

E

Type

Docs

Plans

SEP 99-1165

Building Permit Number

22015

Street Number

Timber Cove Rd

Street Name

Community Code

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.

At Grade

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. S 99-1165	DATE ISSUED 8/6/99	CLEARANCE NEW	REPAIR
-----------------------	-----------------------------	-----------------------	------------------	--------

JOB ADDRESS 22815 Timber Cove Rd
 NEAREST CROSS STREET Smith Ct
 ASSESSOR'S PARCEL NO. 109-430-029
 SUBDIVISION Timber Cove LOT 29 BLK
 CITY Timber Cove STATE CA ZIP
 SEWAGE DISPOSAL SYSTEM CONTRACTOR _____
 ADDRESS _____ TEL NO. _____
 GENERAL CONTRACTOR _____

OWNER'S NAME Frank R Jordan
 MAILING ADDRESS 4052 Middleton Rock Rd
 CITY Petaluma STATE CA ZIP 94952 PHONE NUMBER 778-176
 INSTALLATION WILL SERVE:
 RESIDENCE APARTMENT HOUSE COMMERCIAL MOBILE HOME
 MOTEL OTHER BUILDING CONST. NEW ADDN/ALTER
 NO. OF UNITS: 1 TOTAL NO. OF BEDROOMS: 2 WATER SUPPLY: PUBLIC PRIVATE LOT SIZE: 2.25 +/-

- TERMS OF PERMIT**
1. APPLICANT AGREES THAT 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 INSPECTIONS 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.

OPERATIONAL PERMIT

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 OF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS.

X Frank R Jordan
 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 CONTRACTOR'S LICENSE LAW UNDER LICENSE NUMBER _____ SONOMA COUNTY WHICH LICENSE IS IN FULL FORCE AND EFFECT.
 B. THE APPLICANT IS EXEMPT FROM THE PROVISIONS OF THE CONTRACTOR'S LICENSE LAW FOR THE FOLLOWING REASONS:
 1) OWNER/BUILDER
 2) OTHER (EXPLAIN)
 DATE 7/22/99 APPLICANT *Frank*

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.
 Compensation Insurance Policy # ***TTL \$1235.00
 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 Frank R Jordan
 APPLICANT

LAYOUT PLAN APPROVED BY Om Donavan DATE 8-6-99 CONSTRUCTION APPROVED BY _____ DATE _____

DIST. 1) OHG. - HEALTH DEPT. / 2) HEALTH DEPT. / 3) PERMITTEE / 4) BLDG. INSP. DEPT. / 5) BLDG. INSP. DEPT. NOT TRANSFERABLE

Mailed 5/20/04



**COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT**

2550 Ventura Avenue, Santa Rosa, CA 95403-2829
(707) 527-1900 FAX (707) 527-1103

Field Operations • Code Enforcement • Permits • Environmental & Comprehensive Planning

EXPIRATION OF SEPTIC SYSTEM PERMIT

Date: May 17, 2004

Leichtner
819 Crazmont Ave.
Berkeley, CA 94708

Dear Mr. Leichtner

Re: Job Address: 22015 Timber Cove Rd.
Permit No. SEP 99-1165
Issuance Date: 8-6-99

In accordance with the provisions of section 7-14(f) of the Sonoma County Code, the private sewage disposal permit has expired due to time limitation or lack of evidence that work was performed. If you had a current building permit at the time of the septic permit expiration, or, if your building plans were in plan check, or of you have any other information, please call me.

Work was performed on the septic system but a final inspection was not conducted. Please contact this office regarding a final inspection.

Work was performed, completed and a final inspection conducted, but the consultant's final letter of approval has not been received by this office. Please inform your consultant to provide this office with a letter of approval within 15 days. The consultant will need to provide an "as-built" plan, if applicable.

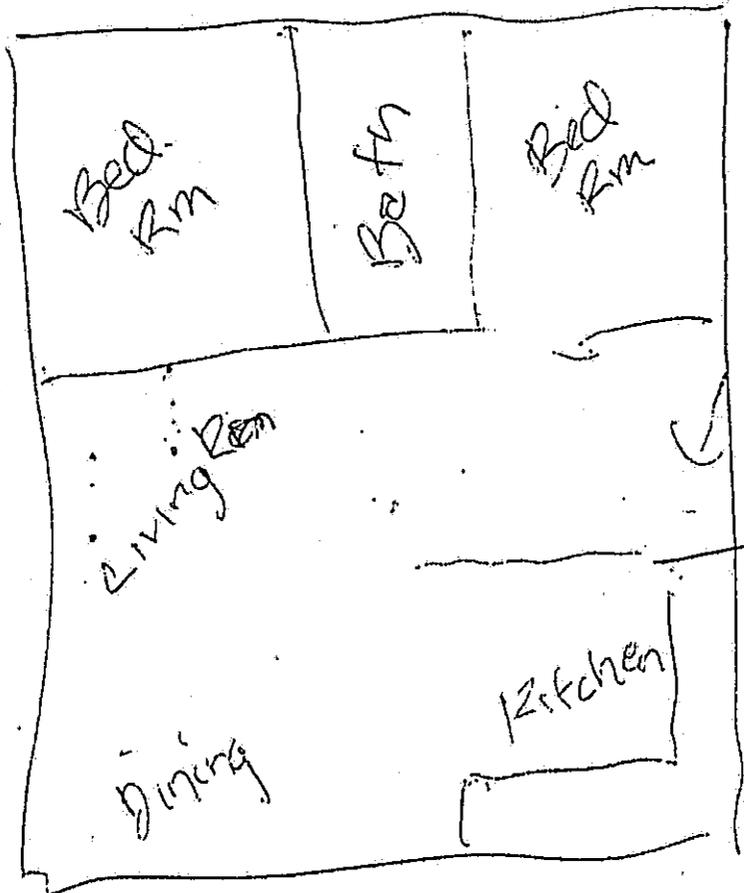
Other _____

Please call me at 565-1940 if you have any questions.

Thank you,

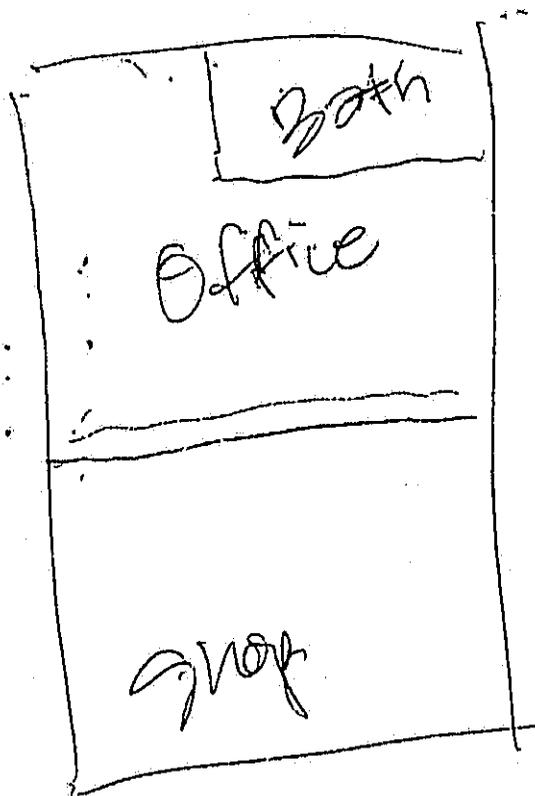
Timothy J. Gerard REHS
District Specialist

Upper floor



DM Don V.A. 8-6-99

Lower Floor Plan



SONOMA COUNTY
PERMIT AND RESOURCE
MANAGEMENT DEPARTMENT
REVIEWED BY
DM DONAVAN
8-6-99
DATE
WELL AND OCEANIC RESOURCES

to
05 MAR

ID-20612
95-5784 LU

REQUEST FOR SERVICE

COUNTY OF SONOMA
ENVIRONMENTAL HEALTH DIVISION
PUBLIC HEALTH DEPARTMENT

Recheck Date
/ / 19

For office use only
Property No.

Location of Service: 22015 TUMBERLOVE RD., JENNER
 Person Requesting Service: AL KOFTINOW
 Address of Person Requesting Service: 876 GRAUENSTEIN HWY. SO
 Person for Request: PLAN CHECK
 By: HE #944124
 Date: [blank]
 Phone No. of Person Requesting Service: Rob HUFFMAN
 Owner or Agent to be Contacted: 823-2190

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. 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

 7-22-99

REPORT OF INVESTIGATION

2-16-95 Plans are acceptable for an Experimental At-Grade System. Due to heavy vegetation need to perform tree removal as described by consultant. Prepare site, call for review by consultant & health department. If tree removal is performed properly then permit can be issued.

Still need to submit: Operational Permit, Erosion Agreement, Permit Application, Floor Plans, 4 Final sets of plans, ICC-412 Contractor needs to sign permit application.

Call 2-16-95

801342D	
SEP TANK	352.00
TTL AMT	352.00
CHECKS	352.00
CHANGE	0.00
231 B #2	12:57

01/25/95

[Signature]
Sanitarian

2-16-95
Date

WHITE: Upper section to file
 Lower section to file
 YELLOW: Retained for office file at time form is typed,
 LU044 (7/82)

PINK: Upper section to person requesting service (when appropriate)
 Lower section to owner or occupant



COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

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Field Operations • Code Enforcement • Permits • Environmental & Comprehensive Planning

HOMEOWNER'S STATEMENT

(To accompany application for Private Sewage Disposal Permit)

I certify that I am the owner of the property located at _____

22015 Timber Cove Rd, Timber Cove, CA

A.P.# 109-430-29, and that I personally will purchase all materials and

perform all work in construction of the private sewage disposal system covered by the attached application,

or shall employ a licensed sewage disposal system contractor to perform such work.

SIGNED

ADDRESS

DATED

Frank Jordan
4052 Middle Two Rock Rd
Petaluma, CA 94952
7/22/99

OPR 99 - 3222
SEP 99 - 1165



COUNTY OF SONOMA PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

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

INNOVATIVE SEWAGE DISPOSAL SYSTEM OPERATIONAL PERMIT APPLICATION

Application is made for an Operational Permit in compliance with Sonoma County Code, Chapter 24.

PRINT OR TYPE:

22015 Timber Cove Rd.
Property Address

109-430-29
Assessors Parcel Number:

Frank Riordan
Owner(s) Names(s)

4052 Middle Two Rock Rd, Petaluma, CA, 94952
Owner Mailing Address City, State Zip

Owner(s) Telephone Number: (707) 775-1761

Application for Year: _____ Fee Enclosed: \$ _____ Date of Change: _____

ORIGINAL APPLICATION CHANGE OF OWNERSHIP

Fees are not prorated. Permits are issued for one year unless suspended or revoked for good cause.

I (we) understand that the permit is valid for one year unless conditions allow for a permit of two or three years as determined by the Permit and Resource Management Department. Permits are not transferable upon change of ownership. I (we) agree to operate in compliance with all applicable state or county codes and the rules and regulations promulgated by the Department including, but not limited to, performance of self-monitoring inspections on the sewage disposal system for which this Operational Permit is applied.

DATE: 7/22/99 SIGNATURE(S): Frank Riordan

Applicant: Please answer all questions completely; sign and date above; retain pink copy; and submit top copies with payment to the County of Sonoma Permit and Resource Management Department.

PRIVATE SEWAGE DISPOSAL SYSTEM PLAN AND PACKET COMPLETION CHECKLIST

Sonoma County Environmental Health Department
1030 Center Drive, Suite A - Santa Rosa, Ca. 95403

PROJECT ADDRESS: 22015 TIMBER COVE RD JENNER For Office Use Only:
 PROJECT A.P. #: 109-430-29
 OWNER'S NAME: KOETINOW, AL I.D. # _____
 CONTRACTOR: _____ PROJECT # _____
 R.C.E. OR R.E.H.S.: ROB WOFFMAN
 SIGNATURE OF R.C.E./R.E.H.S.: R. Woffman H.E. # 194-124

TYPE OF SYSTEM: STANDARD _____ P.D. _____ MOUND LAND-FILLED _____ OTHER AT-GRADE
 TYPE OF PACKET: DESIGN PLAN CHECK OR PERMIT APPLICATION _____

The following items need to be addressed by placing a check mark on the line next to that item if that item has been completed and submitted with the plans and packet. Place a "N.A." if that item is not applicable to plans, and/or packet submittal.

DEPARTMENT OF
HEALTH SERVICES

JAN 25 1995

This area completed by R.C.E./R.E.H.S. This area completed by Health Department Packet Checker

ENVIRONMENTAL
HEALTH DIVISION

	Yes	No	N/A	
<u>Fill</u>	___	___	___	1. Completed application (PHS-EH 35) and appropriate fee. *
<u>Fill</u>	___	___	___	2. A signed Homeowner's statement if owner-builder. *
<u>Fill</u>	___	___	___	3. Copy of perc test acceptance letter on file with the Health Dept.
<u>Fill</u>	___	___	___	4. (2) copies of floor plan for all structures. *
<u>Fill</u>	___	___	___	5. (1) copies of s.d.s. design for Permit Application. **
<u>Fill</u>	___	___	___	(2) copies of s.d.s. design for Plan Design check only.

SEWAGE DISPOSAL DESIGN TO INCLUDE THE FOLLOWING:

	Yes	No	N/A	
<u>Fill</u>	___	___	___	6. a. Minimum scale 1"=20'; paper size 8.5" x 11" or folded to 8.5" x 11".
<u>Fill</u>	___	___	___	b. Site map with lot dimensions, north point, s.d.s. area, building site, etc.
<u>Fill</u>	___	___	___	c. Vicinity map with correct street address.
<u>Fill</u>	___	___	___	d. Contour map OR direction of slope indicated by arrows(s) with accurate % slope in area of leachfield.
<u>Fill</u>	___	___	___	e. Private water source: Must show existing and/or proposed well(s) within 150' of septic area OR letter of approval for a connection to a community water system.
<u>Fill</u>	___	___	___	f. Zone 4 Water Scarce Area: proof of water certificate required. *
<u>Fill</u>	___	___	___	g. Location of springs, lakes, ponds, marsh, streams, drainage ditches, or channels within 150' of the septic area. **
<u>Fill</u>	___	___	___	h. Location of existing and/or proposed structures (dimensional), also include driveways, paved areas, retaining walls, swimming pools, patios, large trees, cut banks, etc. *, **
<u>Fill</u>	___	___	___	i. Location of existing sewage disposal systems and expansion area; and existing and/or proposed easements, water lines, and/or underground utilities. **
<u>Fill</u>	___	___	___	j. Cross-section of leachlines.
<u>Fill</u>	___	___	___	k. Cross-section of interceptor drain.
<u>Fill</u>	___	___	___	l. Location of profile holes and percolation test holes labeled and identifiable.

* Notes that the item is not required for a Design plan check, but will be required for Permit applications.
 ** Notes that the item will be checked during the field inspections.

At grade

Kelley
DEPARTMENT OF
HEALTH SERVICES

JAN 25 1995

ENVIRONMENTAL
HEALTH DIVISION

HUFFMAN ENGINEERING

876 GRAVENSTEIN HWY SO.
SEBASTOPOL, CALIFORNIA
(707) 823-2190

JOB NO. 94-124
SHEET NO. 1 OF 2
CALCULATED BY RBT
DATE 1-10-95

SYSTEM SIZING AND PUMP CALCULATIONS
AT-GRADE DESIGN FOR A 2 BEDROOM HOUSE

<u>DESIGN LOADING RATE</u>	= 240 GALLONS/DAY
TWO BEDROOM HOUSE	
<u>AVERAGE PERCOLATION RATE</u>	= 20 M.P.F.
FOR HOURS 2 - 7	
<u>SOIL APPLICATION RATE</u>	= 0.650 GAL./SQ. FT./DAY
<u>LINEAR LOADING RATE</u>	= 4 GAL./L.F./DAY
$\frac{4 \text{ GAL./L.F./DAY}}{0.650 \text{ GAL./SQ.FT./DAY}}$	= 6.16 FT.

<u>AT GRADE DIMENSIONS</u>	
BED WIDTH	6.5'
BED LENGTH	60.0'
TRENCH DEPTH	0.75'
DOWNSLOPE TOPSOIL WIDTH	6.0'
UPSLOPE TOPSOIL WIDTH	5.0'
ENDSLOPE TOPSOIL WIDTH	6.0'
OVERALL LENGTH	72.0' = 60' + 2 x 6.0'
OVERALL WIDTH	17.5'

USE 1-1/4" DISTRIBUTION LINE WITH 1/8" ORIFICES 24" APART.
4 LINES 25' LONG = 100 L.F.

$\frac{(100 \text{ L.F.})(0.433 \text{ GALLONS/MINUTE-HOLE})}{2.0 \text{ L.F. BETWEEN HOLES}} = 21.7 \text{ GALLONS/MINUTE}$

HUFFMAN ENGINEERING

876 GRAVENSTEIN HWY SO.
SEBASTOPOL, CALIFORNIA
(707) 823-2190

JOB NO. 94-124
SHEET NO. 2 OF 2
CALCULATED BY RBT
DATE 1-10-95

SYSTEM SIZING AND PUMP CALCULATIONS

DOSING

USE 75 GALLONS/DOSE

PUMP CHAMBER = 810 GALLON SUMP TANK 3.4'W x 8.2'L x 4.16'D
(dimensions for tank manufactured by Selvage)

$D = \frac{75 \text{ GALLONS/DOSE}}{3.4' \times 8.2' \times 7.48 \text{ GAL./FT}^3} = 0.3596 \text{ FT.} = 4\text{-}5/16''$

RUNNING TIME

75 GALLONS/21.7 GALLONS/MINUTE = 3.46 MINUTES

DOSES/DAY.

$\frac{240 \text{ GALLONS/DAY}}{75 \text{ GALLONS/DOSE}} = 3.2 \text{ DOSES/DAY}$

987 g
381 = 26

PUMPING HEAD

ELEVATION AT HIGHEST DISTRIBUTION LINE = 118'
ELEVATION AT PUMP = 99'
CHANGE IN ELEVATION = 19'

FRICITION LOSS

DYNAMIC (2") 1.03 x 170/100 = 1.75'
HEAD AT DISTAL END = 5'
STATIC = 19'
TOTAL HEAD LOSS = 25.75'

EQUIVALENT LENGTH 2" LINE

2 - 90° 11.0
2 - 45° 5.0
CHECK VALVE 19.0
GATE VALVE 1.2
BRANCH FLOW 12.0
TOTAL EQUIVALENT 48.2
PIPE LENGTH 120
TOTAL LENGTH 168.2 L.F.

22 GALLONS PER MINUTE AT 26' TOTAL HEAD
USE ORENCO SYSTEMS, INC. 30 OSI 05 HHF 2 STAGE, PUMP

DEPARTMENT OF
HEALTH SERVICES

JAN 25 1995

ENVIRONMENTAL
HEALTH DIVISION

January 12, 1995

Re: Proposal/Description and scope of services
to be performed on the lot located at northeast
corner of Timber Cove Road and Smith Court

To Whom it may Concern:

In order to satisfy the requirements of the Sonoma County Environmental Health Department, the following procedures will be adhered to in the strictest manner in regard to the clearing of trees and preparing the ground where your septic system will be situated:

1) Tree removal will be done by hand and milled on location by a portable saw mill (wood mizer), which will be situated on the sight using my half ton pick-up truck.

2) Trees will not be dragged in the septic area and no heavy equipment will be allowed in the leach field area.

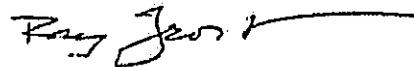
3) Tree removal and all manner of clearing the septic area will be completed this spring, by June 1, 1995.

4) Tree stumps will be ground to 12 inches below grade (ground level).

5) Septic area will be groomed (landscape raked) to the natural topography by hand.

6) All necessary permits and approvals will be received prior to tree removal.

Respectfully submitted,



Ray Frost
Reliable Home and
Property Management
(707) 847-3425

c: Frank Riordan
Huffman Engineering
Sonoma County Environmental Health Department

11-16-94
REQUEST FOR SERVICE

Re

County of Sonoma Department of Health Services
 Environmental Health Division
 1030 Center Drive, Suite A, Santa Rosa, CA 95403-2067 (707) 525-6500

Location Address 22015 Timber Cove Rd		City, Zip Jenner	Date 11-9-94
Owner/Facility Name Frank Riordan		Assessor's Parcel #	Site ID # 20612
Address of Owner 117 Grand Blvd #3		City, State, Zip Sonoma, CA 94401	Permit # 94-423824
Person Requesting Service Ther Guelis		Phone	EHS _____ Dist. # _____
Address of Person Requesting Service POB-186 Cazadero, CA		City, State, Zip	Category _____ Priority _____
Description Site Evaluation - Perk Test Report			
			Classification: A. Complete B. Site review C. Plan check D. Recheck/reinspection E. Vesting F. Other _____
			Disposition: 1. Service completed 2. Follow up 3. Referral 4. Referral/completed 5. Enforcement 6. No violation 7. No action
			By _____

Report of Investigation

① The perk test & site evaluation indicate acceptable data for a potential Wisconsin At-Grade System. A soil application rate of - 650 g/ft² and a final leaching rate of 4 g/ft² appears acceptable.

However, there are two major items needed for review. Namely a) Slope (max slope is 20% and setbacks) and b) Trees, are they an obstacle to installation and use.

② Suggest preparing a septic design with topographic map - and discuss pipe removal, preservation and installation.

For office use

[Signature]

11-9-94

EHS

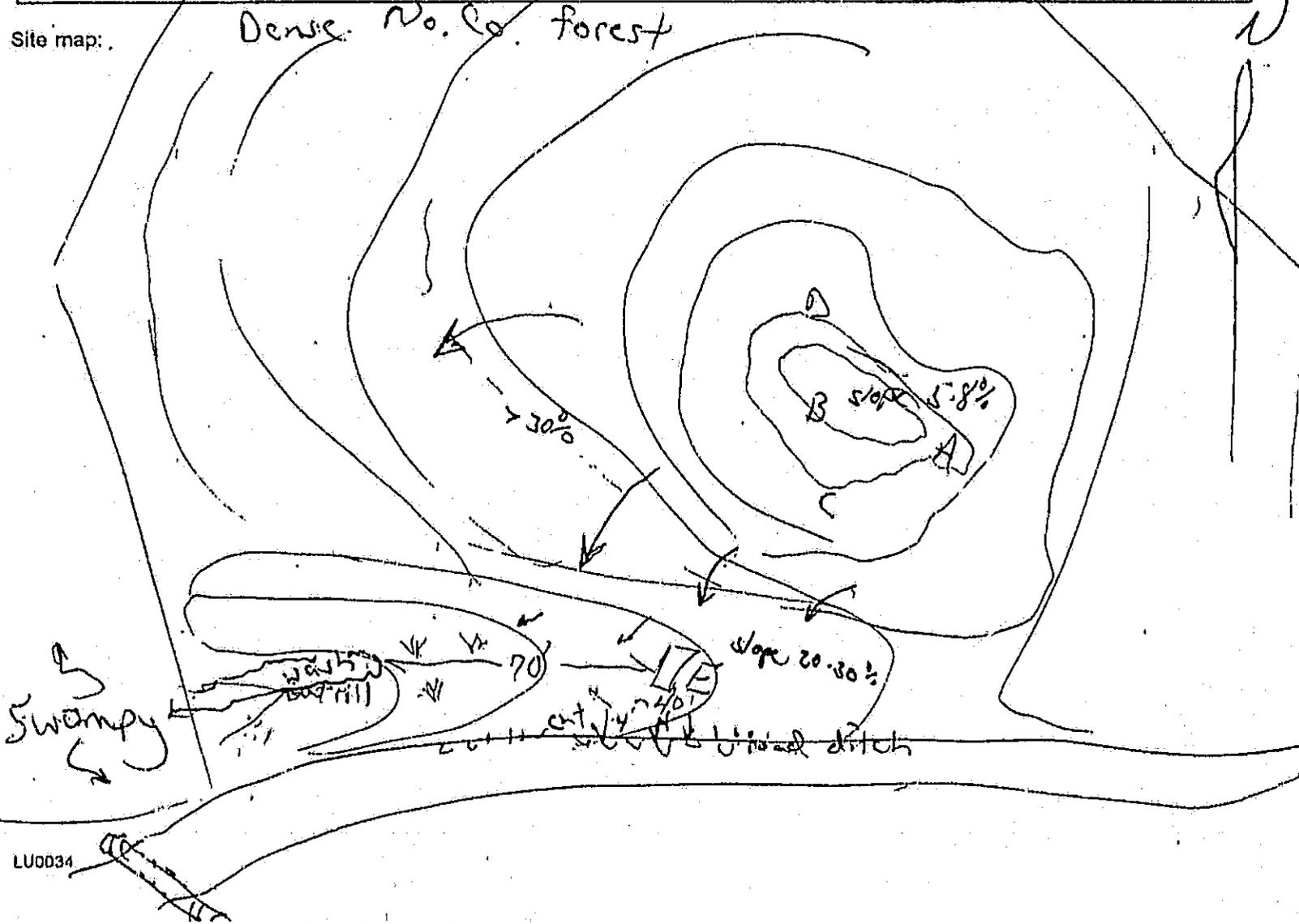
Date Completed

SONOMA COUNTY PUBLIC HEALTH DEPARTMENT
Pre-Perc Field Notes

pg 1

Address: 22015 TC Rd	Pre-perc date: 8-4-94	Time:
AP#:	Site review by: JZ	
Test conducted by: B & C	Subdivision: Yes <input type="checkbox"/> No <input type="checkbox"/>	Initial <input type="checkbox"/> Supp. <input type="checkbox"/>
Test verified by: HE	Water availability zone: COM	
Special standards area:	SCS soil type: EpF/R.D	
Topography: Ridge <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Saddle <input checked="" type="checkbox"/> Basin <input type="checkbox"/>	Convex <input type="checkbox"/> Planar <input type="checkbox"/> Concave <input checked="" type="checkbox"/>	
Setbacks: Cutbank/grade break <input checked="" type="checkbox"/> Wells <input type="checkbox"/> Springs <input type="checkbox"/> Streams <input type="checkbox"/> Ponds <input type="checkbox"/> Drainage <input checked="" type="checkbox"/>		
Areas of concern: Trees <input type="checkbox"/> Drainage <input checked="" type="checkbox"/> Geology report <input type="checkbox"/> Rock outcrops <input type="checkbox"/> % Rock _____ GW <input type="checkbox"/>		
Hydrometer test: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Depth(s) 12.2	Bulk density: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Depth _____	
Wet-weather perc required: Yes <input type="checkbox"/> No <input type="checkbox"/> ?	Wet-weather groundwater required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Subsoil perc depth(s) _____	Pump system: Yes <input type="checkbox"/> No <input type="checkbox"/> Perc depth(s) _____	
Type of system _____	Eng. design <input type="checkbox"/> Topographic map req. <input type="checkbox"/> Geology report req. <input type="checkbox"/>	
Comments: Pass of grade A-B hydroperc 1, 2, & 3		

Site map:



Profile E Average Ground Slope 10-20

Depth	Munsell Color	% Rock	Texture	Structure	Consistency	Moist	Pores	Roots
16		25	L	B	L	Dr	ex	v. many
33	orange & blue		sc	B-m	VF	D	few	few

Mottling 2-30 associated w/ roots Reduction Oxidation Depth to groundwater _____ Perc depth _____

Other: Marginal - close to outbank & headwater of ephemeral stream, roadside ditch, grass

Profile _____ Average Ground Slope _____

Depth	Munsell Color	% Rock	Texture	Structure	Consistency	Moist	Pores	Roots

Mottling _____ Reduction Oxidation Depth to groundwater _____ Perc depth _____

Other: _____

Profile _____ Average Ground Slope _____

Depth	Munsell Color	% Rock	Texture	Structure	Consistency	Moist	Pores	Roots

Mottling _____ Reduction Oxidation Depth to groundwater _____ Perc depth _____

Other: _____

Abbreviations:

- USDA Texture: Gravel=G, Sand=S, Loamy Sand=LS, Sandy Loam=SL, Sandy Clay Loam=SCL, Sandy Clay=SC, Silt Loam=SIL, Loam=L, Clay Loam=CL, Silty Clay Loam=SiCL, Clay=C
- Structure: Granular=G, Platy=P, Blocky=B, Prismatic=Pr, Massive=M, Columnar=C
- Consistency: Loose=L, Very Friable=VFr, Friable=Fr, Firm=F, Very Firm=VF, Extremely Firm=EF, Solid (BH refusal)=S
- Moisture: Dry=Dr, Damp=D, Very Damp=VD, Saturated=S, Seepage=Se

Profile <u>A</u> Average Ground Slope _____								
Depth	Munsell Color	% Rock	Texture	Structure	Consistency	Moist	Pores	Roots
21		<5%	SL	B	VFr	Dr	lg	very many
32			SCL	AB	Fr	"	comm	"
66		>50%	dense LS		VF	Dr	Ø	comm
			gravel					pockets of dry free sandstone
Mottling _____ Reduction <input type="checkbox"/> Oxidation <input type="checkbox"/> Depth to groundwater _____ Perc depth _____								
Other: <u>Mound</u>								

Profile <u>B</u> Average Ground Slope <u>~8</u>								
Depth	Munsell Color	% Rock	Texture	Structure	Consistency	Moist	Pores	Roots
36			SL		VFr			very many
66		80%	fract	ABl	hard rock			many
Mottling _____ Reduction <input type="checkbox"/> Oxidation <input type="checkbox"/> Depth to groundwater _____ Perc depth _____								
Other: <u>NG Mound?</u>								

Profile <u>C</u> Average Ground Slope _____								
Depth	Munsell Color	% Rock	Texture	Structure	Consistency	Moist	Pores	Roots
10					Fr	Dr	excl	very many
32		90%	fract + E sandstone	massive	EF	"	Ø	few
Mottling _____ Reduction <input type="checkbox"/> Oxidation <input type="checkbox"/> Depth to groundwater _____ Perc depth _____								
Other: <u>NG</u>								

Abbreviations:

USDA Texture: Gravel=G, Sand=S, Loamy Sand=LS, Sandy Loam=SL, Sandy Clay Loam=SCL, Sandy Clay=SC, Silt Loam=SiL, Loam=L, Clay Loam=CL, Silty Clay Loam=SiCL, Clay=C

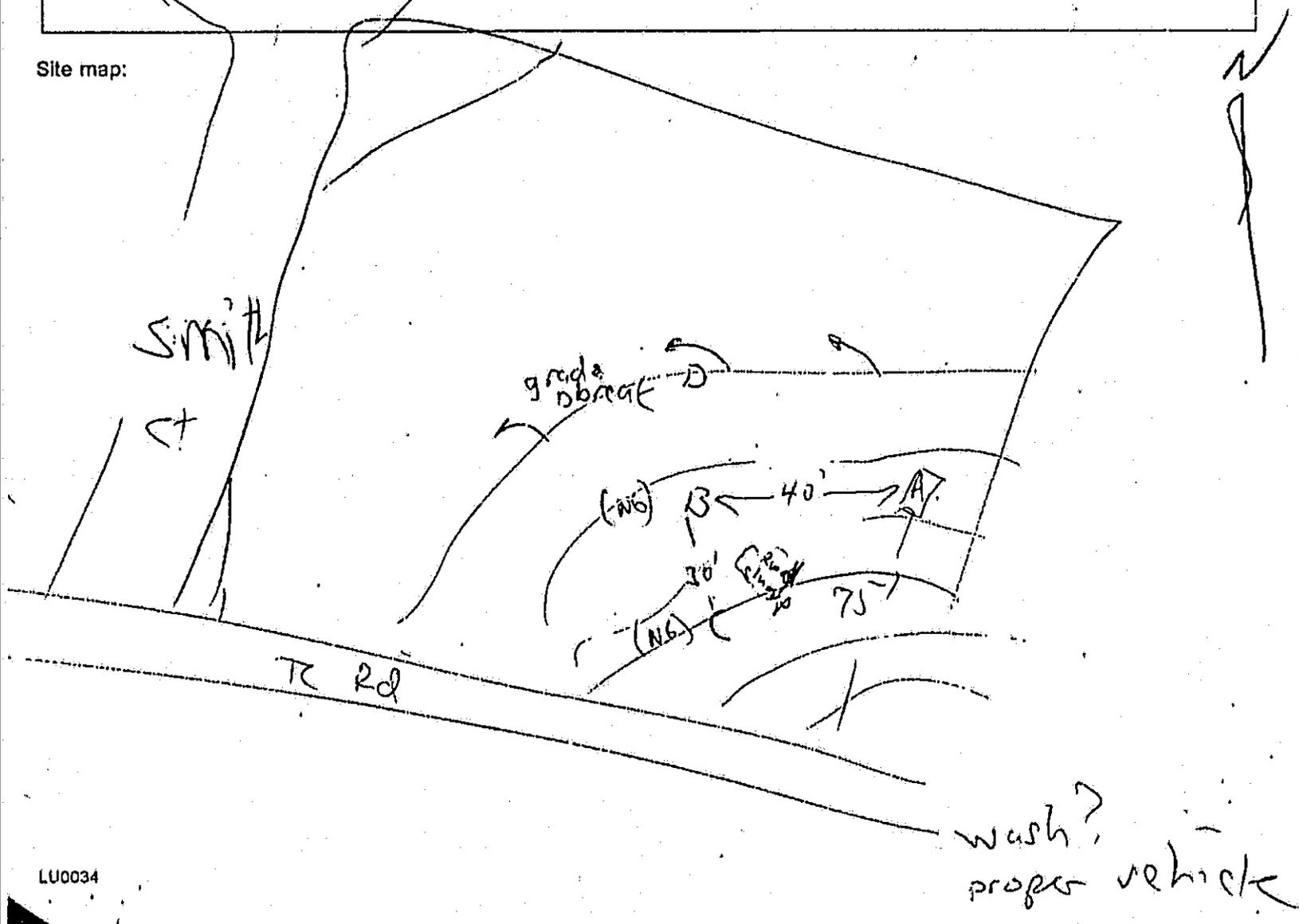
Structure: Granular=G, Platy=P, Blocky=B, Prismatic=Pr, Massive=M, Columnar=C

Consistency: Loose=L, Very Friable=VFr, Friable=Fr, Firm=F, Very Firm=VF, Extremely Firm=EF, Solid (BH refusal)=S

Moisture: Dry=Dr, Damp=D, Very Damp=VD, Saturated=S, Seepage=Se

Address: 22015 TC Rd	Pre-perc date: 8-7-94	Time:
AP#:	Site review by: DM DONAVAN	
Test conducted by: B.C.	Subdivision: Yes <input type="checkbox"/> No <input type="checkbox"/>	Initial <input type="checkbox"/> Supp. <input type="checkbox"/>
Test verified by: HE	Water availability zone: Com	
Special standards area:	SCS soil type: EPT / R1D	
Topography: Ridge <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Saddle <input type="checkbox"/> Basin <input type="checkbox"/>	Convex <input checked="" type="checkbox"/> Planar <input type="checkbox"/> Concave <input type="checkbox"/>	
Setbacks: Cutbank/grade break <input checked="" type="checkbox"/> Wells <input type="checkbox"/> Springs <input checked="" type="checkbox"/> Streams <input type="checkbox"/> Ponds <input type="checkbox"/> Drainage <input checked="" type="checkbox"/>		
Areas of concern: Trees <input checked="" type="checkbox"/> Drainage <input checked="" type="checkbox"/> Geology report <input type="checkbox"/> Rock outcrops <input type="checkbox"/> % Rock _____ GW <input type="checkbox"/>		
Hydrometer test: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Depth(s) 1, 2, 3	Bulk density: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Depth _____	
Wet-weather perc required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Wet-weather groundwater required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Subsoil perc depth(s) _____	Pump system: Yes <input type="checkbox"/> No <input type="checkbox"/> Perc depth(s) _____	
Type of system _____	Eng. design <input type="checkbox"/> Topographic map req. <input type="checkbox"/> Geology report req. <input type="checkbox"/>	
Comments:		

Site map:

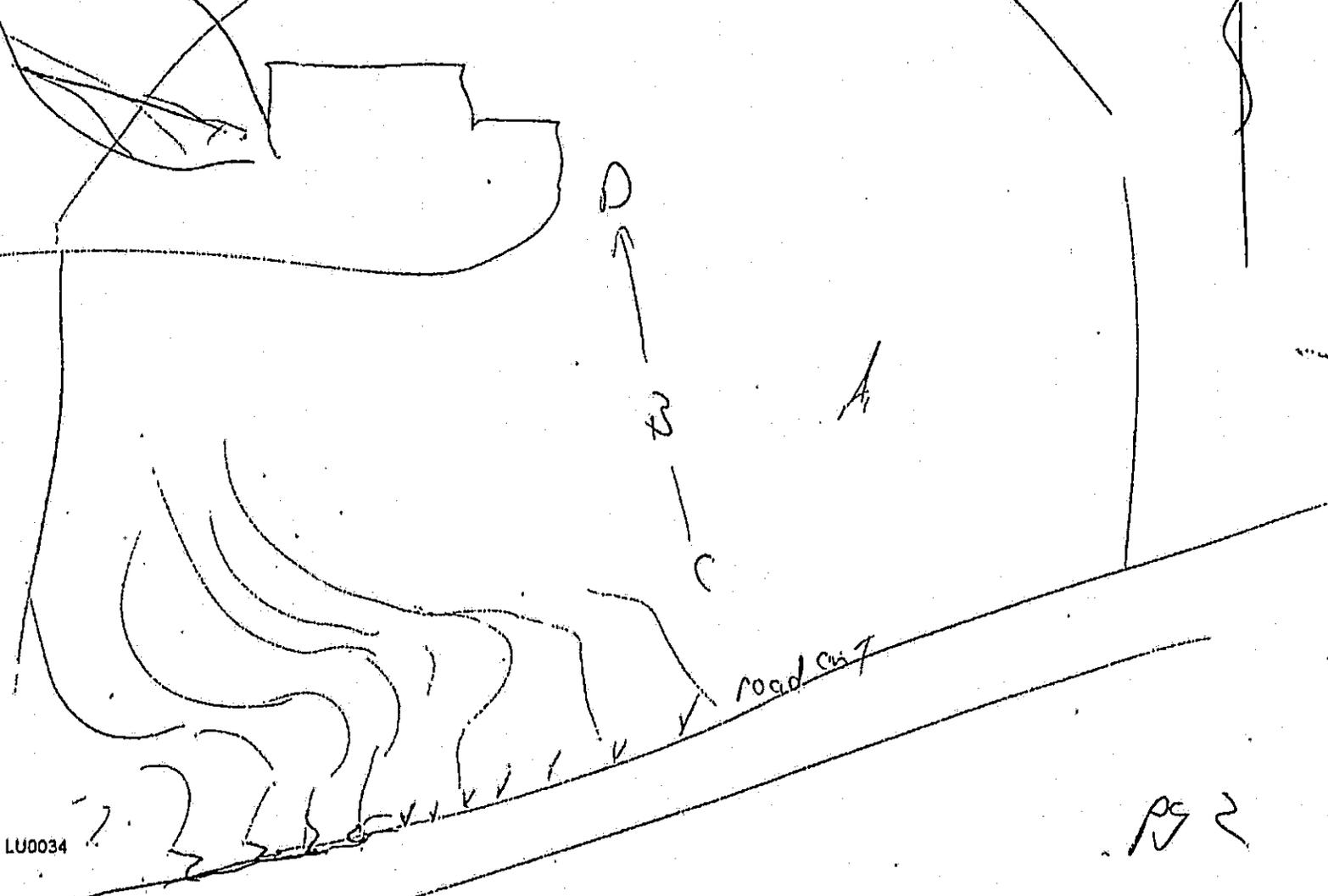


SONOMA COUNTY PUBLIC HEALTH DEPARTMENT
Pre-Perc Field Notes

pg 3

Address: 22015 TC Rd	Pre-perc date: 8-2-94	Time:
AP#:	Site review by:	
Test conducted by:	Subdivision: Yes <input type="checkbox"/> No <input type="checkbox"/>	Initial <input type="checkbox"/> Supp. <input type="checkbox"/>
Test verified by:	Water availability zone:	
Special standards area:	SCS soil type:	
Topography: Ridge <input type="checkbox"/> Slope <input type="checkbox"/> Saddle <input type="checkbox"/> Basin <input type="checkbox"/>	Convex <input type="checkbox"/> Planar <input type="checkbox"/> Concave <input type="checkbox"/>	
Setbacks: Cutbank/grade break <input type="checkbox"/> Wells <input type="checkbox"/> Springs <input type="checkbox"/> Streams <input type="checkbox"/> Ponds <input type="checkbox"/> Drainage <input type="checkbox"/>		
Areas of concern: Trees <input type="checkbox"/> Drainage <input type="checkbox"/> Geology report <input type="checkbox"/> Rock outcrops <input type="checkbox"/> % Rock _____ GW <input type="checkbox"/>		
Hydrometer test: Yes <input type="checkbox"/> No <input type="checkbox"/> Depth(s) _____ Bulk density: Yes <input type="checkbox"/> No <input type="checkbox"/> Depth _____		
Wet-weather perc required: Yes <input type="checkbox"/> No <input type="checkbox"/> Wet-weather groundwater required: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Subsoil perc depth(s) _____ Pump system: Yes <input type="checkbox"/> No <input type="checkbox"/> Perc depth(s) _____		
Type of system _____ Eng. design <input type="checkbox"/> Topographic map req. <input type="checkbox"/> Geology report req. <input type="checkbox"/>		
Comments:		

Site map:



pg 2

Profile C Average Ground Slope

Depth	Munsell Color	% Rock	Texture	Structure	Consistency	Moist	Pores	Roots
15/21	WAVY	DO	noddy					
4/8		90%	trac & massive					

Mottling Reduction Oxidation Depth to groundwater Perc depth

Other: NG for in ground sys

Profile Average Ground Slope

Depth	Munsell Color	% Rock	Texture	Structure	Consistency	Moist	Pores	Roots

Mottling Reduction Oxidation Depth to groundwater Perc depth

Other:

Profile Average Ground Slope

Depth	Munsell Color	% Rock	Texture	Structure	Consistency	Moist	Pores	Roots

Mottling Reduction Oxidation Depth to groundwater Perc depth

Other:

Abbreviations:

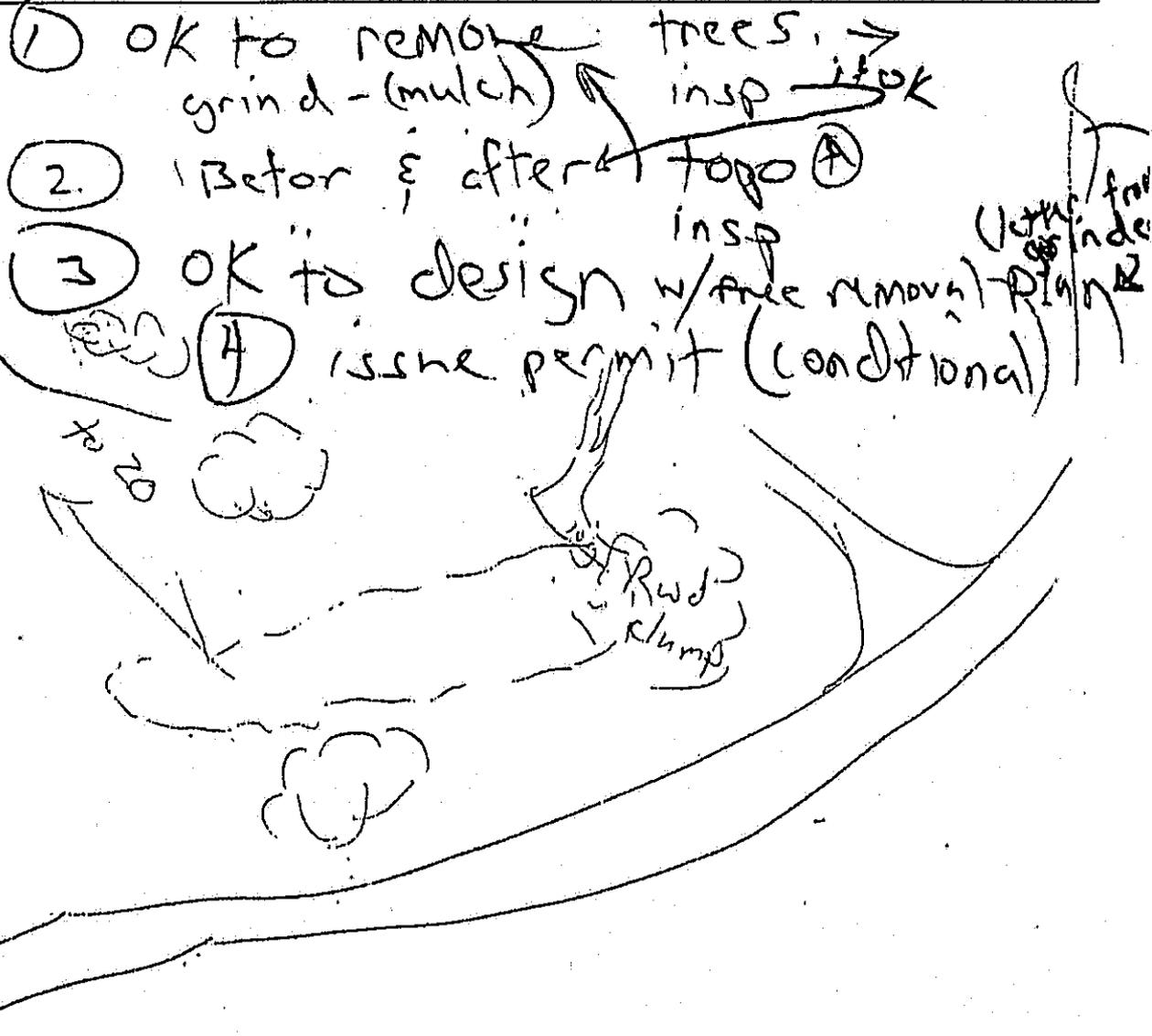
- USDA Texture: Gravel=G, Sand=S, Loamy Sand=LS, Sandy Loam=SL, Sandy Clay Loam=SCL, Sandy Clay=SC, Silt Loam=SiL, Loam=L, Clay Loam=CL, Silty Clay Loam=SiCL, Clay=C
- Structure: Granular=G, Platy=P, Blocky=B, Prismatic=Pr, Massive=M, Columnar=C
- Consistency: Loose=L, Very Friable=VFr, Friable=Fr, Firm=F, Very Firm=VF, Extremely Firm=EF, Solid (BH refusal)=S
- Moisture: Dry=Dr, Damp=D, Very Damp=VD, Saturated=S, Seepage=Se

SONOMA COUNTY PUBLIC HEALTH DEPARTMENT
Pre-Perc Field Notes

20612
4230

Address: 22015 TK	Pre-perc date: 12-7-94	Time: 1320
AP#:	Site review by: [Signature]	
Test conducted by: HZ	Subdivision: Yes <input type="checkbox"/> No <input type="checkbox"/>	Initial <input type="checkbox"/> Supp. <input type="checkbox"/>
Test verified by: R. Huff	Water availability zone:	
Special standards area:	SCS soil type:	
Topography: Ridge <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Saddle <input type="checkbox"/> Basin <input type="checkbox"/>	Convex <input checked="" type="checkbox"/> Planar <input type="checkbox"/> Concave <input type="checkbox"/>	
Setbacks: Cutbank/grade break <input checked="" type="checkbox"/> Wells <input type="checkbox"/> Springs <input type="checkbox"/> Streams <input type="checkbox"/> Ponds <input type="checkbox"/> Drainage <input type="checkbox"/>		
Areas of concern: Trees <input checked="" type="checkbox"/> Drainage <input type="checkbox"/> Geology report <input type="checkbox"/> Rock outcrops <input type="checkbox"/> % Rock _____ GW <input type="checkbox"/>		
Hydrometer test: Yes <input type="checkbox"/> No <input type="checkbox"/> Depth(s) _____ Bulk density: Yes <input type="checkbox"/> No <input type="checkbox"/> Depth _____		
Wet-weather perc required: Yes <input type="checkbox"/> No <input type="checkbox"/> Wet-weather groundwater required: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Subsoil perc depth(s) _____ Pump system: Yes <input type="checkbox"/> No <input type="checkbox"/> Perc depth(s) _____		
Type of system: <input checked="" type="checkbox"/> grade _____	Eng. design <input checked="" type="checkbox"/>	Topographic map req. <input checked="" type="checkbox"/> Geology report req. <input type="checkbox"/>
Comments:		
Do it dry		

Counter
Site map:
consultation
w/ Ted, Rob, [Signature]
12-8-94
Stadua



FILE

mailed 8-8-94
REQUEST FOR SERVICE OF E.H.

