

TRINITY COUNTY ON-SITE SEWAGE FACILITY PERMITTING
INVESTIGATION REPORT-OSSF VIOLATION

Complainant: _____ Date _____

Address: _____

Telephone Number: _____

Person suspected of violation: _____

Location Address: _____

Telephone Number: _____

Physical Address of and Directions to Property: _____

Nature of Complaint: _____

Investigator's Report:

Date: _____ Time: _____

Findings: _____

Violation Number _____

Paul Hendrick
OS00028609