


2934 MIRANDA RD

03708108

6/25/2007

duponbj

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

# Mecklenburg County
# Health Department

Basil G. Dalta, M.D., M.P.H.
Health Director

DECEMBER 11, 1990

TO: Susan P. Latimer
Accountant I

FROM: Lorraine C. Whitaker
Accounting Technician I

SUBJECT: Request for Refund/ Environmental Health Services

The following refund is requested:

AMOUNT: $100.00

ORG/ACCOUNT # 462-3511

PAYABLE: MRS. PEGGY F. MCGEE
2934 MIRANDA ROAD
CHARLOTTE, N. C. 28216

DATE OF ORIGINAL DEPOSIT: OCT 26, 1990

REASON: IMP/INSTAL PERMIT CONV SYSTEM($200.00 FEE)
PROPERTY PROVED UNSUITABLE FOR ANY SEPTIC SYSTEM DESIGN.

/Enclosures

# Mecklenburg County
## Health Department

November 29, 1990

MEMORANDUM

TO: Lorraine Whittaker

FROM: Sylvia D. Daniel, R.S.
Program Chief

Please issue a refund in the amount $100.00 for a soil investigation on 3216 Miranda Road, Charlotte (file No. 7085A, tax parcel No. 037-081-19). The property proved unsuitable for any septic system design . Please make refund payable to the following address:

MRS. PEGGY F. MCGEE
~~Roy Mack McGee~~
2934 Miranda Rd.
Charlotte, NC 28216

Thank you for your prompt attention to this matter.

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

# APPLICATION FOR AN IMPROVEMENT PERMIT

Property paid $100 - 11-27-90

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 7085A
TC: 037-081-19
SERIAL: № 21354
☐ L ☐ CRT

**JOB LOCATION**

(1) ADDRESS: 3216 Miranda Rd (STREET NO. / STREET) (2) FILE:
(3) JURISDICTION: (4) TAX PARCEL NO.: 7085A
(5) SUBDIVISION: Long Creek (6) LOT: (7) BLOCK:

**OWNER**

(8) NAME: Roy Mack McGee (FIRST / MIDDLE / LAST)
(9) MAILING ADDRESS: 2934 Miranda Rd
(10) CITY: Charlotte (11) STATE: N.C (12) ZIP: 28216
(13) PHONE: (WORK) 392-3555 (14) (HOME) 392-3555

**REQUEST**

This request is for a(n):

(15) ☒ New permit
(16) ☐ Repair or alteration permit
(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? 3 (25) Type?
(23) Maximum occupancy? 2 (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

(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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Peggy McGee
Date: Oct 25, 1990

## IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void ~~36~~ 60 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 10-26-90

Name/Company: _____

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Dump Permit - New
(Miranda) Road
Tax # 037-081-19
Bldg # 7085A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

OCT 26 1990

Fee: $ 200.00 CR# 2545 P200.00

NOTICE:

*A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.*

W. Thompson
Completed by

Collected by

# APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 7085A
TC: 037-081-19
SERIAL: NP 21354
☐ L ☐ CRT

Property owner paid $100 - 11/20 owed 40 11-27-90

## JOB LOCATION

(1) ADDRESS: 3216 Miranda Rd (STREET NO. / STREET) (2) FILE:
(3) JURISDICTION: (4) TAX PARCEL NO.: 7085A
(5) SUBDIVISION: Long Creek (6) LOT: (7) BLOCK:

## OWNER

(8) NAME: Roy Mack McGee (FIRST / MIDDLE / LAST)
(9) MAILING ADDRESS: 2934 Miranda Rd
(10) CITY: Charlotte (11) STATE: N.C (12) ZIP: 28216
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(22) Number of bedrooms? 3
(25) Type?
(24) Maximum occupancy? 2
(26) Maximum number of employees?
(34) Basement? ☐ yes ☑ no
(27) Maximum number of seats?

## WATER SUPPLY

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Signed: Peggy McGee
Date: Oct. 25, 1990

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... 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~~ 60 from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

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

DATE 10/26/90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Unk

# 137-081-19
PARCEL NUMBER

3216 W. Tyvola Rd. #C
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

| | | | |
|---|---|---|---|
| 1. | SUBDIVISION REGULATIONS | ____APPROVED | ____NOT APPROVED |
| 2. | FLOODWAY REGULATIONS | ____APPROVED | ____NOT APPROVED |
| 3. | EROSION CONTROL REGULATIONS | ____APPROVED | ____NOT APPROVED |
| 4. | COMMERCIAL DRAINAGE PLAN | ____APPROVED | ____NOT APPROVED |
| 5. | PUBLIC UTILITY EASEMENT | ____PRESENT | ____NOT PRESENT |
| 6. | PROPERTY FRONTS ON THOROUGHFARE | ____YES | ____NO |
| 7. | DRIVEWAY PERMIT REQUIRED | ____YES | ____NO |

REMARKS: C. F. Unk

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: N/A

# Mecklenburg County
# Health Department

October 23rd, 1990

Roy Mack McGee
2934 Miranda Rd.
Charlotte, NC 28216

RE: Property located at 2934 Miranda Rd.
FILE: 7085A
PARCEL: 037-081-19

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 16760) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure (2)

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 16760

File:

Action 2

Parcel: 7085A
037-081-19

☑ PC

Location:

Subdivision: 2934 Miranda Rd.

