



INFORMATION ABOUT ON-SITE SEWER FACILITY

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CONCERNING THE PROPERTY AT

6603 McGinnes Rd
Santa Fe, TX 77517-3233

A. DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:

- (1) Type of Treatment System: [X] Septic Tank [] Aerobic Treatment [] Unknown
(2) Type of Distribution System: Field [] Unknown
(3) Approximate Location of Drain Field or Distribution System: in front of mobile home to the left [] Unknown
(4) Installer: Scott Kitchen's Septic Systems [] Unknown
(5) Approximate Age: 1988 [] Unknown

B. MAINTENANCE INFORMATION:

- (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? [] Yes [X] No
If yes, name of maintenance contractor: Phone: contract expiration date:
Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard on-site sewer facilities.
(2) Approximate date any tanks were last pumped? 2018
(3) Is Seller aware of any defect or malfunction in the on-site sewer facility? [] Yes [X] No
If yes, explain:
(4) Does Seller have manufacturer or warranty information available for review? [] Yes [X] No

C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:

- (1) The following items concerning the on-site sewer facility are attached:
[] planning materials [] permit for original installation [X] final inspection when OSSF was installed
[] maintenance contract [] manufacturer information [] warranty information
(2) "Planning materials" are the supporting materials that describe the on-site sewer facility that are submitted to the permitting authority in order to obtain a permit to install the on-site sewer facility.
(3) It may be necessary for a buyer to have the permit to operate an on-site sewer facility transferred to the buyer.

(TXR-1407) 1-7-04

Initialed for Identification by Buyer and Seller [Signature]

Page 1 of 2

Information about On-Site Sewer Facility concerning _____

D. INFORMATION FROM GOVERNMENTAL AGENCIES: Pamphlets describing on-site sewer facilities are available from the Texas Agricultural Extension Service. Information in the following table was obtained from Texas Commission on Environmental Quality (TCEQ) on 10/24/2002. The table estimates daily wastewater usage rates. Actual water usage data or other methods for calculating may be used if accurate and acceptable to TCEQ.

<u>Facility</u>	<u>Usage (gal/day) without water- saving devices</u>	<u>Usage (gal/day) with water- saving devices</u>
Single family dwelling (1-2 bedrooms; less than 1,500 sf)	225	180
Single family dwelling (3 bedrooms; less than 2,500 sf)	300	240
Single family dwelling (4 bedrooms; less than 3,500 sf)	375	300
Single family dwelling (5 bedrooms; less than 4,500 sf)	450	360
Single family dwelling (6 bedrooms; less than 5,500 sf)	525	420
Mobile home, condo, or townhouse (1-2 bedroom)	225	180
Mobile home, condo, or townhouse (each add'l bedroom)	75	60

This document is not a substitute for any inspections or warranties. This document was completed to the best of Seller's knowledge and belief on the date signed. Seller and real estate agents are not experts about on-site sewer facilities. Buyer is encouraged to have the on-site sewer facility inspected by an inspector of Buyer's choice.




 Signature of Seller Date

 Signature of Seller Date

Receipt acknowledged by:

 Signature of Buyer Date

 Signature of Buyer Date

R# 212743

ON 10113

Site Evaluation: _____
Building Application: _____
Drainage Plan: _____
Floodplain Information: _____

Health District OSSF Permit# ON10113
City/County Building Permit# _____
Receipt Number# _____

