X36329

58198

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: 14024 ISLAND DRIVE

Subdivision Name: _____ City: HUNTERSVILLE Zip Code: 28078

Owner: MICHAEL & TINA CARUSILLO Home Phone: 704-619-1245

Mailing Address: 14024 ISLAND DRIVE Work Phone: _____

City: HUNTERSVILLE State: NC Zip Code: 28078

Contractor: ALOHA POOLS Phone: _____

Mailing Address: 6401-B ORR ROAD City: CHARLOTTE State/Zip: NC 28213

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 Michael Carusillo, 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. MC X
- 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. MC X
- 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** MC X

Signed: Michael Carusillo X — **Property Owner's Signature**

11/9/21 X — Date

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

LAWRENCE LLOYD — NAME(PRINT) — Lawrence Lloyd — Signature — 11-30-21 — Date

This area for MCHD use only:

Amount Paid: $ 75 ☐ Cash ☐ Check ☒ Contractor Account

Check Number: _____ Date: 11/30/21 By: X BLOCK

Contractor Charge Account: X36329

Request #: 292149 Parcel ID#: _____ EHS: _____

Approved By: [signature] REHS Date: 12/6/21 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

X36329

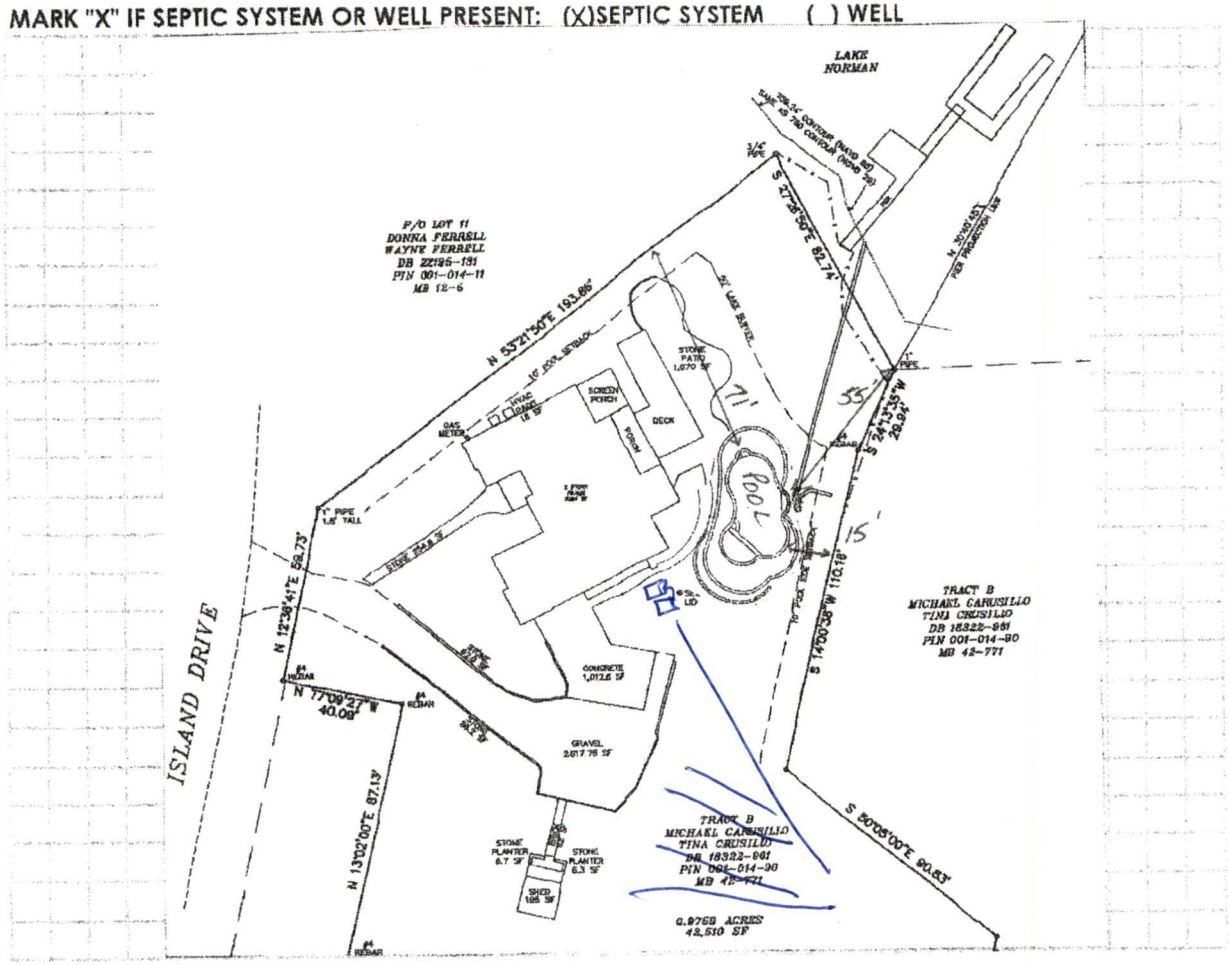
Mecklenburg County Health Department
700 N. Tryon Street, Suite 208
Charlotte, NC 28202
PHONE (704) 336-5101 FAX(704) 336-5306

