

21532 RIO ORO DR

00129713

8/15/08

marliwr

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

Phila

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AC S Pd 100 7/26/00 Rec'd 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 18097

Date: 7/18/00

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-297-13
STREET ADDRESS: 21532 Rio Oro Dr

ZONING: _____

SUBDIVISION OR MOBILE HOME PARK NAME: Bahia Bay

PERSON FILING APPLICATION:

NAME: Deborah H. Quatkenbush (last) (first) (mi)
ADDRESS: 21532 Rio Oro Dr. PHONE: 704 896-2066
CITY: Cornelius STATE: NC ZIPCODE:

PROPERTY OWNER:

NAME: Deborah H. Quatkenbush (last) (first) (mi)
ADDRESS: 1238 Torrence Circle PHONE: 704 896-2066
CITY: Cornelius STATE: NC ZIPCODE: 28036

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

LOT NUMBER: 43 LOT SIZE (in acres): ±.25

TYPE APPLICATION (check one):

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

1984

[redacted]
[] 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: 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 [X] 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: Deborah Quatkenbush Date: 7/18/00

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.

...Approval granted to enclose the deck only 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 S. Walker R.S. 7/27/00
Environmentalist Date

WATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Deborah H Quakenbush

Requestor (please print): Phone #: Date Requested: 7/20/00 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	/	MH Exc/Add/Repl without System Modification	$ 100.00	100 —
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: Date: Total: 100 +

21532 RIO ORO DR.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

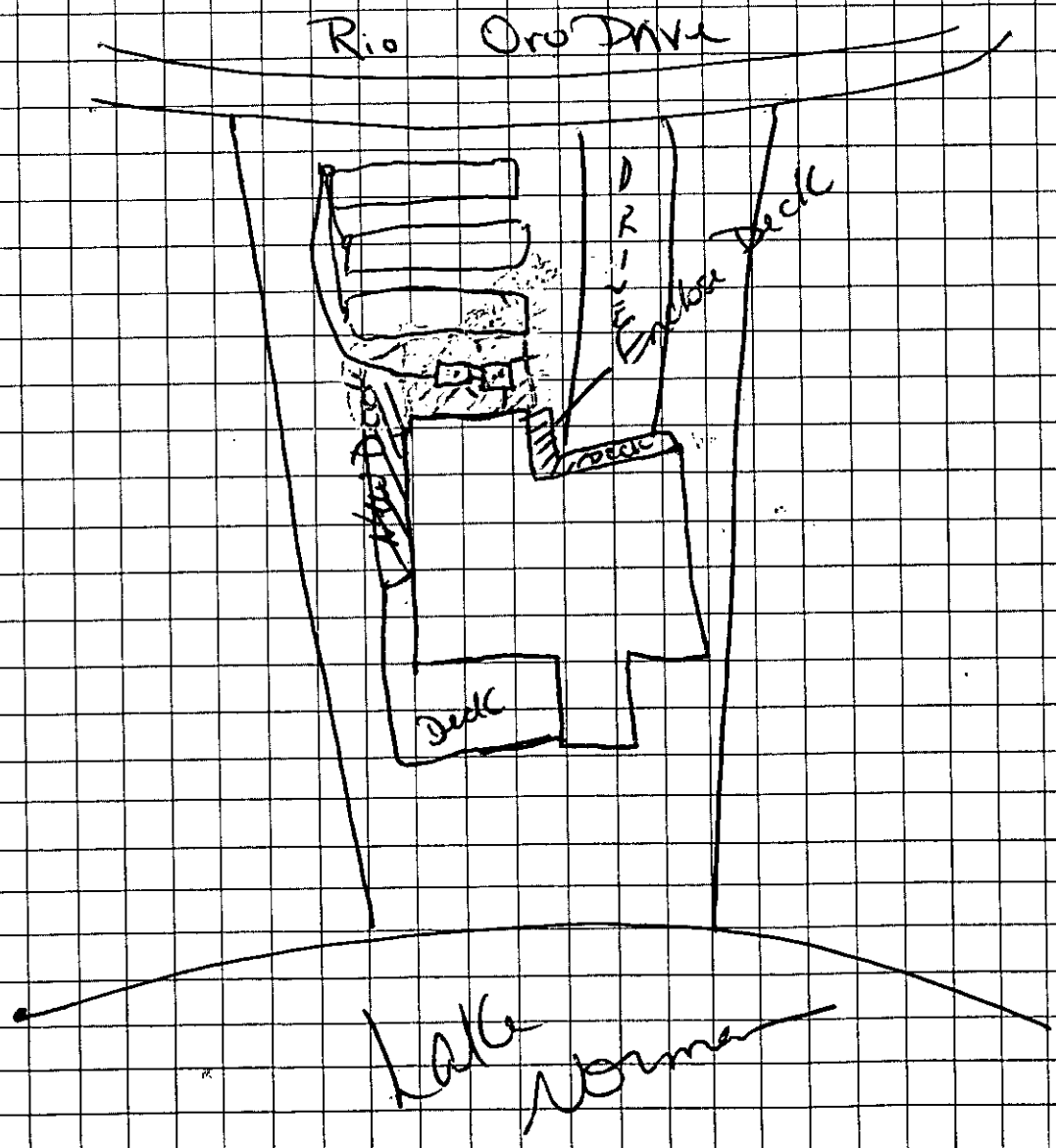
PROPOSED PLOT PLAN

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

FILE: 18097

TC: 001-297-13

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.

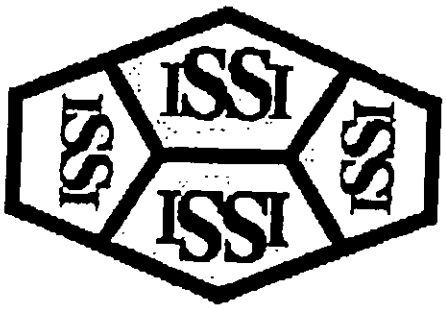


Deborah Quattlebaum
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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



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ISSI Operations Center Staff

Serial No. [illegible]

ICAR / SI Permit No. _____

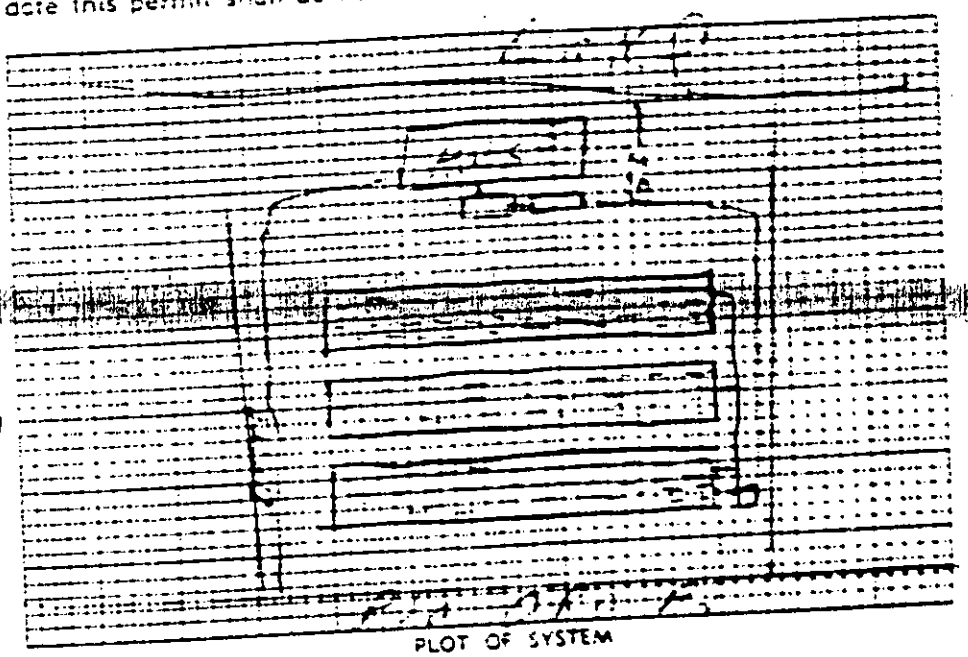
T C No. 2C

Date Issued _____

Map Date 1

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 [illegible] a [illegible] Permit ___ Alter or Repair the individual sewage disposal system consisting of a septic tank and subsurface soil absorption effluent discharge as described herein and on the attached location. This permit is granted based upon the information supplied in application [illegible] dated [illegible] 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 [illegible] after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 1"

Liquid Capacity of Tank [illegible] gal.

Tank Constructed of [illegible]

Absorption area required [illegible] 408 / 1224 sq. ft.

