


3636 MIRANDA RD

03741125

5/20/08

marliwr

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

D4400 10/27/93

2665

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

Cash $50.00 [ ] CRJ

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 037-411-25

Date: 10-27-93

PERSON FILING APPLICATION:
NAME: C.W. KIOD, (last) (first) (mi)
ADDRESS: 300 MIRANDA PHONE: (__) _____
CITY: CHARLOTTE, STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 037-411-11
STREET ADDRESS: 3700 MIRANDA ROAD
ZONING: _____

PROPERTY OWNER:
NAME: KIOD CHESTER W. (last) (first) (mi)
ADDRESS: 3700 MIRANDA RD PHONE: (__) _____
CITY: CHARLOTTE, STATE: NC ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[X] 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) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
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) [X] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] 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: C.W. Kiod Jr By James Dees Agent Date: 10-27-93

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.

... 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

Philip S Walker 10/29/93
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

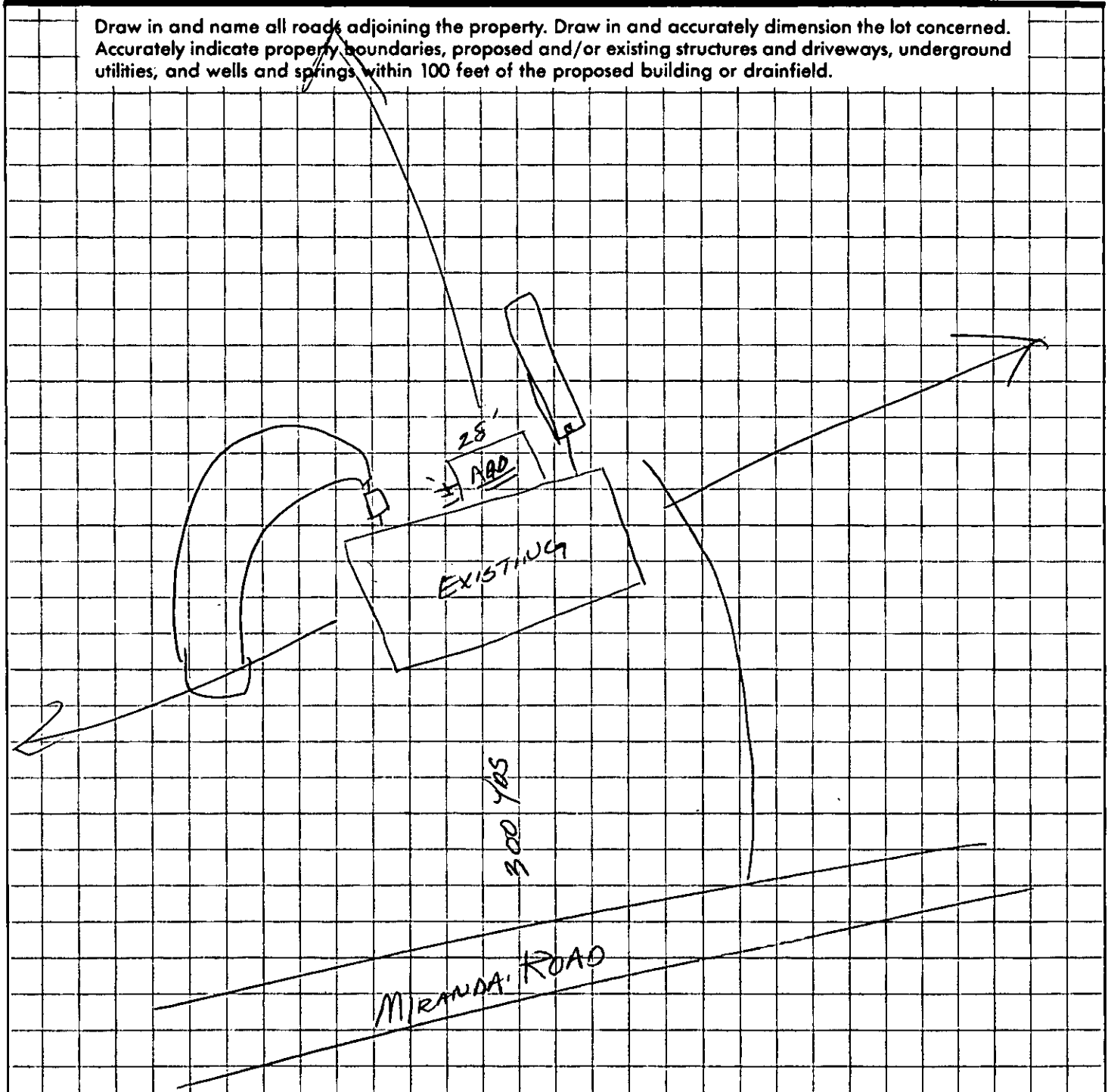
# PROPOSED PLOT PLAN

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

FILE: 2665

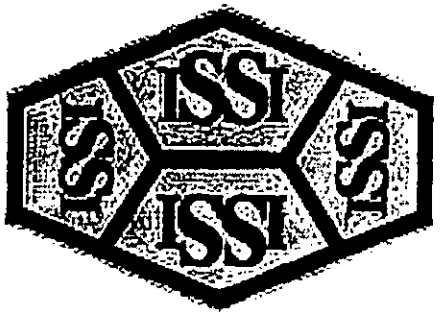
TC: 037-093-11

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 RDW 10/29/93 VES

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




Imaging Solutions and Services, Inc

The following is a

# Poor Original

*The following document has been identified as a poor quality original (insufficient contrast, inadequate definition, obscured information, etc.) Prior to final document capture, every manual, hardware and software effort has been applied (extra document preparation, modification of document capture device set-up paramenters and/or copying of the original) to obtain the highest possible image quality from this original.*

*ISSI Operations Center Staff*

Serial No. [illegible]

Date Issued 12-26-72

037-09-11

9-01-70

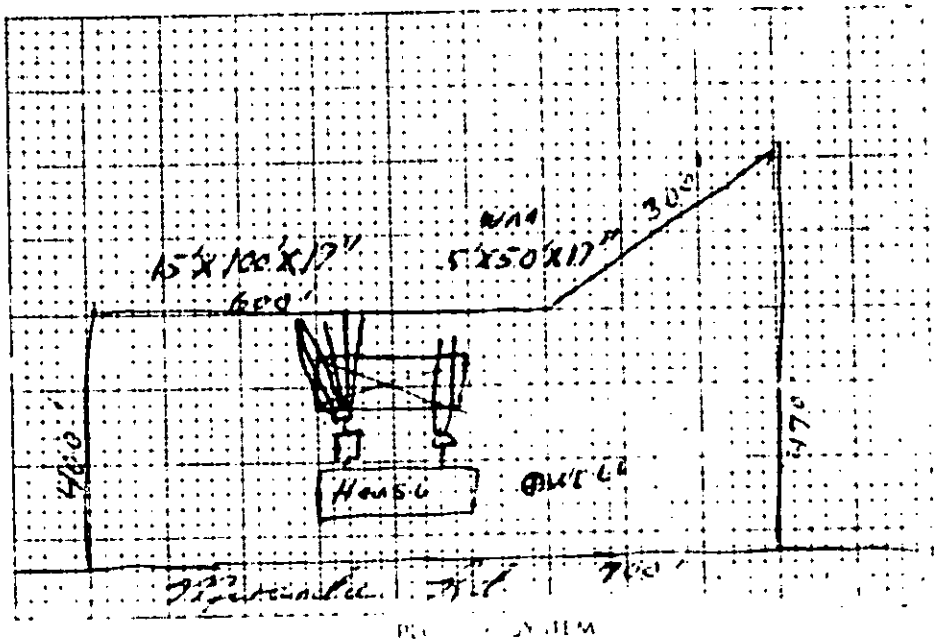
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### 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 [illegible] water treatment system with subsurface, soil absorption [illegible] scribed location. This permit is granted based upon the information [illegible] dated 11-24-71 and this permit shall be void at [illegible] plication is not true or is erroneous. All work shall be completed on or before 15 Dec. 72 after which date this permit shall be null and void.




[illegible] SYSTEM

[illegible] 60

Liquid [illegible] 1500

Tank Capacity [illegible] FC

Absorption [illegible]

Total Length 600 + 100 in W

[illegible] 6 + 2

[illegible] 20

[illegible] 10' T

Distribution [illegible] 100 +

NAME OF OWNER Hill, Chester [illegible]

LOCATION OF PROPERTY Miranda Rd

The [illegible] requirements [illegible] from the date of the [illegible] expired.

[illegible]

[illegible] after

Serial No. C of A (or) No. 2665

Date Issued 15 Mar 72 T C No. 637-093 11

Map Date 9-01-70

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner Todd (LAST) Chester (FIRST) W. (MIDDLE) Jr.

Location of Property Miranda Rd.

Application Number 2665 Permit Number 2665

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material P.C.

Total Length of Drain Tile 600'+100' Number of Lines 6+2 (05'x100'x18")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Dug Well Distance from Water Source 100'+

Excavation Inspected 15 Mar 72 (DATE) Tank Inspected 15 Mar 72

Nitrification Field Inspected 15 Mar 72 (DATE)

Washing Machine Line Inspected, If Applicable 15 Mar 72 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption effluent discharge as described above and it has been ✓ installed / altered or repaired in accordance with the permit issued and the regulations of Mecklenburg County Board of Health in effect on the date of issuance of the permit. This Certificate of Approval does not in any way guarantee that the system will operate properly or that hereafter owning, controlling, or using such system from any cause of the system to operate properly. This Certificate of Approval is void upon any violations shown on the permit(s) or in addition to those listed below under Comments, shall be null and void of any information contained in the application made to the property which would increase the requirements for approval.

Comments The owner did this work.

M. A. Kelly

Environmental Health Specialist

DATE 10/27/93

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

R-3

# 037-093-11
PARCEL NUMBER

3750 Miranda Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
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** |
| **8. DOES PROJECT CONFLICT WITH ROAD PROJECT?** | **YES** | **NO** |

**REMARKS:** Room Additin

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).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Pence

REVISED 1/91