



Division of Environmental Health

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SITE EVALUATION

INFORMATION NEEDED

Property Owner:	Phone:
Mailing Address: Street	City & Zip
Site Address: Street	City & Zip

I grant right of entry for inspection purposes:
 (Signature of Owner)

Consultant:	Phone:
Mailing Address: Street	City & Zip
APN:	E-mail:

Directions to Site: _____

PROJECT INFORMATION

Please provide the following on site: Site Map Back Hoe Soil profile log

Project Description: _____

DEH Staff Summary: _____

If paid by Credit Card. Date and amount paid _____ Confirmation #: _____

* FOR OFFICE USE ONLY *		O.P confirmed by:	
Amount Paid \$	<input type="checkbox"/> Cash <input type="checkbox"/> Check #:.....	Receipt number	Paid By: OA Initials and date entered: