SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 10958

Assigned Inspector: Matthew 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: 11/30/23 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:

Approval for Interior upfit only

10958 / 14265

30 NOV '23 pm11:04

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: hometeam property management LLC
ADDRESS: 3021 OVERBROOK TER.
CITY: CHARLOTTE, NC
STATE: NC ZIP: 28214
PHONE: (704)213-5976
ALTERNATE PHONE:
E-MAIL: sandrabrown22622@gmail.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 05322213
STREET ADDRESS: 3021 overbrook Ter.
CITY: charlotte
STATE: NC **ZIP:** 28214

SUBDIVISION OR MOBILE HOME PARK NAME:
L130 & P131 M4-501
LOT #: L130 P1

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:

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.

Owner's/Agent's Signature

11/29/2023
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

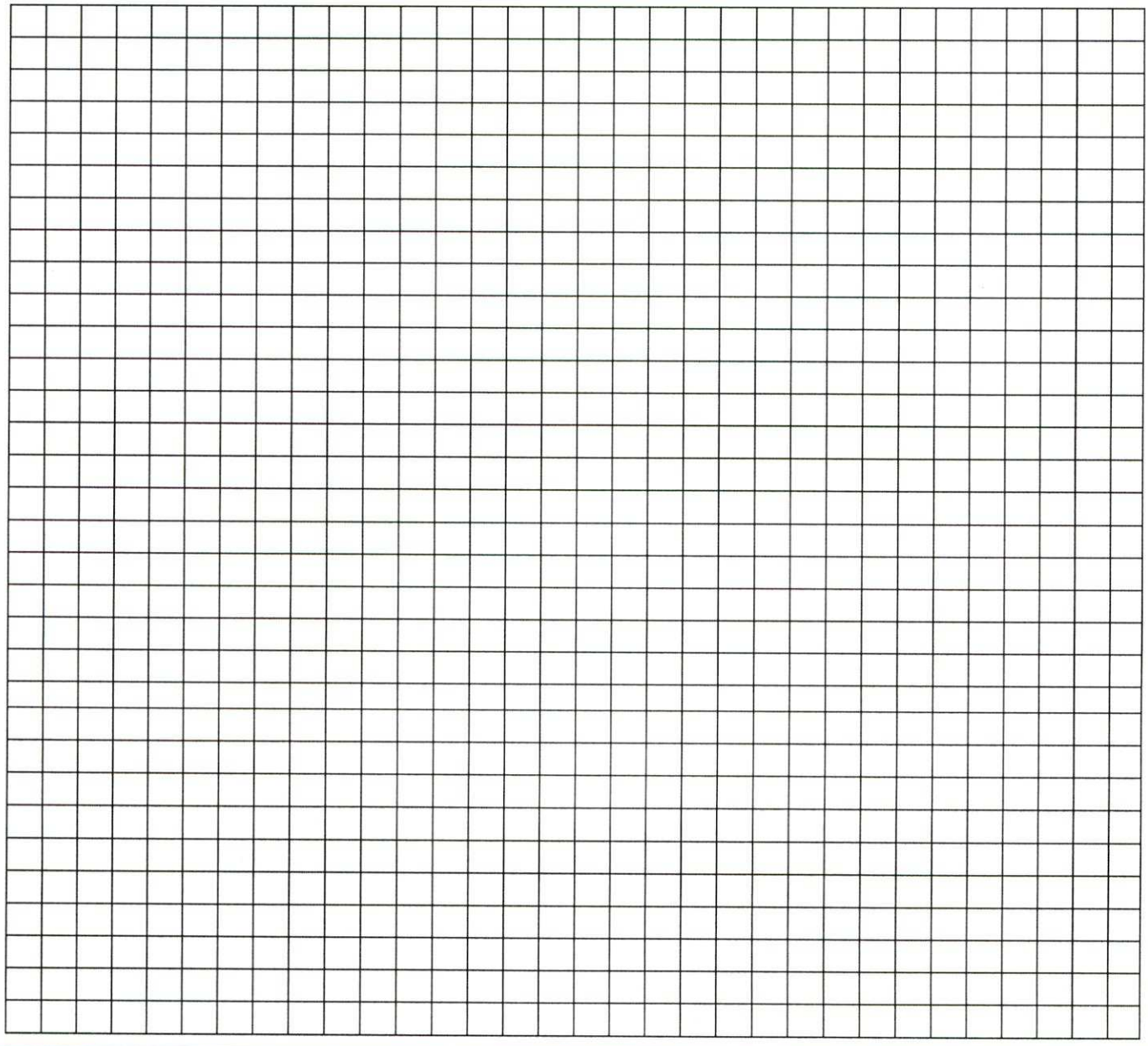
Revised on: 01/03/11

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

Original 1978 permit for 3 bedrooms is being honored, no further occupancy permitted.

REHS Signature _____ Date 12/1/23

No change to footprint of structure is approved.

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

Date Received 4/5/78

ICAR(S) Application No. 1958

T. C. No. 053-15721

Map Date _____

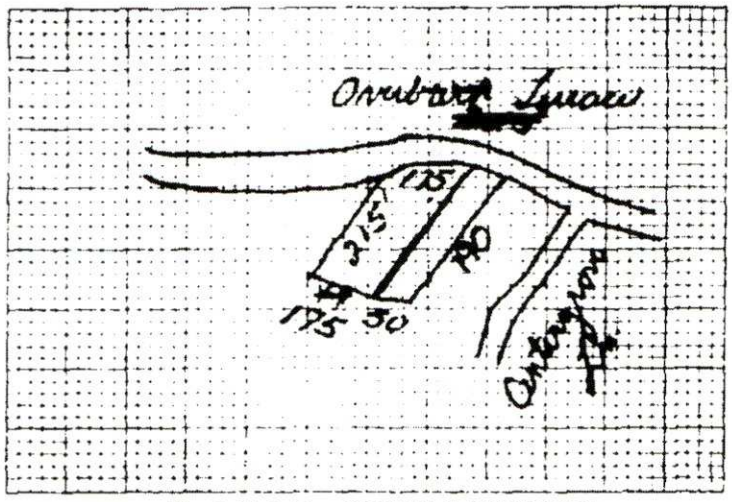
MECKLENBURG COUNTY HEALTH DEPARTMENT

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)

4) No of Bedrooms 3

5) Business Use — Max No Employees _____

6) Washing Machine ✓ Yes _____ No

7) Garbage Disposal _____ Yes ✓ No

8) Dishwasher _____ Yes ✓ No

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

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

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER Terry + Georgia S. (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER Rt 5, Box 944D2

15) PHONE NO Home 399-6616 Office 399-9645

16) LOCATION OF SYSTEM Overbrook Terrace (STREET OR COUNTY ROAD)

17) SUBDIVISION Shady Brook Lot No. — Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 3769 AT PAGE 491

19) HAS A PERCOLATION TEST BEEN RUN? ✓ 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

_____
DATE OF APPLICATION

Georgia Bohte
OWNER

FORM NO. E-4-4-2M-6-765

RETURN DEPARTMENT'S COPY

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/14/23	**Amount:**	300.00
Receipt #:	145123	**Tendered:**	300.00
Check / Auth #:	VISA 904195	**Returned:**	0.00
Received By:	ALVARJS		

Account Information

Account #:	200000
Contractor:	SANDRA MONTANO
Attn:	
Address:	
Address:	
City/State/Zip:	,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 3021 OVERBROOK TR		1	300.00	300.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
225.00				555.00	

Date Received 5/2/76 2 Perc wanted 1 del 1 del

T. C. No. 083-15721

Map Date 1.29.76

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER BOHTE (LAST) JERRY (FIRST) J. (MIDDLE)

2) ADDRESS OF OWNER RT. 5 Box 394 D2 ZIP

3) PHONE NO. Home 399-6616 Office SAME

4) LOCATION OF PROPERTY 3021 CLIFFBROOK TERR. (STREET OR COUNTY ROAD)

5) SUBDIVISION Shady Brook LOT NO. BLOCK NO.

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE: DEED BOOK PAGE NO.

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

200'

175' Road

7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER Jerry J Bohte

FORM NO. E1-11-3M-6-75

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

DATE ISSUED
1. 5/14/76
2. _____
3. _____

SITE INVESTIGATION REPORT
INDIVIDUAL SEPTIC TANK SYSTEM
WITH SUBSURFACE,
SOIL ABSORPTION,
EFFLUENT DISCHARGE

SIP NO. 10958
T.C. NO. 053-157-21
LAP DATE 1-28-76

NAME OF OWNER Bohte, Jerry J.

ADDRESS OF OWNER Route 5, Box 944, D2

LOCATION OF LOT 3021 Overbrook Terrace

The lot described above is not recommended for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge due to the following:

Unsuitable Soil

Percolation rate in excess of 200 min./in.

Considerable area of fill material on lot.

John R. Adkisson, Environmentalist
On Premises Waste Disposal Branch

JRA:jjk

(Stencil No.)
EHD 393
8/74

FORM NO.
E-19-8-21-74

SOIL INVESTIGATION REPORT

Date of Investigation May 13, 1976 APT NO. 10958

Owner: J. J. Babte

Location of Property 3021 Overbrook Terrace Taxcode No. 053-157-21

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Helena	Fill	Chewacla	
2. Soil Slope	acceptable 2-6%	acceptable 0-4%	—	
3. Soil Depth	acceptable 48+	—	—	
4. Soil Texture	unacceptable 2:1 Expanding Clay	unacceptable mixed	—	
5. Soil Structure	unacceptable massive	unacceptable massive	—	
6. Restrictive Horizons	—	—	—	
7. Soil Drainage	unacceptable perched high water table	unacceptable perched high water table	unacceptable seasonal high water table 4-18" from surface	
8. Soil Permeability (Percolation Rate)	unacceptable >120 min/in	unacceptable >120 min/in	unacceptable poorly drained	
9. Other	—	—	unacceptable floods	
10. Overall Rating	unacceptable	unacceptable	unacceptable	

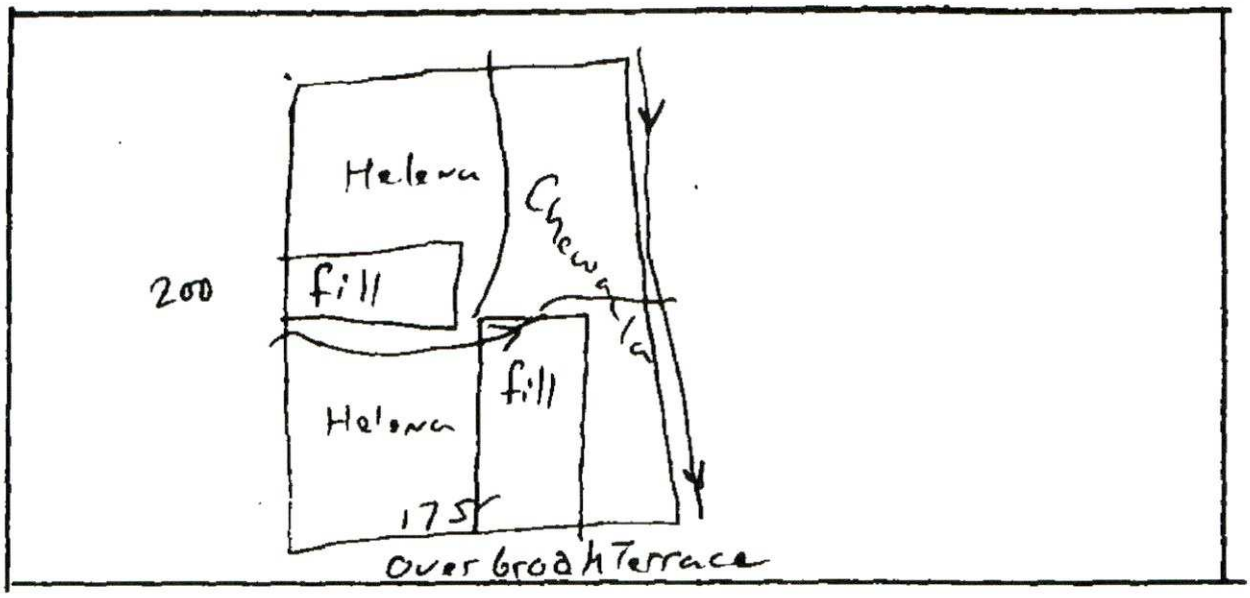
Recommendations Based on this investigation, the lot is not recommended for approval for installation of a septic tank system.

See diagram on back

W. Edward Casamt
Soil Scientist

3/18/75
EHD 539

DIAGRAM OF PROPERTY



3/18/75

EMP 539

Date Received 4/5/82

SEE INSTRUCTIONS ON BACK

ICAR(S) Application No.

T. C. No. 0-52

Map Date

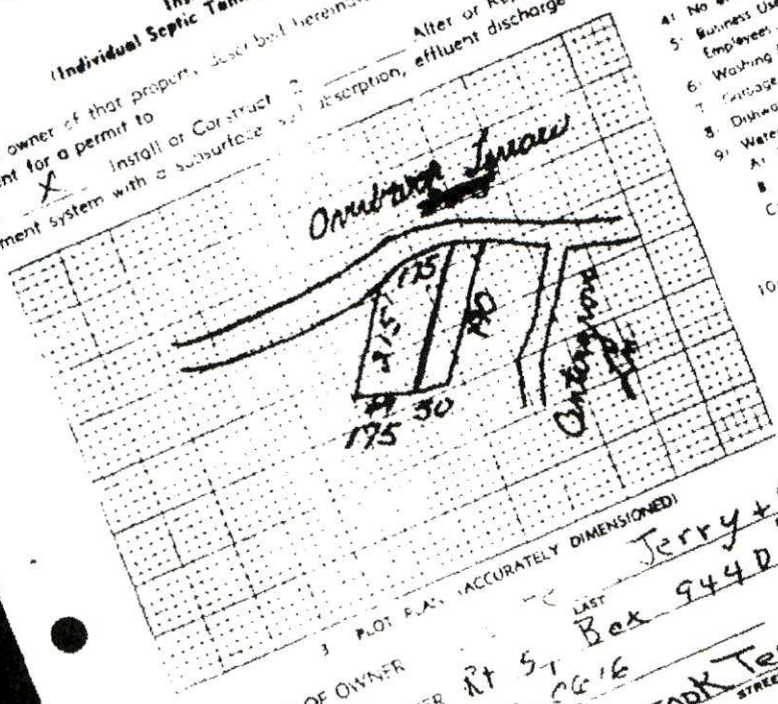
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___ 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 3

5. Business Use — Max No. Employees — ✓ Yes — No

6. Washing Machine ✓ Yes — No

7. Garbage Disposal — Yes ✓ No

8. Dishwasher ✓

9. Water Supply

A. Individual Well ✓

B. Governmental System

C. Community System

1. Well source

2. Governmental source

10. Sewage System:

House located within 200 feet of public sewer — Yes ✓ No

House located within 200 feet of community sewer — Yes ✓ No

11. FHA Case No.

12. VA Case No.

13. NAME OF OWNER Jerry + Georgia S. (LAST, FIRST, MIDDLE)

14. ADDRESS OF OWNER Rt 5 Box 944 D2

15. PHONE NO Home 399-2616 Office 399-9645

16. LOCATION OF SYSTEM Overbrook Terrace (STREET OR COUNTY ROAD) Block No.

17. SUBDIVISION Shady Brook Lot No.

Map Book No. Page No.

18. DEED REFERENCE — DEED BOOK 3769 AT PAGE 491

19. HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN

PERMIT NUMBER (See Instructions)

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

Georgia Bahr
OWNER

HEALTH DEPARTMENT'S COPY

Date Received 4/5/72

ICAR(S) Application No. 1958

T. C. No. 053-4572

Map Date _____

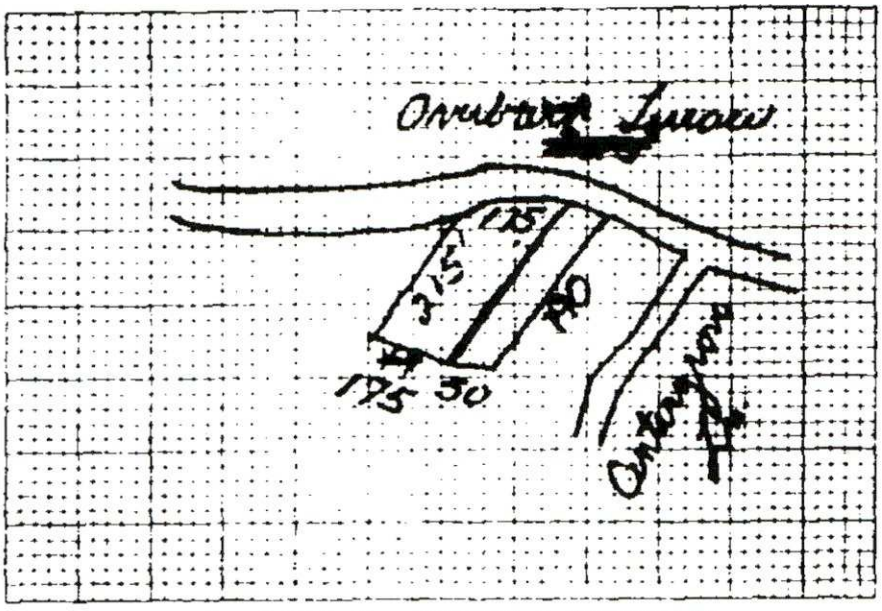
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

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3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 3

5) Business Use — Max No Employees ____

6) Washing Machine ✓ Yes ____ No

7) Garbage Disposal ____ Yes ✓ No

8) Dishwasher ____ Yes ✓ No

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

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

11) FHA Case No. ____

12) VA Case No. ____

13) NAME OF OWNER Terry + Georgia S. (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER Rt 5, Box 944D2

15) PHONE NO Home 399-0616 Office 379-9645

16) LOCATION OF SYSTEM Overbrook Terrace (STREET OR COUNTY ROAD)

17) SUBDIVISION Shady brook Lot No. — Block No. ____

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 3769 AT PAGE 491

19) HAS A PERCOLATION TEST BEEN RUN? ✓ 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

DATE OF APPLICATION

Georgia Bahte
OWNER

FORM NO. E-4-4-2M-6-765

RETURN DEPARTMENT'S COPY

PRESENTED FOR REGISTRATION

Aug 25 3 46 PM '76

CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

MECKLENBURG COUNTY
ENVIRONMENTAL HEALTH DEPARTMENT

SEPTIC TANK AGREEMENT

DATE 8-24-76

I acknowledge that I have been informed by the Mecklenburg County Environmental Health Department that the property located at

3021 Overbrook Terrace

Parcel Number: 063-157-21

is not a recommended site for the installation of a septic tank and nitrification system for the reason or reasons listed below. I agree to immediately abate any nuisance which occurs from a septic tank installed at this location for as long as I am the owner. I also agree to inform any person, firm or corporation buying or accepting transfer of this property from me of this agreement.

Slow permeability rate

Owner Jerry John Bohte

State of North Carolina
County of Mecklenburg

I, MARIE T. FERSTL a notary public in and for the said County and State, do hereby certify that JERRY JOHN BOHTE personally appeared before me this day and being duly sworn signed the foregoing instrument.

Marie T. Ferstl
Notary Public
Mc Adenville, N.C.

My commission expires 1-14-81

EHD 506
Revised 12/17/75

Date Issued 4/6/78

Serial No. 1692

LA No. [redacted]

T. C. No. 053-157-21

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

IMPROVEMENT PERMIT

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

NAME OF OWNER Bohte (LAST) Jerry (FIRST) & Georgia S. (MIDDLE)

ADDRESS OF OWNER Route 5, Box 944 D 2, Charlotte, N. C. ZIP 28208

LOCATION OF LOT Overbrook Terrace (STREET OR COUNTY ROAD)

SUBDIVISION Shadybrook LOT NO. BLOCK NO.

MAP BOOK NO. PAGE NO.

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on 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 10958. 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 soil investigation 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

*Agreement card signed and presented for recording on August 25, 1976

Environmentalist

John R Adkisson

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy