

**NOV**

**COUNTY OF SAN DIEGO**

**DEPARTMENT OF ENVIRONMENTAL HEALTH  
UNIFIED PROGRAM FACILITY PERMIT**

**2010**

P.O. BOX 129261, SAN DIEGO, CA 92112-9261 1-800-253-9933/619-338-2222 FAX 619-338-2377 www.sdcdeh.org

OWNER/OPERATOR NAME: CALIF TRANSPLANT SERVICES INC  
FACILITY NAME: CALIFORNIA TRANSPLANT SERVICES  
FACILITY LOCATED AT: 5845 OWENS AV



**Gary Erbeck**  
DIRECTOR, DEH

Mailing Address CALIFORNIA TRANSPLANT SERVICES  
CALIF TRANSPLANT SERVICES INC

PERMIT: **HK10-154948**

PID: 456214

5845 OWENS AV  
CARLSBAD CA 92008-

\* \* \* \* \*

\*\*\* ATTENTION \*\*\*

\* \* \* \* \*

THIS IS AN OFFICIAL DOCUMENT

- DO NOT DISCARD -

THIS PERMIT DOES NOT EXCUSE ANY OWNER OR OPERATOR FROM COMPLYING WITH ALL APPLICABLE FEDERAL, STATE, COUNTY OR LOCAL LAWS, ORDINANCES OR REGULATIONS. THE OWNER OR OPERATOR IS REQUIRED TO DETERMINE IF ANOTHER PERMIT OR APPROVAL FROM ANY OTHER AGENCY OR DEPARTMENT IS NECESSARY. THE COUNTY, BY ISSUING THIS PERMIT, DOES NOT RELINQUISH ITS RIGHT TO ENFORCE ANY VIOLATION OF LAW.

Issue Date below is the date of initial Permit billing.

ISSUE DATE: 30-NOV-2001

EXPIRATION DATE: 30-NOV-2010, RENEWAL IS REQUIRED BEFORE EXPIRATION DATE.

ANY CHANGES IN THE ABOVE OWNER, LOCATION OR NOTIFICATION(S) MUST BE REPORTED BY SUBMITTING A NEW UNIFIED FACILITY PERMIT APPLICATION  
VERIFY THE ABOVE MAILING ADDRESS AND REPORT ANY CHANGES

PERMIT IS NOT VALID FOR ANY FACILITY LOCATION OR OWNER NOT LISTED ABOVE  
POST IN A CONSPICUOUS PLACE  
A COPY OF THIS PERMIT MUST BE MAINTAINED AT THE FACILITY LOCATION

This permit is provisional. The Director or designee of the Director may order that the Unified Program Facility Permit or any permit element be denied, suspended or revoked for violation of any relevant requirement established or provided by law.