SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 4952

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: LP 6/4/26 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:

4952
#16394

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 ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
● ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: NYERERE OBITA
ADDRESS: 2503 SHELBURNE PLACE
CITY: MINT HILL
STATE: NC ZIP: 28227
PHONE: 704-797-6950
ALTERNATE PHONE:
E-MAIL: NYEREREOBITA@GMAIL.COM

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

JOB LOCATION INFORMATION
TAX PARCEL #: 19505501
STREET ADDRESS: 2503 SHELBURNE PLACE
CITY: MINT HILL
STATE: NC **ZIP:** 28227

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: 4

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 MEDIA ROOM

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.

Owner's/Agent's Signature

06/04/2026
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

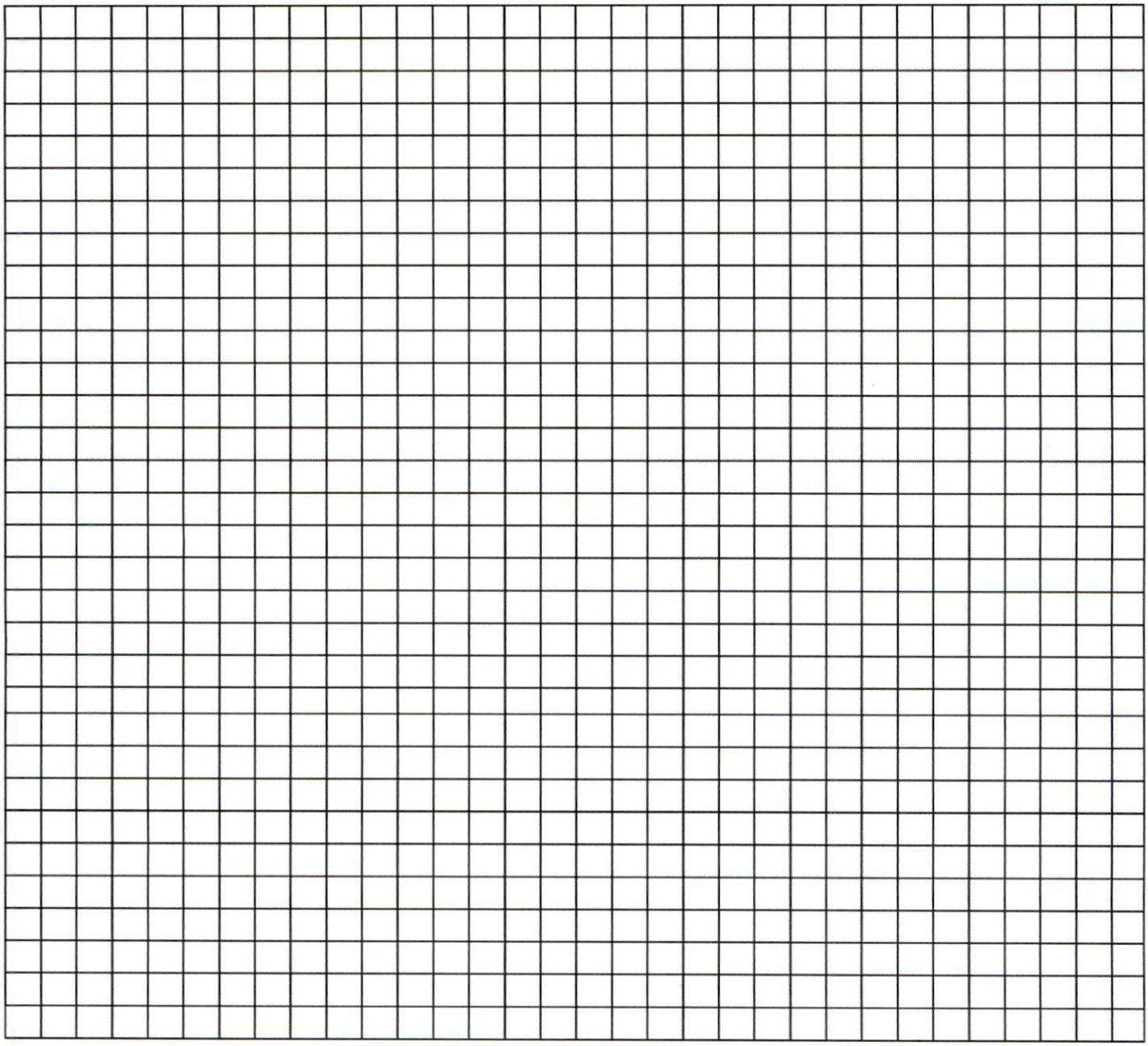
Revised on: 01/03/11

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: _____ 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

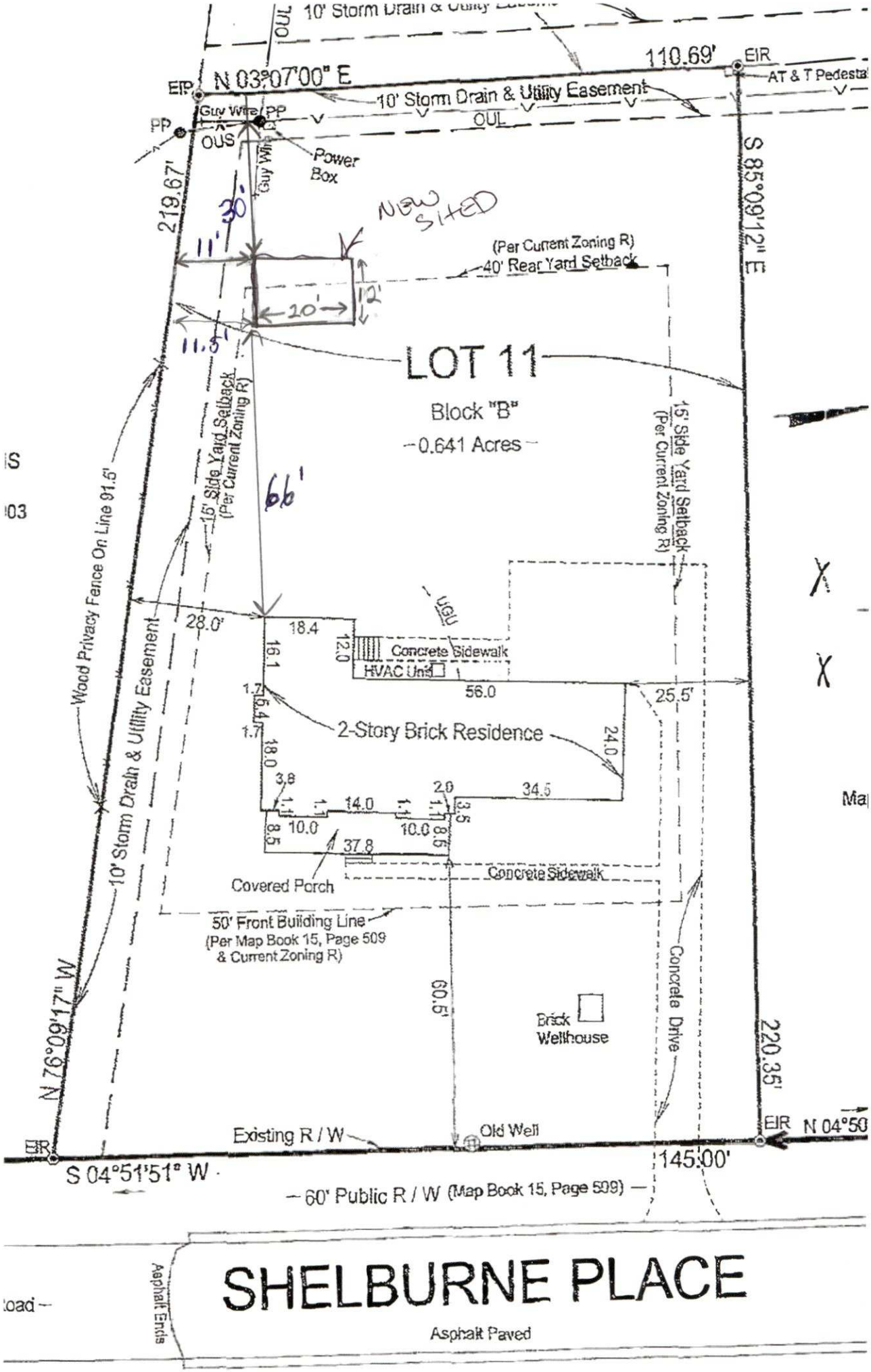
Meets setbacks to septic for Shed + Media room addition.

April Bumgarner 6/17/26

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


10' Storm Drain & Utility Easement
N 03°07'00" E
110.69'
EIR
AT & T Pedestal
10' Storm Drain & Utility Easement
OUL
OUS
Guy Wire
PP
Power Box
219.67'
S 85°09'12" E
NEW SITED
30'
11'
(Per Current Zoning R)
40' Rear Yard Setback
12'
20'
11.5'
LOT 11
Block "B"
-0.641 Acres-
66'
15' Side Yard Setback (Per Current Zoning R)
15' Side Yard Setback (Per Current Zoning R)
Wood Privacy Fence On Line 91.5'
10' Storm Drain & Utility Easement
UGU
28.0'
18.4
16.1
12.0
Concrete Sidewalk
HVAC Units
56.0
25.5'
1.7
5.4
1.7
2-Story Brick Residence
24.0
18.0
3.8
1.1
1.1
14.0
1.1
1.1
2.0
34.5
3.5
8.5
10.0
10.0
8.5
37.8
Covered Porch
Concrete Sidewalk
50' Front Building Line
(Per Map Book 15, Page 509
& Current Zoning R)
60.5'
Brick Wellhouse
Concrete Drive
220.35'
N 76°09'17" W
Existing R / W
Old Well
EIR
N 04°50
S 04°51'51" W
145.00'
60' Public R / W (Map Book 15, Page 509)
SHELBURNE PLACE
Asphalt Paved
Asphalt Ends

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/04/26	**Amount:**	100.00
Receipt #:	161960	**Tendered:**	100.00
Check / Auth #:	MC 013554	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: 200000
Contractor: NYERERE OBITA
Attn:
Address: 2503 SHELBURNE PL
Address:
City/State/Zip: MINT HILL, NC 28227

Item	Description	Quantity	Unit Price	Total Price
0705	Use Existing System 2503 SHELBURNE PL	1	100.00	100.00

Permit#

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

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

Serial No. 2271

PTR No. 4952

T C No. 195-

Map Date 5-6-75

Date Issued September 21, 1972

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

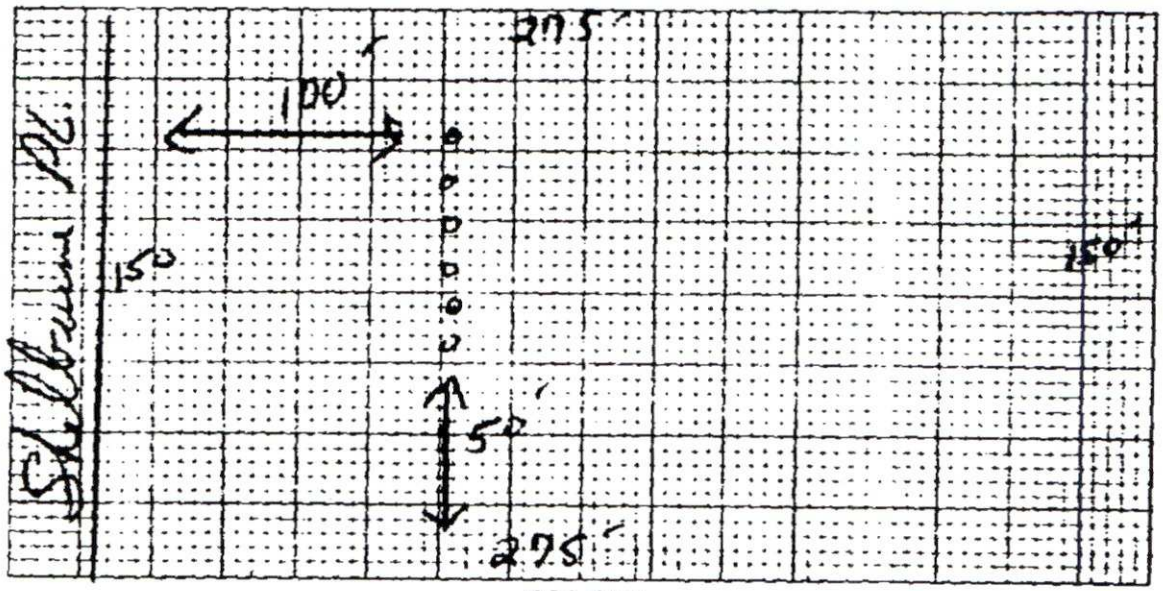
PERCOLATION TEST REPORT

NAME OF OWNER Helms (LAST) Wade (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 1304 Marlwood Circle ZIP 28212

LOCATION OF PROPERTY Shelburne Place (STREET OR COUNTY ROAD)

SUBDIVISION Shelburne LOT NO 11 BLOCK NO B



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 57 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 teratment 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 wells) 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 Gibson

Director, Environmental Health Division or Authorized Section Head

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

HEALTH DEPARTMENT'S COPY

Date Received 1 26 73

ICAR(S) Application No. 4952

T C. No. 195-

Map Date 9-9-71

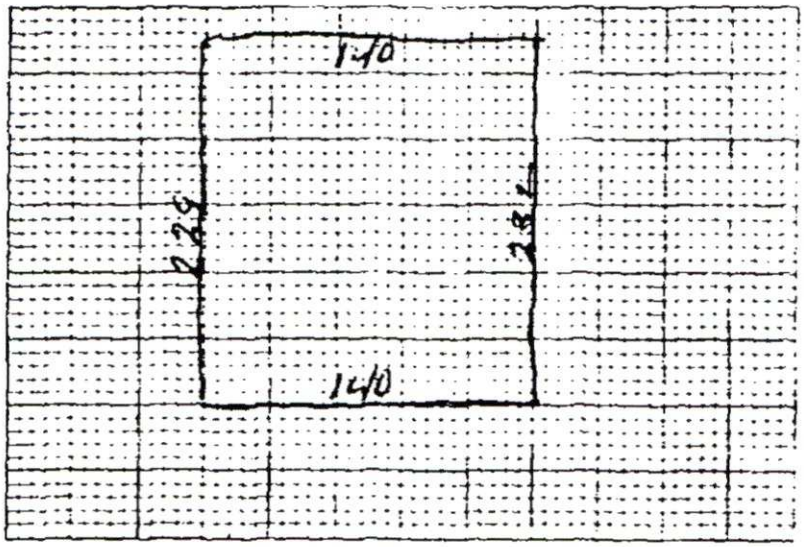
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ___ 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)

4) No. of Bedrooms 4

5) Business Use Max No Employees ___

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher X Yes ___ No

9) Water Supply
- A) Individual Well X
- 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 Helms (LAST) Wade (FIRST) H (MIDDLE)

14) ADDRESS OF OWNER 1304 Marlwood Circle Charlotte

15) PHONE NO Home 537-3824 Office Same

16) LOCATION OF SYSTEM 2503 Shelburne Place (STREET OR COUNTY ROAD)

17) SUBDIVISION Shelburne Lot No. 11 Block No. B

Map Book No. 15 Page No. 1509

18) DEED REFERENCE — DEED BOOK 3405 AT PAGE 75

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 9-20-72 PR→ 57

20) PTR NUMBER (See Instructions) 4952

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.

Jan. 23, 73
DATE OF APPLICATION

Wade H Helms
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 2473

LA No. 4952
~~150~~.054-01
T. C. No. 195-~~071~~-02
Map Date 5-9-74 ~~9-29-71~~

Date Issued January 29, 1973

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 Helms (LAST) Wade (FIRST) H. (MIDDLE)

ADDRESS OF OWNER 1304 Marlwood Circle ZIP

LOCATION OF LOT 2503 Shelburne Place (STREET OR COUNTY ROAD)

SUBDIVISION Shelburne LOT NO 11 BLOCK NO. B

MAP BOOK NO. 15 PAGE NO 1509

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 $\frac{\$7}{\text{min/in}}$ 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 4952. 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
Environmentelist

John R. Atkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 4777

C of A (s) No. 4952
054-01

Date Issued 8 May 74

T. C. No. 195
5-1-74

Map Date

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Nelson (LAST) Wade (FIRST) N. (MIDDLE)

Location of Property 2503 Shillamere Place

Application Number 4952 Permit Number 4952

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 295' + 150' with Number of Lines 3 (75' x 50' x 17") 3 (75' x 133' x 17")

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Lot Well Distance from Water Source 100'

Excavation Inspected 8 May 74 (DATE) Tank Inspected 8 May 74 (DATE)

Nitrification Field Inspected 8 May 74 (DATE)

Washing Machine Line Inspected, If Applicable 8 May 74 (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: Floyd Honeycutt (Contr.)

M. D. Kirby
Environmentalist

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

HEALTH DEPARTMENT'S COPY