

## FILE LOG

052-841-04

DATE

2-3-88 meet with Rick Moore. He wants to Add 30' of line similar to original adjacent to original. I told him that I did not think it would work. He stated that IF he did put in the original string adjacent to original + <sup>continued to</sup> if it failed he would then place a repair area on the hill side, the Area that I wanted to go. I stated that we would try it.

2-10-88 checked Profile on slope. OK for 5' deep 4' rock 55'/bedroom.

2-18-88 Top line OK. Bottom line has an 18" drop. Told them to either dig East end of line deeper or to fill to with a 6" of surface with rock on the low end & kept level all the way back across.

2-19-88 Finished All appears to be OK.

9-2-92 Office signed off for deck addition - as per existing repair permit. DR

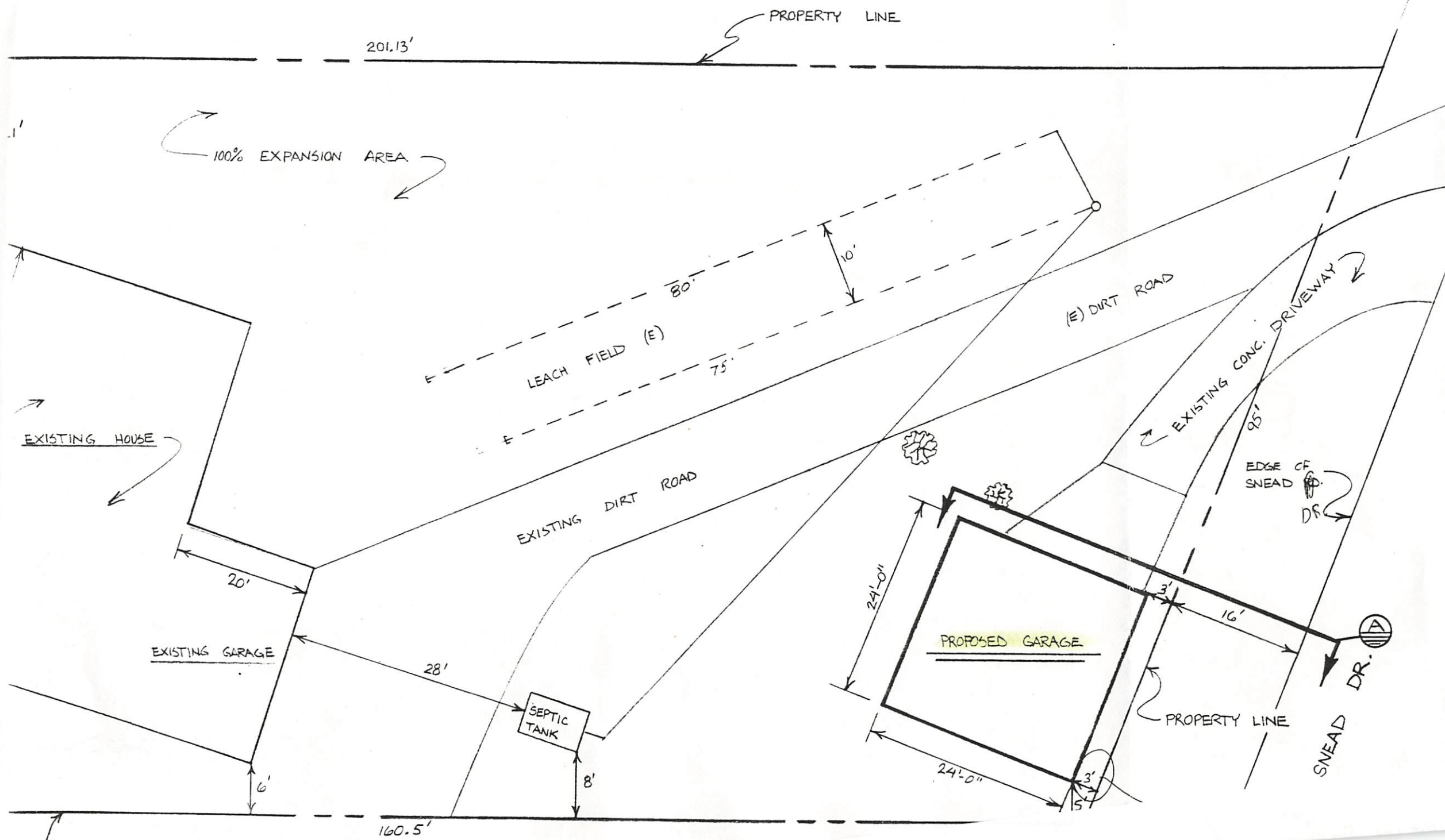
5/5/11 ADD GIS MAP PAGE UPDATE OWNERSHIP. B



**Assessor Inquiry - Main**  
**Asmt: 052-041-040-000 Feeparcel: 052-041-040-000**  
**Owner: POULSEN GLORIA A TRUSTEE**

<b>Situs Address</b>		14461 SNEAD DR COBB		<b>Values</b>			
<b>NameAddress</b>		POULSEN GLORIA A TRUSTEE P O BOX 624 COBB CA 35426		<b>Land</b>	32,703		
<b>Status</b>	<b>Date</b>	ACTIVE	03/01/1977	<b>Structure</b>	112,404		
<b>Taxability Code</b>	<b>Descr</b>	000	NORMAL OWNERSHIP	<b>Fixtures</b>			
<b>TRA</b>	<b>Base Date</b>	062-019	01/01/1998	<b>Growing</b>			
<b>Creating Doc#</b>	<b>Date</b>	1977ICONVERT		<b>Total L&amp;I</b>	145,107		
<b>Current Doc#</b>	<b>Date</b>	2007R0013054	05/31/2007	<b>Fixture RP</b>			
<b>Terminating Doc#</b>	<b>Date</b>			<b>MH PP</b>			
<b>Neighborhood C...</b>	<b>Supl Cnt</b>	052	4	<b>PP</b>			
<b>Asmt Description</b>							
<b>Land Use 1</b>	<b>Land Use 2</b>						
<b>Zoning 1</b>	<b>Dwell 1</b>						
<b>Acres</b>	<b>SqFt</b>	0	0	<b>Exemption</b>	7,000		
<b>SSN1</b>	<b>SSN2</b>	--	--	<b>Net</b>	138,107		
<b>Parcel Desc:</b>				<b>R/C #</b>			
<b>Section</b>	<b>TownShip</b>	<b>Range</b>		<b>TR/Date</b>			
<b>Description</b>				<b>Status</b>			
<b>TPZ</b>	<b>Ag Pres</b>	<b>Etal</b>	<b>Bonds</b>	<b>Description</b>	ENROLLED is BASE YEAR		
<b>Multi ...</b>	<b>910 MH</b>	<b>Flag 1</b>	<b>Flag 2</b>				
<b>Asmt PP</b>	<b>Tax PP</b>	<b>Appeal</b>	<b>Split</b>				
<b>Comments</b>							

[Notes](#) | 
 [Ownership Detail](#) | 
 [Ownership History](#) | 
 [Exemptions](#) | 
 [Mfg Homes](#) | 
 [Attributes](#) | 
 [Value History](#) | 
 [Situs](#) | 
 [Sales](#)



PLOT PLAN  
 APN. = 052-041-...

# COUNTY OF LAKE



Health Services Department  
Division of Environmental Health  
922 Bevins Ct.  
LAKEPORT, CALIFORNIA 95453  
Telephone 707 / 263-2222  
South Shore Civic Center  
Telephone 707-994-2257

## RECEIVED

AUG 3 1994

LAKE CO.  
ENVIRONMENTAL HEALTH

Robert Erickson, LCSW, MPA  
Health Services Director

Martin A. Winston, R.E.H.S., M.P.H.  
Environmental Health Director

Dear Permit Applicant:

Since you are proposing an addition which does not generate additional sewage flows to your existing residential structure, and your dwelling is served by a septic system, Environmental Health does not need to get involved, but YOU NEED TO DO THE FOLLOWING:

ON THE ATTACHED PLOT PLAN, DRAW THE FOLLOWING:

- The location and dimensions of your septic tank.
- The location and dimensions of your primary leachfield.
- The location and dimensions of your secondary leachfield. (The law requires a second leachfield, the same size as your primary field, to replace the first one should problems develop.)
- All buildings, structures, out-buildings, decks, driveways, pools, etc. on this parcel.
- The location of a well(s).

All leachfields will fail in time; therefore, the second one is needed to replace the first one. Your addition cannot go over any part of your septic tank\*, leachfield or replacement area.

I, Bob Berg, owner or owner's agent of  
(please print)

Assessors Parcel # 052-041-04 hereby affirm that the proposed addition will not go over any part of the septic tank\*, primary or secondary leachfield, and all foundations of this addition will be at least five (5) feet away from the septic tank and at least ten (10) feet from all leachfields.

Bob Berg  
(signature)

Dated 7/29/94

\*Decks and driveways may be excluded under certain circumstances.  
Please check with Environmental Health on these additions.

COUNTY OF LAKE  
BUILDING AND SAFETY DEPARTMENT  
BUILDING PERMIT APPLICATION FORM

255 N. FORBES ST.  
LAKEPORT, CA 95453  
(707) 263-2382  
FAX: (707) 263-5843



SOUTHSHORE  
CIVIC CENTER  
(707) 994-6285  
FAX: (707) 994-7128

COMPLETED BY APPLICANT

PROJECT LOCATION		(APN) <u>052-041-04</u>
OWNER: Last Name <u>Mills</u> First Name <u>Jack</u>		
SITE ADDRESS: <u>14461 Sneed Dr., Cobb</u>		
CITY: <u>Cobb</u>	CROSS STREET: <u>Hwy 175</u>	
USE OF STRUCTURE OR NATURE OF WORK: <u>Garage</u>		
NUMBER OF UNITS OR SUITES: _____		
<p align="center"><b>MAILING INFORMATION</b></p> <p>OWNER'S NAME: <u>Jack Mills</u></p> <p>ADD: <u>P.O. Box 624</u></p> <p>CITY: <u>Cobb</u> ZIP: <u>95426</u></p> <p>TEL: <u>(707) 928-4912</u></p>	<p align="center"><b>CONTRACTOR'S INFORMATION</b></p> <p>NAME: <u>Bob Berg Construction</u></p> <p>LIC#: <u>383321</u> CONTACT: <u>Bob</u></p> <p>ADD: <u>P.O. Box 547</u></p> <p>CITY: <u>Cobb</u> ST: <u>CA</u></p> <p>ZIP: <u>95426</u> TEL: <u>(707) 928-5372</u></p> <p>LIC. CLASS: <u>B</u> EXP. DATE <u>10-31-95</u></p> <p>WORKERS COMP: <u>NC93-501792-04</u></p> <p>EXP. DATE: <u>10/1/94</u></p>	
<p align="center"><b>ARCHITECT'S INFORMATION</b></p> <p>NAME: _____</p> <p>LIC#: _____ EXP. DATE: _____</p> <p>ADD: _____</p> <p>CITY: _____ ST: _____</p> <p>ZIP: _____ TEL: (____) _____</p>	<p align="center"><b>ENGINEER'S INFORMATION</b></p> <p>NAME: _____</p> <p>LIC#: _____ EXP. DATE: _____</p> <p>ADD: _____</p> <p>CITY: _____ ST: _____</p> <p>ZIP: _____ TEL: (____) _____</p>	
<p align="center"><b>LENDER'S INFORMATION</b></p> <p>NAME: _____</p> <p>ADD: _____</p> <p>CITY: _____ ST: _____</p> <p>ZIP: _____ TEL: (____) _____</p>		

FOR OFFICIAL USE ONLY

DEPARTMENT APPROVALS:	SUBMITTED DATE	ISSUED DATE	GENERAL INFORMATION
PRIOR TO PLAN CHECK	INITIALS	INITIALS	
1. Special Dist.: Sewer fees _____ Water fees _____	_____	_____	SUPERV. DIST: _____ FIRE DIST: _____ SCHOOL DIST: _____ INSP. DIST: _____ OCC. GROUP: _____ STORIES: _____ TYPE CONST: _____ FIRE RATING: _____ ENERGY COMP: _____
2. Env. Health Dept.: Well Permit / _____ Septic Permit / _____ / of bedrooms _____ Low Flush - YES/NO _____	_____	_____	NOTES <u>Setbacks per notes</u> <u>42.8(c) of Z.O.</u>
3. Planning Dept.: Zone _____ Max. Hgt. <u>20'</u> <u>FO-B20/S1 5-S2 5</u>	_____	_____	
4. Dept. of Public Works: Drw. Enc. Permit YES/NO _____ Permit / _____	_____	_____	
5. Flood Control: Zone <u>219</u> Fl. Elev. <u>217</u>	_____	_____	
6. Building & Safety: Grading Perm. YES/NO _____ Permit / _____	_____	_____	
7. Lakeland Management: Permit / _____	_____	_____	
8. Calif. Dept. Forestry:	_____	_____	
9. Local Fire Dist.:	_____	_____	
10. Local School Dist:	_____	_____	
PRIOR TO ISSUE			



# COUNTY OF LAKE



Department of Public Health  
922 Bevins Ct.  
LAKEPORT, CALIFORNIA 95453-9780  
Telephone 707/263-2241  
South Shore Civic Center  
Telephone 707/994-2257

Ezbon Jen, DHS, MPH  
Health Administrator  
Peter Stanley, MD  
Health Officer

July 28, 1988

First Interstate Mortgage  
Attn.: Gayle Schmidt  
101 Ygnacio Valley Road, Suite 105  
Walnut Creek, CA 94596

RE: Loan Approval  
APN: 52-041-04

Dear Ms. Schmidt:

An inspection of the septic system was performed on July 26, 1988 at 14461 Snead Drive, Cobb, California. The Septic system appears to be functioning correctly and the leachfield shows no signs of failure.

The septic tank was finished on July 21, 1988 and an area is available for an expansion of the septic system if needed.

The septic was installed for a three (3) bedroom single family dwelling.

The water system is permitted by this department and the water system is in compliance with Health and Safety Standards.

If you have any questions please contact me at (707) 263-2241.

Sincerely,

A handwritten signature in cursive script, appearing to read "John L. Anderson".

John L. Anderson, R.S.  
District Sanitarian

JLA/aib

72

**Middletown Septic Service**

P. O. Box 1014  
Middletown, CA. 95461  
987-2434

DATE 7/21/88

NAME		John McMillan					
ADDRESS		Box 927 Col					
SOLD BY	CASH	C.O.D.	CHARGE ON ACCT.	MOEX. REVD.	PAID OUT		
			<input checked="" type="checkbox"/>				
QTY		DESCRIPTION	PRICE	AMOUNT			
1	1	Pump Septic	100-				
	2						
	3						
	4						
	5	Exam.					
	6	121020					
	7	1/2 hr Party T. to					
	8						
	9	52-041-04					
	10						
	11						
	12		100-				
CUSTOMER'S ORDER NO.			REC'D BY				

KEEP THIS SLIP FOR REFERENCE  
5L527/01527 REDIFORM

LAKE COUNTY PUBLIC HEALTH DEPARTMENT  
 ENVIRONMENTAL HEALTH DIVISION  
 922 Bevins Court  
 Lakeport, Ca. 95453  
 707-263-221

RECEIVED  
 JUL 19 1988  
 LAKE COUNTY  
 HEALTH SERVICE

APPLICANT: GLORIA POULSEN TELEPHONE: (415) 455-1148  
 MAILING ADDRESS: 5236 SUNDANCE DR, LIVERMORE, CA. 94550  
 OWNER: JOHN McMILLAN (street) (city) (zip)  
 TELEPHONE: 928-4237  
 MAILING ADDRESS: BOX 927 COBB CA. 95426  
 (street) (city) (zip)  
 CONTRACTOR: Ø TELEPHONE: \_\_\_\_\_ LICENSE #: \_\_\_\_\_  
 MAILING ADDRESS: Ø (street) (city) (zip)

JOB	Street/Road Number: <u>SNEAD DRIVE 14461</u>	City: <u>ADAMS SPRINGS</u>
LOCATION	Nearest Cross Street: <u>HWY 175</u>	Parcel Number: <u>52-041-04</u>
	Subdivision Lot Block: <u>ADAMS SPRINGS LOT 4 BLOCK 7</u>	Lot Size Dimension: <u>95' X 180'</u>
PROPOSED USE	Single Family Residence: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO No. of Bedrooms: _____	
	Commercial Facility: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Type: _____	
WATER SUPPLY	Public Supply, Name: <u>ADAMS SPRINGS WATER CO.</u>	
	Private Supply, Source: _____	

By my signature, I certify that I am the owner or authorized representative and that the information I have furnished is correct, and hereby grant Lake County and its authorized agent permission to enter into the above described property for the purpose of this application.

Gloria Poulsen (Signature) (Applicant/Authorized Rep.) Circle One  
JULY 15th '88 Date of Application

FOR OFFICE USE ONLY

	Date	Fee	Receipt Number
<input type="checkbox"/> Site Evaluation Report	_____	_____	_____
<input type="checkbox"/> Permit to Construct On-Site Sewage Disposal System	_____	_____	_____
<input type="checkbox"/> Permit to Repair On-Site Sewage Disposal System	_____	_____	_____
<input type="checkbox"/> Permit for Alteration of On-Site Sewage Disposal System	_____	_____	_____
<input type="checkbox"/> Authorization Notice	_____	_____	_____
<input checked="" type="checkbox"/> Loan Application	<u>7-19-88</u>	<u>2500</u>	<u>217257</u>
<input type="checkbox"/> Field Consultation	_____	_____	_____
<input type="checkbox"/> Reinspection	_____	_____	_____
<input type="checkbox"/> Permit Renewal	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____
TOTAL		<u>2500</u>	

Plot Plan Required:  YES  NO Attached:  YES  NO  
 Vicinity or Tax Lot Map Required:  YES  NO Attached:  YES  NO  
 Date Test Holes Ready: \_\_\_\_\_  
 Planning Approval By: \_\_\_\_\_ Date: \_\_\_\_\_

EH/S/2 PLEASE SUBMIT A COPY OF YOUR REPORT TO:-

① FIRST INTERSTATE MORTGAGE  
 101 YENACIO VALLEY ROAD, SUITE 105  
 WALNUT CREEK, CA. 94596  
 ATTN: GAYLE SCHMIDT

② HOUSE OF REALTY  
 BOX 690  
 COBB, CA. 95426

LAKE COUNTY ENVIRONMENTAL HEALTH DIVISION

922 Bevins Court  
Lakeport, Ca. 95451  
Phone: (707) 263-2241

Repair

FINAL INSPECTION

NAME: John McMillian DATE: 2-19-88

ADDRESS: 14461 SWEET DRIVE COBB, CA

PERMIT #: 9001-S APN: 52-041-04

CHECK LIST

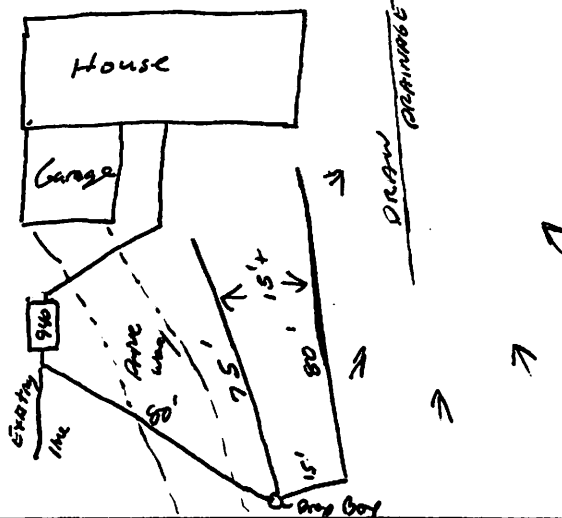
- 1. TIGHTLINES TIGHT Yes
- 2. SIZE OF TANK Existing 940
- 3. USE OF APPROVED MATERIALS Yes
- 4. USE OF APPROVED FITTINGS Yes
- 5. GRAVEL DEPTH 48"
- 6. DISTANCE BETWEEN LINES 15'
- 7. GRADE OF DRAINLINES level
- 8. DEPTH OF TRENCHES 60"
- 9. WIDTH OF TRENCHES 24"
- 10. TOTAL LENGTH OF LINES 155' (All they could get - Reasonably)
- 11. APPROVED SQUARE FOOTAGE N/A
- 12. DISTANCE FROM TANK TO HOUSE \_\_\_\_\_

DIVERSION DITCH REQUIRED YES \_\_\_\_\_ NO X

DISTANCE FROM WELL N/A

INSTALLER'S NAME: Rick Moore

DIAGRAM OF SYSTEM



REMARKS

Slope must be re-established during Backfill. Add a couple of feet of Fill over lower line closest to house

SANITARIAN: Bayer

**APPLICATION FOR ONSITE  
SEWAGE DISPOSAL PERMIT**  
WHEN VALIDATED THIS IS YOUR PERMIT

**COUNTY OF LAKE  
DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH DIVISION**

922 Bevins Court  
LAKEPORT, CALIFORNIA 95453  
Phone 707/263-2241

APPLICANT FILL IN BETWEEN HEAVY LINES ONLY

LEGAL OWNER  
CONTRACTOR

John McMillian — PLEASE PRINT —  
NAME ~~XXXXXXXXXXXXXXXXXXXX~~ TEL. NO. \_\_\_\_\_  
MAILING ADDRESS 14461 Snead Road  
CITY Cobb, CA ZIP 95426  
NAME Rick Moore Enterprises TEL. NO. 928-4869  
MAILING ADDRESS P.O. Box 72  
CITY Cobb, CA ZIP 95426

STREET OR ROAD & NO. 14461 Snead Rd.  
SUBDIVISION Adam Springs LOT 4 BLOCK 17  
COMMUNITY Cobb  
NEAREST CROSS STREET Emerford  
ASSESSORS PARCEL NO. 52-041-04

**PERMITS ARE NOT TRANSFERABLE**

- I certify that the applicant is licensed under the provisions of Chapter 9 (commencing at Section 7000) of division 3 of the Business and Professions Code, and said applicant's California State Contractor's License No. \_\_\_\_\_ Class \_\_\_\_\_ in full force and effect.
- Applicant is exempt from (5) above under the applicable provisions of Section 7040 through 7053 of the Contractor's License Law. (State basis for exemption \_\_\_\_\_).

I have verified or supplied the information here set forth, and the information is to my knowledge, accurate. Any work performed by me or my employees on the installation of this system will be in compliance with Lake County Code Article 3 of Chapter 9 and with all applicable Rules and Regulations of the Lake County Health Officer. I have read and understand all portions of the application.

*[Signature]*  
APPLICANTS SIGNATURE DATE 2-16-88  
PO Box 72 Cobb 95426  
APPLICANTS ADDRESS ZIP

2-16-88 Linda Hedstrom  
Control No. Unclassified  
Q00001  
**REPAIR**

RECEIPT NO. 201917	PERMIT NO. 9001	<b>- S</b>	
DATE REC. 2-16-88	FEE	25	00
BY A. Bell	PENALTY		
DATE ISSUED 2-16-88			
BY VB	TOTAL FEE	25	00
APPLICATION APPROVED BY <i>[Signature]</i>	DATE		

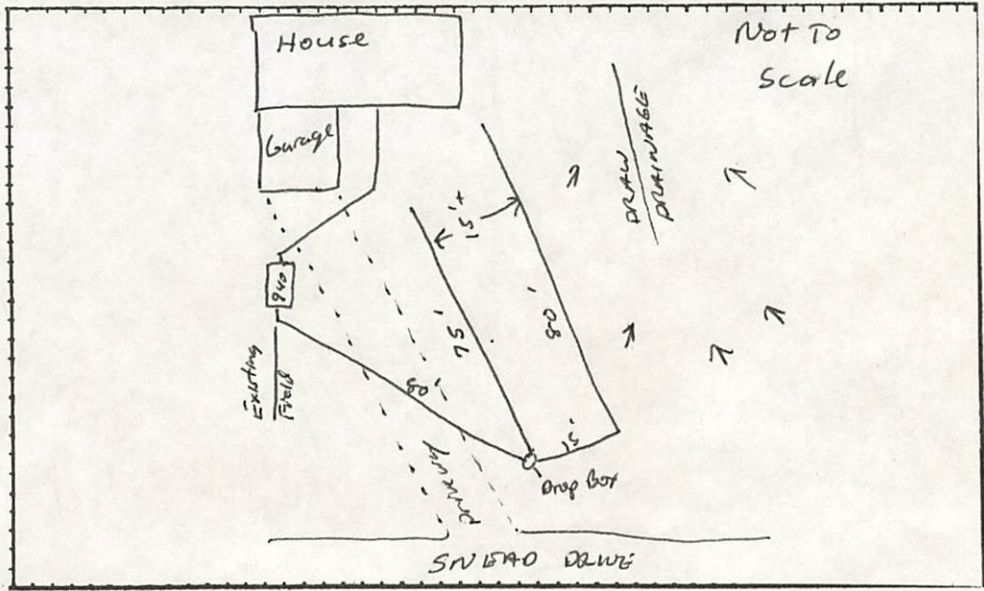
(MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL) 2-16-88  
**SPECIFICATIONS**

EXPIRATION DATE 2-16-88 TYPE OF SYSTEM ALTERNATIVE SEEPAGE TRENCH  
Design Sewage Flow 450 Gal's/Day<sup>3</sup> (THREE) BEDROOMS  
Tank Volume Existing 940 Gallons Disposal Trenches  Seepage Bed(s)  Square Feet  
Maximum Depth 60 inches. Minimum Depth 60 inches. 165 Linear Feet  
Equal  Loop  Serial  Pressurized  Minimum Distance Between Trenches 10' a.c.  
Total Rock Depth 48 Inches. Below Pipe 42 Inches. Above Pipe 2 Inches.  Rake Sidewall  
Special Conditions (Follow Attached Plot Plan) Sized for 3 Bedrooms without low Flush toilets.  
Trench Inspection Required.  
PRE-COVER INSPECTION REQUIRED - CONTACT 263-2241

**CERTIFICATE OF SATISFACTORY COMPLETION**

As-Built Drawing with Reference Locations  
Installer Rick Moore  
Final Insp. Date 2-19-88

NOTE - Issuance and Approval of this permit indicates approval of design factors and construction only and does not indicate or imply a guarantee of successful operation of the sewage disposal system.



*[Signature]* District Sanitarian 2-19-88 ENVIR. HEALTH  
(Authorized Signature) (Title) (Date) (Office)

LAKE COUNTY PUBLIC HEALTH DEPARTMENT  
 ENVIRONMENTAL HEALTH DIVISION  
 922 Bevins Court  
 Lakeport, Ca. 95453  
 707-263-221

APPLICANT: Rick MOORE Enterprises TELEPHONE: 928-4869

MAILING ADDRESS: Box 72 Cobb 95426  
(street) (city) (zip)

OWNER: John McMillan TELEPHONE: \_\_\_\_\_

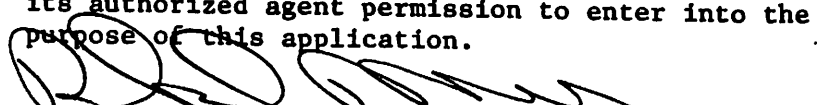
MAILING ADDRESS: \_\_\_\_\_ Cobb 95426  
(street) (city) (zip)

CONTRACTOR: Rick MOORE ENT TELEPHONE: \_\_\_\_\_ LICENSE #: 345386

MAILING ADDRESS: Box 72 Cobb 95426  
(street) (city) (zip)

JOB	Street/Road Number: <u>14461 SNEAD Rd</u>	City: <u>Cobb</u>
LOCATION	Nearest Cross Street: <u>EMERFORD</u>	Parcel Number: <u>52-041-04</u>
	Subdivision: <u>ADAM SPRINGS</u>	Lot Size Dimension: <u>90 X 180 APPROX</u>
	Lot Block: <u>LOT 4 BLK 7</u>	
PROPOSED USE	Single Family Residence: <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO No. of Bedrooms: <u>3</u>	
	Commercial Facility: <input type="checkbox"/> YES <input type="checkbox"/> NO Type: <u>Repair Failed system</u>	
WATER SUPPLY	Public Supply, Name: _____	
	Private Supply, Source: _____	

By my signature, I certify that I am the owner or authorized representative and that the information I have furnished is correct, and hereby grant Lake County and its authorized agent permission to enter into the above described property for the purpose of this application.

