

SEPTIC REQUEST FORM

Haywood County Environmental Health Department
157 Paragon Parkway – Suite #200
Clyde, NC 28721
(828)452-6682

Please fax all requests to the Environmental Health Section at (828) 452-6791

**** Incomplete forms will be returned ****

Property Information: *(Please note that our records are filed by property owner name and we are not always informed when property owners have changed, therefore it is important include as many past owners as possible, this often requires a deed search.)*

CURRENT LEGAL PROPERTY OWNER NAME(s): *Please include both first and last names*

PREVIOUS OWNER(s):

PARCEL ID NUMBER (PIN#): _____ / _____ / _____

911 ADDRESS (if applicable): *Please include the City*

SUBDIVISION & LOT # (if applicable): _____

MOBILE HOME PARK? (More than one MH is considered a park – list park name and lot #)

HOUSE ON PROPERTY: YES NO

Year Built: _____

IS THE SEPTIC SYSTEM INSTALLED: YES NO

Send Information To:

Agent Name: _____

Agency: _____

Mailing Address: _____

Phone #: _____ Fax #: _____
(Please include the area code)

All records found incur a \$2.00 fee to be billed on a monthly basis.

Information Incomplete Record Found Record Not Found