

INFORMATION ABOUT ON-SITE SEWER FACILITY

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CO	NCERNING THE PROPERTY AT 138 Stoeckmann Rd Port Lavaca	TX 77	979-7215
A.	DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:		
	(1) Type of Treatment System: Septic Tank Aerobic Treatment	□ Ur	nknown
	(2) Type of Distribution System: Surface application	□ Ur	nknown
	(3) Approximate Location of Drain Field or Distribution System: See diagram	□ Un	known
	(4) Installer: Victoria Precision Products Inc Victoria (5) Approximate Age: Tystalled May 2001		nknown
В.	MAINTENANCE INFORMATION:		
	ves name of maintenance contractor: 1/ Hoxia Precision Products, Inc.	Yes D	th
	(2) Approximate date any tanks were last pumped?		
	(3) Is Seller aware of any defect or malfunction in the on-site sewer facility? If yes, explain:	□ Yes	₽ No
	(4) Does Seller have manufacturer or warranty information available for review?	□ Yes	i ⊒-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 OSS ☐ maintenance contract ☐ manufacturer information ☐ warranty information ☐	F was ir	nstalled
	(2) "Planning materials" are the supporting materials that describe the on-site sewer for submitted to the permitting authority in order to obtain a permit to install the on-site sewer	acility the facility	hat are
	(3) It may be necessary for a buyer to have the permit to operate an on-site transferred to the buyer.		
(TA	AR 1407) 1-7-04 Initialed for Identification by Buyer:, and Seller,	Pa	age 1 of 2

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>	Usage (gal/day) without water- saving devices	Usage (gal/day) with water- saving devices
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.

Cul Luney Signature of Seller Ca D Luney	9-28-22 Date	Signature of Seller	Date
Receipt acknowledged by:	22.0		
Signature of Buyer	Date	Signature of Buyer	Date

Page 2 of 2 (TAR 1407) 1-7-04

Victoria Precision Products, Inc. **Aerobic Treatment System Maintenance Contract**

Phone: (361) 782-7189 or (361) 576-2383

Victoria Precision Products, Inc. will maintain the Aerobic System located at: 138 Stoeckman Drive, Port Lavaca, TX 77979-7215, Calhoun County, Unit #AL018268C, Permit #01-007 For the period specified and for cost specified in the Terms of Maintenance Contract.

Terms of Maintenance Contract

- 1.) Three (3) inspections a year (at least one every four months). Inspections include adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting the control panel, air pumps, air filters and diffuser operation. Replacement/repair costs will be billed directly to the homeowner. A Victoria Precision Products, Inc. employee will respond to a complaint within 72 hours.
- 2.) An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual will be taken and reported as required by regulation.
- 3.) If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
- 4.) The Homeowner is responsible for maintaining a chlorine residual of at least 0.1mg/L in the treatment system. This can be accomplished by using chlorine (calcium hypochlorite) tablets for systems designed with a tablet chlorinator or liquid chlorine bleach for systems designed with a liquid chlorinator. Swimming pool tablets must not be used in the aerobic units designed for chlorine tablets because they cause corrosion of the components of the system. At the time of a service inspection, the service representative will inform the homeowner if the chlorinator does not contain sufficient tablets or liquid chlorine (whichever is applicable) to effectively disinfect the wastewater.
- 5.) Any additional visits, inspections or sample collections required by specific County Agencies, the TCEQ or any other regulatory agency in your jurisdiction will not be covered by this policy. The required routine reporting of system operation and function to the local authority, as required by OSSF regulation, will be covered by this policy.

The Aerobic Homeowner's Manual must be strictly followed or warranties are subject to invalidation. This warranty is strictly limited to the above terms and does not include the cost of replacement components, chlorine or pumping of sludge build-up. The Maintenance Policy includes labor charges only for normal routine inspections and maintenance. Additional service calls are not covered by this policy. Service determined to be caused by abuse or neglect is not covered by this policy. Failure to pay for replacement components, not covered under a separate aerobic warranty, within thirty (30) days will void this contract.

The Homeowner agrees to provide Victoria Precision Products, Inc. with all gate combinations, keys, etc. necessary to gain access to the system for the purpose of conducting routine inspections or service calls prior to the start date of this contract and notify Victoria Precision Products, Inc. immediately if at any time gate combinations, keys, etc. change and provide the new combinations or keys. By signing this form, both Maintenance Provider and Homeowner agree to the terms of this policy.

Fees: Payable in advance of service:

A single period of one (1) year beginning on 05-25-06 and ending on 05-25-07.

Date: 3/14/06 Customer: Carl Laney 1

Date: 03/16/06 Service Representative:

Port Lavaca, TX 77979-7215

Dean Weaver, OS0666

Calhoun County Health Department Environmental and Consumer Health Services

Environmental and Consumer Health Services
117 West Ash Street, Port Lavaca, Texas 77979 • Telephone 361-578-6281 Fax 361-579-6348

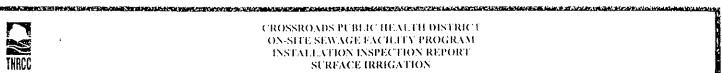
APPLICATION FOR ON-SITE SEWERAGE FACILITY CONSTRUCTION

Date: $\frac{2/22}{0}$	Permit Number <u>@001-007</u>
NAME OF APPLICANT: CGH D. L.	aney
MAILING ADDRESS: 1417 Mealow	view Lone
CITY/STATE: Pt. LOVOCO, TX 75	9979 TELEPHONE: 552-5700
ALHOUN OF PROPERTY WHE	ERE OSSF IS TO BE CONSTRUCTED
Subdivision / Survey Subdivision / Survey Section	1 G Stockman Doive Blk Lot Location (County Road, Etc.)
Lot Size .47 Acres Residential / Commercial Num	nber of Bedrooms Living Area <u>< /5</u> Sq. Ft.
I/We hereby grant permission to the Calhoun County Health for the purpose of inspecting the construction of the on-site se	Department personnel to enter upon the above described property ewerage facility.
Signature of Applicant / Agent ************************************	
	LTH DEPARTMENT ONLY
AUTHORIZATION TO CONSTRUCT Granted Denied	Date 2-210-01 BY ()
· · · · · · · · · · · · · · · · · · ·	and fee have been received, reviewed and approved.) MENT PERMIT REQUIREMENTS
Septic Tank(s) (type & capacity): Agas Sofe A	robic Plant, 500 spd
Pump Chamber (size):	•
Disposal System (type & size): Sunface inrigation	od 4 224 sc.ft
GPD Design Limit: 190 Building Type (house, mobile home, other): Thavel trailer
Remarks:	
This serves to notify all persons that the on-site sewerage facility	LTO OPERATE FACILITY owned by the above has satisfied design, construction, and installation lhoun County Health Department On-Site Sewerage Facility Permit is ility.
FACILITY INSPECTION	APPROVED / DISAPPROVED
Alul C. Rosh	5/29/01
Signature of Inspector	Date Inspected

YELLOW - FACILITY OPERATOR

PINK - INSTALLER

WHITE - HEALTH DEPARTMENT



CROSSROADS PUBLIC HEALTH DISTRICT ON-SITE SEWAGE FACILITY PROGRAM INSTALLATION INSPECTION REPORT SURFACE IRRIGATION

Page 1 of 2

PROPERTY OWNER	Carl Kanen	PERMIT NUMBER	01-	007	
REGION NUMBER	Carl Kanery 14	INSTALLER NAME & CERT. NO.	Ben	007 Wewer Jealy	
INSPECTOR NAME	Aby C. Rocha	SITE EVALUATOR NAME & CERT, NO.	AM.	Jewly	
DESIGNER NAME & LICENSE (PE or RS)	Aby C. Rochos A. H. Jealy				
		•	ALL "N	O" ANSWERS REQUIRE COMMEN	
I. LOT SIZING, SETBACK DISTANCE	S, SITE AND SOIL CONDITIONS		Y	N	
Setback distances meet minimum standards	§285.31 and 285.91(10)				
Site and soil conditions consistent with subm	nitted planning materials §285.30(a)-(i)				
II. SEWER §285.34(a)	·				
Two Way Sanitary-type Cleanouts Properly I	nstalled (Add C/O Every 50' &/or 90 ° Bends)				
Proper Type Pipe from Structure to Tank (C	Cast Iron, Ductile Iron, Sch. 40, (DR 26)				
Slope from the Sewer to the Tank at least 1/8					
III. PRETREATMENT (Liquid Depth N			Y	N	
Is Pretreatment installed if required? TNRCC Approved List					
T's Provided on Inlet and Outlet and Installed Watertight / Min. 3" Diameter §285.32(a)(1)(B)					
Risers Provided on Tanks Buried Greater Than 12" / Sealed and Capped §285.32(a)(1)(D)					
Inspection Port Not Less Than 12" in Diamet					
Outlet Liquid Penetration 25% to 50% of Tot					
Installed on 4" Sand Cushion / Proper Backfi					
Tank Volume Required	Tank Volume Installed	500gol			
Tank Material (Type) Cevent	Manufacturer	ann Cla			
IV. AEROBIC TREATMENT UNIT	(1) 15 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Y	N N	
Is Aerobic Unit Installed According to Appro		<u> </u>			
Unit Size Required	Unit Size Installed	Boul			
Manufacturer of Aerobic Treatment Unit		1 23.09.0			
Unit Model Number AS 500 4+ 75cc Unit /Aerator Serial Numbers Chlorinator Properly Installed with Chlorine Tablets in Place \$285.7(i) Not Yet					
	rapiets in frace 9205.7(1)	ioi ya	l _v	N	
V. PUMP TANK Is the Pump Tank of Sturdy, Watertight Construction? §285.34(b)					
Sampling Port Provided in the Treated Effluent Line \$285.34(b)				,	
Check Valve And / Or Anti-Siphon Device Present When Required \$285.34(h)(1)					
Check Valve And / Or Anti-Sinhon Device P					
Check Valve And / Or Anti-Siphon Device P Audible and Visual High Water Alarm Install		35.34(b)(1)			



CROSSROADS PUBLIC HEALTH DISTRICT ON-SITE SEWAGE FACILITY PROGRAM INSTALLATION INSPECTION REPORT SURFACE TRRIGATION

Page 2 of 2

PROPERTY OWNER	Chil	. D. Kaney	PERMIT NUMBER	\\C	1-007
Full Day + 1/3 Day Flow W	hen Property Line Setbacks /	Are < 20' and Irrigation Timers	are Required	Service Services	
Elec, Connections in Appro	ved Junction Boxes / Wiring	Buried §285.34(b)(4)	Sea .		
Tank Volume Required		Tank Volume Installed	Bogal.		
Tank Material (Type)	cenent	Manufacturer	Bogal. Ayru Safe		Ethiological Control of the Control
Type/Size of Water Pump Ir	stalled	1/2 HP			
VI. APPLICATION ARE	:A -		•	Y	N
Low Angle Nozzles Used / Timers Installed When Property Line Setbacks Are < 20' §285.33(c)(2)(E)(i)					
Spray Area Required	4,000 At 2	Spray Area Installed	· 4,42/At2		

COMMENTS:

Inspector Signature

S129/01 2/26/01 5/29/01

Approval to Construct

Approval

Approval

Approval

Approval

Crossroads Environmental Designs

P.O. Box 3902, Victoria, Texas 77903

Phone (361) 782-7189 Fax (361) 782-6675

Email: zealy@tisd.net



Aerobic Treatment System Design

Prepared for:

Carl D. Laney
Installer – Victoria Precision Products, Inc.

Design #: 154

Date 02-21-01



By:

A. H. Zealy,III, R. S. Professional Registered Sanitarian Registration #1921

A. Waste Water Load

A 2 bedroom <1500 SF travel trailer with water saving devices. Waste Water Load = W/WSD 180 GPD

B. Topography -

Slope = basically level

C. Proposed Treatment Facility -

Aqua Safe AS500 4 Plus 75 Aerobic Treatment System with surface disposal of effluent. (No brand substitution without written approval of designer.) 500 gallon per day capacity.

D. Chlorinator -

Chlorinator is built in to the Aqua Safe AS500 4 Plus 75 Aerobic Treatment System.

E. Irrigation Area -

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Qd / Ri = Total SF (ch. 285.91, III & 285.90, fig.1)
180 / .045 = 4,000 SF
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F. Nozzles -

Use 2 low angle K-Rain sprinkler head(s) with #3 nozzle(s) as follows:

Nozzle #1:

Type Nozzle: #3

Spray Angle: 360° Spray Radius: 29FT Area: 2,640 SF

Nozzle #2: Type Nozzle: #3

Spray Angle: 360° Spray Radius: 29FT

Area: 1,584 SF $(0.6 \times 2,640)$

30 psi / Nozzles

Total SF application area = 4,224 SF

G. Pump Requirements

2 - 3.0 gpm nozzles = 6 gpm

Use the Aermotor TEP 20 gpm pump.

H. Time

Pump to be set to discharge between 12:00 midnight and 4 a.m. If pump must discharge outside these limits an audible warning must sound prior to the pump discharge.

I. Vegetation

Current grass is to remain on surface. Any bare ground must be seeded or covered with sod prior to start-up.



J. Flood Plain Requirements:

- 1. After placement of septic tank, the tank will be immediately filled to prevent floating in the event of flooding or rain.
- 2. Seal tanks to prevent contamination during flooding.

3. Watertight lids shall be installed on every manhole and opening.

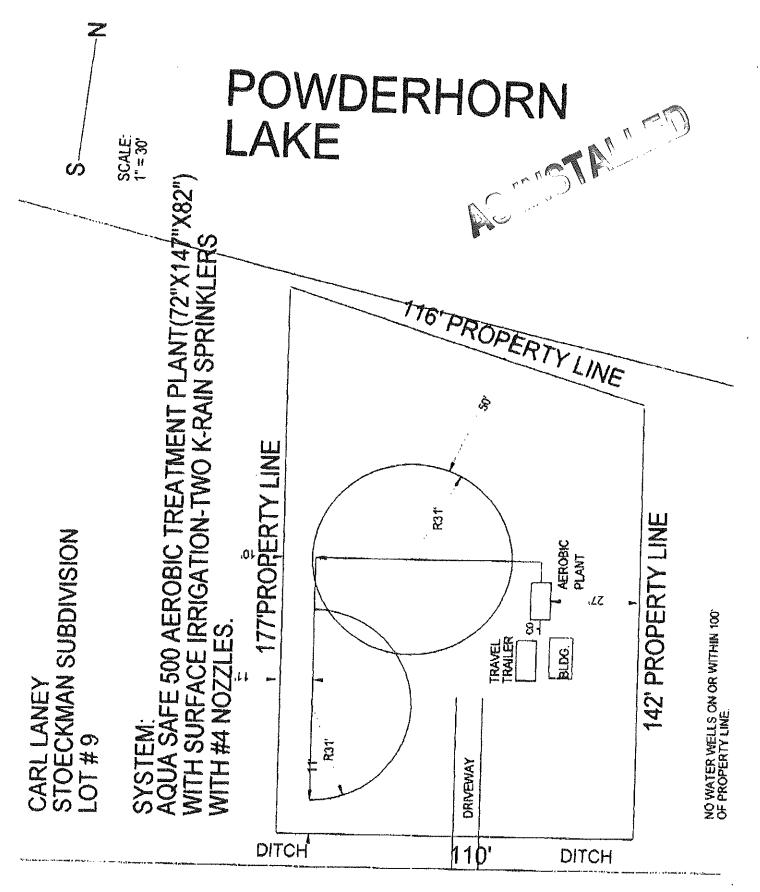
4. Electrical equipment and alarm panels are enclosed in NEMA-4 watertight containers.

A. H. Zealy III – Registered Professional Sanitarian – Texas Registration #1921

2/22/01

Date

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STOECKMANN DRIVE