

E

Type



Plans

SEP99-1638

Permit Number

540E 5440

Street Number

Red Winery Rd

Street Name

Gey

Community Code

131-120-014

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:

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. A

SDS PERMIT NO. SEP99-1658

CLEARANCE

NEW

REPAIR

JOB ADDRESS 5488 Red Winery Road

OWNER'S NAME Jackson Family Estate I

NEAREST CROSS STREET Pine Flat Road

c/o Julie Collins

MAILING ADDRESS 421 Aviation Boulevard

ASSESSOR'S PARCEL NO. 131-120-014

CITY Santa Rosa STATE CA ZIP 95403

PHONE NUMBER (707) 547-4768

SUBDIVISION _____ LOT _____ BLK. _____

INSTALLATION WILL SERVE:

CITY Geyserville, CA STATE _____ ZIP _____

RESIDENCE APARTMENT HOUSE COMMERCIAL MOBILE HOME

SEWAGE DISPOSAL SYSTEM CONTRACTOR pending

MOTEL OTHER BUILDING CONST. NEW ADDN/ALTER

ADDRESS _____ TEL. NO. _____

NO. OF UNITS: 1 TOTAL NO. OF BEDROOMS: 3 WATER SUPPLY: PUBLIC PRIVATE LOT SIZE: X

GENERAL CONTRACTOR _____

TERMS OF PERMIT

APPLICANT AGREES THAT:

- HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SPECIALIST WILL BE NOTIFIED A MINIMUM OF 24 HOURS PRIOR TO COMMENCING WORK.
- 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.
- THE JOB CARD AND A COPY OF THE APPROVED SEWAGE DISPOSAL SYSTEM DESIGN SHALL BE AVAILABLE AT THE JOB SITE AT ALL TIMES.
- 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.
- THE SEPTIC TANK MUST BE I.A.P.M.O. APPROVED.
- 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.
- THIS PERMIT IS SUBJECT TO REVOCATION IF FOUND TO BE IN NONCONFORMANCE WITH SONOMA COUNTY CODE OR STANDARDS OF THE PUBLIC HEALTH DEPARTMENT.
- 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.

SIGNATURE OF APPLICANT

(Signature)

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 _____

B. THE APPLICANT IS EXEMPT FROM THE PROVISIONS OF THE CONTRACTORS LICENSE LAW FOR THE FOLLOWING REASONS:

- OWNER/BUILDER
- OTHER (EXPLAIN) *(Signature)*

DATE _____ APPLICANT

DATE _____ APPLICANT

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

WORKMEN'S COMPENSATION CERTIFICATE

(One or Two must be completed)

- A currently effective certificate of Workmen's Compensation Insurance coverage is on file with the Sonoma County Public Health Department.

Compensation insurance _____ Policy # _____ is currently in force.

- 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.

DATE _____

APPLICANT

LAYOUT PLAN APPROVED BY _____

DATE _____

CONSTRUCTION APPROVED BY _____

DATE _____

(Handwritten marks)

(Handwritten signature)

991638
589.00
589.00
589.00
\$0.00

WELL TEST REPORT

Customer KENDALL JACKSON Date 7/11/97
 Address RED WINSLEY ROAD
 Well No. or Name _____
 Location _____

TEST RESULTS

Note: Pump at least one hour or until well has stabilized for each flow.

	Beginning of Development	FINAL TEST			
		High	Second	Third	Low
GPM	400	700			
Pumping Level Static	110	169'			
Level Draw-down	28'	30'			
Specific Yield	82'	139'			
Pump RPM	4.07	5.03			
	N/A	N/A			

Static Level after completion of test (5 minute recovery) 142' feet.

Total pumping time 33:10 hours.

Pumping Equipment used:

Pump Sows: Nominal Diam 10" inches.

Column diam 8" in. Shaft diam 1/2" in.

Depth of setting to top of bows 360' feet.

Motor Manufacturer CUMMINS

Total fuel consumed _____ gallons

Tubing diam 2 1/2" in.

Model no. 450 NP.

Total oil consumed _____ gallons

REMARKS

 OPERATOR



FRANK DONO
Environmental Health Specialist

R.E.H.S. #3912

October 6, 1997

SONOMA COUNTY PERMIT AND RESOURCE MGT
2550 VENTURA
SANTA ROSA, CA 95403

ATTN: S. LASH;

RE: 5488 RED WINERY
SYSTEM FINAL

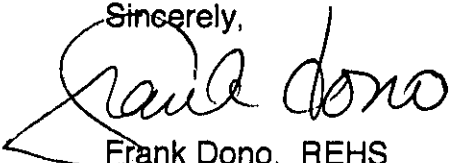
Dear Steve;

The standard sewage system for the residence has been installed according to the as-built plans, and checked for compliance to Sonoma County standards.

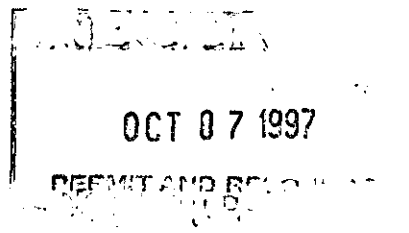
I recommend acceptance of the system as complete.

Please contact me if you have any questions, and I look forward to your review and approval.

Sincerely,



Frank Dono, REHS
c.c. owner



STONESTREET, LLC

ALEXANDER MOUNTAIN

5490 RED WINERY ROAD

GEYSERVILLE, CA 95441

(707) 431-2382 VOICE

(707) 431-2384 FAX

FAX TRANSMITTAL

DATE: 11/16/99

FROM: SETH CAILLAT

TO: STEVE LASH

COMPANY: WELL & SEPTIC

FAX NUMBER: 527-2210

PAGES: 2 INCLUDING COVER SHEET

MESSAGE

8 HR. PUMP ~~TEST~~ TEST

FOR JACKSON ESTATE.

STEVE, LET ME KNOW

IF YOU HAVE ANY QUESTIONS

THANKS - SETH

481-7930