



Coos County Community Development

Mailing Address: 250 N. Baxter, Coquille, Oregon

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Planning, Building, Onsite and Enforcement

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COOS COUNTY COMMUNITY DEVELOPMENT ANNUAL OPERATION AND MAINTENANCE REPORT FORM

Property Owner(s) _____

Phone: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Property Information:

Township _____ Range _____ Section _____ Tax Lot# _____

Situs Address: _____

Onsite Wastewater Treatment System Status

(Do not prefill or photocopy checkboxes)

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Was maintenance performed as required by septic system rules and the manufacturer? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is the system operating in accordance with the agent-approved design specifications? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is the system currently under a service contract with a certified maintenance provider? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is the system failing? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Discharge of sewage to the ground surface? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Discharge of sewage to drain tiles or surface waters? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sewage backup into plumbing fixtures? |

MAINTENANCE PROVIDER CERTIFICATION

If you answered "Yes" to any of the last four questions, was a repair permit obtained?

Yes No

If no, please 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:** _____

(The line above may be completed 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)**.

Submit via Email or Mail:

 **Email:** onsiteseptic@co.coos.or.us

 **Mail to:**

Coos County Community Development
Onsite Septic Program
250 N. Baxter
Coquille, OR 97423