



NAME (LAST, FIRST, MI)				<input type="checkbox"/> State Registered-ID Number:	
ADDRESS				<input type="checkbox"/> Non Registered	
CITY			STATE	ZIP CODE	TELEPHONE

DATE OF IMPROPER ACTION, INSTALLATION OR SITE EVALUATION			COUNTY
PROPERTY OWNER'S NAME (LAST, FIRST, MI)			SIZE OF PROPERTY acres
ADDRESS			EXEMPT FROM PERMITTING <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE	ZIP CODE	TELEPHONE

PRINT NAME	AGENCY NAME	TELEPHONE NUMBER	
SIGNATURE	TITLE	EPHS NUMBER	DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
ONSITE WASTEWATER TREATMENT PROGRAM

ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) PROFESSIONAL COMPLAINT RECORD

INSTRUCTIONS

GENERAL: Conduct a thorough investigation and provide as much information as available. Action regarding individual's DHSS registration will be based, in part, on documentation. **This is not to replace local action for violation of state/local statute or ordinances.**

SECTION 1: Professional's Identification: At least the individual's name and valid mailing address are needed to take action.

SECTION 2: Installation/Site Evaluation Information: provide as many details of the installation, site evaluation or other improper activities related to OWTS as possible, such as when and where this activity took place and how it came to your attention.

SECTION 3: Description of System Installation/Repair or Site Evaluation Problems: Describe system, site evaluation, etc., including the type, size, depth, and setback distances related to the system or site evaluation.

SECTION 4: Summary of Investigation: Summarize dates and methods of investigation. Attach copies of other relevant information, pictures, and violation notices.

SECTION 5: Investigator/Agency Information: Name, agency name, telephone number, signature, title, and EPHS number of person(s) doing the investigation.

Send Form To: **Missouri Department of Health and Senior Services**
Onsite Wastewater Treatment Program
P.O. Box 570
Jefferson City, MO 65102
Fax: (573) 526-7377
Telephone: 573-751-6095