

**Toe River Health District
Septic / Well Permit Information Request**

Type of Request: Septic Well Both

Year septic system was installed / well drilled
(if you are unsure, please give a range):

Parcel/PIN Number: _____

Name of applicant on septic/well application: _____

Name of owner on septic/well application *(if different)*: _____

Alternate owner/applicant name: _____

Alternate owner/applicant name: _____

Name of septic installer/well driller *(if known)*: _____

Property location: _____

Address at time of septic installation / well drilled *(if known)*:

Person requesting lookup: _____

Phone: _____

Fax: _____

Email: _____

When complete please fax or email to the respective health department:

Avery County Health Department

averyh@toeriverhealth.org

kitty.shook@toeriverhealth.org

Phone: 828-737-6059

Fax: 828-733-6034

Mitchell County Health Department

mitchellh@toeriverhealth.org

Fax: 828-688-5077