PLOT PLAN FOR SWIMMING POOL INSTALLATION

ADDRESS: 14024 ISLAND DRIVE, HUNTERSVILLE 28078

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, X Michael Carusillo (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 _____
HOMEOWNER SIGNATURE

X 11/9/21
DATE

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/30/21	**Amount:**	75.00
Receipt #:	131639	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	YORKZ		

Account Information

Account #: X36329
Contractor: ALOHA POOLS INC
Attn:
Address: 6401-B ORR RD
Address:
City/State/Zip: CHARLOTTE, NC 28213

Item	Description	Permit#	Quantity	Unit Price	Total Price
0718	Residential Pool Permit 14024 island dr		1	75.00	75.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
2,215.70					

$100.00 CK# 12/22/05

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 581913 DATE: 12/22/05

TC: 001-014-02 ☒ L ☐ CRT

SERIAL Nº 20046

Name of Owner MIKE CARUSELLO Juris.:

Address of Property 14024 ISLAND DRIVE

LAKE NORMAN

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 12"

Water Supply Source MUNICIPAL

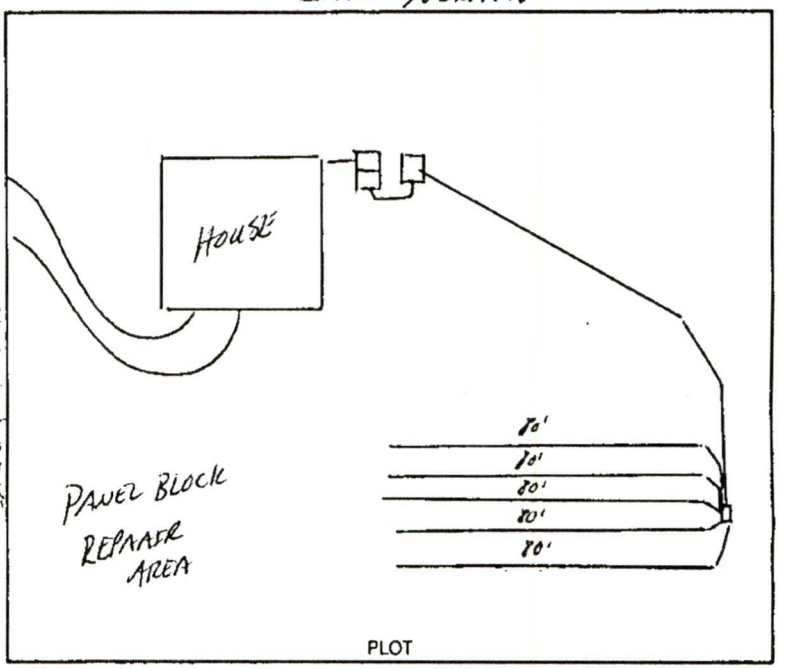
Distance to Water Source >100'

Excavation Inspected 12/22/05

Tank(s) Inspected 12/22/05

Wash Line Inspected —

High Water Alarm Inspected 12/22/05



Design 1500 ST, 1000 DT, P1, INV 1200 SFT, CHAMBERS(4') CTR# RICHARD ABERNATHY

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 I5A 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. 1900 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: FOUR BEDROOM HOUSE

5 lines x 80' x 3'

