

21112 RIO ORO DR

00129788

5/20/08

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Groundwater and Wastewater Services File Imaging Project
May 2007
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2343

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 10 cash 55 5/3/99 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: ZIEGLER (last) PAUL (first) L (mi)
ADDRESS: 21112 RIO ORO DR PHONE: (704) 987-8418
CITY: CORNELIUS STATE: NC ZIPCODE: 28031

Date:

PROPERTY OWNER:
NAME: ZIEGLER (last) PAUL (first) L (mi)
ADDRESS: 21112 RIO ORO DR. PHONE: (704) 987-8418
CITY: CORNELIUS STATE: NC ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-297-47
STREET ADDRESS: 21112 RIO ORO DRIVE
CORNELIUS NC
ZONING: GENERAL RESIDENTIAL

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 9 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] (1980)

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[redacted]
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
GARAGE, LAUNDRY, GAME ROOM, BATHROOM, COMPUTER RM
[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: 2 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)

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: Paul L Ziegler Date: 5/3/99

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 - Mr. Ziegler states that washer bud has been disconnected and plumbed into septic tank.

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

Jeff Knight 5/10/99
Environmentalist Date

WATER : 122791

JK

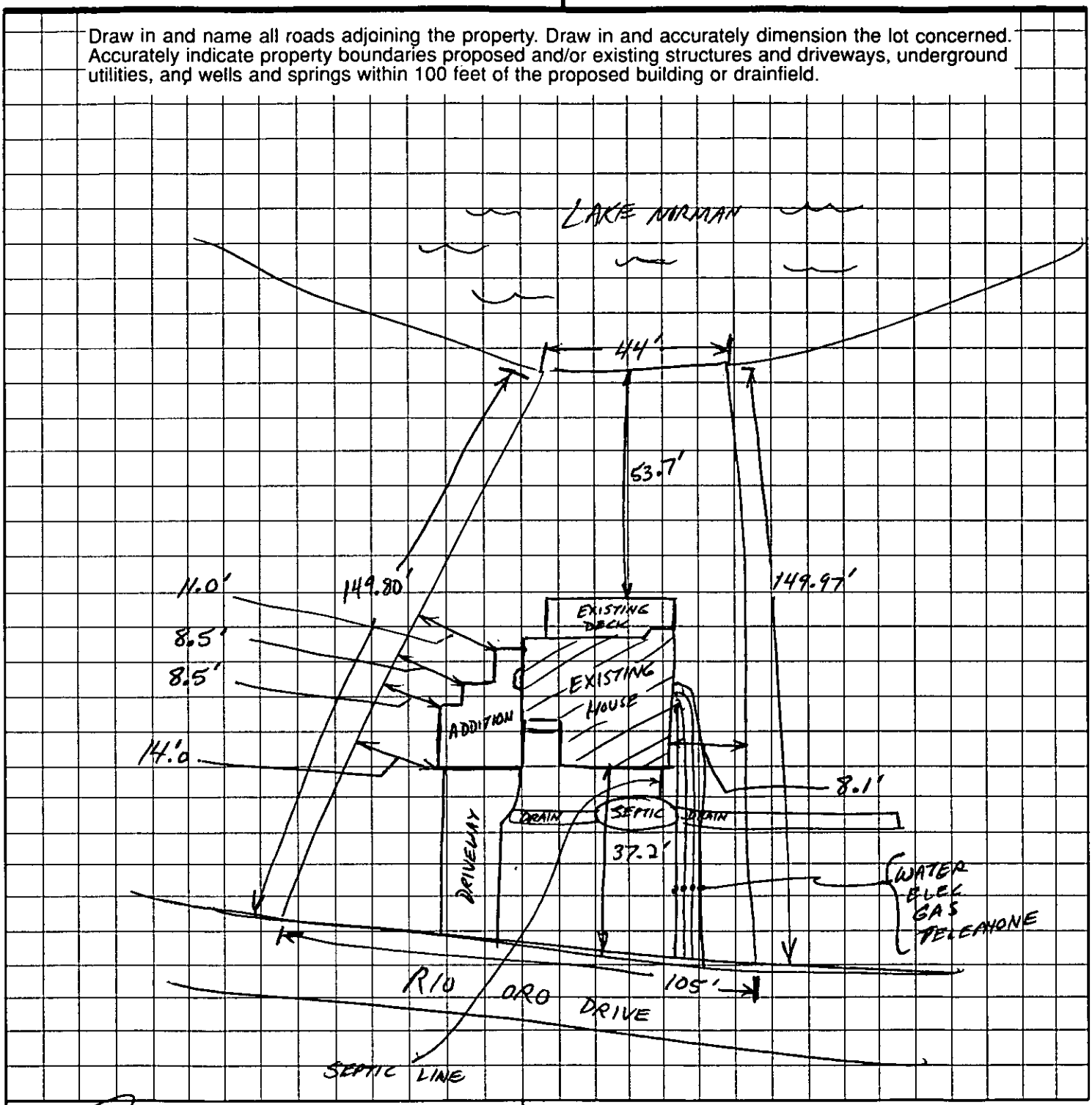
PROPOSED PLOT PLAN

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

FILE: 2343

TC: 001-297-17

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.



OWNER/AGENT SIGNATURE

DATE 5/3/99

APPROVAL DATE _____

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

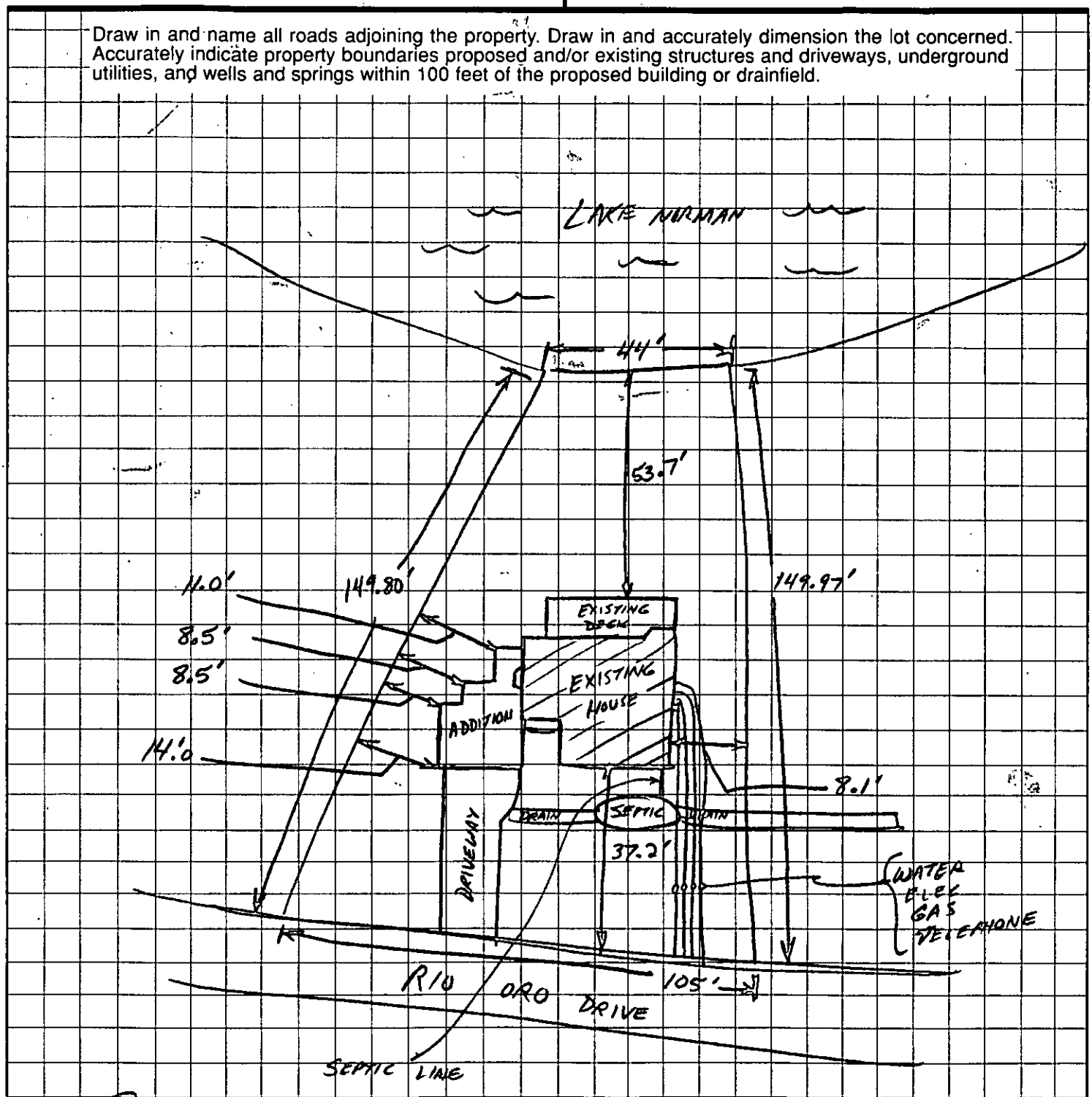
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2343

TC: 001-297-017

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.



