

80-330-10



# Environmental Health Permit

Tuolumne County Environmental Health Division  
48 West Yaney Ave., Sonora, CA 95370  
Mailing Address: 2 South Green St., Sonora, CA 95370  
Business Phone (209) 533-5633

Date Applied: 7/13/2020

Inspection Line (209) 533-5992 Fax (209) 533-5909

Date Issued: 7/13/2020

Expiration Date: 7/13/2021

**TYPE: REPAIR (MINOR) PERMIT NUMBER: EH2020-00187**

## SITE LOCATION INFORMATION

Site Location: 24132 AWAHANEE RD

APN: 803301000

Subdivision:

Description of Work: OUTLET LINE, D BOX LEACH FIELD PIPE

Directions:

Proposed Use:

# of Bedrooms:

## APPLICANT NAME AND ADDRESS

EL DORADO SEPTIC  
P.O. BOX 488  
SOULSBYVILLE, CA 95372

## OWNER NAME AND ADDRESS

PIGNONE, RICHARD  
15 ANGELICA WAY  
MORGAN HILL, CA 95037

Lot Sq. Ft.: 0

## CONTRACTOR NAME AND ADDRESS

EL DORADO SEPTIC  
P.O. BOX 488  
SOULSBYVILLE, CA 95372

License: 856356

License Expiration Date: 03/31/2021

## FEES

Environmental Health Permit Fees: \$330.75

## MORE INFORMATION

Water System Type:

This Permit has operation, maintenance, and monitoring conditions attached.

Inspector Area:

(See Inspection and Notification Requirements on the Reverse)

White Copy - Customer

Blue Copy - Env. Health

Goldenrod Copy - Assessor

EH2020-00187

# TUOLUMNE COUNTY COMMUNITY RESOURCES AGENCY LAND DEVELOPMENT APPLICATION AND INDEMNIFICATION AGREEMENT

OWNER'S NAME: PIGNONE RICHARD & DIANA Phone: ( 408 ) 623-6851

Mailing Address: 15 ANGELICA WAY City MORGAN HILL State CA Zip 95037

CONTRACTOR OR AUTHORIZED AGENT: EL DORADO SEPTIC SERVICE, INC.

Mailing Address: PO BOX 488 City SOULSBYVILLE State CA Zip 95372

License No. 856356 Class A Expiration Date 3/31/21 Phone: ( 209 ) 536-1925

APPLICANT OR ENGINEER: EL DORADO SEPTIC SERVICE, INC. Phone: ( 209 ) 536-1925

Mailing Address: PO BOX 488 City SOULSBYVILLE State CA Zip 95372

E-Mail Address of Contact Person: \_\_\_\_\_

PROPOSED PROJECT (Be Specific): Install new outlet line, distribution box, leach field pipe that is impacted with roots create equal distribution

PROJECT SITE ADDRESS: 24132 AWAHANEE RD

ASSESSOR'S PARCEL NO.(S): ~~080-330-010~~ 080-330-010 PROJECT SITE SIZE: \_\_\_\_\_

DIRECTIONS TO SITE: \_\_\_\_\_

DRIVEWAY: SLOPE: \_\_\_\_\_ LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ DATE DRIVEWAY STAKED: \_\_\_\_\_

EXISTING USE(S) ON SITE: RESIDENCE

PRIMARY ACCESS ROAD: \_\_\_\_\_

LENGTH OF UTILITY TRENCHING: \_\_\_\_\_ VOLUME OF CUT / FILL (larger of the two): \_\_\_\_\_ YDS

ADDITIONAL INFORMATION: WATER: TUD BEDROOMS: 3

RECEIVED  
JUL 13 2020  
Community Development Department

**The following must be initialed by the property owner or authorized agent:**

RC In seeking to develop my (our) property, I (We), agree that it is my (our) responsibility as the owner(s) or applicant(s), to, and I (we) shall, defend, indemnify, and hold harmless the County of Tuolumne, its elected and appointed officials, officers, employees, agents and volunteers from any and all claims, actions, proceedings or liability of any nature whatsoever, (including attorney's fees and cost awards), arising out of, or in connection with, the County's review or approval of the proposed project, or the acts or omissions of the applicant, its agents, employees or contractors. This obligation shall also extend to any effort to attack, set aside, void, or annul the approval of the project, including any contention the project approval is defective because a County ordinance, resolution, policy, standard, or plan is not in compliance with local, state or federal law. If the defense right is exercised, the County Counsel shall have the absolute right to approve any and all counsel employed to defend the County. The modification of the proposed project by the applicant or the imposition of conditions by the County shall not alter the effectiveness of this indemnity obligation.

RC I (We) agree to comply with all County ordinances and State laws relating to building construction or any and all aspects of the project proposed in this application and authorize representatives of the County and Advisory Agencies to enter the above mentioned property at reasonable times for inspection purposes related to the project for which this application is submitted.

RC I (We) acknowledge that it is my (our) responsibility as the property owner(s) to have legal access to the above mentioned property.

RC I (We) understand that I have the right to request that my application for a planning entitlement be referred to the Planning Commission for decision or to appeal the decision of the Community Resources Director to the Planning Commission and the decision of the Planning Commission to the Board of Supervisors pursuant to Section 17.68.130 of the Tuolumne County Ordinance Code.

RC I (We) certify that I have read this application and state that the above information and all supporting documents included as part of this application are correct and accurate

My (our) signature(s) on this application constitutes my (our) permission that the project site's address, which may also be the property owner's home address, and location may be posted on the Internet in connection with the processing of this application.

\_\_\_\_\_  
Signature of Owner Date Signature of Applicant/Agent Date

EL DORADO SEPTIC SERVICE, INC.

**THE COUNTY OF TUOLUMNE IS COMMITTED TO PROCESSING YOUR APPLICATION AS QUICKLY AS POSSIBLE.**

**FOR AGENCY USE ONLY**

<u>PROJECT(S)</u>	<u>PROJECT NO.</u>	<u>FEES</u>	<u>ISSUED</u>	<u>PROJECT(S)</u>	<u>PROJECT NO.</u>	<u>FEES</u>	<u>ISSUED</u>
Conditional Use Permit	_____	_____	_____	Encroachment Permit	_____	_____	_____
Variance	_____	_____	_____	Utility Permit	_____	_____	_____
Zone Change	_____	_____	_____	Drainage Study	_____	_____	_____
Site Development Permit	_____	_____	_____	Other	_____	_____	_____
Site Review Permit	_____	_____	_____	Traffic Study	_____	_____	_____
General Plan Amendment	_____	_____	_____	EIR Processing	_____	_____	_____
Subdivision	_____	_____	_____	Fish & Game Admin. Fee	_____	_____	_____
Parcel Map	_____	_____	_____	Fish & Game EIR Fee	_____	_____	_____
Development Agreement	_____	_____	_____	Fish & Game Neg. Dec. Fee	_____	_____	_____
Grading Permit	_____	_____	_____				
Improvement Plan Review	_____	_____	_____				
				<b>TOTAL:</b>	_____	_____	_____

Zoning \_\_\_\_\_ General Plan \_\_\_\_\_ Previous File(s) \_\_\_\_\_  
 Subdivision \_\_\_\_\_ Unit \_\_\_\_\_ Lot \_\_\_\_\_ Pre-application Review: No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_  
 Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Violation Correction: No \_\_\_\_\_ Yes \_\_\_\_\_  
 Date Application Submitted \_\_\_\_\_ Received by \_\_\_\_\_ Receipt # \_\_\_\_\_

**BUILDING PERMIT DECLARATIONS**

**OWNER-BUILDER DECLARATION**

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Sec.7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (Commencing with section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500):

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does the work himself or herself or through his or her own employees, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec.7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a contractor(s) licensed pursuant to the Contractors License Law.)

I am exempt under Sec. \_\_\_\_\_, B&PC for this reason \_\_\_\_\_

DATE: \_\_\_\_\_ OWNER \_\_\_\_\_

**LICENSED CONTRACTOR'S DECLARATION**

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License No. 856356

License Class A Expiration Date 03/31/21

Contractor EL DORADO SEPTIC SERVICE, INC.

**WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.**

**WORKER'S COMPENSATION DECLARATION**

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier BBSI

Policy # 2246  
 (This section need not be completed if the permit is for one hundred dollars (\$100) or less).

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 workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

**CONSTRUCTION LENDING AGENCY**

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civil Code).

Lender's Name: \_\_\_\_\_

Lender's Address: \_\_\_\_\_

Date: \_\_\_\_\_

CONTRACTOR EL DORADO SEPTIC SERVICE, INC.

\_\_\_\_\_

**OWNER/BUILDER**

EL DORADO SEPTIC SERVICE, INC.

**CONTRACTOR/PARK OWNER OR MANAGER**

**NOTICE FROM THE STATE WATER QUALITY CONTROL BOARD:** Please be advised that any actual or threatened diversion of water, except under existing rights, prior to obtaining an appropriation permit from, or registering a small domestic use with the State Water Quality Control Board, is in violation of law. Such violation may result in assessment of monetary penalties against the diverted (see California Water Code Sections 1052 and 1225). Also, construction of a water project may be subject to the California Environmental Quality Act and should not be commenced prior to completion of necessary environmental clearances. Such clearance may be evidenced by receipt of an appropriation permit from the State Water Resources Control Board or, in case of registration of a small domestic appropriation, by receipt of written approval from the California Department of Fish and Game.

Tuolumne County  
Environmental Health Division  
Office: 209-533-5633 Inspection Line: 209-533-5992

APN: 80-330-10 EH# 2020-00187  
 Site Address: 24132 Avalance City: \_\_\_\_\_ Type System: Repair  
 Septic Contractor: EPSS, Inc Phone: \_\_\_\_\_ Permit Issue Date: 7/13/20  
 Consultant: \_\_\_\_\_ Phone: \_\_\_\_\_ Permit Expiration Date: 7/13/21

Owners Name: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

Comments: Replaced tank outlet, d-box and Ratchford pipe

Required if	INSPECTION	CONSTRUCTION APPROVALS				Correction Notice See Back of Card
		Consultant	Date	Inspector	Date	
<input type="checkbox"/>	Site preparation, system layout					
<input type="checkbox"/>	Open Excavation (trenches and tank hole)					
<input checked="" type="checkbox"/>	Open install (materials/trench, inspect risers)			<u>CU</u>	<u>7/23/20</u>	<u>waived</u>
<input type="checkbox"/>	Wtr.tight test for ST & pump basin backfill					
<input type="checkbox"/>	Final: special design/alternative systems (pressure test, alarm, monitoring wells)					
<input type="checkbox"/>	Other: drains, erosion control, etc.					

**RE-INSPECTIONS WILL WARRANT ADDITIONAL FEES**

FINAL APPROVED/CERTIFICATION TO CDD

*[Handwritten Signature]*

ENVIRONMENTAL HEALTH SPECIALIST

7/23/20  
DATE

**POST IN A CONSPICUOUS LOCATION ON JOB SITE**



1" = 40'

Proposal: Install new outlet,  
D-Box and L-Field pipe

RECEIVED

JUL 13 2020

Community Development  
Department

PERMIT ISSUED  
TUOLUMNE COUNTY  
ENVIRONMENTAL HEALTH

DATE: 7-13-2020

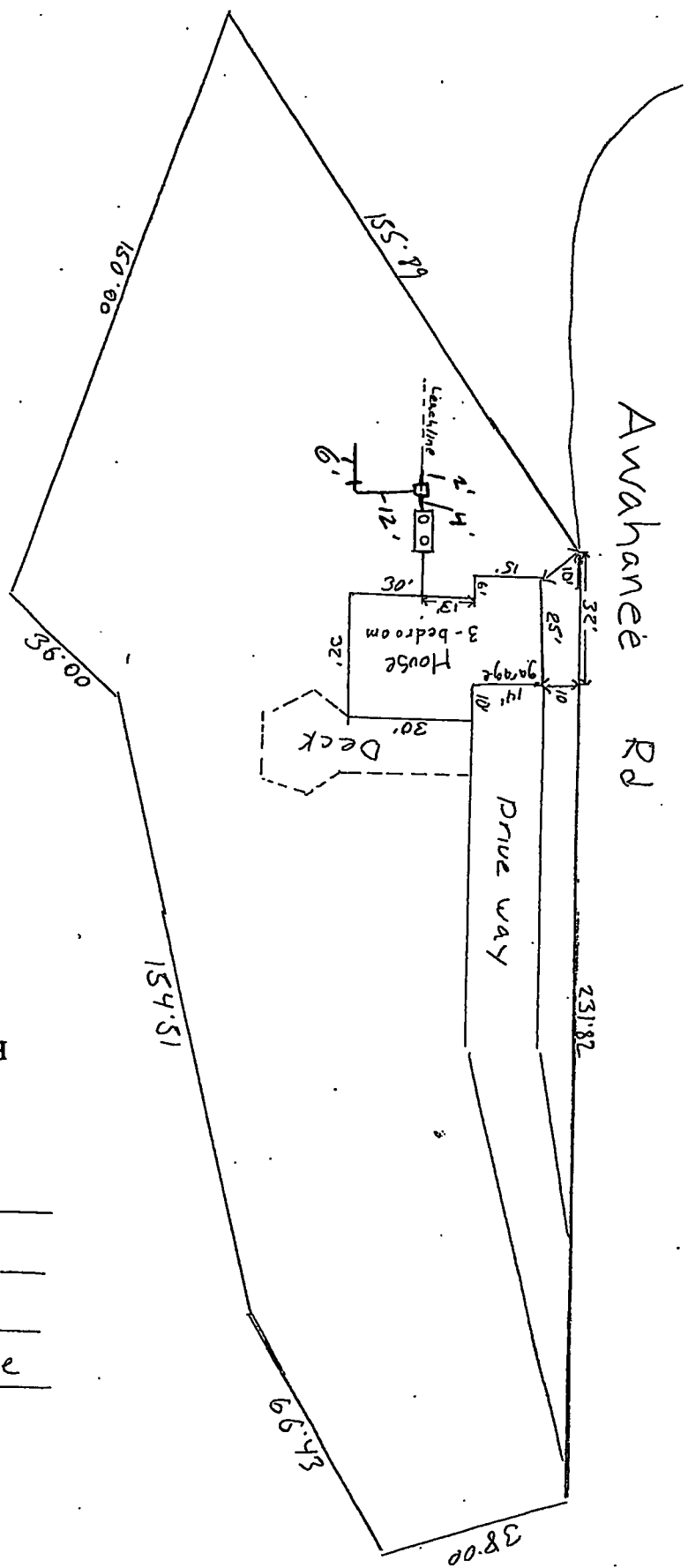
BY: TM

Owner: Richard Pignone

Address: 24132 Awahane Rd

APN#: 080-330-10-00

Proposal: New outlet, D-Box & leach line



TUD water  
**El Dorado Septic Service, Inc.**



PO Box 488, Soulsbyville, CA 95372  
2119 Longeway Rd., Sonora, CA 95370  
Phone (209) 536-1925 / Fax (209) 536-1910

ElDorado.septic@sigglobal.net / Contractors License A-856356



## El Dorado Septic Service, Inc.

PO Box 488, Soulsbyville, CA 95372  
Phone (209) 536-1925 / Fax (209) 536-1910  
Contractors License A-856356

### ENVIRONMENTAL HEALTH SEPTIC REPAIR REPORT

July 13, 2020

**Location: 24132 AWAHANEE RD**  
**APN: 080-330-010**

Nature of repair: Minor repair  
Diagnostic: Outlet, dbox and leach field troubleshooting  
Tank: not verified  
Outlet pipe: impacted with roots  
D-box: 2 – impacted with roots  
Leach field: 2 – impacted with roots

Additional deficiencies: None  
Repairs in within Boundaries of a Utility District: No



1" = 40'

Proposal: Install new outlet,  
D-Box and L-Field pipe

RECEIVED

JUL 13 2020

Community Development  
Department

PERMIT ISSUED  
TUOLUMNE COUNTY  
ENVIRONMENTAL HEALTH  
DATE: 7-13-2020  
BY: TM

Owner: Richard Pignone

Address: 24132 Avahanee Rd

APN#: 080-330-10-00

Proposal: New outlet, D-Box & leach line



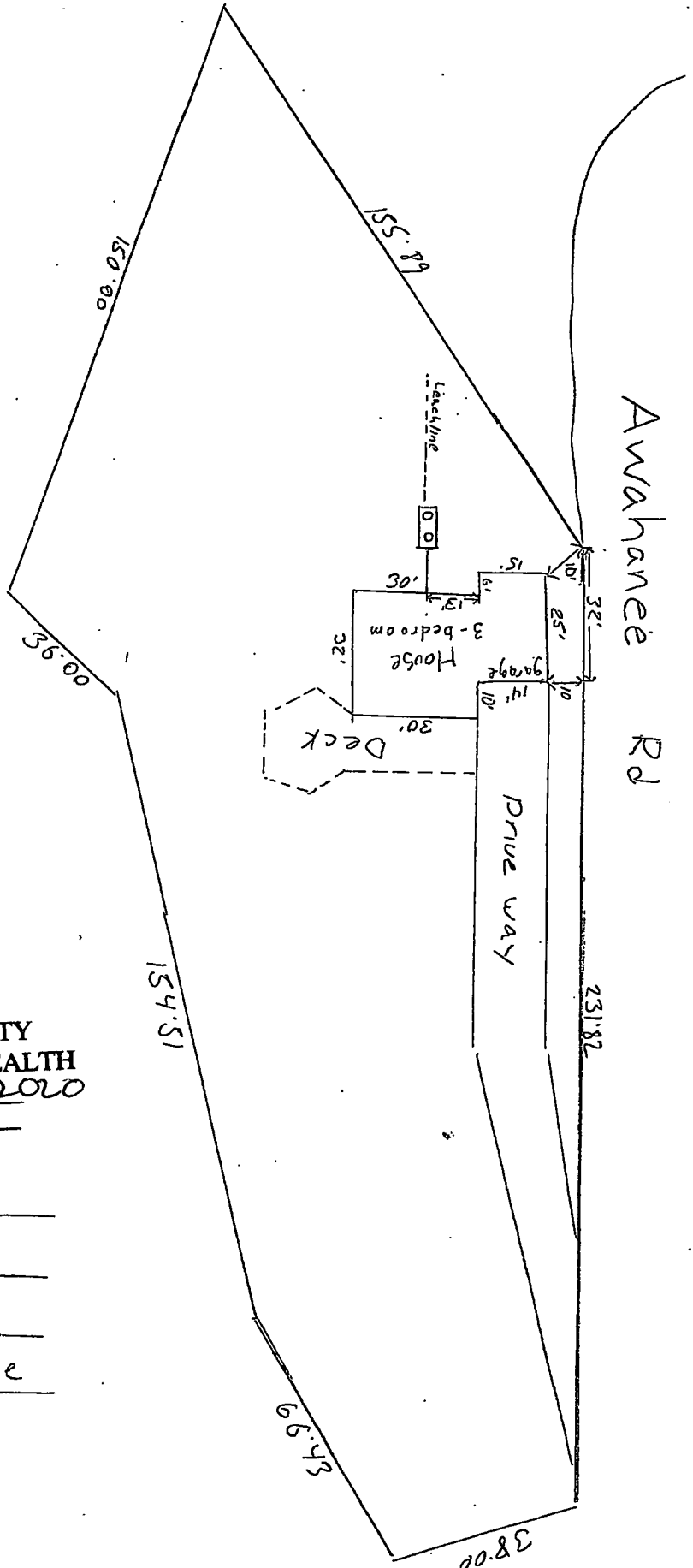
**El Dorado Septic Service, Inc.**

PO Box 488, Soulsbyville, CA 95372

2119 Longeway Rd., Sonoma, CA 95370

Phone (209) 536-1925 / Fax (209) 536-1910

Eldorado.septic@shcglobal.net / Contractors License A-856356



Avahanee Rd

Driveway

House  
3-bedroom

garage

Deck

Leach Line

150.00

155.89

36.00

154.51

34.69

28.00

231.82

32'

25'

15'

30'

32'

30'

14'

10'

15'

13'

10'

10'

Pignone

Community Resources Agency  
Environmental Health Division  
Office: 209-533-5633 Inspection Line: 209-533-5992

Site APN: 80-330-10

EH# 2015-00136

Site Address: 24132 Awahane

City: Mar Vista

Type System: Standard Sepic

Septic Contractor: FI Davido

Phone: \_\_\_\_\_

Number of Bedrooms: 3

Consultant: \_\_\_\_\_

Phone: \_\_\_\_\_

Permit Issue Date 9/14/15

Comments: Replaced outlet, DB and 25' of pipe in D-Box - outlet top line

Permit Expiration Date: 4/13/16

Required if	Inspection	Approved					Correction Notice See Back of Card
		Consultant	Date	Inspector	Date	Time	
<input type="checkbox"/>	Site preparation, system layout						
<input type="checkbox"/>	Open excavation (trenches and tank hole)						
<input checked="" type="checkbox"/>	Open install (materials in trench, inspection risers)			<i>[Signature]</i>	<u>4/21/15</u>	<u>11AM</u>	
<input type="checkbox"/>	Water tight test for septic tank and pump basin (pre-backfill)						
<input checked="" type="checkbox"/>	Final special design/alternative systems (pressure test, alarm, monitoring wells)						
<input type="checkbox"/>	Other: drains, erosion control, etc.						

RE-INSPECTIONS WILL WARRANT ADDITIONAL FEES

FINAL APPROVED/CERTIFICATION TO CDD

*[Signature]*  
ENVIRONMENTAL HEALTH SPECIALIST

4/21/15  
DATE

POST IN A CONSPICUOUS LOCATION ON JOB SITE



# Environmental Health Permit

Tuolumne County Environmental Health Division  
48 West Yaney Ave., Sonora, CA 95370  
Mailing Address: 2 South Green St., Sonora, CA 95370  
Business Phone (209) 533-5633

Date Applied: 4/14/2015      Inspection Line (209) 533-5992      Fax (209) 533-5909  
Date Issued: 4/14/2015      Expiration Date: 4/13/2016

<b>TYPE: REPAIR (MINOR)</b>		<b>PERMIT NUMBER: EH2015-00136</b>	
<b><u>SITE LOCATION INFORMATION</u></b>			
Site Location: 24132 AWAHANEE RD		APN: 803301000	
Subdivision:			
Description of Work: REPLACE OUTLET LINE D-BOX			
Directions: CEDAR RIDGE RANCH 11 L504			
Proposed Use: Residential		# of Bedrooms: 3	
<b><u>APPLICANT NAME AND ADDRESS</u></b>			
EL DORADO SEPTIC P.O. BOX 488 SOULSBYVILLE, CA 95372			
<b><u>OWNER NAME AND ADDRESS</u></b>			
PIGNONE, RICHARD 15 ANGELICA WAY MORGAN HILL, CA 95037		Lot Sq. Ft.: 0	
<b><u>CONTRACTOR NAME AND ADDRESS</u></b>			
EL DORADO SEPTIC P.O. BOX 488 SOULSBYVILLE, CA 95372		License: 856356	License Expiration Date: 03/31/2017
<b><u>FEES</u></b>			
Environmental Health Permit Fees:	\$135.75		
<b><u>MORE INFORMATION</u></b>			
Water System Type: Drinking/Public			
<input type="checkbox"/> This Permit has operation, maintenance, and monitoring conditions attached.			
			Inspector Area:

(See Inspection and Notification Requirements on the Reverse)

White Copy - Customer      Blue Copy - Env. Health      Goldenrod Copy - Assessor



215050036

**TUOLUMNE COUNTY COMMUNITY RESOURCES AGENCY**  
**LAND DEVELOPMENT APPLICATION AND INDEMNIFICATION AGREEMENT**

OWNER'S NAME: Richard & Diane Pignone Phone: (408) 623-6851

Mailing Address: 15 Angelica Way City Morgan Hill State CA Zip 95037

CONTRACTOR OR AUTHORIZED AGENT: El Dorado Septic Service, Inc.

Mailing Address: PO Box 488 City Soulsbyville State CA Zip 95372

License No. 856356 Class A Expiration Date 3/31/17 Phone: (209) 536-1925

APPLICANT OR ENGINEER: El Dorado Septic Service, Inc. Phone: (209) 536-1925

Mailing Address: PO Box 488 City Soulsbyville State CA Zip 95372

**E-Mail Address of Contact Person:** \_\_\_\_\_

PROPOSED PROJECT (Be Specific): replace outlet line, d-box and LF pipe and rock that is impacted with roots.

PROJECT SITE ADDRESS: 24132 Awahanae Rd.

ASSESSOR'S PARCEL NO.(S): 080-330-10 PROJECT SITE \_\_\_\_\_

DIRECTIONS TO SITE: \_\_\_\_\_

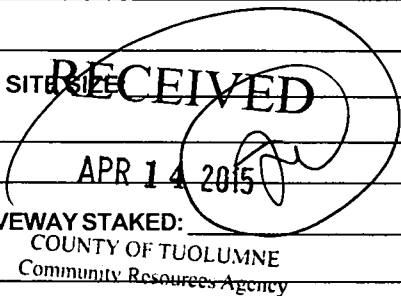
DRIVEWAY: SLOPE: \_\_\_\_\_ LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ DATE DRIVEWAY STAKED: \_\_\_\_\_

EXISTING USE(S) ON SITE: residence

PRIMARY ACCESS ROAD: \_\_\_\_\_

LENGTH OF UTILITY TRENCHING: \_\_\_\_\_ VOLUME OF CUT / FILL (larger of the two): \_\_\_\_\_ YDS

ADDITIONAL INFORMATION: public water 3 bedroom



*Handwritten notes and signatures:*  
 1500  
 1200  
 #20X  
 [Signature]

- The following must be initialed by the property owner or authorized agent:**
- RC In seeking to develop my (our) property, I (We), agree that it is my (our) responsibility as the owner(s) or applicant(s), to, and I (we) shall, defend, indemnify, and hold harmless the County of Tuolumne, its elected and appointed officials, officers, employees, agents and volunteers from any and all claims, actions, proceedings or liability of any nature whatsoever, (including attorney's fees and cost awards), arising out of, or in connection with, the County's review or approval of the proposed project, or the acts or omissions of the applicant, its agents, employees or contractors. This obligation shall also extend to any effort to attack, set aside, void, or annul the approval of the project, including any contention the project approval is defective because a County ordinance, resolution, policy, standard, or plan is not in compliance with local, state or federal law. If the defense right is exercised, the County Counsel shall have the absolute right to approve any and all counsel employed to defend the County. The modification of the proposed project by the applicant or the imposition of conditions by the County shall not alter the effectiveness of this indemnity obligation.
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- RC I (We) understand that I have the right to request that my application for a planning entitlement be referred to the Planning Commission for decision or to appeal the decision of the Community Resources Director to the Planning Commission and the decision of the Planning Commission to the Board of Supervisors pursuant to Section 17.68.130 of the Tuolumne County Ordinance Code.
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\_\_\_\_\_ Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

El Dorado Septic Service, Inc. Signature of Applicant/Agent \_\_\_\_\_ Date \_\_\_\_\_

**FOR AGENCY USE ONLY**

PROJECT(S)	PROJECT NO.	FEES	ISSUED	PROJECT(S)	PROJECT NO.	FEES	ISSUED
Conditional Use Permit	_____	_____	_____	Encroachment Permit	_____	_____	_____
Variance	_____	_____	_____	Utility Permit	_____	_____	_____
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Parcel Map	_____	_____	_____	Fish & Game EIR Fee	_____	_____	_____
Development Agreement	_____	_____	_____	Fish & Game Neg. Dec. Fee	_____	_____	_____
Grading Permit	_____	_____	_____				
Improvement Plan Review	_____	_____	_____				
				TOTAL:	_____	_____	_____

Zoning \_\_\_\_\_ General Plan \_\_\_\_\_ Previous File(s) \_\_\_\_\_  
 Subdivision \_\_\_\_\_ Unit \_\_\_\_\_ Lot \_\_\_\_\_ Pre-application Review: No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_  
 Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Violation Correction: No \_\_\_\_\_ Yes \_\_\_\_\_  
 Date Application Submitted \_\_\_\_\_ Received by \_\_\_\_\_ Receipt # \_\_\_\_\_

**BUILDING PERMIT DECLARATIONS**

**OWNER-BUILDER DECLARATION**

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DATE: \_\_\_\_\_ OWNER \_\_\_\_\_

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License No. 956356

License Class A Expiration Date 3/31/19

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I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier BBSI

Policy # 2246

(This section need not be completed if the permit is for one hundred dollars (\$100) or less)

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 workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

**CONSTRUCTION LENDING AGENCY**

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civil Code).

Lender's Name: \_\_\_\_\_

Lender's Address: \_\_\_\_\_

Date: \_\_\_\_\_

CONTRACTOR El Dorado Septic Service, Inc.

\_\_\_\_\_

**OWNER/BUILDER**

El Dorado Septic Service, Inc.

**CONTRACTOR/PARK OWNER OR MANAGER**

**NOTICE FROM THE STATE WATER QUALITY CONTROL BOARD:** Please be advised that any actual or threatened diversion of water, except under existing rights, prior to obtaining an appropriation permit from, or registering a small domestic use with the State Water Quality Control Board, is in violation of law. Such violation may result in assessment of monetary penalties against the diverted (see California Water Code Sections 1052 and 1225). Also, construction of a water project may be subject to the California Environmental Quality Act and should not be commenced prior to completion of necessary environmental clearances. Such clearance may be evidenced by receipt of an appropriation permit from the State Water Resources Control Board or, in case of registration of a small domestic appropriation, by receipt of written approval from the California Department of Fish and Game.

S:\HANDOUTS\and Development Application - Revised - September 21, 2013.doc

Tuolumne County  
Community Resources Agency  
Receipt

From: PIGNONE  
Agent: EDSS

Receipt #: 2015001220  
Receipt Date: 04/14/2015

Address:

Comment:

Description	Base Fee	Qty	Amt Per Qty	Pay Mth	Line Total
Sewage Disposal-Minor Repairs	135.75			CHK	\$135.75

*Handwritten signature and number 15112*

Total for: 2015001220 \$135.75



**FILE REVIEW/INFORMATION REQUEST**

Facility Name: Richard Pignone

Assessor Parcel Number: 080-330-10

Facility Address: 24132 Anahane Rd

Requested By: (Name of Person/Company Name) El Dorado Septic Service, INC.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone Number: 209-536-1925 Fax Number: 209-536-1910

Attach Business Card Here:



**El Dorado Septic Service, Inc.**  
PO Box 488, Sonobylville, CA 95372  
Phone (209) 586-1623 / Fax (209) 586-2290  
Contractors License A-856356

I am requesting information for the above file for the purpose of:  
Site & Soil As Built Plot Map

I testify that all information contained within this file will be returned to the file in the order found. No information will be removed except for purposes of copying.

All copies made will be paid for according to the County's standard rate. An hourly Information Request/Referral Review fee or part thereof for all County staff time involved in accessing information will be paid for at the time of request.

Signature: Margaret Crabtree Date: 3/31/15

Amount Charged: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

**SEE BACK FOR DISCLAIMER INFORMATION**

Tuolumne County Env. Health Division 48 West Yaney St., Sonora, CA 95370  
Mailing Address: 2 So. Green St., Sonora, CA 95370  
Phone: (209) 533-5990 Fax: (209) 533-5994

*Fraxid 4/3/15*

DATE: \_\_\_\_\_

ON SITE SEWAGE INSPECTION FORM

Owner's Name: \_\_\_\_\_

*Larry Clayed*

Address: \_\_\_\_\_

*24132 Anselme Dr.*

Backhoe Operator: \_\_\_\_\_

*Harvey Blanchard*

Plot Plan# *C-277-82* # Bedrooms: *2*

LEACH FIELD: \_\_\_\_\_

Water System: *Adon Ridge*

Length: *250*

Depth: *double*

Spacing: *11'*

Width: *18"*

*54'* Piping from D Box *OK*

Rock Size: *OK*

Type: *OK*

Amount: *24 yds*

Ends Capped: *OK*

System Level: *OK*

ABS 40 Tank D.B.: \_\_\_\_\_

SEPTIC TANK: \_\_\_\_\_

Distribution Box: *OK*

Size: *1000*

Material: *con*

Level: \_\_\_\_\_

Slab: \_\_\_\_\_

Material: *plastic*

Level, Piping In: \_\_\_\_\_

GENERAL COMMENTS: \_\_\_\_\_

Ground Water: *—*

Slope: *—*

Soil Type: *Clay loam*

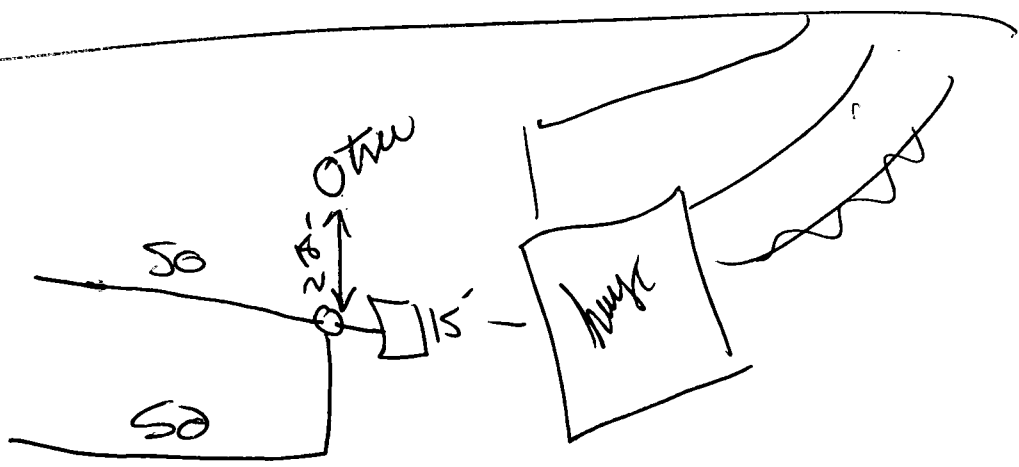
*Clay loam*  
*stony*

Vegetation: *bean alone*

Other: \_\_\_\_\_

Field Diagram: TO BE COMPLETED ON FINAL INSPECTION

Scale 1" to 20'



