

Henderson County

Department of Public Health

ENVIRONMENTAL HEALTH SECTION

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Thomas D. Bridges, MPH, Director

Seth Swift, R.S. Environmental Health Supervisor



I, _____ (print your name)

do authorize _____ (print name) to act

as my agent in obtaining the septic and/or well permit(s) from the

Henderson County Department of Public Health for:

PIN # ADDRESS

Signed: _____

Date: _____

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