

E

Type

Docs

Plans

Sep 07 0565

Building Permit Number

3925

Street Number

Finley

Street Name

Community Code

APN

COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
 2550 VENTURA AVENUE, SANTA ROSA, CA 95403-2829
 (707) 565-1900 FAX (707) 565-1103

Application Fees / Invoice for: SEP07-0565

Project Address: 3925 FINLEY AVE SR
Cross Street: SOUTH WRIGHT
AI N: 035-092-008

Printed: July 10, 2007
Initialized by: LMARTIN1
Activity Type: B-SEP 701

Description: DESTRICT 2 SEPTIC TANKS (HOOKING TO SEWER)

Owner: ESTRELLA ALEX W TR
 5615 CALISTOGA WAY
 CLAYTON CA 94517-2113

Applicant: BOLZADELL BACKHOE & EXCAVATING INC
 PO BOX 4055
 SANTA ROSA CA
 95402
 707 584 8823

Fees:

Item#	Description	Account Code	Tot. Fee	Prev. Pmts	Cur. Pmts
375	SEPTIC TANK DESTRUCTION	025015-1342	301.00	.00	.00
			\$301.00	\$0.00	
Total Fees:					\$301.00
Total Paid:					\$0.00
Balance Due:					\$301.00

Refunds will not be authorized unless circumstances comply with established PRMD refund policy provisions.

When validated below, this is your receipt.

PAYMENT REC'D
 \$ 301.00 *msj*
JUL 11 2007
 PERMIT AND RESOURCE
 MANAGEMENT DEPARTMENT
 COUNTY OF SONOMA

Destruct 2 Tanks
Hook to Sewer

Application is hereby made to the Permit & Resource Management Department 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 pertinent signature lines by the same person (i.e., contractor or owner/builder). A letter of authorization from the owner must accompany this application if an agent is signing on the owner's behalf.

APPLICANT: PLEASE PRESS HARD (USE BLACK INK).
 FILL IN BETWEEN HEAVY LINES ONLY.
SEE BACK SIDE FOR TERMS OF PERMIT

Building PERMIT # _____ SEP PERMIT # SEP07-0505 EXISTING USE(S) ON SITE: _____

JOB ADDRESS 3925 FINLEY AVE.
 NEAREST CROSS STREET SOUTH WRIGHT
 ASSESSOR'S PARCEL NO. 035-092-028
 SUBDIVISION _____ LOT _____ LOT _____
 CITY SANTA ROSA ZIP 95407

OWNER'S NAME ALEX ESTRELLA
 MAILING ADDRESS 5015 CALISTOGA WAY
 CITY CLAYTON STATE CA ZIP 94517
 PHONE (925) 672 0940
 INSTALLATION WILL SERVE: EXISTING RESIDENCE NEW RESIDENCE
 REPLACEMENT RESIDENCE SECOND UNIT COMMERCIAL REPAIR

SEWAGE DISPOSAL SYSTEM CONTRACTOR
 ADDRESS PO BOX 4055 S.R. CA PHONE NO. 584 8833
 GENERAL CONTRACTOR _____

OTHER: ABANDON/DESTRUCT SEPTIC TANKS (2) ATTACHED CONDITIONAL STATEMENT
 TOTAL (Existing + Proposed)
 Number of Units: _____ Total No. of Bedrooms: _____
 Water Supply: Public Private Lot Size: _____

OWNER/BUILDER DECLARATION
 I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):

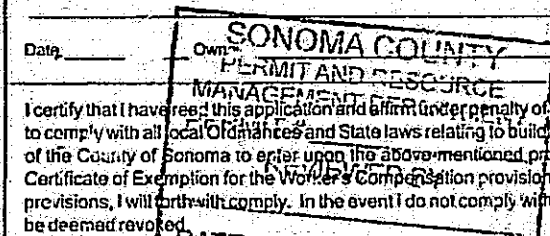
LICENSED CONTRACTOR'S DECLARATION
 I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.
SMCP CORP DBA
DOLZA OLL BACKING
MEDeiros CONSTR
 Contractor _____ License Class A
6816460 License Number 9/30/2008 Expiration Date

WORKER'S COMPENSATION DECLARATION
 I hereby affirm under penalty of perjury one of the following declarations:
 I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided for by Section 2700 of the Labor Code, for the performance of the work for which this permit is issued.
 I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:
 Carrier Centennial Access Program
 Policy No. CA PO 405070
 (This section need not be completed if the permit is for one hundred dollars (\$100) or less.)
 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 worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
11/1/2008 Exp. Date J. Cortly Applicant Signature

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044 Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale.)
 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.)
 I am exempt under Sec. _____ B & P.C. for this reason _____

A SEPTIC PERMIT SHALL EXPIRE IN THREE (3) YEARS FROM DATE OF ISSUANCE UNLESS OTHERWISE NOTED BY CODE ENFORCEMENT.
 THIS PERMIT IS LIMITED TO _____ DAYS.
 Violation # _____
 Code Enforcement _____ Date _____

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.



Layout Plan Approved by: [Signature] Date 7/19/07

[Signature] SIGNATURE OF APPLICANT
PO BOX 4055 Address SANTA ROSA City 95402 ZIP
 Contractor Owner Other Licensed Professional

Construction and Permit Fined by: [Signature] Date 8/02/07

County of Sonoma
Permit & Resource Management Department
Well & Septic Section
2550 Verbra Avenue, Santa Rosa, CA 95403-2820
(707) 565-1900

SEPTIC SYSTEM INSPECTION

Site Address: 3925 Finley Avenue

Owner: _____

SEP07-0565

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
- Call for inspection on pump & alarm
- Correction needed - see remarks below
- OK to cover with Engineer's approval
- Issue Operational Permit

For further information call: _____

Hours & Day: _____

Remarks: _____

old septic tank

two septic tanks were

destroyed per county codes

sewage pump receipt was seen

Tai Nguyen 8/02/07
Environmental Health Specialist's Signature Date

Received by: [Signature]
Contractor's Signature

Pooled

Dolzadell Backhoe and Excavating, Inc.

DBA:



GENERAL ENGINEERING

(707) 584-8823 (707) 578-4030

LIC.# 686460

7-10-07

PRMD Well & Septic

Subject: Application for permit to destroy septic tanks

I have included the following:

PRMD Application

Destruction method

Permit application fee /Check #133/ \$620 (\$295 + \$20 app x 2)

Please let me know if you require any additional items.

I have attached my business card.

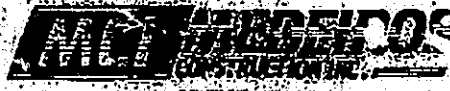
Signed,

Rick Cratty

P.O. Box 4055 Santa Rosa, CA 95402 (707) 584-8823(Business) (707) 584-4207(Fax)

SMCP CORP

DBA:



GENERAL ENGINEERING

(707) 584-8823 (707) 578-4030
LIC.# 686460

Contractor License # 686460

JUST THE FAX

TO: PRMID	FROM: Rick Cratty
DATE: 7-10-07	SUBJECT: 3925 FINLEY
FAX: 565-1745	RETURN FAX: 707-584-4207
ATTN: LAURIE MARTIN	PAGES: 2 COVER

Action needed: Urgent Review Comment Return Info No Action

H. LAURIE

Will THIS ONE be a plot plan?

CALL AND LET ME KNOW

THANKS

Rick

Dolzadell Backhoe and Excavating, Inc.

DBA:



GENERAL ENGINEERING

(707) 584-8823 (707) 578-4030
LIC.# 686460

PRMD
Well & Septic
Santa Rosa, Ca.

Septic tank destruction at: 3925 Finley Ave
Santa Rosa, Ca.

Method of destruction:

1. Tank will be pumped by licensed tank pumper.
2. Top, sides and bottom of tank to be broken and caved in.
3. Remaining hole to be filled with clean material and compacted.

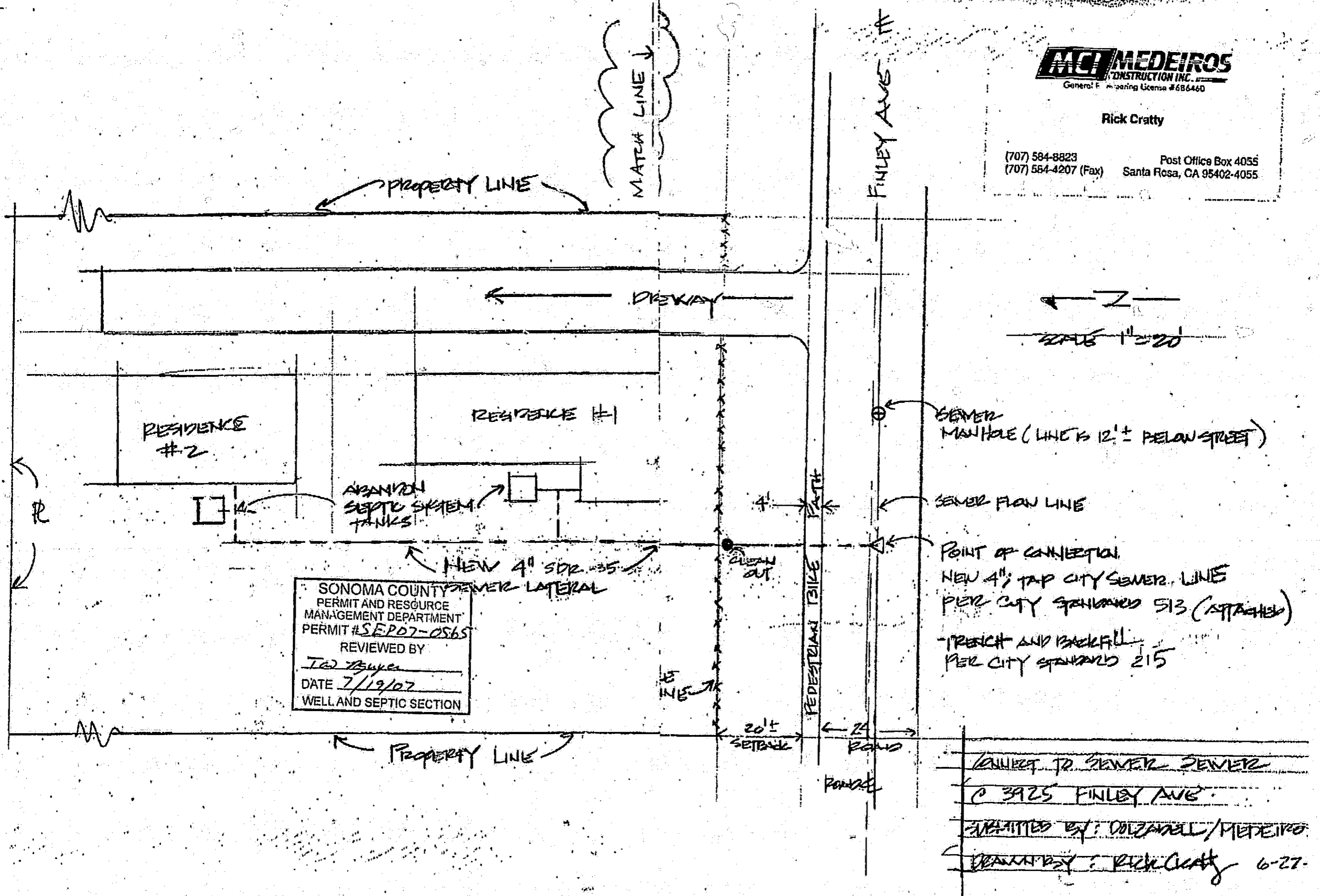
P.O. Box 4055 Santa Rosa, CA 95402 (707) 584-8823(Business) (707) 584-4207(Fax)



Rick Cratty

(707) 584-8823
(707) 584-4207 (Fax)

Post Office Box 4055
Santa Rosa, CA 95402-4055



SONOMA COUNTY
 PERMIT AND RESOURCE
 MANAGEMENT DEPARTMENT
 PERMIT # SEP07-0565
 REVIEWED BY
 TAD BUYS
 DATE 7/19/07
 WELL AND SEPTIC SECTION

SEWER MANHOLE (LINE IS 12'± BELOW STREET)
 SEWER FLOW LINE
 POINT OF CONNECTION
 NEW 4" TAP CITY SEWER LINE
 PER CITY STANDARD 513 (ATTACHED)
 TRENCH AND BACKFILL
 PER CITY STANDARD 215

CONNECT TO SEWER SEWER
 @ 3925 FINLEY AVE.
 SUBMITTED BY: DOUGLAS/MEDEIROS
 DRAWN BY: RICK CRATTY 6-27

Oct. 13

HG



**COUNTY OF SONOMA
PUBLIC HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES**

MARK A. KOSTELNEY
Director of Public Health
GEORGE R. FLORES, M.D.
Health Officer

