## Apex Septic Design, Inc.

P.O. Box 11247 Santa Rosa, CA 95406 (707) 322-5827 apexsepticdesign@gmail.com



July 13, 2021

Well and Septic Staff Permit and Resource Management Dept. 2550 Ventura Avenue Santa Rosa, CA 95403

Re: Septic findings under tier 1 at 17085 Bodega Lane in Bodega, CA 94922 APN: 103-120-014

I conducted a site evaluation at the subject site on July 13, 2021 at 10:30 a.m. The purpose of the site evaluation was to identify the locations of the septic tank and leach lines in order to build stairway. The county record shows a septic permit (SEP16-0663) was issued on November 4, 2016 and finalized on December 06, 2016 to destroy old cesspool and install a new 1200-gallon septic tank and two 40-foot leach line to support a 3-bedroom house.

The 1200-gallon septic tank is made of concrete and has two compartments. The wastewater level was normal. The septic tank is located at the east side of house and 12.5 feet away from the house.

There are two leach lines which were located by Quality Septic Service. Each leach line is 39 feet long. There isn't a distribution box at the beginning of the leach line. The nearest leach line is 12 feet away from the house. Please see attached site plan.

For further information or questions I can be reached at (707) 322-5827.

Respectfully,

Tai Nguyen Registered Environmental Health Specialist #7177









**Permit Number** 



**Street Number** 



Street Name





APN

## PERMIT & RESOURCE MANAGEMENT DEPARTMENT - WELL & SEPTIC SECTION 2550 VENTURA AVENUE, SANTA ROSA, 95403 TELEPHONE (707) 565-1900

| APPLICATION FOR FRIVATE | L |
|-------------------------|---|
| SEWAGE DISPOSAL PERMIT  |   |

TION FOR DRUATE

**APPLICATION FOR** 

CLEARANCE FOR: VOLUNTAR This permit application must be signed on pertinent signature lines by the same person (i.e., Application is hereby made to the Permit & Resource Management Department for contractor or owner/builder.) A letter of authorization from the owner must accompany this a permit to construct or repair a sewage disposal system as described below in application if an agent is signing on the owner's behalf. compliance with code of Sonoma County or for clearance for other construction. EXISTING USE(S) ON SITE: APPLICANT: PLEASE PRESS HARD (USE BLACK INK). Building PERMIT # SEP PERMIT # 1-0663 FILL IN BETWEEN HEAVY LINES ONLY. SEE BACK SIDE FOR TERMS OF PERMIT OWNER'S NAME THOMAS LARDNER & ANDY PLASE BODELA LANE JOB ADDRESS 17085 MAILING ADDRESS 22 EDITH STREET CITY SAN FRANCISCO STATE NEAREST CROSS STREET \_\_\_ BOOKLA MAUMON STELLART ST ASSESSOR'S PARCEL No. \_ 103 - 120 - 014 PHONE (415) 407.3375 \_\_\_\_\_ LOT\_\_\_\_\_ LOT\_\_\_\_\_ SUBDIVISION CITY BODELA ZIP94922 SEWAGE DISPOSAL SYSTEM CONTRACTOR CONSTRUCTION & EXCONATION INSTALLATION WILL SERVE: DE EXISTING RESIDENCE D NEW RESIDENCE REPLACEMENT RESIDENCE
 SECOND UNIT
 COMMERCIAL **REPAIR** ATTACHED CONDITIONAL STATEMENT ADDRESS (OB 2308 95446 PHONE NO. 869-0901 Public З TOTAL (Existing + Proposed) Water Lot SAME Number of Total No. of GENERAL CONTRACTOR Supply: Size: Private Units: Bedrooms: WORKER'S COMPENSATION DECLARATION LICENSED CONTRACTOR'S DECLARATION OWNER-BUILDER DECLARATION I hereby affirm under penalty of penjury that I am licensed under provisions of I hereby affirm under penalty of perjury one of the following declarations: I hereby affirm under penalty of periury that I am exempt from the Contractor's I have and will maintain a certificate of consent to self-insure for worker's Chapter 9 (commencing with Section 7000) of Division 3 of the Business and License Law for the following reason (Sec. 7031.5, Business and Professions compensation, as provided for by Section 3700 of the Labor Code, for the Professions Code, and my license is in full force and effect. Code: Any city or county which requires a permit to construct, alter, improve, performance of the work for which this permit is issued. VON RENHER demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed CONSTRUCTION & EXCANATION At have and will maintain worker's compensation insurance, as required by pursuant to the provisions of the Contractor's License Law (Chapter 9 Section 3700 of the Labor Code, for the performance of the work for which (commencing with Section 7000) of Division 3 of the Business and Professions this permit is issued. My worker's compensation insurance carrier and policy Code) or that he or she is exempt therefrom and the basis for the alleged 899560 7/3,/11 number are: exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars License Number EVEREST\_\_\_\_ Carrier (\$500).): Policy No. 760001554161 (This section need not be completed if the permit is for one hundred dollars (\$100) or less). □ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044 I certify that in the performance of the work for which this permit is issued. I A SEPTIC PERMIT SHALL EXPIRE IN THREE(3) YEARS FROM DATE Business and Professions Code: The Contractors License Law does not apply to an OF ISSUANCE UNLESS OTHERWISE NOTED BY CODE shall not employ any person in any manner so as to become subject to the owner of property who builds or improves thereon, and who does such work himself or worker's compensation laws of California, and agree that if I should become ENFORCEMENT. herself or through his or her own employees, provided that such improvements are not subject to the worker's compensation provisions of Section 3700 of the Labor intended or offered for sale. If, however, the building or improvement is sold within one Code, I shall forthwith comply with those provisions. year of completion, the owner-builder will have the burden of proving that he or she did THIS PERMIT IS LIMITED TO DAYS. not build or improve for the purpose of sale.). 10.1-17 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Busin Exp. Date Applicant Signature License Law does not apply to an owner Sprond One shills of hip toes thereon, Violation # and who contracts for such projects with a contractor(s) licensed pursuant to the WARNING: FAILURE TO SECURE WORKER'S COMPENSATION Contractors License Law.). COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO I am exempt under Sec. MANAGEMENT DEPARTMENT CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED REVIEWED BY THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF CODE ENFORCEMENT Date PERMIT #\_\_\_\_ COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF Owner THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. Date I certify that I have read this application and affirm under penalty of perjury that the above information is correct. I agree to comply with all local Ordinance's and State laws relating to building construction. I hereby authorize representatives Contractor Owner
 Other Licensed Professional of the County of Senoma to enter and the along series party popperty poppertion purposes. If, after making the SIGNATURE OF APPLICANT Certificate of Exemption for the Worker's Companyation of the labor dode I should become subject to such provisions, invititor invititor motion by in the event do not comply with the Workman's Compensation law, this permit shall be deemed revoked. YILL C. Address Construction and Layout Plan Date Permit Finaled by: Approved by: Date

WHEN APPROVED THIS IS YOUR PERMI

|             | County of Sonoma<br>Permit & Resource Management Department<br>Well & Septic Section<br>2550 Ventura Avenue, Santa Rosa, CA 95403-2829<br>(707) 565-1900   | ,<br>, |
|-------------|--|--------|
| .:          | SEPTIC SYSTEM INSPECTION<br>Site Address: 17085 Bodega Ln<br>Owner: VOIMAND Repair<br>SEP16-0663   |        |
|             | Date of call:      Time:         Caller:          Caller's Phone No.:  |        |
| F<br>F<br>F | <ul> <li>Stop work immediately - Call Environmental Health Specialist<br/>Telephone Hours</li> <li>OK to cover leachfield Hours</li> <li>Provide Engineer's letter of approval 3. 33</li> <li>Provide "As Built" plan to scale</li> <li>Call for inspection on pump &amp; alarm</li> <li>Corrections needed - see remarks below</li> <li>OK to cover with Engineer's approval</li> <li>Issue Operational Permit</li> </ul> | :      |
|             | For further information call:<br>Hours & Day: Scup Photos of<br>Remarks: Cetapool abandonud, New<br>DOD god tank and 2×40'<br>Leuch inter Filling tank now.<br>Saw purper receipt: 20"<br>rock, treach 22" to fock,<br>24" Wide<br>Mandada Dob fock<br>Environmenta Health Specialist's Signature<br>Received by: Alex Koss<br>Contractor's Signature  |        |
|             | Posted Sennis F:\Forms\WSS\WSS-015.WPD 7/28/98 Dist: White-WSS Canary-Job Site Pink-Phon Rec   |        |

## Condition of Class III Private Sewage Disposal Repair Permit WLS-029

Purpose: This form is to notify the applicant of the conditions under which a permit can be issued to repair an existing nonconforming sewage disposal system. Before a repair permit can be issued, the property owner is required to sign this form in the presence of a notary accepting the conditions applied to the permit.

| SEP16-0663      |           | VON RENNER CONSTRUCTION AND EXCAVATION INC |  |
|-----------------|-----------|--|--|
| Permit Number   |           | Applicant                                  |  |
| 17085 BODEGA LN |           | THOMAS GARNER / ANDY PEASE                 |  |
| Site Address    |           | Property Owner (mail courtesy copy)        |  |
| BODEGA BAY      | CA/94922  | 103-120-014                                |  |
| City/Town       | State/Zip | Assessor's Parcel Number(s)                |  |

The proposed septic system repair meets the current W ell & Septic Division Remodel and Repair Policy requirements for a Class III System. It does not meet all current Well & Septic Division code requirements that would apply to an undeveloped parcel, an increase in flow (e.g. bedroom addition), a Rebuild or a Major Addition. The repair has been authorized to allow continued occupancy of the existing structure and in no way implies any guarantee of the work proposed or of the function, effectiveness or longevity of this repair. Inspection of the repair by this department will be to check proper installation only. The proposed repair perm it will be issued upon acceptance of the conditions listed below. . . . . . . . . .

The sewage disposal system is considered non-conforming due to the following reasons. There may be other site limitations that are not apparent at this time.

Soils evaluations and/or groundwater determinations have not been conducted. Soil and groundwater conditions may impact proper septic system operation particularly during wet-weather conditions.

The size of the leachfield appears smaller than typical for this size house or for soil types in the area.

A standard septic system design appears poorly suited for the site. An alternative design would be preferable.

The installation does not conform to present code setbacks, specifically\_

The issuance of this permit does not constitute a recognition by the County of the legality of any structures on the parcel Bedroom additions, substantial remodeling or reconstruction to structures served by this septic system cannot be approved unless the septic system can be brought into compliance with present Well & Septic Division Reutilization Policy and/or Remodel Policy criteria. The use of low-flow toilets and other water conservation measures are strongly recommended to decrease the sewage flow to the septic system.

Divember 21 2016 Conditions accepted by Property Owner(s):

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA, COUNTY OF San Francisco On this day November 21, 2016 before me, Fizabeth C. Masiah, Nothry Public, Public, personally appeared,

who proved to me on the basis of satisfactory evidence Thomas Gammer + Andy Deave - 11to be the person(s) whose name(s) is/and subscribed to the within instrument and acknowledged to me that he/she/merecuted the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

| WITNESS my hand jandra |      |
|------------------------|------|
|                        | N/N/ |
| An L                   |      |
|                        |      |

Signature

Other: \_

ELIZABETH C. MASLIAH Notary Public - California San Francisco County Commission # 2153026 My Comm. Expires Jun 10, 2020 (SEA

Sonoma County Permit and Resource Management Department

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

S:\WELL\_SEPTIC\NotaryDocuments2015\NotaryWLS-029.pdf 03/17/15







## LEACHLINE DETAIL







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Permit Number



Street Number





APN

|   | Well Permit Application   |  |  |
|---|---|--|--|
|   | WLS-031 X-Street: Bodega HWY  |  |  |
|   | $* \qquad \qquad$  |  |  |
|   | Site Address DO ARGA LANE Permit Number   |  |  |
|   | City/Town Clega State Zip Assessor's Parcel Number  |  |  |
|   | Owner Name Well Driller Name WEEKS DRILLING & PUMP COMPANY  |  |  |
|   | Mailing Address Edith Street Mailing Address P.O. Box 176<br>Sebastopol, CA 95473-0176  |  |  |
|   | San Flancisco La 74103  |  |  |
|   | Phone 415-407-3375 C57-17768  |  |  |
|   | Contact Person Tom Gardner Phone 823-3184 Fax 823-4258  |  |  |
|   | The validity of this permit depends upon the accuracy of the information provided by the applicant. A site plan <u>must accompany</u> this application. In addition to the information required on the Minimum Standard Site Plan (Form CSS-019), the site plan shall also include the proposed well location, existing well(s) location(s), GPS coordinates of proposed well, sewer mains and laterals, and other potential sources of contamination. If an inadequate site plan is provided and a second field visit is required, a charge at the current hourly rate will be assessed. The precise site location of the proposed well must be staked with the driller's name.  |  |  |
|   | INDICATE TYPE AND NUMBER OF PROPOSED WELLS/BORINGS:   |  |  |
|   | Indicate use:   Reason for new well:  |  |  |
| C | Destruct 🛛 Class I Well 🔲 Class II Well 🗳 Reconstruction Reason for Class II:   |  |  |
| • | [ ] Geotechnical Borings [ ] Geoexchange [ ] Monitoring [ ] Cathodic [ ] Dewatering   |  |  |
|   | [ ] Performance Well       [ ] Piezometer       [ ] Inclinometer       [ ] Other.         Total number of wells on property:        Number in use:  |  |  |
|   | Well located within an existing public water system boundary: Yes D No D Name of System:  |  |  |
|   | CONSTRUCTION PROPOSED   |  |  |
|   | Casing: Diameter: Gauge: Material: Gravel Pack 🗅 Conductor: Yes 🗅 No 🗅 Sand Pack 🗅  |  |  |
|   | Annular Space: Size: Depth of Seal: Seal Material:  |  |  |
|   | Method of Disinfection: Method of Sealing Type of Access Opening: Joint:  |  |  |
|   | DESTRUCTION PROPOSED:       Well Diameter:       Well Depth:       05       Well Casing:       COACCER         Method of Destruction:       See       Official Cased       Well Casing:       Coaccer   |  |  |
| C | WORKER'S COMPENSATION DECLARATION<br>I hereby affirm under penalty of perjury one of the following declarations:<br>I have and will maintain a certificate of consent to self-insure for worker's compensation,<br>as provided for by Section 3700 of the Labor Code, for the performance of the work for which<br>I have and will maintain worker's compensation insurance, as required by Section 3700 of<br>the Labor Code, for the performance of the work for which this permit is issued. My worker's<br>I have and will maintain worker's compensation insurance, as required by Section 3700 of<br>the Labor Code, for the performance of the work for which this permit is issued. My worker's<br>I have and will maintain worker's compensation insurance, as required by Section 3700 of<br>the Labor Code, for the performance of the work for which this permit is issued. My worker's<br>I hereby agree to comply with all laws and regulations of the County of Sonoma<br>and State of California pertaining to water well construction. I will telephone (707)<br>565-1694 to notify the Environmental Health Specialist 24 hours prior to<br>commencing this work. I will furnish the Permit and Resource Management<br>Within thirty (30) days in order to obtain final approval on this well as<br>required by SONOMA COUNTY CODE, CHAPTER 258. I acknowledge that |  |  |
|   | compensation insurance carrier and policy number are:<br>Carrier<br>TravelersProp.CasualtyCo Amer.  |  |  |
|   | No. #D.IT.UB-3G26309-3-15   |  |  |
|   | Signature of Weil Driver Date Date  |  |  |
|   | WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$ 100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.  |  |  |
|   |   |  |  |
|   | Site approved by: Hou analy Date: 1/17/17 Seal Inspection Date: EHS   |  |  |
|   | Finaled by: FINALED BASED ON WELL REPORT Date: 2/27/17 GW Zone: 1 2 3 4   |  |  |
|   | Comments<br>Sonoma County Permit and Resource Management Department   |  |  |
|   | SUDULIA COULLY PERMITAND RESOURCE MANAGEMENT DENARTMENT   |  |  |

2550 Ventura Avenue Santa Rosa, CA S 95403-2829 (707) 565-1900 Fax (707) 565-1399 S:\Handouts\WLS\ULS\ULS\031 Well Permit Application word 07/20/10

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Cont. Lic. No. 177681

"The Complete Water Company"

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Phone: (707) 823-3184 or (707) 542-3272 FAX (707) 823-4258 P.O. Box 176 6100 HIGHWAY 12 SEBASTOPOL, CALIFORNIA 95473



Since 1906 -

January 10, 2017

| Method of Destruction for: | 17085 Bodega Lane, Bodega |
|----------------------------|---------------------------|
|----------------------------|---------------------------|

| Destruction Proposed; | Well Diameter | 5' -    0' to 40'<br>2' - 40' to 65' |
|-----------------------|---------------|--------------------------------------|
|                       | Well Depth    | 65'                                  |
|                       | Well Casing   | Concrete                             |



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|   | APEX SEPTIC DESIGN<br>APEX SEPTIC DESIGN<br>P.O. BOX 11247<br>SANTA ROSA, CA 95406<br>(707) 322-5827<br>apexsepticdesign@gmail.com |
|---|--|
| POAD DRAINAGE DITCH, ±18" DEEP<br>PECTION | 17085 BODEGA LANE<br>BODEGA, CA 94922<br>APN: 103-120-014<br>SITE PLAN FOR FINDING REPORT,<br>TIER 1                               |
| NO DISTRIBUTION<br>BOX                    | DRAWN:<br>TN<br>CHECKED:<br>TN<br>JOB NO:<br>No. Revision<br>No. Revision<br>SHEET 1<br>of 1                                       |