



MARION COUNTY BUILDING INSPECTION DIVISION
5155 Silverton Rd NE Salem OR 97305
(503) 588-5147
Fax: (503) 588-7948

SEPTIC SYSTEM CERTIFICATION for RECORD REVIEW

PROPERTY OWNER: _____

SITE ADDRESS: _____

DATE: _____

FILE NUMBER: _____

I certify that I have personally investigated the existing septic system on the above property and have identified the exact location of all parts of the septic system, including the septic tank, distribution box or drop boxes, drainfield lines and future septic system replacement area. The attached site plan is an accurate representation of the location of the septic system and proposed structure(s) on the property, and the proposed development meets all minimum setback requirements from the existing septic system, and the future septic system replacement area. In addition if there isn't a septic system serving the property, this document is to certify that a full investigation has been made to determine that the parcel is not being served by a septic system.

I further certify that I have, to the best of my abilities, thoroughly inspected the septic system and found no evidence of any failure. The system appears to be functioning in a satisfactory manner at this time.

SIGNATURE: _____
(Property Owner or the Owner's Authorized Agent)

Name (please print): _____

Company Name: _____

Mailing Address: _____

Phone Number: _____