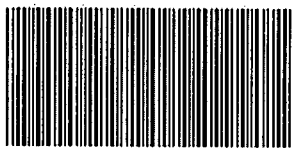
FC # 13



SEPARATOR.

042 170 079

196 MEMORIAL WAY
CHICO, CALIFORNIA
891-2727

7 COUNTY CENTER DRIVE
OROVILLE, CALIFORNIA
534-4281

747 ELLIOTT ROAD
PARADISE, CALIFORNIA
872-2961, Ext. 58

BUTTE COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

SEPTIC TANK INSPECTION CERTIFICATE

The Septic Tank System was Installed at 2787 Corape Way Chico

FOR restroom in barn

42-17-79

SEPTIC TANK

Size 1040 Gallons

Material Concrete

LEACHING FIELD

Length 100 ft.

Width 24 in.

No. of Lines 2

Rock Under Tile 6 in.

The above dimensions meet the minimum requirements of Butte County Code, Article 19. Additional leaching area will be required if experience shows it to be necessary.

Remarks:

Date 11-5-87

Fred L White
Sanitarian

S2-778R

BUTTE COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
SEWAGE DISPOSAL PERMIT

196 MEMORIAL WAY
CHICO, CALIFORNIA 95926
Phone: 891-2727

747 ELLIOTT ROAD
PARADISE, CALIFORNIA 95969
Phone: 872-6308

7 COUNTY CENTER DRIVE
OROVILLE, CALIFORNIA 95965
Phone: 534-4281

Date Issued Nov 5, 1987
EXPIRES ONE YEAR FROM DATE OF ISSUANCE

Permit Issued to James Haase
1025 El Monte Ave
Chico Ca 95928

To construct a sewage disposal system for: restroom in barn AP42-17-79

Located at: 2789 Corage Way Chico

SEPTIC TANK SYSTEM REQUIREMENTS

Septic Tank (Inside Measurements)		Leaching Field	
Length:	ft.	Total Length:	50 ft.
Width:	ft.	Trench width:	24 inches
Liquid depth:	ft.	Minimum No. of lines	1
Liquid capacity:	750 gals.	Rock under tile	6 inches

Special conditions: ~~Keep~~ Keep Septic tank 50ft and leach line 100 ft from all wells

Additional leaching field will be required if experience shows it to be necessary. No part of the system may be located within 50 feet of the center line of any County Road.

NOTE: Satisfactory inspection by the Health Department is required before backfilling or putting the system into use. Occupancy of a new building is not permitted until the system is approved.

Permit Fee $ 76.00; Penalty Fee $ _____; Total Fee $ 76.00.

Building Sewer Fee $ _____ Issued By: Fred A White
Sanitarian

Receipt No. 4455

S31-278R

Corage Way

196 MEMORIAL WAY
CHICO, CALIFORNIA
891-2727

7 COUNTY CENTER DRIVE
OROVILLE, CALIFORNIA
534-4281

747 ELLIOTT ROAD
PARADISE, CALIFORNIA
872-2961, Ext. 58

BUTTE COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

SEPTIC TANK INSPECTION CERTIFICATE

The Septic Tank System was Installed at 2787 Grape Way Chico

FOR 3 bedroom home

SEPTIC TANK

Size 1200 Gallons

Material Concrete

LEACHING FIELD

Length 125 ft.

Width 24 in.

No. of Lines 2

Rock Under Tile 6 in.

The above dimensions meet the minimum requirements of Butte County Code, Article 19. Additional leaching area will be required if experience shows it to be necessary.

Remarks:

Date 11-5-87

Fred S. White
Sanitarian

S2-778R

GRAPE WAY

BUTTE COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
SEWAGE DISPOSAL PERMIT

196 MEMORIAL WAY
CHICO, CALIFORNIA 95926
Phone: 891-2727

747 ELLIOTT ROAD
PARADISE, CALIFORNIA 95969
Phone: 872-2961, Ext. 58

7 COUNTY CENTER DRIVE
OROVILLE, CALIFORNIA 95965
Phone: 534-4281

Date Issued 7-20-87
EXPIRES ONE YEAR FROM DATE OF ISSUANCE

Permit Issued to Jack Woodard
PO Box 344
Nogalia, CA. 95954

To construct a sewage disposal system for: a three bedroom home

Located at: 2787 Grape Way, Chico A.P. 42-17-79

SEPTIC TANK SYSTEM REQUIREMENTS

Septic Tank (Inside Measurements)		Leaching Field	
Length:	/ ft.	Total Length:	125 ft.
Width:	/ ft.	Trench width:	24 inches
Liquid depth:	/ ft.	Minimum No. of lines	2
Liquid capacity:	1000 gals.	Rock under tile	6 inches

Special conditions: 1) keep septic tank at least 50 and leach lines at least 100' from any well.

Additional leaching field will be required if experience shows it to be necessary. No part of the system may be located within 50 feet of the center line of any County Road.

NOTE: Satisfactory inspection by the Health Department is required before backfilling or putting the system into use. Occupancy of a new building is not permitted until the system is approved.

Permit Fee $ 76; Penalty Fee $; Total Fee $ 76 -.

Building Sewer Fee $ _____ Issued By: [signature]
Sanitarian

Receipt No. 86371

S31-278R

[illegible] 7-21-87

V5

BUTTE COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

196 MEMORIAL WAY
CHICO, CALIFORNIA 95926
(916) 891-2727

7 COUNTY CENTER DRIVE
OROVILLE, CALIFORNIA 95965
(916) 538-7281

747 ELLIOTT ROAD
PARADISE, CALIFORNIA 95969
(916) 872-6308

APPLICATION FOR PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM

Owner's Name Jack O. Woodard Assessor's Parcel No. 42-17-79

Applicant's Name Jack O. Woodard Phone No. 873-0186

Mailing Address P.O. Box 344 MAGALIA CA.

1. Construction Site 2787 Grape way Chico Ca 95954
(Street and number or direction and distance to nearest crossroad)

2. Lot Size 208X89X385X478X323X567 feet x _____ feet. (5) acres

3. APPLICATION FOR: New system for new building ☒ Auxiliary or secondary system ☐
Repair of or addition to old system ☐ New system to replace existing facilities ☐

4. Type of building to be served by proposed system:

Mobile Home ☐ (size _____) No. Bedrooms _____ Garbage disposal? ____
House ☒ No. Bedrooms 3 Garbage disposal? Yes
Other ☐ (specify) _____

5. Water supply for premises: (Must be safe, potable water) Community ☐ Private well ☒ Other _____
Water supply for ajoining properties: Community ☐ Private well ☒ Other _____

6. **WORKMEN'S COMPENSATION INSURANCE**

I am aware of the provisions of Section 3700 of the California Labor Code. Which requires every employer to be insured against liability for Workmen's Compensation.

☑ I have placed on file with the County of Butte a certificate of Workmen's Compensation Insurance.

☐ I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Workmen's Compensation Laws of California.

7. **SCALE PLOT PLAN TO BE FURNISHED**

Sketch to scale on reverse side hereof, or attach scale sketch of plot plan of the premises showing:

a. Property lines.

b. Location of all proposed and existing buildings, structures, driveways and parking areas.

c. Location of large trees, rocks, or other obstacles.

d. Location of any well, spring, creek or other body of water on the parcel and within 100 feet of property line.

e. Show direction and approximate amount of slope.

f. Source of water.

g. Water lines.

h. Set back lines and easements.

i. Proposed sewage disposal system and area for replacement.

I hereby state that the information above and on the reverse side hereof or attached hereto is correct and true to the best of my knowledge. I understand that the permit must be obtained before any construction is begun either on the building or on the sewage disposal system, and that a satisfactory inspection of the system is required before the new building or dwelling may be occupied or the system backfilled, or put into use. I also understand that a safe potable water must be supplied to the new building or dwelling before occupancy can take place.

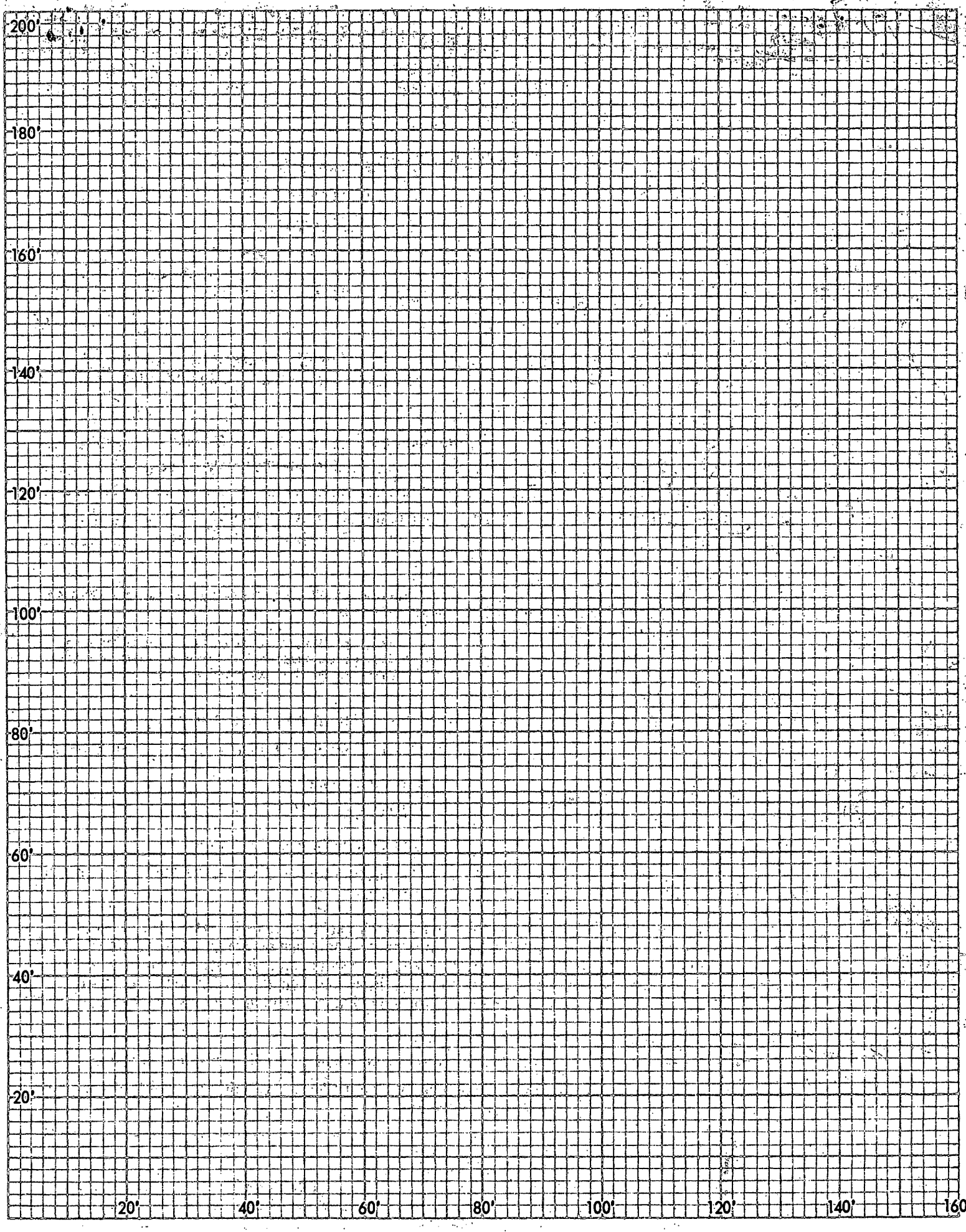
Signed Jack O. Woodard Owner ☐ Authorized agent ☐ Licensed contractor ☒

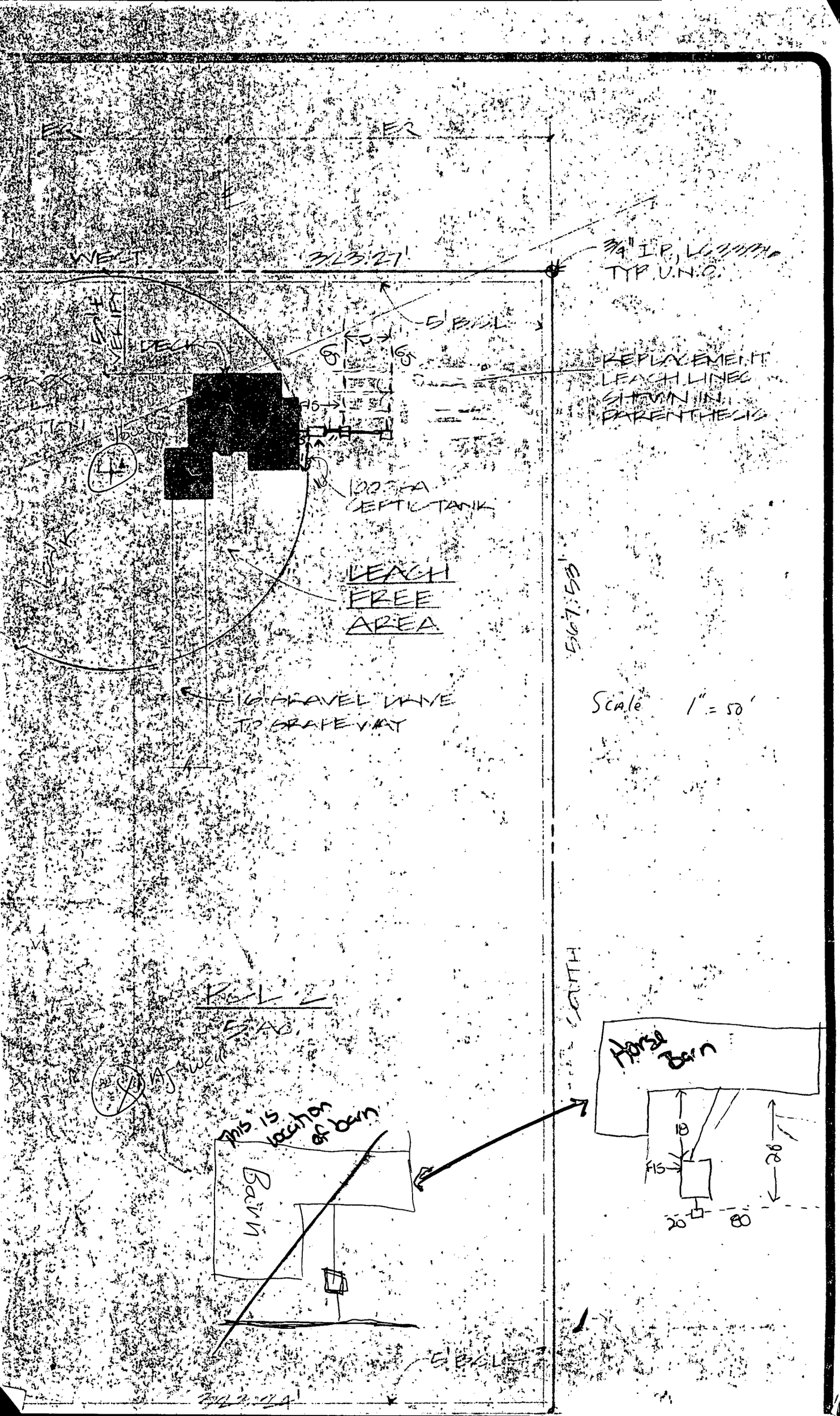
Date 5-1-87 (An original letter of authorization must accompany this application in order for an authorized agent to sign.)

FOR OFFICE USE ONLY

Legal parcel? yes Zoning _____ Use permitted? _____
Access _____ Rcpt. No. 86371 Amount 76.00
Water plans cleared _____ Potable water _____
Comment Domestic well 10' from p/c, stay out of 20' B.S.A.

S4-579R


200'
180'
160'
140'
120'
100'
80'
60'
40'
20'
20'
40'
60'
80'
100'
120'
140'
160'



WEST
323.27'
3/4" I.P., LS 3336
TYP. U.N.O.
5' B.G.L.
REPLACEMENT
LEACH LINES
SHOWN IN
PARENTHESIS
DECK
100 GA
SEPTIC TANK
LEACH
FREE
AREA
16' GRAVEL DRIVE
TO GRAPEWAY
567.53'
Scale 1" = 50'
SOUTH
Horse Barn
18
15
20
80
This is location of barn
Barn
5' B.G.L.

Renewal

AG well

BUTTE COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

196 Memorial Way
Chico, California 95926
891-2727

7 County Center Drive
Oroville, California 95965
538-7281

747 Elliott Road
Paradise, California 95969
872-6308

APPLICATION AND PERMIT TO CONSTRUCT OR DESTROY A WELL

Application for: Public Water Supply ☐ Individual Well ☒ Well Destruction ☐

Type of Construction: ☒ New Construction ☐ Repair or Deepen

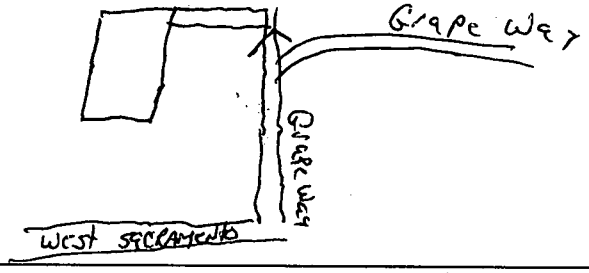
Owner's Name: JACK O. WOODARD Assessor's Parcel No. 42-17-79

Applicant's Name: JACK O. WOODARD Phone No. 895-3276

Mailing Address: 2787 Grape Way, Chico 95926

Site Location: _____ T. R. S.

SKETCH ON HOW TO LOCATE PROPERTY



WORKMEN'S COMPENSATION INSURANCE

I am aware of the provisions of Section 3700 of the California Labor Code Which requires every employer to be insured against liability for Workmen's Compensation.

☐ I have placed on file with the County of Butte a certificate of Workmen's Compensation Insurance.

☒ I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Workmen's Compensation Laws of California.

COMPLETE FOR NEW CONSTRUCTION

Driller's Name: ~~Joe Besser~~ HEITMAN

Well Driller Contractors License Number _____

Driller's Address: _____

Proposed Depth 180' Proposed Usage _____

COMPLETE FOR WELL ABANDONMENT

Name of individual responsible for work: _____

Address: _____

Scale Plot Plan is to be furnished on reverse sides of both applications.

I hereby state that the information above and on the reverse side hereof or attached hereto is correct and true to the best of my knowledge. I understand that the permit must be obtained before any construction is begun. I further state that I am ☒ the owner of the property, ☐ the owner's authorized representative, ☐ a Licensed Well Drilling Contractor

Date: 7/26/88 Signed: Jack O. Woodard

PERMIT

To be completed by the Health Department.
Permit to Begin Work Approved by Vance Sauer

Fee received: 57.00 7-26-88

Receipt No.: 18870 (Renewal)

Date Issued 7-29-88

Additional Permit to Destroy Dry Hole Prior to Site Abandonment ☐

Expires one year from date of issuance

Special Conditions Construct at approved site. Stay at least 20' from property line.

NOTE: 1. Provide a minimum twenty-four (24) hour notice prior to installing or placing sanitary seal or drilling a well expected to be completed in less than twenty-four (24) hours.

2. A satisfactory inspection by the Health Department and receipt by the Health Department of a Driller's Report or a satisfactory abandonment report and a disinfection statement is required for final approval of work.

7-28-89 pd $57.00 Renewal fee to 7-29-90 Rec# 42857

Copy 1 - Applicant
Copy 2 - Health Department

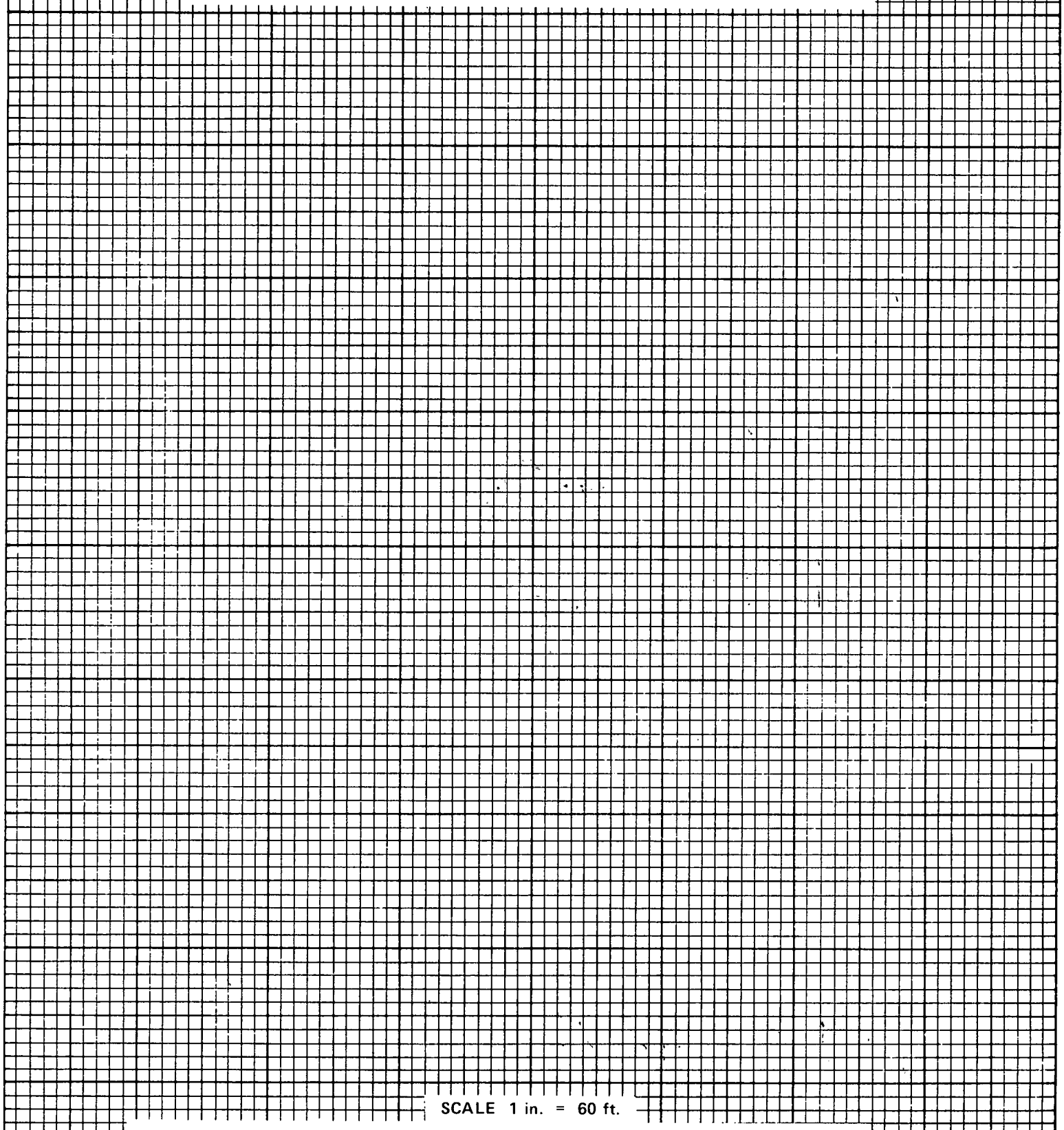
Zone & Req. SB _____

Pcl. Status _____

PREPARE IN DUPLICATE

(Within 200 feet of well site show)

(a) Property lines and existing and proposed buildings. (b) Sewage disposal systems, sewer lines, and any other works carrying or containing sewage. (c) All intermittent perennial, natural or artificial bodies of water or water courses. (d) Other wells. (e) The approximate drainage pattern and areas subject to flooding.



SCALE 1 in. = 60 ft.

NOTE: (1) To facilitate issuance of your well permit, please stake and flag the proposed well location on the site.

(2) Review of this plot plan for well location does not imply that a sewage system will be approved for any proposed construction.

QUADRUPLICATE
Use to comply with local requirements

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES

WATER WELL DRILLER'S REPORT

Do not fill in
No. 367114

Notice of Intent No. _____
Local Permit No. or Date Butte AP#42-17-79

Butte Co. Div. of Env. Health
SEP 06 1990

State Well No. _____
Other Well No. _____

(1) OWNER: Name Jack O. Woodard
Address 2787 Grape Way
City Chico, Ca. ZIP 95926

(2) LOCATION OF WELL (See instructions):
County Butte Owner's Well Number _____
Well address if different from above _____
Township _____ Range _____ Section _____
Distance from cities, roads, railroads, fences, etc.
AP#42-17-79

WELL LOCATION SKETCH

(3) TYPE OF WORK:
New Well [X] Deepening [ ]
Reconstruction [ ]
Reconditioning [ ]
Horizontal Well [ ]
Destruction [ ] (Describe destruction materials and procedures in Item 12)

(4) PROPOSED USE:
Domestic [X]
Irrigation [ ]
Industrial [ ]
Test Well [ ]
Municipal [ ]
Other [ ]
(Describe)

(5) EQUIPMENT:
Rotary [X] Reverse [ ]
Cable [ ] Air [X]
Other [ ] Bucket [ ]

(6) GRAVEL PACK:
Yes [ ] No [X] Size _____
Diameter of bore _____
Packed from _____ to _____ ft.

(7) CASING INSTALLED:
Steel [X] Plastic [ ] Concrete [ ]

From ft.	To ft.	Dia. in.	Gage or Wall
0	97	6-5/8	10

(8) PERFORATIONS:
Type of perforation or size of screen

From ft.	To ft.	Slot size

(9) WELL SEAL:
Was surface sanitary seal provided? Yes [X] No [ ] If yes, to depth 25 ft.
Were strata sealed against pollution? Yes [X] No [ ] Interval _____ ft.
Method of sealing Concrete grout

(10) WATER LEVELS:
Depth of first water, if known 75 ft.
Standing level after well completion 43 ft.

(11) WELL TESTS:
Was well test made? Yes [X] No [ ] If yes, by whom? driller
Type of test Pump [ ] Bailer [ ] Air lift [X]
Depth to water at start of test _____ ft. At end of test _____ ft.
Discharge 150 gal/min after _____ hours Water temperature _____
Chemical analysis made? Yes [ ] No [X] If yes, by whom? _____
Was electric log made Yes [ ] No [X] If yes, attach copy to this report

(12) WELL LOG: Total depth 160 ft. Completed depth 160 ft.

from ft.	to ft.	Formation (Describe by color, character, size or material)
0	5	Top soil
5	26	Clay
26	29	Gravel
29	57	Sandstone
57	62	Gravel
62	70	Sandstone
70	76	Gravel
76	85	Sandstone
85	87	Sand
87	160	Sandstone

Work started 8-30 19 90 Completed 8-31 19 90

WELL DRILLER'S STATEMENT:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Signed W.S. Heitman (Well Driller)
NAME W. S. Heitman (Person, firm, or corporation) (Typed or printed)
Address 623 Buckingham Place
City Chico, Ca. ZIP 95926
License No. 324874 Date of this report 9-4-90

CONFIDENTIAL
NOT FOR PUBLIC USE
WATER CODE SEC. 13752

DWR 188 (REV. 12-86) IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM 86 96355

42-17-79

BUTTE COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

695 Oleander Avenue
Chico, California
891-2727

7 County Center Drive
Oroville, California
534-4281

747 Elliott Ro
Paradise, Calif
872-2961 Ext

42-17-79

APPLICATION AND PERMIT TO CONSTRUCT OR DESTROY A WELL

Application for: Public Water Supply Well ☐ Individual Well ☒ Drainage Well ☐ Irrigation Well within area served by public system ☐ Well Abandonment ☐

Owner's Name: JACK O. Woodard Assessor's Parcel No. 42-17-79

Applicant's Name: JACK O. Woodard Phone No.

Mailing Address: P.O. Box 344 MAGALIA CA 95954

Site Location: 2787 Grapeway Chico ca.

SKETCH ON HOW TO LOCATE PROPERTY



WORKMEN'S COMPENSATION INSURANCE

I am aware of the provisions of Section 3700 of the California Labor Code Which requires every employer to be insured against liability for Workmen's Compensation.

☒ I have placed on file with the County of Butte a certificate of Workmen's Compensation Insurance.

☒ I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Workmen's Compensation Laws of California.

COMPLETE FOR NEW CONSTRUCTION

Driller's Name: Gary Besser ☒ New or ☐ Replacement Construction

Driller's Address: Proposed depth in feet 180'

COMPLETE FOR WELL ABANDONMENT

Name of individual responsible for work:

Address:

Scale Plot Plan is to be furnished on reverse sides of both applications.

I hereby state that the information above and on the reverse side hereof or attached hereto is correct and true to the best of my knowledge. I understand that the permit must be obtained before any construction is begun. I further state that I am ☐ the owner of the property, ☐ the owner's authorized representative, a licensed ☒ general contractor, ☐ well contractor, ☒ pump contractor. License No. 329055

Date: 7-1-87 Signed: James M. Hasse

PERMIT

To be completed by the Health Department.

Fee received: [illegible]114

Receipt No.: 86371

Permit to begin work approved by Vance Severns Date 7-31-87

Special Conditions

A satisfactory inspection by the Health Department and receipt by the Health Department of a Driller's Report or a satisfactory abandonment report and a disinfection statement is required for final approval of work.

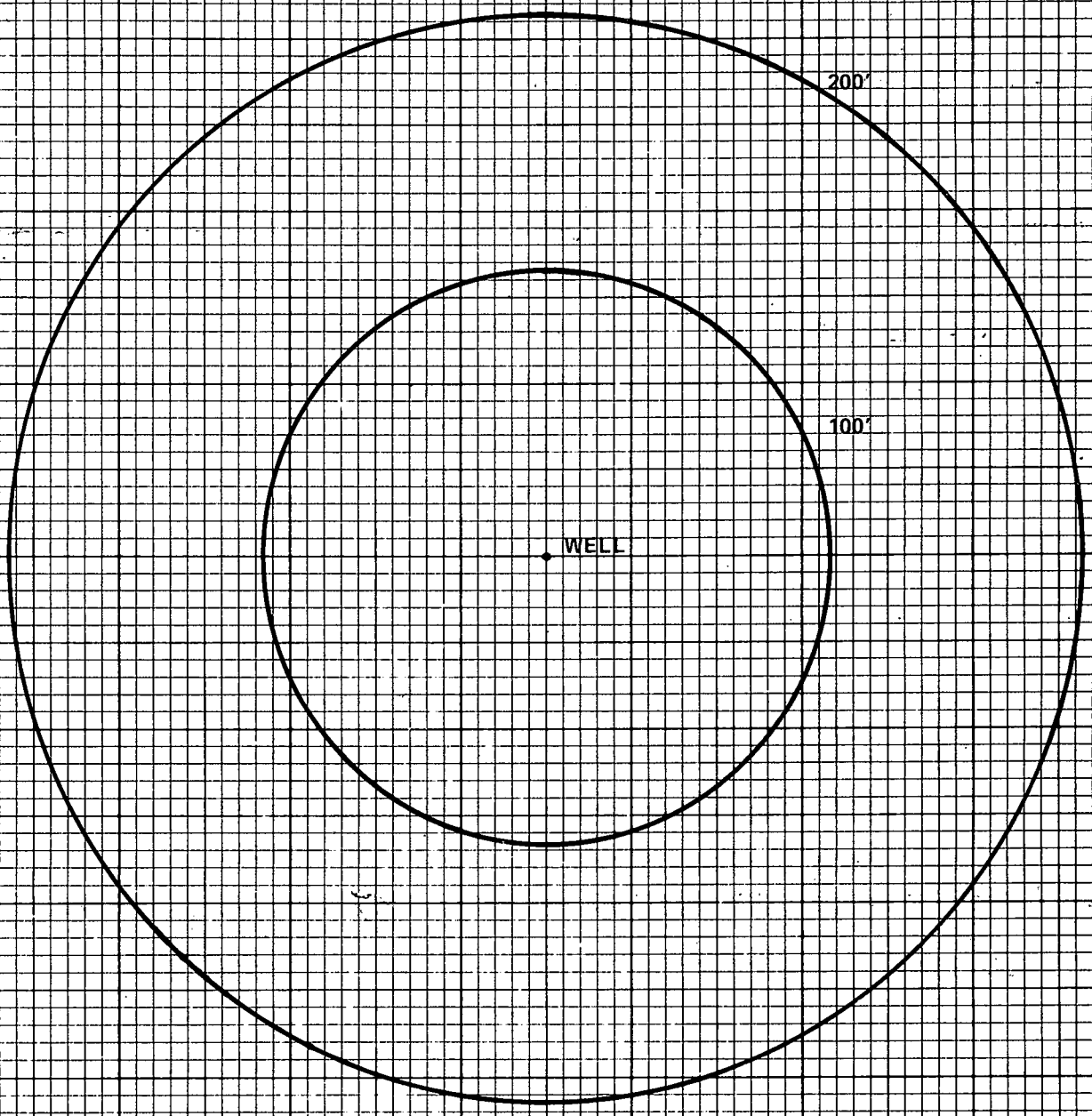
Copy 1 – Applicant

Copy 2 – Health Department

PREPARE IN DUPLICATE

(Within 200 feet of well site show)

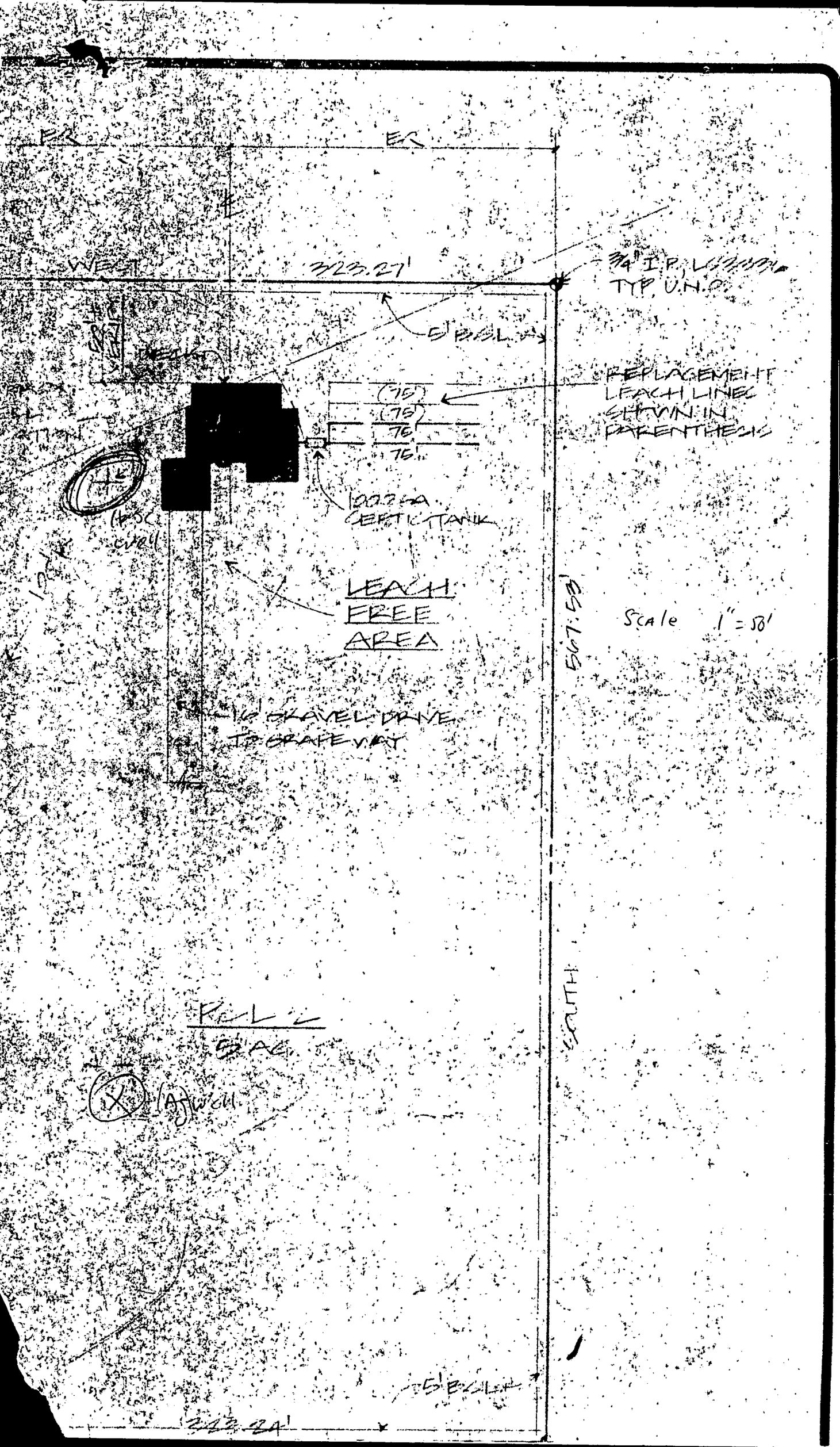
(a) Property lines and existing and proposed buildings. (b) Sewage disposal systems, sewer lines, and any other works carrying or containing sewage. (c) All intermittent perennial, natural or artificial bodies of water or water courses. (d) Other wells. (e) The approximate drainage pattern and areas subject to flooding.



SCALE 1 in. = 60 ft.

NOTE: (1) To facilitate issuance of your well permit, please stake and flag the proposed well location.

(2) Review of this plot plan for well location does not imply that a sewage system will be approved for any proposed construction.



ER
ER
WEST
323.27'
3/4" I.P. LS3336
TYP. U.N.O.
5' B.S.L.
REPLACEMENT
LEACH LINES
SHOWN IN
PARENTHESIS
(75')
(75')
75'
75'
1000 GA
SEPTIC TANK
LEACH
FREE
AREA
567.53'
Scale 1" = 50'
16' GRAVEL DRIVE
TO GRAPEWAY
SOUTH
5' B.S.L.
323.24'

QUADRUPLICATE
Use to comply with local requirements

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES

WATER WELL DRILLERS REPORT

Do not fill in
No. 088846

Notice of Intent No.
Local Permit No. or Date
State Well No.
Other Well No.

(1) OWNER: Name Woodard (Hanse)
Address Grape Way
City Chico Zip 95926

(2) LOCATION OF WELL (See instructions):
County Butte Owner's Well Number
Well address if different from above Grape Way
Township Range Section
Distance from cities, roads, railroads, fences, etc.

Sacramento Ave
Grape Way

WELL LOCATION SKETCH

(3) TYPE OF WORK:
New Well ☒ Deepening ☐
Reconstruction ☐
Reconditioning ☐
Horizontal Well ☐
Destruction ☐ (Describe destruction materials and procedures in Item 12)

(4) PROPOSED USE:
Domestic ☒
Irrigation ☐
Industrial ☐
Test Well ☐
Stock ☐
Municipal ☐
Other ☐

(5) EQUIPMENT:
Rotary ☒ Reverse ☐
Cable ☐ Air ☐
Other ☐ Bucket ☐

(6) GRAVEL PACK:
Yes ☐ No ☒ Size
Diameter of bore
Packed from ft. to ft.

(7) CASING INSTALLED:
Steel ☒ Plastic ☐ Concrete ☐

From ft.	To ft.	Dia. in.	Gage or Wall
0	100	6"	156

(8) PERFORATIONS:
Type of perforation or size of screen

From ft.	To ft.	Slot size

(9) WELL SEAL:
Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth 26 ft.
Were strata sealed against pollution? Yes ☐ No ☒ Interval ft.
Method of sealing Bentonite cement Annular

(10) WATER LEVELS:
Depth of first water, if known ft.
Standing level after well completion 30 ft.

(11) WELL TESTS:
Was well test made? Yes ☒ No ☐ If yes, by whom? driller
Type of test Pump ☐ Bailer ☐ Air lift ☐
Depth to water at start of test 30 ft. At end of test 30 ft
Discharge 100 gal/min after 1/2 hours Water temperature
Chemical analysis made? Yes ☐ No ☒ If yes, by whom?
Was electric log made? Yes ☐ No ☒ If yes, attach copy to this report

(12) WELL LOG: Total depth 146 ft. Depth of completed well ft.

from ft.	to ft.	Formation (Describe by color, character, size or material)
0	18	Soil
18	65	Red Clay
65	91	Loose Sand
91	140	Dry Clay
140	146	Sand Stone
146		Loose Gravel

Work started Oct 19 87 Completed Oct 19 87

WELL DRILLER'S STATEMENT:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
SIGNED Joe Besser (Well Driller)
NAME WJ Besser Well Drilling (Person, firm, or corporation) (Typed or printed)
Address 3820 Keeler Rd
City Chico Zip 95926
License No. 290998 Date of this report 11-2-87

DWR 188 (REV. 7-76) IF ADDITIONAL SPACE IS NEEDED USE NEXT CONSECUTIVELY NUMBERED FORM

disenfected by Besser Drilling PB

NOT VALID FOR PUBLIC USE
WATER CODE SEC. 13752