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: **18180**
Request Type: **Resid Pool Approval**
Associated WO Number:
Date Initiated: 3/17/2011 3:05:28 PM
Submitted To: MICHAEL, JEREMY

Priority: **3**
Status: IP
Initiated By: CRAIG, GWENDOLYN
Dispatched To: MICHAEL, JEREMY

Incident Location

Problem Address: **14701 CABARRUS ROAD, MINT HILL, 28227**

Requesting Party Information

First Name	Last Name	Address		
MISTY	MOORE	14625 CABARRUS RD	MINT HILL	28227

Home Phone	Work Phone	Other Phone
(704) 573-9473	(704) 954-1936	

Question	Answer

Problem Details

Caller Details	RESIDENTIAL POOL REQUEST, SEPTIC ON PROPERTY, FILE # 3700B
Details (cont.)	RESIDENTIAL POOL REQUEST, SEPTIC ON PROPERTY, FILE # 3700B

Activity Details

Comments	

SERVICE REQUEST/WORK ORDER

Log No.: 18180 Section: PHPM & ES Hazard? ( )Yes ( )No

Date: 3/17/11 Parcel: 139-121-20 <60 Days? ( )Yes ( )No

REQUESTING PERSON: Melinda PHONE NUMBER(S): 455-45

PROPERTY CONCERNED: Name Misty Moore

ADDRESS: 14701 Cabarrus Rd CITY Mint Hill ZIP 28227

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

ASSIGNED TO/ AREA: JAM COMPLETED BY: JC

DATE	ACTIVITY REPORT
	lot 7 (Parent 139-121-02) File # 3700B
3/21/11	Pool Meets Required Setbacks off septic system.
	Site visit made on 3/21/11 SM.
3/24/11	Pass - JC

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

COMPLETED BY: Jeremy Michael DATE 03/22/2011

REVIEWED BY: [illegible] DATE 3 22 11

Project # 3170811

Pool
#317081

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: 14701 Cabarrus rd

Subdivision Name: _____ **City:** Mint Hill **Zip Code:** 28227

Owner: Misty Moore **Home Phone:** 704 573 9473

Mailing Address: 14625 Cabarrus Rd **Work Phone:** 704 954 1936

City: Mint Hill **State:** NC **Zip Code:** 28227

Contractor: Pelican Pools and Spas X37830 **Phone:** 980 722 7199

Mailing Address: 19706 one Nauman blvd **City:** cornelius **State/Zip:** NC 28031

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 Misty 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. MM
- 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. MM
- 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: Misty Moore **Property Owner's Signature** 3-11-11 **Date**

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

Jonathan Posnett Jon Posnett 3/11/11
NAME(PRINT) Signature Date

This area for MCHD use only:

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

Check Number: _____ Date: 3/16/11 By: _____

Contractor Charge Account: X37830

Request #: 3700 Parcel ID#: _____ EHS: _____

Approved By: _____ Date: 3/22/11 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