COUNTY OF SONOMA
ENVIRONMENTAL HEALTH DIVISION 25 1994
PUBLIC HEALTH DEPARTMENT

Public Health Dept.

10-20812
94-4230 LU
109-43-29

Recheck Date
/ / 19

For office use only
Property No.

Location of Service: 22015 Timber Cove Rd. By: Thes Date: 6 July 94

Person Requesting Service: Frank Riordan Phone No. of Person Requesting Service: 415-343-7713

Address of Person Requesting Service: 117 Grand Blvd. #3 Owner of Agent to be Contacted: Thes Canelis

Reason for Request: San Mateo, Ca. 94401 632-5708

cc → BX 186
Ca3

Site Review for Perc Test

REPORT OF INVESTIGATION

Soil profiles revealed suitable conditions to test for mound or at-grade type sewerage systems in area A & B. Limited area.

Lower area E located between road cut 23' and steep up slope grade is further constrained by major drainage / spring (ephemeral) indicators. This must be observed during wet weather. 50' setback from washed out drainage course, unlined roadside drainage severely limits this area.

bulk density perc / hydro at 1, 2, & 3' depths in area A & B for @ grade. (Notify) Test Walker 525-6505 with this prop-54. * 1-60 mpi req'd on slopes 6-20%.

0017420
SEP TANK 202.00
TTLANT 202.00
CHECKS 202.00
CHANGE 0.00
5088 H2 7:38

TOTAL VIOLATIONS

Census Tract
D str ct

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

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. Referral
D. H.O.H.
E. D.A.H.
F. Court
G. No Violation
H. Other

DOM DONAVAN

8-5-94

525 6506

Sanitarian

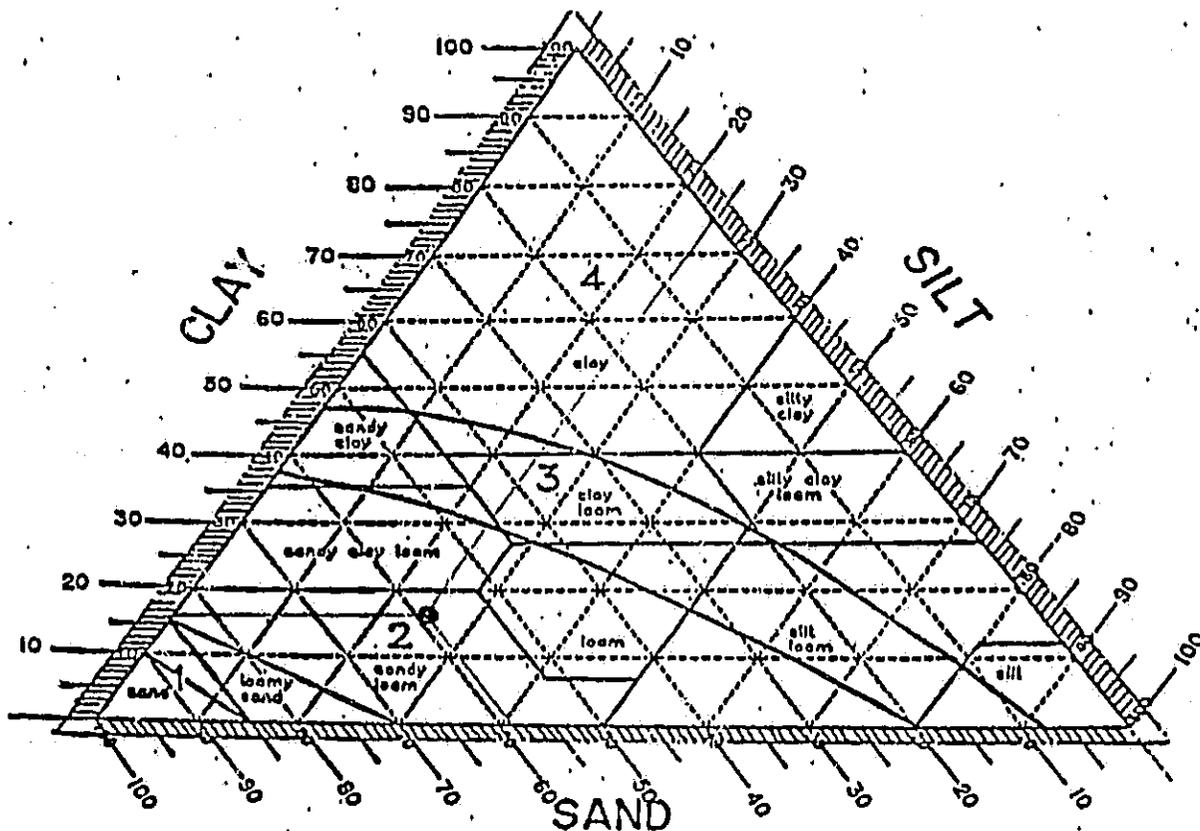
Date

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

PINK: Upper section to person requesting service (when appropriate)
Lower section to owner or occupant

BOHAN & CANELIS

P.O. Box 186 Cazadero, Calif. 95421 (707) 632-5708



CLIENT: Riordan 22015 Timber Cove Rd

AP #: 109-43-29 SAMPLE: 2 B DEPTH: 12"

PARTICAL SIZE ANALYSIS

* BASED ON TOTAL SAMPLE * HYDRO % PASSING #10 SIEVE

SAND..... * SAND..... 59

CLAY..... * CLAY..... 16

SILT..... * SILT..... 25

+ #10 BEFORE CONVERSION 2 * TOTAL..... 100

TOTAL..... * SOIL ZONE.. 2

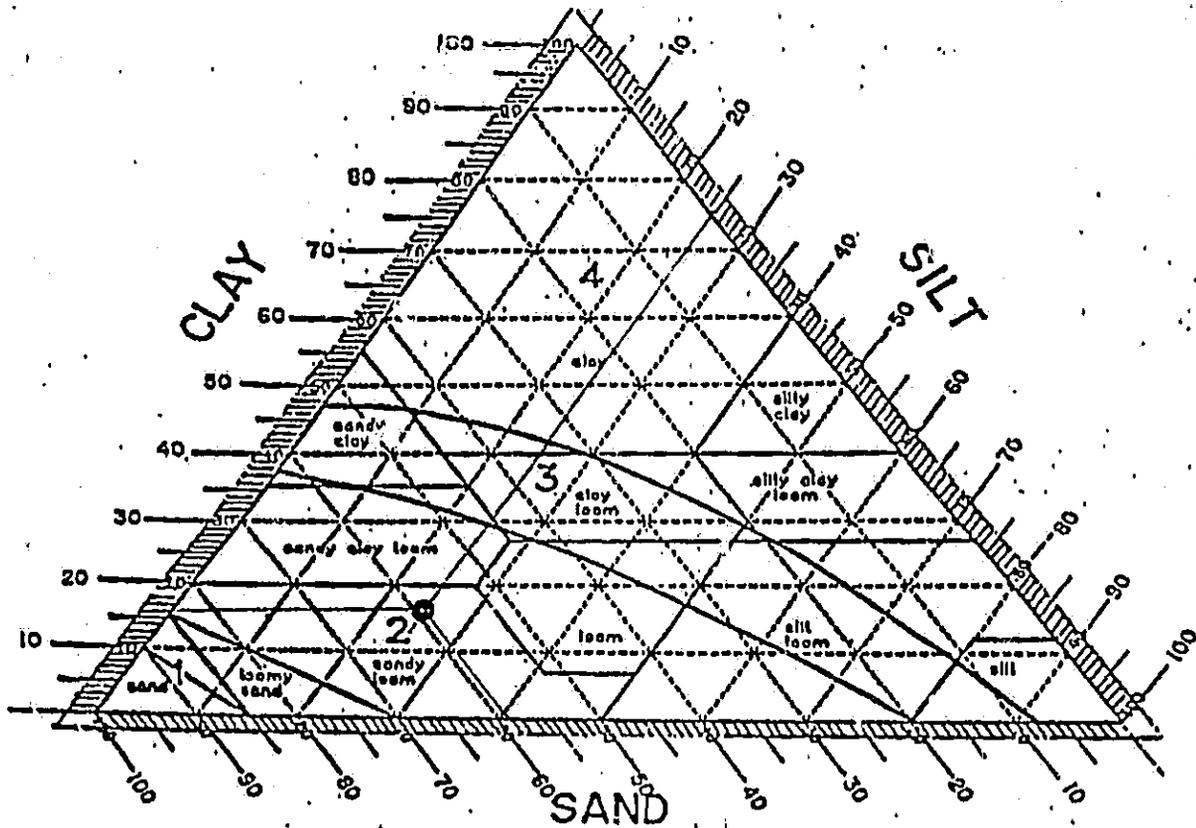
+ #10 AFTER CONVERSION..... * SOIL CLASS. R10 or EpF Series

