



NEWDOC

DEH APN FILE TARGET SHEET
ARCHIVE RECORD
Pre-KIVA & Existing APN Records

Document Name: LARC _____
(LARC_KIVA Per Num_APN)

Document Type: Legacy Septic System Documents

APN(s) 110-021-52

Number of Pages: _ 14

Document Prepared by: EK

Document Preparation Date: 1-28-09

Office Source: San Marcos

4854

TYPE OF WORK (Check) New Well ☒ Repair or Modification ☐ Time Extension ☐ Destruction ☐	USE (Check) Individual Domestic ☐ Agricultural ☒ Community ☐ Industrial ☐ Other _____	EQUIPMENT (Check) Rotary ☒ Cable Tool ☐ Other ☐
PROPOSED WELL DEPTH Max. <u>1000</u> Min. <u>0</u> (Feet)		PROPOSED CASING Type <u>Steel</u> Depth <u>25</u> Diameter <u>6.5</u> Wall or Gage <u>.156</u>
PROPOSED SEALING ZONE(S) From <u>0</u> to <u>20</u> Feet From _____ to _____ Feet From _____ to _____ Feet PROPOSED PERFORATIONS OR SCREEN From _____ to _____ Feet From _____ to _____ Feet From _____ to _____ Feet From _____ to _____ Feet		SEALING MATERIAL (Check) Neat Cement Grout ☐ Bentonite Clay ☒ Sand Cement Grout ☐ Concrete ☐ Other-Specify: _____ DATE OF WORK Start <u>2/22/95</u> Completion _____
NAME OF WELL OWNER <u>Frank & Terry Hartog</u>		NAME OF WELL DRILLER <u>Dale Florkerzi</u>
LOCATION OF WELL <u>334 Rainbow Crest Rd., Rainbow, CA</u>		COMPANY <u>3-D Drilling</u>
DISPOSITION OF APPLICATION (FOR HEALTH OFFICERS USE ONLY) ☐ APPROVED ☐ DENIED ☒ APPROVED WITH CONDITIONS Report Reason(s) for Denial or Necessary Conditions Here: <u>Water Meter (flowing) to be installed</u> <u>prior to drilling well to</u> <u>locate limits of easement</u> On sites served with public water, contact the local water agency for meter protection requirements. <u>Pete E. Moore</u> HEALTH OFFICER DATE _____		BUSINESS ADDRESS <u>41892 Enterprise Cir. So., #D</u> <u>Temecula, CA 92590</u> LICENSE NUMBER <u>633871</u> Cash Deposit ☐ Bond Posted ☐ <u>\$1,350</u> Fee paid on <u>2/21/95</u> <u>CRB</u> I hereby agree to comply with all regulations of the Department of Health Services and with all ordinances and laws of the County of San Diego and of the State of California pertaining to well construction, repair, modification and destruction. Immediately upon completion of work I will furnish the Department of Health Services with a complete and accurate log of the well. <u>Dale Florkerzi</u> APPLICANT'S SIGNATURE <u>2-21-95</u> DATE

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES

WELL PERMIT APPLICATION

PROPERTY DEVELOPMENT

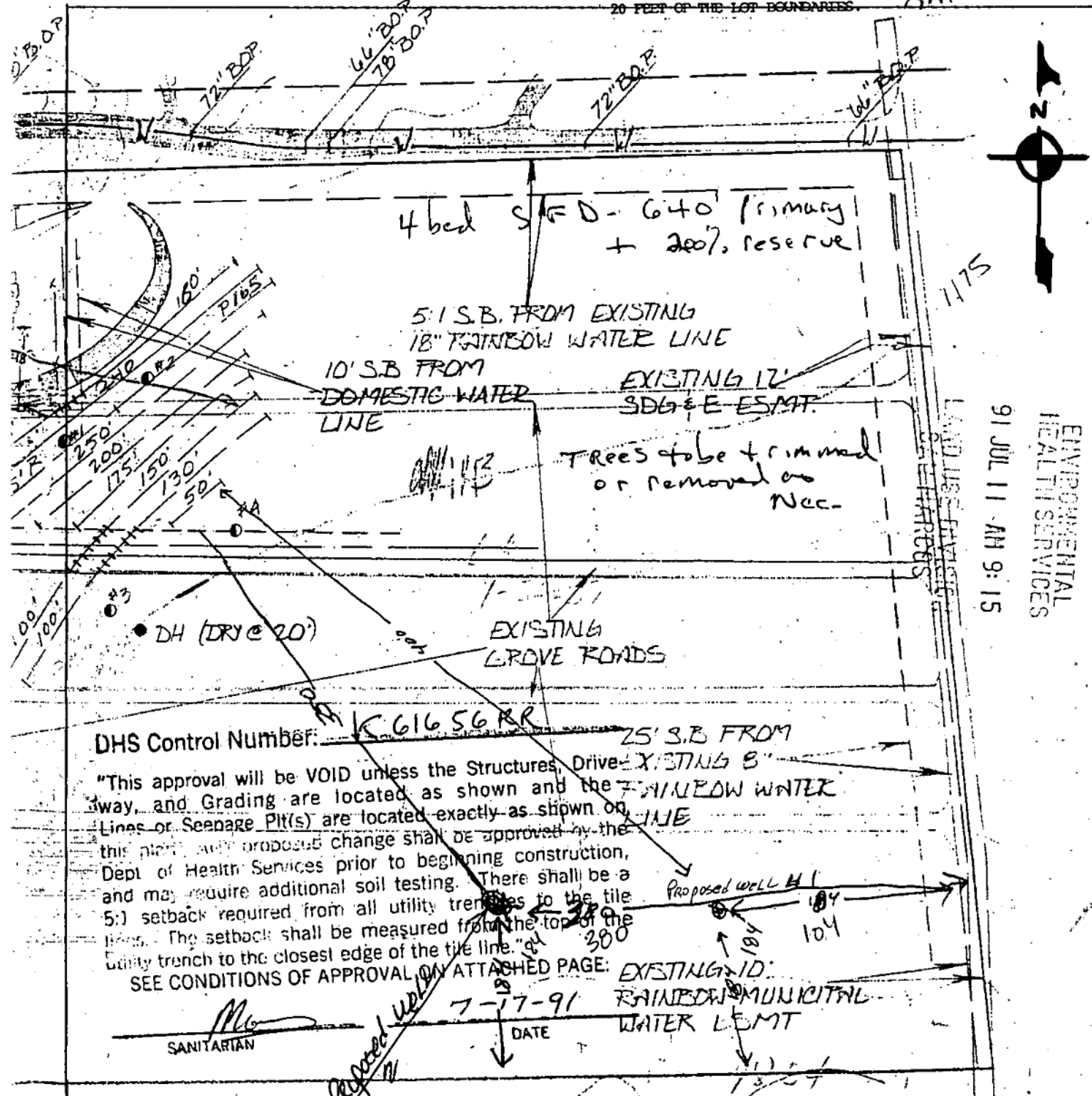
ENGINEERS INC. Control #

1859 S. AVE. ESCONDIDO, CA. 92025

SCALE 1"=100'

INDICATE BELOW THE VICINITY AND EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS AND OTHER POTENTIAL CONTAMINATION SOURCES, INCLUDING DIMENSIONS.

LOCATION OF ALL PUBLIC WATER LINES ON THE LOT AND ALL PUBLIC WATER LINES WITHIN 20 FEET OF THE LOT BOUNDARIES.



ENVIRONMENTAL
HEALTH SERVICES
91 JUL 11 AM 9:15

DHS Control Number: K 616 56 RR

"This approval will be VOID unless the Structures, Drive-
way, and Grading are located as shown and the
Lines or Seepage Pit(s) are located exactly as shown on
this plan, any proposed change shall be approved by the
Dept. of Health Services prior to beginning construction,
and may require additional soil testing. There shall be a
5:1 setback required from all utility trenches to the tile
lines. The setback shall be measured from the top of the
utility trench to the closest edge of the tile line."

SEE CONDITIONS OF APPROVAL ON ATTACHED PAGE:

SANITARIAN

DATE

APN 110-021 ⁵²00
Control # WU2709

TYPE OF WORK (Check) New Well ☒ Repair or Modification ☐ Time Extension ☐ Destruction ☐		USE (Check) Individual Domestic ☐ Agricultural ☒ Community ☐ Industrial ☐ Other _____		EQUIPMENT (Check) Rotary ☒ Cable Tool ☐ Other ☐	
PROPOSED WELL DEPTH Max. <u>1000</u> Min. <u>0</u> (Feet)		PROPOSED CASING Type <u>Steel</u> Depth <u>25</u> Diameter <u>6.5</u> Wall or Gage <u>15.6</u>			
PROPOSED SEALING ZONE(S) From <u>0</u> to <u>20</u> Feet From _____ to _____ Feet From _____ to _____ Feet		SEALING MATERIAL (Check) Neat Cement Grout ☐ Bentonite Clay ☒ Sand Cement Grout ☐ Concrete ☐ Other-Specify: _____			
PROPOSED PERFORATIONS OR SCREEN From _____ to _____ Feet From _____ to _____ Feet From _____ to _____ Feet From _____ to _____ Feet		DATE OF WORK Start <u>2-16-95</u> Completion <u>2-23-95</u>			
NAME OF WELL OWNER <u>FRANK TERRY HACTOG</u>		NAME OF WELL DRILLER <u>DALE FLOCKERZ</u>			
LOCATION OF WELL <u>334 RAINBOW CREST RD RAINBOW CA</u>		COMPANY <u>3 D DRILLING</u>			
DISPOSITION OF APPLICATION (FOR HEALTH OFFICERS USE ONLY) ☐ APPROVED ☐ DENIED ☒ APPROVED WITH CONDITIONS Report Reason(s) for Denial or Necessary Conditions Here: <u>Contact Metro water authority</u> <u>@ 213-250-6000, 6679 - to</u> <u>determine location of groundwater</u> <u>assessment prior to drilling</u>		BUSINESS ADDRESS <u>41892 ENTERPRISE CIR S TEMECULA CA 92590</u>			
On sites served with public water, contact the local water agency for meter protection requirements.		LICENSE NUMBER <u>633371</u>		Cash Deposit ☐ Bond Posted ☐	
<u>2-15-95</u> DATE		Fee paid on <u>2/15/95</u>		<u>110-021-5200</u>	
<u>P. Allen</u> HEALTH OFFICER		<u>DALE FLOCKERZ</u> APPLICANT'S SIGNATURE			
<u>2-15-95</u> DATE		<u>2-14-95</u> DATE			

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES

WELL PERMIT APPLICATION

PROPERTY DEVELOPMENT

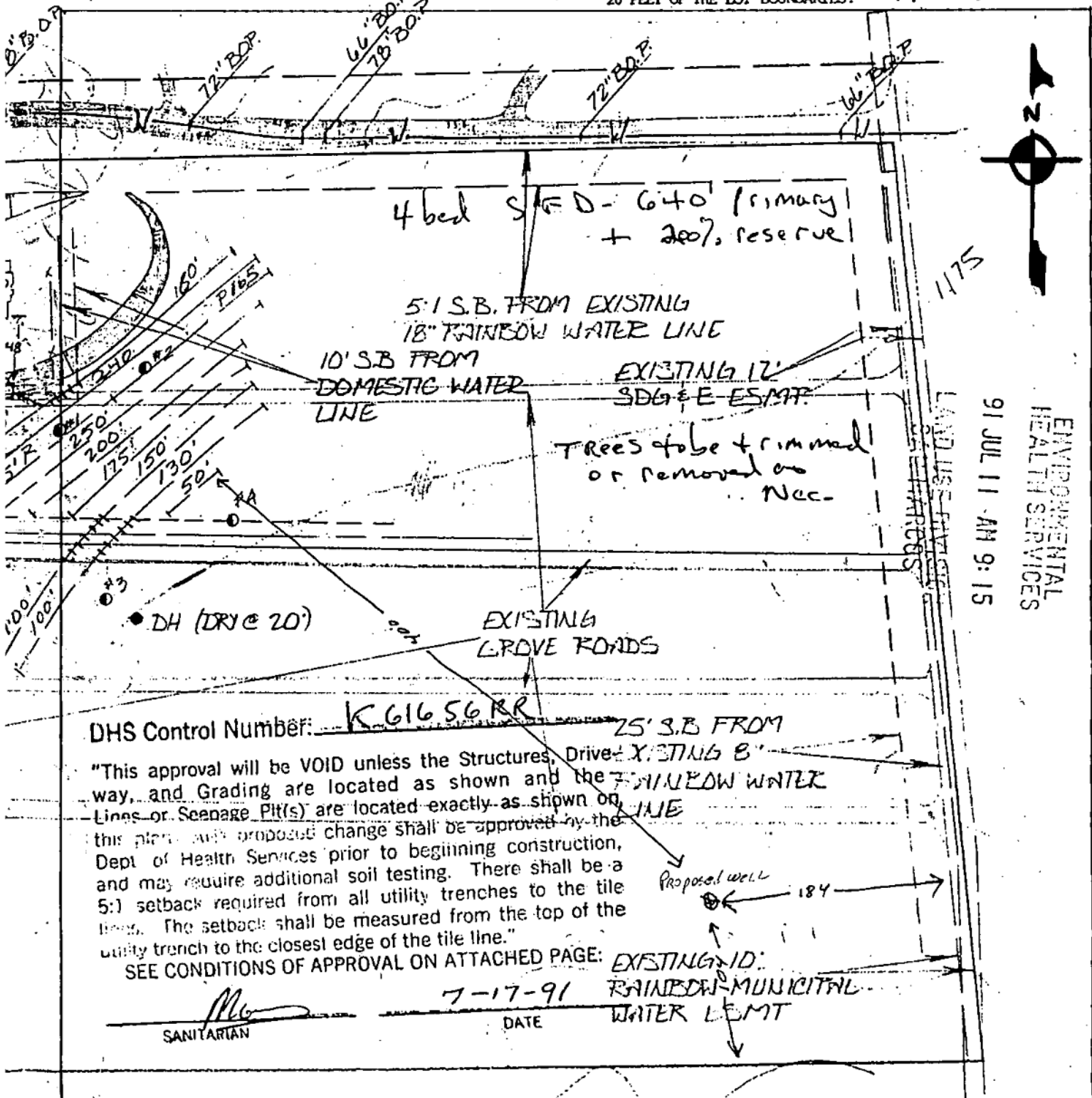
ENGINEER'S NAME # 1162709
1859 S. ESCONDIDO BLVD
ESCONDIDO, CA. 92025
PHONE 8 (619) 743-8808
ASSessor's Page 1 of 1
110-021-52

SCALE LOCATION

INDICATE BELOW THE VICINITY AND EXACT LOCATION OF WELLS WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS AND OTHER POTENTIAL CONTAMINATION SOURCES, INCLUDING DIMENSIONS.

AND ALL PUBLIC WATER LINES WITHIN 20 FEET OF THE LOT BOUNDARIES.

RA.



ENVIRONMENTAL
HEALTH SERVICES
91 JUL 11 AM 9:15

DHS Control Number: K61656RR

"This approval will be VOID unless the Structures, Drive, Way, and Grading are located as shown and the Rainbow Water Line or Sewage Plt(s) are located exactly as shown on this plan. Any proposed change shall be approved by the Dept. of Health Services prior to beginning construction, and may require additional soil testing. There shall be a 5:1 setback required from all utility trenches to the tile line. The setback shall be measured from the top of the utility trench to the closest edge of the tile line."

SEE CONDITIONS OF APPROVAL ON ATTACHED PAGE:

SANITARIAN

7-17-91
DATE

EXISTING 18" RAINBOW MUNICIPAL WATER LINE

PERMIT FOR SEPTIC TANK
EXPIRES ONE YEAR FROM DATE OF ISSUE

PERMIT ISSUED
BY: ph

DATE

2-3-92
T 68727R

NAME OF OWNER
HARTOG, FRANK

OWNER'S MAILING ADDRESS
Rural Rte. 2 Box 131 E, FB 92028

PHONE
728-1828

ADDRESS OR LOCATION OF JOB
334 Rainbow Crest Road, Fallbrook

C.T.

ASSESSOR'S PARCEL NUMBER
~~110-001-17~~ 110-021-0052

SEPTIC TANK CONTRACTOR
CWI Construction

PHONE
723-3954

SPACE BELOW FOR DEPARTMENTAL USE ONLY

PERMANENT ☒ TEMPORARY ☐

LAYOUT
APPROVAL:

PERCOLATION TEST
SUBDIVISION

SEPTIC TANK 1200 gallons

LEACH LINE 640' 3/Trench

SEE PAGE PIT

Monnier
SANTARTAN
1-30-92

C/C B/A P/M

FIELD APPROVAL

DATE
REPAIR REMARKS

REMARKS See notes on layout

WATER SOURCE RMWD

OCCUPANCY: COMMERCIAL ☐ RESIDENTIAL ☐ BD 4 BR

DATE REQUESTED 2-3-92

EXPIRED STATUS

FINAL APPROVAL

DATE INSPECTED 2-3-92 (PM)

APPROVED

DISAPPROVED

PENDING

SHS: EHS-701 (1/90)

County of San Diego Department of Health Services
P.O. Box 85261, San Diego, CA 92138-5261

☐ I hereby certify that I am the owner of the property for which I am applying for a permit to construct a subsurface sewage disposal system. I do not intend to sell or transfer for sale this property within one year after completion of construction. I therefore request an exemption from the requirement that I have a proper contractor's license for such construction.

☐ I hereby certify that I am a contractor licensed in the State of California, to perform the specific tasks for which I am presently applying. My license is in full force and effect, and will remain so to the best of my knowledge throughout the duration of this project. My contractor's license is, as follows:

1. In the name of _____
2. State License No. _____
3. Classification _____
(Class A or C42 required per Business & Professional Code, Chapter 9, Sec. 7056, and Calif. Administrative Code, Chapter 8 T-16, Sec. 754.4)

I am informed and understand that any false information would result in a penalty of not more than \$500 for each violation, as provided in Business and Professional Code, Sec. 7037.5.

Signed Mailed in PH Date 2-4-92



110-021-52

County of San Diego

J. WILLIAM COX, M.D., Ph.D.
DIRECTOR
STEVEN A. ESCOBOZA
ASSISTANT DIRECTOR

DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH SERVICES

EST. #: _____

PERMIT #: T68727

☒ final
APPROVAL
GRANTED

OFFICIAL NOTICE

Septic System -
INSPECTION



APPROVAL
DENIED

See corrections
and/or additions

Installed - Tensen Precast Concrete, 1500 gal Tank
- 640' - 3' x 4' Arch + 100% Reserve
- walk thru - complete - 4 bed SPD -
- AS built received -
- corrections made -

PREFINAL or GUNITE: APPROVED DISAPPROVED / FINAL: DATE: 2-3-92

CONTRACTOR: Craig Espas - CWF Carols TEL. #: 723-3954

San Diego County Code requires that a reinspection
fee of \$ _____ be paid before another inspection
permit is issued.

REINSPECTION PERMIT REQUIRED:

SPECIALIST: M. [Signature]

If there are any questions regarding this
inspection, or to request a reinspection,
contact:



SAN MARCOS OFFICE
338 Via Vera Cruz, Ste. 201
San Marcos, 92069-2647
(619) 471-0730



EAST CO. ENV. HEALTH OFFICE
151 Van Houten Ave.
El Cajon, 92020-4429
(619) 441-6666



ENV. HEALTH OFFICE
1255 Imperial, 3rd Flr.
San Diego, CA 92101
(619) 338-2222

SITE

ADDRESS

334 Rambow Crest

Fallbrook

NAME:

OWNERS

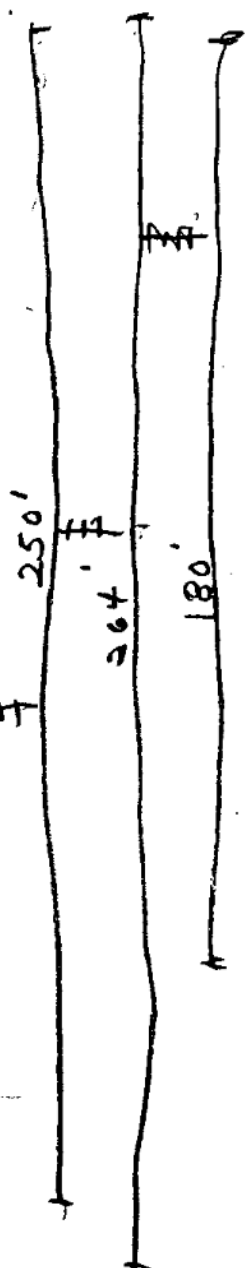
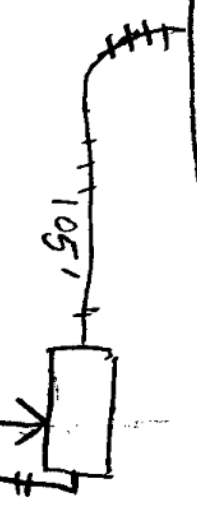
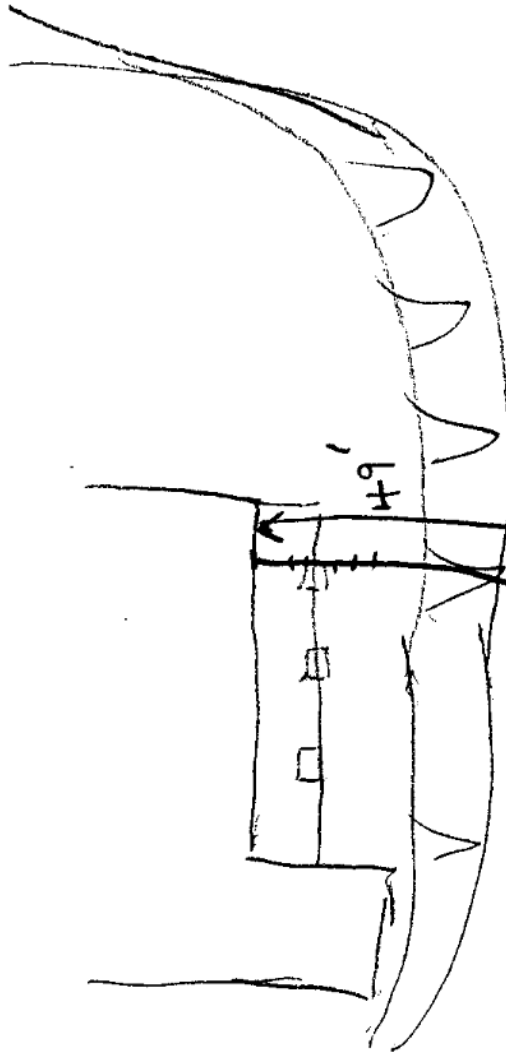
Harry, Frank

ADDRESS:

AS-built
Verified

P.M.

1-30-92



334 Rainbow

CREST

Fallbrook

16165561R
 PROPERTY DEVELOPMENT
 ENGINEERS INC. 110-021-52
 1855 S ESCOBEDO RD
 ESCONDIDO, CA 92025
 PHONE 866197 745-8808
 JOB FILE NO 676107912
 I CERTIFY THAT THE LAYOUT REMAINS SHOWS THE
 LOCATION OF ALL PUBLIC WATER LINES ON THE LOT
 AND ALL PUBLIC WATER LINES WITHIN
 20 FEET OF THE LOT BOUNDARIES. RM.

ENVIRONMENTAL
 HEALTH SERVICES
 91 JUL 11 AM 9:15
 LAND USE DIVISION
 SAN MARCOS

LEGAL
 THE E 1/4 OF THE NW 1/4 OF THE
 SW 1/4 OF SEC 20, T9S, R24E
 SAN BERNARDINO MERIDIAN,
 SAN DIEGO COUNTY, CALIFORNIA
 APN 110-021-17

500A LINE LAYOUT
 PROPOSED 60' LEACH FIELD
 WITH 200% RESERVE FOR A
 4 BEDROOM RESIDENCE

OWNER
 MR. FRANK HARTIG
 RURAL ROUTE 2, BOX 131 E.
 FALLBROOK, CA 92028
 PHONE 619 728-1828

WATER

RAINBOW MUNICIPAL
 WATER DISTRICT

DRIVER

EXISTING 60'
 EASEMENT

VICINITY MAP
 SEE T.S. 76 ADD C2
 NO SCALE

APPROX. LOC.
 EXISTING RAINBOW
 CREST RD.

640' primary
 + 200% reserve

460' SED-
 5.1 S.B. FROM EXISTING
 18" RAINBOW WATER LINE

10' S.B. FROM
 DOMESTIC WATER
 LINE

EXISTING FLUKE

EXISTING DOMESTIC
 WATER LINE

EXISTING LEACH
 LINE

EXISTING 1000
 GAL SEPTIC TANK

EXISTING 12' DRAIN
 FARM EMPLOYEE HOUSING

EXISTING 12' DRAIN
 EASEMENT

Trees to be trimmed
 or removed as nec.

EXISTING GROVE ROWS

DHS Control Number: KS 61656 RR

"This approval will be VOID unless the Structures, Drives, Walkways, Water Lines, and Seepage Pit(s) are located exactly as shown on this plan. ANY proposed change shall be approved by the Dept. of Health Services prior to beginning construction, and may require additional soil testing. There shall be a 5:1 setback required from all utility trenches to the tile lines. The setback shall be measured from the top of the utility trench to the closest edge of the tile line."

SEE CONDITIONS OF APPROVAL ON ATTACHED PAGE: RAINBOW MUNICIPAL

DATE 7-17-91 WATER ESMY

SANTARAN

DATE

EXISTING 10'

EXISTING 12'

EXISTING 12'

EXISTING 12'

EXISTING 12'

COUNTY OF SAN DIEGO DEPARTMENT OF PUBLIC HEALTH

SEPTIC TANK INSTALLATION REPORT

SOIL CONDITIONS OF TRENCH OR SEEPAGE PIT PERCOLATION TEST

NOTE: YOU HAVE ONE YEAR TO OBTAIN A SEPTIC TANK PERMIT. HOWEVER, A SITE RECHECK MAY BE REQUIRED AT ANY TIME TO DETERMINE IF SITE CONDITIONS HAVE CHANGED.

DEPARTMENT USE ONLY	
Issue permit	☐ Yes ☒ No
Final parcel map required	☐ Yes ☒ No
Sanitarian:	<u>Memo</u>
Date:	<u>7-17-91</u>

Date 4-29-91

Rural Rte. 2 Box 131 E

ADDRESS Fallbrook, Ca 92028

CONTRACTOR _____

ADDRESS phone 728 1828

Legal Location _____

APN 110-021-X52

Test Location 334 Rainbow Crest Rd., 7B

(NUMBER, STREET AND TOWN)

THIS REPORT WILL NOT BE REVIEWED UNTIL THE FOLLOWING INFORMATION IS ATTACHED:

- | | | | |
|-------------------------------------|------------------------|--------------------------------|---|
| 1. Lot Location (locate by street) | 4. Lot Grade | 7. Test Holes | 10. All calculations on 8 1/2 x 11" Sheet |
| 2. Existing and Proposed Structures | 5. Wells | 8. Sub-Surface Disposal System | |
| 3. Surfaced Areas | 6. Utility Water Lines | 9. Cuts and Fill | |

SUB-SURFACE DRAINAGE

PERCOLATION TEST	TEST	DEPTH OF HOLE	TIME FOR H ₂ O	SAFETY FACTOR	TIME/INCH	AVE. TIME/IN.
Last two readings shall not vary more than 10%	1.					
	2.	(SEE ATTACHED SHEET)				
	3.					
	4.					

LEACHING SEEPAGE PITS - Provide soils log and calculations on 8 1/2 x 11" sheet

DEPTH	COARSE SAND OR GRAVEL	FINE SAND	SANDY LOAM OR SANDY CLAY	CLAY WITH CONSIDERABLE SAND OR GRAVEL	EFFECTIVE ABSORP. AREA

TYPE OF SOIL: Give specific information (clay-adobe-decomposed granite, etc.)

Surface: SANDY-CLAYEY D.G.

1 ft. below surface: Sandy-clayey D.G.

2 ft. below surface: Sandy-clayey D.G.

3 ft. below surface: Sandy-clayey D.G.

8 to 10 ft. below surface: Sandy D.G.

Source of water Rainbow Municipal Water

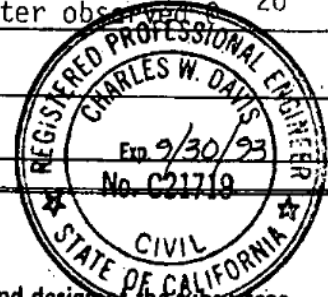
Depth of water table No water observed 20'

Proposed structure: No. 1 Type Single Family Residence

No. of bedrooms: 4, and/or maximum capacity: _____

REVIEW OF STAMPED BUILDING PLANS AND GRADING REQUIRED PRIOR TO ISSUANCE OF SEPTIC TANK PERMIT.

Note - Proj. of administrative permit for multiple dwellings required for septic permit.



RECOMMENDATIONS:

Size tank 1200 gal.

Drainage tile 640 ft.

Trench width 1.5 ft.

Trench depth 3 ft.

Seepage pit width _____ ft.

Seepage pit depth _____ ft.

I have reviewed this percolation data and design of the subsurface sewage disposal system for this parcel and find the data and design to be accurate and in compliance with the State and local regulations and good engineering practices.

REGISTERED ENGINEER C.W. DAVIS

1859 S. Escondido Blvd. 743-8808

Address

Phone

Date

RCE 21719, Exp. 9/30/93

(REG. NO.)

SAN COPY - Hartog, Frank

K61656RR
91 JUL 11 AM 9:45
HEALTH SERVICES
ENVIRONMENTAL
DIVISION
SAN MARCOS

4 BR
10-8-91

OK. PM-10-4-91

110-021-52

PROPERTY DEVELOPMENT ENGINEERS, INC.

1859 S. ESCONDIDO BLVD., ESCONDIDO, CA 92025

JOHN E. VERNON, PRESIDENT, RCE 21121, GE 858

CHARLES W. DAVIS, VICE PRESIDENT, RCE 21719

BARRY L. MUNSON, PROJECT ENGINEER, RCE 40980

FREDERICK F. BRONSON, CHIEF OF SURVEYS, LS 5085

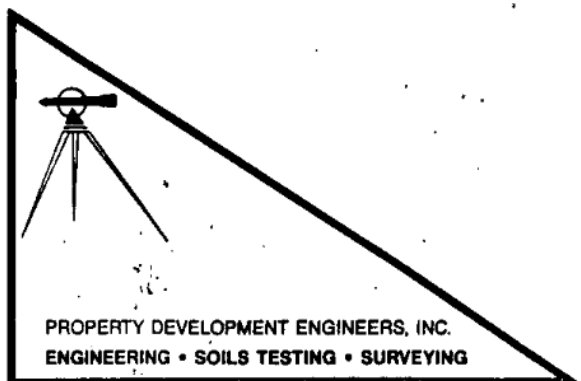
DELBERT C. DANIELS, CHIEF OF MAPPING, LS 3351

**PERCOLATION DATA
HARTOG RESIDENCE**

TEST HOLE #	DEPTH	RAW PERC RATE / CORRECTED RATE
1	3'	30 mpi / 40 mpi
2	3'	30 mpi / 40 mpi
3	3'	79 mpi / 107 mpi
4	3'	48 mpi / 64 mpi

Average Perc Rate = 47 mpi / 63 mpi

Engineers Recommendation: Use 640' of leach field with 200% reserve for a 4 bedroom residence. The system is to be served by a 1200 gallon septic tank.



TEL. (619) 743-8808 FAX (619) 743-7466

110-021-52
PROPERTY DEVELOPMENT ENGINEERS, INC.

1859 S. ESCONDIDO BLVD., ESCONDIDO, CA 92025

JOHN E. VERNON, PRESIDENT, RCE 21121, GE 858

CHARLES W. DAVIS, VICE PRESIDENT, RCE 21719

BARRY L. MUNSON, PROJECT ENGINEER, RCE 40980

FREDERICK F. BRONSON, CHIEF OF SURVEYS, LS 5085

DELBERT C. DANIELS, CHIEF OF MAPPING, LS 3351

July 8, 1991

Mr. Peter Monnier
Department of Health Services
County of San Diego
338 Via Vera Cruz
San Marcos, CA 92069

Subject: Your memo dated 6/10/91

Re: H. D. Log #K61656R

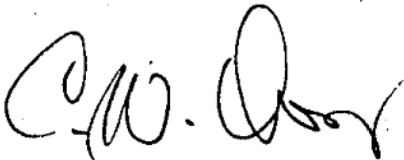
Site: Rainbow Crest Road, Fallbrook
APN 110-021-17

Mr. Monnier:

In regards to the above referenced memo, we have addressed the following:

1. An additional percolation test has been waived by Mr. Tom Lambert.
2. The system for the existing building has been located and shown on the revised layout.
3. The existing zoning for the property is A-70 (8 AC minimum). The zoning allows for a single family residence, along with farm employee housing, either temporary or permanent, with an administrative permit. The existing building on site will be utilized as farm employee housing, after the new residence is built.

If you have any further questions or need any additional information, please contact either myself or Daphne Munson.


C. W. Davis
RCE 21719
Exp. 9/30/93



PROPERTY DEVELOPMENT ENGINEERS, INC.
ENGINEERING • SOILS TESTING • SURVEYING

TEL. (619) 743-8808 FAX (619) 743-7466

ENVIRONMENTAL
HEALTH SERVICES
91 JUL 11 AM 9:15
LAND USE DIVISION
SAN MARCOS

110-021-52

103330-6

VINJE & MIDDLETON ENGINEERING, INC.

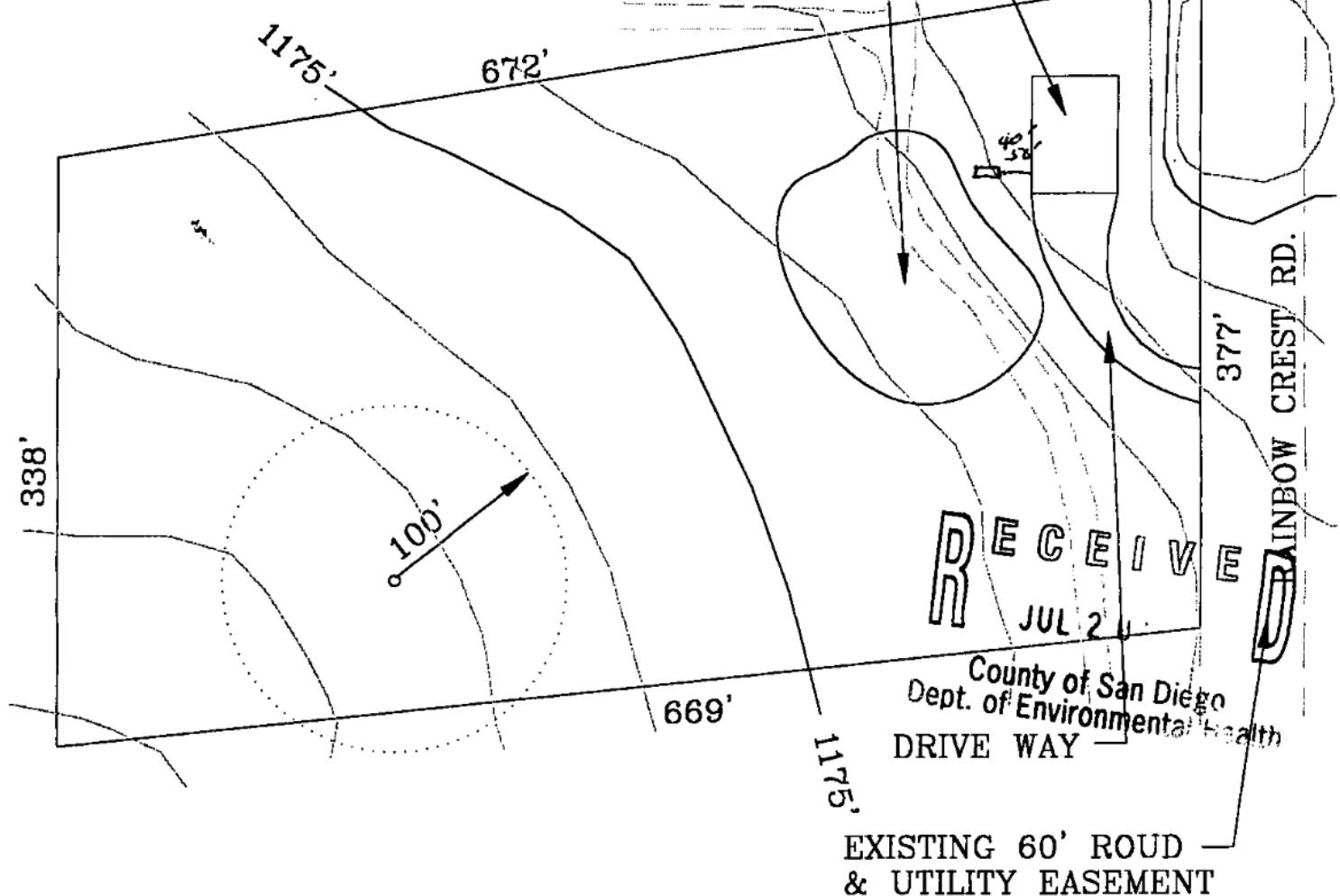
2450 Vineyard Avenue, #102
Escondido, CA. 92029-1229

Ralph M. Vinje

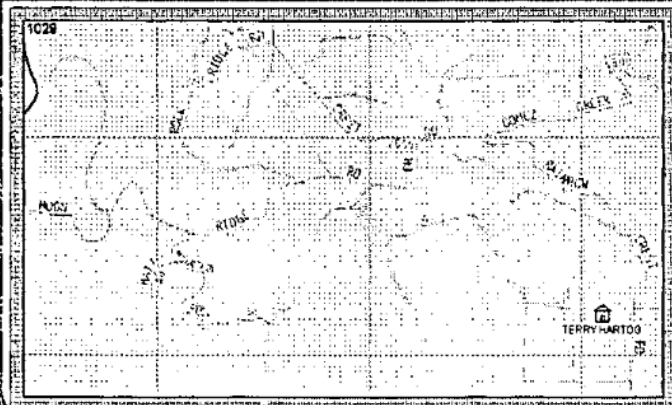


JOB No. 98-200-S
110-020-17
5.45

EXISTING 4 BEDROOM RESIDENCE
EXISTING LEACH FIELD AREA



VICINITY MAP NO SCALE



LEGEND

- 1200' ~ CONTOUR LINE
- o WELL
- LEACH FIELD

OWNER: TERRY HARTOG

PARCEL 2

SCALE 1" = 100'