SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 4388A

Assigned Inspector: Heather R.

☐ 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: MR 3-24-26 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: 3/24/26 Rebecca Roland verified via phone → 3 bedrooms, 2 occupants, and Municipal Water Supply.

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: RES-ADD-26-000285

4388A / 16231

EXISTING SYSTEM APPROVAL

24 MAR '26 PM 12:36

☐ 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: Deckscapes, Inc
Mailing Address: 4356 Crompton St
City: Charlotte
State: NC Zip: 28273
Phone #: 704-587-9400
Email: deckscapesinc@bellsouth.net

Owner: Vance Jay Carpenter
Mailing Address: 9401 Broadway St
City: Huntersville
State: NC Zip: 28078
Phone #: 585-201-4959
Email: vance.4959@outlook.com

Parcel #: 02305240
Property Location/Address: 9401 Broadway St Huntersville NC 28078
Facility Type: ☒ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other: _____

3/24/26 per Rebecca Roland w/ Deck Scapes

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.

Vance Carpenter — 3/17/26 — Rebecca Roland — 3/18/26

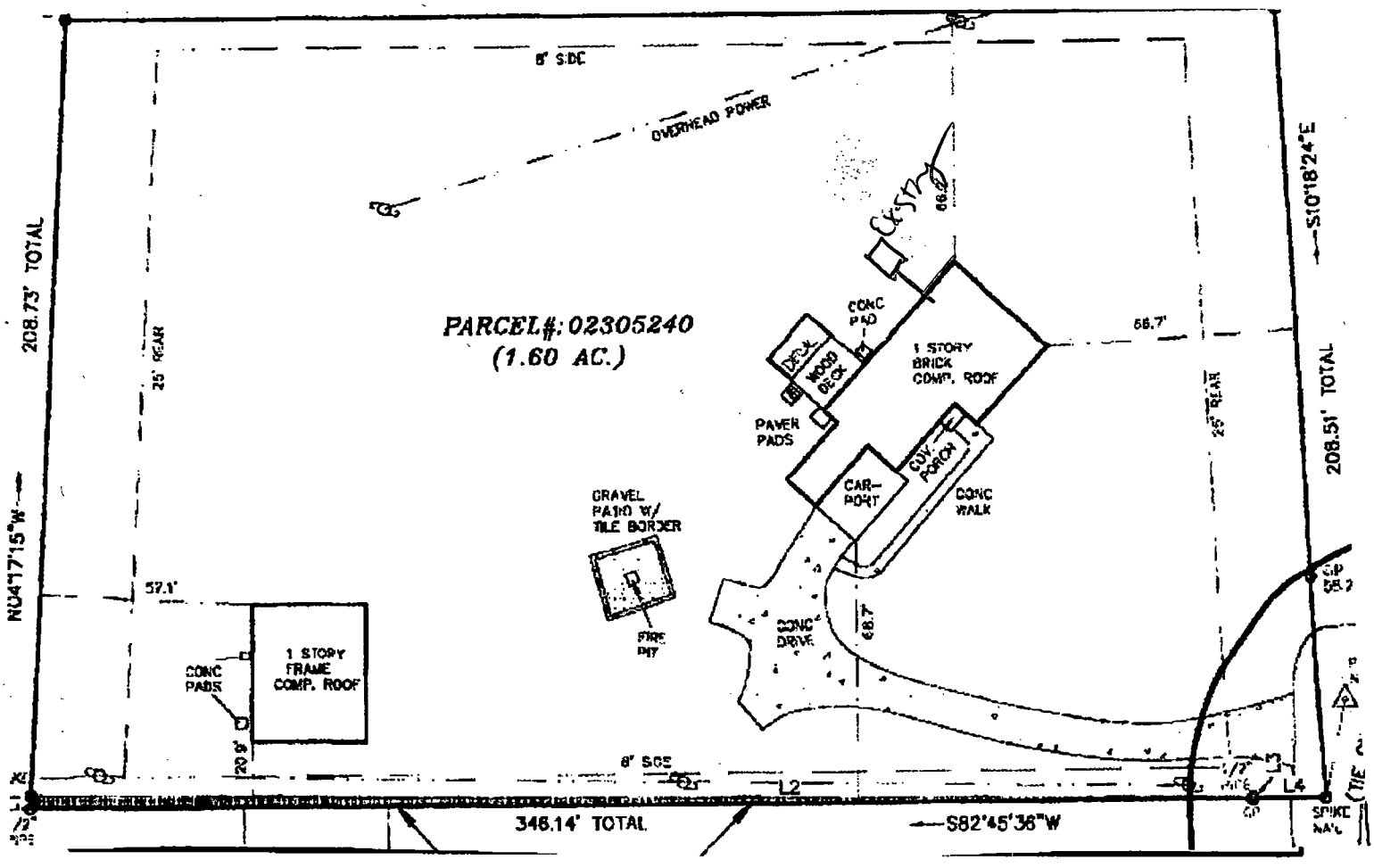
Property owner's signature (required) Date Applicant's signature (required) Date

