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: **16567**
Request Type: **Resid Pool Approval**
Associated WO Number:
Date Initiated: 9/22/09 10:25:47 AM
Submitted To: MICHAEL, JEREMY

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

Incident Location

Problem Address: **5044 QUAIL RIDGE DRIVE, CHARLOTTE, 28227**

Requesting Party Information

First Name	Last Name	Address		
DAVE	ADAMS	5044 QUAIL RIDGE	MINT HILL	28227

Home Phone	Work Phone	Other Phone
		(704) 400-7302

Question	Answer

Problem Details

Caller Details	File # 7937, pool will go directly behind garage, site is marked and ready to be looked at

Details (cont.)	File # 7937, pool will go directly behind garage, site is marked and ready to be looked at

Activity Details

Comments	

Gwen

SERVICE REQUEST/WORK ORDER

Log No.: 16567 Section: PHPM & ES Hazard? ( )Yes ( )No

Date: 9-21-09 Parcel: 135-357-22 <60 Days? ( )Yes ( )No

REQUESTING PERSON: Valeri PHONE NUMBER(S):

ADDRESS: CITY ZIP

PROPERTY CONCERNED: Facility Name Dave Adams

ADDRESS: 5044 Quail Ridge CITY Mint Hill ZIP 28227

SERVICE REQUESTED: RATS / SOLID WASTE / MOSQUITOES / (OTHER) Please check location of septic tank system to proposed pool area

ASSIGNED TO/ AREA: JAM COMPLETED BY: JC

DATE	ACTIVITY REPORT
	Lot 14 Blk 1974 File # 7937 Marked - Pool site is Marked, directly behind garage
9-22-09	Site visit was made. Septic system meets required setbacks off proposed pool location
9/23/09	LD release JC

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

COMPLETED BY: Jeremy Michael DATE 09-22-09

REVIEWED BY: Theo Walker RS DATE 9/23/09

LUE# 301631

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: 5044 Quail Ridge

Subdivision Name: Farmwood City: Mint Hill Zip Code: 28227

Owner: Dave Adams Home Phone: 704-400-7302

Mailing Address: 5044 Quail Ridge Work Phone: 704-400-7302

City: Mint Hill State: NC Zip Code: 28227

Contractor: Troutman Pool & Leisure Phone: 704-819-6452

Mailing Address: 168 Comet Trail City: Statesville State/Zip: NC, 28677

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~~ 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 _____, 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. DA
- 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. DA
- 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** DA

Signed: _____ 9-18-09

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.

Susan Leonard Susan Leonard 9/18/09

NAME(PRINT) Signature Date

This area for MCHD use only:

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

Check Number: _____ Date: 9/21/09 By: Valarie Wheeler

Contractor Charge Account: X4100C4

Request #: 3435 Parcel ID#: _____ EHS: _____

Approved By: Jeremy Mitchell Date: 9-22-09 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 2009

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

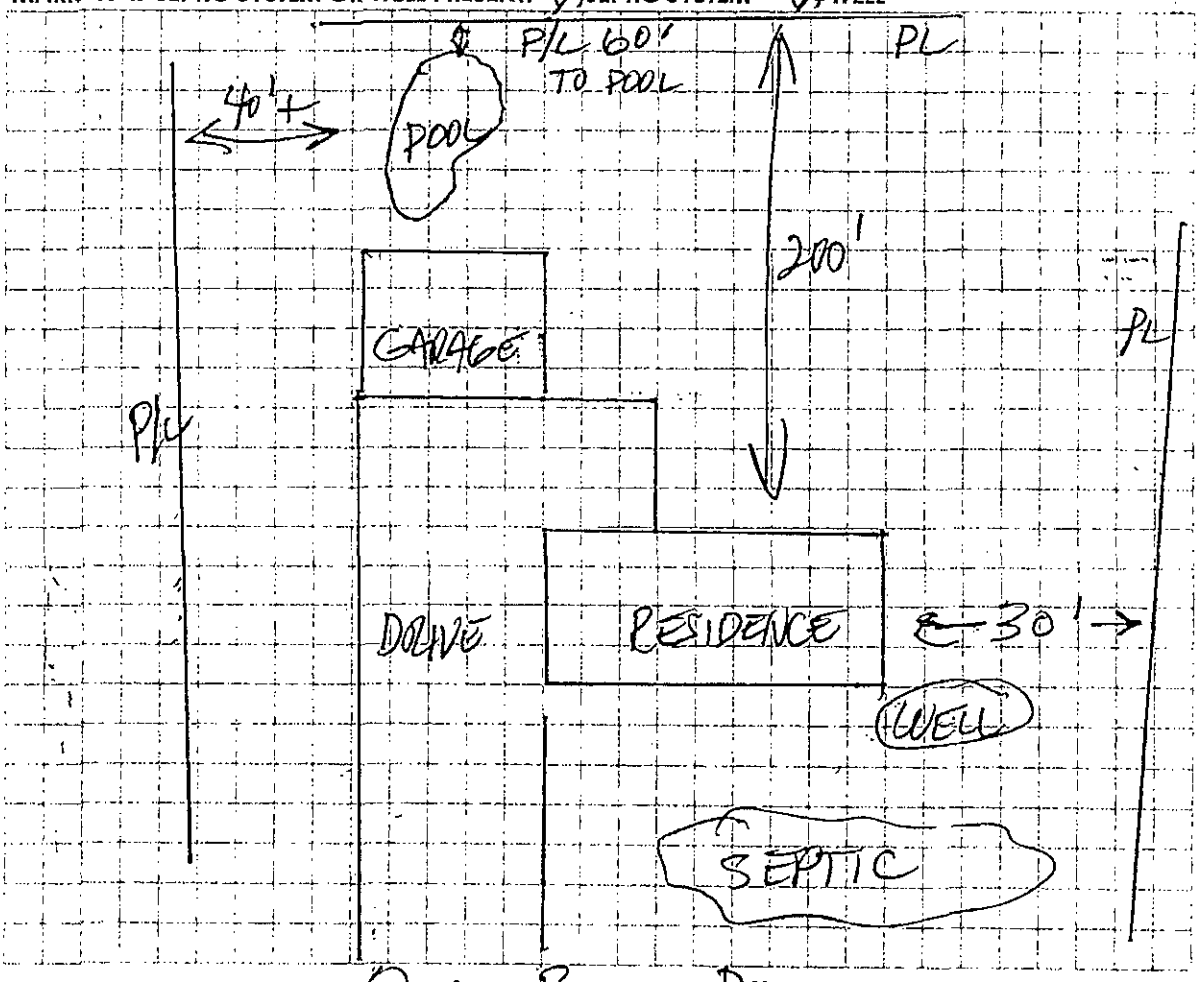
LD #30163

PLOT PLAN FOR SWIMMING POOL INSTALLATION

ADDRESS: 5044 Quail Ridge DR, 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: X SEPTIC SYSTEM X WELL



I, _____ (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.

HOMEOWNER SIGNATURE

9/18/09
DATE

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