

PUBLIC HEALTH DEPARTMENT  
 NOV 02 1987  
 DIV. OF EH.

Date: August 26, 1987  
 File: 431-011  
 Revised: November 2, 1987

**MOUND SYSTEM DESIGN  
 BODEGA REYN STORAGE FACILITY  
 2380 COAST HIGHWAY 1  
 BODEGA BAY, CA**

Percolation Test Results: Average MPI 42.0  
 Porous silty/sandy loams (10-45 MPI)

Topography: Ranges 9 to 12%

Depth to Seasonally High Water Table: Varies seasonally (See report prepared by Giblin Associates dated June 26, 1987)

Distribution Bed Geometry: Rectangular

Mound Body Fill Material: Medium Sand (See recommended and fill material attached)

Daily Design Flow Rate (estimated)

Proposed: 2 bedroom residence @ 150 gpd/bedroom  
 129 storage spaces (estimate 30% of storage spaces used per day @ 6 gallons/space)

|  |          |                              |
|--|----------|------------------------------|
| 2 bedroom x 150 gpd/bedroom            | =        | 300 gpd                      |
| 129 (.30) x 6 gallons/space            | =        | 232 gpd                      |
| <b>Total Estimated Sewage Quantity</b> | <b>=</b> | <b>532 gpd (Use 550 gpd)</b> |

Distribution Bed Area:

for medium sand fill, the infiltration rate = 1.2 gal/ft<sup>2</sup>/ day

absorbtion area required =

550 gal/day + 1.2 gal/ft<sup>2</sup>/day = 458 ft<sup>2</sup> ✓  
 bed width: use a bed width of 5 ft. (A) ✓  
 bed length (B) = 458 ft<sup>2</sup> + 5 ft = 91.6 ft (use 92') ✓

5/18/17: 1.0G/SF; 92' x 5' = 451 SF  
 X 1.8G/SF  
 451 GAL/DAY

4 BR = 480 GPD

5/19/17

DIST. 1) ORIG. HEALTH DEPT./ 2) HEALTH DEPT./ 3) PERMITTED/ 4) BLDG. INSR DEPT./ 5) BLDG. INSR DEPT.

NOT TRANSFERABLE

246

6/25/17

HEALTH CLEARANCE FOR SEWAGE DISPOSAL PERMIT

COUNTY OF SONOMA  
PUBLIC HEALTH DEPARTMENT  
313 CANIMATE RD. • SANTA ROSA, CA 95404 • PHONE 827-2711  
Application is hereby made to the Sonoma County Health Officer for a permit to construct or repair a sewage disposal system as described below in compliance with the code of Sonoma County or for clearance for other construction.

MAILED SYSTEM

BLDG. PERMIT NO. 084-88 109188  
DATE ISSUED 10/19/88  
REPAIR

OWNER'S NAME BODBA REYN INC.  
MAILING ADDRESS P.O. BOX 26  
CITY BODBA BAY TELEPHONE 94925

INSTALLATION WILL BE: RESIDENCE  APARTMENT HOUSE  COMMERCIAL  MOBILE HOME   
MOTEL  OTHER  BUILDING CONST. NEW  ADDN/ALTER

NO. OF UNITS 2  
TOTAL NO. OF BEDROOMS 2  
WATER SUPPLY PRIVATE  PUBLIC   
LOT SIZE 11 acres ±  
TERMS OF PERMIT 6/22/87 25700 ± 2 420 1342

APPLICANT AGREES THAT:  
1. HEALTH DEPARTMENT SANITARIAN WILL BE NOTIFIED A MINIMUM OF 24 HOURS PRIOR TO COMMENCING WORK.  
2. HEALTH DEPARTMENT SANITARIAN AND ENGINEER'S OR CONSULTING SANITARIAN'S INSPECTION, WHEN INDICATED, WILL BE OBTAINED PRIOR TO COVERING PUBLIC HEALTH SERVICE.  
3. THE JOB CARD AND A COPY OF THE APPROVED SEWAGE DISPOSAL SYSTEM DESIGN SHALL BE AVAILABLE AT THE JOB SITE AT ALL TIMES.  
4. ANY DEVIATION FROM APPROVED PLAN WITHOUT PRIOR APPROVAL OF THE HEALTH OFFICER WILL BE CAUSE FOR STOPPING WORK UNTIL THE CHANGES ARE FULLY APPROVED AND  
5. STRUCTURAL PLANS FOR THE SEPTIC TANK MUST BE SUBMITTED TO AND APPROVED BY THE BUILDING INSPECTION DEPARTMENT PRIOR TO INSTALLATION.  
6. PRIOR TO AUTHORIZING OCCUPANCY OF ANY BUILDING WITH AN ENGINEER OR CONSULTING SANITARIAN DESIGNED SYSTEM, A SIGNED STATEMENT BY THE DESIGNER CERTIFYING THAT THE SYSTEM WAS INSTALLED IN COMPLIANCE WITH THE APPROVED PLAN MUST BE SUBMITTED TO PUBLIC HEALTH OFFICER.  
7. THIS PERMIT IS SUBJECT TO REVOCATION IF FOUND TO BE IN NONCONFORMANCE WITH SONOMA COUNTY CODE OR STANDARDS OF THE PUBLIC HEALTH DEPARTMENT.  
IT IS UNDERSTOOD THAT THE ISSUANCE OF A PERMIT IN NO WAY INDICATES THAT A GUARANTEE, WARRANTY, OR INDEFINITE OPERATION OF THIS SYSTEM IS MADE BY THE COUNTY OF SONOMA PUBLIC HEALTH DEPARTMENT AND THAT THE OWNER IS REQUIRED TO MAKE ANY REPAIRS NECESSARY TO CONFINE SEWAGE BELOW THE SURFACE OF THE GROUND.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THE INSTRUCTIONS ON THE REVERSE SIDE AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING CONSTRUCTION OF PRIVATE SEWAGE DISPOSAL SYSTEMS. THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS.  
APPLICANT SIGNATURE: *Clarence Freeman*  
SIGNATURE OF APPLICANT

CONTRACTOR'S LICENSE LAW CERTIFICATE  
(COMPLETE EITHER A OR B)  
A. THE APPLICANT IS LICENSED UNDER THE PROVISIONS OF THE CONTRACTORS LICENSE LAW UNDER LICENSE NUMBER 202640 WHICH LICENSE IS IN FULL FORCE AND EFFECT  
B. THE APPLICANT IS EXEMPT FROM THE PROVISIONS OF THE CONTRACTORS LICENSE LAW FOR THE FOLLOWING REASONS:  
1) OWNER/BUILDER   
2) OTHER (EXPLAIN)

WORKMEN'S COMPENSATION-CERTIFICATE  
(One or Two must be completed)  
1. A currently effective certificate of Workmen's Compensation Insurance coverage is on file with the Sonoma County Public Health Department.  
2. 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.  
Compensation Insurance Policy # \_\_\_\_\_  
is currently in force

APPLICANT: *Clarence Freeman*  
DATE: 6-17-87  
CONSTRUCTION APPROVED BY: *John Bannock*  
DATE: 1/28/88  
WHEN APPROVED THIS IS YOUR PERMIT

PHS EH 35 REV. 1/84

|         |         |
|---------|---------|
| DATE    | 9-13-89 |
| AMOUNT  | 84.00   |
| TOTAL   | 84.00   |
| PAID    | 0.00    |
| BALANCE | 84.00   |

needed for other work  
6-2-83

(St)<sup>2</sup>

STUBER-STROEH  
ASSOCIATES, INC.  
CONSULTING ENGINEERS & SURVEYORS  
780 DeLong Ave., Suite 7, Novato, CA 94945, 415-892-4763

DIV OF E.H.  
SEP 13 1989  
PUBLIC HEALTH DEPARTMENT

Date: September 11, 1989  
File: 431-011

County of Sonoma  
Public Health Dept.  
3313 Chanate Rd.  
Santa Rosa, CA 95405

Attn: Richard Lease

Subject: Final construction inspection "mound" septic  
system - 2380 Coast Hwy. 1 - Bodega Bay,  
Bodega Bay Marine Storage Facility

Dear Mr. Lease:

We have completed the final construction inspection on the  
above mound type of individual sewage disposal system  
including the "squirt" test and find all work complete as  
per the plans and specifications and to our satisfaction.  
The system is now ready for operation.

Yours very truly,

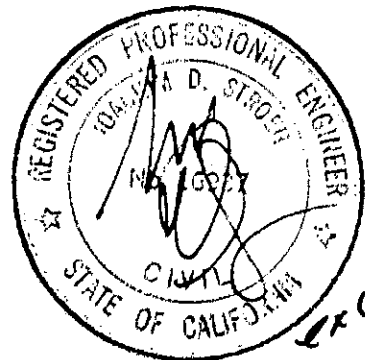
STUBER-STROEH ASSOCIATES, INC.



J. Dietrich Stroeh  
R.C.E. #16937

JDS:kaw

cc: Stephen E. Johnson  
16050 Wright Dr.  
Guerneville, CA 95446



ex 6/90



**APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT**

**APPLICATION FOR PUBLIC HEALTH CLEARANCE FOR:**

COUNTY OF SONOMA  
**PUBLIC HEALTH DEPARTMENT**  
 3313 CHANATE RD. • SANTA ROSA, CA 95404 • PHONE 527-2711

Application is hereby made to the Sonoma County Health Officer for a permit to construct or repair a sewage disposal system as described below in compliance with the code of Sonoma County or for clearance for other construction.

**APPLICANT: PLEASE PRESS HARD (USE BLACK INK). FILL IN BETWEEN HEAVY LINES ONLY AND SEE REVERSE SIDE FOR INSTRUCTIONS.**

|   |  |   |
|---|--|---|
| BLDG. PERMIT NO. <u>094-88</u> DATE ISSUED <u>1/29/88</u> | SDS PERMIT NO. <u>12988</u> DATE ISSUED <u>1/29/88</u> | CLEARANCE   |
| A   | S  | NEW   |
| JOB ADDRESS <u>2380 Coast Hwy. One</u>                    | OWNERS NAME <u>BARBARA BEYN INC.</u>                   | REPAIR  |
| NEAREST CROSS STREET <u>Bay Hill Rd.</u>                  | MAILING ADDRESS <u>P.O. Box 26</u>                     |   |
| ASSESSOR'S PARCEL NO. <u>100-220-17</u>                   | CITY <u>Barbara Bay</u> TELEPHONE                      |   |
| SUB DIVISION <u>N/A</u> LOT                               | INSTALLATION WILL SERVE:                               |   |
| CITY <u>Barbara Bay CA.</u>                               | <input checked="" type="checkbox"/> RESIDENCE          | <input type="checkbox"/> APARTMENT HOUSE                                    |
| SEWAGE DISPOSAL SYSTEM CONTRACTOR                         | <input type="checkbox"/> MOTEL                         | <input type="checkbox"/> COMMERCIAL   |
| ADDRESS   | <input type="checkbox"/> BUILDING CONST. NEW           | <input type="checkbox"/> MOBILE HOME  |
| GENERAL CONTRACTOR  | <input checked="" type="checkbox"/> OTHER              | <input type="checkbox"/> ADDN./ALTER  |
| TEL. NO.  | NO. OF UNITS:  | WATER SUPPLY:   |
|   | TOTAL NO. OF BEDROOMS: <u>2</u>                        | PUBLIC <input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/> |
|   |  | LOT SIZE: <u>11acres</u>  |

**TERMS OF PERMIT**

1. HEALTH DEPARTMENT SANITARIAN WILL BE NOTIFIED A MINIMUM OF 24 HOURS PRIOR TO COMMENCING WORK.

2. HEALTH DEPARTMENT SANITARIAN AND ENGINEER'S OR CONSULTING SANITARIAN'S INSPECTION, WHEN INDICATED, WILL BE OBTAINED PRIOR TO COVERING THE SYSTEM.

3. THE JOB CARD AND A COPY OF THE APPROVED SEWAGE DISPOSAL SYSTEM DESIGN SHALL BE AVAILABLE AT THE JOB SITE AT ALL TIMES.

4. ANY DEVIATION FROM APPROVED PLAN WITHOUT PRIOR APPROVAL OF THE HEALTH OFFICER WILL BE CAUSE FOR STOPPING WORK UNTIL THE CHANGES ARE FULLY JUSTIFIED AND APPROVED.

5. STRUCTURAL PLANS FOR THE SEPTIC TANK MUST BE SUBMITTED TO AND APPROVED BY THE BUILDING INSPECTION DEPARTMENT PRIOR TO INSTALLATION.

6. PRIOR TO AUTHORIZING OCCUPANCY OF ANY BUILDING WITH AN ENGINEER OR CONSULTING SANITARIAN DESIGNED SYSTEM, A SIGNED STATEMENT BY THE DESIGNER CERTIFYING THAT THE SYSTEM WAS INSTALLED IN COMPLIANCE WITH THE APPROVED PLAN MUST BE SUBMITTED TO THE PUBLIC HEALTH OFFICER.

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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 COUNTY OF SONOMA PUBLIC HEALTH DEPARTMENT AND THAT THE OWNER IS REQUIRED TO MAKE ANY REPAIRS NECESSARY TO CONFINE SEWAGE BELOW THE SURFACE OF THE GROUND.

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The undersigned applicant for private sewage disposal permit certifies as follows:

**CONTRACTOR'S LICENSE LAW CERTIFICATE**  
 (COMPLETE EITHER A OR B)

A. THE APPLICANT IS LICENSED UNDER THE PROVISIONS OF THE CONTRACTORS LICENSE LAW UNDER LICENSE NUMBER 282490 WHICH LICENSE IS IN FULL FORCE AND EFFECT.

B. THE APPLICANT IS EXEMPT FROM THE PROVISIONS OF THE CONTRACTORS LICENSE LAW FOR THE FOLLOWING REASONS:

1) OWNER/BUILDER

2) OTHER (EXPLAIN)

DATE 6-17-87 X

**WORKMEN'S COMPENSATION CERTIFICATE**  
 (One or Two must be completed)

1. A currently effective certificate of Workmen's Compensation Insurance coverage is on file with the Sonoma County Public Health Department.

Compensation Insurance Policy # \_\_\_\_\_  
 is currently in force.

2. 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.

DATE 6-17-87 X

SIGNATURE OF APPLICANT \_\_\_\_\_

APPLICANT

LAYOUT PLAN APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

CONSTRUCTION APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

**WHEN APPROVED THIS IS YOUR PERMIT**

PHS EH 35 REV. 1/84

DIST: 1) ORIG. HEALTH DEPT/ 2) HEALTH DEPT/ 3) PERMITTEE/ 4) BLDG. INSP. DEPT/ 5) BLDG. INSP. DEPT.

NOT TRANSFERABLE

0013420  
 SEP TANK  
 TITLANT  
 CHECKS  
 CHANGE  
 6.1.38 #2