

LANGLADE COUNTY HOLDING TANK PUMPING REPORT

Year: _____

Sanitary Permit #: _____

OWNERS NAME: _____

Parcel #: _____

MAILING ADDRESS: _____

Physical Address: _____

CITY, ST, ZIP: _____

Please print and complete this form if you have lost the original that was mailed. This format is the only acceptable way to submit holding tank pumping history, if you are unsure of any responses, please call Marlene in the Land Records office at (715) 627-6206 for assistance.

***** GIVE DATES OF PUMPING, TOTAL VOLUME PUMPED & DISPOSAL SITE *****

DATES OF PUMPING	GALLONS PUMPED	IDENTIFY TREATMENT PLANT OR LAND DISPOSAL

Printed Name of Licensed Waste Hauler and License Number: _____ Date: _____

Signature of Owner If No Pumping Required _____ Date: _____

Return Completed Form to:
 Land Records & Regulations Dept.
 Langlade County Resource Center
 837 Clermont Street
 Antigo WI 54409

COMPLETED FORMS ARE DUE TWICE A YEAR. ONCE IN JULY AND AGAIN IN JANUARY.