

Site Evaluation: \_\_\_\_\_  
Building Application: \_\_\_\_\_  
Drainage Plan: \_\_\_\_\_  
Floodplain Information: \_\_\_\_\_

Health District OSSF Permit # 0N9708  
City/County Building Permit # \_\_\_\_\_  
Water Well Permit # \_\_\_\_\_

Receipt 180215  
ck 3021

Received 2-15-17  
GALVESTON COUNTY HEALTH DISTRICT  
ON - SITE SEWAGE FACILITY  
APPLICATION AND INSPECTION REPORT

0N9708

E-MAILED  
3-13-17

NEW INSTALLATION  
 RENOVATION

1. PROPERTY OWNER'S NAME: Stackpole Michael
2. PERMANENT MAILING ADDRESS: PO Box 2326 Crystal Beach, TX 77650  
(LAST) (FIRST) (MIDDLE)  
(STREET/P O BOX) (CITY/STATE) (ZIP)
3. TELEPHONE NO. DURING DAY: 014 914 5140
4. SITE ADDRESS: 863 Selwyn Rd Crystal Beach TX 77650  
(STREET) (CITY/STATE) (ZIP)
5. PROPERTY DESCRIPTION: Lot 262+263 Block \_\_\_\_\_ Sec \_\_\_\_\_ Subdivision: Blue Water Addn #2  
Lot Size: 100 x 142 **PROPERTY SURVEY OR SIMILAR DOCUMENT SHOULD BE ATTACHED.**
6. SOURCE OF WATER: \_\_\_\_\_ Private Well  Public Water Supply BPSUD  
(NAME OF SUPPLIER)
7. SINGLE FAMILY RESIDENCE: No. Of Bedrooms 3 Living Area (sq. ft.) 22500
8. ESTIMATED MAXIMUM DAILY WATER CONSUMPTION (gpd): 240  
WATER-SAVING DEVICES PROVIDED: (CIRCLE ONE) YES/NO
9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: \_\_\_\_\_  
NO. OF EMPLOYEES/OCCUPANTS/UNITS: \_\_\_\_\_ DAYS OCCUPIED PER WEEK: \_\_\_\_\_
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 Gana, R.S. REGISTRATION NO. R.S. 3207  
PHONE NO. (281) 235-4201 (PE or RS)
12. INSTALLER: Michael Robinson REGISTRATION NO. 6955  
PHONE NO. (409) 925 2534

I. SEWER (House drain):

TYPE AND SIZE OF PIPE: 3 or 4 inch sch 40 pvc SLOPE OF SEWER PIPE TO TANK: 1/8" / 1'

II. TREATMENT TANKS:

TANK #	MAT'L	NO. OF COMPARTMENTS	TYPE	SIZE	gals
#1	<u>conc</u>	<u>4</u>	<u>ATU</u>	<u>500</u>	
#2					
#3					
#4					

III. SITE EVALUATION

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

Soil Class/Texture 1b Load Rate 0.38  
Performed By Garry Gana, R.S. Phone No (281) 235-4201

IV. DISPOSAL AREA

TYPE Drip MINIMUM AREA REQUIRED 632 ft<sup>2</sup>  
EXCAVATION WIDTH \_\_\_\_\_ DISTANCE BETWEEN EXCAVATIONS 2 ft  
TYPE/SIZE OF MEDIA \_\_\_\_\_ TYPE/DIAMETER OF PIPE geotext  
TYPE OF BARRIER \_\_\_\_\_ EXCAVATION DEPTH 6"  
LANDSCAPE PLAN see design

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:

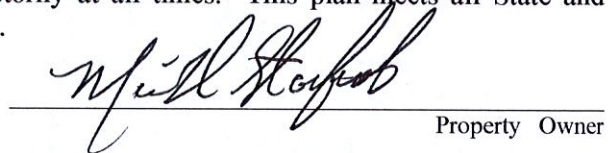
- a. Size and shape of lot or property,
- b. All structures on lot such as buildings, barns, pens, etc,
- c. Size and location of treatment tank(s),
- d. Size and location of wastewater disposal area,
- e. Distance of treatment tank(s) from house, property line, water well and wastewater disposal area,
- 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

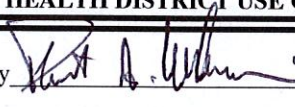
**3207**  
 \_\_\_\_\_  
 REGISTRATION NO.

**2-13-17**  
 \_\_\_\_\_  
 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 the 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 area, due to the high water table, variation of water usage, soil and climatic conditions, On-site Sewage 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  DR# 057108 Date 3-13-17  
 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 \_\_\_\_\_ Date \_\_\_\_\_

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Authorization to construct is valid for 1 year from the date of approval. After 1 year, a new application must be submitted along with a new application fee before the OSSF may be installed.

Water main was located using BPSUD provided maps and is greater than 10 ft from any part of the OSSF. All water lines must be 10 ft from any part of the OSSF. Installer must call for Utility Provider to mark main prior to digging.

○ = soil test site  
by Site Evaluator

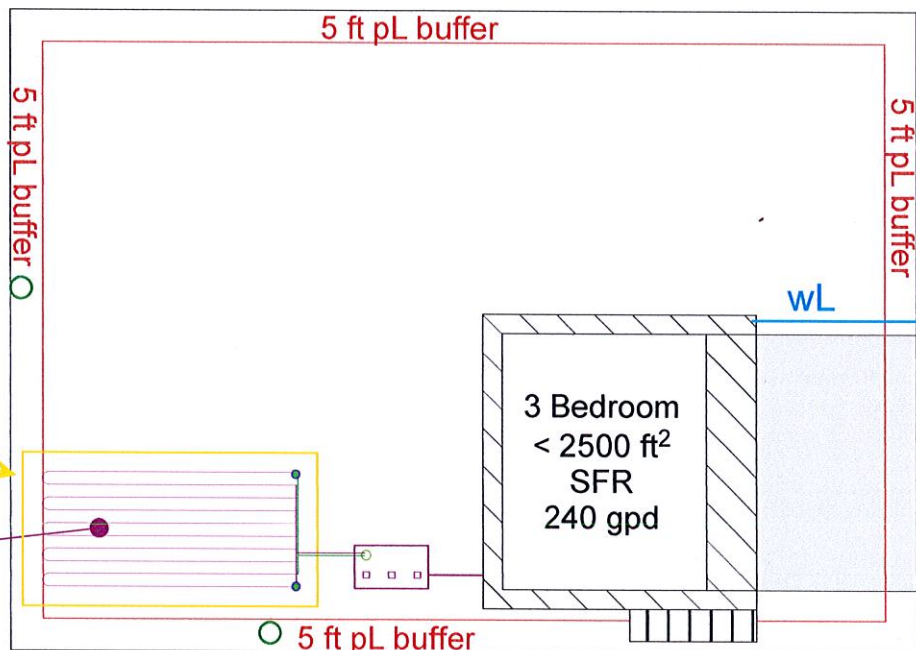
● = vacuum breaker

This property does lie within the 100 year floodplain

This property exhibits less than 1% slope across its entire area

wMain

863 SELWYN ROAD



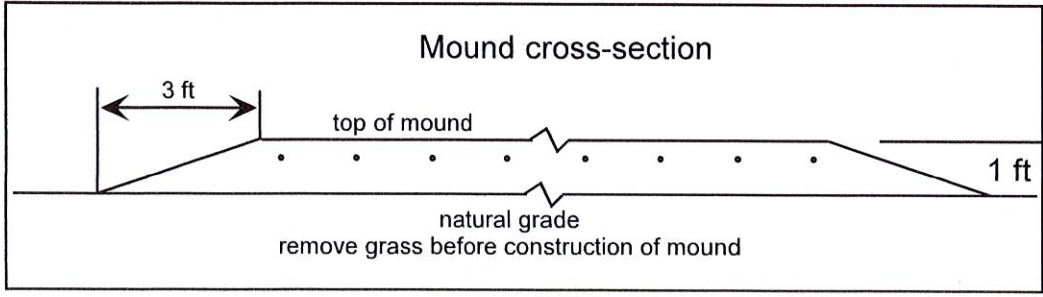
scale 1" = 30'

Note:  
The OSSF drainfield is to be completely sodded by the property owner prior to operation of the system

Note:  
The OSSF drainfield is a 12 inch high mound of class 1b loamy sand. Prior to construction of the structure, it is required that the footprint of the structure be filled with the same amount of soil to prevent drainage problems



*Handwritten signature and date: 2-13-17*



# PROPOSED OSSF DESIGN

**PROPERTY OWNER:** Mike Stackpoole

**SITE ADDRESS:** 863 Selwyn Rd  
Crystal Beach, Texas

**LEGAL DESCRIPTION:** Lots 262 & 263, Blue Water Addn #2

## DESIGN PERAMETERS:

**Structure:** 3 Bedroom, < 2500 ft<sup>2</sup> SFR w/ WSD

**Daily Flow:** 240 gallons

**Application Rate:** 0.38 gal/ft<sup>2</sup>/day

**Area Required:** 632 ft<sup>2</sup>

**Area Designed:** 800 ft<sup>2</sup>

## **AEROBIC TREATMENT UNIT**

**Pre-treatment Tank (Trash Tank):** integral of Aqua Klear AK5B1

**Treatment Unit (Aerobic):** Aqua Klear AK6BESIDE3 or equal

**Pump Tank:** 502 gallon; integral of Aqua Klear AK6BESIDE3

**Pump:** Meyers 2 NFL or equal

**Filter:** Geoflow AP4E100 or equal

**Supply Manifold:** 1" sch 40 pvc

**Return Manifold:** 1" sch 40 pvc

**Drainfield:** 400 linear feet of Geoflow

**# of Emitters per zone:** 200 emitters

**Emitter Flow Rate:** 0.53 GPH @ 20 psi

**Flow per Hour per Zone:** 106 GPH (1.8 GPM)

**Vacuum Breaker:** 2 per zone

**Flow Alternator:** Not Required

**Timer:** required (On 10 minutes, Off 50 minutes)

**Gallons per Dose:** 18

**Disinfection:** Not Required

**Depth of Installation:** 6" beneath top of mound

### IRRIGATION AREA:

1. **The homeowner shall be completely sod the irrigation area with St. Augustine or native grasses.** Grasses shall be cut as needed to promote healthy, normal growth.
2. Plants intended for human consumption shall not be grown inside the irrigation area.
3. **No surface improvements shall be constructed or placed inside the irrigation area or the future reserve area.**
4. **Area shall be graded to promote positive drainage and surface water runoff.**

### 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 tablets, if required. 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:

1. The Homeowner is responsible for installing ultra low flow plumbing fixtures in the home.
2. Garbage disposals should not be used in conjunction with any on-site sewerage facility.
3. Grease, cigarette butts, personal hygiene products, and other trash shall be disposed of in the garbage.
4. Water conservation measures should be taken to help ensure the proper operation of the on-site sewerage facility.
5. Electrical wiring shall be in accordance with the current edition of the National Electric Code.
6. **Alarm shall be of the Audio and Visual type.**
7. **Pump and alarm shall be on separate circuits.**
8. **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.**  
*Pressure relief will also serve to elevate flow for proper filter function.*

### Special Notes for 100 Year Flood Plain Locations

1. **All mechanical and electrical components shall be elevated at least 18 inches above the 100 year flood elevation and/or waterproofed.**
2. All tank openings shall be sealed with RAM=NEK, or an equivalent sealant, to prevent contamination to flood waters.
3. **Septic and/or Aerobic treatment tanks shall be kept filled with sewage to prevent flotation. Pump tank is integral to the aerobic treatment unit and will not pose a floatation problem if the pretreatment and aerobic treatment tanks are kept full of fluid.**
4. This system, if installed and operated in accordance with this plan and State and Local rules and regulations, should not present a hazard to public health, or threaten adjacent water wells during flooding.

**PUMP TANK DESCRIPTION:**  
**(Timed Pumping)**

**502 Gallon Pump Tank**

**Volume:** 502 gallons

**Dimensions:**

depth below inlet 50.5"  
gallons per inch 9.9

**Float Settings (from bottom):**


<b>Static Volume:</b> 158.4 gallons	<b>pump off</b> 16.00"
<b>Dosing Volume:</b> 18.0 gallons	<b>pump on</b> minimum tether, timer controlled
<b>Reserve Capacity:</b> 153.0 gallons	<b>alarm on</b> 43.50"

<b>psi / hd-ft required</b>	<u>20 / 46.2</u>
<b>Total of 1" sch 40 PVC pipe</b>	<u>100 ft. max.</u>
<b>Flow</b>	<u>1.8 gpm</u>
<b>Friction Loss due to pipe</b>	<u>5.47 hd-ft./100ft. = 5.47 hd-ft.</u>
<b>Friction Loss including elbows &amp; joints</b>	<u>5.47 hd-ft. x 1.2 = 6.6 hd-ft.</u>
<b>Depth of tank</b>	<u>6 feet</u>
<b>Total Head Required</b>	<u><b>58.8 feet @ 1.8 gpm</b></u>
<b>Pump Required</b>	<u><b>Meyers 2 NFL or equal</b></u>

This system is designed to treat and dispose of up to **240** gallons/day. If the system is overloaded or not properly maintained, the designer is not responsible. Assumed loading rates are outlined on Calculation page, if these are exceeded; additional plant capacity, disposal area, etc. will need to be added by the owner at his expense. 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.

