

ST. CROIX COUNTY
SEPTIC TANK MAINTENANCE AGREEMENT
AND
OWNERSHIP CERTIFICATION FORM

Owner/Buyer _____

Mailing Address _____

Property Address _____
(Verification required from Planning & Zoning Department for new construction.)

City/State _____ Parcel Identification Number _____

LEGAL DESCRIPTION

Property Location _____ ¼ , _____ ¼ , Sec. _____, T _____ N R _____ W, Town of _____.

Subdivision Plat: _____, Lot # _____.

Certified Survey Map # _____, Volume _____, Page # _____.

Warranty Deed # _____ (before 2007) Volume _____, Page # _____.

Spec house yes no

Lot lines identifiable yes no

SYSTEM MAINTENANCE AND OWNER CERTIFICATION

Improper use and maintenance of your septic system could result in its premature failure to handle wastes. Proper maintenance consists of pumping out the septic tank every three years or sooner, if needed, by a licensed pumper. What you put into the system can affect the function of the septic tank as a treatment stage in the waste disposal system. Owner maintenance responsibilities are specified in §SPS. 383.52(1) and in Chapter 12 - St. Croix County Sanitary Ordinance.

The property owner agrees to submit to St. Croix County Planning & Zoning Department a certification form, signed by the owner and by a master plumber, journeyman plumber, restricted plumber or a licensed pumper verifying that (1) the on-site wastewater disposal system is in proper operating condition and/or (2) after inspection and pumping (if necessary), the septic tank is less than 1/3 full of sludge.

I/we, the undersigned have read the above requirements and agree to maintain the private sewage disposal system with the standards set forth, herein, as set by the Department of Safety And Professional Services and the Department of Natural Resources, State of Wisconsin. Certification stating that your septic system has been maintained must be completed and returned to the St. Croix County Planning & Zoning Department within 30 days of the three year expiration date.

I/we certify that all statements on this form are true to the best of my/our knowledge. I/we am/are the owner(s) of the property described above, by virtue of a warranty deed recorded in Register of Deeds Office.

Number of bedrooms _____

SIGNATURE OF APPLICANT(S)

_____/_____/_____
DATE

Any information that is misrepresented may result in the sanitary permit being revoked by the Planning & Zoning Department.

Include with this application a recorded warranty deed from the Register of Deeds Office and a copy of the certified survey map if reference is made in the warranty deed.