

**FISCAL ESTIMATE WORKSHEET**  
 Detailed Estimate of Annual Fiscal Effect  
 DOA-2047(R06/99)

ORIGINAL       UPDATED  
 CORRECTED       SUPPLEMENTAL

LRB or Bill No./Adm. Rule No.  
 Chs Comm 81-84

Amendment No.

**Subject**  
 Private Onsite Wastewater Treatment Systems

**I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):**

<b>II. Annualized Costs:</b>	<b>Annualized Fiscal impact on State funds from:</b>	
	\$ 0 Increased Costs	\$ Decreased Costs
<b>A. State Costs By Category</b>		
State Operations - Salaries and Fringes	( 0 FTE)	(- 0
(FTE Position Changes)	0	-0
State Operations - Other Costs	0	-0
Local Assistance	0	-0
Aids to Individuals or Organizations	\$ 0	\$ -0
<b>TOTAL State Costs By Category</b>	<b>\$ 0</b>	<b>\$ 0</b>
<b>B. State Costs By Source of Funds</b>	<b>0 Increased Costs</b>	<b>Decreased Costs</b>
GPR		
FED	0	-0
PRO/PRS	0	-0
SEG/SEG-S	\$ 0	\$ -0
<b>III. State Revenues-</b> Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)	<b>0 Increased Rev.</b>	<b>Decreased Rev.</b>
GPR Taxes	0	-0
GPR Earned	0	-0
FED	0	-0
PRO/PRS	\$ 0	\$ -0
0		
SEG/SEG-S		
<b>TOTAL State Revenues</b>	<b>0</b>	<b>0</b>

NET ANNUALIZED FISCAL IMPACT

0

STATE

LOCAL

NET CHANGE IN COSTS \$ \_\_\_\_\_

\$ \_\_\_\_\_

NET CHANGE IN REVENUES \$ \_\_\_\_\_

\$ \_\_\_\_\_

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Agency/Prepared by: (Name & Phone No.)

Authorized Signature/Telephone No.

Date

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