E

Type

X

Plans

SEP99-0266

Permit Number

4730

Street Number

Paulsen LN

Street Name

HES

Community Code

062-114-027

APN

PERMIT & RESOURCE MANAGEMENT DEPARTMENT
WELL & SEPTIC SECTION
2550 VENTURA AVENUE, SANTA ROSA, CA 95403 TELEPHONE (707) 527-1900

☑ **APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT** ☐ **APPLICATION FOR PUBLIC HEALTH CLEARANCE FOR:** New Manufactured Home.

Application is hereby made to the Sonoma County Health Officer for a permit to construct or repair a sewage disposal system as described below in compliance with the code of Sonoma County or for clearance for other construction.

This permit application must be signed on all 3 signature lines by the same person (i.e., contractor or owner/builder). A letter of authorization from owner must accompany this application if agent is signing on owner's behalf.

APPLICANT: PLEASE PRESS HARD (USE BLACK INK). FILL IN BETWEEN HEAVY LINES ONLY AND SEE REVERSE SIDE FOR INSTRUCTIONS.

BLDG. PERMIT NO.	SDS PERMIT NO.	DATE ISSUED	CLEARANCE	NEW	REPAIR
B153111	SEP99-0046	3/15/99		(NEW)	

JOB ADDRESS 4730 Paulsen Ln.
NEAREST CROSS STREET Hessel
ASSESSOR'S PARCEL NO. 062-114-027
SUBDIVISION _____ LOT _____ BLK. _____
CITY Sebastopol STATE CA ZIP _____

OWNER'S NAME Olga Paulsen
MAILING ADDRESS 4730 Paulsen Ln
CITY Sebastopol STATE CA ZIP _____ PHONE NUMBER _____

SEWAGE DISPOSAL SYSTEM CONTRACTOR TBD
ADDRESS 2532 Santa Rosa Ave TEL. NO. 707 575 7281
GENERAL CONTRACTOR Advantage Mfg. Housing

INSTALLATION WILL SERVE:
RESIDENCE ☐ APARTMENT HOUSE ☐ COMMERCIAL ☐ MOBILE HOME ☒
MOTEL ☐ OTHER ☐ BUILDING CONST. NEW ☐ ADDN/ALTER ☐

NO. OF UNITS:	TOTAL NO. OF BEDROOMS:	WATER SUPPLY:	LOT SIZE:
1	3	PUBLIC ☐ PRIVATE ☒	3.99 acres/492 acres

TERMS OF PERMIT

APPLICANT AGREES THAT:
1. HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SPECIALIST WILL BE NOTIFIED A MINIMUM OF 24 HOURS PRIOR TO COMMENCING WORK.
2. HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SPECIALIST AND ENGINEER'S OR CONSULTING ENVIRONMENTAL HEALTH SPECIALIST'S INSPECTION, WHEN INDICATED, WILL BE OBTAINED PRIOR TO COVERING THE SYSTEM.
3. THE JOB CARD AND A COPY OF THE APPROVED SEWAGE DISPOSAL SYSTEM DESIGN SHALL BE AVAILABLE AT THE JOB SITE AT ALL TIMES.
4. ANY DEVIATION FROM APPROVED PLAN WITHOUT PRIOR APPROVAL OF THE HEALTH OFFICER WILL BE CAUSE FOR STOPPING WORK UNTIL THE CHANGES ARE FULLY JUSTIFIED AND APPROVED.
5. THE SEPTIC TANK MUST BE I.A.P.M.O. APPROVED.
6. PRIOR TO AUTHORIZING OCCUPANCY OF ANY BUILDING WITH AN ENGINEER OR CONSULTING ENVIRONMENTAL HEALTH SPECIALIST DESIGNED SYSTEM, A SIGNED STATEMENT BY THE DESIGNER CERTIFYING THAT THE SYSTEM WAS INSTALLED IN COMPLIANCE WITH THE APPROVED PLAN MUST BE SUBMITTED TO THE PUBLIC HEALTH OFFICER.
7. THIS PERMIT IS SUBJECT TO REVOCATION IF FOUND TO BE IN NONCONFORMANCE WITH SONOMA COUNTY CODE OR STANDARDS OF THE PUBLIC HEALTH DEPARTMENT.
8. THIS PERMIT IS NOT TRANSFERABLE.

IT IS UNDERSTOOD THAT THE ISSUANCE OF A PERMIT IN NO WAY INDICATES THAT A GUARANTEE OF PERFECT AND INDEFINITE OPERATION OF THIS SYSTEM IS MADE BY THE COUNTY OF SONOMA PUBLIC HEALTH DEPARTMENT AND THAT THE OWNER IS REQUIRED TO MAKE ANY REPAIRS NECESSARY TO CONFINE SEWAGE BELOW THE SURFACE OF THE GROUND. APPROVAL IS BASED UPON INFORMATION SUBMITTED BY THE APPLICANT. FIELD CONDITIONS AT VARIANCE WITH APPLICATION MAY VOID PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THE INSTRUCTIONS ON THE REVERSE SIDE AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING CONSTRUCTION OF PRIVATE SEWAGE DISPOSAL SYSTEMS. THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS.

X _____
SIGNATURE OF APPLICANT

The undersigned applicant for private sewage disposal permit certifies as follows:

CONTRACTOR'S LICENSE LAW CERTIFICATE

(COMPLETE EITHER A OR B)

☒ A. THE APPLICANT IS LICENSED UNDER THE PROVISIONS OF THE CONTRACTORS LICENSE LAW UNDER LICENSE NUMBER _____ WHICH LICENSE IS IN FULL FORCE AND EFFECT.

☐ B. THE APPLICANT IS EXEMPT FROM THE PROVISIONS OF THE CONTRACTORS LICENSE LAW FOR THE FOLLOWING REASONS:
1) OWNER/BUILDER ☐
2) OTHER (EXPLAIN) ☐

DATE _____ X _____ **APPLICANT**

WORKMEN'S COMPENSATION CERTIFICATE

(One or Two must be completed)

☐ 1. A currently effective certificate of Workmen's Compensation Insurance coverage is on file with the Sonoma County Public Health Department.
016887 03/09/99B01
Compensation Insurance _____ Policy # _____ # 0890266
is currently in force.

☐ 2. I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the workmen's compensation laws of California.

X _____ **APPLICANT**

SIERRA $727.00
PAID $727.00
CHECK $727.00
CHNG $0.00

LAYOUT PLAN APPROVED BY _____ DATE 3-15-99

CONSTRUCTION APPROVED BY W Edison DATE 8-31-99

LU0008 (Rev. 11/94) **WHEN APPROVED THIS IS YOUR PERMIT** Site ID Number _____ GTO

DIST: 1) ORIG. - HEALTH DEPT. / 2) HEALTH DEPT. / 3) PERMITTEE / 4) BLDG. INSP. DEPT. / 5) BLDG. INSP. DEPT.

NOT TRANSFERABLE

County of Sonoma
Permit & Resource Management Department
Well & Septic Section
2550 Ventura Avenue, Santa Rosa, CA 95403-2829
(707) 565-1900

SEPTIC SYSTEM INSPECTION

Site Address: 4730 Pawlson Ln

Owner: _____

REQUEST FOR INSPECTION

Date of call: _____ Time: _____

Caller: _____

Caller's Phone No.: _____

Remarks: _____

_____

_____

Call taken by: _____

INSPECTION NOTICE

- ☐ Stop work immediately - Call Environmental Health Specialist
  Telephone _____ Hours _____
- ☒ OK to cover leachfield ☒ tank
- ☐ Provide Engineer's letter of approval
- ☒ Provide "As Built" plan to scale tank & lines orientation
- ☐ Call for inspection on pump & alarm
- ☐ Corrections needed - see remarks below
- ☐ OK to cover with Engineer's approval
- ☐ Issue Operational Permit

For further information call: _____

Hours & Day: _____

Remarks: Provide rebar to box ends of the lines encased 34-40" deep w/ 15" rock below pipe - more than makes up for 4" of line missing at top line.
Mound dirt at least 12" over tank

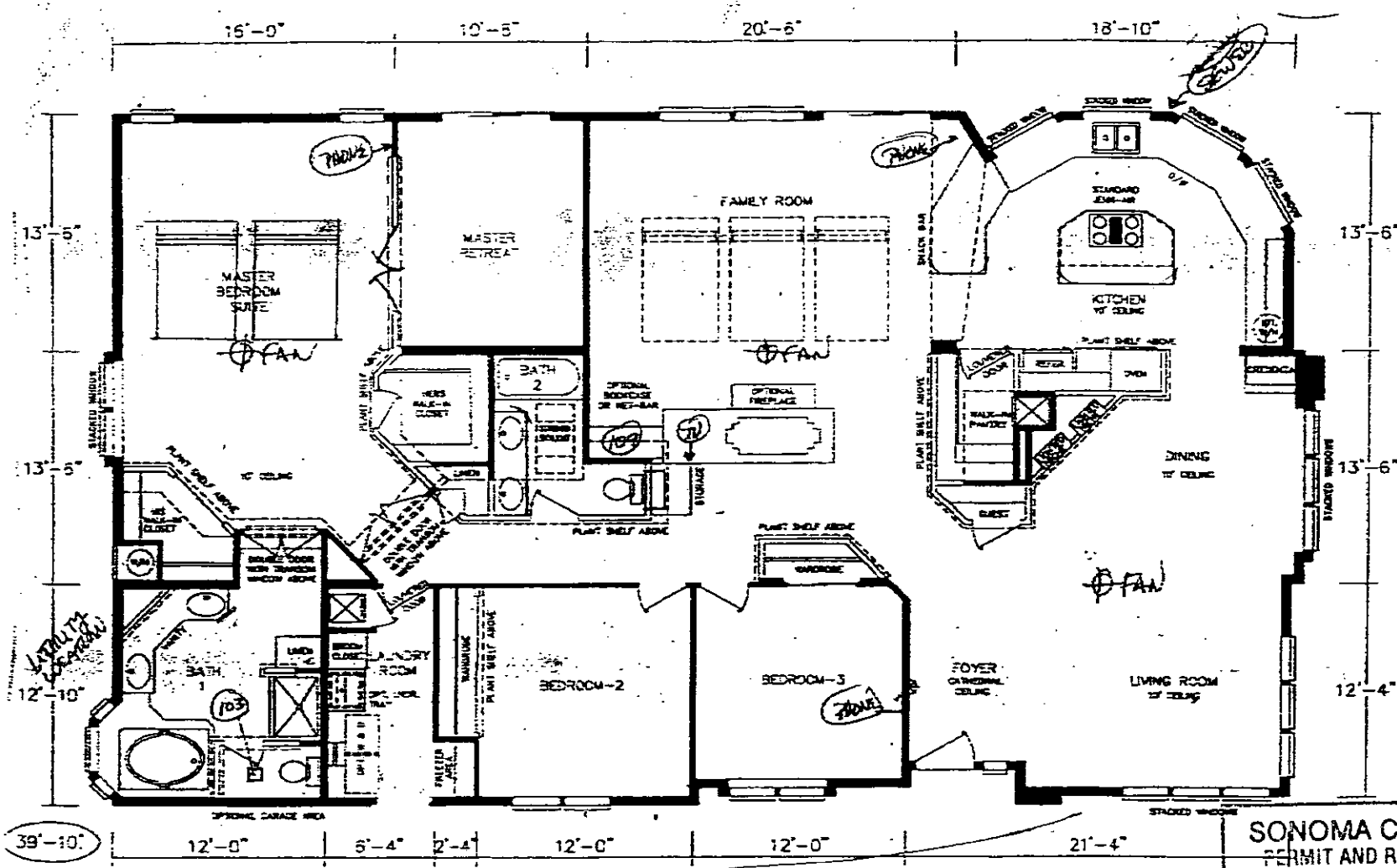
Wilbur Edson 8-27-99

Environmental Health Specialist's Signature Date

Received by: _____

Contractor's Signature

☐ Posted



FRANK DONO, REHS #3912
Environmental Health Specialist
Postal Box 604 95444
GRATON, CALIFORNIA
(707) 829-7508

OBA
M-07
AOW/MFG
H56

SONOMA COUNTY
PERMIT AND RESOURCE
MANAGEMENT DEPARTMENT
REVIEWED BY

3-15-99
DATE

WELL AND SEPTIC SECTION