Number of Bedrooms 12

Distance from Well 5'

Distance from Property Line 5'

Distance from Well Com

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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 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.

3 beds: 12' x 34' ± 17" stone; 10' between beds. 1 lft. station

Comments _____

_____ Environmentalist

_____ Division or Section Head

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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

Mecklenburg County Health Department

Cert. Asst. No.

Date Issued 12-2-

Serial 7214

T C No.

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 RHAE Gary (LAST, FIRST)

Location of Property 2132 Rio Oak Dr.

Application Number 15097

Permit Number 15097

Inspection Data:

Liquid Capacity of Tank 1500 gal in 1000 gal

Tank Material PVC

Total Length of Drain Tile 408'

Number of Lines 12

Depth of Filter Material 12"

Cover Depth 12"

Water Supply Source Com. Well

Distance from Water Source 100'+

Excavation Inspected 12-1-84 (DATE)

Tank Inspected 12-2-84 (DATE)

Final Location Field Inspected 12-1-84 (INITIAL, DATE)

Washing Machine Line Inspected, If Applicable ____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption of effluent discharge as described above and it has been ~~to be~~ 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 and 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

Environmentalist

EHD-5-76

18097 12450

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 4/25/94 CK#4461 GRT

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: SAME ✓ (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

Date: April 25, 1994

PROPERTY OWNER:
NAME: Kelly (last) Lisa (first) R. (mi)
ADDRESS: 21532 Rio Oro Dr. PHONE: (704) 896-0068
CITY: ~~Davidson~~ Cornelius STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-297-13
STREET ADDRESS: 21532 Rio Oro Dr.
~~Davidson~~ Cornelius NC 28036
ZONING: ~~Cornelius~~

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: 43 LOT SIZE (in acres): .25 ACRES

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] 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: 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 [X] 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: Lisa Kelly Date: April 25, 1994

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.

...Use existing system

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

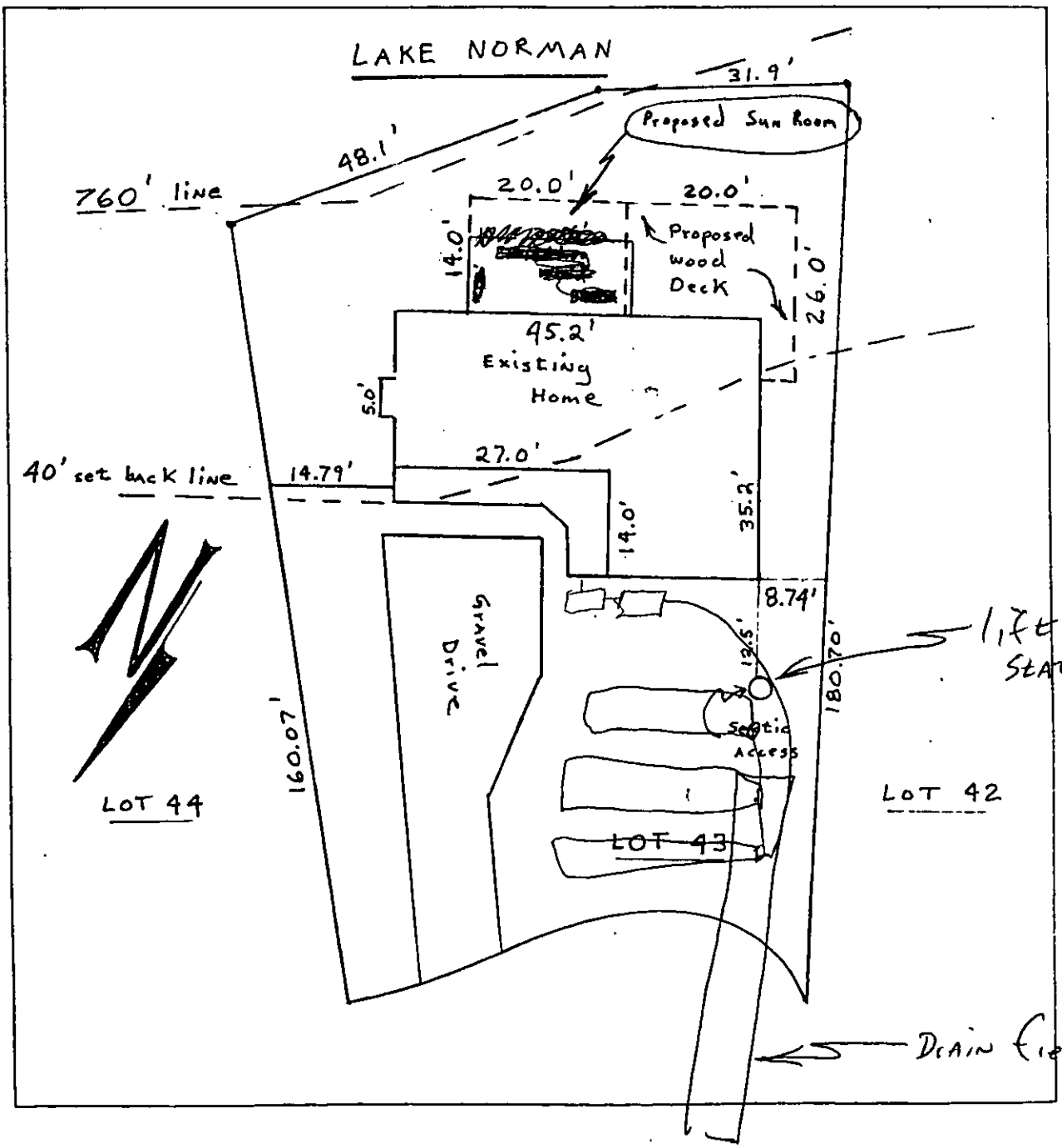
Philo S. Walker R.S. 4/27/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

