

**ADDENDUM TO POWTS MANAGEMENT PLAN**

**Legal Description:** \_\_\_\_ ¼ \_\_\_\_ ¼, Section \_\_\_\_, T\_\_\_\_ N, R \_\_\_\_ E, Town of \_\_\_\_\_

**Parcel ID #** \_\_\_\_\_ **Lot** \_\_\_\_\_ **Block** \_\_\_\_\_ **Subd/CSM #** \_\_\_\_\_

**Owner:** \_\_\_\_\_  
(Please Print)

_____	_____	_____	_____
Installing POWTS Plumber (Signature)	Company Name	Date	License #

**Chapter Comm 83.54 (1) (e).** The management plan for a POWTS shall specifically address the servicing mechanics of an aerobic or anaerobic treatment tank or a holding tank where either or both of the following conditions exist:

1. The bottom of the tank is more than 15 feet below the elevation where the servicing pad is located.
2. The bottom of the tank is located more than 150 feet horizontally from where the service pad is located.

**ALTERNATIVE PLAN:** (To be completed by a Service Company) The following plan shows how servicing of the treatment tank will occur to fulfill the requirements on Comm 83.54 (1) (e). The alternative plan shows how the treatment tank will be serviced at any time of the year, using one or all of the following: (Complete where applicable and line-out those statements that do not apply to your anticipated operations)

1. Our vacuum pumps have the capability for a \_\_\_\_\_ feet vertical lift as long as the horizontal distance is kept to a maximum of \_\_\_\_\_ feet.
2. We will utilize an in-line pump on the suction line to create the necessary pump lift capability.
3. In extreme cases of large vertical and horizontal distance, we will set-up a temporary transfer tank as an intermediate pump/transfer station.
4. OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. There will be an additional surcharge of \$\_\_\_\_\_ to the normally quoted price to provide service to this POWTS (subject to change)

_____	_____	_____	_____
Licensed Service Provider (Signature)	Service Company Name	Date	License #

I understand that there may be an additional expense for each POWTS service event that I/We will incur due to the location of the POWTS treatment tanks in relation to the nearest service area or all-weather roadway.

_____	_____
Property Owner (Signature)	Date