MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: 121988

Res-Add-26-001342

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: Mollie Ruiz | Casa Ruiz Construction
Mailing Address: 3933 Bellingham Lane
City: Charlotte
State: NC Zip: 28215
Phone #: 704-941-0089
Email: casaruizconstruction@gmail.com

Owner: Laurance Howell
Mailing Address: 1604 Mount Isle Harbor Drive
City: Charlotte
State: NC Zip: 28214
Phone #: 704-840-2633
Email: cathameck@yahoo.com

Parcel #: 01313119
Property Location/Address: 14228 NC 73 Hy Huntersville NC 28078

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 [x] 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:

[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.

Property owner's signature (required)	Date	Applicant's signature (required)	Date
	10/22/26	Mollie Ruiz	10-22-26

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.

drawing attached to email

If 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: _____

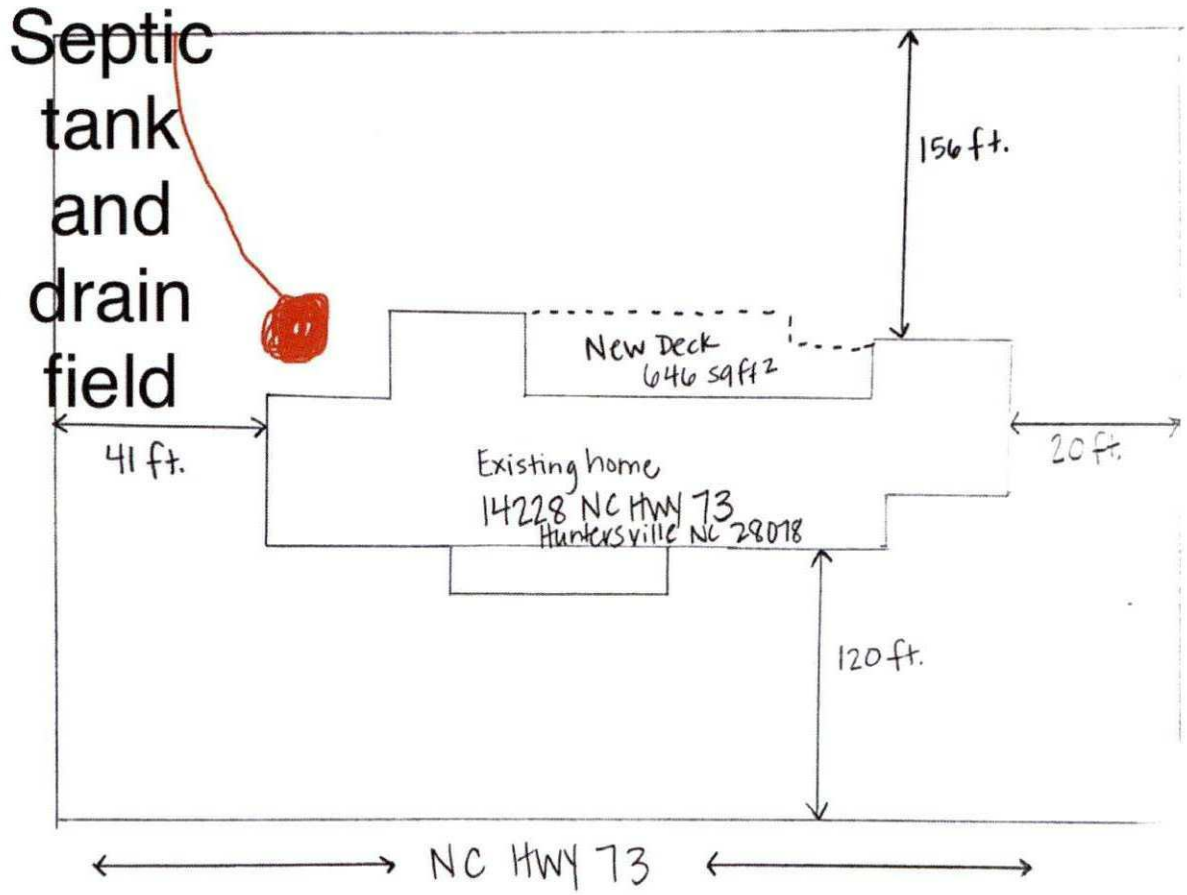
_____

Inspector's Printed Name: _____ Inspector Certification #: _____

Inspector's Signature: _____ Date: _____

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

See attached site sketch


Septic tank and drain field
156 ft.
New Deck
646 sqft2
41 ft.
20 ft.
Existing home
14228 NC HWY 73
Huntersville NC 28078
120 ft.
NC HWY 73

APPENDIX H

AFFIDAVIT OF ON-SITE WASTEWATER EXISTING SYSTEM PURSUANT TO N.C.G.S. §160D-1110(h1)

[This form is only required with a permit application if the permit applicant is applying for exemption as allowed by N.C.G.S. § 160D-1110(h1)]

STATE OF NORTH CAROLINA

COUNTY OF Mecklenburg

County Inspection Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

14228 Hwy 73, Huntersville, NC 28078

Parcel: 01313119

I, Cathy Nell Howell,

(Print Full Name)

owner of the property, do hereby under penalties of perjury affirm that the proposed building construction will meet local and State on-site wastewater system setback requirements pursuant to N.C.G.S. § 130A-335. Additionally, the proposed construction shall not increase the design daily flow or wastewater strength of the existing system and thereby absolves the State, Inspection Department, and Local Health Department of any responsibility or liability regarding the existing wastewater system to the extent allowed by law.

The property owner may, at his or her discretion, consult with an authorized on-site wastewater evaluator certified by the North Carolina On-Site Wastewater Contractors and Inspectors Certification Board or an inspector, as defined in N.C.G.S. § 90A-71(5), to locate the on-site wastewater existing system and verify setbacks requirements prior to executing this affidavit.

Cathy Howell 10-22-2026

(Signature of Affiant) Date

Sworn to (or affirmed) and Subscribed before me this the 22 day of October, 2026

Signature of Notary Public

Seth Bradford

Printed Name of Notary Public

My Commission Expires: 12/29/2030 (Notary Stamp or Seal)

