

**SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT
ENVIRONMENTAL HEALTH DIVISION**

1855 Placer Street, Suite 201, Redding, CA 96001 Telephone (530) 225-5787 FAX (530) 225-5413

APPLICATION FOR SEWAGE DISPOSAL SYSTEM PERMIT

SDS 01-001

Conventional system - \$449.83
Includes additions and replacements.

Non-conventional system - \$526.85
Submit legal description and Consultant's Agreement.

Repair of Failing System - No Fee
Show proposed repair.

APPLICANT (Must be licensed contractor or property owner.)

Name MIKE KUYKENDALL CONST
Mailing Address 4230 PENSAKOA ST
City, State, Zip Code SHASTALAKE CA 96019
Telephone 530 275 2587

LOCATION OF PROPERTY

Street or Road 22670 BRIDGEWOOD
Assessor's Parcel Number 060-280-19

DIRECTIONS TO LOCATE PROPERTY are to be provided on the back of this application or the back of the plot plan. Directions must be adequate for staff to locate property.

PROPERTY OWNER

Name FIDEL REAY VASQUEZ
Mailing Address 22690 BRIDGEWOOD LN
City, State, Zip Code VALCO SEBRO CA 96023
Telephone 547 4295

PLOT PLAN is to be submitted on 8 1/2 x 11 sheet according to the attached instructions and show all requested information.

SOIL TESTING A minimum of three percolation tests are required to be submitted in the proposed leach field area. One test pit shall be excavated and a soil profile logged by a person qualified to perform testing under the Shasta County Sewage Disposal Standards.

PROPOSED USE OF PROPERTY

Residential: House Mobile home
Number of bedrooms 4
Garbage disposal? Yes No
Commercial: Describe proposed operation (type of business, seating capacity, number of units, number of employees, etc.)

Test results are attached.
 Testing was done when this parcel was created.
Subdivision _____ Lot # _____
Parcel Map _____ Lot # _____
Other _____
 Repair/Replacement (Testing may be required after review.)

LOT SIZE _____ x _____ or acreage 4.000

WATER SUPPLY

Public System Name BELLA VISTA
 Private If private, Drilled Well Spring
 Other (describe) _____

SIGNATURE OF CONTRACTOR (if applicant is contractor)

I certify that I am licensed under the provisions of Division 3, Chapter 9 of the Business and Professions Code, and my license is in full force and effect. License # 394278

I certify that I have read this application and the above information is correct. I agree to comply with all Shasta County Ordinances and State Laws relating to this construction.

[Signature] 1-2-01
SIGNATURE OF CONTRACTOR DATE

FOR OFFICE USE ONLY

Zoning/General Plan RL/RB
 Use is permitted without use permit.
 Use is permitted by _____ which has been approved.

Application received by SA Date 1/2/01
\$ 45 received Date _____ Receipt # _____
\$ _____ received Date _____ Receipt # _____

Associated Applications and Projects:
BP # 00-1161 Other 100-293

Notes: _____

SIGNATURE OF OWNER (required on all applications)

I certify that I am the owner of this property and that I will contract with a licensed contractor OR that I and my employees, with wages as their sole compensation, will do all of the work.

I certify that I have read this application and the above information is correct. I agree to comply with all Shasta County Ordinances and State Laws relating to this construction, and hereby authorize representatives of SHASTA COUNTY to enter the property for inspection purposes.

By signing this application I agree to defend, indemnify, and hold the county harmless from any claim, action, or proceeding brought to attack, set aside, void or annul the county's approval of this application.

[Signature] 1-2-01
SIGNATURE OF OWNER DATE

Permit issued by AS Date 1/8/01
Final approval by JTH Date 3-28-01

Leach field access by way of old 44 in Millbrook at back yard.

SEWAGE DISPOSAL SYSTEM INSPECTION RECORD

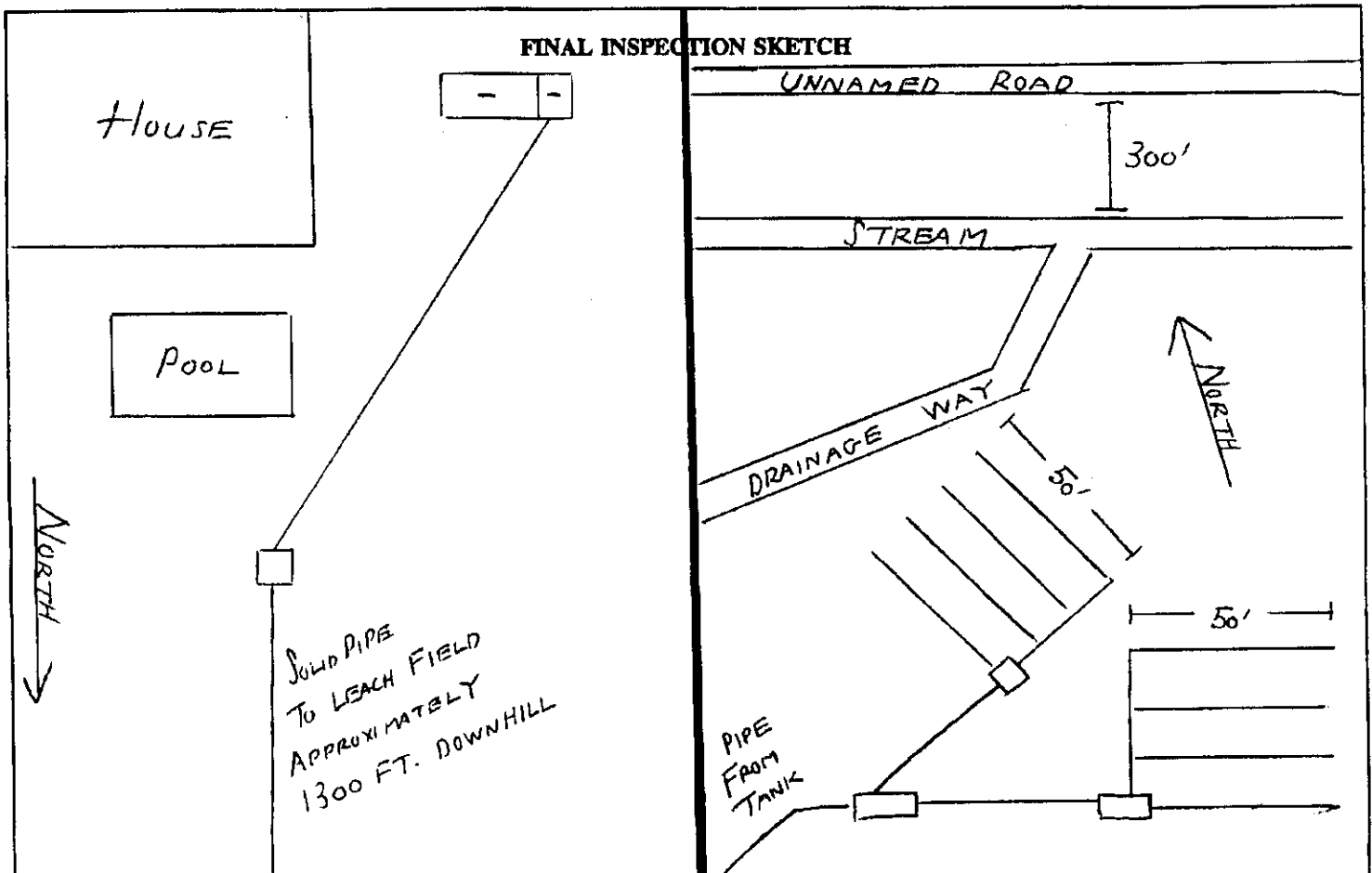
Inspector	Date	Initial (✓)	Final (✓)	OK to backfill	Comments
TTH	3-28-01		✓	✓	

FINAL INSPECTION	Tank	Sump	Disposal Field
Length	E		8x50'
Width	X		2'
Liquid depth	I		1'
1st compartment	J	Grade	—
Nearest well	T		100+
Property lines	I		10+
Foundations	N		10+
Bodies of water	G		200+
Drainage ways			50+
Cuts			—
	Yes	No	Comments
Dist. boxes adequate			
Pipe joints protected			
Septic tank watertight			

Correction of Deficiencies			
Notice given by	Date of notice	Correction verified by	Date of correction

Remarks

- ① TANK IS NEAR HOUSE
- ② DISPOSAL FIELD IS 1.7 MILES NORTH OF UNNAMED ROAD AND OLD 44 INTERSECTION EAST
- ③ UNNAMED ROAD IS 1 MILE NORTH OF SILVER BRIDGE
- ④ DISPOSAL FIELD HAS 3 D-BOXES





SHASTA COUNTY

DEPARTMENT OF RESOURCE MANAGEMENT
1855 Placer Street, Redding, CA 96001

Russ Mull, R.E.H.S.
Director

Suite 101
AIR QUALITY MANAGEMENT DISTRICT
R. Michael Kusow, P.E.
Air Pollution Control Officer
(530) 225-5674
FAX: (530) 225-5237

Suite 102
BUILDING DIVISION
Ralph S. Overbay
Division Manager
(530) 225-5761
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Suite 103
PLANNING DIVISION
James Cook
Division Manager
(530) 225-8532
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Suite 201
ENVIRONMENTAL HEALTH DIVISION
James Smith, R.E.H.S.
Division Manager
(530) 225-5787
FAX: (530) 225-5413

Suite 200
ADMINISTRATION &
COMMUNITY EDUCATION
(530) 225-5788
FAX: (530) 225-5807

SEWAGE DISPOSAL AND/OR WELL PERMIT(S) RELEASE

I understand and realize that the Shasta County Department of Resource Management, including Environmental Health, Building, Planning, and Air Quality Divisions, in releasing this permit for the immediate construction of a sewage disposal system or drilling a well, does not guarantee the issuance of an electrical permit, a mobile home utilities permit, building permit, or approval of any land use request.

IT IS THE RESPONSIBILITY OF THE UNDERSIGNED TO CHECK ZONING AND GENERAL PLAN DENSITY LIMITATIONS. It may be that the zoning, General Plan, and/or County policies prohibit the intended use. It should be understood that the zoning or General Plan could be amended in the future thereby changing the status of the property.

Fire safety standards may also limit the types of construction permitted.

The above information has been explained to me and I am aware of the potential limitations.

FIDEL REALY VASQUEZ
Owner's Name (please print)

1-2-01
Date

[Signature]
Owner's Signature

Information to be completed by staff:

Assessor's parcel number (APN):	<u>060 - 280 - 19</u>
Control number:	<u>^{SDS} 00-001</u>
Zoning/General Plan:	<u>RL/RB</u>
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