



INFORMATION ABOUT ON-SITE SEWER FACILITY

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CONCERNING THE PROPERTY AT 5005 Hayes Street, Alvin, TX 77511

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

- (1) Type of Treatment System: Septic Tank Aerobic Treatment Unknown

- (2) Type of Distribution System: field lines Unknown
- (3) Approximate Location of Drain Field or Distribution System: lines run due North from tanks Unknown
on West side of barn, with 3 branches to the East

- (4) Installer: _____ Unknown
- (5) Approximate Age: _____ Unknown

B. MAINTENANCE INFORMATION:

- (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? Yes 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? 05/18/2021
- (3) Is Seller aware of any defect or malfunction in the on-site sewer facility? Yes No
If yes, explain: _____
During periods of heavy or frequent rain tanks will fill and begin to over flow

- (4) Does Seller have manufacturer or warranty information available for review? Yes No

C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:

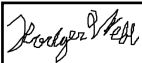
- (1) The following items concerning the on-site sewer facility are attached:
 planning materials permit for original installation final inspection when OSSF was installed
 maintenance contract manufacturer information warranty information _____
- (2) "Planning materials" are the supporting materials 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.**

06/29/21
10:50 AM CDT
dotloop verified

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.

 dotloop verified
06/29/21 10:50 AM CDT
SFAQ-QSNF-V1OY-QBGR

Signature of Seller

Date

Signature of Seller

Date

Receipt acknowledged by:

Signature of Buyer

Date

Signature of Buyer

Date

GALVESTON COUNTY HEALTH DISTRICT

LC 1826

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

823 Rosenberg
P. O. Box 779
Galveston, Texas 77550
766-2131

Permit number LC 1826 Issued by GC HD
Property owner Kathleen Johnson
Installer _____
Subdivision _____ Block _____ Lot _____
Street Address 5005-Navy City Algoa

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.

[Signature] _____ Date 6-14-83
Health Official

GALVESTON COUNTY HEALTH DISTRICT
PRIVATE WASTEWATER DISPOSAL SYSTEM INSPECTION REPORT

HEALTH DISTRICT PERMIT # LC1856
CITY/COUNTY BUILDING PERMIT # _____
WATER WELL PERMIT # LC1856

KATHLEEN JOHNSON
Name of Property Owner
2101 BUNYARD
Current Address
ALVIN TX 77571
City State Zip
337-5483
Telephone

Self
Septic Tank Installer

Current Address

City State Zip

Telephone

Well Driller

Current Address

City State Zi

Telephone

DESCRIPTION OF PROPERTY: City: ALGOA Subdivision: _____
Lot Size: Width: 184 ft. Depth: 1800 ft. Block: _____ Lot: _____
Is the construction: new _____ existing _____ renovation _____ transfer _____ mobile home
Number of persons 5 Bedrooms 2 Is this a ? business _____ residence

SEPTIC TANK(S): Number of tanks 2 Concrete YES Other _____
Clean-out: inlet line between house and tank 1 discharge line between last tank & field 1
Tank 1: Number compartments 1 Thickness: wall 2 in. lid 2 in. reinforced? YES
Inlet below top of tank 6 in. Outlet below top of tank 8 in. Liquid capacity 500 gal
Tank 2: Number compartments 1 Thickness: wall 2 in. lid 2 in. reinforced? YES
Inlet below top of tank 8 in. Outlet below top of tank 9 in. Liquid capacity 250 gal

GREASE TRAP: Number of compartments _____ Liquid capacity _____ gal. Concrete _____ Other _____
Clean-out: inlet between house and trap _____ /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 24 in. Depth 18 in. Total length 400 ft. Total square feet 800
Distance between trenches 10 ft. Grade LEVEL Aggregate type 1 1/2 - 2 in. gravel
Aggregate under pipe 6 in. Aggregate over top of pipe 2 in. Total cu. yds. 30

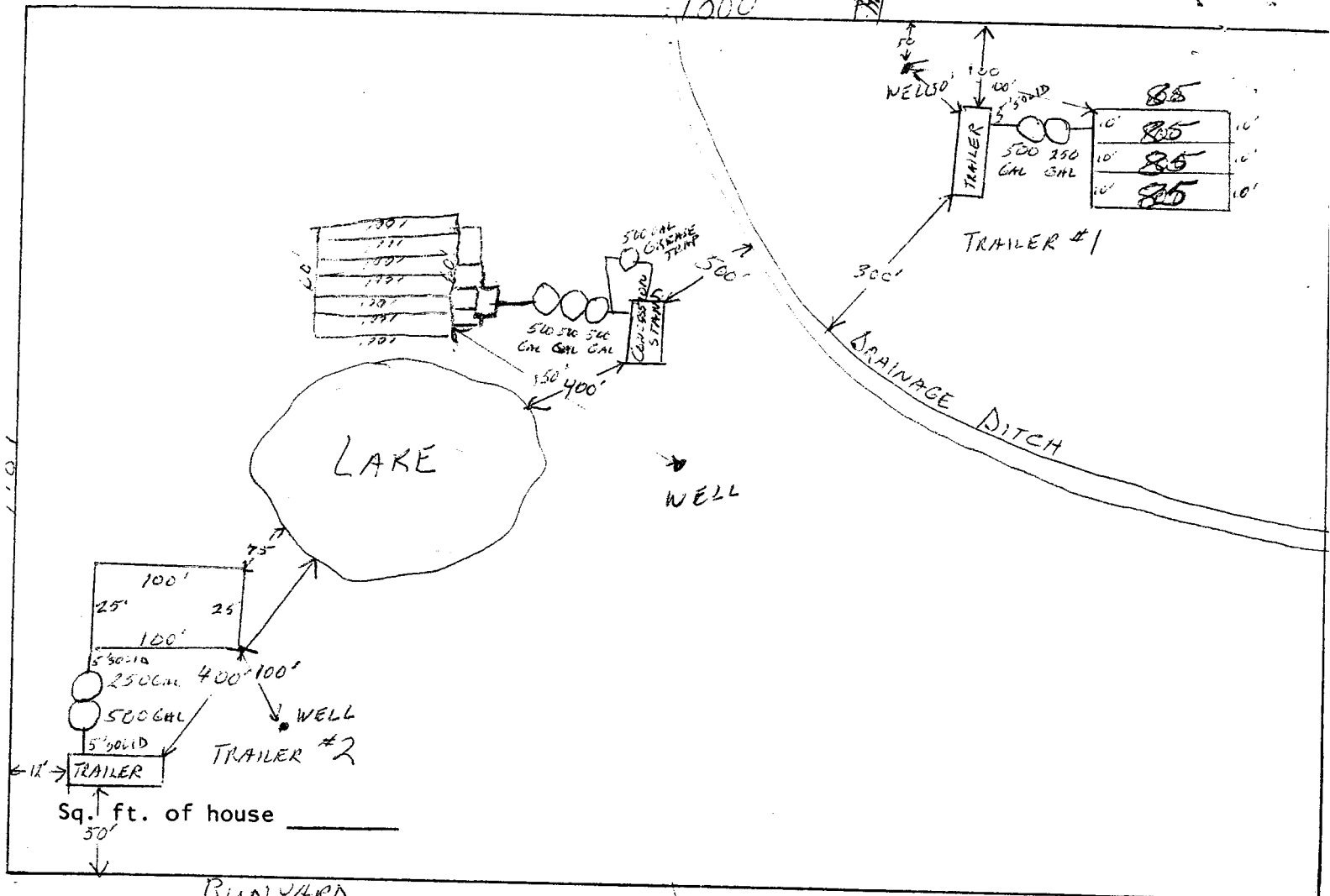
DISTANCES FROM YOUR:	Foundation	Property line	Open Water	Water Well	Nearest Well
Septic Tank:	_____ ft.	_____ ft.	_____ ft.	_____ ft.	_____ ft.
Drainfield:	_____ ft.	_____ ft.	_____ ft.	_____ ft.	_____ ft.

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 M. Entenman Date: 5-2-83
Construction: Septic Tank - Approved/Disapproved S. Fogarty Date: 6-14-83
Disapproval notice given to: _____ Date: _____

REMARKS:

PLOT PLAN OF PROPOSED CONSTRUCTION--show lot size, house placement, wells, septic tanks, etc.

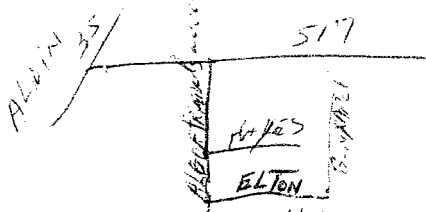


BUNYARD

PLEASE SKETCH DIRECTIONS TO PROPOSED CONSTRUCTION SITE IN THIS SPACE

Give street address 5005 HAYES ALGOA (TRAILER #1)

Adjacent property address _____



Percolation Rate: 49.7 MIN/IN Zone/Lot: _____

This is a Class 5 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 cannot be expected to function properly at all times.

X [Signature]
Property Owner

GALVESTON COUNTY HEALTH DISTRICT

P. O. BOX 939, LA MARQUE, TEXAS 77568. PHONE 713 938-7221

GALVESTON COUNTY
 GALVESTON COUNTY UNITED BOARD OF HEALTH
 GALVESTON CITY HEALTH DEPARTMENT
 GALVESTON COUNTY MAINLAND CITIES HEALTH DEPARTMENT
 GALVESTON COUNTY AIR CONTROL PROJECT
 GALVESTON COUNTY COORDINATED COMMUNITY CLINICS
 GALVESTON COUNTY POLLUTION CONTROL OFFICE
 TEXAS STATE DEPARTMENT OF HEALTH

HEMAH
 GALVESTON
 LA MARQUE
 FISHCROCK
 TEXAS CITY
 LEAGUE CITY
 FRIENDSWOOD
 CLEAR LAKE SHORES
 WCBAID NO. 1, DICKINSON

CERTIFICATE OF PERCOLATION

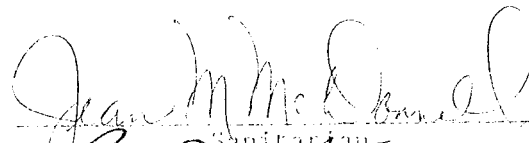
On April 26, 1983 a percolation test was performed on the following real property in Galveston County, Texas, 5005 - HAYES /

1911 - BANYARD - ALGON

<u>5005 - HAYES</u>	<u>1911 - BANYARD</u>	<u>Proposed Concession STAND</u>
#1 - 18.7 min/in	#1 - 32.0 min/in	#1 - 70 min/in
#2 - 40.0 "	#2 - 11.8 "	#2 - 60 "
#3 - 20.0 "	#3 - 15.6 "	#3 - 80 "
#4 - 120.0 "	#4 - 25.0 "	std - 54 "

OWNER OR AGENT: Glenn Johnson

The average percolation rate observed was 49.7/21.1/66 minutes per inch.



 Sanitarian
