



**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 \_\_\_\_\_ Phone \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_ 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 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.**



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.**

Date: \_\_\_\_\_

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