



Annual Maintenance Report form for Short Term Rentals

General Information

Property Owner: _____ Phone #: _____

Site Address: _____ City: _____

Legal Description: _____ Permit #: _____

The existing system consists of (check all that apply):

| | | |
|--|---|--|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Alternative Treatment Unit | <input type="checkbox"/> Pressure Distribution Bed |
| <input type="checkbox"/> Dosing Tank | <input type="checkbox"/> Conventional Sand Filter | <input type="checkbox"/> Seepage Pit |
| <input type="checkbox"/> Standard System | <input type="checkbox"/> Bottomless Sand Filter | <input type="checkbox"/> Other _____ |

Septic and Dosing Tanks:

Yes No

- Scum and sludge layer less than 35% of the total tank volume
(If the answer is **No** the tank must be pumped)
- Septic tank lid(s) intact
- Septic tank baffles intact
- Tank(s) appear to be watertight and in good condition
- Tank(s) appears to be free from defects, leaking and signs of deterioration

If any of the above answers were **No** please describe the condition: _____

Drainfield:

Yes No

- Discharge of sewage to the ground surface
- Discharge of sewage to surface waters
- Sewage backup into plumbing fixtures

If any of the above answers were **Yes** please describe the condition: _____

I certify 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, license and/or civil penalties.

Provider Name: (please print): _____ License # _____

Signature: _____ Date: _____