

**PRETREATMENT POWTS MAINTENANCE AGREEMENT**

**LEGAL DOCUMENT FOR SANITARY PURPOSES**

**OWNER'S NAME AND MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEGAL:** \_\_\_\_\_  
\_\_\_\_\_

**WHEREAS:** Installation of a pretreatment component is proposed on this property.

Parcel Number: \_\_\_\_\_

**BE IT KNOWN: PRETREATMENT POWTS MAINTENANCE AGREEMENT**

- I understand that I have chosen to install a POWTS (private onsite wastewater treatment system) on my property that requires a mandatory service inspection less than every 3 years and the amount of service will be based on the manufacturer's stipulations.
- I understand that I must supply the Brown County Zoning Office with an accurate record of the servicing activities of the POWTS on my property on forms acceptable to the Brown County Zoning Office. I understand that these reports must be received no later than 30 days after completion.
- I understand that I must maintain a Servicing Contract with a certified POWTS Maintainer to complete the necessary servicing and inspection. I also agree to notify the Zoning Office if my intentions are to change servicing operators and submit a new servicing contract.
- I understand that I am subject to a citation, as provided for in Chapter 11 and Chapter 30 of the Brown County Code of Ordinances, for each violation of any provision of Chapter 11 Brown County Code and SPS 383.

OWNER'S NAME (PRINT) \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

NOTARY PUBLIC NAME (PRINT) \_\_\_\_\_

STATE OF WISCONSIN, BROWN COUNTY

**Notary Public Signature and Stamp**  
My commission expires: \_\_\_\_\_

Drafted by: \_\_\_\_\_