SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

☐ **A2** ☐ **EOP/AOWE**

File #: 13LAESB Accela Project #: ES26-0037	Assigned inspector: Brett - Heather
☐ 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:

House on city sewer

Well meets setback to new addition

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: B-SF-0006709
1206858 - ES26-027

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: Luis Anguiano
Mailing Address: 1238 Union St S
City: Concord
State: NC Zip: 28025
Phone #: (704) 420-2507
Email: luis@jicustomhomes.com

Owner: Lee Yang
Mailing Address: 6213 Milhaven Lane
City: Charlotte
State: NC Zip: 28269
Phone #: (704) 575-6734
Email: lyang10@carolina.rr.com

Parcel #: 04123104
Property Location/Address: 6213 Milhaven Lane Charlotte, NC 28269

Facility Type: ☒ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other: _____

Operation Permit/ATO #: _____ Design Daily Flow: _____ GPD
Number of Bedrooms: _____ Max # Occupants: _____ 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.

Property owner's signature (required)	Date	Applicant's signature (required)	Date
		Luis Anguiano (Sep 23, 2026 11:08:32 EDT)	Sep 23, 2026

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.

See Attached

ll the following must be checked for approval:

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

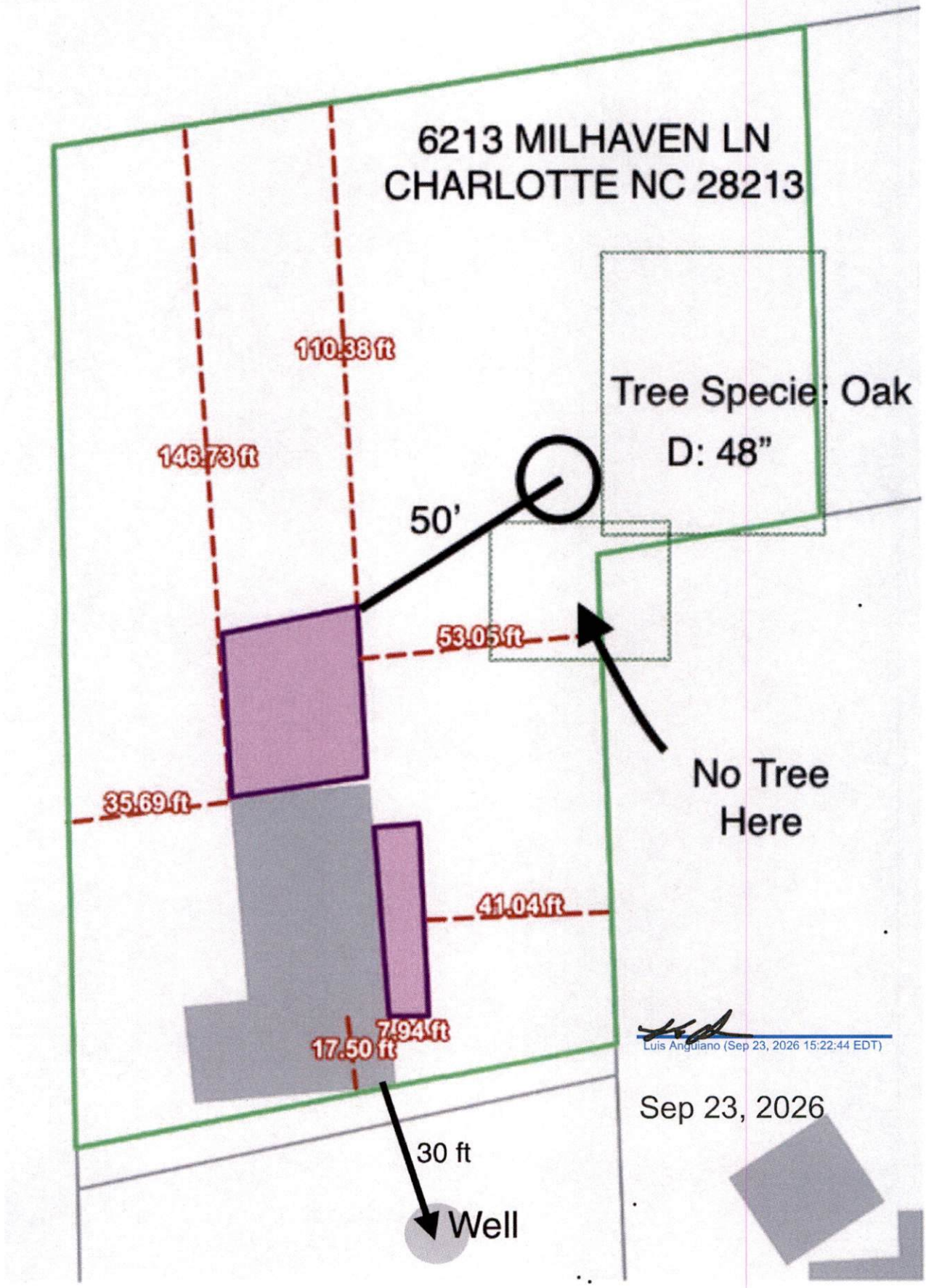
Approval Conditions: _____

Inspector's Printed Name: Heather Woods Inspector Certification #: 2451

Inspector's Signature: Heather Woods Date: 09-30-20

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

See attached site sketch


6213 MILHAVEN LN
CHARLOTTE NC 28213
110.38 ft
146.73 ft
Tree Specie: Oak
D: 48”
50’
53.05 ft
No Tree
Here
35.69 ft
41.04 ft
7.94 ft
17.50 ft
Luis Anguiano (Sep 23, 2026 15:22:44 EDT)
Sep 23, 2026
30 ft
Well

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1.The information on the application is true, complete and accurate.

2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.

3.I acknowledge that Luis Anguiano is acting as my legal representative(agent) in the submittal of the application for a water supply well or septic permit located at

6213	Milhaven Lane	Charlotte	04123104
Number	Street (Or Parcel Number)	Town	

Lee Yang
Property Owner (Print Name)

Lee Yang (Sep 23, 2026 10:53:17 EDT)
Property Owner (Signature)

Sep 23, 2026
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/24/26
Receipt #: 163545
Check / Auth #: MC 6518
Received By: ALVARJS

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: LUIS ANGUIANO
Attn: 6213 MILLHAVEN LN
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 6213 MILLHAVEN LN			

Permit#

SALE
Mecklenburg Co Permit
2145 Suttle Avenue
4th Floor
Charlotte, NC 28208
980-314-2971

09/24/26	21:04:25
Merchant ID	404164
Terminal	451-778-580
Sequence #	000001
Auth Number	676749

AMOUNT:	$ 100.00
CONVENIENCE FEE:	$ 2.50
TOTAL:	$ 102.50

CARD ENTRY MODE	MANUAL
MasterCard	··· 6518

X

SIGNATURE

I agree to pay above total amount in accordance with card issuer's agreement (merchant agreement if credit voucher). Retain this copy for statement verification

Thank you!

MERCHANT COPY

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

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