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: **17362**
Request Type: **Resid Pool Approval**
Associated WO Number:
Date Initiated: 6/2/10 11:48:28 AM
Submitted To: MICHAEL, JEREMY

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

Incident Location

Problem Address: **231 PLANTATION ESTATES DRIVE, MATTHEWS, 28105**

Requesting Party Information

First Name	Last Name	Address		
JOHN	PARNELL	231 PLANTATION ESTATES DRIVE	MATTHEWS	28105

Home Phone	Work Phone	Other Phone

Question	Answer

Problem Details

Caller Details	Residential pool request, septic system on property, spoke with rep from company that will be doing work, they will call you when the pool site is marked. Old file # 18653 has a different address (street no longer exists but tax # and p o matches

Details (cont.)	Residential pool request, septic system on property, spoke with rep from company that will be doing work, they will call you when the pool site is marked. Old file # 18653 has a different address (street no longer exists but tax # and p o matches

Activity Details

Comments	

SERVICE REQUEST/WORK ORDER

Log No.: 17362 Section: PHPM & ES Hazard? ( )Yes ( )No

Date: 6\2\10 Parcel: 227-027-31 <60 Days? ( )Yes ( )No

REQUESTING PERSON: Melinda PHONE NUMBER(S): 6 5545

PROPERTY CONCERNED: Name John Parnell (No phone #)

ADDRESS: 231 Plantation Estates Drive CITY Mathews ZIP 23106

SERVICE REQUESTED: please locate septic system to the proposed pool location

ASSIGNED TO/ AREA: J.A.M COMPLETED BY:

DATE	ACTIVITY REPORT
6/2	by file 18653 address on card no longer exists but name matches & believe this is the same piece of property TC# does match
6/3	Site visit was made. Pool location meets required setback off septic Area.
6/8	Issue approval

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

COMPLETED BY: Jeremy Mahaffey DATE 6-3-2010

REVIEWED BY: [signature] DATE 6 8 2010

Jun. 1. 2010 5:10PM
704-309-3424 Douglas
No. 1003 P. 1

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: 231 Plantation Estate Dr.

Subdivision Name: _____ City: Matthews Zip Code: 28106

Owner: John Parnell Home Phone: _____

Mailing Address: P.O. Box 1163 Work Phone: _____

City: Matthews State: N.C. Zip Code: 28106

Contractor: Kiker Plumbing Ser. Inc. Phone: 704-289-6684

Mailing Address: 4005 Rea Mill Rd City: Monroe State/Zip: N.C. 28110

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 John P. Parnell, 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. J. P
- 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. J. P
- 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** J.P

Signed: John P Parnell 5/26/2010
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: $ 75.00 ☐ Cash ☒ Check ☐ Contractor Account

Check Number: _____ Date: 6/1/10 By: LISA Wilson (South Office)

Contractor Charge Account: _____

Request #: 3569 Parcel ID#: _____ EHS: _____

Approved By: Jeremy Mabe Date: 6-3-10 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

Jun. 1. 2010 5:10PM No. 1003 P. 2

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

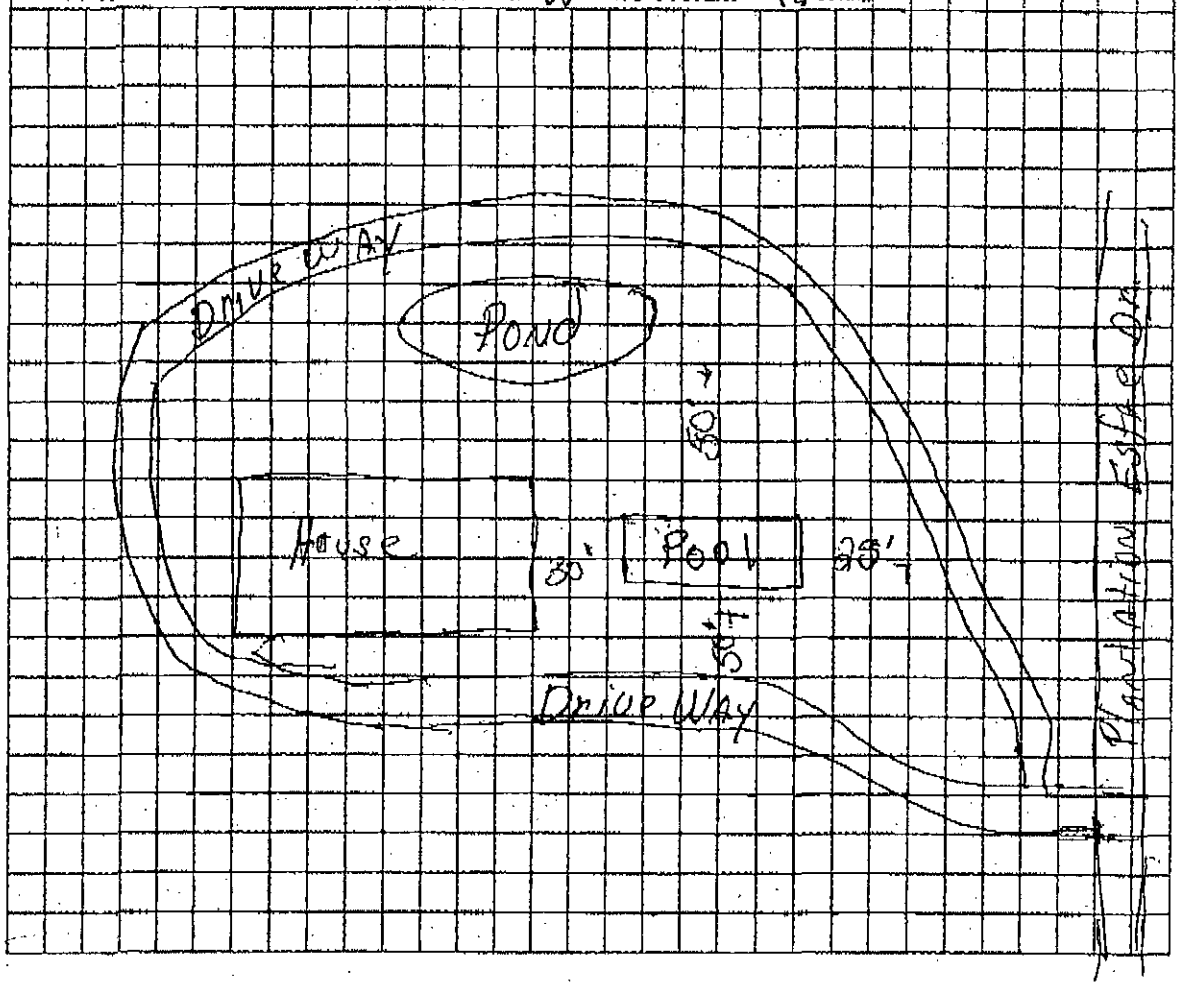
312223

PLOT PLAN FOR SWIMMING POOL INSTALLATION

ADDRESS: 231 Plantation Estates Dr. Mat[illegible] N.C. 28106

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 ( ) 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.

John Paine II
HOMEOWNER SIGNATURE

5-26-10
DATE

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