Siskiyou County Environmental Health Division
806 South Main Street, Yreka, CA 96097 Telephone 530-842-8200 FAX 530-841-4076

LAND AGENT AUTHORIZATION

APN _____ Township _____ Range _____ Section _____

I, _____ certify that I am the owner of the above referenced property in Siskiyou County
(Print Name)

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

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

- **Water Well:**
  - Make application for, and obtain a water well construction permit.
  - Construct water well, for which a permit has been issued.
- **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. (Per test and 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: _____