

BLACK INK ONLY

Maintenance Agreement

All, Property Owner(s): _____

Mailing Address: _____

Site Address, if Different: _____

Location: _____ ¼, _____ ¼, Sec. _____, T _____ N, R _____ E or W
On a separate sheet, provide description if less than a forty acre parcel

or, Lot: _____ Block: _____ Subdivision: _____

or, Certified Survey Map: _____ Volume: _____ Page: _____

Return Recorded Document To:
Richland County Zoning Office

As the owner(s) of the above described property and having applied for a Sanitary Permit for the installation of a private sewage system or a non-plumbing sanitation system on lands described above, I (we) certify that I (we) will operate and maintain the system in such a manner as to meet the management plan attached to the permit. I (we) certify that only wastes generated in the unit for which the system is designed will be discharged into the system. I (we) agree if any part of the system is found to be defective, that part shall be repaired, renovated, replaced or removed, following any state or local codes or ordinances.

This agreement shall be permanent and shall run with the land and shall be binding upon the owners', heirs, successors and assigns.

This (type) _____ system was **sized for** _____ bedrooms at _____ gallons per day **and** _____ people, **or** attach a Loads & Flows Affidavit.

I (we) agree to increase the capacity of the system accordingly if the proposed use differs from the above specifications.

Property Owner's Signature _____
Print -----

Property Owner's Signature _____
Print -----

Personally came before me this ____ day
of _____, 20__ the above named

to me known to be the person(s) who
executed the foregoing instrument and
acknowledge the same.

Notary Public
_____ County, WI

My Commission expires:
_____, 20__

Personally came before me this ____ day
of _____, 20__ the above named

to me known to be the person(s) who
executed the foregoing instrument and
acknowledge the same.

Notary Public
_____ County, WI

My Commission expires:
_____, 20__

This form to be recorded only after it has been approved by the Richland County Zoning Administrator.
Approved this _____ day of _____, 20_____.

Michael Bindl
Zoning Administrator/Sanitarian

Drafted by: _____