

# AFFIDAVIT

## For The Emergency Installation Of A Septic Tank

For Property Located In:

Part of \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, Section \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ W,

Described as: \_\_\_\_\_

\_\_\_\_\_, Town of \_\_\_\_\_, Barron County, WI

Property Address \_\_\_\_\_ Tax ID# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I \_\_\_\_\_, the undersigned, do hereby acknowledge that I am  
( print name )  
installing a treatment tank without a soil and system evaluation due to inclement weather and/or a health  
emergency. I have authorized \_\_\_\_\_, Lic# \_\_\_\_\_ to install the  
(Plumber's name)  
replacement tank. Further, I acknowledge that a soil and system evaluation will be conducted within 2  
months of the date of this document. If the soil absorption system is found to be failing, as defined in  
s.145.245(4), Wisconsin Statutes, or not in compliance with State policies regarding continued use of  
existing systems and SPS 383 Wis. Adm. Code, it shall also be replaced. A sanitary permit shall be  
obtained immediately upon the completion of the soil and system evaluation.

\_\_\_\_\_  
Owner's Signature (Notarized)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plumber's Signature

\_\_\_\_\_  
Date

State of Wisconsin )

)

County of \_\_\_\_\_)

Subscribed and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_, Notary Public

My Commission Expires \_\_\_\_\_, 20\_\_\_\_\_.