

LAND AGENT AUTHORIZATION

APN _____ Township _____ Range _____ Section _____

I, _____ certify that I am the owner of the above referenced property in
(print name)
Siskiyou County.

I, _____ hereby give permission to _____,
(Contractor or Representative)

to act on my behalf as my authorized agent in regards to the following:

O Water Well

- Make application for, and obtain a water well construction permit.
- Construct water well, for which a permit has been issued.

O Sewage Disposal System:

- Make application for an on-site sewage disposal evaluation.
- Perform site work as prescribed by the Health Department towards the completion of an on-site evaluation. (Perc test & backhoe excavations.)
- File an application for a sewage disposal permit in accordance with the procedures and policies of this Department.
- Install an on-site sewage disposal system in accordance with the permit issued specific to your parcel.

Signature _____ Date _____