SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File #: 98430 Accela Project #: ES26-0038	Assigned inspector: Brett / Tray.
☐ 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:	☐ 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: Tray Kling
Date: 10/14/26

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Health Director

Completed Application Report
ES26-038

Record Type

Existing Well and/or Septic Permit

Site Address

11304 LEMMOND ACRES DR

MINT HILL, NC 28227

Parcel

13915436

Application Contacts

Applicant
GABE PALOMBARO
12480 GREY COMMERCIAL DR MIDLAND, NC 28107
Email: ZANDECONSTRUCTION@GMAIL.COM

Property Owner

HARDY WILLIAM

11304 LEMMOND ACRES DR

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

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

Deck : CHECKED

Enter Full Name : GABE PALOMBARO

File # : 9843B

Is there a coded gate : No

Property Type : Residential

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

Sunroom : CHECKED

Trust Account Available : No

Type of Work : Addition or renovation with no occupancy increase

Certification

Date of Certification : 10/8/2026

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: 984313-ES26-038

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: ZHE Construction
Mailing Address: 12480 grey Commercial dr
City: midland
State: NC Zip: 28107
Phone #: 704-258-3298
Email: Zandeconstruction@gmail.com

Owner: William Hardy
Mailing Address: 11304 LEMMOND ACRES DR
City: MINT HILL
State: NC Zip: 28227-6515
Phone #: 704 458-3770
Email: BILL@FREEZEINDUSTRIAL.COM

Parcel #: ~~13528333~~ 139-154-30
Property Location/Address: 11304 Lemmond Acres dr
Facility Type: ☒ 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
☐ 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.

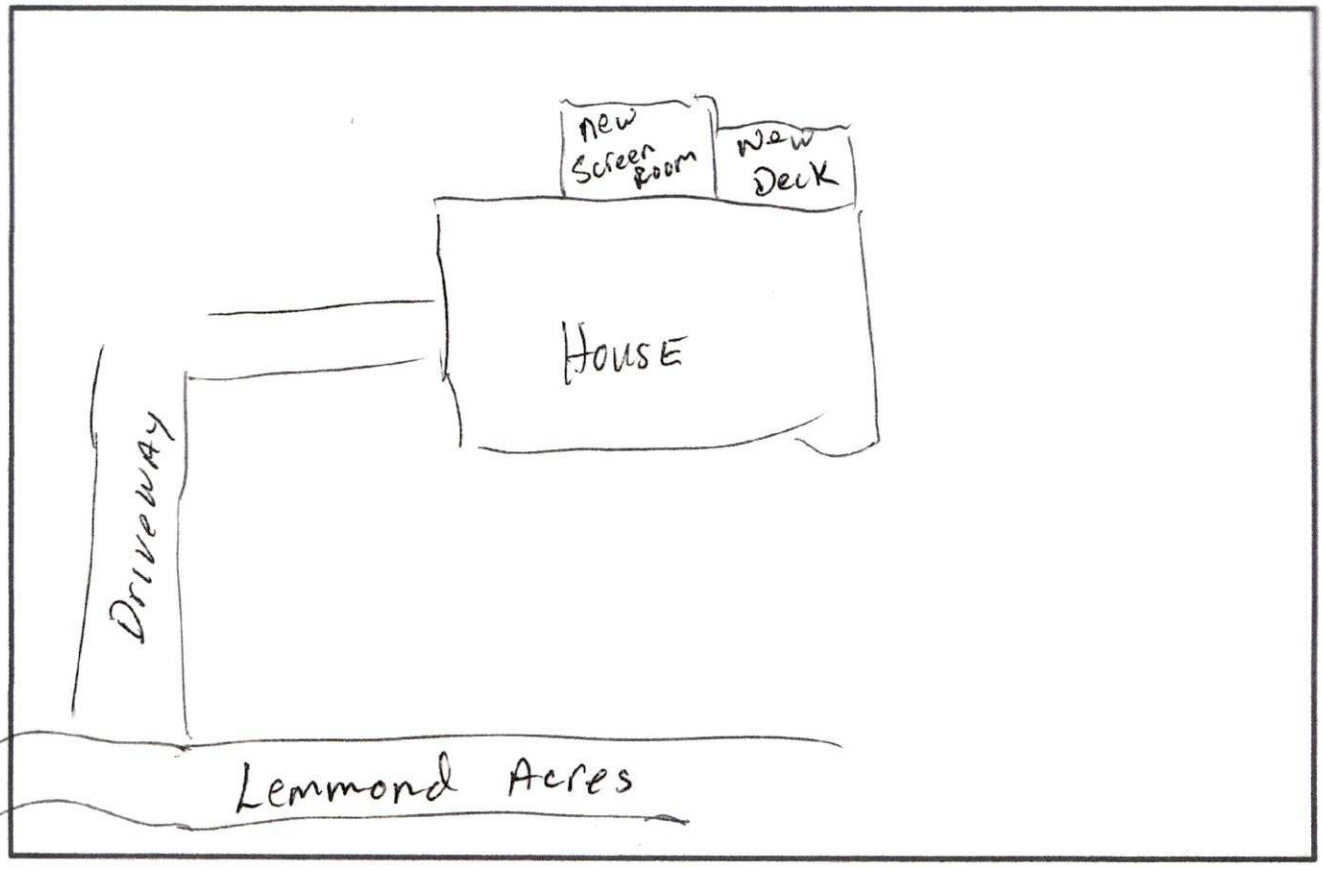
William Hardy 30SEP26 Gabriel Melendez 9/30/2026

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:

- [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: Troy King Inspector Certification #: 2835

Inspector's Signature: T King Date: 10/19/26

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

See attached site sketch

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Kimberly Scott, DrPH, 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 Gabrielle Palomboro Z+E construction is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

11304 Lemmond Acres dr.
Number Street Town
(Or Parcel Number)

WILLIAM HARDY
Property Owner (print name)

Property Owner (signature)

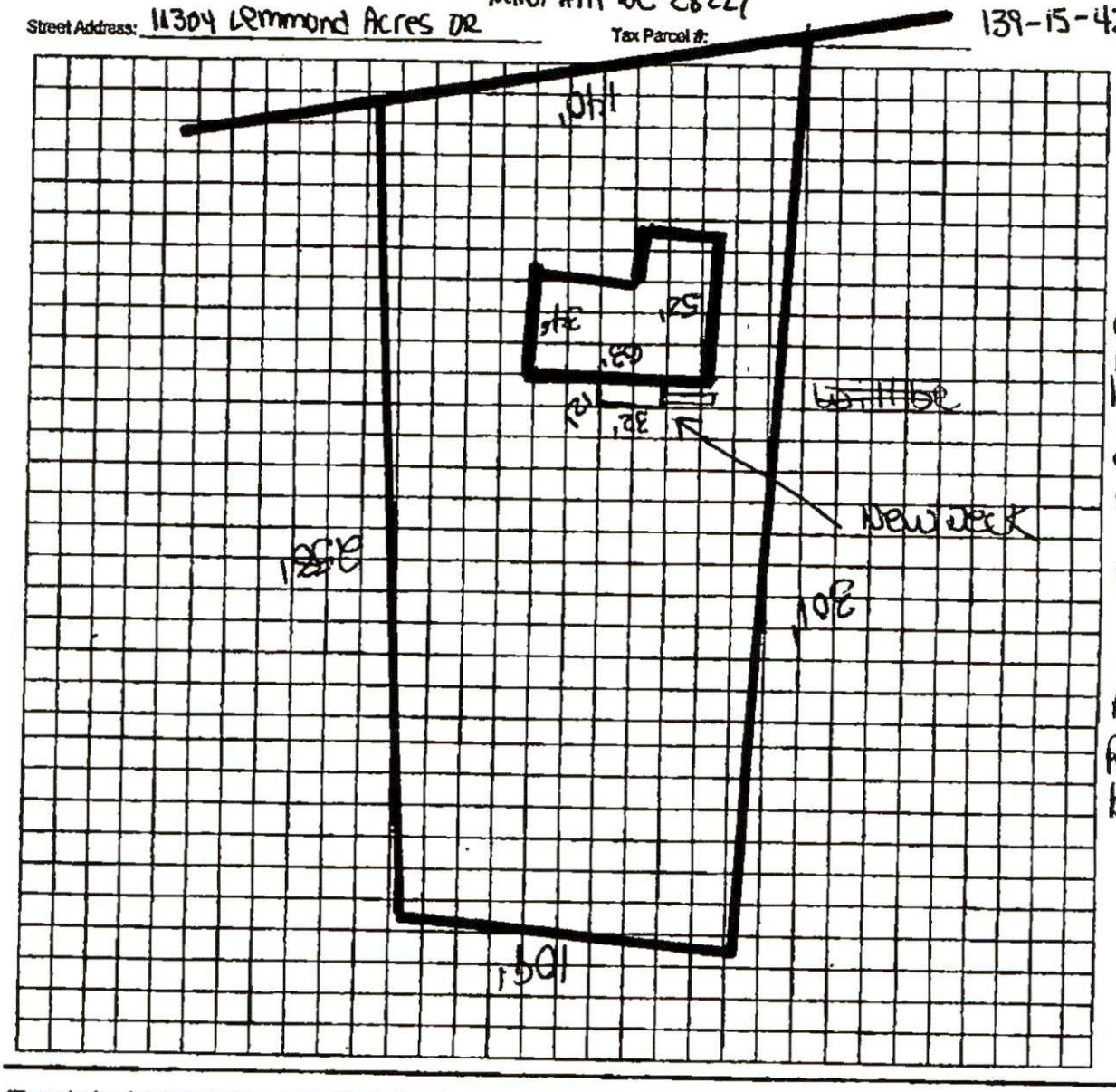
30 SEPT 22
Date

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or ~~proposed sewer~~ lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 11304 Lemmond Acres Dr Mint Hill NC 28227 Tax Parcel #: 139-15-436



will be Building handicap ramp only to stay 5' off septic lines.
AB 10-12-17
AB 10-16-17
Ramp will be Aluminum

"The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Meets all setbacks for handicap ramp only.

April Bumgarner 10-12-17
REHS Signature Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/08/26	**Amount:**	100.00
Receipt #:	163748	**Tendered:**	100.00
Check / Auth #:	MC 1317	**Returned:**	0.00
Received By:	ALVARJS		

Account Information

Account #: 200000
Contractor: GABE PALOMBARO
Attn: 11304 LEMMOND ACRES DR
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 11304 LEMMOND ACRES DR			

Permit#

SALE
Mecklenburg Co Permit
2145 Suttle Avenue
4th Floor
Charlotte, NC 28208
980-314-2971

10/08/26	17:08:18
Merchant ID	404164
Terminal	451-778-580
Sequence #	000001
Auth Number	00844E
AMOUNT:	$ 100.00
CONVENIENCE FEE:	$ 2.50
TOTAL:	$ 102.50
CARD ENTRY MODE	MANUAL
MasterCard	··· ··· ··· 1317

X
SIGNATURE

I agree to pay above total amount in accordance with card issuer's agreement (merchant agreement if credit voucher). Retain this copy for statement verification.

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

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