

LINN COUNTY ENVIRONMENTAL HEALTH PROGRAM

PO BOX 100, 315 SW 4TH AVE, 2ND FLOOR, ALBANY, OR 97321

PHONE (541) 967-3821 FAX (541) 924-6904

http://www.co.linn.or.us/health/eh/eh.htm



HOLDING TANK PUMPING CONTRACT

I, _____, legally authorized representative for _____ sewage disposal service, license number _____, do hereby contract with _____ to pump the _____ gallon sewage holding tank located on Tax Lot _____; Section _____; Township _____ South, Range _____; Linn County, Oregon; and properly dispose of its contents at _____ sewage disposal facility.

The above holding tank is to be pumped periodically, at regular intervals, or as needed to allow proper operation.

Sewage Disposal Service Authorized Representative *

Date

* My signature obligates me to notify the Linn County Environmental Health Program in the event of termination of this contract.

Property Owner or Authorized Representative

Date

HOLDING TANK DISPOSAL AGREEMENT

I, _____, legally authorized representative for _____ sewage disposal facility, do hereby agree to accept through _____, sewage disposal license number _____, pumpings from the _____ gallon sewage holding tank located on Tax Lot _____; Section _____; Township _____ South; Range _____; Linn County, Oregon; for proper disposal, provided said pumpings contain no substances detrimental to the proper operation of the sewage disposal facility.

Facility Representative

Date