



State of Oregon
Department of Environmental Quality
Water Quality Division
Onsite Program

Annual Operation and Maintenance Report Form

General Information (Complete ALL information)

Property Owner: _____ Phone #: _____
Site Address: _____ Parcel #: _____
City: _____ County: _____
Permit #: _____ Start up date if 1st year in use: _____
System Model #: _____ System Serial #: _____
Report Year: _____ Service Date: _____
Email Address: _____

Onsite wastewater treatment system status: (Do not prefill and photocopy)

Yes No

- Was maintenance performed as required by septic system rules and the manufacturer?
 Is the system operating in accordance with the agent-approved design specifications?
 Is the system currently under a service contract with a certified maintenance provider?
 Is the system failing?
 Discharge of sewage to the ground surface?
 Discharge of sewage to drain tiles or surface waters?
 Sewage backup into plumbing fixtures?

If yes, was a repair permit obtained? If not, explain: _____

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 and/or civil penalties.

*Maintenance Provider Name (please print): _____

*Certification #: _____ *Certification Expiration: _____

(*This line only can be filled out and photocopied.)

Original Signature: _____ Date: _____

Note: Maintenance providers must maintain accurate records of their maintenance contracts, customers, performance data, and timelines for renewing the contracts. These records must be available for inspection upon request by the agency per OAR 340-071-0130(24).