SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☒ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: __12559B / 16300_____

Assigned Inspector: __Troy _____

☐ IP $250.00: _____Initial/Date

☐ IP Commercial $450.00: _____Initial/Date

☐ CA & OP $400.00: _____Initial/Date

☐ Alteration Fees $300: _____Initial/Date

☐ Modified Plot Plan Fees $100.00: _____Initial/Date

☒ Use Existing Fees $100.00: MM 4/28/26 Initial/Date

☒ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed.

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released.

☐ 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 Winchester: _____

Comments:

MECKLENBURG COUNTY
North Carolina
Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: 125598 / 16300

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: David Chapman
Mailing Address: 5203 us 64
City: Morganton
State: Nc Zip: 28655
Phone #: 828-403-0502
Email:

Owner: Darryl Moore
Mailing Address: 5231 Lawrence Orr dr
City: Charlotte
State: Nc Zip: 28212
Phone #: 828-403-0502
Email: Contractor1369@yahoo.com

Parcel #:
Property Location/Address: Contractor1369@yahoo.com 5231 Lawrence Orr rd

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

Operation Permit/ATO #: Design Daily Flow: GPD
Number of Bedrooms: 2 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.

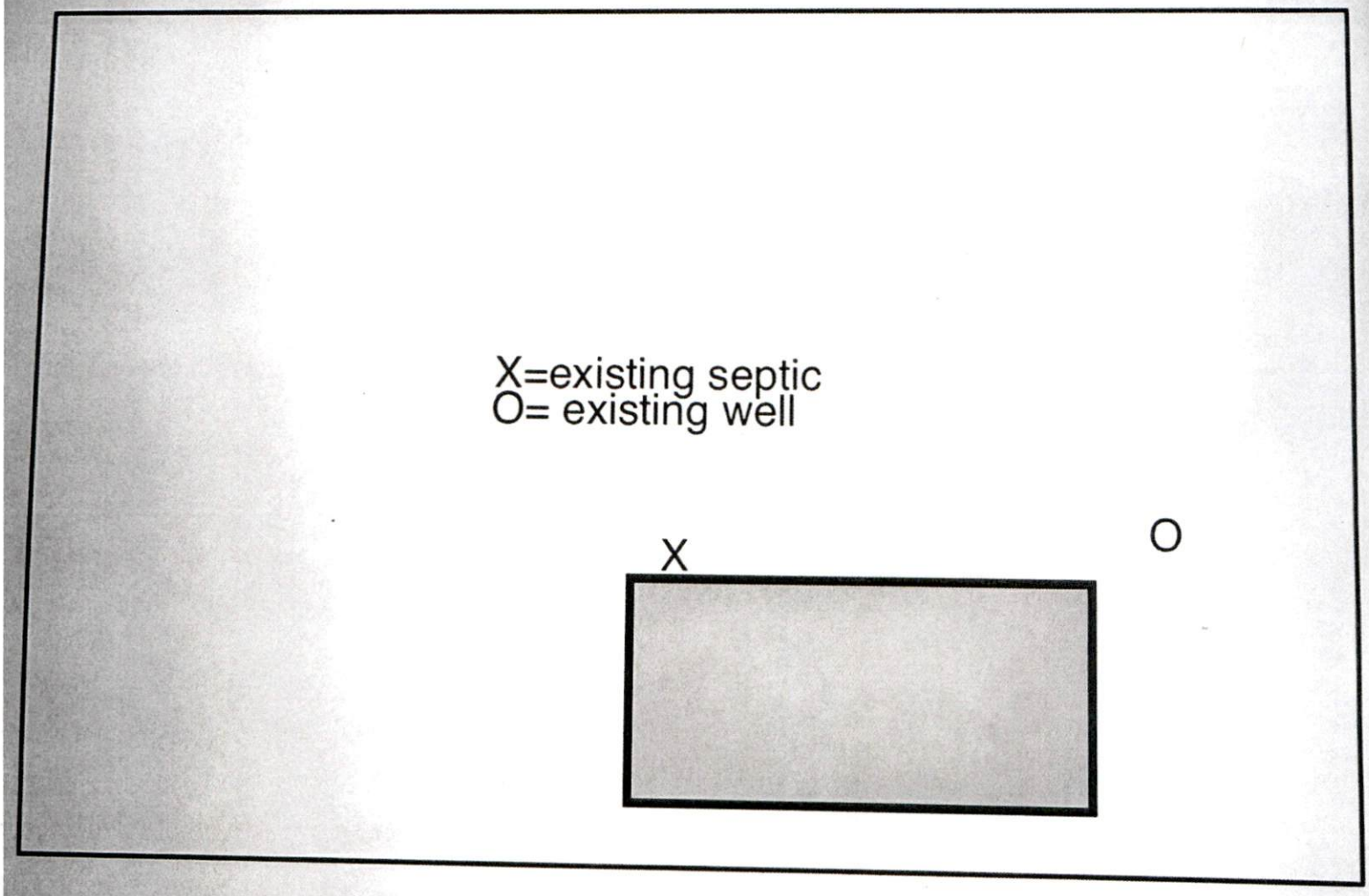
Property owner's signature (required) 4/26/26 Date

Applicant's signature (required) 4/26/26

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:

- [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: Same house foot print. Same # of BR.

Inspector's Printed Name: Troy Kling

Inspector Certification #: 2835

Inspector's Signature: [signature]

Date: 5/7/26

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:	04/24/26	**Amount:**	100.00
Receipt #:	161229	**Tendered:**	100.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ORTIZMP		

Account Information

Account #: X66086
Contractor: CHAPMAN CONSTRUCTION
Attn: DAVID CHAPMAN
Address: 5203 US 64
Address:
City/State/Zip: MORGANTOWN, NC 28655

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 5231 LAWRENCE ORR RD	1	100.00	100.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
588.00					