



35874



Housing Inspection Report

County of San Diego, Department of Environmental Health
(619) 338-2222 (800) 253-9933
P.O. Box 129261, San Diego, CA 92112-9261
www.sdcdeh.org

Date MM/DD/YY 05/11/10

Permit # 303703

Census Tract 200.09

ID # 028201

Facility Name Cactus Garden Apts

Address 257 W. San Marcos Blvd. San Marcos

Units 21

Permittee Name Horn

CO4

Inspection Type
 Directed
 Routine
 Complaint

Mailing Address PO Box 1075

City Valley Center State CA Zip 92082-1075

Violation Observed	Health / Safety
<input type="checkbox"/>	1. Smoke Detectors - Good Repair / Adequate
<input type="checkbox"/>	2. Fire Extinguishers - Charged
<input type="checkbox"/>	3. Vermin - Excluded / No Infestations
<input type="checkbox"/>	4. Heaters - Properly Vented
<input type="checkbox"/>	5. Heating - Good Repair / Adequate
<input type="checkbox"/>	6. Ventilation - Adequate
<input type="checkbox"/>	7. Potable Water Provided
<input type="checkbox"/>	8. Lead Paint Hazard (pre - 1978)
Violation Observed	Occupancy
<input type="checkbox"/>	9. Occupancy
<input type="checkbox"/>	10. Room Conversion

Violation Observed	Maintenance / Sanitation
<input type="checkbox"/>	11. Electrical - Good Repair
<input type="checkbox"/>	12. Lighting - Good Repair / Adequate
<input type="checkbox"/>	13. Plumbing - Good Repair
<input type="checkbox"/>	14. Interior - Good Repair
<input type="checkbox"/>	15. Laundry Room - Clean / Good Repair
<input type="checkbox"/>	16. Exterior - Good Repair
<input type="checkbox"/>	17. Trash Area - Clean / Adequate
Violation Observed	Hotel
<input type="checkbox"/>	18. Bedding Clean
<input type="checkbox"/>	19. Utensils Sanitized

Violation Observed

Dwelling units have been inspected for maintenance and sanitation. Items marked above denote a violation of the "State Housing Code" as found in the California Health & Safety Code, 17910 et seq and California Code of Regulations, Title 25. Contact your local Fire Department for fire prevention requirements.

Only common areas and the exterior of structure inspected; no complaints or violations reported. gel bait

ADDITIONAL COMMENTS / OBSERVATIONS

Follow up on unit #21:
Observed multiple dead cockroach bodies, one egg casing
observed no live bodies (or cockroaches) in unit.
Recommended use of gel bait within units since
night time roach activity has been reported.

Observed pest control receipt indicating treatment was
provided 4-28-10. Residents state unit was sprayed.

Received by (Print) Alvino HERMOSILLO, JR. (Signature) [Signature]

Specialist (Print) Heather Stuchelrodt (Signature) [Signature] Phone # 7609402933

Inspection Result INACTIVE NO CONTACT YES NO Reinspection Date (on or about) 5-18-10

This report is an OFFICIAL NOTICE OF VIOLATIONS and must be completed in the time specified



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Housing Inspection Report

County of San Diego, Department of Environmental Health
(819) 338-2222 (800) 253-9933
P.O. Box 129261, San Diego, CA 92112-9261
www.sdcdeh.org

Date MM/DD/YY

05 / 07 / 10

Permit # 303703

Census Tract

ID # 004881

Units 21

1.6

Inspection Type

Directed

Routine

Complaint



Facility Name CACTUS GARDEN APIS

Address 257 W SAN MARCOS City SAN MARCOS
BIV

Permittee Name HORN

Mailing Address P.O. Box 1075

City VALLEY CENTER State CA Zip 92082-1075

Violation Observed	Health / Safety
<input type="checkbox"/>	1. Smoke Detectors - Good Repair / Adequate
<input type="checkbox"/>	2. Fire Extinguishers - Charged
<input type="checkbox"/>	3. Vermin - Excluded / No Infestations
<input type="checkbox"/>	4. Heaters - Properly Vented
<input type="checkbox"/>	5. Heating - Good Repair / Adequate
<input type="checkbox"/>	6. Ventilation - Adequate
<input type="checkbox"/>	7. Potable Water Provided
<input type="checkbox"/>	8. Lead Paint Hazard (pre - 1978)
Violation Observed	Occupancy
<input type="checkbox"/>	9. Occupancy
<input type="checkbox"/>	10. Room Conversion

Violation Observed	Maintenance / Sanitation
<input type="checkbox"/>	11. Electrical - Good Repair
<input type="checkbox"/>	12. Lighting - Good Repair / Adequate
<input type="checkbox"/>	13. Plumbing - Good Repair
<input type="checkbox"/>	14. Interior - Good Repair
<input type="checkbox"/>	15. Laundry Room - Clean / Good Repair
<input type="checkbox"/>	16. Exterior - Good Repair
<input type="checkbox"/>	17. Trash Area - Clean / Adequate
Violation Observed	Hotel
<input type="checkbox"/>	18. Bedding Clean
<input type="checkbox"/>	19. Utensils Sanitized

Violation Observed

Dwelling units have been inspected for maintenance and sanitation. Items marked above denote a violation of the "State Housing Code" as found in the California Health & Safety Code, 17910 et seq and California Code of Regulations, Title 25. Contact your local Fire Department for fire prevention requirements.

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ADDITIONAL COMMENTS / OBSERVATIONS

NOTICE Follow-up

OBSERVED A BABY ROACH CRAWLING ON THE COUNTER TOP IN THE KITCHEN UNDER MICROWAVE OVEN. OBSERVED ALIVE ROACH ON THE KITCHEN FLOOR NEXT TO THE CABINETS. OBSERVED DEAD ROACHES IN THE DRAWERS IN THE KITCHEN AND IN THE CABINET NEXT TO THE VENT SHOOT.

ELIMINATE ALL ROACHES AND THEIR EVIDENTS.

SPOKE TO TENANT'S DAUGHTER TO MINIMIZE PAPER PRODUCTS INCLUDING CARDBOARD AND TO REMOVE EVIDENTS OF ROACHES.

Received by (Print)

(Signature)

Specialist (Print)

KELLY TAFLA

(Signature)

Kelley Tafra

Phone #

(760) 940-2939

Inspection Result INACTIVE NO CONTACT YES NO

Reinspection Date (on or about)

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County of San Diego, Department of Environmental Health
(619) 338-2222 (800) 253-9933
P.O. Box 129261, San Diego, CA 92112-9261
www.sdcdeh.org

Date MM/DD/YY 04/21/10

Permit # 303703

Census Tract 20009

ID # 028201

Units 21

0.6

Inspection Type
 Directed
 Routine
 Complaint

Facility Name Cactus Garden Apts.

Address 277 W. San Marcos Blvd, S.M.

Permittee Name Horn

Mailing Address P.O. Box 1075

City Valley Center State CA Zip 92082

Observed	Health / Safety
<input type="checkbox"/>	1. Smoke Detectors - Good Repair / Adequate
<input type="checkbox"/>	2. Fire Extinguishers - Charged
<input checked="" type="checkbox"/>	3. Vermin - Excluded / No Infestations
<input type="checkbox"/>	4. Heaters - Properly Vented
<input type="checkbox"/>	5. Heating - Good Repair / Adequate
<input type="checkbox"/>	6. Ventilation - Adequate
<input type="checkbox"/>	7. Potable Water Provided
<input type="checkbox"/>	8. Lead Paint Hazard (pre - 1978)
Violation	Occupancy
<input type="checkbox"/>	9. Occupancy
<input type="checkbox"/>	10. Room Conversion

Observed	Maintenance / Sanitation
<input type="checkbox"/>	11. Electrical - Good Repair
<input type="checkbox"/>	12. Lighting - Good Repair / Adequate
<input type="checkbox"/>	13. Plumbing - Good Repair
<input type="checkbox"/>	14. Interior - Good Repair
<input type="checkbox"/>	15. Laundry Room - Clean / Good Repair
<input type="checkbox"/>	16. Exterior - Good Repair
<input type="checkbox"/>	17. Trash Area - Clean / Adequate
Observed	Other
<input type="checkbox"/>	18. Bedding Clean
<input type="checkbox"/>	19. Utensils Sanitized

Violation Observed

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Only common areas and the exterior of structure inspected; no complaints or violations reported.

ADDITIONAL COMMENTS / OBSERVATIONS

(#21):
observed several (5-6) live cockroaches and excessive mouse droppings in kitchen unit. Continue to work towards complete elimination - observed several mouse traps and resident stated that 2 mice have been caught so far. Carpeting has been installed in unit. Holes in walls were repaired. Recommend gel bait to aid in the elimination of cockroach infestation.

Received by (Print) X Alvin Hernandez Jr. (Signature) X [Signature] (Father of Manager)

Specialist (Print) Heather Stachelwatt (Signature) [Signature] Phone # 760-940-2933

Inspection Result INACTIVE NO CONTACT YES NO Reinspection Date (on or about) 4-30-10

This report is an **OFFICIAL NOTICE OF VIOLATIONS** and must be completed in the time specified



35874



Housing Inspection Report

County of San Diego, Department of Environmental Health
(619) 338-2222 (800) 253-9933
P.O. Box 129261, San Diego, CA 92112-9261
www.sdcdeh.org

Date MM/DD/YY 03/30/10

Permit # 303703

Census Tract 200-09

ID # 028201

Units 21

2.0

Inspection Type Complaint

Routine
 Complaint

Facility Name Cactus Garden Apt

Address 257 W. San Marcos City S.M.

Permittee Name Horn

Mailing Address P.O. Box 1075

City Valley Center State CA Zip 92082

Violation Observed	Health / Safety
<input type="checkbox"/>	1. Smoke Detectors - Good Repair / Adequate
<input type="checkbox"/>	2. Fire Extinguishers - Charged
<input checked="" type="checkbox"/>	3. Vermin - Excluded / No Infestations
<input type="checkbox"/>	4. Heaters - Properly Vented
<input type="checkbox"/>	5. Heating - Good Repair / Adequate
<input type="checkbox"/>	6. Ventilation - Adequate
<input type="checkbox"/>	7. Potable Water Provided
<input type="checkbox"/>	8. Lead Paint Hazard (pre - 1978)
Violation Observed	Occupancy
<input type="checkbox"/>	9. Occupancy
<input type="checkbox"/>	10. Room Conversion

Violation Observed	Maintenance / Sanitation
<input type="checkbox"/>	11. Electrical - Good Repair
<input type="checkbox"/>	12. Lighting - Good Repair / Adequate
<input type="checkbox"/>	13. Plumbing - Good Repair
<input checked="" type="checkbox"/>	14. Interior - Good Repair
<input type="checkbox"/>	15. Laundry Room - Clean / Good Repair
<input type="checkbox"/>	16. Exterior - Good Repair
<input type="checkbox"/>	17. Trash Area - Clean / Adequate
<input type="checkbox"/>	18. Bedding Clean
<input type="checkbox"/>	19. Utensils Sanitized

Violation Observed

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ADDITIONAL COMMENTS / OBSERVATIONS

Unit #21: Observed water damage to walls, carpet removed, tack strips exposed, linoleum in bathroom peeling back, numerous mouse droppings in kitchen cabinets. Provide pest control measures to begin within 3 days. Rodents to be abated within 30 days. Tack strips to be removed within 24 hours. Recover concrete slab floorings within 10 days. Repair/replace linoleum in bathroom. Repair walls where needed.

Received by (Print) Alvino Hermosillo (Signature) [Signature]

Specialist (Print) Heather Stacheloch (Signature) [Signature]

Inspection Result INACTIVE NO CONTACT YES NO

760-644-0002
760-940-2932
760-940-2933
Phone #

Reinspection Date (on or about) 4-30-10

This report is an OFFICIAL NOTICE OF VIOLATIONS and must be completed in the time specified



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P.O. Box 129261, San Diego, CA 92112-9261
www.sdcdeh.org

Date
MM/DD/YY

10 / 16 / 08

Permit #

303703

Census Tract

200.09

ID #

039272

Units

16



Inspection Type

Directed

Routine

Complaint



Facility Name Cactus Garden Apts

Address 257 W San Marcos Bl City San Marcos

Permittee Name Cactus Garden Apts

Mailing Address 257 W San Marcos Blvd

City San Marcos State CA Zip 92069

Violation Observed	Health / Safety
<input type="checkbox"/>	1. Smoke Detectors - Good Repair / Adequate
<input type="checkbox"/>	2. Fire Extinguishers - Charged
<input type="checkbox"/>	3. Vermin - Excluded / No Infestations
<input type="checkbox"/>	4. Heaters - Properly Vented
<input type="checkbox"/>	5. Heating - Good Repair / Adequate
<input type="checkbox"/>	6. Ventilation - Adequate
<input type="checkbox"/>	7. Potable Water Provided
<input type="checkbox"/>	8. Lead Paint Hazard (pre - 1978)
Violation Observed	Occupancy
<input type="checkbox"/>	9. Occupancy
<input type="checkbox"/>	10. Room Conversion

Violation Observed	Maintenance / Sanitation
<input type="checkbox"/>	11. Electrical - Good Repair
<input type="checkbox"/>	12. Lighting - Good Repair / Adequate
<input type="checkbox"/>	13. Plumbing - Good Repair
<input type="checkbox"/>	14. Interior - Good Repair
<input type="checkbox"/>	15. Laundry Room - Clean / Good Repair
<input type="checkbox"/>	16. Exterior - Good Repair
<input type="checkbox"/>	17. Trash Area - Clean / Adequate
Violation Observed	Hotel
<input type="checkbox"/>	18. Bedding Clean
<input type="checkbox"/>	19. Utensils Sanitized

Violation Observed

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ADDITIONAL COMMENTS / OBSERVATIONS

Unnumbered -> (house)
 observed 1 adult German cockroach in kitchen cabinet. Observed 3-4 nymphs in kitchen cabinet
 observed 2 nymphs (live) in bathroom. Observed 2 dead nymphs in bathroom. Resident has tried
 sprays, gel bait, bait traps but cockroaches keep coming in from laundry room.
 Unit 118 - resident reports a few cockroaches. Observed evidence of cockroaches fecal/phormone spread
 in several cabinets in kitchen. Resident used baits and gels.
 Unit 110 - Observed 5-6 dead cockroaches in kitchen cabinets. Resident reports cockroaches.
 Manager has available monthly pest control and was unaware of problems by residents.
 Eliminate presence of cockroaches. Followup to see progress.

Received by (Print) Alvaro Hernandez (Signature) [Signature]

Specialist (Print) Tony Nguyen (Signature) Tony Nguyen Phone # 7609402939

Inspection Result INACTIVE NO CONTACT YES NO

Reinspection Date (on or about) 10/30/08

This report is an OFFICIAL NOTICE OF VIOLATIONS and must be completed in the time specified



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Housing Inspection Report

County of San Diego, Department of Environmental Health
(619) 338-2222 (800) 253-9933
P.O. Box 129261, San Diego, CA 92112-9261
www.sdcdeh.org

Date
MM/DD/YY

10 / 14 / 08

Permit #

303703

Census Tract

200.9

ID #

028201

Units

16

CO4

Inspection Type

- Directed
- Routine
- Complaint



Facility Name Cactus Garden Apt.

Address 257 W. San Marcos Bl City Vista

Permittee Name Cactus Garden Apt

Mailing Address above

City _____ State _____ Zip _____

Violation Observed	Health / Safety
<input type="checkbox"/>	1. Smoke Detectors - Good Repair / Adequate
<input type="checkbox"/>	2. Fire Extinguishers - Charged
<input type="checkbox"/>	3. Vermin - Excluded / No Infestations
<input type="checkbox"/>	4. Heaters - Properly Vented
<input type="checkbox"/>	5. Heating - Good Repair / Adequate
<input type="checkbox"/>	6. Ventilation - Adequate
<input type="checkbox"/>	7. Potable Water Provided
<input type="checkbox"/>	8. Lead Paint Hazard (pre - 1978)
Violation Observed	Occupancy
<input type="checkbox"/>	9. Occupancy
<input type="checkbox"/>	10. Room Conversion

Violation Observed	Maintenance / Sanitation
<input type="checkbox"/>	11. Electrical - Good Repair
<input type="checkbox"/>	12. Lighting - Good Repair / Adequate
<input type="checkbox"/>	13. Plumbing - Good Repair
<input type="checkbox"/>	14. Interior - Good Repair
<input type="checkbox"/>	15. Laundry Room - Clean / Good Repair
<input type="checkbox"/>	16. Exterior - Good Repair
<input type="checkbox"/>	17. Trash Area - Clean / Adequate
Violation Observed	Hotel
<input type="checkbox"/>	18. Bedding Clean
<input type="checkbox"/>	19. Utensils Sanitized

Violation Observed

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ADDITIONAL COMMENTS / OBSERVATIONS

Complainant did not answer at 4:45 pm.
- Will go back tomorrow

Received by (Print)

(Signature)

Specialist (Print)

Heather Stuchevich

(Signature)

[Signature]

Phone #

7609402933

Inspection Result INACTIVE NO CONTACT YES NO

Reinspection Date (on or about)

This report is an OFFICIAL NOTICE OF VIOLATIONS and must be completed in the time specified

35874



Housing Inspection Report

County of San Diego, Department of Environmental Health
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P.O. Box 129261, San Diego, CA 92112-9261
www.sdcdeh.org

Date MM/DD/YY

07/22/08

Permit #

303703

Census Tract

20089

ID #

028201

Units

21

604

1.0

Inspection Type

Directed

Routine

Complaint

Facility Name

Cactus Garden Apt 2

Address

257 W. San Marcos Blvd.

Permittee Name

Horn

Mailing Address

PO Box 1075

City

Valley Center State CA Zip

Violation Category	Maintenance / Sanitation
<input type="checkbox"/> 1. Smoke Detectors - Good Repair / Adequate	<input type="checkbox"/> 11. Electrical - Good Repair
<input type="checkbox"/> 2. Fire Extinguishers - Charged	<input type="checkbox"/> 12. Lighting - Good Repair / Adequate
<input type="checkbox"/> 3. Vermin - Excluded / No Infestations	<input type="checkbox"/> 13. Plumbing - Good Repair
<input type="checkbox"/> 4. Heaters - Properly Vented	<input type="checkbox"/> 14. Interior - Good Repair
<input type="checkbox"/> 5. Heating - Good Repair / Adequate	<input type="checkbox"/> 15. Laundry Room - Clean / Good Repair
<input type="checkbox"/> 6. Ventilation - Adequate	<input checked="" type="checkbox"/> 16. Exterior - Good Repair
<input type="checkbox"/> 7. Potable Water Provided	<input type="checkbox"/> 17. Trash Area - Clean / Adequate
<input type="checkbox"/> 8. Lead Paint Hazard (pre - 1978)	<input type="checkbox"/> 18. Bedding Clean
<input type="checkbox"/> 9. Occupancy	<input type="checkbox"/> 19. Utensils Sanitized
<input type="checkbox"/> 10. Room Conversion	

Violation Category	Maintenance / Sanitation
<input type="checkbox"/> 11. Electrical - Good Repair	<input type="checkbox"/> 11. Electrical - Good Repair
<input type="checkbox"/> 12. Lighting - Good Repair / Adequate	<input type="checkbox"/> 12. Lighting - Good Repair / Adequate
<input type="checkbox"/> 13. Plumbing - Good Repair	<input type="checkbox"/> 13. Plumbing - Good Repair
<input type="checkbox"/> 14. Interior - Good Repair	<input type="checkbox"/> 14. Interior - Good Repair
<input type="checkbox"/> 15. Laundry Room - Clean / Good Repair	<input type="checkbox"/> 15. Laundry Room - Clean / Good Repair
<input checked="" type="checkbox"/> 16. Exterior - Good Repair	<input checked="" type="checkbox"/> 16. Exterior - Good Repair
<input type="checkbox"/> 17. Trash Area - Clean / Adequate	<input type="checkbox"/> 17. Trash Area - Clean / Adequate
<input type="checkbox"/> 18. Bedding Clean	<input type="checkbox"/> 18. Bedding Clean
<input type="checkbox"/> 19. Utensils Sanitized	<input type="checkbox"/> 19. Utensils Sanitized

Violation Observed

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ADDITIONAL COMMENTS / OBSERVATIONS

1: Replace torn and missing window screens - apt # 8 + apt # 10

Unit # 1 - reports no problems, unit # 11 - no answer
Unit # 2 - no answer

last maintenance April 14, 2008 - for fire extinguisher

Received by (Print) to be mailed (Signature)

Specialist (Print) Heather Staehel (Signature)

Phone # 760-540-2933

Inspection Result INACTIVE NO CONTACT YES NO

Reinspection Date (on or about)

This report is an OFFICIAL NOTICE OF VIOLATIONS and must be completed in the time specified

ESTAB NUMBER: E 03703 CENSUS TR/INC CODE: 2000418 BUS CODE: 004 UNITS: 0020 ANNUAL FEE: 005750 EXPIR DATE (MO-DAY): 01/31

PLEASE COMPLETE THE FOLLOWING SECTION--

OWNER NAME: HORN & GREENWALD (AREA) OWNER PHONE: [REDACTED]

ESTABLISHMENT ADDRESS: STREET NUMBER: 257 DIRECTION: W STREET NAME: SAN MARCOS BLVD BLDG/SUITE: [REDACTED]

101 CITY: SAN MARCOS 112 STATE: CA 114 ZIP CODE: [REDACTED] (AREA) BUSINESS PHONE: 619-744-2709

138 SECOND NAME OR NAME OF MANAGEMENT COMPANY: [REDACTED]

174 MAILING ADDRESS (IF DIFFERENT FROM ESTABLISHMENT ADDRESS): STREET NUMBER: PO Box 1075 DIRECTION: [REDACTED] STREET NAME: [REDACTED] BLDG/SUITE: [REDACTED]

204 CITY: VALLEY CENTER 215 STATE: CA 217 ZIP CODE: 92082 TRAILER PK ID: [REDACTED]

241 ESTABLISHMENT NAME: [REDACTED] TYPE OF BUSINESS: RE. Broker-Apts

271 REASON FOR APPLICATION: 3 1 - NEW 3 - OWNER CHANGE 2 - RE-OPEN 4 - ADDITIONAL DECALS NUMBER OF EMPLOYEES: [REDACTED] NUMBER OF UNITS (IF APPLICABLE): 20 (APTS, POOLS, TRUCKS VENDING MACHINES, MOBILE HOME LOTS)

301 NAME OF PREVIOUS OWNER: Humphreys & Bickford DATE BUS ASSUMED: JAN 1 1985

TYPE OF ORGANIZATION (CIRCLE ONE) A. SINGLE OWNER <u>✓</u> B. PARTNERSHIP C. CORPORATION IF "B" OR "C" LIST PARTNERS OR OFFICERS:	COMPUTATION OF PERMIT FEE:	
	A BASIC FEE	\$ 57.50
	B ADDITIONAL UNIT FEE	\$
	C SUB TOTAL (Sum of A & B)	\$
	D PENALTY FOR LATE PAYMENT 10% of line C for each month beginning 30 days from DATE BUSINESS ASSUMED	\$
E TOTAL AMOUNT DUE	\$ 57.50	

I DECLARE UNDER PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE. I HEREBY CONSENT TO ALL NECESSARY INSPECTIONS MADE PURSUANT TO LAW AND INCIDENTAL TO THE ISSUANCE OF THIS PERMIT AND THE OPERATION OF THIS BUSINESS

SIGNATURE: [Signature] DATE: 1/30/85

RECEIPT NO.	DECAL NO.(S)
H.D. USE <u>P492848</u>	

WP:PERMIT/APP.2 Fees Per Diane



COUNTY OF SAN DIEGO
 Department of Environmental Health
COMPLAINT FORM

COMPLAINT No: **2010-00377**
 PREV COMP: OLD COMP No:
 DATE/TIME RECEIVED: **3/25/2010** **3:06 PM**
 REC BY: **EESCAHEH**
 REVIEWED BY: Info Only

This greyed area contains Reporting Party information that is blocked from public viewing for CONFIDENTIALITY purposes, per County Policy A-2.

COMPLAINT INFORMATION

INCIDENT ONSET DATE: **3/25/2010** INCIDENT TIME:

BUSINESS NAME: **CACTUS GARDEN APTS** CENSUS TRACT: **20009** DEH ESTAB#:
 ADDRESS: **257** **W SAN MARCOS BL #21** STE: X-STREET:
San Marcos ZIP: **92069** THOM BROS PAGE: COORD:

This greyed area contains Reporting Party information that is blocked from public viewing for CONFIDENTIALITY purposes, per County Policy A-2.

SUBSTANCE:
 NATURE OF COMPLAINT: **COMPLAINANT STATED THERE IS A RAT INFESTATION INSIDE THE UNIT.**

DEH RESPONSE INFORMATION

DIVISION: **FHD** APPROVED BY: **JGATHHEH** APPROVED DATE: **04/01/2010** ASSIGNED TO: **HSTACHEH**
 PRIORITY: TYPE: BUSINESS: ACTIVITY: INVESTIGATED BY: DATE INVESTIGATED: JUSTIFIED: CUST SERV SENT: RESOLVED:
 F18 **B** **C04** **HSTACHEH** **03/30/2010**
 REFER ONLY?: CONTACT: AGENCY: PHONE:

ACTION TAKEN: **Observed numerous mouse droppings in kitchen cabinets, lack of floor covering (concrete slab) throughout living room, hall and bedroom and carpet tacking left behind after carpet was removed. The (lack of) flooring appears to be the result of water damage which complainant states happened in January. A 30 day notice was issued to abate mice.**
Manager agreed to have pest control come in to abate mice as well as having flooring in place within 10 days. Handyman was immediately sent down to unit to begin taking out the carpet tack strips left behind.
Complainant was satisfied with our response.



COUNTY OF SAN DIEGO

Department of Environmental Health

COMPLAINT FORM

COMPLAINT No:	2008-01544		
PREV COMP:		OLD COMP No:	
DATE / TIME RECEIVED:	10/9/2008	10:47 AM	
REC BY:	EESCAHEH		
REVIEWED BY:		Info Only	<input type="checkbox"/>

This greyed area contains Reporting Party information that is blocked from public viewing for CONFIDENTIALITY purposes, per County Policy A-2.

COMPLAINT INFORMATION

INCIDENT ONSET DATE: **10/9/2008** INCIDENT TIME:

BUSINESS NAME: **CACTUS GARDEN APTS** CENSUS TRACT: **2009** DEH ESTAB#:

ADDRESS: **257** **W SAN MARCOS BL #16** STE: X-STREET:

San Marcos ZIP: **92069** THOM BROS PAGE: COORD:

This greyed area contains Reporting Party information that is blocked from public viewing for CONFIDENTIALITY purposes, per County Policy A-2.

SUBSTANCE:

NATURE OF COMPLAINT: **COMPLAINANT STATED THERE IS A COCKROACH INFESTATION IN THE UNIT.**

DEH RESPONSE INFORMATION

DIVISION: **FHD** APPROVED BY: **SSINGLEH** APPROVED DATE: **10/20/2008** ASSIGNED TO: **HSTACHEH**

PRIORITY: TYPE: BUSINESS: ACTIVITY: INVESTIGATED BY: DATE INVESTIGATED: JUSTIFIED: CUST SERV SENT: RESOLVED:

F08 **B** **C04** **TNGUYEEH** **10/16/2008**

REFER ONLY?: CONTACT: AGENCY: PHONE:

ACTION TAKEN: **TONY NGUYEN (INSPECTOR): OBSERVED BOTH LIVE AND DEAD COCKROACHES IN UNIT. MANAGER STATES THAT HE WILL HAVE UNIT TREATED FOR ROACHES. NOTICE ISSUED FOR TWO WEEK FOLLOW UP.**

HEATHER STACHELRODT: 10/10/08 - NO ANSWER, LEFT MESSAGE FOR COMPLAINANT. 10/14/08 - SPOKE WITH COMPLAINANT WHO SAID SHE WOULD BE THERE AFTER 3:00 P.M.. AFTER 4:00 P.M. SHE DID NOT ANSWER. 10/15/08 - COMPLAINANT EXPLAINED THAT SOMETHING CAME UP SO SHE WAS NOT THERE. SHE SAID SHE COULD BE THERE THE FOLLOWING MORNING SO TONY NGUYEN WENT BY UNIT (SEE ABOVE).