Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
704-336-5103 Phone 704-336-6894 Fax

SERVICE REQUEST

Service Request Information

Request Number: **17824**
Request Type: **Resid Pool Approval**
Associated WO Number:
Date Initiated: 10/1/10 10:48:05 AM
Submitted To: WALKER, PHILO

Priority: 3
Status: IP
Initiated By: CRAIG, GWENDOLYN
Dispatched To: WALKER, PHILO

Incident Location

Problem Address: **10412 MOORES CHAPEL ROAD, CHARLOTTE, 28214**

Requesting Party Information

First Name	Last Name	Address		
MERVIN	KNIGHT	10005 UNIVERSITY PARK LANE	CHARLOTTE	28213

Home Phone	Work Phone	Other Phone
(704) 547-0056	(704) 451-1849	

Question	Answer

Problem Details

Caller Details	Residential pool construction request, please check septic system location for distance requirements, no septic record found on files.

Details (cont.)	Residential pool construction request, please check septic system location for distance requirements, no septic record found on files.

Activity Details

Comments	

File # 8224B

SERVICE REQUEST/WORK ORDER

Log No.: 17824 Section: PHPM & ES Hazard? ( )Yes ( )No

Date: 9/20/10 Parcel: 053-07I-07 <60 Days? ( )Yes ( )No

REQUESTING PERSON: Applicant PHONE NUMBER(S): 655465

PROPERTY CONCERNED: Name Virginia Knight (704) 547-0056

ADDRESS: 1041 Travis Chapel Rd (704) 451-1849 CITY Charlotte ZIP 28214

SERVICE REQUESTED Please check location of septic to the proposed pool location.

ASSIGNED TO/ AREA: P.W. COMPLETED BY:

DATE	ACTIVITY REPORT
10/1/10	lot 7, 8 + P6 1955, no septic files found
10/5/10	The addition of a pool should not adversely effect the septic system or repair area as proposed on the attached plot plan.
10/11/10	EHS Septic + Well NOT on Posse
10/14/10	Posse Project # 314276 JJC

NOTIFICATION TO REQUESTING PERSON: ( ) WRITTEN ( ) VERBAL ( ) NOT APPLICABLE

COMPLETED BY: Phila Walker RS DATE 10/5/10

REVIEWED BY: [illegible] DATE 10-9-10

Mecklenburg County Health Department

APPLICATION FOR RESIDENTIAL POOL CONSTRUCTION

(All Sections of this Application Must Be Completed AND Signed for Processing)

Physical street address of installation: 10412 Moores Chapel Rd, Charlotte, NC 28214

Subdivision Name: _____ City: Charlotte Zip Code: 28214

Owner: MERVIN KNIGHT Home Phone: 704-547-0056

Mailing Address: 10005 University Park Ln Work Phone: 704-451-1849

City: CHARLOTTE State: NC Zip Code: 28213

Contractor: Better Than Before Phone: 704-507-6210

Mailing Address: 3621 Rocky River Rd N City: Monroe State/Zip: NC 28110

1. Type of Water Supply(check one): ☒ City (Municipal) ☐ Private utility (Community) ☐ Private Well
2. Type of Sewage Disposal (check one): ☐ City (Municipal) ☐ Private utility (Community) ☒ Septic system

3. **All outdoor residential swimming pools and spas in Mecklenburg County are required to be completely fenced or protected once the pool is holding water. The minimum fence/barrier required by APPENDIX G of the NC Residential Code is 48"(inches) with no opening greater than four(4) inches through the barrier or more than 2"(inches under the barrier. Gates, when provided, must be self-closing, self-latching, and, where applicable lockable. Other requirements may apply. NOTE-driveway gates, when installed as part of the fence above, must be installed w/ automatic self-closers.**

4. **Attach a scale drawing showing the proposed location of the pool and any buildings, wells, or septic tank systems within 100 feet of the proposed pool.**

MUST BE COMPLETED BY HOMEOWNER OR LEGAL(POWER OF ATTORNEY) REPRESENTATIVE

I Mervin Knight, owner of the property, agree to the following requirements: (*initials are required beside each item listed.*)

- I certify that the application and site drawing being submitted are accurate and complete. MK
- I hereby authorize agents of the Health Dept. to enter onto the above property to process this request and to conduct a fence and gate inspection of the pool, when requested or needed. MK ✓
- I understand that the pool must be protected by a fence and gate(s) (or equivalent, if above ground) as specified in the NC Residential Code, APPENDIX G and the *Mecklenburg County Health Ordinance Rules Governing Residential Swimming Pools* and must be installed and **completed once the pool is capable of holding water** MK ✓

Signed: Mervin Knight 9-21-10

Property Owner's Signature Date

By signing in this block, the contractor authorizes the processing fee for this request to be charged to their LUESA Contractor Account.

Brian Long Brian Long 9-30-10

NAME(PRINT) Signature Date

This area for MCHD use only:

Amount Paid: $ 75.00 ☐ Cash ☐ Check ☐ Contractor Account VISA Payment

Check Number: _____ Date: 9/30/10 By: Valerie Walker

Contractor Charge Account: _____

Request #: 3624 Parcel ID#: _____ EHS: _____

Approved By: Phillip Walker RS septic insp Date: 10/5/10 CRT: _____

Disapproved By: _____ Date: _____ Notify Date: _____

Final/Fencing Inspection By: _____ Date: _____

Signature on the "Approved By" line above by an employee of the MCHD indicates Health Department approval of this application and the accompanying site plan. All approvals are contingent upon the pool being operated in a manner that does not create a public health nuisance or hazard, and completion of the required pool barrier at the time the pool is capable of holding water.

Revised FEB 2008

Project # 314276

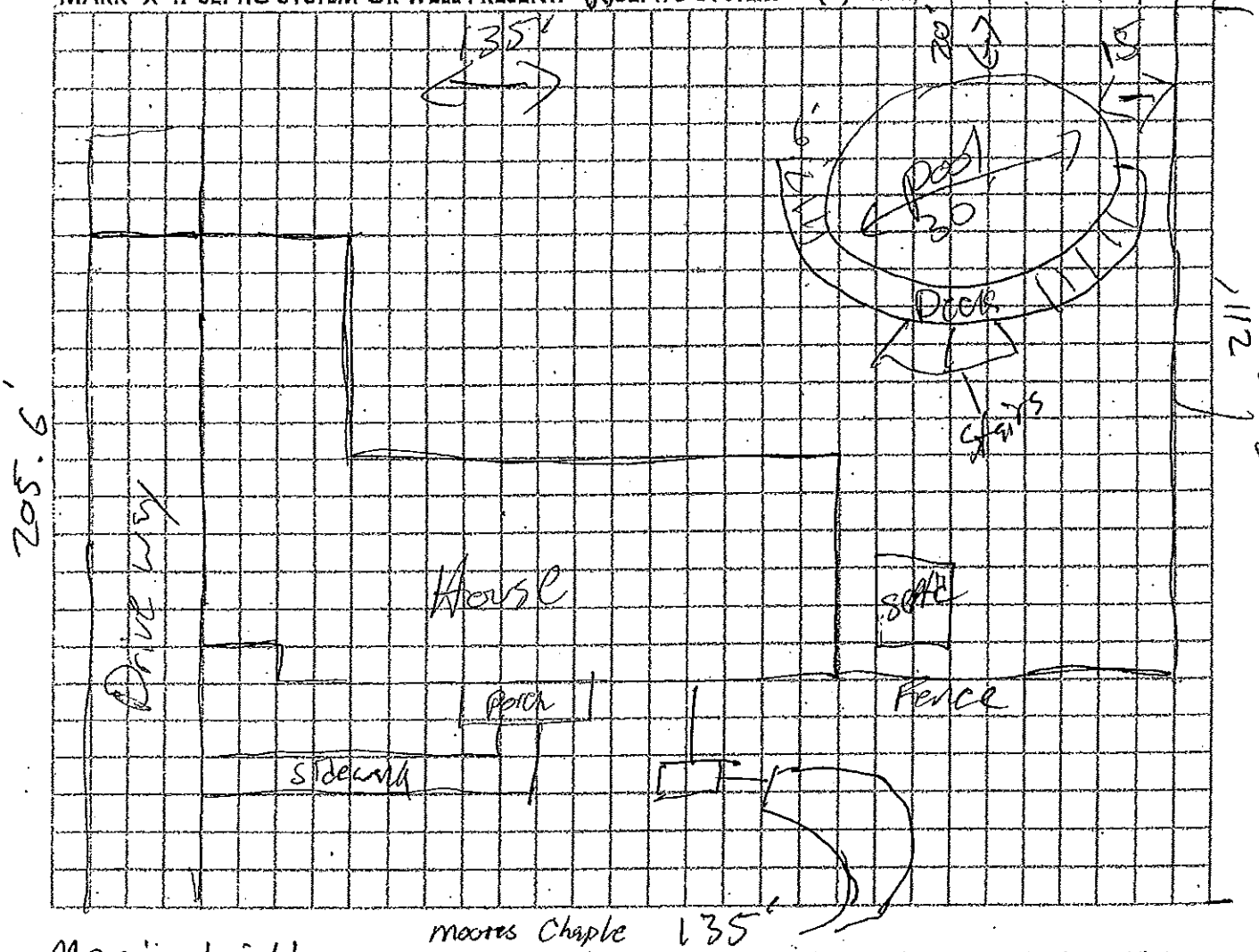
Mecklenburg County Health Department
700 N. Tryon Street, Suite 208
Charlotte, NC 28202
PHONE (704) 336-5101 FAX(704) 336-5306

PLOT PLAN FOR SWIMMING POOL INSTALLATION

ADDRESS: 10412 Moores Chapel Road, Charlotte, NC 28214

Draw in all proposed pool, property lines, address road, proposed or existing structures or driveways, underground storage tanks, wells (whether on same lot or not, if within 100 feet), and septic system drainfields. Plot/draw all dimensions, distances, etc. as needed to accurately detail pool layout in relation to structures, property lines, septic systems, etc.

MARK "X" IF SEPTIC SYSTEM OR WELL PRESENT: (X) SEPTIC SYSTEM ( ) WELL



I, Mervin Knight (homeowner) hereby affirm that the drawing above is accurate and understand that any deviation in construction from the pool layout, as approved, may result in removal of the pool or revocation of this approval.

Mervin Knight
HOMEOWNER SIGNATURE

9-30-10
DATE

OFFICE USE ONLY:
HEALTH DEPT APPROVAL BY: _____ DATE: _____