

TriCounty Health Department

147 East Main
Vernal, UT 84078
(435) 781-5473

281 East 200 North
Roosevelt, UT 84066
(435) 722-5085

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

REQUESTED BY:

Name: _____

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

Phone #: _____

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

Name: _____ Phone: _____

Address: _____

WASTEWATER INFORMATION:

Name of Current Property Owner: _____

Property Address/Location: _____
Street Address City State
Zip

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 is 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: _____

HEALTH DEPARTMENT USE ONLY

Date Received: _____ Amount Paid: _____ Receipt # _____

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

