

21307 RIO ORO DR

00129601

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marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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17237

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#300.00 4/7/94 CK#2802 X CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Buescher (last) Joe (first) E (mi)
ADDRESS: P.O. Box 743 PHONE: (704) 892-7373
CITY: Lexington STATE: NC ZIPCODE: 27293

Date:

PROPERTY OWNER:
NAME: Gabsch (last) Bryan (first) (mi)
ADDRESS: 2113 Abotserra PHONE: (__) 896-8996
CITY: Davidson STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-296-01
STREET ADDRESS: 21307 Rio Oso Dr
Lowesville
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 68 LOT SIZE (in acres): .2

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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:

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)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Joe Buescher Date: 4-7-94

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.

... PPBPS TYPE III

INNOVENT FORM ON FILE

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

Environmentalist Date

Director or Authorized Section Head 4-29-94 Date

WATER : 122791

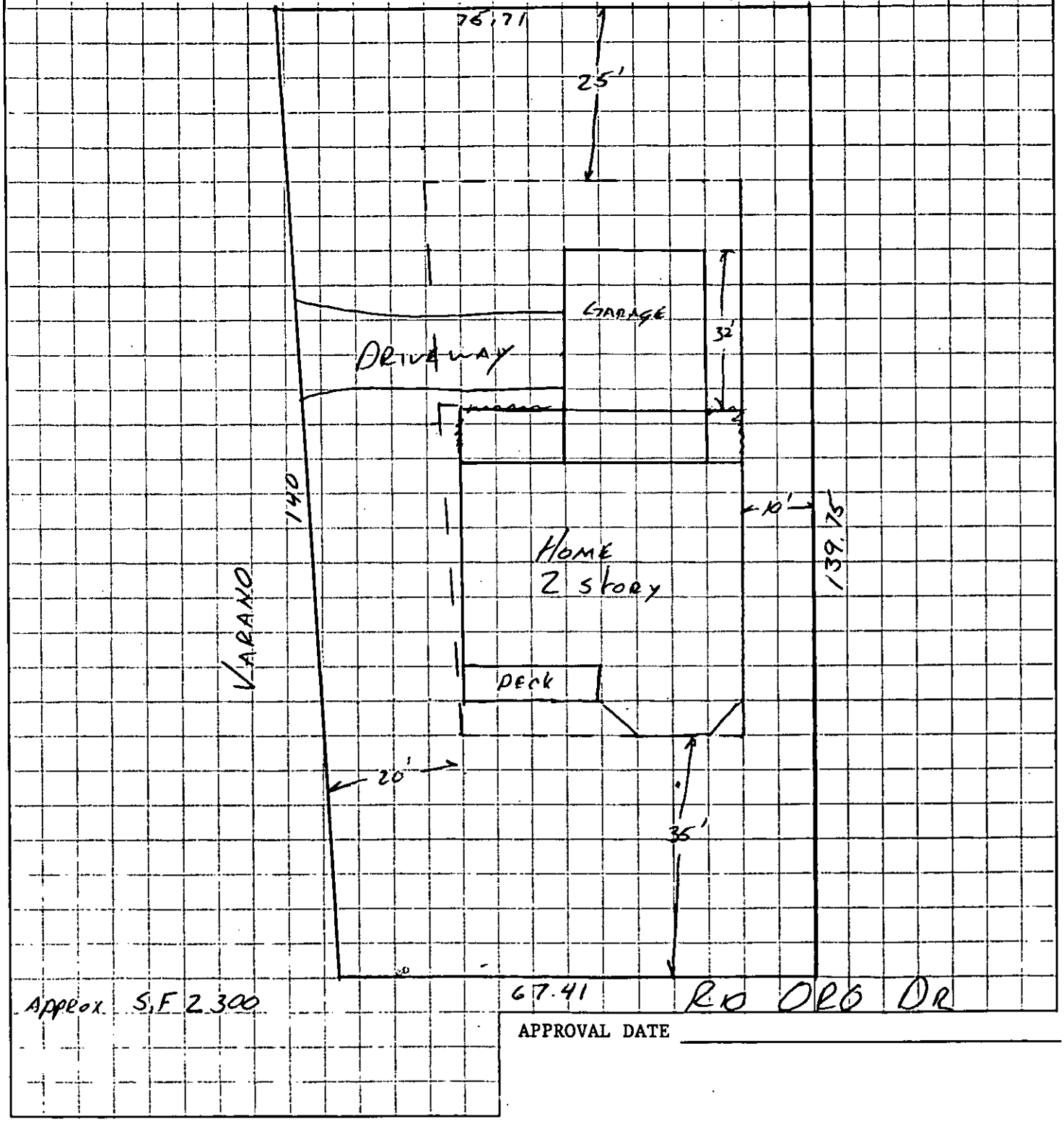
PROPOSED PLOT PLAN

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

FILE: 17237

TC: 001-296-01

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.



Approx. S.F 2300

APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 12237 DATE: 10-3-94

TC: 001-296-01 ☐ L

SERIAL Nº 16040

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 the application dated 9-10-94. All work shall be completed on or before 11-3-94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.

INSTALL IN ACCORDANCE WITH PLAN ON FILE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 2' feet

Trench Walls Scored and Porous YES

Total Line Length 200' feet

Number of Lines 5

Depth of ~~Stone~~ SAND inches

Distance from House 5' + feet

Distance from Property Line 10' + feet

Distance from Well 100' + feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER JOE BIESECKER

LOCATION OF PROPERTY 21307 RIO ORO DR

Comments: INSTALL IN ACCORDANCE W/ PLANS ON FILE

Newell Jones & Daniel

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT 5400

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 17237 DATE: 11-1-94

TC: 001-296-01 ☐ L ☐ CRT

SERIAL Nº 15877

Name of Owner BRYAN GOLSCH Juris.:

Address of Property 21307 RIO ORO DR

Inspection Data:

Tank Material PLL

Total Length of Drainfield 200

Number of Lines 5 @ 40

Cover Depth 6"

Water Supply Source Commwell

Distance to Water Source 100'+

Excavation Inspected 11-1-94

Tank(s) Inspected 11-1-94

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1994 1500 ST MOD PPBPS 30 SAND CECIC CTR# WALT BARTON

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☑ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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: TYPE III

Newell for S. David

Billy Rankin
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

BK: 07753 PG: 0544/0544 #:0280 8.00
JUDITH A GIBSON REG OF DEEDS MECK NC

MCHD
FILE: 17237

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

FILED FOR REGISTRATION 04/27/94 13:30

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1956, .1957, OR .1969 OF THIS SECTION.

The undersigned Bryan A Golsch & Lori B. Golsch owner of property located at 21307 RIDDLE DRIVE, ("the site") and described in an instrument recorded in Book 4428 at Page 337, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Health Department (the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 15A NCAC 18A .1948(d) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1958(d)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued on appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 20 day of April, 199 4

Bryan A Golsch (SEAL)

Lori B Golsch (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Peggy G Alexander, a Notary Public for said County and State, do hereby certify that Bryan A Golsch & Lori B Golsch personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 20th day of April, 199 4.

Peggy G Alexander
Notary Public

My Commission Expires 9-4-96

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally came before me this day and acknowledged that he is

_____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 199_____.

_____
Notary Public

My Commission Expires _____

Amended 07/93
C:WP51\SEPAGRFO

4428.337

21307



mcHD
FILE: 17237
TC: 001-296-01
Lot 68, Bahia Bay

L\WORKS\WORDS\DES2P

DESIGN SPECIFICATIONS
FOR (3) Bedroom
ON-SITE WASTE DISPOSAL SYSTEM
CONTINUED

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- ✓16-INCH PPBPS-GRAVITY DISTRIBUTION (3) Bedrm.
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

- DROP BOX
- ✓DISTRIBUTION BOX (1)
- DIPPER BOX
- FLOW DIVIDER
- WASH BOX
- SPECIAL FITTINGS
- PRESSURE MANIFOLD
- SIPHON
- MULTIPLE PUMPS
- OTHER
- WELL ABANDONEMENT
- EASEMENT
- LOT COMBINATION/SURVEY
- EARTHEN SURFACE SWELL
- FRENCH/CURTAIN DRAINS
- GREASE INTERCEPTOR
- PUMP TANK
- SAPROLITE TEST

1,500 gal. Septic Tank
(5) SPEED levelers

Primary

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
L1	9	1				40'		
L2	9	1				40'		
L3	9	1				40'		
L4	9	1				40'		
L5	9	1				40'		
	45 PANELS					200' TOTAL		

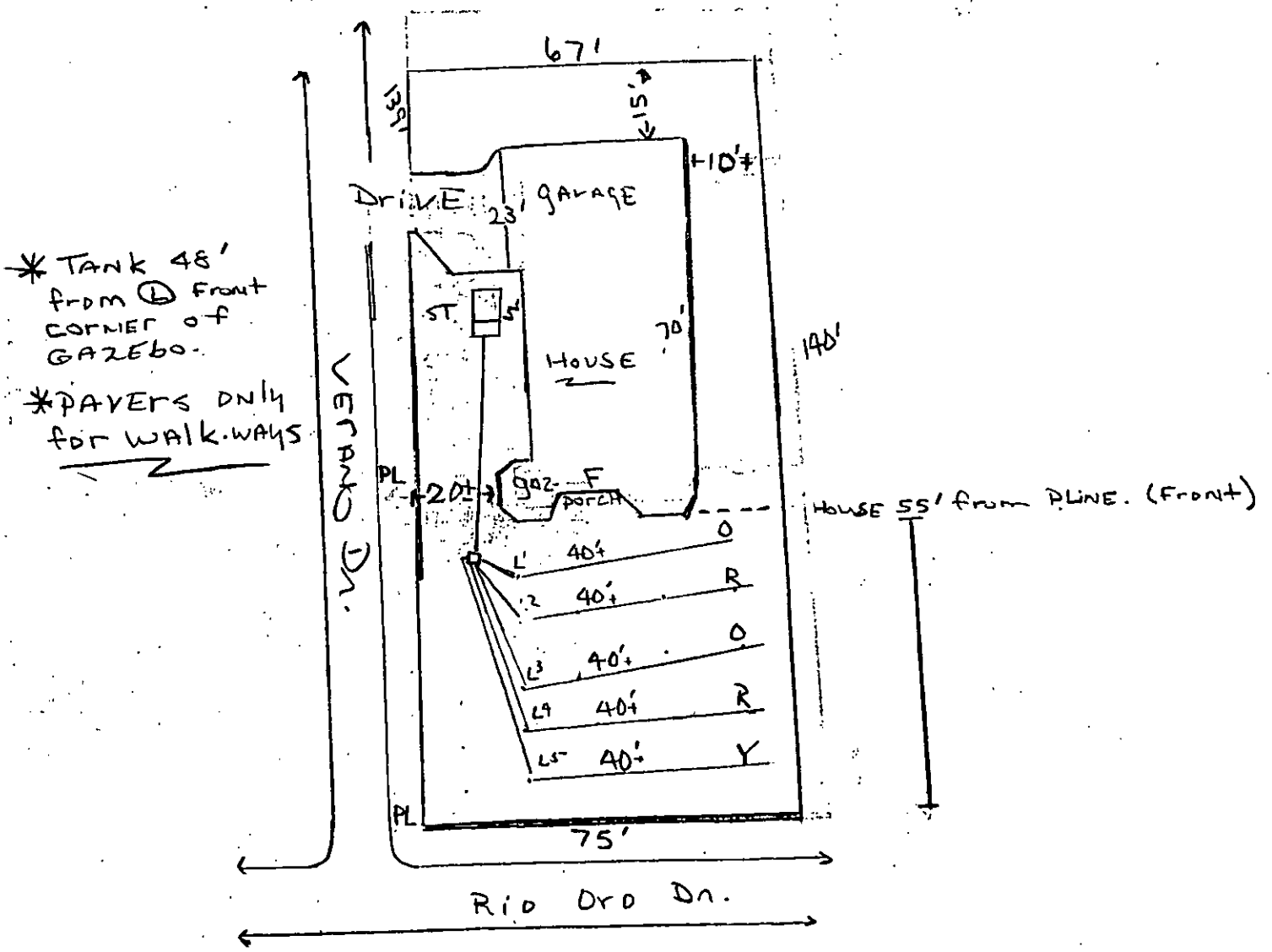
APPROVED
ENVIRONMENTAL HEALTH
DIVISION
MECKLENBURG COUNTY
HEALTH DEPARTMENT
Date 4-29-94

REPAIR ... NOT REQUIRED ...

50'+ PRESENTED

(3) Bedroom, Gravity (PPBPS)

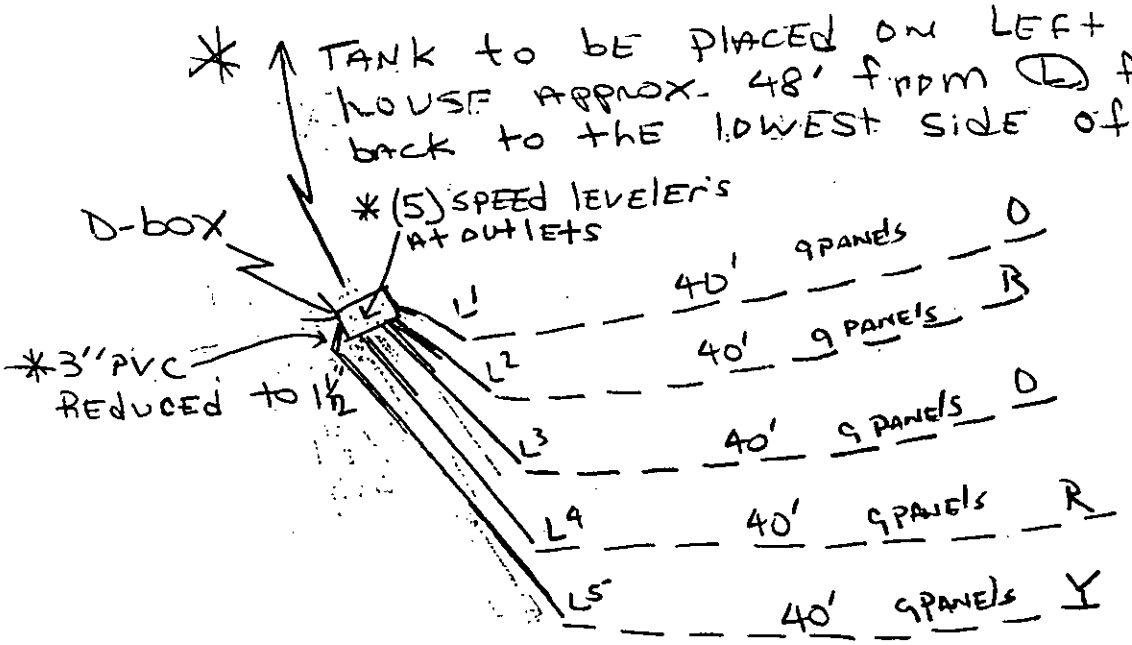
MCHD
File: 17237
TC: 001-296-01
Lot 68, Bahia Bay



SCALE 30

MCHD
File: 17237
TC: 001-296-01
Lot 68, Bahia Bay

* SPECS (3) Bedroom, Gravity (PPBPS)



* D-box to SERVE (5) 40' LINES, 9 PANELS PER LINE.

* EACH-OUTLET from D-box to (5) LINES will HAVE A 3" SPEED LEVELER for EQUAL 1/5 distribution of SEPTIC EFFLUENT. A 3" PVC LINE will HAVE to BE REDUCED to 1½" to SERVE the first PANEL of EACH LINE.

17237

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#300.00 4/7/94 Ck#2802 [] CRT

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

(704)336-5102

COPY

PERSON FILING APPLICATION:
NAME: Briecker (last) Joe (first) E (mi)
ADDRESS: P.O. Box 743 PHONE: 704 892-7373
CITY: Lexington STATE: NC ZIPCODE: 27293

Date:

PROPERTY OWNER:
NAME: Gabriel (last) Bryan (first) (mi)
ADDRESS: 2113 Alto Terra PHONE: (__) 896-8996
CITY: Davidson STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-296-01
STREET ADDRESS: 21307 Rio Oso Dr

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 68 LOT SIZE (in acres): .2

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (M)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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:

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)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Joe Briecker Date: 4-7-94

NOTICE:

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...This permit is not transferable.

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[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
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Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

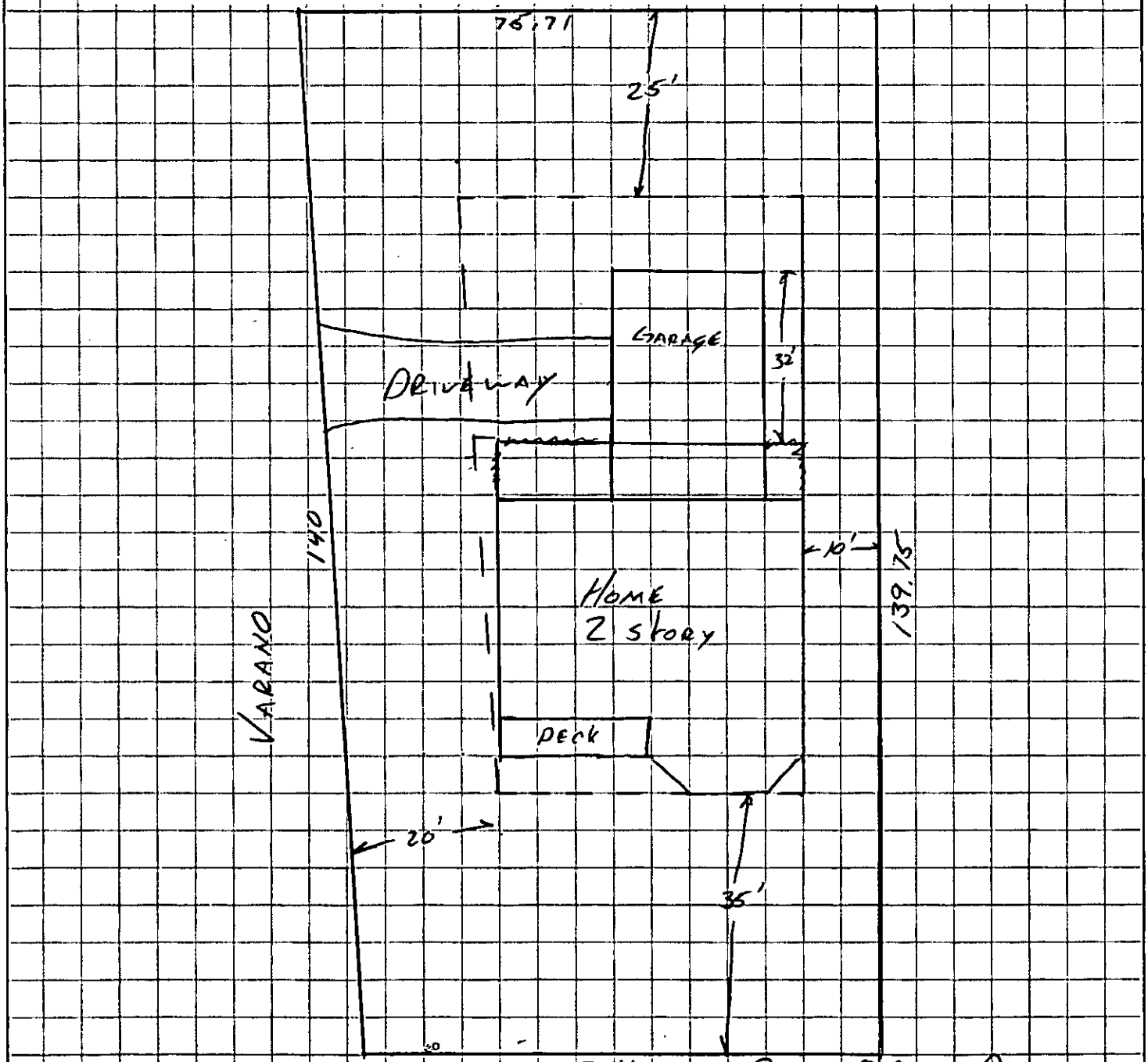
PROPOSED PLOT PLAN

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

FILE: 17237

TC: 001-296-01

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.



Approx S.F 2300

APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

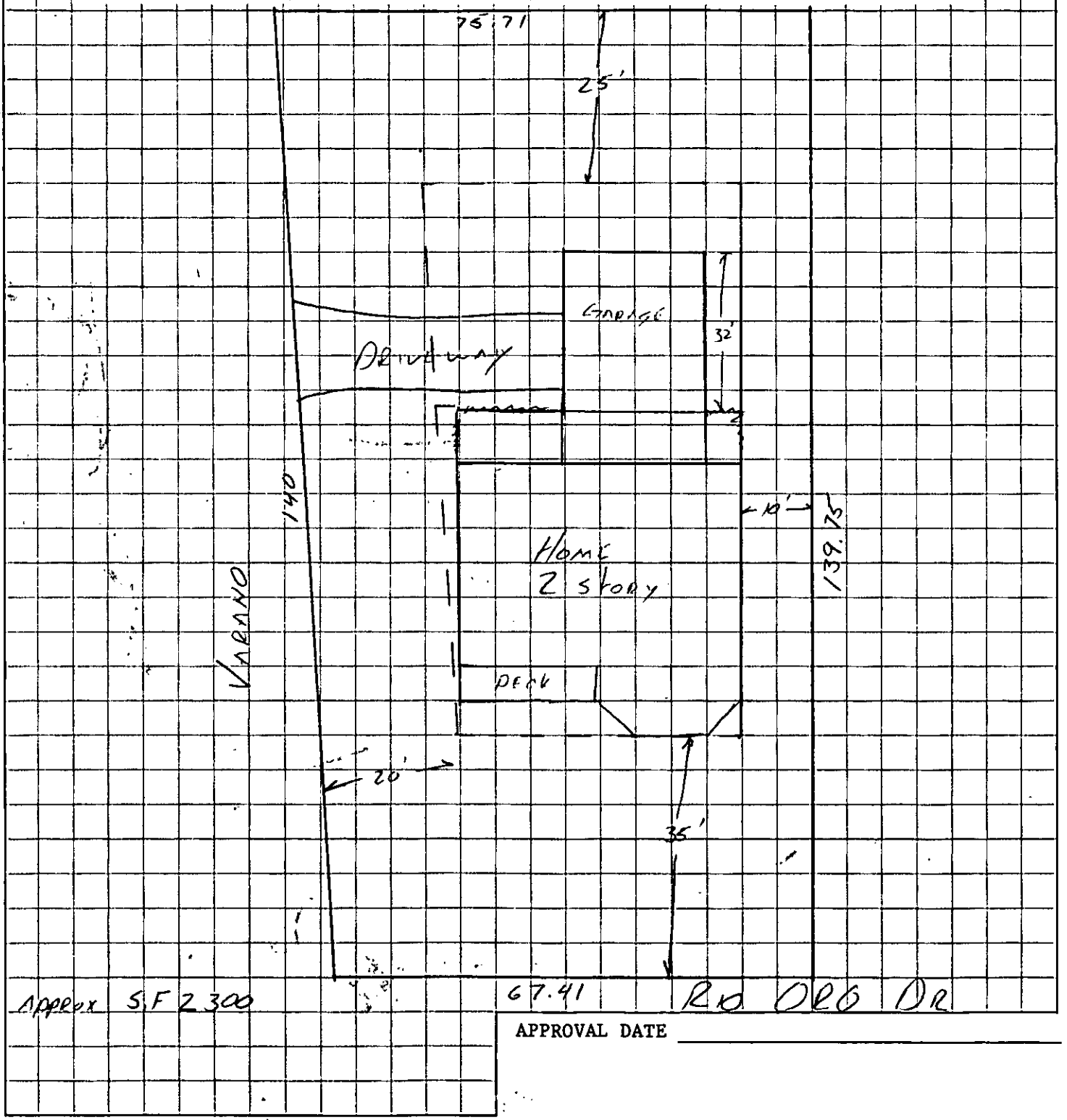
