

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

ON 11992
 Health District OSSF Permit# ON1992
 City/County Building Permit# _____
 Receipt Number# 314030

7/27/21
 # 35022
 CC: 4253

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

EMERGENCY
 8-20-21

NEW INSTALLATION
 RENOVATION

- Nicolaidis
 1. PROPERTY OWNER'S NAME: Nicolaidis PETE
 (LAST) 5025 CANAL (FIRST) (MIDDLE)
 2. PERMANENT MAILING ADDRESS: 5025 Canal Rd Salt R 7750
 (STREET/P.O. BOX) (CITY/STATE) (ZIP)
 3. TELEPHONE NO. DURING DAY: () 409 739 1397
 4. SITE ADDRESS: 5025 Canal Rd Salt R 7750
 (STREET) (CITY/STATE) (ZIP)
 5. PROPERTY DESCRIPTION: Tract 57 Block _____ Sec. _____ Subdivision: C. Bigelow Survey
 Lot Size: 3.79 Acres **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 5 Living Area (sq. ft.) < 3500 FT²
 8. ESTIMATED MAXIMUM DAILY WATER CONSUMPTION (gpd): 300
 WATER-SAVING DEVICES PROVIDED: (CIRCLE ONE) (YES) YES/NO
 9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: _____
 NO. OF EMPLOYEES/OCCUPANTS/UNITS: _____ DAYS OCCUPIED PER WEEK: _____
 10. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 300 FEET? _____ YES X NO
 11. Professional design required: X YES _____ NO If yes, professional design attached: X Yes _____ No
 DESIGNER: Gary Gandy, RS REGISTRATION NO. 3707
 PHONE NO. () 281 235 4201 (PE or RS)
 12. INSTALLER: Scottie Kitchener REGISTRATION NO. 82
 PHONE NO. (409) 925-7846

I. SEWER (House drain):
 TYPE AND SIZE OF PIPE: sch 40 pvc SLOPE OF SEWER PIPE TO TANK: 1/8" per 1'

II. TREATMENT TANKS:

TANK #	MAT'L	NO. OF COMPARTMENTS	TYPE	SIZE	gals
#1	<u>conc</u>	<u>1</u>	<u>Pne</u>	<u>500</u>	<u>500</u>
#2	<u>conc</u>	<u>2</u>	<u>ATV</u>	<u>500</u>	<u>500</u>
#3	<u>conc</u>	<u>1</u>	<u>Pump</u>	<u>800</u>	<u>800</u>
#4					

III. SITE EVALUATION
NOTE: Information worksheet must be attached for review to be completed.
 Soil Class/Texture IV / Surface App Load Rate 0.041
 Performed By Scottie Kitchener Registration No. OS0011422 Phone No (409) 923-7846

IV. DISPOSAL AREA
 TYPE: Surface App MINIMUM AREA REQUIRED 7317 Ft²
 EXCAVATION WIDTH _____ DISTANCE BETWEEN EXCAVATIONS _____
 TYPE/SIZE OF MEDIA _____ TYPE/DIAMETER OF PIPE 1" sch 40 pvc pipe
 TYPE OF BARRIER _____ EXCAVATION DEPTH _____
 LANDSCAPE PLAN see attached

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

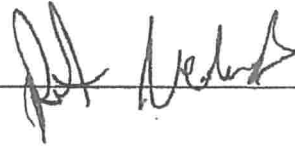
3207

 REGISTRATION NO.

7-26-21

 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.

