



# Madison County Health Department Environmental Health

◇ 5707 US Hwy 25/70, Suite 26 ◇ Marshall, NC 28753 ◇  
◇ Tel: 828-649-9598 ◇ Fax: 828-649-9370 ◇  
[envhealth@madisoncountync.gov](mailto:envhealth@madisoncountync.gov)

Tammy Cody, MHS  
Health Director

Melissa Robertson, MD  
Medical Director

Permit # \_\_\_\_\_ Fee \_\_\_\_\_ Invoice # \_\_\_\_\_

## EXISTING SYSTEM APPROVAL APPLICATION

Applicant: _____ Mailing Address: _____ _____ City: _____ State: _____ Zip: _____ Phone #: _____ Email: _____	Owner: _____ Mailing Address: _____ _____ City: _____ State: _____ Zip: _____ Phone #: _____ Email: _____
---	---

### Requesting:

- Reconnection to existing septic system when the proposed facility is in same footprint as existing/previous facility
- Reconnection when the proposed facility is not in same footprint as existing/previous facility
- Site modification (e.g., storage building, swimming pool, etc.)
- Expansion to footprint of existing facility (e.g., deck, family room, etc.)
- Other Describe: \_\_\_\_\_

Existing Facility Type:  House/Modular  Mobile/Manufactured Home  Business  Other: \_\_\_\_\_  
 Proposed Facility Type:  House/Modular  Mobile/Manufactured Home  Business  Other:

### Residences:

Proposed # of bedrooms: \_\_\_\_\_ Proposed # of Occupants: \_\_\_\_\_ Other: \_\_\_\_\_

### Businesses (please discuss with local health department prior to completing):

# of seats: \_\_\_\_\_ # of Employees: \_\_\_\_\_ Other: \_\_\_\_\_

Are you requesting any changes to wastewater design flow or wastewater strength?  Yes  No

Year wastewater system was installed, if known: \_\_\_\_\_

Name(s) that original permit could have been issued to, if known: \_\_\_\_\_

PIN/Lot Identifier: \_\_\_\_\_ Property Acreage: \_\_\_\_\_

Property Address: \_\_\_\_\_

Directions to Site: \_\_\_\_\_

Site plan or plat showing the locations of the existing and proposed facilities, existing wastewater systems and repair areas, existing and proposed water supplies, easements, rights-of-way, encroachments, artificial drainage, and all appurtenances is attached:

Yes  No

**IF THE INFORMATION IN THE APPLICATION FOR AN EXISTING SYSTEM AUTHORIZATION (ESA) IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE ESA SHALL BECOME INVALID.**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted the right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible. I understand that if the information in the application is falsified, changed, or the site is altered, then the Existing System Approval shall be invalid. (\*Must provide documentation to support claim as owner's legal representative.)

Property owner's signature (required)      Date      Applicant's signature (required)      Date



# Madison County Health Department Environmental Health

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

◇ Tel: 828-649-9598 ◇ Fax: 828-649-9370 ◇

[envhealth@madisoncountync.gov](mailto:envhealth@madisoncountync.gov)

*Tammy Cody, MHS  
Health Director*

*Melissa Robertson, MD  
Medical Director*

## SITE PLAN

Please include on this site plan:

- locations of the existing and proposed facilities;
- existing wastewater systems and repair areas;
- existing and proposed water supplies; and
- easements, rights-of-way, encroachments, artificial drainage, and all appurtenances.



## Madison County Health Department Environmental Health

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

◇ Tel: 828-649-9598 ◇ Fax: 828-649-9370 ◇

[envhealth@madisoncountync.gov](mailto:envhealth@madisoncountync.gov)

Tammy Cody, MHS  
Health Director

Melissa Robertson, MD  
Medical Director

### 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 "Existing System Approval Application."  
***\*\*Note: Pick up a Development Review Team Checklist from the Building/Zoning Department down the hall in room #19 or call (828) 649-3766. This must be included with all applications.***
2. \_\_\_ I have provided a survey or plat map 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 a refund for the application fee, via written request or email. 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