Db g/cc..... NA * % MOISTURE.. 5

BY: Patry Scheza LABORATORY TECHNICIAN DATE: 8/22/91

BOHAN & CANELIS

P.O. Box 186 Cazadero, Calif. 95421 (707) 632-5708



CLIENT: Riordan 22015 Tunnel Cove Rd

AP #: 109-43-29 SAMPLE: 4 B DEPTH: 24"

PARTICAL SIZE ANALYSIS

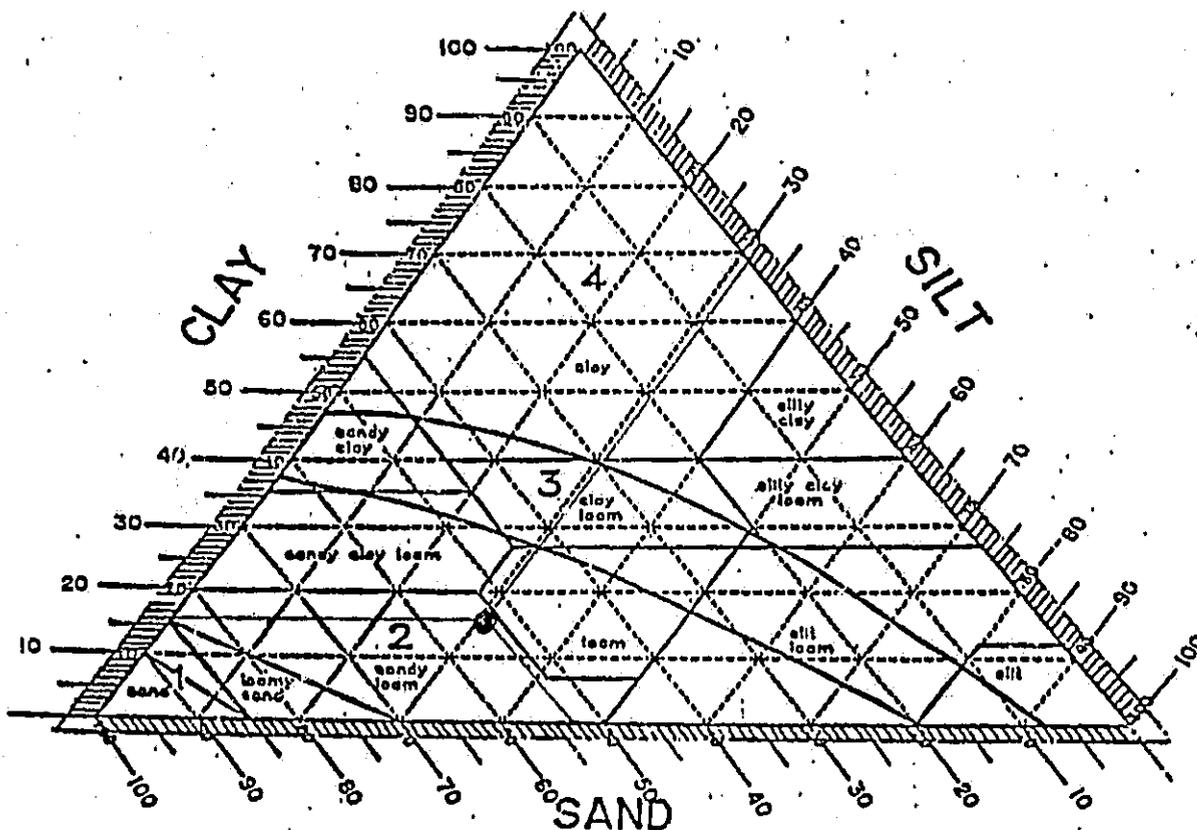
* BASED ON TOTAL SAMPLE * HYDRO % PASSING #10 SIEVE

SAND.....	*	SAND.....	<u>59</u>
CLAY.....	*	CLAY.....	<u>16</u>
SILT.....	*	SILT.....	<u>25</u>
+ #10 BEFORE CONVERSION <u>1</u>	*	TOTAL.....	<u>100</u>
TOTAL.....	*	SOIL ZONE..	<u>2</u>
+ #10 AETER CONVERSION.....	*	SOIL CLASS. <u>RO or EPP Series</u>	
Db g/cc.....	*	% MOISTURE..	<u>8</u>

BY: Cathy Schozon LABORATORY TECHNICIAN DATE: 8/22/94

BOHAN & CANELIS

P.O. Box 186 Cazadero, Calif. 95421 (707) 632-5708



CLIENT: Riordan 22015 Timber Cove Rd.
 AP #: 109-43-29 SAMPLE: 1 A DEPTH: 36"

PARTICAL SIZE ANALYSIS

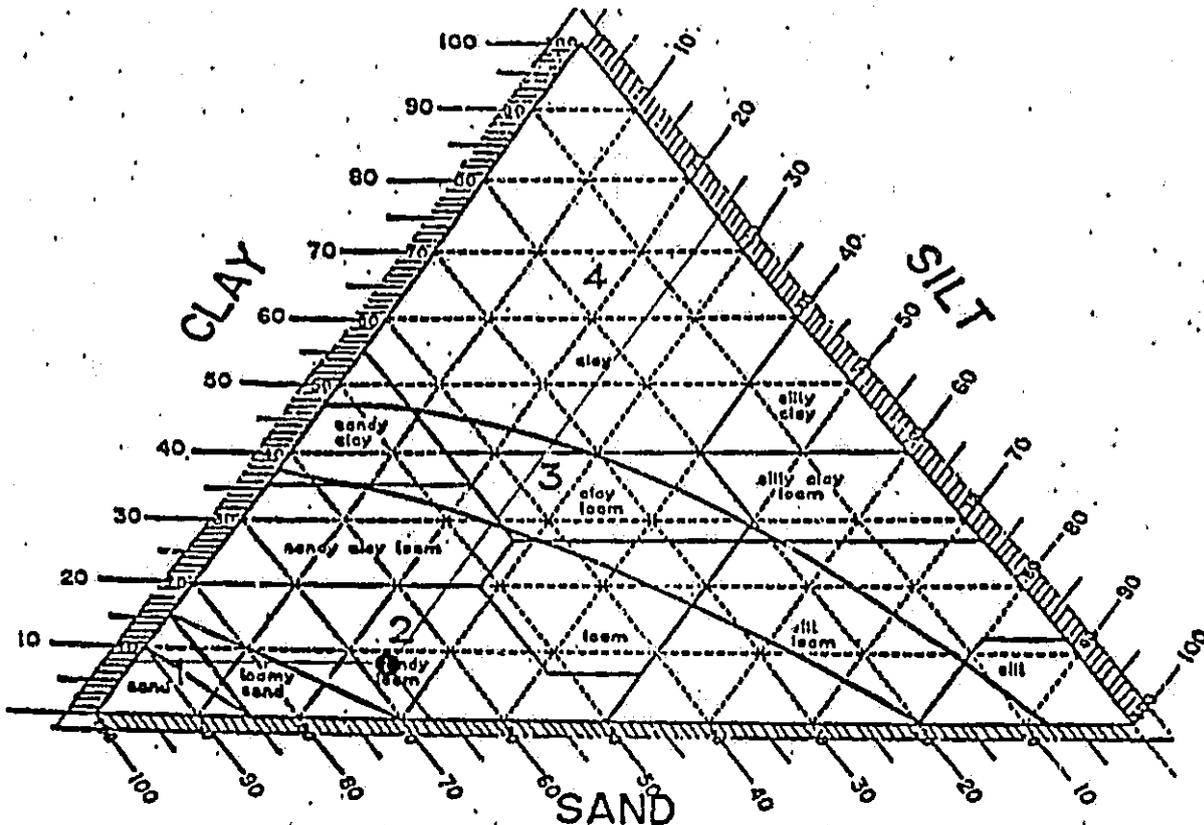
* BASED ON TOTAL SAMPLE * HYDRO % PASSING #10 SIEVE

SAND.....	* SAND.....
CLAY.....	* CLAY.....
SILT.....	* SILT.....
+ #10 BEFORE CONVERSION <u>NA</u>	* TOTAL.....
TOTAL.....	* SOIL ZONE..
+ #10 AFTER CONVERSION.....	* SOIL CLASS. <u>R10 or EpF Series</u>
Db g/cc.....	* % MOISTURE..

BY: Cathy Scheza LABORATORY TECHNICIAN DATE: 8/22/94

BOHAN & CANELIS

P.O. Box 186 Cazadero, Calif. 95421 (707) 632-5708



CLIENT: B Jordan 22015 Timber Cove Rd.

AP #: 094329 SAMPLE: 3 A DEPTH: 48"

PARTICAL SIZE ANALYSIS

* BASED ON TOTAL SAMPLE * HYDRO % PASSING #10 SIEVE

SAND..... * SAND..... 67

CLAY..... * CLAY..... 8

SILT..... * SILT..... 25

+ #10 BEFORE CONVERSION NA * TOTAL..... 100

TOTAL..... * SOIL ZONE.. 2

+ #10 AFTER CONVERSION..... * SOIL CLASS. Rr O or EpF Series

Db. g/cc..... 1.67 * % MOISTURE. 5

BY: Carly Scherz LABORATORY TECHNICIAN DATE: 8/22/94

JOB: 94-97
 DATE: 8/2/94
 ADDRESS: 22015 Jamboree Rd.

