

Disposal Type
Surface Irrigation

PERMIT NO. 0719814515

APPLICATION FOR ON-SITE SEWAGE FACILITY

PERMIT AND LICENSE

BRAZORIA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT 111 East. Locust Bldg A-29, Suite 270 ANGLETON, TX. 77515 HOUSTON (281)756-1600 ANGLETON (979)864-1600 CLUTE (979)388-1600

CHANGE OF OWNER NAME ON PERMIT

NAME: SAPPINGTON, CHRISTOPHER

Property Transferred to This Owner)

Mailing Address: 4648 CR 671 ANGLETON, TX77515

SITE ADDRESS: 4648 CR 671 PURSLEY RD ANGLETON, TX 77515

LOT DIMENSIONS/Acreage: 2.123 AC

LEGAL DESCRIPTION:

ABSTRACT 45 Sec.

Block

Lot 28L-28II

SUBDIVISION:

DESIGNER: WILLIAM C. WADE, R.S.

SITE EVALUATOR: WILLIAM C. WADE, R.S.

INSTALLER: STEPHEN WALTERS

MANUFACTURER: NATIONAL WASTEWATER SYSTEMS, INC

FINAL INSPECTION DATE: 1/8/2008

TYPE SYSTEM: Residential 4 Bedrooms Living Area (sq. ft.) 1588

COMMERCIAL/INSTITUTIONAL: True or False ---- False

MULTI-HOOK-UP: True or False --- False

FORMER OWNER OF RECORD; BAILEY, KAREN

FORM COMPLETED BY:

DATE

See Attached Brazoria County Appraisal District Record and/or Deeds for this property.

Rev 04/12/11 kyc



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0719,814515 NNNNN LLL

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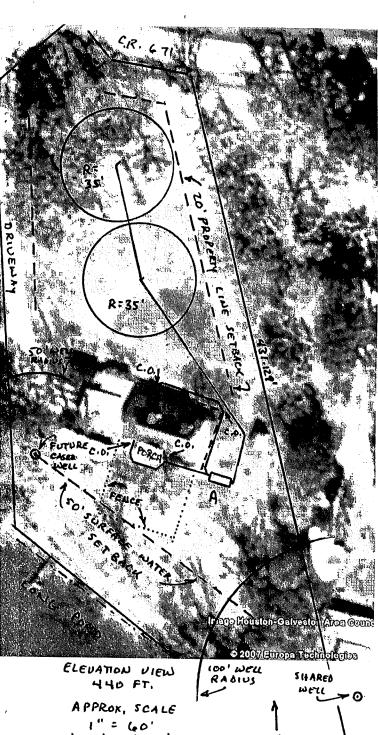
HOUSTON (281)756-1600 ANGLETON (979)864-1600 CLUTE (979)388-1600

office use only homeowner training after first 2 years

dwelling and \$410	0.00 for all other types	to construct and operates. Make payable to the E	Brazona County Environme	y in Brazoria County, ental Health Departm	Texas. Permit fee is ent. No refunds one	\$ \$210.00 for a single family ce permit is submitted.
NAME BA	AILEY	K4	REN	DATE_	06-04-	2007
Mailing Addre	ss: P.O. B	OX 1265	ANGLETO	N 76	XAS 77516	•
Home Phone ((STRE	8-1631	(INT) ANGLETO (CITY) Office (7	13) 358-5	ATE) (zip)	
			sioners Precinct (1)			Control of the Contro
SITE ADDRES	S: 4648 (1. R. 671	ANGLETONS (CITY)	Texas	773	7/5
Z · 123 LOT DIMENSI	ACRES ONS/Acreage ft.	by	Water Source:	(STATE) Private	zı _Public <i>الاح</i> _	P) .
LEGAL DESCR	RIPTION: Sec	Block	Water Source: VCT 284-28 II Su	ubdivision/Date_	(name) エンの、 BRANLE	y, Az.45
SINGLE FAMILY	RESIDENCE: N	O. of Bedrooms 4	Living Area (sq ences) TYPE DAYS OO	(ft) 1588		•
SITE EVALUATO	R: William	M C. WADE	if yes, profe	CERTIFICATI	ON NO: OS#	739/
DESIGNER:	William C.	WARE LICENSE N	IO (PEOPO) R	0 × 2.703	979_	265-9507) 848-1218 —No
OFRAT AREA	A SU.II.	~55 KADIOT:	73 18 50.FT. 7697 50.FT. plans 4.4. Length A. Length 504.40 PVL Sk	. As ner 285 7 (DSSE Pulee	
Treatment Unit Septic Tank: Size proposed Aerobic: Mar	Tank dimension	ncrete: N.A. AR AR Mod	Liquid depth (ta Fiberglass: el: 5 A - 500 Size	ank bottom to ou	tlet): 4.4. Si Other: 4.4 O GPA Size pro	posed: 500 670 Other: ~.A.
Aerobic Treat	tment Tank Ser	ial Number:	Tibergiass	Other:	N.A.	Other:
Additional Information: (note-This information must be attached for review to be completed.) A) Site Evaluation B) Planning Materials C) Pump Data D) Spray maintenance agreement/affidavit to the public(filed)						
APPROVAL OF APPLICATION:						
APPROVAL_	DISAPPRO\	ALDATEO7	17 87 INSPEC	TOR She	me Seil	ton
I certify that the ab to enter upon the a will be granted follo Site Sewage Facili	ove statements are transcribed proportions successful instructions, TAC 30 Ch	ue and correct to the be erty for the purpose of lo pection of the installed s apter 285,	st of my knowledge. Author to evaluation and inspection ystem which indicates that	orization is hereby give	en to the Brazoria C facility and that a pe	ounty Environmental Health emit to operate the facility
STATE OF TE			KNOWLEDGMENT		COU	NTY OF BRAZORIA
name(s) is/are sign set forth a firm.	William C Notary F State of My Complesion February C APPROVAL	Wade ublic Texas T, 2010	peared RARPATE CARE Under day of CARE CARE CARE CARE CARE CARE CARE CARE	BAILEY er oath that he had re TUNE NOTARY PUBLIC SPECTOR	known to me to be to ad the said application 20_	he person(s) whose
FINAL/COVER:	APPROVAL	DISAPPROVAL	DATE N	SPECTOR	DXC	91

COMPLIANCE:

This form must be completely filled out in **blue** or **black ink** to be accepted. Drawings must also be in **blue** or **black ink**. A diagram showing building, water well, septic tank, and drain field with distance in feet from all points must be supplied. You must note ANY body of water. PERMIT 3/27/02/jcs



FEET

Karen Bailey 4648 C.R. 671 Angleton, Texas 77515

Aerobic /Disinfection/Surface Spray Design 4 B.R. Home <3,500 sq. ft. L.A. with Water Saving Devices Design flow = 300 Gallons per Day (Q) Irrigation Rate used = 0.041 Gallons / Sq. Ft. / Day (Ri) Spray area required = (Q/Ri) = 300 / 0.041 = 7,318 sq. ft.

A = 500 Gallon per day Aerobic Unit with pretreatment tank and pump tank

Solar Air Model SA - 500N Day / Demand Pumping Unit

2
feet, full circle
7697
•
` 4.8
7.83
5
69.3
82.1
315.6

- 1. Affidavit to the Public required
- 2. Ongoing Maintenance Agreement required
- 3. Continuous disinfection required
- 4. Brazoria County Permit required
- 5. Class 200 pvc minimum supply line
- 6. Schedule 40 pvc gravity line to treatment units
- 7. All pressure pipe to be purple
- 8. All stubouts require a cleanout (3 known)
- 9. Cleanouts required every 50 ft. on gravity lines

William C. Wade, R.S. R.S. # 2703 June 30, 2007

> Wendade RS # 2703 06-30-2007