

10967

FILE LOG

A 610-055-43
I 010-003-11

Date

logged	POB 57 GUNHAWES CA
5/24/02	Septic permit appl. & added to CMHC. IS.
5/31/02	Spoke with owner re: legal lot issue on APN from planner Kwik. Owner needs to call before permit can be issued. IS.
6/3/02	Site Eval appl. & added to CMHC. IS.
6-11-02	PLEASE MAIL ISSUED PERMIT <u>MM</u> MS. MCMAHAN
12/15/03	Draw certificate of satisfactory completion Please mail to current owner. (paid) & updated CMHC. IS.
8-24-04	Well Completion Report filed - # 2031
4/25/06	Copies of septic system was given to contractor who is proposing of adding a car port/garage. Plot plan did not reflect septic system we have on file. TIV
5/26/06	plot plans submitted that reflect septic more accurately. Inspector to review. J Please call upon approval. J
06/19/06	Signed clearance for carport. CMG
6/19/06	Gave contractor approved plot J
9/26/11	APN Remapped from 010-003-11 to 010-055-43 of

Property Detail

Lake, CA RICHARD FORD, ASSESSOR

Parcel # (APN): **010-055-430-000** Use Description: **RESID. MULTIPLE FAMILY**
 Parcel Status: **ACTIVE**
 Owner Name: **SUNDQUIST KRISTINE M TRUSTEE**

Mailing Address: **P O BOX 4069 CLEARLAKE CA 95422-4069**Situs Address: **2002 OGULIN CANYON RD CLEARLAKE CA 95422-7708 R002**

Legal

Description:

ASSESSMENT

Total Value: \$450,000	Use Code: 6410	Zoning:
Land Value: \$260,000	Tax Rate Area: 060087	Census Tract: 7.02/3
Impr Value: \$200,000	Year Assd: 2021	Improve Type:
Other Value:	Property Tax:	Price/SqFt:
% Improved 44%	Delinquent Yr	
Exempt Amt: \$7,000	HO Exempt?: Y	

SALES HISTORY

	<u>Sale 1</u>	<u>Sale 2</u>	<u>Sale 3</u>	<u>Transfer</u>
Recording Date:	06/18/2010	10/20/2004	04/27/2000	06/18/2010
Recorded Doc #:	2010IREMAP	2004R0029502	2000R0006455	2010IREMAP
Recorded Doc Type:				
Transfer Amount:				
Sale 1 Seller (Grantor):	SUNDQUIST KRISTINE M TRU			
1st Trst Dd Amt:	Code1:	2nd Trst Dd Amt:	Code2:	

PROPERTY CHARACTERISTICS

Lot Acres: 19.140	Year Built: 2002	Fireplace: 1
Lot SqFt: 833,738	Effective Yr: 2002	A/C:
Bldg/Liv Area: 1,160		Heating:
Units:	Total Rooms:	Pool:
Buildings:	Bedrooms: 2	
Stories: 1.0	Baths (Full): 2	Park Type:
Style:	Baths (Half):	Spaces:
Construct:		Site Infince:
Quality: 6.0	Garage SqFt:	
Building Class: D		Timber Preserve:
Condition:		Ag Preserve:
Other Rooms:		

Assessor Inquiry - Main
Asmt: 010-055-430-000 Feeparcel: 010-055-430-000
Owner: SUNDQUIST KRISTINE M TRUSTEE

Situs Address		2002 OGULIN CANYON RD CLEARLAKE	
Name/Address		SUNDQUIST KRISTINE M TRUSTEE P O BOX 4069 CLEARLAKE CA 95422-4069	
Status	Date	ACTIVE	06/18/2010
Taxability Code	Descr	800	PROP 8 REDUCTION
TRA	Base Date	060-087	
Creating Doc#	Date	2010IREMAP	06/18/2010
Current Doc#	Date	2010IREMAP	06/18/2010
Terminating Doc#	Date		
Neighborhood C...	Supl Cnt	010	5
Asmt Description			
Land Use 1	Land Use 2		
Zoning 1	Dwell 1		1
Acres	SqFt	19.98	0
SSN1	SSN2		

Parcel Desc: BEGINNING 22 CHAINS EAST OF 1/4 SECTION COR.			
Section	TownShip	Range	13 13 7
Description			
BEGINNING 22 CHAINS EAST OF 1/4 SECTION CORNER BETWEEN SECTION 12 AND 13 TOWNSHIP 13 NORTH RANGE 7 WEST, AND RUN NORTH 11.11 CHAINS EAST 18 CHAINS SOUTH 11.11 CHAINS WEST 18 CHAINS TO BEGINNING			
TPZ	Ag Pres	Etal	Bonds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi ...	910 MH	Flag 1	Flag 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asmt PP	Tax PP	Appeal	Spft
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			
REMAPPED FROM 010-003-110-000.			

Values

Land	300,000
Structure	200,000
Fixtures	
Growing	
Total L&I	500,000
Future RP	
MH PP	
PP	
Exemption	7,000
Net	493,000
R/C #	
TR/Date	
Status	
Description	ENROLLED is PROP 8

**COUNTY OF LAKE
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING & SAFETY DIVISION**

NORTHSHORE
255 North Forbes Street
Lakeport CA 95453
(707) 263-2382
FAX: (707) 263-5843



SOUTHSHORE
16195 Main Street
Lower Lake CA 95457
(707) 994-6285
FAX: (707) 994-7128

BUILDING PERMIT APPLICATION

ASSESSORS PARCEL # 010 - 003 - 11 APPL# 010 - 003 - 11

OWNER: LAST NAME Sundquist FIRST NAME Kristine
SITE ADDRESS: 2002 Oguilm Canyon Road
CITY Clearlake CROSS STREET _____
WORK DESCRIPTION: Carport CONST. COST _____

MAILING INFORMATION

Owner's Name Kristine Sundquist
Address: PO Box 1274
City: Cobb Zip 95426
State Ca. Tel: () _____
e-mail _____

CONTRACTOR

Name: Alex Vargas
Contact: "
Address: 18007 Spysglass Rd
Lic. #: 841896 Class B
City: HVL St. Ca.
Zip: 95467 Tel: (707) 987-2680
e-mail AU2A@netzero.com

ARCHITECT

Name: None
Lic#: _____ Exp. Date _____
Address: _____
Zip: _____ Tel: () _____

ENGINEER

Name: _____
Contact: _____
Lic#: _____ Exp. Date _____
Address: _____
City: _____ St. _____
Zip: _____ Tel: () _____
e-mail: _____

LENDER

Name: None
Address: _____
City: _____ St. _____
Zip: _____ Tel: () _____

APPLICANT'S SIGNATURE: Alex Vargas for K.S. DATE: 6-19-06

AGENCY APPROVALS

Prior to Plan Check	Init.	Date	Init.	Date
1. Special Districts:				
Sewer Fees: _____				
Water Fees: _____				
(prior to plan check) (prior to issuance)				
FAXED TO SPECIAL DISTRICTS: _____				
2. Env. Health Division:				
Well Permit: _____	<u>CMG</u>	<u>06/19/06</u>		Notes * For Carport *
Septic Permit: <u>13283</u>			Bedrooms Approved <u>2 (none)</u>	Low Flush - YES
2(a). EH Approval prior to Occupancy <u>NOT NECESSARY</u> <u>Christina Washart</u>				
3. Planning Division:				
Zone _____		Max Hgt. _____		
Setbacks: F _____		Road C/L _____		
B _____		S1 _____		S2 _____

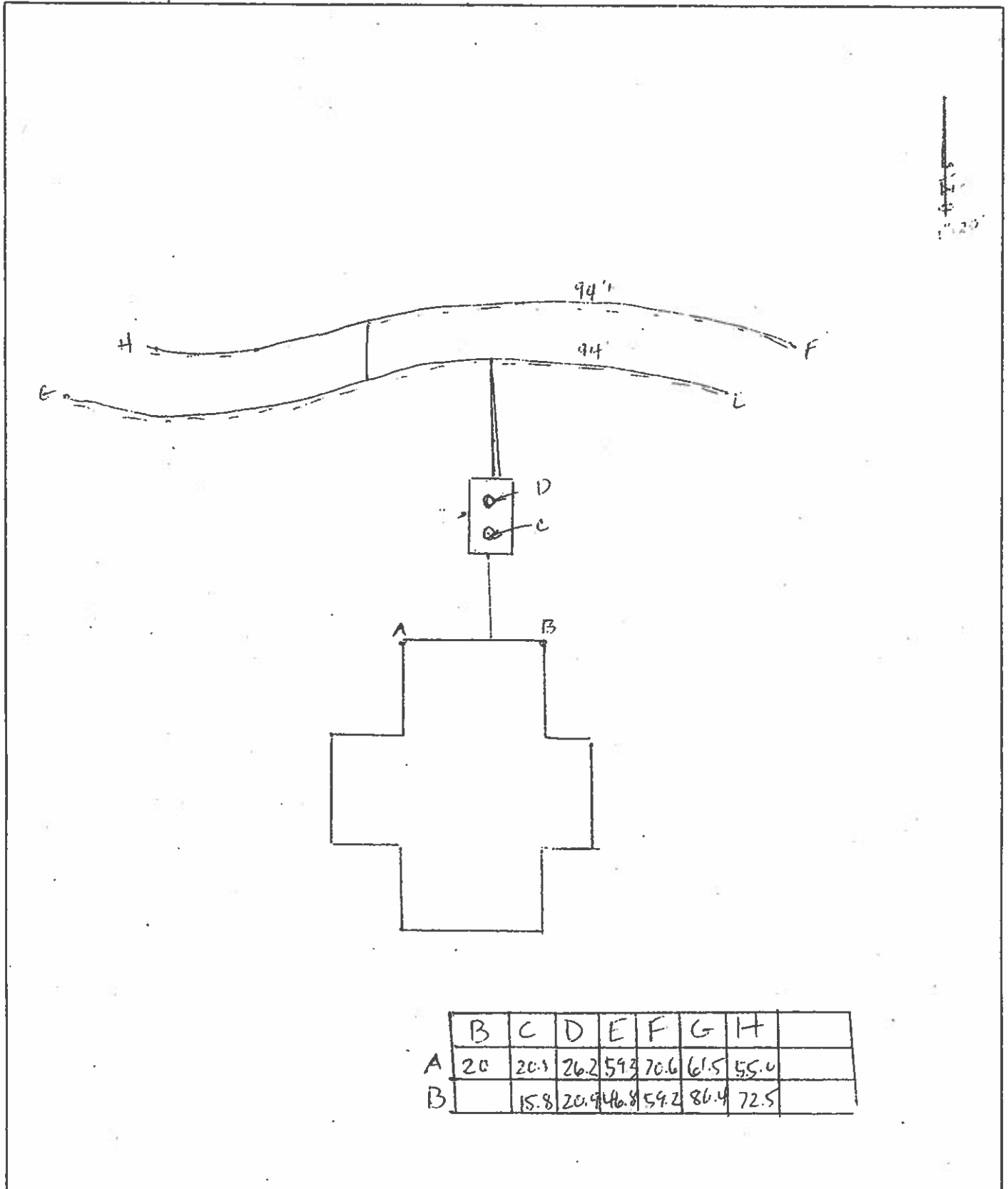
CERTIFICATE OF SATISFACTORY COMPLETION

APN: 010-003-11

Septic Permit #: 13283

Tank Volume: 1506 gal gallons
Rv6P Installer: Owner

Pre-Cover Insp. Date: 12-5-02



	B	C	D	E	F	G	H
A	20	20.3	26.2	59.3	70.6	61.5	55.0
B		15.8	20.9	46.8	59.2	86.4	72.5

Patricia G. Levine

REHS TV

12-15-03

Inspector's Signature

Title

Date

(taken from field inspector's notes 12-5-02)

Assessor Inquiry - Main
Asmt: 010-003-110-000 Feeparcel: 010-003-110-000
Owner: SUNDQUIST KRISTINE M TRUSTEE

Situs Address		Values													
Name/Address	2002 OGULIN CANYON RD CLEARLAKE SUNDQUIST KRISTINE M TRUSTEE P O BOX 1244 CO88 CA 95426	TAXROLL	CURRENT												
Status	ACTIVE	Land	320,000												
Taxability Code	000	Structure	205,000												
TRA	060-087	Fixtures													
Creating Doc#	1977ICONVERT	Growing													
Current Doc#	2004R0029502	Total L&I	525,000												
Terminating Doc#		Fixture RP													
Neighborhood C...	010	MH PP													
Asmt Description		PP													
Land Use 1	Land Use 2	Exemption													
Zoning 1	Dwell 1	Net	525,000												
Acres	Sqft	R/C #													
SSN1	SSN2	TR/Date													
- Parcel Desc:		Status													
Section	TownShip	Description	ENROLLED is BASE YEAR												
<table border="1"> <thead> <tr> <th>TPZ</th> <th>Ag Pres</th> <th>Etal</th> <th>Bonds</th> </tr> </thead> <tbody> <tr> <td>Multi ...</td> <td>910 MH</td> <td>Flag 1</td> <td>Flag 2</td> </tr> <tr> <td>Asmt PP</td> <td>Tax PP</td> <td>Appeal</td> <td>Split</td> </tr> </tbody> </table>				TPZ	Ag Pres	Etal	Bonds	Multi ...	910 MH	Flag 1	Flag 2	Asmt PP	Tax PP	Appeal	Split
TPZ	Ag Pres	Etal	Bonds												
Multi ...	910 MH	Flag 1	Flag 2												
Asmt PP	Tax PP	Appeal	Split												



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



ON-SITE SEWAGE DISPOSAL PERMIT

PRE-COVER INSPECTION IS REQUIRED

COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

922 Bevins Court
Lakeport, CA 95453
PH# (707) 263-2222
FAX# (707) 263-1681

16185 Main Street
Lower Lake, CA 95457
PH# (707) 994-2257
FAX# (707) 994-8950

OWNER	Name: WILLIAM MCMAHAN	Phone #: (707) 998-1519
	Mailing Address: PO BOX 57	
	City: GLENHAVEN State: CA Zip Code: 95445	
CONTRACTOR	Name: SELF	Phone #:
	Mailing Address:	
	City: State: Zip Code:	
JOB LOCATION	Street Address: 2002 OGULIN CANYON ROAD	Town: XXXXXXXX CLEARLAKE
	ASSESSOR'S PARCEL NUMBER: 010-003-11-___	

CHANGES IN SYSTEM LOCATION OR SPECIFICATION WITHOUT WRITTEN APPROVAL MAY VOID THIS PERMIT

**** THIS PERMIT IS VALID FOR ONE (1) YEAR FROM DATE OF ISSUANCE but may be renewed prior to expiration**

I certify that the applicant is licensed under the provision 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. 747982 Class B is in full force and effect.

Applicant is exempt from provision of Section 7040 through 7053 of the Contractor's License Law. (State basis for exemption _____) I have verified or supplied the information 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.

WORKER COMPENSATION DECLARATION: I hereby affirm that I have a certificate to self-insure, or a certificate of Worker Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C).

I am exempt from Worker Compensation Insurance requirements. Reason: SOLE OWNER

X William A. McMahhan 5-24-2002 WILLIAM SCOTT MCMAHAN
Applicant's Signature Date Print Name

Planning Clearance	Date: <u>5/29/02</u>	Date Received: <u>5/24/02</u>	Permit Number: <u>13283 13283</u>
	Planner: <u>Eric</u>	Receipt Number: <u>20192</u>	Fee: \$ <u>354.00</u>
	Zone: <u>unclassified</u>		Penalty:
Received By: <u>N. Szabolcsky</u>	Issued By: <u>[Signature]</u>	**Date Issued: <u>6-10-02</u>	
Type of System: <u>STANDARD</u> <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial			
Tank Volume: <u>940 gal (min)</u> Design Sewage Flow <u>150 x 2</u> Bedrooms or <u>300</u> Gallons Per Day			
Total Linear Feet: <u>188</u> Min. Depth: <u>24</u> Inches Max. Depth: <u>24</u> Inches			
<input checked="" type="checkbox"/> Equal <input type="checkbox"/> Loop <input checked="" type="checkbox"/> Serial <input type="checkbox"/> Pressurized <input type="checkbox"/> N/A Minimum Distance Between Trenches <u>10 ft</u> On Centers			
Type of Trench: <u>STANDARD</u>			
Special Conditions (follow attached plot plan): <u>6" PERMIT FILTER REQUIRED</u>			

Original: File Copy

Yellow: Owner's Copy upon completion

Pink: Permit to construct

**COUNTY OF LAKE
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING & SAFETY DIVISION**

NORTHSHORE
255 North Forbes Street
Lakeport CA 95453
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SOUTHSHORE
16185 Main Street
Lower Lake CA 95457
(707) 994-6285
FAX: (707) 994-7128

BUILDING PERMIT APPLICATION

ASSESSORS PARCEL # <u>010 - 003 - 11</u>		APPL# _____
OWNER: LAST NAME <u>McMahon</u> FIRST NAME <u>William</u>		
SITE ADDRESS: <u>2002 Ouglin Canyon Rd.</u>		
CITY <u>Clearlake</u>	CROSS STREET <u>HWY 53</u>	
WORK DESCRIPTION: <u>BUILDING HOUSE</u>		CONST. COST <u>120,000.</u>
<p align="center">MAILING INFORMATION</p> Owner's Name <u>William S. McMahon</u> Address: <u>P.O. Box # 57</u> City: <u>Glenhaven</u> Zip <u>95443</u> State: <u>Cal.</u> Tel: <u>(707) 995-1519</u> e-mail _____		<p align="center">CONTRACTOR</p> Name: <u>William S. McMahon</u> Contact: <u>OWNER</u> Address: <u>PO 57 GLENHAVEN</u> Lic. #: <u>747982</u> Class <u>B HIC</u> City: <u>GLENHAVEN</u> St. <u>CA</u> Zip: <u>95443</u> Tel: <u>(707) 998-1519</u> e-mail _____
<p align="center">ARCHITECT</p> Name: <u>DONALD MARSHALL</u> Lic#: _____ Exp. Date _____ Address: <u>790 E BELLEVIEW AVE</u> Zip: <u>80121</u> Tel: <u>LIMETON, CO.</u>		<p align="center">ENGINEER</p> Name: _____ Contact: _____ Lic#: _____ Exp. Date _____ Address: _____ City: _____ St. _____ Zip: _____ Tel: () _____ e-mail: _____
<p align="center">LENDER</p> Name: <u>WEST AMERICA</u> Address: <u>PO BOX 2080</u> City: <u>CLEARLAKE</u> St. <u>CA</u> Zip: <u>95422</u> Tel: <u>(707) 994-0944</u>		
APPLICANT'S SIGNATURE: <u>William S. McMahon</u> DATE: <u>5-31-02</u>		

AGENCY APPROVALS

Prior to Plan Check	Init.	Date	Init.	Date
1. Special Districts:				
Sewer Fees: _____		(prior to plan check)		(prior to issuance)
Water Fees: _____		FAXED TO SPECIAL DISTRICTS: _____		
2. Env. Health Division:	<u>Tom</u>	<u>6-10-02</u>		Notes
Well Permit: <u>WE 2031</u>				
Septic Permit: <u>13283</u>		Bedrooms Approved _____		Low Flush - YES
2(a). EH Approval prior to Occupancy _____				
3. Planning Division:				
Zone _____		Max Hgt. _____		
Setbacks: F _____		Road C/L _____		
B _____		S1 _____ S2 _____		

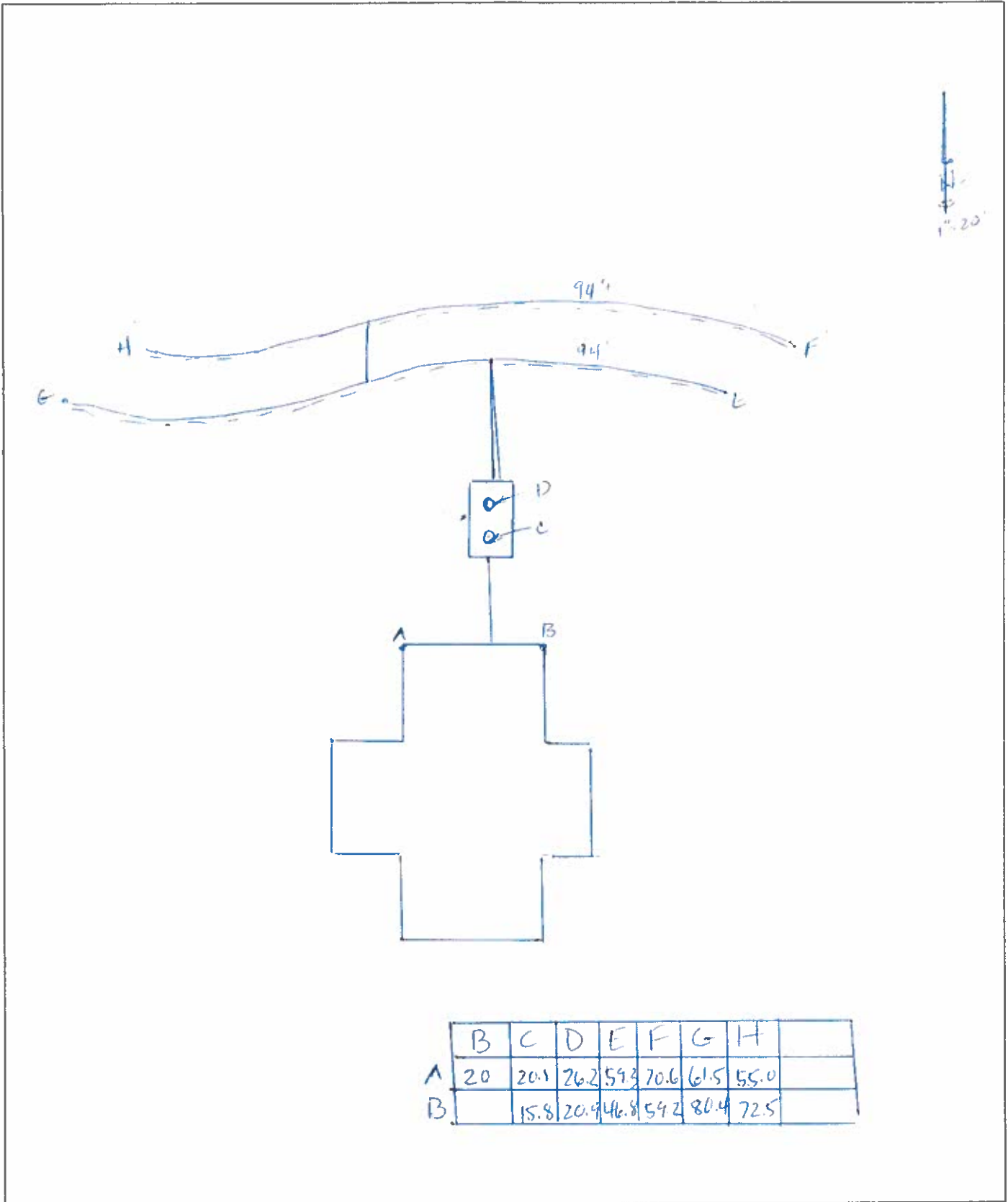
CERTIFICATE OF SATISFACTORY COMPLETION

APN: 010-003-11

Septic Permit #: 13283

Tank Volume: 1500 gal RVP gallons Installer: OWNER

Pre-Cover Insp. Date: 12-5-02



	B	C	D	E	F	G	H	
A	20	20.1	26.2	59.3	70.6	61.5	55.0	
B		15.8	20.9	46.8	59.2	80.4	72.5	

Patricia G. Levine

REHS TV

12-15-03

Inspector's Signature

Title

Date

(taken from field inspector's notes 12-5-02)



LAKE COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

Requested For: _____
Time: _____

SEWAGE DISPOSAL SYSTEM INSPECTION REQUEST AND NOTIFICATION OF INSPECTION

() Partial Inspection Requested by: M. MAHAN Date: _____ Time: _____ Assigned to: Mac
(x) Final Inspection Property Owner: M. MAHAN Address: 2002 0946N(Cny RD)
() Reinspection Assessor's Parcel Number: 10-3-11 Title: CLU
() Trench Construction Notification: _____ Permit No. 13283
The findings of the inspection made by: [Signature] Title: CHS III Date: 12-5-02 are:

- () No deviations from the specifications of your permit or of Lake County Regulations were detected.
- (x) You may cover the system and place it in use.
- () Low-flush toilet inspection will be required before final approval can be given.
- (x) You may backfill the system, however an as-built must be submitted prior to the issuance of a Certificate of Satisfactory Completion.
- () You may backfill the system after you have: DUNT

