

TriCounty Health Department

133 South 500 East
Vernal, UT 84078
(435) 247-1160

281 East 200 North
Roosevelt, UT 84066
(435) 722-6310

EXISTING ON-SITE WASTEWATER SYSTEM RESEARCH/INSPECTION
AND/OR WATER SUPPLY INSPECTION APPLICATION

REQUESTED BY:

Name: _____ Phone #: _____

Address: _____
Route, Box, or Street Address City State Zip

Reason for inspection: ___ Financial Institution, ___ Building permit, ___ Division of Property,
___ System Failure, ___ Other

IF REPORT IS TO BE SENT TO ANOTHER AGENCY, PLEASE PROVIDE INFORMATION:

Name: _____ Phone: _____

Address: _____

WASTEWATER INFORMATION:

Name of Current Property Owner: _____

Property Address: _____
Street Address City State Zip

Directions to site: _____

(please draw a map on the back)

Property Serial # _____ Year Home Was Built: _____

Original Property Owner: _____

Individual or Contractor who installed system: _____

Date of Installation: _____

Signed and dated "Quality Verification of Septic Systems by Scavenger Services" form may be required.

Dates and descriptions of any inspections, repairs, replacements, or upgrades:

There is no guarantee that TriCounty Health Department will find information on this research request.

Signature: _____ Date: _____

Fees: Existing Onsite Wastewater System only – \$100.00

Existing Water Well Inspection - \$60.00 + lab fees

HEALTH DEPARTMENT USE ONLY

Date Received: _____ Amount Paid: _____ Receipt # _____

Recv'd By: _____ Research Time: _____ Insp. ___ Research ___ Permit # _____
Water Supply _____