

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT SEWAGE DISPOSAL SYSTEM VESTING CERTIFICATE

Name: Rodney Mowray
Address: 5291 Sonoma Mtn Rd
APN: 049-030-016
Permit No: VES17-0028

The above site has been reviewed and found to be in compliance with State and County sewage disposal system regulations. This approval will remain valid for the time period noted below. However, new statewide regulations went into effect January 1st, 2004. This certificate or portions thereof may become invalid due to the effect of these Statewide Regulations.

Pursuant to Sonoma County Code § 24-56:

- (Y) 1. A private sewage disposal system permit will be issued for the approved sewage disposal system will be issued if proper application is made and fees are paid prior to December 22, 2020 (three years from date of issuance).
- (N) 2. A clearance to connect to the existing septic system will be approved if proper application is made and fees are paid to prior to (two years from date of issuance).
- (N) 3 Proof of water yield per Sonoma County Code § 7-12 is required for permit issuance.
- (N) 4. Provide letter authorizing connection to water system.

This certificate will expire and becomes null and void if proper application for a private sewage disposal permit (box 1 above) or for clearance (box 2 above) isn't made within the specified time period. The site will be subject to all regulations in effect upon expiration of a certificate.

This certificate may be revoked for causes specified in Sonoma County Code § 24-57.

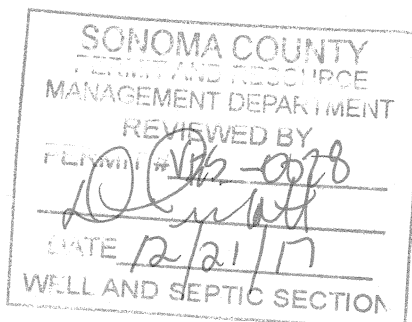
Date of certificate issuance:

System type(s): Drip

Approved number of bedrooms: Five

Approved by:

(Not valid without Department stamp in space at right)



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of SONOMA)

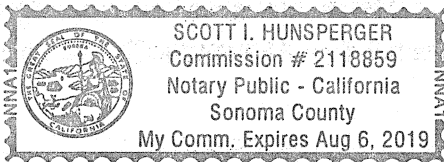
On December 21, 2017 before me, SCOTT I. HUNSPERGER, NOTARY PUBLIC,
Date Here Insert Name and Title of the Officer

personally appeared DARLA PIMLOTT
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (is/are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Scott I. Hunspurger
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

Request for Well and Septic Service

WLS-006

PURPOSE: This form is used to request a paid service from the Well & Septic Division of the Permit and Resource Management Department (PRMD) related to an existing or proposed septic system. A permit application may be required following the requested service.

Date of Request

Site Address

City/Town

Applicant Name

Mailing Address

Day Phone

SEV Number

Cross Street

Assessor's Parcel Number

Property Owner's Name

Mailing Address

Day Phone

Service Requested:

DO NOT WRITE BELOW THIS LINE - To Be Completed by PRMD Staff

Code Enforcement Violation

Yes ☐ No ☐

Violation #

Status

Staff Comments/Notations

Staff Signature

Date Completed

Sonoma County Permit and Resource Management Department
2550 Ventura Avenue ♦ Santa Rosa, CA ♦ 95403-2829 ♦ (707) 565-1900 ♦ Fax (707) 565-1399