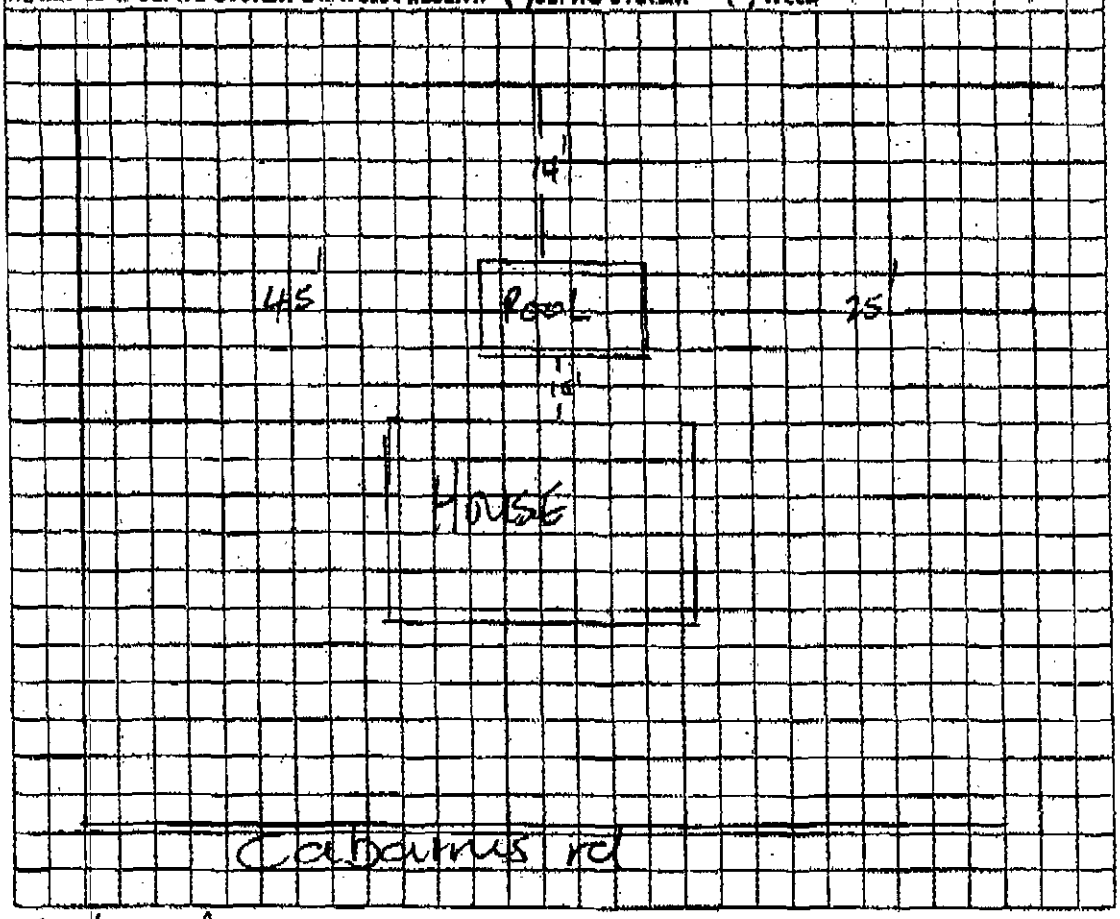
Mecklenburg County Health Department
700 N. Tryon Street, Suite 208
Charlotte, NC 28202
PHONE (704) 336-5101 FAX(704) 336-5306

PLOT PLAN FOR SWIMMING POOL INSTALLATION

ADDRESS: 14701 Cabarrus rd, Mint Hill, 28227

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



X Misty Moore (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.

X Misty Moore
HOMEOWNER SIGNATURE

X 3-11-11
DATE

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

FEE: $100.00 Cash
DATE: 4/20/09
CRT [ ] V.W

APP # 4161

GWS – UES.APP 06/07

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

FILE #: 3700B

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

PERSON FILING APPLICATION:
NAME: Van Dolan Moore II
ADDRESS: 14701 Cabarrus Rd
CITY: Mint Hill
STATE: N.C. ZIP: 28227
PHONE: 704 573-9473
ALTERNATE PHONE: 704 372-6655

PROPERTY OWNER:
NAME: Van Dolan Moore II
ADDRESS: 14625 Cabarrus Rd
CITY: Mint Hill
STATE: N.C. ZIP: 28227
PHONE: 704-573-9473
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 139-121-20
STREET ADDRESS: 14701 Cabarrus Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:
- [ ] 0-MECKLENBURG
- [ ] 1-CHARLOTTE
- [ ] 2-DAVIDSON
- [ ] 3-CORNELIUS
- [ ] 4-PINEVILLE
- [ ] 5-MATTHEWS
- [ ] 6-HUNTERSVILLE
- [X] 7-MINT HILL

WATER SUPPLY:
- [ ] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [X] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
- [X] 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: 3
NUMBER OF OCCUPANTS: 4

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
- [X] OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
- [ ] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [ ] STORAGE SHED
- [ ] DETACHED PORCH / DECK
- [X] 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.

