



INFORMATION ABOUT ON-SITE SEWER FACILITY

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CONCERNING THE PROPERTY AT 4146 Avenue E, Santa Fe, TX 77510

A. DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:

- (1) Type of Treatment System: ☐ Septic Tank ☒ Aerobic Treatment ☐ Unknown
☐ _____
- (2) Type of Distribution System: sprinkler ☐ Unknown
- (3) Approximate Location of Drain Field or Distribution System: _____ ☒ Unknown

- (4) Installer: Gulf Coast Aerobic Services ☐ Unknown
- (5) Approximate Age: 6 yrs ☐ Unknown

B. MAINTENANCE INFORMATION:

- (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? ☐ Yes ☒ No
 If yes, name of maintenance contractor: _____
 Phone: _____ contract expiration date: _____
(Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard on-site sewer facilities.)
- (2) Approximate date any tanks were last pumped? 09/15/2023
- (3) Is Seller aware of any defect or malfunction in the on-site sewer facility? ☐ Yes ☒ No
 If yes, explain: _____

- (4) Does Seller have manufacturer or warranty information available for review? ☐ Yes ☒ 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 OSSF was installed
☐ maintenance contract ☐ manufacturer information ☐ warranty information ☐ _____
- (2) "Planning materials" are the supporting materials that describe the on-site sewer facility that are submitted to the permitting authority in order to obtain a permit to install the on-site sewer facility.
- (3) **It may be necessary for a buyer to have the permit to operate an on-site sewer facility transferred to the buyer.**

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

Doug Lehman

dotloop verified

10/24/24 2:02 PM CDT

QSIH-FQKD-LQLP-XAUW

Signature of Seller

Date

Signature of Seller

Date

Receipt acknowledged by:

Signature of Buyer

Date

Signature of Buyer

Date

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

Health District OSSF Permit# ON 10494
City/County Building Permit# _____
Receipt Number# 231419

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

E-MAILED
9-25-18

☐ NEW INSTALLATION
☒ RENOVATION

1. PROPERTY OWNER'S NAME: Lehman Doug
(LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: 4146 Ave E Santa Fe TX 77510
(STREET/P.O. BOX) (CITY/STATE) (ZIP)
3. TELEPHONE NO. DURING DAY: 330-3801
4. SITE ADDRESS: 4146 Ave E Santa Fe TX 77510
(STREET) (CITY/STATE) (ZIP)
5. PROPERTY DESCRIPTION: Lot 95-7 Block 95-2 Sec. 95-1 Subdivision: A/H/L Long Outlots
Lot Size: 1.67 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 4 Living Area (sq. ft.) 3500
8. ESTIMATED MAXIMUM DAILY WATER CONSUMPTION (gpd): 300
WATER-SAVING DEVICES PROVIDED: (CIRCLE ONE) YES/NO
9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: N/A
NO. OF EMPLOYEES/OCCUPANTS/UNITS: N/A DAYS OCCUPIED PER WEEK: N/A
10. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 300 FEET? YES ☒ NO
11. Professional design required: ☒ YES ☐ NO If yes, professional design attached: ☒ Yes ☐ No
DESIGNER: Garry Ganga REGISTRATION NO. 3207
PHONE NO. 925-4201 (PE or RS)
12. INSTALLER: M Robinson REGISTRATION NO. 6955
PHONE NO. 925-2534

I. SEWER (House drain):
TYPE AND SIZE OF PIPE: 4" sch 40 SLOPE OF SEWER PIPE TO TANK: 1/8" / 1'

II. TREATMENT TANKS:

TANK #	MAT'L	NO. OF COMPARTMENTS	TYPE	SIZE	gals
#1	<u>Concrete</u>	<u>1</u>	<u>Trash</u>	<u>500</u>	
#2	<u>" "</u>	<u>1</u>	<u>pump</u>	<u>" "</u>	
#3	<u>" "</u>	<u>1</u>	<u>trash</u>	<u>" "</u>	
#4	<u>" "</u>	<u>2</u>	<u>Atv</u>	<u>" "</u>	

III. SITE EVALUATION

TANK #	MAT'L	NO. OF COMPARTMENTS	TYPE	SIZE	gals
#1	<u>" "</u>	<u>1</u>	<u>pump</u>	<u>600</u>	

NOTE: Information worksheet must be attached for review to be completed.

Soil Class/Texture IV Load Rate 10
Performed By M Robinson Registration NO. 9831 Phone No. 925-2534

IV. DISPOSAL AREA
TYPE: Spray MINIMUM AREA REQUIRED 7317 SF / 7389 SF designed
EXCAVATION WIDTH N/A DISTANCE BETWEEN EXCAVATIONS N/A
TYPE/SIZE OF MEDIA N/A TYPE/DIAMETER OF PIPE 1" / sch 40 purple PVC
TYPE OF BARRIER N/A EXCAVATION DEPTH N/A
LANDSCAPE PLAN grade to promote positive drainage

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

REGISTRATION NO.

DATE

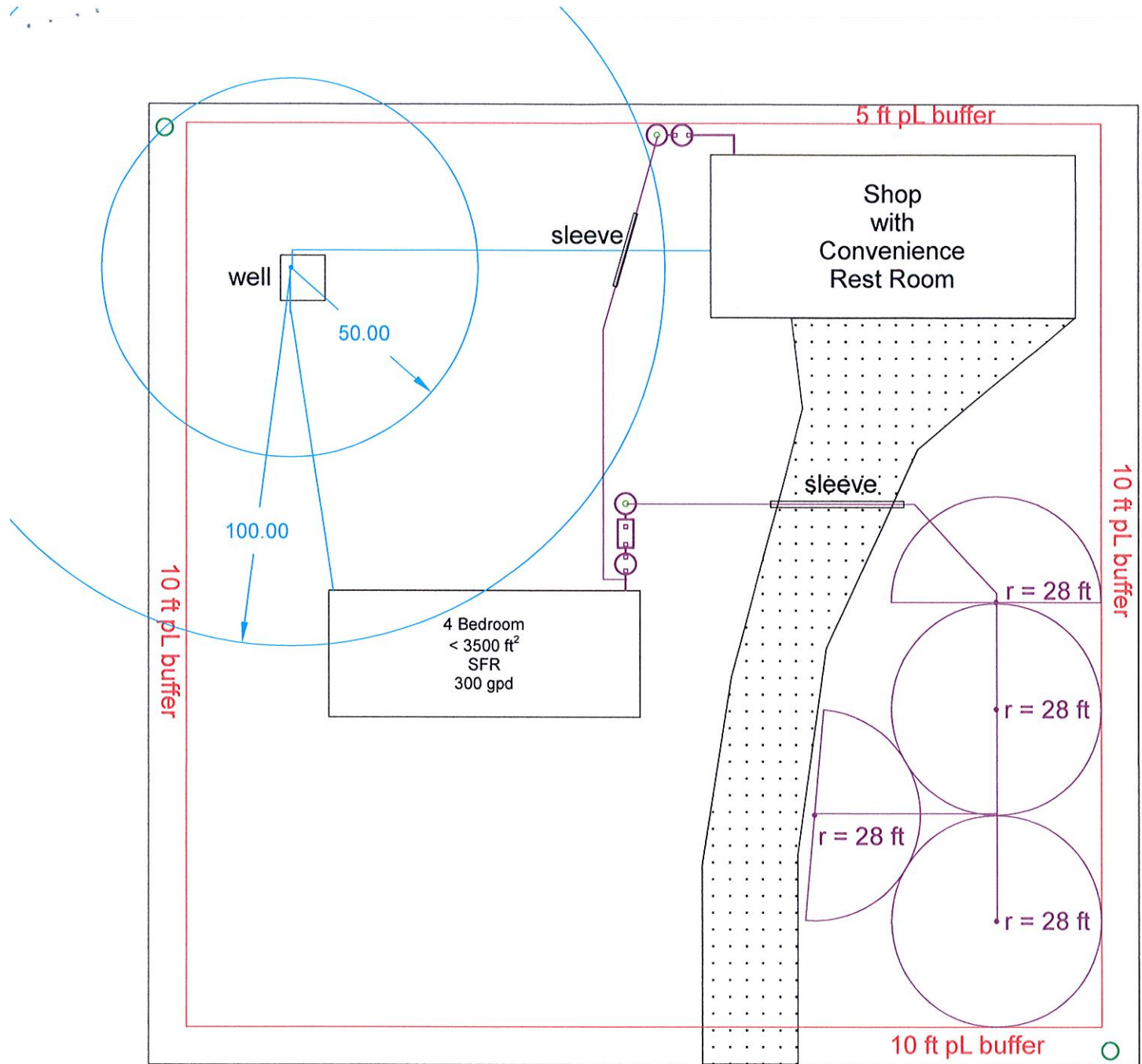
This notice must be read and signed before these construction plans will be approved. AFTER APPROVAL A BUILDING PERMIT MUST BE SECURED FROM THE APPROPRIATE COUNTY OR CITY BUILDING INSPECTION DEPARTMENT. The final inspection is to assure the system has been constructed according to the submitted plan 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 [Signature] DR# 057799 Date 9-25-18
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: _____



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.

4146 AVE E

scale 1" = 40'

○ = soil test site by Site Evaluator

This design conducted without the benefit of a property survey.



Garry Gana
8-23-18

PROPOSED OSSF DESIGN

PROPERTY OWNER: Doug Lehman

SITE ADDRESS: 4146 Ave E
Santa Fe, Texas

LEGAL DESCRIPTION: see attached

DESIGN PERAMETERS:

Structure: 4 Bedroom, < 3500 ft² SFR w/ WSD AND
Shop w/ Convenience Rest Room w/ WSD
Daily Flow: 300 gpd
Application Rate: 0.041 gal/ ft²/day
Area Required: 7317 ft²
Area Designed: 7389 ft²

SYSTEM COMPONENTS:

LIFT STATION

Pre-treatment Tank: 500 gallon
Pump Tank: 500 gallon
Pump: Meyers SRM 4or equiv.

AEROBIC TREATMENT UNIT

Pre-treatment Tank: 500 gallon
Treatment Unit: Aqua Klear 500 gpd or equiv.
Pump Tank: 600 gallon
Pump: Meyers 2 NFL or equiv.
Sprinklers: 4 -- Hunter Pro @ r = 28 ft
Timer: **Required (2am – 4am)**
Disinfection: **Required**

LIFT STATION PUMP TANK DESCRIPTION:

Volume:	567 gallons		
diameter	63.0" internal		
depth below inlet	39.0"		
gallons per inch	13.5		
Float Settings (from bottom):			
Static Volume:	162.0 gallons	pump off	12.00"
Dosing Volume:	94.5 gallons	pump on	19.00"
Reserve Capacity:	135.0 gallons	alarm on	29.00"

Friction Calculations

Total of 1.25 inch sch 40 PVC pipe	200 ft. max.
Flow	10 gpm
Friction Loss due to pipe	1.45 hd-ft./100ft. = 2.9 hd-ft.
Friction Loss including elbows & joints	2.9 hd-ft. x 1.2 = 3.5 head-ft.
Depth of tank	6 feet
Total Head Required	9.5 feet @ 10 gpm
Pump Required	Myers SRM4 or equiv.

DISPOSAL AREA PUMP TANK DESCRIPTION:

Volume:	877 gallons		
Dimensions:			
diameter	63.0" internal		
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:	101.0 gallons	alarm on	59.50"

Friction Calculations

psi required to operate sprinkler heads	40
Total of 1" sch 40 PVC pipe	300 ft. max.
Flow	12.4 gpm
Friction Loss due to pipe	11.63 hd-ft./100ft. = 34.9 hd-ft.
Friction Loss including elbows & joints	34.9 hd-ft. x 1.2 = 41.9 hd-ft.
Depth of tank	7 feet
Total Head Required	48.9 feet @ 12.4 gpm
Pump Required	Myers 2 NFL or equal

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:

- Garbage disposals should not be used in conjunction with any on-site sewerage facility.
- Grease, cigarette butts, personal hygiene products, and other trash shall be disposed of in the garbage.
- 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.**

This system is designed to treat **300** gallons/day based on estimated water usage. If the system is overloaded or not properly maintained, the installer and designer are not responsible. Assumed loading rates are outlined on Calculation page, if these are exceeded; additional plant capacity, dosing field, 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. The designer has no firsthand knowledge of the environmental and structural conditions at this location. This system must be installed and maintained in accordance with all standards set by the Texas Commission on Environmental Quality and Local Authorities. 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, R.S.

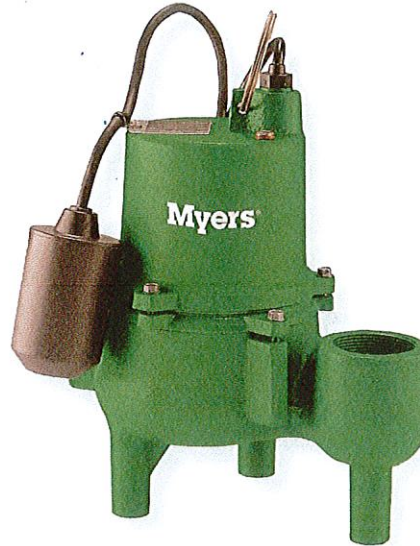
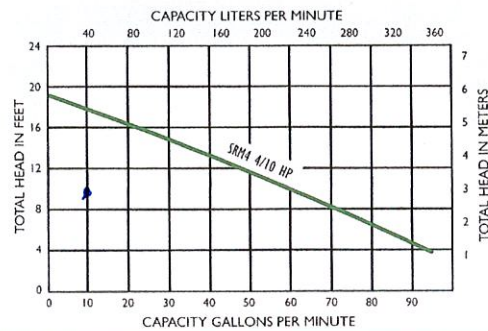
8-23-18

SRM4

4/10 HP Sewage Pump

SPECIFICATIONS

Applications	Sewage, High-Capacity Sump, Effluent	
Capacities	95 GPM	360 LPM
Shut-off Head	19'	5.8 m
Solids Handling	2"	50.8 mm
Liquids Handling	septic effluent and sewage	
Intermittent Liquid Temp.	up to 140°F	up to 60°C
Motor Electrical Data	4/10 HP, shaded pole, 115V, 12A, 1Ø, 60Hz, 230V, 6A, 1Ø, 60Hz	
Acceptable pH Range	5-9	
Discharge, NPT	2"	50.8 mm
Housing	heavy cast iron	
Power Cord	10' (20' optional)	
Impeller	recessed, thermoplastic	
Volute Case	cast iron	
Shaft Seal	type IIA, carbon & ceramic	



FEATURES

- Power for versatile applications
- Residential septic tank sewage
- Large sumps
- ETL Listed
- Long-lasting performance
- Oil-filled motor for maximum heat dissipation and continuous bearing lubrication
- Recessed vortex impeller for free flow of liquids, solids up to 2" diameter
- Rotary shaft seal has carbon and ceramic faces for positive seal
- Thermal overload protection with automatic reset

