SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File # 6816B Accela Project # ES26-017	Assigned inspector: 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: 9/9/26	☐ 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 detached garage w/ no plumbing. AB 9/25/26

Requesting additional information 9/9 - updated plans
Gerardo 980-314-3105

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

6816B

Kimberly Scott, DrPH, MPH
Health Director

Completed Application Report
ES26-017

Record Type

Existing Well and/or Septic Permit

Site Address

12150 BRIEF RD

MECKLENBURG, NC 28227

Parcel

19715201

Application Contacts

Applicant	Property Owner's Legal Representative
Skylar Powell	EVELYN K ORMAN
191 Sheperds Bluff Dr Mooresville, NC 28115	12150 BRIEF RD CHARLOTTE, NC 28227
Email: sky@extreme-nc.com	Email: info@extreme-nc.com

Property Owner

ORMAN EVELYN K

12150 BRIEF RD

CHARLOTTE, NC NC

Custom Fields

Application Type : Septic Only

Are there any dogs at the property : No

Are you the owner of this property : No

Barn : UNCHECKED

Bathroom : UNCHECKED

Bedroom : UNCHECKED

Building Type : Other

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

Deck : UNCHECKED

Den : UNCHECKED

Detached Garage : CHECKED

Detached Garage with Plumbing : UNCHECKED

Detached Porch or Deck : UNCHECKED

Dining Room : UNCHECKED

Enter Full Name : Skylar Powell

Garage : UNCHECKED

If other, please provide building type : Detached Garage

Is there a coded gate : No

Kitchen : UNCHECKED

Living Room : UNCHECKED

Number of Bedrooms : 0

Number of Occupants : 0

Other : UNCHECKED

Pool House : UNCHECKED

Porch : UNCHECKED

Property Type : Residential

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

Shop : UNCHECKED

Storage Shed : UNCHECKED

Sunroom : UNCHECKED

Trust Account Available : No

Type of Work : Addition or renovation with no occupancy increase

Underground Storage Tanks : No

Water Supply : Municipal

Certification

Date of Certification : 9/8/2026

Approved for detached garage #2505
April Bumgarner 9/25/26
April Bumgarner



CERTIFICATE OF SURVEY AND ACCURACY

I, MICHAEL P. MCMURRAY, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN (REFERENCES AS SHOWN); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN (REFERENCES AS SHOWN); THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10,000;

THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56. 1600).

THAT THIS SURVEY IS OF AN EXISTING PARCEL OF LAND.

WITNESS MY ORIGINAL SIGNATURE, LICENSE NUMBER AND SEAL THIS 14TH DAY OF MARCH, A.D., 2016.

Michael P. McMurray L-4880
PROFESSIONAL LAND SURVEYOR LICENSE NUMBER

NORTH CAROLINA PROFESSIONAL SEAL L-4880 LAND SURVEYOR MICHAEL P. McMURRAY

HATCH LEGEND

= CONCRETE
= PAVEMENT
= STONE

LEGEND

AIF = ANGLE IRON FOUND
CO = CLEAN OUT
DB = DEED BOOK
IBF = IRON BAR FOUND
IRF = IRON POD FOUND
MB = MAP BOOK
PG = PAGE
PP = POWER POLE
PT = PROPANE TANK
RBF = REBAR FOUND
SMH = SEPTIC MANHOLE

LINETYPE LEGEND

= LINES SURVEYED
= LINES NOT SURVEYED
= SETBACK LINE
= OVERHEAD ELECTRIC LINE
= EASEMENT LINES
= PRIVACY FENCE
= BARBED WIRE FENCE
= TIE LINE
= COUNTY LINE

SCALE 1" = 50'

0 25 50 100

GENERAL NOTES:

1. AREA DETERMINED BY COORDINATE METHOD.
2. THIS SURVEY WAS COMPLETED WITHOUT THE BENEFIT OF A TITLE REPORT AND MAY BE SUBJECT TO RECORDED OR UNRECORDED EASEMENTS, RIGHT OF WAYS, SETBACKS AND/OR RESTRICTIVE COVENANTS NOT SHOWN HEREON.
3. SUBJECT PROPERTY IS NOT LOCATED WITHIN A SPECIAL FLOOD HAZARD ZONE (ZONE AE) PER FEMA FLOOD INSURANCE RATE MAP NUMBER 3710553200J, EFFECTIVE DATE OF 3/2/2009.
4. THE LOCATION OF UTILITIES AS SHOWN HEREON, WHETHER PUBLIC OR PRIVATE, ARE BASED ON THE LOCATION OF VISIBLE ABOVE GROUND APPURTENANCES. OTHER UTILITIES WHICH WERE NOT OBSERVED AND NOT SHOWN HEREON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY TO VERIFY THE LOCATION PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION.
5. ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED.
6. ALL PROPERTY OWNERS LISTED ARE NOW OR FORMERLY.

BOUNDARY SURVEY

OF THE

HOLLY NELSON DAVIS PROPERTY

CLEAR CREEK TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA

PREPARED FOR:
EVELYN ORMAN

MCMURRAY LAND SURVEYING, INC. C-3906
MICHAEL P. MCMURRAY, NCPLS L-4880
318 E. OLD HIGHWAY 74, MONROE, N.C.
mcmurraysplr@gmail.com
704-254-2736

REV:	DATE	
0	3/16/16	FINAL

PROJECT NUMBER: EA-1007 FIELD SURVEY DATE: 3/10/16 DRAWN BY: SAS

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.

2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.

3. I acknowledge that Extreme Construction is acting as my legal representative(agent) in the submittal of the application for a water supply well or septic permit located at

12150	Brief Rd	Mecklenburg
Number	Street (Or Parcel Number)	Town

Evelyn M Orman
Property Owner (Print Name)

Property Owner (Signature)

9/8/26
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/08/26	**Amount:**	100.00
Receipt #:	163316	**Tendered:**	100.00
Check / Auth #:	MC 08756Q	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: SKYLAR POWELL
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 12150 BRIEF	1	100.00	100.00

Permit#

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

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