

L

4211

110-051-07, sysno 01, 133 HUGHES RD, WATSONVILLE

L

04/12/2016:

Records reviewed & systems revised this date.

3 parcels appear to show same owner.

110-051-07

sys 1 - office @ sw corner - Permit 0389

sys 2 - new service bldg - Permit 4340

(sys 3 abandoned (?) - home - former 120 Webb)

110-071-37, "126 Hughes," nursery & home

110-071-38, 134 Hughes, home

sys 1 - home

sys 2 - commercial/service bldg

FOR TAX PURPOSES ONLY

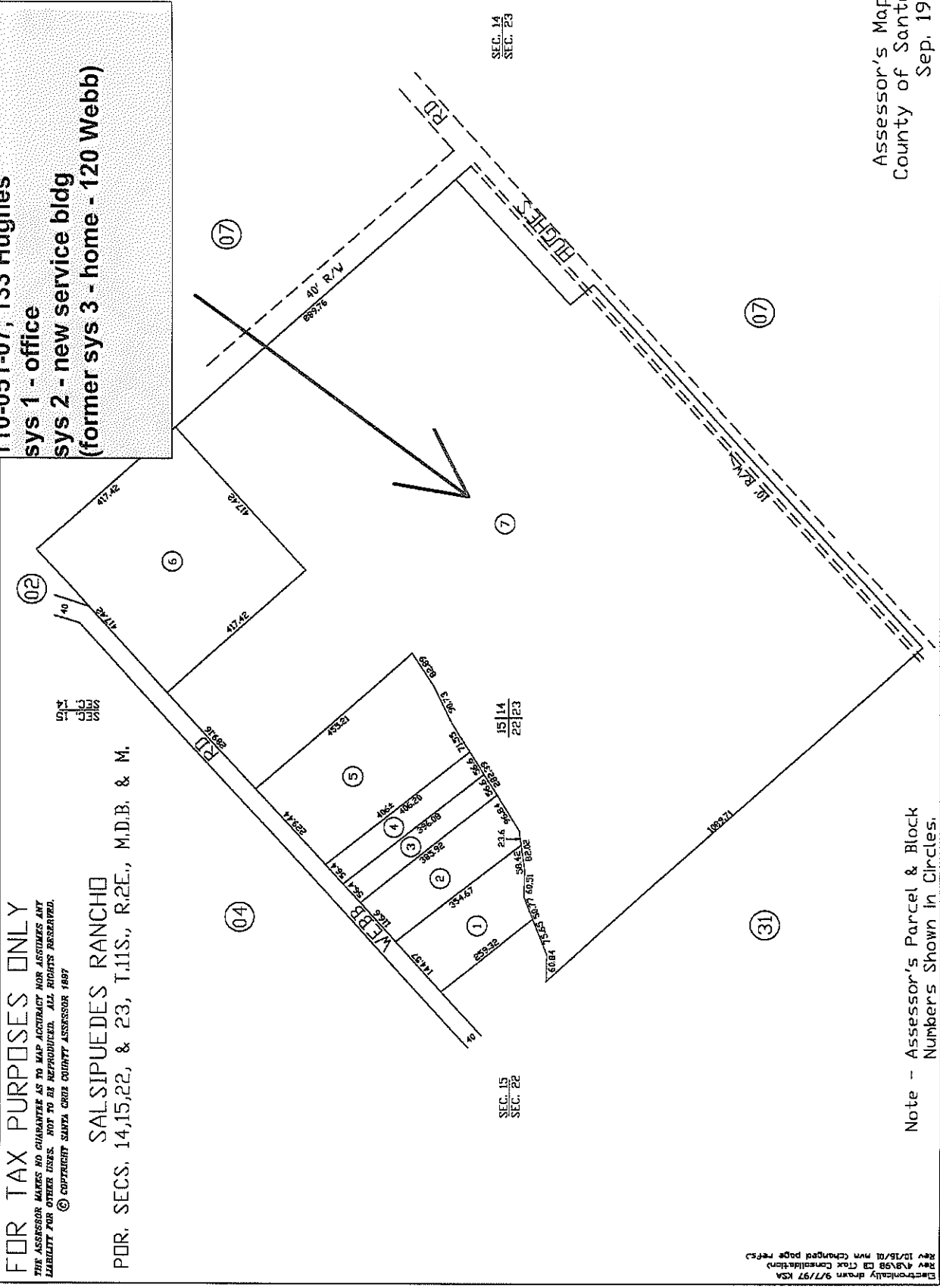
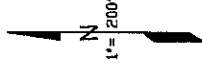
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SALSIPUEDES RANCHO

POR. SECS. 14,15,22, & 23, T.11S., R.2E., M.D.B. & M.

110-051-07, 133 Hughes
sys 1 - office
sys 2 - new service bldg
(former sys 3 - home - 120 Webb)

110-05



Assessor's Map No. 110-05
County of Santa Cruz, Calif.
Sep. 1997

Note -- Assessor's Parcel & Block
Numbers Shown In Circles.

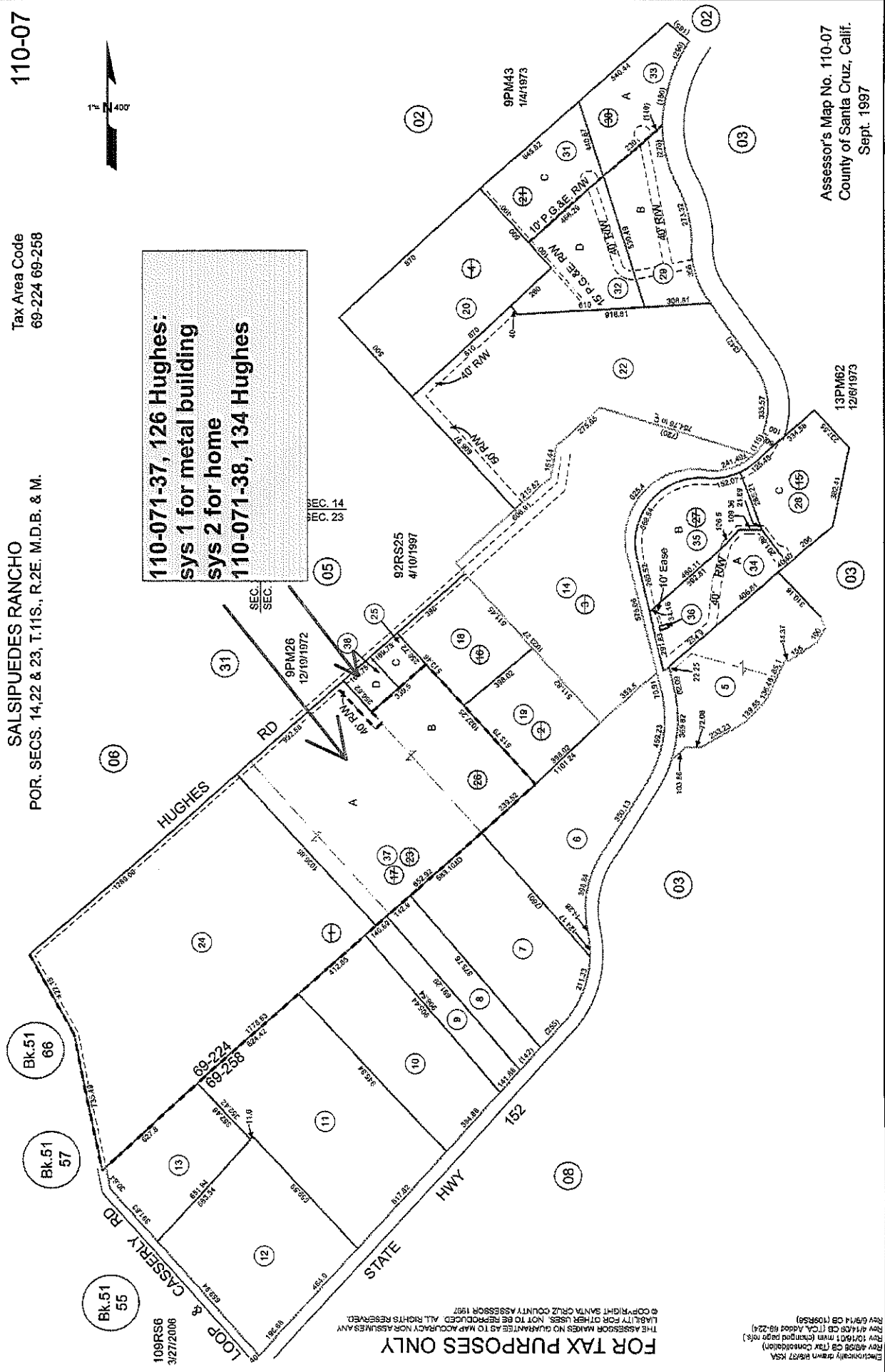
110-07

Tax Area Code
69-224 69-258

SALSIPUEDES RANCHO
POR. SECS. 14, 22 & 23, T. 11S., R. 2E. M.D.B. & M.



110-071-37, 126 Hughes:
sys 1 for metal building
sys 2 for home
110-071-38, 134 Hughes



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Electronically drawn 8/27 KSA
Rev 4/2008 CB (Tax Consideration)
Rev 10/1901 mm (changed page info.)
Rev 4/14/09 CB (TCA, Addcd 69-224)
Rev 6/9/14 CB (109RS9)

Assessor's Map No. 110-07
County of Santa Cruz, Calif.
Sept. 1997

13PM62
12/6/1973

9PM43
1/4/1973

92RS25
4/10/1987

SEC. 14
SEC. 23

9PM26
12/19/1972

sys 2

SANTA CRUZ COUNTY HEALTH SERVICES AGENCY
ENVIRONMENTAL HEALTH SERVICE

701 OCEAN STREET, ROOM 312
SANTA CRUZ, CA 95060 (408) 454-2022

SEPTIC TANK PUMPING AND INSPECTION REPORT

PUMPER NAME: Tom's Inc. INSPECTION DATE: 12/2/96
 JOB LOCATION: 133 Hughes Rd. APN: 110-051-07
 JOB CITY:/AREA/CLOSEST CROSS STREET Watsonville Xst. Casserly
 OWNER: California Pejarosa ADDRESS: same as job-site
 REQUESTED BY: Allen ADDRESS: _____

REASON FOR PUMPING/INSPECTION:

MAINTENANCE HAULAWAY ___ SALE INSPECTION ___ SYSTEM FAILURE ___ REPAIR ___ OTHER ___

SLUDGE DISPOSAL LOCATION:

PROPERTY USE: HOME ___ OTHER Nursery OCCUPIED? YES NO ___ Watsonville

 SEPTIC TANK: TOM'S TANK
 SIZE 1500 GALLONS PUMPED 1500 TYPE: REDWOOD ___ CONCRETE FIBERGLASS ___ OTHER ___

CONDITION OF TANK	GOOD	FAIR	POOR	REPAIRS RECOMMENDED	REPAIRS COMPLETED
SEPTIC ELLS/TEES	✓				
TANK TOP AND/OR LIDS	✓				
SIDES/BOTTOM OF TANK	✓				
BAFFLES	✓				

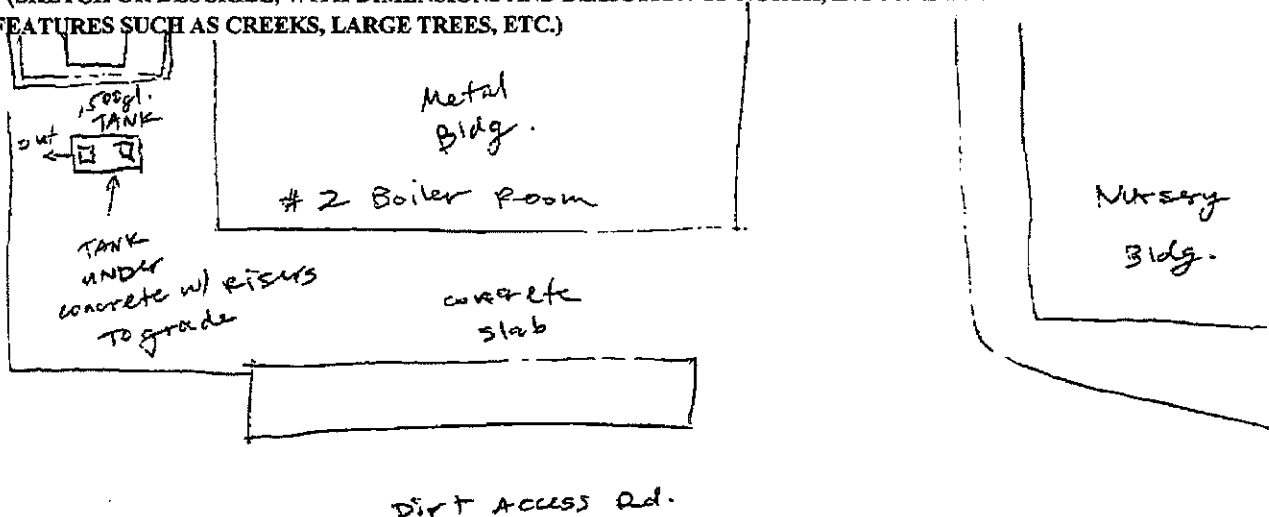
OPERATIONAL LEVEL: HIGH ___ LOW ___ NORMAL DATE LAST PUMPED: _____

LEACHING SYSTEM

PRESENT OR PAST HIGH LEVEL IN TANK YES ___ NO
 LIQUID FLOWBACK WHILE PUMPING? YES ___ NO
 SIGNS OF SURFACING EFFLUENT? YES ___ NO LOCATION: _____
 SEPARATE GREYWATER DISCHARGE? ? YES ___ NO ___ TO SUMP ___ ONTO GROUND ___

OTHER SYSTEM COMPONENTS/NOTES: _____

SYSTEM LOCATION (SKETCH OR DESCRIBE, WITH DIMENSIONS AND DIRECTION OF NORTH, INCLUDE ANY PERTINENT FEATURES SUCH AS CREEKS, LARGE TREES, ETC.)



Santa Cruz County
Health Services Agency
Environmental Health Service

sys 1 & 2

701 Ocean Street, Room 312
Santa Cruz, CA 95060
(408) 425- 2341

SEPTIC TANK PUMPING AND INSPECTION REPORT

Pumper Name: Tom's Inc Inspection Date: 4/8/92
Job Location: 133 Hughes Rd. APN: 110-051-07
Job City: Watsonville
Owner: Calif. PajaroSA Nursery Address: Same
Requested by: Alan Mitchell Address: _____

Reason for pumping/inspection: Maintenance Haulaway System _____
Sale Inspection _____ System Failure _____ Other _____
Property Use: Home _____ Other Occupied? Yes No _____

SLUDGE DISPOSAL LOCATION: WATS

SEPTIC TANK SIZE: 2-1500 GALLONS PUMPED: 3000
TYPE: REDWOOD _____ CONCRETE FIBERGLASS _____ OTHER _____

CONDITION OF TANK:	Good	Fair	Poor	Repairs Recommended	Repairs Completed
Septic ells/tees	<input checked="" type="checkbox"/>				
Tank top and/or lids	<input checked="" type="checkbox"/>				
Sides/bottom of tank	<input checked="" type="checkbox"/>				
Baffles	<input checked="" type="checkbox"/>				

OPERATIONAL LEVEL: High _____ Low _____ Normal Date Last Pumped: 4/8/92

LEACHING SYSTEM

Present or past high level in tank YES _____ NO
Liquid flowback while pumping? YES _____ NO
Signs of Surfacing Effluent? YES _____ NO
Separate Greywater Discharge? YES _____ NO To Sump _____ Ground _____

OTHER SYSTEM COMPONENTS/NOTES: _____

SYSTEM LOCATION (Sketch or describe, with dimensions and direction of north)

N/A.

