SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 11514

Assigned Inspector: April

☐ 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: SM 7/21/25 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: _____

Comments:

11514

MECKLENBURG COUNTY
HEALTH DEPARTMENT

#15625

APPLICATION FOR APPROVAL TO USE AN EXISTING
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
(●) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: David Fuller for Tuff Shed, Inc.
ADDRESS: 5241 Old Dowd Rd
CITY: Charlotte
STATE: NC ZIP: 28208
PHONE: (704) 322-4757
ALTERNATE PHONE:
E-MAIL: dfuller@tuffshed.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Robert Wisenbaker
ADDRESS: 14019 Hackamore Dr
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: (704) 575-2855
ALTERNATE PHONE:
E-MAIL: rsw1016@outlook.com

JOB LOCATION INFORMATION
TAX PARCEL #: 21513220
STREET ADDRESS: 14019 Hackaore Dr
CITY: Matthews
STATE: NC **ZIP:** 28105

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 18

WATER SUPPLY:
(●) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
(●) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ( ) YES ( ) NO
UNDERGROUND STORAGE TANKS? ( ) YES ( ) NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☒ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

D J Fuller
Owner's/Agent's Signature

7/14/25
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894

Revised on: 01/03/11

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: 14019 Hackamore Dr Tax Parcel #: 21513220

See Attached Site Plan

*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

_____

_____

REHS Signature _____ Date _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894

Revised on: 01/03/11

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/21/25	**Amount:**	100.00
Receipt #:	156233	**Tendered:**	100.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	MOORES		

Account Information

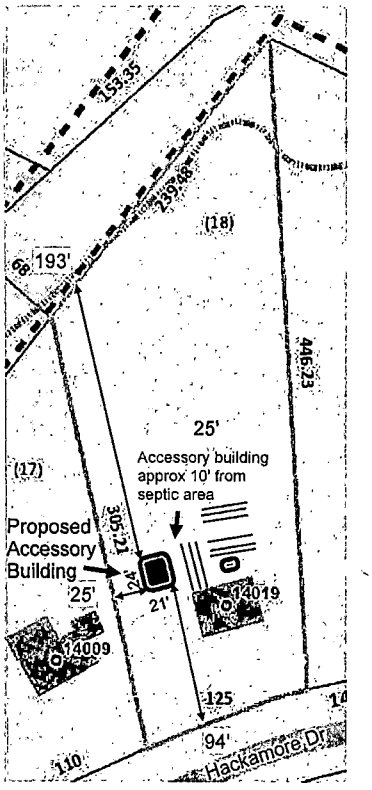
Account #: X54559
Contractor: TUFF SHED INC
Attn:
Address: 1777 SOUTH HARRISON ST
Address:
City/State/Zip: DENVER, CO 80210

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 14019 HACKAMORE	1	100.00	100.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
764.84					



Owner:	**Robert Wisenbaker**	Parcel#: 21513220	Lot Size: 1.214 AC	Drawn: **David Fuller**	Purpose of site plan: Permit Approval	TUFF SHED
Address:	14019 Hackamore Drive Matthews, NC 28105	Jurisdiction: Matthews: R15 Mecklenburg	Date: **07/14/2025**	Rev: B		

Bumgarner, April

From: David Fuller <dfuller@TUFFSHED.com>
Sent: Thursday, July 24, 2025 9:12 AM
To: Bumgarner, April
Subject: [External]RE: 14019 Hackamore DR

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning,

I have confirmed the site is marked. The homeowner's name and phone number is Robert Wisenbaker, 704-575-2855.

Thank you,

TUFF SHED

David Fuller
Permit Tech
5241 Old Dowd Rd
p: 7043224757 **f:** 3367760080 **e:** dfuller@tuffshed.com
| **tuffshed.com**

From: Bumgarner, April
<April.Bumgarner@mecklenburgcountync.gov>
Sent: Wednesday, July 23, 2025 9:49 AM
To: David Fuller <dfuller@TUFFSHED.com>
Subject: 14019 Hackamore DR

CAUTION: This email came from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Morning,

I received a use existing for the above address, please make sure the shed is marked in the proposed location. It can be marked with stakes, pin flags, paint, etc.. Once you let me know it is marked I will schedule my site visit.

Thanks,

April Bumgarner
Senior Environmental Health Specialist
Public Health | Environmental Health
Mecklenburg County Government
704-512-9831 | MeckNC.Gov

APPENDIX H

AFFIDAVIT OF ON-SITE WASTEWATER EXISTING SYSTEM PUSUANT 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

Environmental Health Inspection Department

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

14019 Hackamore Drive, Matthews, NC

Parcel # 21513220

I, Robert S. Wisenbaker

(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.

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.

(Signature of Affiant) 7/31/2025 Date

Sworn to (or affirmed) and Subscribed before me this the 31st day of July, 2025

Signature of Notary Public

Michelle A. Hollister

Printed Name of Notary Public

My Commission Expires: 6/8/2028 (Notary Stamp or Seal)

MICHELLE A. HOLLISTER
NOTARY PUBLIC
MECKLENBURG COUNTY, NC
MY COMMISSION EXPIRES
JUNE 8, 2028