SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File #: 18184 Accela Project #: ES26-033	Assigned inspector: Troy.
☐ 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: Troy Kling
Date: 10/27/26

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: 18184/ES20-033
#RES-ACC-20-002587

EXISTING SYSTEM APPROVAL

- [x] Existing System Approval
  - [x] 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: Hazel Walker
Mailing Address: 7845 Colony Rd, Suite C4-212
City: Charlotte
State: NC Zip: 28226
Phone #: (207) 205-5354
Email: hazel@walkerconstructionclt.com

Owner: Hazel Walker
Mailing Address: 6501 Shaftesbury Rd
City: Charlotte
State: NC Zip: 28270
Phone #: (207) 205-5354
Email: hazel@walkerconstructionclt.com

Parcel #: 13927548
Property Location/Address: 8446 Clear Meadow Ln, Charlotte, NC 28227

Facility Type: [x] House/Modular [ ] Mobile/Manufactured Home [ ] Business [ ] Other: _____

Operation Permit/ATO #: _____ Design Daily Flow: _____ GPD
Number of Bedrooms: _____ 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:

[x] 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:

[x] 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.

Hazel Walker — Digitally signed by Hazel Walker, DN: C=US, E=hazel@walkerconstructionclt.com, O=Walker Construction, CN=Hazel Walker, Date: 2026.09.30 11:36:43-04'00' — 9/30/2026

Property owner's signature (required) — Date

Hazel Walker — Digitally signed by Hazel Walker, DN: C=US, E=hazel@walkerconstructionclt.com, O=Walker Construction, CN=Hazel Walker, Date: 2026.09.30 11:36:47-04'00' — 9/30/2026

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.

See site plan on next page. No change to existing facilities, existing wastewater systems and repair area, and existing water supply. No plumbing at new detached garage.

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: Septic lines extend past fence. D/W + garage shifted back to meet setbacks

Inspector's Printed Name: Troy Kling

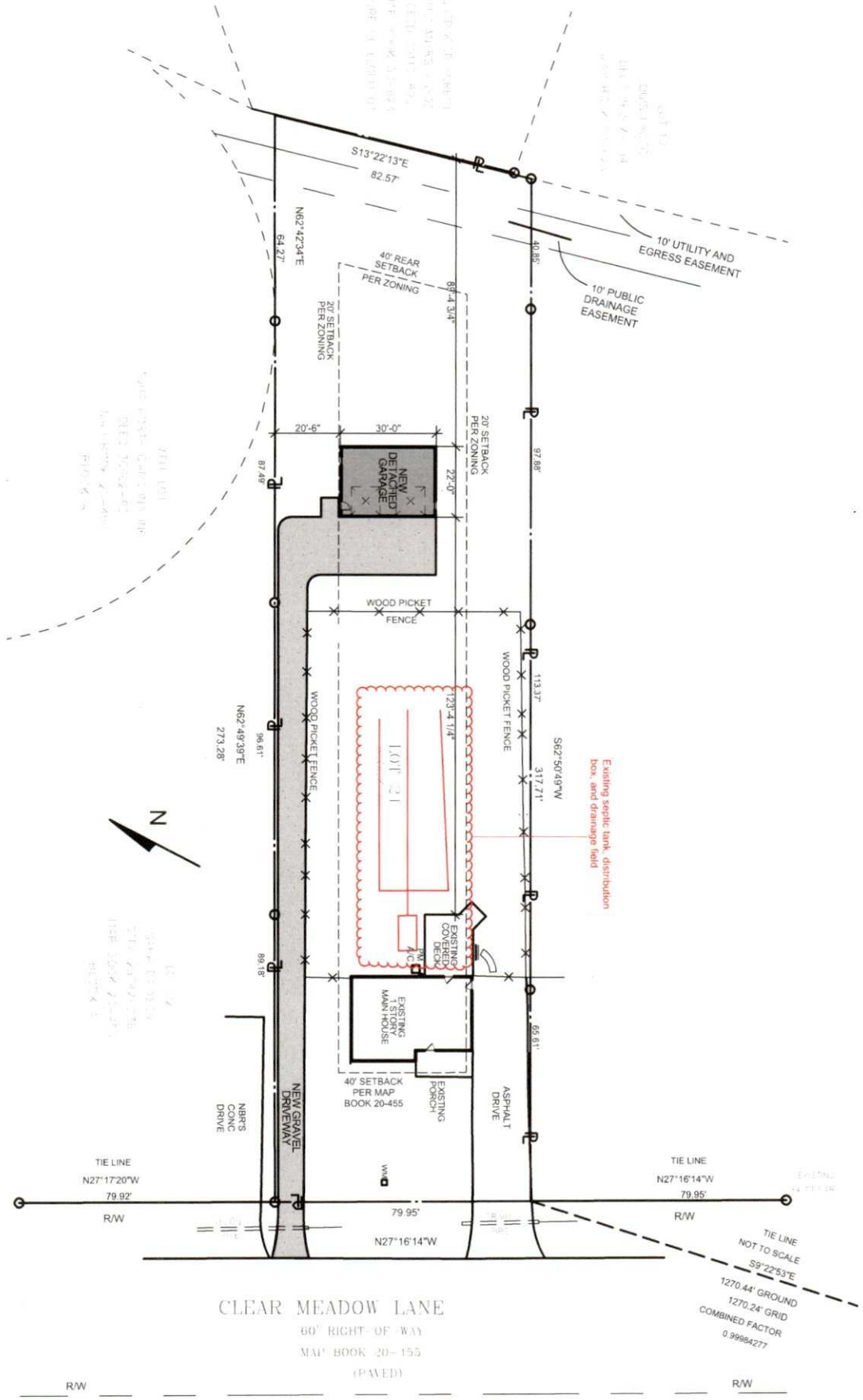
Inspector Certification #: 2835

Inspector's Signature: [signature]

Date: 10/27/26

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

See attached site sketch



1 CV1.1

PROPOSED SITE PLAN

SCALE: 1" = 30'

Chang Detached Garage

8446 Clear Meadow Ln
Charlotte, NC 28226

WALKER CONSTRUCTION
7845 Colony Rd
Suite C-212
Charlotte, NC 28226

Project #: 26-8446CLEAR
Date: 9/24/2025
Drawn By: HW
Checked By: HW

ID	Name	CHANGE LIST Last Modified

Site Plan

CV1.1

Construction Documents

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/30/26	**Amount:**	100.00
Receipt #:	163650	**Tendered:**	100.00
Check / Auth #:	VISA 1093	**Returned:**	0.00
Received By:	ALVARJS		

Account Information

Account #: 200000
Contractor: HAZEL WALKER
Attn: 8446 CLEAR MEADOW LN
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 8446 CLEAR MEADOW LN			

Permit#

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

09/30/26	23:27:22
Merchant ID	404164
Terminal	451-778-580
Sequence #	000002
Auth Number	08125G

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

CARD ENTRY MODE	MANUAL
Visa	··· ··· ··· ··· 1093

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