SERVICE REQUEST/WORK ORDER

Log No.: 1744/ Section: PHPM & ES Hazard? ( )Yes ( )No

Date: 6/22/10 Parcel: 227-24-19 <60 Days? ( )Yes ( )No

REQUESTING PERSON: Melinda PHONE NUMBER(S): 65545

PROPERTY CONCERNED: Name Bob Pasqualer (704) 845-2188

ADDRESS: 3300 Mill Race Road CITY Charlotte ZIP 28270

SERVICE REQUESTED: Please ck. location of well & septic system. Is the proposed pool location.

ASSIGNED TO/ AREA: JAM COMPLETED BY:

DATE	ACTIVITY REPORT
	Lt, 83E, 1978 file #14134
6/29/10	pool was relocated per attached plot plan to meet 15ft setback off septic system. Jeremy Michael original proposal was over drainfield.
7/1/10	GWS not on project as unit, note placed regarding our approval

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

COMPLETED BY: Jeremy Michael DATE 06-30-2010

REVIEWED BY: Holly Pitt DATE ~~6-30-2010~~ 7-1-10

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: 3300 Mill Race Road, Charlotte 28270

Subdivision Name: Providence Plantation City: Charlotte Zip Code: 28270

Owner: Bob Pusater, Home Phone: 704-845-2188

Mailing Address: 3300 Mill Race Road Work Phone: _____

City: Charlotte State: NC Zip Code: 28270

Contractor: Midwest Fiberglass Pools Phone: 704-398-8707

Mailing Address: 4035 Queen City Drive 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 Robert [illegible], 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. RP
- 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. RP
- 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 RP

Signed: Robert [illegible] 6-18-10

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.

Patsy Clontz Patsy Clontz 6-18-10

NAME(PRINT) Signature Date

This area for MCHD use only:

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

Check Number: _____ Date: 6/22/10 By: mab

Contractor Charge Account: X42877

Request #: 3584 Parcel ID#: _____ EHS: _____

Approved By: [illegible] Date: 6-30-10 RT: _____

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 # 312569

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

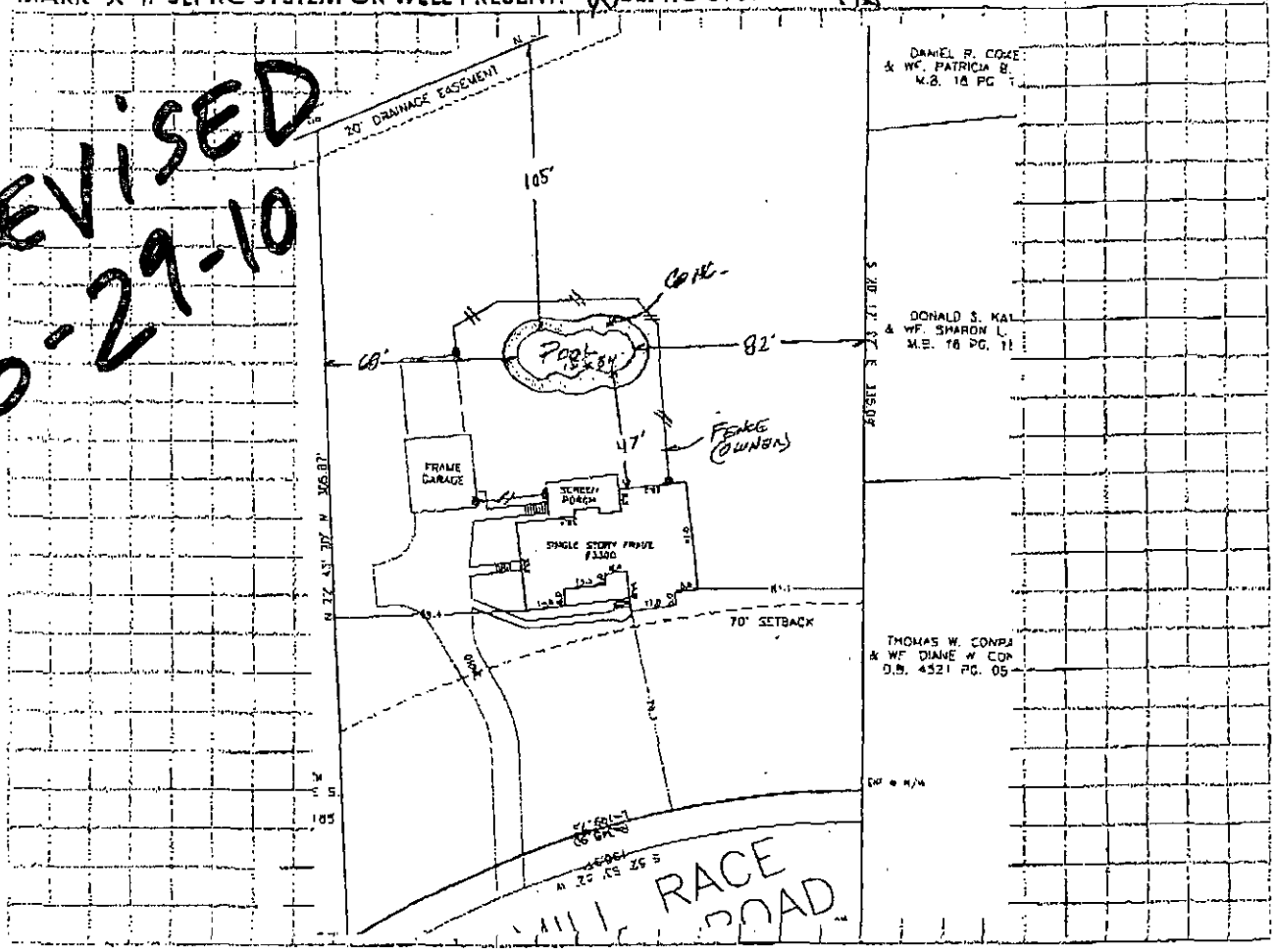
PLOT PLAN FOR SWIMMING POOL INSTALLATION

ADDRESS: 3300 Mill Race Road, Charlotte, NC 28270

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

REVISED 6-29-10



I, Robert Posarter (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

6-28-10
DATE

OFFICE USE ONLY:
HEALTH DEPT APPROVAL BY: DATE: