

DISTRICT SEVEN HEALTH DEPARTMENT

SEPTIC PERMIT

***NOTE* THIS PERMIT IS ONLY VALID FOR ONE YEAR FROM DATE OF ISSUE**

4/99

Installation shall comply with all the requirements of the Health District and Idaho's Individual Subsurface Sewage Disposal Regulations as stated below. Failure to install system in compliance with permit will cause disapproval by District 7 and possible legal action.

CDP No _____ T-Code: 232 Time: 15 MIN Permit No 3003-07
Receipt No _____

Permit Issued To: Name JOSEPH KERCHINSKI Phone 661 663-7354

For Location: Address MAILING: 10900 RILONADA PL BAKERSFIELD CA City _____ Zip _____
93311

Legal Description: $\frac{1}{4}$ Section NE Section 6 Township 14N Range 22E

Subdivision _____ Lot _____ Block _____

SEPTIC TANK SPECIFICATIONS (minimums)

Size of Septic Tank: 1000 gallons Multiple tank (If using or required): _____ Total gallons
First tank: _____ gallons Second tank: _____ gallons
Pump Chamber (if required): _____ gallons

SEWAGE DISPOSAL (DRAINFIELD) SPECIFICATIONS (minimums)

Type(s) of Standard Sewage Disposal System Permitted: Trench X Bed _____ Pit _____ Gravelless X
Basic Alternative Privy _____ Steep Slope System _____ Capping Fill _____ Extra Drain-rock Trench _____

Type(s) of Complex Alternative Disposal System Permitted: Sand Filter Intermittent _____ Sand Filter Intrench _____
Sand Mound _____ Lagoon _____ Extended Treatment Systems _____ Large Soil Absorption Systems _____
Other _____

Complex Alternative Disposal Systems are required to be installed by a licensed complex installer

MAXIMUM DEPTH OF EXCAVATION: 4 Feet DISPOSAL AREA SIZE: 333 Sq. Ft.
SOIL TYPE: A2 APPLICATION RATE: .75 gals/day/ft2
DISTANCE TO NEAREST SURFACE WATER (explanation): _____

SPECIAL CONDITIONS

I hereby agree that the system will be installed as per the permit and will not make any changes from the permit without written approval from District 7. I also hereby authorize access to this property for purpose of inspection.

Applicant/Agent Signature X Steve Westergaard Date: 3/24/03

ISSUED BY EHS Steve Adams # 09 Date Issued: 3/17/03
Expiration Date: 3/17/04

**Note* Other requirements on reverse side of permit:*

**DISTRICT SEVEN HEALTH DEPARTMENT
SEPTIC SYSTEM INSPECTION REPORT**

Activity Code D1

1/99

Travel Time: —

Inspection Time 15

INSPECTION CONDUCTED FOR: Name Joseph Kerechinski Permit No 3003-07

LOCATION OF INSPECTION: Street Address Hooper Lane City MAY
Legal Description: ¼ Section NE Section 6 Township 14 Range 22
Subdivision: _____ Lot _____ Block _____

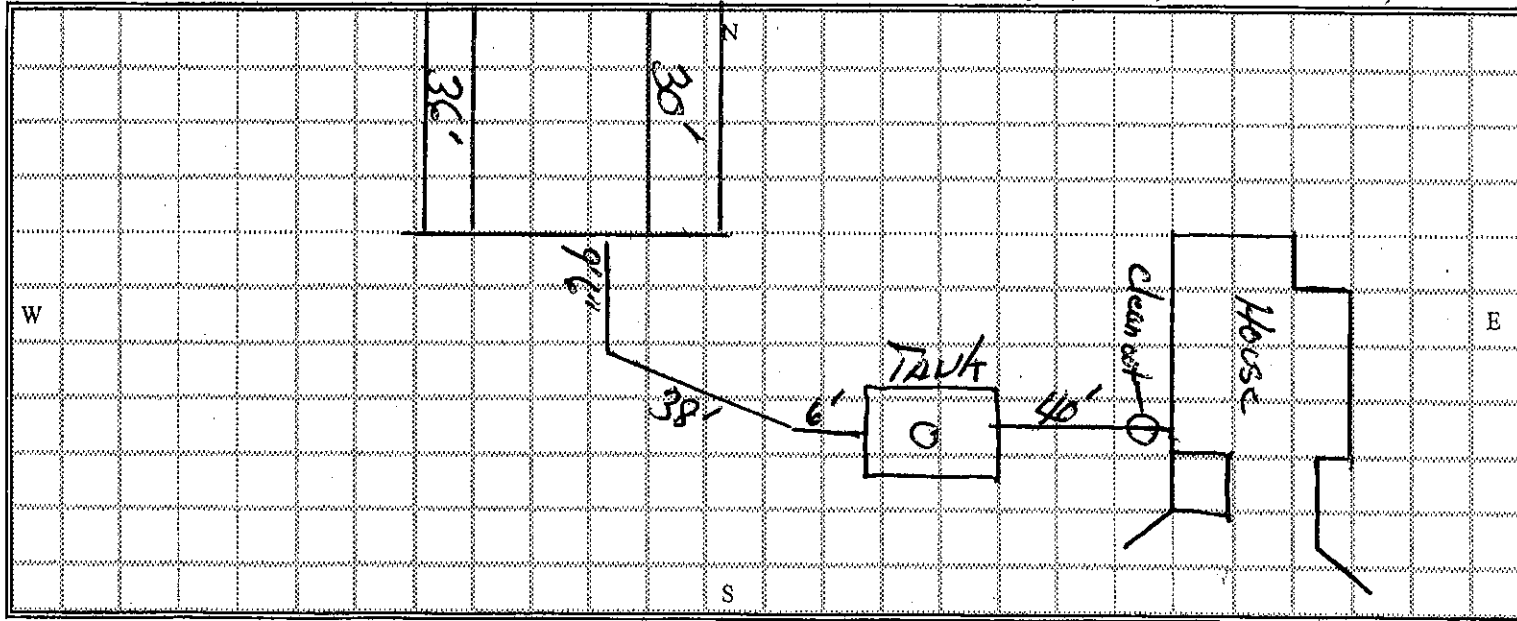
SEPTIC TANK INSPECTION

- Capacity of Septic Tank Installed 1000 gallons. Septic Tank capacity = or greater than permit requirements? ☒ Yes ☐ No ☐ N/A
- Was Septic Tank construction in compliance with State regulations and was tank State approved? ☒ Yes ☐ No
- Were inlet and outlet properly sealed? ☒ Yes ☐ No
- Did Septic Tank meet minimum separation requirements as required by permit? ☒ Yes ☐ No
- Was extension of manhole required? ☒ Yes ☐ No Depth from final grade to manhole 5' feet

SUBSURFACE DISPOSAL (DRAINFIELD) INSPECTION

- Type of Disposal System installed Gravelless Meets permit requirements? ☒ Yes ☐ No ☐ N/A
- Disposal Area Size 333 Square Feet In compliance with Permit Issued? ☒ Yes ☐ No
- Did Disposal System meet the minimum separation distance as required by the Permit? ☒ Yes ☐ No
- Was Disposal System constructed in compliance with the State Technical Guidance Manual? ☒ Yes ☐ No
- Maximum depth of Disposal System 4 Feet. In compliance with Permit Issued? ☒ Yes ☐ No

DRAWING: (Show buildings, septic system components, water lines, surface waters, & wells within 300 feet of septic system. Important to show distances.)



SELF-INSPECTION: If given approval for self inspection Installer certifies that information provided is accurate and system was installed as shown.

Installers Signature X. Gene Westergaard License #: 24348 Date: 8/19/03

Installed by: Westergaard

Official Use Only

License # _____

This System appears to:

- Be in Substantial Compliance with permit and is approved. ☒ Yes
- Have Minor deficiencies which could cause premature failure, but still in substantial compliance with Intent of Rules. Recommend that deficiencies be corrected, which could improve your system, but system is still approved. ☐ Yes
- Have Major deficiencies which violate the Intent of Rules and must be corrected, system not approved. ☐ Yes

Comments: _____

INSPECTED/REVIEWED BY EHS: _____

09 DATE 12/9/03

DISTRICT SEVEN HEALTH DEPARTMENT
APPLICATION FOR SEWAGE DISPOSAL PERMIT
SINGLE FAMILY RESIDENCES (This is not a permit to install)

Receipt # 37076
Permit # 3003-07

Owner of system: Joseph Kerchinski Phone # 661-663-7354

Mailing Address of Owner: 10900 RILONADA PL City: BAKERSFIELD Zip: 93311
CA

Location of actual system:

Legal Description: 1/4 Section. NE Section 6 Township 14 Range 22

Parcel Number: _____ Lot _____ Block _____

Subdivision Name if applicable: _____ City _____ Zip _____

Address: _____

Directions to property: Up Dohsimeroi Valley to Hooper Lane Down
Hooper Lane 1/2 mile on Left Side.

Lot Size: _____ acres. Water Supply: Private Well ☒ Shared Well () Public System ()

Constructional Activity: New Construction ☒ Enlargement () Replacement ()

Wastewater Flow Information:

Maximum number of potential bedrooms 3

Will home have basement with bathroom, laundry or other plumbing for disposal of wastes? ☒ Yes ☐ No

Proposed Disposal System:

Standard Systems: Trench () Gravelless Dome ☒ Extra Drainrock Trench () Absorption Bed () Seepage Pit () *Note* If a standard system cannot be installed, an alternative system may be permitted.

