

Attachment 2

April 30, 2020

John R. Evans
26102 19 N 16 RD
Upper Lake, CA 95485
Upper Lake, CA
Phone (707) 742-0315

RECEIVED

APR 30 2020

LAKE COUNTY COMMUNITY
DEVELOPMENT DEPT.

County of Lake
Community Development Department
Planning Division
Courthouse – 255 N. Forbes Street
Lakeport, CA 95453
Phone (707) 263-2221

RE: PARCEL 001-030-360

Dear County of Lake Planning Division,

This letter is to apply for a Commercial Cannabis Cultivation Minor Use Permit for Legal Non-Conforming Article 72 Compliant Cultivation and an Early Activation Permit.

One year ago, in April 2019, I had a pre-application meeting with the County of Lake Planning Division. I was initially applying for a Major Use Permit for an acre of canopy.

Since that time, we have done the Biological Assessment in preparation for the CEQA analysis. Due to the current COVID situation and some other factors, we are adjusting our cultivation plan.

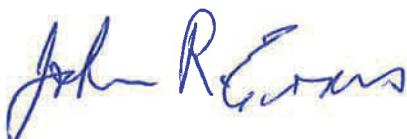
On the attached page, please find our Project Outline that starts small with 48 plants and builds over the next year. We hope this enables plenty of time for both ourselves and the Planning Division during this unique time.

I have also submitted the application for the Commercial Cannabis Cultivation Minor Use Permit for Legal Non-Conforming Article 72 Compliant Cultivation and an Early Activation Permit. Please let me know what costs are associated with these applications, and if I need to submit any additional information.

I have also included the original major use permit that we submitted last April 2019 and the results from the Biological Survey. Additionally, we filed to run our business as a corporation - Lake Pillsbury Family Farm, Inc. I have included the Articles of Incorporation.

Please don't hesitate to call with any questions or concerns.

Sincerely,



John R. Evans

Please let me know
what has been
submitted to
Lake Co so far
THX

PLEASE ONLY CONTACT
ME REGARDING PARCEL
001-030-360

Steps for Commercial Cultivation Project at 26202 19 N 16 RD Upper Lake, CA

STEP	ACTION	YEAR	COUNTY PERMIT	STATE PERMIT
Prior	Pre-Application Meeting – COMPLETE Biosurvey for CEQA - COMPLETE	2019	n/a	n/a
1	48 Plants in prior hemp cultivation zone – No Grading or construction needed	2020	Minor Use Permit for Legal Non-conforming Article 72 Compliant Cultivation Site	Type 1
2	Early Activation for 48 plants	2020	Minor Use Permit for Legal Non-conforming Article 72 Compliant Cultivation Site	Type 1
3	Apply for Major Use & State Cultivation permit	2020	Major Use Permit for Commercial Cannabis Cultivation	Type 3
4	Build out the site	2020	Work with the County and State agencies to build out the future one acre cultivation site.	
5	Cultivate an acre(s) of cannabis	2021		



**COUNTY OF LAKE
COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING DIVISION**

Courthouse - 255 N. Forbes Street
Lakeport, California 95453
Phone (707) 263-2221 FAX (707) 263-2225

**Planning Division Application
Commercial Cannabis Cultivation Major and Minor Use Permit**
(Please type or print)

Project name: PILLSBURY FARM
Assessors Parcel # : 001 - 030 - 36

INITIAL FEES:	
UP	\$2,721.00
IS	\$1,425.00
EA	\$190.00
Arch Rev	\$75.00
Daycare Proximity	\$20.00
Cannabis Service Fee	\$4,160.00
Subtotal:	\$8,591.00
Technology Recovery (2%)	\$86.72
General Plan Maintenance	\$50.00
Total:	\$8,727.72

Zoning: _____
General Plan: _____
Receipt # _____
Initial: _____

APPLICANT:

NAME: PILLSBURY FARM
MAILING ADDRESS: P O BOX 1912
CITY: UKIAH
STATE: CA ZIP: 95482
PRIMARY PHONE: (707) 462-7575
SECONDARY PHONE: (707) 468-8707
EMAIL: pillsburyfarm@gmail.com

PROPERTY OWNER (IF NOT APPLICANT):

NAME: JOHN R. EVANS
MAILING ADDRESS: PO BOX 325
CITY: POTTER VALLEY
STATE: CA ZIP: 95469
PRIMARY PHONE: (707) 743-1023
SECONDARY PHONE: (707) 742-0315
EMAIL: johnrevans69@icloud.com

PROJECT LOCATION

ADDRESS: 26102 19N16 RD LAKE PILLSBURY

PRESENT USE OF LAND:

AGRICULTURE

DESCRIPTION OF PROJECT:

1 ACRE
EXPANDING IN THE FUTURE TO 4 ACRES

SURROUNDING LAND USES:

North: RL
South: RL
East: RL
West: RL

PARCEL SIZE(S):

Existing: 100AC
Proposed: N/A

Existing/Proposed Water Supply: e0235842
Existing/Proposed Sewage Disposal: SEPTIC
Fire Protection District: UNKNOWN-LAKE PILLSBURY
School District: UNKNOWN-LAKE PILLSBURY

RECEIVED

MAY 26 2020

LAKE COUNTY COMMUNITY
DEVELOPMENT DEPT.

At-Cost Project Reimbursement

I, JOHN R EVANS MGR, the undersigned, hereby authorize the County of Lake to process the above referenced permit request in accordance with the County of Lake Code. I am paying an initial fee of \$ 9,000.00 as an estimated cost for County staff review, coordination and processing costs related to my permit (Resolution No. 2017-19. February 7, 2017). **In making this initial fee, I acknowledge and understand that the initial fee may only cover a portion of the total processing costs. Actual costs for staff time are based on hourly rates adopted by the Board of Supervisors in the most current County fee schedule. I also understand and agree that I am responsible for paying these costs even if the application is withdrawn or not approved.**

I understand and agree to the following terms and conditions of this Reimbursement Agreement:

1. Time spent by County of Lake staff in processing my application and any direct costs will be billed against the available initial fee. **"Staff time" includes, but is not limited to, time spent reviewing application materials, site visits, responding by phone or correspondence to inquiries from the applicant, the applicant's representatives, neighbors and/or interested parties, attendance and participation at meetings and public hearings, preparation of staff reports and other correspondence, processing of any appeals, responding to public records act requests or responding to any legal challenges related to the application. "Staff" includes any employee of the Community Development Department.**
2. If processing costs exceed the available initial fee, I will receive invoices payable within 30 days of billing.
3. As the owner of the project location, I have the authority to authorize and I hereby do authorize the County of Lake or authorized representative(s) to make inspections at any reasonable time as deemed necessary for the purpose of review and processing this application.
4. If I fail to pay any invoices within 30 days, the County will stop processing my permit application. All invoices must be paid in full prior to issuance of the applied for permit.
5. If the County determines that any study submitted by the applicant requires a County-contracted consultant peer review, I will pay the actual cost of the consultant review. This cost may vary depending on the complexity of the analysis. Selection of any consultant for a peer review shall be at the sole discretion of the Community Development Director or his designee.

6. I agree to pay the actual cost of any public notices for the project as required by State Law and the Lake County Zoning Ordinance.
7. I may, in writing, request a further breakdown or itemization of invoices, but such a request does not alter my obligation to pay any invoices in accordance with the terms of this agreement.
8. I agree to pay all costs related to permit condition compliance as specified in any conditions of approval for my permit/entitlement including compliance monitoring.
9. I agree not to alter the physical condition of the property during the processing of this application by removing trees, demolishing structures, altering streams, and/or grading or filling. I understand that such alteration of the property may result in the imposition of criminal, civil or administrative fines or penalties, or delay or denial of the project.
10. Applicant shall defend, indemnify and hold harmless the County and its agents, including consultants, officers and employees from any claim, action or proceeding against the County or its agents, including consultants, officers or employees to attack, set aside, void, or annul the approval of this application or adoption of the environmental document which accompanies it. This indemnification obligation shall include, but not be limited to, damages, costs, expenses, attorney's fees, or expert witness costs that may be asserted by any person or entity, including the applicant, arising out of or in connection with the approval of this application, including any claim for private attorney general fees claimed by or awarded to any party against the County, and shall also include the County's costs incurred in preparing the administrative record which are not paid by the petitioner. The County shall promptly notify the applicant of any claim, action or proceeding. Notwithstanding the foregoing, the County shall control the defense of any such claim, action or proceeding unless the settlement is approved by the applicant and that the applicant may act in its own stead as the real party in interest in any such claim, action or proceeding.
11. I have checked the current Hazardous Waste and Substances Sites List pursuant to Government Code Section 65962.5(f). www.envirostor.dtsc.ca.gov/public/ The proposed project site is ☐ or is not ☒ included on the most recent list.
12. I understand that pursuant to State Fish and Games Code Section 711.4, a filing fee is required for all projects processed with a Negative Declaration or Environmental Impact Report unless it has been determined by the California Department of Fish (CDFW) that the project will have no effect on fish and wildlife. The fees are collected by the County Community Development Department, Planning and Environmental review Division (PER) for payment to the State. I understand that I will be notified of the fee amount upon release of the environmental document for the project.

13. I hereby agree that any drainage studies and/or drainage models that are provided to the County as part of the technical studies for this entitlement process will be provided with a license or other satisfactory release allowing the County to duplicate, distribute, and/or publish the studies and models to the general public without restriction. I understand that failure to provide such license or release to the satisfaction of the County may result in comment that the study and or model is inadequate to support the entitlement request.

The signature(s) below signifies legal authority and consent to file an application in accordance with the information above. The signature also signifies that the submitted information and accompanying documents are true and accurate, and that the items initialed above have been read and agreed to.

Note: This agreement does not include other agency review fees or the County Clerk Environmental Document filing fees.

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE(S) OF LEGAL PROPERTY OWNERSHIP
OR OFFICIAL AGENT/AUTHORITY TO FILE (circle one)**

Ownership
*Must Attach Evidence

Contract to Purchase*

Letter of Authorization*

Power of Attorney*

Name of Property Owner or Corporate Principal Responsible or Appointed Designee for Payment of all At-Cost Project Reimbursement Fees:

JOHN R. EVANS

(Please Print)

Name of Company or Corporation (if applicable):

PILLSBURY FARM

(Please Print)

Mailing Address of the Property Owner or Corporation/Company responsible for paying processing fees:

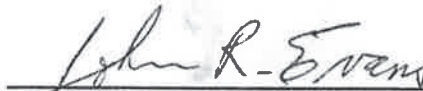
(If a Corporation, please attach a list of the names and titles of Corporate officers authorized to act on behalf of the Corporation)

Name:* JOHN R. EVANS

Date: 04-29-2019

Email address: johnrevans69@gmail

Phone Number: 707-462-7575

 MGR
Signature of Owners/Agent* Name

04-29-2019
Date

 MGR.
Signature of Applicant

04-29-2019
Date

Supplemental Data for Initial Study

The following supplemental information is required for all applications requiring environmental review in accordance with the California Environmental Quality Act (CEQA). Please answer the following questions as thoroughly as possible. If questions do not apply to your project, indicate by writing 'N/A' or check "no". Use separate sheets of paper if necessary. **IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE LAKE COUNTY PLANNING DIVISION.**

Description of objective of project and its operational characteristics:

Type of Business: AGRICULTURE

Product or service provided: CANNABIS, APPLES AND PEARS

Hours of operation: DAYLIGHT HOURS

Days of operation: SEASONAL

Number of shifts (normal): N/A

Number of shifts (peak): N/A

Employees per shift (normal): SEASONAL

Employees per shift (peak): UNKNOWN

Number of deliveries per day: SEASONAL

Number of customer per day: NONE

Number of pick-ups per day: SEASONAL

Lot size: 100 ACRES

Number and type of company Vehicles: 2

Type of loading facilities: N/A

Floor area of existing structures: N/A

Proposed building floor area: N/A

Number of existing parking spaces: N/A

Number of proposed parking spaces: N/A

Number of floors: N/A

Additional relevant information: REMOTE LOCATION

Supplemental Data for Initial Study (Continued)

Description of site prep/construction activities

When do you anticipate starting construction?

N/A

How long will construction take?

N/A

What days/times will construction occur?

N/A

What type of construction equipment will be used?

N/A

How many truck/vehicle trips will be necessary for construction?

N/A

Will equipment be idling during construction?

N/A

Where will construction equipment be staged/stored?

N/A

Will any trees or vegetation be removed? If yes, please provide type and amounts.

NO

Supplemental Data for Initial Study (Continued)

How much grading is anticipated to occur and where?

N/A

Will soil be imported or exported to/from the site? If so from where and what amount?

SEE LIST OF SOIL VENDORS

Is trenching required? If yes, please provide location, dimensions and cubic yards.

NO

How much water will be used for construction, operation and maintenance? What is the water source?

WELL/EST 10-20 GAL PER PLANT PER DAY

Other questions and information needed for the Initial Study

Describe how scenic views or vistas are impacted by the cultivation site.

NONE KNOWN

What lighting is proposed for the project? Will areas be lit at night?

NONE EXPECTED

Are there any existing agricultural uses on-site besides cannabis? Will they be removed?

APPLES, PEARS AND OTHER FRUIT TREES

WILL NOT REMOVE

Supplemental Data for Initial Study (Continued)

Will this project result in the loss of forest land? If so, describe how many acres and what type of trees.

NO

How will dust, ash, smoke, fumes or odors generated by the cultivation site be managed?

REMOTE SITE NO DUST ECT. GENERATED THAT WOULD STRAY OFF SITE

Are there any water features (drainages, streams, creeks, lakes, rivers, vernal pools, wetlands, etc.) on-site or immediately adjacent to the project? If yes, will any work take place in or near them?

NO

Will there be a loss of any wetland or streamside vegetation? If yes, describe where, total area, and type of vegetation lost.

NO

Describe and site or buildings have any archaeological or historical significance.

NO

What are the slopes on the cultivation site?

UNDER 30% (PERCENT) SLOPE

Supplemental Data for Initial Study (Continued)

Describe the soils found at the site and their potential for landslides, erosion, lateral spreading, subsidence, liquefaction, or collapse.

LOW OR NO POTENTIAL

Describe methods to be taken to reduce greenhouse gases.

GROWING PLANTS LOWERS GREENHOUSE GASES

Will solid waste be produced? If yes, how will it be disposed of?

NO

Will hazardous waste be produced? If yes, how will it be disposed of?

NO

How will vegetative waste be managed?

COMPOSTING

How will growth medium waste be managed?

GROWTH MEDIUM USE MINIMIZED

ORGANIC GROWING-RECYCLE MEDIUM

Will any material be taken to a landfill? If yes, which one and how much material is anticipated?

PACKAGING MATERIALS USED IN ORGANIC GROWING

ONE PICK-UP TRUCK EVERY 3 MONTHS

Supplemental Data for Initial Study (Continued)

Describe risk of an explosion or release of hazardous substances in case of an accident.

NONE KNOWN

Do portions of the cultivation site periodically flood?

NO

Describe the existing drainage patterns on the site and how they may be alternated and to what degree as a result of this project.

NO ALTERNATION

What Best Management Practices (BMPs) or measures will be implemented in order to prevent erosion and impacts to water quality?

WADDELING-AROUND PERIPHERY IF REQUIRED

Is wastewater treatment required for the project? If yes, what is the source?

NO

Describe how this project is consistent with the County's General Plan and Zoning Ordinance.

RL ZONING

Describe the level and frequency of noise or vibration that will be generated from this project.

MINIMAL

Supplemental Data for Initial Study (Continued)

Describe what measures have been taken to maintain or improve level of service for the appropriate fire district and Cal Fire.

CALL FIRE INSPECTS ROADS PERIODICALLY

How is the site accessed?

BY COUNTY ROAD

Describe the amount of traffic the project will generate.

NO ADDITIONAL TRAFFIC ANTICIPATED

Are there any road improvements that would be required? If yes, please provide specs (type of materials and dimensions).

NO

Describe if this project will result increased traffic hazards to motor vehicles, bicyclists, or pedestrians?

NO

Are greenhouses or other accessory structures proposed? If yes, what are the dimensions of the structures and materials/colors they will be constructed out of?

NO -EXISTING

What sources of energy will be used?

SOLAR ELECTRIC

Supplemental Data for Cannabis Cultivation

The legal business name of the applicant entity: PILLSBURY FARM

The license type, pursuant to the California Department of Food and Agriculture cannabis cultivation program regulations, for which the applicant is applying and whether the application is for an M-license or A-license:

A

A list of all the types, including the license numbers of valid licenses, from the department and other cannabis licensing authorities that the applicant already holds: N/A

DESIGNATED RESPONSIBLE PARTY

The designated responsible party, who shall also be an owner, with legal authority to bind the applicant entity, and the primary contact for the application.

Full legal name: JOHN R. EVANS

Title: OWNER

Mailing Address: PO BOX 1912

City: UKIAH

State: CA Zip: 95482

Primary contact phone number: (707) 742 - 0315 (707) 462-7575

Email address: pillsburyfarm@gmail.com

A copy of the Designated Responsible Party's government-issued identification shall be attached. Acceptable forms of identification are a document issued by a federal, state, county, or municipal government, including, but not limited to, a driver's license or passport, that contains the name, date of birth, physical description, and picture of the individual.

AGENT

If an individual or entity is serving as agent for service of process for the applicant, the following information shall be provided:

Full legal name: WILLIAM HEIMBERG

Title: ASSISTANT MANAGER

Mailing Address: PO BOX 1912

City: UKIAH

State: CA Zip: 95482

Primary contact phone number: (707) 462 - 7575

Email address: taxknoll@gmail.com

NOT AN AGENT
4-30-20

John R. Evans

Owner

A complete list of every owner of the applicant entity. "Owner" means any of the following:

- (1) A person with an aggregate ownership interest of 20 percent or more in the person applying for a license or a licensee, unless the interest is solely a security, lien, or encumbrance.
- (2) The chief executive officer of a nonprofit or other entity.
- (3) A member of the board of directors of a nonprofit.
- (4) An individual who will be participating in the direction, control, or management of the person applying for a license.

Each individual owner named shall submit the following information:

Full legal name: JOHN R. EVANS

Title: MANAGER

Mailing Address: ~~PO BOX 1912~~ PO Box 325

City: UKIAH POTTER VALLEY

State: CA Zip: 95482

Primary contact phone number: (707) 742 - 0315 (707) 743-1023

Email address: John R Evans69@icloud.com

Date ownership interest in the applicant entity was acquired: NEC 1990

Percentage of the ownership interest held in the applicant entity by the owner: 100%

A list of all the valid licenses, including license type(s) and license number(s), from the department and other cannabis licensing authorities that the owner is listed as either an owner or financial interest holder:

none

A copy of the owner's government-issued identification shall be attached. Acceptable forms of identification are a document issued by a federal, state, county, or municipal government, including, but not limited to, a driver's license or passport, that contains the name, date of birth, physical description, and picture of the individual.

For applicants that are a cannabis cooperative as defined by Division 10, Chapter 22 (commencing with section 26220) of the Business and Professions Code, identification of all members.

Evidence that the applicant entity has the legal right to occupy and use the proposed location.

DUPLICATE
Driller's Copy

Page 1 of 1

Owner's Well No. WELL #2

Date Work Began 8/20/2014, Ended 8/21/2014

Local Permit Agency Lake County Environmental

Permit No. WE4476

STATE OF CALIFORNIA
WELL COMPLETION REPORT

Refer to Instruction Pamphlet

No. **e0235842**

Permit Date 6/25/2014

DWR USE ONLY -- DO NOT FILL IN	
STATE WELL NO./STATION NO.	
LATITUDE	LONGITUDE
APN/TRS/OTHER	

GEOLOGIC LOG				WELL OWNER	
ORIENTATION (✓) ☒ VERTICAL ☐ HORIZONTAL ☐ ANGLE _____ (SPECIFY)		Name <u>John Evans</u>		Mailing Address <u>PO Box 325</u>	
DRILLING METHOD <u>AIR</u> FLUID <u>N/A</u>		City <u>Potter Valley</u>		State <u>CA</u>	
DEPT. FROM SURFACE		CITY		ZIP	
R. to R.		WELL LOCATION		Address <u>26102 19 N 16 Road</u>	
0 48 Silty tan and orange sands		City <u>Lake Pillsbury CA</u>		County <u>Lake</u>	
48 51 Heaving sands (orange)		APN Book <u>001</u> Page <u>030</u> Parcel <u>36</u>		Township _____ Range _____ Section _____	
51 58 Tan sand		Latitude _____		DEG. MIN. SEC. _____	
58 120 Brown and tan sandstone (coarse grained), highly fractured		NORTH		DEG. MIN. SEC. _____	
		SOUTH		ACTIVITY (✓) ☒ NEW WELL	
		EAST		☐ MODIFICATION/REPAIR	
		WEST		☐ Deepen	
				☐ Other (Specify) _____	
				☐ DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")	
				PLANNED USES (✓)	
				WATER SUPPLY	
				☒ Domestic ☐ Public	
				☐ Irrigation ☐ Industrial	
				MONITORING _____	
				TEST WELL _____	
				CATHODIC PROTECTION _____	
				HEAT EXCHANGE _____	
				DIRECT PUSH _____	
				INJECTION _____	
				VAPOR EXTRACTION _____	
				SPARGING _____	
				REMEDICATION _____	
				OTHER (SPECIFY) _____	
				WATER LEVEL & YIELD OF COMPLETED WELL	
				DEPTH TO FIRST WATER <u>N/A</u> (FL) BELOW SURFACE <u>1</u>	
				DEPTH OF STATIC WATER LEVEL <u>32</u> (FL) & DATE MEASURED <u>8/21/2014</u>	
				ESTIMATED YIELD <u>100</u> (GPM) & TEST TYPE <u>Air Developed</u>	
				TEST LENGTH <u>1</u> (hrs.) TOTAL DRAWDOWN <u>105</u> (FL)	
				May not be representative of a well's long-term yield.	
TOTAL DEPTH OF BORING <u>120</u> (Feet)					
TOTAL DEPTH OF COMPLETED WELL <u>116</u> (Feet)					

DEPTH FROM SURFACE			BORE-HOLE DIA. (Inches)	CASING (S)					DEPTH FROM SURFACE			ANNULAR MATERIAL					
				TYPE (✓)				MATERIAL / GRADE				INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	TYPE		
R	to	R	BLANK	SCREEN	CON-DUCTOR	FILL PIPE									R	to	R
0		22	11								0		1	✓			CONCRETE
22		120	8								1		20		✓		
42		76		✓			PVC	5	SDR21		20		116			✓	3/8 Pea Gravel
76		116			✓		PVC	5	SDR21	.32							

ATTACHMENTS (✓)		CERTIFICATION STATEMENT	
☐ Geologic Log ☐ Well Construction Diagram ☐ Geophysical Log(s) ☐ Soil/Water Chemical Analysis ☐ Other _____		I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.	
ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.		NAME <u>Weeks Drilling & Pump</u> (PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)	
		P.O. Box <u>176</u> ADDRESS	
		City <u>Sebastopol</u> State <u>CA</u> ZIP <u>95473</u>	
		Signed <u>June Angelen</u> DATE SIGNED <u>10/10/14</u> C-57 LICENSE NUMBER <u>177681</u>	
		WELL DRILLER AUTHORIZED REPRESENTATIVE	



DEPARTMENT OF TOXIC SUBSTANCES CONTROL
ENVIROSTOR

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PROJECT SEARCH RESULTS

STATUS:



SEARCH CRITERIA: 2810219 N 16 ROAD, LAKE PILLSBURY, LAKE

0 RECORDS FOUND

[EXPORT TO EXCEL](#)

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NO PROJECTS FOUND WITH THOSE SEARCH PARAMETERS.

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SEARCH CRITERIA: 001-030-36

0 RECORDS FOUND

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