

Santa Barbara County
PUBLIC Health
DEPARTMENT



Environmental Health Services

225 Camino del Remedio ♦ Santa Barbara, CA 93110
805/681-4900 ♦ FAX 805/681-4901

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Anne M. Fearon *Deputy Director*
Suzanne Jacobson, CPA *Chief Financial Officer*
Susan Klein-Rothschild, MSW *Deputy Director*
Elizabeth Snyder, MHA *Deputy Director*
Peter Hasler, MD *Medical Director*

2125 S. Centerpointe Pkwy. #333 ♦ Santa Maria, CA 93455-1340
805/346-8460 ♦ FAX 805/346-8485

Lawrence Fay *Director of Environmental Health*

July 9, 2014

Mr. Richard Simon
301 Pualoa Nani Pl.
Kihei, HI. 96753

Dear Mr. Simon:

RE: Onsite Wastewater Treatment System Permit # 0017614

Environmental Health Services (EHS) received an application on October 20, 2005 for a permit to construct an Onsite Wastewater Treatment System on the parcel located at 15000 Calle Real, Goleta. The permit was approved on March 11, 2009 and was valid for a period of one year.

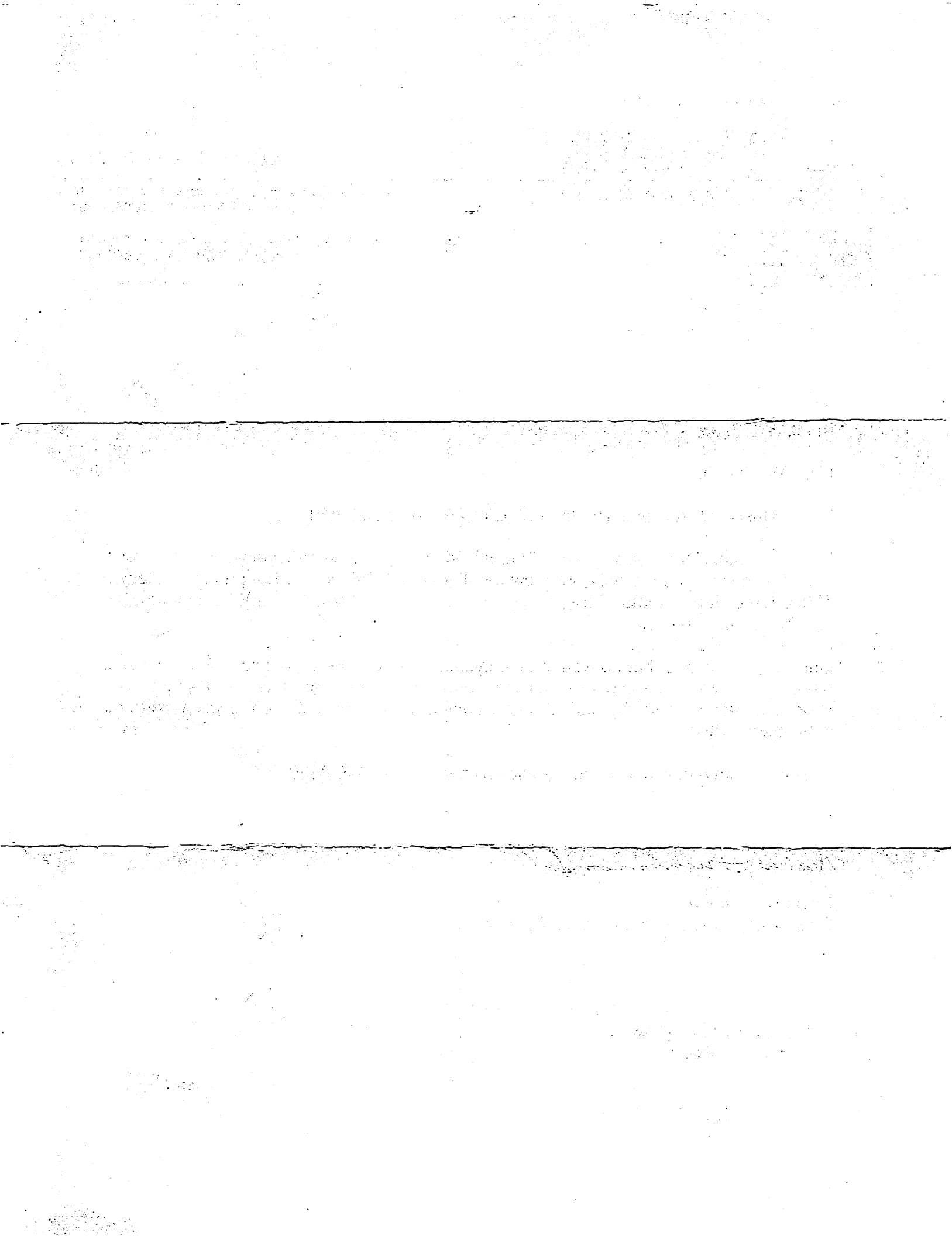
Our records indicate that no work on the system has been initiated since the permit was issued. Therefore, be advised that the permit has been inactivated and should you choose to proceed with the project a new application and associated fee will have to be submitted to EHS.

Should you have any questions, please call my office at 346-8460.

Sincerely,

A handwritten signature in blue ink that reads "David Brummond".

David Brummond
Supervising Environmental Health Specialist



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)
ATTACHMENTS REQUIRED	
<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.

- Applicant: Owner Contractor Authorized Agent Name: AKITA Phone () -
- Owner's Name RICHARD + ANNE-MARIE SIMON
- Mailing Address 2960 S. KIHAI RD. KIHAI HT 96753
 Street Number Street Direction Street Name City/Town Zip Code
- Telephone No. (805) 280-0720 (805) 875-9794 FAX or E-Mail Address (805) 874-5094 SIMON@MAIL.MI
- Job location 15000 CALLE REAL GOLETA CA
 Street Number Street Direction Street Name City/Town Zip Code
- Lot Size 47.7 sq. ft. (acres) Assessor's Parcel Number 81-150-28
- Type of Structure:
Residential: Number of Bedrooms: 4+2 ¹ Primary Residence ² Residential Second Unit ⁶ Guest House
 ^A Office/Barn/Shop/Artist Studio/Pool Cabana
Non-Residential: ³ Commercial (retail, wine tasting, etc.) ⁴ Industrial (including wineries) ⁵ 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: _____
- Water Source: ¹ Public: Name of water company/district _____
 ² Private: On-site source _____ Off-site _____
- Type of System: ¹ Leach Line (including chambers) ² Drywell ³ Alternative System ³ Advanced Treatment
- Location of System on Site: ¹ Side of Structure ² Front of Structure ³ Rear of Structure
 Number of other septic systems on site: 0 Location: Side of Structure Front of Structure Rear of Structure
- Septic Tank: Manufacturer Mid-State Model # 32000LP
 Material Concrete Capacity 2000 gallons
- Distance from springs, lakes, ocean water or drainage courses (within 300 feet): NA
 Septic Tank _____ feet Disposal Field _____ feet
- Distance from nearest water well (within 300 feet): Septic Tank _____ feet Disposal Field _____ feet
- Surface slope at disposal field _____ percent and within 100 feet _____ percent
- Leach Line Installation:
 Length of each trench _____ feet Number of trenches _____
 Width of trench _____ inches Depth of each trench _____

10. Drywell installation: (requires Environmental Health Service's concurrence on finding of leach line inteasibility)

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 McClellan

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: McClellans 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, an 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

Signature of Owner/Builder

Date

10/20/05

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

Signature of Applicant

Date

10/20/05

FOR DEPARTMENT USE ONLY

District No.:

Fixed Fee: Rec'd by: JKim Date Rec'd: 10/24/05 Amt. Rec'd: \$ 600.00 Check No.: 8587 Receipt No.: 1841808

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 Dona Soliman Date 3-11-2009

Permit Conditions: Contact this dept w/ 48hrs notice for final inspection prior to
Final Construction Approved by: _____ Date _____
Final Clearance by: _____ Date _____ Backlog