SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 125413

Assigned Inspector: Matt

☐ 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: LP 3/31/26 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: _____

Comments:

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: 12541B/16248

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 CHARLOTTE 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: 4-13-26

☐ BEDROOM ☐ BATHROOM ☑ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☑ PORCH ☐ DECK ☐ OTHER

JTS

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.

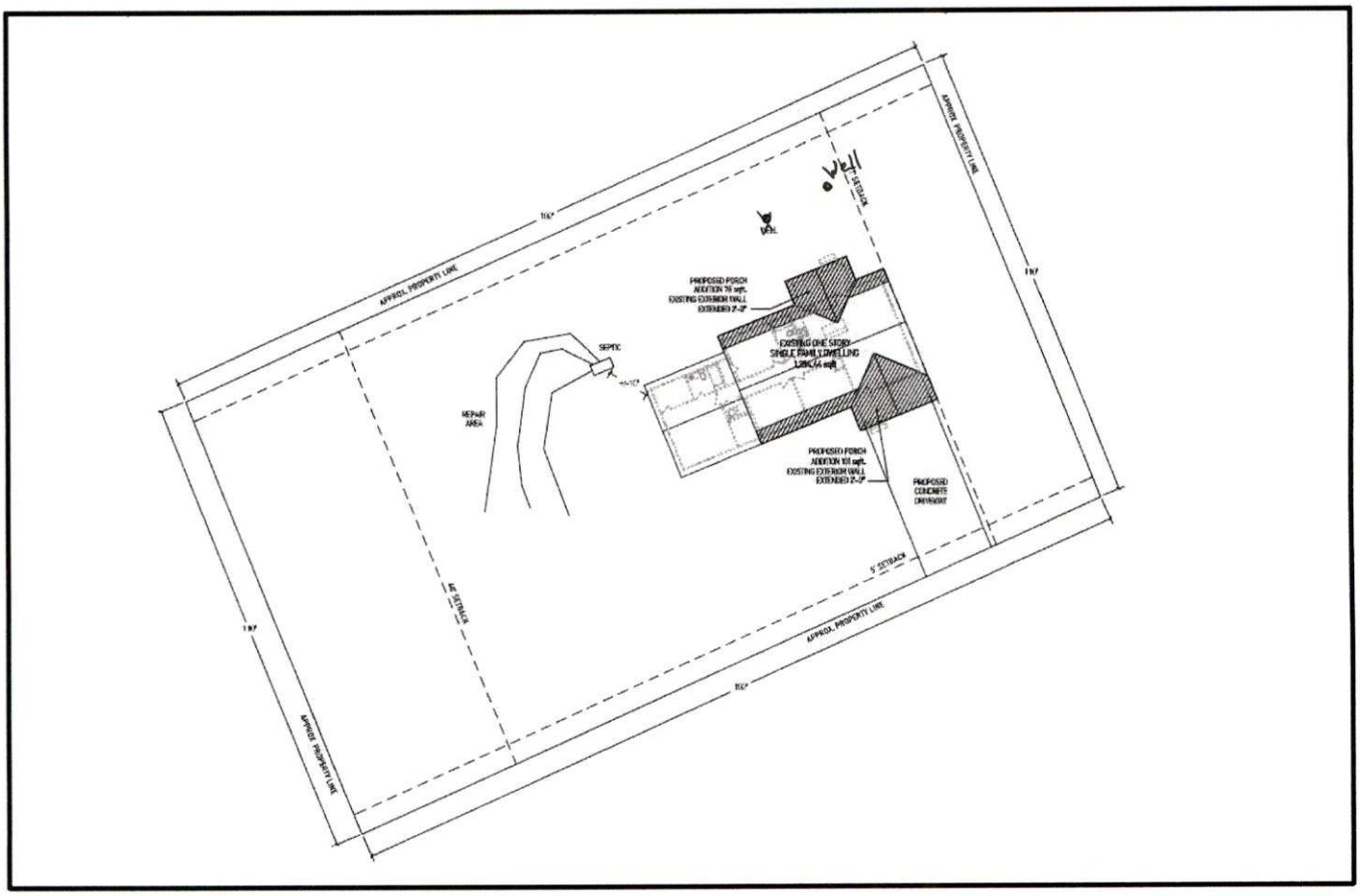
Juan Turcios — 03-31-2026 — Juan Turcios — 03-31-2026

Property owner's signature (required) Date 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:

- ☐ 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: Met owner on site, and measured from well 25' + made it clear where foundation for kitchen could start. Also found tank + made sure owner knew where 5' off was. AB 4/15/26

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

Inspector's Signature: April Burngarner Date: 4/13/26

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:	03/31/26	**Amount:**	100.00
Receipt #:	160828	**Tendered:**	100.00
Check / Auth #:	VISA 09956D	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: 200000
Contractor: JUAN TURCIOS
Attn:
Address: 2521 DELLINGER CR
Address:
City/State/Zip: CHARLOTTE, NC 28269

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 3201 MASON DR	1	100.00	100.00

Permit#

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance