

**AFFIDAVIT - PRIVATE ONSITE WASTEWATER TREATMENT SYSTEM (POWTS)  
PER CAPITA/OCCUPANCY SIZING (FLOWS & LOADS)**

**PRINT IN BLACK INK ONLY**

<b>Affidavit Date</b>	<b>Parcel ID # (PIN)</b> _____ - _____ - _____
<b>Governmental Unit</b> <input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village of	<b>Owner(s)</b>

We acknowledge that the design capacity of the POWTS serving the dwelling(s) on the following property(s) has been exceeded based on the number of bedrooms:  
(Provide legal description below or on separate page)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name & Return Address**  
**Crawford County Sanitation & Zoning**  
**225 N Beaumont Rd Rm 233**  
**Prairie du Chien, WI 53821**

This affidavit is made by the owner to acknowledge a deficiency with the POWTS and to inform all subsequent owners of the occupancy limitations for this property.

The POWTS, or components thereof, serving the above described property is sized for #\_\_\_\_\_ bedrooms and is therefore not adequately sized to accommodate the number of bedrooms for the dwelling(s) served or to be served. To resolve this situation without modifying or replacing the POWTS at this time, the owner of the above described property agrees to the following stipulations:

1. **Total** occupancy of all served dwellings combined shall be limited to a maximum of #\_\_\_\_\_ persons.
2. Occupancy exceeding this number may constitute a violation of State and County sanitary regulations. The County may issue orders to correct and/or may commence legal action if it is ever determined that the occupancy limits have been exceeded.
3. If the existing POWTS fails the owner shall replace it with a properly sized and code compliant POWTS.
4. This agreement is binding upon the owner and their heirs, successors, and assignees. The owner shall have this agreement filed and recorded with the County Register of Deeds.
5. This agreement shall remain in effect until the Governmental Unit responsible for the issuance of sanitary permits for POWTS certifies that this restriction is no longer required.

<u>Drafted by:</u> Crawford County Sanitation & Zoning  <u>Name</u> _____  <u>Title</u> _____	<u>Owner(s) Notarized Signature</u>  x _____ Name _____  x _____ Name _____  x _____ Name _____  x _____ Name _____	STATE OF _____ } COUNTY OF _____ } <b>SS</b> Subscribed and sworn before me this _____ day of _____, _____  x _____ Name _____ Notary Public, State of _____ My commission expires: _____
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## CRAWFORD COUNTY SANITATION & ZONING

225 N Beaumont Rd Rm 233, Prairie du Chien, WI 53821

[zoning@crawfordcountywi.org](mailto:zoning@crawfordcountywi.org) 608-326-0294 [crawfordcountywi.org/zoning](http://crawfordcountywi.org/zoning)

# DEED Restrictions Instructions

- Holding Tank Agreement
- Non-Plumbing Sanitary System Agreement
- POWTS Per Capita/Occupancy Sizing Affidavit
  
- **PRINT IN BLACK INK**
- **ONLY** Owner(s) Signature must be notarized, not Government Official
  - **Only portion to be completed by owner – leave remainder blank**
  - Can be notarized in any State
  - Only the **original** notarized document can be recorded
- **\$30 recording fee** per document
  - Cash or check to **Crawford County Register of Deeds**

Mail or hand deliver to address above

Questions

**E-mail** or call

M-F, 8a-430p