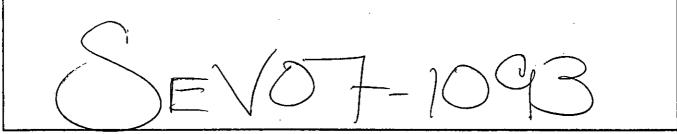




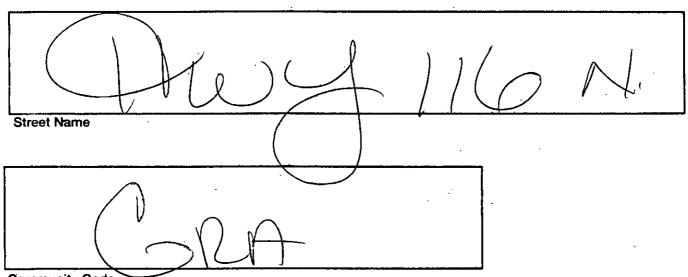
Plans



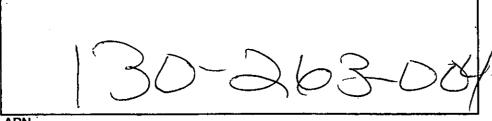
Permit Number



Street Number



Community Code



APN

Application to Perform Soil Percolation Test

<u> </u>	WL	.S-021 MO1/64 ///20//
Purpose		
This application notifies the Pern	nit and Resource	Management Department (PRMD) Well and Septic
Division that a percolation test w	ill be conducted to	o determine a site's suitability for disposal of
wastewater to a septic system. I	Percolation tests	reveal the rate at which water moves through the soil.
This information is used with oth	er data to determ	ine what type of septic system, if any, is possible.
SEY07-1093	3	Enterra assoc. Luc.
File Number 2110 Aurille N		Applicant's Name Street
Site Address 0		Mailing Address Rosa Ct 95% X
City 130 - 263 00 ^{Sta}	te/Zip	City 707 - 544 -635/ 707-544-636/
Palcal # Husse	au	Phone # Fax #
Property Owner achery	40	Katuck Itogan
Address to ful C	1 95474	Test Conducted By
City Sta	ite/Zip	Consultant's License Number/Registration Number
Subdivision	☐ Yes	\$ SAYMENT RECU
Minor or Major Subdivision File I	Number:	A/OV
Lot Number(s):		MANUALITA 2 2007
Other Planning Application File	Number:	COUNTY DESCURE
Water Supply	□ Private	Public Public
Wet Weather Test Required	☐ Yes	□ No
Submittal Requirements		

A Site Plan must be attached showing the area to be tested in relationship to the property features. (See Minimum Standard Site Plan Form CSS-019.)

A detailed map of the percolation test area is also required (1" = 20' feet recommended, not to exceed 1" = 40' feet)

Procedure

Well & Septic staff will need to observe the test, therefore, the applicant is required to notify PRMD Well & Septic division by telephone at 565-1694 at least 48-hours prior to conducting the percolation test.

All notifications and percolation tests shall be conducted Monday through Friday only (except holidays).

The applicant may then proceed to conduct the percolation test.

All percolation test procedures and test results shall be submitted by the applicant to the Well & Septic Division within 90 days of the completion of all on-site testing. This includes any test information data or results that may not prove acceptable for sewage disposal design. Extensions may be requested on a case by case basis.

Filing Fee: See the current PRMD Fee Schedule.

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

maired 11/2017



WSS-007.wpd

Revised 11/1/99

COUNTY OF SONOMA PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403 (707) 565-1900 FAX (707) 565-1103

Subject: Soils Evaluation for	or On-Site Sewage Disposal Purposes
Enterna Associates	Date: 11-20-07
850 2nd Street	<u></u>
Sanda Rosa, A 95404	
2210 Hwy 1/6 N	130 - 263 · 004 Assessor's Parcel Number
olte Address:	C TITLE 1063
Property Owner:	Site I.D. #: Subdivision # Lot #:
or the following type of sewage disposal system:	een reviewed and filed. Review of the data indicates potential and the sized at: 58MP1 sized at: 0.36344
Design by a Registered Environmental Health S Complete topographic map of site is necessary	Specialist or Registered Civil Engineer is required.
The following critical design elements need to learn addressed: 50' Seffack 15' seffack to compa	be observed. Final approval cannot be given until these have for drainage, 25'setback to concert of the server of the concert of the server of
The sewage disposal capability of the site is depe	endent upon topography and setbacks. The acceptable sewage elling) will be based upon the final sewage disposal system design.
Construction of the septic system cannot occur until office. All septic systems must comply with sta	plans have been approved and a permit has been issued by our andards in effect at the time of permit application.
for further information, please feel free to contact	the undersigned at (707) 565- <u>3/22</u> between 7:30 & 9:00 a.m.
/ery truly yours,	
District Environmental Health \$pecialist	

Distribution: White - Owner

Pink - Consultant

Canary - File

SONOMA COUNTY PERMIT & RESOURCE MANAGEMENT DEPARTMENT WELL & SEPTIC DIVISION 2550 VENTU'A AVENUE SANTA ROSA CA 95403

SOIL PERCOLATION TEST DATA

Address of Percolation Test:	A.P. Number:	Winter Groundwater Test: "Wet Weather Perc"					
2210 Hay 116 SEBASTOPO	130-263-004	NO					
Owner's Name:		Field Check					
	CENTEV	Date: Time:					
Owner's Mailing Address:		Review of Data:					
2210 Huy 116		Rates Acce	ptable: Yes	No			
	one Number:	Remarks:	Receipt Information:				
Sebastopol 95446 ()	Parcel Size:	12" > 57.8 MP1					
	45 4 4	.a4"> 5					
Test Conducted By: Telepho	one Number:	36'→	24 Mr1				
Physican/ENTERTA (207)	544 6351	48" -> "	88 mf1				
Address/City/State/Zip Code:	1 0 0 10 4						
850 200 St SANTA ROSA							
Type of Soil: Date of	of Test:	Circle One: Initial Test Sanitarian					
4 First	Second T	hird Fou	irth Fift	h Sixth			
5 by Start Measurement	Measurement Measi	urementMeasu	rement Measur	ement Measurement			
th o lies	les	ies	ses	rime Fime Inches			
Hole No. Depth of Hole Pipe Lens Presoak Remaining Time Inches Time	Time Inches Time	Inches Time	Inches	Inches Time Inche			
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2 12 5	RE NO	XX) _\	60			
3 36) .							
4 12							
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9 12							
10 36	. '						
11 24							
12 12		<u> </u>					

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AVE 12 test SSTATES 58.4 2 89 MP) OK FOR EVAPO TRANSPIRATION

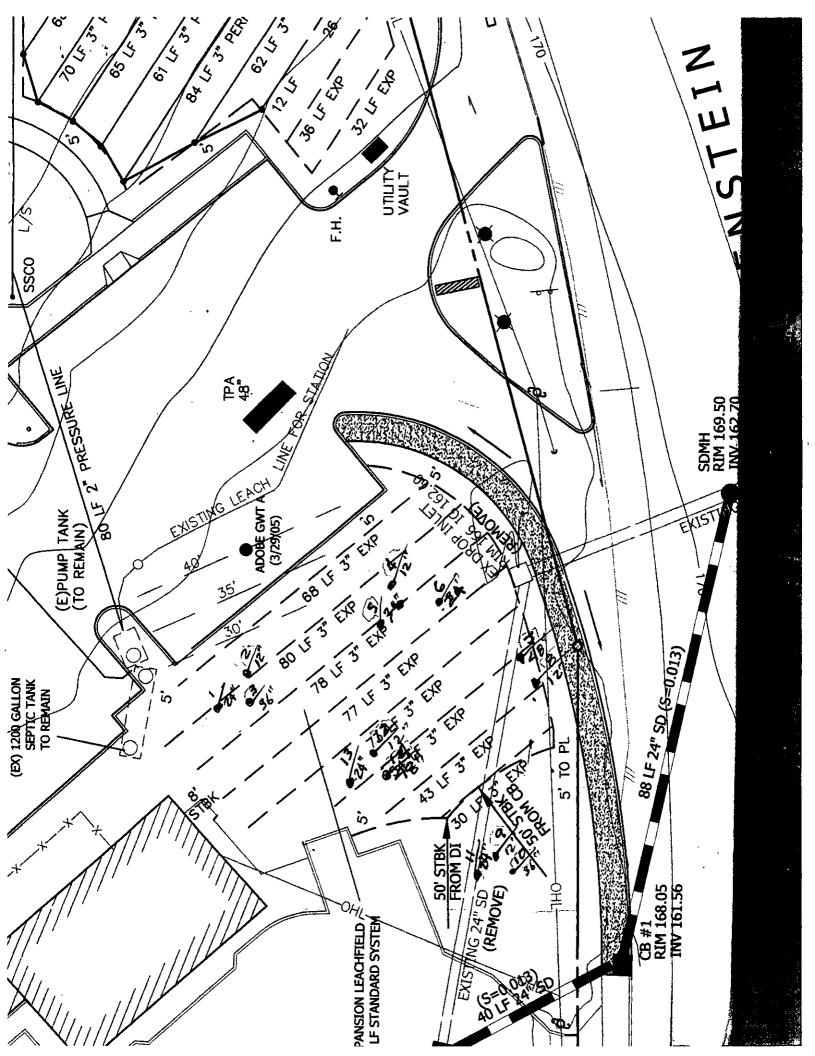
AVE 24 TEST S 3/43 14.3 Z (SMP) NONEZ 60 MP!

AVE 48 TEST 88 MP) OK FOR DEEP PERCYPTE

AVE 48 TEST 88 MP) OK FOR DEEP PERCYPTE

Dec 06 07 12:43p Enterra Assoc 707-544-6361 YHY KS MOLINO COENTER Address: ZIIO HWY 116 Page: 2 SOIL PERCOLATION TEST DATA Pipe Length Presoak Remaining Fourth Fifth Sixth Third First Second Measurement Measurement Peasurement Measurement Measurement Measurement Start Inches Inches Inches Inches Time 60 11.20 6164 11:20 62/8 12:20 1224 1:20 623/3 2:20 320 4,1 MM tests 10 2007/1/82 10 10 4 OR 1:20 4'40

1



1'z 20' HOLCS TO SCALE Hwy 116

BRELJE AND RACE



LABORATORIES, INC.

425 SOUTH E STREET • SANTA ROSA, CALIFORNIA 95404 • (707) 544-8607

June 27, 2007

Sample Collected:

06/13/07

Sample Received:

06/13/07

Collected By

Client

Husary's 76 2110 Gravenstein Hwy North Sebastopol, CA 95472

LOG NUMBER:

<u>607-</u>12392-3

Sample Description:

Bathroom Sink

ANALYSIS

Arsenie µg/L

<2.0*

(Std. Mthds. 20th ed. 3113 B)

7.7**

Nitrate mg/L

(EPA Mthd. 300.0)

* Within the required limit of 10 μg/L

** Within the required limit of 45 mg/L.

VERY TRULY YOURS,

BRELJE AND RACE LABORATORIES, INC.

ANN HILL, LABORATORY MANAGER

AH:dlm



BRELJE AND RACE LAWORATORIES, INC. Telephone (707) 544-5807 425 South E Street Santa Rose, CA 93404

PLEASE PRINT					Santa Rose, CA 93404
NAME HUSANYS ADDRESS 2110 G. WAYS Sebast oppl. Ch FAX 829 - 844 Sample received in: Lab container Other container	ZIP954	Hwy. M	COLLEC LOGNO		Room Ginki Husary. 1889
Date: Time:	Gotlected 6-13-2007	Fleceived UIB GID DM	Set 6/3 8:00/1:00 1:28	Completed (//4/17) 12:00/5:00	C1 ₂ Residual
Results-100 ml Sample Total Coliform Pro Total Coliform Ab E. Coli Present E. Coli Absent Approved by	sent	în	Not contami		
SOMO SON	•				