*6/22/82*  
*CA Jim*



# Tuolumne County Health Department

Robert Marshall, M.D.  
Health Officer

KENT E. SKELLENGER  
Health Administrator

105 E. Hospital Rd.  
Sonora, CA 95370  
(209) 533-5755

Environmental Health  
2 So. Green St.  
Sonora, CA 95370  
(209) 533-5790

10.21.91

<b>Lending Agency</b>	<b>Buyer</b>
ROGERS C.M.S. INC. P.O. BOX 1115 TWIN HARTE, CA. 95383	SEAN COPELAND
<b>Property Owner and Address</b>	<b>Property Address</b>
TROY & JANE DAVIS P.O. BOX 545 TWIN HARTE, CA. 95383	24132 AWAHANEE RD. CEDAR RIDGE, CA. 95383
	<b>Subdivision</b> <b>Lot #</b>
	(APN. 80-330-10)

RE: ( ) Individual Water Supply:                      ( ) Well                      ( ) Treated Surface  
 (x) Individual Sewage Disposal System

Water Supply By:

Public System                       Community System                       Individual

Sewage Disposal By:

Public System                       Community System                       Individual

(x) Based upon the attached certification by EL DORADO SEPTIC SERVICE, Contractor/Engineer's license or health permit number #0002, it appears that, at the time of inspection, the sewage disposal system was found to be in:

(x) Satisfactory sanitary condition\*  
 ( ) Unsatisfactory sanitary condition

( ) A water sample was taken at the above premises. The results of the sample indicate that:

( ) The water supply meets the bacteriological quality standards set forth in the California Domestic Water Quality and Monitoring Regulations.\*  
 ( ) The water supply does not meet bacteriological quality standards.

**\*BECAUSE OF THE VARIABLES THAT AFFECT WELL AND/OR SEPTIC SYSTEMS, THIS REPORT IN NO WAY GUARANTEES TROUBLE-FREE OPERATION.**

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sincerely,  
 Robert Marshall, M.D.  
 Health Officer

by RT R.S. 3807

EL DORADO SEPTIC SERVICE  
INSPECTION REPORT OF INDIVIDUAL SEPTIC SYSTEM

PERMIT NO. 0002

P. O. BOX 847

MI-WUK, CA. 95346

209/586-1623

DATE:10-25-91

REQUESTED BY:

PROPERTY ADDRESS:

COMPANY NAME:LUPO PROPERTIES  
ADDRESS:P.O. BOX 1764  
CITY:TWAIN HARTE, CA. 95383  
PHONE:586-1827  
ATTENTION:NAOMI

OWNER'S NAME:TROY & JANE DAVIS  
ADDRESS:24132 AWAHANEE RD.  
CITY:CEDAR RIDGE, CA. 95383  
PHONE:532-8683  
APN #:80-330-10

COMPANY NAME:FIRST AMERICAN TITLE  
ADDRESS:P.O. BOX 1696  
CITY:TWAIN HARTE, CA. 95383  
PHONE:586-3206  
ATTENTION:CAROL KING  
ESCROW # 4027-TH

BUYER'S NAME:SEAN COPELAND  
ADDRESS:P.O. BOX 159  
CITY:STRAWBERRY, CA. 95375  
PHONE:-----

COMPANY NAME:ROGERS C.M.S. INC.  
ADDRESS:P.O. BOX 1115  
CITY:TWAIN HARTE, CA. 95383  
PHONE:586-5031  
ATTENTION:SHEILA

TYPE OF PROPERTY:RESIDENCE  
NUMBER OF BEDROOMS: 3  
AGE OF STRUCTURE: 7 APPX.  
NUMBER OF BATHS: 1  
CONTACT WITH PRESENT OWNER? YES  
HISTORY OF PREVIOUS PROBLEMS? UNKNOWN

TYPE OF LOAN:F.H.A.

SEWAGE LINE CLEANOUT:1  
LEACHFIELD AREA:SHOWS NO SIGNS OF SATURATION  
DATE SEPTIC PUMPED LAST:UNKNOWN  
RECOMMEND TANK TO BE PUMPED? YES  
SIZE OF TANK:1,200 GAL. CEMENT

DID EL DORADO SEPTIC PUMP TANK? YES  
DATE PUMPED: (10-23-91)  
PROBLEMS? NONE, AT THIS TIME.  
NOTE: RECOMMEND ROEBIC TREE ROOT KILLER BE USED IN THIS  
SYSTEM.  
SEPTIC TANK LOCATION: FACING HOME FROM STREET, APPX. 15 FT. OUT FROM  
CENTER OF RIGHT SIDE OF HOME & 2 FT. UNDERGROUND.

It is the OPINION of the EL DORADO SEPTIC SERVICE INSPECTOR that this  
individual sewage-disposal system AT THIS TIME is functioning.

\*BECAUSE OF THE VARIABLES THAT AFFECT SEPTIC SYSTEMS, THIS REPORT IN  
NO WAY GUARANTEES TROUBLE FREE OPERATIONS.\*

SIGNED B.C. Brandaan

DATED 10/25/91

