SERVICE REQUEST/WORK ORDER

Log No.: 17728 Section: PHPM & ES Hazard? ( )Yes ( )No

Date: 8/25/10 Parcel: 001-452-24 <60 Days? ( )Yes ( )No

REQUESTING PERSON: Melinda Beacham PHONE NUMBER(S): 455-5

PROPERTY CONCERNED: Name Patsy Betts (904) 996-9016 WK

ADDRESS: 16217 N. Point Rd. CITY Hilliard ZIP 32046

SERVICE REQUESTED: Please check location of pool to the septic system

ASSIGNED TO/ AREA: JPM COMPLETED BY:

DATE	ACTIVITY REPORT
8/26/10	Lot 24 Blk 1995 F.I.# 21001 - Req rec'd and processed
	Pool site meets all required setbacks
	O.K. to release hold for pool permit.
	Final fence inspection will need to be done.
9/2/10	Pool approved JJC

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

COMPLETED BY: [signature] DATE 8/1/10

REVIEWED BY: [signature] DATE 8-3-10

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: 16217 N Point Rd

Subdivision Name: _____ City: Huntersville NC Zip Code: 28078

Owner: Peter + Monika Betz Home Phone: _____

Mailing Address: 16217 N Point Rd Work Phone: 704-996-9016

City: Huntersville State: NC Zip Code: 28078

Contractor: Carolina Blue Pools Phone: 704-843-0155

Mailing Address: P.O. Box 1137 City: Waxhaw NC State/Zip: 28173

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

X _____, owner of the property, agree to the following

sted.)

submitted are accurate and complete. X

nter onto the above property to process this request and to conduct

uested or needed. X

fence and gate(s) (or equivalent, if above ground) as specified in

Mecklenburg County Health Ordinance Rules Governing Residential

leted once the pool is capable of holding water _____

X 4-13-2010
Date

621-6262
Send To
Owner
When completed
app comes
in

By: _____ or this request to be charged to their LUESA Contractor Account

Name: _____ Signature 4-13-2010 Date

This Amount Paid: _____ ☒ Contractor Account

Check #: _____ By: mab

Confirmation #: 096

Request #: 3521 Parcel ID#: _____ EHS: _____

Approved By: _____ Date: 9/1/10 CRT: _____

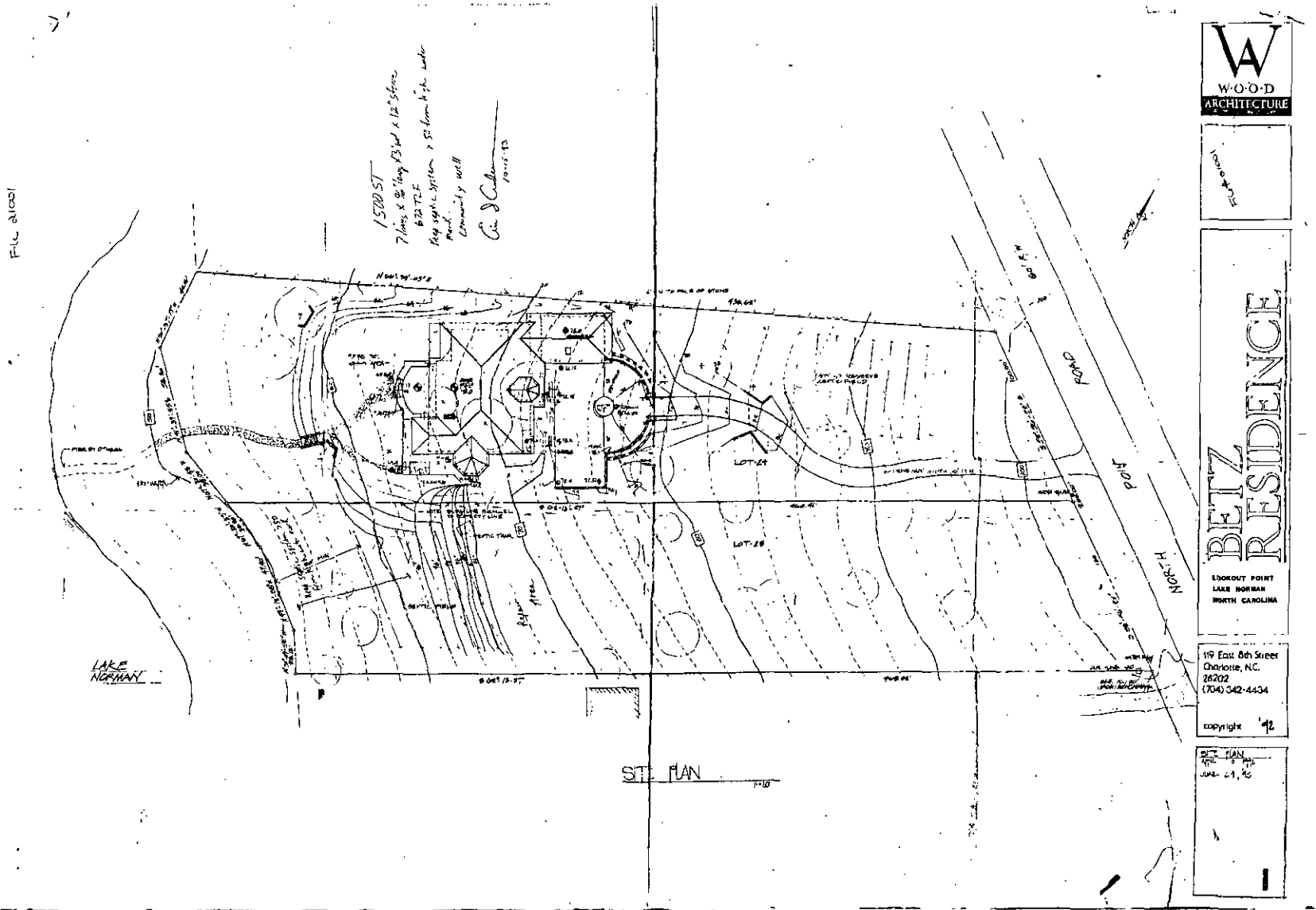
Disapproved By: _____ Date: _____ Notify Date: _____

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 313699 3105H



MARGINAL FOR MICROFILMING