

KLAMATH COUNTY COMMUNITY DEVELOPMENT DEPARTMENT

ON-SITE SANITATION DIVISION

305 Main Street, Klamath Falls, OR 97601-6332

Telephone: (541) 883-5121 or 1-888-847-1878

FAX: (541) 885-3643

Application Date _____

Property Owner:

Address: _____

Phone Number: _____

Agent/Representative:

Address: _____

Phone Number: _____

Address/Directions to site (**Specific written directions required – detailed map on back**).

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LEGAL DESCRIPTION: (Please fill out in full)

Township	Range	Section	Tax Lot	Subdivision	
Zoning			Lot	Blk	Lot Size

This information provided is correct to the best of my knowledge, and I agree to comply with all laws and regulations governing land use, sanitation and building construction. I hereby grant Klamath County and its authorized agent permission to enter the described property for the purpose of this application.

Signature – Owner / Agent (Circle One) _____

APPLICATION FOR WATER TABLE MONITORING FIELD EVALUATION
\$150.00 PER TRIP

Field Visit # _____

FOR OFFICE USE ONLY Date Paid: _____ Fee: _____ Initial _____ Receipt No. _____ Check # _____

Field Visit # _____

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