

**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*): _____

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
angie.jackson@toeriverhealth.org
Fax: 828-733-6034

Mitchell County Health Department
debra.hicks@toeriverhealth.org
Fax: 828-688-3866

Yancey County Health Department
linda.angel@toeriverhealth.org
Fax: 828-682-6262