Van Dolan Moore II — 4-20-09
Owner's/Agent's Signature — 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 y this Department.
- This permit is not transferable.

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

OK TO USE EXISTING SEPTIC SYSTEM FOR 3 BEDROOM HOUSE

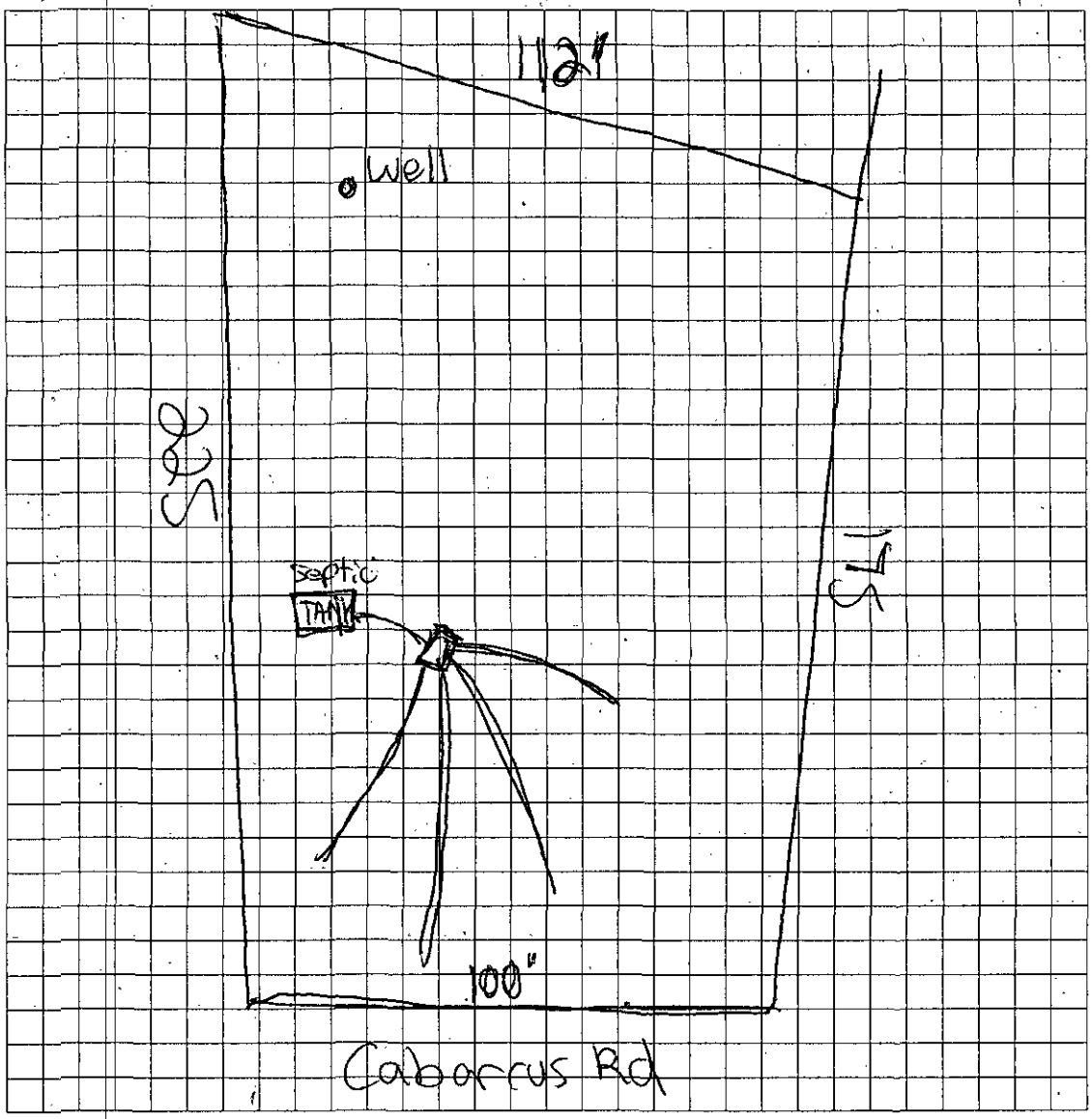
EHS Signature — 4/28/09 Date

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

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature

Date 4-20-09

LBC 12/15/04

CL4400

3700B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CRH 5576 $150.00 CHECK
8/25/95

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 8/24/95

PERSON FILING APPLICATION:
NAME: MOORE (last) VAN (first) D. (mi)
ADDRESS: 825 N. GRAHAM PHONE: 704 372-6655
CITY: CHARLOTTE STATE: NC ZIPCODE: 28206

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-121-02
STREET ADDRESS: 14701 CABARRUS RD
CHARLOTTE NC. 28227
ZONING: R-3

PROPERTY OWNER:
NAME: MOORE (last) VAN (first) D. (mi)
ADDRESS: 825 N. GRAHAM PHONE: 704 372-6655
CITY: CHARLOTTE STATE: NC ZIPCODE: 28206

SUBDIVISION OR MOBILE HOME PARK NAME: MOORE'S MEADOW

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

LOT NUMBER: TRACT 7 LOT SIZE (in acres): .5

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☑ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (M)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☑ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☑ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☑ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Van D. Moore Date: 8/24/95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

...

☑ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Phila S. Walker R.S. 9/27/95
Environmentalist Date

J. Brakeman for S. Harrison Program Chief 10-5-95
Director or Authorized Section Head Date

WATER : 122 91

8400

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028692

File: 3700B Action 1

Parcel: 00 139-121-02 ☐ PC

Location: 14701 Cabarrus Road

Subdivision:

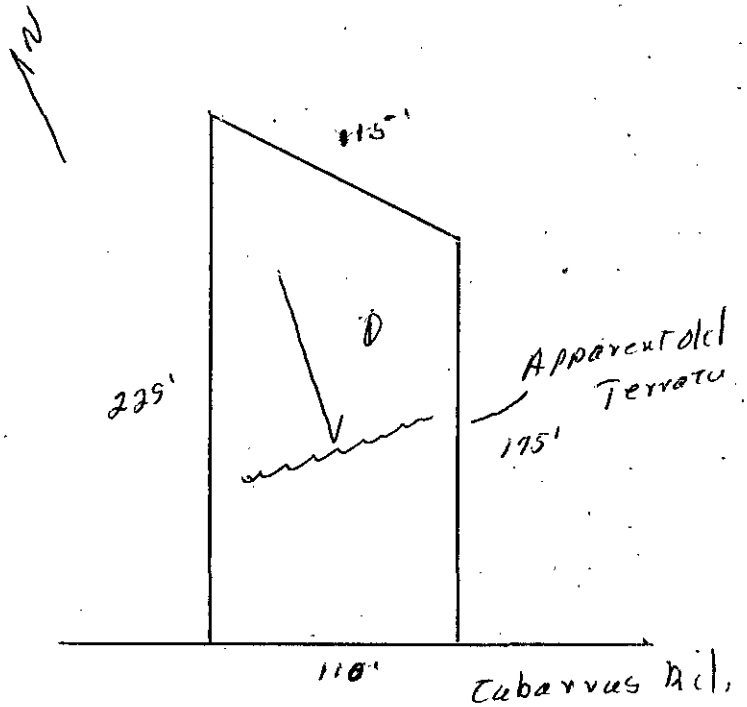
Lot: 7 Block: Acres: .5

Owner: Van D. Moore
Address: 825 N. Graham St.
Charlotte, N.C. 28206

Comments: 1000 Repair, .3 gal/ft²/day LTAR

Described by: William R. Mauli

Date: 9-14-95



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable

The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-10%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Exp. clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-46" soil To wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilla					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

