

COUNTY OF SAN LUIS OBISPO DEPARTMENT OF PLANNING & BUILDING

MARVIN A. ROSE, INTERIM DIRECTOR

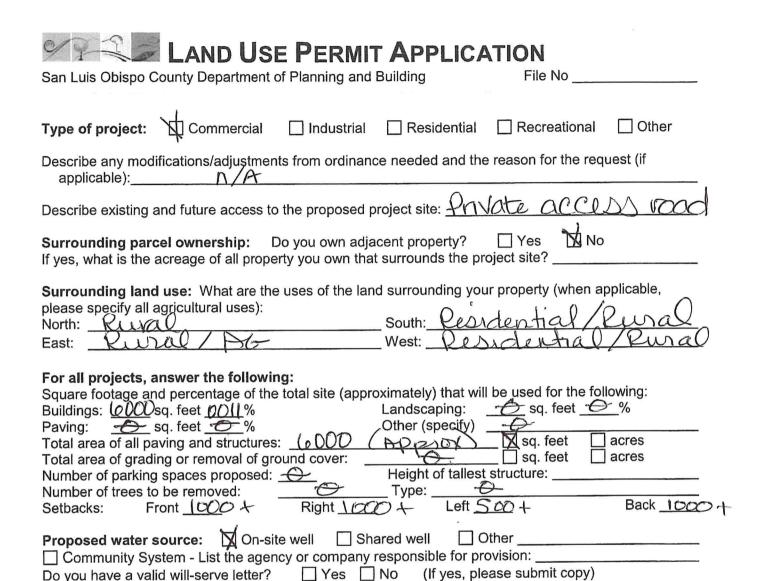
THIS IS A NEW PROJECT REFERRAL

В,				
ral.				
ich				
to .)				
PART III: INDICATE YOUR RECOMMENDATION FOR FINAL ACTION. Please attach any conditions of approval you recommend to be incorporated into the project's approval, or state reasons for recommending denial. F YOU HAVE "NO COMMENT," PLEASE SO INDICATE, OR CALL.				



San Luis Obispo County Department of Planning and Building

APPLICATION TYPE - CHECK ALL THAT APPLY Emergency Permit Tree Permit Minor Use Permit Conditional Use Permit/Development Plan Plot Plan Curb, Gutter & Sidewalk Waiver Other Site Plan Surface Mining/Reclamation Plan Zoning Clearance Amendment to approved land use permit Variance	Department Use Only Do Not Mark (Staff Apply Label Here)
APPLICANT INFORMATION Check box for contact person assigned to this project Landowner Name Wichelle Bydon Mailing Address 3725 ARISOS RO, ARREEM Email Address: WICHOYO LADDE MSN	Daytime Phone 805 748 4597
Mailing Address 3725 Alisos Road Amorgo Email Address:	Daytime Phone 805 148 4597 Grande Zip Code 93420
HAGENT Name Michelle Sulgart	Daytime Phone 805 431-3583 Gravde, CA Zip Code 93420
	th name of road providing primary access to ARAGOS ROAD ments and vegetation on the property:
PROPOSED PROJECT Describe the proposed project (inc. sq. ft. of all buildings):	a clone nursury
LEGAL DECLARATION I, the owner of record of this property, have completed this fo statements here are true. I do hereby grant official represent the subject property. Property owner signature Manage	rm accurately and declare that all
FOR STAFF USE ONLY	



Do you have a valid will-serve letter?					
Fire Agency:	List the agency respons	ible for fir	e protection	on: COL Fire	
For commercial/industrial projects answer the following: Total outdoor use area: sq. feet acres					
Total floor area of all structures including upper stories: sq. feet					
For residential projects, answer the following:					
Number of residential units: Number of bedrooms per unit:					
Total floor area of all structures including upper stories, but not garages and carports: sf					
Total of area of the lot(s) minus building footprint and parking spaces: sf					

Community System - List the agency or company responsible for sewage disposal:

Other

Proposed sewage disposal: MIndividual on-site system



San Luis Obispo County Department of Planning and Building

File No	
riie ivo	

The California Environmental Quality Act (CEQA) requires all state and local agencies to consider and mitigate environmental impacts for their own actions and when permitting private projects. The Act also requires that an environmental impact report (EIR) be prepared for all actions that may significantly affect the quality of the environment. The information you provide on this form will help the Department of Planning and Building determine whether or not your project will significantly affect the quality of the environment.

To ensure that your environmental review is completed as quickly as possible, please remember to:

- a. Answer ALL of the questions as accurately and completely as possible.
- b. Include any additional information or explanations where you believe it would be helpful or where required. Include additional pages if needed.
- c. If you are requesting a land division or a re-zoning, be sure to include complete information about future development that may result from the proposed land division or rezoning.
- d. Include references to any reports or studies you are aware of that might be relevant to the questions asked or the answers you provide.

Should a determination be made that the information is inaccurate or insufficient, you will be required to submit additional information upon request.

Physical Site Characteristic Information

Your site plan will also need to show the information requested here:

1.	Describe the topography of the site:	
	Level to gently rolling, 0-10% slopes: acres	
	Moderate slopes - 10-20%: 80 acres	
	20-30%: <u>4</u> D acres	
	Steep slopes over 30%: acres	_ \
2.	Are there any springs, streams, lakes or marshes on or near the site?	☐ Yes 🂢 No
	If yes, please describe:	
3.	Are there any flooding problems on the site or in the surrounding area?	Yes No
	If yes, please describe:	
4.	Has a drainage plan been prepared?	☐ Yes 💢 No
	If yes, please include with application.	—
5.	Has there been any grading or earthwork on the project site?	☐ Yes 🗖 No
	If yes, please explain:	
6.	Has a grading plan been prepared?	☐ Yes 🏹 No
	If yes, please include with application.	
7.	Are there any sewer ponds/waste disposal sites on/adjacent to the project?	☐ Yes ☑ No ☐ Yes ☒ No
8.	Is a railroad or highway within 300 feet of your project site?	
9.	Can the proposed project be seen from surrounding public roads?	☐ Yes The No
	If yes, please list:	

Water Supply Information

1.	What type of water supply is proposed? Individual well Shared well Community water system
2.	What is the proposed use of the water? Residential Agricultural - Explain Commercial/Office - Explain
	Industrial – Explain
3.	What is the expected daily water demand associated with the project?
4.	How many service connections will be required?
5.	Do operable water facilities exist on the site? Yes No If yes, please describe:
6.	Has there been a sustained yield test on proposed or existing wells? Yes No If yes, please attach.
7.	Does water meet the Health Agency's quality requirements? Bacteriological? Chemical? Physical Water analysis report submitted? Physical Yes No Water analysis report submitted? No
8.	Please check if any of the following have been completed on the subject property and/or submitted
0.	to County Environmental Health. Well Driller's Letter Water Quality Analysis(N OK or Problems) Pump Test Hours / GPM Surrounding Well Logs Hydrologic Study Other Other County Environmental Health.
Ple	ase attach any letters or documents to verify that water is available for the proposed project.
Sev	vage Disposal Information
If a	n on-site (individual) subsurface sewage disposal system will be used:
2.	Has an engineered percolation test been accomplished? Yes No If yes, please attach a copy. What is the distance from proposed leach field to any neighboring water wells? Will subsurface drainage result in the possibility of effluent reappearing in surface water or on adjacent lands, due to steep slopes, impervious soil layers or other existing conditions? Yes No
4.	Has a piezometer test been completed?
5.	☐ Yes ☐ No If 'Yes', please attach. Will a Waste Discharge Permit from the Regional Water Quality Control Board be required? ☐ Yes ☐ No (a waste discharge permit is typically needed when you exceed 2,500 gallons per day)
If a	community sewage disposal system is to be used: $\frak{N}\space{A}$
1. 2. 3.	Is this project to be connected to an existing sewer line?

Solid Waste Information 1. What type of solid waste will be generated by the project? ☐ Domestic ☐ Industrial ☐ Agricultural ☐ Other please explain? 2. Name of Solid Waste Disposal Company: South County S 3. Where is the waste disposal storage in relation to buildings? 4. Does your project design include an area for collecting recyclable materials and/or composting Yes materials? **Community Service Information** Name of School District: 2. Location of nearest police station: Grand 3. Location of nearest fire station: TRAFFICI 4. Location of nearest public transit stop: Are services (grocery/other shopping) within walking distance (1/2 mile or closer) of the project? Yes Historic and Archeological Information 1. Please describe the historic use of the property: 2. Are you aware of the presence of any historic, cultural or archaeological materials on the project site or in the vicinity? Yes No. If ves. please describe: X No 3. Has an archaeological surface survey been done for the project site? If yes, please include two copies of the report with the application. Commercial/Industrial Project Information Only complete this section if you are proposing a commercial or industrial project or zoning change. Hours of Operation: _ 1. Days of Operation: 2. How many people will this project employ? Yes 3. Will employees work in shifts? If yes, please identify the shift times and number of employees for each shift 4. Will this project produce any emissions (i.e., gasses, smoke, dust, odors, fumes, vapors)? If yes, please explain: No. 5. Will this project increase the noise level in the immediate vicinity? If yes, please explain: _ (If loud equipment is proposed, please submit manufacturers estimate on noise output.) 6. What type of industrial waste materials will result from the project? Explain in detail: 7. Will hazardous products be used or stored on-site? If yes, please describe in detail: If yes, please attach a copy. V No 8. Has a traffic study been prepared? ☐ Yes 9. Please estimate the number of employees, customers and other project-related traffic trips to or Between 4:00 to 6:00 p.m. from the project: Between 7:00 - 9:00 a.m.

10.	Are you proposing any special measures (carpooling, public transit, telecommuting) to reduce automobile trips by employees
11.	If yes, please specify what you are proposing: Are you aware of any potentially problematic roadway conditions that may exist or result from the proposed project, such as poor sight distance at access points, connecting with the public road? Yes No If yes, please describe:
<u>Agri</u>	cultural Information
Only curre	complete this section if your site is: 1) Within the Agricultural land use category, or 2) ently in agricultural production.
2.	Is the site currently in Agricultural Preserve (Williamson Act)? If yes, is the site currently under land conservation contract? If your land is currently vacant or in agricultural production, are there any restrictions on the crop productivity of the land? That is, are there any reasons (i.e., poor soil, steep slopes) the land cannot support a profitable agricultural crop? Please explain in detail:
Spe	cial Project Information
1.	Describe any amenities included in the project, such as park areas, open spaces, common recreation facilities, etc.(these also need to be shown on your site plan):
2.	Will the development occur in phases? \(\sumsymbol{\text{Yes}} \) No If yes describe:
	Do you have any plans for future additions, expansion or further activity related to or connected with this proposal? No If yes, explain:
4.	Are there any proposed or existing deed restrictions? Yes No If yes, please describe:
Ene	rgy Conservation Information
1.	Describe any special energy conservation measures or building materials that will be incorporated into your project *: Would like to investigate Sofar.
	*The county's Building Energy Efficient Structures (BEES) program can reduce your construction permit fees. Your building must exceed the California State Energy Standards (Title 24) in order to qualify for this program. If you are interested in more information, please contact the Building Services Division of the Department of Planning and Building at (805) 781-5600.
Env	ironmental Information
1.	List any mitigation measures that you propose to lessen the impacts associated with your project:
2.	Are you aware of any unique, rare or endangered species (vegetation or wildlife) associated with the project site? Yes No If yes, please list:

3.	Are you aware of any previous environmental determinations for all or portions of this property? Yes If yes, please describe and provide "ED" number(s):				
<u>Othe</u>	Other Related Permits				
1.	List all permits, licenses or government approvals that will be required for your project (federal, state and local):				
	(If you are unsure if additional permits are required from other agencies, please ask a member of the Planning Department staff currently assigned to the project				



COUNTY OF SAN LUIS OBISPO DEPARTMENT OF PLANNING & BUILDING CANNABIS APPLICATION SUPPLEMENT

PLN-2018 12/8/2017

The following information is required in addition to the Land Use Permit Application. **Cannabis Activities Proposed** Cultivation Manufacturing Facility X Nurserv **Testing Facility** Dispensary Distribution Facility For Cultivation and Nurseries ONLY Approved Cooperative/Collective Registration number. Note: If you do not hold an approved cooperative/collective registration, you cannot apply for cultivation until 2019. Approved registration number: CCM2016-What is the applicant on the approved registration? Note: The applicant name on the registration must match the applicant name on the land use permit. Name of applicant: MICHELLE BROWN Are you planning on cultivating on the same site that a registration was approved for? ☐ Yes No k What type of State cultivation license are you seeking? Type 2 Type 1 Type 3 X Type 4 Microbusiness Outdoor Type 5 Indoor Mixed-light Designate the total square footage of your cultivation canopy area(s). This is not necessarily the maximum canopy size allowed by the tier of license for which you are applying, but the amount of canopy area you intend to produce. If you intend to have multiple canopy area locations, include only the total square footage of the total canopy. Check one or more of the following that apply and attach a detailed diagram of your designated canopy area. Include specific dimensions, in feet and inches, in the diagram. If you have only a single canopy area, clearly indicate that. If you are designating multiple canopy areas, clearly identify the square footage and dimensions of each area and how it is separated from other canopy areas. Note that if you are designating multiple canopy areas you must separate each area by a physical boundary such as an interior wall. Vertically stacked canopy areas must be identified as such in the detailed diagram submitted by applicants. 6000 SF EXISTING AG BUILDING (WE WILL USE STACKING SHELVING).

I have designated the specific area and dimensions of my newly designated canopy area(s):

CANNABIS APPLICATION SUPPLEMENT

Χ	On my floor plan submitted with the application
	On an additional document submitted with my application

Record your estimates of electrical usage in kilowatt-hours (kWh). To determine how many kWh a piece of equipment uses, take the following steps:

- Determine the wattage of the device by checking manufacturer specifications
- Multiply this number by the number of hours each month the device will be in use to determine watt-hours.
- Divide each month's watt-hours by 1,000 to determine kWh. Round to three decimal places.
- Repeat this for each piece of equipment and the total amounts for each month.
- Estimates should assume the business is in full production for each month.

Describe all sources of electrical power and the total annual kWh expected to be drawn from each. For example, if the operation uses on-site power generation from a source such as solar panels, document the amount of power you expect to use from that source in addition to any other sources.

Source or utility name	Expected kWh drawn annually
PGE	
Solar (Plan to install)	currently consulting with solar companies
Total Annual kWh:	

Clearly identify the measurement unit you are using to estimate or report your water usage. If you are using multiple units, you may use additional columns to record that information. If you are using reclaimed water, identify that as a source. If you are utilizing more sources of water than may be included on this form, you may include that information on a separate page submitted with this application.

Estimate the total water used in the production of marijuana by month. If recording estimates for multiple sources, estimate these amounts separately.

Source Private Well			
Month and Year			
1	JAN 2019	2500 gallons	
2	FEB 2019	2500 gallons	
3	MAR 2019	2500 gallons	
4	APRIL 2019	2500 gallons	
5	MAY 2019	2500 gallons	
6	JUNE 2019	2500 gallons	
7	JULY 2019	2500 gallons	
8	AUG 2019	2500 gallons	
9	SEPT 2019	2500 gallons	
10	OCT 2019	2500 gallons	
11	NOV 2019	2500 gallons	
12	DEC 2019	2500 gallons	
Totals		30000 gallons	

PLN-2018 12/8/2017

CANNABIS APPLICATION SUPPLEMENT

Do you plan on using pesticides?					
☐ Yes ☐ No					
List of pesticides anticipated to be used:	APPROVED BY SLO/0	CA , ORGANIC ONLY (NEEM)			
For Manufacturing ONLY					
What type of State manufacturing license are yo	u seeking? <i>Note: V</i> o	olatile manufacturing is prohibited.			
☐ Type 6 ☐ Type 7 ☐ Microbusiness	☐ Type N	☐ Type P			
What type of products do you plan on manufactu	ıring?				
☐ Oils ☐ Edibles ☐ Topicals	S Other				
Will the facility be utilizing a closed-loop extraction	on system?				
☐ Yes ☐ No					
(If extracting) What types of extraction will you be	e performing?				
☐ Butane☐ Ethanol☐ Other	☐ Hexane ☐ None	☐ Carbon Dioxide			
For Distribution ONLY					
What type of State distribution license are you seeking?					
☐ Type 11 ☐ Type 11 – Tran	sport Only				
Will you be operating a storage-only business?					
☐ Yes ☐ No					
How many vehicles do you anticipate transporting/distributing product?					
☐ 1-5 ☐ 6-10 ☐ 11+	☐ N/A Storage	Only/Other			

PLN-2018 12/8/2017

CANNABIS APPLICATION SUPPLEMENT

For Dispensaries ONLY								
What type of State dispensary license are you seeking? Note: Dispensaries are not allowed to have storefronts open to the public.								
	☐ Type 9 – n	on-storefront d	ispensary	☐ Type 10	Microbusiness			
Will yo	ou be delivering	to other jurisdi	ictions?					
	Yes	□No						
How many vehicles do you anticipate delivering product?								
	<u> </u>	☐ 6-10	<u> </u>	☐ N/A Storage	e Only/Other			
How many deliveries per day do you anticipate delivering product?								
	<u> </u>	<u> </u>	<u> </u>	□ >100	☐ N/A Storage Only/Other			

W TER WELL SUMMARY SHEET

Horgan Well #1

April 21, 1987

Date of Hell Completion

April 10, 1987

Total Depth of Completed Well

430 feet (See Drillers Report)

Depth of Sanitary Seal

50 feet

Size and Type of Hell Casing

6" diameter, SDR 21, Class 200 PVC (See Drillers Report for details)

0' - 190' blank

190' - 210' perf. (0.04" slots) 210' - 250' screen (0.04" slots) 250' - 390' perf. w/cap (0.04" slots

390' - 410' screen (0.04" slcts)

410' - 430' perf. w/cap (0.04" slots

Test Pumping Results

Static Water Level

77 feet below ground surface

Length of Test Pumping 12 hours

Specific Capacity

0.79 gallons per foot of drawdown after 12 hours (See discussion in te

Transmissibility

1320 gal./day/ft. of available aquifer (See discussion in test)

Recommended Maximum

Pumping Rate

60 gpm (See discussion in text)

Water Quality

Total Dissolved

Solids (TDS)

662 parts per million.

(See Water Testing and Consulting

Laboratory Sample Report in appendix)

Conclusions

This well water meets all standards A for drinking water as established by

California Department of Public. Health

WATTER WELL COMPLETION REPORT - SUMMARY SHEET

Morgan Well #1

April 21, 1987

Hell Owner

Mr. and Mrs. Robert Morgan 330 Sheffield Drive Santa Barbara, California 93108 (805) 969-0279

Well Locations

Morgan Ranch Property Alisos Canyon Road area Arroyo Grande, California (see LOCATION MAP, Figure 1)

Prilling and Test Pumping Contractor

Filipponi and Thompson Drilling Co.
Post office Box 845
Atascadero, California 93422
(805) 466-1271

Engineering Geologist

Rick Hoffman and Associates
1149 Palomino Road
Santa Barbara, California 93105
(805) 569-1911

Arroyo Water Well Supply

Sales & Service of Complete Water Systems CONTRACTORS LICENSE NO. 475150

MAY 8, 2013

MICHELLE BROWN
3711 ALISOS
ARROYO GRANDE, CA. 93420

4 HOUR WELL TEST

TIME		
9:45am	GPM	WATER LEVEL
10:00	55	92'
	53	150
10:15	53	
10:30	53	155
10:45	53	159
11:00	53	161
11:15	53	163
11:30	53	164
11:45		165
12:00pm	53	166
12:15	53	167
12:30	53	168
	53	169
12:45	53	170
1:00	53	
1:15	53	171
1:30	53	172
1:45	53	173
1:50pm		174
1:55	recovery	123'

BARBARA C. RALPH, PRES.
ARROYO WATER WELL SUPPLY

92'

Oilfield Environmental and Compliance, INC.



Amanda Smith
Abalone Coast Analytical, Inc.
141 Suburban, Suite C-1
San Luis Obispo, CA 93401



30 May 2013

RE: Drinking Water Testing

Work Order: 1302211

Dear Client:

Enclosed is an analytical report for the above referenced project. The samples included in this report were received on 08-May-13 15:25 and analyzed in accordance with the attached chain-of-custody.

Unless otherwise noted, all analytical testing was accomplished in accordance with the guidelines established in our Quality Assurance Manual, applicable standard operating procedures, and other related documentation. The results in this analytical report are limited to the samples tested and any reproduction thereof must be made in its entirety.

If you have any questions regarding this report, please do not hesitate to contact the undersigned.

Sincerely,

Meredith Sprister

Project Manager

TEL: (805) 922-4772

FAX: (805) 925-3376

307 Roemer Way, Suite 300, Santa Maria, CA 93454

rate by a compa

www.oecusa.com



Oilfield Environmental and Compliance, INC.

Abalone Coast Analytical, Inc.

Project: Drinking Water Testing

141 Suburban, Suite C-1 San Luis Obispo CA, 93401

Project Number: 13-2746 Arroyo Water Well Project Manager: Amanda Smith

Reported: 30-May-13 11:06

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory, ID	Matrix	Date Sampled	Date Received
3711 Alises	1302211-01	Drinking Water	08-May-13 11:30	08-May-13 15:25

Oilfield Environmental and Compliance

307 Roemer Way, Suite 300, Santa Maria, CA 93454

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

TEL: (805) 922-4772

www.oecusa.com
FAX: (805) 925-3376

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Oilfield Environmental and Compliance, INC.

Abaiene Coast Analytical, Inc.

141 Suburban, Suite C-1 San Luis Obispo CA, 93401

Project: Drinking Water Testing

Project Number: 13-2746 Arroyo Water Well Project Manager: Amanda Smith

Reported:

30-May-13 11:06

3711 Alisos 1302211-01 (Drinking Water)

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
	Oilfield E	nvironm	ental a	ind Co	mplian	ce			
Wet Chemistry by EPA or APHA Standard Methods									
Cyanide (total)	ND	0.040	m g /L	1	A305429	16-May-13	16-May-13	SM4500CN- C/E	
Anions by EPA Method 300.0									
Fluoride	0.39	0.10	mg/L	ì	A305210	08-May-13	08-May-13	EPA, 300.0	
Nitrate as NO3	2.9	1.8	e:	п	и	π .	"	u	
Nitrite as N	ИD	400	ug/L	b:	10	n	will 1	ü	
Metals (Drinking Water) by EPA 200 Series Methods									
rayaimul/-	ND	0.050	mg/L	1	A305356	14-May-13	15-May-13	EPA 200.8	
Antimony	ND	0.0050	и	•	11	n	n	n	
Arsenic	ND	0.0020	1r	n	М	IT	6	11	
Barium	0.022	0.0010	77	n	7	11	a	a	
Beryllium .	ND	0.0010	u	M)	31	u	T		
Cadmium	ND	0.0010	34	ĸ	e	, ta	v	n	
Chromium	ND	0.0020	e	υ	n	Ħ	•	n	
Lead	ND	0.0010	71		11	μ	n	4	
Mercury	ND	0.00020	ij	E	A305364	14-May-13	15-May-13	EPA 245.1	
Niekel	0.0022	0.0010	**	9	A305356	14-May-13	15-May-13	EPA 200.8	
Sclenium	ND	0.0020	**	•	н		n	п	
Thalliam	ND	0.0010	n	r.	и	e	n	130	

Oilfield Environmental and Compliance

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

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www.oecusa.com

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County of San Luis Obispo • Public Health Department

Environmental Health Services 2156 Sierra Way • P.O. Box 1489 San Luis Obispo, California 93406 (805)781-5544 • FAX (805)781-4211

Attention homeowner, Title 19 of the San Luis Obispo County Code of Regulations requires that all domestic water wells meet the minimum standards established by the State of California. All domestic water wells intended to provide potable water to habitable buildings shall meet the requirements of the Health Department for potablility. Below is a list of the chemical constituents that you must test for prior to final of a County building permit.

STATE DRINKING WATER STANDARDS

For Individual and Shared Wells

TITLE 22, CALIFORNIA CODE OF REGULATIONS DIVISION 4. ENVIRONMENTAL HEALTH CHAPTER 15. DOMESTIC WATER QUALITY AND MONITORING

ARTICLE 4.

PRIMARY STANDARDS

ALUMINUM ANTIMONY **ARSENIC** ASBESTOS-locally waived BARIUM BERYLLIUM CADMIUM CHROMIUM CYANIDE **FLUORIDE MERCURY** NICKEL NITRATE AS NO3 NITRATE + NITRITE NITRITE AS NITROGEN SELENIUM THALLIUM

NOTE: If you have the laboratory forward your results directly to EH, be sure the lab includes your Building Permit number, the correct address, and your name as it appears on your Permit with your results. Without this information, the hold on your permit cannot be cleared

Results shall be submitted for review and approval to:

Environmental Health Services

2156 Sierra Way

San Luis Obispo, CA 93401

Phone: 781-5544 Fax: 781-4211

Fax: 781-4211 Attn: Leslie Terry

Local Labs for Testing: Abalone Coast (805) 595-1080, FGL Environmental (805) 783-2940, and Zalco Laboratories, Inc (805) 938-5341 or check the CA State web site for the Accredited Laboratory list (Google "CA State ELAP" and see Excel list)



BUENA GEOTECHNICAL SERVICES, LLC

P.O. BOX 2857, ATASCADERO, CA 93423

July 2, 2001

B-012173

Harry Brown 3725 Alisos Road Arroyo Grande, CA 93420

Project:

3725 Alisos Road

San Luis Obispo County, California

Subject:

Percolation Testing

Dear Mr. Brown:

On June 28, 2001 three (3) test holes and one logging hole were drilled on the site. The locations of the test holes and logging hole are shown on the attached site plan.

The test holes were pre-saturated and on June 29, 2001 the percolation tests were performed by placing approximately six (6) inches of water in the bottom of each of the test holes. Readings recording the drop in the water surface were taken for a period of four (4) hours. The results of the tests attached are summarized as follows:

Rate (min/inch)

<u>A-4</u> 20 **B-5**′

C-4′20

Based on the percolation rates a system should be designed using a rate of twenty (20) minutes per inch.

If you have any questions concerning this letter, please do not hesitate to contact the undersigned.

Respectfully submitted,

Buena Geotechnical Services Attachments: Site Plan, Boring Log

> 805-434-9490 • 805-544-0333 FAX 805-434-9098 • 831-385-3170 (King City)

LOG OF BORING

for:

Site Location: SLO County

Driller/Helper:

Brown

Job No. B-012173

Rig Type:

BORING NO. Log

Auger Diameter: 4" Date: June 28, 2001

Depth	Bag	Blows	Drilling			Description	T	Buena Soil ID
0	Sample	per it.	comments	Voids	Moisture	Description	USCS	Soil ID
0						Tan white slightly silty fine sand	SP	
	-							
-								
5		-						
-								
40								
10								
-15								
15						V		
						V Total Depth = 15'0"		
20								
25								
30								
35								
-								
40								

GROUNDWATER Time Depth N.E.

SAMPLE TYPE U=Undisturbed ring sample S=Standard penetration tube T=Shelby tube

[] 3" [] Other:

Parcel Summary Report

APN: 047-031-032

Parcel Information

APN: 047-031-032

Assessee: BROWN MICHELLE TRE

Care Of:

Address: 3725 ALISOS RD ARROYO GRANDE

CA 93420

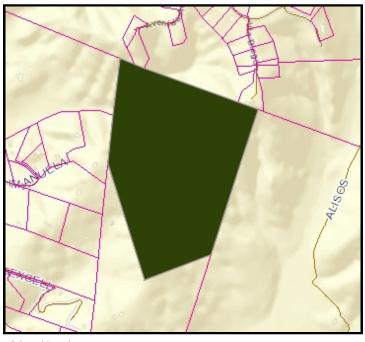
Description: PM 77/100-103 PAR 2

Site Address:

03715 ALISOS RD

Tax Rate Area Code:052025Estimated Acres:122.41Community Code:SCHUASSupervisor District:Supdist 4Avg Percent Slope:31

Land Use Information



Selected Parcel

Land Uses Combining Designations

RL





Permit Information

Permit	Description	Application Date
DRC2018-00119	Land Use	7/25/2018 10:31:13 AM
PRE2018-00061	Pre-Application	5/9/2018 8:11:28 AM
SUB2011-00030	Subdivision	2/8/2012 1:51:14 PM
PRE2011-00010	Pre-Application	9/13/2011 9:44:34 AM
C9920	PMTR - Residential Permit	4/22/2003 12:00:00 AM



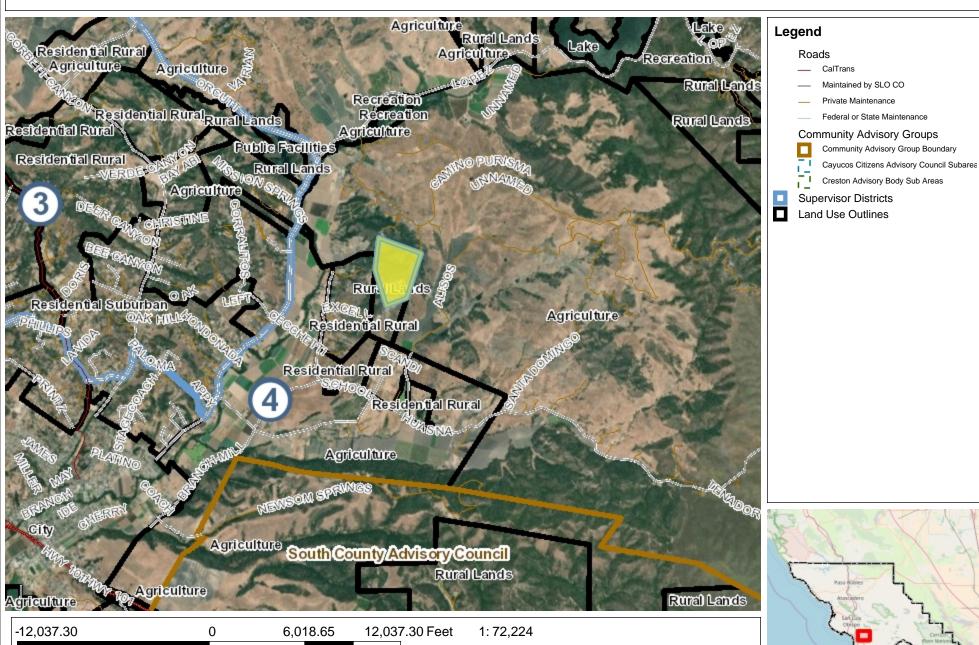
Parcel Summary Report

PMT2002-11466	PMTR - Residential Permit	3/21/2003 12:00:00 AM
C8042	PMTR - Residential Permit	10/3/2002 12:00:00 AM
D010268P	Land Use	3/4/2002 12:00:00 AM
C5461	PMTR - Residential Permit	1/17/2002 12:00:00 AM
C5506	PMTR - Residential Permit	7/23/2001 12:00:00 AM
PMT2002-27537	Determination	1/4/2000 12:00:00 AM
A5638	PMTR - Residential Permit	1/6/1999 12:00:00 AM
PMT2002-26640	Determination	12/2/1998 12:00:00 AM
D860234D	Land Use	4/10/1997 12:00:00 AM
G800029M	Long Range Planning	5/14/1996 12:00:00 AM
D910250P	Land Use	3/21/1996 12:00:00 AM
D910084S	Land Use	9/11/1995 12:00:00 AM
88458	PMTR - Residential Permit	6/17/1992 12:00:00 AM
88457	PMTR - Residential Permit	6/17/1992 12:00:00 AM
88480	PMTR - Residential Permit	4/28/1992 12:00:00 AM
87988	PMTR - Residential Permit	4/17/1992 12:00:00 AM
87669	PMTR - Residential Permit	2/6/1992 12:00:00 AM
88275	PMTG - Grading Permit	12/18/1991 12:00:00 AM
88459	PMTR - Residential Permit	9/3/1991 12:00:00 AM
87668	PMTG - Grading Permit	9/3/1991 12:00:00 AM
PMT2002-22915	PMTR - Residential Permit	9/3/1991 12:00:00 AM
87173	PMTR - Residential Permit	8/16/1991 12:00:00 AM
88276	PMTG - Grading Permit	7/15/1991 12:00:00 AM
PMT2002-22105	Determination	8/28/1990 12:00:00 AM
PMT2002-22106	Determination	8/28/1990 12:00:00 AM
PMT2002-22107	Determination	8/28/1990 12:00:00 AM
PMT2002-21178	PMTR - Residential Permit	5/18/1990 12:00:00 AM
81371	PMTR - Residential Permit	4/5/1990 12:00:00 AM
73695	PMTR - Residential Permit	3/9/1989 12:00:00 AM
70277	PMTG - Grading Permit	1/27/1989 12:00:00 AM

APN: 047-031-032



Interactive Data Viewer





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Map for Reference Purposes Only

WGS_1984_Web_Mercator_Auxiliary_Sphere
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Legend

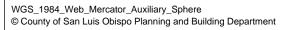
- SLO County Parcels
 Roads
 - ___ CalTrans
 - Maintained by SLO CO
 - Private Maintenance
 - Federal or State Maintenance

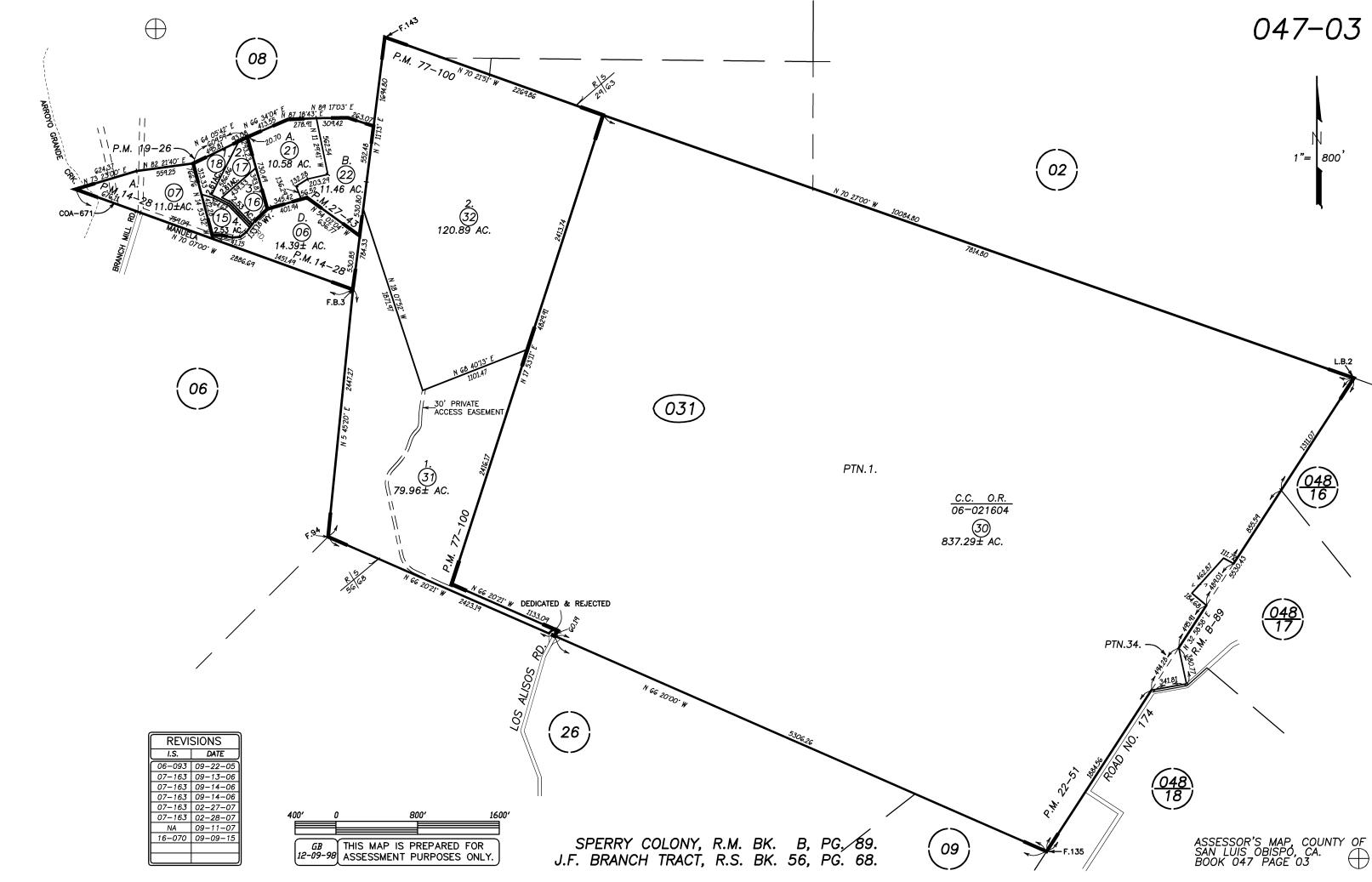
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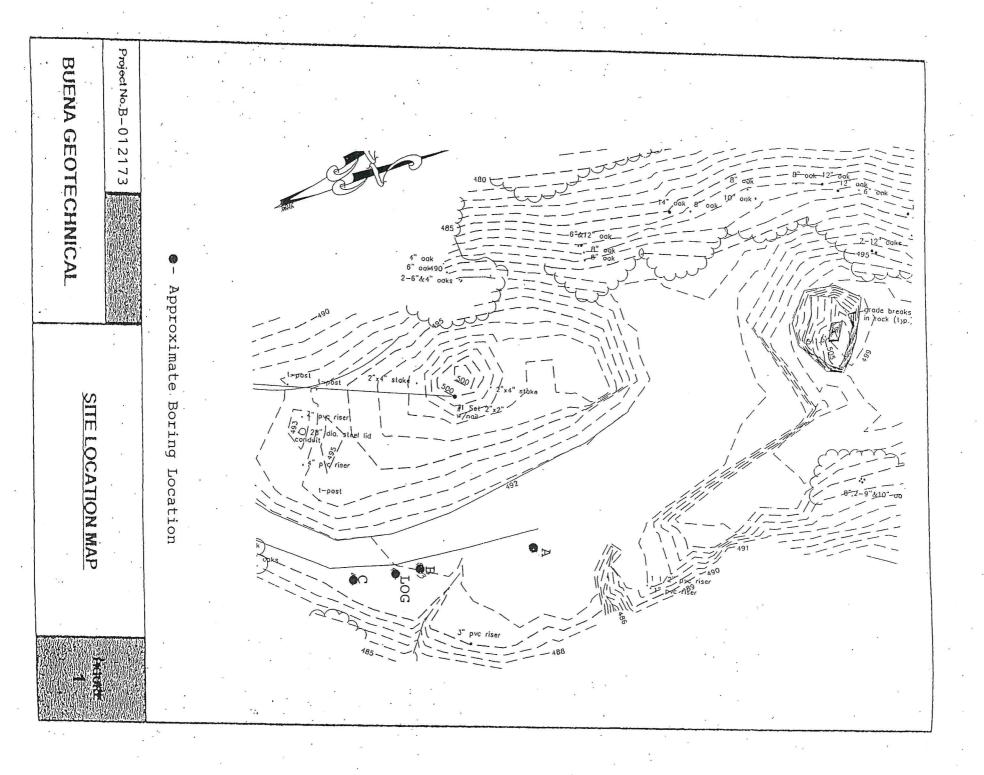


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Map for Reference Purposes Only









WHE

Existing Building we are using.

