

21018 RIO ORO DR

00129750

5/28/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 5518

Date: 11/27/02

PERSON FILING APPLICATION:
NAME: Peeler (last) Robert (first) D. (mi)
ADDRESS: 21018 Rio Oro DR. PHONE: (704) 622-4959
CITY: Cornelius STATE: NC ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-297-50
STREET ADDRESS: 21018 Rio Oro DRIVE Cornelius NC 28031
ZONING:

PROPERTY OWNER:
NAME: SAME AS ABOVE (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME: Bahia Bay

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [X] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: 6 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] [redacted] 1981
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] [redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[X] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

11/03

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [X] Deck/Patio [X] Bedrooms [X] Other Office, Rec. Room (for children)

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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Robert D. Peeler Date: 11/27/02

NOTICE:

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 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.

... O.K. to use existing system for Deck, Rec Room, and Office addition. No bedrooms to be added.

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Tommy Mackie R.S. 1/7/03
Environmentalist Date

WWATER : 122791

Pd # 21236

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/27/02	**Amount:**	100.00
Receipt #:	11785	**Tendered:**	100.00
Check / Auth #:	CHECK 1489	**Returned:**	0.00
Received By:	JONESNY		

Account Information

Account #: 200000
Contractor: PEELER, ROBERT
Attn:
Address: 21018 RIO ORO DRIVE
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 21018 RIO ORO DRIVE		1	100.00	100.00

----------**Outstanding Balances**----------

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

PROPOSED PLOT PLAN

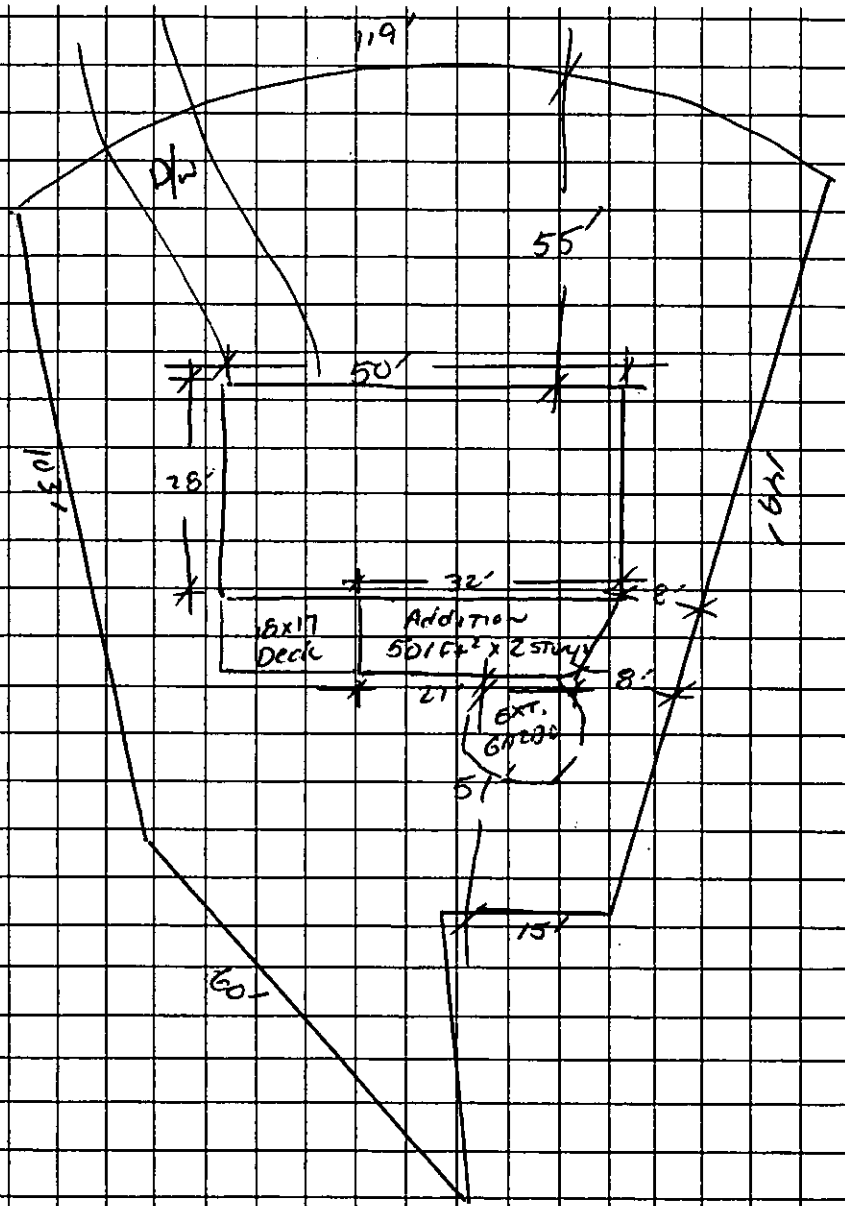
COPY

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5518

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Robt D. [illegible]
OWNER/AGENT SIGNATURE

