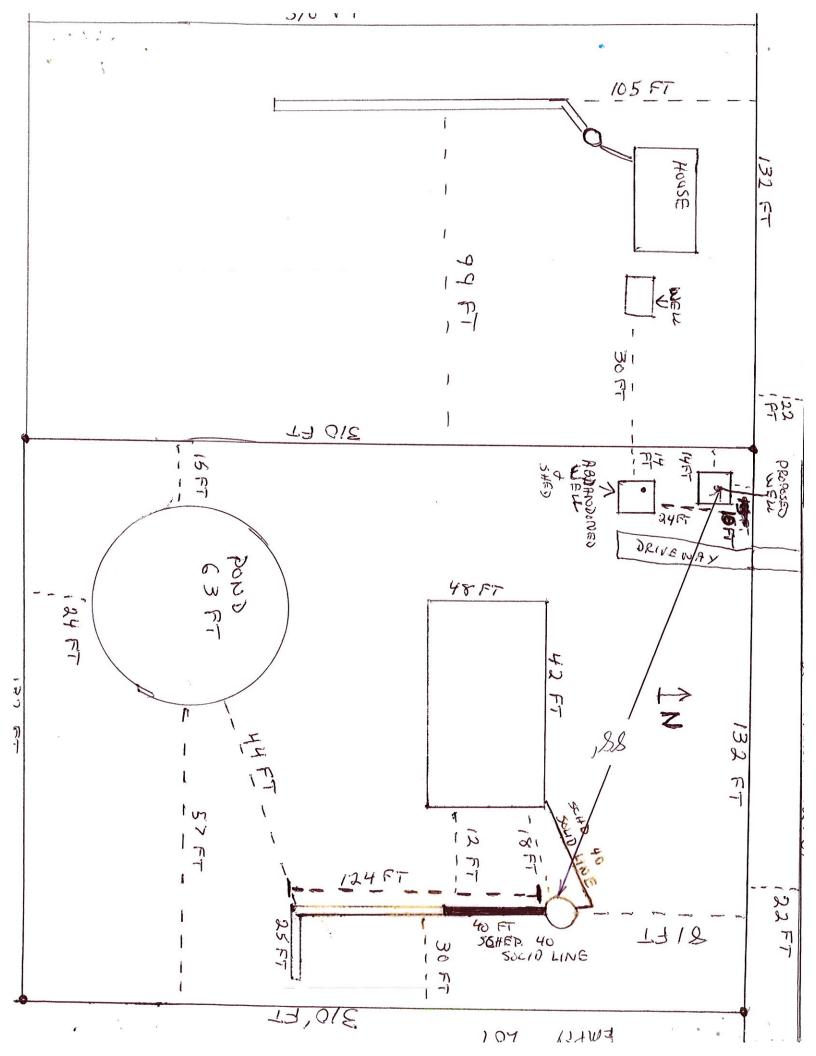
*GAL ESTON COUNTY HEALTH DISTRICT PRIVATE WASTEWATER DISPOSAL SYSTEM INSPECTION REPORT

Health District Permit # 40/8/7
City/County Building Permit # 40/8/7
Water Well Permit # 12/65

		Lat-# 2/6	5
12701 33 42 57.	SANTA FE	12703 3	3.04 1/2
12701 33 12 57. Street Address of Site	City	Adjacent Ad	ldress
CHARLES W. DAMRON 25/	1 FM. 646 #11 SANTA F	E TY 72	510 469 925 58
Name of Property Owner Cur	rent Address City	State Zi	Phone
Septic Tank Installer Reg	istration # Well Drille	r	Registration #
DESCRIPTION OF PROPERTY:	City: SANTA FE Subdi	vision: ABST 149	ALTA LOMA QUIT
Lot Size: Width 132 FT Do	epth 3/0 FT Block:	Lot:	
Is Construction New E	xisting YES Renovation	Transfer	T
Is this a Business? Re			
Clean-out: Inlet line between	een house & tank 18 FT D	ischarge line betwe	en last tank &
field 40 FT Copy of Proper			
Sq. Ft. of Living Area $2/\infty$	5, Fi Percolation Rate	Soil Class	
SEPTIC TANK(s): Number of	Tank(s): / Material	CONCRETE	Tanks meet
current design standard?	Yes/No Number of Comp	artments in tank(s)	
SEPTIC TANK(s): Number of current design standard? Tank Capacity: Tank l	gallons Tank 2 NA	gallons Fall from	inlet (of first
tank) to outlet (of last ta	ank) VIA inches		
GREASE TRAP (REQUIRED FOR CO	OMMERCIAL ESTABLISHMENTS): Tank Capacity	
		APPRIX	
DRAINFIELD: Pipe Size: 4	N Trench: Width 15	in. Depth 24	in.
Total Length ft. Grade Total Aggregate depth	Total Square Feet	Distanc	e between trenches
Grade	_ aggregate type	Aggregate und	er pipein.
for backfill? Yes/No	in. Total cu. yds	Existi	ng soil acceptable
101 backfill: les/No			
This notice must be read an	nd signed before these c	onstruction plans w	vill be approved.
AFTER APPROVAL A BUILDING I	PERMIT MUST BE SECURED F	ROM THE APPROPRIATE	COUNTY OR CITY
BUILDING INSPECTION DEPARTM	MENT. The final inspect	ion is to assure th	e system has been
constructed according to th	ne submitted plam and/is	donsistent with go	od public health
engineering practices. The	acceptance of this/pla	n and the approval	of the final in-
spection, however, should r	not be construed to mean	that the Galweston	County Health Dis-
trict recommends, approves,	certifies or guarantee	spaptic tank syste	ms or their satis-
factory performance. In the tion of water usage, soil	ne/Galveston County area	due to the high wa	ter table, varia-
tion of water usage, soil/a	me climatic conditions,	septic tank system	s may not function
satisfactorily at all times ing distance requirements.	s. This plan meets all 5	cate and local rule	s and laws includ-
ing distance requirements.		W (1) solleak	An day a
	\overline{P}	roperty Owner	DWAN
Plot plant Approved / Disc	HEALTH DISTRICT USE O	NLY	
Plot plan: Approved / Disa Inspection Requested by:			e:
Date inspection requested f	ort	Dat Tim	e:am/pm
Date inspection made:	.01.	Tim	e: am/pm
Construction: Approved / D	isapproved by:	Dat	
Disapproval notice given to	- A	Dat	e:
Remarks: Plu, Adwer	Il - Tambri he	I Well	
- 1	7		
,			

Draw pro	oposed	construc	tion, s	showing	lot size	and	buildir	ng size,	placement (incl	ude por
									water wells	and	septic
systems	within	150 fee	t of pi	roperty	lines.	To s	cale:	Yes	No		
SCALF:	each s	quare=									

Please sketch directions to proposed construction site in space below.



Addendum to VA Health Aut For Individual Water Supp	hority Approval oly & Sewage Disposal Form HD# 1247									
FHA Loan Conventional Loan	Loan #									
Sewage Facility and Water Supply Inspection Supplement										
Site Address: 1270/	33rd/2 St Alta Long									
Inspection Requested by:	Charles Damron									
	12701 33/2 St - Alta Loma Address 925 - 5907 Phone									

The purpose of this inspection supplement is to provide a more comprehensive evaluation of the Individual Sewage and Water Facilities on this site. Many variations in soil conditions, loading, age of system and percolation rate of soil may exist from site to site within Galveston County. Please carefully read the following information which has been marked applicable to this site.

- 1. It is the opinion of the Galveston County Health District that this system based on available information can be expected to function satisfactorily and is unlikely to create unsanitary conditions as long as the system is properly maintained and the loading is not altered, however, the information included on the attached inspection supplement should be examined by all concerned parties.
- 2. A plot plan of the Private Sewage Facility (was was not) furnished to the Galveston County Health District.
- 3. The inspection of the Private Sewage Facility (was) was not) based on information provided by parties, other than the Health District and the District cannot guarantee that this plan is a factual representation of the actual sewage facility.
- 4. The dwelling was was not) occupied at the time of the inspection.
- 5. The Private Sewage Facility located at "the" above (is/(is not)) an innovative, experimental system known as The Galveston County Health District neither disapproves this type of system. A variance approves nor not) previously granted for the installation of this (was was system.

