

Note: COMPLETE ALL ITEMS IN BLACK INK

# Clark County Holding Tank Maintenance and Monitoring Agreement

(To be submitted with the State Sanitary Permit application)

**CLARK  
COUNTY**  
Form POWTS 05  
Rev. 1/8/2004

Plan ID Number:

Parcel ID Number:

Agreement Date:

Governmental (Township) Unit:

Holding Tank Owner:

**Department of Planning, Zoning, and Solid Waste  
Room 204  
517 Court Street  
Neillsville, WI 54456**

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 Comm 83, Wisconsin Administrative Code, the management plan as submitted under Comm 83.54(1), Wis. Adm. Code, and s. 14.04.510, 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 and Zoning 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 and Zoning Department employee or representative to inspect the construction, operation, or maintenance of the system.
- The agreement shall be binding upon the owner, the heirs of the owner, and assignees of the owner. The Clark County Register of Deeds shall record the document.

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

Subscribed and sworn to before me on this date: \_\_\_\_\_

State of Wisconsin )
) SS.
Clark County          )

Notary Signature \_\_\_\_\_

Notary Name (Print) \_\_\_\_\_ Notary Public

\_\_\_\_\_ County, Wisconsin

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