  
 (Signature (Applicant/Authorized Rep.) Circle One) Date of Application 2-12-88

FOR OFFICE USE ONLY

	Date	Fee	Receipt Number
<input type="checkbox"/> Site Evaluation Report	_____	_____	_____
<input type="checkbox"/> Permit to Construct On-Site Sewage Disposal System	_____	_____	_____
<input checked="" type="checkbox"/> Permit to Repair On-Site Sewage Disposal System	<u>2/16/88</u>	<u>25<sup>00</sup></u>	<u>201917</u>
<input type="checkbox"/> Permit for Alteration of On-Site Sewage Disposal System	_____	_____	_____
<input type="checkbox"/> Authorization Notice	_____	_____	_____
<input type="checkbox"/> Loan Application	_____	_____	_____
<input type="checkbox"/> Field Consultation	_____	_____	_____
<input type="checkbox"/> Reinspection	_____	_____	_____
<input type="checkbox"/> Permit Renewal	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____
<b>TOTAL</b>		<u>25<sup>00</sup></u>	

Plot Plan Required: \_\_\_\_\_ YES \_\_\_\_\_ NO Attached: \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Vicinity or Tax Lot Map Required: \_\_\_\_\_ YES \_\_\_\_\_ NO Attached: \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Date Test Holes Read: \_\_\_\_\_ YES \_\_\_\_\_ NO Attached: \_\_\_\_\_ YES \_\_\_\_\_ NO



**COUNTY OF LAKE  
DEPARTMENT OF PUBLIC HEALTH**

201 S. SMITH STREET  
LAKEPORT, CALIF. 95453  
Phone 707/263-2241

NOTE - ISSUANCE AND APPROVAL OF THIS PERMIT INDICATES APPROVAL OF DESIGN FACTORS AND CONSTRUCTION ONLY AND DOES NOT INDICATE OR IMPLY A GUARANTEE OF SUCCESSFUL OPERATION OF THE SEWAGE DISPOSAL SYSTEM.

**APPLICATION FOR SEWAGE  
DISPOSAL SYSTEM PERMIT**  
WHEN VALIDATED THIS IS YOUR PERMIT

APPLICANT: FILL IN BETWEEN HEAVY LINES ONLY  
- PLEASE PRINT -

**LEGAL OWNER**  
NAME: Marion Larson Roy Rasmussen  
MAILING ADDRESS: 707 Arguello Blvd Apt 20  
CITY: SAN FRANCISCO CA TEL. NO.: 751 6707

**CONTRACTOR**  
NAME: Kit Larson  
MAILING ADDRESS: 7990-A Hwy 29  
CITY: Holzerwille, PA TEL. NO.: 279-1380

**LOCATION**  
STREET OR ROAD & No.: Adam Sp. Dr.  
SUBDIVISION: Unit 2 LOT: 4 BLK.: 7  
COMMUNITY: Adam Sp. Sub  
NEAREST CROSS STREET: Next to Clubhouse  
ASSESSORS PARCEL NO.: 52-041-4

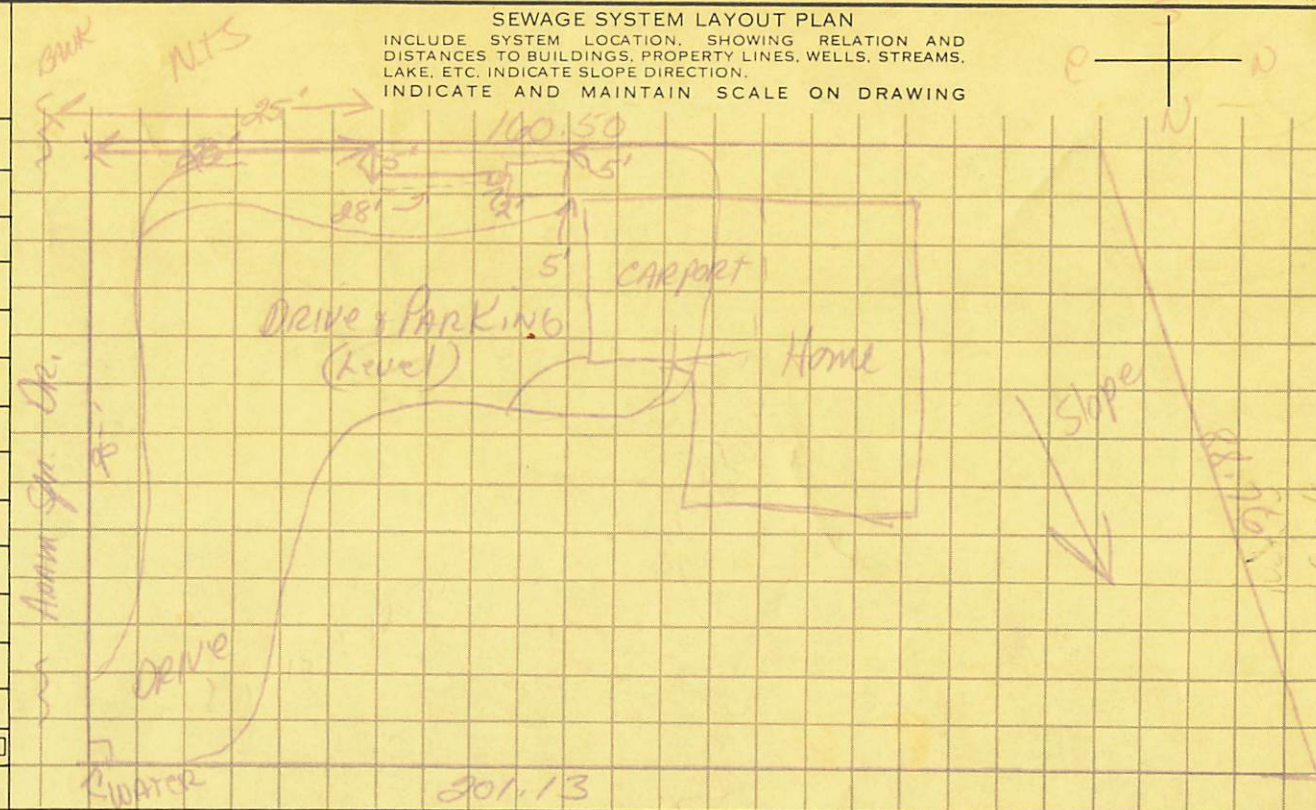
INSTALLATION WILL SERVE  
SINGLE FAMILY DWELLING  RESORT MOTEL  MOBILE HOME  OTHER

