

E

Type

56

Docs

4

Plans

[Empty box for Building Permit Number]

Building Permit Number

22050

Street Number

Timber Cove Rd

Street Name

TIM

Community Code

109-430-017

APN

John Howland AIA & Associates

Architecture / Interior Designing / Planning

1114 Mendocino Avenue / Santa Rosa, California 95401 (707) 575-3038

DIV. OF E.H.

SEP 03 1991

PUBLIC HEALTH DEPARTMENT

August 27, 1991

Tracey Fitzgerald R.E.H.S
Sonoma County Public Health
Environmental Health Division
1030 Center Drive
Santa Rosa, California 95403


RE. 22050 Timber Cove Rd.

Dear Ms. Fitzgerald

I am requesting a year extension on our septic permit. Our plans for the house have not been accepted by the building department at this date. I am hoping to have approval in September.

If there are any questions please call me.

Sincerely


John Howland

Sonoma County Public Health Department
Environmental Health Division
1030 Center Drive - Suite A
Santa Rosa, CA 95402

SEPTIC SYSTEM INSPECTION

Site Address: 22050 TK Rd

Owner: _____

REQUEST FOR INSPECTION

Date of call _____ Time _____

Caller _____

Phone No. of caller _____

Remarks: _____

Call taken by _____

INSPECTION NOTICE

- Stop work immediately—Call Sanitarian
- Telephone _____ Hours _____
- OK to cover leachfield tank
- Provide Engineer's letter of approval
- Provide "As Built" plan to scale
- Call for inspection on pump and alarm
- Corrections needed, see "Remarks"
- OK to cover with Engineer's OK
- Issue Operational Permit

For further information call _____

Hours and Day _____

Remarks: Trench inspection
~44" for bottom
35" for top line.

Tank location OK
containers on plans off
trenches dug very close
to steep grade break, but
acceptable

Signature DON DONAVAN 3-25-92
Sanitarian date /19

Received _____
Contractor
 Posted

Dist: White—E.H Yellow—Job site Pink—Phone Rec
02761

Sonoma County Public Health Department
Environmental Health Division
1030 Center Drive - Suite A
Santa Rosa, CA 95402

SEPTIC SYSTEM INSPECTION

Site Address: 22050 Timber Cove

Owner: _____

REQUEST FOR INSPECTION

Date of call _____ Time _____

Caller _____

Phone No. of caller _____

Remarks: _____

Call taken by _____

INSPECTION NOTICE

- Stop work immediately—Call Sanitarian
- Telephone _____ Hours _____
- OK to cover leachfield tank
- Provide Engineer's letter of approval
- Provide "As Built" plan to scale
- Call for inspection on pump and alarm
- Corrections needed, see "Remarks"
- OK to cover with Engineer's OK
- Issue Operational Permit

For further information call _____

Hours and Day _____

Remarks: Enclose elec conductivity vol 40

✓ Interceptor, emergency dis on
@ pump

Check MWIR, H₂O tightness

Signature DON DONAVAN 8-18-95
Sanitarian date /19

Received _____
Contractor
 Posted

Dist: White—E.H Yellow—Job site Pink—Phone Rec
LU0048 REPRO 02

COUNTY OF SONOMA
PUBLIC HEALTH DEPARTMENT

ID 744

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

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.

P.D.

APPLICANT PLEASE PRINT OR TYPE IN BLACK INK IN BETWEEN HEAVY LINES ONLY AND SEE REVERSE SIDE FOR INSTRUCTIONS

BLDO. PERMIT NO. A	SDS PERMIT NO. SOP193-90	DATE ISSUED	CLEARANCE	NEW X	REPAIR
-----------------------	-----------------------------	-------------	-----------	----------	--------

JOB ADDRESS 22050 Timber Cove Rd

OWNER'S NAME John Hubbard

NEAREST CROSS STREET Hwy 1

MAILING ADDRESS 1114 Mendocino

ASSESSOR'S PARCEL NO. 109-43-017

CITY Santa Rosa TELEPHONE 575-3036

SUB DIVISION Timber Cove Rd LOT 22 BLK 1

INSTALLATION WILL SERVE:
RESIDENCE APARTMENT HOUSE COMMERCIAL MOBILE HOME

SEWAGE DISPOSAL SYSTEM CONTRACTOR

MOTEL OTHER BUILDING CONST. NEW ADDN/ALTER

ADDRESS TEL NO.

NO. OF UNITS 2 TOTAL NO. OF BEDROOMS 2 WATER SUPPLY PUBLIC PRIVATE LOT SIZE: 3/4 acre

GENERAL CONTRACTOR KH Construction

TERMS OF PERMIT 9-26-89 \$229.00

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.

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)

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.

DATE 9/26/89

APPLICANT

APPLICANT

LAYOUT PLAN APPROVED BY [Signature] DATE 11/7/96

CONSTRUCTION APPROVED BY [Signature] DATE _____

PHS EH 35 REV. 1/84

WHEN APPROVED THIS IS YOUR PERMIT

OCT 17 1990

DM:OSE.H.

SEP TANK 710
TTLAHT 710
CHECKS 710
CHANGE
9178 #2

NOT TRANSFERABLE

Handwritten notes on the left margin:
7/21/84
Kendall
939
2209
+ 710.00
+ 807.00
=

PHS 1) ORIG. HEALTH DEPT. 2) HEALTH DEPT. 3) PERMITTED 4) SDO 5) INSP. DEPT. 6) BLDG. INSP. DEPT.

PLOT PLAN REQUIREMENTS FOR NEW PRIVATE SEWAGE DISPOSAL SYSTEMS

Please read this sheet carefully and use it as a check list when designing a sewage disposal system. Omission of items will result in a delay in processing your permit. To obtain a permit you need the following:

- A. Completed application for sewage disposal (PHS-EH 30) and appropriate fee.
- B. Two copies of the floor plan for the structure(s).
- C. Four (4) copies of the sewage disposal design to include the following:
 - 1. Minimum scale 1" = 20'; paper size 8 1/2" x 11" or size folded to 8 1/2" x 11".
 - 2. Lot dimensions with north point.
 - 3. Vicinity map and correct street address (contact Planning 527-2412 for address assignment).
 - 4. Contour map or direction of slope of ground indicated by arrow(s) with accurate percent of slope indicated in the area of the leach field.
 - 5. Location of proposed well and all other wells, springs, lakes, ponds, marsh areas, streams and drainage ditches or channels within 150' of any portion of the sewage disposal system.
 - 6. Cross section of leach line and interceptor drain, if required.
 - 7. Location of existing and/or proposed structures (dimensional), driveways, swimming pools, patios, retaining walls, paved areas, large trees, and cut banks.
 - 8. Location of existing sewage disposal systems and existing and/or proposed easements, water lines, or underground utilities.
 - 9. Location of soil percolation test holes.
 - 10. Designate a 200% reserve leach field area except where it can be demonstrated the lot was created prior to October 1971; then designate a 100% area.

LEACHING TRENCHES AND SEPTIC TANKS SHALL BE LOCATED IN ACCORDANCE WITH THE FOLLOWING REQUIREMENTS:

<u>Minimum Horizontal Distance Required From:</u>	<u>Septic Tank</u>	<u>Leaching Trenches (Including future expansion area)</u>
Building or Structures (a)	5 feet	8 feet
Property Line and easements	5 feet	5 feet
Water Supply Wells	100 feet	100 feet
Perennially Flowing Stream (b)	100 feet	100 feet
Drainage Course or Ephemeral Stream (c)	50 feet	50 feet
Ocean, Lake or Reservoir (d)	100 feet	100 feet
Large Trees	10 feet	-----
Disposal Field	5 feet	-----
Domestic Water Pipe	5 feet	5 feet
Distribution Box	5 feet	4 feet
Fill Areas	-----	15 feet
Cut banks (e), natural bluff, sharp changes in slope (f)	25 feet	25 feet

Stability of slopes and travel of sewage shall be considered in the location of system components.

- (a) Including driveways, parking areas, and paved areas.
- (b) As measured from the line which defines the limit of a ten-year frequency flood.
- (c) As measured from the edge of the watercourse.
- (d) As measured from the high water table.
- (e) A manmade excavation of the natural terrain in excess of 3'.
- (f) Where soil depth or depth to ground water below the leaching trench are less than 5', a minimum setback of 50' is required.

Mail 8/22/90
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 22650 Timber Cove Rd	By TF	Date 21 Aug 1990
Person Requesting Service John Howland	Phone No. of Person Requesting Service 515-3036	
Address of Person Requesting Service 1114 Mendocino Ave	Owner or Agent to be Contacted	
Reason for Request Santa Rosa, CA 95401		

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

VIOLATIONS

Revised plan check

8/15/90 Field check w/ Howland.

• REPORT OF INVESTIGATION •

8/20/90 The revised plan submitted 7/12/90 cannot be approved @ this time. Please see copy of plan with notes addressing the onlays design flaws. Note specifically, due to large trees clustered in middle area, much of expansion area may not be used. The trees must be noted in revised plan with approx. 10' setback. This area lost must be made up on the lot to total 200% expansion.

Also note drainage improvement suggestions. The consulting engineer or RTTS should be commenting on these surface/subsurface changes. Intercept drain detail shall be corrected on final plan. A ditch is not dug into the drain @ ground level. It is placed upslope to divert sheet flow.

Please contact me with any further questions on this project.

* Note: Proof of Guaranteed Water Connection must be provided. Letter on file dated 8/31

THK General RTTS 8/20/90
 525-6504
 M-TT.

229

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: 22050 Timber Cove
Person Requesting Service: John Howland
Address of Person Requesting Service: 1114 Mendocino
By: [blank] Date: 9-26-89
Phone No. of Person Requesting Service: 575-3036
Owner or Agent to be Contacted: [blank]

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

- 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 on

TOTAL VIOLATIONS

[Empty box for total violations]

Plan Check

2 Floor

4 Plots

app. easements & sep in
Remaining fees only due.

REPORT OF INVESTIGATION (1/19/82)

1/19/82 file review. prev. approval suggesting STP system of
lot down above field to adjacent lot for water tank (w/ 200 gal. capacity)
to Padman 4' x 2' w/ 2' dia. & 1/2" water substituted
to Padman 4' x 2' w/ 2' dia. & 1/2" water substituted

1/19/82 Plan File Review
The following items shall be address in revised plans
to this Department:

(A) Sanitary detail should include floor detail
surface detail, drainage and detail (as record w/ sep sep)

(B) Note 31 in 1/19/82 spec should state
36" depth x 2' dia. w/ 1/2" dia. SAND on
2' D sidewalk under STD STP detail

(C) Check valve noted on sewage plumbing in system (not needed)
dry stacked man.

(D) Notes on sanitary detail of floor plan reference to lot
reference. Padman's fees due to denied plot plans.
to Padman's fees due to denied plot plans.

to be successful 24" system in steps. 420's may be best option. Was
the considered to system reference to this date?

A. 1/19/82 of drainage system required prior to issuance of permit
to 1/19/82 revised plans 1/19/82 1/19/82 1/19/82 1/19/82

0013421
SET TRAK 229.00
TILE 229.00
CHECKS 229.00
CHARGE 0.00
TOTAL 131.00

WHITE: Upper section to file
Low section to file
YELLOW: Returned for office file at time form is typed
FORM - PHS-EH-12 (Rev 9-7-85M)

Date: 1/19/82
PINK: Upper section to person requesting service (when appropriate)
Lower section to owner or occupant

1/19/82 Notes



**COUNTY OF SONOMA
PUBLIC HEALTH DEPARTMENT**

MARK A. KOSTIENEY
Director
GEORGE R. FLORES, M.D.
Health Officer

3313 CHANATE ROAD • SANTA ROSA • CALIFORNIA 95404-1795

HOMEOWNER'S STATEMENT

(To accompany application for Private Sewage Disposal Permit)

I certify that I am the owner of the property located at 22090 Timber Cove

A.P. # 109-480-17, and that I personally will purchase all material, 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

[Handwritten Signature]

1114 Mendocino Ave

Santa Rosa, Calif

9/26/89

PUBLIC HEALTH DEPARTMENT

SEP 26 1989

DIV. OF E.H.

2691
(9/86)

PUBLIC HEALTH DEPARTMENT

OCT 17 1989

DIV. OF E.H.



**COUNTY OF SONOMA
PUBLIC HEALTH DEPARTMENT**

MARK A. KOSTIELNEY
Director
GEORGE R. FLORES, M.D.
Health Officer

3313 CHANATE ROAD • SANTA ROSA • CALIFORNIA 95404-1795

SUPPLEMENT TO
APPLICATION FOR PRIVATE
SEWAGE DISPOSAL PERMIT

OWNER'S NAME: John Howland

MAILING ADDRESS: 1251 Sunset Ave. Roseland
Street City

JOB ADDRESS: 22050 Timber Cove Rd Timber Cove
Street City

A.P. NO.: 109-430-17

NOTICE This permit is issued upon the condition that applicant-owner acknowledges that this private sewage disposal system is an innovative/experimental system and the County of Sonoma makes no guarantee of satisfactory performance. In event of failure of the system, County of Sonoma may take action to abate the installation as a health hazard and a public nuisance.

Additionally, the undersigned owner agrees to:

1. Monitor the system three times a year by measuring the depth of water in monitoring wells, and observing the conditions of site and soils as specified on the monitoring form provided by the Public Health Department. These reports will be submitted to the Public Health Department on a tri-annual basis.
2. Annually renew the operational permit which is a required condition of issuance of the private sewage disposal system permit for which owner has applied and to continue the renewal as long as ownership is retained or until notified by the Public Health Department that renewal is no longer required.

Dated: 10/10/90

Owner: John Howland


 Id# 7414
 # 91-0313
 199
 Pd 8-5-91
 DEPARTMENT OF PLANNING

575 Administration Bldg., Room 105A ■ Santa Rosa, California 95401 ■ (707) 527-2412

 Kenneth L. Milano, AICP
 Planning Director

 James P. Olmsted, Jr.
 Assistant Planning Director

SEP 04 1991

September 3, 1991

TO: Interested Agencies

DIV. OF E.H.

The following application has been filed with the Sonoma County Planning Department.

CP 91-742

 John Howland
 22050 Timber Cove Rd., Cazadero
 APN: - 109-430-17

Request for coastal permit to construct a single family dwelling on 9+ acres.

Kathi Jacobs

We are submitting the above application for your review and recommendation. Additional information is on file in this office.

Responses to referrals should include: (1) statement of any environmental concerns or uncertainties your agency may have with the project; (2) any comments you wish to make regarding the merits of the project; and (3) your proposed conditions and mitigations for this project.

 Your comments will be appreciated on 9/18/91 and should be sent to the attention of CP 91-742 (Jacobs)

If no reply is received by the above mentioned date, it will be assumed that your agency has no concern on the environmental aspect of the project. Please send a copy of your comments to the applicant(s) or their representatives.

- | | |
|--|--|
| <input type="checkbox"/> County Surveyor | <input checked="" type="checkbox"/> Fire Marshal |
| <input checked="" type="checkbox"/> Environmental Health | <input checked="" type="checkbox"/> Fire District <u>Timber Cove</u> |
| <input checked="" type="checkbox"/> Sanitation | <input type="checkbox"/> School District |
| <input checked="" type="checkbox"/> Road Dept., Attn: Ron Nickel | <input checked="" type="checkbox"/> Water District <u>Timber Cove</u> |
| <input type="checkbox"/> Ag Commissioner | <input checked="" type="checkbox"/> State Coastal Commission |
| <input type="checkbox"/> Water Agency | <input type="checkbox"/> Cal Trans (State) |
| <input type="checkbox"/> PRAC Planner | <input type="checkbox"/> State Fish and Game |
| <input type="checkbox"/> General Plan Staff | <input type="checkbox"/> State Department of Forestry |
| <input checked="" type="checkbox"/> Dr. Fredrickson, Archaeologist | <input type="checkbox"/> State Department of Health |
| <input type="checkbox"/> Betty Guggolz, Native Plant Society | <input type="checkbox"/> State Parks and Recreation |
| <input type="checkbox"/> Transit (Public Works) | <input type="checkbox"/> Regional Water Quality Control Board |
| <input checked="" type="checkbox"/> Building Inspection | <input type="checkbox"/> Regional Air Pollution Control Board |
| <input type="checkbox"/> P.G. & E. | <input type="checkbox"/> Regional Parks Department |
| <input type="checkbox"/> Pacific Bell | <input type="checkbox"/> City of _____ Dept. _____ |
| <input type="checkbox"/> Soil Conservation Service | <input type="checkbox"/> Alcoholic Beverage Control |
| <input type="checkbox"/> Sheriff - Crime Prevention | <input type="checkbox"/> Treasurer/Special Assessment |
| <input type="checkbox"/> LAFCO | <input type="checkbox"/> Assessor - Attn: Bill Harris |
| <input type="checkbox"/> Corps of Engineers | <input type="checkbox"/> Farm/Home Advisor - Rick Bennett |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Other: <u>Timber Cove Homeowners</u> |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

PLANNING APPLICATION FORM

File #: CP 91-79-2 Date Filed: 8/6/91
 Accepted By: Jones

TYPE OF APPLICATION REQUESTED:

<input type="checkbox"/> Appeal of Ord. Interp.	<input type="checkbox"/> Design Review Residential	<input type="checkbox"/> Major Subdivision	<input type="checkbox"/> Use Permit
<input type="checkbox"/> Cert. of Compliance	<input type="checkbox"/> Design Review Signs	<input type="checkbox"/> Minor Subdivision	<input type="checkbox"/> Variance
<input type="checkbox"/> Cert. of Modification	<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Mobile Home Permit	<input type="checkbox"/> Zone Change
<input checked="" type="checkbox"/> Coastal Permit	<input type="checkbox"/> General Plan Appeal	<input type="checkbox"/> Parcel Status Determination	<input type="checkbox"/> Other _____
<input type="checkbox"/> Coastal Permit/Use Permit	<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> Second Unit Permit	
<input type="checkbox"/> Design Review Comm./Ind.	<input type="checkbox"/> Major Sub. Extension	<input type="checkbox"/> Specific Plan Amendment	

APPLICANT OR AGENT:

Name: John Howland Day Phone: 575-3036
 Mailing Address: 1114 Mendocino Ave City/Town: Santa Rosa State: CA Zip: 95601
 Signature: [Signature] Date: 6/17/91

OWNER, IF OTHER THAN APPLICANT:

Name: _____ Day Phone: _____
 Mailing Address: _____ City/Town: _____ State: _____ Zip: _____
 Signature: _____ Date: _____

(For submit letter authorizing applicant to act as owner's agent)

OTHER PERSONS TO BE NOTIFIED: Include Agents, Lenders, Parties to Deed of Trusts, Etc.

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____	City: _____ Zip: _____
Title: _____ Phone: _____	Title: _____ Phone: _____	Title: _____ Phone: _____

PROJECT ADDRESS: 22080 Timbercove Rd City/Town: Timbercove Zip: 95612
 ASSESSOR'S PARCEL NUMBER(S): 109-430-17 Total Acreage: 1.5

PROJECT DESCRIPTION: SFD

Number of New Lots Proposed: 0 Site Served By Public Sewer? (Y/N): N Site Served By Public Water? (Y/N): N

COMMERCIAL/INDUSTRIAL USES (Complete all questions which apply):

Bldg. Sq. Ft. Proposed: _____ Number of Existing Employees: _____ Number of New Employees Proposed: _____

RESIDENTIAL USES (Complete all questions which apply):

Number of New Single Family Homes: 1 Number of New Multi-Family Units: 0 Number of New Second Units: 0
 Number of New Mobile Homes: 0 Number of New Units For Sale: 0 For Rent: 0 Number of Density Bonus Units: 0

***** DO NOT WRITE BELOW THIS LINE *****
 Staff Planner: Kathy Planning Area: _____ Supervisorial Dist: 5
 Current Zoning: RD-C-37 General Plan Land Use: RD 20
 Specific Plan Title: _____ S.P. Land Use: _____ Needs CEQA Review: _____
 1975 Rolls Checked: ✓ Previous Files: _____



575 Administration Dr., Room 105A, Santa Rosa, California 95401 (707) 527-2412

1400

Address: _____ CITY _____ COUNTY _____
 C.T. _____ TYPE PREMISE _____ Tenant _____
 Phone _____ OWNER _____ Address _____
 City _____ Phone _____ Other Special Info. _____

Plot Plan on Back yes no

22 050 Timber Cove Rd.

DATE	ACTIVITY/ACTION	Record By
7/23/90	State out V&S's factory. Expansion line appears to go into several lg. tree clump. A modification is required.	(TP)
8/13/90	Spoke to John Howland thru AET regarding above. Research will be made ^{W/} _{3pm} 8/15/90	(TP)
8/15/90	Met John Howland on site. Rearranged exp areas to accom topo, trees etc. Ted Walker accompanied.	(TP)
8/20/90	Met ^{over} Chung's to plan. Met Dr. Conner too.	(TP)
9/28/90	Revised plans rec'd while (TP) in vacation. (TP)	
10/8/90	Spoke to Mr Howland. Will call when plans reviewed (TP)	

RECORDED AT THE REQUEST OF,
AND WHEN RECORDED, RETURN TO:

Sonoma County Public Health Department
Division of Environmental Health
1030 Center Drive - Suite A
Santa Rosa, CA 95403

Recording fees waived pursuant to Government Code 6103

EASEMENT AGREEMENT

Preamble

This Agreement made this 11 day of October, 1990, by and between
John Howard, hereinafter referred to as
"Grantor" and COUNTY OF SONOMA, hereinafter referred to as "Grantee."

Recitals

WHEREAS, Grantor is the owner of certain real property commonly known as
22050 Timber Cove Road Timber Cove, Calif.
in an unincorporated area of Sonoma County, State of California, hereinafter
referred to as the "Servient Tenement" and described as Exhibit "A" attached:
(Include full legal description and A.P.#)

Exhibit "A"

DESCRIPTION:

All that certain real property situated in the County of Sonoma,
State of California, described as follows:

LOT 22, in Block 1, as numbered and designated upon the Map of
Timber Cove Properties, Inc., Unit Two, etc., filed March 5,
1965, in Book 103 of Maps, Pages 11 through 25, inclusive, Sonoma
County Records.

A.P. 109-430-17

SONOMA COUNTY
PUBLIC HEALTH DEPARTMENT
3313 Chanate Road - Santa Rosa, California 95404 - Telephone 527-2991

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: 22050 Timber Cove Rd.

ASSESSORS PARCEL NUMBER: AP. 109-430-17

OWNER(S) NAME(S): John Harold

0013425

OWNER(S) ADDRESS IF DIFFERENT FROM PROPERTY ADDRESS: 1114 Mendocino Ave.

SEP TANK 157.00

TTLAHT 157.00

CHECKS 157.00

FINANCE 0.00

Santa Rosa, Calif

OWNER(S) TELEPHONE NUMBER: 525-3036

10/27/90

SIBR #2 8:39

157.00
131.00

APPLICATION FOR
YEAR: _____

FEES ENCLOSED: 131.00

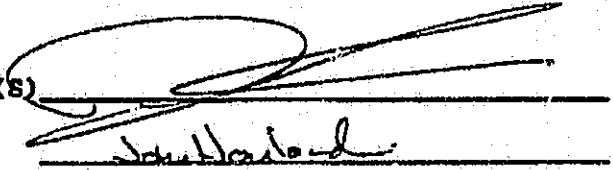
PLEASE MAIL PAYMENT WITH THIS APPLICATION

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.

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: 9/25/89

SIGNATURE(S)



ORIGINAL APPLICATION

RENEWAL

APPLICANT: Answer all questions completely. Sign and date above. Retain last copy. Submit 2 copies to Sonoma County Public Health Officer.

PHS-KH-02091 (11/84)

JOHN HOWLAND ARCHITECT
1114 Mendocino Ave.
SANTA ROSA, CALIFORNIA 95401

(707) 575-3036

Memo

LETTER

Date 10/19/90 OCT 25 1990

Subject PUBLIC HEALTH DEPARTMENT

22000 Timber Cove Rd.
Timber Cove, Calif

To Public Health
1030 Center Dr. "A"
Santa Rosa, Calif

Att: Tracy Fitzgerald

Dear Tracy

This letter is to confirm what was explained to me when I paid my fees. That the operational permit is valid for the first year of operation after the home is completed. It is my understanding that there is no expiration on the operational permit.

If this is not correct please contact me.

Please reply

No reply necessary

SIGNED



Recording Requested By: LEONARD HALVORSEN GEN CONTRACTOR

P.O. Box 387
SANTA ROSA, CALIF 95402

When Recorded, Mail To: SUOMA COUNTY PUBLIC HEALTH SERVICE

3313 CHANTE RD.
SANTA ROSA, CALIF. 95404

ATT.
FRANK
DONO

7/2

CONSIDERATION LESS THAN \$100.00

EASEMENT AGREEMENT

Preamble

This Agreement is this 17th day of March, 1983
by and between LEONARD HALVORSEN
hereinafter referred as "Grantor" and BERRY RUDERMAN
hereinafter referred as "Grantee".

Recitals

WHEREAS, Grantor is owner of certain real property commonly known as
TIMBER COVE PROP. INC. LOT 22, BLOCK 1, UNIT 2
in an unincorporated area of SUOMA County, State of
California hereinafter referred to as the "Servient Tenement" and described as
follows: (include A.P.#)

A.P. 109-430-11
22050 TIMBER COVE RD.
TIMBER COVE, CALIF.

3/4 Acc.

RECORDED AT REQUEST OF
GRANTOR

1983 MAR 18 AM 11:35

OFFICIAL RECORDS
SUOMA COUNTY, CALIFORNIA

BERNICE A. PETERSON

PUBLIC HEALTH SERVICE

MAR 31 1983

DIV. OF EIL

WHEREAS, Grantee desires to acquire certain rights in the Servient Tenement;

NOW, THEREFORE, it is agreed as follows:

Grant of Easement

(1) For valuable consideration, Grantor hereby grants to Grantee an easement as hereinafter described.

Character of Easement

(2) The easement granted herein is an easement in gross.

Description of Easement

(3) The easement granted herein is a right to come onto the property of Grantor and to bring associates and employees of the Sonoma County Public Health Department and/or the North Coast Regional Water Quality Control Board onto the property.

Location

(4) The easement granted herein is located as follows:

The entire Servient Tenement.

Use by Dominant Tenant

(5) The easement granted herein includes the following use of the Servient Tenement; to come onto the property alone or accompanied as hereinabove set forth for the purpose of observing, testing, sampling, placing and removing of test devices and evaluating and monitoring Grantor's experimental individual sewage disposal system. Said activity shall be permitted on Servient Tenement only during normal business hours.

Exclusiveness of Easement

(6) The easement granted herein is not exclusive.

Entire Agreement

(7) This instrument contains the entire agreement between the parties relating to the rights herein granted and the obligations herein assumed. Any oral representations or modifications concerning this instrument shall be of no force and effect excepting a subsequent modification in writing, signed by the party to be charged.

Attorney's Fees

(8) In the event of any controversy, claim or dispute relating to this instrument or the breach thereof, the prevailing party shall be entitled to recover from the losing party reasonable expenses, attorney's fees and costs.

Binding Effect

(9) This instrument shall bind and inure to the benefit of the respective heirs, personal representatives, successors, and assigns of the parties hereto.

(10) This instrument shall terminate in five (5) years from the above date of this agreement.

IN WITNESS WHEREOF, the parties hereto have executed this instrument the day and year first above written.

GRANTOR

Leonard Halverson
(signature)

GRANTEE

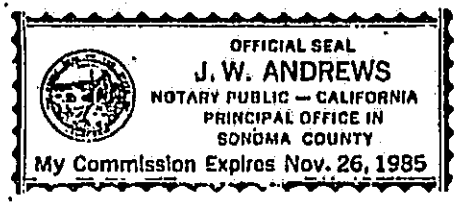
B. Friedman
(signature)

State of California, County of SONOMA :

On March 17, 1983, before me, J. W. Andrews,
a Notary Public for the State of California, personally appeared
Leonard HALVORSEN, known to me (or
proved to me on the oath of _____) to be the
person(~~s~~) whose name(s) is (~~are~~) subscribed to the within instrument,
and acknowledged that he (she) (they) executed the same.

J. W. Andrews
Notary Public

(NOTARIAL SEAL)





EARTH SYSTEMS

5 Hallin Lane
Santa Rosa, Ca. 95405
(707) - 539-8050

PUBLIC HEALTH SERVICE

SEP 28 1992

DIV. OF E.H.

SOIL PERCOLATION TEST REPORT

Address of Soil Percolation Test: 22 TIMBER COVE RD.
Assessors Parcel No.: 109-430-17 Size of Parcel APPROX .75 ACRES
Subdivision: TIMBER COVE UNIT 2 Lot No.: BLOCK 1 LOT 22 Water Supply: PUBLIC Met
Weather Test: NO

THIS PERCOLATION TEST WAS PERFORMED ON SEPT. 15 1992 IN ACCORDANCE WITH THE INTENT OF THE ESTABLISHED SONOMA COUNTY PUBLIC HEALTH REQUIREMENTS. THE ATTACHED DATA IS A TRUE AND ACCURATE ACCOUNT OF THIS TEST.

THIS TEST WAS CONDUCTED BY: EARTH SYSTEMS
5 HALLIN LANE
SANTA ROSA, CA. 95405 Phone No. 539-8050

THIS TEST WAS PERFORMED FOR: L. HALVORSEN
P.O. BOX 387
SANTA ROSA 95402 Phone No. 542-5641

BASED ON CURRENT PUBLIC HEALTH REQUIREMENTS, THE PRIMARY LEACHFIELD WOULD REQUIRE 123 L.F. OF LEACHLINE PER BEDROOM; THIS LEACHLINE TRENCH BEING 2 FT. WIDE BY 4 FEET DEEP, WITH 24 IN. OF ROCK BELOW THE PIPE. FOR PRESSURE DISTRIBUTION SYSTEM IN AREA OF HOLES 1 THRU 8 THE LEACHFIELDS SHOWN ON THE ATTACHED DRAWING ARE BASED ON A 2 BEDROOM RESIDENCE; TOTAL PRIMARY FIELD CONTAINS 246 L.F. & THE TOTAL EXPANSION FIELD CONTAINS 492 L.F. BASED ON A 200 % EXPANSION RATE.

Barry Ruderman

CERTIFIED BY BARRY RUDERMAN, R.S.#3170

Install French Drain above Septers

SOIL PROFILE HOLES

HOLE A		HOLE B	
0-19	DARK LOAM	0-30	DARK LOAM
20-44	REDDISH YELLOW SANDY CLAY AND COMPACTED FRACTURED SANDSTONE	31-48	REDDISH YELLOW SANDY CLAY AND FRACTURED SANDSTONE
45-60	YELLOW CLAY WITH GRAY MOTTLING	49-66	YELLOW SANDY CLAY WITH SOME GREY MOTTLES
61-72	FRACTURED SANDSTONE CEMENTED WITH YELLOW CLAY	67-84	FRACTURED AND DECOMPOSED SAND- STONE WITH SOME YELLOW CLAY LENSES INCREASING IN HARDNESS
72	BACKHOE REFUSAL		



EARTH SYSTEMS

5 Hallin Lane
Santa Rosa, Ca. 95405
(707) -- 539-8050

*Test not observed
9-29-82*

220340000 54.00

TOTL 54.00

CHKX 54.00

9 /28/82 13:39 02 1711

SOIL PERCOLATION TEST DATA

22 TIMBER COVE RD. A.P. NO. 109-430-17
L. HALVORSEN
SANITARIAN: RICHARD LEASE R.S. DATE SEPT. 15 1982

HOLE NO. 1 DEPTH 36 PIPE LENGTH 30 PRESOAK 36 RATE (M.P.I.)= 96

READING TIME	START	1st	2nd	3rd	4th	5th	6th
	920	1020	1120	1220	120	220	320
INCHES	23.125	27.5	29.375	30.5	31.375	32.125	32.75

HOLE NO. 2 DEPTH 49 PIPE LENGTH 61 PRESOAK 50.5 RATE (M.P.I.)= 128

READING TIME	START	1st	2nd	3rd	4th	5th	6th
	921	1021	1121	1221	121	221	321
INCHES	37.75	41.25	42.75	43.75	44.5	45.125	45.5

HOLE NO. 3 DEPTH 42 PIPE LENGTH 37.5 PRESOAK 0 RATE (M.P.I.)= 96

READING TIME	START	1st	2nd	3rd	4th	5th	6th
	922	1022	1122	1222	122	222	322
INCHES	22.75	26.75	28.625	29.5	30.25	31	31.625

HOLE NO. 4 DEPTH 36 PIPE LENGTH 36.125 PRESOAK 0 RATE (M.P.I.)= 3.5

READING TIME	START	1st	2nd	3rd	4th	5th	6th
	924	1022	1032	1042	1052	1102	1112
INCHES	22.75	0/22.75	34/22.7	32	35.5/22.7	32.5	35.2/22.7

READING TIME	7th	8th	9th	10th	11th	12th	13th
	1122	1132	1142	1152	1202	1212	1222
INCHES	33	35.5/22.7	32.625	35.5/22.7	32.25	35.3/22.7	32.875

HOLE NO. 5 DEPTH 36 PIPE LENGTH 59 PRESOAK 0 RATE (M.P.I.)= 17.7

READING TIME	START	1st	2nd	3rd	4th	5th	6th
	925	1025	1125	1225	125	225	325
INCHES	45.5	57	0/46.25	56.75	58.5/46	57	DRY

HOLE NO. 6 DEPTH 36 PIPE LENGTH 42 PRESOAK 0 RATE (M.P.I.)= 9.3

READING TIME	START	1st	2nd	3rd	4th	5th	6th
	926	1026	1126	1226	126	226	326
INCHES	32	40.875	TR/32	40/32	39.5/32	39.1/32	39.25



EARTH SYSTEMS

5 Hallin Lane
Santa Rosa, Ca. 95405
(707) — 539-8050

TRIMBER COVE RD

HOLE NO. ~~7~~ DEPTH 36 PIPE LENGTH 36.25 PRESOAK 0 RATE (M.P.I.) = ~~30~~

READING TIME INCHES	START	1st	2nd	3rd	4th	5th	6th
	928	1028	1128	1228	128	228	328
	25.75	30.5	32	33	34	34.875	35.625

HOLE NO. ~~8~~ DEPTH 58 PIPE LENGTH 60 PRESOAK 52.5 RATE (M.P.I.) = ~~108~~

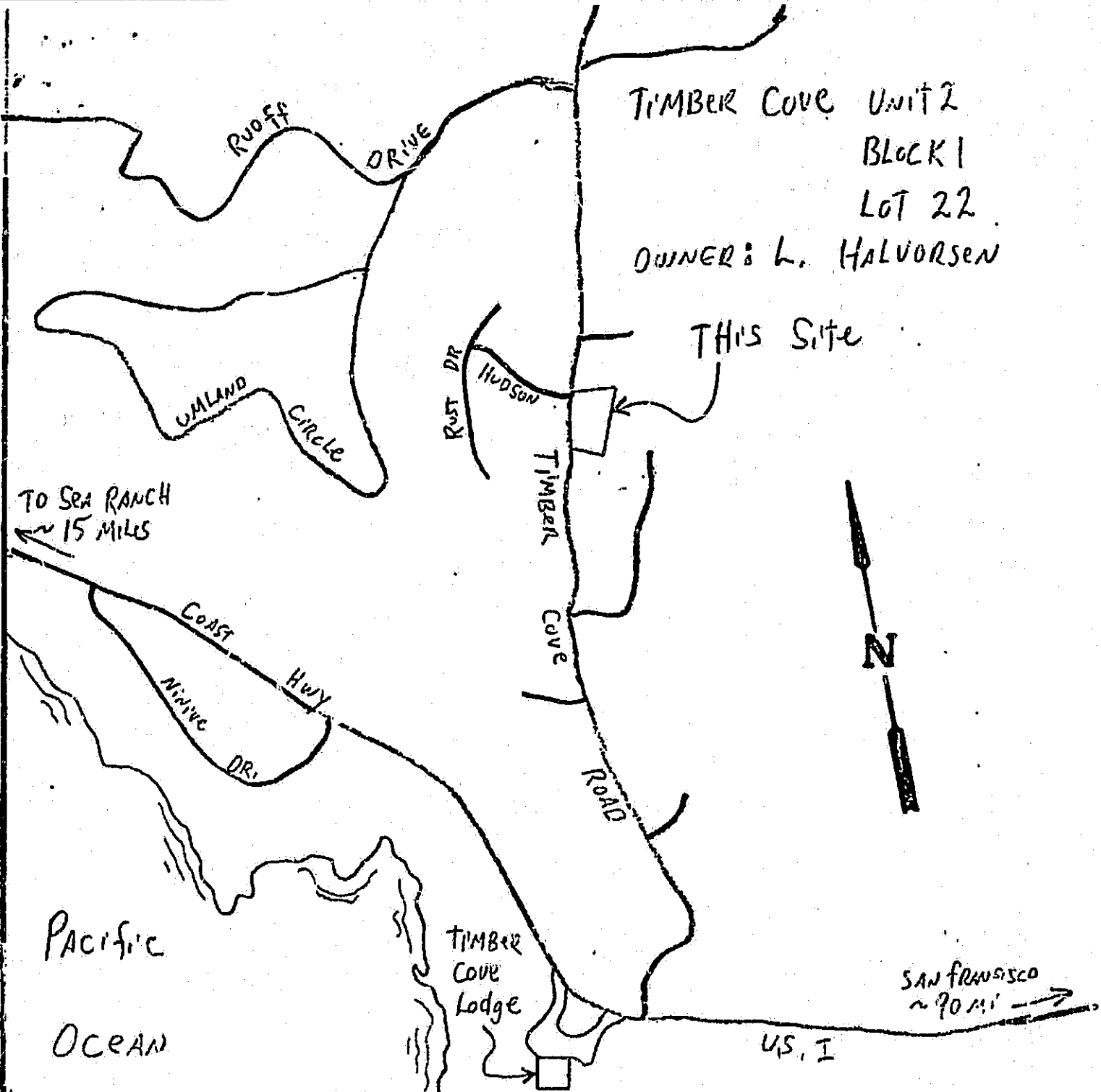
READING TIME INCHES	START	1st	2nd	3rd	4th	5th	6th
	929	1029	1129	1229	129	229	329
	42	43.125	44	44.625	45.25	45.875	46.375

HOLE NO. ~~9~~ DEPTH 36 PIPE LENGTH 35 PRESOAK 33 RATE (M.P.I.) = ~~240~~

READING TIME INCHES	START	1st	2nd	3rd	4th	5th	6th
	930	1030	1130	1230	130	230	330
	29.5	29.25	30.375	30.875	31.125	31.375	31.625

HOLE NO. ~~10~~ DEPTH 43 PIPE LENGTH 60 PRESOAK 0 RATE (M.P.I.) = ~~240~~

READING TIME INCHES	START	1st	2nd	3rd	4th	5th	6th
	931	1031	1131	1231	131	231	331
	45.75	51.75	53.5	55	55.5	55.75	56



THIS DRAWING IS NOT TO BE USED AS A CONSTRUCTION PLAN OR A SEPTIC SYSTEM DESIGN. IT IS PREPARED ONLY TO SHOW THE POTENTIAL FOR INSTALLATION OF A SEPTIC SYSTEM BASED ON PERCOLATION TESTS.

LEGEND

- PRIMARY LEACHLINE
- - -○- - - EXPANSION LEACHLINE
- ⊙ 15' PERCOLATION RATE
- ⊙ 30' HOLE NUMBER
- ⊙ 30" HOLE DEPTH
- ⊠ 8' SOIL PROFILE HOLE
- - - - - APPROXIMATE PROPERTY LINE
- YYY STEEP SLOPE
- 20% GROUND SLOPE
- ...→ DRAINAGE COURSE

PLOT PLAN	
A.P. NO. 109-43-17	
SCALE:	N.T.S.
SHT	75

TIMBER COVE MUTUAL WATER COMPANY
PO Box 3468, Santa Rosa, CA 95402
PH. (707) 528-2121

Mr. Ronald G. Addis, R. S.
Environmental Health
3313 Chanate Rd.
Santa Rosa, CA 95404

Reference: Ltr, dtd March 18, 1982, P.2
R.E. Water Connection
Legal Owner: **LEONARD HALVORSEN**
AP# **109-430-17**
REMAINING CONNECTIONS AVAILABLE AFTER
THIS APPLICATION (Out of 80 total): **45**
SITE: **2205B TIMBER COVE RD.**
Net Supply Permit 40504

Dear Mr. Addis:

This letter will serve to officially notify you that the above owner has applied for, is granted, and is being provided with the above allowed water connection for the above parcel:

AP# 109-430-17, LOT 22, BLK I, UNIT II.

The applicant has been advised and has acknowledged reasonable future and existing fixed and variable usage rate fees payable to Timber Cove Mutual Water Co.

Permission for this connection will expire if applicant does not exercise due diligence pursuing the construction of a residence; or, in any event, has not obtained a building permit within 6 months of this date.

June 3, 1983

Sincerely yours

Richard C. Alcorn, Secretary

TIMBER COVE MUTUAL WATER CO.

RICHARD C. ALCORN, SECRETARY

Mrs. Feldstein stated when these letters issued accompanied property to death!!

Esposito

(TP)



Mailed 9-12-91
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) 525-5500

DATE: September 11, 1991
TO: Sonoma County Planning Department, Attn: Kathi Jacobs
FROM: Sonoma County Environmental Health Department
SUBJECT: Application for Coastal Permit

Name: John Howland
File No. CP 91-742
Location: 22050 Timber Cove, Cazadero
A.P. No. 109-430-17
Purpose: Single family home

1. Subject application has been reviewed by this department and we find:
 - a. We can see no environmental health reason to deny this request.
 - b. If this application is approved, it is recommended it be subject to the following conditions:
 1. Install septic system in accordance with current Sonoma County Environmental Health Permit.
2. We recommend denial for the following reasons:
3. Additional comments:


JONATHAN J. KRUG, R.E.H.S., M.P.H.
Director of Environmental Health

JJK/NT/mn

CC: Applicant
Bob Swift



1990 0105506

OFFICIAL RECORDS OF
SONOMA COUNTY
BERNICE A. PETERSON

RECORDED AT THE REQUEST OF,
AND WHEN RECORDED, RETURN TO:

Sonoma County Public Health Department
Division of Environmental Health
1030 Center Drive - Suite A
Santa Rosa, CA 95403

AT REQUEST OF:

10/24/1990

09:26:45

FEE: \$

.00

PGS:

4

TT: \$

.00

Recording fees waived pursuant to Government Code 6103

EASEMENT AGREEMENT

Preamble

This Agreement made this 11 day of October, 1990, by and between
John H. White, Jr., hereinafter referred to as
"Grantor" and COUNTY OF SONOMA, hereinafter referred to as "Grantee."

Recitale

WHEREAS, Grantor is the owner of certain real property commonly known as

22050 Timber Cove Road, Timber Cove, Calif.
in an unincorporated area of Sonoma County, State of California, hereinafter
referred to as the "Servient Tenement" and described as Exhibit "A" attached:
(Include full legal description and A.P.#)

Exhibit "A"

DESCRIPTION:

All that certain real property situated in the County of Sonoma,
State of California, described as follows:

LOT 22, in Block 1, as numbered and designated upon the Map of
Timber Cove Properties, Inc., Unit Two, etc., filed March 5,
1965, in Book 103 of Maps, Pages 11 through 25, inclusive, Sonoma
County Records.

A.P. 109-430-17

WHEREAS, Grantee desires to acquire certain rights in the Servient Tenement:

NOW, THEREFORE, it is agreed as follows:

Grant of Easement

(1) For valuable consideration, Grantor hereby grants to Grantee an easement as hereinafter described.

Character of Easement

(2) The easement granted herein is an easement in gross, for purposes of ingress and egress pertaining to the use described below.

Description of Easement

(3) The easement granted herein is a right to come onto the property of Grantor and to bring associates and employees of the Sonoma County Public Health Department and/or the Regional Water Quality Control Board onto the property more fully described in Exhibit "A" attached hereto and incorporated herein by reference.

Location

(4) The easement granted herein is located as follows:

The entire Servient Tenement as described in Exhibit "A".

Use by Grantee

(5) The easement granted herein includes the following use of the Servient Tenement: to come onto the property or accompanied as hereinabove set forth for the purpose of observing, testing, sampling, placing and removing of test devices and evaluating and monitoring Grantor's non-standard individual sewage disposal system. Said activity shall be permitted on Servient Tenement only during normal business hours.

Exclusiveness of Easement

(6) The easement granted herein is not exclusive.

Entire Agreement

(7) This instrument contains the entire agreement between the parties relating to the rights herein granted and the obligations herein assumed. Any oral representations or modifications concerning this instrument shall be of no force and effect excepting a subsequent modification in writing, signed by the party to be charged.

Attorney's Fees

(8) In the event of any controversy, claim or dispute relating to this instrument or the breach thereof, the prevailing party shall be entitled to recover from the losing party reasonable expenses, attorney's fees, and costs.

Binding Effect

(9) This instrument shall bind and inure to the benefit of the respective heirs, personal representatives, successors, and assigns of the parties hereto.

Operational Permit

(10) This instrument shall include the issuance of an operational permit for a non-standard sewage disposal system to be issued to the Grantor at the time of installation of said sewage system and subsequent use.

This operational permit shall be renewed on an annual basis by the current owners of the property, who shall be bound by all requirements and restrictions as set forth in Chapter 24 of the Sonoma County Code.

IN WITNESS WHEREOF, the parties hereto have executed this instrument the day and year first above written.

GRANTOR

John Howland
(print name)

[Signature]
(signature)

(print name)

(signature)

STATE OF)
CALIFORNIA)
) ss
COUNTY OF)
SONOMA)

On this 11th day of October, 19 90
before me, Laureen Nogleberg, a Notary
Public, State of California, duly commissioned and sworn,
personally appeared John Howland
personally known to me (or proved to me on the basis of
satisfactory evidence) to be the person whose name is
subscribed to this instrument, and acknowledged that he (she or
they) executed it.

IN WITNESS WHEREOF, I have hereunto set my hand and
affixed my official seal in the said County of Sonoma
the day and year in this certificate first above written.



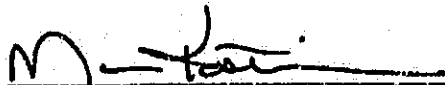
Laureen Nogleberg
Notary Public
State of California

GRANTEE
COUNTY OF SONOMA

CERTIFICATE OF ACCEPTANCE (Govt. Code 27281)

This is to certify that the interest in real property conveyed above is hereby accepted by the undersigned officer or agent on behalf of the County of Sonoma pursuant to authority conferred by Resolution No. 89-1716 of the Board of Supervisors of the County of Sonoma adopted on September 12, 1989, and the grantee consents to recordation thereof by its duly authorized officer.

Dated: OCTOBER 19, 1990



Mark Kostielney, Director, Public Health Department

or

Michael T. Vinatieri, Director, Environmental Health Division

REQUEST FOR SERVICE

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

Location Address 22050 Timber Cove Rd	City, Zip Tim
Owner/Facility Name	Assessor's Parcel #
Address of Owner	City, State, Zip
Person Requesting Service J Pearson	Phone
Address of Person Requesting Service Bx 58	City, State, Zip For
Description site eval / profiles on adj lot downslope owned by same person previous approval for shallow sloping at other end of lot.	
By J	

Date _____
 Permit # _____
 EHS _____ Dist # _____
 Category _____ Priority _____
 Classification:
 A. Complaint
 B. Site Review
 C. Plan Check
 D. Recheck/Reinspection
 E. Vesting
 F. _____

Disposition:
 1. Service Completed
 2. Follow Up
 3. Referral
 4. Referral Completed
 5. Enforcement
 6. No Violation
 7. No Action

Report of Investigation

1) Soil profiles revealed fairly dense material.

2) OK to perc at 36 for possible ss
hydro 36.

For office use

DOONAVAN
 EHS **SLS 1076**
 Date Completed

Profile: C Average Ground Slope:

Depth	Munsell Color	% Rock	Texture	Structure	Consistency	Moist	Pores	Roots
18	Ba	<5	L	B	VFr	Dr	ex	V many
36	lite Ba		SL	B	F		few	com
51	tan		SCL	AB	VF			

Mottling: Reduction Oxidation Depth to groundwater: Perc depth:

Other: Need 24 & 36 perc & hydro

Profile: D Average Ground Slope:

Depth	Munsell Color	% Rock	Texture	Structure	Consistency	Moist	Pores	Roots
24		5	L	B	VF	Dr	ex	umany
36		10	CL-L	B	F		few	com

Mottling: Reduction Oxidation Depth to groundwater: Perc depth:

Other: Better

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

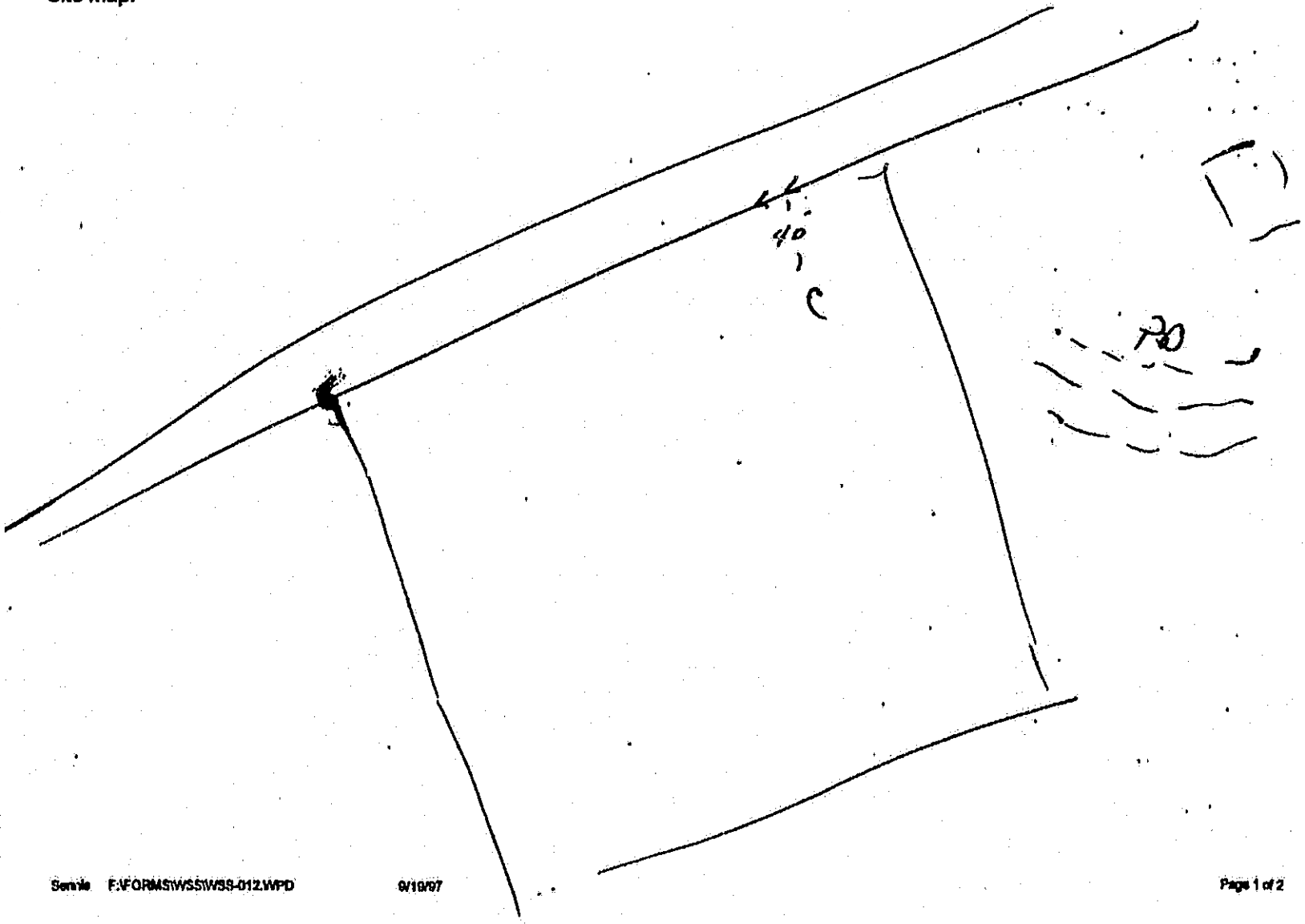
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

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

Pre-Perc. Field Notes

Address: TC Rd	Pre-Perc date: 7-21-2008	Time: 1:13
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 checked="" 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: <input type="checkbox"/> 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:



file

ROBERT L. HOLTZER, M.D.
PUBLIC HEALTH OFFICER



SONOMA COUNTY
PUBLIC HEALTH SERVICE

3313 CHANATE ROAD
SANTA ROSA, CALIFORNIA 95404
PHONE: 527-2605

Date: 4/21/87

Leonard Halverson
P.O. Box 377
SR 02

Dear Leonard

The purpose of this letter is to advise you that in accordance with the provisions of Section 7-14 (f) of Sonoma County Code, the following private sewage disposal permit has expired on time limitation or lack of evidence that work was performed:

Permit No.: 83283
Issuance Date: 7/83
Job Address: 22050 Timber Cove Rd

Very truly yours,

ROBERT L. HOLTZER, M.D.
Public Health Officer

Paul Jones
District Sanitarian

cc: Sonoma County Building
Inspection Department

County of Sonoma
Permit & Resource Management Department
Well & Septic Section
2550 Ventura Avenue, Santa Rosa, CA 95403-2829
(707) 565-1900

SEPTIC SYSTEM INSPECTION

Site Address: 1355 Hwy 116
Owner: JAMES CARON

REQUEST FOR INSPECTION

Date of call: 11-7-99 Time: _____
Caller: J. Pearson for B. Kelly
Caller's Phone No.: 887-1000
Remarks: _____

Call taken by: ML

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
- Corrections needed - see remarks below
- OK to cover with Engineer's approval
- Issue Operational Permit

For further information call: _____

Hours & Day: _____

Remarks: Need to see Hydroflow
valve
Permits See required

[Signature] 11-8-99
Environmental Health Specialist's Signature Date

Received by: mailed to J. Pearson
Contractor's Signature [Signature]

Posted

DAY/TIMER
Time-Saver

LETTER
IN REFERENCE TO:

SONOMA COUNTY PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION
3313 CHANATE ROAD
SANTA ROSA, CALIFORNIA 95404
PHONE: (707) 578-4785

FIRST CLASS MAIL INTER-OFFICE

FOR *John Howland*
1114 Mendocino Ave.
Santa Rosa, CA. 95401

HOW TO USE THIS

DAY/TIMER
Time-Saver LETTER TO SAVE TIME.

Type or write your reply in the space below. Then mail the white copy to us and keep the pink copy for your files. You'll save time and effort, and we'll have your answer much faster! Thank you.

MESSAGE

DATE: *23 APRIL 1990*

FOLD

FOLD

RE: *2205D Timber Cove Rd.*

Enclosed is the file copy of comments regarding the above mentioned septic system design submitted last fall. The "white" page and a copy of the plan was sent to the Design Firm (Earth Systems) logged out 1/5/90. Also enclosed is a copy of the plan for your use.

For final submittal, please address the concerns listed and forward 4 copies of final plan with remaining fees due.

I am sorry for any inconvenience this situation may have caused you and will give the final plan

REPLY

Check top priority upon its receipt.

Thank you, in advance, for your cooperation.

Respectfully,

James H. ...
DISTRICT EHS II

BY

LEONARD HALVORSEN

GENERAL CONTRACTOR AND BUILDER
State Lic. #152222

P.O. BOX 387
SANTA ROSA, CALIF. 95402
(707) 542-5641

March 17, 1983

Frank Dono R.S.
Sonoma County Public Health Service
3313 Chanate Rd.
Santa Rosa, Calif. 95404

Subject: 22050 Timber Cove Rd.
Leonard Halvorsen, Owner

Dear Frank:

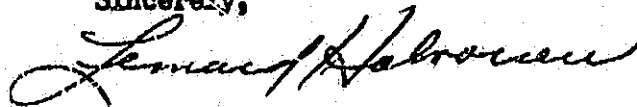
As per my discussion this morning with Barry Ruderman, we plan a two year monitoring program for the parcel which will consist of the following;

- a. Visual observation on a weekly basis, with reports monthly to the Health Dept. as shown on the attached form.
- b. Coliform samples taken out of each monitoring well on a rotational basis during the winter months.

