



## Statement of Site Status

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Tax Lot: \_\_\_\_\_

County: \_\_\_\_\_

I certify by my signature the area for the initial and replacement onsite sewage disposal system has not been cut, filled or altered in any way since the original site evaluation was performed by the Josephine County Onsite Septic Program.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_