SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 17308

Assigned Inspector: Heather.

☐ 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: 7/7/26 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/ Accela: _____

Comments:

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: RES-ALT-26-002069

17308 | 102439

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: Douglas Alvarenga
Mailing Address: 8721 Cherry Blossom Ln
City: Cornelius
State: NC Zip: 28031
Phone #: 704-981-0410
Email: info@macawconstruction.com

Owner: Debra L Meyers
Mailing Address: 17024 Knoxwood Dr,
City: Huntersville
State: NC Zip: 28078
Phone #: 704-284-2401
Email: ajmeyers377@gmail.com

Parcel #: 00543107
Property Location/Address: 17024 Knoxwood Dr, Huntersville NC 28078

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

Operation Permit/ATO #: RES-ALT-26-002 Design Daily Flow: N/A GPD
Number of Bedrooms: 0 Max # Occupants: 0 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.

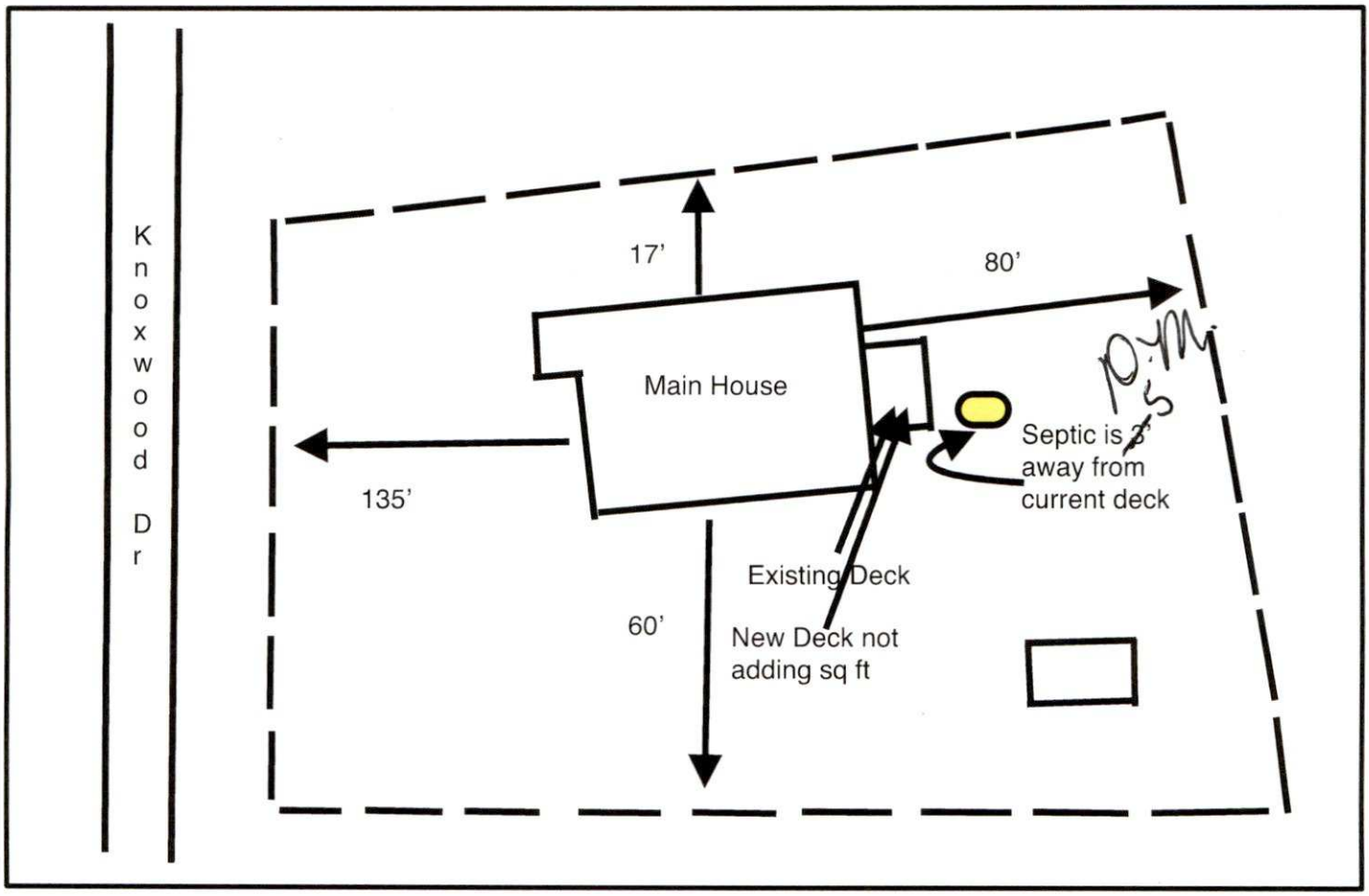
Debra L. Meyers — 07/07/26
Property owner's signature (required) — Date

Douglas A. — 07/06/26
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.



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: _____

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

Inspector's Signature: [signature] Date: 7-22-26

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

See attached site sketch

Woods, Heather A

From: Woods, Heather A
Sent: Friday, July 10, 2026 4:32 PM
To: 'info@macawconstruction.com'
Cc: 'ajmeyers377@gmail.com'
Subject: 17024 Knoxwood Dr

Good afternoon

I am reaching out in regards to a deck approval application that was submitted for 17024 Knoxwood Dr. The site plan submitted shows the deck being only 3' from the septic tank. Unfortunately state rule requires all foundations and deck supports to be 5' from the septic tank and drain field.

I reached out to the Applicant yesterday but have not heard anything back and wanted to touch base with everyone prior to the weekend.

Please give me a call next week to discuss your options.

Heather Woods
Senior Environmental Health Specialist
Public Health | Environmental Health
Mecklenburg County Government
704-280-1485 | MeckNC.Gov

Mecklenburg County Confidentiality Statement