

NOTE: COMPLETE ALL ITEMS IN BLACK INK

Clark County Planning, Zoning and Land Information  
 517 Court Street, Room 204, Neillsville WI 54456  
 phone: 715-743-5130 fax: 715-743-5154

# Clark County Holding Tank Maintenance and Monitoring Agreement

(To be submitted with the State Sanitary Permit application)

<b>CLARK COUNTY</b> Rev. 4/1/19	Plan ID Number:	<b>Return to: Planning, Zoning &amp; Land Information Department</b> Room 204, 517 Court Street Neillsville WI 54456
	Parcel ID Number:	
Governmental (Township) Unit:	Holding Tank Owner:	

We acknowledge that the agreement is made between the governmental (township) unit and the holding tank owner regarding the installation of a holding tank on the following property.

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- The owner agrees to maintain the holding tank at all times so as not to create a human health hazard or nuisance.
- The owner agrees to ensure the operation and maintenance of the holding tank in accordance with SPS 383, Wisconsin Administrative Code, the management plan as submitted under SPS 383.54(1), Wis. Adm. Code, and s. 20-200, Clark County Ordinance.
- The owner agrees to pay all costs incurred by the governmental unit for inspection, hauling, or otherwise servicing and maintaining the holding tank to prevent or abate any human health hazard caused by the holding tank.
- The owner agrees to notify the Clark County Planning, Zoning, & Land Information Department within 30 days of any maintenance or management activity on the holding tank. (Pumping events may be reported by the contracted pumper per the servicing contract.)
- The owner agrees to allow access to the holding tank to any Clark County Planning, Zoning, & Land Information Department employee or representative to inspect the construction, operation, or maintenance of the system.

Name of governmental (Township) official	Title	Signature of governmental (Township) official	Date

I attest that I am the owner of the above described POWTS and assume responsibility for the operation and maintenance of the POWTS.

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Owner's Name

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X

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Owner's Signature

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Owner's Name

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X

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Owner's Signature

**STATE OF WISCONSIN - CLARK COUNTY**

This document was signed before me by

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(name of person signing the document before the notary)

on this \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
date

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Notary Public— Signature

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Notary Public, State of Wisconsin (Print Notary Name)

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My commission expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_