

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 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 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.	Building PERMIT #	SDS PERMIT No.	DATE ISSUED	CLEARANCE	NEW	REPAIR
		2008-0330			<input checked="" type="checkbox"/>	

JOB ADDRESS 300 Via Archimedes
 NEAREST CROSS STREET Fredson Road
 ASSESSOR'S PARCEL No. 140-030-026
 SUBDIVISION _____ LOT _____ LOT _____
 CITY Geyserville ZIP 95441

OWNER'S NAME Rosso & Bianco Winery (Brian Russell)
 MAILING ADDRESS 1020 Airpark Road
 CITY Napa STATE CA ZIP 94558
 PHONE (707) 251-3200

SEWAGE DISPOSAL SYSTEM CONTRACTOR _____
 ADDRESS _____ PHONE No. _____
 GENERAL CONTRACTOR Grassi Construction

INSTALLATION WILL SERVE:
 RESIDENCE APARTMENT HOUSE COMMERCIAL MOBILE HOME
 MOTEL OTHER NEW BUILDING CONSTRUCTION ADDITION /ALTERATION

Number OF UNITS: _____ TOTAL FLOW OF BEDROOMS 19, 995 GPD WATER SUPPLY: PUBLIC PRIVATE LOT DISPOSAL = 47 ACRES

- APPLICANT AGREES THAT:
- PRMD ENVIRONMENTAL HEALTH SPECIALIST WILL BE NOTIFIED A MINIMUM OF 24 HOURS PRIOR TO COMMENCING WORK.
 - PRMD ENVIRONMENTAL HEALTH SPECIALIST AND ENGINEER'S OR CONSULTING ENVIRONMENTAL HEALTH SPECIALIST'S INSPECTION, WHEN INDICATED, WILL BE OBTAINED PRIOR TO COVERING THE SYSTEM.
 - A COPY OF THE APPROVED SEWAGE DISPOSAL SYSTEM SHALL BE AVAILABLE AT THE JOB SITE AT ALL TIMES.
 - ANY DEVIATION FROM APPROVED PLAN WITHOUT PRIOR APPROVAL OF THE PRMD 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 PRMD.
 - THIS PERMIT IS SUBJECT TO REVOCATION IF FOUND TO BE IN NONCONFORMANCE WITH SONOMA COUNTY CODE OR STANDARDS OF PRMD.

TERMS OF PERMIT 2X GREASE INTERCEPTORS = 1500 GAL & 4000 GAL
1X SOLIDS TANK = 11,657 GAL; 2X EQUALIZATION PUMP TANK @ 11,657
1X SOLIDS HOLDING = 3000 GAL; 1X SLUDGE HOLDING = 9000 GAL

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 AND 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 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 IN THREE(3) YEARS FROM DATE FEES ARE PAID UNLESS OTHERWISE NOTED BY CODE ENFORCEMENT.

THIS PERMIT IS LIMITED TO _____ DAYS. Violation # _____
 CODE ENFORCEMENT _____ Date _____

X [Signature]
 SIGNATURE OF APPLICANT

The undersigned applicant for private sewage disposal 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 No. _____ 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 PERMIT DEPARTMENT (EXPLAIN)
 PERMIT # _____
 REVIEWED BY [Signature]
 DATE _____ SIGNATURE OF APPLICANT _____

WORKER'S COMPENSATION CERTIFICATE

- (COMPLETE EITHER 1 OR 2)
1. A CURRENTLY EFFECTIVE CERTIFICATE OF WORKER'S COMPENSATION INSURANCE IS ON FILE WITH THE SONOMA COUNTY PRMD.
 COMPENSATION INSURANCE _____ POLICY # _____
 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 WORKER'S COMPENSATION LAWS OF CALIFORNIA.
 DATE _____ SIGNATURE OF APPLICANT _____

LAYOUT PLAN APPROVED BY James A. Johnson DATE 5/19/09 CONSTRUCTION APPROVED BY James A. Johnson DATE 6/2/10
 Sennis FORMS WSS-013.CDR Rev. 12/2002 WHEN APPROVED THIS IS YOUR PERMIT APR 09 - 117102 4 part NCR - all yellow

PAYMENT REC'D
 JUN 13 2008
 PERMIT AND RESOURCE MANAGEMENT DEPARTMENT COUNTY OF SONOMA

Non-Standard/Innovative Sewage Disposal System Operational Permit Application

WLS-009

Purpose:

This application is used to apply for a Nonstandard/Innovative Sewage Disposal System Operation Permit and is submitted to the Sonoma County Permit and Resource Management Department (PRMD) Well and Septic Division. If an operational permit has been issued and the property has been sold, the permit is transferable upon change of ownership.

The applicant must complete, sign and date below, retain pink copy, and submit top copies with payment to the Sonoma County Permit and Resource Management Department. See the current Well and Septic Division fee schedule for filing fees.

Original Application

Change of Ownership: _____

Date of Change

Applicant Owner Architect Engineer

Brian Russell
Name
620 Airpark Road
Mailing Address
Napa CA, 94558
City/Town State/Zip
707-251-3257 251-3290
Phone Fax

Project Site Information

300 Via Archimedes
Address(es)
Geyserville, CA 95441
City/Town State/Zip
140-030-026, -025, -027
Assessor's Parcel Number(s)
PLP07-0011
File Number

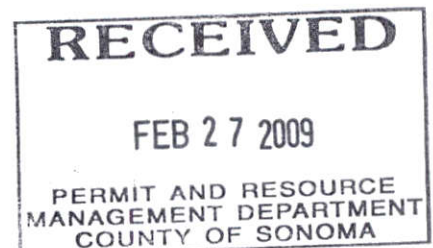
I (we) understand that the permit is valid from the date of issuance to the end of the current fiscal year (June 30) thereafter, the permit is valid for one year and must be renewed annually. Permits are transferable upon change of ownership. I (we) agree to comply with all applicable State and County codes, and the rules and regulations set forth by PRMD. Including, but not limited to, performance of self-monitoring inspections on the sewage disposal system.

Francis Coppola Winery, LLC
Owner's Name
Gudm Way 2/24/2009
Signature Date
CFO
Owner's Name
Signature Date

620 Airpark Rd
Mailing Address
Napa CA 94558
City/Town State/Zip

Filing Fee: See the current PRMD Fee Schedule

OPR09-4762



Sonoma County Permit and Resource Management Department

2550 Ventura Avenue ❖ Santa Rosa, CA ❖ 95403-2829 ❖ (707) 565-1900 ❖ Fax (707) 565-1399