

Statewide Septic Service

Division of WSA Service Company Inc.
P.O. Box 118, Fredonia, WI 53021
262-692-9742 • statewide@yahoo.com

8069

CUSTOMER INFO

Name George Pierce
Address 10426 W Heather Dr.
City Mequon
Phone _____
Email _____

DATE 5-31-23

TIME

Time In 8:43

Time Out 9:16

Driver MT

Truck # 03

☒ Invoice Left On Site

TYPE OF SYSTEM

- ☒ Septic Tank (1) Gal. 1200
☐ Septic Tank (2) Gal. _____
☐ Pump Chamber Gal. _____
☐ Other _____ Gal. _____
☐ Aeration Chamber Gal. _____
☐ D Tank/Floor Pit Gal. _____
☐ Holding Tank Gal. _____
☐ Grease Trap Gal. _____

DISPOSAL LOCATION

POTW _____

Field # _____

Date _____

Time _____

Inject/Surf Spread/Storage _____

Please note: Your tank should be serviced every 36 months, filter every N/A months.

SERVICE INFORMATION

Cover is:

- ☒ Above Ground
☐ Below Ground
☐ Chained & Locked
☒ Not Chained & Locked
☐ Filter Serviced
☐ Pump & Floats functioning properly after pumping

Recommendations:

- ☐ Cover
☐ Riser
☐ Label
☐ Lock & Chain
☐ Mound Pump
☐ Refill Pump Tank with Clean Water
☐ Augering/Jetting
☐ Inlet/Outlet Baffle
☐ Vent Pipe/Cover
☐ Float/Alarm System
☐ System Replacement

Liquid present in Vent Pipe: ☒ / Yes (Amount _____)

Cover was put back when finished by: MT

Comments _____

Paid - mt, EVERY 3 YEARS

THANK YOU! WE APPRECIATE YOUR BUSINESS!



Septic and Holding Tank Cleaning • Steve Jentges, President



~ We will not be liable for damages caused by customary entry or exit of our truck at the job site. ~

CHARGES

Pumping \$ 235.00
Disposal \$ _____
County Inspection \$ _____
Labor \$ _____
Lock/Chain/Labels \$ _____
Jetting/Augering \$ _____
Flush Laterals \$ _____
Inlet/Outlet Baffle \$ _____
Materials \$ _____
Risers \$ _____
Manhole Covers \$ _____
Portable Toilet/Sink \$ _____
Expose Covers \$ _____
Clean Filter \$ _____
Septic Evaluation \$ _____
Well Evaluation \$ _____
Water Sample \$ _____
Trip Charge \$ _____
Emergency \$ _____
Other \$ _____
Subtotal \$ _____
Discount \$ _____
Credit Card Fee \$ _____

Total Charge \$ 235.00

Payment due upon receipt.
A late fee of 1% per month will be added to any unpaid balance after 10 days from date of invoice.
County report will be filed upon receipt of payment.
Customer is responsible for all expenses needed to collect overdue amounts. Initials _____

3.5% Added Charge for Credit Card use