1030 CENTER DRIVE, SUITE A • SANTA ROSA • CALIFORNIA 95403-2067 • TELEPHONE (707) 525-6500

September 12, 1991

Alex Estrella
4007 VanMourik
Oakland, CA 94605

**Subject: Unlawful graywater sewage discharge at 3925 Fishy Avenue, Santa Rosa
AP# 035-092-08**

Investigation by a representative of this department on 9-11-91, revealed that graywater sewage was being discharged onto the ground under the residence and draining into the roadside ditch.

Please be advised that this condition is prohibited by Chapter 7, Sonoma County Code, and Section 5411 of the California State Health and Safety Code.

Therefore, you are required to abate this condition within 30 days of receipt of this notice by repair or replacement of the waste plumbing, under permit and inspection from the Building Department, or by voluntary vacation of the premises.

In accordance with resolution of the Board of Supervisors, a \$60 violation reinspection fee will be assessed to you if reinspection at the end of the period allowed for abatement shows the violation has not been corrected. Your prompt cooperation in abating this insanitary condition will preclude the necessity of instituting legal action.

If this dwelling is a rental unit, Section 17299 of the State Revenue and Taxation Code requires this department to file a Notice of Non-Compliance with the State if the violation(s) is not corrected in the prescribed time limit. Section 17299 prohibits certain deductions from being taken as tax credits where substandard conditions have been identified and remain uncorrected.

Please telephone (707) 525-6514 between 7:30 and 9:00 a.m., Monday through Friday, to advise the undersigned as to the action you are taking to abate this condition.

Sincerely,

HARRY GERBASI, R.E.H.S.
Registered Environmental Health Specialist

HG/mn

cc: Chief Building Official (HD violation)
Supervising Environmental Health Specialist

10/14/91

Broken plumbing
has been repaired.
No graywater sewage
discharge -

ABATED

DATE:

Oct. 14, 1991

File

TO:

Chief Building Official

FROM:

Division of Environmental Health

SUBJECT:

Status of violation at:

Address 3925 Finley Ave.

A.P.# 035-092-08

Owner/Applicant Alex Eide III

The Situation at the subject location has been satisfactorily resolved. The "Flag" on this file can be removed.

H. J. Huber
Sanitarian

PHS-EH-168 (5-16-83)

Gr# 9101919

ID# 11173

3925 Ap# 035-092-08

REQUEST FOR SERVICE
COUNTY OF SONOMA
ENVIRONMENTAL HEALTH DIVISION
PUBLIC HEALTH DEPARTMENT

Recheck Date

1/19

For office use only
Property No.

Location of Service	4009 Finley, S.R.	By	Smg	Date	9/6/91
Person Requesting Service	Mrs. Kennedy	Phone No. of Person Requesting Service	526-7315		
Address of Person Requesting Service	4009 Finley Ave.	Owner or Agent to be Contacted	Alex Estrella		

