



Request for Septic System / Well Information

When requesting information from the Person County Health Department regarding the septic system or well on a property, please complete and submit this form. The information provided will better help the Health Department attempt to locate the requested permits. Your request will be processed within 1 to 2 working days.

Property Information

Name of Property Owner(s): _____

Previous Property Owner(s): _____

*Please include the above information if possible. We may not be able to locate your information if you leave it blank

Tax Map: _____ Parcel Number: _____

Subdivision: _____ Lot number: _____

Address: _____

Your Contact Information

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Information Desired: _____ Septic only _____ Well only _____ Both - Septic & Well

Signature

Date

**Requests can be submitted by email to envhealth@personcountync.gov

Health Department Reply

Permits Located: ☐ Yes ☐ No Copy of Information: ☐ Mailed ☐ Faxed ☐ Emailed

Signature

Date

Comments: _____