



NEWDOC

**DEH APN FILE TARGET SHEET
ARCHIVE RECORD
Pre-KIVA & Existing APN Records**

Document Name: LARC _____
(LARC_KIVA Per Num_APN)

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49028



COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH
PERCOLATION TEST REPORT

DEH Control #: _____

Date: 10-3-04

Activity Code: _____

Burn-Out/2003 L0WS/6654

cc Dan

Assessor's Parcel Number: 293-123-47

Map # 760 765-2657
702-277-2769C
 Lot # _____

Site Address 17184 Mile High Rd.

Town: JULIAN Zip Code: 92036

Owner: DEBBIE DAVIS *Danny Oline @ 17106 Mile High Rd. Julian 92036* Phone: _____

Mailing Address: 9623 Silver City Dr., Las Vegas, Nevada 89123

Test Hole #	Test Depth	Stabilized Rate	Test Hole #	Test Depth	Stabilized Rate	Average Perc Rate
P-1	3'	40 mpi	P-5	3'+	17 mpi	26 Min./in.
P-2	3'	50 mpi	P-6	3'+	15 mpi	
P-3	3'+	25 mpi	P-7	3'+	20 mpi	
P-4	3'+	15 mpi	P-8	3'+	25 mpi	

Vertical seepage pits: Provide soils log, uniformity/capacity test results, and calculations on separate 8-1/2" x 11" sheets of paper

TYPE OF SOIL: (clay, silt, sand, decomposed granite, etc.)

Surface: Clay & Rock

1-3 ft. below surface: Clay & Rock to sandy with clay and var. rock

_____ ft. below surface: _____

_____ ft. below surface: _____

_____ ft. below surface: _____

Depth to Refusal: Random Rock & Refusal. Depth to Groundwater: 7.15 Ft.

RECOMMENDATIONS:

Septic Tank: 1000 gal Pump Chamber: _____ gal Surge Tank: _____ gal

Leach Line Length: 250 ft ± Seepage Pit Type: NA Number of Pits: NA

Trench Depth: 3-4 ft Length: _____ ft Width: _____ ft

Rock below Pipe: 12.24 in Total Depth: _____ ft Cap Depth: _____ ft

Other: _____

Proposed Structure: 1 BEDROOM

WATER SUPPLY:

Source of Potable Water: ENGT. WELL

Well Permit Number: _____

I have reviewed this percolation data and design of the subsurface sewage disposal system for this parcel and find the data and design to be accurate and in compliance with state and local regulations, and good engineering practice.

Registered CE, PE, Geologist, REHS: GARY C. MAXWELL, REHS 3962 *G. Maxwell*

Address: 70-Box 836, Descanso Phone: (619) 445-5667 Date: 10-3-04

FOR DEPARTMENT USE ONLY

Approved: Yes ___ No ___ Date: _____

Final Map Required: Yes ___ No ___

Specialist: _____

Building Plan Review: _____

Date: _____

Grading Inspection: _____

Date: _____

Water Sample Analysis Results: _____

Date: _____