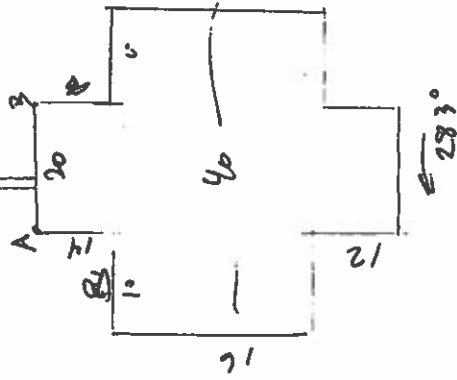
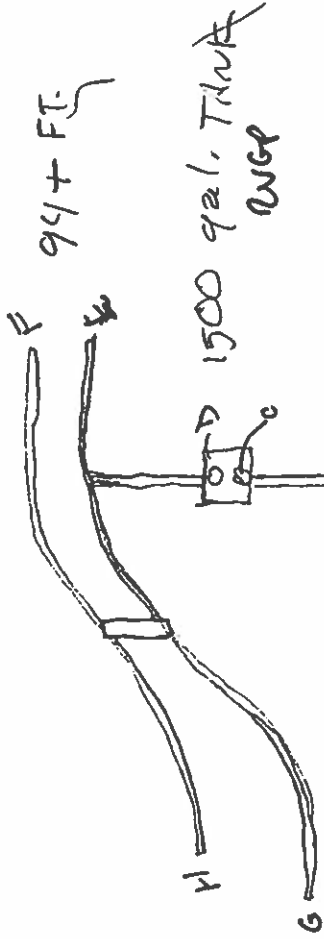
() The following deviations from Lake County Regulations or from the specifications of your permit were detected:

UNDER THE AUTHORITY OF LAKE COUNTY ORDINANCE NO. 1484 YOU ARE INSTRUCTED TO NEITHER COVER NOR PLACE THIS SYSTEM IN USE UNTIL AN ADDITIONAL INSPECTION SHOWS THAT THESE DEVIATIONS HAVE BEEN CORRECTED.

() According to Lake County Board of Supervisors County Ordinance, there is a reinspection fee of \$ _____ for EACH additional inspection made by this office. The application fee covers two inspections. Our records indicate that you have had the inspections covered by the application fee. Final approval cannot be granted until this fee is received.

← N →

Creek



	B	C	D	E	F	G	H
A	20	26.2	59.3	70.8	61.5	55.0	
B		15.8	20.9	46.8	59.2	80.4	72.7

OWNER/BUILDER ACKNOWLEDGMENT

PERMIT NUMBER: 13283

APN: 010-003-11

OWNER-BUILDER DECLARATION: I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9, (commencing with Section 7000) of Division 3 of Business and Professions Code) or that he is exempt therefrom and the basis for the alleged 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(\$500).

[] 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, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale).

[] I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's Licenses Law does not apply to an owner of property who builds or improves thereon, and contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.).

William A. McMichael
(Owner's Signature)

5-24-2002
(Date)

WORKER'S COMPENSATION DECLARATION: I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof filed with the Building Inspection Department(Sec. 3800, Lab. C.).

(Insurance Company)

(Policy Number)

(Applicant's Signature) (Date)

(Expiration Date)

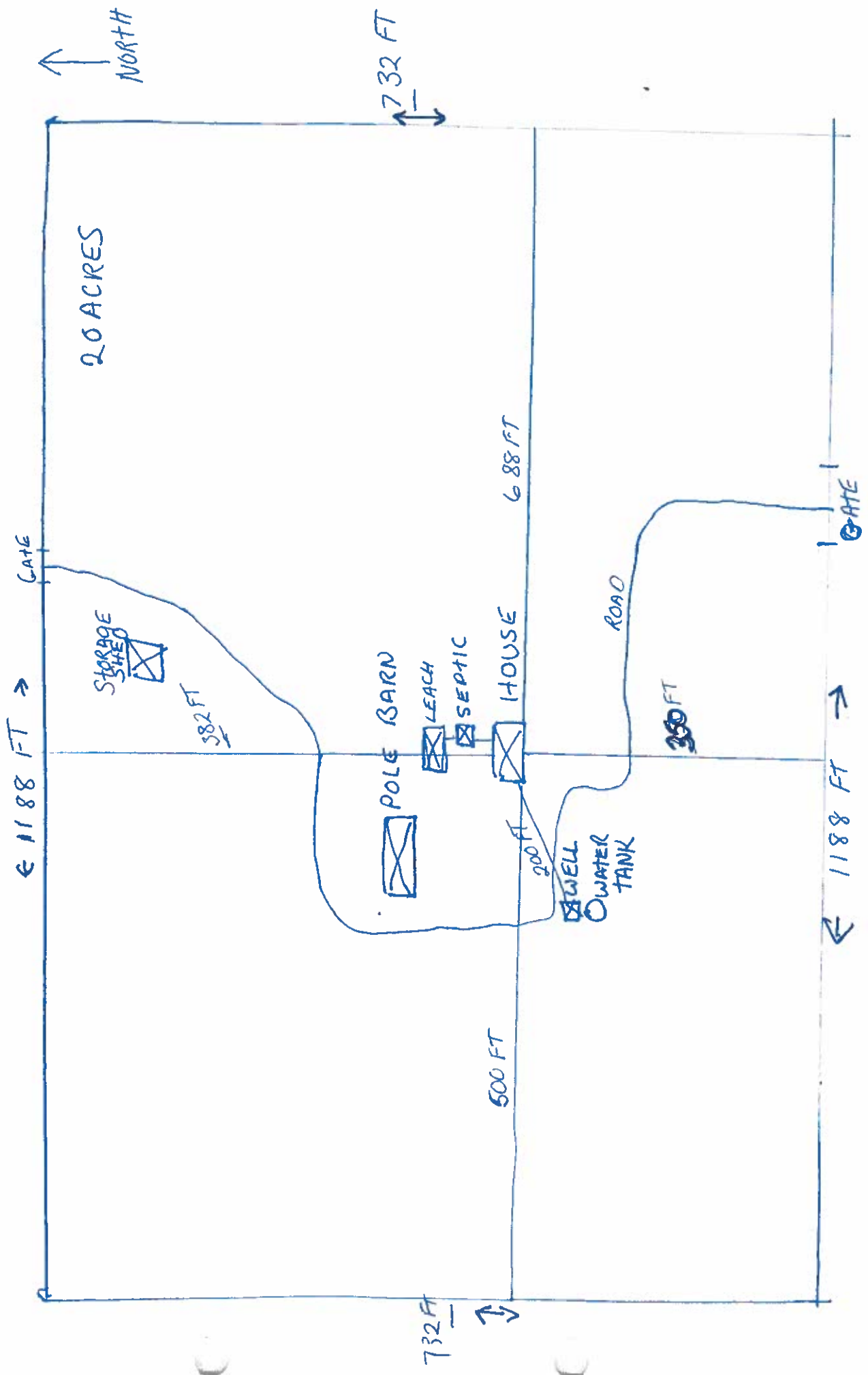
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE: I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.

William A. McMichael
(Owner/Contractor's Signature)

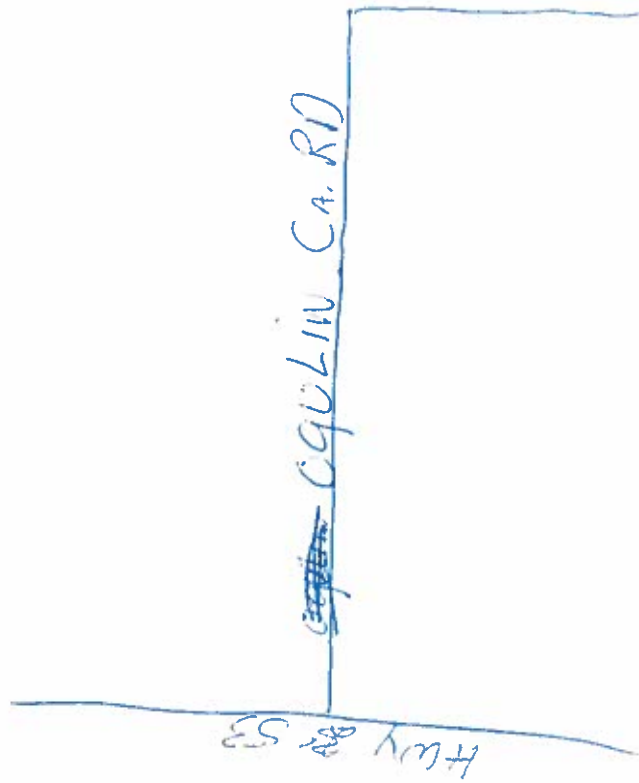
5-24-2002
(Date)

2002 OUGLIN CANYON ROAD

APN# 010-003-011



TAKE RIGHT ON GRAVEL RD TO END OF
RD. APP 1.5 MILE.



Directions

LAKE COUNTY PUBLIC HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
 922 BEVINS COURT
 LAKEPORT, CA 95453
 (707) 263-2222 / (707) 994-2257

ANY OMISSION OF INFORMATION MAY DELAY PROCESSING OF YOUR APPLICATION

APPLICANT: William and Janet McMahan TELEPHONE: 707-998-1519

MAILING ADDRESS: PO Box 57, Glenhaven, Ca. 95443

OWNER: William and Janet McMahan TELEPHONE: 707-998-1519

MAILING ADDRESS: PO Box 57, Glenhaven, Ca. 95443

NAME OF LENDING AGENCY: _____

MAILING ADDRESS: _____

CONTRACTOR: William S. McMahan TELEPHONE: 998-1519 LICENSE #: 747982

CLASS: _____

MAILING ADDRESS: PO Box 57, Glenhaven, Ca. 95443

JOB LOCATION	Street/Road Address: <u>2388 State HWY 53</u> City: <u>Clearlake</u>
	Nearest Cross Street: <u>Ogulin Canyon Rd.</u> Parcel Number: <u>010-003-11</u>
	Subdivision Lot Block: _____ Lot Size Dimension: <u>20 acres</u>
PROPOSED USE	Single Family Residence <u>YES X NO</u> No. of Bedrooms: <u>2</u>
	Commercial Facility <u>YES NO X</u> Type: _____
WATER SUPPLY	Public Supply; Name: _____
	Private Supply; Source: <u>spring</u>

I HAVE RECEIVED/AM AWARE OF SITE PREPARATION REQUIREMENTS AND AM AWARE A FEE WILL BE DUE IF THE PARCEL IS NOT PROPERLY PREPARED

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.

Janet McMahan 7-24-2000
 Signature (Applicant/Authorized Rep.) Circle One (Date)

FOR OFFICE USE ONLY

	Date	Fee	Receipt #
<input checked="" type="checkbox"/> Site Evaluation (Soils Analysis)	<u>7/24/00</u>	<u>205.00</u>	<u>745893</u>
<input type="checkbox"/> Septic Permit - SFD	_____	_____	_____
<input type="checkbox"/> Septic Permit - Commercial	_____	_____	_____
<input type="checkbox"/> Septic Permit - Repair	_____	_____	_____

ENVIRONMENTAL HEALTH
LAKE COUNTY

MAY 31 2002

RECEIVED

Compared
Corrected
Indexed

DEED 2/1/40 2/24/40 ----- 490

MRS. NARCISIA HERNDON and J. N. HERNDON,
husband and wife,

-to-

LILA HOOVER

COM. at a pt. 22 ch. E of the quarter sec.
cor. bet. Secs. 12 & 13-13-7, and run. N
11.11 ch; th. E 18 ch. to the Range line
on the E boundary of said Sec. 12; th. S,
along said Range line, 11.11 ch., to the
cor. of Secs. 12 & 13 of said T; th. W 18
ch., to the place of beg., cont. 20 A.,
more or less.

Thank
you
Sister
Leta

Mack

McMahon

Regarding AP 010-003-11

Keith

263-5843



COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT
Division of Environmental Health
922 Bevins Court
LAKEPORT, CALIFORNIA 95453-9739
Telephone 707/ 263-1164
Lower Lake Office
Telephone 707/ 994-2257

Ruth Lincoln PHN, MPA
Health Services Director

Raymond Ruminski, R.E.H.S.
Environmental Health Director

June 10, 2002

William McMahan
POB 57
Clearlake, CA 95422

RE: APN 010-003-11
2002 Ogulin Canyon Road
Clearlake, CA

Dear Mr. McMahan:

I have completed a soil study of the above-referenced property for an On-site Sewage Disposal System in the area selected. On the basis of this study, the site appears suitable for on-site sewage disposal. Approval of the Permit To Install is contingent on the size of the system and the proposed layout of the lot. A copy of the site evaluation report is attached and the results are as follows:

1. In the vicinity of test pit #4 , the site has been approved for a Standard Septic System. Ninety-four (94) feet of drainfield line will be required per bedroom or 150 gallons of flow. This is to be an equal, serial, or pressure distribution system. Trench depth is not to exceed 24 inches, nor be shallower than 24 inches with 12 inches total rock.
2. In the vicinity of test pit #5 , the site has been approved for a Capping Fill System. One hundred thirty-three (133) feet of drainfield line will be required per bedroom or 150 gallons of flow. This is to be an equal, serial, or pressure distribution system. Trench depth is not to exceed 12 inches, nor be shallower than 12 inches with 12 inches total rock. Sixteen inches of approved fill soil shall be placed over the leach field.
3. Low-flush toilets rated at 1.6 gallons or less are required and sizing credit has been given for their use.

Drainfields must be installed on contour in the area as shown on the attached Report of Evaluation. Drainfield installation is not permitted on ground that has been altered by cutting or filling. Any person other than the property owner must be licensed by the State of California to install and/or construct a septic system. A construction permit must be obtained from this Division prior to installation of this system.

Please feel free to contact this office at (707) 994-2257 should you have any questions regarding this report.

Sincerely,

John McLaughlin
Senior Environmental Health Specialist

SITE EVALUATION REPORT

Applicant Name: McMAHAN

Evaluator: John McLaughlin

APN: 010-003-11

Date: 6-4-02

Pit # 4 Depth: 0-24

Rock Fragments: (15%) 15%-30% >35%

Texture: Silty clay

Color: (Matrix) 10YR 4/2

Mottles: Color 1-0

Abundance: <2% 2-20% >20%

Size <5mm 5-15mm >15mm

Contrast: faint distinct prominent

Structure: Grade - weak moderate (strong)

Type - gr pl pr cpr abk (sbk)

Consistence: wet - stickiness so ss s vs

plasticity po ps p vp

Roots: (few) common many

very fine fine medium coarse

.1-.5mm .5-2mm 2-5mm 5-10mm+

Horizon - Distinctness: (a) c g d

Topography: (s) w l h

Groundwater - Depth: actual 2

predicted 5

2 → 4 105' @ 297° Az
16" @ 2° Az

Pit # 4 Depth: 24-60

Rock Fragments: (15%) 15%-30% >35%

Texture: Silty clay

Color: (Matrix) 10YR 5/2

Mottles: Color 0

Abundance: <2% 2-20% >20%

Size <5mm 5-15mm >15mm

Contrast: faint distinct prominent

Structure: Grade - weak (moderate) strong

Type (gr) pl pr cpr abk sbk

Consistence: wet - stickiness so (ss) s vs

plasticity po (ps) p vp

Roots: (few) common many

very fine fine medium coarse

.1-.5mm .5-2mm 2-5mm 5-10mm+

Horizon - Distinctness: (g) c g d

Topography: (s) w l h

Groundwater - Depth: actual 3

predicted 5

Pit # 5 Depth: 0-24

Rock Fragments: <15% 15%-30% >35%

Texture: _____

Color: (Matrix) _____

Mottles: Color _____

Abundance: <2% 2-20% >20%

Size <5mm 5-15mm >15mm

Contrast: faint distinct prominent

Structure: Grade - weak moderate strong

Type - gr pl pr cpr abk sbk

Consistence: wet - stickiness so ss s vs

plasticity po ps p vp

Roots: few common many

very fine fine medium coarse

.1-.5mm .5-2mm 2-5mm 5-10mm+

Horizon - Distinctness: a c g d

Topography: s w l h

Groundwater - Depth: actual _____

predicted _____

4 → 5 51' @ 76° Az
DRMN ~ 50' TO EAST

Pit # 5 Depth: 24-60

Rock Fragments: (15%) 15%-30% >35%

Texture: PR. SLATE (VHLS)

Color: (Matrix) 10YR 5/2

Mottles: Color _____

Abundance: <2% 2-20% >20%

Size <5mm 5-15mm >15mm

Contrast: faint distinct prominent

Structure: Grade - weak moderate strong

Type - gr pl pr cpr abk sbk

Consistence: wet - stickiness so ss s vs

plasticity po ps p vp

Roots: few common many

very fine fine medium coarse

.1-.5mm .5-2mm 2-5mm 5-10mm+

Horizon - Distinctness: a c g d

Topography: s w l h

Groundwater - Depth: actual _____

predicted _____

EFFECTIVE SOIL
SOIL-LIKE!

Pit # _____ Depth: _____

Rock Fragments: <15% 15%-30% >35%

Texture: _____

Color: (Matrix) _____

Mottles: Color _____

Abundance: <2% 2-20% >20%

Size <5mm 5-15mm >15mm

Contrast: faint distinct prominent

Structure: Grade - weak moderate strong

Type - gr pl pr cpr abk sbk

Consistence: wet - stickiness so ss s vs

plasticity po ps p vp

Roots: few common many

very fine fine medium coarse

.1-.5mm .5-2mm 2-5mm 5-10mm+

Horizon - Distinctness: a c g d

Topography: s w l h

Groundwater - Depth: actual _____

predicted _____

Pit # _____ Depth: _____

Rock Fragments: <15% 15%-30% >35%

Texture: _____

Color: (Matrix) _____

Mottles: Color _____

Abundance: <2% 2-20% >20%

Size <5mm 5-15mm >15mm

Contrast: faint distinct prominent

Structure: Grade - weak moderate strong

Type - gr pl pr cpr abk sbk

Consistence: wet - stickiness so ss s vs

plasticity po ps p vp

Roots: few common many

very fine fine medium coarse

.1-.5mm .5-2mm 2-5mm 5-10mm+

Horizon - Distinctness: a c g d

Topography: s w l h

Groundwater - Depth: actual _____

predicted _____

Landscape Notes CPA plants grasses

Slope _____ Aspect _____

Other Site Notes _____

System Specifications Design Flow _____ gpd

Initial (11) System Size 94 / 150 q Maximum Depth Absorption Facility (in) 24-30

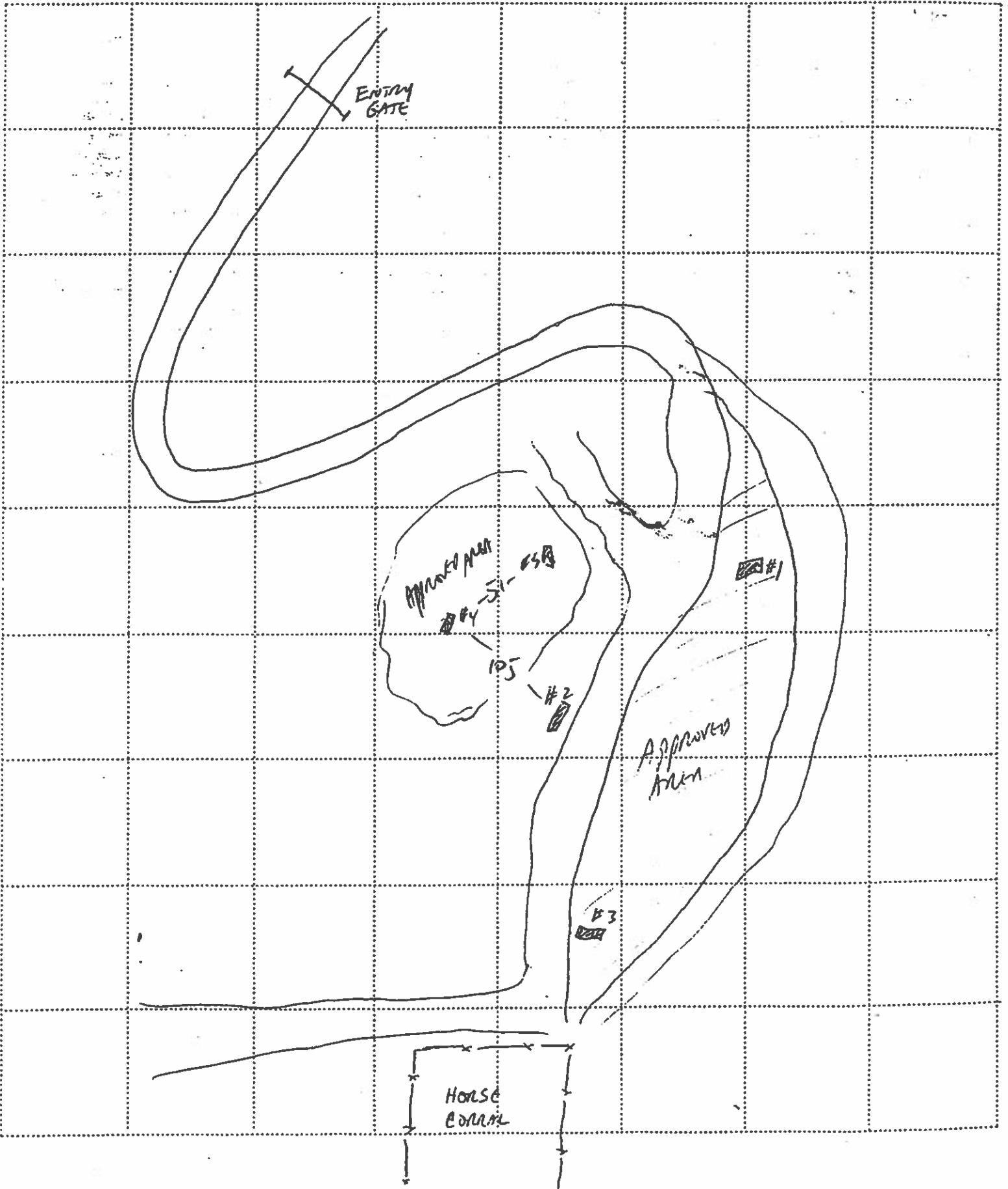
Replacement (1) System Size 133 / 150 q Maximum Depth Absorption Facility (in) 12" w / 16" dy

Special Conditions _____

SITE EVALUATION REPORT

Applicant Name: McMAHAN Evaluator: John McLaughlin

APN: 010 - 053 - 11 Date: 06/04/02





LAKE COUNTY HEALTH SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

922 BEVINS COURT, LAKEPORT, CA 95453 16185 MAIN STREET, LOWER LAKE (NO MAIL)
PHONE: (707) 263-1164 *** FAX: (707) 263-1681 PHONE: (707) 994-2257 *** FAX: (707) 994-8950

ANY OMISSION OF INFORMATION MAY DELAY PROCESSING OF YOUR APPLICATION

Janet
WR# 998-1137
998-9118

OWNER: WILLIAM McMAHAW
JANET McMAHAW

Phone: 998-1519
Fax: 998-9772

Mailing Address: PO Box 57

City/State/Zip: GLENNHAVEN, CA 95445

APPLICANT: JANET McMAHAW
WILLIAM McMAHAW

Phone: 998-1519

Mailing Address: PO Box 57

Fax: _____
City/State/Zip: GLENNHAVEN CA 95445

NAME OF LENDING AGENCY: _____

Mailing Address: _____

City/State/Zip: _____

CONTRACTOR: WILLIAM McMAHAW

Phone: 998-1519 CELL 272-9592

License #: _____ Class: _____

Fax: _____

Mailing Address: _____

Cell Phone: _____

City/State/Zip: _____

JOB LOCATION	Site Address:	<u>2002 OGDIN CANYON RD</u>	City:	<u>CLEAR LAKE</u>
	Nearest Cross Street:	<u>HWY 53</u>	Assessors Parcel Number:	<u>010-003-11</u>
PROPOSED USE	Single Family Residence?	<input checked="" type="radio"/> YES <input type="radio"/> NO	Number of Bedrooms:	<u>2</u>
	Commercial Facility?	YES <input type="radio"/> <input checked="" type="radio"/> NO	Type of Commercial Facility:	_____
WATER SUPPLY	Public Supply Name:	_____	_____	
	Private Supply Source:	<u>WELL</u>	_____	

I HAVE RECEIVED/AM AWARE OF SITE PREPARATION REQUIREMENTS AND AM AWARE A FEE WILL BE DUE IF THE PARCEL IS NOT PROPERLY PREPARED DATE TEST HOLES READY: _____

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.

Janet McMahon
Signature (APPLICANT/AUTHORIZED REP.) Circle One

5-24-2002
Date

FOR OFFICE USE ONLY

	DATE RECEIVED	FEE	RECEIPT #
<input checked="" type="checkbox"/> SITE EVALUATION/SOILS ANALYSIS (\$205.00)	<u>6/3/02</u>	<u>205.00</u>	<u>20203</u>
<input checked="" type="checkbox"/> STANDARD SEPTIC PERMIT (304.00 + 50.00)	<u>5/24/02</u>	<u>354.00</u>	<u>20192</u>
<input type="checkbox"/> SAND FILTER/EXPERIMENTAL SEPTIC PERMIT (\$571.00 + 50.00)	_____	_____	_____
<input type="checkbox"/> CAPPING FILL SEPTIC SYSTEM PERMIT (\$355.00 + 50.00)	_____	_____	_____
<input type="checkbox"/> COMMERCIAL SEPTIC PERMIT	_____	_____	_____

LAKEPORT OFFICE
922 BEVINS COURT
LAKEPORT, CA 95453
(707) 263-2222

SOUTH SHORE OFFICE

(707) 994-2257

LAKE COUNTY PUBLIC HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

JOB LOCATION ADDRESS: 2388 STATE Hwy 53 - Clearlake
ASSESSOR'S PARCEL #: 010-003-011 Parcel Size: 20 ACRES
Property Owner: WILLIAM & JANET McMAHAN Phone No.: 707-998-1519
Mailing Address: PO BOX 57 GLENHAVEN, CA. 95443

WELL DRILLER: Larry Herman Drilling
Mailing Address: 13011 Hwy 29, Lower Lake, Ca 95457
Telephone #: 994-4914 CA C-57 License #: 465071

TYPE OF WORK: New Well Reconstruction Destruction Test Well
 Other: _____

PROPOSED USE: Domestic Public Monitoring Agriculture
 Industrial Test Well Other: _____

CONSTRUCTION: Cable Tool Mud Rotary Air Rotary Other _____
Casing Type & Standard PVC F480 Wall Thickness 160 Diameter 4 1/2"
Proposed Depth of Seal 20' Bore Hole Diameter 9"

Variance _____
Seal Material: Concrete Sand-cement grout Bentonite Clay
 Neat Cement Other _____

Is location of proposed well subject to flooding? No Yes
Describe known flooding conditions: _____

WELL DRILLER'S SIGNATURE: Larry Herman Date: 10-26-00

***** PLEASE COMPLETE THE ATTACHMENTS *****
THIS PERMIT IS VALID FOR ONE YEAR FROM DATE OF ISSUANCE
FIELD CONDITIONS MAY WARRANT CHANGES OF THIS PERMIT
***** PLEASE DO NOT WRITE BELOW THIS LINE *****

Date Received: 10-26-00 Fee Paid: \$ 160.00 Receipt No.: 749939
100 Year Flood Plain? No Yes Zone: D Elevation: _____
Minimum Casing Height: 1' feet above ground surface
Date Issued: 10-31-00 Issued By: [Signature]

Seal Scheduled for: 11-7-00 at 115 a.m./ p.m. Requested by: Asimmi
Seal Cancelled on: _____ at _____ a.m./p.m. Requested by: _____
Seal Scheduled for: _____ at _____ a.m./p.m. Requested by: _____



COUNTY OF LAKE

Planning Department

Courthouse — 255 N. Forbes Street
Lakeport, California 95453
Telephone 707/283-2221

WELL CLEARANCE

A.P. # 010-003-011

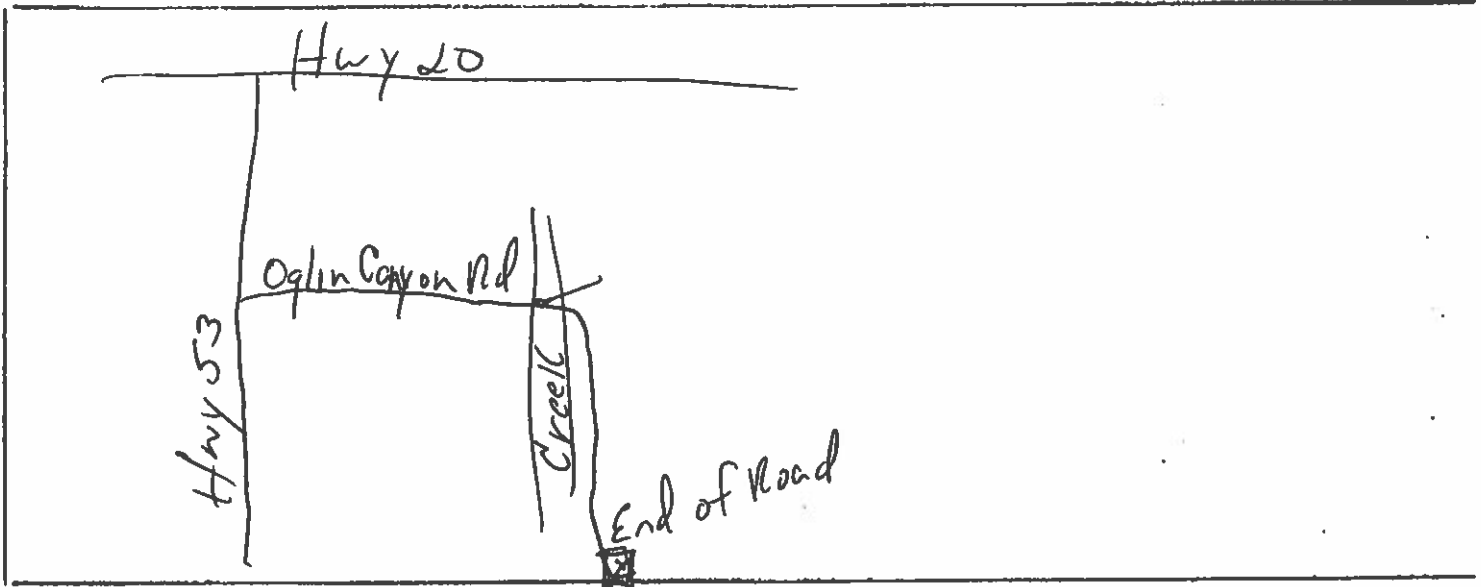
I hereby acknowledge that this permit does not constitute a permit or grant of approval for development as defined by Sections 66418.1 and 66419 of the Subdivision Map Act. The property on which this well is to be located may not be considered a legal lot of record as defined by the Subdivision Map Act or Lake County Subdivision Ordinance.

Janet McMahon

Property Owner Signature

LOCATION MAP

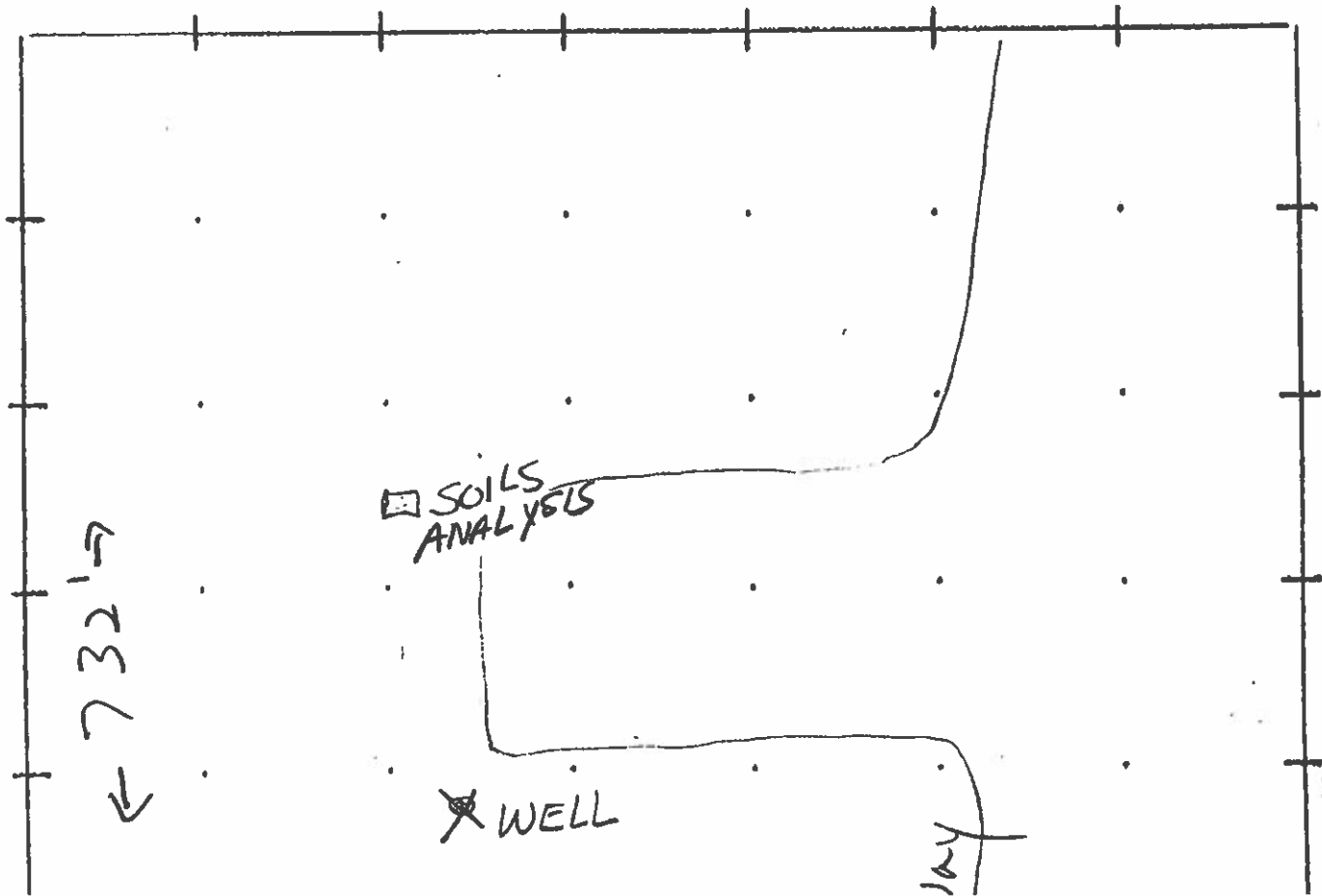
DIRECTIONS (Include mile post markers, landmarks, nearest cross street, etc.):