Basic Alternative System: Capping Fill Trench () Gray Water Sump () Steep Slope ()
Incinerator Toilet () Pit Privy () Vault Privy ()

Complex Alternative System: Evapotranspiration () Experimental () Extended Treatment Package () In-Trench Sand Filter () Large Soil Absorption System () Lagoon ()
Pressure Distribution () Sand Filter- Intermittent () Sand Filter-Recirculating () Sand Mound () Two Cell Infiltrative () *Note* Current rules require you hire a septic installer that has a complex installer license to install complex systems. A homeowner or a licensed standard installer cannot install complex systems.

I certify that public or central sewage facilities are not reasonably accessible. I understand that if this system is constructed by anyone other than homeowner, a licensed installer must install it. I understand that the system must be inspected and approved prior to final cover. I understand this is an application only and that it is necessary to have a permit before construction can begin. * Note * Once the permit has been issued, no changes can be made without prior approval from District Seven Health Department.

I am the: Homeowner () Owner's authorized representative: Installer () license number _____ Contractor ()

I hereby authorize access to this property for the purpose of conducting an on-site evaluation. I understand it is necessary to have one of the following present during the evaluation: Homeowner, Installer or Contractor.

Signed By: X

Date: 11 MARCH 03

ON-SITE EVALUATION ON REVERSE SIDE

ON-SITE EVALUATION

Date(s) On-Site Evaluations Conducted: 3/11/03
 Travel Time associated with evaluations 240
 Inspection Time associated with evaluations 30

CURRENT LAND USE: Ag

SITE SUITABILITY:

Slope: Does slope prohibit installation of proposed system? Yes No

Soil Types:

Based on SCS maps:	Type A	B	C	Unacceptable
Based on Engineering Report:	Type A	B	C	Unacceptable
Based on Test Hole:	Type <u>(A)</u>	B	C	Unacceptable

Test Hole Information:

Depth of Test hole: 8

Predominant soil type observed: Sand w/ gravels

Bedrock encountered: No

Any ground water encountered: No

Other concerns: Depth w/ basement

Effective Soil Depth: Has sufficient soil depth below bottom of proposed system to meet rules? (Yes) No

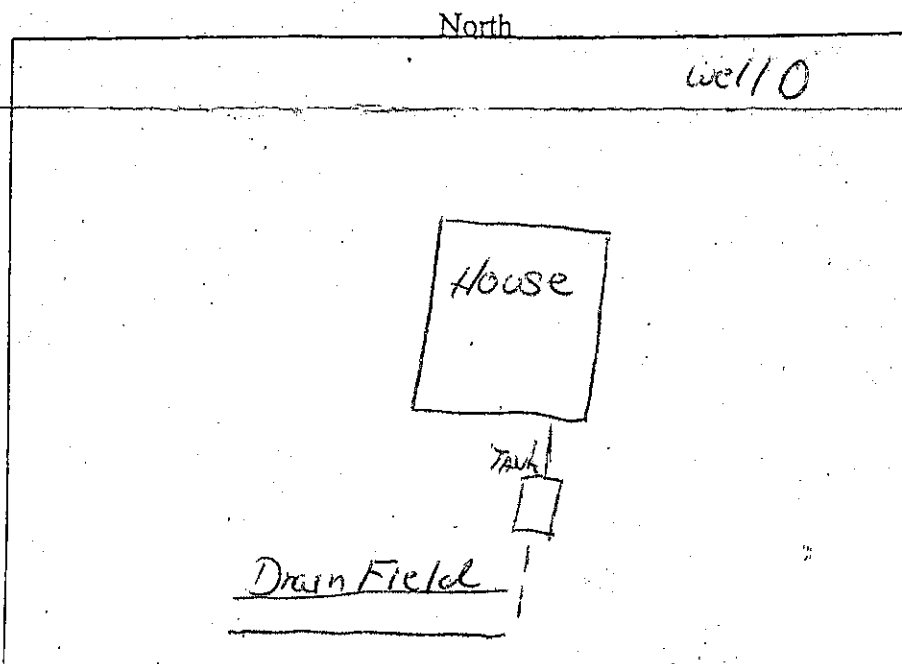
Depth to nearest Groundwater: >8 Depth to nearest impermeable layer: >8

Separation Distances: (Property has sufficient area for system and replacement to meet all separation requirements?)

Well location (owners property)	Yes	No	Nearest neighbor's well	Yes	No
Water Distribution lines	Yes	No	Downslope Cut or Scarp	Yes	No
Temporary Surface Waters	Yes	No	Property lines.	Yes	No
Permanent or Intermittent Surface Water	Yes	No			

PLOT PLAN: (Show proposed building sites, well location, septic site, replacement area, any surface waters, property lines, and utilities if known.)

Comments: Max of 4'



By EHS. SA