



Well Certification of Completion

Madison County Health Department
493 Medical Park Drive

Marshall NC 28753
Phone: 828-649-9598 Fax: 828-649-9370

For Office Use Only

*CDP File Number 337325

PIN Number: 9768-43-1477

Tax Lot #: Tax Block #:

Evaluated For: WELL

Property Owner: Burleson & Son Builders, LLC

Address: 106 Clearview Dr

City: Mars Hill

State/Zip: NC 28754

Phone #: (828) 777-5818

Applicant: Shawn Burleson

Address: 151 Flatcreek Church Rd

City: Weaverville

State/Zip: NC 28787

Phone #: (828) 777-5818

Directions

I-26 to exit 9 turn right onto NC 19 HWY go 1.5 miles and turn left onto Upper Bailey Branch. 1st subdivision on the left. Property is the 1st lot on the

Drilling Contractor

S and S Kolby Sawyer

Driller Registration

4471

Date Drilled 02 / 03 / 2021

Replacement Well ☐ Yes ☒ No

Total Depth 125 Ft

Use of Well SINGLE FAMILY

Static Water 30 Ft

Yield 20 gpm Water Zone 1) Ft 2) Ft 3) Ft 4) Ft

Chlorination Type: TABULAR Amount: 20

Casing: Depth: 44 Ft Thickness . In. Diameter 6 In Top of Casing 12 In.

Material SDR 21

Grout	Depth	Material	Method	Depth	Material	Method
From 0 To 20 Ft.	BENTONITE	PUMP	From To Ft.			

From To Ft.

*Liner Date: 03 / 25 / 2021 From To Ft.

Well Driller Signature

*Signature Date: 03 / 25 / 2021

Grout Inspected by: EHS# 2581 - Flint, Sheila

Issued by: 2581 - Flint, Sheila

*Date: 03 / 25 / 2021

Location:

Latitude: .

Longitude: .

Enclosure ☐ Yes ☒ No

Enclosure Floor ☐ Yes ☒ No

Access Port ☒ Yes ☐ No

Vent ☒ Yes ☐ No

Bib Cock ☒ Yes ☐ No

Back Flow ☐ Yes ☒ No

Tee (jet) ☐ Yes ☒ No

Suction Line ☐ Yes ☒ No

Temporary ☐ Yes ☒ No

Well I.D. Plate ☒ Yes ☐ No

Pump I.D. Plate ☒ Yes ☐ No

EHS:

Issue Date: / /

Water Sample ☒ Yes ☐ No

Comments

☐ Hand Drawing ☒ Import Drawing

Madison County Health Department

Marshall

NC

CDP File Number: 337325

County File Number: 9768-43-1477

Date: / /

○ Inch

☐ Block

○ N/A

_____ ft.

no

WELL CERTIFICATE OF COMPLETION

Madison County Health Department

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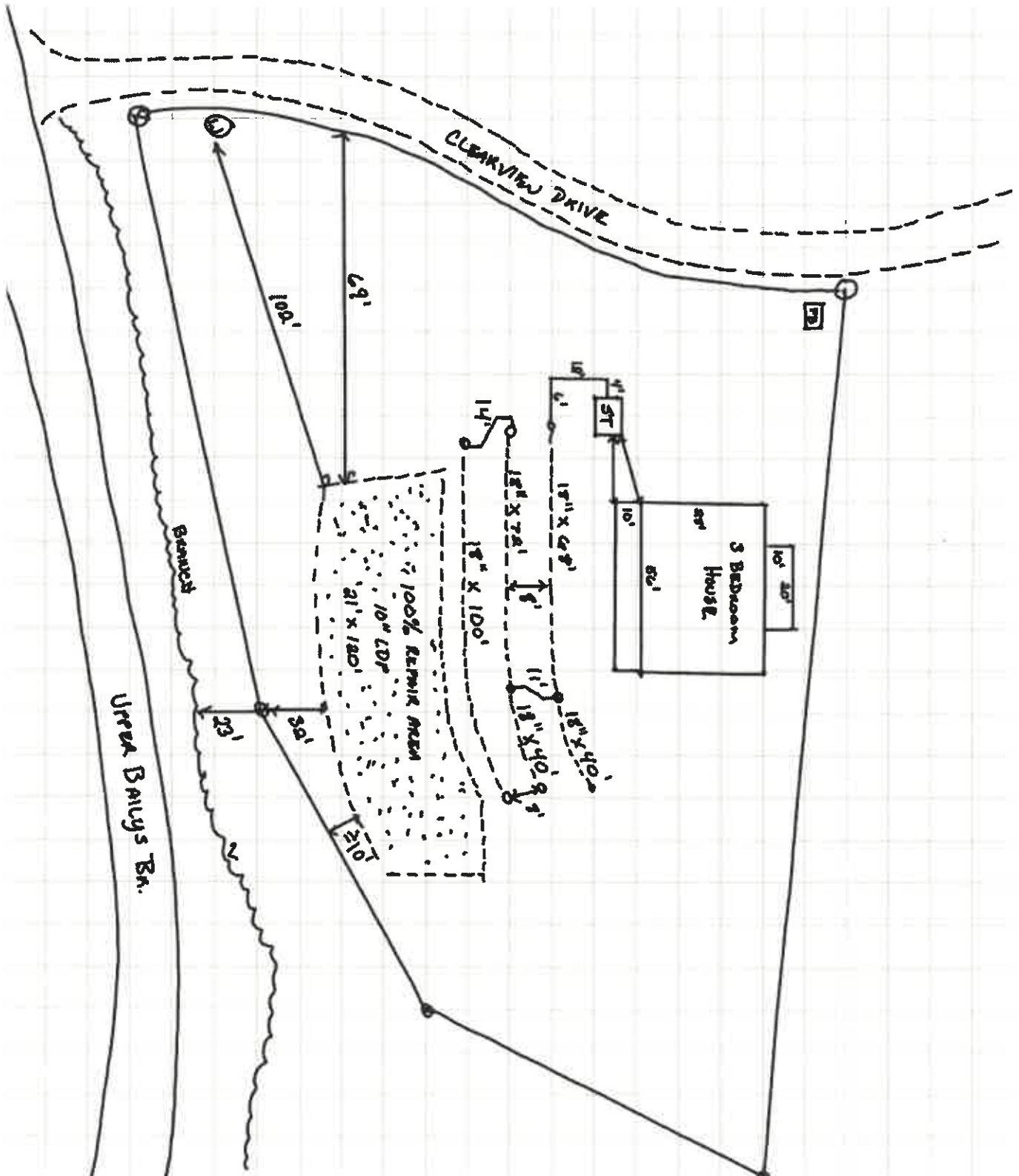
Marshall

NC

28753

Date: 02 / 03 / 2021

Click below to import an image from an external location: Drawing Type: Well Certificate of Completion





OPERATION PERMIT

Madison County Health Department

493 Medical Park Drive

Marshall NC 28753

Phone: 828-649-9598 Fax: 828-649-9370

For Office Use Only

*CDP File Number 337325 - 1

9768-43-1477

County ID Number:

Evaluated For: **NEW**

Township:

Applicant: Shawn Burleson

Address: 151 Flatcreek Church Rd

City: Weaverville

State/Zip: NC 28787

Phone #:

Property Owner: Burleson & Son Builders, LLC

Address: 151 Flatcreek Church Rd

City: Weaverville

State/Zip: NC 28787

Phone #:

Property Location & Site Information

Address/Road #:
106 Clearview Dr

Mars Hill NC 28754

Subdivision: Clearview Estates

Phase:

Lot: 8

Structure: SINGLE FAMILY

of Bedrooms: 3

of People:

*Water Supply: NEW WELL

Directions

I-26 to exit 9 turn right onto NC 19 HWY go 1.5 miles and turn left onto Upper Bailey Branch. 1st subdivision on the left. Property is the 1st lot on the right.

*IP Issued by:

*CA issued by: 2581 - Flint, Sheila

Design Flow: 3 6 0

Soil Application Rate: 0 . 4 5 0

*System Classification/Description:

TYPE III F. 10' LARGE DIAMETER PIPE SYSTEM

Saprolite System? ☒ Yes ☐ No

*Distribution Type: GRAVITY - SERIAL

*Pre-Treatment:

Pump Required?

☐ Yes ☒ No

Drain field

Nitrification Field 8 0 0 Sq. ft.

No. Drain Lines 3

Total Trench Length: 3 2 0 ft.

Trench Spacing: 6 - 0 0 ☐ Inches O.C. ☒ Feet O.C.

Trench Width: 1 8 ☒ Inches ☐ Feet

Aggregate Depth: 0 inches

Minimum Trench Depth: 2 4 Inches

Minimum Soil Cover: 1 2 Inches

Maximum Trench Depth: 2 8 Inches

Maximum Soil Cover: 1 2 Inches

*System Type: LARGE DIAMETER PIPE 10in.

Installer: Lloyd S Burleson

Certification #: 2366

*EHS: 2581 - Flint, Sheila

Date: 0 2 / 2 5 / 2 0 2 1

Approval Status

☒ Approved ☐ Disapproved

Manufacturer: SCM-1000

Lat. 

STB: STB862

Long: _____

Gallons: 1000

Installer: Lloyd S Burleson

Date: 01 / 08 / 2021

Certification #: 2366

*Filter Brand: TUF-TITE EF-6

*EHS: 2581 - Flint, Sheila

ST Marker: ☐ Yes ☒ NoDate: 02 / 25 / 2021Reinforced Tank: ☒ Yes ☐ No

Approval Status

1 Piece Tank: ☐ Yes ☒ No☒ Approved ☐ Disapproved**Pump Tank**

Manufacturer:

Installer:

PT:

Certification #:

Gallons:

*EHS:

Date: ____ / ____ / ____

Date: 07 / 29 / 1753Riser Sealed ☐ Yes ☐ NoRiser Height: ☐ Yes ☐ No (Min. 6 in.)

N/A

Approval Status

Reinforced Tank: ☐ Yes ☐ No☐ Approved ☐ Disapproved1 Piece Tank: ☐ Yes ☐ No**Supply Line**Pipe Size: 4 inch diameter

Installer: Lloyd S Burleson

Pipe Length: 24 feet

Certification #: 2366

*Schedule: 40

*EHS: 2581 - Flint, Sheila

Pressure Rated ☐ Yes ☒ NoDate: 02 / 25 / 2021Approved fittings ☒ Yes ☐ No

Approval Status

☒ Approved ☐ Disapproved**Pump Requirement**

Pump Type:

Installer:

Dosing Volume: _____ - _____ Gal Certification #:

Draw Down: _____ Inches

*EHS:

*Chain:

Date: ____ / ____ / ____

Valves Accessible ☐ Yes ☐ NoFlow Adjustment Valve ☐ Yes ☐ NoCheck-valve ☐ Yes ☐ NoPVC Unions ☐ Yes ☐ NoVent Hole ☐ Yes ☐ NoAnti-siphon Hole ☐ Yes ☐ No

Approval Status

☐ Approved ☐ Disapproved

Electric Equipment

NEMA 4X Box or Equivalent ☐ Yes ☐ No
 Box 12 inches Above Grade ☐ Yes ☐ No
 Box Adj. To Pump Tank ☐ Yes ☐ No
 Conduit Sealed ☐ Yes ☐ No
 Pump Manually Operable ☐ Yes ☐ No

*Activation Method:

Installer:

Certification #:

*EHS:

Date: ____ / ____ / ____

Alarm Audible ☐ Yes ☐ No
 Alarm Visible ☐ Yes ☐ No

Approval Status

☐ Approved ☐ Disapproved

*Operation Permit completed by: 2581 - Flint, Sheila

Authorized State Agent: Sheila Flint EHS #2581 Date of Issue: 02 / 25 / 2021

Owner/Applicant Signature: _____

This system has been installed in compliance with applicable NC General Statutes: Article 11, Chapter 130A, Rules for Sewage Treatment and Disposal, 15A NCAC 18A .1900 *et. Seq.*, and all conditions of the Improvement Permit and Construction Authorization. This property is served by a TYPE III F. **sewage septic system.**

Rule .1961 requires that a Type TYPE III F. septic system meet the following criteria:Minimum System Review By The Local Health Department: N/AManagement Entity: OWNER

Minimum System Inspection/Maintenance Frequency By Certified Operator:

N/AReporting Frequency By Certified Operator: N/A

Rule .1961 requires that a Type IV and V septic systems designed for a home/business owner must maintain a valid contract with a public management entity with a certified operator or a private certified operator for the life of the septic system.

