SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

File Number: 2343

Assigned Inspector: Heather Ray

☐ 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: MR/2-7-2023 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: 2/7/23 Owner would like the inspector to call him.

2343/13632

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: Paul L Ziegler
ADDRESS: 21112 Rio Oro Drive
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: (704) 999-8484
ALTERNATE PHONE: (704) 806-4966
E-MAIL: PzieglerEmail@Gmail.com

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

JOB LOCATION INFORMATION
TAX PARCEL #: 00129747
STREET ADDRESS: 21112 Rio Oro Drive
CITY: Cornelius
STATE: NC **ZIP:** 28031

SUBDIVISION OR MOBILE HOME PARK NAME:
Bahia Bay
LOT #: 9

WATER SUPPLY:
○ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ☒ OTHER Community Well

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: 5

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.

Paul L Ziegler
Owner's/Agent's Signature

2/7/2023
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

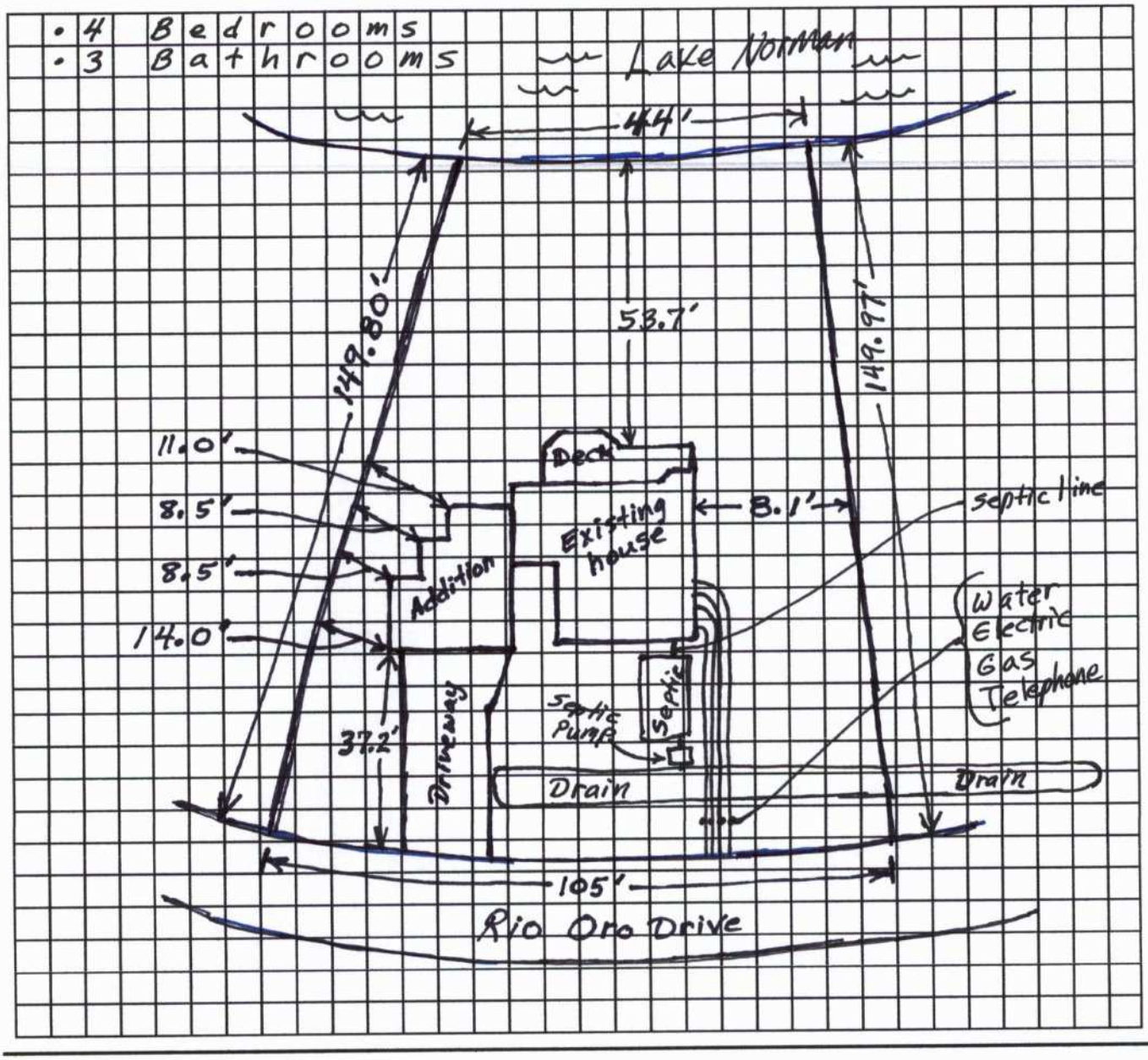
Revised on: 01/03/11

File #: 2343

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: 21112 Rio Oro Drive, Cornelus, NC 28031 Tax Parcel #: 00129747



