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Document Title: KENOSHA CO	DUNTY	7
NOTICE OF A PRIVATE ONSIT SYSTEM (POWTS) SERVING I	TE WASTEWATER TREATMENT MORE THAN ONE BUILDING	
Return Document To: KENOSHA COUNTY DIV OF PLANNING & DEVELOPMENT 19600 75 <sup>TH</sup> ST., SUITE 185-3 BRISTOL WI 53104-9772	Property Owners Name & Mailing Address	
Parcel Identifier # (PIN)	Project Property Street Address	
Legal Description – See Attached		
IT IS HEREBY TO GIVE NOTIC	E TO ANY SUBSEQUENT OWNER OF	THE ABOVE DESCRIBED PARCEL:
more than one (1) structure.	treatment system (POWTS) located or Therefore, in accordance with SPS ring notice is required pursuant to the paintenance of the POWTS.	383.22 (2) (b) 5 of the Wisconsin
The POWTS serves	buildings, which are described and use	d for:
	system that consis	ets of the following POWTS
Sservicing of the POWTS and shall	) shall be the responsible party for the oper report the results of such to the Kenosha C anitary Maintenance Portal (KCSMP).	
reporting of servicing to the Cou	e <u>owner</u> as being the entity responsible nty then, this document shall be transfe designated by the recording of a new o	rable to all subsequent owners, heirs
on separate parcels, the in-communication accordance with SPS 383 of the Sanitary Code and Private Se	ubdivided, and the buildings being serve mon POWTS shall be abandoned and in the Wisconsin Administrative Code and wage System Ordinance. Installation ag and recording of the property division	ndividual POWTS shall be installed in Chapter 15 of the Kenosha County of the individual POWTS shall be
County Sanitarian's Signature		Date

Alex S. Priesgen

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I, the undersigned, have read the above requirements and I agree to maintain the private sewage disposal system 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 created for my system.

## SIGNATURE SHALL BE NOTARIZED

Owners Name (Please Print)		Date
Owners Signature		
The above instrument was signed by, 20		before me thisday of
State of		
County of		
Notary Public Signature	Print Name	My Commission Expires

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

 $\hbox{G:WEBPAGE FORMS FOLDER: 06 - Septic Systems: Final Na\_A\_Notice POWTS More Than One Building. doc$