Dunn County Holding Tank Servicing Contract

(To be submitted with the State Sanitary Permit application)

ENVIRONMENTAL SERIVCES
Dunn County Zoning Office
800 Wilson Ave., Room 310
Menomonie, WI 54751
715.231.6521

This contract is made between the

Holding Tank Owner(s) Name: _____ Phone #: _____ Address: _____	and	Licensed Pumper Name: _____ Phone #: _____ Address: _____

Contract Date:	Parcel ID Number:

We acknowledge the installation of a holding tank(s) on the following property (provide legal description) _____

_____

_____

The owner agrees to file a copy of this contract with the Dunn County Zoning Office.

- *The owner agrees to have the holding tank serviced by the pumper and guarantees the pumper to have access to enter upon the property for the purpose of servicing the holding tank(s).*
- *The owner agrees to maintain the service road or drive accessing the holding tank(s).*
- *The owner agrees to pay the pumper for all charges incurred in servicing the holding tank(s) as mutually agreed upon by the owner and the pumper.*
- *The pumper agrees to submit a report on servicing the holding tanks to the Dunn County Zoning Office within the allotted time period per Chapter SPS 383.55, Wisconsin Administrative Code. The following shall be in the report:*
  - *Name and address of the individual servicing the holding tank(s)*
  - *Name of the owner of the holding tank*
  - *Location of the property on which the holding tank(s) is located*
  - *Tax parcel ID number*
  - *Sanitary permit number issued for the holding tank*
  - *Service date*
  - *Volume of pumped contents for each service call*
  - *Disposal area to which contents were delivered.*
- *This agreement will remain in effect until the owner or pumper terminates this contract. In the event of any changes the owner agrees to file a copy of any changes to this service contract with the Dunn County Zoning Office within 10 business days of the date of the changes.*

Name of owner	Signature of owner (notarized)	Date
Name of pumper	Signature of pumper	Date

State of Wisconsin)
) SS
County of Dunn)

Subscribed and sworn to before me on this date: _____

_____

My commission expires: _____

Notary Public: _____

_____County, Wisconsin

rev. 6/16