

Name of Pumper (PRINT)

Clark County Holding Tank Servicing Contract

(To be submitted with the State Sanitary Permit Application)

Department of Planning, Zoning & Land Information Room 204 517 Court Street Neillsville WI 54456 Ph: 715-743-5130

Date

This contract is made between the

Holding Tank Owner (s) Name		Licensed Pumper Name & License #
	and	
Contract Date:	Parcel ID	Number:
We acknowledge the installation of a holding tank (s) on the fo	ollowing property (provid	e legal description):
The owner agrees to file a copy of this contract s. 20-200, Clark County Ordinance.	t with the Clark Coun	ty Planning and Zoning Department as required in
The owner agrees to have the holding tank ser enter upon the property for the purpose of serv		
The owner agrees to provide a service road or drive to within 25 feet of the holding tank(s).		
 The owner agrees to pay the pumper for all cha by the owner and the pumper. 	arges incurred in ser	vicing the holding tank(s) as mutually agreed upon
 The owner or their agent agrees to submit a re- Zoning Department within the allotted time per- shall be in the report: 		holding tanks to the Clark County Planning and Wisconsin Administrative Code. The following
-Name and address of the individual service -Name of the owner of the holding tank	ing the holding tank(s)
-Location of the property on which the holding tank(s) is located		
-Tax parcel ID number		
-Service date		
-Volume of pumped contents for each service call		
-Disposal area to which contents were deli	vered.	
This agreement will remain in effect until the owner owner agrees to file a copy of any changes to this ment within 10 business days of the date of the cha	service contract with	
I attest that I am the owner of the above described POWTS a	and assume responsibility	for the operation and maintenance of the POWTS.
Name of Property Owner (PRINT)	ignature of Property Owr	er Date

Signature of Pumper