

TREMPEALEAU COUNTY HOLDING TANK SERVICING CONTRACT

Contract Date	
Holding Tank Owner(s) Name(s)	Pumper's Name

We acknowledge the installation of (a) holding tank(s) on the following property: Provide legal description.

1. The owner agrees to file a copy of this contract with the local governmental unit hereinafter called the "municipality", which has signed the pumping agreement required under Ch. Comm 83, Wis. Adm. Code and 5.1(3) of the Trempealeau County Sanitary and Private Sewage System Ordinance.
2. The 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 all-weather access road or drive so that the pumper can service the holding tank(s) with the pumping equipment. The 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. The pumper agrees to submit to the Trempealeau County Health Department a report for the servicing of the holding tank(s) on an annual basis. The pumper further agrees to include the following in the annual report:
 - a. The name and address of the person responsible for servicing the holding tank
 - b. The name of the owner of the holding tank
 - c. The location of the property on which the holding tank is installed
 - d. The Sanitary Permit number issued for the holding tank
 - e. The dates on which the holding tank was serviced
 - f. The volumes in gallons of the contents pumped from the holding tank for each servicing
 - g. The State of Wisconsin approved disposal sites to which the contents from the holding tank will be disposed
4. This agreement will remain in effect until the owner or pumper terminates this contract. In the event of a change in this contract, the owner agrees to file a copy of any changes to this service contract or a copy of a new service contract with the Trempealeau County Health Department within ten (10) business days from the date of change to this service contract.

Owner(s) Name(s)	Owner(s) Signature(s)	Subscribed and sworn to before me on this date:
		My Commission Expires:
Pumper's Name — Please Print	Pumper's Signature	Notary Public Signature
Pumper's State License No	Drafted by the Trempealeau County Health Department	

- PLEASE COMPLETE ALL FORMS IN **BLACK** INK
- The Legal Description must be the same as you deed.