

Parcel ID #: \_\_\_\_\_

**CASS COUNTY ENVIRONMENTAL SERVICES**  
**SWORN AFFIDAVIT--NO INDIVIDUAL SEWAGE TREATMENT**  
**SYSTEM ON SUBJECT PROPERTY**

I (we), \_\_\_\_\_, do hereby swear and affirm that no individual sewage treatment system exists to the best of our knowledge after diligent investigation on the property described as follows: (Must type in full legal description, or attach copy)

This sworn affidavit is made in accordance with Section 303 of the Land Use Ordinance for Cass County, Minnesota.

IN WITNESS THEREOF, this affidavit has been executed on behalf of each of the parties hereto as of the day and date set forth below.

\_\_\_\_\_, 20\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_, 20\_\_\_\_  
SIGNATURE DATE

STATE OF MINNESOTA            }  
  }ss  
COUNTY OF \_\_\_\_\_        }

The foregoing instrument was acknowledged this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, a notary public, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Affix seal here

STATE OF MINNESOTA            }  
  }ss  
COUNTY OF \_\_\_\_\_        }

The foregoing instrument was acknowledged this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, a notary public, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Affix seal here

THIS INSTRUMENT DRAFTED BY:  
Cass County Environmental Services Department  
PO Box 3000  
Walker, MN. 56484  
(218) 547-7241