

Vendor Property Assessment

Applicant Name: _____ Site Contact: _____
Site Address: _____ Site City, Zip Code: _____
Phone Number: _____ Canal Name: _____

Site Map

The following must be identified on the site map:

- House
- Pump House
- Cistern Location
- Pump Location
- Treatment Location
- Canal Location
- Water Main Location
- Electrical Outlet
- Other Equipment

Division of Environmental Health

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