SANITARIAN

Request Classification

A. Complaint
 B. Consultation
 C. Approval
 D. Other

Person Requesting Service

1. Tenant
 2. Neighbor
 3. Owner or Mgr.
 4. Official Agency
 5. Anonymous
 6. Other

Disposition

A. Clear
 B. Follow Up
 C. Retain
 D. H.O.H.
 E. D.A.H.
 F. Court
 G. No Violation
 H. Other

Census Tract District

Duration

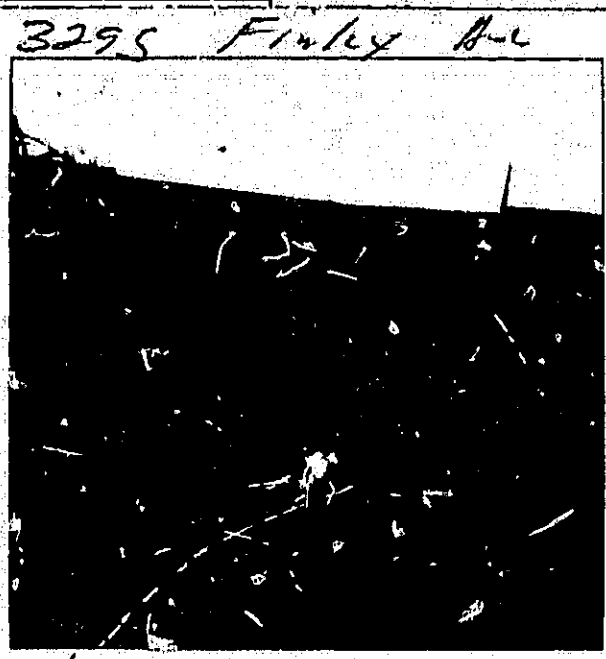
1. 1-15
 2. 16-30
 3. 31-45
 4. 46-1 hr.
 5. 1:01-1:15
 6. 1:16-30
 7. 1:31-1:45
 8. 1:46-2 hrs.
 9. 2:01 and over

Ditch is filled with about 8 inches of water. Doesn't know where water is coming from or whether or not this is a leak from one of the cesspools. Not sure if water is contaminated and unsafe for animals to drink - like cats. This ditch runs all the way from Fresno to Le Hy Streets.

REPORT OF INVESTIGATION

oakland 94605

9/11/91 Leaking plumbing discharging under house & running into road side ditch.



3295 Finley Ave

9/11/91 Leaking plumbing discharging under house

M. J. Huber
Sanitarian

9/11/91
Date

WHITE: Upper section to file
 Lower section to file
 YELLOW: Retained for office file at time form is typed

PINK: Upper section to owner or occupant

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
Code Enforcement Division

Health

575 Administration Drive, Room 105-A, Santa Rosa, CA 95403
(707) 527-1900 FAX (707) 527-1103

VIOLATION COMPLAINT FORM

Date Received 12/7/94 Staff H. Terbas

FILE # V-94-9026

1. PROPERTY ADDRESS? 3925 Finley Ave. City Santa Rosa

Assessor's Parcel # 635-092-008 Parcel Size _____ Zoning _____

Property Owner's Name Alex Estrella

Owner Mailing Address 5615 Calistoga Way, Clayton CA
94517-2113

2. WHAT IS THE NATURE OF THE VIOLATION?

- Building []
- [] Construction without permit(s) _____
- [] Grading/Fill without permits _____
- [] Hazardous Conditions (specify) _____
- [] Substandard Conditions (specify) _____

Zoning [] _____

Health possible sewage discharge into ditch.
~~this is a sump + line for~~
~~rain water under the house~~
~~- no sewage discharge~~

[] New Pendaflex/file [] Enter Tracking [] Enter Mainframe

[] ltr _____
[] ltr _____
[] NOBLDG [] NODANG [] NOOUHC [] NOGRAD
[] NOAP [] NOTAP [] ABATE12 [] ABATE9 [] OTHER _____

Date Violation Closed 12/14/94 Permit # _____
 Close Pendaflex/file [] Close Tracking [] Close Mainframe

REQUEST FOR SERVICE
COUNTY OF SONOMA
ENVIRONMENTAL HEALTH DIVISION
PUBLIC HEALTH DEPARTMENT

Recheck Date / / 19

For office use only
 Property No.

Location of Service 3925 Finley Av By GB Date 7/6/94

Person Requesting Service _____ Phone No. of Person Requesting Service _____

Address of Person Requesting Service _____ Owner or Agent to be Contacted _____

Reason for Request _____

Neighbor reports that this address is having problems w/ their septic. He claims the property owner has dug a ditch & is running sewage effluent into front drainage ditch. May want to dye system. He thinks the system has failed before.

• **REPORT OF INVESTIGATION** •

SANITARIAN

Request Classification
 A. Complaint
 B. Consultation
 C. Approval
 D. Other

Person Requesting Service
 1. Tenant
 2. Neighbor
 3. Owner or Mgr.
 4. Official Agency
 5. Anonymous
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Disposition
 A. Clear
 B. Follow Up
 C. Referral
 D. H.O.H.
 E. D.A.H.
 F. Court
 G. No Violation
 H. Other

Census Tract District

Duration
 1. 1-15
 2. 16-30
 3. 31-45
 4. 46-1 hr.
 5. 1:01-1:15
 6. 1:16-1:30
 7. 1:31-1:45
 8. 1:46-2 hrs.
 9. 2:01 and over

TOTAL VIOLATIONS