2011
UTS OK
Posse 4/21/11

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 9033B WASPS App #: 5027

Primary ES assigned to project: OJ

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐ UXS ☑

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☐	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: _____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☐	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: IR

Date performed: 4-21-11

100 cc 01063C JPM 5027

MECKLENBURG COUNTY HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

8033B

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ● SEPTIC & WELL

- ○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
- ☒ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
- ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
- ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:

NAME: THOMAS B. MOORE
ADDRESS: 20300 Shearer Rd.
CITY: Davidson,
STATE: NC ZIP: 28036
PHONE: 704-905-0455
ALTERNATE PHONE: 704-894-9247
E-MAIL: Charliehorse6470@aol.com

PROPERTY OWNER: ☒ SAME AS PERSON FILING APPLICATION

NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION

TAX PARCEL #: 003-351-09
STREET ADDRESS: 20300 Shearer Road
CITY: Davidson
STATE: NC ZIP: 28036

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #:

WATER SUPPLY:

○ MUNICIPAL ☒ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A

☒ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):

NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

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

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☒ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☒ OTHER 1/2 family rm Above garage

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:

☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Thomas B. Moore
Owner's/Agent's Signature

4/18/2011
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

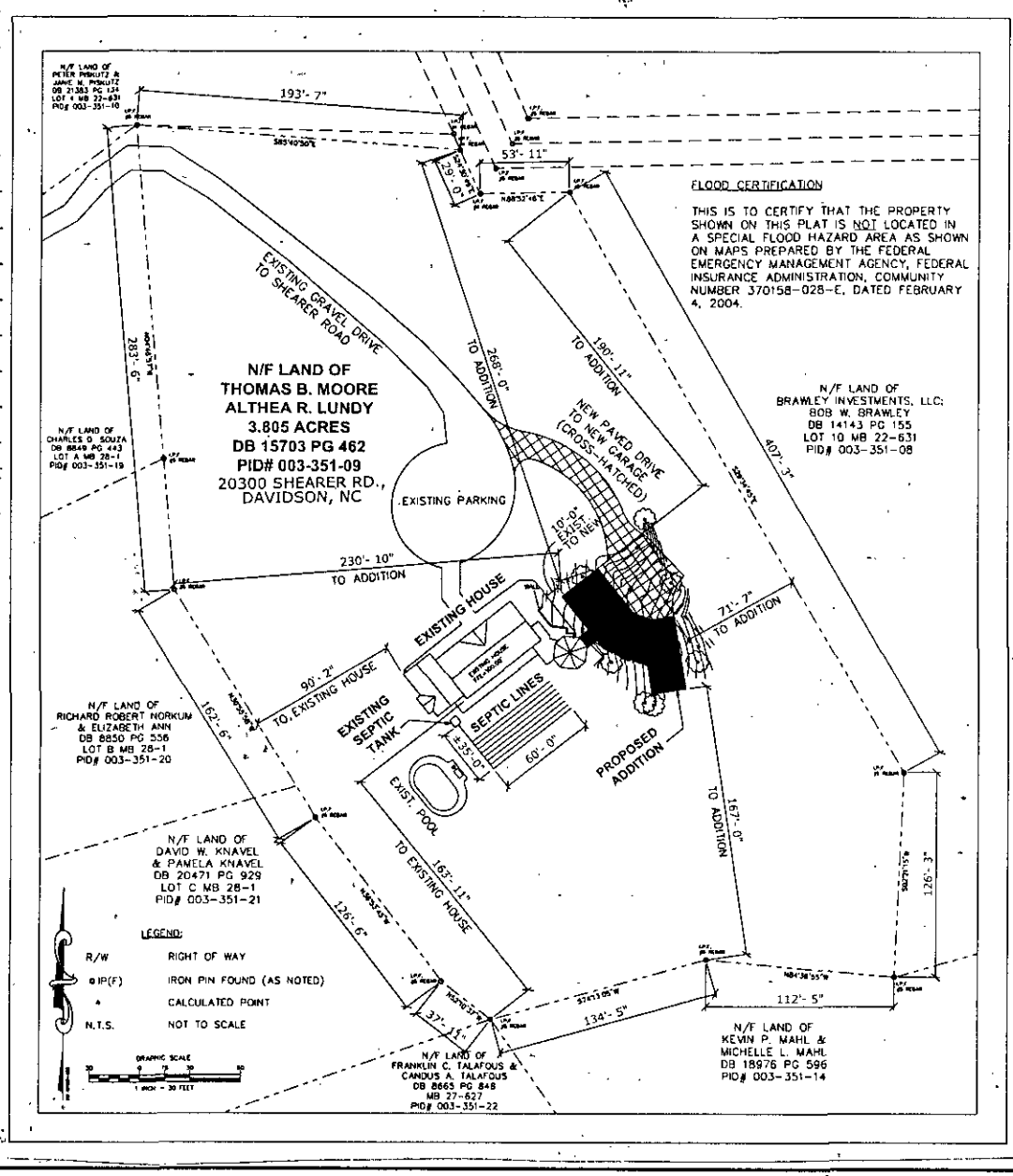
Revised on: 01/03/11

File #: 80338

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 20300 Shearer Rd., Davidson, NC Tax Parcel #: 003-351-09



*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 and Water Supply Wells 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 date
- Mobile home exchange approval valid 6 months from issuance date

O.K. to use for an Attached Garage w/ a family room above.

Jenny Mudgett 4/19/11

REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

80336

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

4229

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☐ NEW SYSTEM ☐ ALTERATION ☒ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☒ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 003-351-09
STREET ADDRESS: 20300 Shearer Rd.
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 4
TOWNSHIP: MECKLENBURG

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

4. BUILDING INFORMATION:

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 1,700
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ☒ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☒ POTABLE (DRINKING WATER) ☐ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☐ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☐ YES ☐ NO	JURISDICTIONAL WETLANDS	☐ YES ☐ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☐ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☐ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☐ NO
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES ☐ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES ☐ NO
WASTE STORAGE	☐ YES ☐ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES ☐ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1988 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☐ N/A

12. PROPERTY OWNER:

NAME: Thomas & Althea Moore
ADDRESS: 20300 Shearer Rd
CITY: Davidson
STATE: NC ZIP: 28036
HOME PHONE: 704.894.9247
WORK PHONE: " 535.1935
MOBILE PHONE: " 905.0455
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6984

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

Thomas B Moore
Property Owner's or Owner's Legal Representative Signature

6/3/9
Date

OFFICE USE ONLY

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEES RECEIVED: $ NA DATE FEE RECEIVED: _____

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 80338

APPLICATION ID NUMBER ASSIGNED: 4229

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6984

Revised on: 7/1/08

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 | Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 8033B Permit #: _____ Tax Parcel #: 003 351 09

Property Owner: Thomas A Moore

Job Location Address: 20300 Shearer Rd

City: Davidson State: NC Zip Code: 28036

Installation Approval Issuance Date: 6/3/09

Permission is hereby given to ☐ install ☐ alter ☑ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 7/3/09, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: _____ GPD

Site LTAR: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

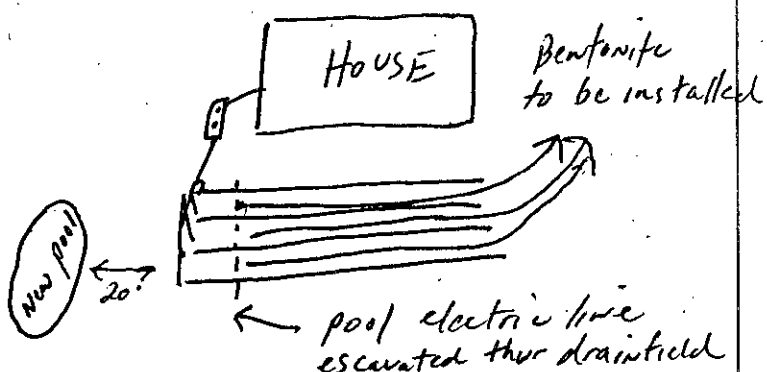
Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: >50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Install bentonite material between damaged drainfield lines as indicated.



Comments: System Classification & Type: Type IIa

DENR Authorized Agent: Philo Walker RS Signature: Philo Walker RS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 | Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 8033B Permit #: _____ Tax Parcel #: 003 351 09

Property Owner: Thomas A Moore

Job Location Address: 20300 Shearer Rd

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: 6/3/09 Contractor Name: Steve Autry

Permitted Design Flow: _____ GPD

Liquid Capacity of Septic Tank: existing gallons

Liquid Capacity of Dosing Tank: NA gallons

Effluent Pump Model: NA

Drainfield Installation ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

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: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: >50' feet

Inspection Dates

Tank(s) Inspected: NA

Excavation Inspected: 6/3/09

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

Bentonite material installed between damaged drainfield lines as indicated.

