NR0746584

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: 8115 Mallwaine Rd.

Subdivision Name: N/A City: Huntersville Zip Code: 28078

Owner: Julie + Corey Vineyard Home Phone: 612-750-3153 / 612-366-9308

Mailing Address: 8115 Mallwaine Rd. Work Phone: 980-229-1683

City: Huntersville, State: NC Zip Code: 28078

Contractor: Anthony + Sylvan Pools, Inc Phone: 704-773-4426

Contractor Charge Account: X-34544

Mailing Address: 9201C Southern Pine Blvd City: Charlotte State/Zip: NC 28273

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 Julie Vineyard, 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. JV *
- 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. JV *
- 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** JV *

Signed: Julie Vineyard * 8/19/2021 *
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.

Leah Tellier [signature] 8/19/21
NAME(PRINT) Signature Date

This area for MCHD use only:

Amount Paid: $ 75 ☐ Cash ☐ Check ☑ Contractor Account

Check Number: Date: 8/19/21 By: LMacLee

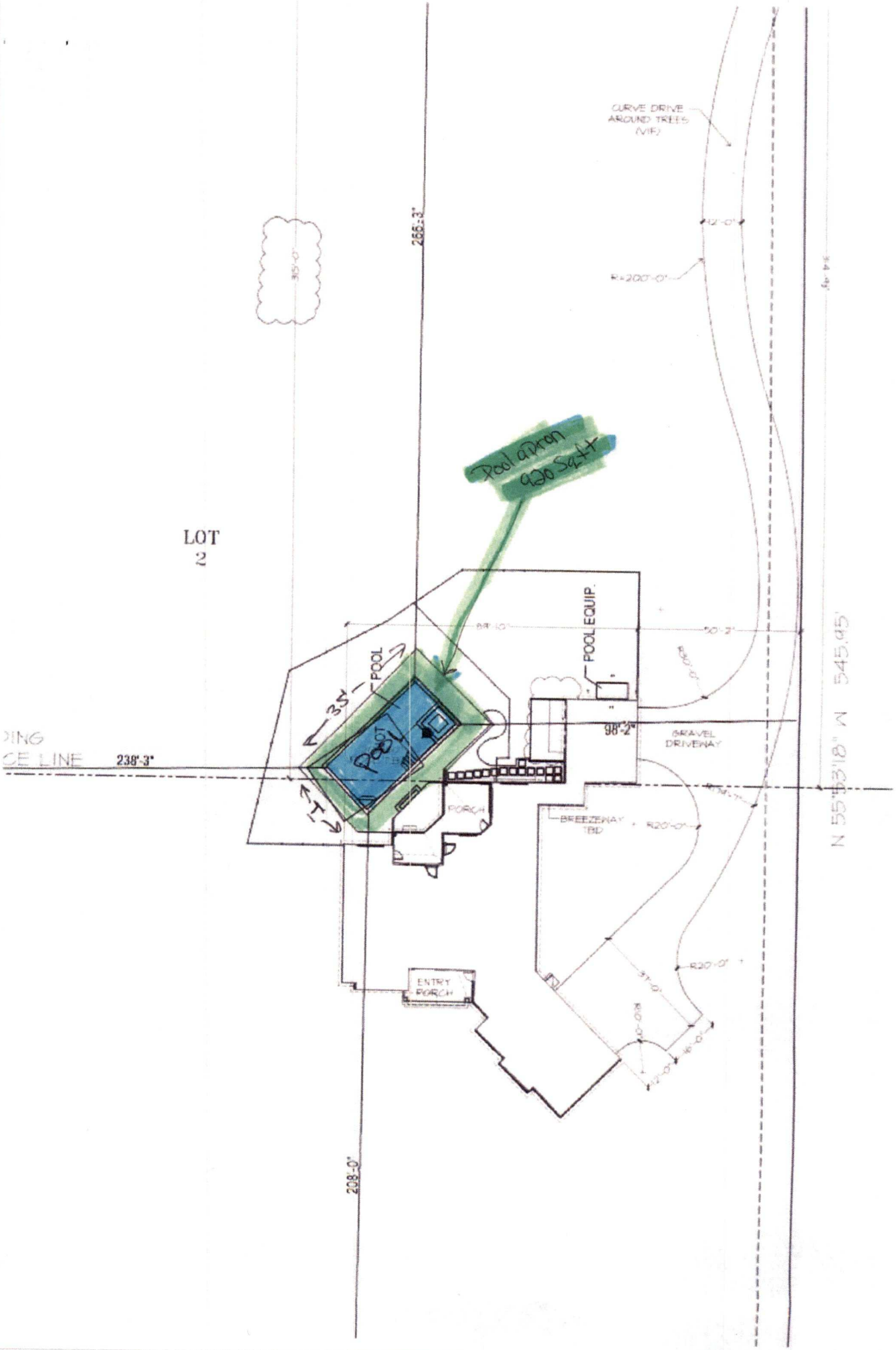
Request #: 91840 Parcel ID#: 01543104 EHS:

Approved By: [signature] Date: 9-2-21 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 2011


CURVE DRIVE AROUND TREES (VIF)
R=200'-0"
42'-0"
266'-3"
35'-0"
Pool apron 930 Sq.ft
LOT 2
POOL EQUIP.
POOL
35'
Pool
17'
50'-3"
98'-2"
GRAVEL DRIVEWAY
238'-3"
PORCH
BREEZEWAY TBD
R20'-0"
ENTRY PORCH
208'-0"
N 55°53'18" W 545.95'

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/19/21	**Amount:**	75.00
Receipt #:	130220	**Tendered:**	75.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: X34544
Contractor: ANTHONY & SYLVAN POOLS CORP
Attn:
Address: 9201-C SOUTHERN PINE BLVD
Address:
City/State/Zip: CHARLOTTE, NC 28273

Item	Description	Permit#	Quantity	Unit Price	Total Price
0718	Residential Pool Permit 8115 MCILWAINE RD		1	75.00	75.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
8,169.21					

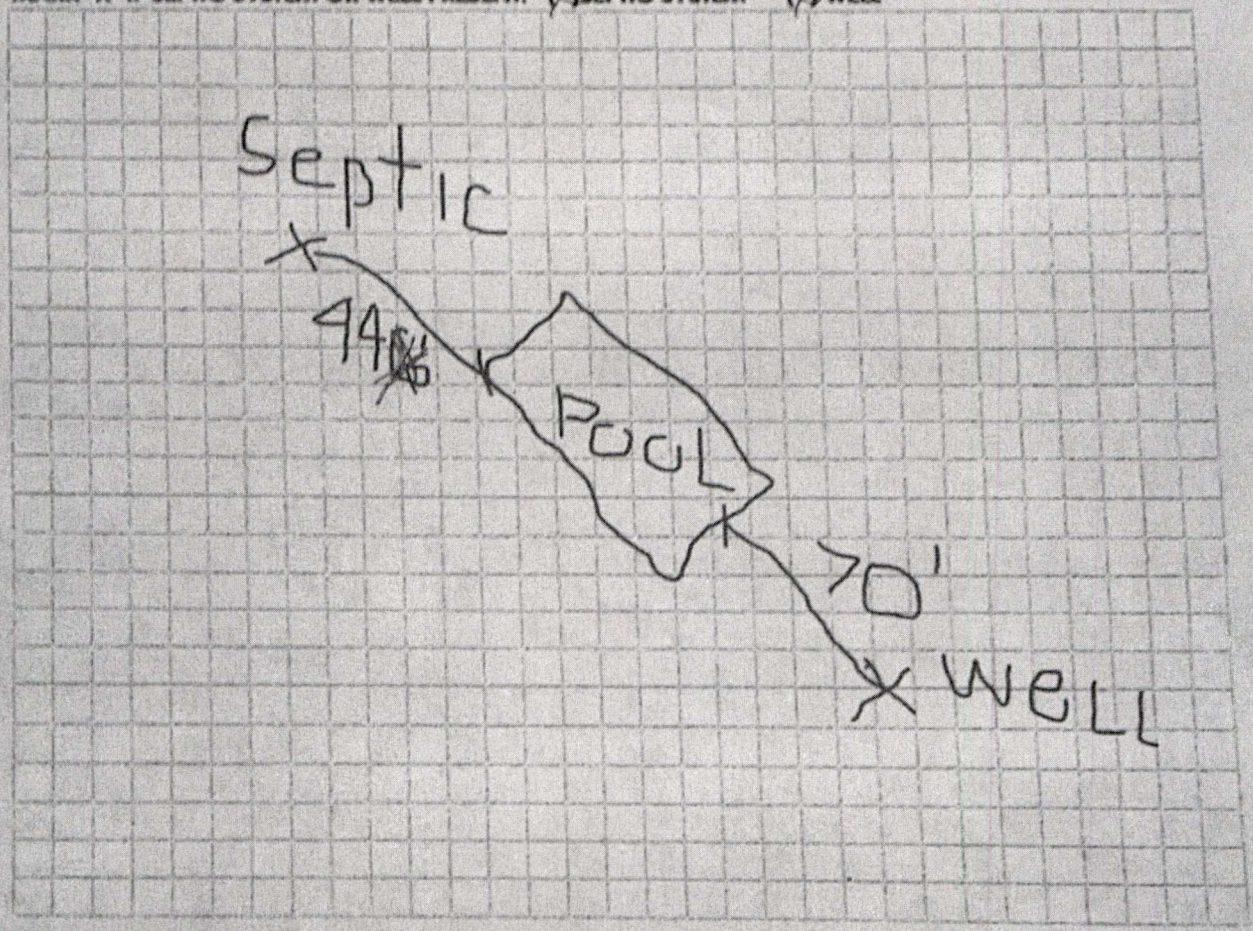
Mecklenburg County Health Department
700 N. Tryon Street, Suite 208
Charlotte, NC 28202
PHONE (704) 336-5101 FAX(704) 336-5306