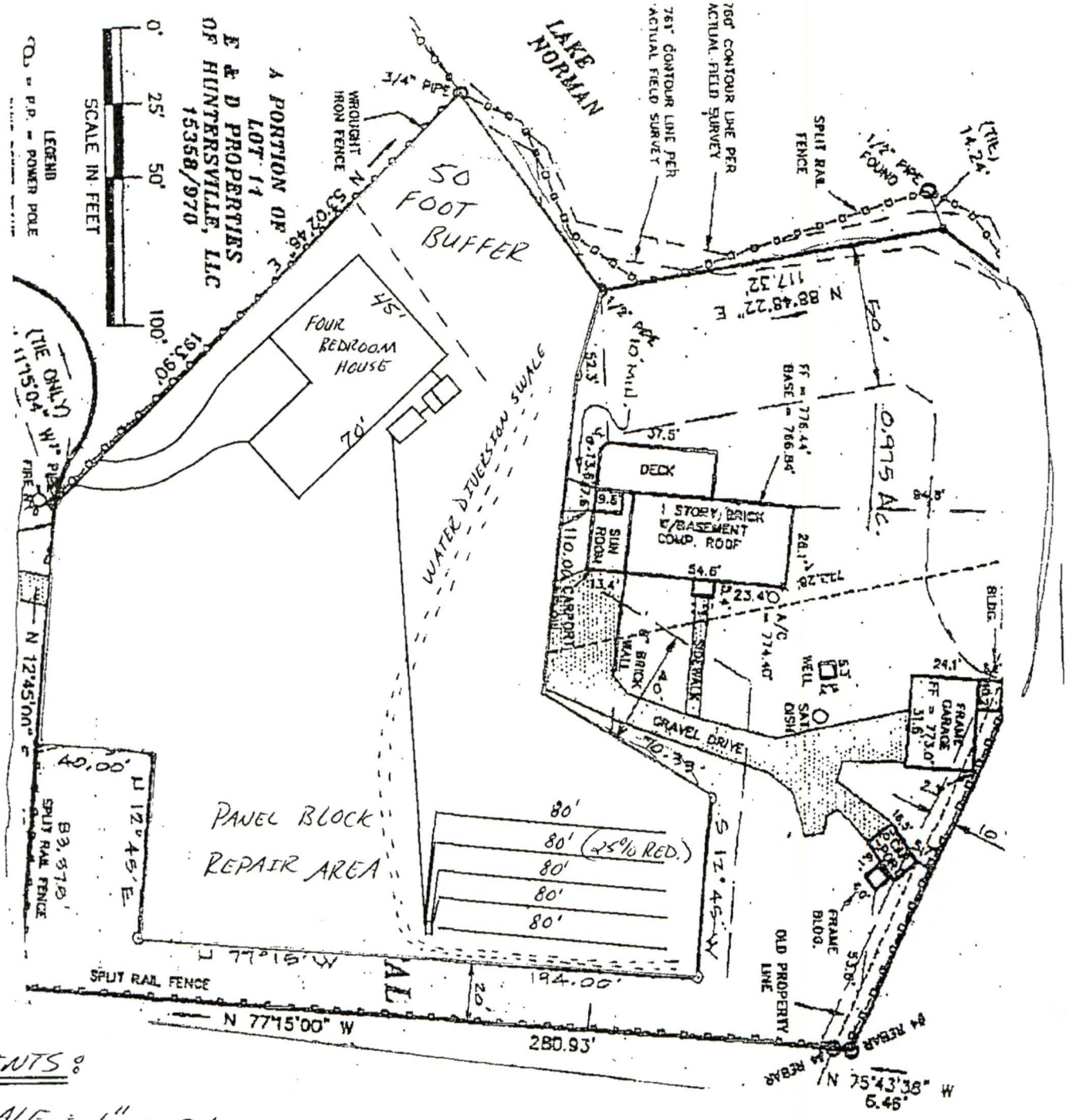
Type III g Pump to Innovative System

Tommy Mitchell, R.S.
Environmental Health Specialist

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

FILE # ~~5807B~~ 5819B

T.C. PO 001-014-02



Comments:

→ SCALE = 1" = 50'

→ System Designed for a four bedroom residence

→ 1500 septic tank, 1000 Dosing Tank

→ Install 5 lines x 80' x 3' (400 TLF)

→ Type III6 Pump to Innovative System

→ Type III6 Pump to Panel Block System Repair

→ Divert all surface water away from system

Jeremy Medlin, RS 1/18/05