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 operate 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: Type IIa, GTR, G

DENR Authorized Agent: Philo Walker RS Signature: Philo Walker RS

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: **15978**
Request Type: **Resid Pool Approval**
Associated WO Number:
Date Initiated: 5/6/09 3:32:31 PM
Submitted To: WALKER, PHILO

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

Incident Location

Problem Address: **20300 SHEARER ROAD, DAVIDSON, 28036**

Requesting Party Information

First Name	Last Name	Address		
MR & MRS	MOORE	20300 SHEARER ROAD	DAVIDSON	28036

Home Phone	Work Phone	Other Phone
(704) 894-9247		

Question	Answer

Problem Details

Caller Details	Unable to locate old file, see sr # 11274 attached, it shows a recent visit to locate the septic system. Message left at telephone # listed for requestor to mark pool site & call Philo Walker when that has been done

Details (cont)	Unable to locate old file, see sr # 11274 attached, it shows a recent visit to locate the septic system. Message left at telephone # listed for requestor to mark pool site & call Philo Walker when that has been done

Activity Details

Comments	

SERVICE REQUEST/WORK ORDER

Log No.: 15978 Section: PHPM & ES Hazard? ( )Yes ( )No

Date: 5/6/09 Parcel: 003-351-09 <60 Days? ( )Yes ( )No

REQUESTING PERSON: Melinda PHONE NUMBER(S): 65545

PROPERTY CONCERNED: Name: Mr Moore (704) 894-9247

ADDRESS: 20300 Sheaffer Road CITY: Davidson ZIP: 28036

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

ASSIGNED TO/ AREA: Phil Walker COMPLETED BY: _____

DATE	ACTIVITY REPORT
5/6/09	unable to locate file prev tc 003-081-08
6/3/09	the addition of a swimming pool should not adversely effect the septic system or repair area as proposed on the attached plot plan.
6/5/09	GWS not on LD - JgC

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

COMPLETED BY: Phillip Walker DATE 6/3/09

REVIEWED BY: [signature] DATE 6-3-09

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: 20300 Shearer

Subdivision Name: _____ City: _____ Zip Code: _____

Owner: Mr. & Mrs. Moore Home Phone: 704-894-9247

Mailing Address: 20300 Shearer Work Phone: _____

City: Davidson State: NC Zip Code: 28036

Contractor: Midwest Fiberglass Pools Phone: 704-398-8708

Mailing Address: 4035 Queen City Dr. City: Charlotte State/Zip: NC-28208

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 Mr. & Mrs. Moore, 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.
- 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.
- 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.**

Signed: _____ 4-29-09

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.

GREG HOOVER _____ 4-29-09

NAME(PRINT) — Signature — Date

This area for MCHD use only:

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

Check Number: 1089 Date: _____ By: Linda Sader

Contractor Charge Account: _____

Request #: 3341 Parcel ID#: _____ EHS: _____

Approved By: Phebe Walker RS Date: 6/3/09 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

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: 20300 Shearer

Subdivision Name: N/A City: Davidson Zip Code: 28036

Owner: Mr. & Mrs. Moore Home Phone: (704)-894-9247

Mailing Address: 20300 Shearer Work Phone: _____

City: Davidson State: NC Zip Code: 28036

Contractor: Midwest Pools Phone: 704-398-8707

Mailing Address: 4035 Queen City City: Charlotte State/Zip: NC 28208

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 Thomas B. Moore & Althea R. Moore, 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. TBM ARM
- 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. TBM ARM
- 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.** TBM ARM

Signed: Thomas B. Moore Althea R. Moore 5/5/2009

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.

NAME(PRINT) Signature Date

This area for MCHD use only:

Amount Paid: $ 175.00 ☐ Cash ☒ Check ☐ Contractor Account

Check Number: 1089 Date: 4-29-09 By: _____

Contractor Charge Account: _____

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

Approved By: _____ Date: _____ 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

Residential Plot Plan
For Internet Permit Application

For Department Use

Permit #

ENTER SUBMITTAL NUMBER HERE: 559-82-505

LOCATION/SITE DATA

20300 | SHEARER | RD
Street # (N,S,E,W) | Street Name | (Av,Rd,St)

Project / Subdivision Name: Phase Section

Lot # Block # 006 Land Area (sq. ft.)

OWNER INFORMATION

Owner: Mr. & Mrs. Moore Address: 20300 Shearer

City: Davidson State: NC Zip: 28036 Phone # (704)894-9247

FOR DEPARTMENT USE Tax Parcel # 00335109 Tax Jurisdiction: MECKLENBURG DAVI

Zoning: RURAL Juris DAVI Map # 1 R/W

Special (Circle) C D N P S Floodplain __Yes Flood Elev Fire Dist. __Yes

Lot: __Corner __Through __Front Street (if different)

Minimum setbacks: Front 10' from Left Side 5' Right Side 5' Rear 5'

Remarks: THE House

PROJECT DATA

Type Work:

__New __Addition __Accessory

Project Description:

Inground pool

Area (sq.ft.):

Heated Unheated

Deck(s)

Utilities: New X Existing

Public:

1-Indiv Meter/Conn. Water Sewer

2-Master Meter/Conn. Water Sewer

Private:

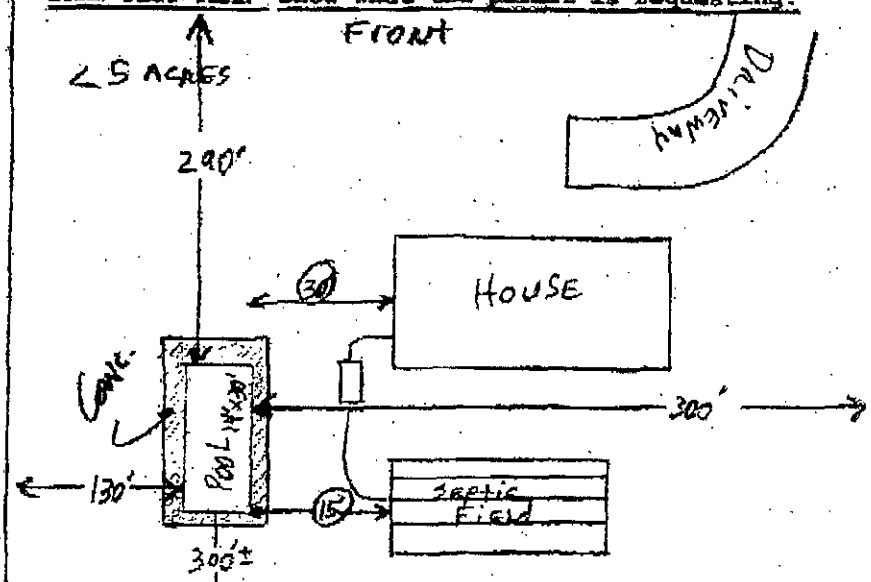
3-Individual X Well X Septic

4-Community Well Septic

Note: This plot plan must be faxed before your Internet permit will be processed.

Central office: 704-336-3823;
South office: 704-814-0874;
North office: 704-432-2523.

DRAW PLOT PLAN- Show what the permit is requesting.



NOTE: Health Dept. Came to House to Locate Field & TANK to Verify

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

Applicant's Signature 3/22/2009 Date Greg Hoover Print Applicant's Name Contact # (704)910-9282 ext:

Contractor Name: MIDWEST FIBERGLASS POOLS INC Contractor Acct #: X42877

Mecklenburg County Code Enforcement Dept.
PO Box 31097 Charlotte, NC 28231-1097
(704) 336-3803, fax (704) 336-3823

For Department Use: Zoning Approved by: Initial RM Date: 3/26/09

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: **11274**
Request Type: **Locate Septic System**
Associated WO Number:
Date Initiated: 11/7/08 1:13:48 PM
Submitted To: RANDALL, KELLY

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

Incident Location

Problem Address: **20300 SHEARER ROAD, DAVIDSON, 28036**

Requesting Party Information

First Name	Last Name	Address		
THOMAS	MOORE	20300 SHEARER ROAD	DAVIDSON	28036

Home Phone	Work Phone	Other Phone
	(704) 905-0455	(704) 335-1935

Question	Answer

Problem Details

Caller Details	REQUEST TO HAVE SEPTIC SYSTEM LOCATED
Details (cont.)	REQUEST TO HAVE SEPTIC SYSTEM LOCATED

Activity Details

Comments	By WALKER, PHILO: 11/18/2008 3:16:51 PM 11/12/08 FLAGGED SEPTIC SYSTEM ON PROPERTY. CALLED HOMEOWNER TO INFORM HIM OF MY ACTIONS. HE STATED HE WOULD BE APPLYING FOR POOL LATER.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/18/11	**Amount:**	100.00
Receipt #:	72372	**Tendered:**	0.00
Check / Auth #:	VISA 01063C	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: MOORE THOMAS B
Attn:
Address: 20300 SHEARER RD
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 20300 SHEARER RD		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance