**SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST**

☐ **NEW SEPTIC** ☐ **REPAIR** ☑ **USE EXISTING** ☐ **MODIFIED PLOT PLAN** ☐ **ALTERATION**

☐ **A2** ☐ **EOP/AOWE**

| File #: 5136 B Accela Project #: ES26-039 | Assigned inspector: April B |
|---|---|
| ☐ IP $250.00: | **EOP/AOWE** |
| ☐ IP Commercial $450.00: | ☐ $35 Fee Paid |
| ☐ CA & OP $400.00: | **A2** |
| ☐Alteration $300: | ☐ IP/CA COMBO $180: |
| ☐ Modified Plot Plan $100.00: | ☐ IP/CA COMBO OP $200: |
| ☑ Use Existing $100.00: | ☐ IP ONLY $250: |
| ☑ Use Existing Approved ☐ Use Existing Denied | ☐ CA & OP $400: |
| | ☐ A2 IP/CA Modified Plot Plan $40: |
| | ☐ A2 Alteration $120: |
| | ☐ IP/CA COMBO Commercial $260: |
| | ☐ IP/CA COMBO Commercial OP $200: |
| ☐ Send IP permit for signature: | ☐ Signature received: |
| ☐ Release Permit Hold & Add Occupancy Hold: | ☐ This septic system requires a certified operation contract before final hold is released |
| ☐ Certified operator contract is on file | ☐ Septic file complete: |
| ☐ Release final hold in Accela: | ☐ Scanned To OnBase: |

**Comments:** 10-8-26 Walk-in. Owner said he is doing add-on on the existing driveway.

Approved for a shed w/no plumbing. AB 10/13/26

MECKLENBURG COUNTY
North Carolina
Public Health

# Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: 5136B

## EXISTING SYSTEM APPROVAL

☐ Existing System Approval
- ☑ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☐ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☐ Construction Authorization/Notice of Intent to Construct

*[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]*

*[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]*

Applicant: WILLIAM D. ALLEN
Mailing Address: 3349 MAYHEW FORREST LN
City: MINT HILL
State: NC Zip: 28227
Phone #: 704-763-5071
Email: WMDALLEN@YAHOO.COM

Owner: WILLIAM D. ALLEN
Mailing Address: 3349 MAYHEW FORREST LN
City: MINT HILL
State: NC Zip: 28227
Phone #: 704-763-5071
Email: WMDALLEN@YAHOO.COM

Parcel #: 19521121
Property Location/Address: 3349 MAYHEW FORREST LANE, MINT HILL NC 28227

Facility Type: ☐ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☑ Other: STORAGE SHED

Operation Permit/ATO #: _____ Design Daily Flow: _____ GPD
Number of Bedrooms: 3 Max # Occupants: 2 Other: _____
Wastewater Strength: ☐ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Water Supply: ☑ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

**ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:**

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

**ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:**

☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☑ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

Site plan or plat showing the locations of the existing and proposed facilities, existing wastewater systems and repair areas, existing and proposed water supplies, easements, rights-of-way, encroachments, artificial drainage, and all appurtenances is attached:

☑ Yes ☐ No

**IF THE INFORMATION IN THE APPLICATION FOR AN EXISITING SYSTEM AUTHORIZATION (ESA) IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE ESA SHALL BECOME INVALID.**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted the right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible. I understand that if the information in the application is falsified, changed, or the site is altered, then the Existing System Approval shall be invalid.

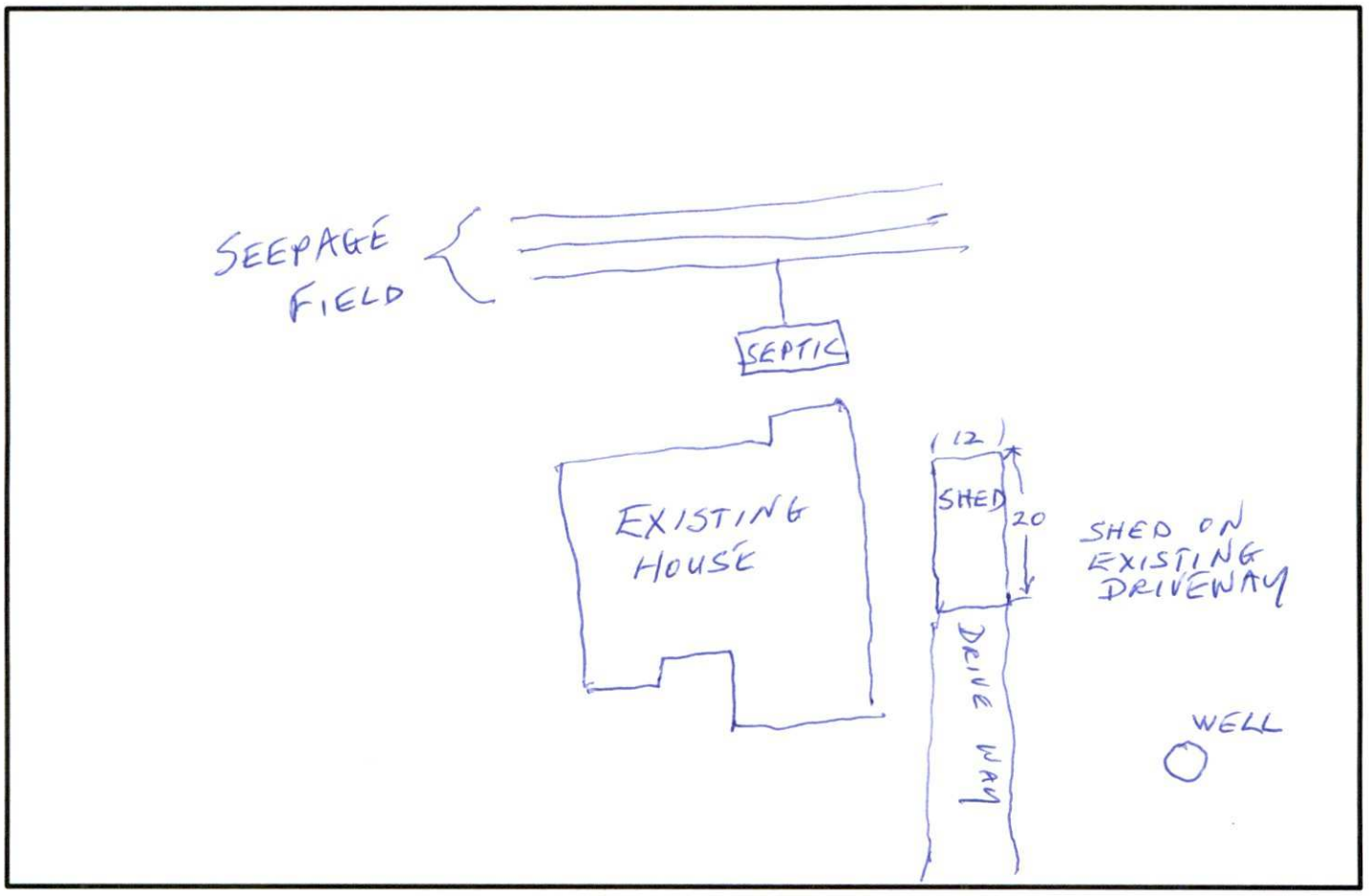
William D Allen — 10-8-26 — William D. Allen — 10-8-26

Property owner's signature (required) Date Applicant's signature (required) Date

## SITE PLAN

Please include on this site plan:

- locations of the existing and proposed facilities;
- existing wastewater systems and repair areas;
- existing and proposed water supplies; and
- easements, rights-of-way, encroachments, artificial drainage, and all appurtenances.




ll the following must be checked for approval:

- ☑ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- ☑ DDF and wastewater strength for the proposed facility or site modification do not exceed that of the existing system
- ☑ Proposed facility or site modification meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: Approved for a shed w/ no plumbing.

Inspector's Printed Name: April Bumgarner Inspector Certification #: 2505

Inspector's Signature: April Bumgarner Date: 10/13/26

***The existing system approval expires one year after the date of issuance.***

***See attached site sketch***

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 10/08/26 | **Amount:** | 100.00 |
| **Receipt #:** | 163774 | **Tendered:** | 100.00 |
| **Check / Auth #:** | VISA 094754 | **Returned:** | 0.00 |
| **Received By:** | RAMSEMA | | |

**Account Information**

**Account #:** 200000
**Contractor:** ALLEN WILLIAM D
**Attn:**
**Address:**
**Address:**
**City/State/Zip:** ,

| Item | Description | Quantity | Unit Price | Total Price |
|---|---|---|---|---|
| 0705 | Use Existing System<br>3349 MAYHEW FORREST LN | 1 | 100.00 | 100.00 |

Permit#

----------Outstanding Balances----------

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|

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