

6126 DOVETAIL CT

19707221

6/18/08

marliwr

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

CHARLOTTE.

Emerald
Request Detail

Request #:	526437	**Received By:**	Lydia Powers 336-7465	**Received:**	10/03/2000 11:00
Type:	COMPLAINT	**Origin:**	City Manager	**Due:**	10/12/2000 11:00
Status:	NEW	**Complex?:**	N	**Resolved:**	
Priority:	A-Critical	**Public Official:**	Pam Syfert		
Group:	Mecklenburg County	**Work Unit:**			
Title:	COMPLAINT				

Request Location	Parcel	Named Creek	Juris
6126 Dovetail Ct, Charlotte, NC	19707221		Meck

Citizen Name	Citizen Type	Home Phone	Work Phone	Organization
Rick Stroud	Caller	704-545-9553	704-379-0132	
6126 Dovetail Ct, Charlotte, NC		**E-Mail:**		

Detail Description

Mr. Stroud called the City Manager's Office. He states that he had some septic tank work done a year ago and the septic tank was inspected. Mr. Stroud states that since the time the septic tank was inspected he has had a problem with raw sewage on top of the ground, and now the sewage is affecting the yard next to him. Mr. Stroud states he has spoken to Judy Kiser who advised she would have McKilly Randall get back in touch with him about the problem. Mr. Stroud states that he is getting promises from Environmental Health, but nothing is getting resolved.

Please contact Mr. Stroud on behalf of the City Manager's Office and advise what can be done, and send copy of your response to Lydia Powers, 336-7465.

Request Prompt	Response
When did problem occur?	last April
Where did the problem occur?	6126 Dovetail Ct.
Who was involved?	citizen/Environmental Health
What would citizen like the city to do about the problem?	advise what can be done to stop raw sewage
Have you called about this problem before?	yes

Inspection	Date	Inspector	Results

Progress Note	Date	Author	Text

Resolution

2nd Request - Please Email resolution to arouse@ci.charlotte.nc.us

12/19/00 Responded by Email Today CC-to Bobby Sylvia

* we received My THIS 2nd request Permitted & finaled 10/2000

Thank You
Alice Rouse
Emerald Adm.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

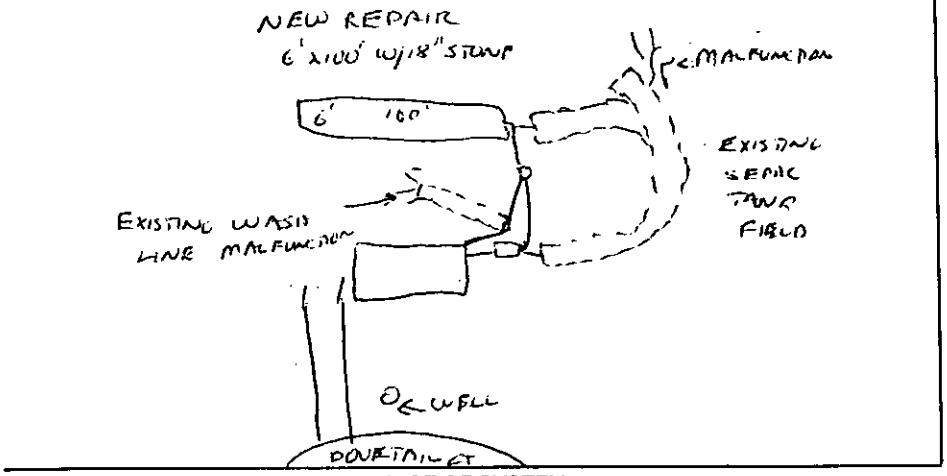
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11258 DATE: 4-20-99

TC: 197-07J-21 ~~M~~ L

SERIAL Nº 18075

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Trench Walls Scored and Porous YES

Total Line Length 300 feet

Number of Lines 1

Depth of Stone 18" inches

Distance from House 25' feet

Distance from Property Line 10' feet

Distance from Well >100' feet

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

NAME OF OWNER RICK & CHRISTA STROUP

LOCATION OF PROPERTY 6126 DOVETAIL COURT

Comments: (1) THIS IS REPAIR FOR BOTH SEPTIC TANK AND WASH LINE

(2) LINE FOR WASH LINE TO BE RUN TO A-BOX.

(3) EXISTING SYSTEM TO BE TIED IN IF POSSIBLE.

_____ Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11258 DATE: 4-22-99

TC: 197-072-21 ☒ L ☐ CRT

SERIAL Nº 18009

Name of Owner RICK + CHRISTA STROUD Juris.: _____

Address of Property 6126 DOVETAIL COURT

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 200

Number of Lines 1 @ 6' X 100'

Cover Depth _____

Water Supply Source EXISTING WELL

Distance to Water Source 200'

Excavation Inspected 4-22-99

Tank(s) Inspected NA

Wash Line Inspected 4-22-99

High Water Alarm Inspected _____

SEE INSTALLATION

PLOT

Design REPAIR LINE 6' X 100' W/ 18" GRAVEL CTR# REIO. EUDY

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 I5A NCAC 18A. 1990 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: TYPE II

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11258 DATE: 10-31-00

TC: _____ ☐ L ☐ CRT

SERIAL Nº 18473

Name of Owner RICK STROUD Juris.: _____

Address of Property 6126 DOVETAIL COURT

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 200

Number of Lines 2 @ 100'

Cover Depth 12"

Water Supply Source EXISTING WELL

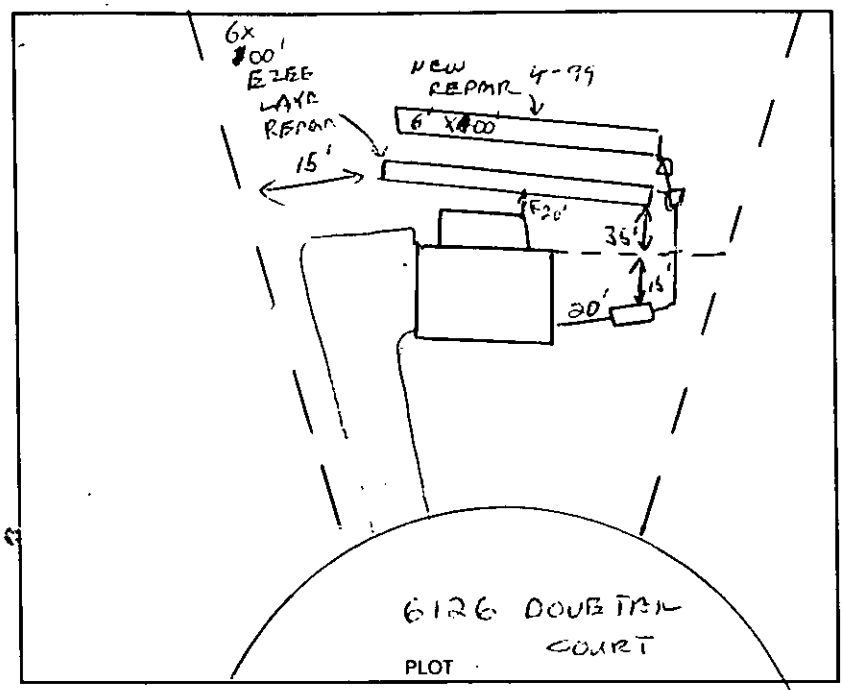
Distance to Water Source >50'

Excavation Inspected 10-31-00

Tank(s) Inspected 10-31-00

Wash Line Inspected —

High Water Alarm Inspected —



Design REPAIR ~~200~~ 100' X 6' EZEE LAY [200' TOTAL] CTR# RCS

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

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Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: (1) "EZEE LAY" INSTALLED @ CONTRACTOR'S SUGGESTION AND HOMEOWNER'S REQUEST. (2) TANK WAS PUMPED - OBSERVED SIGNIFICANT, STEADY STREAM OF WATER ENTERING TANK FROM HOUSE - I SHOWED IT TO MS. STROUD. SHE ADVISED SHE WOULD CORRECT.

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

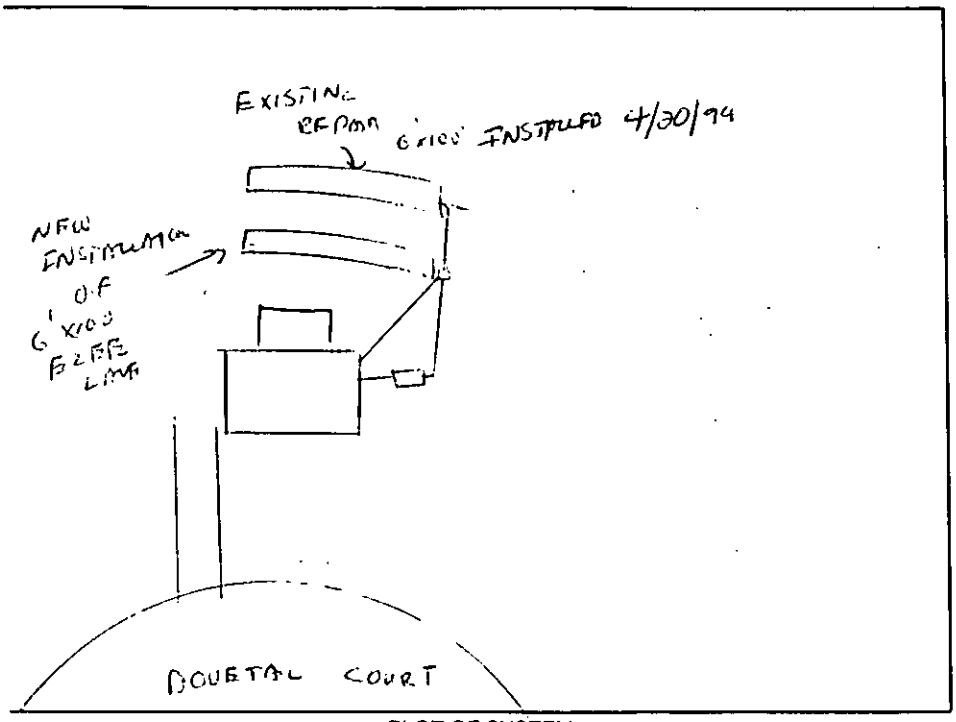
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11258 DATE: 10-19-00

TC: 197-072-21 ☐ L

SERIAL Nº 18574

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 10-19-00. All work shall be completed on or before _____, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Trench Walls Scored and Porous yes

Total Line Length 200' feet

Number of Lines 1

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well ≥ 50 feet

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

NAME OF OWNER RICK STROUD

LOCATION OF PROPERTY 6126 DOUBTAL COURT

Comments: (1) INSTALLATION OF 6'x100' BED OF TYPE III-G INNOVATIVE "B2BE LAY" @ SEPTIC CONTRACTOR'S SUGGESTION AND HOMEOWNER'S APPROVAL

(2)

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Mecklenburg County
Health Department

FAX TO
545-9553

12/15/00
FAX # BUSY
I MAILED COPIES TO MR. STROUD.

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: RICK STROUD TELECOPIER # 545-9553

FROM: D. Clark DATE 12/15/00

NUMBER OF PAGES TRANSMITTED: 5 (including cover sheet)

COMMENTS:
① MY APOLOGIES FOR THE DELAY

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5103.

☐ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ ____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11258 DATE: 10-31-00

TC: _____ ☒ L ☐ CRT

SERIAL Nº 18473

Name of Owner RICK STROUD Juris.: _____

Address of Property 6126 DOVETAIL COURT

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 200'

Number of Lines 2 @ 100'

Cover Depth 12"

Water Supply Source EXISTING WELL

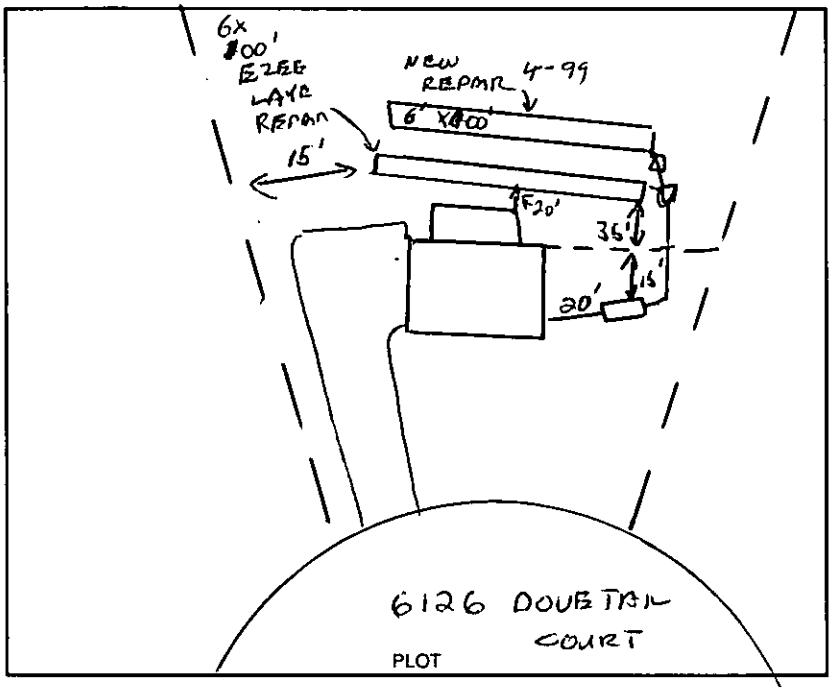
Distance to Water Source >50'

Excavation Inspected 10-31-00

Tank(s) Inspected 10-31-00

Wash Line Inspected —

High Water Alarm Inspected —



Design REPAIR ~~200~~ 100' X 6' EZEE LAY [200' TOTAL] CTR# RCS

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

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Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: (1) "EZEE LAY" INSTALLED @ CONTRACTOR'S SUGGESTION AND HOMEOWNER'S REQUEST. (2) TANK WAS PUMPED - OBSERVED SIGNIFICANT, STEADY STREAM OF WATER ENTERING TANK FROM HOUSE - I SHOWED IT TO MS. STROUD, SHE ADVISED SHE WOULD CORRECT.

Built 1976

Environmental Health Specialist

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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

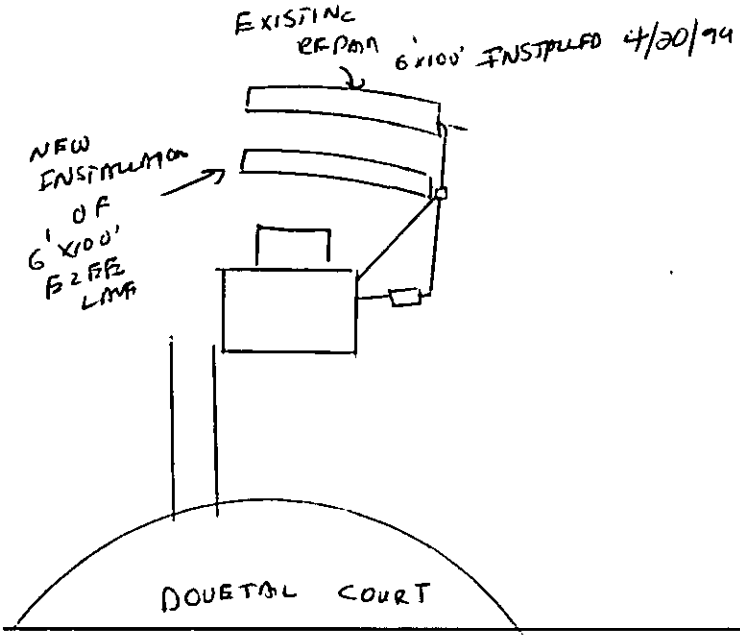
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11258 DATE: 10-19-00

TC: 190-072-21 ☐ L

SERIAL Nº 18574

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 10-19-00. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Trench Walls Scored and Porous yES

Total Line Length 200' feet

Number of Lines 1

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well ≥50 feet

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

NAME OF OWNER RICK STROUD

LOCATION OF PROPERTY 6126 DOVETAIL COURT

Comments: (1) INSTALLATION OF 6'x100' BED OF TYPE III-G INNOVATIVE "E2EE LAY" @ SEPTIC CONTRACTOR'S SUGGESTION AND HOMEOWNER'S APPROVAL

(2)

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 10/19/00 PERMIT NO: 11258

PARCEL NO: 19702 21

JOB LOCATION ADDRESS: 6126 POVEDMIL CT

PROPERTY OWNER: RICK STROUD

BUILDING CONTRACTOR: RGS

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: _____ DATE: 10/19/00

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 11258, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: TYPE III-G INNOVATIVE REPAIR

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 1258 Tax Number: 142-072-21

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	___ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	600 Absorption Area (sq ft)	3' Trench spacing (min. on centers)
✓ Serviced by private well	___ Gallon septic tank	100' Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	___ Gallon pump tank	N/A Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: REPAIR - 6' X 100':			
Repair Area System Type Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth
For existing system, enter the year originally installed:			

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department

... This Improvement permit is transferable.

10-19-00

DEHNR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

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

FILE #: 11258

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 197-072-21

STREET ADDRESS: 6126 DOVEDALE CT 1976

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES __ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES __ NO
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: STROUD (LAST) RICK (FIRST) (MI)

ADDRESS: 6126 DOVEDALE CT

CITY: CHARLOTTE STATE: NC ZIP:

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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 agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: DATE:

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 10-19-00 PERMIT NO: 11258
PARCEL NO: 197-072-21

JOB LOCATION ADDRESS: 6126 DOUGLAS COURT
PROPERTY OWNER: RICK STROUP
BUILDING CONTRACTOR: -
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: _____ DATE: 10-19-00
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 11-258, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: ① "EZEE LAY" INSTALLED ② CONTRACTOR'S SUGGESTION AND HOME OWNER'S REQUEST.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11258 DATE: 4-22-99

TC: 197-072-21 ☒ L ☐ CRT

SERIAL Nº 18009

Name of Owner RICK & CHRISTA STROUD Juris.: _____

Address of Property 6126 DOVETAIL COURT

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 200

Number of Lines 1 @ 6' X 100'

Cover Depth _____

Water Supply Source EXISTING WELL

Distance to Water Source 210'

Excavation Inspected 4-22-99

Tank(s) Inspected NA

Wash Line Inspected 4-22-99

High Water Alarm Inspected _____

SEE INSTALLATION

PLOT

Design REPAIR LINE 6' X 100' W/ 18" GRAVEL CTR# REID. EUDY

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 I5A NCAC 18A. 1990 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: TYPE II

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

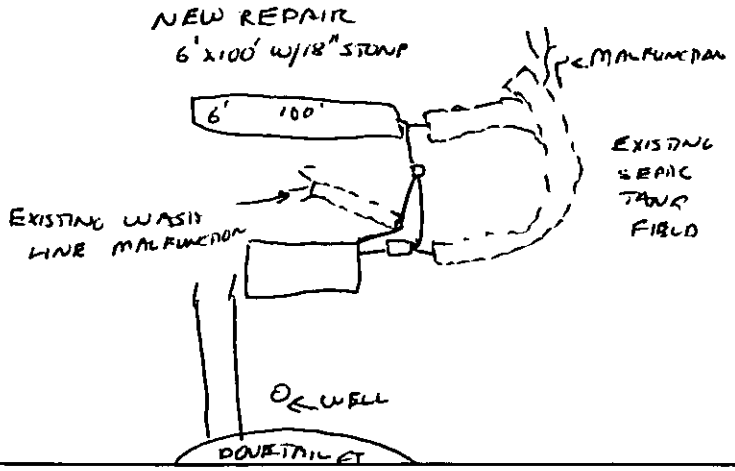
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11258 DATE: 4-20-99

TC: 197-072-21 X L

SERIAL Nº 18075

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated _____. All work shall be completed on or before _____, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Trench Walls Scored and Porous YES

Total Line Length 200 feet

Number of Lines 1

Depth of Stone 18" inches

Distance from House 25' feet

Distance from Property Line 10' feet

Distance from Well >100' feet

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

NAME OF OWNER RICK & CHRISTA STROUP

LOCATION OF PROPERTY 6126 DOVETAIL COURT

Comments: (1) THIS IS REPAIR FOR BOTH SEPTIC TANK AND WASH LINE

(2) LINE FOR WASH LINE TO BE RUN TO A-BOX.

(3) EXISTING SYSTEM TO BE TIED IN IF POSSIBLE.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: _____ AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: _____ VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 4-20-99 PERMIT NO: ~~B~~ 11258

PARCEL NO: 197-072-21

JOB LOCATION ADDRESS: 6126 DOVETAIL COURT

PROPERTY OWNER: RICK STROUD

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: _____ DATE: 4-20-99

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. _____, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: REPAIR PERMIT

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

_____

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 11258 Tax Number: 197-072-31

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	X No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	X Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
3 Long-term acceptance rate	___ Max gallons/day wastewater flow	900 Absorption Area (sq ft)	___ Trench spacing (min. on centers)
GRS Serviced by private well	EXSTG Gallon septic tank	___ Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	___ Gallon pump tank	18" Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: REPAIR PERMIT			
Repair Area System Type Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth
For existing system, enter the year originally installed:			

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

4-26-95

DEHNR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FEE: _____

DATE: _____

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

Residential ✓

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

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

FILE #: 11258

PROJECT TRACKING #: ~~197-072-21~~

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 197-072-21

STREET ADDRESS: 6126 Dovetail Ct. 1976

LOT NUMBER: 9 BA

___ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:

Space storage of facility.

NUMBER OF EMPLOYEES: _____

PER SHIFT: ___ ___ ___

HOW WILL WATER BE USED IN THE FACILITY:

___ TOILETS/URINALS
___ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:

___ SEWAGE

___ INDUSTRIAL PROCESS WASTE WATER

TOWNSHIP (CHECK ONE):

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

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) ___ PRIVATE WELL (P) ___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ___ NO
EXISTING WASTE WATER SYSTEMS ___ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: STROUD (LAST) CHRISTA (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 6126 DOVETAIL COURT	DAYTIME PHONE: ( ) —
CITY: CHARLOTTE STATE: ZIP:	
DAYTIME PHONE: ( ) 704 - 545-9553	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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 AGENTS OF THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF PROCESSING THIS REQUEST.

SIGNED: Christa Stroud DATE:

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

197-077-21
11258
'76
6126 Dovetail Ct.

INTERNAL

VIEWING

only —

Do not

copy for public —

Do not show

public —

From: J. Andrew Walker
To: Sylvia D. Daniel
Date: Thu, Mar 23, 2000 12:01 PM
Subject: 6126 Dovetail court, file# 11258

Sylvia,
Rick Stroud called 3-22 about a malfunction at his residence. This is the history of this particular file.

Reid Eudy asked to meet onsite at the above property to design a repair for the system. Both the wash line and the septic tank line were experiencing problems. One or both of the owners were onsite at this time. At this time I understood there to be 4 people living in this house at this time. I explained that a three bedroom house normally required 400 feet of drainline on a new installation, but if they would like to try to save on costs we could install a 6 x 100 bed with 18 inches of stone and try to utilize any of the existing system. An installation permit was issued and installed on 4-22.

I received a call from Reide Eudy that there was some sewage surfacing at the above property. On a 6-4 I visited the property and there was sewage seeping from an area of the new repair. Mr. Stroud questioned the location of the repair. I explained the repair was installed on the contour and the soil appeared to be suitable, Cecil-like material. The seepage was occurring at a location approximately 5-7 feet downslope from the drainline. I advised I would have Bill Marlin evaluate the area to see if the repair was possibly installed in fill material which could be causing the seepage.

I visited the site with Bill Marlin on 6-17 and it was determined that the soil was not fill material. I also discovered that the actual number of residents in the house were two adults and four teenage children. The Strouds also stated their intent to sell their house sometime in the near future. I advised the current existing drainline did not appear to be enough to handle amount of water being use in the house and if they decided to sell their house in the future they could be required to bring the residence in compliance by adding additional drainline.

I visited the site with Kelly Randal on 6-18 and it was suggested that additional drainline be added.

I visited the site with Reide Eudy of 6-21 and Mr. Stroud was present. Mr. Stroud again questioned the location and quality of the repair installation. We also discussed other options to repair the system. I again reiterated that there was not enough drainline to accommodate the amount of water that would be generated by a three bedroom residence. Mr. Stroud suggested bringing in a large amount of soil cover to fill in the low area downslope from the repair in the area where the seepage had been occurring. I advised that it had been my experience that this did not solve seepage problems, but it did not have any adverse effects on the drainfield and he could try it. I again stated that additional drainline would be a better option, but considering the Stroud's dissatisfaction with the situation I decided not to force the issue and let them decide what they which course of action they would like to pursue first.

I had no further contact with the Strouds until 3-21 when Mr. Stroud left message on my voice mail. I returned the call on 3-22. He advised he was still experiencing problems with his system. He had Reide Eudy bring in a large amount of soil cover and was highly displeased with the quality of work and the situation with which Mr. Eudy had left the yard. He wanted to register a complaint on Mr. Eudy if there is some way to do so on the contractors list. He had spent $1,300 on the initial repair and additional $600 to $700 on having soil cover added. I explained that to install a completely new system for a three bedroom residence in suitable would cost in the neighborhood of $2700 to $3000, based on what contractors have told me, so, what he paid for the 200 foot repair did not appear to be out of line with current prices. I again stated that there was not sufficient drainline to accommodate the amount of water being used in the residence.

Mr. Stroud acknowledged that the Health department had no responsibility or control over the actions of Mr. Eudy in bringing in soil cover, but felt they needed assistance from someone in correcting their septic

drainfield problem. He stated he wanted some assurance that any repairs should be guaranteed to function and did not accept my statements that we could not guarantee that all repairs will operate without any problems. I had advised him that we could not provide such assurances because we could not control all the variables that could potentially impact septic systems.

Mr. Stroud is looking for someone to accept financial liability, therefore, I advised I would have to refer any such questions to my supervisor. Mr. Stroud has never been confrontational in conversations and meetings. His number is 545-9553 home and 379-0132 on his mobile.

How would you like me to handle this?

Drew

First reviewed 10/3/00 upon file research - SA

Rick Stroud

379-0132 Answering Service / They will page him immediately

558-9439 pager -

545-9553 Home - (wife can contact him)

Memo to File – 10/3/00

RE: Stroud Case – 6126 Dovetail Court

Spoke with Mrs. Stroud by phone at approximately 4:30 PM regarding the following:

Statement – From your perspective the following exists:

- The system is currently failing making it non-compliant with health codes
- Additional costs may result from problem abatement
- The Health Dept. staff were entrusted to recommend the proper repair
- The Installer holds some responsibility for the problem

Statement – From our perspective the following exists:

- The system is non-compliant with health codes
- Additional costs to the homeowner may result from problem abatement
- The homeowner authorized the repair option

Debate: Mrs. Stroud indicated that they were planning to move and would have "done whatever it took to make it right." She indicated she wanted it to be right but cost effective.

Question: " How could this problem have been avoided?"
Mrs. Stroud did not know, but offered that she and Mr. Stroud relied on the expertise of the Health Department, the installer, and cost effectiveness regarding decisions about the repair. She thinks that the first follow-up after the repair malfunction was not clear. She did not think that the Health Department rep and the Installer knew how to address the failure. Mr. Stroud is most unhappy about the delays in staff response.

At this time, Mrs. Stroud was educated about the regulations regarding repairs and the statement in the rules about reasonably expected to function. In addition, the clause about no guarantees about how repairs will function was briefly discussed. She said she understood that and that the work is an inexact science. She was educated about system diagnosis and the many factors that have to be considered with failing systems, such as water usage, crushed pipes, plumbing leaks, etc. She was also assured that the issue with staff response would be addressed, and an apology was offered for those delays.

Question: "What are her suggestions for approaches to abating the problem?"

Mrs. Stroud discussed splitting off the washline, slope issues, and the poor work of the contractor.

Question: "What compromises on both parts could be offered to resolve the problem?"

Health Department

- Delay NOV since parties are trying to abate the problem
- Allow sufficient time to find the best solution
- Allow interim measures such as additional soil cover
- Assist, if appropriate, with negotiations with Installer

The Strouds

- They will agree to work towards abating the problem immediately
- Offer options for the Health Department to consider
- Educate family members about water use issues
- Consider diagnostic approaches such as checking plumbing fixtures, reduce water consumption such as washing clothes, talk with family members about water conservation

Mrs. Stroud does not know if her husband will seek restitution for damages. Mrs. Stroud was educated about the formality of the process.

Follow-up

Thanked Mrs. Stroud for her input and asked her to share the conversation with her husband. The Program Chief has made herself available for phone consultation with Mr. Stroud after 9 am on the morning of 10/4/00.

, Mgr IWWS

Mecklenburg County
Health Department

Memorandum

To: Sylvia Daniel

From: Kelly Randall

Re: 6126 Dovetail Court

Date: October 3rd, 2000

I visited the above referenced address with Drew Walker last year. The purpose of our visit was to try to ascertain the status of a septic repair that had been completed sometime prior to my visit. We met with Mrs. Stroud at the site and looked over the situation. She was complaining, in general, about the septic contractor (Reid Eudy) that had done the repair. There were issues with the fencing and concrete driveway damage. The Strouds were also unhappy with the yard and landscaping conditions after the repair. They indicated the repair had also leaked. I do not remember the septic repair leaking at the time of my visit.

Mrs. Stroud indicated that she had a large family and they had a high degree of water usage per day. Drew indicated that this information was not told to him before the repair permit was issued. I recall the tone of the conversation was the Strouds had not wanted to install the amount of repair drain lines needed because they were going to sell the property in the near future. We discussed the usual methodologies of repair diagnosis and it was recommended that the water use be reduced and surface water being diverted from the drainfield area. Mrs. Stroud thanked us for our time and we left the site.

Months later, after my visit to the site with Drew, Mr. Stroud called me to express his displeasure with Mr. Eudy's work and attitude towards helping them any more with repairs to the system. He indicated he that he had a load of soil brought in to his yard to alleviate the landscaping issues from the previous repair. He indicated he wanted to fix the problems he was having. He indicated he was not going to have Mr. Eudy do any more work for him. I advised Mr. Stroud of other contractors who could try to help him and gave him a list of telephone numbers. I estimate the last conversation I had with him was close to a year ago and I have not heard from him since October 3, 2000. He left a voice mail on my phone after I left for my first appointment today.

TO: File #11258
From: Judy Kiser
Re: 6126 Dovetail Court

I spoke with Rick Stroud on Monday, October 2, regarding a repair that was made to his septic tank system. He said this was about a year ago. His property is located at 6126 Dovetail, Mint Hill. He said Drew has been out about 4 times since the repair. The septic contractor is Reade Eudy. He had Mr. Eudy bring in fill dirt later after the repair where it was leaking. He said Mr. Eudy left tire ruts in his yard 2 feet deep. When Mr. Eudy did the work he broke some of the patio pavement with his backhoe and ran into/against some of his chain link fence posts and damaged them. He said he showed this to Mr. Eudy and Mr. Eudy never acknowledge he did this, but Mr. Stroud said he did the damage and said he realized that perhaps the backhoe could not go over the patio without maybe doing some damage but at least Mr. Eudy could apologize for it.

He said he didn't know if the repair was done correctly, but Drew approved whatever was done. He said he felt he did what Drew told him to do, but said it is failing now and that he has cut a trench and it is running down to the next door neighbors property in the woods and he knows this is a health hazard. He said the last time Drew was out with Mr. Eudy, they both looked at the system and just scratched their heads and that Drew told him he would work with him to do whatever he wanted to do to fix it. He said he didn't know what to do, that Drew and Mr. Eudy are supposed to be the people with the knowledge to know what to do. How is he supposed to know? He said he didn't believe it was done correctly and Drew approved it like that. I explained that we issue an installation layout based on what is decided for the repair and a final inspection is conducted when the work is completed. Mr. Eudy could not get a final approval unless the installation is correct.

Mr. Stroud said he relied on Drew to tell him what should be done, that he didn't know how we decide what we do. I explained to Mr. Stroud when systems are failing, if the failure is a major malfunction, then we will advise them to install a repair system designed for the home and/or at least for the # of occupants. That is, if there is enough area/land space to work with and meet all setback requirements. . However, if the property owner requests less of a repair, we would issue a permit, because the homeowner is paying for the repair. If the malfunction is a small one then the repair would probably be less drainfield added. He said he did what Drew recommended and it is not working.

Mr. Stroud mentioned he had spoken to Kelly some time ago about the system and Kelly was supposed to get back with him but he never did. He said he wants to put his house on the market but has to get the system fixed first.

I advised him Drew is out of the office today but will return tomorrow (Tuesday). I told him Kelly should be back in the afternoon, it may be late but I believe he should speak with Kelly again since Kelly is aware of his situation. He said that was fine, he just wants to resolve the problem. It has been going on for a long time.

- Telephone call to Rick Strand - left message
to answering service 10/3/00.
(3790132) hm - 545-9553

SA

- Mr. Strand is complaining about his system repair. See file for narrative history.
See memo to SA [redacted] - I am not familiar w situation - This is the first time I have seen the memo. (Probably placed in file w/out notifying me of documentation)



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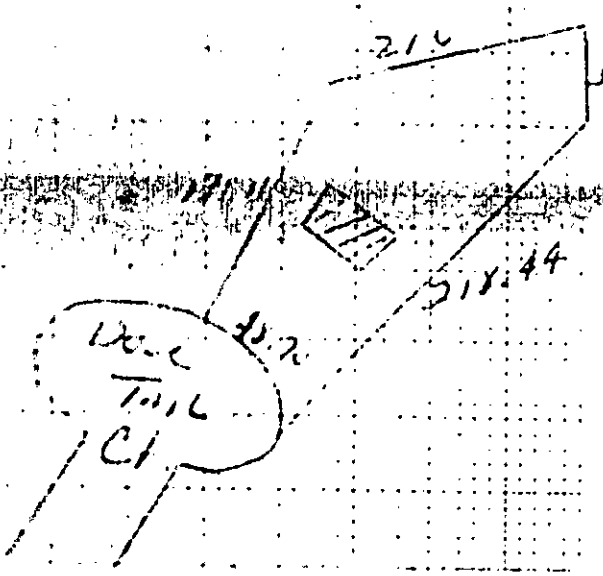
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SEE INSTRUCTIONS ON BACK

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration and or Repair Permit
for a Residential 3 Bdrm Tank System with Subsurface Soil Absorption Effluent Discharge



WATER LINE PROVIDED

Name of Owner: Realty Fund, Inc.

Address: P.O. Box 32384 Charlotte, NC

Telephone: — Office 568 3473

Property Location: 1160 Lee Trail Court
STREET OR COUNTY ROAD

Subdivision: Foxhunt Lot No: 9 Block No: A

Tax Map No: 16 Page No: 204

RECORDED BOOK AT PAGE

SOIL EVALUATION REQUIRED YES NO DATE RUN

I hereby certify that I have read the foregoing application and that the information contained herein is true to the best of my knowledge and belief.

8/5/76

REALTY FUND, INC.
OWNER

SIGNATURE OF

SOIL INVESTIGATION REPORT

Date of Investigation August 1976 No. 1125S

Owner Realty Enterprises

Location of Property 6124 Dare Trail Court Lot 1 Block A

TAX MAP 197-03-21

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil	Enon		
2. Soil Slope	suitable 2-6%	suitable 2-6%		
3. Soil Depth	suitable >48"	suitable >48"		
4. Soil Texture	provisionally suitable clay - kaolinite	unsuitable 2:1 expanding clay		
5. Soil Structure	provisionally suitable subangular blocky	unsuitable massive		
6. Restrictive Horizons	----	----		
7. Soil Drainage	suitable water table 26"	suitable water table 26"		
8. Soil Permeability (Percolation Rate)	provisionally suitable 60 min/in			
9. Other	----	----		
10. Overall Rating	provisionally suitable	unsuitable		

Recommendations Based on this investigation the lot is recommended for approval for installation of a septic tank system. System design should be based on a percolation rate of 60 min/in and should be placed in the area of Cecil soils.

See diagram on back

W. Edward Grant
Soil Scientist

1/75

1974

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

Installation of Conventional Subsurface Soil Absorption Effluent Disposal System

Underground Septic Tank System with Subsurface Soil Absorption Effluent Disposal

X Installation of Conventional

...with the ... with subsurface soil absorption ... on the ... lot ... 11-25
...shall be ... 1.76 ... and a permit shall be issued upon the ... 11/16/74
...the ... All work shall be ... Electric ...
...the ... to meet ... Wood.

Type: E C
Capacity: 1500 gal
Tank: PC

[Sketch: 12½ x 40 x 12"; ST; ST 45 12½ ICE; 10'; 10'; NOT IN ICE; OPEN; DR; Property Line; PLOT OF SYSTEM]

REALTY FUND INC

LOCATION OF PROPERTY 6126 Dovetail Ct Lot 9A

...construction requirements set forth in the ... Regulations ... and are in effect on the date of the granting of this permit. A copy ... by the Environmental Health Director before any system can be ... Permit or can be used.

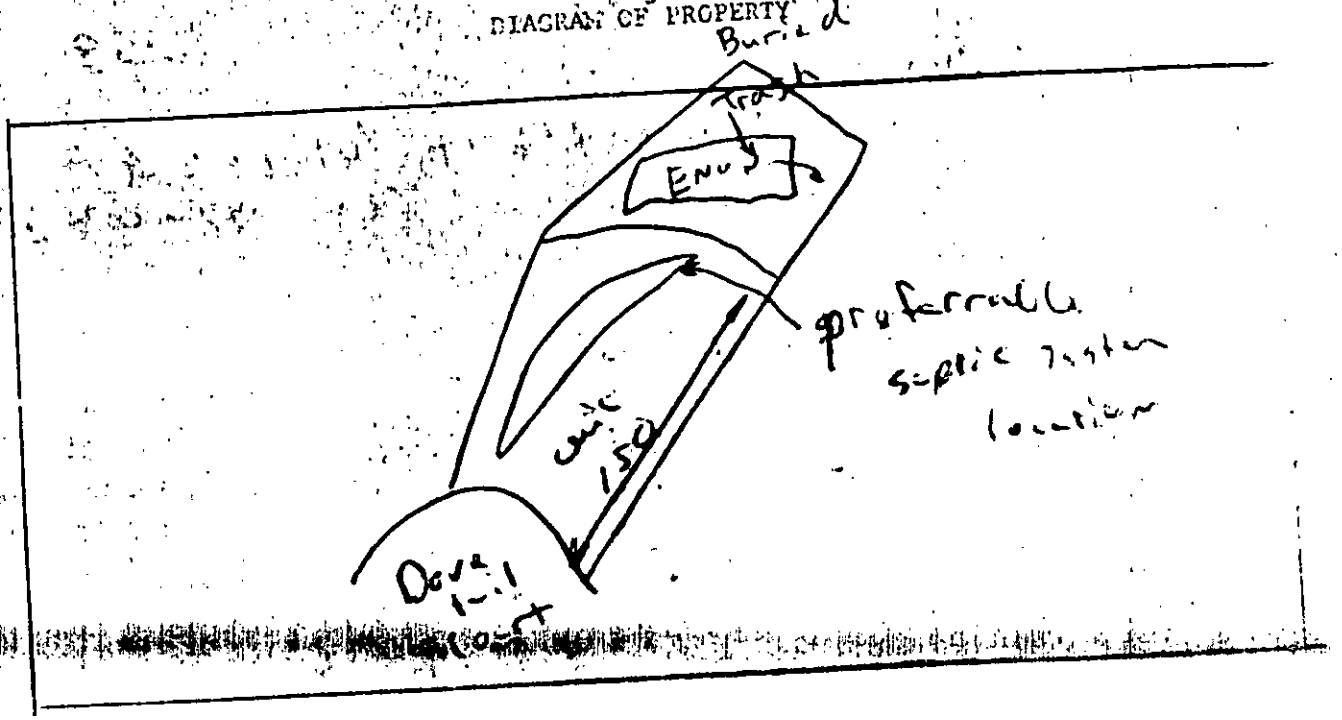
Comments:

L. P. Bridgeman
Environmentalist

...for the installation or construction of a new system, it must be signed by the ... Department of Environmental Health in order to be valid. Only the ... required where an existing system is ... altered or repaired.

... Owner's Copy

DIAGRAM OF PROPERTY



3/18/75

EHS 539

6-4 8:00

6-17 - 2:00
w/ BILL MORGAN

6-18 - w/ KELLY

6-21 w Reid Ewing