SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File #: 125418 Accela Project #: ES26-089	Assigned inspector: Matt - Brett
☐ 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:

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Health Director

Completed Application Report
ES26-029

Record Type

Existing Well and/or Septic Permit

Site Address

3201 MASON DR

CHARLOTTE, NC 28269

Parcel

02769114

Application Contacts

Applicant
JUAN TURCIOS
3201 MASON DR CHARLOTTE, NC 28269
Email: A30202931@GMAIL.COM

Property Owner

DE TURCIOS ROSA DIMAS PORTILLO

2521 DELLINGER CIR

CHARLOTTE, NC NC

Custom Fields

Application Type : Well and Septic

Are there any dogs at the property : No

Are you the owner of this property : Yes

Bathroom : CHECKED

Bedroom : CHECKED

By checking this box, I agree to the above certification : CHECKED

Dining Room : CHECKED

Enter Full Name : JUAN TURCIOS

File # : 12541B

Is there a coded gate : No

Kitchen : CHECKED

Living Room : CHECKED

Number of Bedrooms : 3

Number of Occupants : 4

Porch : CHECKED

Property Type : Residential

Request Type : Site modification (e.g., storage shed, pool)

Trust Account Available : No

Type of Work : Addition or renovation with occupancy increase

Underground Storage Tanks : No

Water Supply : Private Well

Certification

Date of Certification : 9/28/2026

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: 185418 | ES26-029
R-SF-006855

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: JUAN TURCIOS
Mailing Address: 2521 DELLINGER CIR
City: CHARLOTTE
State: NC Zip: 28269
Phone #: 704-369-9782
Email: a30202931@gmail.com

Owner: JUAN TURCIOS
Mailing Address: 2521 DELLINGER CIR
City: CHARLOTTE
State: NC Zip: 28269
Phone #: 704-369-9782
Email: a30202931@gmail.com

Parcel #: 02769114
Property Location/Address: 3201 MASON DR CHARLOOTE NC 28269

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

Operation Permit/ATO #: ~~Unknown~~ Design Daily Flow: 360 GPD GPD
Number of Bedrooms: 3 Max # Occupants: 4 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.

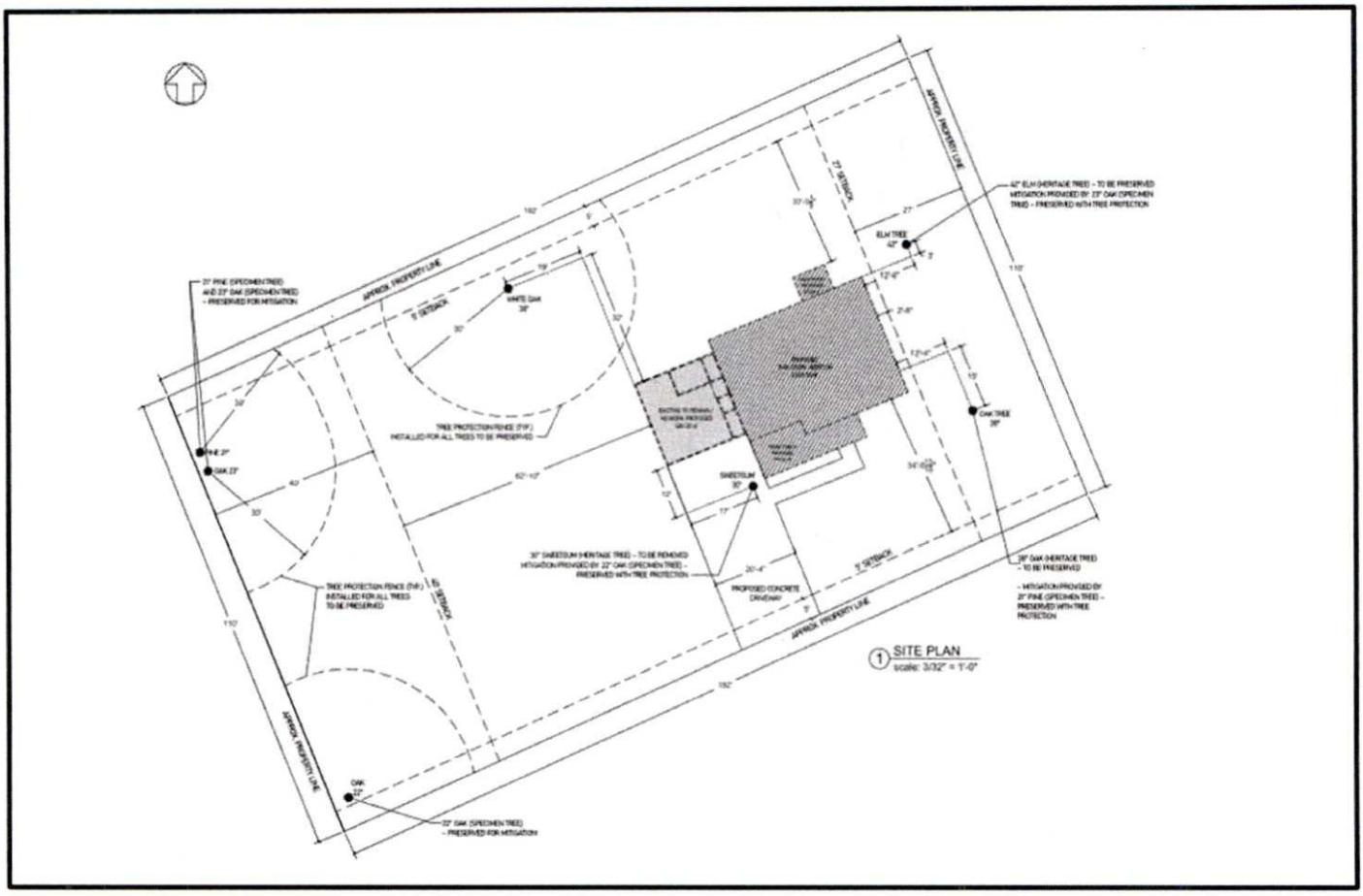
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted the right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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.

Juan Turcios — Property owner's signature (required) — 09-25-2026 — Date
Juan Turcios — Applicant's signature (required) — 09-25-2029 — 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: No occupancy beyond pre-existing 360gpd (3 bedroom)
Must maintain 5' setback from existing tank & drainfield

Inspector's Printed Name: Matt Hall Inspector Certification #: 2496

Inspector's Signature: Matt Hall Date: 10/6/26

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

See attached site sketch

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/28/26	**Amount:**	100.00
Receipt #:	163588	**Tendered:**	100.00
Check / Auth #:	VISA 0249	**Returned:**	0.00
Received By:	ALVARJS		

Account Information

Account #: 200000
Contractor: JUAN TURCIOS
Attn: 3201 MASON DR
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 3201 MASON DR			

Permit#

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

09/28/26	17:54:49
Merchant ID	404164
Terminal	451-778-580
Sequence #	000001
Auth Number	004402

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

CARD ENTRY MODE	MANUAL
Visa	************0249

X

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
