



MADISON COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
493 Medical Park Drive Marshall, NC 28753
Telephone: 828-649-9598 Fax: 828-649-9370

Evaluation Procedure for Existing Septic Systems

Owner, User, Agent Responsibilities

Reasons for inspection:

1. We were unable to find a record of your septic system installation
2. You are connecting a new dwelling to an existing septic system
3. The power has been turned off for more than 2 years & you want it restored
4. Your system may be failing & an Environmental Health Specialist has requested it

The following list of things must be completed prior to our arrival and assessment of the existing septic system:

1. The septic tank shall be located & the entire top shall be uncovered.

The lids must be pried open and both sides of tank must be pumped.

Reason: To verify the tank size, type & condition.

Requirements:

- Tanks must have a baffle wall inside them to separate solids from liquids.
- Tanks must also have a filter to ensure that particles are not passing into the distribution box & nitrification trenches.
- There must be no evidence of cracks in the tank.

2. The distribution box (d-box) must be located & uncovered completely.

Reason: To verify that there is equal distribution of effluent to all nitrification trenches.

Requirements:

- There must be speed levelers installed if they are not already present.
- There must be schedule 40 PVC pipe used from the tank to the d-box & from the d-box to the trenches.
- There must be no evidence of cracks in the d-box.

3. Identify any wells, springs, & water lines that are within 200 feet of any part of the septic system.

Reason: To verify compliance of NC State Mandated Laws (Article 11 of Chapter 130A of the North Carolina General Statutes) and Rules (15A NCAC 18A.1900 et seq.)

Requirements:

- There must be a minimum of 100 feet between septic systems & wells/springs.
- There must be a minimum of 50 feet between septic systems & all other water sources. (i.e. streams, ponds, creeks, etc.)

4. Identify any property lines and right of ways that are within 100 feet of any part of the septic system.

Reason: To verify compliance of NC State Mandated Laws (Article 11 of Chapter 130A of the North Carolina General Statutes) and Rules (15A NCAC 18A.1900 et seq.)

Requirements:

- There must be a minimum of 10 feet between septic systems & property lines or right of ways.

*Our EH Specialist will attempt to locate the nitrification trenches after all of the above is done. If they cannot determine the size of the drain field, it will be your responsibility to expose the top of the trenches at the beginning and end of each trench line. This is necessary to assure the lengths of the trenches (total drain field size) and that the location of them is properly documented.



MADISON COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH

493 Medical Park Drive Marshall, NC 28753

T: 828-649-9598 F: 828-649-9370

envhealth@madisoncountync.gov

Office use only:

Payment:

Cash: Check: CC:

CDP# _____

EXISTING SEPTIC APPLICATION

\$75.00	Addition to Existing System	\$50.00	<input type="checkbox"/> Replacement of a Trailer/Home
\$50.00	<input type="checkbox"/> Existing System Check	\$75.00	<input type="checkbox"/> Repair to Existing System
\$50.00	<input type="checkbox"/> Home with System – no record on file	\$50.00	<input type="checkbox"/> Re-Visit Fee

Applicant Name:	Property Identification Number (PIN#):
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Current Mailing Address:	Septic Contractor:
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Home Phone:	Work Phone:	Cell:	Property Owner's Phone:
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Property Owner's Name:	Mailing Address:
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Property Address:	(Subdivision/Gate Code/Lot Number)
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Directions to Property/Site: _____

This section is pertaining to the dwelling:	Property Acreage # of Residents # of Bedrooms # of Bathrooms	Is property subject to easements or right-of-ways? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> House <input type="checkbox"/> Modular <input type="checkbox"/> Double-Wide <input type="checkbox"/> Single-Wide <input type="checkbox"/> Other: _____ (specify)	
	Has there been any grading, removal, or addition of soil on this property before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Water: <input type="checkbox"/> Existing Well <input type="checkbox"/> New (non-existing) Well <input type="checkbox"/> Spring <input type="checkbox"/> Community/City
	Any Existing Wastewater System on Property: <input type="checkbox"/> Yes <input type="checkbox"/> No Is Site subject to approval by any other public agency: <input type="checkbox"/> Yes <input type="checkbox"/> No	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Basement Fixtures: <input type="checkbox"/> Yes <input type="checkbox"/> No

- The issuance of a Existing Septic Permit by the Health Department in no way guarantees the issuance of other permits. The Permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal for Madison County and North Carolina and to the conditions contained within the permit.
- The Permit is subject to revocation if the site plans or intended use changes.
- A new Septic Construction Authorization Permit application MUST be submitted when there is a change to the dwelling or a change in ownership of the site.
- The fee is NON-REFUNDABLE once the property is visited by an Environmental Health Specialist. or 1 year after the date of application (**Application date is the date payment is received**).
- A Repair to Existing System Permit is valid for 3 months.

I certify that the information I have provided above is true and correct and further I give permission to access the property for the purposes of this permit application.

Property Owner/Legal Representative Signature: _____ Date: _____

MADISON COUNTY HEALTH DEPARTMENT
Instructions for Applicant

In order to make the best use of your time and to assist the staff in completing applications quickly we ask that the items provided below be completed prior to the scheduled visit. We appreciate your cooperation.

1. ____ I have provided a scaled map of the property (tax map) or a survey plat.

Please pick up a Property Improvement Check List from the Tax Department located at the Courthouse Annex, 5707 US Highway 25/70 Unit E, Marshall, NC 28753 and. This must be included with all applications.

2. ____ I have marked and labeled all property corners and boundaries, as well as located property pins.

3. ____ I have located and labeled all wells, springs, or surface water on the property or within 50' of the property boundaries and notified the health department of any previously identified wetlands.

All property corners, lines/boundaries must be clearly marked or otherwise identified. It is recommended that visible flagging be used every 50 feet where property lines are within 100' of the proposed building site.

4. ____ I have cleared the area of undergrowth.

Undergrowth needs to be cleared to the point that the property is accessible. The Environmental Health Specialist must have clear visibility for at least 100 feet from any one location in order to take accurate measurements and design the system along contours.

Items 1-4 must be completed or the evaluation cannot be conducted
A re-visit fee of \$50.00 will be assessed if site visit is made and items are not completed

Environmental Health Supervisor:	Jamie List	828-649-9598
Environmental Health Specialist:	Ken Castello	828-649-9598
Environmental Health Administrative Assistant:	Vivian Lunsford	828-649-9598

SITE PLAN WORKSHEET

YOU MAY USE THIS SPACE TO DRAW YOUR DWELLING SITE PLAN INCLUDING
SEPTIC OR YOU MAY ATTACH YOUR SEPTIC DRAWING/PERMIT