

**COMPLETE WITH  
BLACK INK ONLY**

**PER CAPITA SIZING FOR  
PRIVATE ONSITE WASTEWATER  
TREATMENT SYSTEMS  
Undersized system**

The existing system has been inspected for compliance with Table 383.44-3 and/or SPS 383.03(2) of Wis. Adm. Code by a licensed Certified Soil Tester and meets these requirements. This system is also found to meet setbacks and is functional at this time – not ponding or backing up into the structure served.

The existing system was installed in \_\_\_\_\_. The tank is \_\_\_\_\_ gallons and the dispersal cell is \_\_\_\_\_ square feet. According to SPS 383 of the Wisconsin Administrative Code, the maximum number of people that can occupy this dwelling/structure is \_\_\_\_\_, with effluent quality with a maximum monthly average value for BOD<sub>5</sub> of greater than 30 mg/L and less than or equal to 220 mg/L, TSS of greater than 30 mg/L or less than or equal to 150 mg/L TSS and F.O.G. of less than 30 mg/L.

Name and return address:

This affidavit is being filed to advise any future owner that the private onsite wastewater treatment system (POWTS) is correctly sized through a per capita sizing for the number of persons currently occupying the home. The POWTS is **not** properly sized for the number of bedrooms.

Parcel identification number (PIN)

**COMPLETE LEGAL DESCRIPTION FROM DEED:**

(I)(We) \_\_\_\_\_, plan to modify the structure at the above named location to create a \_\_\_\_\_ bedroom home. There are currently only \_\_\_\_\_ people living in this structure. I am aware that this system or parts of this system are not sized for the number of bedrooms and will disclose this to any new owners. To the best of my knowledge, the present POWTS has been working satisfactorily. If any part of the present POWTS does fail, the entire system must be replaced with one that is code compliant based on the number of bedrooms in the home.

State of Wisconsin )  
County of \_\_\_\_\_ ) ss.

\_\_\_\_\_  
Owner's legal signature (Notarized) Date

Subscribed and sworn to (or affirmed) before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Co-owner's legal signature (Notarized) Date

\* \_\_\_\_\_  
Notary Public, State of Wisconsin  
My commission (expires) (is): \_\_\_\_\_

\_\_\_\_\_  
Brown County Zoning official's printed name and title

\_\_\_\_\_  
Brown County Zoning official's signature Date

This instrument was drafted by \_\_\_\_\_