N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	SMITH RESIDENCE	1519A
Health Department	**Name of Establishment**	**Permit/Project No.**
14225 HARBOR ESTATES RD	RESIDENCE	360
Location	**Type of Establishment**	**Design Flow**
STEPHEN AND GLORIA SMITH	14225 HARBOR ESTATES	
Owner/Agent	**Address**	**Phone**
	CHARLOTTE, NC 28278	
Operator	**Address**	**Phone**
IIIb	6/1/11	6/1/16
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☐	☒	INASSESSIBLE
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☐	☐	☐	INACCESSIBLE
b. High-water alarm present and operating properly?	☐	☐	☐	"
c. Floats/pipe/valves/disconnects in good working condition?	☐	☐	☐	"
d. Control panel enclosure/components in good condition?	☐	☐	☐	'
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:

GOOD

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

DATE: 6/1/11

SIGNED: Philo Walker RS AGENT

Division of Environmental Health

Printed Name: PHILO WALKER

Phone #: 704-336-5570



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
19908634	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
SMITH STEPHEN JOHN	14225 HARBOR ESTATES RD	CHARLOTTE NC 28278-7326
SMITH GLORIA S WIFE	14225 HARBOR ESTATES RD	CHARLOTTE NC 28278-7326

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
L1M21-163 14225 HARBOR ESTATE	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	STEELE CREEK #2	0

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
190900	50000	2200	243100				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Oct 30 1986	139000			IMP	05353 - 820	DEED STAMPS	05353-820	

Land Use

Use	Units	Type	Neighborhood	Assessment
R100	1.00	LT	T910	50000

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	1986	14225 HARBOR ESTATE RD UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	3269	2731	CRAWL SPACE	CEDAR,RDWD -	AVERAGE 05	190900

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	HEAT PUMP	ELECTRIC	1 - FP2	AC-CENTRAL		3	3		0

Sub Areas

Bldg	Description	Size
1	BASE (FIRST FLOOR)	2111
1	PORCH - ENCLOSED - FINISHED (HEAT)	200
1	PORCH - OPEN - FINISHED	78
1	GARAGE - FINISHED	460
1	BASE - SEMI-FINISHED	420

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 15.00%				

Notes

Tax Year	Notes	Note Date

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1986	DECK	1	10X33	1700
1	1991	STORAGE	1	10X10	500

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	243100	0
Jan 17 2003	2003	Countywide Revaluation	206500	0
Mar 26 1999	1999	Remodeled and/or New Addition	172580	
Mar 26 1999	1999	Remodeled Improvements and/or New Additi	172580	
Jan 5 1998	1998	Countywide Revaluation	163650	
Mar 22 1996	1996	Remodeled and/or New Addition	169790	
Mar 22 1996	1996	Remodeled Improvements and/or New Additi	169790	
Jan 2 1991	1991	Countywide Revaluation	148030	

Building Photography

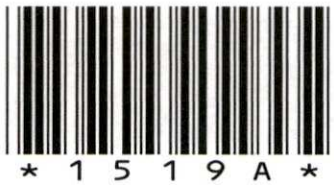
Return to Parcel Ownership Summary

PHOTO #1
Location: 14225 HARBOR ESTATE RD



19908634 001

Information contained within this web site may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.



14225 HARBOR ESTATE RD

19908634

4/16/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

SERVICE REQUEST/WORK ORDER

LOG NUMBER: 2006-00191
SECTION: SWG
ENVIRONMENTALIST: Zach Petersen
ADDT'L ENV:

DATE: 04/04/2006 @ 09:29
TAKEN BY: J Aidoo

NATURE OF REQUEST: Citizen's Request
FILE DESCRIPTOR 1: GW-G-
FILE DESCRIPTOR 2:

REQUESTING PARTY INFO

CONTACT: STEPHEN & GLORIA SMITH
COMPANY/WORKPLACE: STEPHEN & GLORIA SMITH 19908634
ADDRESS: 14225 HARBOR ESTATE RD
CHARLOTTE NC 28278- -
BUSINESS PHONE NO: ( ) -
HOME PHONE NO: ( ) -
NOTIFICATION PROMPT: Word of Mouth

FACILITY INFO

COMPANY: STEPHEN & GLORIA SMITH 19908634
ADDRESS: 14225 HARBOR ESTATE RD
CHARLOTTE NC 28278- -
CONTACT: STEPHEN & GLORIA SMITH
PHONE NO: ( ) -

ACTIVITIES

SERVICE REQUESTED..:
SEAGE DISCHARGING TO THE SURFACE OF THE GROUND

ACTION TAKEN.....: 4/4/06 Spoke to gentleman @ 14225 Harbor Estate Rd Advised septic is failing + to call Septic Contractor

COMMENTS.....: Sent NOV

SAMPLES

DISPOSITION, ETC.

NOTIFIED REQ PARTY:
VERBAL OR WRITTEN:
DATE NOTIFIED:
NOTICE OF VIOLATION: N
LEGAL ACTION: N
PERMIT: N
PETITION: N
EMERGENCY RESPONSE: N

TIME ON SITE: :
TRAVEL TIME: :
ADMIN TIME: :
MILEAGE:
MISC EXPENSES:
RECALL DATE:
STATUS: OPEN
DATE CLOSED:

SUMMARY:

REVIEWED BY: / /

N.C. Department of Environment & Natural Resources / Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☒ Certified Mail (Return Receipt) ☐ First Class Mail ☐ Hand Deliver

Owner: Stephen John Smith

Mailing Address: 14225 Harbor Estates Road
Charlotte, NC 28278

Occupant: Stephen John Smith

Location: 14225 Harbor Estates Road
Charlotte, NC 28278

☒ Residence ☐ Business ☐ Other

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On April 4, 2006 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation/s

Observed a discharge of sewage to the surface of the ground or surface water.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(A)]

Observed a free liquid surface within three inches of finished grade over the nitrification trench for two or more observations made not less than 24 hours apart.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(C)]

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install / Repair wastewater system. You must obtain a repair permit from the local health department prior to the repair of your system.

☐ Other Repairs *(Specify):*

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance *(Specify):*

If the wastewater violation is not brought into compliance by **May 4, 2006** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22 (c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 140-25].

For questions regarding this notice you should contact Zach Petersen at our office at 700 North Tryon Street, Suite 211, Charlotte, NC 28202, (704) 432-4258 phone, (704) 336-6894 fax.

Notice Issued: 4/5/06
Date

DENR/DEH Authorized Agent

Compliance: _____
Date

DENR/DEH Authorized Agent

#710

GWS – RES. APP 07/05

SEPTIC FEE:_____
DATE: _____
CRT [ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 1519A

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☒ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 199-086-34
STREET ADDRESS: 14225 Harbor Estate Rd
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME: Harbor Estate
LOT #:
TOWNSHIP: Charlotte

☑ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 2,800
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☑ YES	☐ NO	WELLS, SPRINGS, OR WATER LINES	☑ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☑ YES	☐ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: Stephen AND Gloria Smith
ADDRESS: 14225 Harbor Estate RD
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: 704 588 5911 WORK PHONE: N/A
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS: SAME
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Sept 1986
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date 04/24/06

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894