E-MAILED
3-1-18

**GALVESTON COUNTY HEALTH DISTRICT
ON-SITE SEWAGE FACILITY
APPLICATION AND INSPECTION REPORT**

NEW INSTALLATION
 RENOVATION

1. PROPERTY OWNER'S NAME: Pierson Lois Crystalle
(LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: 6603 McGinnis Rd 77517
(STREET/P.O. BOX) (CITY/STATE) (ZIP)
3. TELEPHONE NO. DURING DAY: (409) 739-1184
4. SITE ADDRESS: 6603 McGinnis Rd S.W. 12 77517
(STREET) (CITY/STATE) (ZIP)
5. PROPERTY DESCRIPTION: Lot 413-10 Block _____ Sec. _____ Subdivision: Alta Loma Outlots
Lot Size: 242' x 340' **PROPERTY SURVEY OR SIMILAR DOCUMENT SHOULD BE ATTACHED.**
6. SOURCE OF WATER: Private Well _____ Public Water Supply _____
(NAME OF SUPPLIER)
7. SINGLE FAMILY RESIDENCE: No. Of Bedrooms 3 Living Area (sq. ft.) 2250
8. ESTIMATED MAXIMUM DAILY WATER CONSUMPTION (gpd): 240
9. WATER-SAVING DEVICES PROVIDED: (CIRCLE ONE) YES/NO
10. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: N/A
- NO. OF EMPLOYEES/OCCUPANTS/UNITS: N/A DAYS OCCUPIED PER WEEK: N/A
11. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 300 FEET? YES NO
12. Professional design required: YES NO If yes, professional design attached: Yes No
- DESIGNER: N/A REGISTRATION NO. _____
PHONE NO. () _____ (PE or RS)
12. INSTALLER: S. H. K. REGISTRATION NO. 6082
PHONE NO. () 409 925 7846 925 7846

- I. SEWER (House drain):
TYPE AND SIZE OF PIPE: 4" PVC SLOPE OF SEWER PIPE TO TANK: 1/8"
- II. TREATMENT TANKS:
- | TANK # | MAT'L | NO. OF COMPARTMENTS | TYPE | SIZE |
|--------|-------------|---------------------|----------|----------------|
| #1 | <u>Conc</u> | <u>1</u> | <u>1</u> | <u>500 gal</u> |
| #2 | <u>1</u> | <u>1</u> | <u>1</u> | <u>500</u> |
| #3 | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> |
| #4 | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> |

- III. SITE EVALUATION
- NOTE: Information worksheet must be attached for review to be completed.**
- Soil Class/Texture: TA Load Rate: 0.20
Performed By: S/GS Registration NO.: 11422 Phone No.: () 925 7846
- IV. DISPOSAL AREA
- TYPE: Standard MINIMUM AREA REQUIRED: 250 sq ft
EXCAVATION WIDTH: 36" DISTANCE BETWEEN EXCAVATIONS: 5'
TYPE/SIZE OF MEDIA: 1/2 GRAVEL TYPE/DIAMETER OF PIPE: 4" hardcore
TYPE OF BARRIER: REMAU EXCAVATION DEPTH: 24"
LANDSCAPE PLAN: + Pruning

99

V. PLOT PLAN

NOTE: This information must be attached for review to be completed.

- 1. Submit two (2) copies of the Galveston County Health District OSSF Application & Inspection Report.

The plot on the above mentioned form must include:

- a. Size and shape of lot or property.
- b. All structures on lot such as buildings, barns, pens, etc.
- c. Size and location of treatment tank(s),
- d. Size and location of wastewater disposal area,
- e. Distance of treatment tank(s) from house, property line, water well and wastewater disposal area,
- f. Distance of wastewater disposal area from house, property line, water well and treatment tank(s),
- g. Distance and direction to closest neighboring water well from treatment tank(s) and wastewater disposal area,
- h. Distance and direction to closer open water such as ponds, lakes, streams, etc.

DESIGNERS SIGNATURE _____

REGISTRATION NO. _____

DATE _____

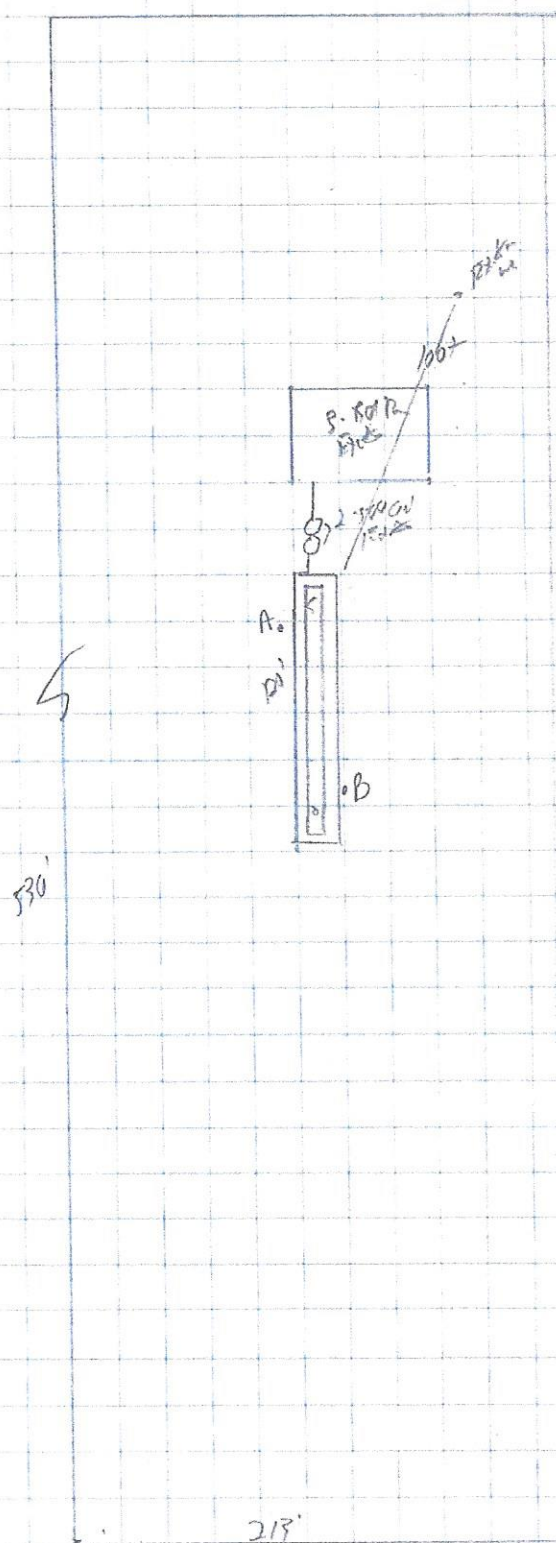
This notice must be read and signed before these construction plans will be approved. AFTER APPROVAL A BUILDING PERMIT MUST BE SECURED FROM THE APPROPRIATE COUNTY OR CITY BUILDING INSPECTION DEPARTMENT. The final inspection is to assure the system has been constructed according to the submitted plan and is consistent with good public health engineering practices. The acceptance of this plan and approval of the final inspection, however, should not be construed to mean that the Galveston County Health District recommends, approves, certifies or guarantees On-Site Sewage Facility Systems or their satisfactory performance. In the Galveston County Facility Systems may not function satisfactorily at all times. This plan meets all State and local rules and laws including distance requirements.




Property Owner

HEALTH DISTRICT USE ONLY

Authorization to Construct Approved/Disapproved by Jennifer P. Baker DR# 057799 Date 3-1-18
 Inspection Requested by _____ Date _____
 Date inspection requested for _____ Time _____ am/pm
 Date inspection made _____ Time _____ am/pm
 Construction Approved/Disapproved by _____ DR# _____ Date _____
 Disapproval notice given to _____
 REMARKS: _____



530' Lot # 7966

 = 20'

• A+B Soil Boring

MCGINNIS

Galveston County Health District Site Evaluation Form

Date: 2.26.18

Client: A. Pace

Address: 6603 McGinnis Rd.

Phone: 409 789-1184

City, State, Zip: _____

Legal Description: mc GINNES

Site Address: 6603 McGinnis Rd

City/Area: SFA R

Subdivision: Alhama Outlots

Sec: _____ Lot: 413-10 Block: _____

Survey: L. CRAWFORD Survey

Abstract No: 47

Property Size: 242' X 540'

Acres: 3

Existing or proposed structure to be served: (Circle one) Existing Structure / ~~New Structure~~

Topography

Slope	Vegetation	Drainage
Flat: Under 2% _____ Note: If slope is flat a <u>detailed drainage plan</u> shall be provided on design.	Grass/Brush: <u>/</u>	Poor: _____ Note: If drainage is poor a <u>detailed drainage plan</u> shall be provided on design.
Slight: Under 4% <u>/</u>	Lightly Wooded: _____	Adequate: _____
Severe: Over 30% _____ Note: If slope is severe a <u>Topo Survey</u> with half foot contours should be provided with this form on design.	Heavily Wooded: _____	Good: <u>/</u>
Other: _____	Other: _____	Other: _____

Flood Hazard

Property is located:

Outside 100 year flood plain: /

*In 100 year flood plain: _____

In 100 year flood plain and floodway: _____

Note: *Systems installed in flood plain must document how floatation concerns will be addressed. Attach a FEMA Flood Insurance Rate Map (FIRM) with property location identification or current survey with Flood Plain determination.

Soil Evaluation

(Based on at least two soil borings or two backhoe pits at opposite ends of the soil absorption area)



Profile Depth	Texture (USDA)	Color
0-18	Loam	Black
18-36	Loam	Black
36-48	Sandy Clay	Black

(Minimum depth is two feet below proposed excavation)

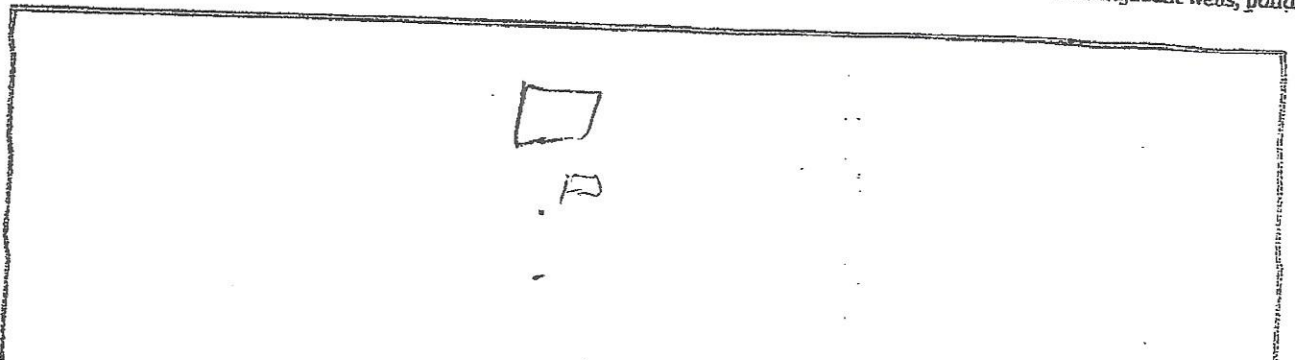


Profile Depth	Texture (USDA)	Color
0-18	Loam	Black
18-36	Loam	Black
36-48	Sandy Clay	Black

(Minimum depth is two feet below proposed excavation)

Normal Textures (USDA) course sand/gravel, loamy sand, sandy loam, loam, sandy clay, clay loam, silty clay, clay.
Note: Location of bore holes must be shown on design or on a separate sheet of paper attached to this report.

Separation Requirements (show features in the area where the OSSP is to be installed that could be contaminated by the OSSP or could prevent the proper operation of the system in space below or attached page (include items such as adjacent wells, ponds, sl etc))



RESTRICTIVE HORIZON

Restrictive Horizon within 24" below bottom of proposed excavation? Yes _____ No ✓

GRAVEL ANALYSIS

(For Class II and Class III Soils with Gravel)

% Total Gravel: _____

% Gravel Less Than 2.0 mm: _____

% Gravel Greater than 5.0 mm: _____

n/a

EFFLUENT LOADING DETERMINATION

<u>Soil Class/Texture</u>	<u>Gallons per day per square foot</u>
Ia/Gravelly Soil >30% Gravel	To great for consideration >0.5
Ib/Sandy soils with <30% gravel	0.38
II/Sandy loams/loams	0.25
III/Sandy clay/clay loams	0.20
IV/Clay/silty clays	Unsuitable 0.10

Indication of seasonal water table: (Circle One) Yes No
Depth: 48"

FINDINGS

Is soil suitable for standard subsurface disposal methods? (Circle One) Yes _____ No ✓
Wastewater application rate 0.20 Gal/day/sq.ft.
I, S. WA, a registered 7-211 79 51
did personally conduct the site evaluation on 2.26.0
(Date)

I certify that these results are true and correct for the property evaluated.

Site Evaluator
11422
Registration Number

Mc GINNES

242

(413-10)
3.000 AC

540

720

540

242

Galveston CAD

Property Search Results > 193723 PIERCE LOIS C & PHILLIP E for Year 2017

Property

Account

Property ID: 193723 Legal Description: ABST 47 L CRAWFORD SUR PT OF OUTLOT 413 (413-10) ALTA LOMA OUTLOTS MH MELODY SUBURBAN SER#2835B46451366A&B TITLE# TEX0243272&3 1981 60X28 BRN

Geographic ID: 1095-0000-0413-010 Agent Code:
 Type: Real
 Property Use Code:
 Property Use Description:

Location

Address: 6603 MCGINNES RD Mapsco:
 SANTA FE, TX 77517
 Neighborhood: HIGHLAND FARMS Map ID: 303-A
 Neighborhood CD: 3980

Owner

Name: PIERCE LOIS C & PHILLIP E Owner ID: 455315
 Mailing Address: 6603 MCGINNIS RD % Ownership: 100.0000000000%
 SANTA FE, TX 77517-3203
 Exemptions: HS, OTHER

Values

(+) Improvement Homesite Value:	+	\$17,740	
(+) Improvement Non-Homesite Value:	+	\$0	
(+) Land Homesite Value:	+	\$45,000	
(+) Land Non-Homesite Value:	+	\$0	Ag / Timber Use Value
(+) Agricultural Market Valuation:	+	\$0	\$0
(+) Timber Market Valuation:	+	\$0	\$0

(=) Market Value:	=	\$62,740	
(-) Ag or Timber Use Value Reduction:	-	\$0	

(=) Appraised Value:	=	\$62,740	
(-) HS Cap:	-	\$0	

(=) Assessed Value:	=	\$62,740	

Taxing Jurisdiction

Owner: PIERCE LOIS C & PHILLIP E
 % Ownership: 100.0000000000%
 Total Value: \$62,740

Entity	Description	Tax Rate	Appraised Value	Taxable Value	Estimated Tax	Tax Ceiling
CAD	APPRAISAL DISTRICT	0.000000	\$62,740	\$62,740	\$0.00	
D01	DRAINAGE #1	0.089000	\$62,740	\$42,740	\$38.04	
F01	GALV COUNTY EMERGENCY SERVICE #01	0.082000	\$62,740	\$52,740	\$43.25	
GGA	GALVESTON COUNTY	0.546147	\$62,740	\$0	\$0.00	\$245.31
J05	MAINLAND COLLEGE	0.216791	\$62,740	\$26,192	\$56.78	\$94.58
RFL	CO ROAD & FLOOD	0.005753	\$62,740	\$0	\$0.00	
S17	SANTA FE ISD	1.402300	\$62,740	\$22,740	\$196.27	\$196.27
Total Tax Rate:		2.341991				

Taxes w/Current Exemptions: \$334.34
 Taxes w/o Exemptions: \$1,469.37

Improvement / Building

Improvement #1: MOBILE HOME State Code: A2 Living Area: 1680.0 sqft Value: \$17,740

Type	Description	Class CD	Exterior Wall	Year Built	SQFT
MA	MAIN AREA	RM23 - *		1981	1680.0

Land

#	Type	Description	Acres	Sqft	Eff Front	Eff Depth	Market Value	Prod. Value
1	RH	RH	1.5000	65340.00	0.00	0.00	\$22,500	\$0
2	RH	RH	1.5000	65340.00	0.00	0.00	\$22,500	\$0

Roll Value History

Year	Improvements	Land Market	Ag Valuation	Appraised	HS Cap	Assessed
2018	N/A	N/A	N/A	N/A	N/A	N/A
2017	\$17,740	\$45,000	0	62,740	\$0	\$62,740
2016	\$16,950	\$45,000	0	61,950	\$0	\$61,950
2015	\$14,910	\$45,000	0	59,910	\$0	\$59,910
2014	\$11,770	\$45,000	0	56,770	\$0	\$56,770
2013	\$11,770	\$45,000	0	56,770	\$0	\$56,770
2012	\$11,770	\$45,000	0	56,770	\$0	\$56,770
2011	\$11,770	\$45,000	0	56,770	\$0	\$52,605
2010	\$11,770	\$22,500	0	34,270	\$6,902	\$27,368
2009	\$11,380	\$13,500	0	24,880	\$0	\$24,880
2008	\$11,380	\$13,500	0	24,880	\$0	\$24,880
2007	\$11,380	\$19,630	0	31,010	\$0	\$31,010

Deed History - (Last 3 Deed Transactions)

#	Deed Date	Type	Description	Grantor	Grantee	Volume	Page	Deed Number
1	6/30/2004	WD	WARRANTY DEED	PIERCE LOIS CRYSTELLE	PIERCE LOIS C & PHILLIP E		2004043391	2004043391
2	1/22/1992	CONV	CONVERSION	SIMONS LUCEAL	PIERCE LOIS CRYSTELLE		007-95-2747	007-95-2747
3		CONV	CONVERSION	SORCE JOHN R	SIMONS LUCEAL		006-07-0600	006-07-0600

Tax Due

Property Tax Information as of 03/01/2018

Amount Due if Paid on: 

Year	Taxing Jurisdiction	Taxable Value	Base Tax	Base Taxes Paid	Base Tax Due	Discount / Penalty & Interest	Attorney Fees	Amount Due
------	---------------------	---------------	----------	-----------------	--------------	-------------------------------	---------------	------------

NOTE: Penalty & Interest accrues every month on the unpaid tax and is added to the balance. Attorney fees may also increase your tax liability if not paid by July 1. If you plan to submit payment on a future date, make sure you enter the date and RECALCULATE to obtain the correct total amount due.

Questions Please Call (409) 935-1980

"SEPTIC SYSTEM ONLY"

County of Galveston

Building Permit Application

Flood Map Panel: _____ Flood Map Date: _____ Date: _____

Flood Zone: _____ Required Elevation: _____ Permit #: _____

Location of Building (Address): 6603 McGINNES Rd, SANTA FE

Type of Improvement: Non Residential Residential
 New Addition Alteration Repair M. Home RV
 Storage Detached Storage Deck Site Work Other

Value: Sq Ft _____ * Cost per Sq Ft _____ = Improvement Value _____
Sq Ft _____ * Cost per Sq Ft _____ = Improvement Value _____
Sq Ft _____ * Cost per Sq Ft _____ = Improvement Value _____

Fee: Total Fee _____ Total Value: 1981

Foundation: Slab Pile Pier & Beam

Water Supply: Public Private Sewage Disposal: Public Private

IRC (if applicable): As published on May 1, 2008 Current City of Galveston

Number of Bedrooms _____ Number of Bathrooms: Full _____ Half _____

Owner: Name: LOIS PIERCE Phone #: _____
Address: 6603 McGINNES Rd
SANTA FE, TX 77517

Authorized Agent: Name: _____ Phone #: _____
Address: _____

I hereby authorize, _____ to act in my behalf as my agent in the processing of this application and to furnish, upon request, supplemental information in support of this permit application.

Signature of Owner Date

I, _____ (Owner or Authorized Agent) agree to the conditions below:

I acknowledge areas below required elevation can only to be used for parking, storage or building access--No mechanical, electrical or plumbing is allowed below the base flood elevation except those specifically approved on the permit. The receipt, acceptance, and/or deposit of a check, money order or any form of payment to the County does not constitute any approval of a permit.

LC 7966

GALVESTON COUNTY HEALTH DISTRICT

1207 Oak Street
P. O. Box 939
La Marque, Texas 77568
938-7221, ext. 59

4428 Avenue N
P. O. Box 838
Galveston, Texas 77553
763-8531

Permit number LC 7966

Issued by GCHD

Property owner Castelle Piece

Installer Ritchner

Subdivision _____ Block _____ Lot _____

Street Address 6603 - Mrs Givides City Alhambra

This is to certify that the above Wastewater Disposal System Private Water Supply
is constructed to meet the minimum construction requirements and special provisions
of the Galveston County Health District.

A. J. [Signature]
Health Official

05-14-91
Date

GALVESTON COUNTY HEALTH DISTRICT
PRIVATE WASTEWATER DISPOSAL SYSTEM INSPECTION REPORT

HEALTH DISTRICT PERMIT # LC 7966
CITY/COUNTY BUILDING PERMIT # LC 7966
WATER WELL PERMIT # LC 7966

Cyrtell Pierce
Name of Property Owner
2102-49th St
Current Address
Galveston, TX
City State zip
765-5386
Telephone

Septic Tank Installer
Well Driller
Current Address
Current Address
City State zip
City State zip
Telephone

DESCRIPTION OF PROPERTY: City: Altoona Subdivision: _____
Lot Size: Width: 213 ft. Depth: 536 ft. Block: _____ Lot: _____
Is the construction: new existing renovation transfer mobile home
Number of persons _____ Bedrooms 3 Is this a ? business _____ residence

SEPTIC TANK(S): Number of tanks 2 Concrete Other _____
Clean-out: inlet line between house and tank discharge line between last tank & field
Tank 1: Number compartments 1 Thickness: wall 3 in. lid 3 in. reinforced?
Inlet below top of tank 4 in. Outlet below top of tank 6 in. Liquid capacity 500 gal.
Tank 2: Number compartments 1 Thickness: wall 3 in. lid 3 in. reinforced?
Inlet below top of tank 4 in. Outlet below top of tank 6 in. Liquid capacity 500 gal.

GREASE TRAP: Number of compartments _____ Liquid capacity _____ gal. Concrete _____ Other _____
Clean-out: inlet between house and trap 1/4 discharge line between trap and septic tank _____
Inlet below top of tank _____ in. Outlet extension above bottom of tank _____

DRAINFIELD: Pipe material: PVC Pipe size: 4 in.
Trench: Width 36 in. Depth 18 in. Total length 250 ft. Total square feet 750
Distance between trenches _____ ft. Grade Perk Aggregate type 1/2" washed gravel
Aggregate under pipe 6 in. Aggregate over top of pipe 2 in. Total cu. yds. 28

DISTANCES FROM YOUR:	Foundation	Property line	Open Water	Water Well	Nearest Well
Septic Tank:	<u>10</u> ft.	<u>50</u> ft.	<u>X</u> ft.	<u>100+</u> ft.	<u>100+</u> ft.
Drainfield:	<u>20</u> ft.	<u>140</u> ft.	<u>X</u> ft.	<u>150+</u> ft.	<u>150+</u> ft.

HEALTH DEPARTMENT USE ONLY

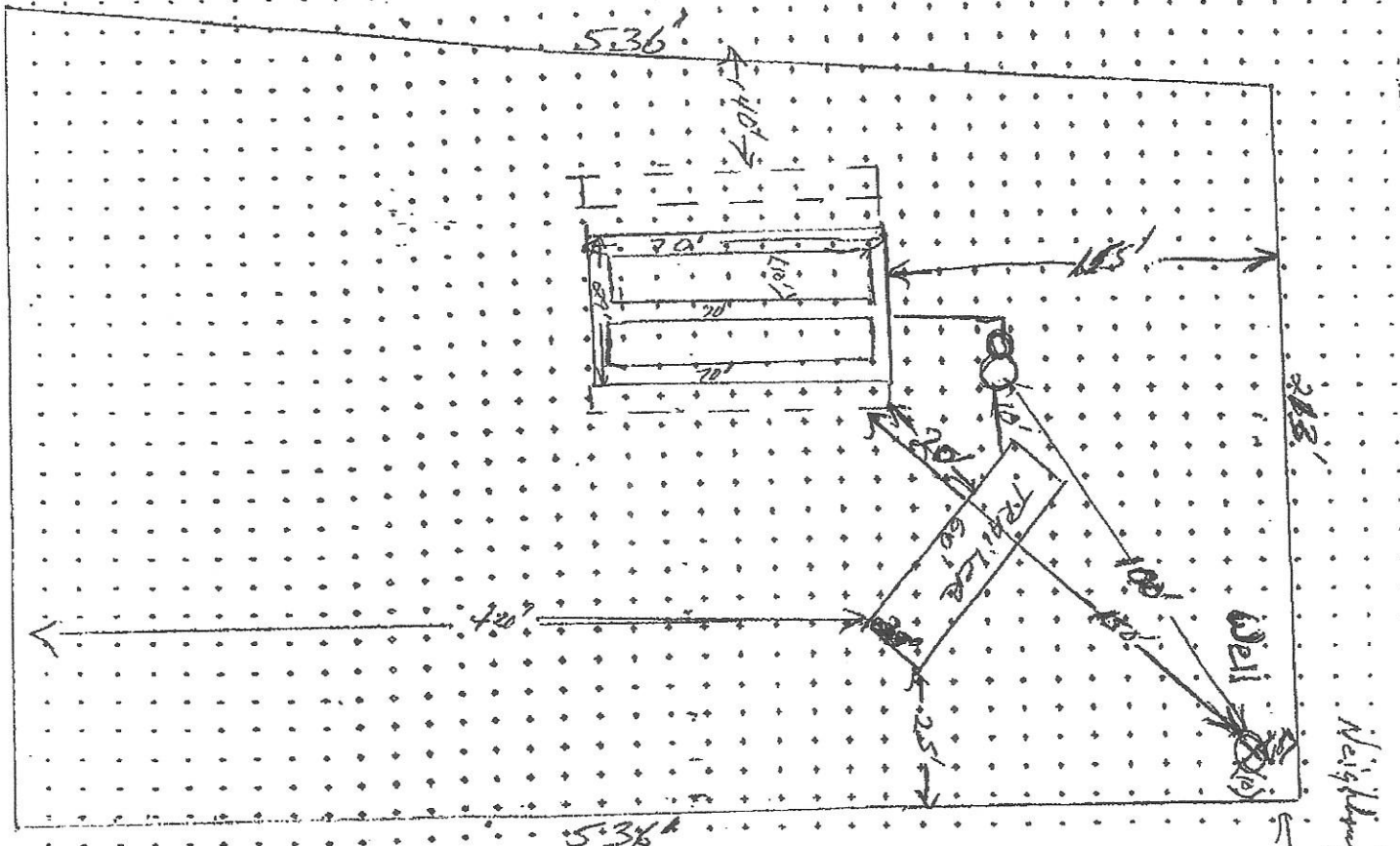
Inspection requested by: _____ Date: _____
Date inspection requested for: _____ Time: _____ am/pm
Date inspection made: _____ Time: _____ am/pm
Plot Plan: Approved/Disapproved _____ Date: 4-1-91
Construction: Septic Tank Approved/Disapproved _____ Date: 5-14-91
Disapproval notice given to: _____ Date: _____

REMARKS:

Draw proposed construction, showing lot and building size, placement (include porches, decks, etc.). Please note open bodies of water where applicable.

To scale: Yes _____ No X

SCALE: each square =



Sq. Ft. of house _____

PLEASE SKETCH DIRECTIONS TO PROPOSED CONSTRUCTION SITE IN THIS SPACE

Give street address 6603 - McGinnis Rd.

Adjacent property address _____

Percolation Rate: _____ Zone/Lot: _____

This is a Class VII property. Please read and sign the Galveston County Private Wastewater Land Suitability Notice. This notice must be read and signed before these construction plans will be approved.

The final inspection is to assure the system has been constructed according to the submitted plan and is consistent with good public health engineering practices. The acceptance of this plan and the approval of the final inspection, however, should not be construed to mean that the Galveston County Health District recommends, approves, certifies, or guarantees septic tank systems or their satisfactory performance. In the Galveston County area due to the high water table, variation of water usage, soil and climatic conditions, septic tank systems may not function satisfactorily at all times.

X P.E. [Signature]
Property Owner