



COUNTY OF LAKE
Health Services Department
Environmental Health Division
 922 Bevins Court
 Lakeport, California 95453-9739
 Telephone 707/263-1164
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Anthony Arton
 Health Services Director

Noemi Doohan, MD, PhD, MPH
 Public Health Officer

Craig Wetherbee
 Environmental Health Director

Promoting an Optimal State of Wellness in Lake County

NOTICE OF VIOLATION

July 8, 2024

Kenneth Nicholson & Phil Hemley
 16155 Quail Trail
 Clearlake Oaks, CA 95423

RE: APN 062-032-03 (C0001993)
 16155 Quail Trail, Clearlake Oaks, CA

Dear Mr. Nicholson and Mr. Hemley,

During the on-site septic system inspection (April 26, 2024), our office observed no repairs completed on septic permit #R-19412. The existing septic leach field was not located but the presumed location was covered with debris. At the time of the inspection, our office also observed occupied travel trailers. Our office instructed the people on-site what must be completed to close out the complaint and septic repair. One of the instructions was to remove debris from the top of leach field and mark the beginning and ending of the leach lines.

We performed a follow-up drive-by June 7, 2024, and observed additional debris on the property. We were unable to validate if any progress was made due to accessibility to the property. The existing septic permit #R-19412 has since expired on May 24, 2024, and a new minor repair permit must be applied for and paid for. See attached septic permit #R-19412.

See the attached Notice of Violation for directive to resolve the failed septic system and complaint.

If you have any questions, contact our front staff on 707-263-1164 or our Environmental Health Director, Craig Wetherbee.

Sincerely,

Shanna Parsons
 Environmental Health Technician



COUNTY OF LAKE
HEALTH SERVICES
 prevent.promote.protect.



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OFFICIAL NOTICE OF VIOLATION

Name: Kenneth Nicholson Date: 07/08/2024 Time: 12pm
Mailing Address: 16155 Quail Trail, Clearlake Oaks, CA 95423
Location of Violation: 16155 Quail Trail, Clearlake Oaks
APN: 062-032-03 Phone No: 530-473-8128
Violation: Excessive debris covering septic leach field, occupied trailers without temporary dwelling permit. Septic permit #R-19412 expired.

You are in violation of the Lake County and California Health and Safety Codes:

☒ "Nuisance" includes anything which is injurious to human health, is indecent or offensive to the senses or interferes with the comfortable enjoyment of life and property. (California Health and Safety Code, Section 5410F; Lake County Code Section 13-2, California Penal Code 370).

☒ No persons shall cause or permit to cause any part of the contents of any septic tank, building sewer, subsurface disposal system, alternative sewage disposal system, water closet, urinal, or of any other sink or cistern containing any product defined under public health hazard of any other substances to flow, discharge, or be deposited upon the surface of any lot of premises or of any street or sidewalk or public place or into any stream, river, lake, tributary, or storm drain. (Lake County Code, Section 9-23: California Health and Safety Code, Sections 5410-5416 and Sections 18871-18871.11).

☐ A well must be abandoned if it hasn't been used for a year, unless future use is intended. Destruction must be performed by a licensed well driller, and a well destruction permit from this office is required. If you intend to use the well in the future, the well shall be considered "inactive" until that time and shall be covered with a watertight seal that cannot be removed except with the aid of equipment or the use of tools. (Water Well Standards: State of California: Bulletin 74-81, Chapter 2, Sections 21, 22, 23; Lake County Code, Sections 9-60, 9-61, 9-69.1).

DIRECTIVES: Apply for new minor repair permit, remove excessive debris from top of leach field. Once septic system repaired, apply for temporary dwelling for occupancy of property through Lake County Community Development.

You are directed to eliminate the violation(s) within 14 days or as stated above. Each day that this violation exists can be considered a separate and distinct violation. This may result in a substantial fine and/or imprisonment. Therefore, your immediate attention is required.

Received by: Emailed and mailed with letter to owner Date: 07/08/2024
Inspector: Shanna Parsons, Environmental Health Technician



COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT, ENVIRONMENTAL HEALTH DIVISION
922 Bevlins Court, Lakeport, CA 95453; PH# (707) 263-1164 FAX# (707) 263-1681

ON-SITE SEWAGE DISPOSAL- CONSTRUCTION AND INSTALLATION PERMIT

| | | |
|---------------------|---|---------------------------|
| OWNER | Name: KENNETH NICHOLSON | Phone #: 530-473-8128 |
| | Mailing Address: 16155 QUAIL TRAIL | |
| | City: CLEARLAKE OAKS | State: CA Zip Code: 95423 |
| CONTRACTOR | Name: | Phone #: |
| | Mailing Address: | |
| | City: | State: Zip Code: |
| JOB LOCATION | Street Address: 16155 QUAIL TRAIL | Town: CLEARLAKE OAKS |
| | ASSESSOR'S PARCEL NUMBER: 062-032-03 -PERMIT IS NON-TRANSFERABLE- | |

- ☐ I certify that the contractor is licensed under the provision of Chapter 9 (Commencing at Section 7000) of Division 3 of the Business and Professions Code, and said applicant's California State Contractor's License No. _____ Class _____ is in full force and effect.
- ☐ The contractor is exempt from provision of Section 7040 through 7053 of the Contractor's License Law. (State basis for exemption _____) I have verified or supplied the information set forth and the information is, to my knowledge, accurate. Any work performed by me or my employees on the installation of this system will be in compliance with Lake County Code Article 3 of Chapter 9 and with all applicable Rules and Regulations of the Lake County Health Officer. I have read and understand all portions of the application.
- ☐ WORKER COMPENSATION DECLARATION: I hereby affirm that I have a certificate to self-insure, or a certificate of Worker Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C).
- ☒ I am exempt from Worker Compensation Insurance requirements. Reason: Owner

Under penalties of perjury I declare and certify that the statements and information provided above are true and correct.

X Kenneth Nicholson 5-24-23 Kenneth Allen Nicholson
Signature Date Print Name

CHANGES IN SYSTEM LOCATION OR SPECIFICATION WITHOUT WRITTEN APPROVAL MAY VOID THIS PERMIT
****THIS PERMIT IS VALID FOR ONE (1) YEAR FROM DATE OF ISSUANCE, but may be renewed prior to expiration**

| | | |
|--|-------------------------------------|-------------------------------|
| Clearance: Date: _____ CDD Planner: <u>Michael</u> Zone: <u>Repair</u> Flood Zone: _____ | Date Received: 3/06/2023 | Received By: D. CLONINGER |
| | Receipt Number: RP0017621 IN0018522 | Fee: \$ 162.00 |
| Permit Number: R-19412 | Issued By: <u>H. Wynn</u> | **Date Issued: <u>5-24-23</u> |
| TYPE of SYSTEM: <u>Standard</u> <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Alteration | | |
| SEPTIC TANK VOLUME: <u>E (940)</u> (min. gals.) Pump Tank Volume: _____ (min. gals.) Effluent Filter Required | | |
| DESIGN SEWAGE FLOW: <u>2</u> (min. gals.) Bedrooms or <u>30</u> Max. Gallons Per Day <u>Maintain all required setbacks</u> | | |
| TRENCH: Total Linear Feet: _____ Min. Depth: _____ Max. Depth: _____ Min. Width: <u>24" (inches)</u> | | |
| <input type="checkbox"/> Equal <input type="checkbox"/> Loop <input type="checkbox"/> Serial (6" of fall required from septic tank to trench) <input type="checkbox"/> Pressurized <input type="checkbox"/> Capping Fill <input type="checkbox"/> Chambers | | |
| Total Rock Depth: _____ Below Pipe: _____ Above Pipe: _____ Min. Distance Between Trenches _____ (ft) On Center | | |
| SPECIAL CONDITIONS (follow attached plot plan): <u>Pump septic - Sanitary fees</u> <u>with filter - prices determined</u> | | |
| Pre-cover inspection is required. Installer to provide scaled "As Built" drawing at time of Final Inspection. | | |

Original: File Copy

Pink: Permit to construct

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