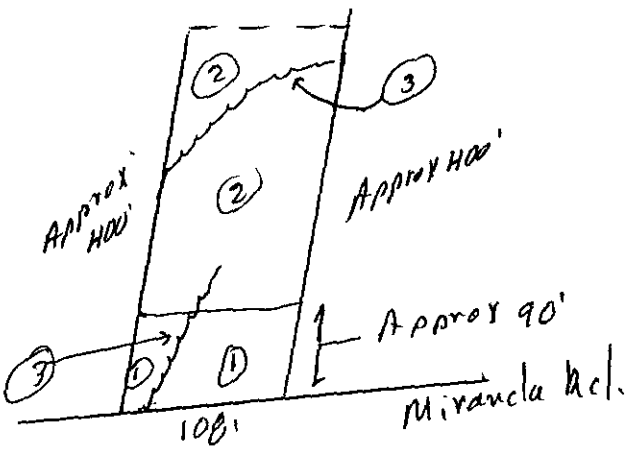
Lot: Block: Acres: 1.0

Owner:
Address: Roy Mack McGee
2934 Miranda Rd.
Charlotte, NC 28216

Comments: _____

Described by: William R. Marlin

Date: 10-19-90




*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 2-8% | (S) PS U 2-10% | S PS (U) Terrace | S PS U | S PS U | S PS U |
| Texture | S (PS) U clay | S PS (U) 2-1 clay | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Blocky | S (PS) U Blocky | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U 7-36" To water | S (PS) U 7-36" To water | S PS U | S PS U | S PS U | S PS U |
| Depth | S PS (U) 24-36" | S PS (U) 14-32" | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U 7-36" | S (PS) U 7-36" | S PS U | S PS U | S PS U | S PS U |
| Available Space | S PS (U) Restricted | S (PS) U | S PS U | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | IV Parolet-Ud | Wilkes-Enon | Terrace | | | |
| Area Classification | S PS (U) | S PS (U) | S PS (U) | S PS U | S PS U | S PS U |

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 16760

File: Action 7

Parcel: ☐ PC

Location:

Subdivision:

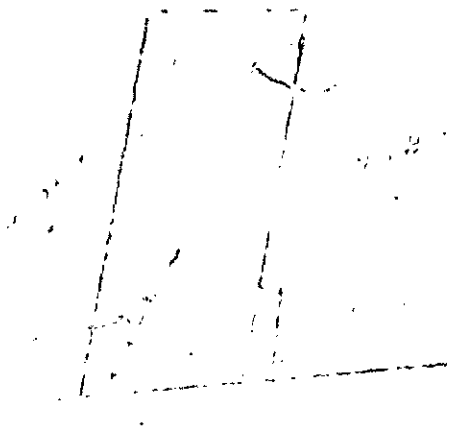
Lot: Block: Acres:

Owner:
Address:

Comments: _____

Described by: _____

Date: _____



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Texture | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | | | | | | |
| Area Classification | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |

$50.00
T.B.

# APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7085A

TC: 037-081-19

☑ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: 2.0 Ac Miranda Rd

② SUBDIVISION: ____ ③ LOT: ____ ④ BLOCK: ____

⑤ PARCEL REFERENCE: BOOK NO.: 37 PAGE NO.: 08 PARCEL NO.: 19

⑥ DEED REFERENCE: BOOK NO.: 2195 PAGE NO.: 512

**OWNER**

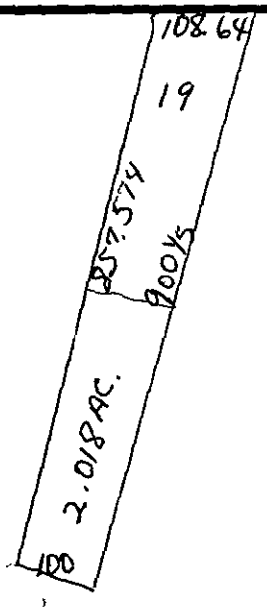
⑦ NAME: Roy (FIRST) Mack (MIDDLE) McGee (LAST)

⑧ MAILING ADDRESS: 2934 Miranda Rd.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28216

⑫ PHONE: (WORK) 392-3555 (HOME) 392-3555

⑬ Accurately diagram and dimension lot.




house will be built on 1st Acrea Facing Road.
We want 1 acrea Tested.
1st Acrea Facing Road.

⑭ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

X Signed: Peggy F. McGee

X Date: Oct. 9, 1990

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 10-10-90

Name/Company: Roy Mack McGee

c/o Designated: Peggy F. McGee

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Soil Invest. - 1 acre
Miranda Rd.
TP # 037-081-19
Fee # 7085A

ENVIRONMENTAL HEALTH DIVISION
PAID
OCT 10 1990

CK # 2515

Fee: $ 50.00 PD 50.00

NOTICE:

*A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.*

Completed by

Collected by