

MIKE TREINEN, REHS
ONSITE WASTEWATER CONSULTANT
4910 HAYFIELD CT.
SANTA ROSA CA 95404-9550
707-526-0872
treinen@sonic.net

May 18, 2018

David & Donna Mc Fetridge, Owners
Doug Swanson, Sotheby's

Subject: Report of Findings in regard to an evaluation of the onsite wastewater treatment system at 6317 west Dry Creek, Healdsburg on May 16, 2018

Permit History

Sonoma County Permit and Resource Management Department (PRMD) septic system records for the above address were requested and reviewed. No original septic system permit was found. A septic system replacement permit was approved in 1990 for a two-bedroom home. The permit describes a new 1500 gallon septic tank and 200 feet of leach line. A copy of the permit and septic plan will be forwarded to you and are to be considered a part of this report.

Septic Tank

1. A 1500 gallon, two-compartment concrete septic tank was pumped by Vineyard Septic Service (477-0556). The tank is accessible by plastic risers and fiberglass lids at surface grade. The tank is located in landscaping at the rear of the home. The tank, risers and lids and plastic inlet and outlet baffles are in good condition.

Dispersal System / Leach Field

2. A hydraulic load test of 150+ gallons was done in the tank outlet pipe with excellent results.
3. Following the load test, there were no problems obvious with the leach field which is located approximately as shown on the plot plan.
4. There is an old abandoned, concrete culvert-lined dug well below the leach field which was not shown on the septic plans. It is closer to the leach lines than standards would allow.

Replacement Area

5. There is area for additional leach lines on this larger parcel. Currently, replacement line would be by pumping to higher elevations. If the abandoned well is destroyed under permit, there would be space for some leach line replacement by gravity. Pending new regulations may require a more advanced system if replacement is needed.
6. Care should be taken so as not to disrupt any of the *existing* dispersal field or possible replacement area with construction, drainage, extensive plantings or traffic without discussing these or similar issues with a qualified consultant.

System Evaluation

7. The system is working at this time and appears to be functionally sized. It should have reasonable remaining lifespan when maintained as suggested in the *Recommendations* section below. At this time, it is my opinion that the system should be rated at least Class 3 for remodeling purposes with the destruction (filling) of the abandoned well. PRMD normally requires a current floor plan and full site plan. Pending regulation changes may eventually affect this finding.

Recommendations / Comments

- A. Regular pumping is important to the long-term health of the system. With full time use by 2-4 people, it is recommended that the septic tank be pumped regularly every 4-6 years as a starting point. This time interval may be increased or decreased if use is heavier or lighter than described. Sewage flow can be substantially reduced, and system lifespan extended, through the use of low flow toilets, showerheads and dishwashers, as well as faucet aerators and a front loading laundry machine. Liquid detergent is suggested. If bactericidal pharmaceuticals are used long term by the occupants, the septic tank will need more frequent pumping. Note septic tank additives are generally not needed for proper septic system function.
- B. It is also important that grease and oils be placed in cans or jars and disposed of in the home's solid waste container and *not* drained into the septic tank as it can lead to premature clogging of the leach field lines.
- C. Note that, where applicable, a *laundry-only* subsurface graywater system may be installed or used without permits; however, there are specific standards which I could discuss with you if desired.
- D. For any appreciable remodeling, the County will request the well be destroyed under permit.

No warranty or guaranty is given or implied regarding the future function of the sewage system.

Should you need further information regarding this report, please contact me at 707-526-0872.

Respectfully,



Mike Treinen,
California Registered Environmental Health Specialist # 3826



Mike Treinen Consulting

Findings Report Agreement

Property Address: 6317 W Dry Creek City: Healdsburg

Assessors Parcel Number: 090 010 015 Property Owner: —

Report Ordered by: Doug Swanson Company: So the by's

Terms: Net cash/check in the amount of \$425 payable at the time of the inspection. Any excavation necessary to uncover the tank(s) will be charged an additional @\$80/hour.

PAID ✓ 3251

A septic system is a subsurface, onsite sewage treatment and disposal system. It is a complex network that may be affected by the amount of sewage flow, system age, soil type, weather, and other site and use characteristics. The system is composed of a septic tank and disposal area, and may include a sump and pump, pre-treatment unit, distribution boxes, valves and / or monitoring wells. The findings of this report will be based on a visual surface inspection of the disposal area and the portions of the tank and system that are exposed at the time of the inspection.

For the benefit of a quality inspection, it is strongly recommended that any septic and sump tank(s) be uncovered and pumped immediately prior to or during the inspection. The individual requesting the inspection acknowledges that the Inspector, Mike Treinen, is not responsible or liable for finding defects, leaks, improperly installed equipment, or other potential problems for any of the components of the system that are not uncovered and available for visual inspection.

It is expressly understood and agreed that if there is a material error or omission in the inspection report, the sole remedy of the individual requesting the report, or any other person relying on the report, is a refund of the cost of the inspection report.

The inspection will culminate in a written report by the Inspector. The report, while detailing the findings of a visual inspection, is not a warranty or guaranty by the Inspector that the system is operating properly or is free from all defects or leaks. The observations, conclusions and recommendations contained in the report will be made using the degree of care and skill customarily performed under such conditions by reputable consultants practicing in the field. The report is prepared for your exclusive use and is based upon your particular concerns and requests. It may not be relied upon by others without the express written permission of the undersigned.

Signed: David A. McFetters
Name of Requestor Check one → Agent Buyer Owner

Date: 5/16/18

Signed: Mike Treinen
Mike Treinen,
Registered Environmental Health Specialist #3826
707-526-0872
Treinen@sonic.net

Date: 5/16/18

dauid@mcfet.com

Call Jane Conely - 433-4740 when ready
 left message on machine 11-29-90

COUNTY OF SONOMA
 PUBLIC HEALTH DEPARTMENT
 3113 CHAMBER RD. • SANTA ROSA, CA 95404 • PHONE 527-2111

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 PRINT NAME, ADDRESS, PHONE NO., AND SIGNATURE IN RED INK. HEAVY INK ONLY AND SEE REVERSE SIDE FOR INSTRUCTIONS.

APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT APPLICATION FOR PUBLIC HEALTH CLEARANCE FOR:

APPLICANT'S NAME: W. Dry Cox
 ADDRESS: 6317 W. Dry Cox
 CITY: Westside
 NEAREST CROSS STREET: W. Dry Cox
 ASSESSOR'S PARCEL NO.: _____
 SUB DIVISION: _____ LOT: _____ BLK: _____
 SEWAGE DISPOSAL SYSTEM CONTRACTOR: Jane Conely
 ADDRESS: 229 Balhachor TEL: 433-4740
 GENERAL CONTRACTOR: Conely, Jane

OWNERS NAME: Robert Brower
 MAILING ADDRESS: 6317 W. Dry Cox
 CITY: Headlandsburg TELEPHONE: 433-8187
 INSTALLATION WILL SERVE:
 RESIDENCE APARTMENT HOUSE COMMERCIAL MOBILE HOME
 MOTEL OTHER BUILDING CONST. NEW ADON/ALTER

NO. OF TOTAL NO. OF BEDROOMS: _____
 WATER SUPPLY: PBLG PUBLG PRIVATE
 LOT SIZE: _____
 X

TERMS OF PERMIT

APPLICANT AGREES THAT:
 1. HEALTH DEPARTMENT SANITARIAN WILL BE NOTIFIED A MINIMUM OF 24 HOURS PRIOR TO COMMENCING WORK.
 2. HEALTH DEPARTMENT SANITARIAN AND ENGINEERS 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 PLAN MUST BE SUBMITTED TO THE PUBLIC HEALTH OFFICER.
 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.
 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 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.

CONTRACTOR'S LICENSE LAW CERTIFICATE

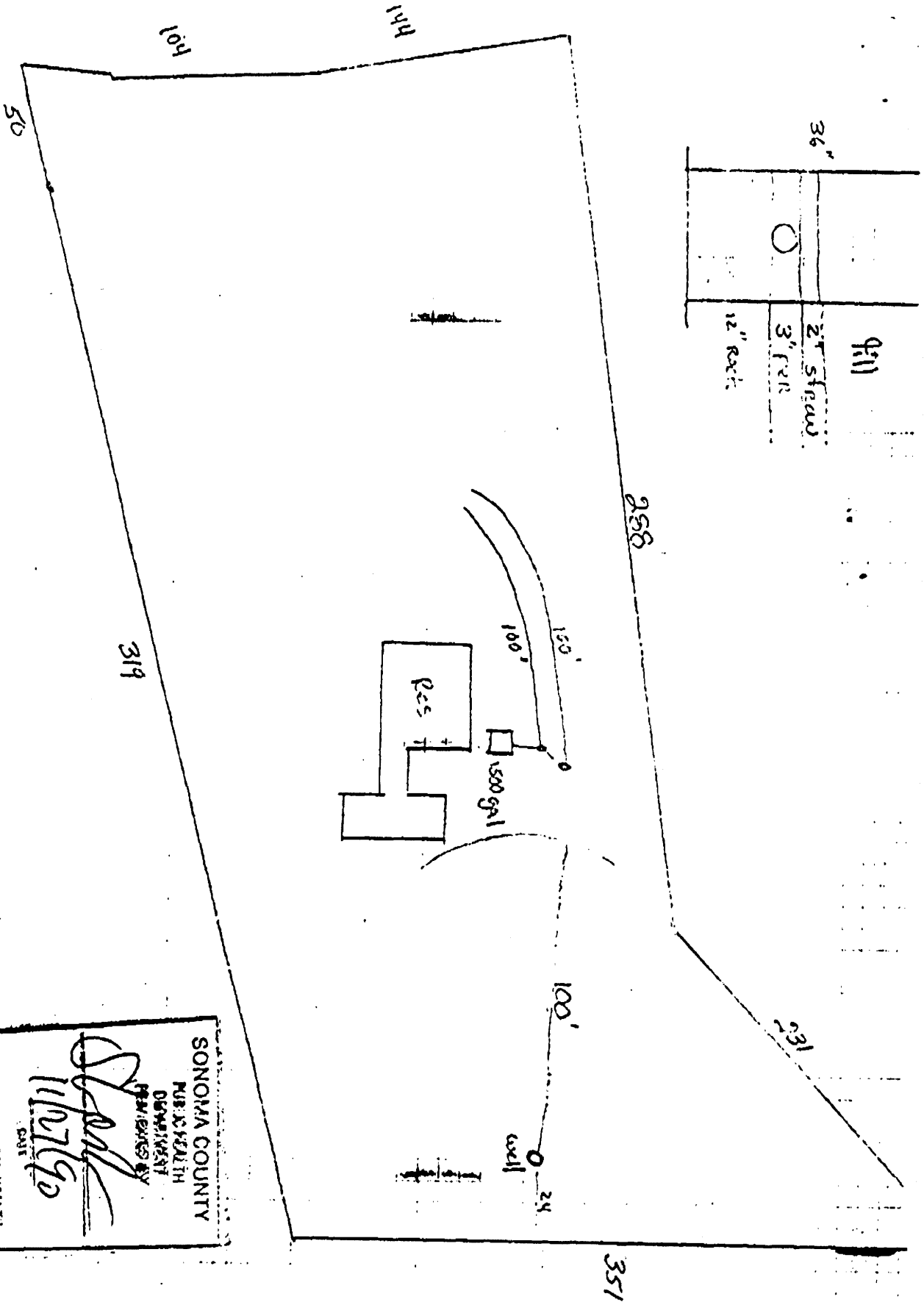
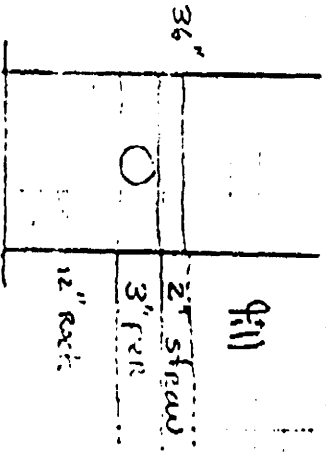
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THE INSTRUCTIONS ON THE REVERSE SIDE AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING CONSTRUCTION OF PRIVATE SEWAGE DISPOSAL SYSTEMS. THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK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

WORKMENS COMPENSATION CERTIFICATE

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.

APPLICANT: Jane Conely
 DATE: 11/29/90
 WHEN APPROVED THIS IS YOUR PERMIT

0013426
 SEP. TANK
 TILFANT
 CHECKS
 OWERS
 73.58 H2



SONOMA COUNTY
 PUBLIC HEALTH
 DEPARTMENT
 PERMITS BY
Stark
 110790
 DATE
 SUPERVISOR/ILLUSTRATOR

COUNTY OF SONOMA
PUBLIC HEALTH DEPARTMENT
1000 CENTER DR. SUITE A • SANTA ROSA, CA 95403-2007 • PHONE 525-4500

91-0783
UL

APPLICATION FOR PRIVATE
SEWAGE DISPOSAL PERMIT

APPLICATION FOR PUBLIC
HEALTH CLEARANCE FOR:

Applicant 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 PRINT NAME, FULL IN BETWEEN HEAVY LINES ONLY AND SET REVERSE SIDE FOR INSTRUCTIONS.

This permit application must be signed on all 3 signature lines by the same person (i.e., contractor or owner/builder). A letter of authorization from owner must accompany this application if agent is acting on owner's behalf.
BLOG PERMIT NO. _____
SOS PERMIT NO. _____
DATE ISSUED _____
CLEARANCE _____

NEW
2nd floor
to hook-up
w/ existing s.d.s. to new

JOB ADDRESS: 6317 West Dry Creek Road

NEAREST CROSS STREET: Lambert Bridge Rd.

ASSESSOR'S PARCEL NO.: 090.010.15

SUB DIVISION: _____ LOT: _____ BUX: _____

CITY: Healdsburg CA 95448

SEWAGE DISPOSAL SYSTEM CONTRACTOR: _____

ADDRESS: _____ TEL NO: _____

GENERAL CONTRACTOR: _____

OWNERS NAME: Bob and Diane Brewer
MAILING ADDRESS: 6317 West Dry Creek Road
CITY: Healdsburg CA TELEPHONE: 433-2187
INSTALLATION WILL SERVE:
RESIDENCE APARTMENT HOUSE COMMERCIAL MOBILE HOME
MOTEL OTHER BUILDING CONST NEW ADDN/ALTER

TERMS OF PERMIT

NO. OF TOTAL NO. OF BEDROOMS: 2 WATER SUPPLY: PUBLIC PRIVATE LOT SIZE: ~ 370' x 250'

APPLICANT AGREES THAT:

- HEALTH DEPARTMENT SANITARIAN WILL BE NOTIFIED A MINIMUM OF 24 HOURS PRIOR TO COMMENCING WORK.
- HEALTH DEPARTMENT SANITARIAN AND ENGINEERS OR CONSULTING SANITARIAN'S INSPECTION, WHEN INDICATED, WILL BE OBTAINED PRIOR TO COVERING THE SYSTEM.
- THE JOB CARD AND A COPY OF THE APPROVED SEWAGE DISPOSAL SYSTEM DESIGN SHALL BE AVAILABLE AT THE JOB SITE AT ALL TIMES.
- 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.
- STRUCTURAL PLANS FOR THE SEPTIC TANK MUST BE SUBMITTED TO AND APPROVED BY THE BUILDING INSPECTION DEPARTMENT PRIOR TO INSTALLATION.
- 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.
- 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 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.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THE INSTRUCTIONS ON THE REVERSE SIDE AND STATE THAT THE ABOVE IS CORRECT AND COMPLETE INFORMATION AND THAT I AM NOT PROVIDING ANY INFORMATION THAT IS FALSE OR MISLEADING. THIS PERMIT SHALL EXPIRE BY MAR 12 1991 WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING CONSTRUCTION OF PRIVATE SEWAGE DISPOSAL SYSTEMS. THIS PERMIT SHALL EXPIRE BY MAR 12 1991 UNLESS OTHERWISE AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS.

CONTRACTOR'S LICENSE LAW CERTIFICATE

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

COMPLETE EITHER A OR B)
A. THE APPLICANT IS LICENSED UNDER THE PROVISIONS OF THE CONTRACTORS LICENSE LAW UNDER LICENSE NUMBER _____

B. THE APPLICANT IS EXEMPT FROM THE PROVISIONS OF THE CONTRACTORS LICENSE LAW FOR THE FOLLOWING REASONS:
1) OWNER/BUILDER
2) OTHER (EXPLAIN) _____

SONOMA COUNTY
WHICH LICENSE IS IN FULL FORCE AND EFFECT

DATE: _____ APPLICANT: _____

LAYOUT PLAN APPROVED BY: _____ DATE: 3/12/91

ENVIRONMENTAL HEALTH WHEN APPROVED THIS IS YOUR PERMIT

WORKMENS 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: _____ APPLICANT: _____

CONSTRUCTION APPROVED BY: _____ DATE: _____

ENVIRONMENTAL HEALTH

NOT TRANSFERABLE