

No. 2709



38-205-13

200 MAIN ST. — P.O. BOX 100  
LAKEPORT, CALIF. —  
PHONE 263-5676

LAKE COUNTY DEPARTMENT OF PUBLIC HEALTH

Sanitation Permit

(PERMIT TO CONSTRUCT SEWAGE DISPOSAL SYSTEM)

Issued to **Robert Clifton** Date of Issue **July 10, 1963**  
 Address **Clearlake Highlands, Calif.** Job Description **2 br. residence**

Job Location **Lot 36, on 13th St. off Bush** Required Tank Size: **820 Gal. LCA**  
**Clearlake Highlands, Calif.** Absorption System: Type **Leach bed**  
 Square Feet **48"x8'x18'**

Installer: Name **Clearlake Well Drilling Co.** Address **Box 456, Clearlake Highlands, Calif.**

OWNER'S COPY (white) TO BE POSTED AT JOB SITE

Special Conditions

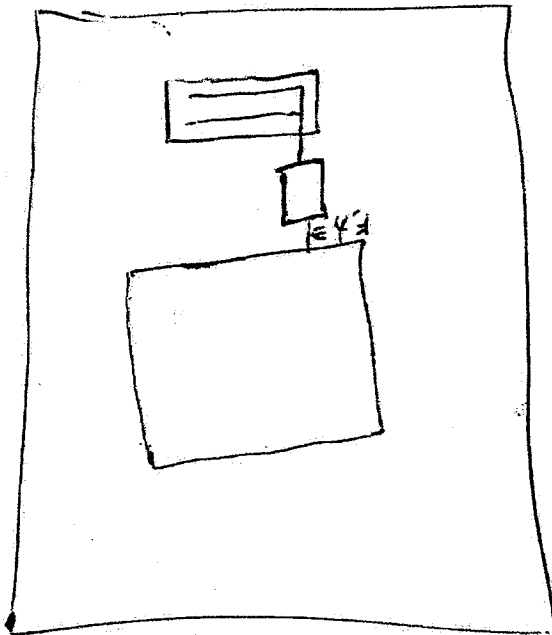
NOTE: This is a permit to construct only and issuance does not imply acceptance or approval of the completed system. No part of the system may be covered or used pending final inspection and approval, or waiver of final inspection, by the Lake County Health Department.

*R. S. Folsom*

PERMIT EXPIRES 90 DAYS FROM DATE OF ISSUE

Issued by *R. S. Folsom* Date **7/10/63** Final Inspection Waived by \_\_\_\_\_ Date **7/10/63**  
 Permit Fee \$7.50 — Date Paid **7/10/63** Final Inspection and Approval by *R. S. Folsom*  
 Approval Withheld

PLOT PLAN:



Distance to Wells, Lakes or Water Courses \_\_\_\_\_ Feet

PERCOLATION TEST DATA

15. Pre-soak				Test			
Date				Date			
Time	Depth to Water	Inches Perc.	Inches Water Added	Time	Depth to Water	Inches Perc.	Inches Water Added

16. Final Percolation Rate \_\_\_\_\_ Min.

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

Signed \_\_\_\_\_

Date \_\_\_\_\_ License No. \_\_\_\_\_