



State of Oregon
Department of
Environmental
Quality

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 Department of Environmental Quality.

Date: _____ Signed: _____