

GALVESTON COUNTY HEALTH DISTRICT
PRIVATE WASTEWATER DISPOSAL
SYSTEM INSPECTION REPORT

Health District Permit # HD 12/17
City/County Building Permit # _____
Water Well Permit # LC 8506 ←
Lot # 2165

12701 33 1/2 ST. SANTA FE 12703 33 1/2
Street Address of Site City Adjacent Address

CHARLES W. DAMRON 2511 FM. 646 #11 SANTA FE TX 77510 409 925 5907
Name of Property Owner Current Address City State Zip Phone

Septic Tank Installer _____ Registration # _____ Well Driller _____ Registration # _____

DESCRIPTION OF PROPERTY: City: SANTA FE Subdivision: ABST 149 ALTA LOMA QUIT LOT
Lot Size: Width 132 FT Depth 310 FT Block: _____ Lot: _____
Is Construction New _____ Existing YES Renovation _____ Transfer _____
Is this a Business? _____ Residence YES Number of Persons 6 Bedrooms 3
Clean-out: Inlet line between house & tank 18 FT Discharge line between last tank & field 40 FT
Copy of Property Survey reviewed: Yes/No (circle one)
Sq. Ft. of Living Area 2100 FT Percolation Rate _____ Soil Class _____

SEPTIC TANK(S): Number of Tank(s): 1 Material CONCRETE Tanks meet current design standard? Yes/No Number of Compartments in tank(s) _____
Tank Capacity: Tank 1 1500 gallons Tank 2 N/A gallons Fall from inlet (of first tank) to outlet (of last tank) N/A inches

GREASE TRAP (REQUIRED FOR COMMERCIAL ESTABLISHMENTS): Tank Capacity _____

DRAINFIELD: Pipe Size: 4 IN Trench: Width 15 ^{APPROX} in. Depth 24 in.
Total Length _____ ft. Total Square Feet _____ Distance between trenches _____
Grade _____ aggregate type _____ Aggregate under pipe _____ in.
Total Aggregate depth _____ in. Total cu. yds. _____ Existing soil acceptable for backfill? Yes/No

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 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. This plan meets all State and local rules and laws including distance requirements.

