SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 3420

Assigned Inspector: Bryan Davenport.

☐ 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: 12/27/24-JenA 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:

3420/15175

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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: DAWN OBAROWSKI
ADDRESS: 5017 CELESTE CT
CITY: CHARLOTTE
STATE: NV ZIP: 28270
PHONE: (980) 430-5995
ALTERNATE PHONE:
E-MAIL: DAWNVETERANS@AOL.COM

PROPERTY OWNER: [✓] SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 22709511
STREET ADDRESS: 5017 CELESTE CT
CITY: CHARLOTTE
STATE: NC **ZIP:** 28270

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

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: 4
NUMBER OF OCCUPANTS: 1

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 BEDROOM UPDATE REQUEST

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.

Dawn O
Owner's/Agent's Signature

12/27/24
Date

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

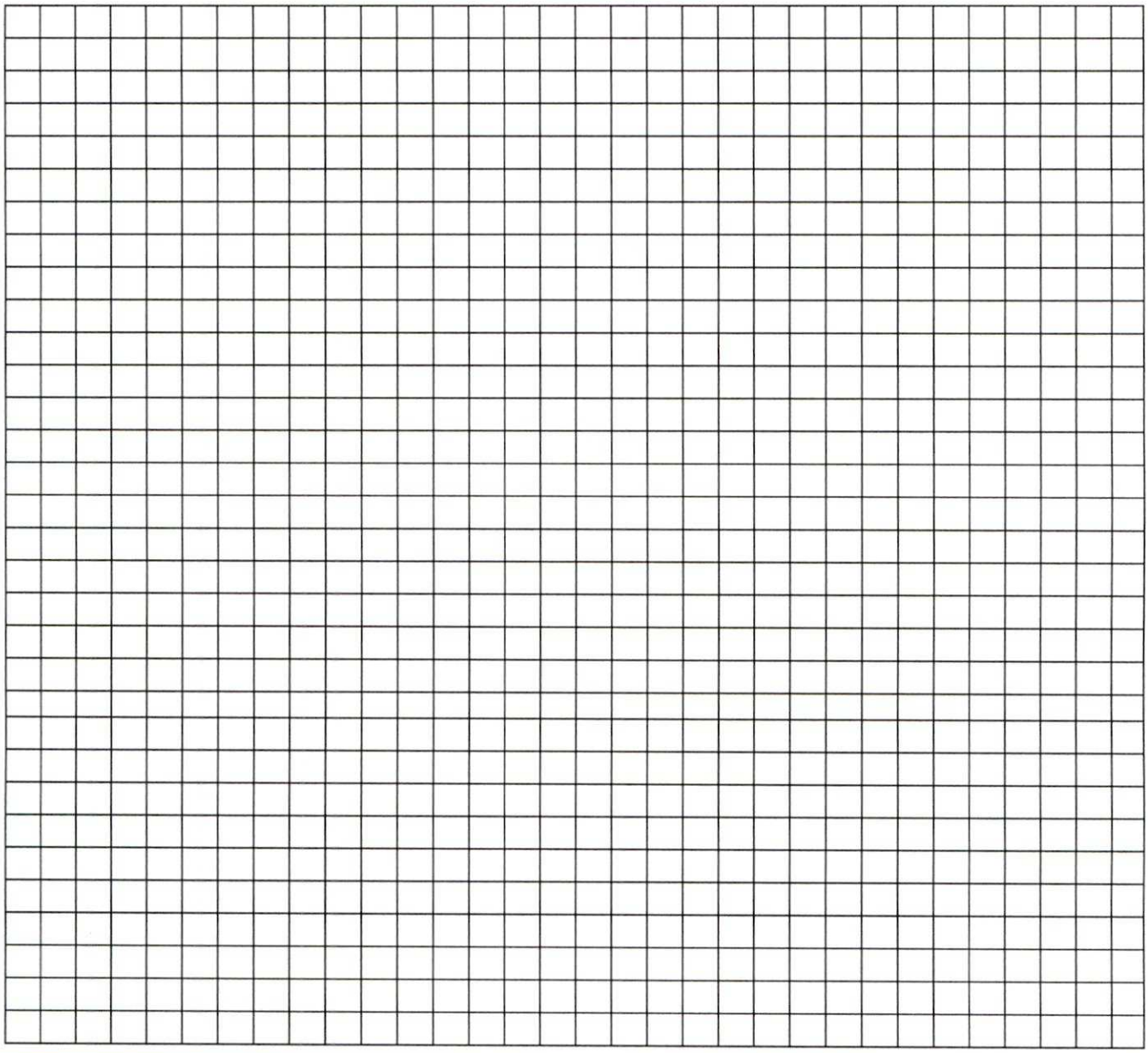
Revised on: 01/03/11

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: _____ Tax Parcel #: _____



*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

Customer has only enough Septic for a 3 bedroom House

Byron Dupont 1/8/25

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
Health Department

Raynard Washington, PhD, MPH
Health Director

(704) 336-4700

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 _____ is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

_____.
Number Street Town
(Or Parcel Number)

Dawn E Obarowski
Property Owner (print name)

Property Owner (signature)

_____
Date

R.C.S.,INC.

P.O. BOX 708
MONROE, N.C. 28111

Invoice

DATE	INVOICE #
7/8/2019	108367

BILL TO
Dawn Obarowski **5017 Celeste Court** **Charlotte, N.C. 28270**

P.O. NO.	TERMS	PROJECT
	Upon Receipt	

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Inspection of septic system including pumping septic tank	**400.00**	**400.00**

We appreciate your business!

Total **$400.00**

Phone Number 283-7539 or 376-9359 Fax Number 289-5560

Does system have pump tank? ☐ yes (complete blanks below) ☑ no

_____ ft from house or structure
_____ ft from well or spring if applicable
_____ ft from water line if applicable
_____ ft. from property line if property lines are known or marked
_____ Distance from finished grade to top of tank or access riser
_____ Access risers in place ☐ yes ☐ no
_____ ft from septic tank
_____ Access risers in place Describe type: _____
_____ Describe condition of tank lids _____
Location of control panel: _____
_____ Electrical connections are in place and properly grounded
_____ Audible and visible alarms (as applicable) work
_____ Pump turns on and effluent is delivered to next component
_____ Unable to operate pump due to lack of electricity at site at time of inspection

Dispersal field: Type of system: ☑ Conventional ☐ Accepted ☐ Innovative ☐ Experimental ☐ Controlled Demonstration ☐ Pretreatment; Type of Pretreatment _____
Brief Description of System Type _____
_____ ft. from property line if property lines are known or marked
5' ft from septic/pump tank
5 # of lines
90' length of lines
NO Evidence of past or current surfacing at time of inspection
Briefly describe: _____
NO Evidence of traffic over the dispersal field
NO Vegetation, grading and drainage noted that may effect the condition of the system or system components
Yes Effluent is reaching the dispersal field

☐ Conditions present that prevented or hindered the inspection

☐ Adverse conditions present that require repair or subsequent observation or warrants further evaluation by the local health department. Description of adverse condition: _____

Consequences of the adverse condition: _____

Client should contact _____ County Environmental Health and/or a certified on-site wastewater contractor

Other pertinent facts noted during inspection: Half of Septic tank is under side walk
House built 1973

Inspector Name: Catherine D Williams Certification # 1746i

Address PO Box 708 Monroe, NC 28111

Phone 704-283-7539

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Inspector Signature: Catherine D Williams Date 6-27-19

On-site Wastewater Inspection

☐ Pre-Inspection Contract, signed by Client is attached to Inspection

Property Address 5017 Celeste Ct.
Street
Char 28270
City St Zip

Client Name: Dawn Obarowski 980-430-5995

Current owner of Record Same

Date of Inspection: 6-25-2019

4 Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative

_____ Gallons per day for designed system size or number of bedrooms as stated in available local health department information

☐ Inspection shall include any part of the system located more than 5 feet from the primary structure that is a part of the operations permit

☐ Copy of Operations permit from _____ County Environmental Health Attached

☐ Operations permit not available

☐ System requires a certified subsurface water pollution control system operator pursuant to G.S. 90A-44

Current Operator's Name _____

Most recent performance, operation and maintenance reports are ☐ attached ☐ not available

Type of water supply ☐ Well ☑ Public Water ☐ Community Water ☐ Spring

Location of Septic Tank and septic tank details:

15' ft from house or structure
_____ ft from well if applicable
76' ft from water line if applicable
_____ ft. from property line if said property lines are known or marked
20" distance from finished grade to top of tank or access riser
_____ Access riser(s) ☐ yes ☐ no Describe _____
_____ Tank lids intact ☑ yes ☐ no
_____ Tank has baffle wall ☑ yes ☐ no Describe condition of baffle wall: _____
✓ Inflow to tank is noted as sufficient
NO Inflow to tank is noted as insufficient or blocked
✓ Water level in tank is relative to tank outlet
_____ Outlet T is present ☑ yes ☐ no Describe condition of Outlet T: _____
_____ Outlet has filter ☐ yes ☑ no Describe condition of filter: _____
_____ Effluent leaves the outlet ☑ yes ☐ no
_____ Roots present in tank ☐ yes ☑ no Describe extent of roots: _____
NO Evidence of tank leakage Describe: _____
NO Evidence of non-permitted connections, such as downspouts or sump pumps
✓ Connection present from house to tank
✓ Connection present from tank to next component
3590 Percentage of solids in tank
_____ Unable to locate tank. System inspection cannot be completed until tank is located

Date tank was last pumped 6-25-19 ☐ Unknown Pumped for inspection

Date Issued 26 Oct 1972 **Serial No.** 2554 C of A (s) No. 3420

T. C. No 227-095-11

Map Date 4-1-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Holland (LAST) Michael (FIRST) Hutchinson (MIDDLE)

Location of Property Celeste Court

Application Number 3420 Permit Number 3420

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material pre cast concrete

Total Length of Drain Tile 450 Number of Lines 5

Depth of Filter Material average 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected (DATE) Tank Inspected 10/26/72 (DATE)

Nitrification Field Inspected 10/26/72 (DATE)

Washing Machine Line Inspected, If Applicable (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit (s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments: wash line in bed 5'X16'X4' #10 stone

John R Atkinson
Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 25 Oct 1972 Serial No. 2939 ICAR(S) Permit No 3420

T C No 827-051-11

Map Date 4-2-72

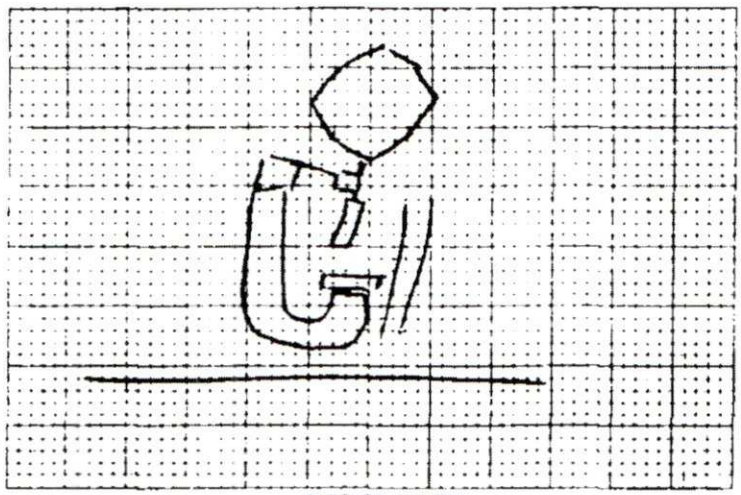
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 3420, dated 4-21-72 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 27 Nov 1972 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 150 gal

Tank Construction pre cast

Absorption and/or Distribution Lines

Total Line Length 450

Number of Lines 5 (12½ x 90)

Distance from House 10'

Distance from Property Line 10' ±

Distance from Well 50' ±

NAME OF OWNER Holland, Michael Hutchinson

LOCATION OF PROPERTY Celeste Court

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments aeration pit on end 2½'x3'x4' ✱10 stone

wash line in bed 5'X16'X4' stone

Division or Section Head

John R Hobbison
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-4 1-71

HEALTH DEPARTMENT'S COPY

Date Issued April 24, 1972 **Serial No. 1583** LA No. 3420

T. C. No. 227-095-11

Map Date 4/1/72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Holland (LAST) Michael (FIRST) Hutchinson (MIDDLE)

ADDRESS OF OWNER 3730 N. Sharon Amity Rd., Apt A-7 ZIP

LOCATION OF LOT Celeste Court (STREET OR COUNTY ROAD)