SITE PLAN

* Please see additional Documents

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:

- [ ] 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

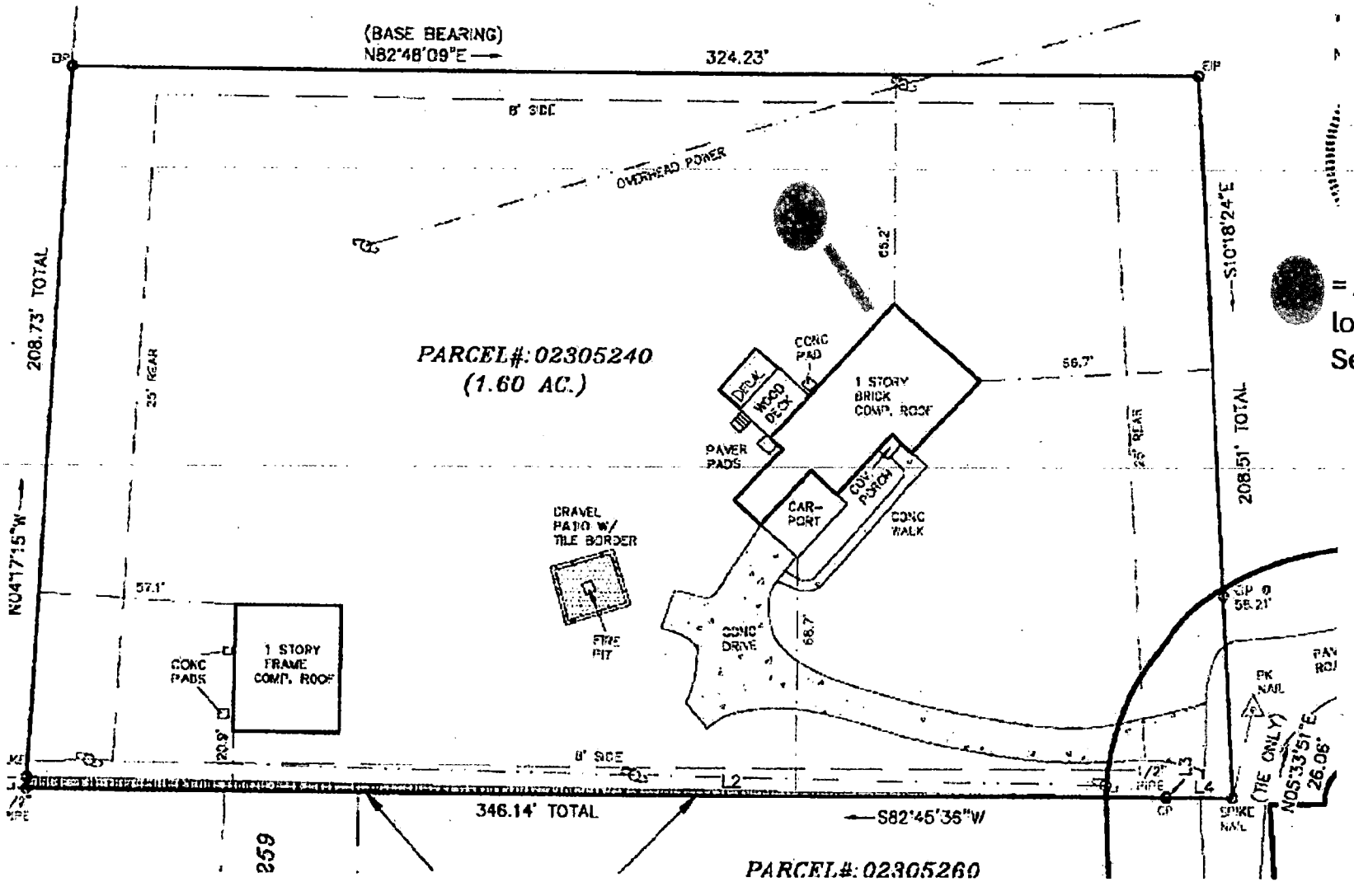
Approval Conditions: _____

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

Inspector's Signature: _____ Date: 4-1-26

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

See attached site sketch



= Approximate location of Septic

MECKLENBURG COUNTY
Health Department

Gibbie Harris. MSPH. BSN
Director

(980) 314-9020

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

   9401 Broadway Street Huntersville, NC .
   Number Street Town
   (Or Parcel Number)

Vance J Carpenter Jr
Property Owner (print name)

Property Owner (signature)

Mar 19, 2026
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/24/26	**Amount:**	100.00
Receipt #:	160707	**Tendered:**	100.00
Check / Auth #:	VISA 024347	**Returned:**	0.00
Received By:	RAMSEMA		

Account Information

Account #: 200000
Contractor: FEDUNIEC JOHN MICHAEL
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 9401 BROADWAY ST	1	100.00	100.00

Permit#

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

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