DATE 11/27/02

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

j

Date Issued 8/25/81

Serial No. 4987

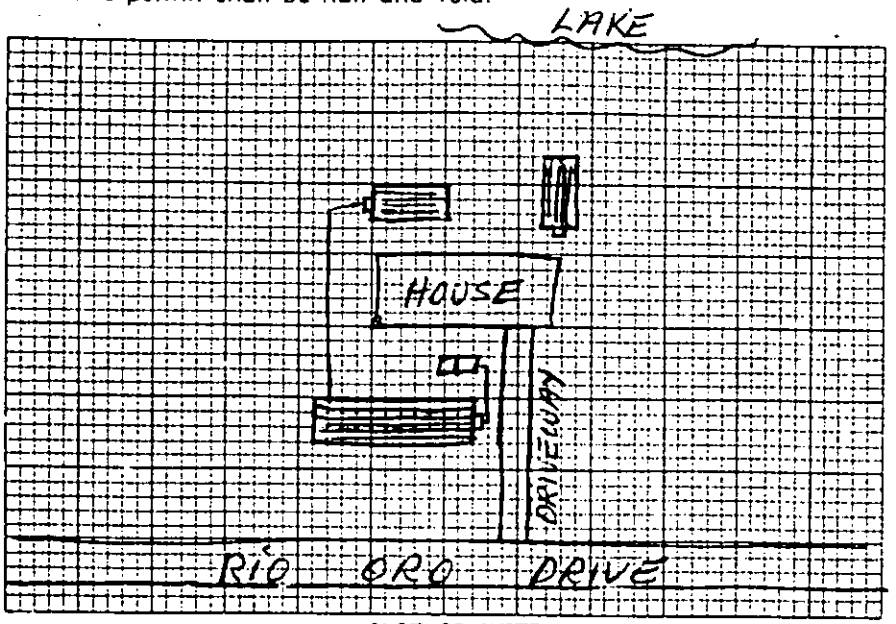
ICAR(S) Permit No. 5518

T. C. No. 001-297-50

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 5518, dated 8/19/81 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 9/30/81, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P5

Liquid Capacity of Tank 1500gal

Tank Construction precast

Absorption and/or Nitrification Lines:

Total Line Length 330'+125'

Number of Lines 5+4+5

Distance from House >5'

Distance from Property Line >5'

Distance from Well Community >100'
DIST. FROM LAKE: >50'

NAME OF OWNER CRAIG L. LONG

LOCATION OF PROPERTY 2101 RIO ORO DRIVE

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.

Comments: 2beds: 15'X55'X1'7" of STONE plus 12'X12'X1'7" of STONE for SEPTIC TANK; 15'X25'X1'7" of STONE for washing machine

Division or Section Head

Environmentalist

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

EHD-5-76

Environmental Health Department's Copy

C of A Is) No. 5518

Date Issued 9-4-81 Serial 4724

T. C. No 001-292-50

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Long (LAST) Craig (FIRST) L. (MIDDLE)

Location of Property 2018 Ric Orc Drive.

Application Number 5518 Permit Number 5518

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material P.C

Total Length of Drain Tile 330'+125 Number of Lines 5 + 4

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source Com well Distance from Water Source 100'+

Excavation Inspected 9-4-81 (DATE) Tank Inspected 9-4-81 (DATE)

Nitrification Field Inspected 9-4-81 (DATE)

Washing Machine Line Inspected, If Applicable 9-4-81 (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 Health Commission 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: _____

Bob Wilson

Environmentalist

EHD-5-76

Environmental Health Department's Copy

Serial No. 4987

Date Issued 8/25/81

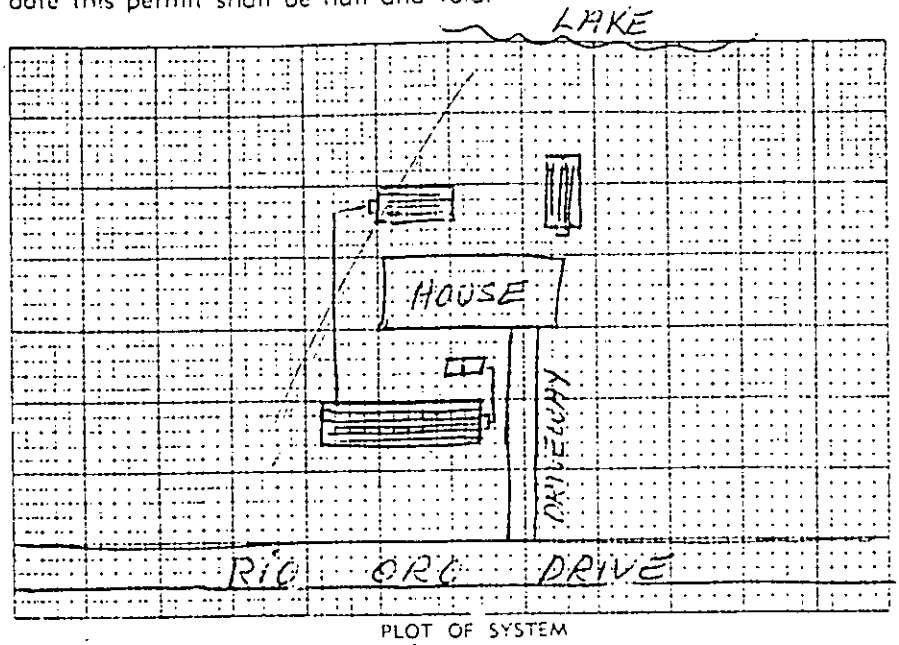
ICAR'S Permit No. 5518

T. C. No. 01-292-50

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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PLOT OF SYSTEM

Permeability Rate P5

Liquid Capacity of Tank 1500gal

Tank Construction precast

Absorption and/or Nitrification Lines:

Total Line Length 330'+125'

Number of Lines 5+4+5

Distance from House 25'

Distance from Property Line >25'

Distance from Well Community >100'

DIST. from LAKE: >50'

NAME OF OWNER CRAIG L. LONG

LOCATION OF PROPERTY 2108 RIO ORO DRIVE

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.

Comments: 2 beds: 15'X55'X17" GRANITE plus 12'X12'X17" GRANITE for SEPTIC TANKS
15'X25'X17" GRANITE for washing machine.

K. L. Caufield
Environmentalist*

Division or Section Head

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EHD-5-76

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