SUBDIVISION Camelot LOT NO 11 BLOCK NO A

MAP BOOK NO. 10 PAGE NO. 273

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 60 min/in an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 3420. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

Thomas R. Ward
Environmentalist

John R Adkisson (KJS)
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 9-21-72

ICAR(S) Application No. 3420

T. C. No. 227-095-11

60

Map Date 9-1-72

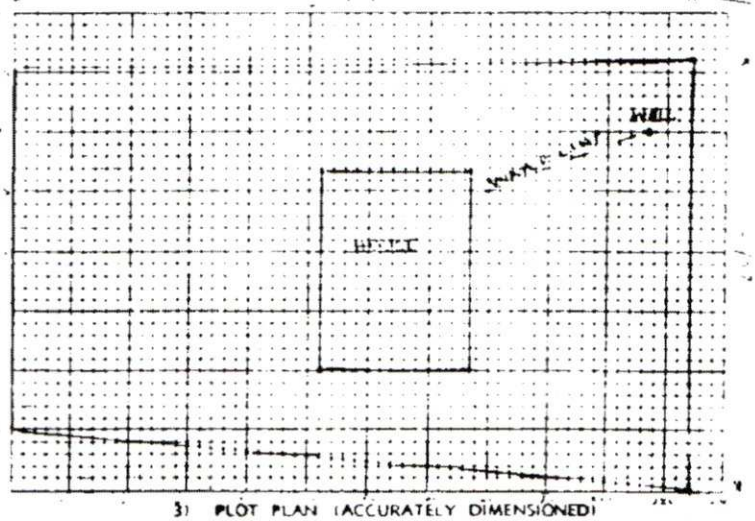
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) X Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

-2

4) No. of Bedrooms 2

5) Business Use Max. No. Employees

6) Washing Machine A. Yes No

7) Garbage Disposal A. Yes No

8) Dishwasher A. Yes No

9) Water Supply
A. Individual Well A
B. Governmental System
C. Community System
1. Well source
2. Governmental source

10) Sewage System
House located within 200 feet of public sewer Yes X No
House located within 200 feet of community sewer Yes X No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER [illegible] LAST [illegible] FIRST [illegible] MIDDLE

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM [illegible] STREET OR COUNTY ROAD

17) SUBDIVISION [illegible] Lot No 1 Block No. 4

Map Book No [illegible] Page No. [illegible]

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE [illegible]

19) HAS A PERCOLATION TEST BEEN RUN? X YES ____ NO DATE RUN ____

20) PTR NUMBER (See Instructions) ____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

9-21-72
DATE OF APPLICATION

[signature]
OWNER

FORM NO. E-4-4-1-72

HEALTH DEPARTMENT'S COPY

Date Received 3-20-72 60 APT No. 3420

T. C. No. 427 095-11

Map Date 4-1-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER CAMELOT, INC, A North Carolina Corp.
(LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 17th Floor Johnston Bldg. ZIP 28202

3) PHONE NO. Home _____ Office 332-8134

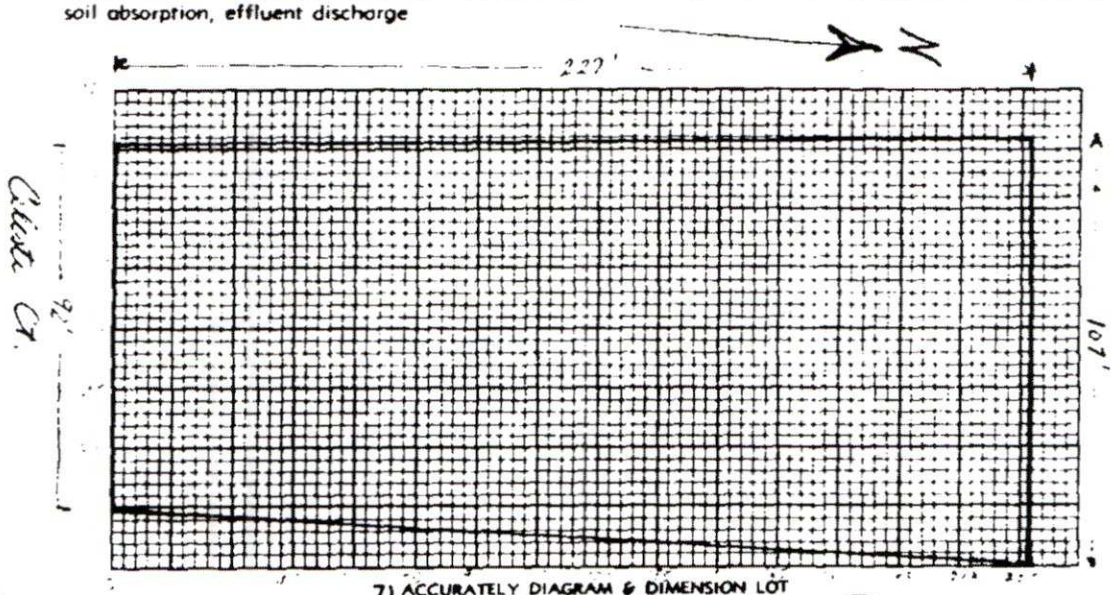
4) LOCATION OF PROPERTY Celeste Court - Providence Township
(STREET OR COUNTY ROAD)

