

ALTERNATIVE SEPTIC SYSTEM MAINTENANCE AGREEMENT FORM

Current Property Owner: _____

Site Address: _____

City/State: _____

Issued Date: _____ Expiration Date: _____

Servicing Provider: _____

Type of System: _____

Serial Number: _____

Date last effluent sample was taken: _____ OR N/A

Last effluent sample results:

CBOD: _____ TSS: _____ Ecoli: _____

For **Linn County**, please send the completed version of this form to one of the following:
Email: SepticReporting@linncounty.org
Postal Address:
Linn County Public Health – Water Quality Branch
1020 6th St. SE
Cedar Rapids, IA 52401

For **Jones County**, please send the completed version of this form to one of the following:
Email: environmental@co.jones.ia.us
Postal Address:
Jones County Environmental Health
105 Broadway Place, Suite 11
Anamosa, IA 52205