

MARION COUNTY PUBLIC WORKS
BUILDING INSPECTION DIVISION
5155 Silverton Rd NE / PO Box 14500
Salem OR 97309-5036
(503) 588-5147
www.co.marion.or.us

HOLDING TANK ANNUAL PUMPING RECORD

Facility Name: _____ Permit # _____

Address: _____ Date: _____

Date	No. Gallons Pumped	Name of Licensed Pumper	Ultimate Disposal Site	Water Usage (gal/day)	Inspection and Alarm Test (confirmed alarm is working, yes/no)

This report must be postmarked or received on or before February 15, 2025 to qualify for the reduced Annual Compliance Determination (ACD) Fee of \$80.00. ACD fees for reports received after February 15, 2025 are \$240.00.

REMARKS: _____

I certify that the holding tank has been operated the previous year in full compliance with the permit, and I am familiar with the information contained in this report and that to the best of my knowledge such information is true, complete, and accurate.

Name and Title: _____ Phone: _____

Email Address: _____

Signature: _____ Date: _____