

**TRINITY COUNTY  
ON-SITE SEWAGE FACILITY PERMITTING**

INVESTIGATION REPORT: OSSF VIOLATION

Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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**Person Suspected of Violation:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Physical Address of and Directions to Property:**

\_\_\_\_\_  
\_\_\_\_\_

**Nature of Complaint:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investigator's Report:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Findings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Violation Number

\_\_\_\_\_  
Rebecca Marlow, D.R.  
OS0008050

*\*Complaints are confidential and may be made anonymously; however, the suspected violator information must be complete before the complaint can be investigated.*