SPECIFY OTHER

NO. OF LIVING UNITS: 1 NO. OF BEDROOMS: 2

NO. OF BATHROOMS: 1 NO. OF KITCHENS: 1 GARBAGE DISPOSAL YES  NO

WATER ON LOT AT PRESENT YES  NO  WATER SOURCE: HS Sub-Mutual



**SOIL TYPE**  
Shaly loam

**TOPOGRAPHY & % SLOPE**  
Evenly level

**TANK CAPACITY**  
14000 GALS

**TANK LENGTH**  
FT.

**COMP. 1** FT. **COMP. 2** FT.

**WIDTH** FT. **LIQUID DEPTH** FT.

**TOTAL INTERIOR DEPTH** FT.

**ABSORPTION SYSTEM TYPE**  
Deep trench

**NO. LINES** **FINAL PERC. RATE**

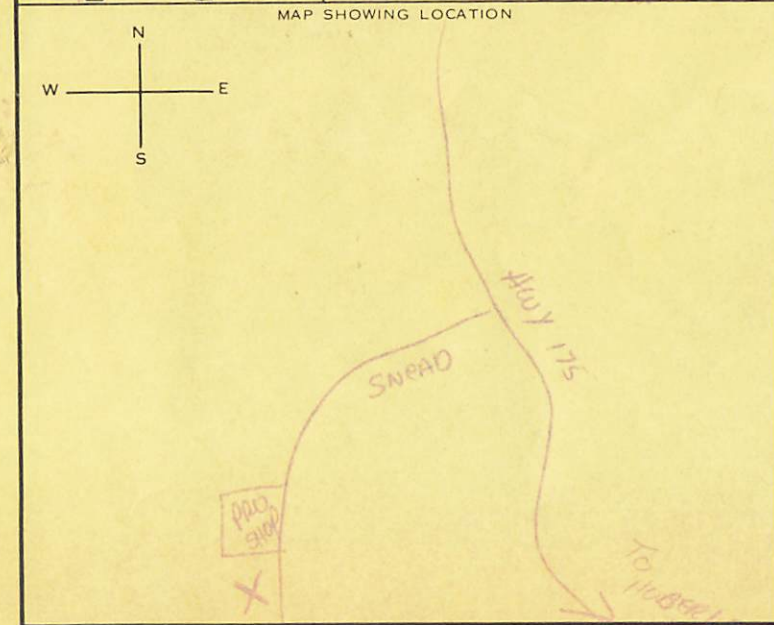
**TRENCH/PIT DEPTH**

**PIT DIAMETER**

**TRENCH WIDTH** IN. **TRENCH LENGTH** FT.

**LOT SIZE** FT. X FT. 90 X 180

**LOT AREA** SQ. FT.



In conformity with the provisions of Section 7031.5 of the Business and Professions Code and Section 3800 of the Labor Code of the State of California, applicant shall file with the HEALTH DEPT. the certificates, designated in (1) and (2) below and/or shall indicate item (3), (4), (5) or (6) whichever is applicable.

(1) Certificate of Consent of Self-Insured issued by the Director of Industrial Relations.

(2) Certificate (or exact duplicate copy) of Workmen's Compensation Insurance issued by an admitted insurer.

(3) The cost of the work to be performed is \$100. or less, including materials and labor.

(4) I certify that in the performance of the work for which this permit is issued that I shall not employ any person in any manner so as to become subject to the Workmen's Compensation Laws of California.

(5) I certify that the applicant is licensed under the provisions of Chapter 9 (commencing at Section 7000) of division 3 of the Business and Professions Code, and said applicant's California State Contractor's License No. 322129 Class 11 in full force and effect.

(6) Applicant is exempt from (5) above under the applicable provisions of Section 7040 through 7053 of the Contractors' License Law. (State basis for exemption \_\_\_\_\_).

I have verified or supplied the information here set forth, and the information is to my knowledge, accurate. Any work performed by me or my employees on the installation of this system will be in compliance with Lake County Ordinance No. 418 and with all applicable Rules and Regulations of the Lake County Health Officer. I have read and understand all portions of the application.

