9715-28-6337 MADISON COUNTY HEALTH DEPARTMENT CERTIFICATE OF COMPLETION Phone: 649-9962 140 Health Care Lane Marshall, NC 28753 704-649-3531 Location: Ke Lot Number: Water Supply: Subdivision: Concrete \ Other Liquid Capacity: Manufacturer: New Septic Tank System \ Tank Material: Inside Dimensions: Length Liquid Depth Liquid Capacity Width Built In Place Tank: Material 480 Width Depth of Gravel Nitrification Field: Square Footage Other Type Disposal: Repair To Existing System Existing Tank: Yes No Material: Concrete Block -Other ____ New Tank Gal. Liquid Capacity Width. Length Nit. Field: Existing Square Footage_ No. Lines_ Square Footage Added _____ Total Sq. Footage_ **SYSTEM DESIGNED FOR:** Other Establishment Residence [Bedrooms Basement: Yes No Nearest Distance To Water Supply Remarks: Notice: This approval is issued subject to all the provisions of Rules and Regu-Approved: lations governing the design, installation, oleaning and use of sewage disposal systems in Markson County, Section 1900 of the North Carolina Administrative Code, and Chapter 130, Article 13E of the General Statues 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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9715-28-6337
CERTIFICATE OF COMPLETION MADISON COUNTY HEALTH DEPARTMEN
Property Owner: Ricky Neil Chandler File: 9657 Phone: 649-9962 140 Health Care Lane Marshall, NC 28753
Property Address: Date: 41 0 1 01
Location: Rector Corner to Frank Rector Rd left on Webb Drive past born on left
Subdivision: Lot Number: Water Supply:
New Septic Tank System Tank Material: Concrete Other Manufacturer.
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 45-4 M
Other Type Disposal:
Repair To Existing System 🗌 Existing Tank: Yes 🔲 No 📗 Material: Concrete 🔲 Block 🔲 Other 🔲 New Tank 🗍 Gal. Liquid Capacity
Nit. Field: Existing Square FootageSquare Footage AddedTotal Sq. FootageNo. LinesLengthWidth
SYSTEM DESIGNED FOR:
Residence Bedrooms Other Establishment Type
Basement: Yes No No Stream Stream Stream Stream Stream Stream Stream Stream Property Line Stream Property Line No Installed By: Stream
Remarks:
Notice William Charles
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 Statues 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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CERTIFICATE OF COMPLETION 140 Health Care Lane Phone: (049.996 Property Owner: Marshall, NC 28753 Property Address: 704-649-3531 Location: Kector Subdivision: Lot Number: Water Supply: Section Liquid Capacity: Concrete \sqrt{' Other Manufacturer: New Septic Tank System \ Tank Material: Liquid Capacity Built In Place Tank: Material Liquid Depth Inside Dimensions: Length Width USU Width Depth of Gravel Length Nitrification Field: Square Footage Other Type Disposal: Repair To Existing System Existing Tank: Yes No Block Other | New Tank Gal. Liquid Capacity Material: Concrete Width. No. Lines_ Length Total Sq. Footage_ Nit. Field: Existing Square Footage_ Square Footage Added _____ **SYSTEM DESIGNED FOR:** Other Establishment Bedrooms Mobile Home Residence [Bedrooms Yes No Basement: Nearest Distance To Water Supply Remarks: Notice: This approval is issued subject to all the provisions of Rules and Regu-Approved: Sanitarian lations 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 Statues 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 he taken as a guarantee that the system will function satisfactorily for any given period of time.

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9715 - 28 - 6337 MADISON COUNTY HEALTH DEPARTMENT **CONSTRUCTION PERMIT** 140 Health Care Lane Phone: 649-9962 Kicky New Chandler Marshall, NC 28753 (704) 649-3531 Lot Number: Water Supply: WU SITE FACTORS SYSTEM DESIGNED FOR ☐ House_______ Bedrooms___ PS* U* 1. Slope (%) 18 - 2070 Mobile Home SW Bedrooms 2 2. Soil Texture SCL Basement: Yes □ No-€ Sewer Outlet Location;

☐ First Floor Level ☐ Basement Level 3. Soil Structure Septic Tank COO Gallons Liquid Capacity Nit. Square Footage 480' 4. Soil Depth Width Other Distance From Septic System To Water Supply $\sqrt{20} - 100$ 6. Soil Drainage / Ground Water Remarks: Koep all Surface + gitter water away from Eystem. Alt) chamber of F-Z Now System 7. Soil Permeability ________ 8. Site Classification Note: S-SUITABLE, PS-PROVISIONALLY SUITABLE, U-UNSUITABLE NOTICE: This permit 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 Statues of North Carolina. No person is permitted to make any alterations or changes in the design, location, or use of this system, or the grading of the site, other than that which is specifically stated in the Permit. This Permit is void unless changes are approved by an authorized sanitarian. I understand the requirements of this permit and the information I have provided is accurate to the best of my knowledge 1.71 ·SKETCH OF SEPTIC SYSTEM LAYO Permit Fee **Pending Zoning Requirements** DISTANCE REQUIREMENTS Sewage Disposal system must be Located: 5 feet from hldg foundation 10 feet from property: lines 10 feet from water lines 15 feet from basement foundation 15 feet from embankment or cuts 50 feet from ant stream 100 feet from water supply if possible, not less than 50 feet Maintain proper grade & suiform depth & follow contour of hill. Refer to rules for more information. * Had trenches 30"deep X :

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Property	Owner:	Tack	4 Wart	hator)୧ ડ Previo	us Owner: NE	List chandler
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Department			Initial	Date		Account	MA Number
Tax Assessor			(9		17/14	1242	16032
Parent Pin			9715-28.6337			Temp Pin	
Street Name of Property			/V-20 1	- N	otes		<u> </u>
Vacant Property			(Yes) N	o N	otes		
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Town Limits? Water		? Sewer			· ·		
Yes	No	Yes	No	Yes	No		•
Zoning	_						
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Department		Initial	Date		Special Notes		
Environmental Health		VL/JL	2 7/17/14		2 BEDROOMS ONLY.		
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Department		Initial	Date		Special Notes		
911 Center							
Fixed Address							
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