



COUNTY OF KENOSHA

John T. Jansen, Director
Department of Human Services

Cynthia Johnson, Director
Division of Health Services
Job Center / Human Services Building
8600 Sheridan Road, Suite 600
Kenosha, WI 53143-6515
Phone: (262) 605-6700
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HOLDING TANK REPORT (For Holding Tanks Not Pumped in the Last Calendar Year)

Name: _____

Address: _____

City, State, Zip: _____

Phone No. (____) _____ - _____

Street Address of Building being served by a Holding Tank: _____

Sanitary Permit Number (see letter) _____

Parcel Number (see letter) _____

I (We) did not pump our holding tank in all of 20_____ and therefore this report is submitted in lieu of an annual pumping report from a licensed wastehauler. This report satisfies the requirements set forth in Chapter 15.06 – 4(3) of the Kenosha County Sanitary Code and Private Sewage System Ordinance.

Please check any and all situations that apply to why you did not pump your holding tank in the past year.

- 1. Building was unoccupied for the entire year.
- 2. Building was unoccupied for part of the year.
- 3. Building is used seasonally and/or mostly on weekends.
- 4. Building is used commercially and has a small wastewater flow.
- 5. Building is under construction and is not yet occupied.
- 6. Other circumstances (please state) _____

The above checked statements I believe to be true and accurate.

Signature of owner: _____ Date: _____

Please return this report form by first class mail to the above address. You may also hand deliver this letter to the Division of Health Services during normal business hours.

Kenosha County appreciates your cooperation.