



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):

Table with 3 columns and 3 rows of checkboxes for system types: Septic Tank, Dosing Tank, Standard System, Alternative Treatment Unit, Conventional Sand Filter, Bottomless Sand Filter, Pressure Distribution Bed, Seepage Pit, 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: _____

Please return form to: Lincoln County Onsite Division
210 SW 2nd St
Newport, OR 97365