

**AFFIDAVIT  
MULTIPLE STRUCTURES SERVED  
BY COMMON POWTS**

Document Number

Document Title

Owner(s) name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ plan to connect multiple structures to one Private On-site Wastewater Treatment System (POWTS) serving the following property.

Description of Property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recording Area

Name and Return Address

Parcel Identification Number (PIN)

The proposed POWTS operation and maintenance will be the owner(s) responsibility.

This affidavit shall be binding upon the owner, their heirs and assignees and run with the deed.

DATED \_\_\_\_\_

SIGNED \_\_\_\_\_

NAME (print) \_\_\_\_\_

STATE OF WISCONSIN

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

DRAFTED BY: LA CROSSE COUNTY HEALTH DEPARTMENT