5) SUBDIVISION CAMELOT LOT NO. 11 BLOCK NO. A

MAP BOOK NO. 10 PAGE NO. 273

6) DEED REFERENCE: DEED BOOK 2952 PAGE NO. 100

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Lot dimensions
92' x 227' x 107' x 227'

Total area = 22586 sq ft.

FORM NO. E-1-11-1-70

Camelot, Inc
By _____
OWNER
Secretary

HEALTH DEPARTMENT'S COPY

Serial No. 1546

PTR No. 3420

Date Issued April 24, 1972

T. C. No. 227-095-11

Map Date 4/1/72

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

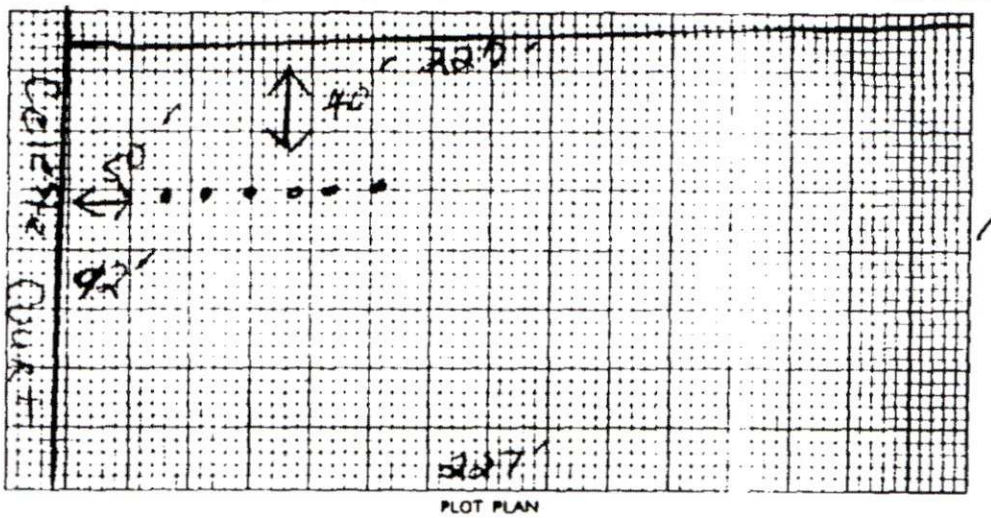
PERCOLATION TEST REPORT

NAME OF OWNER Holland (LAST) Michael (FIRST) Hutchinson (MIDDLE)

ADDRESS OF OWNER 3730 N. Sharon Amity Road, Apt A-7 ZIP _____

LOCATION OF PROPERTY Celeste Court (STREET OR COUNTY ROAD)

SUBDIVISION Camelot LOT NO 11 BLOCK NO A



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot

The percolation rate determined by the test was 60 min/in. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

John R. Atkisson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 12/27/24
Receipt #: 152131
Check / Auth #: VISA 068407
Received By: ALVARJS

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: DAWN OBAROWSKI
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 5017 CELESTE CT	1	100.00	100.00

Permit#

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
507.50		580.00		2,737.50	