

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

kitty.shook@toeriverhealth.org

Phone: 828-733-6031

Mitchell County Health Department

mchd@toeriverhealth.org

misty.woody@toeriverhealth.org

Phone: 828-688-2371