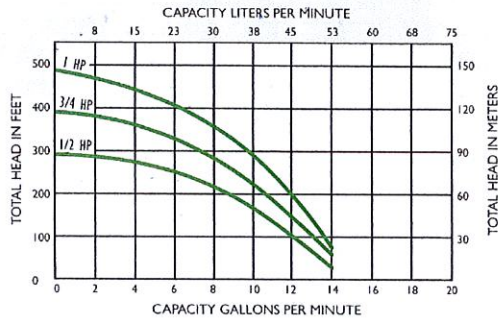
Seal



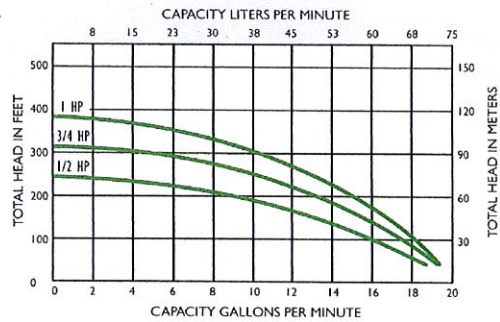
  
Garry Gana, R.S.  
2-13-17

# 2NFL AND J-BE SERIES PERFORMANCE

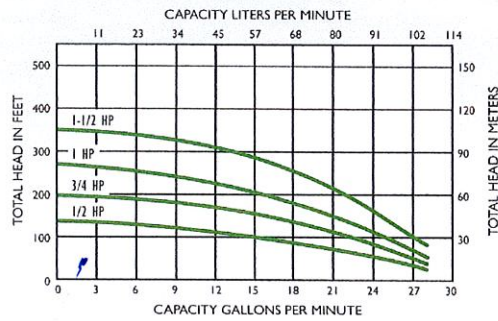
8 GPM



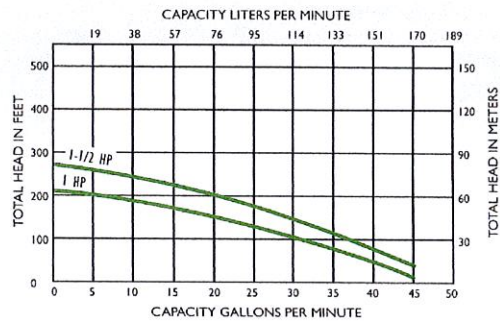
12 GPM



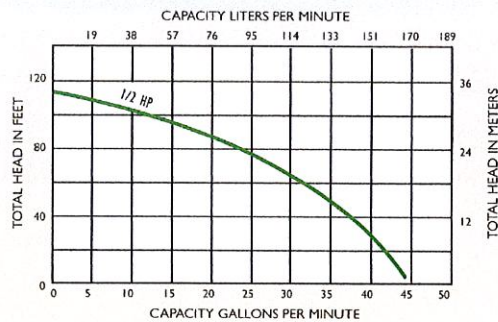
20 GPM



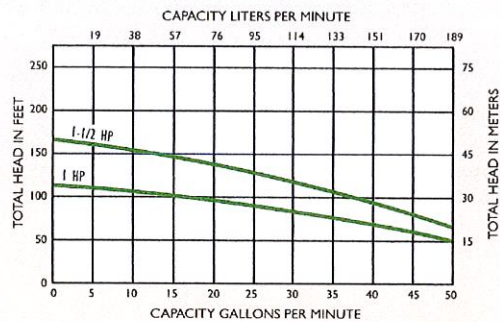
25 GPM



30 GPM



35 GPM



# Site Evaluation Form

Date: Stack pools

Client: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Legal Description:

Site Address: 863 Selwyn Rd

City/Area: CB

Subdivision: Blue Water Addn #2

Sec: \_\_\_\_\_ Lot: 26263 Block: \_\_\_\_\_

Survey: \_\_\_\_\_

Abstract No.: \_\_\_\_\_

Property Size: 100 x 142

Acres: \_\_\_\_\_

Existing or proposed structure to be served: 3 Bed

## TOPOGRAPHY

Slope:

Flat: (under 2%)

Slight: (Under 4%) \_\_\_\_\_

Severe: (Over 5%) \_\_\_\_\_

Vegetation:

Grass/Brush:

Lightly Wooded: \_\_\_\_\_

Heavily Wooded: \_\_\_\_\_

Site Drainage:

Poor: \_\_\_\_\_ Adequate:  Good: \_\_\_\_\_ Other: \_\_\_\_\_

**Note:** If slope is severe a Topo Survey with half foot contours should be provided with this form on the design. If site drainage is poor or slope is flat then a detailed drainage plan should be provided on the design.

## FLOOD HAZARD

Property is located:

Outside 100 year flood plain: \_\_\_\_\_

In 100 year flood plain:

In 100 year flood plain and floodway: \_\_\_\_\_

**Note:** Attach a FEMA Flood Insurance Rate Map (FIRM) with property location identification or current survey with Flood Plain determination. Systems installed in flood plain must address tank floatation concerns.





# EFFLUENT LOADING DETERMINATION

<u>Soil Class/Texture</u>	<u>Gallons per day per square foot</u>	
Ia/Gravelly Soil >30% Gravel	Too great for consideration	>0.5
Ib/ Sandy soils with < 30% gravel		<u>0.38</u>
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:

Depth per field evaluation: 6"

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## SOIL STRUCTURE

**Class II & III soils must have soil structure analysis performed**

Soil structure is:

Massive: \_\_\_\_\_  
Blocky: \_\_\_\_\_  
Platy: \_\_\_\_\_  
% Gravel: 0

**Note:** Massive and platy soils are considered unsuitable with respect to structure.

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## FINDINGS

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

Wastewater application rate 0.38 Gal/day/sq. ft.

I, Garry Gana, a registered Site Evaluator

did personally conduct the site evaluation on 2-11-17  
(Date)

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

[Signature]  
Site Evaluator

OS0010343

Registration Number

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

**System Owner:**

Michael Stackpole  
PO Box 2326  
Crystal Beach, TX 77650

Brand Name: Aqua Klear

System Name: Aqua Klear

Located: 863 Selwyn Rd  
Crystal Beach, TX 77650

Serial Number:

Model Number: AK 500

Gulf Coast Aerobic Services, will inspect and service your Aqua Klear, Aerobic System once every 4 Months for a period of two year from the date 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 on 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 residue 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 2 Business Days of the initial contact. 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 Health District  
1207 Oak P. O. Box 939  
La Marque, TX 77568  
(409) 938-2411

**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*  
Michael P. Robinson, Gulf Coast Aerobic Services

*Michael Stackpole*  
System Owner

Service Company Operator License Number: OS6955

**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):

*863 Selwyn Rd., Crystal Beach, TX 77650  
Lots 262 & 263, Blue Water Addn #2, Galveston County, Texas*

The property is owned by Michael Stackpole  
(insert owner's full name)

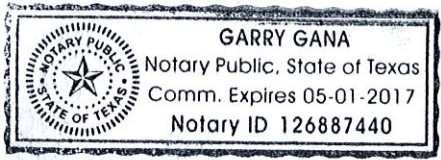
This OSSF shall be covered by a continuous service policy for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally under the guidelines 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 11 DAY OF February, 2017.  
[Signature]  
(Owner(s) signature(s))

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 11 DAY OF February, 2017.

[Signature]  
Notary Public, State of Texas  
Notary's Printed Name: Garry Gana  
My Commission Expires: May 01, 2017



**FILED AND RECORDED**

Instrument Number: 2017010221

Recording Fee: 26.00

Number Of Pages: 2

Filing and Recording Date: 02/15/2017 10:10AM

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.





