

Holding Tank Maintenance Agreement

Property Owner(s): _____ _____	Return Recorded Document To: Richland County Zoning Office
Mailing Address: _____ _____	
Site Address if Different: _____ _____	
Location: _____ ¼, _____ ¼, Sec. _____, T _____ N, R _____ E or W	
Lot: _____ Blk: _____ Subdivision: _____ CSM: _____ Vol: _____ Pg: _____ or, on a separate sheet, provide description if less than a forty acre parcel	

The Private Onsite Wastewater Treatment System (POWTS) on the subject property has been permitted and is being installed and maintained according to SPS 383.03, WI Admin. Code, the Holding Tank Component Manual for POWTS (SBD-10855-P VER. 2.0, N. 03/07; R 01/12), and the Richland County Sanitation Ordinance 2003-4.

1. This POWTS has been designed to accommodate an estimated daily flow of _____ gallons of domestic wastewater per day.
2. I agree that if any change of occupancy or use occurs which results in a design wastewater flow which equals or exceeds 150 gallons per day, another type of system may need to be installed (per section 10 D. 1. a. of Richland County Sanitation Ordinance 2003-4).
3. The owner of this POWTS is responsible for system operation and maintenance, including all provisions in the attached Holding Tank Servicing Contract and Maintenance Agreements.
4. Each time the wastewater in the tank reaches 90% of the tank(s) capacity or a level of 12" below the inlet (at which time the alarm will activate), a pumper must be called to empty the tank contents and dispose of them in accordance with NR 113, WI Admin. Code. At each pumping the pumper should visually inspect the condition of the tank, risers and manhole cover(s) and verify that any required locks are present.
5. The owner may not remove any of the wastes from the holding tanks, or cause such wastes to be removed by any person not authorized to do so under Ch. 281, WI Statutes. The discharge of wasters from this holding tank to the ground surface, including intentional discharges and discharges caused by neglect, constitutes a failing POWTS and may result in issuance of correction orders by the county.
6. No one should enter a holding tank for any reason without being in full compliance with OSHA standards for entering a confined space. The atmosphere within these tanks may contain lethal gasses, and rescue of a person from the interior of the tank may be difficult or impossible.
7. In the event this POWTS fails and cannot be repaired, a code-compliant replacement holding tank may be installed in the same location (a new sanitary permit is required for such a replacement).
8. If this POWTS is replaced, or its use discontinued, it shall be abandoned in accordance with SPS 383.03, WI Admin. Code.
9. I (we) further agree that this agreement is binding on future owners, heirs and assignees of this property.
10. Repair or correction of a failure or malfunction shall comply with SPS 383.03, WI Admin. Code and the Richland County Sanitation Ordinance 2003-4. In the event there is a problem, defect is identified or malfunction occurs with this POWTS, the following persons should be contacted:

Installer: _____
and Richland County Sanitation Department, 181 W Seminary St, Room 309, Richland Center, WI 53581; 608-647-2447.

Property Owner's Signature _____
Print _____

Property Owner's Signature _____
Print _____

Personally came before me this _____ day of _____, 20____ the above named _____ to me known to be the person(s) who executed the foregoing instrument and acknowledge the same.

Personally came before me this _____ day of _____, 20____ the above named _____ to me known to be the person(s) who executed the foregoing instrument and acknowledge the same.

Notary Public
_____ County, WI
My Commission expires:
_____, 20____

Notary Public
_____ County, WI
My Commission expires:
_____, 20____

Drafted by: _____

Complete this form in **BLACK INK** and submit the original to the Richland County Zoning Office, along with a \$30 check payable to: Register of Deeds, 181 West Seminary St, Richland Center, WI 53581.