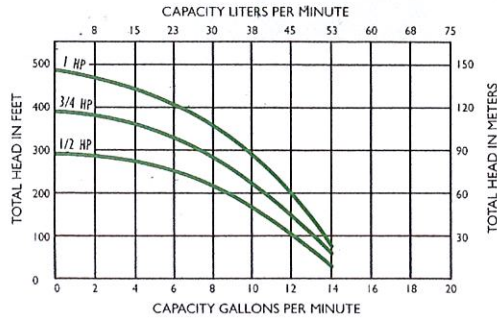
M9029SSE

Myers
Pentair Water

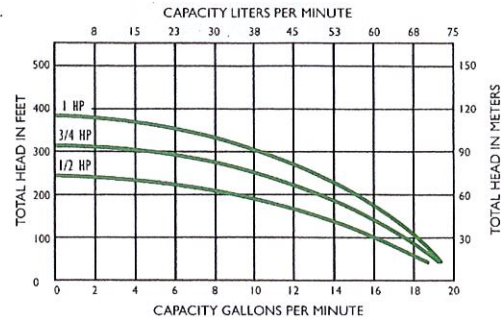
31

2NFL AND J-BE SERIES PERFORMANCE

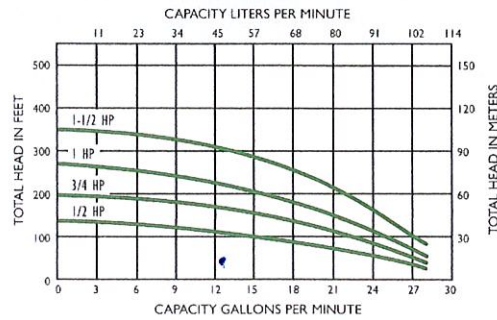
8 GPM



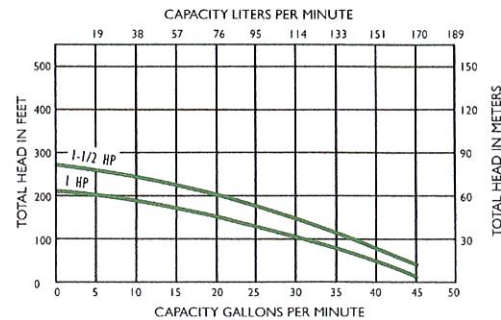
12 GPM



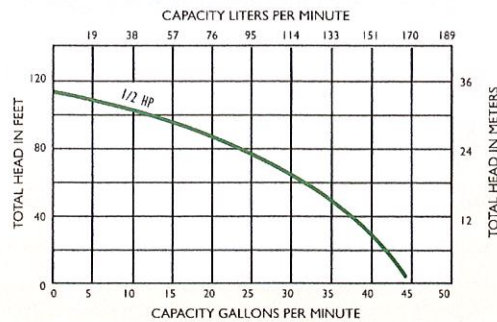
20 GPM



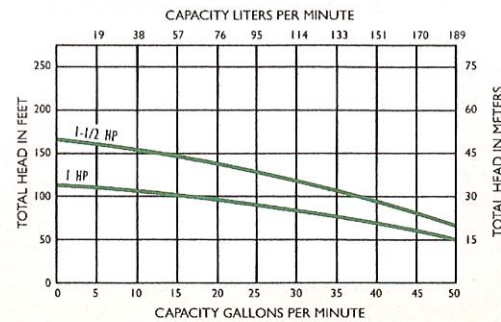
25 GPM



30 GPM



35 GPM



Performance Data

Hunter Professional Series

STANDARD NOZZLES - R

Nozzle	PSI	Radius ft.	GPM
1	30	28'	.5
	40	29'	.6
	50	29'	.7
	60	30'	.8
2	30	29'	.7
	40	30'	.8
	50	30'	.9
	60	31'	1.0
3	30	30'	.9
	40	31'	1.0
	50	31'	1.2
	60	32'	1.3
4	30	32'	1.2
	40	33'	1.4
	50	34'	1.6
	60	34'	1.8
5	30	34'	1.6
	40	36'	1.8
	50	38'	2.0
	60	38'	2.2
6	30	36'	2.0
	40	38'	2.4
	50	40'	2.7
	60	40'	2.9
7	30	36'	2.6
	40	40'	3.0
	50	42'	3.4
	60	42'	3.7
8	30	37'	3.2
	40	40'	3.7
	50	43'	4.2
	60	44'	4.6
9	30	38'	4.2
	40	43'	4.9
	50	46'	5.5
	60	47'	6.0
10	40	45'	6.0
	50	48'	6.8
	60	49'	7.6
	70	51'	8.2
11	40	46'	8.0
	50	48'	8.9
	60	50'	9.8
	70	51'	10.5
12	40	46'	11.4
	50	48'	12.2
	60	50'	13.2
	70	52'	14.4

Data represent test results in zero wind. Adjust for local conditions. Radius can be reduced by up to 30% with nozzle retaining screw. (This may alter the uniformity of the spray pattern.)

LOW ANGLE NOZZLES - CR

Nozzle	PSI	Radius ft.	GPM
4	30	22'	1.4
	40	24'	1.7
	50	26'	1.8
	60	28'	2.0
5	30	25'	1.6
	40	27'	1.9
	50	28'	2.1
	60	30'	2.3
6	30	27'	2.1
	40	30'	2.5
	50	33'	2.8
	60	35'	3.0
7	30	29'	2.8
	40	32'	3.1
	50	35'	3.5
	60	37'	3.8
8	30	31'	3.4
	40	34'	3.9
	50	37'	4.4
	60	38'	4.7
9	30	33'	4.3
	40	37'	5.0
	50	40'	5.6
	60	42'	6.1
10	40	38'	6.5
	50	40'	7.3
	60	42'	8.0
	70	44'	8.6

P

Blank nozzle plug for turning off selected sprinklers during repairs, maintenance, etc.

Data represent test results in zero wind. Adjust for local conditions. Radius can be reduced by up to 30% with nozzle retaining screw. (This may alter the uniformity of the spray pattern.)

Matched Precipitation

Matched Precipitation - GPM ft.

Square Spacing	90° Nozzle No.	90° GPM	180° Nozzle No.	180° GPM	360° Nozzle No.	360° GPM
25'	1	.7	3	1.2	6	2.7
30'	2	.9	5	2.0	8	4.2
35'	3	1.2	6	2.7	9	5.5
40'	4	1.6	7	3.4	10	6.8
45'	5	2.0	8	4.2	11	8.9

When the arc/nozzle combinations are spaced as indicated, the precipitation rate will be approximately .4"/hr. at 50 PSI.

Galveston County Health District

Site Evaluation Form

Date: 8-29-18

Client: Lehman

Phone: _____

Address: 4146 Ave E

City, State Zip: Santa Fe TX 77116

Legal Description:

Site Address: 4146 Ave E

City/Area: Santa Fe TX

Subdivision: Alta Loma Outlets

Sec: _____ Lot: Q(95) Block: _____

95-24
95-7

Survey: E. Mitchell

Abstract No: 149

Property Size: 72,919 270' x 270'

Acres: 1.67

Existing or proposed structure to be served: (Circle one) Existing Structure/New Structure

Topography

Slope	Vegetation	Drainage
Flat: Under 2% ☒ Note: If slope is flat a detailed drainage plan shall be provided on design.	Grass/Brush: ☒	Poor: _____ Note: If drainage is poor a detailed drainage plan shall be provided on design.
Slight: Under 4% _____	Lightly Wooded: _____	Adequate: ☒
Severe: Over 30% _____ Note: If slope is severe a Topo Survey with half foot contours should be provided with this form on design.	Heavily Wooded: _____	Good: _____
Other: _____	Other: _____	Other: _____

Flood Hazard

Property is located:

Outside 100 year flood plain: ☒

*In 100 year flood plain: _____

In 100 year flood plain and floodway: _____

Note: *Systems installed in flood plain must document how floatation concerns will be addressed on design. Attach a FEMA Flood Insurance Rate Map (FIRM) with property location identification or current survey with Flood Plain determination.

Soil Evaluation

(Based on at least two soil borings or two backhoe pits at opposite ends of the soil absorption area)

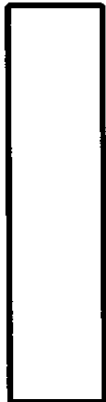


Profile Depth

Texture (USDA)

Color

(Minimum depth is two feet below proposed excavation)



Profile Depth

Texture (USDA)

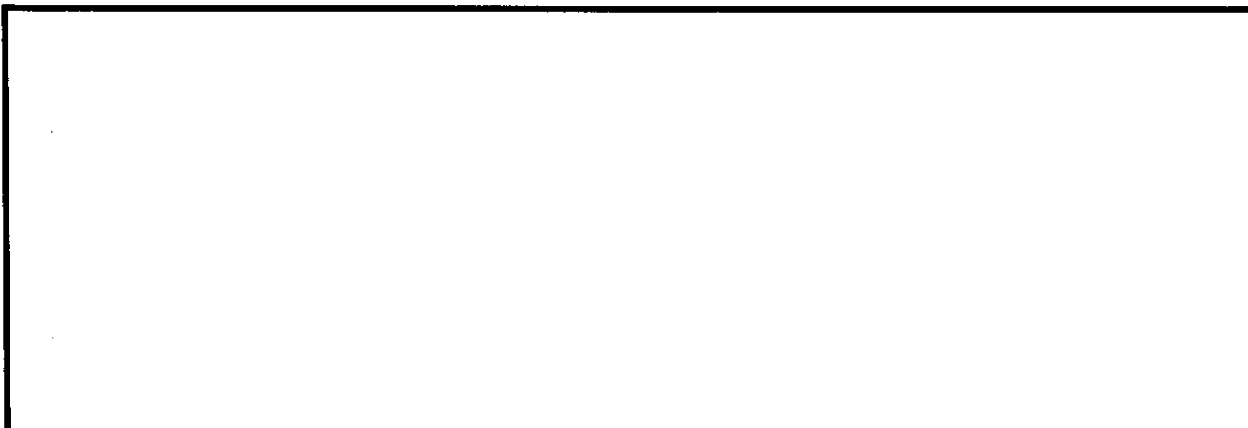
Color

(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 attached to this report.

Separation Requirements {show features in the area where the OSSF is to be installed that could be contaminated by the OSSF or could prevent the proper operation of the system in space below or attached page (include items such as adjacent wells, ponds, slopes, etc)}



RESTRICTIVE HORIZON

Restrictive Horizon within 24" below bottom of proposed excavation? Yes _____ No _____

GRAVEL ANALYSIS

(For Class II and Class III Soils with Gravel)

% Total Gravel: 8

% Gravel Less Than 2.0 mm: _____

% Gravel Greater than 5.0 mm: _____

EFFLUENT LOADING DETERMINATION

<u>Soil Class/Texture</u>	<u>Gallons per day per square foot</u>
Ia/Gravelly Soil >30% Gravel	To great for consideration >0.5
Ib/Sandy solis with <30% gravel	0.38
II/Sandy loams/loams	0.25
III/Sandy clay/clay loams	0.20
IV/Clay/silty clays	Unsuitable 0.10

Indication of seasonal water table: (Circle One) Yes No

Depth: _____

FINDINGS

Is soil suitable for standard subsurface disposal methods? (Circle One) Yes No

Wastewater application rate 10 Gal/day/sq.ft.

I, Michael Robinson, a registered S.E.

did personally conduct the site evaluation on 8-29-18 (Date)

I certify that these results are true and correct for the property evaluated.

MR
Site Evaluator

9831
Registration Number

**TWO YEAR INITIAL SERVICE POLICY FOR AN
ON SITE SEWAGE FACILITY TREATMENT SYSTEM**

System Owner:

Doug Lehman

Serial Number: _____

Brand Name: Aqua KlearSystem Name: Aqua Klear

Located at:

4146 Ave E
Santa Fe TX 77510

Gulf Coast Aerobic Services will inspect and service your Aqua Klear Aerobic System once every 4 months for a period of two years from the date of that this OSSF is first used at no additional charge to the customer as required by state guidelines dated June 13, 2001. For a new single family dwelling, this date is the date of sale by the builder. For an existing single family dwelling this date is the date the notice of approval is issued by the permitting authority.

Before this initial two year service policy expires, the owner of this OSSF is required to have a new maintenance contract signed. A copy of the new contract shall be submitted to the permitting authority at least 30 days before the current contract expires. If the property owner or maintenance company desire to discontinue the maintenance contract, the maintenance company shall notify, in writing, the permitting authority at least 30 days prior to the date service will cease. If a maintenance company discontinues business, the property owner shall within 30 days of the termination date, contract with another approved maintenance company and provide the permitting authority with a copy of the newly signed maintenance agreement.

Testing and Reporting

Gulf Coast Aerobic Services shall test and report on this system as required by rule of the following:

1. An Inspection/Service Call every 4 months, which includes inspections, adjustment, and servicing of the mechanical and electrical component parts as necessary to ensure proper function.
2. An effluent quality inspection every 4 months, consisting of a visual check for color, turbidity, scum overflow and an examination for odors.
3. A sample shall be pulled from the aeration tank every 4 months, to determine if there is an excess of solids in the treatment plant. If the test results determine a need for solids removal, the user will bear the cost and responsibility for doing so.
4. If any improper operation is observed which cannot be corrected at the time, the user shall be notified immediately in writing of the conditions and the estimated date of correction.
5. If required, a chlorine residual test will be taken at each visit. (BOD and TSS annually on commercial only.) If a grab test is required, the owner will be responsible for the cost of the grab test.

