

Document Title: KENOSHA COUNTY NOTICE OF A PRIVATE ONSITE WASTEWATER TREATMENT SYSTEM (POWTS) SERVING MORE THAN ONE BUILDING	
Return Document To: KENOSHA COUNTY DIV OF PLANNING & DEVELOPMENT 19600 75 TH 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 NOTICE TO ANY SUBSEQUENT OWNER OF THE ABOVE DESCRIBED PARCEL:

The private onsite wastewater treatment system (POWTS) located on the above described parcel serves more than one (1) structure. Therefore, in accordance with SPS 383.22 (2) (b) 5 of the Wisconsin Administrative Code the following notice is required pursuant to the identification of owners and their responsibility of operation and maintenance of the POWTS.

The POWTS serves _____ buildings, which are described and used for: _____

The POWTS is a _____ system that consists of the following POWTS components: _____

The parties that have ownership rights of the POWTS are: _____

The legal entity that is responsible for the operation, maintenance and reporting of all servicing of the POWTS to the Kenosha County Division of Health Services is: _____

If this document is identifying the owner as being the entity responsible for the operation, maintenance and reporting of servicing to the County then, this document shall be transferable to all subsequent owners, heirs and assignees unless otherwise designated by the recording of a new document and the cancellation of this document.

In the event that this parcel is subdivided and the buildings being served by the in-common POWTS are now on separate parcels, the in-common POWTS shall be abandoned and individual POWTS shall be installed in accordance with SPS 383 of the Wisconsin Administrative Code and Chapter 15 of the Kenosha County Sanitary Code and Private Sewage System Ordinance. Installation of the individual POWTS shall be completed prior to the subdividing and recording of the property division.

County Sanitarian's Signature	Alex S. Priesgen	Date
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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 _____ before me this _____ day of _____, 20____. State of _____ County of _____		
Notary Public Signature	Print Name	My Commission Expires