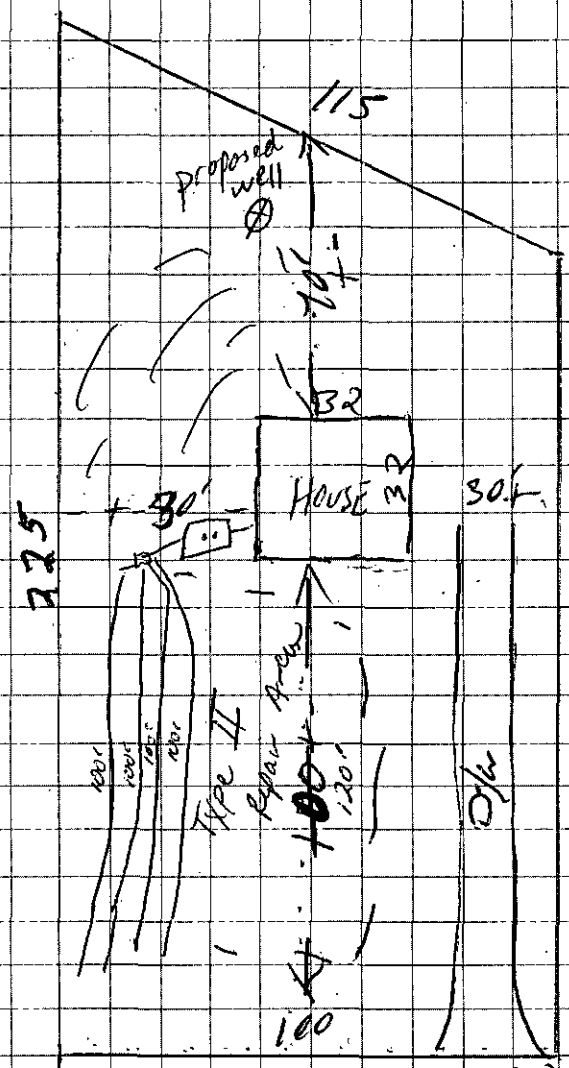
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3700B

TC: 139-12/-02 PO

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



1500 ST
4 lines x 100' long x 3' wd
x 12" stone
400 TLF
Type II Repair Area
Keep septic system > 100' (50' min)
from any well
Keep lines on contour of
land
120' from front house corner
to front property line
30' from left house corner
to left property line.

Van Dolderman
9/27/95

Van Dolderman
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE PSW 9/27/95 appr

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

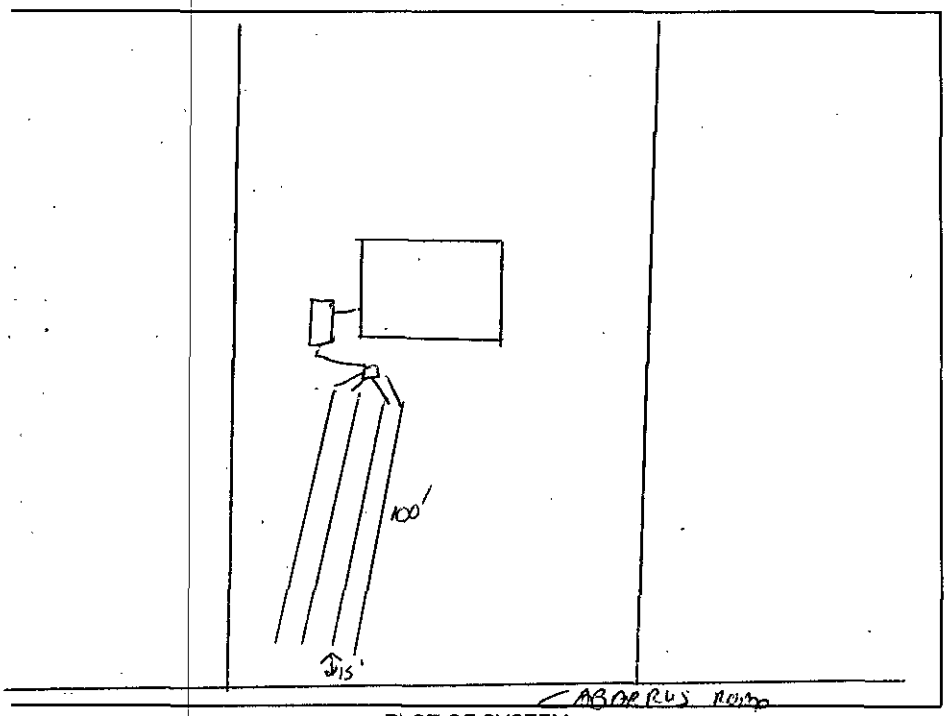
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3700B DATE: 10-16-98

TC: 134-R1-02 L

SERIAL No 17886

Permission is hereby given to ____ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 5-24-98. All work shall be completed on or before 12-16-98, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous yes

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 250' feet

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

NAME OF OWNER VAN D. MOORE

LOCATION OF PROPERTY 14701 CABARRUS ROAD

Comments:

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3700B DATE: 10-22-98

TC: 139-121-02 ☐ L ☒ CRT

SERIAL Nº 17793

Name of Owner VAN A. MOORE Juris.:

Address of Property 14701 CABARRUS ROAD

Inspection Data:

Tank Material PCC 1500 gal

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 12" SOIL

Water Supply Source WELL

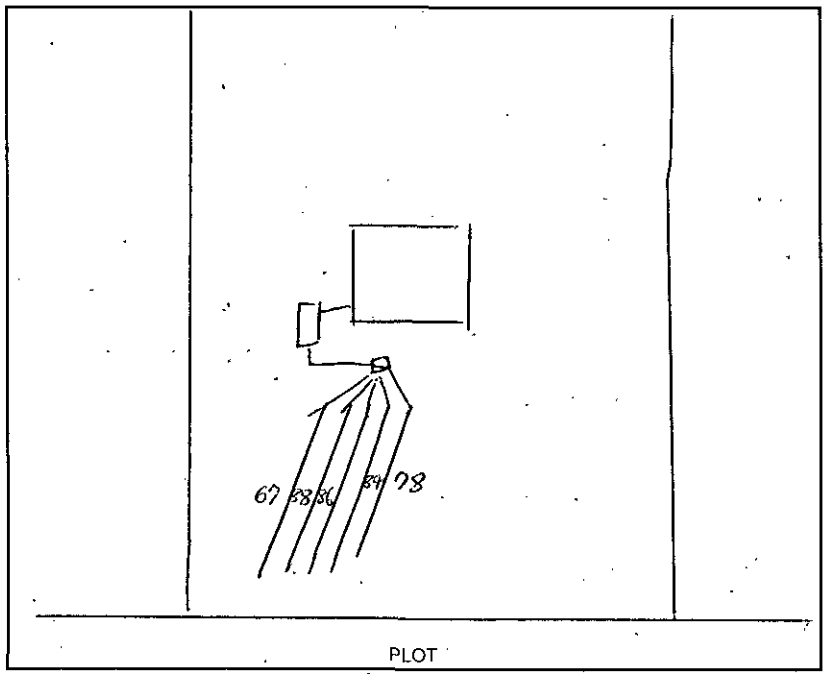
Distance to Water Source 3100'

Excavation Inspected 10-22-98

Tank(s) Inspected 10-22-98

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1500 ST 1200 SQ FT CTR# MAX HKH

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☑ as detailed in the plot above

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. This issuance of this

☐ Certificate of Completion ☑ 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. 1990 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/revocation of this permit.

COMMENTS: TYPE II-C

Andrew Walker RS
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.