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County of Riverside

DEPARTMENT OF ENVIRONMENTAL HEALTH

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1	CERTIFICATION OF EXISTING SUBSURFACE DISPOSAL SYSTEM
388	10 Lemon Street • Suite 200 • Riverside • CA • 92501 - (951) 955-8980 Facility 9 - Haclendo
47-	950 Arabia Street • Suite A • Indio • CA 92201 – (760) 863-7570
	operty Information: APN: Date of Inspection:
1.	Owner: Paradise Valley Address: 43700 Cactus Valley City: Hemet
	FAILURE TO PROVIDE ALL REQUIRED INFORMATION SHALL PREVENT OWNER FROM OBTAINING ENVIRONMENTAL HEALTH APPROVAL
2.	Show design and location on a scale of 1:20 or 1:40 of the sewage disposal system and 100% expansion area in relation to dwellings, structures, wells, rock outcroppings, drainage, watercourses, etc.
3.	a. I examined existing subsurface sewage disposal system at the above location on 5.12.22 and determined that the tank capacity is 1000 gallons and that there is 150 sq. ft. of leach line bottom area. There are bedrooms in the dwelling and there are fixture units.
	b. There are leach line(s), each ft. long Depth ft. Rock ☐ Plastic Chamber c. There are Seepage pit(s), each ft. in diameter, and ft. TD ft. BI.
	d. The leach bed is ft. by ft., total sq. ft. of leached area. Depth is ft.
4.	a. Construction of septic tank (Please check one of the following): Concrete
	b. Internal dimensions of septic: Length
	d. Condition of D-Box: Level?
5.	e. GPS location of septic tank (in decimal degrees) a. While pumping the tank, did effluent flow back into tank from absorption system? b. Prior to pumping, was the liquid level in the tank above the outlet tee? Latitude, Longitude
	c. Was the area around the lids oxidized?
	d. Is design of system gravity feed? Yes No
	e. Were well(s) observed on this or adjacent property? The No If yes, indicate distance of well from: Septic tank 400ft. Leach lines 417 Seepage Pitsft.
	f. Distance from springs, lakes, and natural water courses (check all that apply):
	Septic Tank ft. Leach lines ft. Seepage Pits ft.
	g. Is sewer within 200 ft. of structure and abuts property line? Yes No Additional Comments:
	h. How long has dwelling been vacant? (if applicable) months weeks □ N/A
6.	a. It is my opinion that the system appears to be in good working order and can be expected to function properly with proper maintenance. No repairs are necessary at this time.
	b. It is my opinion that the system is not in good working order and will not function properly without the following repairs: Thatalation of New Septic tank
	I certify under penalty of perjury that the foregoing is true and correct.
	Signature: Print Name: Steven Wright
	Contractor License No.: 969480 Expiration Date: 01-2024
	Pumper Co.: Wright Septic Phone Number: 951 654 4840
	Address: Sil D. Dillon City: SanJacinto Zip: 92582

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County of Riverside

DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org CERTIFICATION OF EXISTING SUBSURFACE DISPOSAL SYSTEM □ 3880 Lemon Street · Suite 200 · Riverside · CA · 92501 - (951) 955-8980 Facility #5/Ponderosa/System# / 47-950 Arabia Street • Suite A • Indio • CA 92201 – (760) 863-7570 Date of Inspection: 5-12-22 Property Information: -1. Owner: Paradise Valley Address: 43700 Cactos Valley city: Hemet FAILURE TO PROVIDE ALL REQUIRED INFORMATION SHALL PREVENT OWNER FROM OBTAINING ENVIRONMENTAL HEALTH APPROVAL 2. Show design and location on a scale of 1:20 or 1:40 of the sewage disposal system and 100% expansion area in relation to dwellings, structures, wells, rock outcroppings, drainage, watercourses, etc. a. I examined existing subsurface sewage disposal system at the above location on 5-12-22 and determined that the tank capacity is 1000 gallons and that there is 480 sq. ft. of leach line bottom area. There are bedrooms in the dwelling and there are _____ fixture units. b. There are 2 leach line(s), each 80 ft. long Depth ft. Rock Plastic Chamber There are ____ Seepage pit(s), each ____ ft. in diameter, and ____ ft. TD. ____ ft. Bl. The leach bed is _____ ft. by _____ ft., total _____ sq. ft. of leached area. Depth is _____ ft. Construction of septic tank (Please check one of the following): Fiberglass ☐ Steel Other: Concrete Internal dimensions of septic: Length _____ ft. Width Yes No Inlet Tee present? Condition of tank (please check yes or no for each question): Yes No Outlet Tee present? Tank Structure deteriorated?

✓ Yes

No ✓Yes □ No Yes No Effluent Filter Present? Two compartments? Condition of D-Box: Level?

☐ Yes ☐ No Replaced? Yes No GPS location of septic tank (in decimal degrees) Latitude, Longitude While pumping the tank, did effluent flow back into tank from absorption system? a. b. C. Were well(s) observed on this or adjacent property? Yes No If yes, indicate distance of well from: Septic tank 360 ft. Leach lines 45 Seepage Pits ____ ft. Distance from springs, lakes, and natural water courses (check all that apply): ☐ Septic Tank ft. ☐ Leach lines ft. ☐ Seepage Pits _____ft. Is sewer within 200 ft. of structure and abuts property line? Tyes No Additional Comments: h. How long has dwelling been vacant? (if applicable) /2 months _____ weeks ☐ It is my opinion that the system appears to be in good working order and can be expected to function properly with proper maintenance. No repairs are necessary at this time. b. It is my opinion that the system is not in good working order and will not function properly without the following repairs: Installation of New Septic Tank I certify under penalty of perjury that the foregoing is true and correct. Print Name: Steven Signature:
 Signature:
 Print Name:
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- Constitution

County of Riverside

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1		CERTIFICATION OF EXISTING SUBSURFACE DISPOSAL SYSTEM
388	30 Ler	non Street. Suite 200. Riverside. CA. 92501 - (951) 955-8980 Facility #5/Pondersa System#
4 7-	950 A	rabia Street • Suite A • Indio • CA 92201 – (760) 863-7570
Pi	roper	ty Information: APN: Date of Inspection: 5-\2-27
		wher: Paradish Valley Address: 43700 Catus Valley City: Hernet
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		FAILURE TO PROVIDE ALL REQUIRED INFORMATION SHALL PREVENT OWNER FROM OBTAINING ENVIRONMENTAL HEALTH APPROVAL
2.	Sh dw	ow design and location on a scale of 1:20 or 1:40 of the sewage disposal system and 100% expansion area in relation to ellings, structures, wells, rock outcroppings, drainage, watercourses, etc.
3,	a.	examined existing subsurface sewage disposal system at the above location on 5.12.22 and determined that
		the tank capacity is 1600 gallons and that there is 600 sq. ft. of leach line bottom area. There are
		bedrooms in the dwelling and there are fixture units.
	b.	There are leach line(s), each ft. long Depth ft. QRock Plastic Chamber
	C.	There are Seepage pit(s), each ft. in diameter, and ft. TD ft. Bl.
	d.	The leach bed is ft. by ft., total sq. ft. of leached area. Depth is ft.
4.	a.	Construction of septic tank (Please check one of the following): Concrete
	Ь.	Internal dimensions of septic: Length 9 ft. Width 5 ft. Depth 4.5 ft.
	c.	Condition of tank (please check yes or no for each question): Inlet Tee present?
		Tank Structure deteriorated? ✓ Yes ☐ No Outlet Tee present? ☐ Yes ☐ No
		Effluent Filter Present?
	d.	Condition of D-Box: Level? ✓ Yes ☐ No Replaced? ☐ Yes ✓ No
	6.	GPS location of septic tank (in decimal degrees) Latitude, Longitude
5.	a.	While pumping the tank, dld effluent flow back into tank from absorption system?
	b.	Prior to pumping, was the liquid level in the tank above the outlet tee? Yes No
	c.	Was the area around the lids oxidized?
	d.	Is design of system gravity feed? Yes No
	e.	Were well(s) observed on this or adjacent property?
		If yes, indicate distance of well from: Septic tank 200 ft. Leach lines 220 Seepage Pits ft.
	\mathbf{f}_{e_i}	Distance from springs, lakes, and natural water courses (check all that apply):
		Septic Tank ft. Leach lines ft. Seepage Pits ft.
	g.	Is sewer within 200 ft. of structure and abuts property line? Yes No
		Additional Comments:
	h.	How long has dwelling been vacant? (if applicable) — months — weeks — N/A
6.	a.	It is my opinion that the system appears to be in good working order and can be expected to function properly with proper maintenance. No repairs are necessary at this time.
	b.	It is my opinion that the system is not in good working order and will not function properly without the following repairs:
	l cei	tify under penalty of perjury that the foregoing is true and correct.

Print Name:

Address: 591 D. Dillion City: San Jacinto Zip: 92582

Expiration Date:

Phone Number: 951 654

969430

Pumper Co.: Wright Septic

EPO-91 (REV 10/16)

Signature:

Contractor License No.:

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47-	950 Ara	n Street · Suite 200 · Riverside · CA · 92501 - (951) 955-8980 Facility # 3 Pool Heuse / Gym bia Street · Suite A · Indio · CA 92201 - (760) 863-7570
Pi	-	Information: APN: Date of Inspection: 5-12-22
1.	Own	er: Paradise Valley Address: 43700 Cactus Valley City: Itemet
		FAILURE TO PROVIDE ALL REQUIRED INFORMATION SHALL PREVENT OWNER FROM OBTAINING ENVIRONMENTAL HEALTH APPROVAL
2.	Show dwel	w design and location on a scale of 1:20 or 1:40 of the sewage disposal system and 100% expansion area in relation to lings, structures, wells, rock outcroppings, drainage, watercourses, etc.
3.	b. с.	l examined existing subsurface sewage disposal system at the above location on and determined that the tank capacity is gallons and that there is Sq. ft. of leach line bottom area. There are bedrooms in the dwelling and there are fixture units. There are leach line(s), each ft. long Depth Sepage pit(s), each ft. in diameter, and ft. TD ft. Bl. The leach bed is ft. by ft., total sq. ft. of leached area. Depth is ft.
4,	b. c.	Construction of septic tank (Please check one of the following): Concrete Fiberglass Steel Other: Internal dimensions of septic: Length ft. Width 5.5 ft. Depth 4.5 ft. Condition of tank (please check yes or no for each question): Inlet Tee present? Yes No Tank Structure deteriorated? Yes No Outlet Tee present? Yes No Effluent Filter Present? Yes No Two compartments? Yes No Condition of D-Box: Level? Yes No Replaced? Yes No GPS location of septic tank (in decimal degrees)
5.	b.	While pumping the tank, did effluent flow back into tank from absorption system? Prior to pumping, was the liquid level in the tank above the outlet tee? Was the area around the lids oxidized? Yes No S design of system gravity feed? Yes No Were well(s) observed on this or adjacent property? Yes No If yes, indicate distance of well from: Septic tank Yes No Septic Tank Septic Tank Septic Tank Seepage Pits ft. Seepage Pits ft. Seepage Pits ft. Seepage Pits Mo Additional Comments: How long has dwelling been vacant? (if applicable) Mo Months Weeks N/A
6.	а. Д b. С	It is my opinion that the system appears to be in good working order and can be expected to function properly with proper maintenance. No repairs are necessary at this time. It is my opinion that the system is not in good working order and will not function properly without the following repairs:
	Signat Contra Pump	rure: Print Name: Steven Wright Expiration Date: 01-2024 er Co.: Wright Septic Phone Number: 951-654-4840 Ses: 611 N. Dillon City: Sen Seciote Zip: 92582

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- Carried

County of Riverside

DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

	50 Arabia Street • Suite A • Indio • CA 92201 – (760) 863-7570
Pro	perty Information: APN: Date of Inspection: 5-12-22
1.	Owner: Paradise Valley Address: 43700 Cactus Valley City: Henet
	FAILURE TO PROVIDE ALL REQUIRED INFORMATION SHALL PREVENT OWNER FROM OBTAINING ENVIRONMENTAL HEALTH APPROVAL
2.	Show design and location on a scale of 1:20 or 1:40 of the sewage disposal system and 100% expansion area in relation to dwellings, structures, wells, rock outcroppings, drainage, watercourses, etc.
3.	 a. I examined existing subsurface sewage disposal system at the above location on \$\instyle -12-22\$ and determined that the tank capacity is \$\frac{200}{200}\$ gallons and that there is \$\frac{450}{250}\$ sq. ft. of leach line bottom area. There are bedrooms in the dwelling and there are fixture units. b. There are \$\frac{2}{2}\$ leach line(s), each \$\frac{75}{75}\$ ft. long Depth \$\frac{3}{3}\$ ft. Rock \$\frac{1}{2}\$ Plastic Chamber c. There are \$\frac{8}{2}\$ seepage pit(s), each \$\frac{1}{2}\$ ft. in diameter, and \$\frac{1}{2}\$ ft. TD. \$\frac{1}{2}\$ ft. Bi. d. The leach bed is \$\frac{1}{2}\$ ft. by \$\frac{1}{2}\$ ft., total \$\frac{1}{2}\$ sq. ft. of leached area. Depth is \$\frac{1}{2}\$ ft.
4.	a. Construction of septic tank (Please check one of the following): Concrete
	b. Internal dimensions of septic: Length 17 ft. Width 4 ft. Depth 4 ft. c. Condition of tank (please check yes or no for each question): Inlet Tee present? Tank Structure deteriorated? Yes No Outlet Tee present? Effluent Filter Present? Yes No Two compartments? Condition of D-Box: Level? Yes No Replaced? Yes No GPS location of septic tank (in decimal degrees) Latitude, Longitude
5.	 a. While pumping the tank, did effluent flow back into tank from absorption system? Yes No b. Prior to pumping, was the liquid level in the tank above the outlet tee? Yes No c. Was the area around the lids oxidized? Yes No d. Is design of system gravity feed? Yes No e. Were well(s) observed on this or adjacent property? Yes No If yes, indicate distance of well from: Septic tank 400 ft. Leach lines 415 Seepage Pits ft.
	f. Distance from springs, lakes, and natural water courses (check all that apply): Seepage Pits
6.	h. How long has dwelling been vacant? (if applicable) months weeksN/A a. It is my opinion that the system appears to be in good working order and can be expected to function properly with
	proper maintenance. No repairs are necessary at this time. b. Ut is my opinion that the system is not in good working order and will not function properly without the following repairs:
	I certify under penalty of perjury that the foregoing is true and correct.

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County of Riverside

DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

CERTIFICATION OF EXISTING SUBSURFACE DISPOSAL SYSTEM Date of Inspection: 5-12-22 Valley Address: 43700 Cachus Valley City: Hence ☐ 3880 Lemon Street • Suite 200 • Riverside • CA • 92501 – (951) 955-8980 ☐ 47-950 Arabia Street • Suite A • Indio • CA 92201 - (760) 863-7570 Property Information: 1. Owner: Paradise FAILURE TO PROVIDE ALL REQUIRED INFORMATION SHALL PREVENT OWNER FROM OBTAINING ENVIRONMENTAL HEALTH APPROVAL Show design and location on a scale of 1:20 or 1:40 of the sewage disposal system and 100% expansion area in relation to dwellings, structures, wells, rock outcroppings, drainage, watercourses, etc. a. I examined existing subsurface sewage disposal system at the above location on 5-12-22 and determined that the tank capacity is 1260 gallons and that there is 150 sq. ft. of leach line bottom area. There are bedrooms in the dwelting and there are fixture units. There are ____ leach line(s), each _____ ft. long There are _____ Seepage pit(s), each _____ ft. in diameter, and _____ ft. TD. _____ ft. Bl. The leach bed is _____ ft. by _____ ft., total _____ sq. ft. of leached area. Depth is _____ ft. a. Construction of septic tank (Please check one of the following): ☐ Fiberglass Concrete ☐ Stee Internal dimensions of septic: Length 7 ft. Width 3 Condition of tank (please check yes or no for each question): Yes I No Inlet Tee present? Yes No Tank Structure deteriorated? Yes No Outlet Tee present? Yes No ☑Yes ☐ No Effluent Filter Present? Two compartments? Condition of D-Box: Level? ☐ Yes ☐ No Replaced? Yes No GPS location of septic tank (in decimal degrees) Latitude, Longitude While pumping the tank, did effluent flow back into tank from absorption system? Yes No Prior to pumping, was the liquid level in the tank above the outlet tee? Yes ANO Was the area around the lids oxidized? Yes No Is design of system gravity feed? Yes No Were well(s) observed on this or adjacent property? Yes \(\simetext{No.} \) If yes, indicate distance of well from: Septic tank 152 ft. Leach lines 160 Seepage Pits ft. Distance from springs, lakes, and natural water courses (check all that apply): ft. Leach lines ft. Seepage Pits ____ ft. Septic Tank Is sewer within 200 ft. of structure and abuts property line? The Yes And Additional Comments: How long has dwelling been vacant? (if applicable) 12 months weeks It is my opinion that the system appears to be in good working order and can be expected to function properly with proper maintenance. No repairs are necessary at this time. It is my opinion that the system is not in good working order and will not function properly without the following I certify under pengity of perjury that the foregoing is true and correct. Print Name: Signature: Contractor License No.: Pumper Co.:

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County of Riverside

DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATION OF EXISTING SUBSURFACE DISPOSAL SYSTEM

47-9	50 Ar	on Street • Suite 20 abia Street • Suite	A • Indio • 0	CA 92201 - (760) 863-7570	
Pro	pert	Information:	APN:			Date of Inspection: 5-72-2-2
1.	Ow	mer: Paras	se	Valley	Address:	Uste of Inspection: 5-12-22 43700 Cactus Valley City: Hemer
		FAILURE TO	PROVIDI	E ALL REQUIR	RED INFOR	MATION SHALL PREVENT OWNER FROM OBTAINING AL HEALTH APPROVAL
2.						the sewage disposal system and 100% expansion area in relation to e, watercourses, etc.
3.	а. b. c.	the tank capaci bedrooms in the There are There are	y is [A dwelling leach Seep	gallons are and there are line(s), each age pit(s), each	nd that there fix ft. li n ft.	ong Depth ft.
	d.	The leach bed i	s <u>10</u>	ft. by <u>10</u>	ft., total	<u>ακ</u> sq. ft. of leached area. Depth is ft.
4.	a,	Construction of	ete	☐ Fiberglass		Steel Other:
	b.	Internal dimens				Width C/ ft. Depth 4.5 ft.
	C.	Condition of tar Tank Struct Effluent Filte	ire deteri	orated?	for each ques res No res No	Outlet Tee present? ☐ Yes ☐ No
N/	₽d.	Condition of D-I				
N/ /	e.	GPS location of				Latitude, Longitude
5.	a. b. c. d.		g, was the ound the	liquid level in lids oxidized?	the tank ab	
	e.	Were well(s) ob	served or	this or adjace	nt property	? ☐ Yes ☐ No
		•			-	tank 150 ft. Leach lines 180 Seepage Pits ft.
	f.	Distance from 6	prings, lai	es, and natura Septic Tar	al water cou nk	urses (check all that apply):ft.
	g.	Is sewer within	200 ft. of s			rty line? Yes No
		Additional Com				
	h.	How long has d	welling be	en vacant? (If	applicable)	12 months weeks \square N/A
6.	a.	It is my op	nion that ntenance	the system ap . No repairs a	pears to be re necessar	in good working order and can be expected to function properly with ry at this time.
	b.	It is my op repairs:	nion that	11	not in good	working order and will not function properly without the following
	l ce	rtify under pena	ity of per	jury that the f	oregoing Is	s true and correct.
	Sion	nature:	2	11	// .	Print Name: Staves Wright
	_	tractor License N	0.:	199	69430	
		per Co.: 4		5 500	tic	Phone Number: 951-654 -48C
		ress: 511	90.1	0:1100		City: San Dacinto Zip: 92582

Name: Paradise Address: 4320 C City: Henet Small pool	Valley actus Valley zip: 92544	WRIGHT P.O. Box 1196 • Sar PH# (951) 654-484 FAX# (951 Email: wrightser	SEPTIC n Jacinto, CA 92581 0 cr (951) 654-3075) (54-3575 otic @yahoo.com # 5 69430	recinician.	45
Address: 4300 City: Hemet Small pool Heuse	Zip: 92544		0 cr (951) 654-3075) 654-3575 otic @yahoo.com # 69430	Map 1" = 20 According lines A consince in the second lines A consideration li	
		Ž.		area area	