Septic

APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

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.

Owner's Name Cisco Lunsford

Mailing Address P O Box 239

City Loleta Ca. 95551 Telephone # _____

Installer _____

Assessor's Parcel No. 308-231-02

General Area Hawkins Hill Rd. off Table Bluff Rd.

RECEIVED NOV 10 1981 HUMBOLDT CO. HEALTH DEPT.

Previous Application: YES ☐ NO ☒

New System ☒ Repair ☐

Existing System ☐

Installation will serve: Residence ☐ Commercial ☒

Multiple Housing ☐ Mobilehome Park ☐ Mobilehome ☐

Other ☐ - Specify: _____

No. of Units	No. of Rooms Usable as Bedrooms	Garbage Disposal Unit
1	3	YES ☐ NO ☐

Water Supply: Private ☒ Public ☐

Lot Size: 873' X 600'

I agree to obtain inspection of installation prior to covering. I agree to construct this disposal system in accordance with all of the provisions of county and state law.

It is understood that the issuance of a permit in no way indicates that a guarantee of perfect and indefinite operation of this system is made by the Humboldt County Health Department.

Signature Cisco Lunsford

Date 11-10-81 Owner ☒ Owner's Agent ☐

HUMBOLDT COUNTY HEALTH DEPARTMENT
Division of Environmental Health
529 "I" St., Eureka, CA 95501 445-7613

SDS-1, Rev. 7/78

Legal Conformance	Fee	Receipt No.	Permit No.
9 Dec 81	10.00	41290	A.P. # 308-231-02

On attached sheet, applicant is to draw TO SCALE the appropriate septic tank system, location on property, and all pertinent setbacks.

DETAILED DIRECTIONS TO PARCEL: Off 101 on Loleta exit, on Eel River Dr, right on Table Bluff Rd, left on Hawkins Hill Rd.

NOTE: WAIVER GRANTED TO START OF WINTER TIME PERCOLATION TESTING PERIOD, TESTS DONE PRIOR TO 1 January 1982

IMPORTANT: 24 HOUR NOTICE REQUIRED BEFORE FINAL INSPECTION

Septic Tank Size	No. of Lines	Length of Lines	Trench Depth
1800	6	50'	3'

Layout Plan Prepared by _____ Date _____

IMPORTANT: Any deviation in construction from the above plan must have prior approval in writing by the Health Department.

HEALTH DEPARTMENT USE ONLY

Layout Plan Approved By James M. Clark Date 12-8-81

Construction Approved By Richard A. Sherman RS Date 11/24/82

Expiration Date of Permit 9 Dec 82

WHEN VALIDATED, THIS IS YOUR PERMIT.