SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 13837A Accela Project # 160408 WSP

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: 7/29/20 Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

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

☐ Add Condition in Accela: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Accela

☐ 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 Accela: _____

Comments:

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: RES-ADD-26-0007609

File #13832t/164468 WSP.

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: American Dream Home Remodeling
Mailing Address: 5100 Reagan Dr #15
City: Charlotte
State: NC Zip: 28206
Phone #: (704) 980-9680
Email: jason@theinstalldepartment.com

Owner: Ronald Rentschler
Mailing Address: 9100 Blair Rd
City: Mint Hill
State: NC Zip: 28227
Phone #:
Email:

Parcel #: 13911136
Property Location/Address: 9100 Blair Rd Mint Hill, NC 28227
Facility Type: ■ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: Design Daily Flow: N/A GPD
Number of Bedrooms: 3 Max # Occupants: 6 Other: Residential Deck Addition (24' x 14')
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.

6/23/2026 — Property owner's signature (required) — Date

6/23/26 — Applicant's signature (required) — Date

MECKLENBURG COUNTY
Health Department

Raynard Washington, PhD, MPH
Health Director

(704) 336-4700

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 American Dream Home Remodeling is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

9100 Blair Rd, Mint Hill, NC 28227.
Number Street Town
(Or Parcel Number)

Ronald Rentschler
Property Owner (print name)

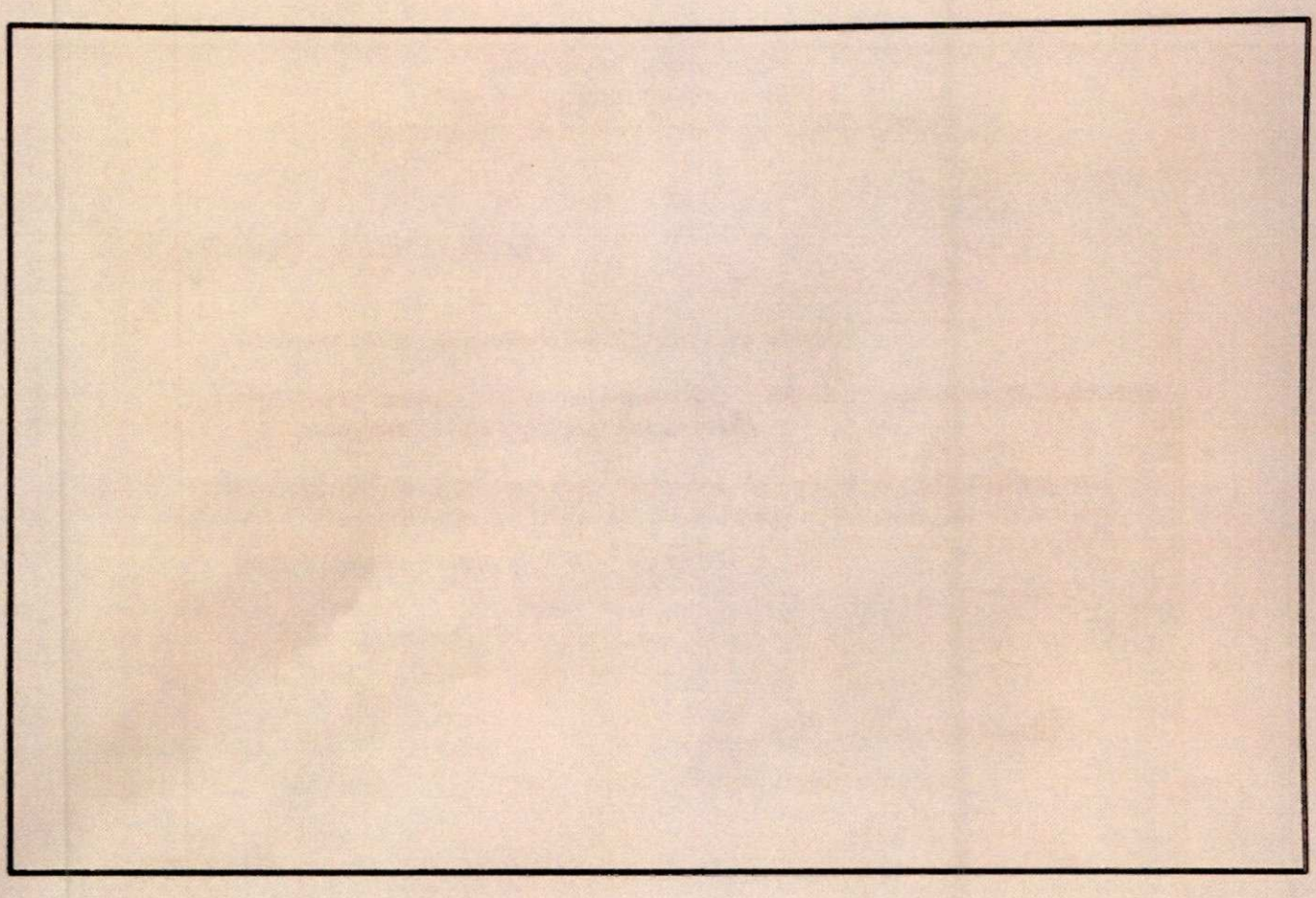
Ronald T. Rentschler
Property Owner (signature)

