SERVICE REQUEST/WORK ORDER

Given 6/22/10

Log No.: 17440 Section: PHPM & ES Hazard? ( )Yes ( )No

Date: 6/22/10 Parcel: 021-201-09 <60 Days? ( )Yes ( )No

REQUESTING PERSON: Belinda PHONE NUMBER(S): 655 45

PROPERTY CONCERNED: Name David Thompson (704) 890-1976

ADDRESS: 15245 New Mt. Pinnah Rd CITY Huntersville ZIP 28078

SERVICE REQUESTED: Please check location of well & septic system to the proposed pool location

ASSIGNED TO/ AREA: JPM COMPLETED BY:

DATE	ACTIVITY REPORT 1996
	Tract 1 Prev 021-032-02 File # 74549
6/24	House appears to be vacant at this time. The
	proposed pool site meets all required setbacks.
	O.K. to release hold on pool permit.
10/5	Please release P# 312649

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

COMPLETED BY: Jenny Mack, RS. DATE 6/24/10

REVIEWED BY: Jenny Mack, RS DATE 6/25/10

POSSE

~~312587~~ 312649

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: 15245 Hwy McGinnis Rd

Subdivision Name: _____ City: Huntersville Zip Code: 28078

Owner: David Thompson Home Phone: 704-890-1976

Mailing Address: 15245 Hwy McGinnis Work Phone: _____

City: Huntersville State: NC Zip Code: 28078

Contractor: David Thompson Phone: _____

Mailing Address: 15245 Hwy McGinnis City: Huntersville State/Zip: 28078

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 David Thompson, 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. ✓
- 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. ✓
- 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** ✓

Signed: David Thompson 6/21/10

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.

NAME(PRINT) Signature Date

This area for MCHD use only:

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

Check Number: _____ Date: _____ By: Gigi Mullis

Contractor Charge Account: _____

Request #: 3586 Parcel ID#: _____ EHS: _____

Approved By: [signature] Date: 6/25/10 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

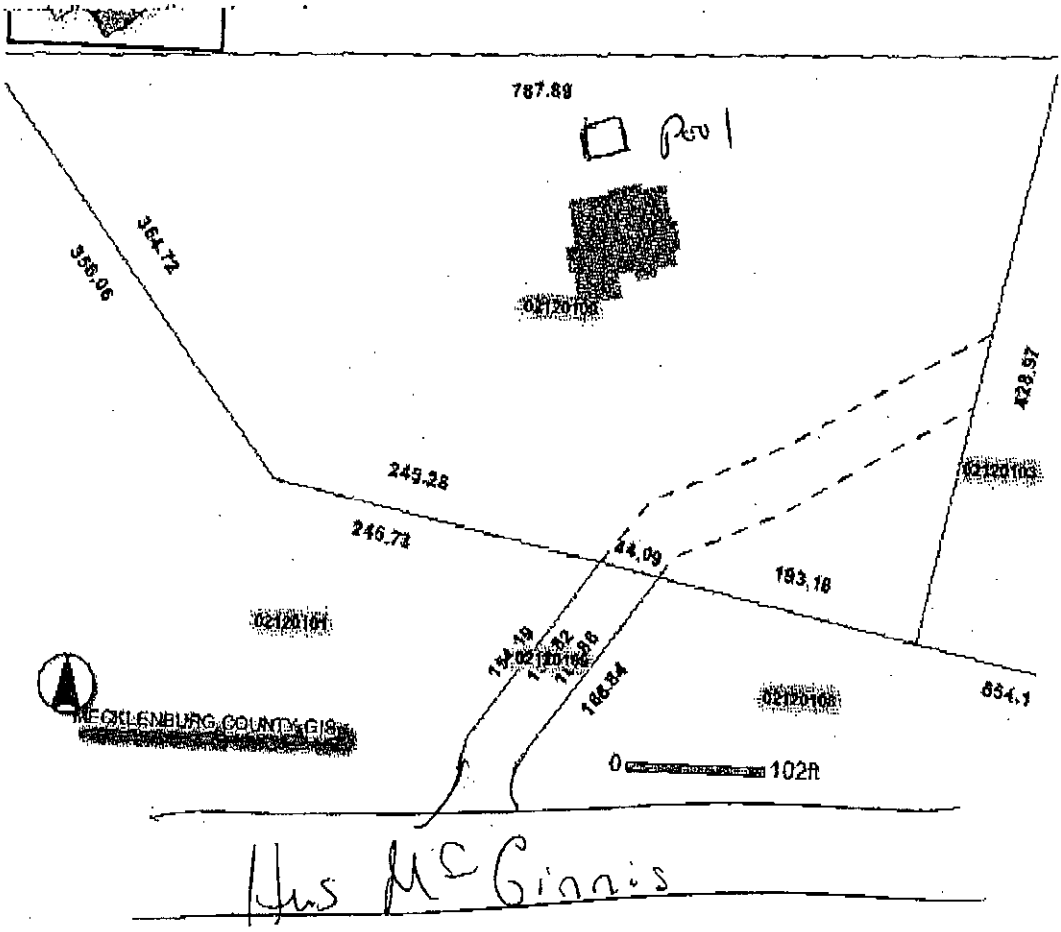
Project # ~~312587~~ 312649

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: 15245 Hus McGinnis, Huntersville, NC

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.



I, DAVID THOMPSON (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

6/21/10
DATE

OFFICE USE ONLY:
HEALTH DEPT APPROVAL BY: DATE: