



Well and Septic Information Request Form

1948 Wiltshire Road Suite 1

Kearneysville, WV 25430

Email: JeffersonENV@wv.gov Fax: 304-728-3314

This form must be filled out completely – Incomplete forms will be returned

There is a \$25.00 file search fee - per file

Payment Options:

- Check made payable to Jefferson County Health Department
- Credit Card payments- fill out the space for CC information at the bottom of this form or request an invoice to pay using our online portal (there is a 3.99% fee for all CC payments)

Please allow up to 5 business days for your request to be processed

Date: _____

Requester's Name: _____

Requester's Phone and Email: _____

Current Owner: _____

Previous Owner: _____

Physical Address: _____

Subdivision, Lot, and Section: _____

Most Current Deed Book Number: _____ **Deed Page Number:** _____

Number of Acreage: _____

Number of Bedrooms: _____

Are You Requesting Perc Results? _____

Has there been a Dwelling on This Lot? _____ If Yes, Year Built? _____

Credit Card Payment:

Please note: There is a 3.99% fee for credit card payments

Establishment/Card Holder Name: _____

Account # _____

Expiration Date: _____ Security Code: _____ Amount: \$25.00 each

Signature: _____