



Madison County Health Department

◇ 5707 US HWY 25/70, Suite 26 ◇ Marshall, NC 28753
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Permit # _____ Fee _____ Invoice # _____

Septic System Repair Application

APPLICANT INFORMATION

Applicant _____ Address (street, city, state, zip) _____ Phone _____

Owner _____ Address (street, city, state, zip) _____ Phone _____

Email Address: _____

PROPERTY INFORMATION PIN# _____ Acreage/Lot Size: _____

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

Directions from EH: _____

Type of Facility: ___ House ___ SW Mobile Home ___ DW Mobile Home ___ Modular ___ Other _____
Number of bedrooms: _____ Number of Occupants: _____ Basement: Yes No With Plumbing: Yes No

Water Supply: Existing Well Shared Well Public Well Municipal Spring

1. Whose name was the original septic permit issued under? _____
2. When was the septic system installed? Year? _____
3. In what manner is the system malfunctioning? Backing up in house Surfacing to top of ground Physical Damage
4. Is a permit required for the sale of the property? Y N
5. Has the system ever been repaired? Y N Whose name is on the repair permit? _____
6. Has a private inspector/installer evaluated this property? Y N If so, provide copy of report.
7. Have you consulted with a septic installer? Y N If so, provide name and phone number _____
8. Where is your well located? _____
9. Are there any neighboring wells or springs? _____ Indicate locations on attached site map
10. Is the septic system entirely on the current property? Y N Where? _____
11. Has any site work been completed on the property since you moved in? Y N Describe: _____
12. Please draw the property on the following page to the best of your ability showing the following:
 houses/homes, water supplies, streams, roads/drives, property lines, existing septic tank locations, any other site-specific features

****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.**

Site Plan



I grant access to the aforementioned property to representatives of the Madison County Environmental Health Department for the purpose of a site evaluation of the property.

Application and the application fees paid will be valid for a period of (12) twelve months from the date of receipt. After (12) months, the application is void and the fee is non-refundable.

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