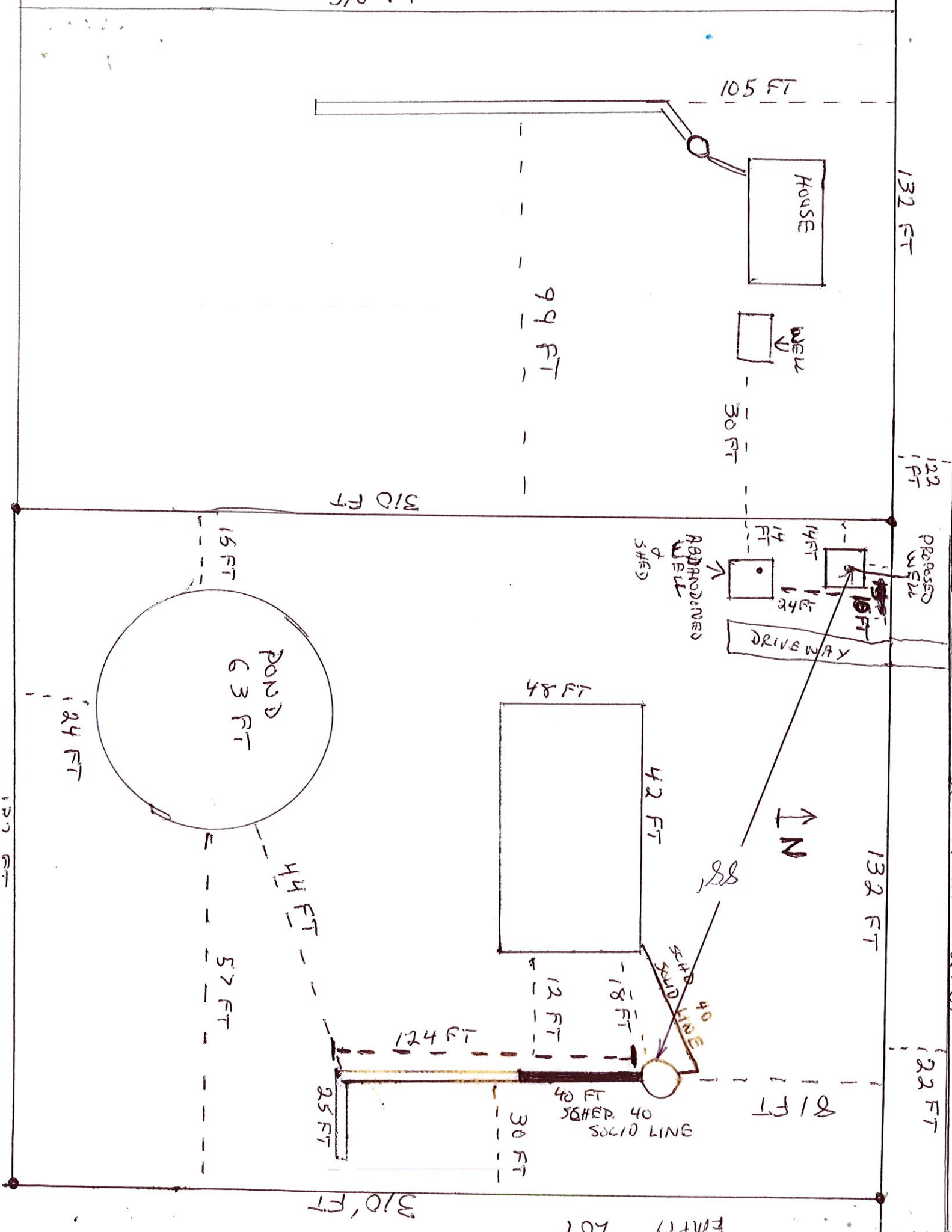
Charles W. Damron
Property Owner

HEALTH DISTRICT USE ONLY

Plot plan: Approved / Disapproved by: _____ Date: _____
Inspection Requested by: _____ Date: _____
Date inspection requested for: _____ Time: _____ am/pm
Date inspection made: _____ Time: _____ am/pm
Construction: Approved / Disapproved by: _____ Date: _____
Disapproval notice given to: _____ Date: _____
Remarks: Play & Sewer - Transition new well

Draw proposed construction, showing lot size and building size, placement (include porches, decks, etc.). Please note open bodies of water and all water wells and septic systems within 150 feet of property lines. To scale: Yes _____ No _____
SCALE: each square= _____

Please sketch directions to proposed construction site in space below.



ENTRY LOT

M



GALVESTON COUNTY HEALTH DISTRICT

Addendum to VA Health Authority Approval
For Individual Water Supply & Sewage Disposal Form

FHA Loan
Conventional Loan

HD# 1247

Loan # _____

Sewage Facility and Water Supply
Inspection Supplement

Site Address: 12701 33rd 1/2 St. - Alta Loma

Inspection Requested by: Charles Damron

12701 33 1/2 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 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.

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 15-30 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

Contain coliform organisms

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.

Date of Inspection: 12-22-92

Inspector: John Garcia

Person Receiving Report Charles W. Danner

Do not mark above this line — Please print with ballpoint pen or typewriter.

Water System I.D. No. **Private** NAME OF WATER SYSTEM
Forest @ well **Galveston**
 POINT OF COLLECTION COUNTY

Submitter I.D. No. **192**
 NAME **John Garcia**
 RESULTS **GC HA**
 STREET ADDRESS (P.O. Box) **6C HA**
 TO: **LM** Tx **75568** ZIP CODE
 CITY

Date and Time of Collection **12 22 97** **3:11** **PM** AM/PM
 COVERED BY **(Signature)**

TYPE OF SYSTEM SAMPLE IS (Public Systems Only)
 Public Dairy Distribution Raw River Lake
 Individual Bottled Construction Repeat Well Well Depth
 School Special Chlorine Residual **0**
 Ownership or other information: **12701 33 1/2 St. - A.L.**

LABORATORY REPORT (Do not write below)
 Water of satisfactory bacteriological quality must be free from Coliform organisms
Coliform Organisms Not Found Found
 Total coliform group
 Fecal coliform group
 Escherichia coli
 Repeat samples required
 Unsuitable — See below

UNSUITABLE FOR ANALYSIS — PLEASE RESUBMIT
 Sample too old. Sample not received within 30 hours of collection Quantity insufficient for analysis (100 ml. required)
 Date discrepancy or form incomplete (See encircled item) Heavy (silt/bacterial growth) present possibly compromising test results
 Leaked in transit
 Other



GALVESTON COUNTY HEALTH DISTRICT
GALVESTON COUNTY COORDINATED COMMUNITY CLINICS

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

PRIMARY HEALTH CARE
ENVIRONMENTAL HEALTH
PREVENTIVE HEALTH

HD 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:

1270 1/2 33^{1/2} St., Santa Fe

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.

Charles W. Johnson

12-28-92
Date

EC-13/0/REV.92

GALVESTON COUNTY HEALTH DISTRICT

Addendum to VA Health Authority Approval
For Individual Water Supply & Sewage Disposal Form

FHA Loan
Conventional Loan

HD# 1217

Loan # _____

Sewage Facility and Water Supply
Inspection Supplement

Site Address: 13530 4 1/2 St. - Santa Fe

Inspection Requested by: Edna Crisp

Address _____

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 address (is) ~~is not~~ an innovative, experimental system known as N/A. 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.

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 4 zone with an average percolation rate of 3-45 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
- Contain coliform organisms
- 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.

Date of Inspection: 9-25-92

Inspector: John Garcia

Person Receiving Report ✓ Richie K. Webster

Date and Time Rec'd.

SEP 25 1992

Date

Sample No.

Reported

Do not mark above this line — Please print with ballpoint pen or typewriter.

Water System I.D. No. Primate NAME OF WATER SYSTEM

Faucet @ well POINT OF COLLECTION Galveston COUNTY

Submitter I.D. No.

SEND

John Garcia NAME

RESULTS

GARD STREET ADDRESS (P.O. Box)

TO:

Umm CITY Tx 77568 ZIP CODE

Date and Time of Collection

9 25 92 11:53 AM

COLLECTED BY JG

TYPE OF SYSTEM

- Public
- Dairy
- Individual
- Bottled
- School
- Special

SAMPLE IS (Public Systems Only)

- Distribution
- Raw
- Construction
- Repeat

WATER SOURCE

- River
- Lake
- Well
- Well Depth _____
- Chlorine Residual 0

Ownership or other information: 13532 1/2 St. - Ad

LABORATORY REPORT (Do not write below)

Water of satisfactory bacteriological quality must be free from Coliform organisms

Coliform Organisms

- Not Found
- Found
 - Total coliform group
 - Fecal coliform group
 - Escherichia coli
 - Repeat samples required
- Unsuitable — See below

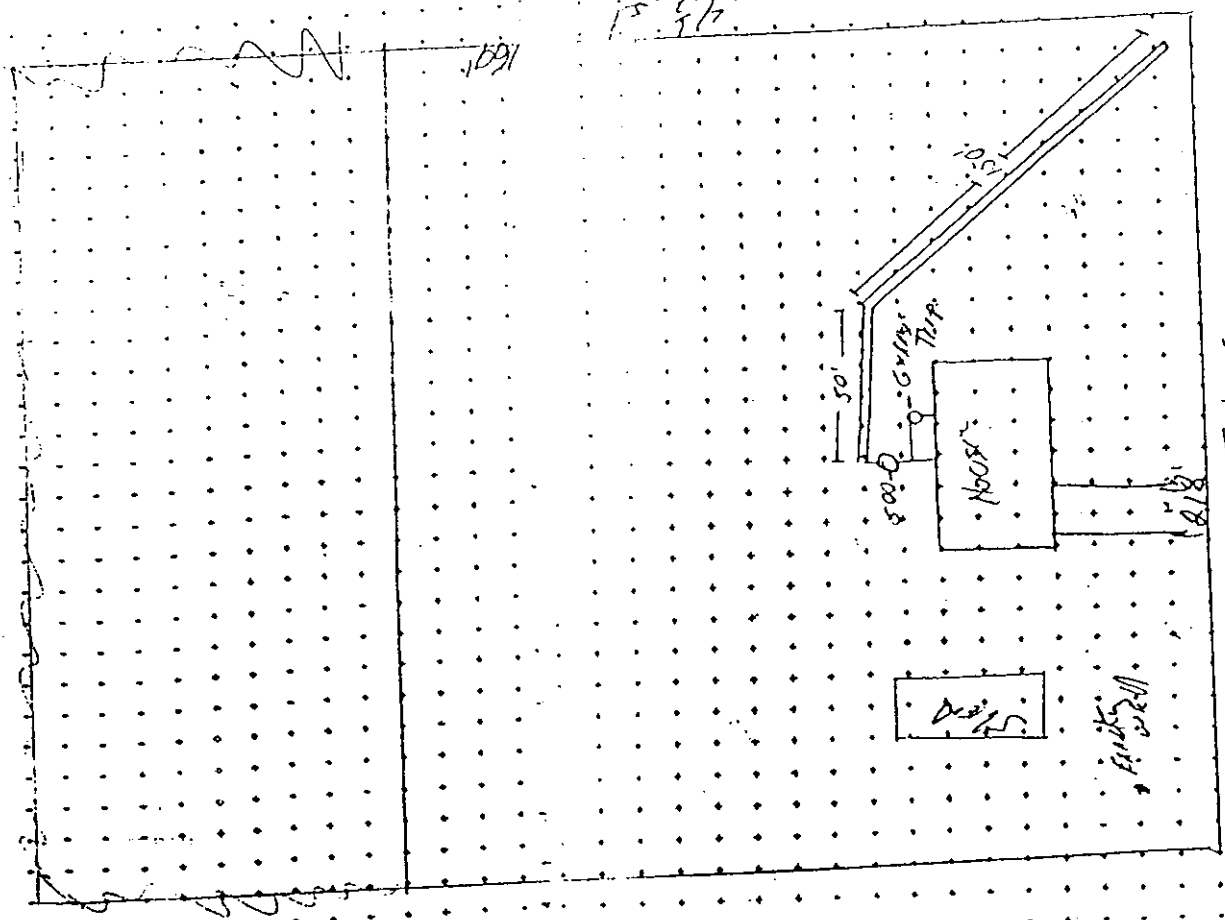
UNSUITABLE FOR ANALYSIS — PLEASE RESUBMIT

- Sample too old. Sample not received within 30 hours of collection
- Date discrepancy or form incomplete (See encircled item)
- Leaked in transit
- Other
- Quantity insufficient for analysis (100 ml. required)
- Heavy (silt/bacterial growth) present, possibly compromising test results

show proposed construction, showing to include porches, decks, etc.). Please note open bodies of water and building size, placement

Scale: Yes _____ No

SCALE: each square =



Sq. Ft. of house _____
 PLEASE SKETCH DIRECTIONS TO PROPOSED CONSTRUCTION SITE IN THIS SPACE

Five street address 13530 4 1/2 st
 Adjacent property address 13536 4 1/2 st

Percolation Rate: _____ Zone/Lot: _____
 This is a Class _____ 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 Galveston County area due to the high water table, variation of water usage, soil systems will not function satisfactorily

ALVESTON COUNTY HEALTH DISTRICT
 PRIVATE WASTEWATER DISPOSAL SYSTEM INSPECTION REPORT

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

Name of Property Owner: Lawrence A. Hubbell Whitaker KEenan
 Septic Tank Installer Well Driller
 Current Address: 13530 4 1/2 A. Out of Business _____
 City: Santa Fe State: TX Zip: 77510 City: _____ State: _____ Zip: _____
 Telephone: 925-8536 Telephone: _____

DESCRIPTION OF PROPERTY: City: Santa Fe Subdivision: _____
 Lot Size: Width: 169 ft. Depth: 218 ft. Block: 257 Lot: 257
 Describe the construction: new _____ existing renovation _____ transfer _____ mobile home _____
 Number of persons _____ Bedrooms 5 Is this a ? business _____ residence _____

SEPTIC TANK(S): Number of tanks 1 Concrete Other _____
 Clean-out: inlet line between house and tank 6 discharge line between last tank & field 10
 Tank 1: Number compartments 1 Thickness: wall 2 in. lid 1 in. reinforced?
 Inlet below top of tank 6 in. Outlet below top of tank 8 in. Liquid capacity 500 gal.
 Tank 2: Number compartments _____ Thickness: wall _____ in. lid _____ in. reinforced? _____
 Inlet below top of tank _____ in. Outlet below top of tank _____ in. Liquid capacity _____ gal.

FREASE TRAP: Number of compartments 1 Liquid capacity 30 gal. Concrete Other _____
 Clean-out: inlet between house and trap discharge line between trap and septic tank
 Inlet below top of tank 2 in. Outlet extension above bottom of tank C

DRAINFIELD: Pipe material: PVC Pipe size: 4" _____ in.
 Trench: Width 12 in. Depth 24 in. Total length 150 ft. Total square feet _____
 Distance between trenches _____ ft. Grade 6 Aggregate type 5/8"!
 Aggregate under pipe _____ in. Aggregate over top of pipe _____ in. Total cu. yds. _____

DISTANCES FROM YOUR:	Foundation	Property line	Open Water	Water Well	Nearest Well
Septic Tank:	<u>10</u> ft.	<u>10'</u> ft.	<u>NA</u> ft.	<u>100</u> ft.	<u>100</u> ft.
Drainfield:	<u>15'</u> ft.	_____ ft.	<u>NA</u> ft.	<u>100</u> ft.	<u>110</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: _____
 Construction: Septic Tank - Approved/Disapproved _____ Date: _____
 Disapproval notice given to: _____ Date: _____

REMARKS:



GALVESTON COUNTY HEALTH DISTRICT
GALVESTON COUNTY COORDINATED COMMUNITY CLINICS

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

PRIMARY HEALTH CARE
ENVIRONMENTAL HEALTH
PREVENTIVE HEALTH

HD 1217

To Whom It May Concern:

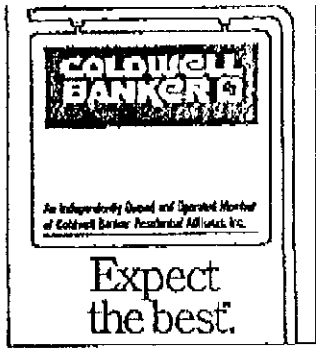
This is to certify that I am aware that the information on the sewage-disposal system and/or well was furnished to the Health District by persons who might not know the complete or correct information concerning the design and construction of the facilities located at 13530 4 1/2 STREET - SF

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.

Edna Crisp
Purchaser's Signature

9-9-92
Date

REV. 2-13-91



FAX

TO: Galveston County Health District
Attn: Yanat Greenwood
 FROM: Coldwell Banker Country Living
GENE DELANNEY

Date: 2/7/96 TIME: 2:15 AM PM

FAX #: (409) 938-2321

Number of pages, including cover: 4

COMMENTS: please send me (via fax
number below) a copy of the plat
drawing and relative data regarding the
septic system per the attached permit
copies. Thanks in advance -

Gene C. Delaney



"EXPECT THE BEST"

(409) 925-8500 BUS., 925-6672 FAX
 1-800-255-8555 BUSINESS
 (409) 925-1129 RESIDENCE



GENE C. DELANNEY
 Broker-Owner



COLDWELL BANKER
 COUNTRY LIVING
 P.O. BOX 1403
 12005 HWY. 6 - SUITE #3
 SANTA FE, TX 77510-1403



RECORDS OF PRIVATE AND NON-COMMUNITY WATER WELLS

LC 8506
Well Permit no.
25333
Receipt no.

Garatape Sub # 210
City or Area
33 1/2
Street
12701
Address or House no.

Septic Permit no.
Building permit no.

Rt. no. Private Box Non-Community Date Registered 6-15-92 Date Permitted
No. of Connection
Date Date No. of People Served

Producing Charles W. Dandon Inactive Abandoned

Name of Property Owner 2511 FM 646 Hill Well Driller's Registration no.

Well Driller
Address

Current Address 2001a Elm, TX 7750 Well Log or Identification No.
City, State, Zip 925 5901 WELL CONSTRUCTION

City, State, Zip

Well Drilled Bored Jetted Other Diameter 2 in.

Slab around casing 36 Sq. Ft.

Depth of Casing 10 Ft. Casing Material PVC Slab Thickness 6 in. Slab Material concrete

Cement sealed around casing to depth of 10 Ft. Slab sloped to drain away from casing 1/2 in/Ft. Well casing sealed Yes No

Well Vented Yes No Vent Screened Yes No Type Pump Jet

Size of Storage tank 82 Gals. Location of Well

Bacteriological results: MF coliform Count 100 ml Date of Sample

12701 33 1/2 ST. SANTA FE 12703 33 1/2
Street Address of Site City Adjacent Address

CHARLES W. DAMRON 2511 FA. 146 #11 SANTA FE TX 77510 409 925 5907
Name of Property Owner Current Address City State Zip Phone

Septic Tank Installer Registration # _____ Well Driller _____ Registration # _____

DESCRIPTION OF PROPERTY: City: SANTA FE Subdivision: ABST 129 ALTA LOMA OUTLOT
Lot Size: Width 132 FT Depth 310 FT Block: _____ Lot: _____
Is Construction New _____ Existing YES Renovation _____ Transfer _____
Is this a Business? _____ Residence YES Number of Persons 6 Bedrooms 3
Clean-out: Inlet line between house & tank 18 FT Discharge line between last tank & field 40 FT
Copy of Property Survey reviewed: Yes/No (circle one) _____
Sq. Ft. of Living Area 2003 Percolation Rate _____ Soil Class _____

