



Macon County
Public Health

**LEGAL REPRESENTATIVE DESIGNATION
ON-SITE WASTEWATER/ PRIVATE WELL
ENVIROMENTAL HEALTH**

Date _____

I, _____, hereby grant _____
Owners' name (print) Legal Representative (print)

permission to act as my legal representative to apply for Macon County Site Evaluation, Permitting, and Inspection activities for my property located at:

ADDRESS		PID#
SUBDIVISION	LOT	ACREAGE

Applicant assumes responsibility for ensuring that the well(s) and/ or on-site wastewater system will be located, constructed, maintained and abandoned in accordance with state requirements.

The owner or his agent shall see that a permit is secured prior to the beginning of construction of any well/ on-site wastewater system for which a permit is required.

The person owning or controlling the well/ on-site wastewater system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting, and repair.

Owners' signature Date

Legal Representative's signature Date