APPLICANTS SIGNATURE: Kit Larson DATE: 4-16-79

APPLICANTS ADDRESS: Same

RECEIPT NO. 6708 PERMIT NO. 6502-S

DATE REC. 4-18-79 FEE 35

BY [Signature] PENALTY

DATE ISSUED

BY [Signature] TOTAL FEE 35

APPLICATION APPROVED BY [Signature] DATE 4/18/79

NOTES:

CONSTRUCTION APP. BY: M.P. Thompson DATE: 4-19-79

THIS PERMIT SHALL EXPIRE NINETY (90) DAYS FROM DATE OF ISSUANCE.

RECEIVED

SEP 1992

LAKE CO.  
ENVIRONMENTAL HEALTH

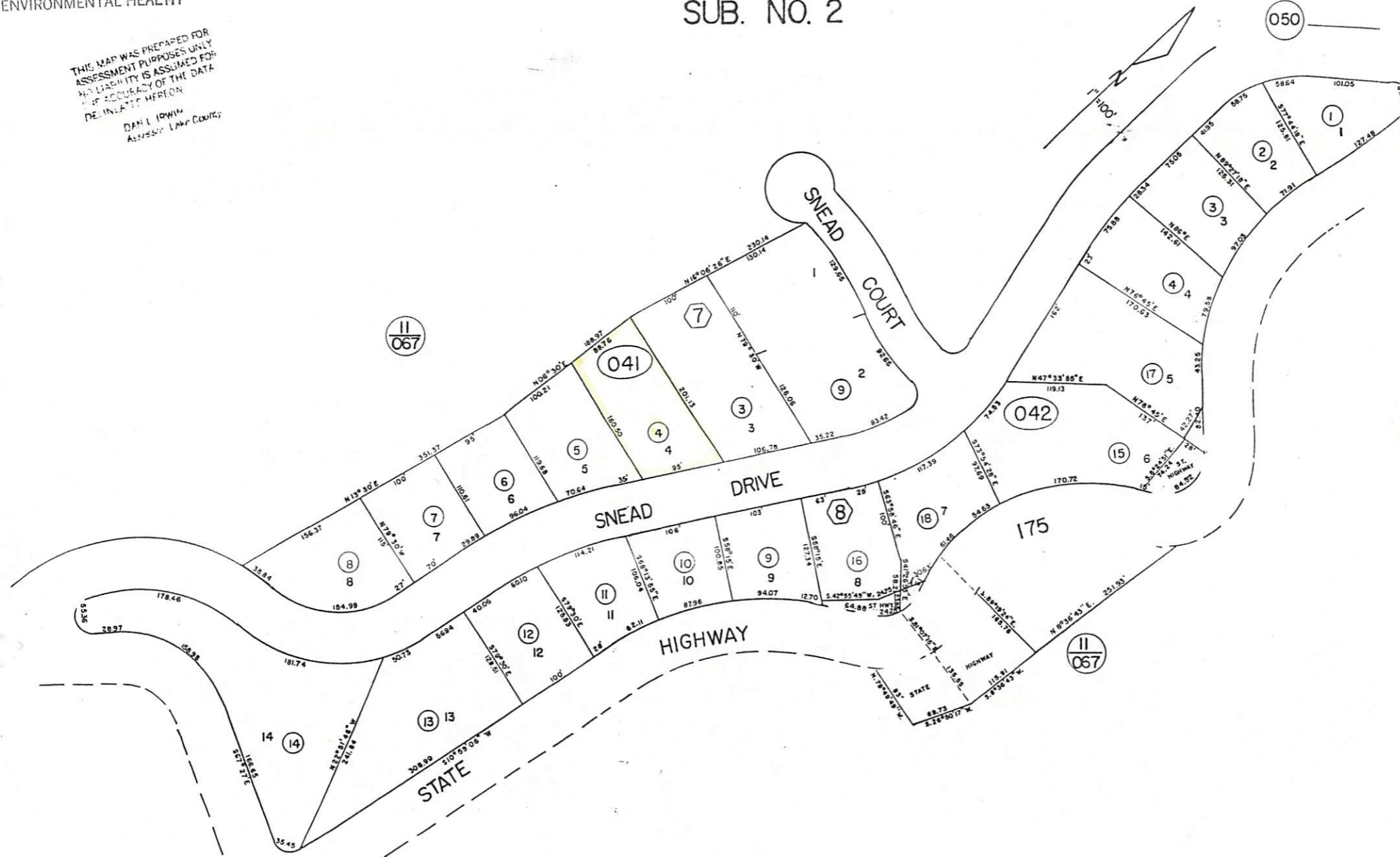
ADAMS SPRINGS  
SUB. NO. 2

T. R. A.  
62-019

52-040

THIS MAP WAS PREPARED FOR  
ASSESSMENT PURPOSES ONLY  
NO LIABILITY IS ASSUMED FOR  
THE ACCURACY OF THE DATA  
DEPICTED HEREON

DAN I. IRWIN  
Assessor, Lake County



52-041-04

## SEWAGE DISPOSAL SYSTEM RECORD

~~DANIEL~~ Gibson

Job Location and Description

Sneed Dr. & Hwy 175  
Cobb

Legal Owner and Address (Residence)

Marion Gibson -  
707 Arguello Blvd.  
San Francisco  
X Pasnik

Applicant and Address (Residence)

KIT LARSEN Hwy 29  
7990 A  
KELSEVILLE, CA. 95451

Soil and General Conditions

Rocky shale &amp; clay -

Frontage

SULFEN CREEK Rd.

Depth

14 ft

Diagram Location of Property

ADAMS SPRINGS  
GOLF COURSEJob site  
X

SNEED DR.

HWY 175

EMMERFORD

HOBENS  
RESIDAY

Site Approved

M. Gibson

Disapproved

MS.

Plans Approved

Signature

Date

4/10/79

Remarks:

