

APPLICATION FOR SEWAGE DISPOSAL PERMIT

ON# 7459
PE# 4219

To Be Completed By Applicant:

Owner's Name Kovalam LLC Assessor's Parcel Number [REDACTED]

Mailing Address PO BOX 90386 City San Diego State CA Zip 92169

Job Address If Different Than Above [REDACTED] CATHEDRAL Owner's Phone: (H) 619 869 4700 (W) _____

Directions to Site SOQUEL TO TROUT CULM TO CATHEDRAL

Mail Correspondence to: 512114- issued will call for pickup Applicant's Phone: _____

The Proposed Sewage Disposal System Will Serve:

<input checked="" type="checkbox"/> Single Residence: Number of Bedrooms including dens, offices, guest houses, etc.):	Validation
Existing: <u>22</u> Proposed (or legalizing) _____ Total: <u>04/12/2016</u>	000000
<input type="checkbox"/> Multiple Residences --Total No. of Units (with kitchens): _____ Total No. of Bedrooms: <u>2211</u>	7:06AM E-Beth 0008
<input type="checkbox"/> Commercial/Institutional Facility Describe: _____	PE# 4219 \$1069.00
Peak daily wastewater flow: _____ GPD (Attach meter records and calculations)	CHECK 1 \$1069.00

List any other uses on the property:

(Must also be shown on plot plan)

This Application Is For:

New sewage disposal system to serve new development -- Parcel Size: _____ Date Recorded: _____

Repair/Replacement of system that serves existing development

Upgrade of system that serves existing development for addition/remodel purposes

Septic Tank Only Greywater Sump Only Curtain Drain Only Grease Trap Distribution Device

CONTRACTOR: BOHRER BOY 4 SEWAGE DISPOSAL CONSULTANT: _____

Contractor's License Law Certificate (Complete A or B)

A. The applicant is licensed under the provisions of the Calif. Contractors License Law under license number 444-254 which is in full force and effect.

B. The applicant is exempt from the provisions of the Calif. Contractors License Law for the following reason: Owner/Builder Other _____

Date 4/12/16 X Randy Robinson
Applicant Signature

Worker's Compensation Certificate (Complete A or B)

A. A currently effective certificate of Worker's Compensation Insurance coverage is on file with Santa Cruz County Environmental Health Service

B. I certify that in the performance of the work for which this permit is issued I shall not employ any person in any so as to become subject to the worker's comp. laws of Calif.

Date 4/12/16 X Randy Robinson
Applicant Signature

I understand that issuance of a permit by Santa Cruz Environmental Health Service implies no guarantee of septic system function. Any subsequent septic system failure will require the owner to have the septic tank pumped and make repairs as necessary to confine sewage below ground surface. I hereby acknowledge that I have read this application and the instructions on the reverse side, and state that the formation on this page and the following page is correct, and agree to comply with all County Ordinances and State laws regulating construction of private sewage disposal systems.

Incomplete application for sewage disposal permits will become null and void if all required information is not submitted within one year of date of application. I understand that this permit shall expire: in 24 months after approval if a building permit is not applied for in that time period.

I agree to comply with additional conditions which may be imposed by Staff as listed on the following page to ensure that the system meets standards.

I agree to provide 24-hour notice directly to the Inspector during office hours the morning of the day before an inspection is requested.

I understand that County approval of the Sewage Disposal Permit does not constitute County approval of any illegal building or land use activities that may be present on this site.

I certify that the information contained in this application, particularly pertaining to bedrooms and uses on this site, is accurate.

Date: 4/12/16 Applicant Signature: Randy Robinson Owner Signature: [Signature] Date: 4/4/16

PERMIT NUMBER: 16-066 EHS USE ONLY

The design for the sewage disposal system presented herein meets the standards for: Not Applicable Standard System

Special Operating System: Fee Level: [] 1 [] 2 [] 3 [] 4 [X] 5 Type: Limited Expansion

Application Approved by: [Signature] Date: 5/11/16 Supervisor: CW Date: 5/2/16

THIS PERMIT EXPIRES ON 5/11/18 OR WILL BE VALID AS LONG AS THE BUILDING APPLICATION IS VALID.