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| Document Title: **KENOSHA COUNTY**<br>**NOTICE OF A PER CAPITA SIZING OF A PRIVATE ONSITE WASTEWATER TREATMENT SYSTEM (POWTS)** | |
| Return Document To:<br>KENOSHA COUNTY DIVISION<br>OF PLANNING & DEVELOPMENT<br>19600 75TH ST., SUITE 185-3<br>BRISTOL WI 53104-9772 | Property Owners Name & Mailing Address |
| Parcel Identifier # (PIN) | Project Property Street Address |
| Legal Description – See Attached | |

**THIS HEREBY SERVES NOTICE TO ANY SUBSEQUENT OWNER OF THE ABOVE-DESCRIBED PARCEL:**

The private onsite wastewater treatment system (POWTS) serving the dwelling on the above-described parcel is being sized pursuant to a "per capita" sizing as allowed in SPS 383.22(2)(b)3 of the Wisconsin Administrative Code. Pursuant to the provision stated above, this document is being recorded on the title index of the deed in an attempt to notify all subsequent owners of a reduction in the sizing of the POWTS. The sizing of the existing or proposed POWTS does not comply with the standard designed sizing of the administrative code because: _____

_____

_____

_____

As a result of the above stated modification/addition or choice of the above stated owner, the POWTS serving the dwelling is, by design, capable of receiving a designed daily waste flow of _____ gallons per day and a dwelling occupancy of _____ people. Note that the actual wastewater flow should be less than the design flow of the system.

In the event this POWTS fails and needs replacement or rehabilitation, the replacement system shall be sized in compliance with the conventional sizing criteria as stated in SPS 383, Wisconsin Administrative Code. If that occurs, then the owner shall request the Kenosha County Division of Planning and Development to draft a cancellation of this document and confirmation that the replacement system is properly sized in accordance with SPS 383, Wisconsin Administrative Code via an issued sanitary permit.

This change in sizing and the recording of this document does not insure or guarantee the performance or longevity of the existing POWTS located on this property.

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| County Sanitarian's Signature | Steve Rea | Date |

I, the undersigned, have read the above requirements and I agree to maintain the private sewage disposal system in accordance with the standards set forth, here in, as set by the Wisconsin Department of Safety & Professional Services Administrative Code and the Kenosha County Sanitary Code and Private Sewage System Ordinance and the management plan (if applicable) created for my system.

## SIGNATURE SHALL BE NOTARIZED

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| Owners Name (Please Print) | Date |
| Owners Signature | |

The above instrument was signed by _____ before me this _____day of _____, 20_____.

State of _____

County of _____

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Notary Public Signature | Print Name | My Commission Expires |

THIS INSTRUMENT DRAFTED BY: KENOSHA COUNTY DIVISION OF PLANNING AND DEVELOPMENT