

ALAMANCE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
209 N. GRAHAM-HOPEDALE RD.
BURLINGTON, NC 27217

Fax: (336) 570-6362 Phone: (336) 570-6367 www.alamance-nc.com

THERE IS A THREE-DAY TURN AROUND TIME ON ALL REQUESTED INFORMATION

Requester's Name _____

Requester's Mailing Address: _____

Email Address: _____

Fax Number _____ Phone Number _____

1. GPIN - Parcel ID Number _____

2. Old Tax Map Number _____

3. Subdivision Name _____ S/D Lot Number _____

4. Property Address _____

5. Directions to the Property _____

6. Present Owner of the Property _____

7. **List any names of past owners of the property that you know.**
It is important to provide as much information as possible!

8. Date septic was installed _____ 9. Date home was built _____

10. What specific information do you need?

- Copy of well permit _____
- Copy of septic permit _____
- Copy of existing water sample results _____
- Copy of soil evaluation _____

IMPORTANT! Please fill in all you can of 1-9 above. It will help us get the information to you quicker. Email to: eh.admin@alamance-nc.com