

AFFIDAVIT OF RESPONSIBILITY

I the undersigned, assume responsibility and certify the connection of the electrical components for the Private On-site Wastewater Treatment System identified on this form were installed to the best of my knowledge and belief pursuant to the National Electrical Code and SPS 316 Wisconsin Administrative Code.

Electrician's Name (Print) _____

Electrician's Signature _____

Electrician's License Number _____

Electrician's Phone Number _____

Electrician's Address _____

PROPERTY ELECTRICAL WORK PERFORMED ON

Property Owner(s) Name _____

Tax Parcel Identifier Number _____

Property Location:

Govt. Lot# _____ or _____ 1/4, _____ 1/4. Section _____ T _____ N R _____ E

Subdivision Name or CSM # _____ Lot# _____ Block _____

City Village Town Name _____

Site Street Address _____