- 6. The Galveston County Health District Soil Survey Maps and/or a percolation test performed on this property indicate that this property is located in a _3 __ zone with an average percolation rate of \(\frac{15-30}{5-30} \) minutes per inch. Properties with an average percolation rate greater than sixty (60) minutes per inch are not recommended for Private Sewage Facilities. Private Sewage Facilities placed on property with a percolation rate greater than sixty (60) minutes per inch are neither approved nor disapproved by the Galveston County Health District. A variance (was was not) previously granted for the installation of this system.
- 7. The on-site inspection of the Private Sewage Facility revealed that the above mentioned facility (appears) does not appear) to be functioning properly at this time.

Sewage loading, inclement weather conditions, high water table and soil conditions in Galveston County may alter the operating efficiency of the sewage facility.

- 8. There (is) is not) sufficient area to expand the Sewage Facility at least fifty percent (50%) if it becomes necessary.
- 9. The water well appears does not appear) to have been constructed properly and in accordance with the rules and regulations applicable at the time of its construction.
- 10. A bacteriological analysis of a water sample taken by the Galveston County Health District of the water supply located at the above site address reveals it to:

Be free of coliform organisms

(EX) Be free of coliform organisms

(EX) Contain coliform organisms

(S) Unsuitable for analysis

(see attached sample results)

11. A copy of this Inspection Supplement has been provided to the party requesting the inspection. It shall be that party's responsibility to provide copies of this report to the buyer, mortgage company and any other involved parties.

termination of the factor of t

Inspector: 12-22-92

Person Receiving Report Charles W. Danwer

sf&wsIII.txt

Porm No. G-19 (Rev. 1291) HD # 24 / Bureau of Laboratories Date and Tripedpectd. #2 / 18/19/19/9/2 Date Sample No. Do not mark above this line — Please print with ballpoint pen or typewriter. Do not mark above this line — Please print with ballpoint pen or typewriter. Do not mark above this line — Please print with ballpoint pen or typewriter. The submitter LD No. SEND NAME RESULTS Chick HM	Date and I Z Z Z Z Z Z Z Z Z	

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GALVESTON COUNTY COORDINATED COMMUNITY CLINICS

Ralph D. Morris, M.D., M.P.H. Executive Director PRIMARY HEALTH CARE ENVIRONMENTAL HEALTH PREVENTIVE HEALTH

но 1247

Date: 12-28-92

To Whom It May Concern:

This is to certify that I am aware that the information on the sewage-disposal system and/or well was furnished to the Health District by persons who might not know the complete or correct information concerning the design and construction of the facilities located at:

12701/2 33 d St., Santa Jo

I understand that the Health District has been requested to make an inspection of the septic tank system and/or well on this property. This inspection report is available to me through the seller of the property. I also understand that if, after the purchase of this property, the septic tank system and/or well does not function properly to the extent that it becomes a public health nuisance, or any discrepancies are found, that it will be my responsibility to correct it or arrange for corrections to meet the current provisions of the law and ordinances.

nounded. Wallah

12-28-92 Date

EC-13/0/REV.92

Addendum to VA Health A For Individual Water Su	Authority Approval upply & Sewage Disposal Form
FHA Loan	HD# 12/7
Conventional Loan	Loan #
	Facility and Water Supply Inspection Supplement
Site Address: 1353	0 4/2 St Santa Fe
Inspection Requested by	0 4/2 St Santa Fe : Edna Crisp
	Address
	Phone
The purpose of this in	spection supplement is to provide a more compre-
County. Please carefunarked applicable to the	
function sati conditions as the loading is on the attac all concerned	nion of the Galveston County Health District that pased on available information can be expected to sfactorily and is unlikely to create unsanitary long as the system is properly maintained and not altered, however, the information included hed inspection supplement should be examined by parties.
2. A plot plan furnished to t	of the Private Sewage Facility (was was not)
District and t	n of the Private Sewage Facility (was) was not) mation provided by parties other than the Health he District cannot guarantee that this plan is a entation of the actual sewage facility.
4. The dwelling (tion.	
Approves nor	Sewage Facility located at the above address innovative, experimental system known as The Galveston County Health District neither disapproves this type of system. A variance previously granted for the installation of this

- The Galveston County Health District Soil Survey Maps and/or a 6. percolation test performed on this property indicate that this property is located in a ______ zone with an average percolation rate of 3-45 minutes per inch. Properties with an average percolation rate greater than sixty (60) minutes per are not recommended for Private Sewage Facilities. Sewage Facilities placed on property with a percolation greater than sixty (60) minutes per inch are neither approved nor disapproved by the Galveston County Health District. variance (was was not) previously granted for the installation of this system.
- The on-site inspection of the Private Sewage Facility revealed 7. that the above mentioned facility (appears) does not appear) to be functioning properly at this time.

Sewage loading, inclement weather conditions, high water table and soil conditions in Galveston County may alter the operating efficiency of the sewage facility.

- There (is) is not) sufficient area to expand the Sewage Facili-8. ty at least fifty percent (50%) if it becomes necessary.
- The water well (appears/does not appear) to have been 9. structed properly and in accordance with the rules and regulations applicable at the time of its construction.
- 10. A. bacteriological analysis of a water sample bу taken Galveston County Health District of the water supply located at the above site address reveals it to:

THE THE PARTY

AF HERRALT OFF

Be free of coliform organisms

Contain coliform organisms CONTRACTOR TO THE CONTRACTOR OF THE CONTRACTOR O

Sal Example of the Unsuitable for analysis (see attached sample results) Salar Sa

11. A copy of this Inspection Supplement has been provided to the party requesting the inspection. It shall be that party's party requesting the inspection. report to the buyer, mortgage company and any other involved parties.

Date of Inspection:/

and the design of the same of the White William Pet

Inspector:

Person Receiving Report

f&wsIII.txt lg

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	Form No. G-19 (Rev. 12/91)	# 2958	rexas Department or nee Bureau of Laboratories	HIT TO THE STATE OF THE STATE O
(B.C.)	Date and Time Rec'd. Sample No.	950 9 5 10 3 2 D	torn -	
		ove this line — Please print with ba	eported Seri.	
		Nate		
	Howcet an w	NAME OF WATE	ER SYSTEM	
	POINT OF CO	LLECTION	COUNTY	
	Salar A Subr	nitter I.D. No.		
	SEND JOHN	Darria		}
	RESULTS GOND	<u> </u>	111111111].
	TO: STREET ADDRESS		h-7141	
	CITY		ZIP CODE	
	Date and Time of Q 724 9.	+ [[
	Collection MONTH DAY YEA	F 11/1:53 A	P) COLLECTED BY	
	TYPE OF SYSTEM	SAMPLE IS (Public Systems Only)	WATER SOURCE	
	Public Dairy	☐ Distribution ☐ Raw	River Lake	
		Construction Repea	<u> </u>	-
	Ownership or other informatio	□ Special n: /3530	Chlorine Residual	
	LABOR Water of estimates he	ATORY REPORT (Do not wri	te below)	=
	Coliform Organisms	cteriological quality must be free Not Found	e from Coliform organisms	ม.เออจจริงรักษ์ให้เรียกซึ่งได้เราเลย เก
		Found Total coliform group		
į.	The Marie St.	Fecal coliform g		
	•			
		Unsuitable — See below	-Front rodalijou	
	UNSUITABLE FOR ANAL Sample too old. Sample no	YSIS - PLEASE RESUBMIT		
	within 30 hours of collection	n (10	antity insufficient for analysis 0 ml. required)	
	Date discrepancy or form i (See encircled item)		avy (silt/bacterial growth) present, sibly compromising test results	
	☐ Leaked in transit ☐ Other		•	
	And the state of t	en de la companya de		
and the second of the second o	To the second of	i sadagan mendadakan pendada negeri sebia T	andre i se se en	o essenti o la comprede digiparente de 1900. Esperante de 1900.
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and building size, placement raw proposed construction, showing to nate open bodies of water include porches, decks, etc.). Pleas here applicable. SCALE: each square = o scale: Yes____ LEASE SKETCH DIRECTIONS TO PROPOSED CONSTRUCTION SITE IN THIS SPACE

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 submitted plan and is consistent with good public health engineering practices. The submitted plan and is consistent with good public health engineering practices. The submitted plan and is consistent with good public health engineering practices. The submitted plan and the approval of the final inspection, however, should not seconstructed to mean that the Galveston County Health District recommends, approves, seconstructed to mean that the Galveston County Health District recommends, approves, seconstructed to mean that the Galveston County Health District recommends, approves, seconstructed to mean that the Galveston County Health District recommends, approves, seconstructed to mean that the Galveston County Health District recommends, approves, seconstructed to mean that the Galveston County Health District recommends, approves, seconstructed to mean that the Galveston County Health District recommends, approves, seconstructed to mean that the Galveston County Health District recommends, approves, seconstructed to mean that the Galveston County Health District recommends, approves, seconstructed to mean that the Galveston County Health District recommends, approves, seconstructed to mean that the Galveston County Health District recommends, approves, seconstructed to mean that the Galveston County Health District recommends, approves, secons the construction of the Health District recommends, approves, secons the construction of the Health District recommends, approves, secons the construction of the Health District recommends and the construction of the Health District rec

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			ICT PERMIT #	<u> </u>
ALVESTON COUNTY HEALTH DISTRICT RIVATE WASTEWATER DISPOSAL SYSTEM II	NSPECTION REPORT		BUILDING PERMIT #	
RIVATE WASTEWATER DISPOSAL STOCK		WATER WELL P	ERMIT # 🔆:	
4 1/12 4	, 11 1 2.	,	1 min	,
LAWRENOC H. HUBBELL	Whitish Track Ingral	ler	Well Driller .	·
LAWRENOC H. Hubbell			· ·	•
13530 42 A.	Out of B	U55(NK53_	Course Address	
urrent Address	Current Address		Cattent Magress	
50 L 5, 7x 275/0			City State	Zip
SA-to FA TK 27510 ity State Zip	City State	Sib	City state	12.
925-8536			Telephone	<u></u> _
	Telephone		-	
ESCRIPTION OF PROPERTY: City:	noto Fi	Subdivision	l:	
1-0 ft Donth	770 I.C. BIOCKI	~ ~ ~	, , , , , , , , , , , , , , , , , , , ,	·
umber of persons Bedrooms	> Is this a?	business	residence	
umber of persons	/	_		্নু
EPTIC TANK(S): Number of tanks	Conc	rete	Other	
	and tank 6 disch	narge line bet	ween last tank & fi	e1d/0 %
	CLUGSS: ACT CTV	—		
· c · · · · · · · · · · · · · · · ·	let below top of to	110K & TH. T	ridata cabacrel Dick	
'ank 2: Number compartments Thi	.ckness: wall in	ı. lidin.	reinforced?	
nlet below top of tankin. Out	lat helow top of ta	ank in I	Liquid capacity	gal.
nlet below top of tankin. Out	.16C PC10"	-		
REASE TRAP: Number of compartments	Liquid capacity	y <u> 30</u> gal. Co	oncrete Other_	
hoteroon house and	trap /_/discharge	e True bermeer	u crab and seperc co	ank
inlet below top of tank 2 in. Out	let extension above	e bottom of ta	ank	
inlet below top of tank in. Out				
DRAINFIELD: Pipe material: P	Pip Pip	e size: 4//_	. was a final and	in
granch, width Clin. Depth 20 in.	Total length 1501	E. Total adu	are reec	
Distance between trenches ft.	Grade 6 Aggregate	type	11 1	
Distance between trenches ft. (Aggregate under pipe in. Aggree	rate over top of pi	pe in. To	otal cu. yds	
Aggregate under pipe in. Aggre	gada aran arr k-	- . 	Ĭ.G	
most your. Boundation	property line Ope	n Water Wat	er Well Nearest Wo	ell 🥞
seed a market of the	10 ft. 1	/A ft. /	10 tt/00	:
	ft. L	10 ft. 10	20 ft. 410	_ft. :
Drainfield:ft.		-	·	
			<u> </u>	
н	EALTH DEPARTMENT US	E ONLY	<u> </u>	~···
	•		Date:	
Inspection requested by:			Time:	am/par
Inspection requested by: Date inspection requested for:			Time:	
lite impostion made:				
or -	!			
Service Contin Tank - Approv	ed/Disarproved		bace	
Disapproval notice given to:			Date:	

REMARKS:

	•	•	
		•	•



GALVESTON COUNTY COORDINATED COMMUNITY CLINICS

Raiph D. Morris, M.D., M.P.H. Executive Director FRIMARY HEALTH CARE
ENVIRONMENTAL HEALTH
PREVENTIVE HEALTH

401217

To Whom It May Concern:

This is to certify that I am aware that the information on the sewage-disposal system and/or well was furnished to the Health District by persons who might not know the complete or correct information concerning the design and construction of the facilities located at 13530

I understand that the Health District has been requested to make an inspection of the septic tank system and/or well on this property. This inspection report is available to me through the seller of the property. I also understand that if, after the purchase of this property, the septic tank system and/or well does not function properly to the extent that it becomes a public health nuisance, or any discrepancies are found, that it will be my responsibility to correct it or arrange for corrections to meet the current provisions of the law and ordinances.

Purchaser's Signature

-9-92 Date

REV. 2-13-91

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	. •				



FAX

TO: Golveston County Health District
AHN: Youat Gerrawad
FROM: Coldwell Booker Country Wing
GENE DELANNEY
Date: 2/7/96 TIME: 2:15 AM PM
FAX #: (409) 938- 2321
Number of pages, including cover: 4
COMMENTS: Plane and me (via fax
Number below) A copy of the plat
drawing and relative data regarding the
seption system per the attached permit
copies Thouses in solvance -
Some C. Ar Low
"EXPECT THE BEST"
(409) 925-8500 BUS., 925-6672 FAX 1-800-255-9555 BUSINESS
(400) 925-1129 RESIDENCE ENDUGIL GENE C. DELANNEY
Broker-Owner

COLDWELL BANKER COUNTRY LIVING P.O. BOX 1463 12005 HWY, 6 - SUITE #3 SANTA FE, TX 77510-1463

(R)

An independently Owner and Operated Sembor of Coldwell Banker Residential Affiliates, Inc.

		•	,

	LC8506
RECORDS OF PRIVATE AND NON-COMMUNITY WATER WELLS	Well Permit no.
City or Area	
	Receipt no.
4-/5-92	Septic Permit no.
Rt.no. Box Date Registered Date Permitted Private Non-Community No. of Connection	Building permit no.
Date Date No. of Pannia de	eed
Productive Abandoned	
Name of Property Owner Well Driller's Registration no	Well Driller
Courtent Address 20 10 Feb. 7x 7750 Well log of	Address
City, State, Zip Indentification No. WELL CONSTRUCTION	Aty, State, Zip
Well Drilled Bored Jeted Other Bland	ir 2 in.
wepth of Casing Molft. Casing Material DVC . Slab around	disting 5 6 Sq.Ft
stab inickness (a in. Slab Material	
Coment sealed ground agains as Junet E	
8180 Sloped to drain away from confine V 2 4-104 Will address - 4	Yes No
Tes 1 No Type Pump	
Gais, Location of Well	i i
Bacteriological results: MF coliform Count 100 ml Date of	ple

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PRIVATE WASTEWATER DESPOSAL	VICYCUO	ишей воттать? ;2	THE A. A. D. C.
SYSTEM INSPECTION REPORT		Water Well	Mar 1 108506 2/65 33 14 V2 Address
12701 33 12 ST.	SANTA FE	12703	33 ¹⁴ /2
Street Address of Site	City	Adjacen	&Address
WARLES W. DAMRON 2511	60.646 4/1 SANTA FE	≘ <i>⁻tx</i> ?	77510 49 925 550
Name of Property Owner Curr	ent Address City	State	Zip Phone
			-
Septic Tank Installer Regi	stration / Well Drille:	r	Registration #
-			D dimb to an outer
DESCRIPTION OF PROPERTY: C	icy: Shorn FE Subdi-	A10108: 107	EX HELL FORTH BINE
Lot Size: Width 132 FT De Is Construction New Ex	tering VES Repoverion	Traff	ler .
Ls this a Business? Re	sidence YES Number of	Persons 6 f	tooms 3
Clean-out: inlet line betwe	en house & tank (7 FT D.	ischarge line 🖫	EMEEN TASE CARK &
field 46 Fr Copy of Propert Sq. Ft. of Living Area 200.	y Survey reviewed: Yes	/No (circle of	
Sq. Ft. of Living Area 2/00.	<u> FF</u> Percolation Rate	Soil C	45 5
SEPTIC TANK(s): Number of current design standard? Tank Capacity: Tank last tank) to curlet (of last ta	Tank(s): / Material	CONCRETE	Tanks meet
current design standard?	Yes/No Number of Comp.	artments in tal	(b)
Tank Capacity: Tank 1/1250	_gallons Tank 2 NA	_gallons Fall (th inlet (of first
caust to outles (or 1895 69	uk) Mettes	A	₹¥
GREASE TRAP (REQUIRED FOR CO	MMERCIAL ESTABLISHMENTS): Tank Capack	<u></u>
DRAINFIELD: Pipe Size: 4;	to the training of the later of the	Appear	#
Total Length fr	<u>K)</u> (Tench: Wigth <u>/,5</u> Total Sangra Reat	IN. Depth_3	Rice between trenches
Grade	aggregate type	Aggregate	inder pipe in.
Total hength ft. Grade Total Aggregate depth	in. Total cu. yds.	Ex	ting soil acceptable
for backfill? Yes/No			-
This could not be used to be a			A.411
This notice must be read an AFTER APPROVAL A BUILDING P	a signed before these co ramit Mist ar secured b	OURCLACK YABBURY	FE COUNTY OF CITY
BULLULNG INSPECTION DEPARTM	ENT. The final improct:	tas/fle/th.seent@	Prhe system has been
constructed according to the engineering practices. The spection, however, should notice recommends, approves, factory performance. In the state of the second section of the section of th	e submitted play and/is	dopelatedt wit	good public health
engineering practices. The	acceptance of hijis plan	and the appro	I of the final in-
spection, however, should no	of heliconstrued to man	that the Gulve	Bn County Health Dis-
factory performance bin th	certifies of guarantees	s/septic tank	tems or their satis-
tion of water usage, sqilla	nd climatic conditions.	sentic tank sy	ems may not function
satisfactorily at all dines	. This plan meets all St	ate and local	les and laws includ-
ing distance requirements.	Park		
	<u>~</u>		Marin ell
	Pı	roperty Owner	
	HEALTH DISTRICT USE OF	AF.A.	A .
Plot plan: Approved / Disag	pproved by:	1	Ate:
Inspection Requested by:	A M		Ate:
Date inspection requested for	or:		ime:am/pm
Date inspection made: Construction: Approved / Di			ime: am/pm
Disapproval notice given to	reapproved by:		åte:
Remarks: Plan stand	In Tambana hu	J W218	
		4	
m 46 *Badke programme years of the transfer of	and the second of the second s		
and the same of th			
			en. y

Survey of the surface only or and our gto wine noncess on County, Texas, Bundled Tuenty-cight (528) of South Three Hundred-ten (310) feet of Ninety (990) feet of Outlot 298 of ALTA LOMA, a subdivision in Gal the Plat Records necording to the map or plat thereof recorded to Volume 11 Page of Galveston County, Texas. BHYER: Charles W. Damron and Karen Damron NE.CORN. Q.L. 298 8 33 1/2 ST. WELLHOUSE. 12701 33¹3 Street B-STORVOE 21.5 2 WD. FM." ON PIER

POND

1,32

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1"=50

t hereby certify that this is an accurate of the above property indicating all improvements thereon which was prepared

12

12"FC, POST ON COPIN

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Ralph D. Morris, M.D., M.P.H.

Executive Director

GALVESTON COUNTY HEALTH DISTRICT

GALVESTON COUNTY COORDINATED COMMUNITY CLINICS

PRIMARY HEALTH CARE ENVIRONMENTAL HEALTH PREVENTIVE HEALTH

HD #	hc 8504
Date	8P16611

TO WHOM IT MAY CONCERN:

This is to certify that I am aware that the information on the sewage-disposal system and/or well was furnished to the Health District by persons who might not know the complete or correct information concerning the design and construction of the facilities located at:

12701 33/2 SantaFe

I understand that the Health District has been requested to make an inspection of the septic tank system and/or well on this property. This inspection report is available to me through the seller of the property. I also understand that if, after the purchase of this property, the septic tank system and/or well does not function properly to the extent that it becomes a nuisance, or any discrepancies are found, that it will be my responsibility to correct it or arrange for corrections to meet the current provisions of the law and ordinances.

Patry Budi 1/22/98
Date

EC-13/0/Rev.92

MAINLAND OFFICE: P.O. BOX 939, LA MARQUE, TEXAS 77568, (409) 938-7221 GALVESTON OFFICE: P.O. BOX 838, GALVESTON, TEXAS 77553, (409) 763-8531

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For Individual Water Supply & Sewage Disposal Form	HD# LC-8506
FHA Loan	
Conventional Loan	Loan #
Sewage Facility and Water Supply Inspection Supplement	
Site Address: 12701-331/3 Street, Santa Fe	Tx. 77518
Inspection Requested by: <u>Charles DAMRON</u>	· · · · · · · · · · · · · · · · · · ·
Same As Above	
Address 281/482-3404	······································
Phone'	

The purpose of this inspection supplement is to provide a more comprehensive evaluation of the Individual Sewage and Water Facilities on this site. Many variations in soil conditions, loading, age of system and percolation rate of soil may exist from site to site within Galveston County. Please carefully read the following information which has been marked applicable to this site.

- 1. It is the opinion of the Galveston County Health District that this system based on available information can be expected to function satisfactorily and is unlikely to create unsanitary conditions as long as the system is properly maintained and the loading is not altered, however, the information included on the attached inspection supplement should be examined by all concerned parties.
- 2. A plot plan of the Private Sewage Facility (was) was not) furnished to the Galveston County Health District.
- 3. The inspection of the Private Sewage Facility (was) was not) based on information provided by parties other than the Health District and the District cannot guarantee that this plan is a factual representation of the actual sewage facility.
- 4. The dwelling (was was not) occupied at the time of the inspec-
- 5. The Private Sewage Facility located at the above address (is is not) an innovative, experimental system known as The Galveston County Health District neither approves nor disapproves this type of system. A variance (was was not) previously granted for the installation of this system.

- The Galveston County Health District Soil Survey Maps and/or a 6. percolation test performed on this property indicate that this property is located in a ______ zone with an average percolation rate of <u>SD</u> minutes per inch. Properties with an average percolation rate greater than sixty (60) minutes per inch are not recommended for Private Sewage Facilities. Private Sewage Facilities placed on property with a percolation rate greater than sixty (60) minutes per inch are neither approved disapproved by the Galveston County Health District. variance (was (was not) previously granted for the installation of this system.
- The on-site inspection of the Private Sewage Facility revealed 7. that the above mentioned facility (appears) does not appear) to be functioning properly at this time.

Sewage loading, inclement weather conditions, high water table and soil conditions in Galveston County may alter the operating efficiency of the sewage facility.

- There (is) is not) sufficient area to expand the Sewage Facili-8. ty at least fifty percent (50%) if it becomes necessary.
- The water well (appears)/does not appear) to have 9. been constructed properly and in accordance with the rules and regulations applicable at the time of its construction.
- 10. A bacteriological analysis of a water sample taken by the Galveston County Health District of the water supply located at the above site address reveals it to:

(Be free of coliform organisms
()	Contain coliform organisms
()	Unsuitable for analysis

A copy of this Inspection Supplement has been provided to the 11. party requesting the inspection. It shall be that party's responsibility to provide copies of this report to the buyer, mortgage company and any other involved parties.

Date of Inspection:

Date of Inspection: July 24, 1998

Inspector: Nelson L. Dukant, Sa. P.

Person Receiving Report

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Rocalpt & SSY Scollent 1120				
WATER BACTERIOLOGY Rev. 6/96) Galveston County Health District 48013 1205 Oak Street, La Marque, TX 77568 (409) 938-2449				
Date and Time Rec'd.				
Sample No. Reported				
Do not mark above this line Please print with ballpoint pen or typewriter.				
Water System I.D. No. NAME OF WATER SYSTEM POINT OF COLLECTION COUNTY				
Submitter I.D. No.				
SEND WELGAN DEAR POWER !				
STREET ADDRESS (P.O. Box)				
TO: CITY ZIP CODE				
HOLD RESULTS FOR PICKUP PHONE FAX				
Date and Time of Collection MONTH DAY YEAR TIME AMPM COLLECTED BY				
TYPE OF SYSTEM SAMPLE IS WATER SOURCE (Public Systems Only)				
☐ Public ☐ Dairy ☐ Distribution ☐ Paw ☐ River ☐ Lake				
☐ Individual ☐ Bottled ☐ Construction ☐ Repeat ☐ Well Well Depth				
School Special Chlorine Residual				
Ownership or other information: /2701 - 27/3 27 19/19/19				
Water of satisfactory bacteriological quality must be free from Coliform organisms Collform Organisms Found				
☐ Total coliform group				
☐ Escherichia ∞li tecal coliform				
Repeat samples required				
Unsuitable — See below				
UNSUITABLE FOR ANALYSIS - PLEASE RESUBMIT				
☐ Sample too old. Sample not received ☐ Quantity insufficient for analysis				
within 30 hours of collection (100 ml. required)				
☐ Date discrepancy or form incomplete ☐ Heavy (silt/bacterial growth) present, (See encircled item) ☐ possibly compromising test results				
☐ Leaked in transit ☐ Other				

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