

HOLDING TANK SERVICING CONTRACT

This contract is made between the Holding Tank Owner(s) and Pumper

Contract Date	
Holding Tank Owner(s) Name(s)	Pumper's Name
Parcel ID Number	Property Address
We acknowledge the installation of (a) holding tank on the following property: (Provide full legal description of property: ¼ ¼ Section, Township, Range)	

- 1) Owner agrees to file a copy of this contract with Ashland County.

- 2) Owner agrees to have the holding tank(s) serviced by the pumper and guarantees to permit the pumper to have access and to enter upon the property for the purpose of servicing the holding tank(s). The owner agrees to maintain the access road so the pumper can service the holding tank(s) with the pumping equipment. Owner further agrees to pay the pumper for all charges incurred in servicing the holding tank(s) as mutually agreed upon by the owner and pumper.

- 3) Pumper agrees to submit reports for the servicing of the holding tank(s) to Ashland County, as required by Comm 83.55, Wis. Admin. Code. Pumper further agrees to include the following in these reports:
 - a. Name, address and registration number of the person servicing the holding tank;
 - b. Name of the owner of the holding tank;
 - c. Location of the property on which the holding tank is installed;
 - d. Sanitary permit number issued for the holding tank;
 - e. Dates on which the holding tank was serviced;
 - f. Volumes in gallons of the contents pumped from the holding tank for each servicing;
 - g. Disposal sites to which the contents from the holding tank were delivered.

- 4) This agreement will remain in effect until the owner or pumper terminates this contract. In the event of a change in this contract, owner agrees to file a copy of any changes to this service contract or a copy of a new service contract with Ashland County within ten (10) business days from the date of change to this service contract.

Owner(s) Name(s) - Please Print	Subscribed and sworn to before me on this date:
Notarized Owner's Signature(s)	Notary Public State: _____ County: _____
Pumper Name - Please Print	My Commission Expires
Pumper Signature	<u>Drafted by:</u> (Person filling out form)
Pumper Registration Number	Personal information you provide may be used for secondary purposes [Privacy Laws. 15.04(1)(m)]

Return this form to: Ashland County Zoning Administration; Courthouse Room 109; 201 West Main Street; Ashland, WI 54806