

TREMPEALEAU COUNTY, WISCONSIN
AFFIDAVIT- §3.3(4)(g)
INCLEMENT WEATHER/HEALTH EMERGENCY

I _____, the undersigned do hereby acknowledge that I (we) am receiving a sanitary permit to _____ without a soil and system evaluation due to inclement weather and /or a health emergency. Further, I (we) acknowledge that a soil and system evaluation will be conducted as soon as weather permits and that if the private sewage system is found to be failing, as defined in §145.245(4), or not in compliance with state policies regarding continued use of existing systems and Chapter COMM 83, Wisconsin Administrative Code, it will be replaced with one that complies with Chapter COMM 83, Wisconsin Administrative Code.

Location:

As described in Volume _____ Page _____ Document
No. _____

Dated this ____ day of _____, 2_____.

Owner Name(s) _____

Signature(s) _____

Subscribed and sworn to before me this
____ day of _____

Notary Public _____

My commission expires _____

County of Trempealeau, State of Wisconsin.

This Instrument Drafted By: Trempealeau County Health Department