

**PRIVATE ONSITE WASTEWATER TREATMENT SYSTEM (POWTS)
EASEMENT (Black Ink Only)**

This easement is granted to authorize component(s) of the POWTS serving the structure on description #2 to be located on description #1.	Agreement date: _____
(PRINT CLEARLY)	
Grantor's name : _____ Description #1: Legal description, including parcel identification number (PIN): _____ _____ _____	
Grantee's name : _____ Description #2: Legal description, including parcel identification number (PIN): _____ _____ _____	

Return To: _____

The grantor hereby conveys to the grantee an easement for POWTS installation and maintenance rights for the property(s) described below and agree to the terms contained in this document. (Attach a rider if space allowed is not enough for complete legal)

Legal land description #1 (Grantor) of POWTS easement: _____

1. Components of the POWTS, which serves a structure on the parcel described above (description #2), are located on a different parcel (description #1). This information is on file in the office of the Oneida County Planning & Zoning Department.
2. By virtue of this easement, the grantee(s) and their successors in interest are responsible for the operation and maintenance of the POWTS serving their property. This easement will allow the grantee to install, maintain, repair or replace POWTS components. This may require the use of heavy machinery and trucks.
3. This agreement is binding upon the grantor(s) and his/her heirs, successors, and assigns. This easement shall be filed and recorded with the Oneida County Register of Deeds in a manner which permit the existence of the agreement to be determined by reference to the property containing the POWTS.
4. This agreement does not grant the public permission to enter the above-described property for any purpose.
5. This agreement does not grant the State of Wisconsin, or its agents, the right to enter the above described property except for the purpose of inspection and enforcement of the State Plumbing Code or Private Sewage System Ordinance.
6. This agreement will remain in effect until the governmental unit, which is responsible for the issuance of sanitary permits for POWTS, certifies that this easement is no longer required.

_____ Grantor's name – please print	_____ Grantee's name – please print
_____ Grantor's signature	_____ Grantee's signature
State of Wisconsin) County of Oneida)	State of Wisconsin) County of Oneida)
This instrument was acknowledged before me on _____	This instrument was acknowledged before me on _____
By _____ (Grantor)	By _____ (Grantee)
_____ Notary Public – State of Wisconsin	_____ Notary Public – State of Wisconsin
My commission expires _____	My commission expires _____

Drafted by Oneida County Planning and Zoning Dept.
 Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)m]