## □ NEW INSTALLATION □ MODIFICATION

#### LIVE OAK COUNTY HEALTH UNIT

#### COUNTY OF LIVE OAK

## APPLICATION FOR ON-SITE SEWAGE FACILITY NEW CONSTRUCTION AND MODIFICATION

#### TNRCC REGION NUMBER 11

COU	NTY USE ONLY
APPI	LICATION NO.
5	DATE
5	7000
10 m	AMOUNT

	AMOUNT				
1.	PROPERTY OWNER'S NAME: Burdette William Edward (LAST) (FIRST) (MIDDLE)				
2.	PERMANENT MAILING ADDRESS: 2600 Rodd Field Rd. Carpus Christ, Tx 784				
3.	TELEPHONE NO. DURING DAY: (361) 991-7233				
4.	SITE ADDRESS: 163 Galland Fox Rd.				
5.	LEGAL DESCRIPTION: Sec Block Lot Lot				
	SUBDIVISION: Lake Vista				
	OTHER THAN SUBDIVISION: ACREAGE SURVEY				
6.	SOURCE OF WATER: Private Well Public Water Supply				
	(Name of Supplier)				
7.	SINGLE FAMILY RESIDENCE: No. of Bedrooms Living Area (ft²) 864 Q= 800				
8.	COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE:				
	NO. OF EMPLOYEES/OCCUPANTS/UNITS: DAYS OCCUPIED PER WEEK:				
9.	SITE EVALUATOR: Manuel ARRESTON DO CERTIFICATION NO.: 3136				
	PHONE NO. (361) 438-8413 / 381-3305-104				
10.	DESIGNER: LICENSE NO. (PE or RS):				
	PHONE NO.:				
11.	INSTALLER: Manual Arrespondo REGISTRATION NO.: 3136				
	PHONE NO.: (361) 438-8413				
I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Live Oak County Health Inspector to enter upon the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with the Texas Natural Resource Conservation Commission's On-Site Sewage Facility Rules, TAC 30, Chapter 285.					
12.	W. C. Burdelle May 21, '03				
	(SIGNATURE OF OWNER) (DATE)				



arrowhead

COUNTY HEALTH UNIT

#### GEORGE WEST, TEXAS 78022

#### PRIVATE SEWAGE FACILITY LICENSE

LICENSE NUMBER 083064

LICENSEE	William Edward Bur	rdette
ADDRESS	2600 Rodd Field Ro	d. / Corpus Christi, TX 78414
SUBDIVISION I	Lake Vista In Live Oak County,	Texas UNITBLK_BLOT 4 & 5
N WITNESS WHEREC	OF, I hereunto set my hand at	t George West, Live Oak County, Texas,  July , 20
OTICE:		Lolchen 056607

SPECIAL NOTICE: This approval does not extend to the materials, workmanship, or fabrication of the system, so as to expressly or impliedly grant the owner or installer of the system any warranty by or rights against Live Oak County Health Department as to quality or durability of the system nor compliance with the owners individual specification and requirements, but solely relates to the system meeting the requirements of the above-named regulatory body in effect as of this date.

#### **FACILITY OWNER'S RESPONSIBILITIES**

A properly designed on-site sewerage facility, properly constructed in a suitable soil, can malfunction if the amount of water it is required to dispose of is not controlled. It will be the responsibility of the owner to maintain and operate the facility in a satisfactory manner. The proper performance of an on-site sewerage facility cannot be guaranteed even though all provisions of these standards have been met. Inspection and licensing of an on-site sewerage facility by the licensing authority shall indicate only that the facility meets minimum requirements and does not relieve the owner of the property from complying with county, state, and federal regulations. On-site sewerage facilities, although approved as meeting minimum standards, must be upgraded by the owner, at the owner's expense, if unsanitary conditions are created, if pollution or nuisance conditions are threatened or occur, or if the facility when used does not comply with governmental regulations.

