

Klamath County Public Health

Wood stove exemption applicant information

Name: _____ Phone number: _____

Physical address: _____

Mailing address (if different): _____

Exemption requested: Low income Special circumstance – please explain below

Heating appliance information

Woodstove - certified

Woodstove – not certified

Fireplace insert

Manufacturer/model of appliance: _____ Year installed: _____

Do you have a moisture meter (required) Yes No

Do you have a woodstove thermometer Yes No

Rating of appliance in gph(grams/hour): _____

Terms of exemption approval

Please initial each item below to indicate your have read and agree to the following conditions for a woodstove exemption.

____ I will verify, with my moisture meter, that my wood has less than 15% moisture.

____ I agree to burn my woodstove in accordance with Klamath County clean air ordinance chapter 406, ensuring less than 20% opacity emissions. I have received education around what this requirement means, and been given access to opacity resources.

____ I will burn only seasoned dry wood. I will not burn any prohibited materials.

____ I understand that my exemption will be revoked if I violate any terms of my exemption, which include adherence to Klamath County clean air ordinance chapter 406.

The information provided on this application is truthful and complete

Signature _____ Date _____