

NON-PLUMBING SANITARY SYSTEM AGREEMENT

(PRINT IN INK ONLY)

Property Owner(s):
Tax Parcel ID #: ___ ___ - ___ ___ - ___ ___
Location: ¼ , ¼ , Section , T N , R W
Township/Village/City (circle one):
Agreement Date:
Type of Non-Plumbing Sanitary System: <input type="checkbox"/> Privy - Open Pit <input type="checkbox"/> Composting Toilet <input type="checkbox"/> Privy – Sealed Vault <input type="checkbox"/> Incinerating Toilet

Legal Description:	Return to: Crawford County Sanitation & Zoning 225 N Beaumont Rd Rm 233 Prairie du Chien, WI 53821
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1. **NO PLUMBING** shall be installed on the property described above unless said plumbing is served by a code compliant private onsite wastewater treatment system (POWTS) or a valid permit to install a POWTS exists. Plumbing includes but is not limited to: water closets, sinks, bathtubs/showers, laundry facilities, piping (supply/drain), or any other water-carried waste plumbing fixtures.
2. Non-plumbing sanitary systems shall comply with Chapter 15 of the Crawford County Code of Ordinances & Wis. Admin. Code SPS 391.
3. Non-plumbing sanitary systems shall be installed in accordance with the manufacturer’s instructions and comply with all local, State, and Federal regulations. Construction of non-plumbing sanitary systems shall exclude insects and rodents, including properly screened vents and openings; privies shall have self-closing doors.
4. Non-plumbing sanitary systems shall be properly serviced and maintained so as not to create a human health hazard.
5. Privies for commercial or public buildings or uses shall comply with Wis. Admin. Code SPS 361 to 366.
6. Privies shall maintain the following minimum setbacks (in feet). OHWM – ordinary high water mark of lake, river, stream, dry ditch.

Well	Dwelling	OHWM	Property Line	Slope ≥ 20%
50'	25'	75'	25'	25'

7. Upon reasonable notice, the owner shall allow the County to inspect, during reasonable hours, the property described above to determine compliance with this agreement.
8. This agreement shall be binding on the owner(s), their heirs and assignees. This document shall be recorded by the Register of Deeds in a manner which allows its existence to be determined by reference to the property where this system is installed.

<u>Signature of Government Official</u> x _____ Name _____ Title _____	<u>Owner(s) Notarized Signature</u> x _____ Name _____ x _____ Name _____ x _____ Name _____	STATE OF _____ } SS COUNTY OF _____ Subscribed and sworn before me this _____ day of _____, _____ x _____ Name _____ Notary Public, State of _____ My commission expires: _____
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