DATE: 1-22-92

DEPT: EH

For your information the following project has been declared "Void by Limitation" by the Chief Building Official for the Santa Cruz County Planning Department due to an outstanding inter-departmental hold placed by your Department. You may clear your hold by notifying the Building Department using established procedures and the project status will be changed to reflect your clearance. Please remember to include an effective date.

If you wish to review the complete official copy of building plans associated with this project before they are ~~purged~~ contact Barbara Ginsberg, Deputy Custodian of Records ext. 2674 IMMEDIATELY.

OWNER: Calitania Pignosa

SITUS: 125 Highway Rd.

PERMIT: 46304 APN: 110-05127

PROJECT PLANNER/STAFF: Bob P

Riley - This can not be purged
1/24/92 = A final "as built" plat plan is required
before our department can final the septic permit.
The contractor was told at time of installation.
B Pignosa

115-8F

SANTA CRUZ COUNTY
ENVIRONMENTAL HEALTH SERVICE
701 OCEAN STREET, ROOM 312, SANTA CRUZ, CA 95060

ASSESSOR'S PARCEL NUMBER 110-051-07

WE ARE UNABLE TO COMPLETE THE PROCESSING OF YOUR:

- WATER WELL PERMIT
- INDIVIDUAL WATER SYSTEM PERMIT
- INDIVIDUAL SEWAGE DISPOSAL PERMIT

BUILDING PLAN NO. 1008-G

NEEDED INFORMATION:

- APPROVED WATER SUPPLY
- SOIL EXCAVATION
- PERCOLATION TEST
- GROUNDWATER OBSERVATION DURING RAINY SEASON
- PLOT PLANS

Septic system permit
expired on 10-18-87
must reapply for permit
unless a valid building
permit was in effect
prior to 10-18-87

* UNTIL ALL THE REQUIRED INFORMATION IS PROVIDED, REVIEW OF THE SEWAGE DISPOSAL PERMIT APPLICATION CANNOT BE COMPLETED FOR A DETERMINATION OF FINDING OF COMPLIANCE (I.E. PERMIT APPROVAL). COUNTY CODE CHAPTER 7.38 PROVIDES THAT A SEWAGE DISPOSAL APPLICATION SHALL BE DEEMED NULL AND VOID IF ALL REQUIRED INFORMATION IS NOT SUBMITTED WITHIN 12 MONTHS OF THE DATE OF APPLICATION.

ANY QUESTIONS CALL: Brian Hathaway BETWEEN 8:00 A.M. AND 9:30 A.M. ONLY. PHONE 425- 2975

HSA-106
REV. 5/87

0-23-08 - OK plans
No plumbing

CALIFORNIA PAJAROSA

**P.O. Box 684
Watsonville, California 95077
408 722-6374**

RECEIVED

FEB 12 1988

SANTA CRUZ COUNTY
ENVIRONMENTAL HEALTH

February 10, 1988

Mr. Brian Hathaway
Santa Cruz County
Environmental and Health Department
701 Ocean St.
Room 312
Santa Cruz, CA 95060

California Pajarosa has bathroom facilities in their new Service Building for men and women. This is a septic system and has been permitted and finalized by Santa Cruz County. Our other facilities are portable bathrooms provided by D. & R. Sanitation. We have two of those facilities.

At one time we were going to add another permanent bathroom with septic and leach system but have abandoned that idea for the present time.

Alan Mitchell



California Pajarosa

COUNTY OF SANTA CRUZ

INTER-OFFICE CORRESPONDENCE

DATE: 7-31-86

TO: Joe McCann

FROM: Roger Houston

SUBJECT: Land Use Matters

1) APN 110-051-07 86-578-CDP, EC, GP California Pajaronosa. The new greenhouses will be okay as long as greenhouse #10 clears the sewage disposal system approved (but not yet installed - permit #4340) by at least 5 feet.

2) APN ~~109-141-54, 109-142-12~~ 86-610-CDP, EP, ^{Monte Vista Christian School} I believe that we have a ~~septic application~~ in process on this one (~~#2605~~). We need septic system design* based on Titus' rainy season testing of 4-14-86 and approval from DCP for another residential connection to the M.V.C.S. water system.

* two plot plans

PLANNING DEPARTMENT



COUNTY OF SANTA CRUZ

GOVERNMENTAL CENTER

701 OCEAN STREET SANTA CRUZ, CALIFORNIA 95060

PROJECT COMMENT SHEET

KRIS SCHENK
Director

TO:

DATE: 7/17/86

- Public Works Department for:
 - County Sanitation
 - Operations
 - Drainage District (Zone 5; Zone 8)
 - Water District
 - Environmental Health Department
 - City of _____
 - County Fire Marshal
 - Fire Marshal
 - County Transportation Committee
 - Cal Trans

- Department of Fish & Game
- Agricultural Policy Advisory Commission
- School District _____
- Environmental Planning
- Comprehensive Planning
- Parks Department
- Transit District
- Other _____
- Other _____
- Other _____

FROM: Chief of Current Planning

SUBJECT: APN 110-051-07

APPLICATION NOS. 86-578-CDP, EC, GP

Cliff Pajarosa

PROJECT DESCRIPTION: _____

THE ATTACHED APPLICATION FOR A DEVELOPMENT PERMIT, LAND DIVISION PERMIT, GENERAL PLAN AMENDMENT HAS BEEN RECEIVED BY THE PLANNING DEPARTMENT.

If you have any comments please contact the Planner or submit written comments below:

Return to: Kim Tschantz by this date 7/31/86

- Attachments:
- Cover Sheet
 - Vicinity Sketch
 - Preliminary Site Plan/Tentative Map
 - Preliminary Building Elevations and Floor Plans

PERMIT APPLICATION

has envelopes

County of Santa Cruz
 Planning Department
 701 Ocean Street
 Santa Cruz, CA 95060
 (408) 425-2701

To Be Completed By Applicant * Please Print or Type * Attach Additional Sheets As Necessary. App. # 86-578-CDPEC, GR

1-Assessor's Parcel Number(s) 110-051-07 2-Site Address 133 HUGHES RD WATSONVILLE

3-Owner's Name California Pajaronas % Robert Mitchell Phone (bus/res) 722-6376

Address PO Box 684 City Watsonville State Zip 95077

4-Applicant's Name (if different from Owner) Address City Zip Phone (bus/res)

5-Other Persons to be Notified of Hearing Name Phone (bus/res)

Rich Fisher 726-1465

Address 797 Seely Ave City Arroyo State Zip 95004

6-Specific Directions to Property

7-Existing Use of Property Greenhouse Agriculture 8-Parcel Size(s) 33 acres

9-Specific Request (e.g. site approval for single family house, 2 lot minor land division, resubmission of App. # _____ etc.)
To amend Permit 83-596-11 To construct greenhouses

Totaling sq. ft.

10-Have other applications been submitted for this property? No Yes - App. # _____

11-Attach Required information As Noted Below. See "List of Required Information" for description and source of required item Numbers. Write item Numbers on submitted materials and attach to application in numerical order. APPLICATIONS WILL BE ACCEPTED ONLY WHEN ALL REQUIRED MATERIALS ARE ATTACHED.

PLEASE NOTE:
 1. Owner, applicant or their representative should be present at all hearings.
 2. Residents of property should be advised that Planning staff may be visiting the site. Site should be clearly marked for staff inspection. Incomplete directions or markings will delay review of the project.
 3. Application and fees will be accepted when all required materials noted under #'s 14, 15 and 17 below are attached. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. Additional materials may be required following in-house review.
 4. APPLICATION FEES ARE NONREFUNDABLE, except as per Resolution 75-78.
 The undersigned property owner(s) hereby authorizes the filing of this application, and authorizes on-site review by authorized staff. I certify to the best of my ability that the above and attached information is true and correct.

Signature of Property Owner(s) Robert Mitchell - California Pajaronas Date 6-24-86

To Be Completed By Planning Staff PROPOSAL

12-Project Description Commercial Development Permit to construct 266,000 sq. ft. of Greenhouse and implement a master plan for an existing greenhouse operation. Requires environmental Review & Commercial Development Permit and an erosion control plan.

13-Site Location Northwest side of Hughes Rd at _____ feet Northeast from Cassidy Rd
 (north, east, south, west) (street or road) (distance) (north, south, east, west) (street or road)

Zone District CA Planning Area Salsipuedes Supervisorial District 4

Fee Key #	Type of Review	Fees	Required Information (See "List of Required Information" for Key)
14	Application Review Level <u>2.5</u> or Preliminary Application (DRG)	310 <u>310</u>	
15	Technical Reviews Required		
24	Greenhouse > 12,000 #	<u>2175</u>	
32	Environmental Assessment	<u>445</u>	
37	Emission Control Pre-site	<u>460</u>	
16	May Be Required Pending Further In-House Review		
	Geologic Hazards assessment <u>APAC</u>		
17	Other		
TOTAL FEES		<u>\$3,390</u>	

T. Schantz
 7/17/86

LEVEL 3 200.00
 LEVEL 2 150.00
 LEVEL 1 100.00
 LEVEL 0 50.00
 TOTAL 500.00
 TOTAL # 115107 #
 TOTAL \$ 500.00
 TOTAL # 115107 #
 TOTAL \$ 500.00

Initial Review By Tom Schantz Date 3/6/84

Application Received By _____ Date _____

Staff Worksheet

Assessor's Parcel Number(s) 110-051-07

Site Location and Area _____

General Plan Area Salsipuedes

Land Use Designation Agriculture

Constraints

(T) = Technical Review Required

- Agricultural Buffer (T)
- Agriculture (T)
- Airport Clear Zone (T)
- Aquifer Recharge Area
- Archaeology (T)
- Biotic (T)
- Type _____
- Coastal Zone (T)
 - Bluff & Beach Erosion (T)
 - High Erosion (T)
 - Liquefaction (T)
- Critical-Fire Hazard
- Cultural Resource
- Flood Plain (T) Panel # _____
- Least Disturbed Watershed
- Minerals
- Noise
- Reservoir Protection Area
- Riparian Corridor (T)
 - Perennial
 - Intermittent
- Seismic Review Zone (T)
 - State (San Andreas)
 - County (Other)
- Scenic Corridor
- Timber (T)
- Water Supply Watershed

Required Technical Reviews	Estimated Fees

Environmental Assessment Questionnaire

- Required
- Not Required - Categorical Exemption Class _____

Coastal Zone

- No
- Yes - Type of Coastal Review Required:
 - Exclusion
 - May be appealed to Coastal Commission.
 - May not be appealed to Coastal Commission.

Type of Permit

- Development Permit
- Land Division
- Policy Amendment

Erosion Control

- Required
- Not Required

Building Permit Application Status

- Submitted concurrently - App. # _____
- Will be submitted following discretionary permit approval
- Previously submitted - App. # _____

Highest Level of Review: 1 2 3 4 5 6 7 (Circle One)

Approving Body _____

REVIEWING AGENCIES

- Current Planning
- Environmental Planning 1) Kim
- Comprehensive Planning 2) Grading/erosion
- Environmental Health
- Fire Marshal
- Public Works
- Sanitation District
- Parks Department
- Water District _____
- County Transportation Commission
- Transit District
- City of _____
- School District _____
- Fish and Game
- Other _____

Number of Copies of Plans/Maps to be Submitted.

PERMIT APPLICATION PROCESSING CHECK LIST

SEWAGE DISPOSAL

NAME: California Pajonosa ASSESSOR'S PARCEL NUMBER 110-051-07

PROJECT:

SINGLE FAMILY DWELLING NO. OF BEDROOMS _____

MULTIPLE DWELLING

COMMERCIAL cg. service

INSTITUTION

I.R. = INFORMATION REQUIRED (MARK IN "NO" COLUMN) DNA = DOES NOT APPLY (MARK IN "YES" COLUMN) WHEN STATUS CHANGES FROM "NO" TO "YES" MAKE CORRECTION ON FORM

SEWAGE DISPOSAL		
NO	YES	
	✓	APN FILE CHECKED
	✓	OUTSIDE WATERSHED CONSTRAINT AREA (COASTAL ZONE)
	✓	APPLICATION COMPLETE (CHECK LIST OF REQUIRED INFORMATION IN REGULATIONS)
	✓	INFORMATION COMPLETE (NEED: _____)
	✓	LOT SIZE ACCEPTABLE (SEE REVERSE FOR REQUIREMENTS)
	✓	NO VEHICULAR RIGHT-OF-WAY WITHIN PROPERTY
	✓	WATER SERVICE ACCEPTABLE (SEE WATER SERVICE CHECK LIST)
	—	15,000 SQUARE FEET - NOT ON SEPTIC CONSTRAINT LISTING OR CONSTRAINT MAP
	—	15,000 SQUARE FEET - NOT IN RIO DEL MAR LODGE SITES OR MONTE TOYON SUBD, APTOS
	✓	OUTSIDE THE FLOOD PLAIN AREA
	✓	OUTSIDE RIPARIAN CORRIDOR
	NA	INTERIM SEPTIC TANK SYSTEM (FREEDOM SANITATION DISTRICT) - MEETS CONDITIONS
	NA	SUBDIVISION FINAL MAP CONDITIONS CHECKED
	NA	NOT IN KRISTEN PARK SUBD. (REQUIRES RECORDING LIMITATION ON DEVELOPMENT RIGHTS)
	✓	OWNER/CONTRACTOR EXEMPTION FORM COMPLETED <u>4-27-83</u>
	✓	SLOPE FOR LEACHING NOT GREATER THAN 30 PER CENT
	✓	ADEQUATE SETBACK FROM BANKS
	✓	DEPTH TO GROUNDWATER ACCEPTABLE
	✓	SOILS ACCEPTABLE
	—	REPLACEMENT STRUCTURE - VALUE > 50 PERCENT, FULL COMPLIANCE REQUIRED

SAN LORENZO RIVER WATERSHED AREA

		OUTSIDE CLASS I PROHIBITION
		ONE ACRE MINIMUM LOT SIZE REQUIREMENT MET (NEW SYSTEMS)
		PERCOLATION RATE DOES NOT EXCEED 5 MIN./INCH
		INSIDE CLASS II AREA - 4 FOOT TRENCH DEPTH LIMIT MET (NEW SYSTEMS)

MISCELLANEOUS CONSTRAINTS: _____

COMPLETED BY [Signature] DATE 10-18-81 CHECKED BY [Signature] DATE 10/25/84

(d) MINIMUM LOT SIZE FOR EXISTING LOTS OF RECORD	LESS THAN				
	6,000 SQ. FT.	6,000 SQ. FT.	15,000 SQ. FT.	1 AC.	2.5 AC.
1. LOTS IN EXISTENCE PRIOR TO 12/17/70 AND NOT UNDER ANY OF THE CONDITIONS OF SUBSECTION 4, BELOW	LOTS WITH PUBLIC WATER SUPPLY	X ¹	X		
2. LOTS CREATED AFTER 12/17/70 AND BEFORE 10/31/78 AND NOT UNDER ANY OF THE CONDITIONS OF SUBSECTION 4, BELOW	LOTS WITH PRIVATE WATER SUPPLY			X ²	
3. LOTS CREATED AFTER 10/31/78 AND NOT UNDER ANY OF THE CONDITIONS OF SUBSECTION 4, BELOW	LOTS WITH PUBLIC WATER SUPPLY				X
4. REGARDLESS OF THE DATE OF RECORDATION, THE FOLLOWING ARE MINIMUM LOT SIZE REQUIREMENTS FOR THE AREAS LISTED BELOW:					
(f) KRISTEN PARK SUBDIVISION ASSESSOR'S BOOK AND PAGE 63-17	LOTS WITH PUBLIC WATER SUPPLY				X ³
(g) RIO DEL MAR LODGE SITES NOS. 1 AND 2	LOTS WITH PRIVATE WATER SUPPLY				X ³
(h) WATER SUPPLY WATERSHED IN THE COASTAL ZONE AND NORTH COAST AND BONNY DOON PLANNING AREAS (EXCLUDING KRISTEN PARK AND WATER QUALITY CONSTRAINT AREAS)	LOTS WITH PUBLIC WATER SUPPLY				X ⁴
(i) MONTE TOYON SUBDIVISION #1	LOTS WITH PRIVATE WATER SUPPLY				X ⁴
(j) SAN LORENZO RIVER WATERSHED AREA	LOTS WITH PRIVATE WATER SUPPLY				X ⁵
(k) ASSESSOR'S BOOK AND PAGE 40-14, BLOCKS 1 AND 2	LOTS WITH PUBLIC WATER SUPPLY			X	
(l) SEPTIC CONSTRAINT AREAS	LOTS WITH PRIVATE WATER SUPPLY			X ⁵	
(m) SAN LORENZO RIVER WATERSHED AREA	LOTS WITH PUBLIC WATER SUPPLY			X	
(n) SEPTIC CONSTRAINT AREAS	LOTS WITH PRIVATE WATER SUPPLY			X ⁵	

NOTE: PROPERTY OWNERS SHOULD BE AWARE THAT OTHER LAND USE CONSTRAINTS MAY PREVENT THE DEVELOPMENT OF PARCELS ESPECIALLY PARCELS OF 6,000 SQUARE FEET OR LESS.

NOTES FOR TABLE OF MINIMUM LOT SIZE FOR EXISTING LOTS OF RECORD

1. LOTS OF LESS THAN 6,000 SQ. FT. MAY BE USED FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEMS ONLY IF THE LOT HAS NOT AT ANY TIME SINCE DECEMBER 17, 1970, BEEN HELD BY THE SAME OWNER OF ANY CONTIGUOUS UNDEVELOPED PROPERTY WHICH COULD HAVE BEEN COMBINED WITH THE LOT TO INCREASE ITS AREA TO AT LEAST 6,000 SQ. FT. AND THE LOT IS NOT IN THE COASTAL ZONE.
2. LOTS OF LESS THAN ONE ACRE BUT MORE THAN 15,000 SQ. FT. MAY USE BOTH AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM AND ON-SITE WATER SUPPLY IF THE APPLICANT DEMONSTRATES THAT A PUBLIC WATER SUPPLY CANNOT BE OBTAINED AND THAT CONTIGUOUS LAND CANNOT BE ACQUIRED TO ENLARGE THE LOT TO AT LEAST ONE ACRE.
3. KRISTEN PARK SUBDIVISION. FOR LOTS OF LESS THAN 2½ ACRES, THE APPLICANT FOR AN INDIVIDUAL SEWAGE DISPOSAL PERMIT MUST SUBMIT DOCUMENTARY EVIDENCE THAT HE OR SHE HAS PROHIBITED AND RESTRICTED, AS EVIDENCED BY A DOCUMENT ON FILE WITH THE RECORDER, ALL RIGHTS TO CONSTRUCT ANY IMPROVEMENTS WHICH WOULD BE LOCATED UPON AT LEAST ONE OTHER SEPARATE LOT OF RECORD, WHETHER CONTIGUOUS OR NON-CONTIGUOUS WITHIN THE KRISTEN PARK SUBDIVISION, AND WHICH WOULD BE DEPENDENT IN WHOLE OR IN PART, UPON AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM.
4. COASTAL ZONE WATER QUALITY CONSTRAINT AREAS. EXCEPTIONS TO THE 2-½ ACRE MINIMUM LOT SIZE MAY BE MADE WHERE ONE OF THE FOLLOWING CONDITIONS IS MET:
 - (1) THE LOT IS COMBINED WITH A CONTIGUOUS UNDEVELOPED PROPERTY TO FORM ONE PARCEL OF AT LEAST 2-½ ACRES.
 - (2) THE APPLICANT SUBMITS DOCUMENTARY EVIDENCE THAT HE OR SHE HAS LEGALLY ENCLUMBERED FROM FUTURE DEVELOPMENT, AN EXISTING CONTIGUOUS OR NON-CONTIGUOUS PARCEL, OR PART OF A PARCEL, LOCATED WITHIN THE SAME WATERSHED, SO THAT THE TOTAL ACREAGE OF THE PARCEL INTENDED FOR DEVELOPMENT AND PARCEL OR PART OF PARCEL WHICH SHALL BE LEGALLY ENCLUMBERED FROM DEVELOPMENT SHALL EQUAL OR EXCEED 2-½ ACRES.
 - (3) THE REGIONAL WATER QUALITY CONTROL BOARD GRANTS A WAIVER PURSUANT TO SECTION 11.76.04(d).
 - (4) SEPTIC CONSTRAINT AREAS. WHERE PARCELS LOCATED IN A DESIGNATED SEPTIC CONSTRAINT AREA ARE ALSO IN THE COASTAL ZONE, SPECIFIC COASTAL ZONE MINIMUM PARCEL SIZE CONSTRAINTS SHALL PREVAIL.

NOTES: VEHICULAR RIGHTS-OF-WAY WITHIN PROPERTY BOUNDARIES MUST BE SUBTRACTED FROM LOT AREA WHEN CALCULATING LOT SIZE. LOTS MUST BE MORE THAN 200 FEET FROM A SANITARY SEWER TO UTILIZE INDIVIDUAL SEWAGE DISPOSAL.

FILE

SEWAGE DISPOSAL PERMIT

Santa Cruz County Environmental Health Services Agency

701 Ocean Street - Room 400
SANTA CRUZ - 425-2341

1430 Freedom Boulevard
WATSONVILLE - 728-1473

PERMIT NO. 4340

For Syptic System - New - (Commercial) Assessor's Parcel No. 110-051-07

Located at 133 Hughes Road, Watsonville

Owner's Name California Pajarosa (Alan Mitchell)

PERMIT CONDITIONS

Valid only if attached to County approved plot plan with same permit number.

Valid as long as associated building permit remains valid.

Health Officer Validation

THIS PERMIT MUST BE ON JOB SITE

By [Signature]

Date 10-18-84

expired

County Use Only

Inspections	Initial	Date	Inspections	Initial	Date
Septic Tank	<u>[Signature]</u>	<u>Project</u>	Div. Valve		
Leaching System			Water System		
Riser(s)			FINAL		

Cancelled

Santa Cruz County Environmental Health Service

Permit No. 4340

APN 110-051-07 - California Pajarosa
(Alan Mitchell)

Cashier Validation

9/24/84 NEW \$160.00 ck.
(315) VM

RECEIPT FOR
SEWAGE DISPOSAL PERMIT
APPLICATION FEE

sys 2 - new service bldg

701 Ocean Street - Room 400
Santa Cruz - 425-2341

SANTA CRUZ COUNTY
ENVIRONMENTAL HEALTH SERVICE

1430 Freedom Boulevard
Watsonville - 728-1473

APPLICATION FOR SEWAGE DISPOSAL PERMIT

ENVIRONMENTAL HEALTH PERMIT

4340

BUILDING PLAN

10086

APN

110-051-07

OK 115-88

APPLICATION INSTRUCTIONS

- Provide two copies of a plot plan drawn to County specifications and proof of availability of a domestic water supply.
- Completed applications will be reviewed for conformance with County Sewage Disposal Regulations and applicants will be notified of the results of this review.
- Incomplete applications will become null and void if all required information is not submitted within 12 months of the date of application.
- Sewage Disposal Permits (except for repairs) are issued by the County Building Department in conjunction with issuance of building permits. A sewage disposal system may not be installed without a permit.

APPLICATION INFORMATION

Permittee (Property Owner) CALIFORNIA PASAROSA Applicant ALAN MITCHELL
 Address PO Box 684 WATSONVILLE Address PO Box 652 AROMAS
 Construction Site Location 133 HUGHES RD WATSONVILLE Phone 722-6374
 Septic Tank Contractor _____ Owner/Builder-Exemption Form Submitted
on file

LAND USE INFORMATION

TYPE OF BUILDING	WATER SUPPLY	LOT INFORMATION
Single Family Residence _____ Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	<u>NA</u>
Multiple Dwelling _____	Name of Water Company: _____	Date Recorded _____
Other <u>Commercial - service bldg</u>	Shared <input type="checkbox"/>	<u>30 act</u>
Total Bedrooms <input type="checkbox"/>	Source (APN No.) _____	Parcel Size _____

SYSTEM DESIGN SPECIFICATIONS

TYPE: New Repair _____ Addition _____
 TANK: Gallons 1500 Material clc Tank Risers Manhole _____ Diversion Valve
 TRENCHES: Length (x2) 150 Effective Depth 3 Square Feet 1800 Number of Riser(s) 2
 PITS: Number _____ Diameter _____ Effective Depth _____ Square Feet _____ Number of Riser(s) _____
 SOIL LOG: Feet _____ SPECIAL CONDITIONS/INFORMATION NEEDED: _____
SEE PHD-28 dated 9-27-84 30 workers/day / max x 15 g.p.d.
max/worker = 450 gpd ÷ .25' = 1800 ft²
Design to be based on test

Depth to Ground Water _____

I certify that the information given is correct to the best of my knowledge. I hereby agree to install the sewage disposal system as approved in this application.

Owner: Robert A Mitchell Agent: _____

Date: 9-24-84

COMPLIANCE/EXPIRATION

Application complies with regulations.
 Application does not comply with regulations.

Sanitarian [Signature] Date 10-18-84
 Supervising Sanitarian [Signature] Date 10/25/84
 Expires: 10/18/87

PHD-19
Rev. 3/84

FOR COUNTY USE ONLY

INSPECTIONS (Initial) (Date)

Septic Tank: _____
 Trench/Pit: _____
 Valve/Risers: _____
 Water/Clearance: _____

FINAL: _____

SANTA CLARA COUNTY HEALTH SERVICES AGENCY
ENVIRONMENTAL HEALTH SERVICE

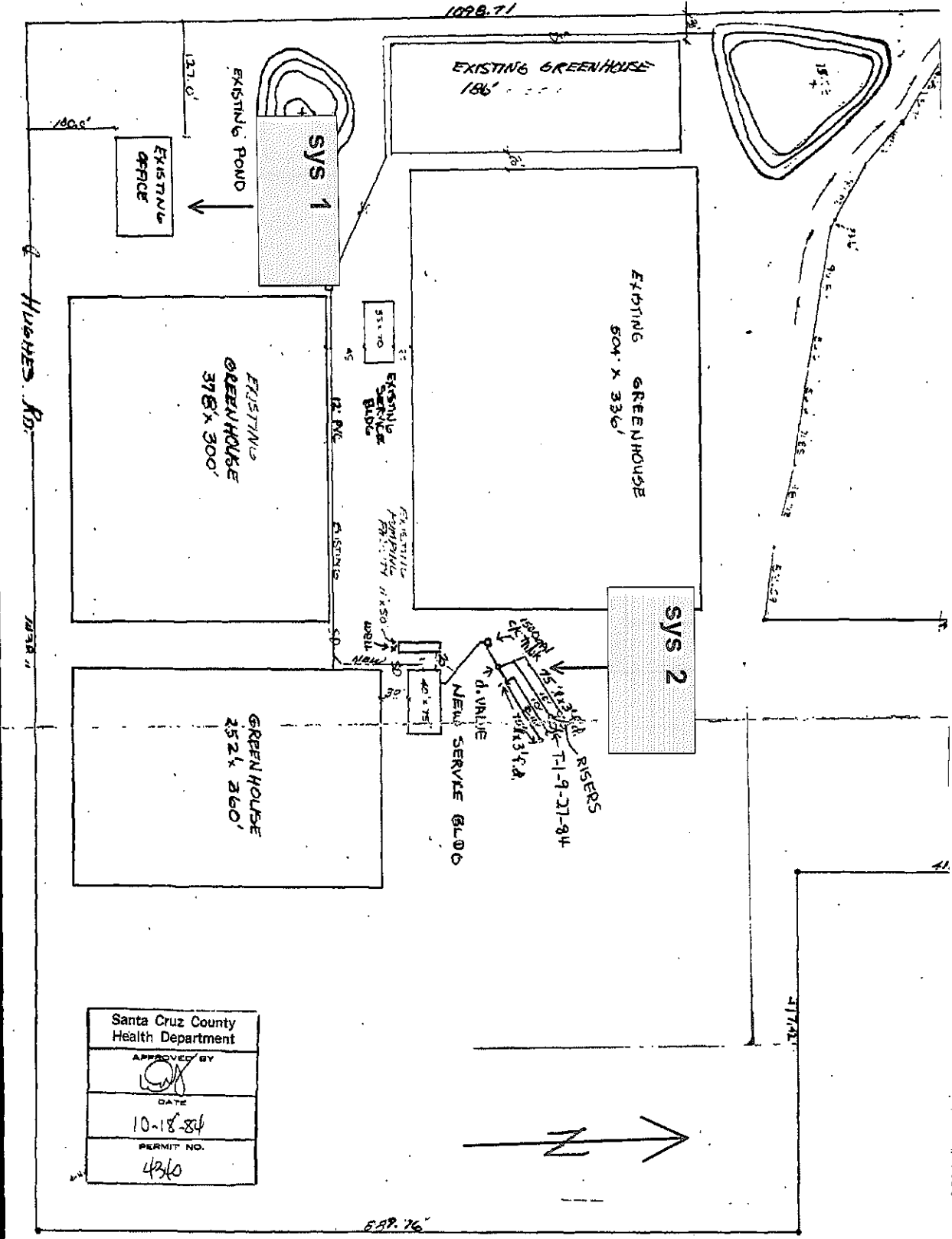
FIELD NOTE DATA SHEET

SUBJECT: Alan Mitchell / Pajaronas Nursery
Hughes Rd
BY: Houston

FILE 110-051-07

Page _____

DATE	
9-27-84	9-27-84
	0-1' sandy loam
	1'-15' sandy loam, gravel, clay mix
	No ground water encountered.
	Estimate perm. rate to be in range 5-29 min/in
	∴ 8' separation required and 10' perm. soil
	required ∴ max total depth allowed is 5'
	Flow depth to be 3-3½ with total depth of 5'
	(D)



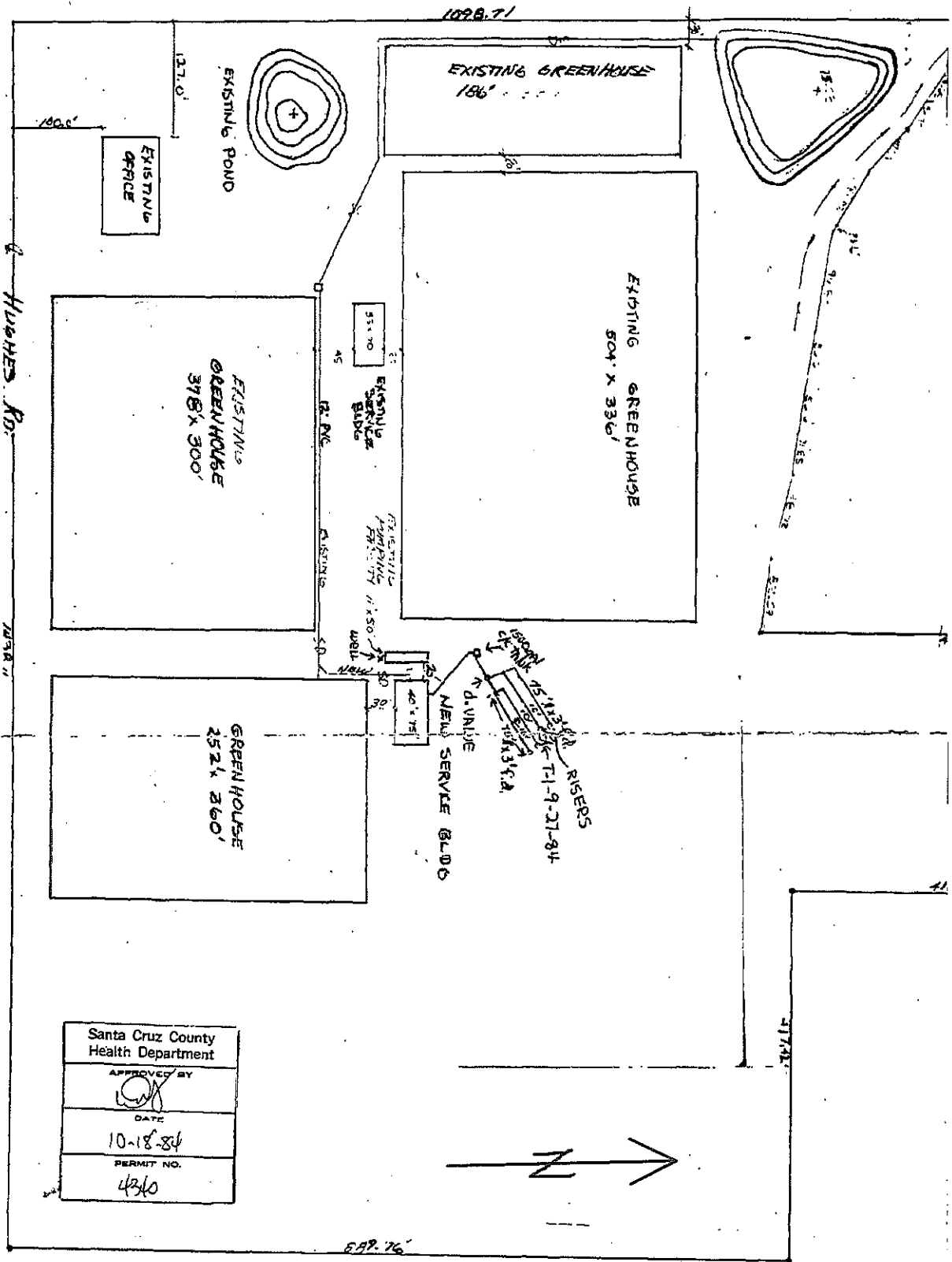
Santa Cruz County
Health Department
APPROVED BY
DATE
10-18-84
PERMIT NO.
4340

CALIFORNIA PAJAROSA POBOX 684
133 HUGHES RD
WATSONVILLE, CA 95076

SCALE 1" = 100'

SHEET TITLE POND, W.H.H., ELEVATION, SITE PLAN
PROJECT APN 110-051-07

Salinas



Santa Cruz County Health Department
APPROVED BY
DATE 10-18-84
PERMIT NO. 4840

CALIFORNIA PAJAROSA PO BOX 684
133 HUGHES RD
WATSONVILLE, CA 95076

SCALE 1" = 100'

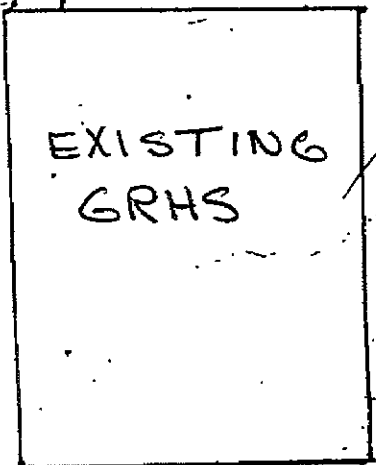
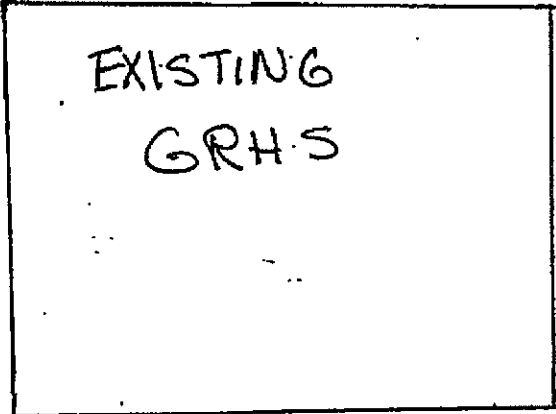
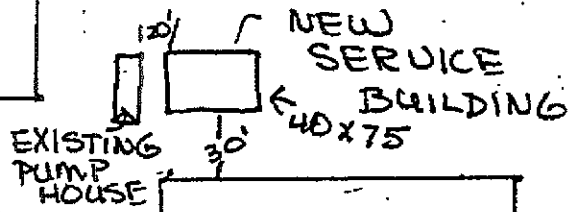
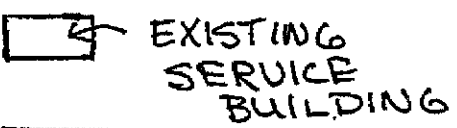
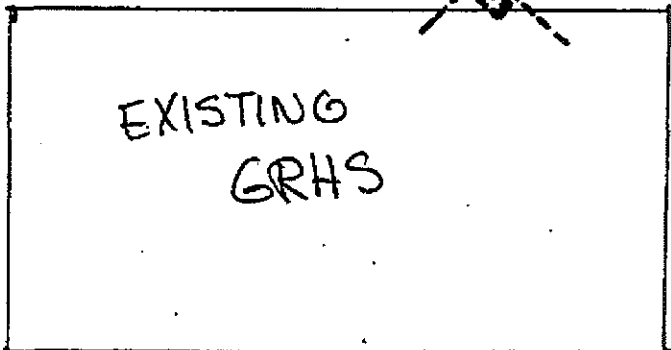
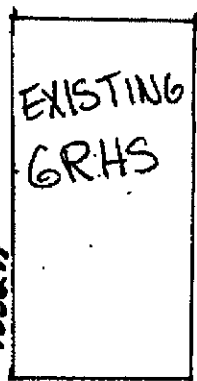
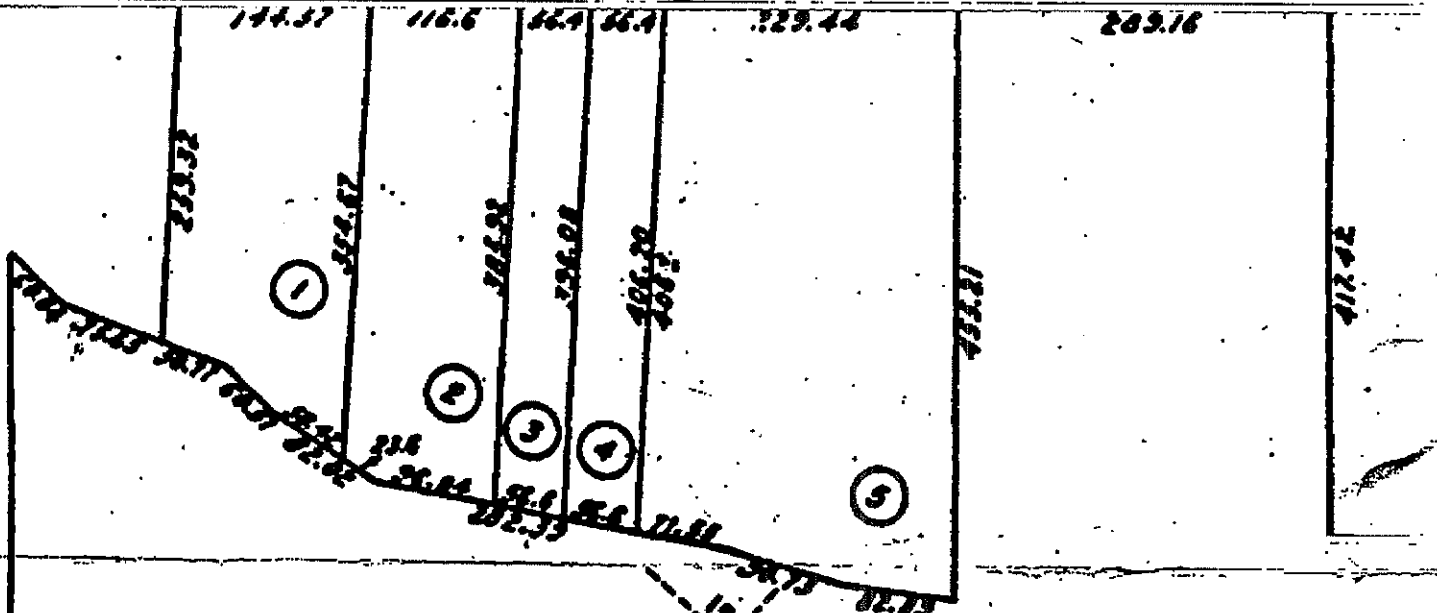
SHEET TITLE POND, FENCE, ELEVATIONS, SITE PLAN
PROJECT APN 110-051-07

Salinas

PARCEL# 110-051-07

09

WEBB



HUGHES

PERMIT APPLICATION PROCESSING CHECK LIST

SEWAGE DISPOSAL

NAME: California Pajerosc ASSESSOR'S PARCEL NUMBER 110-051-07

PROJECT: SINGLE FAMILY DWELLING NO. OF BEDROOMS _____ MULTIPLE DWELLING
 COMMERCIAL (eg bldg.) INSTITUTION

I.R. = INFORMATION REQUIRED (MARK IN "NO" COLUMN) DNA = DOES NOT APPLY (MARK IN "YES" COLUMN) WHEN STATUS CHANGES FROM "NO" TO "YES" MAKE CORRECTION ON FORM

SEWAGE DISPOSAL	
NO	YES
	APN FILE CHECKED
	<input checked="" type="checkbox"/> OUTSIDE WATERSHED CONSTRAINT AREA (COASTAL ZONE)
	<input checked="" type="checkbox"/> APPLICATION COMPLETE (CHECK LIST OF REQUIRED INFORMATION IN REGULATIONS) INFORMATION COMPLETE (NEED: _____)
	<input checked="" type="checkbox"/> LOT SIZE ACCEPTABLE - CASE NO. <u>511</u> (SEE REVERSE FOR LIST)
	<input checked="" type="checkbox"/> NO VEHICULAR RIGHT-OF-WAY WITHIN PROPERTY
	<input checked="" type="checkbox"/> WATER SERVICE ACCEPTABLE (SEE WATER SERVICE CHECK LIST)
	<input checked="" type="checkbox"/> < 15,000 SQUARE FEET - NOT ON SEPTIC CONSTRAINT LISTING
	<input checked="" type="checkbox"/> < 15,000 SQUARE FEET - NOT IN RIO DEL MAR LODGE SITES OR MONTE TOYON SUBD, APTOS
	<input checked="" type="checkbox"/> OUTSIDE THE FLOOD PLAIN AREA
	<input checked="" type="checkbox"/> OUTSIDE THE RIPARIAN CORRIDOR
	<input checked="" type="checkbox"/> INTERIM SEPTIC TANK SYSTEM (FREEDOM SANITATION DISTRICT) - MEETS CONDITIONS
	<input checked="" type="checkbox"/> OUTSIDE SEPTIC SYSTEM MAINTENANCE DISTRICT (HIDDEN GLEN; GALLEON HEIGHTS, UNIT 1)
	<input checked="" type="checkbox"/> INSIDE SAN LORENZO VALLEY WATER DISTRICT - DISTRICT NOTIFIED - DATE: _____
	<input checked="" type="checkbox"/> OUTSIDE SAN LORENZO VALLEY PROPOSED SEWER AREAS (SEE APN LIST)
	<input checked="" type="checkbox"/> SUBDIVISION FINAL MAP CONDITIONS CHECKED
	<input checked="" type="checkbox"/> NOT IN KRISTEN PARK SUBD. (REQUIRES RECORDING LIMITATION ON DEVELOPMENT RIGHTS)
	<input checked="" type="checkbox"/> OWNER/CONTRACTOR EXEMPTION FORM COMPLETED
	<input checked="" type="checkbox"/> SLOPE FOR LEACHING NOT GREATER THAN 30 PER CENT
	<input checked="" type="checkbox"/> ADEQUATE SETBACK FROM BANKS
	<input checked="" type="checkbox"/> DEPTH TO GROUNDWATER ACCEPTABLE
	<input checked="" type="checkbox"/> SOILS ACCEPTABLE
	<input checked="" type="checkbox"/> REPLACEMENT STRUCTURE - VALUE < 50 PER CENT

VARIANCE (CONTACT SUPERVISOR)

 SLOPE

 STEEP SLOPE SETBACK

 SEWAGE EASEMENT

 LOT SLIGHTLY LESS THAN REQUIRED ONE ACRE

MISCELLANEOUS CONSTRAINTS: _____
 COMPLETED BY [Signature] DATE: 5-18-83 CHECKED BY [Signature] DATE: 5/18/83

CASE NO.	DATE OF RECORDATION	LOT SIZE SQ. FT.	CONDITIONS & CODE REFERENCES
I.	BEFORE 12/17/70	<6,000	NO CONTIGUOUS PROPERTY IN SAME OWNERSHIP ON 12/17/70; MORE THAN 200 FEET FROM SEWER; PUBLIC WATER SUPPLY. (11.76.040, e, 2)
II	BEFORE 12/17/70	6,000-15,000	PUBLIC WATER SUPPLY. (11.76.040, e, 1)
III	BEFORE 12/17/70	>15,000	ON-SITE WATER SUPPLY O.K. IF PUBLIC WATER NOT OBTAINABLE (WATER SYSTEM MORATORIA DO NOT APPLY); ADDITIONAL LAND NOT AVAILABLE (11.76.040, e, 4)
IV	AFTER 12/17/70	1 ACRE	FOR BOTH ON-SITE WATER AND SEWAGE DISPOSAL. (11.76.040, b)
V	BETWEEN 12/17/70 AND 10/30/78	15,000	MINIMUM LOT SIZE; PUBLIC WATER SUPPLY REQUIRED. (11.76.040, c)
VI	ANY DATE	15,000	MONTE TOYON SUBDV., NO. 1; RIO DEL MAR LODGE SITES 1 AND 2, APN BOOK 40-15, BLOCKS 1 AND 2. (11.76.040, e, 2.5)
VII	AFTER 10/30/78	1 ACRE	MINIMUM LOT SIZE (ON-SITE WATER O.K.), VARIANCES ALLOWED - SEE SUPERVISING SANITARIANS. (11.76.040, b)

NOTES:

1. VEHICULAR RIGHTS-OF-WAY WITHIN PROPERTY BOUNDARIES MUST BE SUBTRACTED FROM LOT AREA WHEN CALCULATING LOT SIZE.
2. LOTS MUST BE MORE THAN 200 FEET FROM A SANITARY SEWER TO UTILIZE INDIVIDUAL SEWAGE DISPOSAL.

APPLICATION FOR SEWAGE DISPOSAL PERMIT

Bldg # 4522

Santa Cruz County Environmental Health Service

70 SA **sys 1 - office**

1430 Freedom Boulevard
WATSONVILLE - 728-1473

Application requires two copies of a plot plan drawn to County specifications and proof of availability of a domestic water supply.

Completed applications will be reviewed for conformance with County sewage disposal regulations. Applicants will be notified of the results of this review.

Sewage disposal permits (except for repairs) are issued by the County Building Department in conjunction with issuance of building permits. A sewage disposal system may not be installed without a permit.

APPLICANT INFORMATION

Permittee (Property Owner) CALIFORNIA PAJAROSA Applicant Alan Mitchell
 Address P.O. Box 684 WATSONVILLE Address SAME
 Construction Site Location 133 HUGHES RD WAT. Phone 722-6374
 Septic Tank Contractor _____ Owner/Builder - Exemption Form Submitted

LAND USE INFORMATION

<u>TYPE OF BUILDING</u>	<u>WATER SUPPLY</u>	<u>LOT INFORMATION</u>
Single Family Res. _____ Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	APN <u>110-051-07</u>
Multiple Dwelling _____	Name of Water Company: Shared <input type="checkbox"/>	Date Recorded _____
Other <u>Ag. Building</u>	Source (APN No.) _____	Sq. Ft. <u>6000 3300</u>
Total Bedrooms <input type="checkbox"/>		

SYSTEM DESIGN SPECIFICATIONS

TYPE: New Repair _____ Addition _____
 TANK: Gallons 1500 Material c/c Risers: Tank 2 Access _____ Diversion Valve
 TRENCHES: Length(x2) = 250 Effect. Depth 2.5 Square Feet 1800+ No. Riser(s) 2
 PITS: No. _____ Diameter _____ Effect. Depth _____ Square Feet _____ No. Riser(s) _____

SOIL LOG: Feet Type Special Conditions: 20 workers at 15' gpd

<u>1-15-83</u>	<u>0-5"</u>	<u>clay loam</u>	<u>= 300 gal ÷ .25' = 1200 ft² x 2</u>
<u>w.t.</u>	<u>5'</u>	<u>w.t.</u>	<u>= 2400 x .75 = 1800</u>
<u>5-16-83</u>	<u>0-8'</u>	<u>clay loam</u>	<input checked="" type="checkbox"/>
	<u>8'</u>	<u>w.t. *</u>	
<u>6-16-83</u>	<u>w.t. at 13'</u>	<u>* 1) Soil test</u>	
		<u>* 2) Back test on well water before final</u>	

Depth to Ground Water: * curtain drain installed & effective Over _____

I certify that the information given is correct to the best of my knowledge. I hereby agree to install the sewage disposal system as approved in this application.

Owner: CALIFORNIA PAJAROSA Agent: Robert Mitchell Date: 4-27-83

FOR COUNTY USE ONLY

COMPLIANCE/EXPIRATION	INSPECTIONS (Initial)	(Date)
Application complies with regulations:	Septic Tank: <u>AM</u>	<u>11-4-83</u>
Name: <u>Alan Mitchell</u> Date: <u>5-18-83</u>	Trench/Pit: <u>AM</u>	<u>11-7-83</u>
Permit # <u>0389</u> Expires: <u>5-18-86</u>	Valve/Risers: <u>AM</u>	<u>5-2-84</u>
DHD19 Rev 5/80	* FINAL: <u>AM</u>	<u>5-2-80</u>

FILE

Bldg Plan #4522

SEWAGE DISPOSAL PERMIT

Santa Cruz County Environmental Health Services Agency

701 Ocean Street - Room 400
SANTA CRUZ - 425-2341

1430 Freedom Boulevard
WATSONVILLE - 728-1473

PERMIT NO. 0389

For ~~New Sewage Disposal System~~ ~~Other~~ ~~Ag Bldg~~ Assessor's Parcel No. 110-051-07

Located at 133 Hughes Road, Watsonville

Owner's Name California Pajarosa, P. O. Box 684, Watsonville

PERMIT CONDITIONS

Valid only if attached to County approved plot plan with same permit number.

Valid as long as associated building permit remains valid.

Health Officer Validation

THIS PERMIT MUST BE ON JOB SITE

By [Signature]

Date 5-18-83

County Use Only

Inspections	Initial	Date	Inspections	Initial	Date
Septic Tank	<u>[Signature]</u>	<u>11-4-83</u>	Div. Valve	<u>[Signature]</u>	<u>11-7-83</u>
Leaching System	<u>[Signature]</u>	<u>11-7-83</u>	Water System	<u>NA</u>	
Riser(s)	<u>[Signature]</u>	<u>5-2-84</u>	FINAL	<u>[Signature]</u>	<u>5-2-84</u>

Santa Cruz County Environmental Health Service

Permit No. 0389

Cashier Validation

APN 110-051-07
CALIFORNIA PAJAROSA

jlt - New/Other
4/29/83

(315) chk \$160.00

RECEIPT FOR
SEWAGE DISPOSAL PERMIT
APPLICATION FEE

SANTA CRUZ COUNTY HEALTH SERVICES AGENCY
ENVIRONMENTAL HEALTH SERVICE

sys 1

FIELD NOTE DATA SHEET

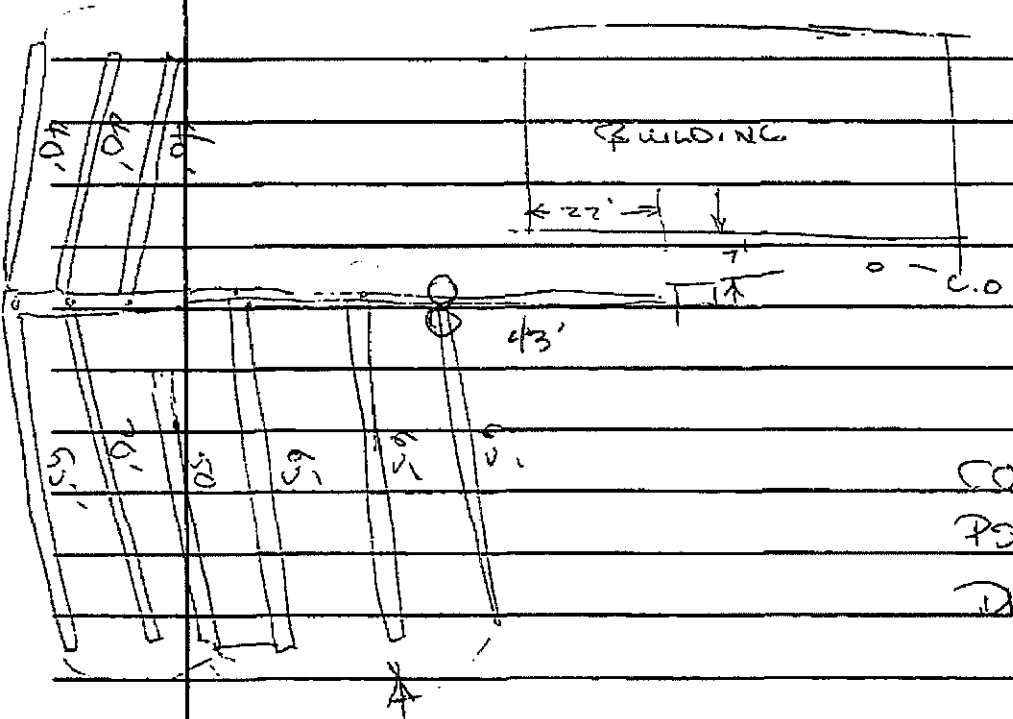
SUBJECT: 110-051-07

FILE _____

BY: J. DeRosa

Page _____

DATE 11-4-83 NEW INSTALLATION, OWNER INSTALLED.
TANK: 1500 GAL. NOTTINGHAM, CONCRETE 2COMPART
PLAN TO EXTEND BUILDING, LEFT SPACE FOR THAT

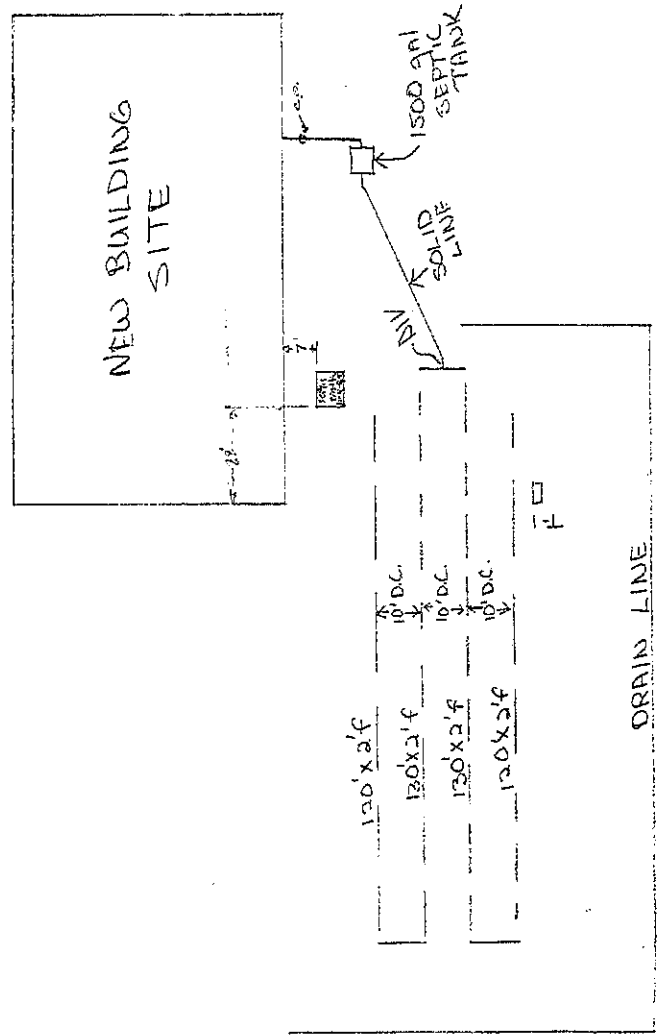


COEK
PSP 3" HDPE
DRAIN PIPE 2000 # CRIST

TRENCHES DUG AT
TIME OF INSPECTION.

133 HUGHES RD
 SAN JUAN CA 95026
 11/11/83
 110-051-07
 133 HUGHES RD
 SAN JUAN CA 95026

PROPERTY LINE



Santa Cruz County
 Health Department
 APPROVED FOR
 6-19-83
 PROJECT NO.
 0389

sys 1

1" = 20'

133 HUGHES RD
 APN 110-051-07

EXHIBIT A

PROPERTY LINE

SANTA CRUZ COUNTY HEALTH SERVICES AGENCY
ENVIRONMENTAL HEALTH SERVICE

LICENSING REQUIREMENTS

The State Business and Professions Code and the Santa Cruz County Code require that an individual be licensed by the State of California to install or perform work on water wells and individual sewage disposal systems.

The licensing requirement does not apply to a property owner performing work on his or her property or through employees with wages as their sole compensation and provided the property is not sold or offered for sale within one year of the performed work. Work valued at less than \$100 is exempt from the licensing requirement.

Please check one:

I am licensed under the provisions of the State Contractor's Licensing Law, Chapter 9, Division 3, Business and Professions Code.

Contractor's License Number _____

I am the property owner of record and plan to own the structure or property for one year.

California Pearson
(Signature of Owner)

4-27-83
(Date)

133 Hughes Rd
(Location of Structure) Wat.

110-051-07
(APN)

PROOF OF WORKERS COMPENSATION INSURANCE

Section 3800 of the State Labor Code requires each applicant for a construction permit to file with the County proof of workers compensation insurance. The only exceptions are permits for work valued less than \$100 or if the applicant certified in writing that no person will be hired that is subject to the workers compensation laws of California. Please submit a "CERTIFICATE OF WORKERS COMPENSATION INSURANCE" or owner-builders not employing anyone, may sign the following:

"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 WORKERS COMPENSATION LAWS OF CALIFORNIA."

Robert A Mitchell
(Signature)

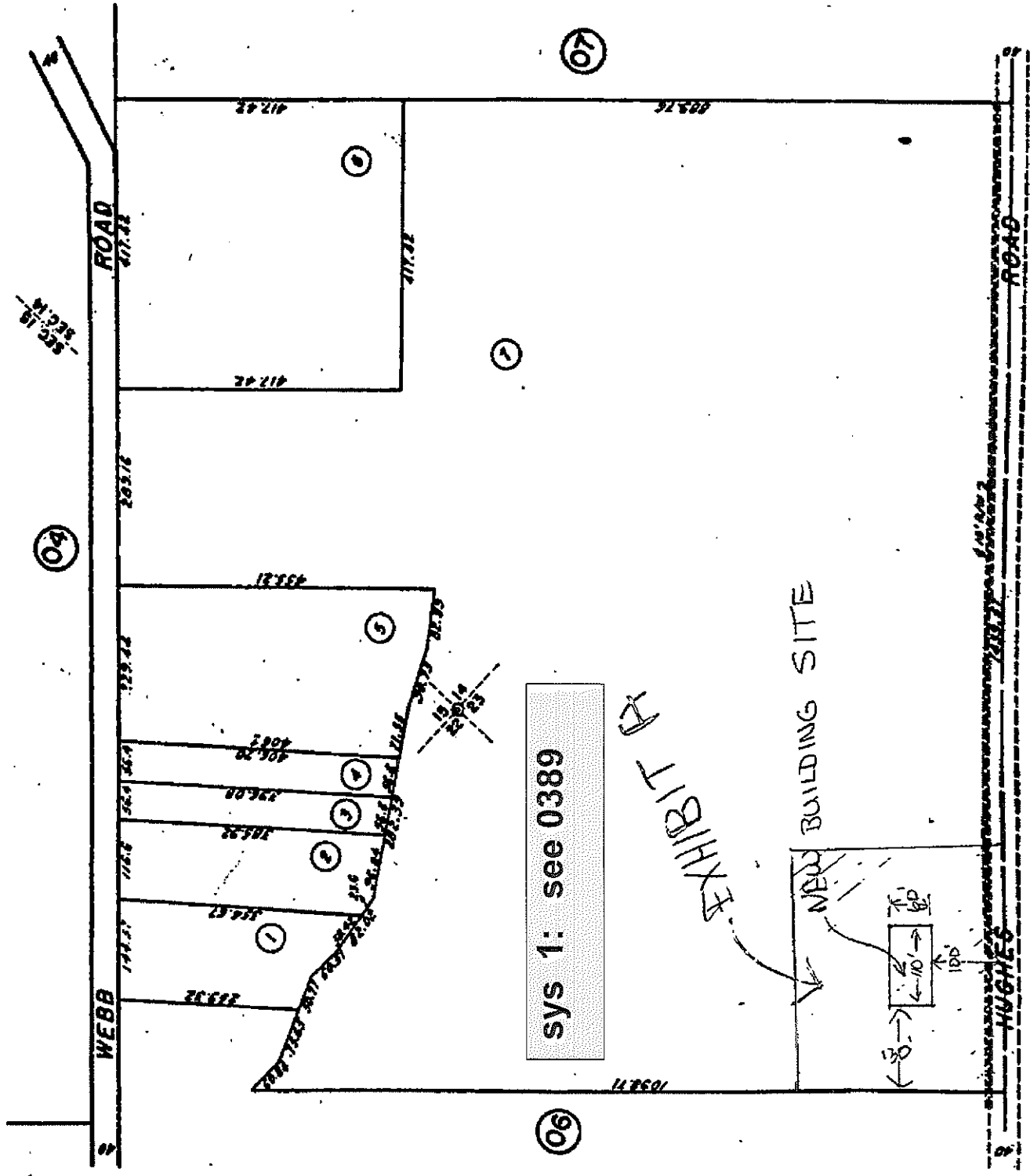
4-27-83
(Date)

ROBERT A MITCHELL
(Name) (Please Print)

P.O. Box 684 WATSONVILLE CA.
(Address)

SEC. 19
SEC. 22

SEC. 14
SEC. 23



sys 1: see 0389

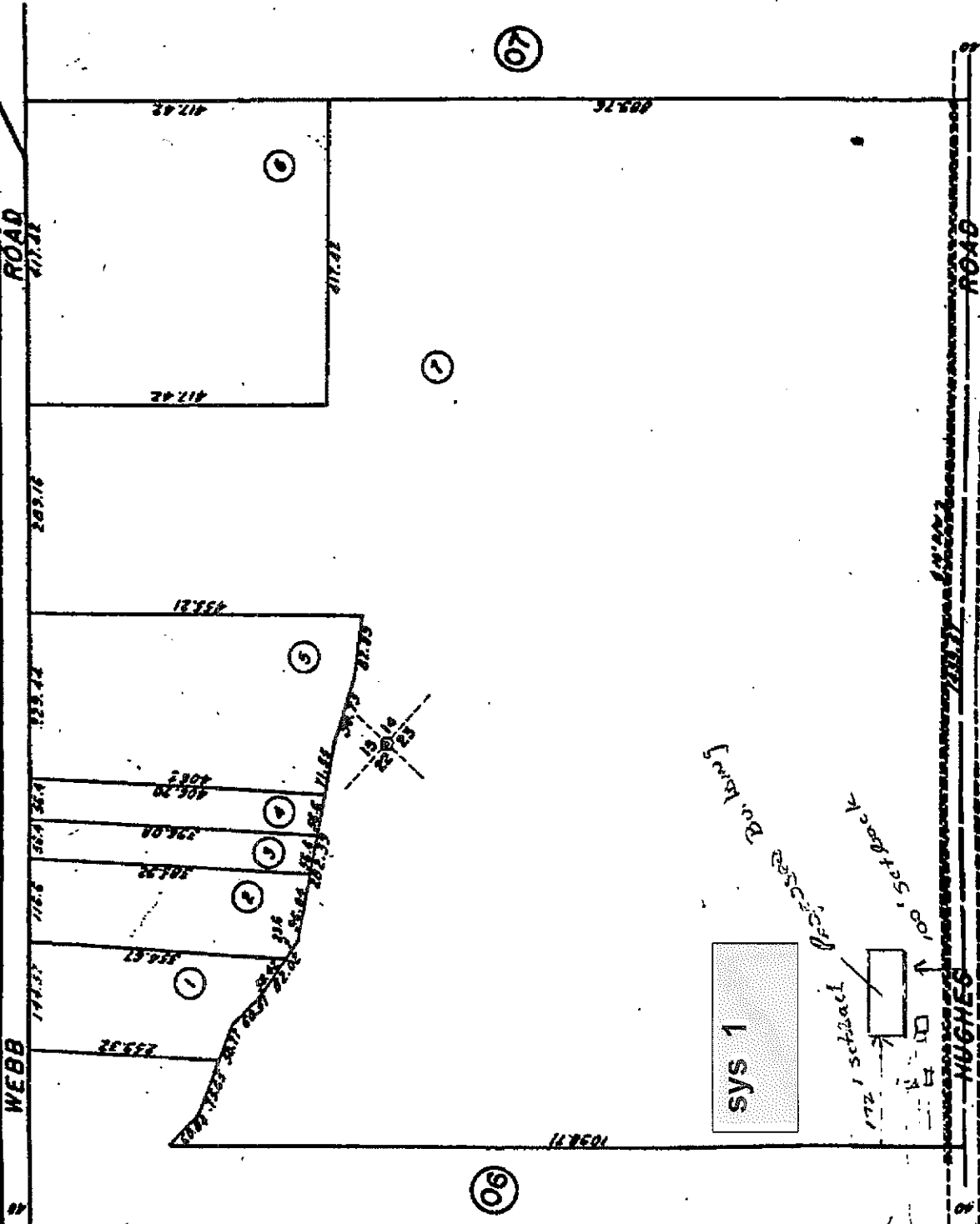
EXHIBIT 17

NEW BUILDING SITE

Note - Assessor's Lot 17

SEC. 19
SEC. 22

SEC. 14
SEC. 23



04

07

02

07

06

sys 1

HUGHES

Proposed location

Proposed location

100' Setback

Map No. 251-07

Note - Assessor's Lot 11

Keep for your APN file - 902
 Roger please comment & return this copy
 being heard 9/1/78

74
25
\$ 99.00

application for:
MINOR LAND DIVISION
 BOUNDARY ADJUSTMENT/PARCEL ADJUSTMENT



SANTA CRUZ COUNTY PLANNING DEPARTMENT · 701 OCEAN STREET · SANTA CRUZ, CA. 95060
 PHONE 408-425-2191

• Please Print •

ASSESSOR'S PARCEL NO. 110-051-07 APPLICATION NO. 78-795

CONCURRENT APPLICATIONS None

Applicant's Name (not agent) Hayden Spidell

Address 2833 Freedom Blvd. Business phone 724-4832

City, State, Zip Watsonville, Ca 95076 Home phone same

Applicant's interest: owner prospective buyer lessee

Property Owner's Name Wm. Buak Jr. Wm. Buak Sr. Jacob L Buak

Address 1326 Green Valley Rd. Watsonville Business phone 724-6375

City, State, Zip Watsonville Ca. 95076 Home phone 724-6723

Property Address Webb Rd Watsonville Ca

Give complete directions to drive to the property. Place stakes to show boundaries and proposed building site.

Property lies off Cassery Rd. ~~was~~ north-west of Hwy 152, in between Webb and Huges Roads. The property is bounded by Webb Rd, starting at pump house at 120 Webb continuing for 210 feet. Huges Rd's boundary runs opposite side. The property is planted entirely to plums and apples.

PROPOSED DIVISION OR ADJUSTMENT TO RESULT IN:

LOT	SIZE	EXISTING STRUCTURES
A	Ten-plus acres	house, pump house and water tank
B	Ten-plus acres ^{all to remain}	well
C	Ten-plus acres ^{Agricultural}	none
D		

For staff use only. Do not write below this line.

SITE LOCATION and AREA

SE SIDE WEBB RD
 APPROX. 1/4 MILE NE EAST OF WEBB/CASSERY
RD. INTERSECTION

ZONE DISTRICT A-10 Subdivided Dist. SUPERVISOR DISTRICT 4

GENERAL PLAN AREA and DESIGNATION PAJARO VALLEY G/P

RURAL HOMESITES SAC/DU - AGRI.

PROS DESIGNATION AGRICULTURE / EXISTING URBAN

ENVIRONMENTAL ASSESSMENT QUESTIONNAIRE: Required Not Required

(Categorical exemption, Class _____)

00.000...
 00.000...

11 A
 H3 4.000 15000-0151-05-2-2

APPLICANT: Please supply this information.

SERVICES (if applicable)

Water supply: Existing well *two wells* Drill new well Spring

Mutual system (name) _____

Public company (name) _____

Sewage disposal: Sanitation District (name) _____

Existing Septic system *for one proposed parcel (A)* Install new septic system

OTHER COUNTY ACTION ON THIS PARCEL:

Describe any other County permits already issued. none

OTHER PROPERTY UNDER SAME OWNERSHIP

Give Assessor's Parcel number of any other land touching this property which is held by the same owner. none

TENTATIVE MAP

Surveying is not required until the division has been approved. Submit three copies of a map at least 8 1/2" x 11" (or an Assessor's Parcel map) of the entire property drawn to scale with north at the top. Include the following:

1. Proposed divisions labeled A, B, C, and D, with approximate dimensions on their boundaries.
2. Proposed access route to each parcel from a public road.

Show all significant natural and man-made features, including:

1. Roads, rights-of-way (easements), driveways and parking areas (existing and proposed)
2. All existing structures with their dimensions and setbacks from property lines.
3. Topography, wells, streams, large trees, orchards, etc.
4. Include your grading plans now to expedite this application.

APPLICATION FEE

Payable to County of Santa Cruz, based on number of resulting lots.

Two lots: \$66.00 Three lots: \$74.00 Four lots: \$82.00

If you are also submitting an Application for Rezoning or other approvals, it will be necessary that the Planning Commission and the Board of Supervisors hear both applications concurrently. By signing this form, you consent to an extension of the time limit permitted by State Statute for acting and reporting on the Tentative Map, so as to coincide with the time limits for hearing and acting on all applications.

I certify that all of the information supplied in this application is true and that the plans are correct to the best of my knowledge:

Signature of property owner (not agent) Wm. Francisco Torres-Buabals Jacob L. Buabals Date June 1, 1978

Signature of applicant (if other than owner) Hazel Spudis Date June 1, 1978

Application received by ESA 4/6/78

Cashier's validation 4/6/78 A 19 ***075.00 ***074.00 ***099.00

SANTA CRUZ COUNTY HEALTH SERVICES AGENCY
Environmental Health Service

701 Ocean Street - Room 400
Santa Cruz - 425-2341

1430 Freedom Boulevard
Watsonville - 728-2206

REQUEST FOR PRELIMINARY LOT INSPECTION

22464

TO: _____

DATE June 5, 1978 ASSESSOR'S PARCEL NUMBER 110-051-7 LOT SIZE 11 ac
REQUESTED BY: Haydon SPIDELL 2833 FREEDOM BLVD 724-4832
(Name) (Address) (Phone)
OWNER Wm Buak, Jr, Wm, Buak Sr, Jacob Buak 1326 Green Valley Rd 724-0783
(Name) (Address) (Phone)
LOCATION Huges Rd off Casserty, Drive through 120 Owner's Permission
WATER SUPPLY Two wells Webb Rd, see map, proposed parcel (B)

- Item/s checked below do not meet existing sewage disposal regulations and is/are the basis for a negative report at this time.
- Soil tests required to indicate soils suitable for individual sewage disposal.
- Depth to ground water (seasonal high water table) determination required.
- Septic system is within 100 feet of a well, spring, or live stream.
- Inadequate space for both the sewage disposal system and the required future expansion area.
- Lot slope excessive.
- Unable to provide setback from cut bank.
- Inadequate surface drainage of storm water.
- Lot not served by approved water supply

REMARKS:

Soil testing has demonstrated suitable soil with a maximum 2' flow depth to be allowed. *
Individual water supply permit necessary.

* irrigation water raises level of water table.

- Preliminary inspection of this lot did not reveal condition which would render it unsuitable for individual sewage disposal.

NOTE: Preliminary inspections do not take into account all factors, which are considered in the issuance of a sewage disposal permit. Consequently, a positive preliminary lot inspection report will not constitute approval for the issuance of sewage disposal permit or a guarantee that such a permit will be issued when applied for. An application for a sewage disposal permit can only be considered at such time as bona fide plans are developed for a particular dwelling or toher structure.

[Signature]
Public Health Sanitarian

6-21-78 ✓
Date

SANTA CRUZ COUNTY HEALTH SERVICES AGENCY
Environmental Health Service

701 Ocean Street - Room 400
Santa Cruz - 425-2341

1430 Freedom Boulevard
Watsonville - 728-2206

22463

REQUEST FOR PRELIMINARY LOT INSPECTION

TO: _____
DATE June 5, 1978 ASSESSOR'S PARCEL NUMBER 110-0577 LOT SIZE 11 ac
REQUESTED BY: HAYDON SPIDELL 2833 FREEDOM BLVD 724-4832
(Name) (Address) (Phone)
OWNER Wm. BUAK, JR, Mm. BUAK SE. JACOB BUAK 1326 Green Valley Rd. 724-0783
(Name) (Address) (Phone)
LOCATION Huges Rd off Casserly - Drive through 120 Webb Rd. Owner's Permission
WATER SUPPLY two wells see map - proposed parcel

- Item/s checked below do not meet existing sewage disposal regulations and is/are the basis for a negative report at this time.
- Soil tests required to indicate soils suitable for individual sewage disposal.
- Depth to ground water (seasonal high water table) determination required.
- Septic system is within 100 feet of a well, spring, or live stream.
- Inadequate space for both the sewage disposal system and the required future expansion area.
- Lot slope excessive.
- Unable to provide setback from cut bank.
- Inadequate surface drainage of storm water.
- Lot not served by approved water supply

REMARKS:

Soil testing has demonstrated suitable soil with a maximum 2' flow depth to be allowed.*

Individual water supply permit necessary.

* Irrigation water raises level of water table

- Preliminary inspection of this lot did not reveal condition which would render it unsuitable for individual sewage disposal.

NOTE: Preliminary inspections do not take into account all factors, which are considered in the issuance of a sewage disposal permit. Consequently, a positive preliminary lot inspection report will not constitute approval for the issuance of sewage disposal permit or a guarantee that such a permit will be issued when applied for. An application for a sewage disposal permit can only be considered at such time as bona fide plans are developed for a particular dwelling or other structure.

[Signature]
Public Health Sanitarian

6-21-78
Date

HEALTH PERMIT

No.22464

For PRELIMINARY LOT INSPECTION expires 19

Located at Huges Road off Casserly

Name Haydon Spidell

DBA, or APN 110-051-07 B

Addr. 2833 Freedom Blvd.
Watsonville, CA 95076

Santa Cruz County HEALTH SERVICES AGENCY

HEALTH OFFICER

By _____

Date _____

ENVIRONMENTAL HEALTH SERVICE

701 Ocean St., Rm. 400
Santa Cruz, CA 95060

1430 Freedom Blvd.
Watsonville, CA 95076

APN: 110-051-07 B
Haydon Spidell

FEE FOR SERVICE

SERVICE	FEE PAID
<input type="checkbox"/> FOOD SERVICE	_____
<input type="checkbox"/> FOOD VENDING	_____
<input type="checkbox"/> FOOD - ITINERANT	_____
<input type="checkbox"/> FOOD - PROCESSING	_____
<input type="checkbox"/> KENNEL	_____
<input type="checkbox"/> PET SHOP	_____
<input type="checkbox"/> ORGANIZED CAMP	_____
<input type="checkbox"/> SWIMMING POOL	_____
<input type="checkbox"/> TRANSFER OF PERMIT	_____
<input type="checkbox"/> PLAN CHECK	_____
Time _____	
<input type="checkbox"/> PENALTY	_____
<input type="checkbox"/> OTHER	_____

SERVICE	FEE PAID
<input type="checkbox"/> DAIRY FARM	_____
<input type="checkbox"/> MILK PLANT	_____
SEWAGE DISPOSAL	
<input type="checkbox"/> INSTALLATION	_____
<input checked="" type="checkbox"/> LOT INSPECTION <u>chk</u>	<u>\$27.00</u>
<input type="checkbox"/> CLEANING	_____
WATER	
<input type="checkbox"/> WELL CONSTRUCTION	_____
<input type="checkbox"/> WELL DESTRUCTION	_____
<input type="checkbox"/> PUBLIC WATER SUPPLY	_____
<input type="checkbox"/> INDIVIDUAL WATER SUPPLY	_____
TOTAL AMOUNT RECEIVED <u>\$27.00</u>	
Fees Collected By <u>Eleanor Brimberry</u>	
Date <u>6/5/78</u>	

HEALTH PERMIT

No. 22463

For PRELIMINARY LOT INSPECTION expires _____ 19____

Located at Huges Road off Casserly

Name Haydon Spidell

DBA, or APN ~~XXXXXX~~ 110-051-07 (A)

Addr. 2833 Freedom Blvd.
Watsonville, CA 95076

Santa Cruz County HEALTH SERVICES AGENCY

ENVIRONMENTAL HEALTH SERVICE

701 Ocean St., Rm. 400
Santa Cruz, CA 95060

1430 Freedom Blvd.
Watsonville, CA 95076

HEALTH OFFICER

By _____

Date _____

APN: 110-051-07
Haydon Spidell

FEE FOR SERVICE

SERVICE	FEE PAID
<input type="checkbox"/> FOOD SERVICE _____	_____
<input type="checkbox"/> FOOD VENDING _____	_____
<input type="checkbox"/> FOOD - ITINERANT _____	_____
<input type="checkbox"/> FOOD - PROCESSING _____	_____
<input type="checkbox"/> KENNEL _____	_____
<input type="checkbox"/> PET SHOP _____	_____
<input type="checkbox"/> ORGANIZED CAMP _____	_____
<input type="checkbox"/> SWIMMING POOL _____	_____
<input type="checkbox"/> TRANSFER OF PERMIT _____	_____
<input type="checkbox"/> PLAN CHECK _____	_____
Time _____	
<input type="checkbox"/> PENALTY _____	_____
<input type="checkbox"/> OTHER _____	_____

SERVICE	FEE PAID
<input type="checkbox"/> DAIRY FARM _____	_____
<input type="checkbox"/> MILK PLANT _____	_____
SEWAGE DISPOSAL	
<input type="checkbox"/> INSTALLATION _____	_____
<input checked="" type="checkbox"/> LOT INSPECTION <u>chk</u>	<u>\$27.00</u>
<input type="checkbox"/> CLEANING _____	_____
WATER	
<input type="checkbox"/> WELL CONSTRUCTION _____	_____
<input type="checkbox"/> WELL DESTRUCTION _____	_____
<input type="checkbox"/> PUBLIC WATER SUPPLY _____	_____
<input type="checkbox"/> INDIVIDUAL WATER SUPPLY _____	_____
TOTAL AMOUNT RECEIVED ... <u>\$27.00</u>	

Fee Collected By Eleanor Brimberry
Date 6/5/78

SANTA CRUZ COUNTY HEALTH SERVICES AGENCY
ENVIRONMENTAL HEALTH SERVICE

FIELD NOTE DATA SHEET

[Handwritten mark]

SUBJECT: 110-05F-07

BY: Haydon Spindel

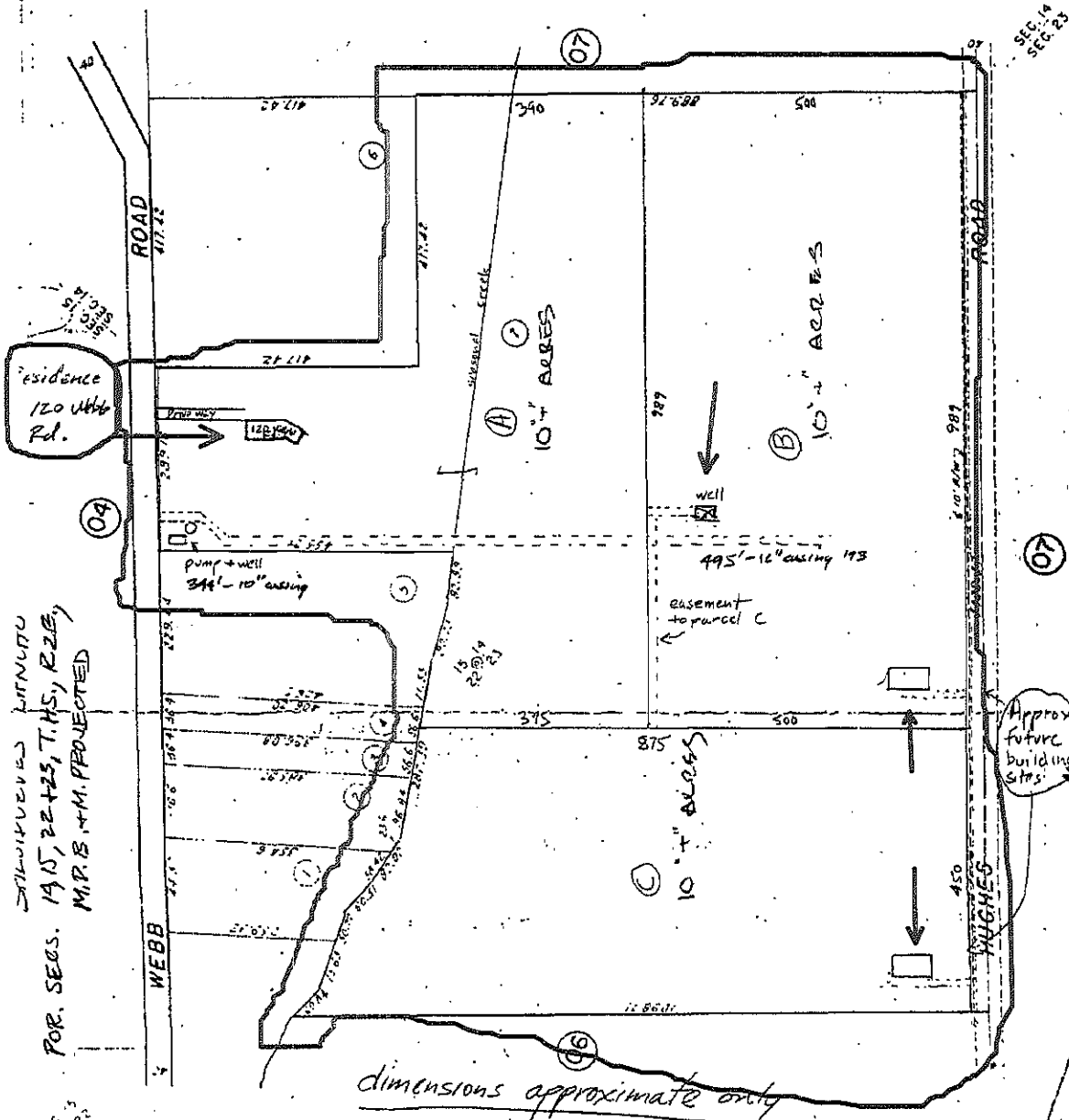
BY: DP

Page _____

DATE	
6/16/78	TH#1 (B)
	0-1 topsoil
	1-8 loam with gravel OK
	8' Water (Irrigation)
	OK with 2 ft flow
	TH#2 (c)
	0-1 topsoil
	1-15 loam w/ gravel
	OK with 10 ft flow
	OK with 2 ft flow to allow for
	future flooding due to irrigation
	as with

Tax Area Code
69-110
110-05

Parcel # 7 is all orchards
completely fenced except on Webb Rd.



FOR SECS. 14 N, 22-25, T. 45, R. 2E,
M.P. 8. + M. PROTECTED

dimensions approximate only

Approx future building sites

SEC. 14
SEC. 25

SEC. 14
SEC. 25

home
(no longer there?)

SANTA CRUZ COUNTY HEALTH SERVICES AGENCY
ENVIRONMENTAL HEALTH SERVICE

APPLICATION FOR SEWAGE DISPOSAL PERMIT

1430 Freedom Boulevard
Watsonville - 728-2106

22468
Permit No.

Fee Paid

110-051-07
Assessor's Parcel Number

Construction Site Directions 120 Webb Road Phone _____
Permittee (Owner) William Bush Applicant Chris E Lind
Address 120 Webb Rd Address 46 Bowker Rd
Septic Tank Contractor Luis Tuda Owner Builder Exemption Form

TYPE OF BUILDING WATER SUPPLY LOT INFORMATION
Single Family Res. Public Source _____ Date Recorded _____
Multiple Dwelling (Name) _____ Dimensions _____
Other _____ Private Source _____ Subdivision _____
Total Bedrooms ___ + Den (Type) _____ APN for Ind. Water Supply _____

DESIGN SPECIFICATIONS

TYPE: New Repair Addition

TANK: Gallons _____ Material _____ Tank Riser(s) _____ Access Riser(s) _____

TRENCH: Length 60' Effective Depth 8 Square Feet 1000 No. Riser(s) _____

PIT: No. _____ Diameter _____ Effective Depth _____ Square Feet _____ No. Riser(s) _____

SOIL LOG: Feet Type Special Conditions

_____	_____	<u>1) No plans needed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Depth to Ground Water _____ Over

ONE DAY NOTICE PRIOR TO COMMENCEMENT OF WORK REQUIRED

I certify that the information given is correct to the best of my knowledge.

Chris E Lind
(Signature)

6-6-78
(date)

PERMIT EXPIRES
18 MONTHS AFTER DATE OF
APPROVAL

DO NOT WRITE IN THIS SPACE

Application Approved CL 6-6-78
Inspections (Initial) (Date)

Tank: _____
Trench: _____
Risers: _____
Water: _____
Final: CL 6-6-78

HEALTH PERMIT

No.22468

For SEWAGE DISPOSAL PERMIT

expires 12-6 1979

Located at 120 Webb Road

Name William Bush
By: Chris E. Luich

DBA, or APN 110-051-07

Add. 120 Webb Road
Watsonville, CA 95076

Santa Cruz County HEALTH SERVICES AGENCY

ENVIRONMENTAL HEALTH SERVICE

701 Ocean St., Rm. 400
Santa Cruz, CA 95060

1430 Freedom Blvd.
Watsonville, CA 95076

HEALTH OFFICER

By [Signature]

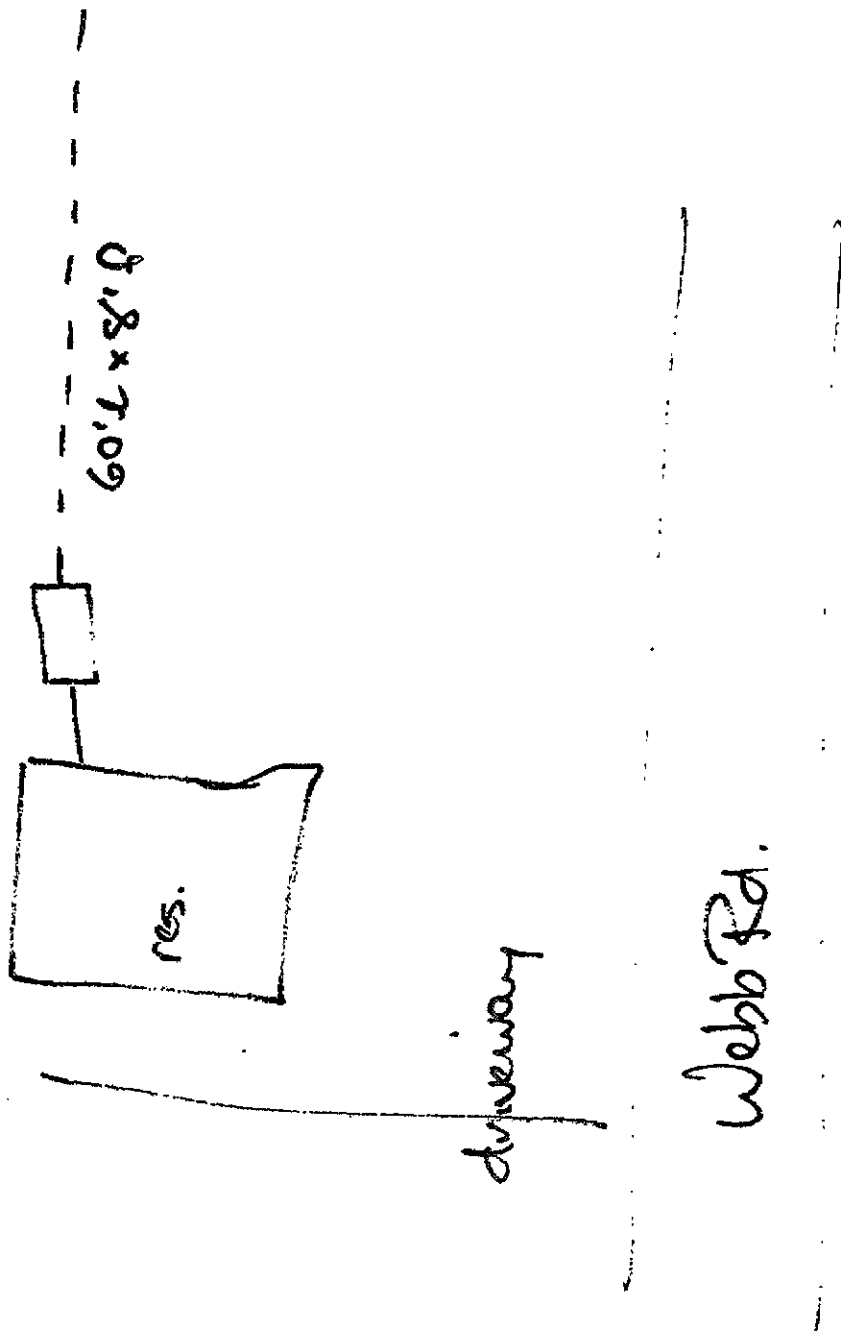
Date 6-6-78

APN: 110-051-07
William Bush
By: Chris E. Luich

FEE FOR SERVICE

SERVICE	FEE PAID	SERVICE	FEE PAID
<input type="checkbox"/> FOOD SERVICE	_____	<input type="checkbox"/> DAIRY FARM	_____
<input type="checkbox"/> FOOD VENDING	_____	<input type="checkbox"/> MILK PLANT	_____
<input type="checkbox"/> FOOD - ITINERANT	_____	SEWAGE DISPOSAL	
<input type="checkbox"/> FOOD - PROCESSING	_____	<input checked="" type="checkbox"/> INSTALLATION <u>repair</u>	<u>N/A</u>
<input type="checkbox"/> KENNEL	_____	<input type="checkbox"/> LOT INSPECTION	_____
<input type="checkbox"/> PET SHOP	_____	<input type="checkbox"/> CLEANING	_____
<input type="checkbox"/> ORGANIZED CAMP	_____	WATER	
<input type="checkbox"/> SWIMMING POOL	_____	<input type="checkbox"/> WELL CONSTRUCTION	_____
<input type="checkbox"/> TRANSFER OF PERMIT	_____	<input type="checkbox"/> WELL DESTRUCTION	_____
<input type="checkbox"/> PLAN CHECK	_____	<input type="checkbox"/> PUBLIC WATER SUPPLY	_____
Time _____		<input type="checkbox"/> INDIVIDUAL WATER SUPPLY	_____
<input type="checkbox"/> PENALTY	_____	TOTAL AMOUNT RECEIVED ...	<u>N/A</u>
<input type="checkbox"/> OTHER	_____	Fee Collected By: <u>Eleanor Brimberry</u>	
		Date: <u>6/6/78</u>	

HOME:
PERMIT 22468



SEPTIC TANK APPLICATION
 SANTA CRUZ COUNTY DEPARTMENT OF PUBLIC HEALTH
 Serial Number

Use hard pencil. Make carbon.
 Do not detach copy.

W-3187

Directions for finding

Owner W. Smith

120 Webb Road -
 Street Name Town or District

Builder Phil Taylor
 (Of System)

Land Marks, etc.
F.P.N 110-051-07

Mail Permit to:

Name _____

Address _____

Give all available information. This application will become a permanent record and will be used by sanitarian when locating site of installation. NOTE: Minimum sized of septic tank, etc., as indicated below are binding. Any variation made will be to increase capacity. It is also assumed that this application is for a private residence accomodating not more than six persons unless otherwise specified. It is also assumed that no spring, stream, or well exists within 100' of proposed installation. If conditions are otherwise than stated above, please seek advice of sanitarian before proceeding further with this application.

* * MINIMUM SIZES * *

Septic Tank <input checked="" type="checkbox"/>	Seepage Pit <input checked="" type="checkbox"/>	Drain Field _____
<u>1000</u> Gals	<u>240</u> Cu.Ft.	_____ Ft.x _____ Inches
1000		Wide

DO NOT WRITE IN THIS SPACE

Special Features Replace Existing System

Application Reviewed by: D. A. ... Date 6-22, 1964

CONDITIONS OF PERMIT - Under this permit, construction must be completed within six months of review date above. A new permit must be obtained if construction is not completed in this period specified. Permit will be valid only where no community sewer line exists. All construction must be in accordance with current printed specifications provided by this Department and must comply with all local and state sanitary regulations. No part of sewage disposal system may be closer than 5 feet to any dwelling nor less than 4 feet from any property line. Contamination of any water source will become the liability of owner and/or builder. Permit covers construction only and does not render the Santa Cruz County Health Center or any of its agents liable for failure of system to operate satisfactorily, or any injuries sustained due to such failure.

I certify that I have read and understood the printed matter contained in this application and that I have answered all questions truthfully to the best of my knowledge and belief.

Signed: Phil Taylor

Date: 6/23/64

FOR OFFICE USE ONLY		
Approved	Date	Initials
Preliminary Inspection		
Notice of Completion		
Final Inspection and/or Completion	<u>6-24-64</u>	<u>...</u>

Bldg. Clearance Issued ...

SANTA CRUZ COUNTY HEALTH DEPARTMENT
Division of Environmental Health

701 Ocean Street - Room 420
Santa Cruz - 425-2341

1430 Freedom Boulevard
Watsonville - 724-3869

APPLICATION AND PERMIT TO CONSTRUCT, REPAIR OR DESTROY A
WATER WELL

Site Location Webb Rd. APN 110-051-07
Directions approx. 1/2 mile from Cassady Rd
Owner Cam. Burk Address 1313 Green Valley Rd
Drilling Contractor Dougherty Pump & Drill Inc License # 267768

DESIGN SPECIFICATIONS: Construction Repair Destruction

Intended Use

Domestic, priv.
Domestic, pub.
Irrigation
Industrial
Other _____

Distance from Well Site To:
Septic Tank Systems (ft.)

100' ++

Sewer (ft.) -

Type of Well

Rotary
Cable
Dug
Other _____

Construction

Depth (ft.) _____
Diameter (in.) 12"
Depth of Seal (ft.) _____

Casing

Single Double
Material _____
Type of Joint _____
Gravel pack

Estimated Work Dates

Start June 1.
Completion _____

REMARKS: Present well is 344' deep. to be extended to approx. 400' or more. Inner casing diameter 10"

I hereby agree to comply with all laws and regulations of the County of Santa Cruz and State of California pertaining to water well construction. Within fifteen days after completion of the well, I will furnish the Santa Cruz County Health Department a report of the work performed and notify them before putting the well into use.

Signed _____

- well not constructed
J. McLarn

FOR OFFICE USE ONLY

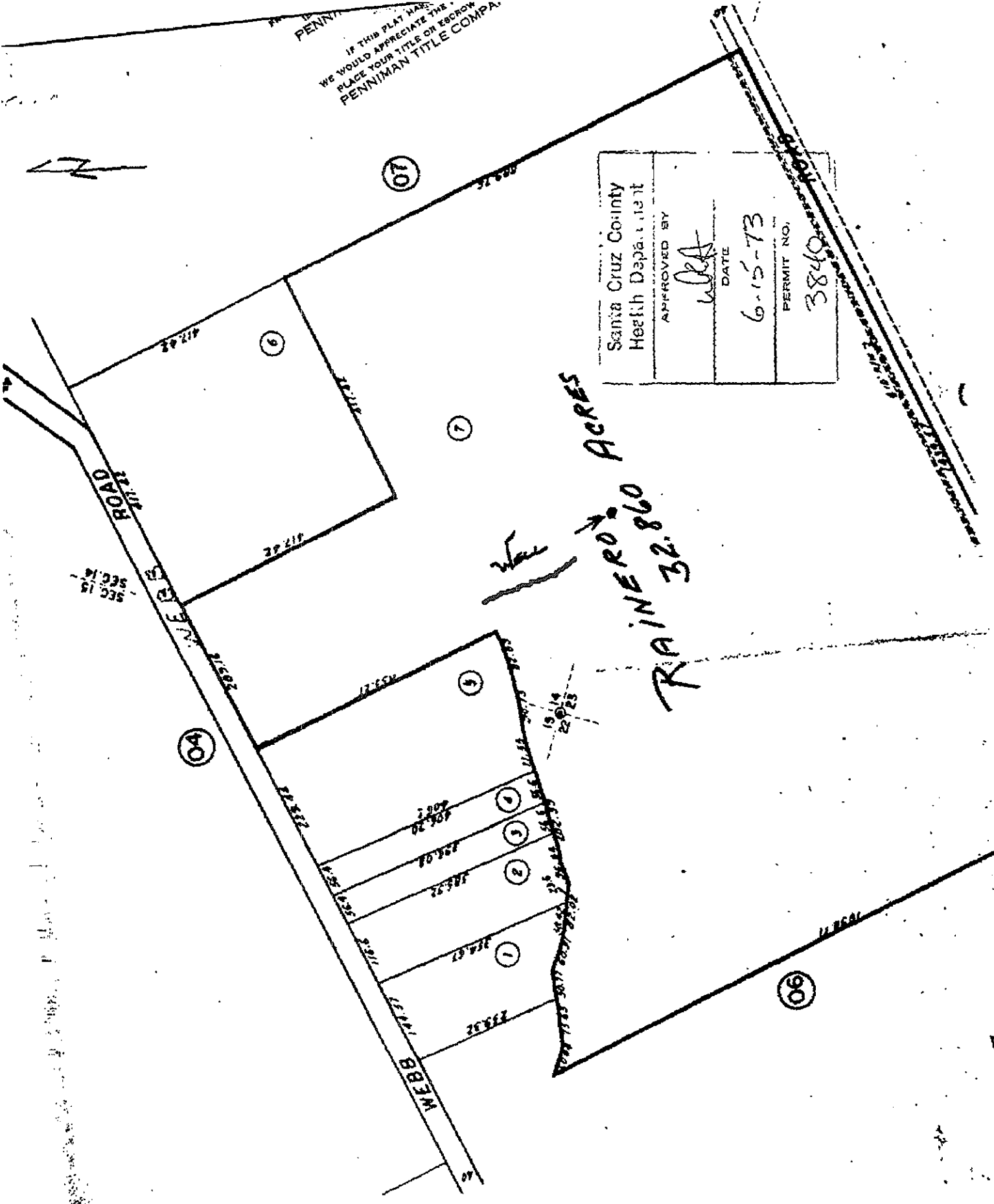
Permit # 17
Approved J. McLarn (Signature)
Date 5/28/71.

Inspections

Site _____ (initial) _____ (date)
Final JA (initial) 1/20/71 (date)

IF THIS PLAT HERE
WE WOULD APPRECIATE THE
PLACE YOUR TITLE OR ESCROW
PENNING TITLE COMP.

Santa Cruz County Health Department		
APPROVED BY	DATE	PERMIT NO.
<i>[Signature]</i>	6-15-73	3840



RAINERO 32.860 ACRES

SEC 19
SEC 22

71-17

HEALTH PERMIT

AND FEE RECEIPT

Nº 3840

For Water Well expires June 1st, 1974

Located at 120 Webb Road, Watsonville

Name, Mickx&mak Rainero Ranch Partnership
Rainero Ranch

DBA, or APN 110-051-07

Addr. 120 Webb Rd., Watsonville

Santa Cruz County
DEPARTMENT OF
PUBLIC HEALTH

ENVIRONMENTAL HEALTH DIV.

701 Ocean St., Rm. 420
Santa Cruz, CA 95060

1430 Freedom Blvd.
Watsonville, CA 95076

RICHARD H. SVIHUS, M.D.
Health Officer

By D. Roger Houston

Date 6-15-73

FEE FOR SERVICE

SERVICE	FEE PAID
<input type="checkbox"/> FOOD SERVICE	_____
<input type="checkbox"/> FOOD VENDING	_____
<input type="checkbox"/> FOOD - ITINERANT	_____
<input type="checkbox"/> FOOD - PROCESSING	_____
<input type="checkbox"/> KENNEL	_____
<input type="checkbox"/> PET SHOP	_____
<input type="checkbox"/> ORGANIZED CAMP	_____
<input type="checkbox"/> SWIMMING POOL	_____
<input type="checkbox"/> TRANSFER OF PERMIT	_____
<input type="checkbox"/> PLAN CHECK	_____
Time _____	
<input type="checkbox"/> PENALTY	_____
<input type="checkbox"/> OTHER	_____

SERVICE	FEE PAID
<input type="checkbox"/> DAIRY FARM	_____
<input type="checkbox"/> MILK PLANT	_____
SEWAGE DISPOSAL	
<input type="checkbox"/> INSTALLATION	_____
<input type="checkbox"/> LOT INSPECTION	_____
<input type="checkbox"/> CLEANING	_____
WATER	
<input checked="" type="checkbox"/> WELL CONSTRUCTION check	\$20.00
<input type="checkbox"/> WELL DESTRUCTION	_____
<input type="checkbox"/> PUBLIC WATER SUPPLY	_____
TOTAL AMOUNT RECEIVED	\$20.00

Fee Collected By D. Roger Houston

Date June 15, 1973

SANTA CRUZ COUNTY HEALTH DEPARTMENT
Division of Environmental Health

701 Ocean Street - Room 420
Santa Cruz - 425-2341

1430 Freedom Boulevard
Watsonville - 724-0681

APPLICATION TO CONSTRUCT, REPAIR OR DESTROY A

WATER WELL

6-15-73
Application Date

Fee Paid

Site Location 120 Webb Road APN 110-051-07

Directions _____

Owner Rainero Ranch Partnership Address 120 Webb Rd, Wds.

Drilling Contractor _____ License # _____

DESIGN SPECIFICATIONS: Construction Repair Destruction

Intended Use

Domestic, priv.
Domestic, pub.
Irrigation
Industrial
Other _____

Distance from Well Site to:
Septic Tank Systems (ft.)
500' +
Sewer (ft.) _____

Type of Well
Rotary
Cable
Dug
Other _____

Construction
Depth (ft.) 495'
Diameter (in.) 12"
Depth of Seal (ft.) 50'

Casing
Single Double
Material steel
Type of Joint welded
Gravel Pack

Estimated Work Dates
Start 4-17-72
Completion 5-10-72

REMARKS

I hereby agree to comply with all laws and regulations of the County of Santa Cruz and State of California pertaining to water well construction. I will contact the County Health Department when I commence the work. Within fifteen days after completion of work I will furnish the Santa Cruz Health Department a report of the work performed and notify them before putting the well into use.

I understand approval of the Water Well Permit does not indicate whether this property is suitable for an individual sewage disposal system or that a permit to install such system will be granted.

Property Owner Nick Bunk Drilling Contractor _____

FOR OFFICE USE ONLY

Permit # 3840
Approved W. Rosen Houston
(Signature)

Date 6-15-73
PHD-133 (Rev., 1973)

Inspections
Site _____
(initial) (date)
Final WPA 6-18-73
(initial) (date)

ANALYTICAL CHEMISTS
and
BACTERIOLOGISTS
Approved by State of California

408 724-5422
408 724-4427

1234 HIGHWAY 1
WATSONVILLE
CALIFORNIA
95076
USA

In any reference, please
quote Certified Analysis
Number appearing hereon.

54670

A Division of Control Laboratories Inc.

California Pajarosa
P.O. Box 684
Watsonville CA 95076

10 MAY 1983

CERTIFIED ANALYTICAL REPORT

BACTERIOLOGICAL EXAMINATION OF WATER FOR COLIFORM ORGANISMS

MATERIAL: Water sample received 02 MAY 1983
Identification: WELL 133 HUGHES ROAD WATSONVILLE
REPORT: Quantitative analysis for coliform organisms is as
follows expressed as Most Probable Number per 100 ml.

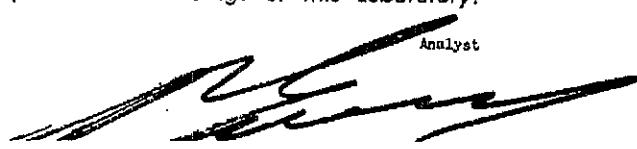
Total coliforms

No organisms detected

Public Health Drinking Water Standards for bacteriological quality of drinking water are met when there are no coliform organisms detected in a water sample. If the coliform organism count is 2.2 or greater the water is considered to be unsafe to drink unless the water is treated by chlorination to remove the bacteria.
NOTE: The above test does not establish whether this water meets Public Health Standards for chemical composition of drinking water.

The undersigned certifies that the above is a true and accurate report of the findings of this Laboratory.

Analyst



L

4600

110-051-07, sysno 01, 133 HUGHES RD, WATSONVILLE

L