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PUBLIC HEALTH DEPARTMENT

1030 CENTER DR. - SUITE A - SANTA ROSA, CA 95403-2067 - PHONE (707) 525-6500

APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT

APPLICATION FOR PUBLIC HEALTH CLEARANCE FOR: **MODIFICATION**

P.D.
MODIFICATION

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	S 92-3785	S 10-393	DATE ISSUED HC	CLEARANCE	NEW EXISTING X	REPAIR 7387
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JOB ADDRESS 22130 STATE HWY No. ONE
 NEAREST CROSS STREET NINIVE DRIVE
 ASSESSOR'S PARCEL NO. 109-390-14
 SUBDIVISION _____ LOT _____ BLK. _____
 CITY TIMBER COVE STATE CA ZIP 95450

OWNER'S NAME ROBERT FERGUSON
 MAILING ADDRESS ONE POST ST, SUITE 400
 CITY SAN FRANCISCO STATE CA ZIP 94115 PHONE NUMBER (415) 323-4620

SEWAGE DISPOSAL SYSTEM CONTRACTOR _____
 ADDRESS _____ TEL. NO. _____

INSTALLATION WILL SERVE:
 RESIDENCE APARTMENT HOUSE COMMERCIAL MOBILE HOME
 MOTEL OTHER BUILDING CONST. NEW ADDN/ALTER

GENERAL CONTRACTOR _____

NO. OF UNITS: 1 TOTAL NO. OF BEDROOMS: 4 WATER SUPPLY: PUBLIC PRIVATE LOT SIZE: 1.99 ACRES

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 OF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS.

X: [Signature]
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 _____

B. THE APPLICANT IS EXEMPT FROM THE PROVISIONS OF THE CONTRACTORS LICENSE LAW FOR THE FOLLOWING REASONS:
 1) OWNER/BUILDER REVIEWED BY REGON BUCK CONSOLE
 2) OTHER (EXPLAIN)

DATE X APPLICANT [Signature]

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 # _____
 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.

X: [Signature]
APPLICANT 12/10/92

LAYOUT PLAN APPROVED BY DM DONOVAN DATE 6-3-93

CONSTRUCTION APPROVED BY DM DONOVAN DATE 10-18-93

LU0008 (Rev. 12/91) DATE WHEN APPROVED THIS IS YOUR PERMIT

Site ID Number _____ GTO

ENVIRONMENTAL HEALTH

DIR: (1) ORIG. HEALTH DEPT. / (2) HEALTH DEPT. / (3) PERMITTEE / (4) BLDG. INSP. DEPT. / (5) BLDG. INSP. DEPT.

NOT TRANSFERABLE

001342D
 SEP TANK 204.
 TTLAMT 224.
 CHECKS 214.
 CHANGE
 7578 #2

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:

Pressure Distribution

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. SOP 187-90	DATE ISSUED	CLEARANCE
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NEW	REPAIR
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

w/ grinder pump

JOB ADDRESS 22130 State Highway One
 NEAREST CROSS STREET Nimrod Drive
 ASSESSOR'S PARCEL NO. 109-390-14
 SUB DIVISION _____ LOT _____ BLK. _____
 CITY Timbercove
 SEWAGE DISPOSAL SYSTEM CONTRACTOR Longback Construction
 ADDRESS _____ TEL. NO. _____
 GENERAL CONTRACTOR Vern Crabtree, Crum/Heid Const.
5/22/90 #229 #137

OWNER'S NAME Robert Ferguson
 MAILING ADDRESS 2101 PACIFIC, #304, SF, CA 94115
 CITY SAN FRANCISCO CA TELEPHONE 415-563-0620
 INSTALLATION WILL SERVE:
 RESIDENCE APARTMENT HOUSE COMMERCIAL MOBILE HOME
 MOTEL OTHER BUILDING CONST. NEW ADDN/ALTER
 NO. UNITS: 1890/ TOTAL NO. OF BEDROOMS: 4
 WATER SUPPLY: PUBLIC PRIVATE LOT SIZE: 1.99 ac.

PUBLIC HEALTH DEPARTMENT
DIV. OF E.H.
OCT 11 8 1990

TERMS OF PERMIT (5/22/90 \$229.00 Reet #137B #2) + House plan reflects 3 Bd.

- APPLICANT AGREES THAT:
- HEALTH DEPARTMENT SANITARIAN WILL BE NOTIFIED A MINIMUM OF 24 HOURS PRIOR TO COMMENCING WORK.
 - HEALTH DEPARTMENT SANITARIAN AND ENGINEER'S OR CONSULTING SANITARIAN'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.
 - STRUCTURAL PLANS FOR THE SEPTIC TANK MUST BE SUBMITTED TO AND APPROVED BY THE BUILDING INSPECTION DEPARTMENT PRIOR TO INSTALLATION.
 - 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.
 - THIS PERMIT IS SUBJECT TO REVOCATION IF FOUND TO BE IN NONCONFORMANCE WITH SONOMA COUNTY CODE OR STANDARDS OF THE PUBLIC HEALTH DEPARTMENT.

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.

(X) Robert D. Ferguson / Mary Clayton-Ferguson
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 _____ 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:
- OWNER/BUILDER
 - OTHER (EXPLAIN)

- WORKMENS COMPENSATION CERTIFICATE**
 (One or Two must be completed)
1. A currently effective certificate of Workmens Compensation Insurance coverage is on file with the Sonoma County Public Health Department.
 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 workmens compensation laws of California.

PUBLIC HEALTH DEPARTMENT
OCT 8 1990
DIV. OF E.H.

DATE 9-12-90 (X) Robert D. Ferguson APPLICANT

DATE 10/03/90 (X) Mary Clayton-Ferguson APPLICANT

LAYOUT PLAN APPROVED BY [Signature] DATE 10/11/90
PHS EH 35 REV. 1/84

CONSTRUCTION APPROVED BY [Signature] DATE 3/24/91

WHEN APPROVED THIS IS YOUR PERMIT!

* Note House plan reflects 3 Bd home. 11390 SQUIRT TEST DURING 10/91 Unable to test due to... (17)

TK 9

will Am. 4 to hard carry

PHS 11 ORIG. HEALTH DEPT. 21 HEALTH DEPT. 3 PERMITTEE/ 4 BLDG. INSP. DEPT./ 5 BLDG. INSP. DEPT.

NOT TRANSFERABLE

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: 22130 Hwy. One, Jenner, CA 95450

ASSESSORS PARCEL NUMBER: 109-390-014-000

OWNER(S) NAME(S): Robert D. & Nancy Clayton-Ferguson

OWNER MAILING ADDRESS: 22130 Hwy. One
Jenner, CA ZIP 95450

OWNER(S) TELEPHONE NUMBER: 707 847 3413 or 1-800-233-2685 ext. 250

APPLICATION FOR YEAR 1995 FEE ENCLOSED: \$ 202.

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: 1/1/95 SIGNATURE(S): Robert D. Ferguson
Nancy Clayton-Ferguson

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
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: 22130 Hwy. One, Jenner, CA 95450

ASSESSORS PARCEL NUMBER: 109-390-014-000

OWNER(S) NAME(S): Robert D. & Nancy Clayton Ferguson

OWNER MAILING ADDRESS: Same as above

ZIP

OWNER(S) TELEPHONE NUMBER: (415) 5634620

APPLICATION FOR YEAR 1994 FEE ENCLOSED: \$ 190.00

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: 12/10/93 SIGNATURE(S): Roll Ferguson / Nancy Clayton Ferguson

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
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: 22130 HIGHWAY ONE, JENNER 95450

ASSESSORS PARCEL NUMBER: 109-390-014-000

OWNER(S) NAME(S): FERGUSON, NANCY + ROBERT

OWNER MAILING ADDRESS: 1040 GREENWICH ST, SAN FRANCISCO, CA

APT # 25 ZIP 94113

OWNER(S) TELEPHONE NUMBER: (415) 563-4620

APPLICATION FOR YEAR 1993 FEE ENCLOSED: \$ 180.00

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: 1-1-93 SIGNATURE(S): Robert D. Ferguson

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

1030 Center Drive Suite A - Santa Rosa, CA 95403 - Telephone 525-6500

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: 22130 State Highway One
ASSESSORS PARCEL NUMBER: 109-390-14
OWNER(S) NAME(S): Robert Ferguson
OWNER(S) ADDRESS IF DIFFERENT FROM PROPERTY ADDRESS: X 2101 Pacific, # 304
San Francisco, CA 94115
OWNER(S) TELEPHONE NUMBER: X 415-563-4620

001342D
SEP TANK 157.00
TTLAMT 157.00
CHECKS 157.00
CHANGE 0.00
SSIB #2 9:16

10/08/90

APPLICATION FOR
YEAR: 1990

FEE ENCLOSED: \$ 157⁰⁰

PLEASE MAIL PAYMENT WITH THIS APPLICATION

FEEES 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.

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: X 9-12-90

SIGNATURE(S) X Robert D Ferguson
Nancy Clayton-Ferguson

ORIGINAL APPLICATION

RENEWAL

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

PHS-EH-0209i (06/89)

PUBLIC HEALTH DEPARTMENT

OCT 08 1990

DIV. OF E.H.

DIV OF E.H.

APR 04 1991

OPERATIONAL PERMIT

PUBLIC HEALTH DEPARTMENT

NAME: ROBERT FERGUSON

ADDRESS: 22130 HIGHWAY 1

MAILING ADDRESS OF SITE: 22130 HIGHWAY 1
JENNER, CA 95450

The above cited dwelling will be occupied on or about:
12/19/91
02571 E.H.



COUNTY OF SONOMA
PUBLIC HEALTH DEPARTMENT

OPERATIONAL PERMIT
FOR NON-STANDARD ON-SITE SEWAGE DISPOSAL SYSTEM

THIS OPERATIONAL PERMIT IS ISSUED AFTER INSPECTION HAS BEEN MADE SHOWING EVIDENCE OF COMPLIANCE WITH SONOMA COUNTY CODE, CHAPTER 24, AND IS ISSUED TO THE FOLLOWING PERSON(S) TO OPERATE FOR THE FOLLOWING YEAR UNLESS REVOKED FOR GOOD CAUSE. THIS PERMIT IS NOT TRANSFERABLE.

AP# ¹⁰⁹⁻³⁹⁰⁻¹⁴ ~~021300-14~~
OWNER(S) Robert Ferguson
PROPERTY ADDRESS 22130 Highway 1
CITY Timber Cove

DATE ISSUED 4-01-91
DATE EXPIRED 3-31-92

Public Health Officer *br*

APR 08 1991
DIV OF E.H.