

PUBLIC HEALTH DEPARTMENT

3313 CHANATE RD. • SANTA ROSA, CA 95404 • PHONE 576-4765

APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT

APPLICATION FOR PUBLIC HEALTH CLEARANCE FOR:

OP 115-90X

P.D. System

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.	SDS PERMIT NO.	DATE ISSUED	CLEARANCE	NEW	REPAIR
A	S 115-90	7/12/90		X	

JOB ADDRESS: 22059 RUST DR.
 NEAREST CROSS STREET: HUDSON DR.
 ASSESSOR'S PARCEL NO.: 109-420-45
 SUB DIVISION _____ LOT _____ BLK _____
 CITY: Timber Cove
 SEWAGE DISPOSAL SYSTEM CONTRACTOR: **ELECTRICAL PERMIT REQUIRED**
 ADDRESS _____ TEL. NO. _____
 GENERAL CONTRACTOR _____

OWNER'S NAME: John C. Scoggins
 MAILING ADDRESS: P.O. Box 795
 CITY: Monte Rio 95462 TELEPHONE: 707-865-1649
 INSTALLATION WILL SERVE:
 RESIDENCE APARTMENT HOUSE COMMERCIAL MOBILE HOME
 MOTEL OTHER BUILDING CONST. NEW ADD/ALTER
 NO. OF UNITS: 1 TOTAL NO. OF BEDROOMS: 2 WATER SUPPLY: PUBLIC PRIVATE LOT SIZE: 1.65 AC. ±
 Guarantee letter Rec'd
 Core CD Water not

APPLICANT AGREES THAT:
 1. HEALTH DEPARTMENT SANITARIAN WILL BE NOTIFIED A MINIMUM OF 24 HOURS PRIOR TO COMMENCING WORK.
 2. HEALTH DEPARTMENT SANITARIAN AND ENGINEER'S OR CONSULTING SANITARIAN'S INSPECTION, 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. STRUCTURAL PLANS FOR THE SEPTIC TANK MUST BE SUBMITTED TO AND APPROVED BY THE BUILDING INSPECTION DEPARTMENT PRIOR TO INSTALLATION.
 6. PRIOR TO AUTHORIZING OCCUPANCY OF ANY BUILDING WITH AN ENGINEER OR CONSULTING SANITARIAN 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.

TERMS OF PERMIT: 8/17/89 #31300 #373 4/6/90 #229 #264 8/17/89 #313 #272
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.

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 120 DAYS.

John C. Scoggins
 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 CONTRACTORS LICENSE LAW UNDER LICENSE NUMBER 407053 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
 2) OTHER (EXPLAIN) 6-4-90 John C. Scoggins
 DATE APPLICANT

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 STATE Policy # 1160333-84 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 workmen's compensation laws of California.

John C. Scoggins
 APPLICANT

LAYOUT PLAN APPROVED BY: Jacobs DATE: 7/10/90 CONSTRUCTION APPROVED BY: [Signature] DATE: 6/2/91
 PHS EH 35 REV. 1/84
2 Bedroom Residence
 WHEN APPROVED THIS IS YOUR PERMIT
 SOUP / Lino 4/5/90

FP11048
Call Ann 11/29

DIST: 1) ORIG-HEALTH DEPT/ 2) HEALTH DEPT/ 3) PERMITTED 4) BLDG. INSP. DEPT/ 5) BLDG. INSP. DEPT.

NOT TRANSFERABLE

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: 7/23/2010
Date of Change

Applicant Owner Architect Engineer

Project Site Information

Lou Gouveia
Name
1412 Jonive Road
Mailing Address
Sebastopol CA 95472
City/Town State/Zip
(707) 874-9749
Phone Fax

22059 Rust Drive
Address(es)
Jenner CA 95450-9716
City/Town State/Zip
109-420-045
Assessor's Parcel Number(s)
OPR 95-1118
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.

Lou Gouveia
Owner's Name
[Signature] 7/22/2010
Signature Date

1412 Jonive Rd.
Mailing Address
Sebastopol CA 95472
City/Town State/Zip

Owner's Name
Signature Date

City/Town State/Zip

Filing Fee: See the current PRMD Fee Schedule

Sonoma County Permit and Resource Management Department

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

Non-Standard Innovative Sewage Disposal System Operational Permit Application

WLS-009

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 Section fee schedule for filing fees.

PRINT OR TYPE:

Owner(s) Name(s) JOSH CUNNING Property Address 22059 Rust Dr
Mailing Address 22059 Rust Dr City/Town Jenner, CA 95450
City/Town Jenner CA 95450 Assessor's Parcel Number(s) 109-420-045-00
Phone 707-847-9377 / 847-3136 - girlfriend's (Corina Foley) cell#, spend much time there.

Application for Year: June '05 Fee Enclosed: \$ N/A

Original Application Change of Ownership

July '04
Date of Change

Operational Permits are issued for **one year** unless suspended or revoked for good cause.

I (we) understand that the permit is valid for one year as determined by the Permit and Resource Management Department (PRMD). Permits are transferable upon change of ownership. I (we) agree to operate in compliance with all applicable state or 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 for which this Operational Permit is applied.

[Signature]
Signature(s)

11-17-04
Date

OPR95-1118

SONOMA COUNTY PUBLIC HEALTH DEPARTMENT
1030 Center Drive, Suite A - Santa Rosa, CA 95403
(707) 525-6500

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:

PROPERTY ADDRESS: ~~2210~~ 22059 RUST

ASSESSORS PARCEL NUMBER: 109-42-45

OWNER(S) NAME(S): Tom & CLAUDIA Giacinto

OWNER MAILING ADDRESS: 2210 AMANITA CIR.
JENNER CA ZIP 95450

OWNER(S) TELEPHONE NUMBER: 847 3800

APPLICATION FOR YEAR 95 FEE ENCLOSED: \$ 202.00

Fees are not prorated. Permits are issued for one year and are valid until suspended or revoked for good cause. Permits valid for two or three years may be issued based upon conditions found on the reverse of this page.

I (we) understand that the permit is valid for one year unless conditions allow for a permit of two or three years as approved by the Public Health 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 County Public Health Officer including, but not limited to, performance of self-monitoring inspection on the sewage disposal system for which this Operational Permit is applied.

DATE: 12-18-94 SIGNATURE(S): Thomas A Giacinto

ORIGINAL APPLICATION CHANGE OF OWNERSHIP RENEWAL
Date of Change _____

Applicant: Answer all questions completely; sign and date above; retain yellow copy and submit top copy with payment to the Sonoma County Public Health Department.

DEPARTMENT OF PUBLIC HEALTH SERVICES
JAN 10 9 395 AM '95
PERMITS DIVISION

The following guidelines are established to determine the length of time for which a permit will be issued.

- A. Newly installed innovative systems or new property owners will be issued an operational permit that expires annually until a minimum of a two-year record of self-inspection and maintenance is established.
- B. Two-year permits may be issued if the current property owner has been in residence for two years, has performed the self-monitoring inspections, has encountered only "minor problems", and has performed all maintenance items when requested, and Health Department inspections verify the safe and proper use of the system.
- C. Three-year permits may be issued if the current property owner has been in residence for at least two years, has performed the self-monitoring inspections, has performed all maintenance items when requested, and the system has no record of failure or of being operated marginally.

The issuance of two and three-year permits are discretionary measures of the Health Department.

SONOMA COUNTY PUBLIC HEALTH DEPARTMENT
1030 Center Drive, Suite A - Santa Rosa, CA 95403
(707) 525-6500

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:

PROPERTY ADDRESS: 2210 Amanita Cir

ASSESSORS PARCEL NUMBER: 109 - 038 - 14

OWNER(S) NAME(S): Tom Giacinto

OWNER MAILING ADDRESS: 2210 Amanita Cir
Timber Cove ZIP 95450

OWNER(S) TELEPHONE NUMBER: 847 3900

APPLICATION FOR YEAR 1994 FEE ENCLOSED: \$ 193.00

Fees are not prorated. Permits are issued for one year and are valid until suspended or revoked for good cause. Permits valid for two or three years may be issued based upon conditions found on the reverse of this page.

I (we) understand that the permit is valid for one year unless conditions allow for a permit of two or three years as approved by the Public Health 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 County Public Health Officer including, but not limited to, performance of self-monitoring inspection on the sewage disposal system for which this Operational Permit is applied.

DATE: 9-5-93 SIGNATURE(S): Tom A Giacinto

ORIGINAL APPLICATION CHANGE OF OWNERSHIP RENEWAL
Date of Change _____

Applicant: Answer all questions completely; sign and date above; retain yellow copy and submit top copy with payment to the Sonoma County Public Health Department.

The following guidelines are established to determine the length of time for which a permit will be issued.

- A. Newly installed innovative systems or new property owners will be issued an operational permit that expires annually until a minimum of a two-year record of self-inspection and maintenance is established.
- B. Two-year permits may be issued if the current property owner has been in residence for two years, has performed the self-monitoring inspections, has encountered only "minor problems", and has performed all maintenance items when requested, and Health Department inspections verify the safe and proper use of the system.
- C. Three-year permits may be issued if the current property owner has been in residence for at least two years, has performed the self-monitoring inspections, has performed all maintenance items when requested, and the system has no record of failure or of being operated marginally.

The issuance of two and three-year permits are discretionary measures of the Health Department.

SONOMA COUNTY
PUBLIC HEALTH DEPARTMENT
3313 Chanate Road - Santa Rosa, California 95404 - Telephone 576-4765

OPERATIONAL PERMIT APPLICATION

Application is made for Operational Permit in compliance with Sonoma County Code, Chapter 24 or Local Ordinance No. _____

PRINT OR TYPE:

PROPERTY ADDRESS: 22059 Rust Dr., Timber Cove

ASSESSORS PARCEL NUMBER: 109-420-45

OWNER(S) NAME(S): John C. Scoggins

OWNER(S) ADDRESS IF DIFFERENT FROM PROPERTY ADDRESS: P.O. Box 795
Monte Rio, Ca. 95462

OWNER(S) TELEPHONE NUMBER: 707-865-1649

APPLICATION FOR
YEAR: 1990

FEE ENCLOSED: \$ 131

001342D
SEP TANK 131.00
TTLAMT 131.00
CHECKS 131.00
STAMPS 0.00
885B #2 15:19

PLEASE MAIL PAYMENT WITH THIS APPLICATION

FEES ARE NOT PRORATED. PERMITS ARE ISSUED UPON INSPECTION OF PROPERTY SHOWING SUBSTANTIAL COMPLIANCE WITH APPLICABLE COUNTY OR CITY CODE. PERMITS ARE ISSUED FOR ONE YEAR AND ARE VALID UNTIL SUCH TIME AS SUSPENDED OR REVOKED FOR GOOD CAUSE. 07/03/90

I (we) understand that the permit when issued in compliance with the applicable County or City Code is valid for one year and is not transferable upon change of ownership. I (we) agree to operate in compliance with all applicable County or City Codes and the rules and regulations promulgated by the County Public Health Officer, including, but not limited to, performance of self-monitoring inspections on the sewage disposal system for which this Operational Permit is applied.

DATE: 6-4-90

SIGNATURE(S): John C. Scoggins

ORIGINAL APPLICATION

RENEWAL

APPLICANT: Answer all questions completely. Sign and date above. Retain last copy. Submit top copy to Sonoma County Public Health Officer.