SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 13351

Assigned Inspector: Troy

☐ 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: JN 5/19/26 Initial/Date

☒ Use Existing Approved ☐ Use Existing Denied

AB 6/1/24

☐ 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 #: 13351

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: Beau Kashmark
Mailing Address: 147 Rooster Tail Ln
City: Troutman
State: NC Zip: 28166
Phone #: 980-201-4888
Email: info@squareshed.com

Owner: Harvey Rumfelt/Paula Styron
Mailing Address: 9000 Glencroft Rd
City: Mint Hill
State: NC Zip: 28227
Phone #:
Email:

Parcel #: 13905110
Property Location/Address: 9000 Glencroft Rd, Mint Hill, 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:

[ ] DETACHED GARAGE [ ] DETACHED GARAGE WITH PLUMBING [ ] POOL HOUSE [ ] SHOP [ ] BARN
[x] 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.

Harvey L Rumfelt — 2026-05-18 — 5/18/2026

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.

Site Plan



12x16 Shed
8' Setback From NW Line
8' Setback From SW Line

Blue area is approximate well location
Yellow area is approximate septic location
Neither is near where the shed will be built
No heavy equipment will be used

Site Plan is not drawn to scale.

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: Non-permanent shed (in red). On blocks.

Inspector's Printed Name: Troy Kling Inspector Certification #: 2835

Inspector's Signature: [signature] Date: 5/28/26

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:	05/19/26	**Amount:**	100.00
Receipt #:	161677	**Tendered:**	100.00
Check / Auth #:	VISA 05267G	**Returned:**	0.00
Received By:	MOORES		

Account Information

Account #: 200000
Contractor: BEAU KASHMARK
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 9000 GLENCROFT	1	100.00	100.00

Permit#

Outstanding Balances

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