PLOT PLAN FOR SWIMMING POOL INSTALLATION

ADDRESS: 8115 McIlwaine Rd. Huntersville, NC 28078

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 (X) WELL



I, Julie Vineyard (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.

Julie Vineyard
HOMEOWNER SIGNATURE

8/25/2021
DATE

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

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211, Charlotte, NC 28202
Phone: (980) 314-1680 • Fax (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 95248 Permit #: 9307 Tax Parcel #: 015-431-04

Property Owner: Cory Vineyard

Job Location Address: 8115 McElwaine Road

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 1/28/19 **Contractor Name:** Richard Abernathy

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: — gallons

Liquid Capacity of Septic Tank: 1000 gallons Manufacture Rollinger Effluent Pump Model: —

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 360 feet

# of Lines: 4 @ 90 feet

Depth of Media: 12 inches (Type) IQ4W

Depth of Cover: 18 inches

Distribution Device: END-CAP

Bed Installation (For Repair Installations ONLY) ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 15 feet

Distance from Property Line: 100' feet

Distance from Water Supply Source: >100' feet

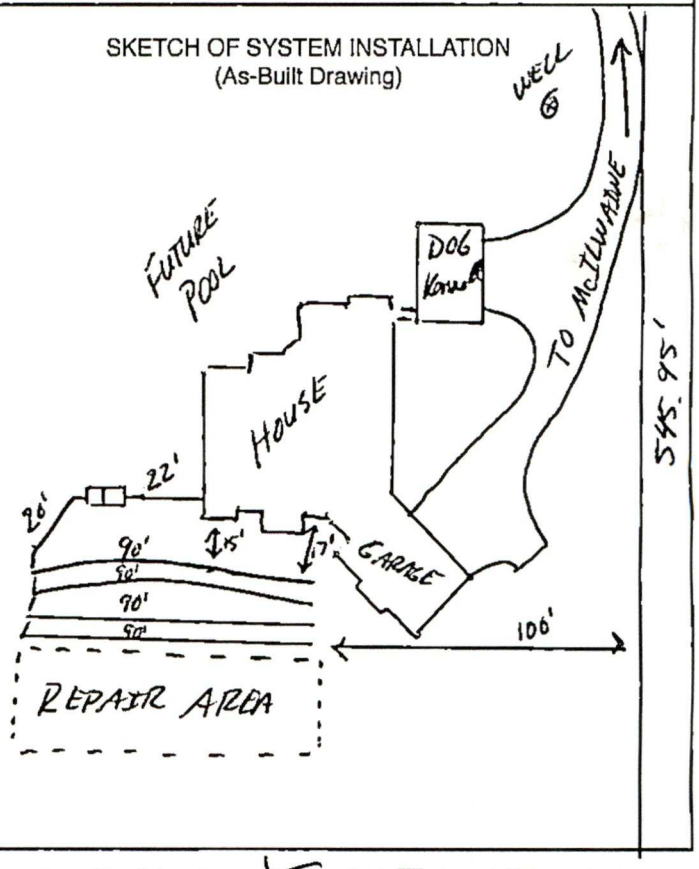
Inspection Dates

Tank(s) Inspected: 1/28/19

Excavation Inspected: 1/28/19

Pump & Controls Inspected: —

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit 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 operated properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments" This document 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.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: III, Gravity, IQ4W, NA, NA

DENR Authorized Agent: Jeremy Medley REHS Signature: Jeremy Medley REHS

Request: Residential Pool Approval for PHPM 28605

Address: 8115 MCILWAINE RD

Initiated By: Placide, Lydia
Date Initiated: 8/26/2021 12:52:44 PM

Submitted To: Ray, Heather
Details: REQUEST FOR RESIDENTIAL POOL APPROVAL

CONTACT: JULIE AND COREY VINEYARD
612-750-3153 OR 612-366-9308

Comments:
Location:

