

MCEF-100
Rev: 4/07

Mineral County Health Department Application for Environmental Site Evaluation



Name _____ Phone _____

Address _____

Property Location _____

Purpose of Site Evaluation _____

I (we), the undersigned, certify that the information contained herein is correct and accurate to the best of my (our) knowledge. It is further understood that this form **is not** an application for a permit, and subsequent acceptance of this site by the Mineral County Health Department **does not** constitute a permit.

Signature _____

Date _____

FOR HEALTH DEPARTMENT USE ONLY

Date Received	Date Site Evaluation	Reviewed by	Date Fee Paid	Received From

Conditions Found _____

This is to certify that the Mineral County Health Department reviewed the contents of this form and conducted a site visit on the subject property. Based on the information provided it appears (if applicable) that the site () is () is not suitable for permit.

Signature _____

Date _____