



## 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](mailto:envhealth@personcountync.gov)

---

### Health Department Reply

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_