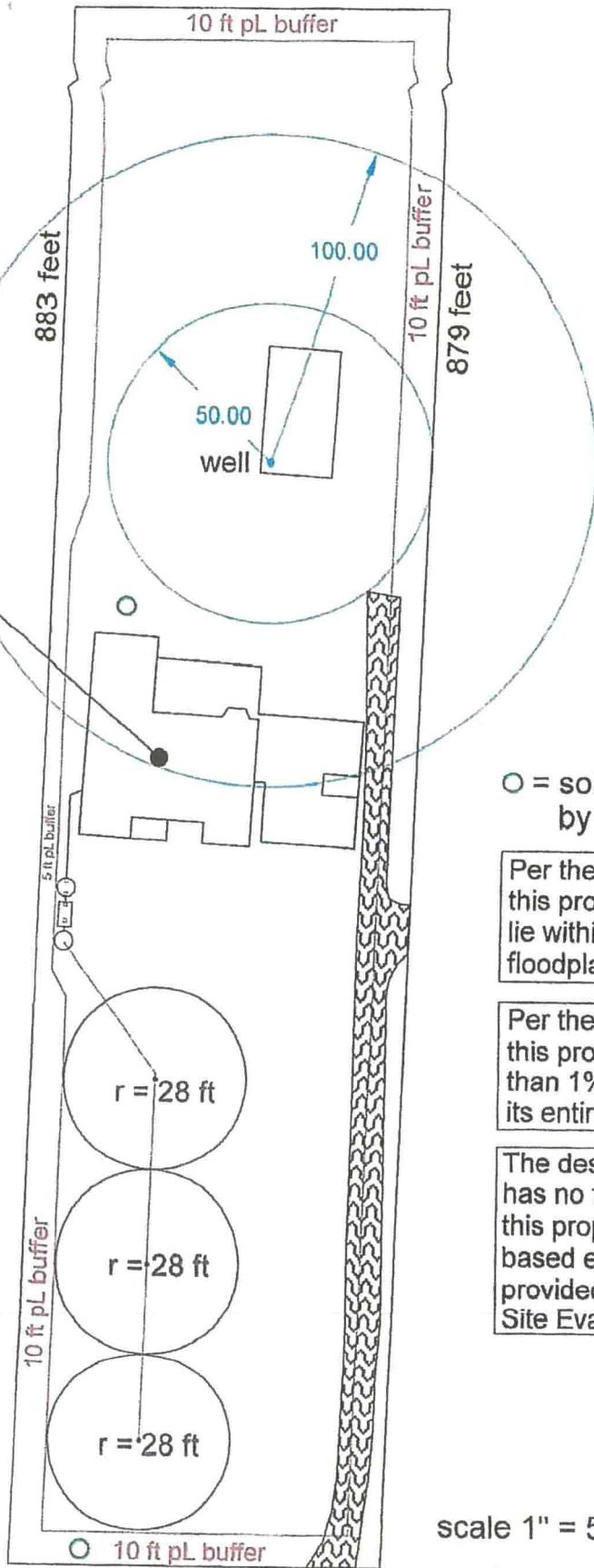


 Property Owner

=====
HEALTH DISTRICT USE ONLY
 =====

Authorization to Construct Approved/Disapproved by Jimmie Reelley DR# 057799 Date 8-20-21
 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: _____

3 Bedroom
 < 3500 ft²
 SFR
 300 gpd



○ = soil test site
 by Site Evaluator

Per the Site Evaluator,
 this property does not
 lie within the 100 year
 floodplain

Per the Site Evaluator,
 this property exhibits less
 than 1% slope across
 its entire area

The designer, Garry Gana, R.S.,
 has no first hand knowledge of
 this property. The design is
 based entirely on information
 provided by an Independent
 Site Evaluator.



G. Gana
 7-26-21

scale 1" = 50'

5025 CANAL ROAD

PROPOSED OSSF DESIGN

PROPERTY OWNER: Pete Nicolaidis

SITE ADDRESS: 5025 Canal Rd.
Santa Fe, Texas

LEGAL DESCRIPTION: see attached

DESIGN PERAMETERS:

Structure: 3 bedroom, < 3500 ft² SFR w/ WSD
Daily Flow: 300 gpd
Application Rate: 0.041 gal/ ft²./day
Area Required: 7317 ft²
Area Designed: 7389 ft²

SYSTEM COMPONENTS:

Pre-treatment Tank: 500 gallons
Treatment Unit: Aqua Klear 500 gpd
Pump Tank: 800 gallons
Pump: Meyers 2 NFL or equiv.
Sprinklers: 3 – Rainbird 2045 PJ @ r = 28 ft
Timer: Required (2am - 4am)
Disinfection: Required

IRRIGATION AREA:

The irrigation area shall be covered with grasses, evergreen shrubs, bushes or trees. Plants intended for human consumption shall not be grown inside the irrigation area. Grasses shall be cut as needed to prevent interfering with sprinkler operation. No surface improvements (buildings, sidewalks, driveways, patios, etc.) shall be constructed or placed inside the irrigation area. Area shall be graded to promote positive drainage and surface water run-off. Area is currently covered with natural grasses.

MAINTENANCE:

A maintenance contract shall be maintained for the life of the system. The property owner or occupant shall insure that the system is provided with electricity at all times and that the disinfection unit is supplied with chlorine. Any suspected malfunction shall be reported to the maintenance company as soon as possible. The property owner or occupant shall operate the on-site sewerage facility according to the owner's manual.

GENERAL NOTES:

- Water softener should not discharge into the sewerage facility.
- Water conservation measures should be taken to help ensure the proper operation of the on-site sewerage facility.
- Electrical wiring shall be in accordance with the current edition of the National Electric Code.
- Pump shall be rated by the manufacturer to pump sewerage or sewage effluent.
- **Pressure relief/sample valve shall be installed and directed downward inside the pump tank to provide agitation and help prevent extreme septic conditions inside the tank.**

PUMP TANK DESCRIPTIONS:

Volume:	877 gallons		
Dimensions:			
diameter	63.0"		
depth below inlet	67.0"		
gallons per inch	13.5		
Float Settings (from bottom):			
Static Volume:	216.0 gallons	pump off	16.00"
Dosing Volume:	300.0 gallons	pump on	minimum tether, timer controlled
Reserve Capacity:	121.5 gallons	alarm on	13.00"

Friction Calculations

psi required to operate sprinkler heads	<u>35</u>
Total of 1" sch 40 PVC pipe	<u>400 ft. max.</u>
Flow	<u>6 gpm</u>
Friction Loss due to pipe	<u>3.63 hd-ft./100ft. = 14.5 hd-ft.</u>
Friction Loss including elbows & joints	<u>14.5 hd-ft. x 1.2 = 17.4 hd-ft.</u>
Depth of tank	<u>7 feet</u>
Total Head Required	<u>24.5 feet @ 6 gpm</u>
Pump Required	<u>Mevers 2 NFL or equal</u>

This system is designed to treat and dispose of up to **300** gallons/day. If the system is overloaded or not properly maintained, the designer is not responsible. Assumed loading rates are outlined on Calculation page, if these are exceeded; additional plant capacity, disposal area, etc. will need to be added by the owner at his expense. This design is based solely upon site evaluation information provided by an independent site evaluator. This designer has no firsthand knowledge of the environmental and structural conditions at this location. This designer does not represent or warrant the material, installation, operation or proper performance of this system for any period of time. Every attempt has been made to accurately depict the location of lines, plant, tanks, sprinklers, etc. Construction realities may necessitate minor design changes. Any major changes will be submitted prior to construction.

Seal



Garry Gana
Garry Gana, R.S.
7-26-21

Site Evaluation Form

Date: 7.21.21

Client: Mach's

Address: 5025 Canal Rd

Phone: 409-759-1397

City, State Zip: South R R 27070

Legal Description:

Site Address: 5025 Canal

City/Area: South R

Subdivision: _____

Sec: TRACT Lot: 57 Block: _____

Survey: C. BIGALOW SURVEY

Abstract No.: 34

Property Size: 114.41' X 883.11'

Acres: _____

Existing or proposed structure to be served: EXISTING 3 BR < 3500 FT²

TOPOGRAPHY

Slope:

Flat: (under 2%) _____

Slight: (Under 4%) /

Severe: (Over 5%) _____

Vegetation:

Grass/Brush: /

Lightly Wooded: _____

Heavily Wooded: _____

Site Drainage:

Poor: _____

Adequate: _____

Good: /

Other: _____

Note: If slope is severe a Topo Survey with half foot contours should be provided with this form on the design. If site drainage is poor or slope is flat then a detailed drainage plan should be provided on the design.

FLOOD HAZARD

Property is located:

Outside 100 year flood plain: /

In 100 year flood plain: _____

In 100 year flood plain and floodway: _____

Note: Attach a FEMA Flood Insurance Rate Map (FIRM) with property location identification or current survey with Flood Plain determination. Systems installed in flood plain must address tank floatation concerns.

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
	<i>CLBS</i>	<i>5/10</i>

(Minimum depth is two feet below proposed excavation)

Profile Depth	Texture(USDA)	Color
	<i>CLBS</i>	<i>5/10</i>

(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.

MARK R. JANSEN
C.F. NO. 20000063
G.P.S.C.C.

PART OF
F. W. JACKSON II
C.F. NO. 20000067
G.P.S.C.C.

F. W. JACKSON II
VOL. 307, 7A, 42B
D.P.A.C.

N 89°13'00" E 083.11'

TRACT 1
PART OF
F. W. JACKSON II
A CHARLOTTE B. JACKSON
VOL. 307, 7A, 42B

20000063
(100-000-0000)



RETRACTED
TRACT 1

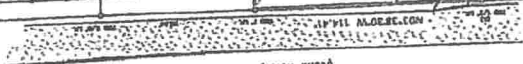
S 89°13'00" W 878.30'

RETRACTED
F. W. JACKSON II
A CHARLOTTE B. JACKSON
VOL. 307, 7A, 42B

THOMAS F. DAVIS
C.F. NO. 20000060
G.P.S.C.C.

CHRISTIE MAUS
C.F. NO. 20000063
G.P.S.C.C.

CANAL STREET
(100' WIDE)



Galveston CAD

Property Search Results > 171060 JACKSON FRANK W III & for Year 2021

Tax Year: 2021

Property

Account

Property ID: 171060 Legal Description: ABST 34 C BIGALOW SUR TR 57, 3.794 ACRES
 Geographic ID: 0034-0057-0000-000 Zoning:
 Type: Real Agent Code:
 Property Use Code:
 Property Use Description:

Location

Address: 5025 CANAL ST Mapsco:
 SANTA FE, TX 77517
 Neighborhood: ANGEL-RUNGE ADDN PT A Map ID: 256-C
 Neighborhood CD: 1160.2A

Owner

Name: JACKSON FRANK W III & Owner ID: 110872
 Mailing Address: CHARLOTTE B % Ownership: 100.000000000000%
 PO BOX 61
 SANTA FE, TX 77517
 Exemptions: OTHER, HS

Values

(+) Improvement Homesite Value:	+	\$193,070	
(+) Improvement Non-Homesite Value:	+	\$0	
(+) Land Homesite Value:	+	\$45,530	
(+) Land Non-Homesite Value:	+	\$0	Ag / Timber Use Value
(+) Agricultural Market Valuation:	+	\$0	\$0
(+) Timber Market Valuation:	+	\$0	\$0

(=) Market Value:	=	\$238,600	
(-) Ag or Timber Use Value Reduction:	-	\$0	

(=) Appraised Value:	=	\$238,600	
(-) HS Cap:	-	\$0	

(=) Assessed Value:	=	\$238,600	

Taxing Jurisdiction

Owner: JACKSON FRANK W III &
 % Ownership: 100.000000000000%
 Total Value: \$238,600

Entity	Description	Tax Rate	Appraised Value	Taxable Value	Estimated Tax	Tax Ceiling
CAD	APPRAISAL DISTRICT	0.000000	\$238,600	\$238,600	\$0.00	
D01	DRAINAGE #1	0.082000	\$238,600	\$218,600	\$179.25	
F01	GALV COUNTY EMERGENCY SERVICE #01	0.086207	\$238,600	\$228,600	\$197.07	
GGA	GALVESTON COUNTY	0.465128	\$238,600	\$130,880	\$146.55	\$146.55
J05	MAINLAND COLLEGE	0.241963	\$238,600	\$166,880	\$140.32	\$140.32
RFL	CO ROAD & FLOOD	0.010772	\$238,600	\$130,880	\$14.10	
S17	SANTA FE ISD	1.281600	\$238,600	\$198,600	\$738.74	\$738.74
Total Tax Rate:		2.167670				

Taxes w/Current Exemptions: \$1,416.03
 Taxes w/o Exemptions: \$5,172.06

Improvement / Building

Improvement #1: RESIDENTIAL State Code: A1 Living Area: 2342.0 sqft Value: \$191,970

Type	Description	Class CD	Exterior Wall	Year Built	SQFT
MA	MAIN AREA	B10 - *	BV	1978	2342.0
OP	OPEN PORCH	B10 - *		1978	12.0

Improvement #2: RESIDENTIAL State Code: A1 Living Area: sqft Value: \$1,100

Type	Description	Class CD	Exterior Wall	Year Built	SQFT
FUB	METAL OR FRAME UTILITY BLDG	* - *			0.0
CP3	METAL CARPORT	* - *			0.0

Land

#	Type	Description	Acres	Sqft	Eff Front	Eff Depth	Market Value	Prod. Value
1	RH	RH	3.7940	165266.64	0.00	0.00	\$45,530	\$0

Roll Value History

Year	Improvements	Land Market	Ag Valuation	Appraised	HS Cap	Assessed
2022	N/A	N/A	N/A	N/A	N/A	N/A
2021	\$193,070	\$45,530	0	238,600	\$0	\$238,600
2020	\$182,000	\$45,530	0	227,530	\$7,508	\$220,022
2019	\$154,490	\$45,530	0	200,020	\$0	\$200,020
2018	\$156,630	\$45,530	0	202,160	\$0	\$202,160
2017	\$158,800	\$45,530	0	204,330	\$8,992	\$195,338
2016	\$141,910	\$45,530	0	187,440	\$9,860	\$177,580
2015	\$116,880	\$45,530	0	162,410	\$974	\$161,436
2014	\$101,230	\$45,530	0	146,760	\$0	\$146,760
2013	\$94,970	\$45,530	0	140,500	\$0	\$140,500

Deed History - (Last 3 Deed Transactions)

#	Deed Date	Type	Description	Grantor	Grantee	Volume	Page	Deed Number
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Tax Due

Property Tax Information as of 08/20/2021

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): 5025 CANAL ST SANTA FE

0034-0057-0000-000

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

Value: Sq Ft 2 * 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: 15,000

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 3 Number of Bathrooms: Full _____ Half _____

Owner: Name: Pete Nicolaidis Phone #: 409-739-1397

Address: 5025 CANAL ST
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.

Affidavit to the Public

THE COUNTY OF GALVESTON §
STATE OF TEXAS §

AFFIDAVIT

According to Texas Commission on Environmental Quality Rules for On-Site Sewage (OSSFs) Facilities, this document is filed in the Deed Records of Galveston County, Texas.

I

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (commission) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), §5.012 and §5.013, gives the commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety Code, requires owners to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

II

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code §285.91(12) will be installed on the property described as (insert full legal description and full location address):

ABST 34L BELGALOW SWR TR 57, 3.794 ACRES
5025 Canal St Santa Fe TX 77517

The property is owned by Pete Steve Nicolaidis
(insert owner's full name)

This OSSF shall be covered by a continuous service policy for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally under the guidelines of the regulatory authority.

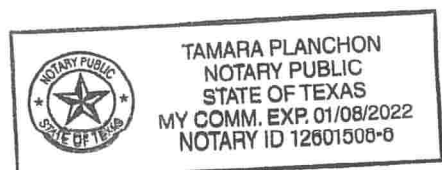
Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF may be obtained from the Galveston County Health District.

WITNESS BY HAND(S) ON THIS 21st DAY OF July, 2021
[Signature]

(Owner(s) signature(s))

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 21st DAY OF July, 2021

[Signature]
Notary Public, State of Texas
Notary's Printed Name: Tamara PLANCHON
My Commission Expires: 01/08/2022



FILED AND RECORDED

Instrument Number: 2021053183

Recording Fee: 26.00

Number Of Pages:2

Filing and Recording Date: 07/21/2021 1:50PM

I hereby certify that this instrument was FILED on the date and time stamped hereon and RECORDED in the OFFICIAL PUBLIC RECORDS of Galveston County, Texas.



Dwight D. Sullivan

Dwight D. Sullivan, County Clerk
Galveston County, Texas

DO NOT DESTROY - *Warning, this document is part of the Official Public Record.*

County Clerk's Office
Dwight D. Sullivan
County Clerk, Galveston County

Main Office
600 59th Street, Suite 2001
Galveston, Texas 77551
Phone# (409) 766-2200

League City Office
174 Calder Road, Room 149
League City, Texas 77573
Phone# (281) 316-8732



Issued To:

PETE NICOLAIDIS
VALUED CUSTOMER

Transaction: 4496728
Date: 7/21/2021 1:48:40PM

Received by:
NICOLE GRIMM
Deputy

Document#	Document Type	Number of Pages	Fee	Amount
2021053183	AFFIDAVIT	2	RECORDING	26.00

Total Due: 26.00

PETE NICOLAIDIS

CASH 26.00

Total Paid: 26.00

Thank you for your valued support. We always strive to provide you with the best service possible. The County Clerk is the sponsor of "Thank a Veteran Program". We can only appreciate our Veteran heroes by actively participating in this program. For more information about this program please visit our site www.galvestoncountytx.gov/cc