

CERTIFICATE OF COMPLETION

9715-28-6337
MADISON COUNTY HEALTH DEPARTMENT
140 Health Care Lane
Marshall, NC 28753
704-649-3531

Property Owner: Ricky Neil Chandler File: 9657 Phone: 649-9962
Property Address: _____ Date: 4/6/01
Location: Rector Corner to Frank Rector Rd left on Webb Drive past barn on left
Subdivision: _____ Section: _____ Lot Number: _____ Water Supply: _____

New Septic Tank System ☒ Tank Material: Concrete ☒ Other ☐ Manufacturer: Arce Liquid Capacity: 1200
Built In Place Tank: Material _____ Inside Dimensions: Length _____ Width _____ Liquid Depth _____ Liquid Capacity _____
Nitrification Field: Square Footage 480 Lines 2 Length 80 Width 3 Depth of Gravel 15-20 in

Other Type Disposal: _____
Repair To Existing System ☐ Existing Tank: Yes ☐ No ☐ Material: Concrete ☐ Block ☐ Other ☐ New Tank ☐ Gal. Liquid Capacity _____
Nit. Field: Existing Square Footage _____ Square Footage Added _____ Total Sq. Footage _____ No. Lines _____ Length _____ Width _____

SYSTEM DESIGNED FOR:

Residence ☐ Bedrooms _____ Mobile Home ☒ Bedrooms _____ Other Establishment ☐ Type _____
Basement: Yes ☐ No ☐
Nearest Distance To Water Supply 850 ft Stream 50 ft Foundation 64 ft Property Line 57 ft Installed By: Sawyer
Remarks: _____

Approved: Yes ☒ No ☐ Sanitarian _____ Notice: This approval is issued subject to all the provisions of Rules and Regulations governing the design, installation, cleaning and use of sewage disposal systems in Madison County, Section 1900 of the North Carolina Administrative Code, and Chapter 130, Article 13E of the General Statutes of North Carolina. No person is permitted to make alterations in the design or use of this system other than its designated use without approval of an authorized sanitarian. This approval indicates that this system has been installed in compliance with the standards as set forth in the above regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time.



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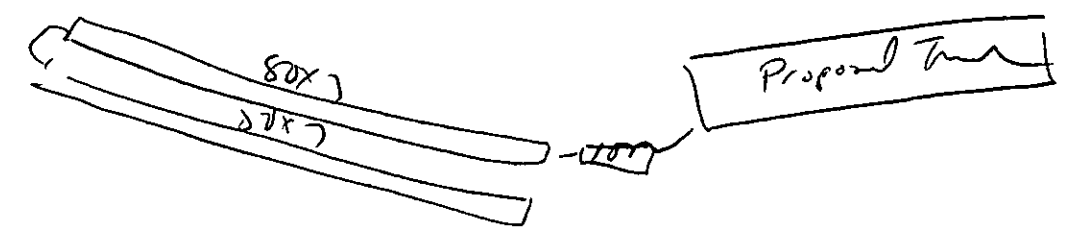
Property Owner: Ricky Neil Chandler File: 9657 Phone: 649-9962
Property Address: _____ Date: 4/6/01
Location: Rector Corner to Frank Rector Rd left on Webb Drive past barn on left
Subdivision: _____ Section: _____ Lot Number: _____ Water Supply: _____

New Septic Tank System ☒ Tank Material: Concrete ☒ Other ☐ Manufacturer: Arce Liquid Capacity: 1020
Built In Place Tank: Material _____ Inside Dimensions: Length _____ Width _____ Liquid Depth _____ Liquid Capacity _____
Nitrification Field: Square Footage 480 Lines 2 Length 80 Width 3 Depth of Gravel 6-12 in
Other Type Disposal: _____
Repair To Existing System ☐ Existing Tank: Yes ☐ No ☐ Material: Concrete ☐ Block ☐ Other ☐ New Tank ☐ Gal. Liquid Capacity _____
Nit. Field: Existing Square Footage _____ Square Footage Added _____ Total Sq. Footage _____ No. Lines _____ Length _____ Width _____

SYSTEM DESIGNED FOR:

Residence ☐ Bedrooms _____ Mobile Home ☒ 2 Bedrooms _____ Other Establishment ☐ Type _____
Basement: Yes ☐ No ☐
Nearest Distance To Water Supply 350 ft Stream 350 ft Foundation 64 ft Property Line 37 ft Installed By: Sawyer
Remarks: _____

Approved: Yes ☒ No ☐ Sanitarian _____ Notice: This approval is issued subject to all the provisions of Rules and Regulations governing the design, installation, cleaning and use of sewage disposal systems in Madison County, Section 1900 of the North Carolina Administrative Code, and Chapter 130, Article 13E of the General Statutes of North Carolina. No person is permitted to make alterations in the design or use of this system other than its designated use without approval of an authorized sanitarian. This approval indicates that this system has been installed in compliance with the standards as set forth in the above regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time.



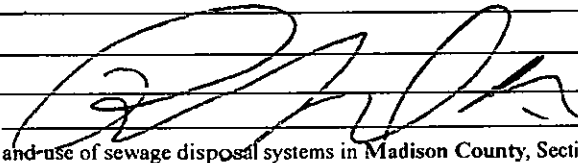
CERTIFICATE OF COMPLETION

9715-28-6837
MADISON COUNTY HEALTH DEPARTMENT
 140 Health Care Lane
 Marshall, NC 28753
 704-649-3531

Property Owner: Ricky Neil Chandler Flr 107 Phone: 649-9962
 Property Address: _____ Date: 4/6/01
 Location: Rector Corner to Frank Rector Rd just on Webb Drive just turn on left
 Subdivision: _____ Section: _____ Lot Number: _____ Water Supply: _____
 New Septic Tank System ☒ Tank Material: Concrete ☒ Other ☐ Manufacturer: Arce Liquid Capacity: 1500
 Built In Place Tank: Material _____ Inside Dimensions: Length _____ Width _____ Liquid Depth _____ Liquid Capacity _____
 Nitrification Field: Square Footage 480 Lines 2 Length 80 Width 3 Depth of Gravel 5 in
 Other Type Disposal: _____
 Repair To Existing System ☐ Existing Tank: Yes ☐ No ☐ Material: Concrete ☐ Block ☐ Other ☐ New Tank ☐ Gal. Liquid Capacity _____
 Nit. Field: Existing Square Footage _____ Square Footage Added _____ Total Sq. Footage _____ No. Lines _____ Length _____ Width _____

SYSTEM DESIGNED FOR:

Residence ☐ Bedrooms _____ Mobile Home ☒ 2 Bedrooms _____ Other Establishment ☐ Type _____
 Basement: Yes ☐ No ☐
 Nearest Distance To Water Supply 500 ft Stream 500 ft Foundation slab Property Line 5 ft Installed By: Sanjour
 Remarks: _____



Approved: Yes ☒ No ☐ Sanitarian _____ Notice: This approval is issued subject to all the provisions of Rules and Regulations governing the design, installation, cleaning and use of sewage disposal systems in Madison County, Section 1900 of the North Carolina Administrative Code, and Chapter 130, Article 13E of the General Statutes of North Carolina. No person is permitted to make alterations in the design or use of this system other than its designated use without approval of an authorized sanitarian. This approval indicates that this system has been installed in compliance with the standards as set forth in the above regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time.

Sanjour
4/6/01
Pro. and True

Madison County Property Improvement Check List

Property Owner: JACK & Martha Jones Previous Owner: Neil Chandler

Phone: _____ Cell: _____ Email: _____

Department	Initial	Date	Account	MA Number
Tax Assessor	@	7/17/14	1242	16032
Parent Pin	9715-28.6337		Temp Pin	
Street Name of Property				
Vacant Property	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Notes	

Town Limits?		Water?		Sewer	
Yes	No	Yes	No	Yes	No
Zoning					

Town Signature: _____

Department	Initial	Date	Special Notes
Environmental Health	VH/JK	7/17/14	2 Bedrooms only.

Department	Initial	Date	Special Notes
911 Center			
Fixed Address			

Department	Initial	Date	Disposal Card
Solid Waste			
Disposal Card			Town of

Department	Initial	Date	Residential	Commercial
Building Inspections				
Zoning				

Revised: 04/07/2014

Property Owners: _____ Phone: _____