MECKLENBURG COUNTY
North Carolina
Public Health

# Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: 7397/ES26-019

## 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: Ross Bazzle
Mailing Address: 5243 Mintridge Rd
City: Mint Hill
State: NC Zip: 28227
Phone #: 828-238-0230
Email: rossbazzle@gmail.com

Owner: Ross Bazzle
Mailing Address: 5243 Mintridge Rd
City: Mint Hill
State: NC Zip: 28227
Phone #: 828-238-0230
Email: rossbazzle@gmail.com

Parcel #: 19503141
Property Location/Address: 5243 Mintridge Rd, Mint Hill NC 28227

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

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.

Ross Bazzle — 9/8/26 — Ross Bazzle — 9/8/26

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.

Updates on plat drawing attached to corresponding email.

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

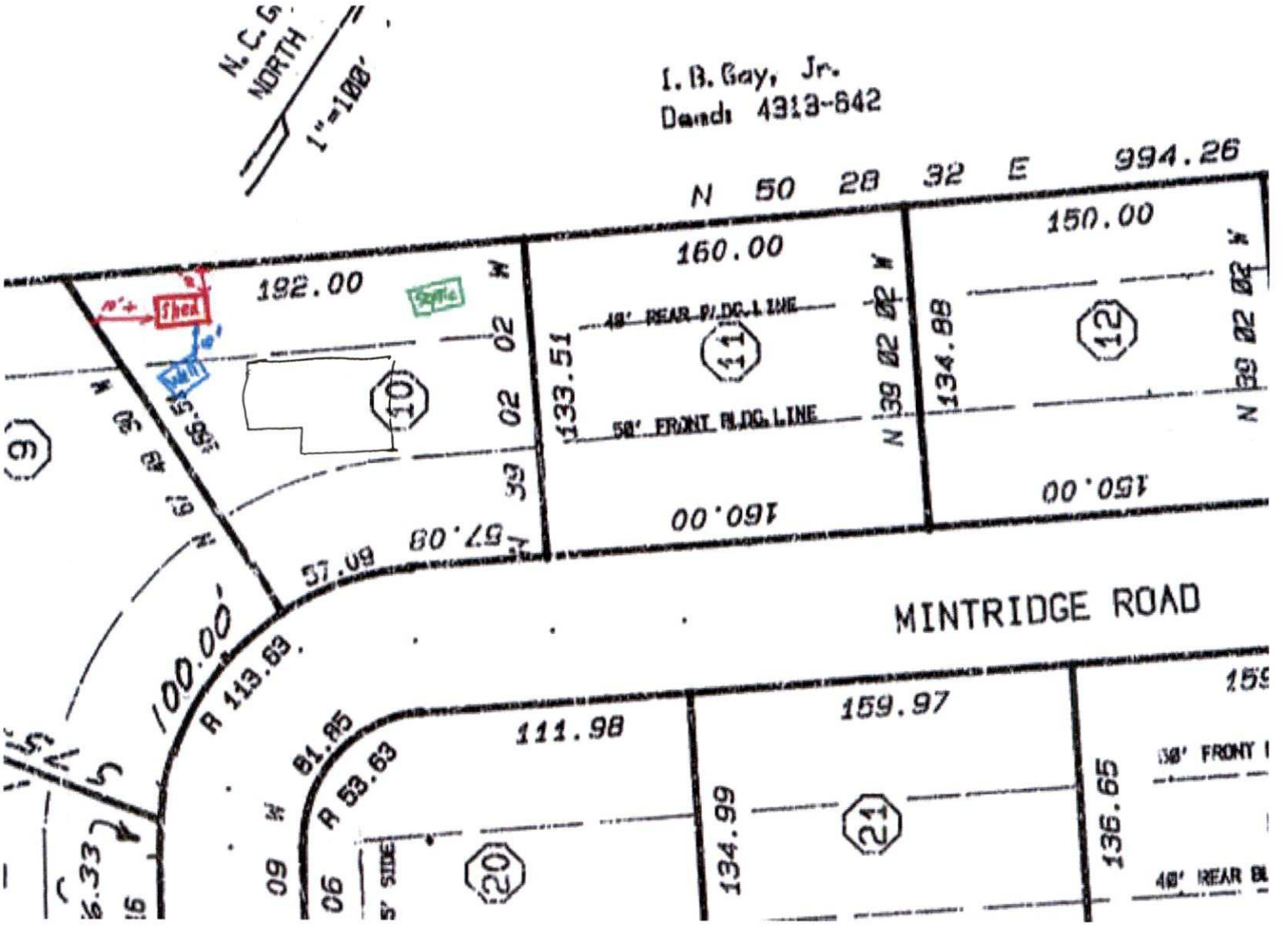
Approval Conditions: Approved for Shed w/ no foundation.

