

# 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 email the form to the respective health department:

Avery County Health Department

[achd@toeriverhealth.org](mailto:achd@toeriverhealth.org)

[kitty.shook@toeriverhealth.org](mailto:kitty.shook@toeriverhealth.org)

Phone: 828-733-6031

Mitchell County Health Department

[mchd@toeriverhealth.org](mailto:mchd@toeriverhealth.org)

[misty.woody@toeriverhealth.org](mailto:misty.woody@toeriverhealth.org)

Phone: 828-688-2371