

LESLIE MORGAN, SHASTA COUNTY ASSESSOR-RECORDER

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California Relay Service at 711; County website: www.shastacounty.gov

PROPERTY OWNER'S STATEMENT OF NEW CONSTRUCTION

Please correct mailing address if needed.

Please complete this form as accurately as possible to help us arrive at a fair assessment of the new construction.

PLEASE RETURN WHEN PROJECT IS COMPLETE.

Treceived a base year value transfer in the last two years Yes No No	\$
Well: Depth in feet: Casing diameter: Casing material: Casing material: Steel Type of pump: Submersible Depth in feet: If no, please explain If no, please explain	\$
Depth in feet: Casing diameter: Casing material: Type of pump: Pump horsepower: Gallons Per Minute: Type of tank: Tank size and qty.: Is there a storage tank? If no, please explain Name of contractor/builder What was the total cost of this project? Date project completed: Is the well, septic, and or generator being conjunction with a new residence? If so, when is construction planned to construct planned to constru	\$
Casing diameter: Casing material: Type of pump: Submersible Other Pump horsepower: Gallons Per Minute: Type of tank: Tank size and qty.: Is there a storage tank? Comments: Comments: Size of tank in gallons: If no, please explain Name of contractor/builder What was the total cost of this project? Date project completed: Is the well, septic, and or generator bein conjunction with a new residence? If so, when is construction planned to construct planned plann	\$
Casing material: Steel Plastic Type of pump: Submersible Jet Pump Other Pump horsepower: Gallons Per Minute: Type of tank: Pressure On demand Tank size and qty.: Is there a storage tank? Yes No If yes, tank size and qty.? Comments: Septic: Size of tank in gallons: If no, please explain If no, please explain Name of contractor/builder Name of contractor/builder Name of contractor/builder Name of contractor/builder If no, please explain	\$
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Septic: Size of tank in gallons:	
Size of tank in gallons:	mmence?
The state of the s	
Leach field type: Standard Infiltrator Is this a replacement well, septic system generator? Yes No	i, and/or
Length of leach lines:	
Type of septic system: Conventional Circumstances that caused construction	
Other above expected (i.e. hard soil, difficult a	ccess):
Comments:	
	
Generator: Manufacturer: Please enclose copies of any constructions of any construction of any const	on contracts and
Manufacturer: photographs, if available.	
KW Output: Costs: Generator Installation You may submit this form and photographic photographic properties of the control o	canhe via email to:
delivery please include your name and	
Comments: the subject line.	•
The Assessor's Office may audit this statement for completeness and accuracy and may contact you	for additional
information as required. If you have any questions regarding this form, please call (530) 225-3	
I declare under penalty of perjury that this statement, including any accompanying schedules	
statements, is true, correct, and complete to the best of my knowledge and belief.	
<u>X</u>	
X Print name of owner or agent Signature of owner or agent	
Date: Daytime Phone: Home Phone:	