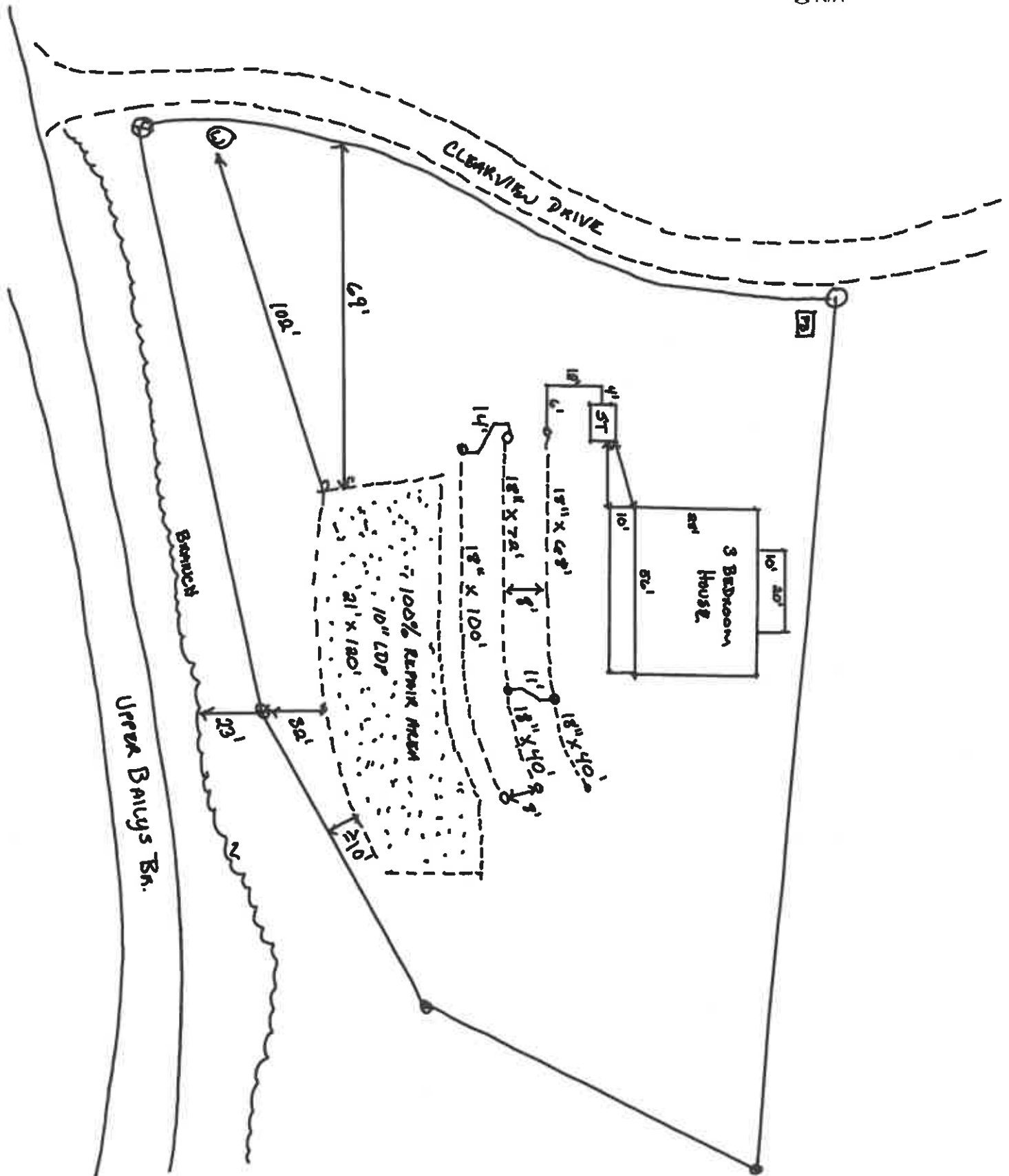
Rule .1961 requires that Type VI septic systems designed for a home/business owner must maintain a valid contract with a public management entity with a certified operator for the life of the septic system.

Rule. 1961 (2) (e) requires a contract shall be executed between the system owner and a management entity prior to the issuance of an Operation Permit for a system required to be maintained by a public or private management entity, unless the system owner and certified operator are the same. The contract shall require specific requirements for maintenance and operation, responsibilities of the owner and systems operator, provisions that the contract shall be in effect for as long as the system is in use, and other requirements for the continued proper performance of the system. It shall also be a condition of the Operation Permit that subsequent owners of the systems execute such a contract.

☒ Hand Drawing ☐ Import Drawing****Site Plan/Drawing attached.****

Drawing Drawing Type: Operation Permit

Scale: _____
○ Inch
○ Block = _____ ft.
⊗ N/A



OPERATION PERMIT
Madison County Health Department
493 Medical Park Drive

CDP File Number:

County File Number: 9768-43-1477

Marshall NC 28753

Date: ____/____/____

Click below to import an image from an external location: Drawing Type: Operation Permit

Drain Field:

System Final Inspection Log:

Cha
Ren
40

Septic Tank:

Cha
Ren
40

Pump Tank:

Cha
Ren
40

Supply Line:

Cha
Ren
40

Pump Requirements:

Cha
Ren
40

Electrical Equipment:

Cha
Ren
40