## FLOWS AND LOADS AFFIDAVIT

| Legal Description:                                                                                                                                                                                                                                                                                                                    |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                       | N, RE                                                 |
| Lot Block Subdivision or CSM                                                                                                                                                                                                                                                                                                          |                                                       |
| Parcel ID # Township                                                                                                                                                                                                                                                                                                                  |                                                       |
| Property Owner                                                                                                                                                                                                                                                                                                                        |                                                       |
| Mailing Address                                                                                                                                                                                                                                                                                                                       |                                                       |
| City, State, Zip                                                                                                                                                                                                                                                                                                                      |                                                       |
|                                                                                                                                                                                                                                                                                                                                       | Recording Area Return to: Land & Water Resource Dept. |
| I (we) do hereby acknowledge that the use of the existing private onsite wastewater treatment system (POWTS), as installed on the above described real estate is based on the following flows and loads:                                                                                                                              |                                                       |
| gallons per day, design flow                                                                                                                                                                                                                                                                                                          |                                                       |
| 220 mg/L BOD₅, 150 mg/L TSS, 30 mg/L FOG (monthly average of each, per DSPS 383.44)                                                                                                                                                                                                                                                   |                                                       |
| Furthermore, I (we) acknowledge that the modification to the structure served by the existing POWTS will not result in a change that affects the wastewater flow or wastewater contaminant load beyond the maximum capabilities of the existing POWTS and the following flows and loads shall not be exceeded:                        |                                                       |
| 50 gallons (per person) x 150% (of the estimated daily flow) = 75 x number of persons (maximum occupancy for structure) = maximum flow.                                                                                                                                                                                               |                                                       |
| 220 mg/L BOD₅, 150 mg/L TSS, 30 mg/L FOG (monthly average of each, per DSPS 383.44)                                                                                                                                                                                                                                                   |                                                       |
| I (we) hereby state that should the flows or loads increase beyond those indicated, the POWTS shall be modified to conform to all applicable rules. I (we) also state that should the existing POWTS show any signs of failure in any component of the POWTS, said POWTS shall be repaired or replaced according to applicable rules. |                                                       |
| Owner Name (Print)                                                                                                                                                                                                                                                                                                                    | Subscribed and sworn to before me on this date:       |
| Notarized Owner Signature                                                                                                                                                                                                                                                                                                             | Notary Signature                                      |
|                                                                                                                                                                                                                                                                                                                                       | My commission expires:                                |
| ·                                                                                                                                                                                                                                                                                                                                     | <u> </u>                                              |

Drafted by Forest County land and Water Resource Dept.