Gifford's Backhoe Services, Inc.
P.O. Box 153
Cobb, CA 95426
(707) 928-5240

Lic. #711540

Invoice

Invoice #: 7616
Invoice Date: 3/3/2016

Bill To:
James Close
3531 Rose Ct.
Concord, CA 94519

Project Address:
15685 Summit Dr.
Cobb, CA

P.O. Number:

Date	Description	Rate	Hours/Qty	Amount
	Home Burn - Septic System Inspection and Repairs for County of Lake Permit Requirements Approval Without Structure			
	Septic Inspection			
	Permit	120.00		120.00
	Pump Tank	485.00		485.00
	Expose tank, cap inlet pipe, install outlet tee and filter			
	Labor	425.00		425.00
	Materials	95.00		95.00

DUE AND PAYABLE UPON RECEIPT OF INVOICE
THANK YOU FOR YOUR BUSINESS!

Total	$1,125.00
Payments/Credits	$0.00
Balance Due	$1,125.00

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: JAMES CLOSE
Street Address: 15685 SUMMIT DR
City: COBB
State: CA
Zip code: 95426
APN: 051-134-10

This certificate certifies that on this date 03/02/16, all Lake County Rules and Regulations for an Onsite Wastewater Disposal /Treatment System have been satisfactorily completed.

Certificate and Onsite Wastewater Disposal Permit # R-17130

☒ 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.

C. Bennett & P. Preciado
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

COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT
Division of Environmental Health

922 Bevins Ct. Lakeport, CA 95453 707-263-1164

ON-SITE SEWAGE DISPOSAL PERMIT CORRECTION NOTICE

APN: 051-134-10 ADDRESS: 15685 Summit Dr., Cobb

OWNER: James Close PERMIT #: R-17130

INSPECTOR: C. Bennett & T. Preciado DATE: 03/02/16

- ☐ Plans not on job/available
- ☐ Not following approved plans
- ☐ Previous deficiencies not completed
- ☐ Property boundaries not identified
- ☐ Not ready for inspection
- ☑ Follow-up inspection required
- ☑ As-built site plan must be submitted
- ☐ Installer certification must be submitted
- ☐ 2-year Operational and Maintenance contract must be submitted
- ☐ **Under the authority of Lake County Code Chapter 9, Article III, you are instructed to neither cover nor place this system in use until an additional Inspection shows that these deviations / requirements have been corrected / satisfied.**

The following deviations/requirements from the specifications of your permit or of Lake County regulations were detected and must be corrected prior to the next inspection:

Follow-up Inspection required to validate:
(1) Setback from foundation to septi tank.
(2) Leachfield appears to be too close to foundation.
(3) Must identify property corners.

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: JAMES CLOSE	Phone #:	
	Mailing Address: 3531 ROSE CT		
	City: CONCORD	State: CA	Zip Code: 94519
CONTRACTOR	Name: GIFFORD'S BACKHOE SERVICE	Phone #: 355-0860	
	Mailing Address: P O BOX 153		
	City: COBB	State: CA	Zip Code: 95426
JOB LOCATION	Street Address: 15685 SUMMIT DR	Town: COBB	
	ASSESSOR'S PARCEL NUMBER: 051-134-20	~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. 411540 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 Kenneth Gifford (Signature) 2.10.16 (Date) Kenneth Gifford (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: Date: _____ CDD Planner: Mind Zone: _____ Flood Zone: repair	Date Received: 2-10-16	Received By: P. Glavin	
	Receipt Number: IN0005832 RP0005140	Fee: $ 120.00	Penalty:
Permit Number: R-17130	**Issued By:** Phaedra Precado	****Date Issued:** 02/27/16	

TYPE of SYSTEM: Existing Alternative ☑ Residential ☐ Commercial ☒ Repair ☐ Alteration
SEPTIC TANK VOLUME: E 940 (min. gals.) Pump Tank Volume: _____ (min. gals.) Effluent Filter Required
DESIGN SEWAGE FLOW: Three (3) Bedrooms or 450 Max. Gallons Per Day Maintain all required setbacks
TRENCH: Total Linear Feet: _____' Min. Depth: _____" Max. Depth: _____" Min. Width: 24" (inches)
☐ 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 _____'(ft) On Center
SPECIAL CONDITIONS (follow attached plot plan): Pump septic tank. Repair/Replace the following as needed: Septic/Dosing tank, building sewer, sanitary tees, and install effluent filter or risers. The existing leach field 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.

Original: File Copy Pink: Permit to construct

ON0008995