



GRAHAM COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health (928) 428-1962

826 West Main Street, Safford, Arizona 85546

FAX (928) 428-8074

Septic Record Request

To obtain a septic record, complete this form and submit it to our department. Please allow at least two days for the records search to be conducted. You will be notified if there is no record on file.

Requested by: _____ Date: _____

Phone: _____ Email: _____

I prefer to have the septic record:

Emailed

Faxed to: _____

Mailed to: _____

I will pick up the record at the Health Department

Reason for requesting septic record:

To have septic tank pumped

For a real estate Notice of Transfer

Other: _____

Did the Health Department inspect the system when it was originally installed?

Yes No Unknown

Provide as much of the following information as possible about the property where the system is located:

Site Address: _____

Parcel Number: _____

Subdivision: _____ Lot # _____

Approximate date system was installed: _____

Owner when system was installed: _____