



State of Oregon
Department of
Environmental
Quality

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

Annual Operation and Maintenance Report Form

General Information

Property Owner: _____ Phone #: _____

Site Address: _____ City: _____

County: _____ Permit #: _____ Startup Date: _____

System Model #: _____ System Serial #: _____

Service Report Year: _____

Onsite wastewater treatment system status:

Yes No

Was maintenance performed as required by septic system rules (OAR 340-071) 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?

Yes No

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 Date: _____

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 agent per OAR 340-071-0345(14).