

COMPLETE ALL INFORMATION IN BLACK INK

Clark County Planning, Zoning, and Solid Waste Department
 517 Court Street, Room 204, Neillsville, WI 54456
 phone: 715-743-5130 fax: 715-743-5154

**HOLDING TANK BY CHOICE
 AFFIDAVIT**

(To be recorded to the property description)

Property Owner _____

Mailing Address _____

Property Location _____

1/4, 1/4, Sect ,T ,R E/W; Town: _____

Tax Parcel Number _____

Legal Description _____

Return to: Planning and Zoning Department
 Courthouse, Neillsville, WI

This affidavit is required when a holding tank POWTS (private onsite wastewater treatment system) is installed as a system of choice per s. 14.04.360(3)(a), Clark County Ordinance. The ordinance states that a holding tank may be selected as the POWTS for a single building when the estimated daily wastewater flow from the building is less than 160 gallons per day (gpd).

Plumber/Designer Name: _____ **License Number:** _____

Design Flow (gpd): _____ **Holding Tank Volume:** _____

Soil & Site Evaluation on File? _____

The owner of the holding tank on the described property agrees to the following:

1. The holding tank approved for the above-described property was selected as a system of choice per s.14.04.360(3)(a), Clark County Ordinance.
2. That a change in number of bedrooms or permanent occupancy that results in daily design flow of 160 gallons or more would require completion of a soil test and installation of code-compliant POWTS per s.14.04.360(3), Clark County Ordinance.
3. That the Clark County Planning and Zoning Department can inspect (following owner notification) the operation of the holding tank during regular business hours.
4. The agreement shall be binding upon the owner, the heirs of the owner, and assignees of the owner. The Clark County Register of Deeds shall record the document.
5. The Clark County Planning and Zoning Department can require installation of a water meter either at time of POWTS installation or at a later date.

_____ 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: ____ \ ____ \ ____
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