05/25/2009 10:23 Mecklenburg County LUE-South 7043510671 2 5

Project # 297519

FEE: 100
DATE: 6-26-09
CRT I 1

Front Office

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 6387

JAM 4273

TYPE APPLICATION:

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☑ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Robert B. Gadd
ADDRESS: 14034 IDLEWILD ROAD
CITY: MATTHEWS
STATE: N.C ZIP: 28105
PHONE: 507-2607 ← Cell
ALTERNATE PHONE:

PROPERTY OWNER:

NAME:
ADDRESS: SAME
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 215-151-06
STREET ADDRESS: 14034 Idlewild Rd.
CITY: Matthews
STATE: NC ZIP: 28105
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: N/A

1977

TOWNSHIP:

- ☐ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☒ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

WATER SUPPLY:

- ☐ MUNICIPAL (M)
- ☐ COMMUNITY (C)
- ☒ PRIVATE WELL (P)
- ☐ SHARED WELL (S)
- ☐ OTHER SPRINGS (O)

RESIDENTIAL PROPERTY TYPE:

- ☒ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ OTHER (O)

OCCUPANCY (both fields are required):

NUMBER OF BEDROOMS: 7
NUMBER OF OCCUPANTS: 0

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ LIVING ROOM
- ☐ DEN
- ☐ GARAGE
- ☐ SUNROOM
- ☐ PORCH
- ☐ DECK
- ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- ☐ DETACHED GARAGE
- ☐ DETACHED GARAGE WITH PLUMBING
- ☐ POOL HOUSE
- ☐ SHOP
- ☐ BARN
- ☐ STORAGE SHED
- ☐ DETACHED PORCH / DECK
- ☒ OTHER GAZEBO

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Robert B. Gadd — Owner's/Agent's Signature
6/25/09 — Date

*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.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

Septic Meets Required Setback off the Gazebo.

Jeremy Michael — EHS Signature
07-01-09 — Date

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W) 4034 STREET NAME IDLEWILD ROAD (AV,RD,ST, etc)

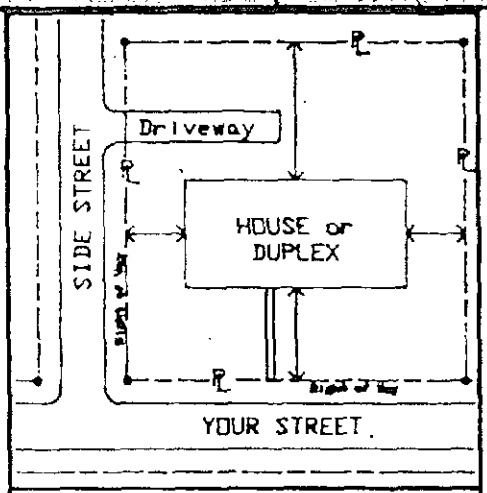
SUITE/UNIT(S):

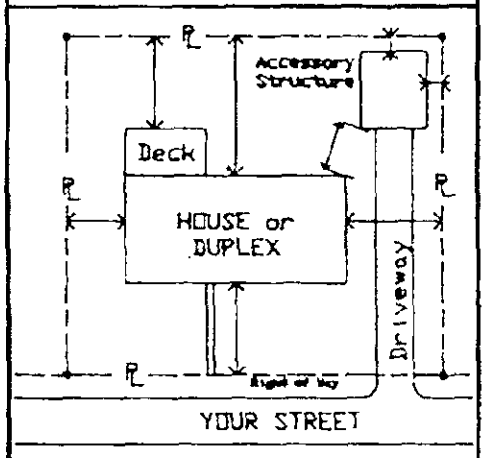
PERMIT #. File # 6387

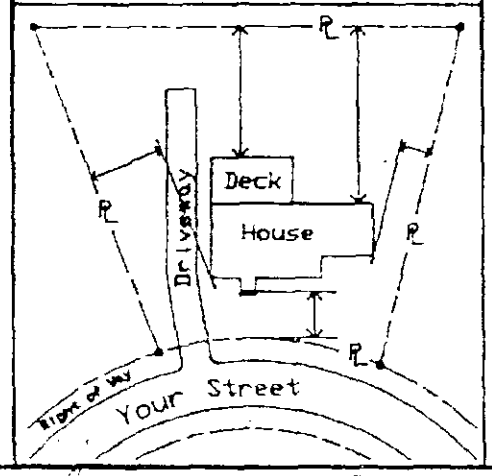
TAX JURISDICTION: (Check One)
- [X] 0-Mecklenburg
- [ ] 1-Charlotte
- [ ] 2-Davidson
- [ ] 3-Cornelius
- [ ] 4-Pineville
- [ ] 5-Matthews
- [ ] 6-Huntersville
- [ ] 7-Mint Hill

TAX PARCEL # 215-151-06 JOB # 297519

EXAMPLES/PLOT PLAN





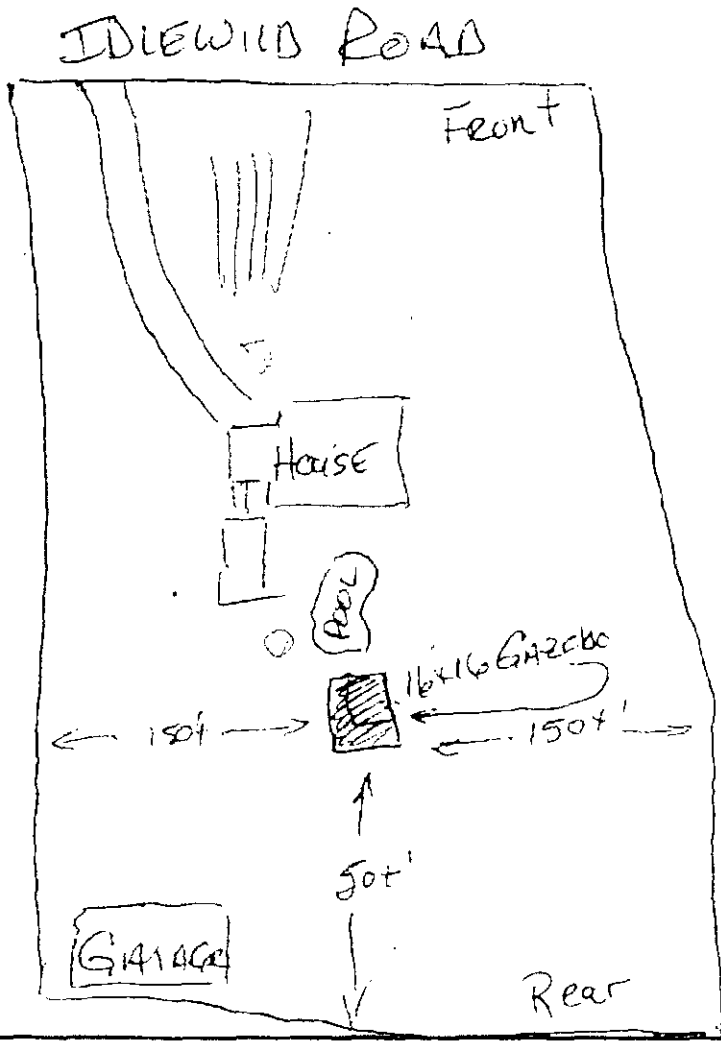


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Robert B Clark 6/25/09
APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

APPROVED BY

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: 14034 Idlewild Rd

Subdivision Name: _____ City: Matthews Zip Code: 28105

Owner: Bent Patsy Gadd Home Phone: 704-847-6872

Mailing Address: Same Work Phone: _____

City: _____ State: _____ Zip Code: _____

Contractor: Blue Haven Pools Phone: 889-1300

Mailing Address: 10020 Industrial Dr City: Pineville State/Zip: NC 28134

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 Patsy C Gadd, 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. PCG
- 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. PCG
- 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** PCG

Signed: Patsy C Gadd 7-10-08

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.

