

14225 HARBOR ESTATE RD

19908634

4/16/08

marliwr

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 1519A Permit #: _____ Tax Parcel #: 19908634

Property Owner: Mr. Smith

Job Location Address: 14225 Harbor Estates

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 5-2-06 Contractor Name: Steve Autry

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: ~~Zoeller~~ ?

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Inspection Dates

Tank(s) Inspected: N/A

Excavation Inspected: "

Pump & Controls Inspected: "

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 24-40" inches

Bed Width: 9 feet

Total line length: 70' feet

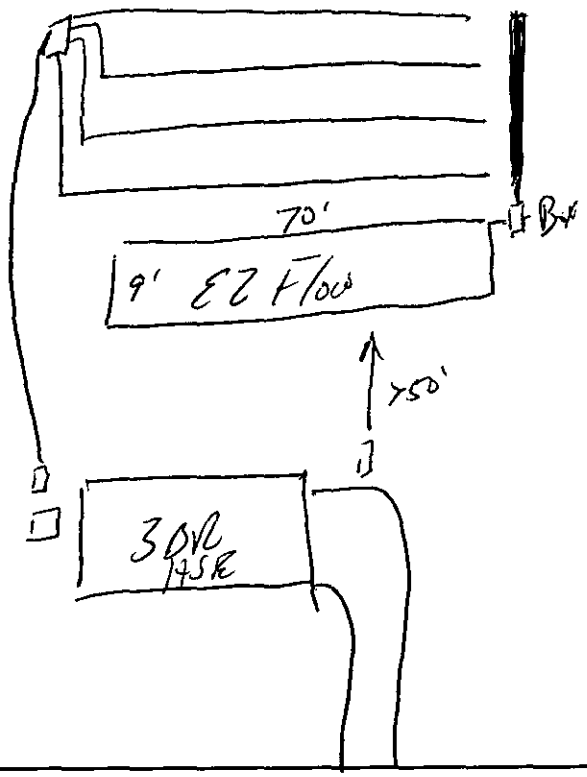
# of Lines: 2 @ 70' feet

Depth of Media: 24 inches (Type) EZ Flow

Depth of Cover: 20-40" inches

Distribution Device: Distribution Box

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 75' feet

Distance from Property Line: 210' feet

Distance from Water Supply Source: _____ feet

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this 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 or Revocation of this permit.

Comments: System Classification & Type: IIIb3

Contractor called and home owner allowed sprinkler on new system. BE

DENR Authorized Agent: Zach Potter EJ/KS Signature: Zach Potter

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INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 1519A Permit #: _____ Tax Parcel #: 19908634

Property Owner: Mr. Smith

Job Location Address: 14225 Harbor Estates

City: Charlotte State: NC Zip Code: 28278

Installation Approval Issuance Date: 5-1-06

Permission is hereby given to ☐ install ☐ alter ☑ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 5-31-06, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 360 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: N/A gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36" inches

Bed Width: 9' feet

Total line length: 70' feet

# of Lines: 2 @ 80' feet

Depth of Media: 24" inches (Type) EZ Lay

Distribution Device: Trench

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

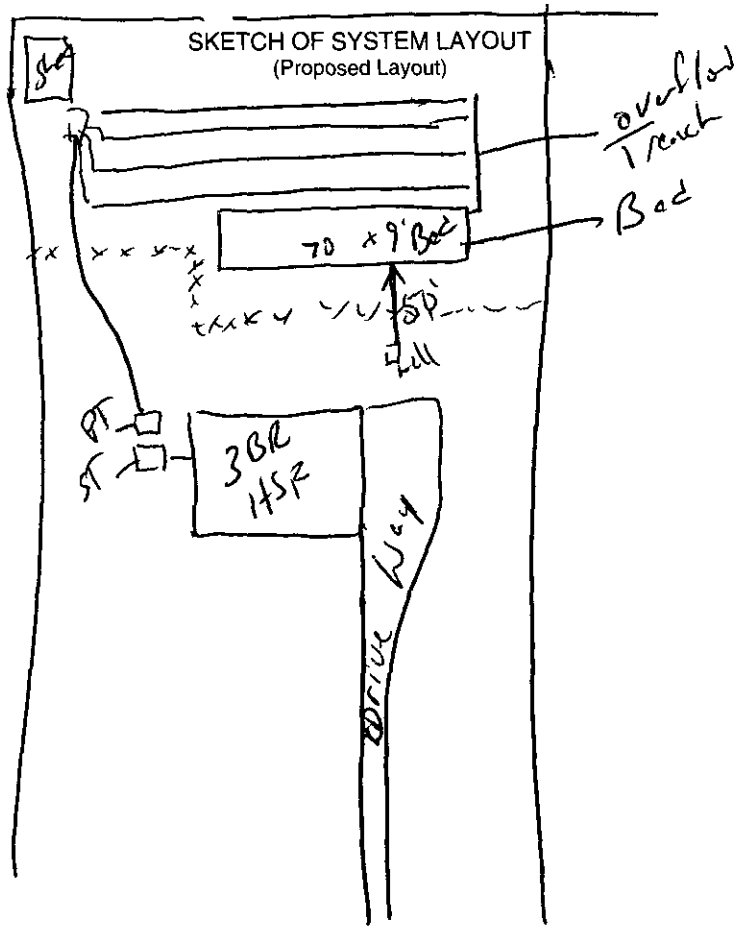
Minimum System Setbacks

Distance from Building Foundation: 25' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: III b

DENR Authorized Agent: Zach Peterson EHS Signature: Zach Peterson

#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

COPY

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.

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

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 Gertelman @ 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

Mark L. Peterson ES/RS
DENR/DEH Authorized Agent

Compliance: _____
Date

_____
DENR/DEH Authorized Agent

#710

GWS – RES. APP 07/05

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

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

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