Clatsop County
Community Development
800 Exchange Street, Suite 100
Astoria, Oregon 97103
Phone 503-325-8611 Fax 503-338-3606I
comdev@co.clatsop.or.us www.co.clatsop.or.us
Inspector Phone 503-338-3685 Mobile 503-791-0385

HOLDING TANK PUMPING RECORD

Facility Name:_____ Permit #: _____

Situs Address:_____

Owner Name:_____

Mailing Address: _____

Email: _____ Phone:_____

Legal Description T _____ R_____ S _____ TL_____

Date	**No of Gallons Pumped**	**Name of Licensed Pumper**	**Ultimate Disposal Site**	**Monthly Water Usage** (Optional)	**Inspection & Alarm Test** (confirmed alarm is working)
					Yes ☐ **No** ☐
					Yes ☐ **No** ☐
					Yes ☐ **No** ☐
					Yes ☐ **No** ☐
					Yes ☐ **No** ☐
					Yes ☐ **No** ☐
					Yes ☐ **No** ☐
					Yes ☐ **No** ☐

Remarks: _____

_____

I certify that I am familiar with the information contained in this report and that to the best of my knowledge such information is true, complete and accurate.

Name & Title _____

Signature _____ Date _____

Note: If system has been converted or decommissioned, you must continue to file an annual report and fee until proof is submitted of the change and termination of the permit.