Danielle Moore Danielle Moore 7/10/08

NAME(PRINT) Signature Date

This area for MCHD use only:

Amount Paid: $ 75.00 ☐ Cash ☐ Check ☒ Contractor Account

Check Number: _____ Date: 7/10/08 By: MSB

Contractor Charge Account: X31983

Request #: 3189 Parcel ID#: _____ EHS: _____

Approved By: Jeremy Michael / MSB Date: 7-15-08 CRT: KD 07/18/08

Disapproved By: _____ Date: _____ Notify Date: _____

Final/Fencing Inspection By: _____ Date: _____

7/18/08 Pool MS

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

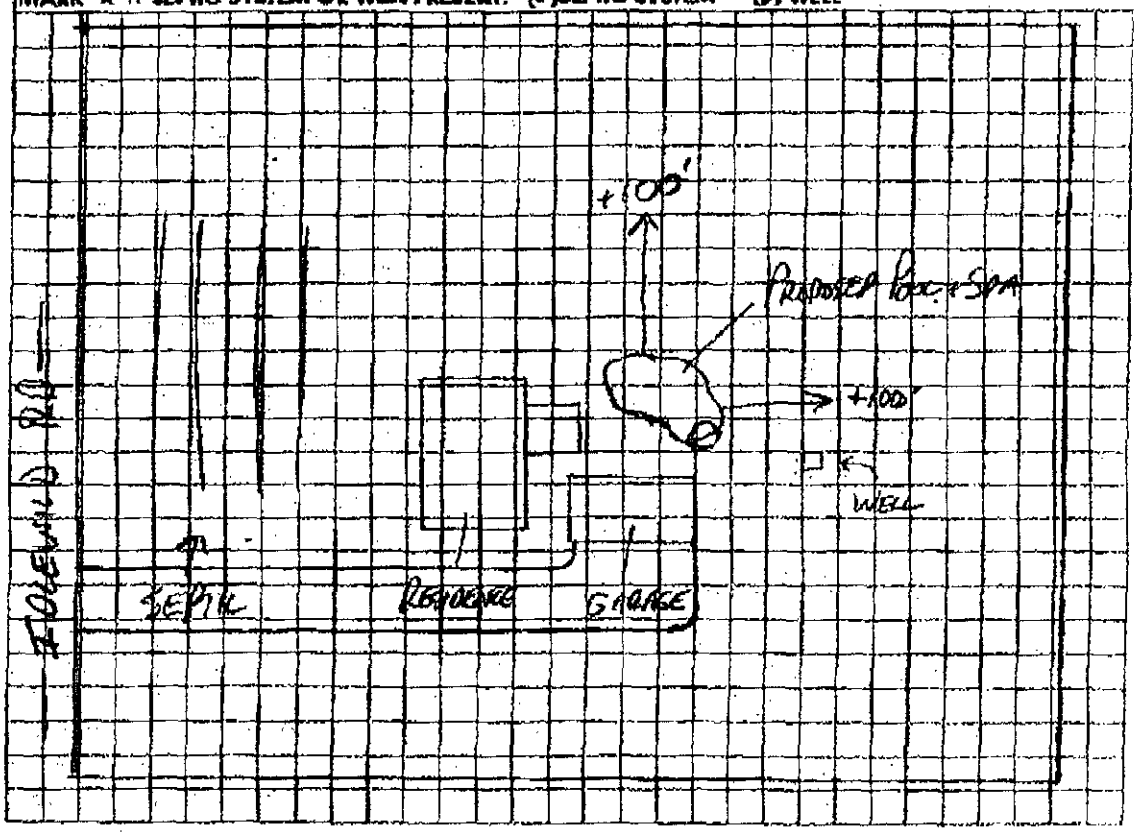
Mecklenburg County Health Department
700 N. Tryon Street, Suite 208
Charlotte, NC 28202
PHONE (704) 336-5101 FAX(704) 336-5306

PLOT PLAN FOR SWIMMING POOL INSTALLATION

ADDRESS: 14034 IDLEWILD RD MATTHEWS

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: (✓) SEPTIC SYSTEM (✓) WELL



I, PATSY C. CADD (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.

Patsy C. Gadd
HOMEOWNER SIGNATURE

7-3-08
DATE

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