HUFFMAN ENGINEERING

PROFILE "D"

DEPTH	SOIL CLASS	ROOTS	STRUCT	SHAPE	MOISTRE	MOTLING	GRAVEL	CONSIT	PORES	COLOR	COMMENTS
0											0
12	SL	M	S	ABK	Dr	N	L5	Fr	LP	2.5YR 3/3	12
24	15" 21" SL	C					25				24
36	36-48" SANDS SANDS						>50	F	C	10YR 6/8	36
48											48
60							"				60
72											72
84											84
96											96
108											108
120											120

OK FOR
 DOWN SLOPE
 OF MOUND OR
 AT-GRADE SYSTEM

HUFFMAN ENGINEERING

876 GRAVENSTEIN HWY. SO., SEBASTOPOL, CA 95472 (707) 823-2190

DEPARTMENT OF
HEALTH SERVICES

September 7, 1994

SEP 13 1994

Sonoma County Environmental Health Department
1030 Center Drive, Suite "A"
Santa Rosa, California 95403

ENVIRONMENTAL
HEALTH DIVISION

Attn.: Dave Donovan , R.E.H.S.

Re: 22015 Timbercove Road. A.P. # 109-430-29.

Dear Dave,

Percolation testing was conducted on the above mentioned parcel for the purpose of constructing a single family residence.

Description of Site:

The site is located within the Timbercove Subdivision. The Sonoma County Soil Survey classifies the soil in this area as a RrO or an EpF Series.

The landscape position of the tested area is an upland summit.

The contours are uniform and slopes range from 12% to 25%.

Percolation Test Results:

off @ 20 for @ grade

I visited the site on August 2, 1994 with you, Theseus Canelis and Joe Merceica. We viewed and logged four profile holes labeled "A" through "D" in the area.

A percolation test was performed on August 9, 1994 for a possible at-grade, mound or pressure distribution type septic system. The following were used to determine the application rate for the primary and reserve areas for an at-grade or mound type leachfield.

<u>Percolation Hole #</u>	<u>Depth (In.)</u>	<u>Rate (M.P.I.)</u>
2	12	5
3	24	84
4	36	14
5	24	12
6	12	1
7	36	6

Average Rate = 20 minutes per inch.

The following percolation test addresses the depth of soil criteria as set by DEH Instruction 1-91.

<u>Percolation Hole #</u>	<u>Depth (In.)</u>	<u>Rate (M.P.I.)</u>
1	48	80

Average Rate = 80 minutes per inch.

A textural analysis by the Bouyoucos Hydrometry Method was performed on a samples extracted as shown below. The results are shown below based on the U.S.D.A. chart. The results also demonstrate that the soil can be tested during the dry percolation testing season.

<u>Profile Hole</u>	<u>Depth</u>	<u>Zone</u>	<u>Soil Texture</u>
"A"	36"	Two	Sandy Loam
"A"	48"	Two	Sandy Loam
"B"	12"	Two	Sandy Loam
"B"	24"	Two	Sandy Loam

Recommendations:

The following is recommended for the Primary and Reserve Leachfield:

System Type = Mound or Mound II or At-Grade.
 Soil application rate (Gal/Sf/Day) = 0.650
 Lineal Loading Rate (Gal/Lf/Day) = 7 for Mound
 Lineal Loading Rate (Gal/Lf/Day) - 4 for Mound II and At-Grade.

Restrictions:

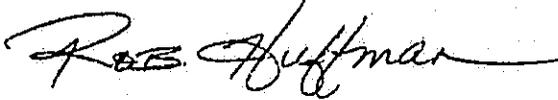
The following are restrictions:

- A). Maintain system in slopes of less than 12.5% for the Mound System, 16% for the Mound II System and 20% for the At-Grade System.
- B). Avoid area near Profile "C".
- C). Timbercove Homeowners Association must approve the removal of any trees prior to cutting.
- D). Trees can be removed using a stump grinder. Stumps to be ground 12" below the surface not pulled.

I viewed and logged the profile holes and reviewed the percolation test data. I have determined that they are true, accurate and indicative of the site for an on-site sewage disposal system as measured by the current standards of the Sonoma County Environmental Health Department.

If you have any questions, please call me at 823-2190. Thank-you.

Sincerely,

A handwritten signature in cursive script that reads "Rob Huffman". The signature is written in dark ink and is positioned above the typed name.

Rob Huffman, P.E.
Professional Civil Engineer

RH:th:enc
94-97

SONOMA COUNTY PUBLIC HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
1030 Center Drive, Suite A - Santa Rosa, CA 95403

SOIL PERCOLATION TEST DATA

Address of Percolation Test: <i>22015 TIMBER COVE RD.</i>		A.P. Number: <i>109-430-27</i>		Winter Groundwater Test:		"Wet Weather Perc":	
Owner's Name: <i>ALAN KOFTINOW</i>				Field Check: Yes No		By:	
Owner's Mailing Address: <i>1440 E NEVADA ST.</i>				Date:		Time:	
City/State/Zip Code: <i>ASHLAND, OR. 97520</i>				Telephone Number: <i>(503) 488-0005</i>		Remarks:	
Water Supply: Private <u>Public</u>				Lot or Parcel Size: <i>250' x 250' ±</i>		Receipt Information:	
Test Conducted By: <i>BROWN & SNELLS</i>				Telephone Number: ()			
Address/City/State/Zip Code: <i>610 AUSTIN CREEK RD CATADERO CA. 95421</i>							
Type of Soil: <i>RED OR FPF SERIES</i>		Date of Test: <i>8-9-94</i>		Circle One: Initial Test Supplemental		Sanitarian	

Hole No.	Depth of Hole	Pipe Length	Presoak Remaining	Start Measurement		First Measurement		Second Measurement		Third Measurement		Fourth Measurement		Fifth Measurement		Sixth Measurement		RATE
				Time	Inches	Time	Inches	Time	Inches	Time	Inches	Time	Inches	Time	Inches	Time	Inches	
1	48	71	0	8 ³⁰	59	9 ⁵⁰	63 ⁵ / ₈	10 ³⁰	64 ⁷ / ₈	11 ³⁰	65 ⁵ / ₈	12 ³⁰	66 ¹ / ₄	1 ³⁰	67	2 ³⁰	67 ³ / ₄	80
2	12	71	0		59		TRACE 59		7 ¹ / ₅₉		7 ¹ / ₅₉		7 ¹ / ₅₉		7 ¹ / ₅₉		TRACE	5
3	24	96	0		84		89 ¹ / ₂		91 ⁵ / ₈		92 ⁵ / ₈		93 ¹ / ₄		94 ¹ / ₈₄		88 ¹ / ₄	84
4	36	46	0		34		D/		SEE		TEH		MIN		TEST			14
5	24	46	0		34		D/		"		"		"		"			12
6	12	21	0		9		D/		"		"		"		"			1
7	36	46	0		34		D/		"		"		"		"			6

Hole Number	Depth of Hole	Pipe Length	Presoak Remaining	Start		First Measurement		Second Measurement		Third Measurement		Fourth Measurement		Fifth Measurement		Sixth Measurement		RATE
				Time	Inches	Time	Inches	Time	Inches	Time	Inches	Time	Inches	Time	Inches	Time	Inches	
4	36	46	/	9 ³⁰	34	9 ⁴⁰	39	9 ⁵⁰	40 3/4	10 ⁰⁰	41 1/2	10 ¹⁰	42 3/8	10 ²⁰	43	10 ⁵⁰	43 3/4	
						10 ⁴⁰	44 3/8 34	10 ⁵⁰	39	11 ⁰⁰	40 1/4	11 ¹⁰	41 1/4	11 ²⁰	42 1/8	11 ⁵⁰	42 7/8	
5	24	46	/		34	37 5/8		40		41 5/8		43 3/8		44 1/4 31		38 1/8		12
						40 1/4		41 3/4		43 1/8		44 1/2 32		37 3/4		39 3/4		
6	12	21	/		9	20 1/2 9		20 1/2 9		20 1/2 9		20 1/2 9		20 1/2 9		20 1/2 9		1
						20 1/2 9		20 1/4 9		20 9 1/2		20 1/2 9		20 9		20		
7	36	46	/		34	42 1/4		45 1/4 34		42 1/4		45 1/2 34		42		45/35		6
						42		44 3/4 34		41 7/8		45/34		41 1/4		44 1/4		



COUNTY OF SONOMA
PUBLIC HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

MARK A. KOSTIELNEY
 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

NOTIFICATION TO PERFORM SOIL PERCOLATION TEST

Site I.D. Number: 20612
94-4231 LU
 Address 22015 Timber Cove Rd. A.P. No. 109-43-29
Timber Cove
 Property owner Frank Riordan Address 117 Grand Blvd # 3
San Mateo 94401
 Test conducted by Bohan & Canelis Certified by Rob Huffman

Water Supply-Private Public
 Land Division Yes No Planning Application type/file No. _____
 Minor or Major Subdivision No. _____
 If for a proposed Subdivision, supply: Lot No. _____ Subdivision Name _____
 Wet weather test Yes No Wet weather ground water determination
 Yes No

Note: Percolation test shall be completed within 120 days.
 See Section 13-C of Sonoma County Percolation Test Methods for Proper Notification.

Plot plans must be attached showing area to be tested in relationship to property features, as well as a map showing location of the test site.

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Distribution: White-Sanitarian/Canary-Perc Tester/Pink-Environmental Health file

LU0036 (Rev. 4/92)

07/26/94

001342D
 SEP TANK 278.00
 TTLAMT 278.00
 CHECKS 278.00
 CHANGE 0.00
 909B #2 7:39