

COMPLETE ALL INFORMATION IN BLACK INK

Marinette County Land Information Department
1926 Hall Avenue Marinette, WI 54143-1717
phone: 715-732-7535 fax: 715-732-7532

**PRIVATE ONSITE WASTEWATER
TREATMENT SYSTEM (POWTS)
MAINTENANCE AGREEMENT**

(To be recorded to the property description)

Property Owner

Mailing Address

Property Location

¼, ¼, Sec. , T , R E; Town:

Tax Parcel Number

Legal Description (As shown on Tax Bill):

Return to:
Marinette County Land Information Department

Chapter SPS 383.21(2)(c)5 requires that documentation of maintenance requirements for a POWTS be recorded to the property description when those requirements involve one or more of the following:

- Evaluating or monitoring any part of the system at an interval of 12 months or less
- Servicing or maintaining any part of the system at an interval of 12 months or less

Chapter SPS 383.52(1)(c) states that the owner of a POWTS is responsible for the operation and maintenance of the POWTS and shall maintain a maintenance or servicing contract with a POWTS maintainer or business utilizing a POWTS maintainer if the management plan for the POWTS involves one or more of the following:

- Evaluating or monitoring any part of the system at an interval of 12 months or less
- Servicing or maintaining any part of the system at an interval of 12 months or less

The owner of the POWTS on the described property agrees to the following:

1. That the POWTS serving the property utilizes a component requiring evaluation, monitoring, servicing, or maintenance at an interval of 12 months or less as specified in the management plan or, by reference, the manufacturer's specifications.
2. That a maintenance contract or servicing contract will be maintained with a POWTS maintainer or business utilizing a POWTS maintainer to service the POWTS.
3. That any change to the servicing requirements or service provider will be reported to the Marinette County Land Information Department.
4. That any maintenance or servicing on the POWTS will be reported to the Marinette County Land Information Department.

Owner's Name

X
Owner's Signature

Owner's Name

X
Owner's Signature

Subscribed and sworn to before me on: ____ \ ____ \ ____

Notary Public - Signature

Print Notary Name: _____

County of _____ State of _____

My Commission expires on: ____ \ ____ \ ____