

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

LEGAL OWNER	APPLICANT: FILL IN BETWEEN HEAVY LINES ONLY - PLEASE PRINT -	
	NAME <u>T.G. M. MANUS</u>	
MAILING ADDRESS	<u>PO Box 543</u>	
	CITY <u>COBB</u>	TEL. NO. <u>928-4297</u>
CONTRACTOR	NAME <u>OWNER / BUILDER</u>	
	MAILING ADDRESS <u>SAME</u>	
CITY	TEL. NO.	
	STREET OR ROAD & No. <u>Rock Ridge Rd. SHASTA 8000</u>	
SUBDIVISION	LOT <u>4</u> BLK. <u>1</u>	
	COMMUNITY <u>COBB</u>	
NEAREST CROSS STREET	<u>Trinity</u>	
	ASSESSORS PARCEL NO. <u>AP 51-054-04</u>	
SINGLE FAMILY DWELLING	INSTALLATION WILL SERVE ☒ RESORT ☐ MOBILE HOME ☐ OTHER ☐	
	SPECIFY OTHER	
NO. OF LIVING UNITS <u>1</u> NO. OF BEDROOMS <u>2</u>		
NO. OF BATHROOMS <u>2</u> NO. OF KITCHENS <u>1</u> GARBAGE DISPOSAL YES ☒ NO ☐		
WATER ON LOT AT PRESENT YES ☐ NO ☐ WATER SOURCE <u>COBB MUTUAL</u>		

MAP SHOWING LOCATION

W ——— E
N ——— S

SEWAGE SYSTEM LAYOUT PLAN

INCLUDE SYSTEM LOCATION, SHOWING RELATION AND DISTANCES TO BUILDINGS, PROPERTY LINES, WELLS, STREAMS, LAKE, ETC. INDICATE SLOPE DIRECTION, INDICATE AND MAINTAIN SCALE ON DRAWING

SOIL TYPE <u>Jan 4 Rock</u>	
TOPOGRAPHY & % SLOPE <u>20% to 30%</u>	
TANK CAPACITY <u>DAVIDSON 960</u> GALS	
TANK LENGTH	
FT.	
COMP. 1	COMP. 2
FT.	FT.
WIDTH	LIQUID DEPTH
FT.	FT.
TOTAL INTERIOR DEPTH	
FT.	
ABSORPTION SYSTEM TYPE <u>Deep Trench</u>	
NO. LINES <u>1</u>	FINAL PERC. RATE
TRENCH/PIT DEPTH <u>14' Deep</u>	
PIT DIAMETER <u>9' Rock</u>	
TRENCH WIDTH	TRENCH LENGTH
IN	FT.
LOT SIZE	FT. X
<u>67</u>	<u>160</u>
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. _____ Class _____ 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 OWNER).

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 T.G. M. MANUS DATE 6-22-83

APPLICANTS ADDRESS PO Box 543 Cobb CA 95426

RECEIPT NO. <u>1104795</u>	PERMIT NO. <u>7570</u> -S
DATE REC. <u>6/22/83</u>	FEE <u>35.00</u>
BY <u>ac</u>	PENALTY
DATE ISSUED <u>6/22/83</u>	
BY <u>Ken</u>	TOTAL FEE <u>35.00</u>
APPLICATION APPROVED BY <u>Davidson</u> DATE <u>6/22/83</u>	
NOTES:	
CONSTRUCTION APP. BY	DATE
<u>010001403</u>	