*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

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/07/23	**Amount:**	100.00
Receipt #:	139759	**Tendered:**	100.00
Check / Auth #:	CASH	**Returned:**	0.00
Received By:	RAMSEMA		

Account Information

Account #: 200000
Contractor: ZIEGLER PAUL L
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 21112 RIO ORO DRIVE		1	100.00	100.00

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

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

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 2/9/2023 11:58:03 AM



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Date Received 6/11/80

ICAR(S) Application No. 2345

T C No 001-297-47

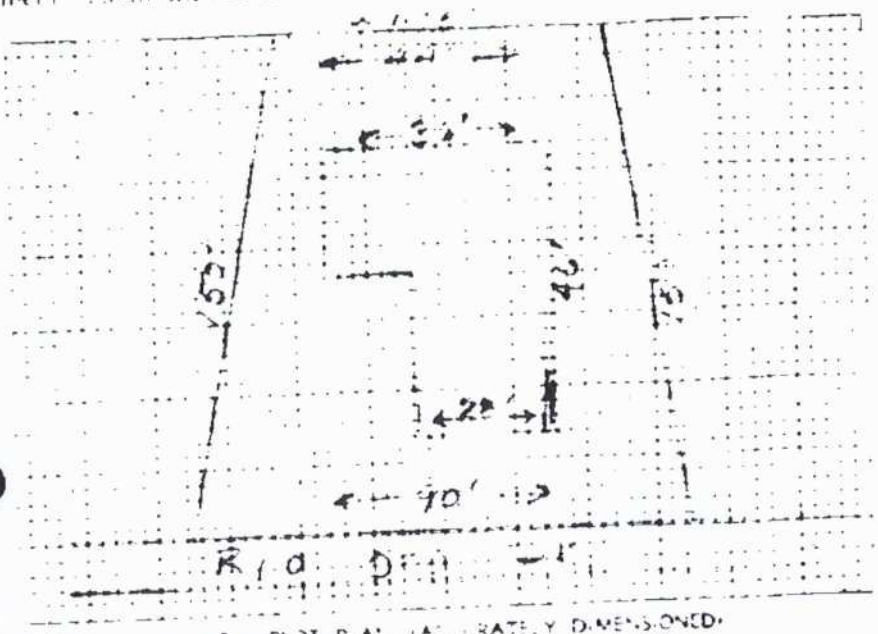
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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

Mobile Home — Yes ✓ No
Public Sewer — ✓ Yes — No
No. of Bedrooms 2
Basement — Yes — No
Water Meter — ✓ Yes — No
Garage — Yes ✗ No
Driveway — Yes ✗ No
Water Service
Available — —
Feet — —
Well — ✓
Spring — —
Other — —
Within 100 feet — Yes — ✗ No
Within 100 feet of — Yes ✓ No
Creek — —
Lake — —

1A NAME OF OWNER Stegall Henry Edward
LAST FIRST MIDDLE

2A ADDRESS OF OWNER 4500 [illegible] Charlotte N.C.

3A PHONE NO Home [illegible] Office 375-[illegible]

4A LOCATION OF SYSTEM [illegible] Dr
STREET OR COUNTY ROAD

5A SUBDIVISION [illegible] Lot No 47 Block No

Map Book No Page No

6A DEED REFERENCE — DEED BOOK AT PAGE

7A WAS A SITE INVESTIGATION PERFORMED? YES DATE RUN

8A SITE VISITED BY

The undersigned hereby agrees that he has read the foregoing application and that the contents thereof are true to the best of his knowledge and belief. Any permit applied for herein shall be void and of no effect if any of the above facts are not true

6-11-80
DATE OF APPLICATION

✓ OWNER

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

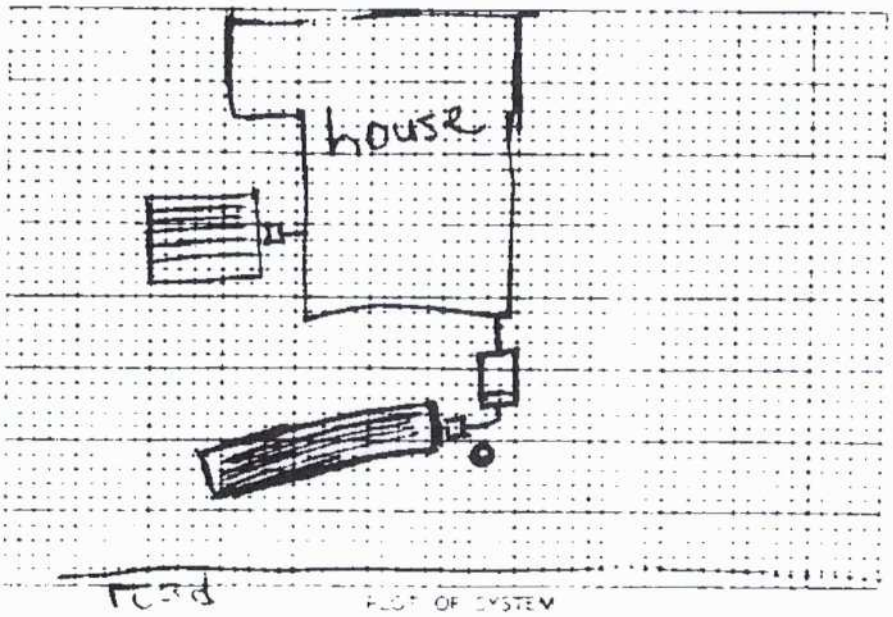
Date Issued 7-16-80 **Serial No. 4091** ICAR'S Permit No 2343

T C No 001-297-47

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 2343 dated 6-17-80 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 7-16-80, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permit Fee Rate $25

Septic Tank Capacity: 1000 gallons

Tank Construction precast concrete

Absorption Area Trenches or Irrigation Lines

Total Line Length 220' + 125'

Number of Lines 5 + 5

Distance from Water Supply >5'

Distance from Property Line >5'

Distance from Dwelling

Name of Owner Stegall, Harry Edward

Location of Property 212 Rocky Drive

This permit authorizes the construction or repair of the sewage disposal system as set forth in the Regulations governing Sewage Disposal Systems in Mecklenburg County. Construction must be completed within one year from the date of the granting of this permit. A certificate of approval will be issued by the Environmental Health Director before any system may be covered up or otherwise rendered inaccessible for inspection. It may then be used. The issuance of this permit does not in any way guarantee that the system installed will operate properly or relieve any person from or hereafter owning the property from maintaining the system free of any health hazard resulting from the failure of the system to operate properly.

15' x 25' x 17" - 5 trenches

Comments 15' between lines, 7 stone

Mike Sexton
Environmentalist

The signature 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-5-78

Environmental Health Department's Copy

C of A (s) No. 2243-A

Date Issued 1-9-87 **Serial** 9109 T. C. No. 001-294-47 CFT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Tight (LAST) Lawrence (FIRST) (MIDDLE)

Location of Property 2112 Rio Oro Dr.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 + 1000 Tank Material PVC

Total Length of Drain Tile 320' Number of Lines 4

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Comm Distance from Water Source —

Excavation Inspected 1-9-87 (DATE) Tank Inspected 1-9-87 (DATE)

Nitrification Field Inspected 1-9-87 (DATE)

Washing Machine Line Inspected, If Applicable — (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: 1987, 1500ST, 1000DT, PI, CON, 960SFB, 17G, Cecil
The above is an altered system. Part of original system is being used in addition to new system.

B. R. Ferguson
Environmentalist

EHD-S-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 2243A
TC: 001-294-47
SERIAL: № 11217
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 21112 (STREET NO.) Rio Oro (STREET) Drive ② FILE: 2243A
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: Bahia Bay ⑥ LOT: 8 + 9 ⑦ BLOCK:

OWNER

⑧ NAME: Laurence (FIRST) Paul (MIDDLE) Trott (LAST)
⑨ MAILING ADDRESS: 21112 Rio Oro Dr
⑩ CITY: Davidson ⑪ STATE: NC ⑫ ZIP: 28036
⑬ PHONE: (WORK) 563-4124 ⑭ (HOME) 947-7233 334-1554

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit – adding 1 bedroom
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4
㉓ Type?
㉓ Maximum occupancy? 7
㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☑ no
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☑ Municipal system
C ☐ Community well
D ☐ Community system

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 permit is issued by this Department.

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance. Lift station required 320 ~~750~~ drain field.

B. R. Ferguson 8-4-86
Environmentalist Date

John R. Adkisson 8/4/86
Director or Authorized Section Head Date

This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

㉙ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: L R Trott

Date: 7-22-86

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

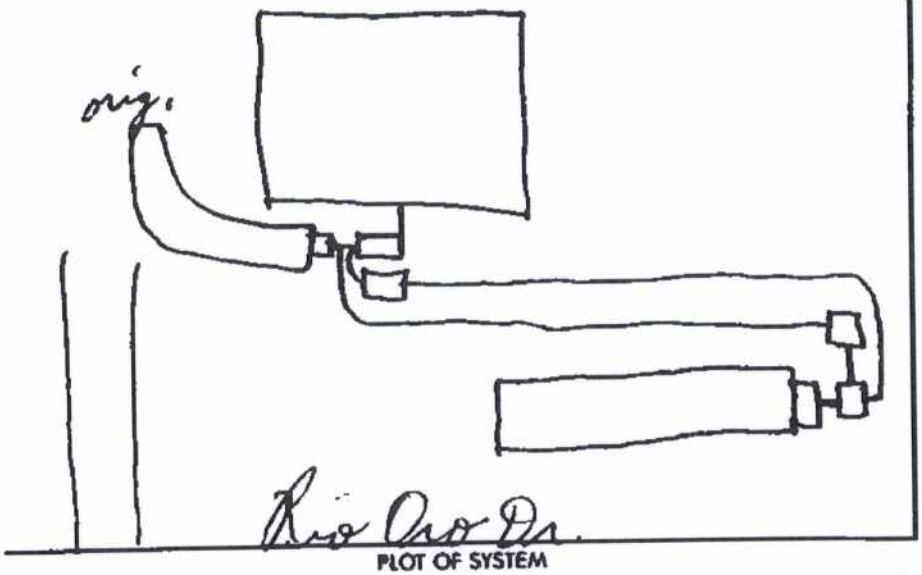
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2243-A DATE: 9-22-86

TC: 001-294-47 / L

SERIAL № 10362

Permission is hereby given to ____ Install or Construct, X 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 9-22-86. All work shall be completed on or before 10-22-86, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 Department of Environmental Health 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank ~~1500~~ * see note gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction Fcc

Absorption and/or Nitrification Lines:

Trench Width 12 feet

Total Line Length 320 feet

Number of Lines 4

Depth of Stone 17 inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well Comm feet

NAME OF OWNER ~~Terry Lee~~ Lawrence Trotter

LOCATION OF PROPERTY 21112 Rio Oro Dr.

Comments: 1 bed 12 X 80 X 17" stone

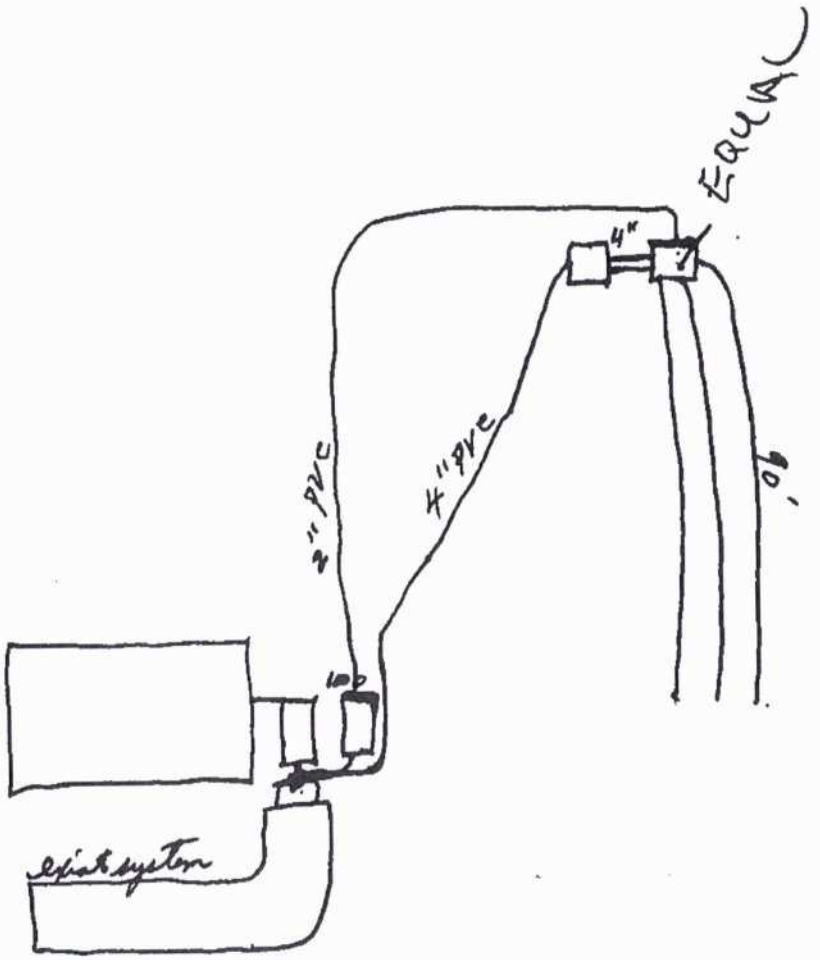
* add 1000 gallon tank to existing 1500 tank.
Part of original system to be used in addition to new system

J. M. Hudson
Division or Section Head

B. R. Ferguson
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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY



Craig Rossman
3000 Shallowood Ln.
Matthews N.C.
28105

Shallowood Ln.