## LIVE OAK COUNTY HEALTH DEPARTMENT P. O. Box 670 George West, Texas 78022

(361) 449-2733 Ext. 128 CONSTRUCTION PERMIT

For New or Modified Installation of a Private Sewage Disposal System \_\_ Permit No. \_\_ Installer (Copy to) For proposed system as describe below, which has been approved (either as originally received, OR with the changes required), to be installed at the location described in the application referenced above. You are requested to notify the Live Oak County Health Department approximately 48 hours before you are ready to cover system so that the final inspection can be made. For the final inspection, the tank shall be in place and full of water, all drainlines connected and distribution pipe in place, geo textile material and sand (if applicable) on the site. BEFORE THE SYSTEM WILL PASS FINAL INSPECTION, IT MUST CONFORM TO THE DESIGN AND SPECIFICATIONS AS SET FORTH BELOW. Designated Representative DIAGRAM OF PROPOSED SYSTEM ON BACK. Tank Information Special Instructions: Tank made of: ( ) Fiberglass ( ) Precast Concrete Absorption Field Information ( ) Trench or Ditch System (7(Wd) 36 In. x (Lg) 100 Ft. MPS-13 ( ) Leaching Chamber Panels No. ( ) Absorption Bed System ( ) Evapotranspiration Bed System ()(Wd)\_\_\_\_Ft. x (Lg)\_\_\_Ft. Washed rock or gravel shall be 1 1/2 - 2 1/2 in. ( ) Washed sand to used ( ) Sandy loam back-fill required.

DATE: 5-23-03	LIC.# 083064
SEPTIC SYSTEM INSPECTION-F	TELD NOTES
LOCATION: WEE Burdott	NO. OF BEDROMMS:/
INSPECTOR: Lalchy BUILDER:	INSTALLER: Maredond
I. TANK TYPE:  1. FIBERGLASS SHAPE A. CYLINDER E	
D. OTHER:  2. CONCRETE TYPE: A. PRECAST VERTICAL CY	)
C DPECAST ROY D.	POHRKO IN PLACK
3. DIMENSIONS OF TANK:  A. INSIDE DIAMETER  B. INSIDE LENGTHS OF S	CINDC
C. LIQUID DEPTH, OR DI	ISTANCE FROM TANK BOTTOM
TO OUTLET BOTTOM D_AIRSPACE. APPROX.	
E. APPROXIMATE GALLON	CAP. /Oda
TY DRAINHTEIR.	
II. DRAINFIELD: 1. TYPE: A. TRENCH B. BED C. EVAPOTR	ANSPIRATION
2. COMPLIANCES: A. DISTANCE FROM PRIVATE WELL	
B. DISTANCE FROM PROPERTY LINE  C. DEPTH OF BED OR TRENCHES  D. DESCRIBE BACKFILL MATERIAL  3. DIMENSIONS: /Oof x 364/M8/3 =  4. MULTIPLE OR ALTERNATING FIELDS: A. BED #1	
D. DESCRIBE BACKFILL MATERIAL	
3. DIMENSIONS: /00' X 36th-Med-13 =	SQ. FT.
4. MULTIPLE OR ALTERNATING FIELDS: A. BED #1	XSQ.FT.
B. BED #2	X = SQ.FT.
5. GRAVEL: A. NATURAL CRUSHED	B. WASHED
C. AMOUNT YARDS, O	RTONS. (PER INSTALLER
6. SAND ON SITE A. AMOUNT	
5. GRAVEL: A. NATURAL CRUSHED  C. AMOUNT YARDS, O  6. SAND ON SITE A. AMOUNT  7. PIPE: A. TYPE B. BRAND (IF KNOWN  C. NUMBER OF FEET	0
C. NOTIBER OF FEEL	•
III. GENERAL CONDITIONS AND WORKMANSHIP:	YES NO N/A
1. SOLID LINES FROM HOUSE GLUED AND BEDDED IN SAN	D:
<ol> <li>T"S INSTALLED IN TANK:</li> <li>BED OR TRENCH BOTTOM ESSENTIALLY LEVEL:</li> </ol>	<del>-</del>
4. GRAVEL GENERALLY CONSISTENT 12 INCH DEPTH THRO	OUGHOUT PIELD:
5. PERFORATED PIPE GENERALLY LEVEL THROUGHOUT FI	ELD:
<ol> <li>ALL MATERIAL (TANK, LID, PIPE, ETC.) IN SOUND ( CRACKS, SPLITS, OR BREAKS:</li> </ol>	
7. HOLES AROUND INLET AND OUTLET ARE CEMENTED, G	ROUTED, OR OTHER-
WISE SEALED:	
8. TANK HAS A BOTTOM:	<del>-</del> -, -
<ol> <li>EVIDENCE OF SEEPS OR SHALLOW GROUNDWATER:</li> <li>TANK ( IF FIBERGLASS) BEDDED IN SAND:</li> </ol>	
11. PIPE IN DRAINFIELD COCERED BY GRAVEL:	
12. SOIL CONDITIONS DRY AT TIME OF INSTALLATION:	
1	1. 4 10.45 12
IV. REMARKS: G=150 sals only for	100 MPS-13
12/1	
In Ulln	5-27-03
By: Designated Representative or Contractor	Date

	P
Date: 5/22/03	Site EvaluationNumber: 3136
Site Evaluator Information:	Phone: 438-8413 Fax: 387-380
Company: SEATL PEN STITEM	n
Address: 5320 CR 73 City:	Robstaun State Zip Code: 78380
Applicant and Property Information:	Phone: 991-7233 Fax:
	Phone: 141-120 Fax:  State: Zip Code:
Lot 485 Block B Subdivision Lake VI	State: Zip Code:  STA County Live On K Unincorporated Area? Y
	City Zip Code
Additional Information	
Schema	tic of Lot or Tract
Show:  Compass North, adjacent streets, property lines, property lines, and other surface improvements where known (Location of existing or proposed water wells within 150 Indicate slope or show contour lines from the structure t Location of soil borings or dug pits (show location with	ty dimensions, location of buildings, casements, swimming pools, of (drainage, patios, sidewalks).  Deet of property, to the farthest location of the proposed soil absorption or irrigation in respect to a known reference point).  ways, (streams, ponds, lakes, rivers, high tide of salt water bodies)
Site	Drawing
Compass: Scale	the 1 inch 50 feet Lot Size: acre
1236-718K16	120' -> 1
1536-3118K16	96 ->
	C-030121100
50×75	(= 0)" ->
1 25K	PV
CAD OF THE STATE O	
	- Deviewas
1 4	o ses
B galle	INT FOX
	3.8
	\$ 3
Gallen	Fex KS
Featu	ures of Site Area
Presence of 100 year flood zone Presence of adjacent ponds, streams, water	Yes No V
Existing or proposed water well in nearby a	area Yes No
Organized sewage service available to lot o	north de remotentament transfer de la constant de l
Signature (Circle one: RS, PE, DR Installer II)	Site Evaluator License No: 3 134

#### TORONG WAITANT TAND

#### DESCRIPTION OF PROJECT

NAME: William Edward Burdene

ADDRESS: 2600 Rodd Field Rd C C TX 78414

COUNTY: Nueces

SITE ADDRESS: 163 Gallent Fox Rd in Arrow Head Sub.

SOILS: Class III

DRAINAGE: Good surface drainage . good subsurface drainage due to class III dirt.

TOPOGRAPHY, LOT SIZE, SET BACKS: Generally flat area with sloping grounds. Adjacent to airport landing grass field. Open area on the west side of the property.

Property consists of lots # 4&5, 120ft x 120ft. There is enough room to accommodate all setbacks.

#### SUMMARY OF FINDING:

Dwelling building is a 3750 sq. ft metal building airplane hanger with a one bedroom living quarters.

DISPOSAL PPTIONS:	Traditional	gravity flow X	. Pump effluent	_X
	LPD_X	Aerobic system	_X	

RECOMMENDATIONS: A traditional gravity flow system should work adequately in this type of soil.

A minimum 750 gallon dual compartment septic tank with 90LF of MP13 drainfield pipe should be adequate of this type of living quarters.

# IVE OAK COUNTY HEALTH OUT COUNTY OF LIVE OAK ON-SITE SEWAGE FACILITY TECHNICAL INFORMATION FOR PERMIT

APPLICATION # 083044

RESULT IN CIVIL AND OR ADMINISTRATIVE PENALTIES.	
OWNER'S NAME: William BURDEHE COUNTY: Live Professional design required?: 1 Yes W No If yes, professional design attached:	Oak O Yes D
140	
1. SEWER (House drain): + 1 Sch 40 PC SLOPE OF SEWER PIPE TO TANK	14/11
II. DAILY WASTEWATER USAGE RATE: Q= 150 (gallons/day) Water Saving Devices:	
III. TREATMENT UNIT:  A. DESEPTIC TANK:  TANK DIMEDISIONS: 670 × 600 × 98 1/2 . LIQUID DEPTH (BOTTOM OF TANK TO SIZE PROPOSED: 1000  B. D AEROBIC:	OUTLET):
MANUFACTURER MODEL #:	
SIZE REQUIRED:  PRETREATMENT TANK: Yes No  OTHERS:	*****
C. OTHER: (Please attach description)	
IV. DISPOSAL SYSTEM:  TYPE: TOW FLOW  AREA REQUIRED: 100 CF.  AREA PROPOSED: 100 CF.  V. ADDITIONAL INFORMATION:	
NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.	
A. She evaluation	
B. PLANNING MATERIALS	
The attached checklist details those items that must be addressed under each of theses	categories.
DESIGNATURE REGISTRATION NO. DA	22/03 TB

### Site Drawing

Live Oak Co. Health Dept. Drawer 670 George West, TX 78022

163 Gallant Fox Dr. Lake Vista Live Oak County.

361-449-2733 ext\*128

(FAX) 361-449-9473

