



Madison County Health Department

◇ 5707 US HWY 25/70, Suite 26 ◇ Marshall, NC 28753

◇ Tel: 828-649-9598 ◇ Fax: 828-649-9370 ◇ Envhealth@madisoncountyncgov

Permit # _____ Fee _____ Invoice # _____

Application for Existing System Inspection

APPLICANT INFORMATION

Applicant _____ Address _____ Phone _____

Applicant _____ Address _____ Phone _____

Email Address: _____

PROPERTY INFORMATION PIN# _____ Acreage/Lot Size: _____

Date *current* parcel was originally deeded & recorded (date since last property line change – not change in ownership): _____

Property Address/City/Zip _____ Subdivision Name/Lot #/Phase _____ Gate Code _____

Name(s) of Original Permittee: _____ Date System Originally Installed: _____

Detailed directions to property from Environmental Health office:

Inspection is requested for:

- Mobile Home Setup Home Reconnection Addition Storage Building/Garage Other

Comments: _____

Current no. of Bedrooms: _____ No. of bedrooms upon connection/completion: _____ Max. # of occupants: _____

Water Supply: New Well Existing Well Shared Well Public Well Municipal Spring

INSPECTION REPORT

The septic system as indicated above has been inspected and is:

- Approved for the following Denied – Reconnection, Addition, or Expansion

Please do not place building, shed, mobile home, or any other structure on property until an existing system permit is issued.

I have read this application and certify that the information provided herein is true, complete and correct. I understand that false or incorrect information could result in revocation of any approval granted for the intended project. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. I grant access to the aforementioned property to representatives of the Madison County Environmental Health Department for the purposes of a site evaluation of the property.

Owner/Agent Signature: _____ Date: _____

EH Specialist: _____ Date: _____

THIS REPORT IS VALID FOR 1 YEAR FROM THE DATE OF ISSUANCE

Note: It is the applicant's responsibility to comply with all setback distances and other requirements concerning the septic system and well, if applicable, for the approved project.

Please draw the property to the best of your ability and knowledge on this sheet. Be sure to show houses, buildings, mobile homes, proposed buildings or mobile homes, water supplies, streams, roads, drives, property lines, existing septic tank locations, utility locations and any other pertinent structures or features.



I understand that it is my responsibility as the applicant to prove the location and size of the existing septic system. I further understand that destruction of the system by me or my designees is in no way the fault of the Madison County Environmental Health.

_____ Date _____
Property owner's or Owner's Legal Agent Representative (Signature Required)
Must provide documentation to support claim as owners legal representative.

Instructions for Applicant

In order to make the best use of your time and assist the staff in completing applications quickly we ask that the items provided below be completed prior to the visit. By completing these items, it reduces the time on site and the need for return visits. We appreciate your cooperation. ****Please be advised that a revisit fee may be assessed if a site visit is made and items are not completed. The fee will be based on the current fee schedule.**

1. ___ I have completed the "Application for Existing System Inspection."
*****Note: Pick up a Property Improvement Check List from the Tax Department down the hall from the Environmental Health office or call (828) 649-3014. This must be included with all applications.***
2. ___ I have provided a survey of the property.
3. ___ 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, if applicable.
4. ___ The distribution box (d-box) must be located & uncovered completely, if applicable.
5. ___ The drainfield/nitrification trenches are located and identified.
5. ___ I have marked all property corners and boundaries.
***** Note: All property corners, lines, and boundaries must be clearly marked. It is recommended that visible flagging be used every 50 feet.***
6. ___ I have located all wells, springs, and surface waters on the property or within 50' of the property.
7. ___ I have completed the site drawing on the previous page.
8. ___ I have staked all proposed structures in their exact location on the site, including driveway.
***** Note: All proposed structures including decks, porches, garages, driveway, etc. must be staked out on the site with stakes or flags. The specialist must be able to identify these proposed structures before the site evaluation can be performed.***
9. ___ I understand that if the above items are not completed, and a site visit is made, I may be assessed a revisit fee.

I agree to complete the requirements listed above in preparation for a site evaluation prior to the site visit conducted by Environmental Health.

Your application and the application fees paid will be valid for a period of (12) twelve months from the date of receipt. After (12) twelve months, the application is void and the fee is non-refundable. Within the twelve months, you may request in writing a refund for the application fee. If the fee payment cannot be verified by our records, you must provide an original receipt.

Applications and application fee payments may not be transferred, sold, or assigned.

Signature

Date