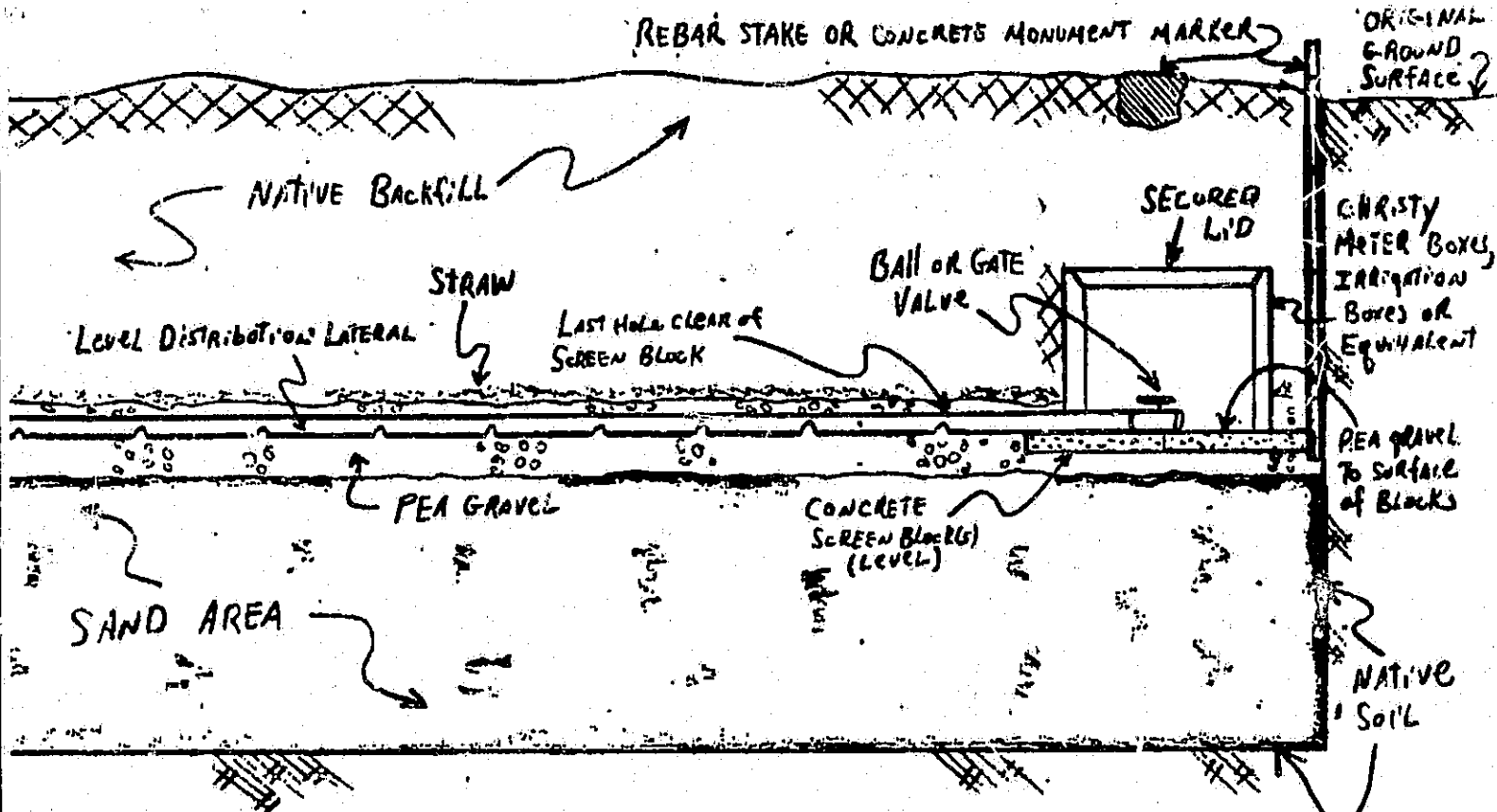
The monitoring will be done by myself, the homeowner in conjunction with Barry Ruderman. I will monitor, take the coliform samples, and submit a written report each month to your office for the two year period. Barry Ruderman will investigate further, if any unusual circumstances occur and advise of any repairs as needed.

If you have any questions or comments, please contact me at 542-5641.

Sincerely,



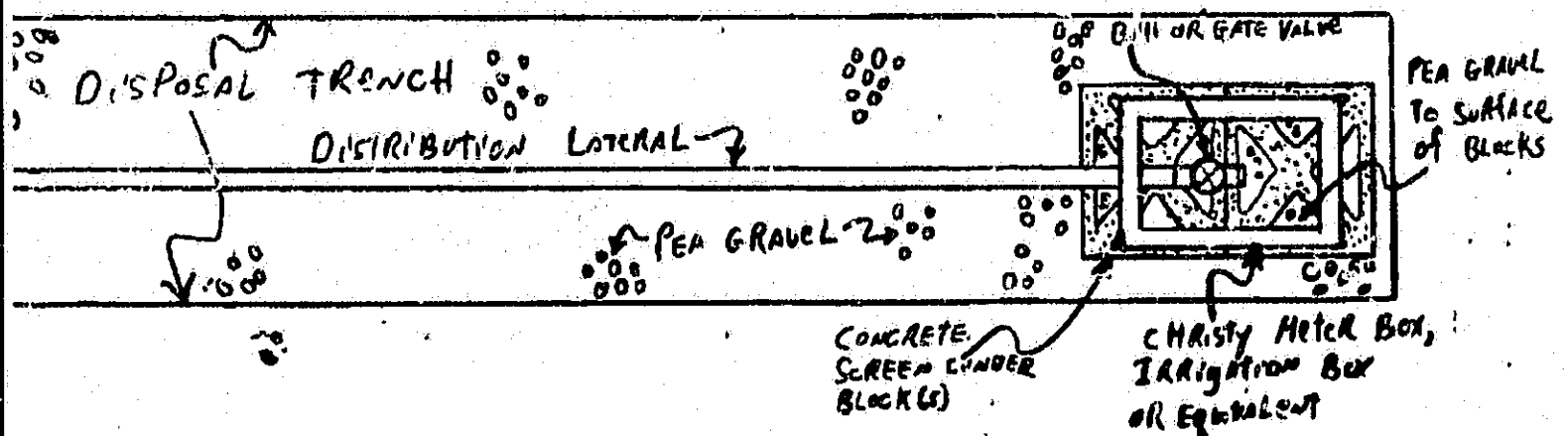
Leonard Halvorsen
Owner



SIDE VIEW

PUBLIC HEALTH SERVICE
JAN 04 1985
DIV. OF E.H.

LATERAL PURGE BOX DETAIL



TOP VIEW

COUNTY OF SONOMA
PUBLIC HEALTH SERVICE

3313 CHANATE RD. • SANTA ROSA, CALIF. 95404 • PHONE 527-2771

832-83 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.

APPLICANT: ALL IN BETWEEN HEAVY LINES ONLY
AND SEE REVERSE SIDE FOR INSTRUCTIONS

400-160-240-1
9-28-82

BUILDING PERMIT NO.	RECEIPT NO.	NO FEE	NEW	REPAIR	DATE ISSUED	PERMIT NO.
	82-1711	109	X		7/27/83	S 832-83

JOB ADDRESS: 22050 TIMBER COVE RD.	OWNERS NAME: LEONARD HALVORSEN Sold
NEAREST CROSS STREET: HUDSON DRIVE	MAILING ADDRESS: P.O. BOX 387 575 3036
ASSESSOR'S PARCEL NO.: 109-430-17	CITY: SANTA ROSA, CALIF 95402 TELEPHONE: 2-5641 9599
SUB DIVISION: TIMBER COVE Prop. LOT 22 BLK. I	PREVIOUS APPLICATION: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NEW <input checked="" type="checkbox"/> ADDN/ALTER <input type="checkbox"/>
CITY: TIMBER COVE CALIF	INSTALLATION WILL SERVE: RESIDENCE <input checked="" type="checkbox"/> APARTMENT HOUSE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> MOTEL <input type="checkbox"/> OTHER <input type="checkbox"/> BUILDING CONST. NEW <input type="checkbox"/> ADDN/ALTER <input type="checkbox"/>
GENERAL CONTRACTOR: LEONARD HALVORSEN	NO. OF UNITS: 1 NO. OF BED ROOMS: 2 GARBAGE DISPOSAL UNIT: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
SEWAGE DISPOSAL SYSTEM CONTRACTOR:	WATER SUPPLY: PRIVATE <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> LOT SIZE: 3/4 AC +/-
ADDRESS:	

EXPIRED

TERMS OF PERMIT

ELECTRICAL PERMIT REQUIRED

- APPLICANT AGREES THAT:
- SANITARIAN WILL BE NOTIFIED A MINIMUM OF 24 HOURS PRIOR TO COMMENCING WORK.
 - SANITARIAN AND ENGINEER'S INSPECTION, WHEN INDICATED, WILL BE OBTAINED PRIOR TO COMMENCING 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 DESIGNED SYSTEM A SIGNED STATEMENT BY THE DESIGN ENGINEER CERTIFYING THAT THE SYSTEM WAS INSTALLED IN COMPLIANCE WITH THE APPROVED PLAN MUST BE SUBMITTED TO THE HEALTH OFFICER.
 - ONLY WHEN VALIDATED BY THE BUILDING INSPECTION DEPT. DOES THIS PERMIT BECOME YOUR PERMIT.
 - THIS PERMIT IS SUBJECT TO REVOCATION IF FOUND TO BE IN NONCOMPLIANCE WITH SONOMA COUNTY CODE OR STATE STANDARDS OF PUBLIC HEALTH SERVICE.

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 SERVICE 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 SEWAGE DISPOSAL SYSTEMS. THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS.

BY: Leonard Halvorsen
SIGNATURE OF PERMITTEE OR AUTHORIZED AGENT

To: COUNTY OF SONOMA, BUILDING INSPECTION DEPARTMENT

The undersigned applicant for building 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 THE JURISDICTION OF THE COUNTY OF SONOMA.
- B. THE APPLICANT IS EXEMPT FROM THE PROVISIONS OF THE CONTRACTORS LICENSE LAW FOR THE FOLLOWING REASONS:

WORKMEN'S COMPENSATION CERTIFICATE

(One of Two must be completed)

1. A currently effective certificate of Workmen's Compensation Insurance coverage is on file with this office.
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.

Compensation Insurance Policy # _____
is currently in force.

BY: Leonard Halvorsen
APPLICANT

THIS IS REV. B. 7

3/17/83 Leonard Halvorsen
SIGNATURE

LAYOUT PLAN APPROVED BY: Environmental Health DATE: 7/27/83 CONSTRUCTION APPROVED BY: _____ DATE: _____

ORIGINAL

NOT TRANSFERABLE
WHEN VALIDATED THIS IS YOUR PERMIT

7/27/83 09:51 AM
22050 TIMBER COVE RD
TTL 240.00
CHCK 240.00

**INSTRUCTIONS FOR PRIVATE SEWAGE DISPOSAL PERMIT
MINIMUM PLOT PLAN REQUIREMENTS FOR NEW PRIVATE SEWAGE DISPOSAL SYSTEMS**

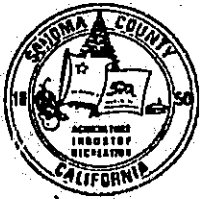
- A. Two copies of a detailed plot plan required for preliminary proposal review.
- B. Four copies of a detailed plot plan with a minimum scale of 1" = 20' and minimum size of 8 1/2" x 11" (or a size folded to 8 1/2" x 11") must accompany the application for a private sewage disposal permit and include the following:
1. Lot dimensions.
 2. Location and name of at least one street adjacent to the lot.
 3. North point.
 4. Direction of slope of ground (indicated by arrows), with the approximate percent of slope indicated in the area of the leach field. Contours may be required.
 5. Location of proposed well.
 6. Location of all other wells, springs, lakes, ponds, marsh areas, streams, and drainage ditches or channels within 150' of any portion of the sewage disposal system.
 7. Location of existing and/or proposed structures (dimensional), driveways, swimming pools, patios, retaining walls, paved areas, large trees, and cut banks.
 8. Location of existing sewage disposal systems and existing and/or proposed wells, easements, water lines, or underground utilities.
 9. Location of soil percolation test holes.
 10. Location of sewage disposal system with details of construction with full description of complete installation.
 11. Designate a 200% reserve leach field area except where it can be demonstrated the lot was created prior to October 1971; then 100% reserve area shall be designated.

LEACHING TRENCHES AND SEPTIC TANKS SHALL BE LOCATED IN ACCORDANCE WITH THE FOLLOWING REQUIREMENTS:

<u>Minimum Horizontal Distance Required from:</u>	<u>Septic Tank</u>	<u>Leaching Trenches (Including future expansion area)</u>
Building or Structures	5 feet	8 feet
Property Line	5 feet	5 feet
Water Supply Wells	100 feet	100 feet
Perennially Flowing Stream (a)	100 feet	100 feet
Drainage Course or Ephemeral Stream (b)	50 feet	50 feet
Ocean, Lake or Reservoir (c)	100 feet	100 feet
Large Trees	10 feet	10 feet
Disposal Field	5 feet	—
Domestic Water Pipe	5 feet	5 feet
Distribution Box	5 feet	6 feet
Fill Area	—	15 feet

Consideration shall be given in locating septic tanks and leach fields with respect to cut and fill slopes, up and downstream from the installation. Stability of slopes and travel of leachate shall be considered in the location of system components.

- (a) As measured from the line which defines the limit of a ten-year frequency flood.
- (b) As measured from the edge of the watercourse.
- (c) As measured from the high water line.



SONOMA COUNTY
PUBLIC HEALTH SERVICE

ROBERT L. HOLTZER, M.D.
PUBLIC HEALTH OFFICER

3313 CHANATE ROAD
SANTA ROSA, CALIFORNIA 95404
PHONE: 527-2605

10/9/85

Mr Leonard Halvorsen

P.O. Box 387

S.R. 95402

Dear Leonard:

The Health Department has received your request for an extension of time to install the sewage disposal system at:

22050 Timber Cove Rd

Septic Permit # 83283

This department is extending you a completion date of May 30, 1986, in which the proposed system is to be installed and inspected.

Thank you

Sincerely

Frank Jones

Environmental Health Specialist

Frank Dow.

10/9/85

Dear Frank:

Do to conditions beyond my control
request extension of permit he granted
on Peabody Cove Property (lot 22 Block I Unit II)
(A.P. #109-450-17).

Open extension request date to
extend to May 30th 1986.

Yours,

Lenard Halverson
10/9/85

FD



SONOMA COUNTY
PUBLIC HEALTH SERVICE

ROBERT L. HOLTZER, M.D.
PUBLIC HEALTH OFFICER

3313 CHANATE ROAD
SANTA ROSA, CALIFORNIA 95404
PHONE: 527-2605

January 29, 1985

Mr. Leonard Halvorsen
P.O. Box 387
Santa Rosa, CA. 95402

Dear Len,

Subject: Septic permit # 83283
22050 Timber Cove Road

The Health Department is in receipt of your request for an extension of time to install the sewage disposal system at the above address.

The Health Department is extending you a completion date of September 1, 1985 in which the mentioned sewage disposal system shall be installed and inspected by this department.

Please call me at 527-2518 if you have any questions.

Very truly yours,

*extended till Sept 15 '85
talked to Len*

ROBERT L. HOLTZER, M.D.
Public Health Officer

FRANK DONO, R.S.
Environmental Health Specialist

FD/lb

cc: Sonoma County Building Inspection Department

FD

STATE OF CALIFORNIA—RESOURCES AGENCY

George Deukmejian, Governor

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD—
NORTH COAST REGION

1000 CODDINGTOWN CENTER
SANTA ROSA, CALIFORNIA 95401
Phone: 707-576-2220



May 2, 1983

*Site
22050
Timber Cove Rd.*

NOTICE OF ADOPTION

PUBLIC HEALTH SERVICE

MAY 04 1983

DIV. OF E.H.

WASTE DISCHARGE REQUIREMENTS

for

LEONARD HALVERSON
ALTERNATIVE SYSTEM

Sonoma County

Waste Discharge Requirements for the above shown discharger were adopted by the Regional Water Quality Control Board, North Coast Region, on April 28, 1983. The requirements were adopted as originally proposed.

David C. Joseph
Executive Officer

- cc: SWRCB, Legal Division
- ✓ Sonoma County Health Department
- SES, Santa Rosa
- DWR, Central District, Sacramento

See 9/30 mid 10/1

file 205

ROBERT L. HOLTZER, M.D.
PUBLIC HEALTH OFFICER



SONOMA COUNTY PUBLIC HEALTH SERVICE

3313 CHANATE ROAD
SANTA ROSA, CALIFORNIA 95404
PHONE: 527-2605

Date: September 30, 1982

L. Halvorsen
P.O. Box 387
Santa Rosa, CA 95402

Subject: Percolation test report evaluation
A.P. Number: 109-430-17
Address: 22 Timber Cove Rd.
Name: L. Halvorsen

Your soil percolation test report for the subject property has been reviewed and filed.

Preliminary evaluations indicate the potential for a Innovative Sewage Disposal System. Site investigation should be arranged to further evaluate the site for inclusion within the Innovative Program, to install a shallow pressure trench system.

Please complete a site survey form, submit required fee, and arrange for an evaluation.

Further information can be obtained by calling me at (707) 527-2518, Tuesday through Friday, between 7:00 a.m. and 9:00 a.m.

Very truly yours,

ROBERT L. HOLTZER, M.D.
Public Health Officer

FRANK DONO, R.S.
Sewage Disposal Specialist

FD:ld

cc: R. Lease, R.S.
B. Ruderman, R.S.

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD—
NORTH COAST REGION

1000 CODDINGTOWN CENTER
SANTA ROSA, CALIFORNIA 95401
Phone: 707-576-2221



[Handwritten signature]

April 13, 1983

N O T I C E

PROPOSED WASTE DISCHARGE REQUIREMENTS

for

LEONARD HALVERSON
ALTERNATIVE SYSTEM

Sonoma County

22050 Timber Cove
A.P. # 109-430-17

Comments or recommendations you may have concerning the proposed Order should be submitted in writing to the Regional Board by April 18, 1983. Comments received after this date cannot be given full consideration.

David C. Joseph
Executive Officer

Attachment

cc: SWRCB, Legal Division
Sonoma County Health Department
SES, Santa Rosa

PRELIMINARY

California Regional Water Quality Control Board
North Coast Region

ORDER NO. 83-46

WASTE DISCHARGE REQUIREMENTS

for

LEONARD HALVERSON
ALTERNATIVE SYSTEM

Sonoma County

The California Regional Water Quality Control Board, North Coast Region, (hereafter Board), finds that:

1. On March 18, 1983, Leonard Halverson (hereafter discharger) submitted a report of waste discharge for the installation of an alternative sewage disposal system for a proposed residence at 22050 Timber Cove Road. The site is 0.75 acres, Sonoma County A.P. 109-430-17, located in the Plantation quadrangle (see Figure 1).
2. The proposed wastewater disposal system is to serve a two bedroom residence and consists of a 1200-gallon septic tank followed by a 500-gallon upflow filter tank and a pumping chamber which will provide uniform discharge to a series of disposal trenches. The distribution lines will be 12 inches below ground surface and will overlay sand and gravel to a total trench depth of 48 inches.
3. The proposal is designed to overcome conditions of slow percolation on a slope of approximately 20 percent, which render the site unsuitable for the use of a conventional septic tank-leachfield wastewater disposal system or a mound system.
4. The Board adopted the Water Quality Control Plan for the North Coastal Basin on March 20, 1975, and revised the Plan on March 25, 1976, and again on June 21, 1979. The Plan includes the Board's Policy on the Control of Water Quality with Respect to Individual Waste Treatment and Disposal Systems.
5. On February 24, 1977, the Board adopted Resolution No. 77-2 authorizing the Executive Officer to conduct a study of experimental on-site sewage disposal systems in cooperation with the Sonoma County Public Health Service.
6. A joint agreement between the Executive Officer and the Sonoma County Public Health Officer which established criteria for approval and installation of innovative disposal systems for demonstrative purposes was instituted in May 1978 and revised in March 1982. The proposed system conforms to the criteria set forth in this joint agreement.

7. Drainage from the subject property enters into Timber Cove Creek which flows into the Pacific Ocean. Present and potential beneficial uses of coastal streams include:
 - agricultural, municipal, and industrial water supply
 - groundwater recharge
 - contact and non-contact water recreation
 - freshwater habitat
 - wildlife habitat
 - fish migration and spawning
8. This project is categorically exempt from provisions of the California Environmental Quality Act as new construction of a small structure pursuant to Section 15103 of the Resources Agency Guidelines. The Regional Board finds that this project will not cause adverse water quality impact if conducted in accordance with terms of this Order.
9. The Board has notified the discharger and the interested agencies and persons of its intent to prescribe waste discharge requirements for the proposed discharge.

THEREFORE, IT IS HEREBY ORDERED that Leonard Halverson shall comply with the following:

A. DISCHARGE SPECIFICATIONS

1. There shall be no surface discharge of waste at any time.
2. There shall be no discharge of waste on property not owned or under control of the discharger.
3. Neither the treatment nor disposal of wastes shall cause a pollution or nuisance, as defined in Section 13050 of the California Water Code.
4. The discharge of waste into the disposal field shall not exceed 300 gpd average over any 7-day period.

B. PROVISIONS

1. All waste treatment and disposal facilities shall be installed in accordance with plans and specifications submitted to and approved by the Executive Officer.
2. The discharger shall permit the Regional Board:
 - a. Entry upon premises in which an effluent source is located or in which any required records are kept;

- b. Access to copy any records required to be kept under terms and conditions of this Order;
- c. Inspection of monitoring equipment or records; and
- d. Sampling of any discharge.

Regional Board access for these purposes shall be during normal working hours and with reasonable prior notification given to the discharger.

3. The discharger shall notify the Board upon commencement of construction and at least 48 hours prior to testing the septic tank and sump for leakage.
4. The discharger shall maintain in good working order and operate as efficiently as possible any facility or control system installed by the discharger to achieve compliance with the waste discharge requirements.
5. The discharger shall comply with Monitoring and Reporting Program No. 83-46 as specified by the Executive Officer.
6. The Board requires the discharger to file a report of waste discharge at least 120 days before making any material change or proposed change in the character, location, or volume of waste discharges from the facility.
7. The discharger shall comply with the Contingency Planning and Notification Requirements for Accidental Spills and Discharges, Order No. 74-151, attached to and made part of this Order prior to adoption of waste discharge requirements.
8. In the event the discharger is unable to comply with the conditions of this Order due to:
 - a. Breakdown of waste treatment equipment;
 - b. Accidents caused by human error or negligence; or
 - c. Other causes, such as acts of nature;

the discharger shall notify the Executive Officer by telephone as soon as he or his agents have knowledge of the incident and confirm this notification in writing within two weeks of the telephone notification. The written notification shall include pertinent information explaining reasons for the non-compliance and shall indicate what steps were taken to correct the problem and the dates thereof, and what steps are being taken to prevent the problem from recurring.

9. In the event of any change in control or ownership of land or waste discharge facilities presently owned or controlled by the discharger, the discharger shall notify the succeeding owner or operator of the existence of this Order by letter, a copy of which shall be forwarded to this Board. Such notification shall be prior to the final transaction of controller or ownership.

Certification

I, David C. Joseph, Executive Officer, do hereby certify that the foregoing is a full, true, and correct copy of an Order adopted by the California Regional Water Quality Control Board, North Coast Region, on April 28, 1983.

David C. Joseph
Executive Officer

California Regional Water Quality Control Board
North Coast Region

MONITORING AND REPORTING PROGRAM NO. 83-46

for

LEONARD HALVERSON
ALTERNATIVE SYSTEM

Sonoma County

MONITORING

1. Waste Volume

The discharger shall measure and record the weekly volume of waste discharged to the disposal field.

2. Visual Observations

The discharger shall inspect the disposal field area for indication of malfunction weekly. The date and status of the disposal field shall be recorded, as well as any corrective actions. The discharger shall obtain a surface sample from an apparent malfunction of the system and shall have said sample analyzed for total fecal coliform bacteria.

3. Monitoring Wells

- a. The discharger shall install five monitoring wells as follows:
- No. 1 shall be located 10 feet upslope of the midpoint of the uppermost disposal trench. The monitoring well shall extend from six inches above to four feet below ground surface.
 - No. 2 shall be located immediately downslope of the uppermost disposal trench, and shall extend from six inches above ground to the bottom of the disposal trench.
 - No. 3 shall be located immediately downslope of the most downslope disposal trench and shall extend from six inches above ground to the bottom of the disposal trench.
 - Nos. 4 and 5 shall be located 25 feet downslope of the disposal field at points equidistant from the perimeters of the disposal trenches. The monitoring wells shall extend from six inches above to four feet below ground surface.
- b. All monitoring wells shall be constructed in 3 inch or 4 inch plastic pipe (or equivalent), equipped with a removable cap and sealed at ground

surface to prevent infiltration of surface water. All wells shall be perforated beginning at a depth of 18 inches below grade and extending to the bottom of the pipe. All wells shall be labeled and clearly marked as to their purposes.

- c. The discharger shall measure and record the elevation of water to these wells on a weekly basis. Reference datum shall be ground surface at the well.
- d. The discharger shall alternately obtain a monthly water sample from wells Nos. 4 and 5, and shall have said sample analyzed for total and fecal coliform bacteria.

REPORTING

The discharger shall submit monthly monitoring reports to the Regional Board by the 15th day of the following month. The report shall include all items specified above and the dates on which monitoring was performed.

COMPLIANCE

The discharger shall initiate this Monitoring and Reporting Program upon initial operation of the proposed waste treatment and disposal system.

Ordered by _____

David C. Joseph
Executive Officer

April 28, 1983

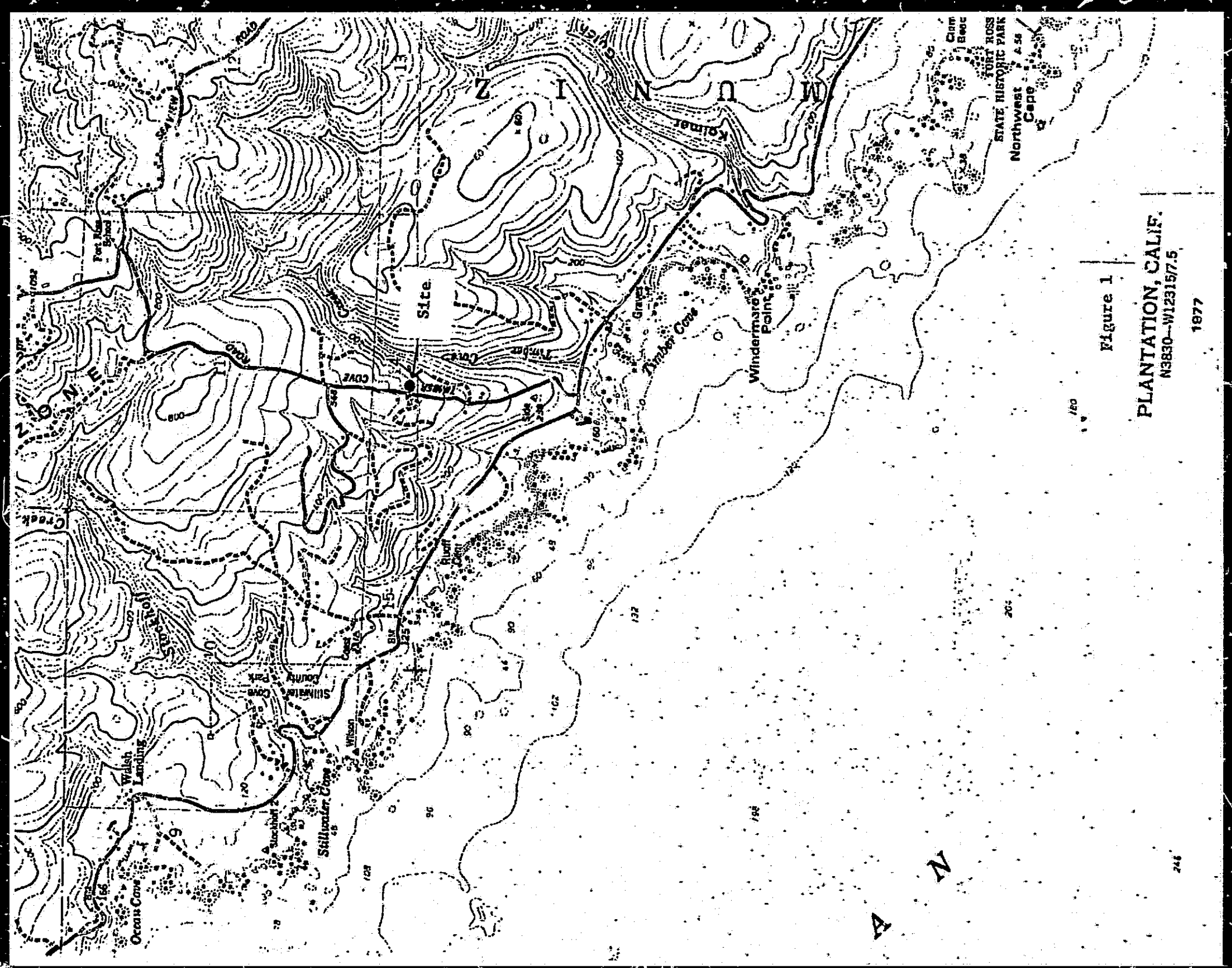


Figure 1

PLANTATION, CALIF.
 N3830--W123157.5

1877

California Regional Water Quality Control Board
North Coast Region

GENERAL MONITORING AND REPORTING PROVISIONS

February 3, 1971
(Retyped July, 1982)

GENERAL PROVISIONS FOR SAMPLING AND ANALYSIS

Unless otherwise noted, all sampling, sample preservation, and analyses shall be conducted in accordance with the current edition of "Standard Methods for the Examination of Water and Waste Water" or approved by the Executive Officer.

All analyses shall be performed in a laboratory certified to perform such analyses by the California State Department of Health or a laboratory approved by the Executive Officer.

All samples shall be representative of the waste discharge under the conditions of peak load.

GENERAL PROVISIONS FOR REPORTING

For every item where the requirements are not met, the discharger shall submit a statement of the actions undertaken or proposed which will bring the discharge into full compliance with requirements at the earliest time and submit a timetable for correction.

By January 30 of each year, the discharger shall submit an annual report to the regional board. The report shall contain both tabular and graphical summaries of the monitoring data obtained during the previous year. In addition, the discharger shall discuss the compliance record and the corrective actions taken or planned which may be needed to bring the discharge into full compliance with the waste discharge requirements.

The discharger shall file a written report within 90 days after the average dry-weather flow for any month that equals or exceeds 75 percent of the design capacity of the waste treatment or disposal facilities. The report shall contain a schedule for studies, design, and other steps needed to provide additional capacity or limit the flow below the design capacity prior to the time when the waste flow rate equals the capacity of the present units.

California Regional Water Quality Control Board
North Coast Region

CONTINGENCY PLANNING AND NOTIFICATION REQUIREMENTS

FOR

ACCIDENTAL SPILLS AND DISCHARGES

ORDER NO. 74-151

The California Regional Water Quality Control Board, North Coast Region, finds that:

1. Section 13225 of the Porter-Cologne Water Quality Control Act requires the Regional Board to perform general duties to assure positive water quality control.
2. The Regional Board has been advised of situations in which preparation for, and response to accidental discharges and spills have been inadequate.
3. Persons discharging waste or conveying, supplying, storing, or managing wastes or hazardous materials have the primary responsibility for contingency planning, incident reporting and continuous and diligent action to abate the effects of such unintentional or accidental discharge.

THEREFORE, IT IS HEREBY ORDERED THAT:

- I. All persons who discharge wastes or convey, supply, store, or otherwise manage wastes or other hazardous material shall:
 - A. Prepare and submit to this Regional Board, according to a time schedule prescribed by the Executive Officer, a contingency plan defining the following:
 1. Potential locations and/or circumstances under which accidental discharge incidents might be expected to occur;
 2. Possible water quality effects of accidental discharges,
 3. The conceptual plan for cleanup and abatement of accidental discharge incidents, including:
 - a. The individual who will be in charge of cleanup and abatement activities, on behalf of the discharger,
 - b. The equipment and manpower available to the discharger to implement the cleanup and abatement plans,
 - B. Immediately report to the Regional Board any accidental discharge incidents. Such notification shall be made by telephone as soon as the responsible person or his agent has knowledge of the incident.

- C. Immediately begin diligent and continuous action to cleanup and abate the effects of any unintentional or accidental discharge. Such actions shall include temporary measures to abate the discharge prior to completing permanent repairs to damaged facilities.
- D. Confirm the telephone notification in writing within two weeks of the telephone notification. The written notification shall include: reasons for the discharge, duration and volume of the discharge, steps taken to correct the problem, and steps being taken to prevent the problem from recurring.
- II. Upon original receipt of phone report (I.B), the Executive Officer shall immediately notify all affected agencies and known users of waters affected by the unintentional or accidental discharge.
- III. Provide updated information to the Regional Board in the event of change of staff, size of the facility, or change of operating procedures which will affect the previously established contingency plan.
- IV. The Executive Officer or his employees shall maintain liaison with the discharger and other affected agencies and persons to provide assistance in cleanup and abatement activities.
- V. The Executive Officer shall transmit copies of this Order to all persons whose discharges or waste handling activities are governed by Waste Discharge Requirements or an NPDES Permit. Such transmittal shall include a current listing of telephone numbers of the Executive Officer and his key employees to facilitate compliance with Item I.A(3)(a) of this Order.

Ordered by


David C. Joseph
Executive Officer

July 24, 1974
(Retyped July, 1982)

MAR 18 1983

COUNTY OF SONOMA
ENVIRONMENTAL HEALTH DIVISION
PUBLIC HEALTH SERVICE

Plan DIV. OF E.H.

100

Location of Service	22050 TIMBER COVE RD. (TIMBER COVE PROPERTIES)	By		Date	3/18/83
Person Requesting Service	LEONARD HALVORSEN	Phone No. of Person Requesting Service	542-5641		
Address of Person Requesting Service	P.O. Box 387 SANTA ROSA CALIF 95402	Owner or Agent To be Contacted	LEONARD HALVORSEN		
Reason for Request	NEW INSTALLATION				

For office use only
Property No.

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

plan review mail cc owner
cc earth systems

REPORT OF INVESTIGATION

3/21/83 plan review

plans for 2bd. house acceptable

can eliminate up flow filter from design

need the following

- 1) approval letter from water company
- 2) 2 copies of plot plan
- 3) floor plans
- 4) recorded easement
- 5) waste discharge requirements
- 6) additional fee & signed permit application

22050RONE 104.00
TOTAL 104.00
LUNA 104.00
7 MAR 1983 07:50 02 1006

Mid. 3/24/83

Paul Lono
Sanitarian

3/21/83
Dist.

WHITE: Upper section to file
Lower section to file

GREEN: Retained for office file at time form is typed

FORM - PHS-EH-12 (Rev 9-74)5M

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

PINK: Retained by District Sanitarian