


## Memorandum

To: County of Santa Barbara Building Development Div  
Building Permit Number:

From: Dana Solum   
Environmental Health Services

Date: March 11, 2009

Subject: 15000 Calle Real

---

Property Owner: Richard and Anne-Marie Simon  
Property Location: 15000 Calle Real, Goleta, CA 93117  
Mailing Address: 2960 S. Kihei Road  
Kihei, HI 96753  
APN: 081-150-028  
Permits: Onsite Sewage Treatment System permit # ON0017614  
Single Parcel Water System permit # SR0104128

Plans relating to the above subject location have been reviewed by the Environmental Health Services Division and approval has been granted for the onsite sewage treatment system for the primary residence and the guest house. Approval has also been granted for the single parcel water system for this property. This division has no objections to the issuance of building permits for the parcel. The applicant has been directed to obtain the appropriate permits from your department. Should you have any questions, please contact me at 696-1134.

SANTA BARBARA COUNTY • ENVIRONMENTAL HEALTH SERVICES

Single Parcel Water System Permit Application

Permit # 104128

<p>1. Property Owner: <u>RICHARD + ANNE-MARIE SIMON</u></p> <p>Mailing Address: <u>2960 S. KIHEI RD. #601</u> <u>KIHEI HI 96753</u></p> <p>City State Zip</p>	<p>2. Project Location: Assessor's Parcel # <u>081-150-028</u></p> <p>Street Address: <u>15000 CALLE REAL</u> <u>GOLETA CA 93117</u></p> <p>City / Post Office State Zip</p>
<p>3. Number of Existing Water Connections: <u>0</u> Number of New Water Connections: <u>1+1</u></p> <p>Type of New Water Connection(s): _____</p> <p><input type="checkbox"/> Commercial Building <input checked="" type="checkbox"/> Single Family Residence <input type="checkbox"/> Mobile Home <input checked="" type="checkbox"/> Additional Dwelling Unit</p>	<p>4. Water Source Location: <input checked="" type="checkbox"/> On Project Property <input type="checkbox"/> Off-Site</p> <p>(Assessor's Parcel # _____)</p>
<p>5. Water System Source: <input checked="" type="checkbox"/> Well <input type="checkbox"/> Horizontal Well <input type="checkbox"/> Spring <input type="checkbox"/> Creek / Stream</p> <p>If the source is a well, please complete the attached schematic diagram. If the source is a spring, horizontal well or creek/stream, attach appropriate schematic.</p>	<p>6. Well Data: Date Drilled: <u>12/12/00</u> Well Permit # <u>SR 0101890</u></p> <p>7. Type of Permit: <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Modification</p>
<p>8. Other Water Source: <input type="checkbox"/> Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> None</p>	<p>9. Proof of Ownership <input checked="" type="checkbox"/> Copy of Grant Deed (please attach) <input checked="" type="checkbox"/> Exclusive Ownership (Page 4 of this application) <input type="checkbox"/> Easement Rights</p>
<p>10. Source Yield / Pump Test Report: (From test completed in last 5 years)</p> <p>Gallons Per Minute: <u>12 gpm</u> (Attach Pump Test Report)</p>	<p>11. Water Quality Chemical Analysis: (From test completed in last 3 years)</p> <p><input checked="" type="checkbox"/> No treatment required <input type="checkbox"/> Treatment required (Attach analysis &amp; indicate treatment equipment on schematic. Treatment form &amp; equipment specifications are required.)</p>

12. Certification of Applicant(s)  
In accordance with the requirements of County Ordinance, I (we) do hereby make application for a permit to construct an Single Parcel Water System and certify that the above information is true and correct.

Signed Richard A. Simon / Anne-Marie Simon RICHARD A. SIMON - ANNE-MARIE SIMON Date: 11/23/05  
(Print Name)

APPLICATION DISPOSITION:  Approved  Denied

Signed [Signature] Environmental Health Specialist Date: 3-11-2009

When approved by an authorized representative of Environmental Health Services, this application shall become a Permit to Construct a Single Parcel Water System. Approval, when granted, is based entirely on the review of information submitted by the applicant and is not a guarantee as to the future quality or quantity of water which will be provided by the water system. Permits are valid for three years from date of issuance. Permits are not transferable unless the new property owner makes proper application.

\$ 1,175.00 fee paid on 11/30/05

By [Signature]

Receipt # 1841915 CR # 8696

Complete application accepted for processing:  
By \_\_\_\_\_  
Date \_\_\_\_\_

- Prior to Occupancy:
1. Disinfect and flush the completed water system.
  2. Call Environmental Health Services for final inspection and bacteriological sampling.
  3. Submit a chemical analysis of treated water (if treatment is required).
  4. Obtain written occupancy clearance from Environmental Health Services and the Building and Safety Division.

**ONSITE SEWAGE TREATMENT SYSTEM PERMIT APPLICATION**

(Please check the appropriate box(es) below)

<input type="checkbox"/>	This application is to correct deficiency(ies) identified during an inspection of the onsite sewage treatment system. Date of inspection (if available): _____ Copy of Septic Tank Inspection Report attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/>	Onsite Sewage Treatment System \$600 (4 hrs.) * [4211] New septic tank, disposal field and related equipment and appurtenance
<input type="checkbox"/>	Graywater System \$100 (ea. hr.) [4280] Disposal system for untreated domestic wastewater (no contact with kitchen or toilet waste)
<b>ATTACHMENTS REQUIRED</b>	
<input checked="" type="checkbox"/>	(2) Copies of soil engineering report signed by a Registered Civil or Soils Engineer.
<input checked="" type="checkbox"/>	(2) Copies of the building floor plan of the structure(s).
<input checked="" type="checkbox"/>	(3) Copies of plot plan with sewage disposal system dimensions (stamped and signed by an Engineer)
<input type="checkbox"/>	Repair \$135 (1.5 hrs.) * [4215] <input type="checkbox"/> Replace septic tank <input type="checkbox"/> Replace disposal field <input type="checkbox"/> Fill Hollow Seepage Pit with rock
<input type="checkbox"/>	Modification \$300 (2 hrs.) * [4216] <input type="checkbox"/> Increased capacity <input type="checkbox"/> Change design of an existing system
<input type="checkbox"/>	Abandonment \$225 (1.5 hrs.) * [4217] Complete 1-6, 10 and skip-to back page <input type="checkbox"/> Septic Tank (connecting to public sewer/ demolition) <input type="checkbox"/> Hollow Seepage Pit <input type="checkbox"/> Cesspool <input type="checkbox"/> Drywell <input type="checkbox"/> Leaching Chamber

\* An hourly rate fee of \$100 will be added for those projects that require staff time in excess of that noted above. Final project approval will not be issued until all fees are paid.

1. Applicant:  Owner  Contractor  Authorized Agent Name: AGITA Phone ( ) -

2. Owner's Name RICHARD & ANNE-MARIE SIMON

3. Mailing Address 2960 S. KIHAI RD. KIHAI HI 96753  
 Street Number Street Direction Street Name City/Town Zip Code

4. Telephone No. (808) 280-0720 (808) 875-9794 FAX or E-Mail Address (808) 374-5094 SIMON@maui.net

5. Job location 15000 CALLE REAL GOLETA CA  
 Street Number Street Direction Street Name City/Town Zip Code

6. Lot Size 47.7 sq. ft. (acres) Assessor's Parcel Number 81-150-28

7. Type of Structure:  
 Residential: Number of Bedrooms: 4+2  Primary Residence  Residential Second Unit  Guest House  
 Office/Barn/Shop/Artist Studio/Pool Cabana

Non-Residential:  Commercial (retail, wine tasting, etc.)  Industrial (including wineries)  Institutional (schools)  
 Peak Daily Wastewater Flow \_\_\_\_\_ gallons per day (from Table K-3 of UPC - attach calculations)  
 Number of Plumbing Fixture Units (from Table 7-3 of UPC): \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Total Number of Persons Using Disposal System: \_\_\_\_\_

8. Water Source:  Public: Name of water company/district \_\_\_\_\_  
 Private: On-site source \_\_\_\_\_ Off-site \_\_\_\_\_

9. Type of System:  Leach Line (including chambers)  Drywell  Alternative System  Advanced Treatment

10. Location of System on Site:  Side of Structure  Front of Structure  Rear of Structure  
 Number of other septic systems on site: 0 Location:  Side of Structure  Front of Structure  Rear of Structure

11. Septic Tank: Manufacturer Mid-State Model # 32000LP  
 Material Concrete Capacity 2000 gallons

12. Distance from springs, lakes, ocean water or drainage courses (within 300 feet): NA  
 Septic Tank \_\_\_\_\_ feet Disposal Field \_\_\_\_\_ feet

13. Distance from nearest water well (within 300 feet): Septic Tank \_\_\_\_\_ feet Disposal Field \_\_\_\_\_ feet

14. Surface slope at disposal field \_\_\_\_\_ percent and within 100 feet \_\_\_\_\_ percent

15. Leach Line Installation:  
 Length of each trench \_\_\_\_\_ feet Number of trenches \_\_\_\_\_  
 Width of trench \_\_\_\_\_ inches Depth of each trench \_\_\_\_\_

16. **Drywell installation:** (requires Environmental Health Service's concurrence on finding of leach line infeasibility)

Number of pits 3 Diameter of each pit 4', 4', 5' feet Depth of each pit 30', 30', 29' feet

**LEGAL DECLARATION** (Section 'A' or 'B' must be completed prior to the issuance of a permit)

**A. LICENSED CONTRACTOR DECLARATION**

I hereby affirm that I am licensed under the Chapter 9 (commencing with Sec. 7000) of Division 3 of the Business and Professions Code (B. & P.C.), and my license is in full force and effect.

Mike McLellan  
Print Contractor's Name

Signature of Contractor

Date

Lic. No.: 454579 Class:  C-36  C-42  A  B (new construction only) Office Telephone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Name: McLellans Equipment Address \_\_\_\_\_

**B. OWNER-BUILDING DECLARATION**

I hereby affirm that I am exempt from the Contractors' State License Law for the following reason:

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale. (Sec. 7044, B. & P. C.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. (Sec. 7044 B.&P.C.)

I am exempt under Sec. \_\_\_\_\_, B. & P.C. for this reasons. \_\_\_\_\_

RICHARD A. SIMON, M.D. + ANNE-MARIE SIMON  
Print Owner/Builder's Name

Richard A. Simon - Anne Marie Simon  
Signature of Owner/Builder

10/20/05  
Date

**C. WORKERS' COMPENSATION DECLARATION** (Section 'C' or 'D', and 'E' must be completed prior to issuance of a permit)

I hereby affirm one of the following:

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

I certify that, in the performance of the work for this permit is issued, I shall not employ any person in any manner, so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**D. CERTIFICATION OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE**

I certify that in the performance of work for which this permit is issued, I shall not employ any person in an manner so as to become subject to the Worker's Compensation Laws of California.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Notice to Applicant: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

**E. CONSTRUCTION LENDING AGENCY**

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lenders Name \_\_\_\_\_ Lenders Address \_\_\_\_\_

When approved by Environmental Health Services, this application shall be deemed a permit for the work described. Please note permits (such as electrical installation, waste discharge requirements, land use clearance, grading) may also be required from other agencies. THIS PERMIT BECOMES NULL AND VOID if work or construction authorized is not commenced within one year from date of approval, or work is suspended or abandoned for a period of 180 days any time after work is commenced. No changes from the approved plan are permitted without prior written approval by Environmental Health Services.

I certify that I have read this application and declare under penalty of perjury that the information contained herein is true, correct and complete. I agree to comply with all county ordinances and state laws relating to building, development and construction. I hereby authorize representatives of Santa Barbara County to enter the premises for the purpose of inspecting the work described herein for compliance with county requirements.

NOTICE: After permit approval and prior to covering any system components, an inspection must be schedule directly with the Environmental Health Specialist. Inspection appointments require advance notice of two full business days.

RICHARD A. SIMON, M.D. + ANNE-MARIE SIMON  
Print Name of Applicant

Richard A. Simon + Anne Marie Simon  
Signature of Applicant

10/20/05  
Date

**FOR DEPARTMENT USE ONLY**

District No.: 1841808

Fixed Fee: Rec'd by: Y Kim Date Rec'd: 10/24/05 Amt. Rec'd: \$ 600.00 Check No.: 8587 Receipt No.: \_\_\_\_\_

Hourly Billing: Applicant notified of amount due by Plan Checker (Initials): \_\_\_\_\_ Date: \_\_\_\_\_

Rec'd by: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Amt. Rec'd: \$ \_\_\_\_\_ Check No.: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

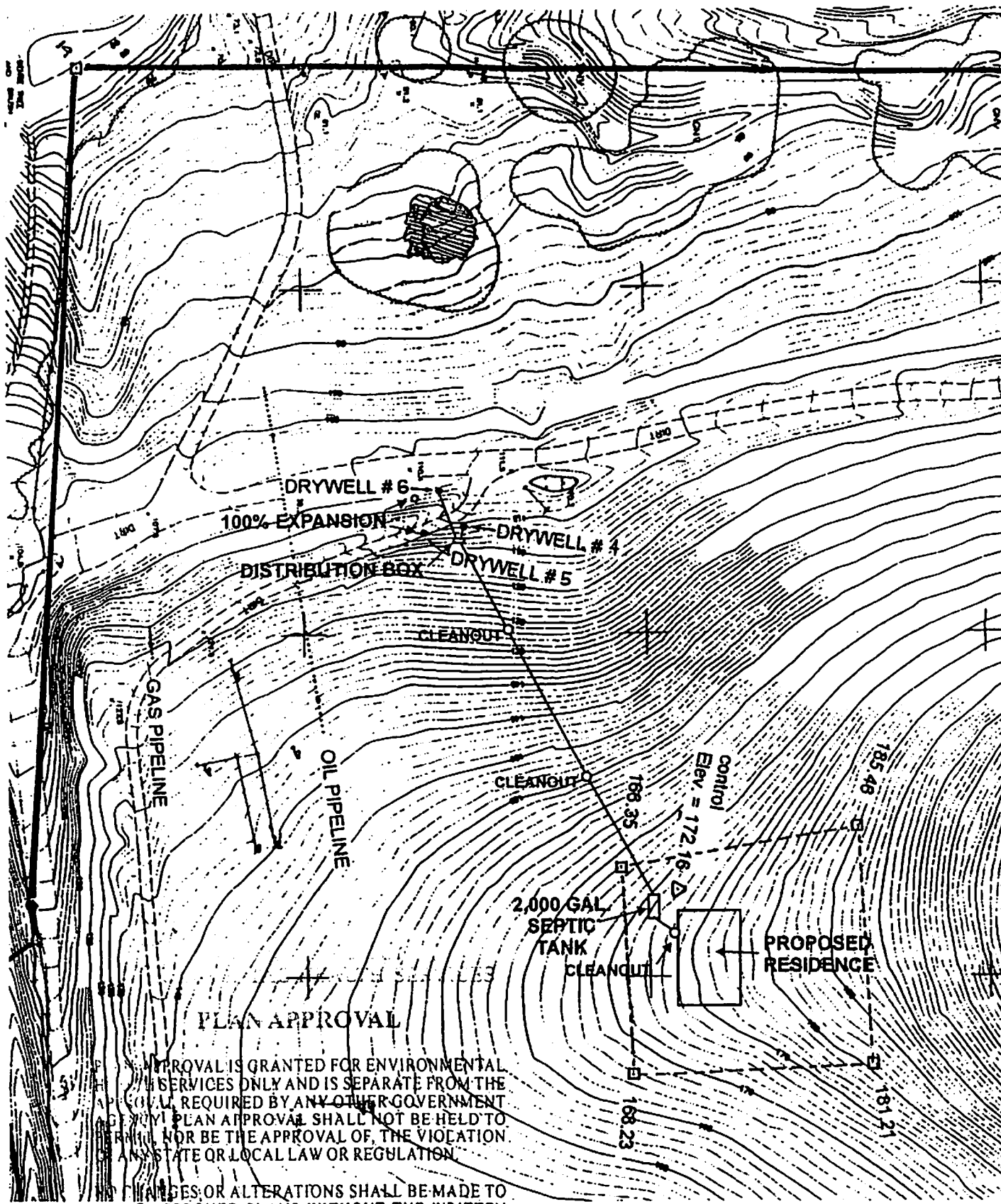
Date plans received (1) \_\_\_\_\_ (2) \_\_\_\_\_ Date plans resubmitted (1) \_\_\_\_\_ (2) \_\_\_\_\_

Application:  Approved  Denied By Donna Salum Date 3-11-2009

Permit Conditions: Recontact this dept w/ 48 hour notice for final inspection prior to

Final Construction Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Final Clearance by: \_\_\_\_\_ Date \_\_\_\_\_



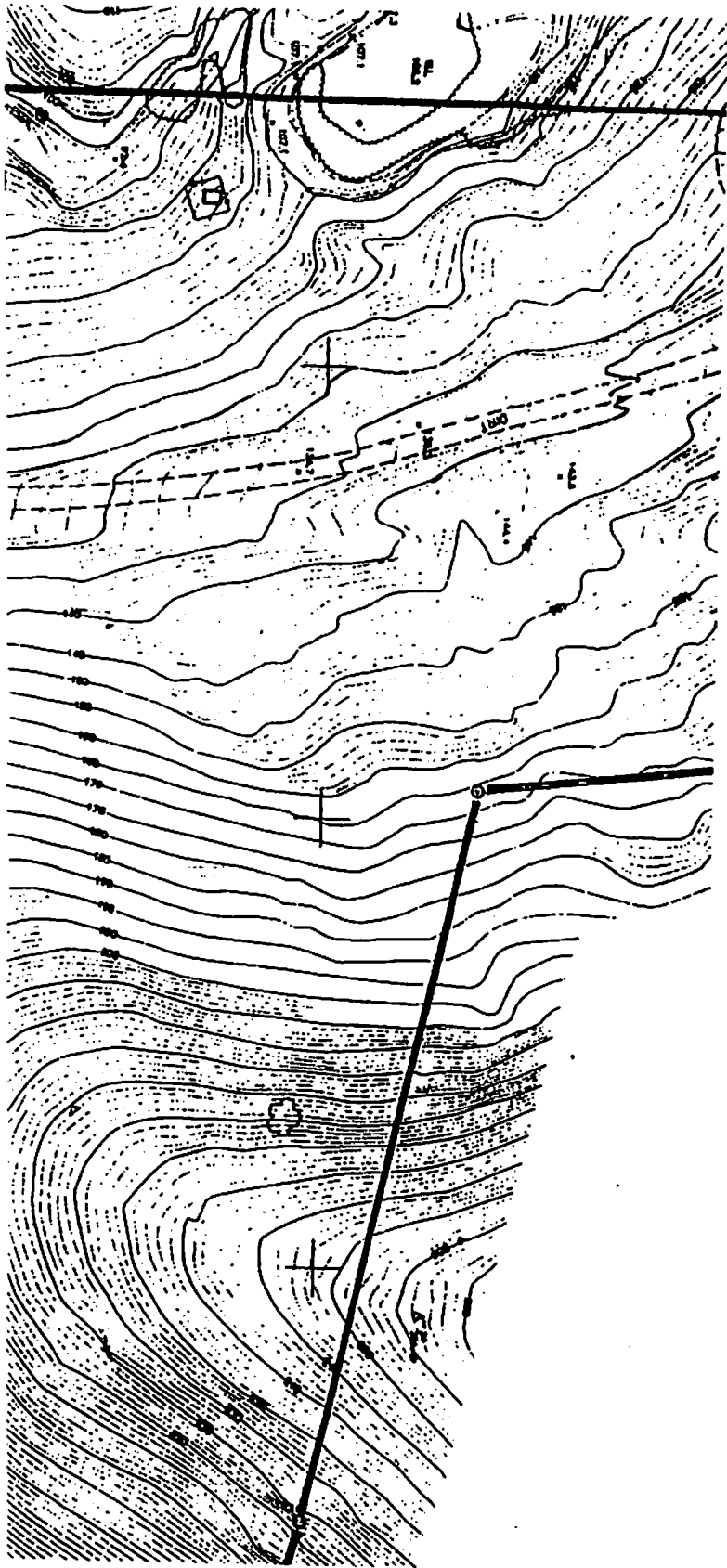
**PLAN APPROVAL**

APPROVAL IS GRANTED FOR ENVIRONMENTAL SERVICES ONLY AND IS SEPARATE FROM THE APPROVAL REQUIRED BY ANY OTHER GOVERNMENT AGENCY. PLAN APPROVAL SHALL NOT BE HELD TO BE THE APPROVAL OF, THE VIOLATION OF, OR A STATE OR LOCAL LAW OR REGULATION.

CHANGES OR ALTERATIONS SHALL BE MADE TO THE APPROVED PLANS WITHOUT THE WRITTEN PERMISSION OF ENVIRONMENTAL HEALTH SERVICES.

BY: *Dana Solum* DATE: *3-11-2009*  
 WITH CORRECTIONS, CONDITIONS, CLARIFICATIONS OR SHEETS *Septic Supplement*

THIS PLAN APPROVAL EXPIRES IN ONE YEAR. IT IS APPROVED BY ENVIRONMENTAL HEALTH SERVICES. MUST BE KEPT ON THE PROPERTY.



RECEIVED

NOV 16 2005

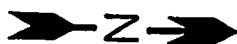
ENVIRONMENTAL HEALTH  
SERVICES



1-28-05  
11-9-05

# SITE PLAN

15000 Calle Real  
Gaviota, California



Scale: 1" = 80'

Plate 1

Lab No: 62099-2

File No: 04-10738-2

January 12, 2005