CASE NO. _____
MEETING DATE _____

DRAW A SITE PLAN BELOW DESCRIBING PROPERTY AND VARIANCE REQUEST. GIVE ALL APPROPRIATE DIMENSIONS, BUILDINGS/STRUCTURES AND THEIR DISTANCE TO PROPERTY LINES, RIGHT-OF-WAYS, ETC.



PROPOSED PLOT PLAN

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

FILE: 18097

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.

SEE Attached

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

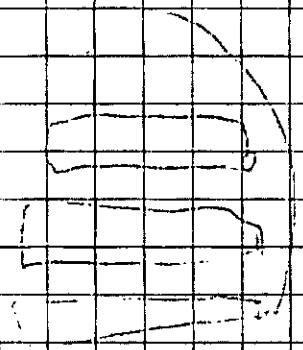
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 18097

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.

SEE Attached



APPROVAL DATE _____

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

PROPOSED PLOT PLAN

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

FILE: 18097

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.

SEE Attached

APPROVAL DATE _____

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

Date Issued 10-26-84

Serial No. 07692

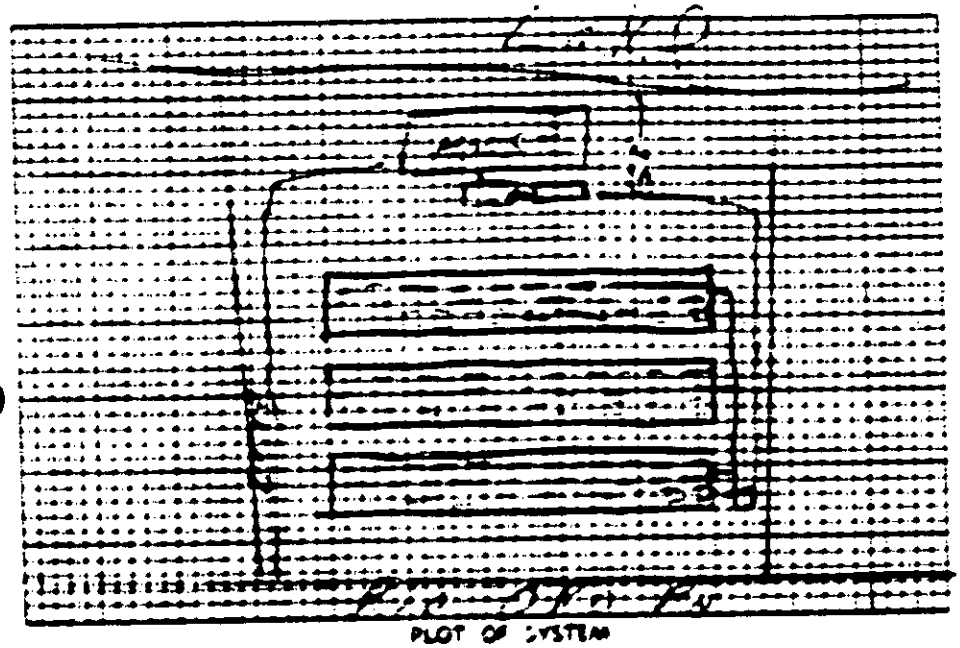
ICAR(S) Permit No. [illegible]

