APPLICATION FOR INDIVIDUAL, SEWAGE DISPOSAL SYSTEM PERMIT

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| Application is hereby made to the Humboldt County Health Officer for a permit to construct or repair a sewage disposal system as described below in compliance with the laws and standards of Humboldt County and the State of California. | Legal Conformance | Fee /0,06 | Receipt No. | Permit No. A.P. 1308 -231-02 |
|--|--|--|--------------------|--|
| Owner's Name CISCO Lunsford | On attached sheet, applicant is to draw TO SCALE the appropriate septic tank system, location on property, and all pertinent setbacks. | | | |
| Mailing Address P & BOY 239 | DETAILED DIRECTIONS TO | PARCEL OLI 10 | 1 00 Xa | Veta evit on |
| City Loleto Ca. 9555/ Telephone # | Ell Ruser Dr. right on Table Bluss | | | |
| Installer en | Robert on Nawkas Nice Rd. | | | |
| Assessor's Parcel No. 308-231-02 | NOTE: WAIVER GRANTED TO START OF WINTER TIME PERCOLATION TESTING | | | |
| General Area MOUNEON Will Rd. Off | PERIOD, TE_STS DONE PRIOR TO 1 January 1982 | | | |
| Talle Bleef Rd. | PERIOD, TE STS DONE PRIOR TO 1 January 1982 | | | |
| Previous Application: New System Repair | 107 CO. 116 P. | | | |
| YES NO X Existing System | HIME CLOT | | | |
| Installation will serve: Residence Commercial Z | Hiller | *************************************** | | |
| Multiple Housing Mobilehome Park Mobilehome | IMPORTANT: | 2/ HOUR NOTTER DE | COULDED DEEDD | The state of the s |
| Other Specify: | | TOOK HOTTOCK | QUIRED BEFOR | E FINAL INSPECTION |
| No. of No. of Rooms Garbaye Disposal Unit Units Usable as Sedrooms Sedrooms | Line . | lo. of | Length of Lines | Trench Depth 3 |
| Water Supply: Lot Size: | | THE OWNER OF THE PARTY OF THE P | | The survey of th |
| Private Public 873' x 600' | Layout Plan Prepared by Date | | | |
| I agree to obtain inspection of installation prior to covering. I agree to construct this disposal system in accordance with all | IMPORTANT: Any deviation in construction from the above plan must have prior approval in writing by the Health Department. | | | |
| of the provisions of county and state law. It is understood that the issuance of a permit in no way indicates | HEALTH DEPARTMENT USE ONLY | | | |
| that a guarantee of perfect and indefinite operation of this system is made by the Humboldt County Health Department. | lon of this Levout Plan | | | |
| Signature standard | | | | |
| Date //- Owner Owner's Agent | Expiration Date of Permi | | ec 82 | |
| HUMBOLDT COUNTY HEALTH DEPARTMENT Division of Environmental Health | | THEN VALIDATED, TH | IIS IS YOUR P | ERMIT. |

SDS-1, Rev. 7/78