6/23/2022
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.



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

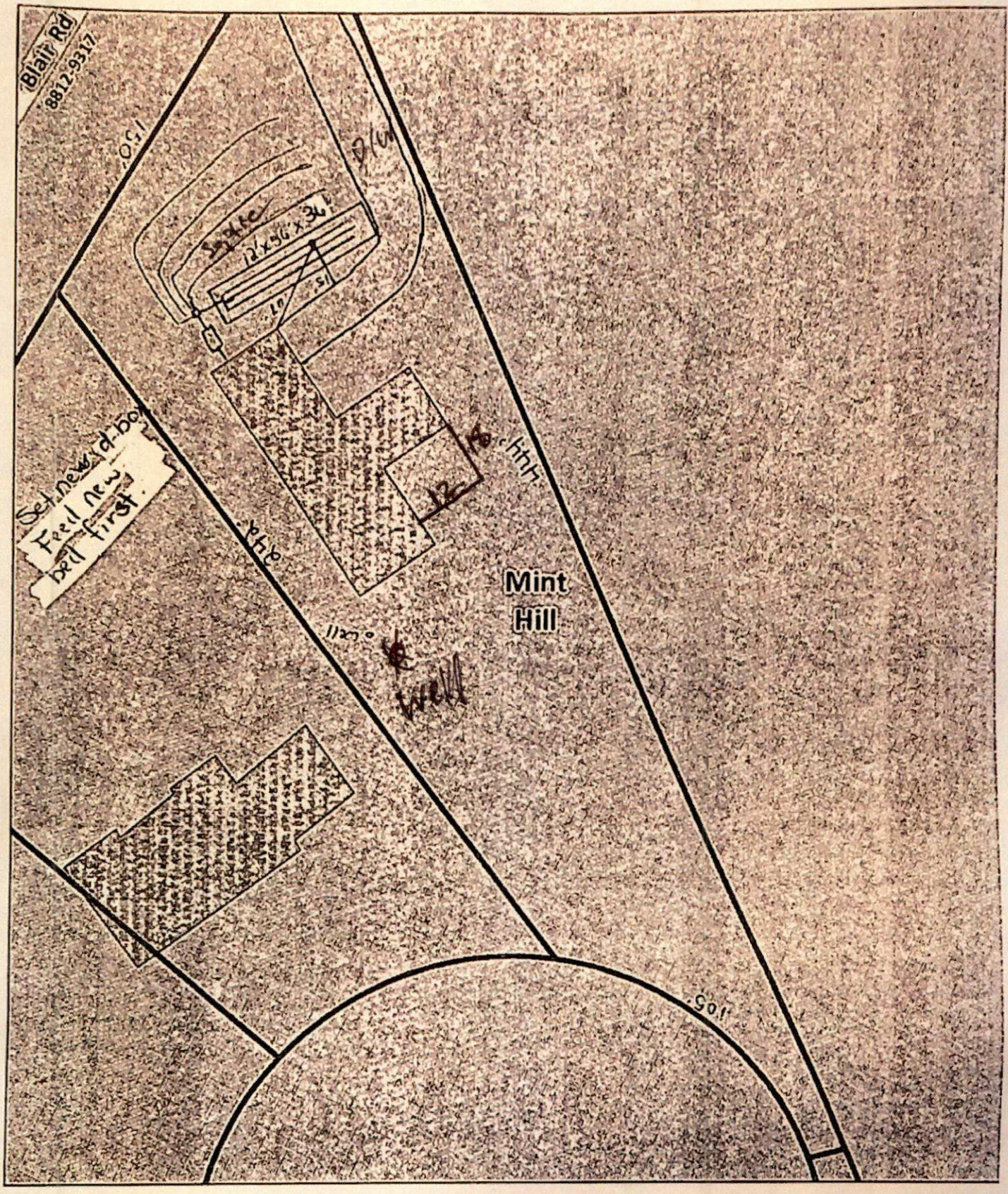
Inspector's Printed Name: Troy Kling Inspector Certification #: 2635

Inspector's Signature: [signature] Date: 7/30/26

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

See attached site sketch

PARCEL #: 139-351-01
WAPSPS APPLICATION #:

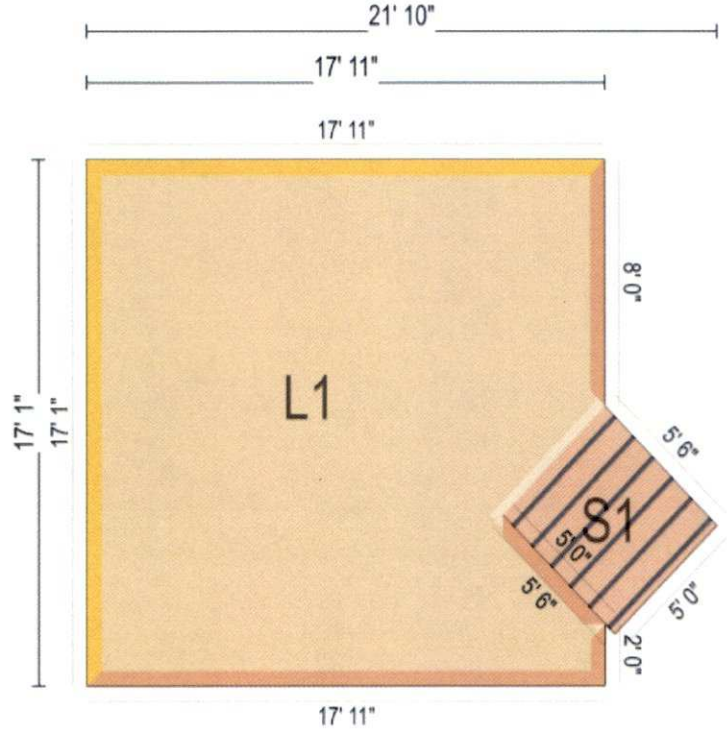


Map Created By: April Bumgarner
Map Created On:12/22/2015

0 20 40 80 Feet

MENARDS®
Design & Buy™
DECK

**Today's estimated price. Future pricing may go up or down. Tax, labor, and delivery not included.*



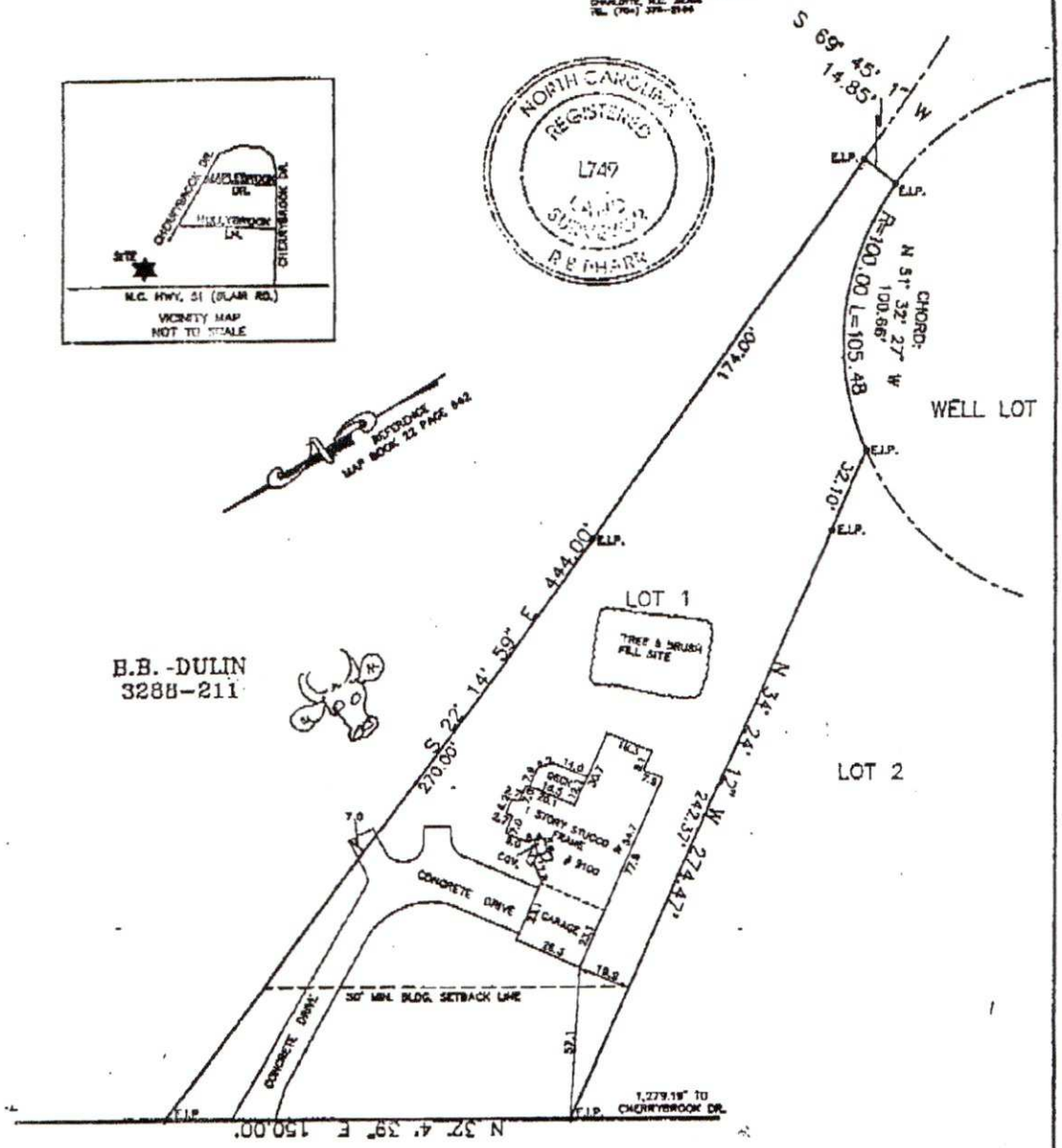
Deck Side Color Legend

	Open Side/No Railing		Railing
	Unattached Walls		Attached Walls

SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS IF ANY ARE AS SHOWN HEREON. THIS PLAT DOES NOT MEET NCGS 47-30 STANDARDS AND IS NOT FOR RECORDING.

SIGNED _____

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS
712 EAST INDEPENDENCE BLVD.
CHARLOTTE, N.C. 28204
TEL. (704) 376-2144



N.C. HWY. 51 (BLAIR ROAD)

(100' R/W)

SURVEY OF:

LOT 1, FORESTBROOK SUBDIVISION, PHASE I (REVISED)

MINT HILL, N.C.

THE PROPERTY OF JAMES G. BONHAM AND WIFE, TERRI M. BONHAM

SCALE 1"=50'

MAP BOOK 22 PAGE 642

DEED BOOK _____ PAGE _____

FLOOD CERTIFICATION

THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED JUNE 1, 1981

25138

TAX NUMBER: 139-351-01

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR*	LPP 1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15	MOIST	WET
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

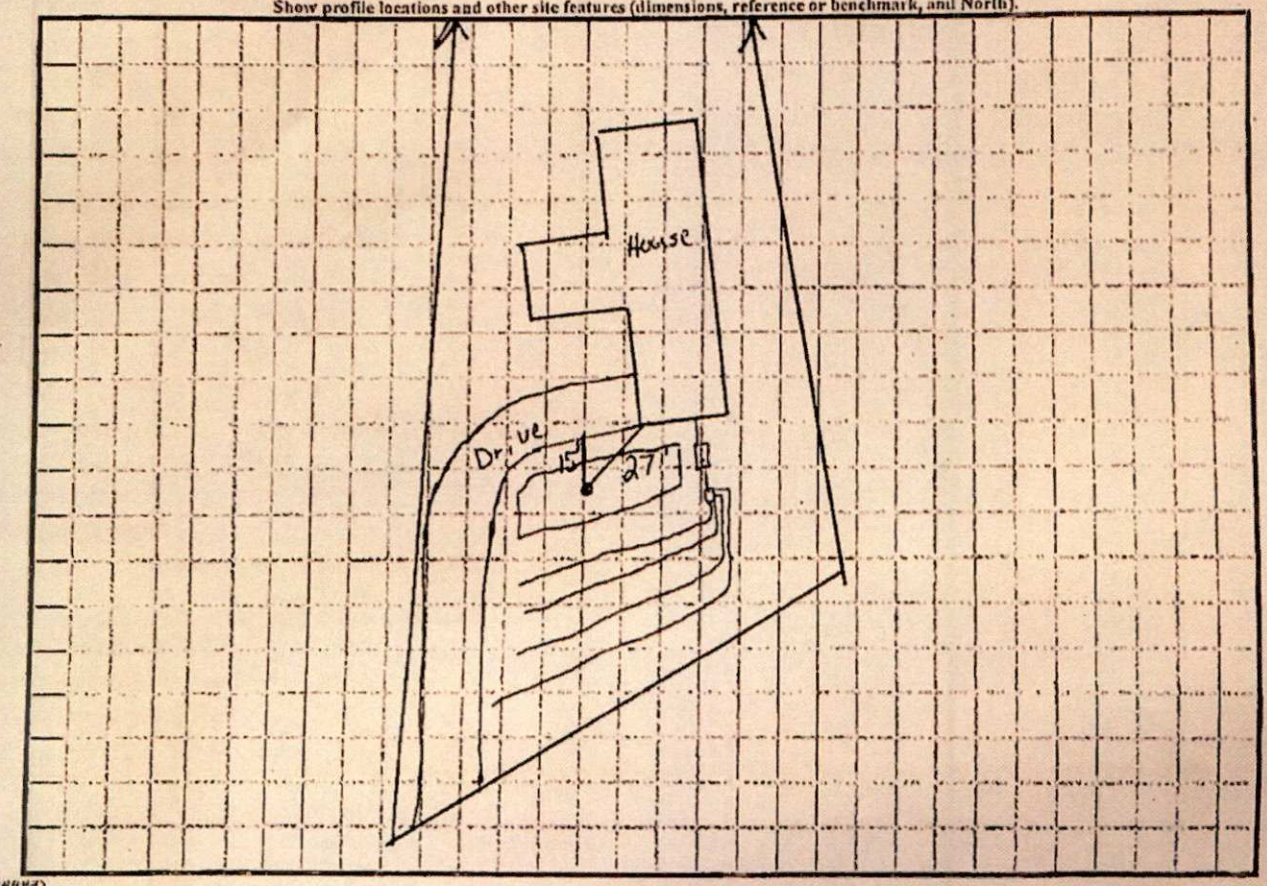
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/29/26	**Amount:**	100.00
Receipt #:	162735	**Tendered:**	100.00
Check / Auth #:	VISA 0023	**Returned:**	0.00
Received By:	ALVARJS		

Account Information

Account #: 200000
Contractor: ADHR
Attn: 9100 BLAIR RD
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 9100 BLAIR RD			

Permit#

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

07/29/26	22:00:14
Merchant ID	404164
Terminal	451-778-580
Sequence #	000003
Auth Number	031568

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

CAPD ENTRY MODE	MANUAL
Visa	··· 0023

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

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 1383A Permit #: 7960 Tax Parcel #: 139-351-01

Property Owner: Ronald Rentschler

Job Location Address: 9100 Blair Rd

City: Charlotte State: NC Zip Code: 28227 RCS

Operation Permit Issuance Date: 2-1-16 Contractor Name: _____

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: N/A gallons

Liquid Capacity of Septic Tank: Existing 1500 gallons Manufacture Existing Effluent Pump Model: N/A

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36" inches

Bed Width: 9' feet

Total line length: 55 feet

# of Lines: 1 Bed @ 55 feet

Depth of Media: 24" inches (Type) Infiltrator HC.

Depth of Cover: 12"+ inches

Distribution Device: End caps

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 14' feet

Distance from Property Line: 26'+ feet

Distance from Water Supply Source: 10'+ feet

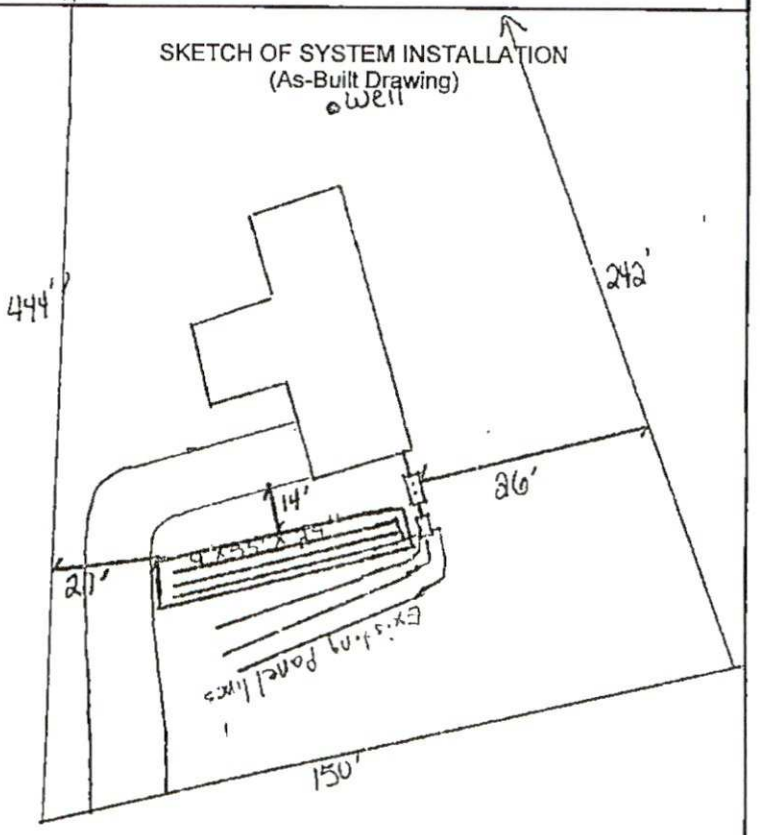
Inspection Dates

Tank(s) Inspected: Existing

Excavation Inspected: _____

Pump & Controls Inspected: N/A

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☒ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this 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 15A NCAC 18A. 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.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIIg / IHg / NA / NA

DENR Authorized Agent: April Rumgarner Signature: April Rumgarner, REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 1383A Permit #: 7960 Tax Parcel #: 139-351-01

Property Owner: Ronald Rentschler

Job Location Address: 9100 Blair Rd

City: Charlotte State: NC Zip Code: 28227

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIg

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: April Bumgarner Date: 2-1-16

Signature: April Bumgarner