Clatsop County

Community Development
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Annual Operation and Maintenance Report Form

General Information

Dates of Service: _____ Time of Service: _____

Property Owner(s): _____ Telephone: _____

Site Address: _____ City: _____ Zip: _____

County: _____ System Ref #: _____ Date System Constructed: _____

Company Name: _____ Contract period from: _____ to _____

Maintenance Provider Name (please print): _____

Is the system failing?

Yes	No	
☐	☐	Discharge of sewage to the ground surface
☐	☐	Discharge of sewage to drain tiles or surface waters
☐	☐	Sewage backup into plumbing fixtures

Onsite wastewater treatment system status:

☐ Failing ☐ Maintenance Required ☐ Owner has applied for repair permit

☐ Not Failing ☐ Maintenance Performed

Maintenance: Reference relevant recommendations, corrections, replacements, and/or upgrades of the onsite wastewater treatment system for all identified components in inspection report.

_____
_____
_____
_____
_____
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_____

Individual inspections forms are required to be made available at the request of the agent.

I certify that I have performed O&M services in accordance with the requirements in OAR chapter 340, division 071, for the above reference property and that this report is complete and accurate to the best of my knowledge. I understand that falsification of this report is grounds for revocation of my certification and/or civil penalties.

Signature of maintenance provider (and cert. #):

_____ Date: _____