

Environmental
Health
Department



SURRY COUNTY HEALTH &
NUTRITION CENTER
118 HAMBY RD.
DOBSON, NC 27017

COUNTY OF SURRY, NORTH CAROLINA

I have attached the form we need to process your request for a copy of a septic permit.

1. When clients request Operations Permits the staff will e-mail the client the Request for Operations Permit form.
2. The client will complete the Requests for Operations Permit form and scan/email the form to operationspermit@co.surry.nc.us
3. Staff will process the requests within 5 business days.
4. The requested information will be sent to the client via e-mail.
5. If the requested information is not located, the client will be informed via e-mail.

Our permits are hard copy permits and that requires us to physically locate them. These septic records go back to 1965. Our older permits are filed by the name of the person who owned the lot when the septic system was installed. On rare occasions, the permit may be filed under the contractor who built the house or the one who installed the septic system.

If you do not know that information, we suggest you contact the **Surry County Tax Office ((336)401-8100)**. They can provide names of those who have paid taxes on the property. Even if we can't find the original permit, it is possible we can find a repair permit.

This is why the names of owners is so important. Without this information, we will not be able to find a permit. The more names you can provide us, the more chance we have of finding the septic permit.

Prior to June 2007, no permits were needed to drill a well; we will only have well permits for new wells drilled after June 2007.

If you have any questions, please let us know.

**Please visit our website www.surry.com
operationspermit@co.surry.nc.us**

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REQUEST FOR OPERATIONS PERMIT

By completing the following form, the undersigned does hereby make application to obtain specified public record(s). This request is in accordance with North Carolina General Statute 132-6.

There will be a FIVE (5) business day time period for the request to be processed.

NAME OF PERSON MAKING REQUEST: _____

TELEPHONE NUMBER: _____ **FAX:** _____

EMAIL: _____

ADDRESS OF PROPERTY REQUESTED _____

CITY: _____ **PIN:** _____

SUBDIVISION: _____ **LOT #:** _____

**YEAR ORIGINAL SEPTIC SYSTEM WAS INSTALLED
(USUALLY THE YEAR THE HOME WAS BUILT):** _____ **(Required)**

**HAS ANYTHING EVER BEEN DONE TO THE SEPTIC SYSTEM (EXPANSION/REPAIR)? IF
SO, WHAT YEAR(S)?** _____

NAMES OF ALL CURRENT AND PREVIOUS OWNERS AND THE YEARS OF OWNERSHIP:

| | | | | |
|--------------------------------|--------------------|-------|---|-------|
| <u>Example: John Q. Public</u> | <u>- 1978-1986</u> | _____ | - | _____ |
| _____ | - | _____ | - | _____ |
| _____ | - | _____ | - | _____ |
| _____ | - | _____ | - | _____ |
| _____ | - | _____ | - | _____ |

SIGNATURE: _____ **DATE:** _____