



Henderson County Department of Public Health

Steven E. Smith, MPA, Health Director | Seth Swift, Environmental Health Supervisor

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Public Health
Prevent. Promote. Protect.

I, _____ (NAME OF OWNER – Print)

do authorize _____ (NAME OF APPLICANT – Print)

to act as my agent in obtaining the septic and/or well permit(s) from the
Henderson County Department of Public Health.

Address/Pin Number of Property: _____

Signed: _____

Date: _____

NOTE: All blanks must be filled in or this form will not be accepted.