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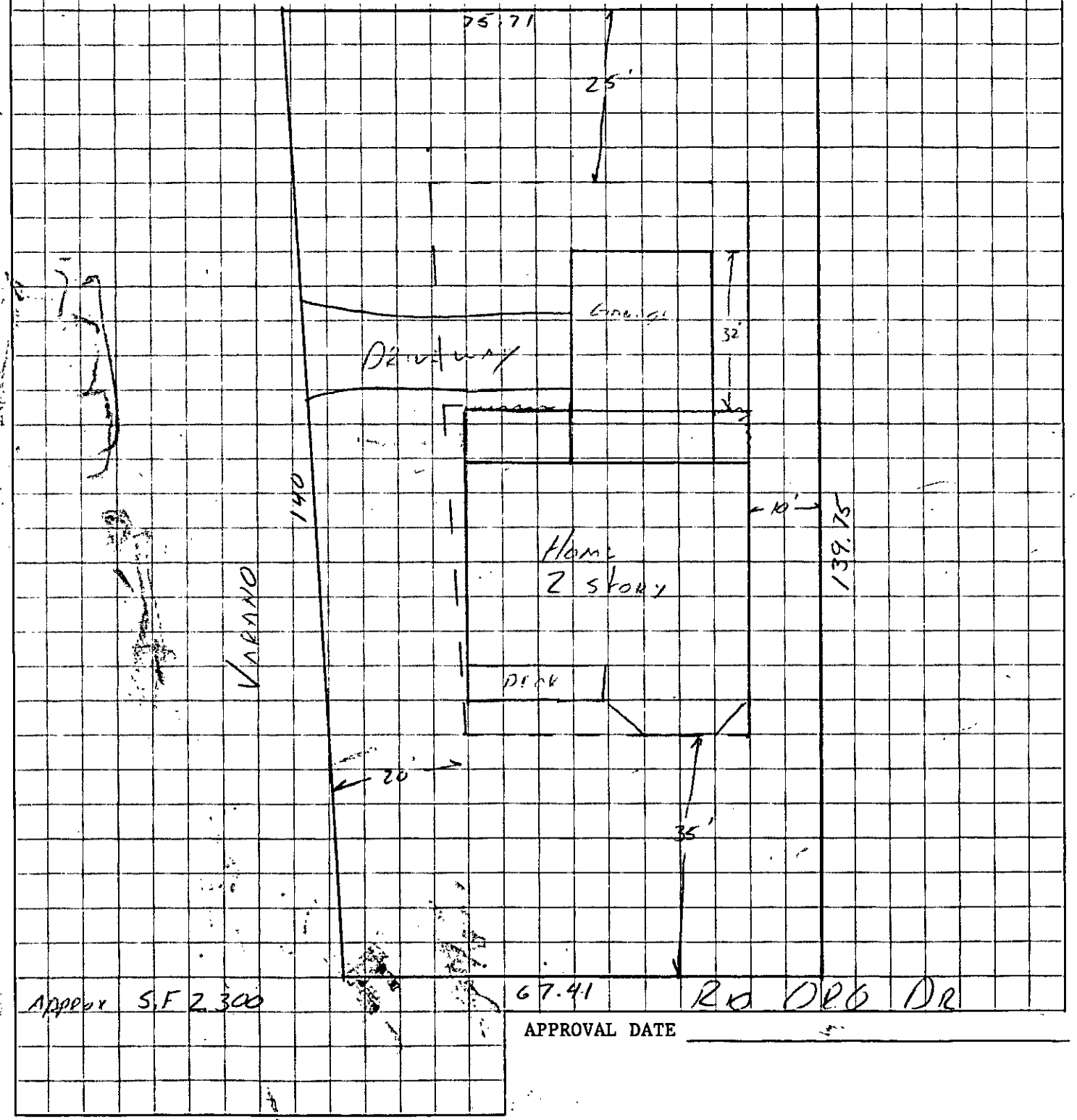
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Approx S.F 2300

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MCHD
FILE: #17237
TC: 001-296-01
Lot 68, Bahia Bay

L:\WORK\WORDS\DESIGN

DESIGN SPECIFICATIONS
FOR (3) Bedroom
DOMESTIC WASTE DISPOSAL SYSTEM
CONTINUED

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- ✓16-INCH PPBPS-GRAVITY DISTRIBUTION (3) Bedrm.
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX	WELL ABANDONEMENT
✓DISTRIBUTION BOX (1)	EASEMENT
DIPPER BOX	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/CURTAIN DRAINS
SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	PUMP TANK
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	1,500 gal. Septic Tank
OTHER	

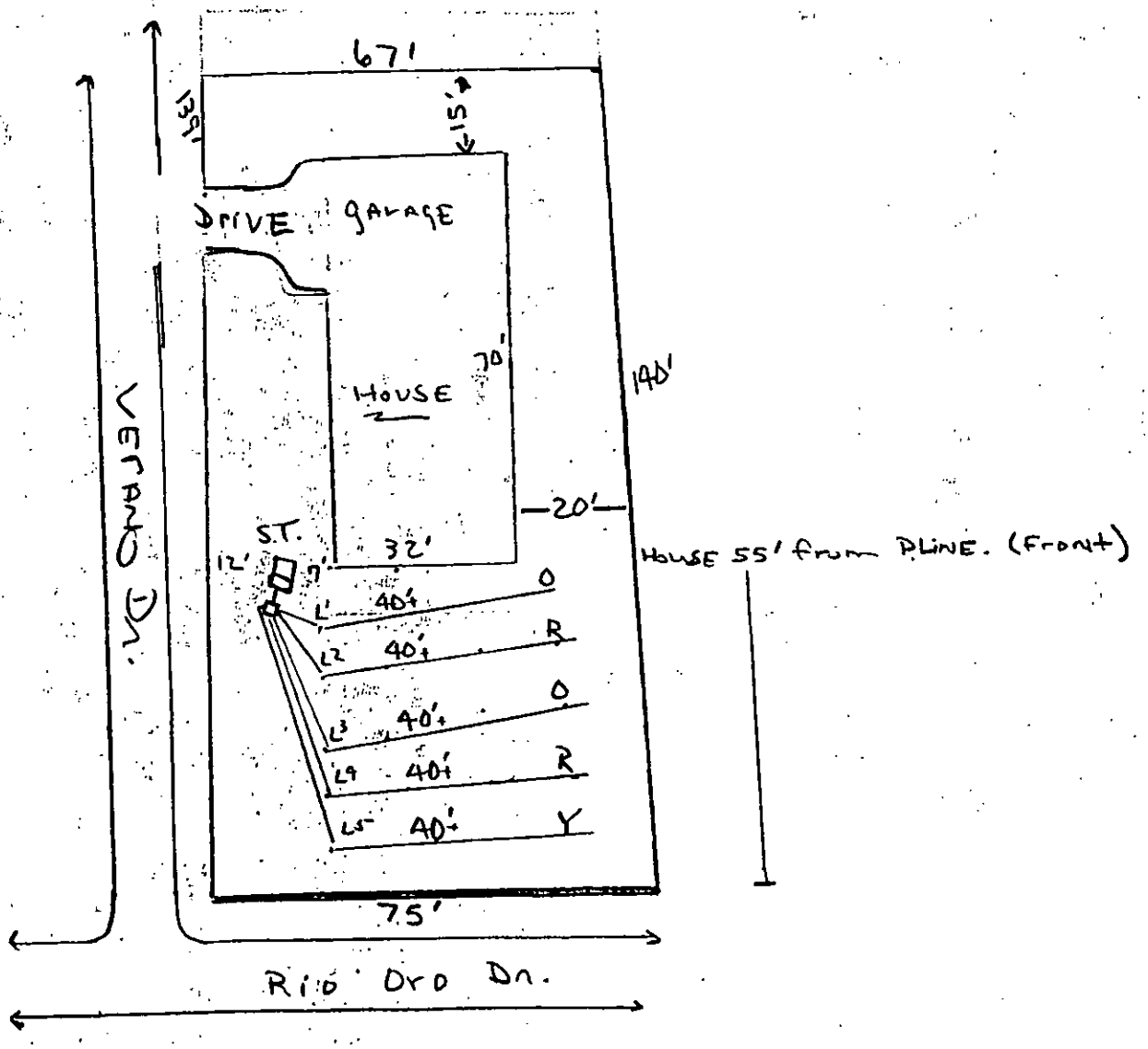
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			Primary					
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	45 PANELS					200' TOTAL		

REPAIR ... NOT REQUIRED ...

50' PRESENTED

(3) Bedroom, Gravity (PPBPS)

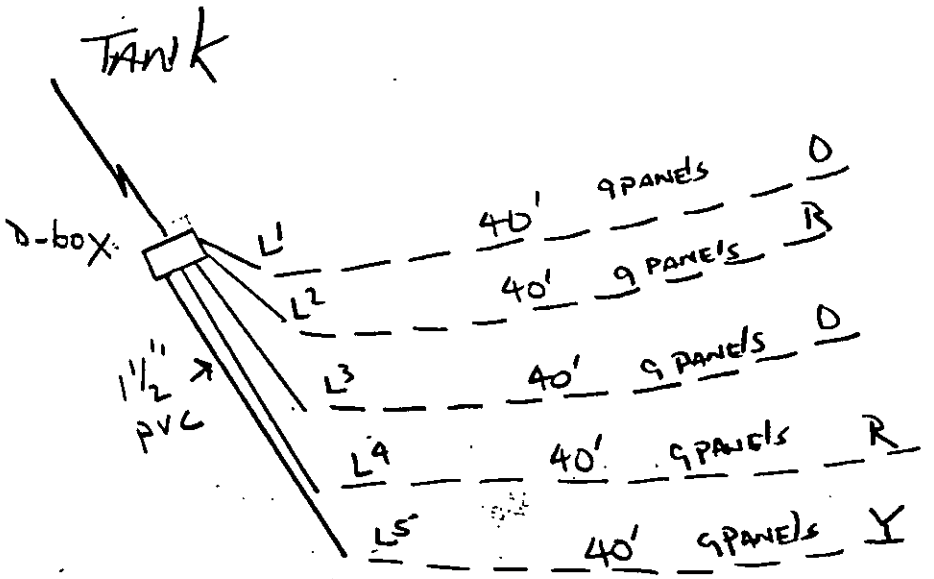
MCHD
File: / 17237
TC: 001-296-01
Lot 68, Bahia Bay



SCALE 30

MCHD
FILE: /17237
TC:
Lot 68, Bahia Bay

* SPECS (3) BEDroom, GRAVITY (PPBPS)



Bill Pate
(919) 733-3410
Raleigh