

COUNTY OF LAKE
DEPARTMENT OF HEALTH SERVICES, DIVISION OF
ENVIRONMENTAL HEALTH

CERTIFICATE OF SATISFACTORY COMPLETION

Onsite Wastewater Treatment/Disposal System

This certificate is issued to:

Name: JOSHUA DIXON
Street Address: 11051 OAK ST
City: COBB
State: CA
Zip code: 95426
APN: 050-913-07

This certificate certifies that on this date 1/6/2017, all Lake County Rules and Regulations for an Onsite Wastewater Disposal /Treatment System have been satisfactorily completed.

Certificate and Onsite Wastewater Disposal Permit # R-18099

Approval without structure. Please note that additional inspections are required prior to occupancy and an Authorization Inspection and fee may be required.

Approval with structure. Final inspection completed and a Satisfactory Completion is approved.

The following inspector's signature validates the above statement.



ENVIRONMENTAL HEALTH INSPECTOR

DEPARTMENT OF HEALTH SERVICES,
DIVISION OF ENVIRONMENTAL HEALTH

Lakeport Office: 922 Bevins Court, Lakeport, CA 95453-9739; Telephone 707/ 263-1164 FAX: 263-1681

Original to EH Division
Copy to Owner
Copy to Building Department

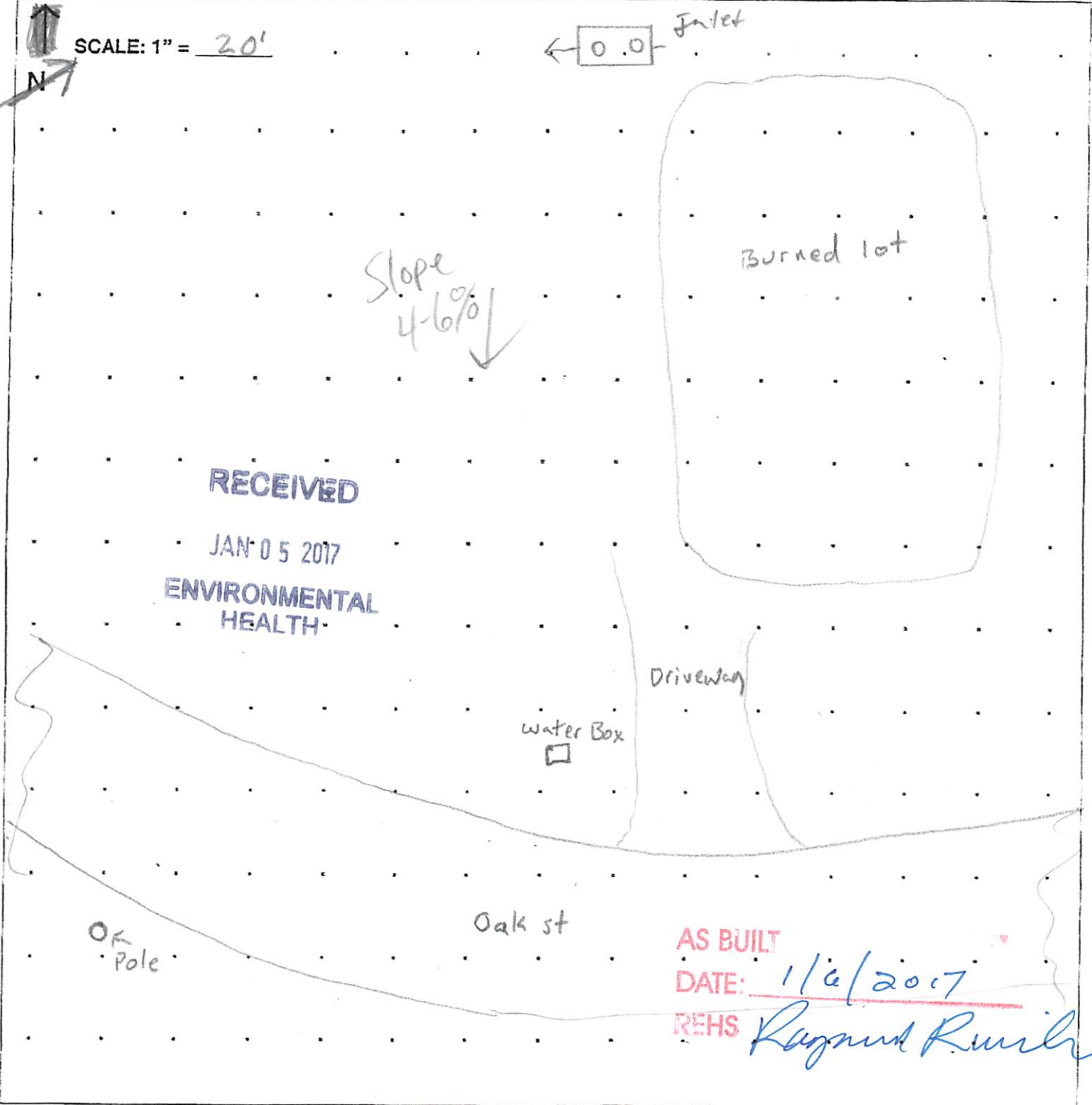
AS BUILT PLOT PLAN

APN: 050 - 913 - 07

ADDRESS: 11051 Oak st

PERMIT NUMBER: R-18099

OWNER: Dixon



INSTALLER SIGNATURE: Du Fossa DATE: 1-4-17 INSTALLER (PRINT): Ryan Fossa

ACCEPTED BY REHS: _____ DATE: _____

TANK MFG. Existing GALLONS: Existing Tank to House: none DEPTH of rock: Existing

DEPTH of Trench: 11 WIDTH of Trench: 11 SEPARATION between trenches: 11

#of leach lines: 11 Lengths: Existing Total Lineal Feet: Existing



COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT, ENVIRONMENTAL HEALTH DIVISION
 922 Bevins Court, Lakeport, CA 95453; PH# (707) 263-1164 FAX# (707) 263-1681

ON-SITE SEWAGE DISPOSAL- CONSTRUCTION AND INSTALLATION PERMIT

OWNER	Name: JOSHUA DIXON	Phone #:
	Mailing Address: P O BOX 165	
	City: COBB	State: CA Zip Code: 95426
CONTRACTOR	Name: FOSSA'S BACKHOE SERVICE	Phone #: 707-349-3414
	Mailing Address: 9437 WILDCAT RD	
	City: KELSEYVILLE	State: CA Zip Code: 95451
JOB LOCATION	Street Address: 11051 OAK ST	Town: COBB
	ASSESSOR'S PARCEL NUMBER: 0 5 0 -9 1 3 -0 7 ~PERMIT IS NON-TRANSFERABLE~	

- I certify that the contractor 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. 892400 Class A is in full force and effect.
- The contractor 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: _____

Under penalties of perjury I declare and certify that the statements and information provided above are true and correct.

X [Signature] 12.14.16 [Print Name]
 Signature Date Print Name

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**

Clearance: <u>minor</u>	Date Received: <u>12-14-16</u>	Received By: <u>P. GLAVIN</u>
CDD Planner: _____	Receipt Number: <u>IN0007132</u>	Penalty: _____
Zone: <u>Repair</u>	Fee: \$ <u>120.00</u>	
Flood Zone: _____	<u>RP0006815</u>	

Permit Number: <u>R-18099</u>	Issued By: <u>[Signature]</u>	**Date Issued: <u>12-19-2016</u>
-------------------------------	-------------------------------	----------------------------------

TYPE of SYSTEM: No History Standard Alternative Residential Commercial Repair Alteration

SEPTIC TANK VOLUME: _____ (min. gals.) Pump Tank Volume: _____ (min. gals.) Effluent Filter Required

DESIGN SEWAGE FLOW: _____ (_____) Bedrooms or _____ Max. Gallons Per Day Maintain all required setbacks

TRENCH: Total Linear Feet: _____ Min. Depth: _____ Max. Depth: _____ Min. Width: 24"

Equal Loop Serial (6" of fall required from septic tank to trench) Pressurized Capping Fill Chambers

Total Rock Depth: _____ Below Pipe: _____ Above Pipe: _____ Min. Distance Between Trenches _____ On Center

SPECIAL CONDITIONS (follow attached plot plan): PUMP SEPTIC TANK. REPAIR / REPLACE THE FOLLOWING AS NEEDED; SEPTIC/DOSING TANK, BUILDING SEWER, SANITARY TEE'S AND INSTALL EFFLUENT FILTER OR RISERS. THE EXISTING LEACHFIELD AND REPLACEMENT AREA MUST BE DEMONSTRATED ON A SCALED SITE PLAN AND VALIDATED PRIOR TO AN APPROVAL FOR A NEW SINGLE FAMILY DWELLING.

Pre-cover inspection is required. Installer to provide scaled "As Built" drawing at time of Final Inspection.

010010088