T C No. 201-2[illegible]

Map Date 1

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 waste water 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 [illegible], dated 9-19-84 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 [illegible], after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate [illegible]

Liquid Capacity of Tank [illegible]

Tank Construction [illegible]

Absorption and/or Filtration Area

Total Line Length [illegible]

Number of Lines [illegible]

Distance from House 5'

Distance from Property Line 5'

Distance from Well [illegible]

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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.

[illegible]

Comments: [illegible]

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 c 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

SEE INSTRUCTIONS ON BACK

Date Received 7-11-80

ICAR (S) Application No 1801

T C No. 81-212

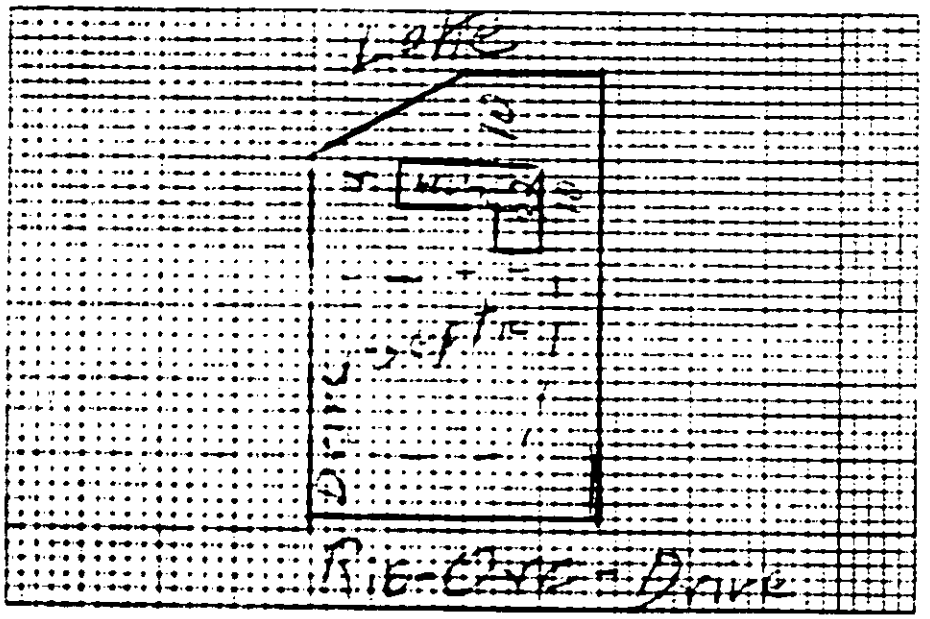
Map Date

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)

4) Mobile Home ____ Yes ____ No
Residence ✓ Yes ____ No

4) No of Bedrooms 3

5) Business Use - Max No Employees ____

6) Washing Machine ✓ Yes ____ No

7) Garbage Disposal ____ Yes ✓ No

8) Dishwasher ____ Yes ✓ No

9) Water Supply
A) Individual Well ____
B) Governments System ____
C) Community System
1 Well source Community
2 Governmental source ____

10) Sewage System
House located within 200 feet of public sewer ____ Yes ✓ No
House located within 200 feet of community sewer ____ Yes ✓ No

11) FHA Case No. ____

12) VA Case No. ____

13) NAME OF OWNER Rhyne (LAST) Garry (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 242 Box 43 Davidson N.C. 28036

15) PHONE NO Home 892-3564 Office 892-6556

16) LOCATION OF SYSTEM 21532 Rio Oro Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Lake Ivy Lot No. 43 Block No. 2

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A SOIL INVESTIGATION BEEN RUN? ____ YES ____ NO DATE RUN ____

20) PTR NUMBER (See Instructions) ____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

7-11-80
DATE OF APPLICATION

OWNER Garry Rhyne

EHD-5-76

Environmental Health Department's Copy

Date Received 17 July 1984

SEE INSTRUCTIONS ON BACK

ICAR(S) Application No. 18097

T. C. No. 001-297-1

Map Date ✓

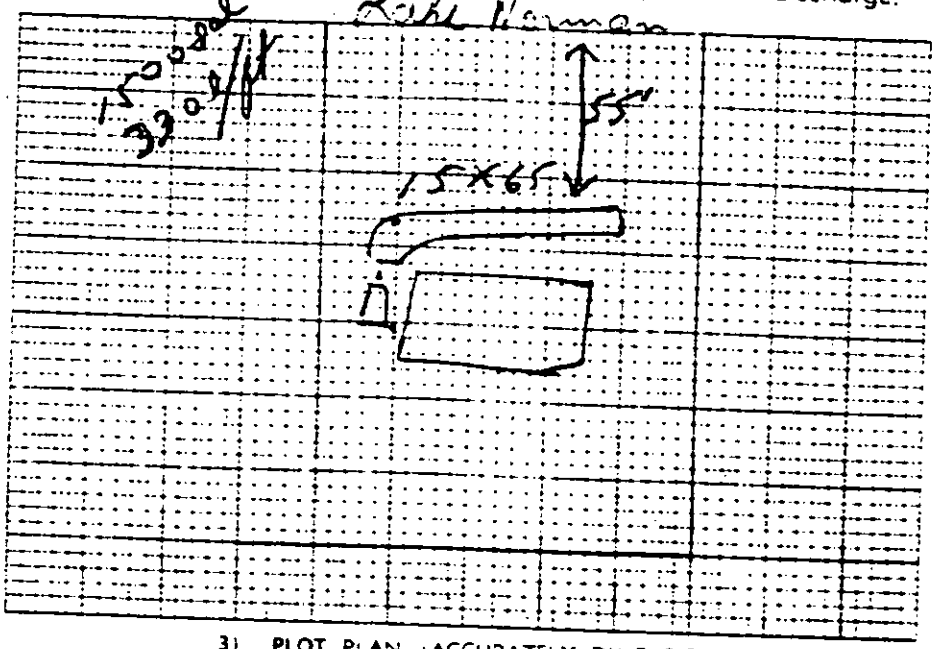
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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)



4) Mobile home ____ Residence ✓
4) No. of Bedrooms 2
5) Business Use — Max. No. Employees ____
6) Washing Machine ✓ Yes ____ No
7) Garbage Disposal ✓ Yes ____ No
8) Dishwasher ✓ Yes ____ No
9) Water Supply
A) Individual well ____
B) Governmental System ____
C) Community System
1 Well source ✓
2 Governmental source ____
10) Sewage System
House located within 200 feet of public sewer ____ Yes ____ No
House located within 200 feet of community sewer ____ Yes ____ No
11) FHA Case No. ____
12) VA Case No. ____

13) NAME OF OWNER Devine (LAST) Gail (FIRST) L (MIDDLE)

14) ADDRESS OF OWNER 4424 Beechknoll Ct Charlotte NC

15) PHONE NO. Home 568-2041 Office 376-0122

16) LOCATION OF SYSTEM Pic Ora Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Bahia Bay Lot No. #43 Block No. 5

Map Book No. 17 Page No. 329

18) DEED REFERENCE — DEED BOOK 5612 AT PAGE 207

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 7/16/84

20) PTR NUMBER (See Instructions) ____

The undersigned person hereby agrees that he has read the foregoing application and that the facts of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

7/17/84
DATE OF APPLICATION

Gail L Devine
OWNER

EHD 3-78

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 18097

Date Issued 1-7-85 **Serial** 7214 T C. No.

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 Rhyne Gary
LAST FIRST MIDDLE

Location of Property 2153 2 Rd OKA Dr

Application Number 18097 Permit Number 18097

Inspection Data:

Liquid Capacity of Tank 1500 gal to 1000 gal U.S. Tank Material PVC

Total Length of Drain Tile 408' Number of Lines 12

Depth of Filter Material 17" Cover Depth 12"

Water Supply Source Comm well Distance from Water Source 71'

Excavation Inspected 11-1-84 DATE Tank Inspected 1-7-85 DATE

Nitrification Field Inspected 11-1-84 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 _____

Jim Ellison
Environmentalist

Environmental Health Department Copy

CASE NO. _____
MEETING DATE _____

DRAW A SITE PLAN BELOW DESCRIBING PROPERTY AND VARIANCE REQUEST. GIVE ALL APPROPRIATE DIMENSIONS, BUILDINGS/STRUCTURES AND THEIR DISTANCE TO PROPERTY LINES, RIGHT-OF-WAYS, ETC.