SEPTIC TANK(S): Number of Tank(s): 1 Material CONCRETE Tanks meet current design standard? Yes/No _____ Number of Compartments in tank(s) _____
Tank Capacity: Tank 1 450 gallons Tank 2 N/A gallons Fall from Inlet (of first tank) to outlet (of last tank) N/A inches

GREASE TRAP (REQUIRED FOR COMMERCIAL ESTABLISHMENTS): Tank Capacity _____

DRAINFIELD: Pipe Size: 4 in Trench: Width 15 ^{APPROX} in. Depth 4 in.
Total Length _____ ft. Total Square Feet _____ Distance between trenches _____
Grade _____ aggregate type _____ Aggregate under pipe _____ in.
Total Aggregate depth _____ in. Total cu. yds. _____ Existing soil acceptable for backfill? Yes/No _____

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 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. This plan meets all State and local codes and laws including distance requirements.

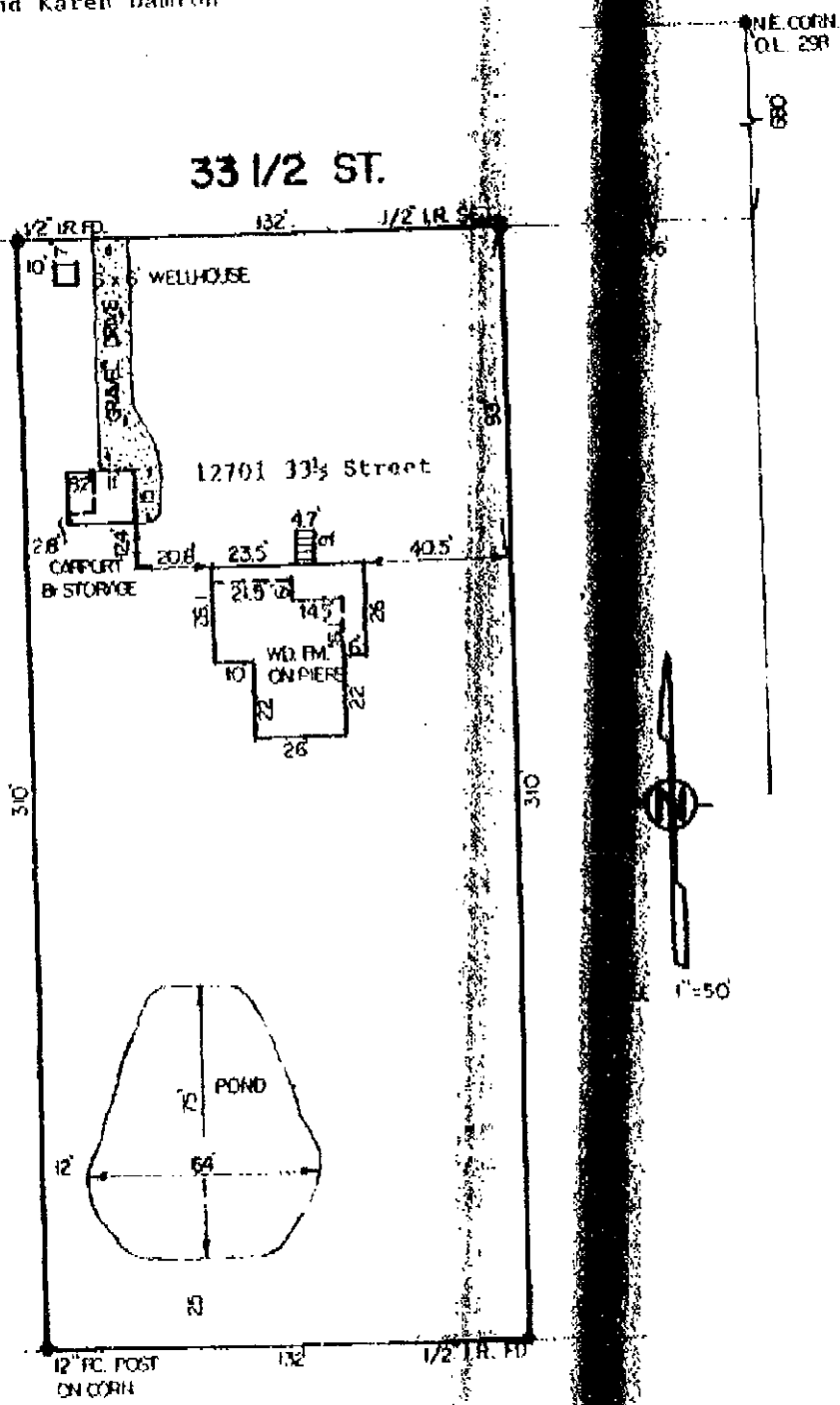
Charles W. Damron
Property Owner

HEALTH DISTRICT USE ONLY

Plot plan: Approved / Disapproved by: _____ Date: _____
Inspection Requested by: _____ Date: _____
Date inspection requested for: _____ Time: _____ am/pm
Date inspection made: _____ Time: _____ am/pm
Construction: Approved / Disapproved by: _____ Date: _____
Disapproval notice given to: _____ Date: _____
Remarks: Plan approved - Timeline new well

Survey of the surface only of Section 10, Township 10N, Range 10E, County of Galveston, Texas, showing the location of the south line of the 100-foot wide right-of-way of 33 1/2 Street, 12701 33 1/2 Street, a wellhouse, a garage, a carport, a storage building, a well foundation on a pier, and a pond. The survey is shown on the plat records of Galveston County, Texas, according to the map or plat thereof recorded in Volume 113, Page 113 of the Plat Records of Galveston County, Texas.

BUYER: Charles W. Damron and Karen Damron



I hereby certify that this is an accurate plat of the above property indicating all improvements thereon which were prepared by me or under my supervision.



GALVESTON COUNTY HEALTH DISTRICT

GALVESTON COUNTY COORDINATED COMMUNITY CLINICS

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

PRIMARY HEALTH CARE
ENVIRONMENTAL HEALTH
PREVENTIVE HEALTH

HD # LC 8506
Date 7/22/98

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 1/2 Santa Fe

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.

