

BELL COUNTY PUBLIC HEALTH DISTRICT
ON-SITE WASTEWATER DIVISION
Permit Copy Request

Website to locate information: esearch.bellcad.org

Email request to: ossf@bellcountyhealth.org

Property Address:

City _____ Property ID# _____

Legal Description:

Subdivision _____ Block _____ Lot _____

Or

Survey Name _____

Abstract No. _____ Vol. _____ Page _____ Acres _____

Property Owner: _____

What year was septic installed? _____ Age of house _____

Have any alterations been made? YES or NO Year of alteration _____

Reason for inquiry _____

Email address to send copy to _____

For office use only: Initials _____ Date emailed _____