

1021 OAKDALE RD

03509102

5/21/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4541A DATE: 7/3/90

TC: 035-091-02 ☒ L ☐ CRT

SERIAL № 13403

Name of Owner Noel Baker Juris.:

Address of Property 1021 Oakdale Rd

Inspection Data:

Tank Material –

Total Length of Drainfield 200'
1 bed 6'x50' + 1 line 100'

Number of Lines @ long

Cover Depth 10"

Water Supply Source well

Distance to Water Source 750

Excavation Inspected 7/3/90

Tank(s) Inspected –

Wash Line Inspected plumbed back to tank

High Water Alarm Inspected –

PLOT

Design: 1990 Repair CTR# 16

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .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.

COMMENTS:

Philo S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

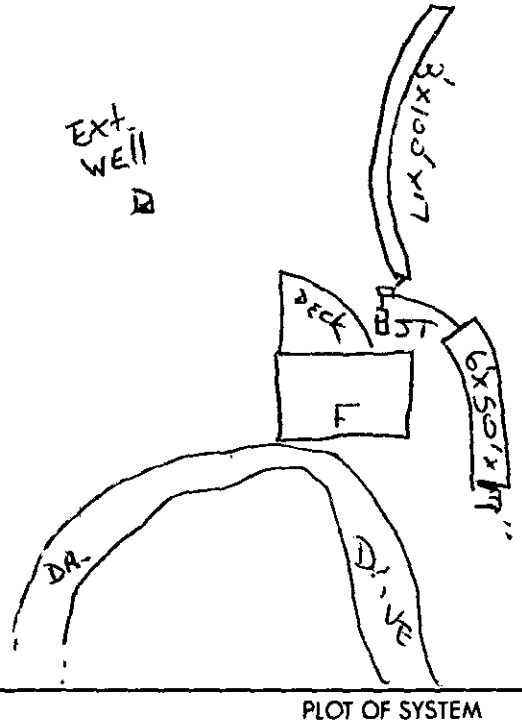
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4541A DATE: 6/12/90

TC: _____ ☐ L

SERIAL Nº 13333

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 6/9/90. All work shall be completed on or before 7/9/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 Oakdale

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 3'/6', feet

Total Line Length 150'/200' feet

Number of Lines 3 or 4

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER NOE / BAKER

LOCATION OF PROPERTY 1021 Oakdale Rd.

Comments: old sys. will be cut off, place D-box, (1) 3'x100'x12" or (1) 6'x50'x12" or (2) 3'x75'x12"G, Straw. WL back into tank, may have to pump tank. check "T"

_____ Tim Whittaker, R.S.

Division or Section Head — Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

PROPOSED PLOT PLAN

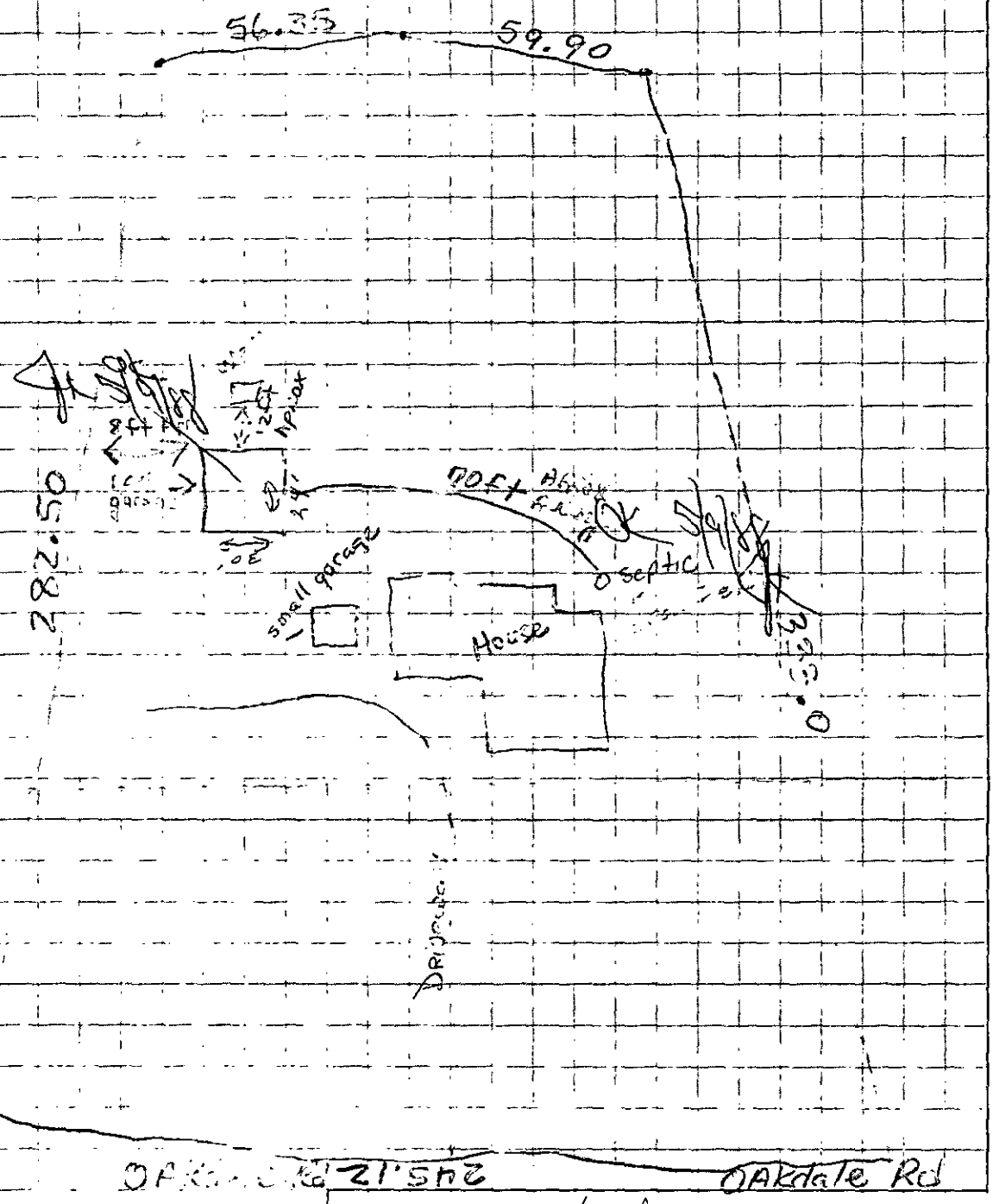
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4541A

TC: _____

Draw in and name all roads *adjoining the property.* Draw in and accurately dimension the lot concerned. *Accurately indicate* property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Signed: Robert D Cashwell

Date: _____

5/6/88 Paid $50.00 ck #1748

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 4541A
TC: _____
SERIAL: № 16117
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 1021 OAKDALE Rd (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 035-091-02
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Robert (FIRST) David (MIDDLE) Cessna (LAST)
⑨ MAILING ADDRESS: 1021 OAKdale Rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28216
⑬ PHONE: (WORK) _____ ⑭ (HOME) 393-7724

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) GARAGE

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type? _____
㉓ Maximum occupancy? 4
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☑ no
㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Robert D Cessna

Date: _____

IMPROVEMENT PERMIT

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 Sanitary Sewage Collection, 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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. May use existing system.

Judy A. Kain RS, 5/9/88
Environmentalist Date

Sybil A. Wood, 5/9/88
Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Gary Brier

MAILING ADDRESS 1021 Oakdale Rd, Charlotte NC 28216

OCCUPANT "

LOCATION "

☒ 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; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5570.

☐ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

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

☐ Perform Maintenance (*specify*) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by May 17, 1994, appropriate legal action will be taken.

Notice Issued 4/12/94 (Date) Signed Philo S. Walker (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

Purpose: Article 11 of Chapter 130A requires every residence, place of business, and place of public assembly to have an approved wastewater system. This form is a formal notice to document violations of the law or rules.

Preparation: The environmental health specialist shall complete the form for every residence, place of business, or place of public assembly which does not have an approved wastewater system. Prepare an original and one copy as follows:

1. Original to owner or controller of residence, place of business, or place of public assembly.
2. One copy for the local health department.
3. One copy for the Shellfish Sanitation Office (as applicable).

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 4541A
TC: 035-091-02
SERIAL: № 20881
☐ I ☐ CRT

JOB LOCATION

① ADDRESS: 1021 (STREET NO.) Oakdale Rd. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Noel (FIRST) Edward Anthony (MIDDLE) Baker (LAST)
⑨ MAILING ADDRESS: 1021 Oakdale Rd.
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28216
⑬ PHONE: (WORK) (704) 525-0355 ⑭ (HOME) (704) 348-3083

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

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System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 3 ㉖ Maximum number of employees?
㉔ Basement? 1/2 ☑ yes ☐ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Noel Edward Anthony Baker
Date: 6/9/90

IMPROVEMENT PERMIT

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 Sanitary Sewage Collection, 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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

Mr Don Willard
Deputy Director
Mecklenburg County Health Dept.
700 N. Tryon St.
Suite 208
Charlotte, N.C. 28202-2236

May 2, 1994
1021 Oakdale Rd.
Charlotte N.C. 28216

Dear Mr. Willard,

On February 28,1994 we purchased a home at 1021 Oakdale Rd., Charlotte, NC. Before the closing we were required to have a "Sewer Inspection" which was completed by Mr. Philo Walker of the Mecklenburg County Health Department. Mr Walker's report stated the sewer system was fine. We moved into the property on March 4th and my wife was walking the porperty and could smell sewer order. We didn't inspect the situation until March 5th, when we found the leach field leaking in two different places and running across our neighbors (The Millers) lawn. When we approached the neighbors they said the runoff from the leach field had been present for at least a couple of years!

If we had been made aware of the problem with a correct inspection report, we would either have had the sellers correct it or not have purchased the property

I contacted the attorney we used for the closing, Mr. Tom Brown, to see what my options were and he advised me that I had no recourse with the sellers because they hadn't mentioned the problem on their disclosure statement. He recommended we retain him to sue the City of Charlotte for damages but I told him I thought I could work it out myself.

I contacted Mr. Walker of the Health Department and he revisited the site and immediatly recognized the problem but stated that it wasn't a problem when he did his initial inspection. He has since made repeated trips to the site and the last time with Mr. Christenbury, who was the contractor who had installed a replacement leach field two(2) years ago. They concluded there was nothing they could do to correct the problem and issued a sewer violation, a copy of which is attached. The above is an explanation of our situation. Following is a request we are making of your department to correct the problem.

I understand things do not always go the way they are suppose to and we feel,through no fault of his own, Mr. Walker errored in his inspection. I guess that is why businesses have "Errors and Omissions" insurance. We hereby request the Mecklenburg County Health Department to coordinate the connection of our property to the City Sewer Department , including the total cost of all labor, material and permits required for whatever system is required, with no cost to us.

Our home phone after 6PM is 399-8083, days we have a digital beeper 565-0550.

Respectfully,
Gary M. and Charee J. Briere

Gary M. Briere
Charee J. Briere

MECK COUNTY DEPARTMENT OF
RECEIVED
MAY 4 1994
ENVIRONMENTAL PROTECTION

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

February 23, 1994

Treat Realty
Attn: Tom Sydes
7301 Carmel Executive Park, #316
Charlotte, NC 28226

Dear Mr. Sydes:

At your request, an investigation was made of the septic tank system on the property located at 1021 Oakdale Road, Charlotte, North Carolina on February 21, 1994.

At the time of the investigation there was no effluent apparent on the surface of the ground.

If you have any questions concerning this matter, please contact me at 336-5570.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:gf

PW 1-4-16-20

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

035-091-02

Microbiological Analyses

2/15/94

Owner, System or Establishment: Tom Sykes

Address: 1021 Oakdale Rd

Char Zip

Collected By:

Date Collected: Time: AM PM

Sample Source:

Date Delvd. to Lab: Time: AM PM

Delivered By:

Type of Sample

Potable Water

- ☐ Individual Well
- ☐ Community
- ☐ Non-Community
- ☐ City
- ☐ Other (specify)

Treatment: ☐ chlorinated ☐ nonchlorinated

- ☐ Initial Sample
- ☐ Recheck (chlorinated)
- ☐ Recheck (nonchlorinated)
- ☐ Other (specify)

Food (specify):

Analysis Requested:

- ☐ Total Coliform
- ☐ Fecal Coliform
- ☐ Fecal Strep
- ☐ Sulfate Reducing Bacteria
- ☐ Giardia lamblia (contact laboratory for instructions)
- ☐ Food Quality Survey
- ☐ Other (specify)
- ☐ Foodborne Investigation (specify)

Q2411

Comments: 2/21/94

Laboratory Analysis Report

Method: _____ Membrane Filter _____ Colilert

Total Coliform _____ /100 ml. Non-Coliform _____ /100 ml.

Fecal Coliform _____ /100 ml. Plate Count _____ /gm. or ml.

Fecal Strep _____ /100 ml. Coliform Count _____ /gm. or ml.

FAX 541-7707

ATTN: Tom Sykes

Laboratory Comments:

Date Received: Date Reported:

Received By: Analyst: Lab #:

Laboratory Identification #: 37518

L 1.14 1/92

LAB REPORT COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

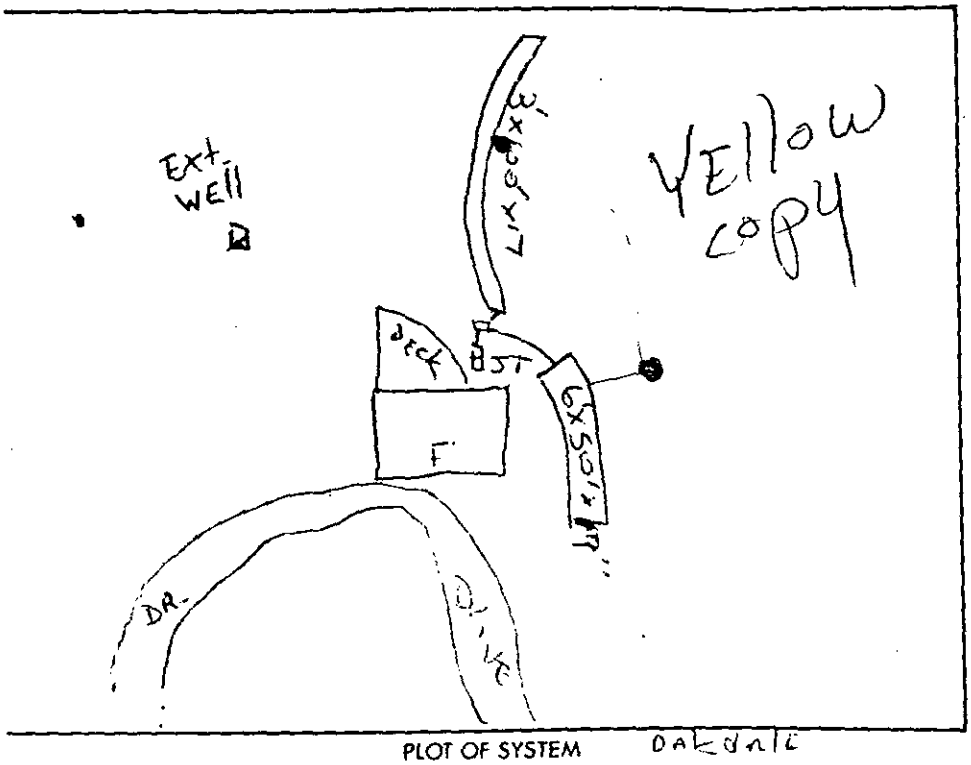
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4541A DATE: 6/12/90

TC: 035 091 02 ☐ L

SERIAL Nº 13333

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 6/9/90. All work shall be completed on or before 7/9/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 _____

Absorption and/or Nitrification Lines:

Trench Width 3'/6', feet

Total Line Length 150/200 feet

Number of Lines 3 or 4

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER NOE/BAKER

LOCATION OF PROPERTY 1021 Oakdale Rd.

Comments: old sys. will be cut off, place D-box, (1) 3'x100'x12" or (1) 6'x50'x12" or (2) 3'x75'x12" w/ straw. WL back into tank. may have to pump tank. check "T"

_____ Tim Whitaker, R.S.

Division or Section Head — Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

Installed 7/3/90

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Gary Brier

MAILING ADDRESS 1021 Oakdale Road, Charlotte, 28216

OCCUPANT Gary Brier

LOCATION 1021 Oakdale Road, Charlotte, 28216

☒ 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; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5570.

☐ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

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

☐ Perform Maintenance (*specify*) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by May 17, 1994, appropriate legal action will be taken.

Notice Issued April 12, 1994 (Date) Signed Philo S. Walker, R.S. Philo S. Walker R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER ~~Gary Brier~~ MAILING ADDRESS ~~1021 Oakdale Road, Charlotte, 28216~~

OCCUPANT Gary Brier LOCATION 1021 Oakdale Road, Charlotte, 28216

☒ RESIDENCE ☐ BUSINESS ☐ OTHER _____

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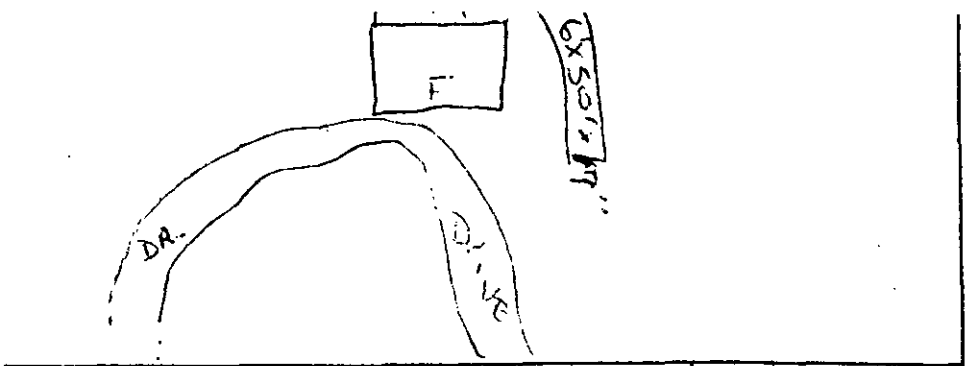
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Compliance _____ Date Signed _____ Agent Division of Environmental Health

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)



PLOT OF SYSTEM Oakdale

total line length _____ feet

Number of Lines 3 or 4

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER NOE / BAKER

LOCATION OF PROPERTY 1021 Oakdale Rd.

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_____ Division or Section Head

Tim Whitaker, R.S. Environmentalist

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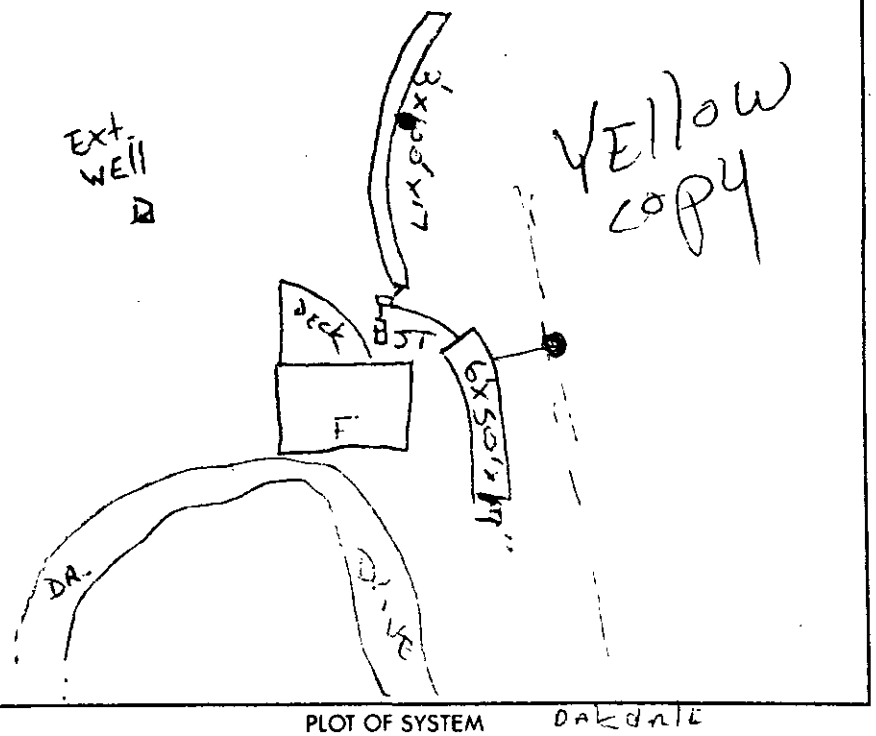
HEALTH DEPARTMENT
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FILE: 4541A DATE: 6/12/90

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Installed 7/3/90

PW 1-4-16-20

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

035-091-02

Microbiological Analyses

2/15/94

Owner, System or Establishment: Tom Sykes

Address: 1021 Oakdale Rd

Char Zip

Collected By:

Date Collected: Time: AM PM

Sample Source:

Date Delvd. to Lab: Time: AM PM

Delivered By:

Type of Sample

Potable Water

☐ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify)

Treatment: ☐ chlorinated ☐ nonchlorinated

☐ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify)

Food (specify):

Analysis Requested: ☐ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep

☐ Sulfate Reducing Bacteria ☐ Giardia lamblia (contact laboratory for instructions)

☐ Food Quality Survey ☐ Other (specify)

☐ Foodborne Investigation (specify)

Comments: 2/21/94

Q 2411

Laboratory Analysis Report

Method: _____ Membrane Filter _____ Colilert

Total Coliform _____ /100 ml. Non-Coliform _____ /100 ml.

Fecal Coliform _____ /100 ml. Plate Count _____ /gm. or ml.

Fecal Strep _____ /100 ml. Coliform Count _____ /gm. or ml.

Laboratory Comments:

FAX # 541-7707

ATTN: Tom Sykes

Date Received: Date Reported:

Received By: Analyst: Lab #:

Laboratory Identification #: 37518

L 1.14 1/92

LAB REPORT COPY

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

February 23, 1994

Treat Realty
Attn: Tom Sydes
7301 Carmel Executive Park, #316
Charlotte, NC 28226

Dear Mr. Sydes:

At your request, an investigation was made of the septic tank system on the property located at 1021 Oakdale Road, Charlotte, North Carolina on February 21, 1994.

At the time of the investigation there was no effluent apparent on the surface of the ground.

If you have any questions concerning this matter, please contact me at 336-5570.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:gf

WELL AND SEPTIC REQUEST

CK#2442
$65.00
2/15/94

Mecklenburg County
Health Department

TAX PARCEL # 035-091-02

COPY

Betty S. Snow, R.N., M.A.
Health Director

ADDRESS OF PROPERTY TO BE SERVICED: 1021 Oakdale Rd
Charlotte NC 28216

OWNER OR AGENCY NAME AND ADDRESS:

ADDRESS FOR RESULTS TO BE MAILED: Treat Realty ATTN Tom Sykes
#316 7301 Carmel Ex Park
Charlotte NC 28226

TELEPHONE NUMBER WHERE YOU CAN BE REACHED: 704 541 0600 / 542 9289

CHECK ONE: _____(WELL & SEPTIC) _____(WELL ONLY) ✓(SEPTIC ONLY)

SIGNATURE OF AUTHORIZED PERSON

15 Feb 94
DATE

Closing Letter Mailed

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

Mr Don Willard
Deputy Director
Mecklenburg County Health Dept.
700 N. Tryon St.
Suite 208
Charlotte, N.C. 28202-2236

May 2, 1994
1021 Oakdale Rd.
Charlotte N.C. 28216

Dear Mr. Willard,

On February 28,1994 we purchased a home at 1021 Oakdale Rd., Charlotte, NC. Before the closing we were required to have a "Sewer Inspection" which was completed by Mr. Philo Walker of the Mecklenburg County Health Department. Mr Walker's report stated the sewer system was fine. We moved into the property on March 4th and my wife was walking the porperty and could smell sewer order. We didn't inspect the situation until March 5th, when we found the leach field leaking in two different places and running across our neighbors (The Millers) lawn. When we approached the neighbors they said the runoff from the leach field had been present for at least a couple of years!

If we had been made aware of the problem with a correct inspection report, we would either have had the sellers correct it or not have purchased the property

I contacted the attorney we used for the closing, Mr. Tom Brown, to see what my options were and he advised me that I had no recourse with the sellers because they hadn't mentioned the problem on their disclosure statement. He recommended we retain him to sue the City of Charlotte for damages but I told him I thought I could work it out myself.

I contacted Mr. Walker of the Health Department and he revisited the site and immediatly recognized the problem but stated that it wasn't a problem when he did his initial inspection. He has since made repeated trips to the site and the last time with Mr. Christenbury, who was the contractor who had installed a replacement leach field two(2) years ago. They concluded there was nothing they could do to correct the problem and issued a sewer violation, a copy of which is attached. The above is an explanation of our situation. Following is a request we are making of your department to correct the problem.

I understand things do not always go the way they are suppose to and we feel,through no fault of his own, Mr. Walker errored in his inspection. I guess that is why businesses have "Errors and Omissions" insurance. We hereby request the Mecklenburg County Health Department to coordinate the connection of our property to the City Sewer Department , including the total cost of all labor, material and permits required for whatever system is required, with no cost to us.

Our home phone after 6PM is 399-8083, days we have a digital beeper 565-0550.

Respectfully,
Gary M. and Charee J. Briere

Gary M. Briere
Charee J. Briere

MECK COUNTY DEPARTMENT OF
RECEIVED
MAY 4 1994
ENVIRONMENTAL PROTECTION

What is it about "no" that confuses you?

Victor Eaddy

4/43

left message on voice mail 5/11 @ 5pm

638407 ©RPP, Inc.

What is it about "no" that confuses you?

Cory Buxton - @ Brice's residence. Nephew - asked to relay message to contact Judy Pitts @ IRMA or call me - [signature]

5/31 4:40 pm

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