

21505 RIO ORO DR

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6/18/08

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Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 109 ACS 9/5/00 elevated [ ] 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 11322

Date: 9/15/00

PERSON FILING APPLICATION:
NAME: Finn (last) Michael (first) T (mi)
ADDRESS: 21505 Rio Oro Dr. PHONE: (704) 8953423
CITY: Cornelius STATE: NC ZIPCODE: 28031

PROPERTY OWNER:
NAME: Finn (last) Michael (first) T (mi)
ADDRESS: 21505 Rio Oro Dr PHONE: (704) 8953423
CITY: Cornelius STATE: NC ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-296-09
STREET ADDRESS: 21505 Rio Oro
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: 59/60 LOT SIZE (in acres): .466

TYPE APPLICATION (check one):

[redacted] 1984

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Enlarge Master Bedroom
[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: 2

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):
[ ] 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: [signature] Date: 9/15/00

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

... Approval granted for enlarge the master bedroom

Use existing system

[ ] 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

Phila A. Wilkie RS. 9/20/00
Environmentalist Date

WATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): M. Noel Evans	**Phone #:**	**Date Requested:** 9/15/00	**Date Filled:**
Account Name:	Cash Charge	**Account No.:**	
I certify that I am authorized to charge this account for this service:			
Signature:	**Printed Name:**		**Date:**

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705	1	MH Exc/Add/Repl without System Modification	$ 100.00	100.00
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	
Payment received by: LM		Date: 9-15-00	Total: 100.00	

2505 Rio Dr. Pineville 28134

4/2000

White-AUDIT · Canary-CUSTOMER Pink-DIVISION

C of A (s) No. 11322

T C No 00-216-L

Date Issued 7-13-1984 Serial 6788

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Name of Owner JOHN T. (LAST) DRICK & KIRI (FIRST) HOMES

Location of Property 21505 RIO ORO DR

Application Number 11322

Permit Number 11322

Inspection Data:

Liquid Capacity of Tank 1500 gal

Tank Material Pre Cast Concrete

Total Length of Drain Tile 300 lin FT

Number of Lines 5

Depth of Filter Material 12 inches

Cover Depth 1 1/2 3 FT

Water Supply Source Well

Distance from Water Source Common To Sep

Excavation Inspected 7-13-84 (DATE)

Tank Inspected 7-13-1984 (DATE)

Nitrification Field Inspected 7-13-84 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption and effluent discharge as described above and it has been X 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: Three 34' lines used instead of 4-25' lines due to property line interference

Ralph Dibbles
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT COPY

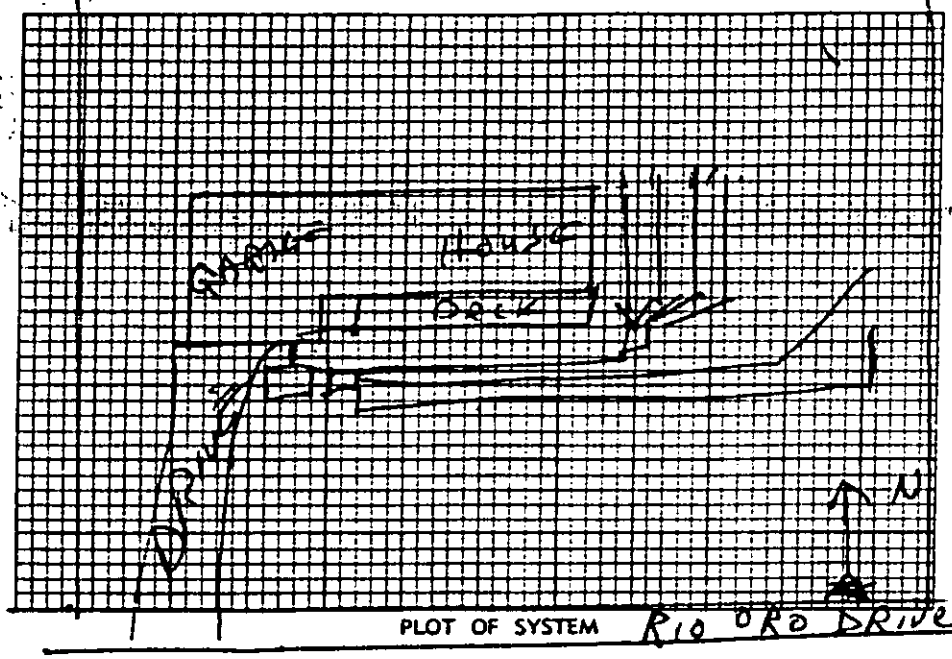
Date Issued 7-5-84

Serial No. 07366

ICAR (S) Permit No. 113
T C. No 001-2
Map Date L

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 X Install or Construct, ____Alter or Repair the individual septic tank w water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the scribed location. This permit is granted based upon the information supplied in application 1132 dated 5-17-84 and this permit shall be void and of no effect if the information provided in the plication is not true or is erroneous. All work shall be completed on or before Aug 6 1984, after wh date this permit shall be null and void.



PLOT OF SYSTEM Rio ORO DRIVE

Permeability Rate PS

Liquid Capacity of Tank 1500 GAL

Tank Construction Pre Cast

Absorption and/or Nitrification Lines

Total Line Length 300 Lin

Number of Lines SIX

Distance from House 5FT

Distance from Property Line 10FT

Distance from Well Common Source

NAME OF OWNER JOHN TIDRICK & KIRI HOMES

LOCATION OF PROPERTY 2105 RIO ORO DRIVE

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenbu County Health Commission which are in effect on the date of the granting of this permit. A certificate of a proval must be issued by the Environmental Health Director before any system can be covered up or otherwi rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that t system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, co trolling or using such system from any liability resulting from the failure of the system to operate properly

Two Trenches to be 100 FT x 3FT x 12 inches Stone - Four Trenches be 25 FT x 3 FT x 12 inches Stone - bayou Stone Cover-

Comments: grade 305

4" Sch 40 Between Dist Box

Division or Section Head B. Kendrick

Environmentalist Ralph Gilbert

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

EHD-5-76

Environmental Health Department Copy

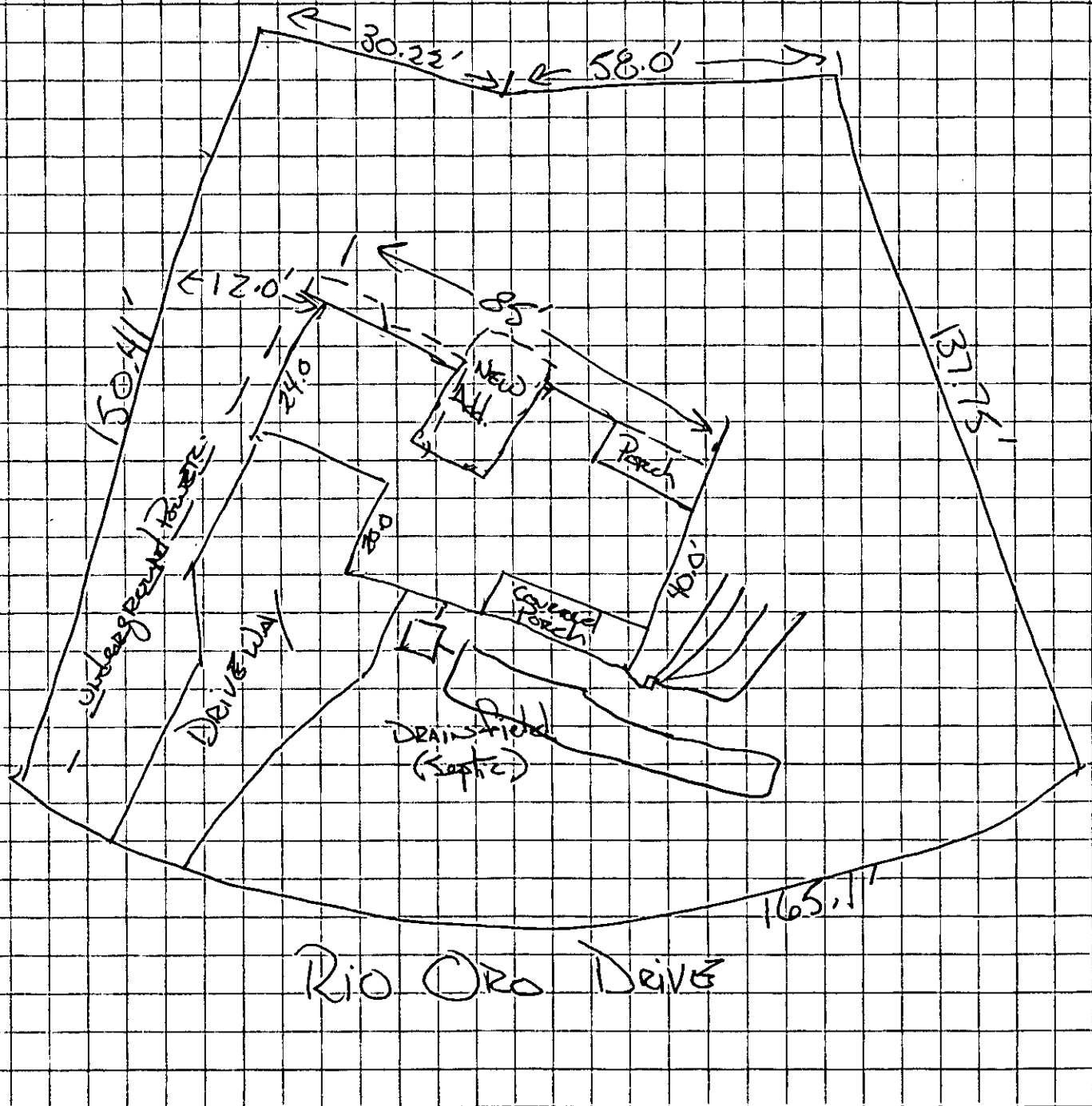
PROPOSED PLOT PLAN

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

FILE: 11322

TC: 001-296-09

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.



APPROVAL DATE _____

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