



# Eagle County OWTS Systems Cleaners Reporting Form

**NOTE: Required to be submitted to Environmental Health within 10 days of cleaning an OWTS system**

**EAGLE COUNTY**

Systems Cleaner Company \_\_\_\_\_ License Number \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Service Technician \_\_\_\_\_ Phone \_\_\_\_\_

Tax Parcel # \_\_\_\_\_ Address of Service \_\_\_\_\_

Person Requesting Service \_\_\_\_\_ Phone \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Septic System Permit Number \_\_\_\_\_ Tank Size \_\_\_\_\_

Date of service \_\_\_\_\_ Tank Material \_\_\_\_\_

Sewage Disposal Site \_\_\_\_\_

General Condition and Functionality of the System \_\_\_\_\_

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Recommended Repairs \_\_\_\_\_

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Site sketch showing location of the septic tank access lids measured from at least 2 fixed points  
(Photos Encouraged)

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