**SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST**

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

| File #: 17156 Accela Project #: ES26-0035 | Assigned inspector: Brett / 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: | ☐ 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:** Approved for bathroom only in detached garage.
AB 10/26/26

MECKLENBURG COUNTY
North Carolina
Public Health

# Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: 171516 / ES26-035

## 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: Tim King
Mailing Address: 2215 Honeycutt Simpson Rd
City: Monroe
State: NC Zip: 28110
Phone #: 704-286-5325
Email: info@paragonplumbingsolutions.com

Owner: Jan Mamone
Mailing Address: 12312 Grier Pl
City: Matthews
State: NC Zip: 28105
Phone #: 561-523-0337
Email: jan.mamone@comcast.net

Parcel #: 135-341-45
Property Location/Address: 12312 Grier Pl Matthews NC 28105
Facility Type: ■ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other: _____

Operation Permit/ATO #: _____ Design Daily Flow: _____ GPD
Number of Bedrooms: 3 Max # Occupants: _____ 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.**

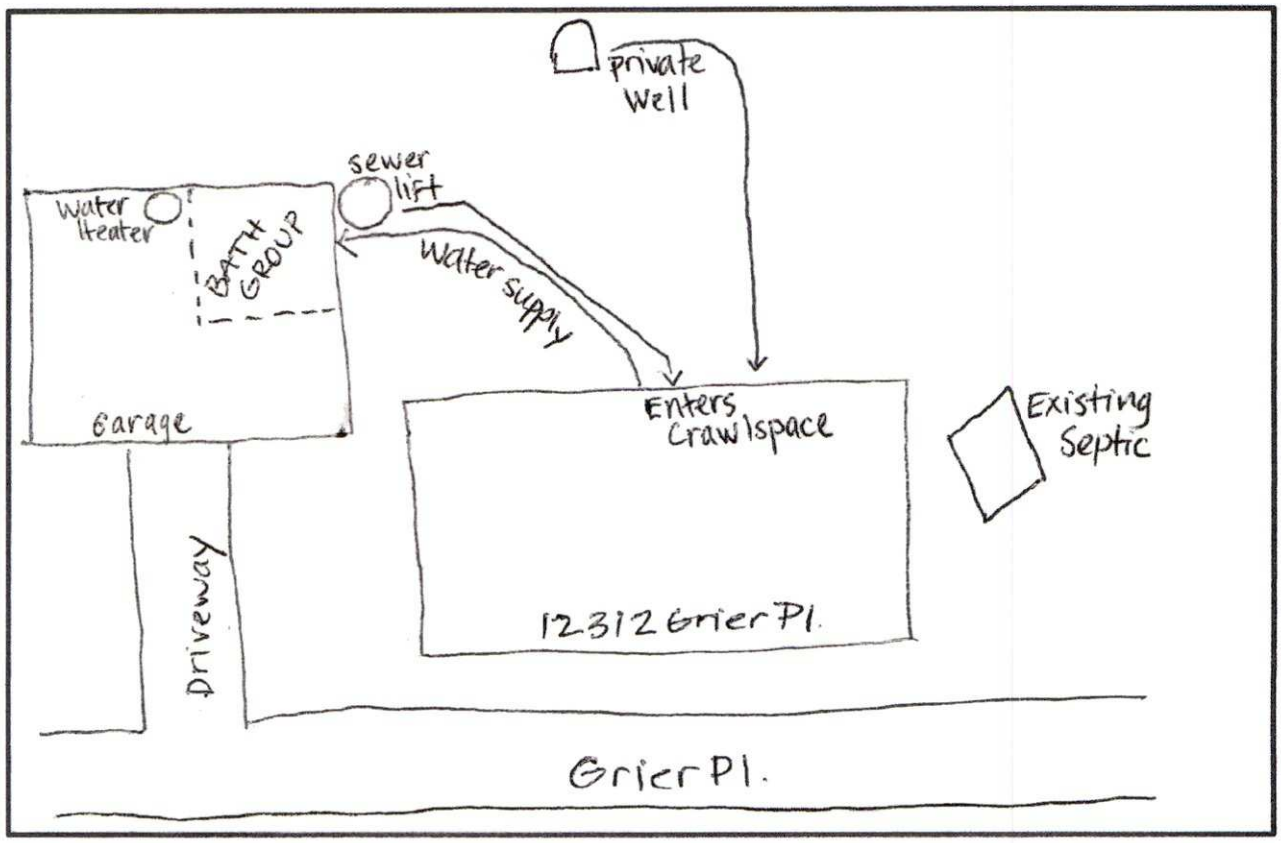
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted the right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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) — Date: 10/5/26
Applicant's signature (required) — Date: 10/05/26

## 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.




Il 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: Approved for a bathroom in detatched garage + grinder pump to main plumbing line in crawlspace of existing house.

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

Inspector's Signature: April Bumgarner Date: 10/26/26

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

***See attached site sketch***

Date Issued 12-10 80

Serial No. 4446

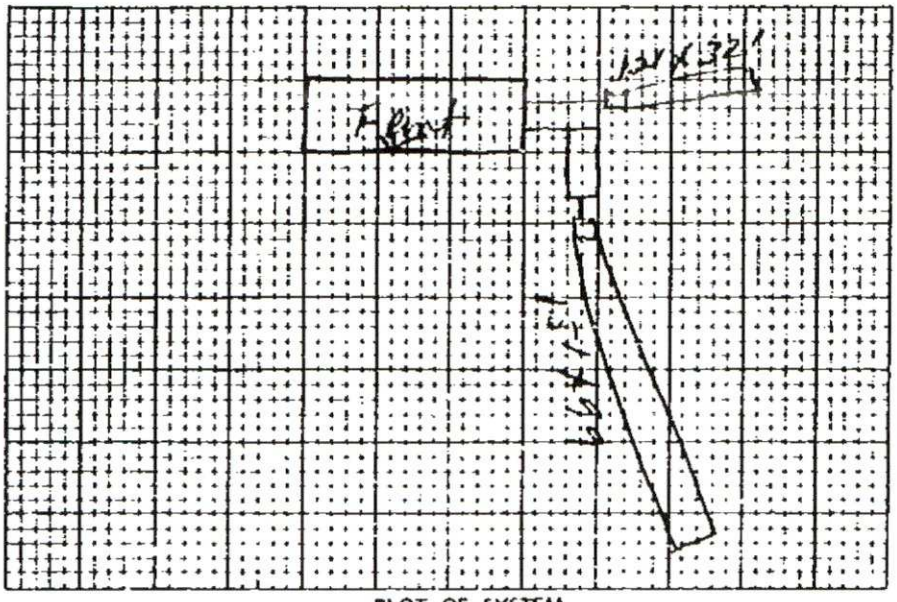
(CAR:S) Permit No. 17156

T C No 55-342-09

Map Date _____

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
### (Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 17156, dated 10/6/80 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 12/8/80*, after which date this permit shall be null and void.




PLOT OF SYSTEM

Permeability Rate 1" 5

Liquid Capacity of Tank 1500 gal

Tank Construction pc

Absorption and/or Nitrification Lines:

Total Line Length 495' + 125'

Number of Lines 5 + 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Gary Paul Mullis

LOCATION OF PROPERTY Grier Place

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.

Comments: 15' x 99' + 17" Stone on Septic System
12' x 32' + 12" Stone on Washing Machine

Division or Section Head

Environmentalist Burt Mullis

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHO-5-76

**Environmental Health Department's Copy**

SEE INSTRUCTIONS ON BACK

Date Received 10/6/80

ICAR(S) Application No. 17156

T. S. No. 135-342-09

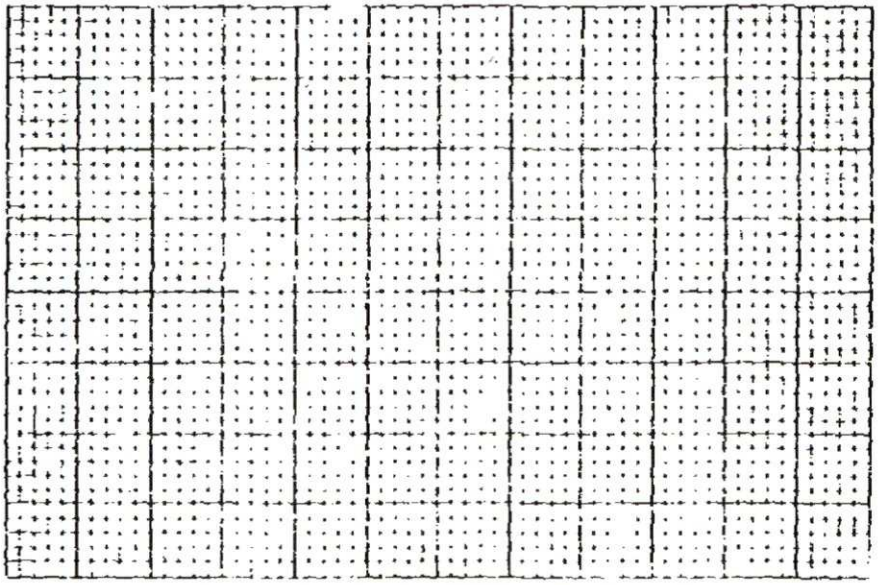
Map Date _____

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**Application for an**
**Installation, Construction, Alteration, and/or Repair Permit**
**(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)**

The owner of the property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ✓ No
Residence ✓ Yes ___ No

4) No of Bedrooms 3
5) Business Use — Max No Employees _____
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes ✓ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply
A) Individual Well ✓
B) Governmental System _____
C) Community System
1. Well source _____
2. Governmental source _____
10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No _____
12) VA Case No _____

13) NAME OF OWNER MULLIS (LAST) GARY (FIRST) PAUL (MIDDLE)

14) ADDRESS OF OWNER 2910 12 Mile Creek Rd. Matthews, N.C. 28105

15) PHONE NO Home 847 0494 Office 374 2271

16) LOCATION OF SYSTEM GRIER PLACE (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? YES ___ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

_____ Gary P. Mullis
DATE OF APPLICATION OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

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

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 10/06/26 | **Amount:** | 100.00 |
| **Receipt #:** | 163720 | **Tendered:** | 100.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | ALVARJS | | |

**Account Information**

**Account #:** X66025
**Contractor:** PARAGON PLUMBING SOLUTIONS
**Attn:**
**Address:** 2215 HONEYCUTT SIMPSON ROAD
**Address:**
**City/State/Zip:** MONROE, NC 28110

| Item | Description | Quantity | Unit Price | Total Price |
|---|---|---|---|---|
| 0705 | Use Existing System<br>12312 GRIER PL | 1 | 100.00 | 100.00 |

Permit#

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

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 100.00 | 241.23 | 192.45 | | | |