The owner is responsible for keeping chlorine (calcium hypochlorite properly labeled for wastewater disinfection) in the chlorinator as well as the cost of the chlorine.

Michael P. Robinson, who has been certified by the manufacturer of your system and will be responsible for fulfilling the requirements of this Maintenance Contract, as well as responding to any complaints and/or addressing any concerns by the owner of the system. Concerns and/or complaints will be addressed within 48 hours of the initial contract. Upon expiration of this service policy, our firm will offer a continuing service policy as mandated by state regulations.

VIOLATIONS OF WARRANTY including shutting off the electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, or introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.

THIS POLICY DOES NOT INCLUDE PUMPING SLUDGE FROM UNIT IF NECESSARY.

The service company and the owner agree to abide by the service policy as stated above.

Maintenance Co:

Gulf Coast Aerobic Services
13205 HWY 6, P.O. Box 1684
Santa Fe, TX 77510
(409) 925-2534

Manufacturer:

Aqua-Klear

Installation Co:

Gulf Coast Aerobic Services
P.O. Box 1684
Santa Fe, TX 77510-1684
(409) 925-2534

Permitting Authority:

Galveston County Environmental Health
9850-A Emmett F Lowry Exp. A108
Texas City, TX 77519
(409) 938-7221

Distributor:

Texas Pre-Cast
18303 HWY 6
P.O. Box 1525
Santa Fe, TX 77510
(409) 925-2502

Installer:

Michael P. Robinson
License Number: OS 6955
(409) 925-2534

Michael P. Robinson, Gulf Coast Aerobic Services

Doug Lehman
System Owner

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 149 E Mitchell St pt of outlot
4146 Ave E Santa Fe, TX 77510 95 (95-2) Alta Loma outlots

The property is owned by Doug Lehman
(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 21 DAY OF September, 2018

Dy L
(Owner(s) signature(s))

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 21 DAY OF September, 2018

Ronda Wilson
Notary Public, State of Texas
Notary's Printed Name: Ronda Wilson
My Commission Expires: 04/02/22



FILED AND RECORDED

Instrument Number: 2018057177

Recording Fee: 26.00

Number Of Pages:2

Filing and Recording Date: 09/21/2018 9:20AM

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.



A handwritten signature in black ink that reads "Dwight D. Sullivan". The signature is written in a cursive style with a horizontal line underneath it.

Dwight D. Sullivan, County Clerk
Galveston County, Texas

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



Property Search Results > 364061 LEHMAN DOUG for Year 2018

Property

Account

Property ID:	364061	Legal Description:	ABST 149 E MITCHELL SUR PT OF OUTLOT 95 (95-2) ALTA LOMA OUTLOTS
Geographic ID:	1095-0000-0095-002	Agent Code:	
Type:	Real		
Property Use Code:			
Property Use Description:			

Location

Address:	4146 AVE E SANTA FE, TX 77510	Mapsc0:	
Neighborhood:	THAMANS 2ND SUB PT A	Map ID:	258-C
Neighborhood CD:	7056A		

Owner

Name:	LEHMAN DOUG	Owner ID:	650120
Mailing Address:	4146 AVE E SANTA FE, TX 77510	% Ownership:	100.0000000000%
		Exemptions:	HS

Values

(+) Improvement Homesite Value:	+	\$197,380	
(+) Improvement Non-Homesite Value:	+	\$0	
(+) Land Homesite Value:	+	\$39,060	
(+) Land Non-Homesite Value:	+	\$0	Ag / Timber Use Value
(+) Agricultural Market Valuation:	+	\$0	\$0
(+) Timber Market Valuation:	+	\$0	\$0

(=) Market Value:	=	\$236,440	
(-) Ag or Timber Use Value Reduction:	-	\$0	

(=) Appraised Value:	=	\$236,440	
(-) HS Cap:	-	\$0	

(=) Assessed Value:	=	\$236,440	

Taxing Jurisdiction

Owner:	LEHMAN DOUG
% Ownership:	100.0000000000%
Total Value:	\$236,440

Entity	Description	Tax Rate	Appraised Value	Taxable Value	Estimated Tax		
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C54	CITY OF SANTA FE	0.326200	\$236,440	\$236,440	\$771.27
CAD	APPRAISAL DISTRICT	0.000000	\$236,440	\$236,440	\$0.00
D01	DRAINAGE #1	0.089000	\$236,440	\$236,440	\$210.43
F01	GALV COUNTY EMERGENCY SERVICE #01	0.082000	\$236,440	\$236,440	\$193.88
GGA	GALVESTON COUNTY	0.546147	\$236,440	\$189,152	\$1,033.05
J05	MAINLAND COLLEGE	0.216791	\$236,440	\$189,152	\$410.06
RFL	CO ROAD & FLOOD	0.005753	\$236,440	\$186,152	\$10.71
S17	SANTA FE ISD	1.402300	\$236,440	\$211,440	\$2,965.03
Total Tax Rate:		2.668191			
				Taxes w/Current Exemptions:	\$5,594.43
				Taxes w/o Exemptions:	\$6,308.67

Improvement / Building

Improvement #1: RESIDENTIAL State Code: A1 Living Area: 1800.0 sqft Value: \$195,380

Type	Description	Class CD	Exterior Wall	Year Built	SQFT
MA	MAIN AREA	B13 - *	BV	1995	1800.0
OP	OPEN PORCH	B13 - *		1995	100.0
GA	GARAGE	B13 - *		1995	576.0

Improvement #2: RESIDENTIAL State Code: A1 Living Area: sqft Value: \$2,000

Type	Description	Class CD	Exterior Wall	Year Built	SQFT
FUB	METAL OR FRAME UTILITY BLDG	* - *		1995	0.0

Land

#	Type	Description	Acres	Sqft	Eff Front	Eff Depth	Market Value	Prod. Value
1	RS	RS	0.1240	5401.44	0.00	0.00	\$1,860	\$0
2	RL	RL	1.5500	67518.00	0.00	0.00	\$37,200	\$0

Roll Value History

Year	Improvements	Land Market	Ag Valuation	Appraised	HS Cap	Assessed
2019	N/A	N/A	N/A	N/A	N/A	N/A
2018	\$197,380	\$39,060	0	236,440	\$0	\$236,440
2017	\$203,440	\$37,200	0	240,640	\$15,101	\$225,539
2016	\$167,930	\$37,200	0	205,130	\$95	\$205,035
2015	\$167,930	\$37,200	0	205,130	\$18,735	\$186,395
2014	\$132,250	\$37,200	0	169,450	\$0	\$169,450
2013	\$132,250	\$37,200	0	169,450	\$0	\$169,450
2012	\$132,250	\$37,200	0	169,450	\$0	\$169,450
2011	\$132,250	\$37,200	0	169,450	\$0	\$169,450
2010	\$132,250	\$37,200	0	169,450	\$138	\$169,312
2009	\$137,640	\$16,280	0	153,920	\$0	\$153,920
2008	\$137,640	\$16,280	0	153,920	\$0	\$153,920
2007	\$137,640	\$16,280	0	153,920	\$0	\$153,920

Deed History - (Last 3 Deed Transactions)

#	Deed Date	Type	Description	Grantor	Grantee	Volume	Page	Deed Number
1	2/28/2018	WD	WARRANTY DEED	YOUNG NANCY C	LEHMAN DOUG	2018012106	2018012106	2018012106
2	10/25/2004	WV	WARRANTY DEED	EVANS JAMES C & GINA M	YOUNG NANCY C		2004071918	2004071918
3	8/26/2002	WV	WARRANTY DEED	NOVASTAR MTG INC	EVANS JAMES C & GINA M		2002051579	2002051579

Tax Due

Property Tax Information as of 09/25/2018

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
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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

Galveston County Health District
CERTIFICATE OF COMPLETION

P.O. Box 939
La Marque, TX 77568
(409)938-2411

9850-D Emmett F. Lowry Expy
Texas City, TX 77591

Permit Number: ON10494 Issued By: GCHD

Property Owner: Doug Lehman

Installer: Michael Robinson 95(95-2) & (95-7)

Subdivision: Alto Loma Outlots Block: _____ Lot: _____

Street Address: 4146 - Ave E City: Santa Fe

This is to certify that the above On-Site Wastewater Disposal System is constructed to meet the minimum construction requirements and special provisions of the Galveston County Health District.

Antonia Contreras
Health Official

10-28-2013
Date

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

Health District OSSF Permit# ON 10494
City/County Building Permit# _____
Receipt Number# 231419

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

E-MAILED

9-25-18

☐ NEW INSTALLATION
☒ RENOVIATION

1. PROPERTY OWNER'S NAME: Lehman Doug
(LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: 4146 Ave E Santa Fe TX 77510
(STREET/P.O. BOX) (CITY/STATE) (ZIP)
3. TELEPHONE NO. DURING DAY: 330-3801
4. SITE ADDRESS: 4146 Ave E Santa Fe TX 77510
(STREET) (CITY/STATE) (ZIP)
5. PROPERTY DESCRIPTION: Lot 95-7 Block 95-2 Sec. 95-7 Subdivision: A/H/L Long Outlots
Lot Size: 1.67 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 4 Living Area (sq. ft.) 3500
8. ESTIMATED MAXIMUM DAILY WATER CONSUMPTION (gpd): 300
WATER-SAVING DEVICES PROVIDED: (CIRCLE ONE) YES/NO
9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: N/A
NO. OF EMPLOYEES/OCCUPANTS/UNITS: N/A DAYS OCCUPIED PER WEEK: N/A
10. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 300 FEET? YES ☒ NO
11. Professional design required: ☒ YES ☐ NO If yes, professional design attached: ☒ Yes ☐ No
DESIGNER: Garry Ganga REGISTRATION NO. 3207
PHONE NO. 409-235-4201 (PE or RS)
12. INSTALLER: M Robinson REGISTRATION NO. 6955
PHONE NO. 409-925-2334

I. SEWER (House drain):
TYPE AND SIZE OF PIPE: 4" sch 40 SLOPE OF SEWER PIPE TO TANK: 1/8" / 1'

II. TREATMENT TANKS:

TANK #	MAT'L	NO. OF COMPARTMENTS	TYPE	SIZE	gals
#1	Concrete	1	Trash	500	
#2	" "	1	pump	" "	
#3	" "	1	trash	" "	
#4	" "	2	Atv	" "	
		1	pump	600	

III. SITE EVALUATION

NOTE: Information worksheet must be attached for review to be completed.

Soil Class/Texture TV Load Rate 10
Performed By M Robinson Registration NO. 9831 Phone No. 409-925-2534

IV. DISPOSAL AREA

TYPE: Spray MINIMUM AREA REQUIRED 7317 SF / 7389 SF designed
EXCAVATION WIDTH N/A DISTANCE BETWEEN EXCAVATIONS N/A
TYPE/SIZE OF MEDIA N/A TYPE/DIAMETER OF PIPE 1" / sch 40 purple PVC
TYPE OF BARRIER N/A EXCAVATION DEPTH N/A
LANDSCAPE PLAN grade to promote positive drainage

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:

- Size and shape of lot or property.
- All structures on lot such as buildings, barns, pens, etc.
- Size and location of treatment tank(s),
- Size and location of wastewater disposal area,
- Distance of treatment tank(s) from house, property line, water well and wastewater disposal area,
- Distance of wastewater disposal area from house, property line, water well and treatment tank(s),
- Distance and direction to closest neighboring water well from treatment tank(s) and wastewater disposal area,
- Distance and direction to closer open water such as ponds, lakes, streams, etc.

DESIGNERS SIGNATURE

REGISTRATION NO.

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 Michael Robinson DR# 057799 Date 9-25-18
Inspection Requested by Michael Robinson Date 10-5-2018
Date inspection requested for 10-8-2018 Time 9:00 am/pm
Date inspection made 10-8-2018 Time 10:00 am/pm
Construction Approved/Disapproved by Antonio Lopez DR# 6475 Date 10-8-2018
Disapproval notice given to _____
REMARKS: _____

**GALVESTON COUNTY HEALTH DISTRICT
OSSF CHECKLIST (SURFACE APPLICATION)**

PERMIT NO. 0N10494 DATE OF ISSUE 9-25-2010

Property Owner: <u>Doug Lehman</u> Address: <u>4146 Ave E Santa Fe, TX</u> Telephone No. (832) <u>330-3801</u> Construction site location / legal description: <u>Same</u>	Installer: <u>Michael Robinson</u> Address: <u>P.O. Box 1684 Santa Fe, TX</u> Telephone No. (409) <u>925-2534</u> Certificate No. <u>6955</u> Classification: Installer II ☒ Yes Pretreatment Tank: Required (Gallon) <u>500</u> Actual <u>500</u> Treatment Plant: Required (Gallon) <u>500</u> Actual <u>500</u> Pump Tank: Required (Gallon) <u>600</u> Actual <u>877</u>
Description of Structure: <u>4 Bdrms + Workshop</u> (please note if structure not present)	Treatment Plant on list of state approved systems. Serial No. <u>5C 23194</u> Plant Make and Model <u>AquaRLea 500 gpd</u>
Soil Type: <u>IV</u>	Surface Application Area Required: <u>7,317</u> Ft ² Surface Application Area Installed: <u>7,309</u> Ft ²
I. SEWER (Structure to Pretreatment Tank)	
1. Proper pipe from structure to tank. SDR 26 / <u>Schedule 40</u>	Y N N/A
2. Slope of sewer no less than 1/8" per foot of pipe.	☒ ☐ ☐
3. Two-way Cleanout(s) provided.	☒ ☐ ☐
II. PRETREATMENT TANK - Tank permanently marked with manufacturer's name, address and tank capacity near outlet. Flow direction clearly marked (in and out).	
1. Tank set in 4" of select backfill.	☒ ☐ ☐
2. Inlet and outlet "T" properly attached to tank with inlet liquid penetration of 6" and outlet penetration of 1/4 to 1/2 of liquid depth.	☒ ☐ ☐
3. Flowline of inlet pipe 3" higher than outlet of pretreatment tank.	☒ ☐ ☐
4. Riser and manhole provided on tank buried more than 12".	☒ ☐ ☐
5. Tank lid properly sealed to tank.	☒ ☐ ☐
6. Grease Interceptor Installed (Only for specific commercial systems)	☐ ☐ ☒
7. Effluent filter in place(if required)	☐ ☐ ☒
III. TREATMENT PLANT	
1. Installed and functional (includes aerator alarm).	☒ ☐ ☐
2. Chlorinator installed as shown on plans.	☒ ☐ ☐
3. Electrical wiring installed in approved, rigid, non-metallic gray code electrical conduit? Buried as required in NEC and terminated at a main circuit breaker sub-panel? (NEC compliance verified by installer)	☒ ☐ ☐

Property Owner: <u>Doug Lehman</u>	Installer: <u>Michael Robinson</u>		
4. Electrical disconnects are weather proof, have maintenance lockout and in direct vision where electrical device is being serviced?	☒		
5. Electrical Connections in Approved junction boxes.	☒		
IV. PUMP TANK	Y	N	N/A
1. Installed as specified on plans with high water alarm installed on separate circuit from pump and operational. Pump is same unit specified on plans.	☒		
2. Unthreaded sampling port on treated effluent line in pump tank?	☒		
3. Pump tank opening is large enough for servicing and removal of pump?	☒		
4. Are the float switches set at the designed levels?	☒		
V. SPRAY APPLICATION AREA			
1. Distribution, piping, fittings, valve box covers & sprinkler tops colored purple?	☒		
2. Area seeded and graded to prevent ponding?	☒		☒
3. Is the pressure at the spray head appropriate?	☒		
VI. ADMINISTRATIVE			
1. Affidavit filed with county clerk .	☒		
2. Acceptable two year maintenance contract between system owner and valid maintenance company.	☒		
3. Maintenance tags in place.	☒		

SETBACK REQUIREMENTS (Check each distance meeting the required standard)		
From:	To: Treatment Tank	To: Application Area
Private water wells	50' ☒	100' ☒ <u>50'</u> (with pressure cemented well)
All water courses and open bodies of water <u>N/A</u>	50' ☒	50' ☒
Property lines, foundations, buildings, easements, other structures	5' ☒	<u>10' with timer</u> ☒ 20' without timer
Swimming pools <u>N/A</u>	5' ☒	25' ☒
Public water supply lines <u>N/A</u>	10' ☒	10' ☒

Remarks: GPS: N 29.37859 W 095.06834

Inspected by: Antonio Contreras DR# 6475

Date: Oct 8, 2018 Telephone: (404) 9802320