OWNER/AGENT SIGNATURE

DATE 5/3/99

APPROVAL DATE _____

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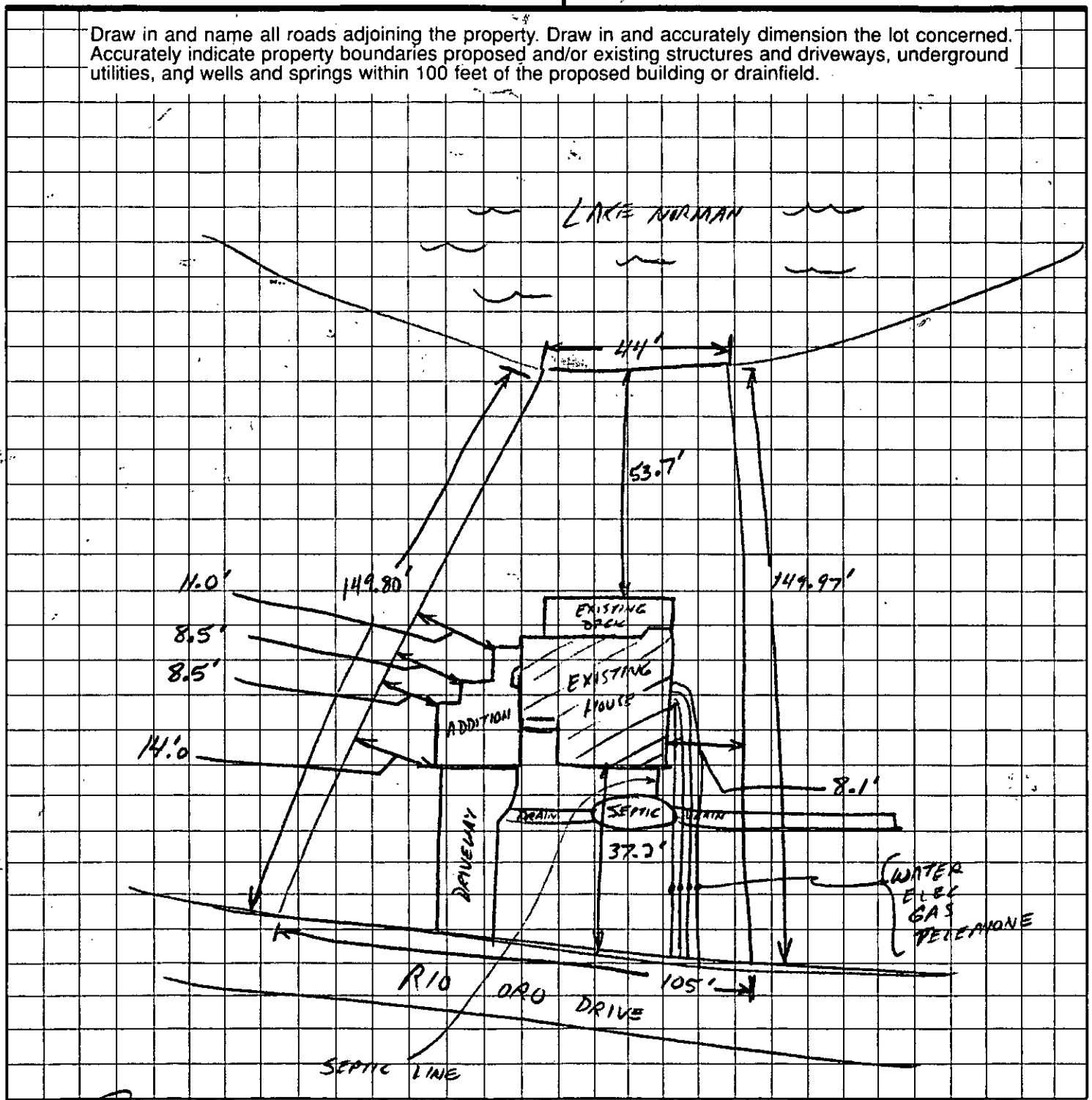
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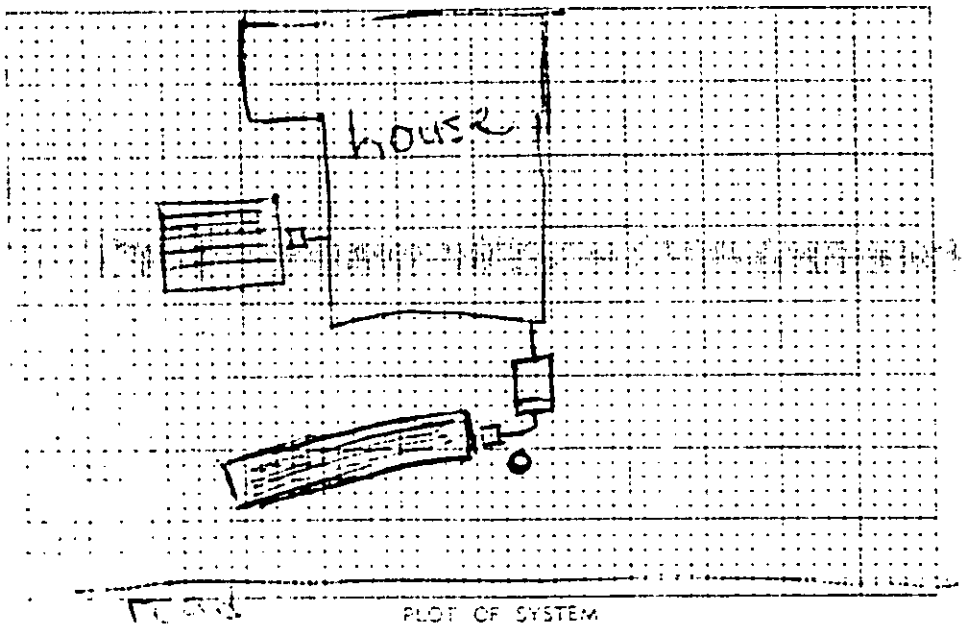
Date Issued 7-16-80

Serial No. 4091

ICAP

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 a [illegible] water treatment system with subsurface, soil absorption, effluent discharge [illegible] scribed location. This permit is granted based upon the information supplied [illegible] dated 6-11-80 and this permit shall be void and of no effect if the information [illegible] plication is not true or is erroneous. All work shall be completed on or before [illegible] date this permit shall be null and void.



PLOT OF SYSTEM

Pump [illegible]

Tank Capacity [illegible]

Tank Construct [illegible]

Absorption Area [illegible]

Trench Width 2'0"

Number of Trenches 5

Length of Trenches 75'

Depth to Bottom 2'-5"

Distribution [illegible]

OWNER Hegwall, Harry Edward

PROPERTY 2112 Rocco Drive

[illegible] sanitation requirements as set forth in the [illegible] [illegible] are in effect at the date of the granting of this [illegible] Environmental Health Director before any system [illegible] be used. The issuance of this permit does not [illegible] constructed will operate properly, or relieve any person [illegible] from any liability resulting from the failure of the system [illegible]

15' x 25' x 7" - or smaller

[illegible] 704-[illegible]

[illegible]

[illegible] Environmental Health [illegible] [illegible] or [illegible] may be required [illegible]

Environmental Health Department's Copy

Cal A ist No 2343

Serial 3967

T C N 001-197-47

Date Issued 8-14-80

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner STEGALL (LAST) HARRY (FIRST) EDWARD (MIDDLE)

Location of Property 2112 Rio ORO DRIVE

Application Number 2343 Permit Number 2343

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material P/C

Total Length of Drain Tile 220-125 Number of Lines 5-4

Depth of Filter Material 17" Cover Depth 2'

Water Supply Source COMMUNITY Distance from Water Source 10'+

Evaluation Inspection Started 8-14-80 (DATE) Tank Inspected 8-14-80 (DATE)

Notification Received 8-14-80 (DATE)

Building Sewer Inspected, If Applicable 8-14-80 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption and effluent discharge 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 Commissioners 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. This Certificate of Approval is issued subject to those restrictions and conditions, in addition to those listed below under comments. This Certificate of Approval is void if any information contained in the application is untrue or if any additions or changes would increase the requirements for said system.

W Marshall Edwards
Environmentalist

For Mecklenburg County Department of Health