

COMPLAINT NO. \_\_\_\_\_

TIME ARRIVE 12:15pm

TIME LEAVE 2:45pm

Pg 1 of 2

LOCATION  (T)  (V) FACILITY/CODE DATE

Pye

6/17/2016

PREMISE NAME: Hen Island TEL. NO. \_\_\_\_\_

PREMISE ADDRESS: Pye, NY E MAIL \_\_\_\_\_

OWNER/OPERATOR NAME: \_\_\_\_\_ TEL. NO. \_\_\_\_\_

OWNER/OPERATOR ADDRESS: \_\_\_\_\_ E MAIL \_\_\_\_\_

REGULAR	FINDINGS
<input type="checkbox"/>	<p>Inspectors J. Puggiero, M. Boda and M. Smith visited above location upon request from the island homeowners. Upon arrival met with members of the Assoc. City of Pye Counsel and Sierra Club members. We conducted an inspection of the homes and grounds of the North &amp; South Islands. Inspection revealed homeowners being their part with eliminating mosquito breeding locations around their homes and grounds. Pointed out a few areas needing attention on the North Island in the middle of the island. Observed a large collection of equipment and other items being stored under tarps. Recommended to remove all items not needed and to store equipment and items in a more secure manner so they can not acquire any water and hold water</p>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

SIGNATURE OF PERSON IN CHARGE \_\_\_\_\_ TITLE \_\_\_\_\_ SIGNATURE OF INSPECTOR J. Puggiero TITLE Sanitarian

NAME OF PERSON IN CHARGE (PRINT) \_\_\_\_\_ TEL. NO. \_\_\_\_\_

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PREMISE ADDRESS: Pye, NY E MAIL \_\_\_\_\_

OWNER/OPERATOR NAME: \_\_\_\_\_ TEL. NO. \_\_\_\_\_

OWNER/OPERATOR ADDRESS: \_\_\_\_\_ E MAIL \_\_\_\_\_

REGULAR	FINDINGS
FOLLOW-UP	<p>for a length of time. All Home Owners agreed and said they will contact the owner of the items to remove and clean up the pile. They also explained they now conduct their own self inspections of the islands for the control and abatement of mosquito breeding areas.</p> <p>During inspection no mosquito activity was observed. No standing water conditions were found.</p>
COMPLAINT	
INVESTIGATION	
OTHER INSPECTION	
FIELD CONF.	
<input checked="" type="checkbox"/> SATISFACTORY	
<input type="checkbox"/> UNSATISFACTORY	
REINSPECTION	
YES	
NO	

SIGNATURE OF PERSON IN CHARGE \_\_\_\_\_ TITLE \_\_\_\_\_ SIGNATURE OF INSPECTOR J. Luggia TITLE Sanitarian

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