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

Inspector's Signature: April Bumgarner Date: 10/5/24

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

***See attached site sketch***


N. C. G.
NORTH
1"=100'
I. B. Gay, Jr.
Deed: 4313-642
N 50 28 32 E 994.26
192.00
160.00
150.00
133.51
134.88
160.00
150.00
57.09
37.09
100.00'
R 113.63
MINTRIDGE ROAD
111.98
159.97
R 53.63
134.99
136.65
(9)
(10)
(11)
(12)
(20)
(21)
Shed
Septic
Well
40' REAR BLDG. LINE
50' FRONT BLDG. LINE
5' SIDE

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

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 09/08/26 | **Amount:** | 100.00 |
| **Receipt #:** | 163293 | **Tendered:** | 100.00 |
| **Check / Auth #:** | DISCOVER 0 | **Returned:** | 0.00 |
| **Received By:** | PLACILJ | | |

**Account Information**

| | |
|---|---|
| **Account #:** | 200000 |
| **Contractor:** | ROSS BAZZLE |
| **Attn:** | |
| **Address:** | 5243 MINTRIDGE RD |
| **Address:** | |
| **City/State/Zip:** | MINT HILL, NC 28227 |

| Item | Description | Quantity | Unit Price | Total Price |
|---|---|---|---|---|
| 0705 | Use Existing System<br>5243 MINTRIDGE RD | 1 | 100.00 | 100.00 |

Permit#

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

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

## SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

| File #: 739A Accela Project #: ES26-019 | Assigned inspector: April |
|---|---|
| ☐ 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: 9/9/26 | ☐ 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:**

400 TV

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 734A DATE: 2/23/93

TC: 195-031-41 ☐ L ☐ CRT

SERIAL Nº 15670

Name of Owner James Hobbs Juris.:

Address of Property 5343 Mintridge Drive

**Inspection Data:**

Tank Material 1500

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth ≥12"

Water Supply Source ~~Well~~ well

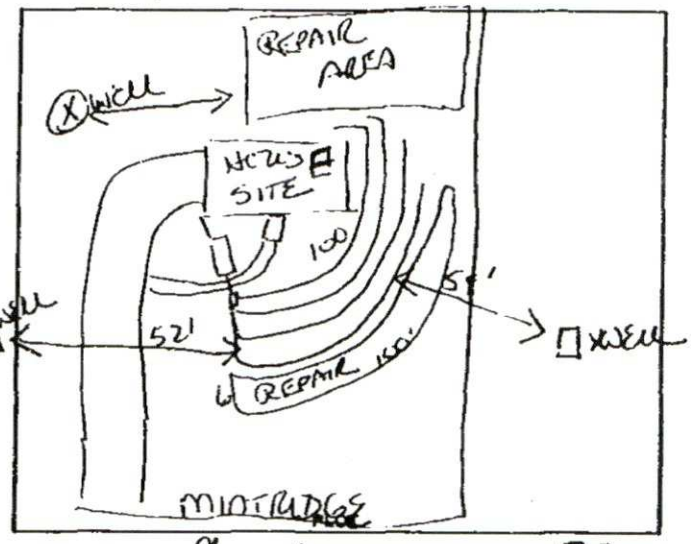
Distance to Water Source ≥50'

Excavation Inspected 2/23/93

Tank(s) Inspected 2/23/93

Wash Line Inspected —

High Water Alarm Inspected —




Design: 1993, conv, 1500 ST, 1200 sq ft., 12" G, CEC CTR= 82

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☑ In accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: 3 bedroom conventional Type III

David Newell, RS
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

[redacted]