SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 18338

Assigned Inspector: Matt Hall

☐ 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: 6/23/20 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/ Accela: _____

Comments:

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: B4835968

18338/164114

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: Colin Dees
Mailing Address: 2316 Grey Rd
City: Davidson
State: NC Zip: 28036
Phone #: 904-449-1824
Email: colindees61@gmail.com

Owner: Colin Dees
Mailing Address: 2316 Grey Rd
City: Davidson
State: NC Zip: 28036
Phone #: 904-449-1824
Email: colindees61@gmail.com

Parcel #: 00329131
Property Location/Address: 2316 Grey Rd, Davidson, NC 28036

Facility Type: ■ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other: Gazeebo/Pavillion

Operation Permit/ATO #: B4835968 Design Daily Flow: _____ GPD
Number of Bedrooms: 4 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:

☐ 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
☐ STORAGE SHED ■ DETACHED PORCH / DECK ■ OTHER Gazeebo/Pavillion

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.

Property owner's signature (required) — 6/22/26 Date

Applicant's signature (required) — 6/22/26 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.

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: Matthew Hull Inspector Certification #: 2496

Inspector's Signature: Matthew Hull Date: 7/7/26

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

See attached site sketch

Future Pavilion Concept Drawing



OUTDOOR PAVILION CONCEPT

2316 Grey Rd, Davidson, NC

CONCEPT OVERVIEW

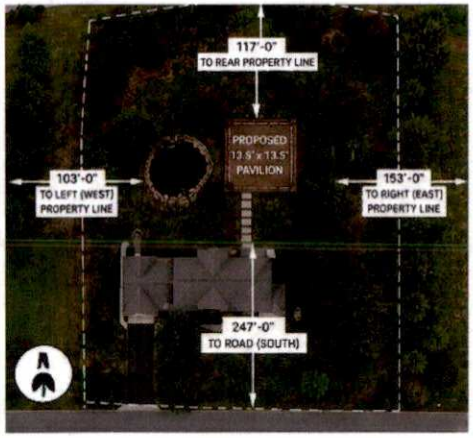
- 13.5' x 13.5' Open Back Lodge Pavilion
- Full view through to the yard
- Outdoor kitchen along side wall
- Bar with 2-3 bar stools
- TV on angled post
- Warm lighting throughout
- Perfect view of pond and trees

STRUCTURE SIZE:	13.5' x 13.5'
ROOF STYLE:	A-FRAME
POST SIZE:	8" x 8" ROUGH CUT
CLEAR HEIGHT:	~8'-0"
ROOF PITCH:	6:12
DECK STYLE:	FLOATING DECK PLATFORM
DECK HEIGHT:	~8"-10" ABOVE GRADE

*FOR CONCEPT PURPOSES ONLY

TOP VIEW / SITE PLAN

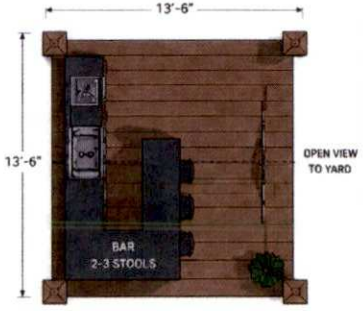
SCALE: 1" = 20'-0"



NOTE: CONTRACTOR TO VERIFY ALL DIMENSIONS AND SETBACKS IN FIELD

TOP VIEW LAYOUT (13.5' x 13.5')

SCALE: 1/4" = 1'-0"

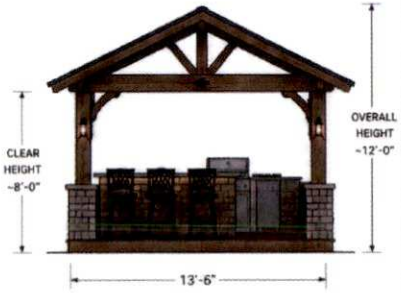


PAVILION SIZE (OUTSIDE TO OUTSIDE): 13.5' x 13.5'

USABLE INSIDE SPACE: APPROX. 12.5' x 12.5'

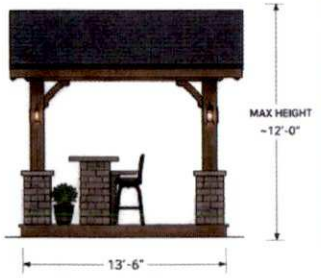
FRONT ELEVATION (FROM PATIO)

SCALE: 1/4" = 1'-0"



SIDE ELEVATION

SCALE: 1/4" = 1'-0"



GENERAL NOTES

- All wood to be pressure treated Southern Yellow Pine
- Roof to be architectural shingles
- Lighting, ceiling fan and appliances by owner
- Final design and materials subject to permitting approval

PREPARED FOR:
COLIN DEES
DATE:
MAY 2026

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/23/26
Receipt #: 162188
Check / Auth #: MC 8467
Received By: ALVARJS

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: DR. COLIN DEES
Attn: 2316 GREY RD
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 2316 GREY RD	1	100.00	100.00

Permit#

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

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