

BLACK INK ONLY

Maintenance Agreement/Non-Plumbing

All, Property Owner(s): _____ _____
Mailing Address: _____ _____
Site Address, if Different: _____ _____
Location: _____ 1/4, _____, 1/4, 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 non-plumbing sanitation system on lands described above, I (we) certify that I (we) will operate and maintain the system according to the manufacture's requirements.

I (we) certify that only wastes generated in the unit for which the system is designed will be discharged into the non-plumbing system. I (we) agree if any part of the non-plumbing system is found to be defective, that part shall be repaired, renovated, replaced or removed, following any state or local codes or ordinances or manufacturer's recommendations. I understand that only composting or incinerating toilets that have been approved by the National Standard Foundation (NSF) shall be installed and, according to Chapter 83, Wisconsin Administrative Code, no drains shall be connected to the unit chosen.

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

The non-plumbing system _____ is sized per manufacturer's recommendations of _____ people.

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.

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____

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: _____