

**ENVIRONMENTAL CONDITIONS NOTIFICATION  
STONE COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL SERVICES**

**P. O. Box 125**

**GALENA, MO 65656 PHONE 417 357-8200**

**IT IS NECESSARY TO FILL OUT ALL AREAS OF THIS FORM, OTHERWISE AN  
INVESTIGATION MAY NOT BE CONDUCTED**

**PERSON CAUSING THE CONDITION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY) (STATE) (POSTAL CODE)

**DESCRIBE THE COMPLAINT** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DATE CONDITION OBSERVED** \_\_\_\_\_

**DIRECTIONS TO THE SITE** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSON SUBMITTING THIS FORM** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY) (STATE) (POSTAL CODE)

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE**

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

Your name may become known during the investigation process or you may be subpoenaed to testify in a court proceeding  
furthermore I attest that I lawfully observed the conditions as described.

**THIS IS A PUBLIC DOCUMENT**  
EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
(6/02)