

HORNING, BARBARA Mrs. (John)	(widow)	616 1000-2000	DATE GRANTED
ADDRESS: 808-26th AVE		CITY: SEASIDE, ORE	FILE CODE:

TYPE OF ESTABLISHMENT OR FACILITY: (SPECIFY EXACT TYPE, I.E., GROUP CARE - HOSPITAL, DAY NURSERY, ETC.)

A—DISPOSAL SITE _____ B—FOSTER HOME _____ C—GROUP CARE _____ D—ICE PLANT _____ E—INDUSTRIAL PREMISE _____ F—INSTITUTION _____ G—LABOR CAMP _____ H—PRIVATE PREMISE _____ <u>4 B.P. (old)</u>		I—PROPOSED BLDG. SITE _____ J—PUBLIC PREMISE _____ K—PUBLIC WATER SYSTEM _____ L—SCHOOL _____ M—SUMMER CAMP _____ N—SWIMMING POOL _____ O—MILK ESTABLISHMENT _____ P— _____
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SAMPLES COLLECTED	DATE	RESULT	TESTS PERFORMED	DATE	RESULT

COMPLAINT REGISTERED BY \_\_\_\_\_ ON \_\_\_\_\_

COMPLAINANT'S REMARKS \_\_\_\_\_

FIELD INSPECTION RECORD COMPLETED:

RECORD CODE	TITLE OF FORM
1	ICE FACTORY INSPECTION FORM
2	SCHOOL AND INSPECTION FORM
3	SCHOOL PLANT SURVEY REPORT
4	REPORT ON PROPOSED SCHOOL SITE
5	FOSTER HOME REPORT
6	VA HOME LOAN REPORT
7	STATE VET LOAN REPORT
8	FHA HOME LOAN REPORT
9	OTHER HOME LOAN REPORT
10	
11	
12	

  

RECORD CODE	DATE FORM COMPLETED

SKETCHES, GRAPH, DIAGRAM (SHOW LOCATION)