Patsy Buckei

7/22/98
Date

EC-13/0/Rev. 92

GALVESTON COUNTY HEALTH DISTRICT

Addendum to VA Health Authority Approval
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 - 33 1/2 Street, Santa Fe, Tx. 77517

Inspection Requested by: Charles DAMRON

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 inspection.
5. The Private Sewage Facility located at the above address (is ~~is not~~) an innovative, experimental system known as NA. 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.

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 III zone with an average percolation rate of 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
 - () Contain coliform organisms
 - () 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.

Date of Inspection: July 24, 1998

Inspector: Nelson L. DUKANT, Sr. [Signature]

Person Receiving Report Patsy [Signature]

sf&wsIII.txt
dlg

Receipt # 554

Coliform 7/21/00

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. _____ Date _____
Sample No. 6000 Reported _____

Do not mark above this line --- Please print with ballpoint pen or typewriter.

Water System I.D. No. _____ Private _____
NAME OF WATER SYSTEM

West Well _____ Galvestone _____
POINT OF COLLECTION COUNTY

Submitter I.D. No. _____

SEND Nelson Duran _____
NAME

RESULTS GP MD _____
STREET ADDRESS (P.O. Box)

TO: _____ Tx _____
CITY ZIP CODE

HOLD RESULTS FOR PICKUP _____ PHONE _____ FAX _____

Date and Time of Collection 07 24 98 11 : 45 AM MD
MONTH DAY YEAR TIME AM/PM COLLECTED BY

TYPE OF SYSTEM Public Dairy Distribution Raw River Lake
 Individual Bottled Construction Repeat Well Well Depth _____
 School Special Chlorine Residual _____

Ownership or other information: 12701 - 23% of land

LABORATORY REPORT (Do not write below)

Water of satisfactory bacteriological quality must be free from Coliform organisms

Coliform Organisms. Not Found
 Found
 Total coliform group
 Escherichia coli / fecal coliform
 Repeat samples required
 Unsuitable --- See below

UNSUITABLE FOR ANALYSIS - PLEASE RESUBMIT

- Sample too old. Sample not received within 30 hours of collection
- Date discrepancy or form incomplete (See encircled item)
- Leaked in transit
- Other
- Quantity insufficient for analysis (100 ml. required)
- Heavy (silt/bacterial growth) present, possibly compromising test results

