

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

ORIGINAL  
 CORRECTED

UPDATED  
 SUPPLEMENTAL

LRB or Bill No./Adm. Rule No.      Amendment No.  
 Chs. Comm 81 to 87

**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):**  
 none

II. Annualized Costs:	Annualized Fiscal impact on State funds from:	
	Increased Costs	Decreased Costs
<b>A. State Costs By Category</b>		
State Operations - Salaries and Fringes	\$ 0	\$ -0
(FTE Position Changes)	( 0 FTE)	( 0 FTE)
State Operations - Other Costs		-
Local Assistance		-
Aids to Individuals or Organizations		
<b>TOTAL State Costs By Category</b>	<b>\$ 0</b>	<b>\$ 0</b>
<b>B. State Costs By Source of Funds</b>	<b>Increased Costs</b>	<b>Decreased Costs</b>
GPR	\$	\$ -
FED		-
PRO/PRS	0	-0
SEG/SEG-S		
<b>III. State Revenues- Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)</b>	<b>Increased Rev.</b>	<b>Decreased Rev.</b>
GPR Taxes	\$	\$ -
GPR Earned		-
FED		-
PRO/PRS	0	-60,000
SEG/SEG-S		
<b>TOTAL State Revenues</b>	<b>\$ 0</b>	<b>\$ -60,000</b>

**NET ANNUALIZED FISCAL IMPACT**

	<u>STATE</u>	<u>LOCAL</u>
<b>NET CHANGE IN COSTS</b>	\$ 0	\$ 0
<b>NET CHANGE IN REVENUES</b>	\$ -60,000	\$ 0

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

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Authorized Signature/Telephone No.

Date