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: **18238**
Request Type: **Resid Pool Approval**
Associated WO Number:
Date Initiated: 4/11/2011 3:25:43 PM
Submitted To: RANDALL, KELLY

Priority: **3**
Status: CLOSED
Initiated By: CRAIG, GWENDOLYN
Dispatched To: MICHELONE, JEREMY

Incident Location

Problem Address: **9827 HUTCHINSON LANE, CHARLOTTE, 28216**

Requesting Party Information

First Name	Last Name	Address		
SHANE	BARKER	9827 HUTCHINSON LANE	CHARLOTTE	28216

Home Phone	Work Phone	Other Phone
(704) 393-8064		

Question	Answer

Problem Details

Caller Details	RESIDENTIAL POOL, SEPTIC LOCATED ON PROPERTY. SEPTIC FILE # 20068
Details (cont.)	RESIDENTIAL POOL, SEPTIC LOCATED ON PROPERTY. SEPTIC FILE # 20068

Activity Details

Comments	By MICHELONE, JEREMY: 4/13/11 4:12:06 PM 4/13/11 Pool meets all required setbacks. O.K. to release pool permit.

SERVICE REQUEST/WORK ORDER

Log No.: 18238 Section: PHPM & ES Hazard? ( )Yes ( )No

Date: 4/11/11 Parcel: 033-031-28 <60 Days? ( )Yes ( )No

REQUESTING PERSON: Melinda PHONE NUMBER(S): 05545

PROPERTY CONCERNED: Name Shane Barker (704) 393-8064

ADDRESS: 9827 Hutchinson Ln CITY Charlotte ZIP 28216

SERVICE REQUESTED: Please check septic location to the proposed location.

ASSIGNED TO/ AREA: JPM COMPLETED BY: _____

DATE	ACTIVITY REPORT
	Bit 1984 file # 20068
4/13/11	O.S.V. Nobody home. Pool site meets all required setbacks. O.K. to release the pool permit.
4/18/11	Pass approval - JJC

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

COMPLETED BY: Jeremy Mack, R.S. DATE 4/13/11

REVIEWED BY: [signature] DATE 4-18-11

Project #317617

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: 9827 Hutchinson Lane

Subdivision Name: — City: Charlotte NC Zip Code: 28216

Owner: Shane & Julie Barker Home Phone: 704-393-8064

Mailing Address: Same Work Phone:

City: State: Zip Code:

Contractor: Anthony's Sylvan Pools X34544 Phone: 704-525-1100 x4810

Mailing Address: 8334-A Arrowridge Blvd City: Charlotte State/Zip: NC 28273

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 Shane Barker, 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. SB
- 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. SB
- 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** SB

Signed: Shane Barker 4/29/11
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.

Leah Tellier Leah Tellier 4/6/11
NAME(PRINT) Signature Date

This area for MCHD use only:

Amount Paid: $ 75.00 ☐ Cash ☐ Check ☑ Contractor Account X34544

Check Number: Date: 4/11/11 By: MAB

Contractor Charge Account: X34544

Request #: 3718 Parcel ID#: EHS:

Approved By: Jerry Mark, RS Date: 4/13/11 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

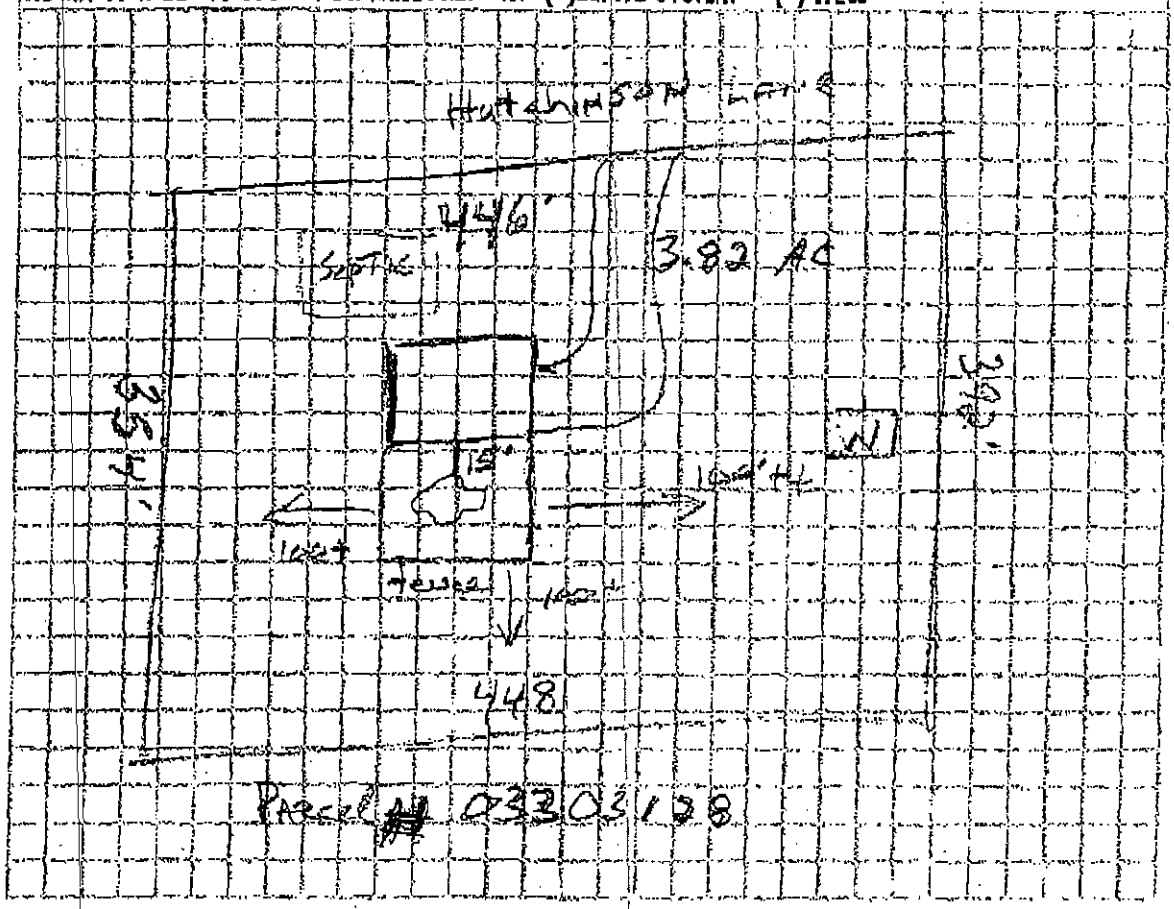
Mecklenburg County Health Department
700 N. Tryon Street, Suite 208
Charlotte, NC 28202
PHONE (704) 336-5101 FAX(704) 336-5306

PLOT PLAN FOR SWIMMING POOL INSTALLATION

ADDRESS: 9827 Hutchinson Lane Charlotte, NC 28216

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



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.

_____ 4/8/11
HOMEOWNER SIGNATURE DATE

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