



# County of Santa Cruz

## Health Services Agency - Environmental Health



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 (831) 454-2022 TDD/TTY - Call 711 <http://www.sceeh.org>  
[EnvironmentalHealth@santacruzcounty.us](mailto:EnvironmentalHealth@santacruzcounty.us)

### POS Inspection Report Cover Page

APN:	Site address:			
Registered AP submitting report:	Registration number:			
Is there an active file:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the parcel developed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tank pumped as part of POS inspection:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of POS pump:	
QP was present during pumping of tank:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	POS pumper report attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of site inspection:	Date report submitted to EH:			
Plot plan included:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Supplemental permit sheet(s) included:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Enhanced treatment most recent OSSP report attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Photographs included:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

EH should send email copies of the POS Evaluation Report Certificate to the following addresses:

Owner's Name:

Owner's Mailing Address:

Owner's Email Address:

Owner's Phone Number: