**SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST**

☐ **NEW SEPTIC** ☐ **REPAIR** ☑ **USE EXISTING** ☐ **MODIFIED PLOT PLAN** ☐ **ALTERATION**
☐ **A2** ☐ **EOP/AOWE**

| | |
|---|---|
| File #: 17731 Accela Project #: ES26-0036 | Assigned inspector: 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: 10/16/26 - LP | ☐ 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:**

MECKLENBURG COUNTY
North Carolina
Public Health

# Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: Res ACC 26 000589
17731 / ES26-036

## 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: Carbon Edge LLC
Mailing Address: 604 Webb Price Rd.
City: Granite Falls
State: NC Zip: 28630
Phone #: 828-302-7886
Email: carbonedgellc@gmail.com

Owner: Floyd B Johnson
Mailing Address: 7760 McIlwaine Rd
City: Huntersville
State: NC Zip: 28078
Phone #: 267-342-0812
Email: Floydjohnson@gmail.com

Parcel #: 01513125
Property Location/Address: 7760 McIlwaine Rd, Huntersville NC 28078
Facility Type: ☑ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other: _____

Operation Permit/ATO #: ✓ Design Daily Flow: _____ GPD
Number of Bedrooms: 3 Max # Occupants: 6 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 See other page

**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.**

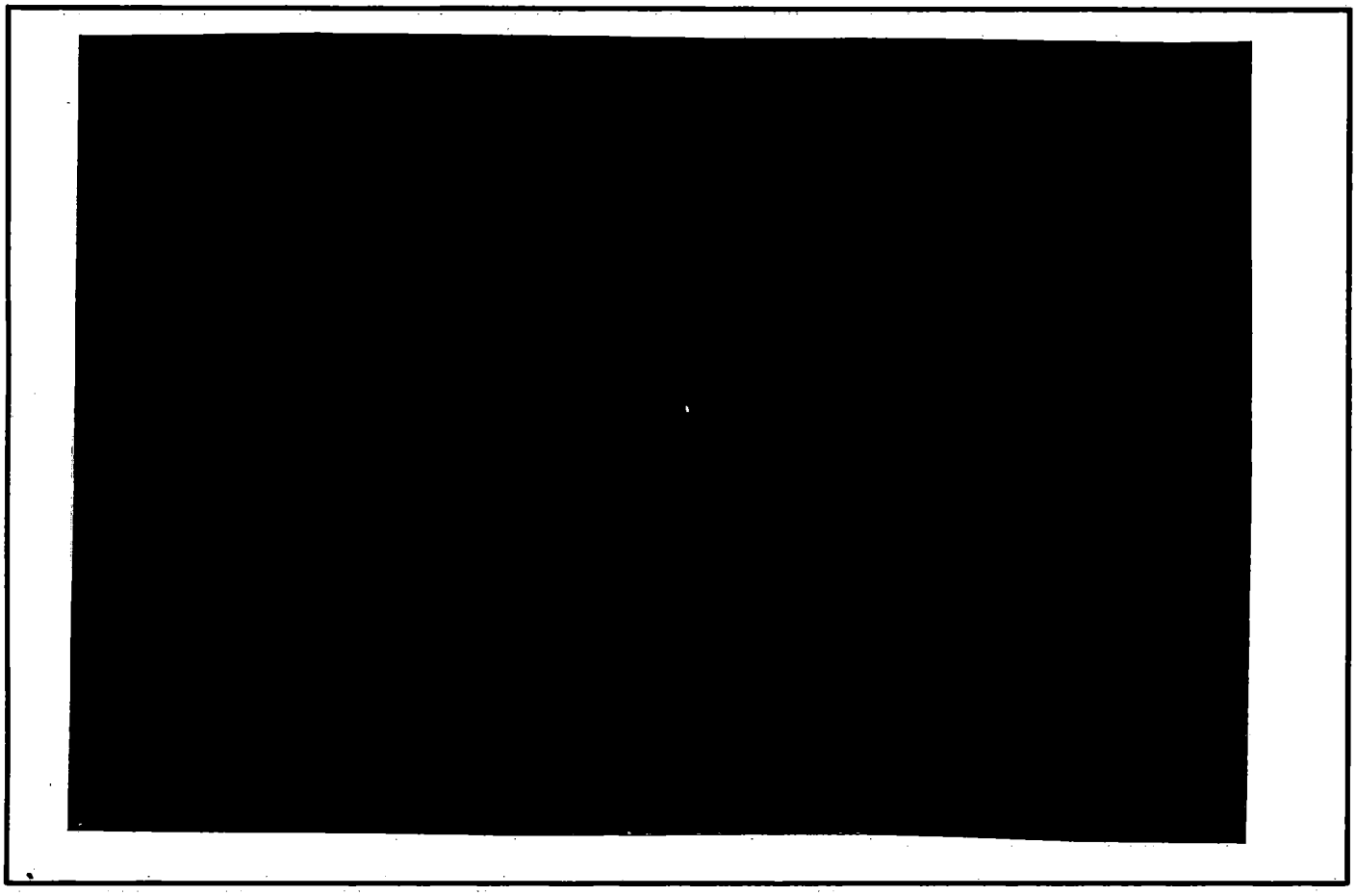
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted the right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: 10/3/26
Applicant's signature (required) — Date: 10/5/2026

# 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.



If 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: _____ Date: 10-14-26

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

***See attached site sketch***

MECKLENBURG COUNTY
North Carolina

# 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 DANIEL PHILLIPS is acting as my legal representative(agent) in the submittal of the application for a water supply well or septic permit located at

7760 McILWAINE RD HUNTERSVILLE NC 28078

Number Street Town
(Or Parcel Number)

FLOYD B JOHNSON
Property Owner (Print Name)

Floyd B Johnson
Property Owner (Signature)

10/2/26
Date

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

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 10/06/26 | **Amount:** | 100.00 |
| **Receipt #:** | 163732 | **Tendered:** | 100.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | PLACILJ | | |

**Account Information**

**Account #:** X64606
**Contractor:** PANTIS DANIEL
**Attn:**
**Address:** 9939 ANSINBOROUGH SQ
**Address:**
**City/State/Zip:** HUNTERSVILLE, nc 28078

| Item | Description | Quantity | Unit Price | Total Price |
|---|---|---|---|---|
| 0705 | Use Existing System<br>7760 MCILWAINE RD | 1 | 100.00 | 100.00 |

Permit#

----------**Outstanding Balances**----------

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 100.00 | | | | | |