DRAW TO SCALE ANY OF THE FOLLOWING WITHIN 200 FEET OF THE WELL

- 1. Well/wells existing and proposed
- 2. Property lines, if over 200 feet
- 3. Easements or roads
- 4. All existing and proposed sewage disposal systems within 100 feet, adjacent parcels included
- 5. Any facilities or piping designed to carry or hold sewage
- 6. Any storage or mixing area which involves Hazardous Materials
- 7. Any structures

X None of the items above are within 200 feet of the well





COUNTY OF LAKE

HEALTH SERVICES DEPARTMENT
Division of Environmental Health
922 Bevins Court
LAKEPORT, CALIFORNIA 95453-9739
Telephone 707/ 263-2222
Lower Lake Office
Telephone 707/ 994-2257

E.H.
Robert Erickson, LCSW, MPA
Health Services Director

Raymond Ruminski, R.E.H.S.
Acting Environmental Health Director

October 30, 2000

William and Janet McMahan
POB 57
Glenhaven, CA 95443

RE: APN 010-003-11
2388 State Highway 53
Clearlake, CA

Dear Mr. and Mrs. McMahan:

I have completed a soil study of the above-referenced property for an On-site Sewage Disposal System in the area selected. On the basis of this study, the site appears suitable for on-site sewage disposal. Approval of the Permit To Install is contingent on the size of the system and the proposed layout of the lot. A copy of the site evaluation report is attached and the results are as follows:

1. The site has been approved for a Capping Fill System. Installation of capping fills shall conform to the requirements of LCR 1-150. See the attached excerpt from the Onsite Sewage Disposal Rules.
2. One hundred thirty-three (133) feet of drainfield line will be required per bedroom or 150 gallons of flow. This is to be either an equal or pressure distribution system. Trench depth is not to exceed 12 inches, nor be shallower than 12 inches with 12 inches total rock. Sixteen (16) inches of fill cap material is required for cover.
3. Low-flush toilets rated at 1.6 gallons or less are required and sizing credit has been given for their use.
4. Due to the presence of subsurface sheetflow from the uphill area on the lot, a curtain drain is required to a depth of 36 inches.

Drainfields must be installed on contour in the area as shown on the attached Report of Evaluation. Drainfield installation is not permitted on ground that has been altered by cutting or filling. Any person other than the property owner must be licensed by the State of California to install and/or construct a septic system. A construction permit must be obtained from this Division prior to installation of this system.

Please feel free to contact this office at (707) 994-2257 should you have any questions regarding this report.

Sincerely,

John McLaughlin
Senior Environmental Health Specialist

SITE EVALUATION REPORT

Applicant Name: McMAHAN
 APN: 010-053-11

Evaluator: John McLaughlin
 Date: 9-1-00

Pit # 1 Depth: 0-20"

Rock Fragments: <15% 15%-30% >35%

Texture: CLAY

Color: (Matrix) 10YR 4/3

Mottles: Color yellow/rust/red

Abundance: <2% 2-20% >20%

Size: <5mm 5-15mm >15mm

Contrast: faint distinct prominent

Structure: Grade - weak moderate strong

Type - gr pl pr cp abk sbk

Consistence: wet - stickiness so ss s vs vs

plasticity po ps p vp vp

Roots: few common many

very fine fine medium coarse

.1-5mm .5-2mm 2-5mm 5-10mm+

Horizon - Distinctness: a c g d

Topography: s w l h

Groundwater - Depth: actual 0"

predicted 0"

11" SLOPE AT 18'±2m

Pit # 1 Depth: 20-60"

Rock Fragments: <15% 15%-30% >35%

Texture: Decomposed Serpentine Rock

Color: (Matrix) 10YR 4/3

Mottles: Color yellow/rust/red/orange

Abundance: <2% 2-20% >20%

Size: <5mm 5-15mm >15mm

Contrast: faint distinct prominent

Structure: Grade - weak moderate strong

Type - gr pl pr cpr abk sbk

Consistence: wet - stickiness so ss s vs vs

plasticity po ps p vp vp

Roots: few common many

none very fine fine medium coarse

.1-5mm .5-2mm 2-5mm 5-10mm+

Horizon - Distinctness: a c g d

Topography: s w l h

Groundwater - Depth: actual 0"

predicted 0"

NOT EFFECTIVE SOIL

Pit # 2 Depth: 0-10"

Rock Fragments: <15% 15%-30% >35%

Texture: CLAY

Color: (Matrix) 10YR 4/3

Mottles: Color yellow/rust/red

Abundance: <2% 2-20% >20%

Size: <5mm 5-15mm >15mm

Contrast: faint distinct prominent

Structure: Grade - weak moderate strong

Type - gr pl pr cpr abk sbk

Consistence: wet - stickiness so ss s vs vs

plasticity po ps p vp vp

Roots: few common many

very fine fine medium coarse

.1-5mm .5-2mm 2-5mm 5-10mm+

Horizon - Distinctness: a c g d

Topography: s w l h

Groundwater - Depth: actual 0"

predicted 0"

Pit # 2 Depth: 10-60"

Rock Fragments: <15% 15%-30% >35%

Texture: Decomposed Serpentine

Color: (Matrix) 10YR 4/3

Mottles: Color yellow/rust/red/orange

Abundance: <2% 2-20% >20%

Size: <5mm 5-15mm >15mm

Contrast: faint distinct prominent

Structure: Grade - weak moderate strong

Type - gr pl pr cpr abk sbk

Consistence: wet - stickiness so ss s vs vs

plasticity po ps p vp vp

Roots: few common many

none very fine fine medium coarse

.1-5mm .5-2mm 2-5mm 5-10mm+

Horizon - Distinctness: a c g d

Topography: s w l h

Groundwater - Depth: actual 0"

predicted 0"

NOT EFFECTIVE SOIL

Pit # 3 Depth: 0-20"

Rock Fragments: <15% 15%-30% >35%

Texture: CLAY

Color: (Matrix) 10YR 4/3

Mottles: Color yellow/rust/red

Abundance: <2% 2-20% >20%

Size: <5mm 5-15mm >15mm

Contrast: faint distinct prominent

Structure: Grade - weak moderate strong

Type - gr pl pr cpr abk sbk

Consistence: wet - stickiness so ss s vs vs

plasticity po ps p vp vp

Roots: few common many

very fine fine medium coarse

.1-5mm .5-2mm 2-5mm 5-10mm+

Horizon - Distinctness: a c g d

Topography: s w l h

Groundwater - Depth: actual 0"

predicted 0"

Pit # 3 Depth: 20-60"

Rock Fragments: <15% 15%-30% >35%

Texture: Decomposed Serpentine

Color: (Matrix) 10YR 4/3

Mottles: Color yellow/rust/red/orange

Abundance: <2% 2-20% >20%

Size: <5mm 5-15mm >15mm

Contrast: faint distinct prominent

Structure: Grade - weak moderate strong

Type - gr pl pr cpr abk sbk

Consistence: wet - stickiness so ss s vs vs

plasticity po ps p vp vp

Roots: few common many

none very fine fine medium coarse

.1-5mm .5-2mm 2-5mm 5-10mm+

Horizon - Distinctness: a c g d

Topography: s w l h

Groundwater - Depth: actual 0"

predicted 0"

NOT EFFECTIVE SOIL

Landscape Notes: OAK, ANNUAL GRASSES

Slope: 11% Aspect: 18' AZM

Other Site Notes: _____

System Specifications _____ Design Flow _____ gpd

Initial Capping Fill System Size 133 / 150 q Maximum Depth Absorption Facility (in) 12" w/16" cover

Replacement Capping Fill System Size 133 / 150 q Maximum Depth Absorption Facility (in) 12" w/16" cover

Special Conditions: CURTAIN DRAIN OR OTHER MEANS OF DRAINING PROPOSED LITCHFIELD AREA IS REQUIRED TO MAKE VEGETATIVE PAD FOR ISSUES OF SEWER PROBLEMS (JOM)

MAINTAIN 100' SET BACK TO ALL WELLS

SITE EVALUATION REPORT

Applicant Name: McMAHAN Evaluator: John McLaughlin

APN: 010 -- 053- 11 Date: _____

