



SANITARY SYSTEM OWNERSHIP/ADDRESS FORM

File #: _____
Office Use Only
Created 2/2021

Community Development Department will utilize this information to provide the property owner with information regarding operation and maintenance of your new or replacement sanitary system! This information will be provided as part of our ongoing efforts to protect public health, your well, groundwater, surface water, property values, and county resources. Once approved, this completed form and educational information will be sent to you by email. If you would like to view your issued sanitary permit online, you can do so by using the [Property Files Scanned](#) weblink.

OWNER/BUYER INFORMATION

Owner/Buyer _____
Mailing Address _____
City/State/Zip _____
Phone Number (required) _____
Email Address (required) _____
Parcel Identification Number _____
(found on the property tax bill)

NEW SYSTEM: LEGAL DESCRIPTION

Property Location ____ 1/4 , ____ 1/4 , Sec. ____ , T ____ N R ____ W, Town of _____.
Subdivision Plat: _____, Lot # ____.
Certified Survey Map # _____, Volume _____, Page # _____.
Warranty Deed # _____ (before 2006) Volume _____, Page # _____.
Number of bedrooms _____ Spec house yes no Lot lines identifiable yes no

OFFICE USE ONLY

New Property Address _____
(Verification of new address required from Community Development Department for new construction.)

_____/_____/_____
(Staff Initials) (Date)

This form must be submitted with all Private Onsite Water Treatment System (POWTS) applications.

New System: *Include with this form 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.*