

**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.
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**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>	
		<b>\$ 0 Increased Costs</b>	<b>\$ Decreased Costs</b>
<b>A. State Costs By Category</b>			
State Operations - Salaries and Fringes	( 0 FTE)	( 0 FTE)	
(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>			
GPR	0 Increased Costs	Decreased Costs	
FED	0	-0	
PRO/PRS	0	-0	
SEG/SEG-S	\$ 0	\$ -0	
<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>			
GPR Taxes	0 Increased Rev.	Decreased Rev.	
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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