

# REQUEST FOR SERVICE

ONslow COUNTY HEALTH DEPARTMENT

MOBILE HOME PARK    MIGRANT CAMP    WATER SAMPLE

RECEIVED BY \_\_\_\_\_ ASSIGNED TO: \_\_\_\_\_

LANDOWNER \_\_\_\_\_

PERSON REQUESTING SERVICE \_\_\_\_\_ PHONE # (   ) \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

PROPERTY LOCATION (DIRECTIONS)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ SR# \_\_\_\_\_

MOBILE HOME PARK NAME: \_\_\_\_\_

# SEPTIC \_\_\_\_\_ # SPACES \_\_\_\_\_

ANY CHANGES TO THE PARK: \_\_\_\_\_

WATER TYPE:  COUNTY OR  INDIVIDUAL WELL \_\_\_\_\_

WATER SAMPLES: W.S. BATERICAL \_\_\_\_\_ W.S. CHEM \_\_\_\_\_ EX SYSTEM: \_\_\_\_\_

MIGRANT CAMP: # MIGRANTS \_\_\_\_\_ # BEDROOMS: \_\_\_\_\_ ON SEPTIC PERMIT

INVESTIGATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

\_\_\_\_\_

DATE

ENVIRONMENTAL HEALTH SPECIALIST

RETURN COPY OF COMPLETED ACTION TO ADMINISTRATIVE OFFICE