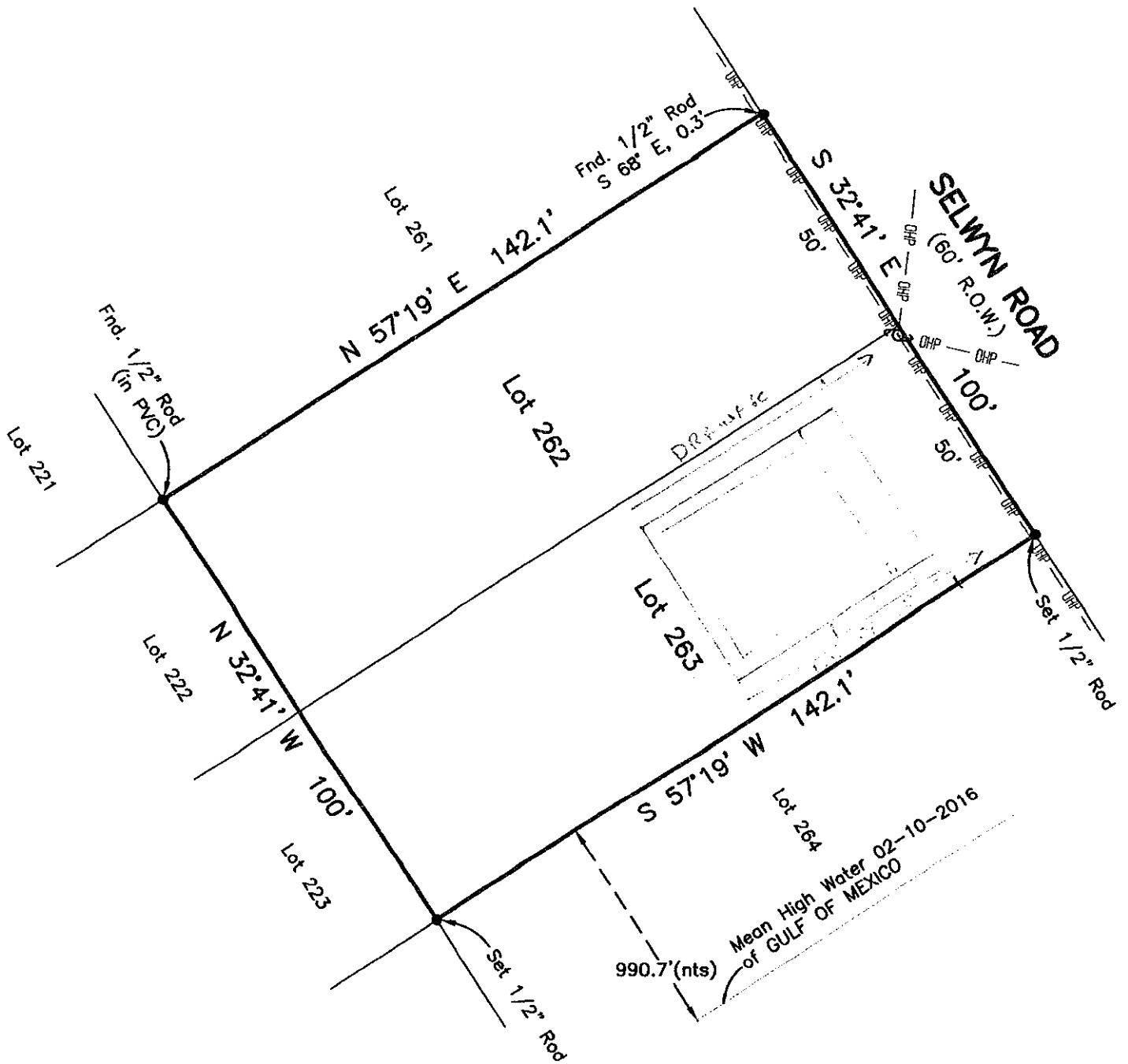
*Dwight D. Sullivan*

**Dwight D. Sullivan, County Clerk**  
Galveston County, Texas

NOTICE: It is a crime to intentionally or knowingly file a fraudulent court record or instrument with the clerk.

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

	<p><b>LEGEND</b></p> <p>(nts) Not to Scale</p> <p>———— Boundary Line</p> <p>⊕ Power Pole</p> <p>— OHP — Overhead Power</p>		 <p>SCALE: 1" = 30'</p>
<p><b>863 Selwyn Road, Crystal Beach, TX 77650</b></p>			



Survey of Lots Two Hundred Sixty-Two (262) and Two Hundred Sixty-Three (263) of BLUE WATER ADDITION NO. TWO (2), a subdivision in Galveston County, Texas, according to the map or plat thereof recorded in Volume 254-A, Page 75 and transferred to Plat Record 3, Map No. 31, both of the Map Records in the Office of the County Clerk of Galveston County, Texas.

I hereby certify that on the below date, the herein described property, together with improvements located thereon, was surveyed on the ground and under my direction, and that this map, together with dimensions as shown hereon, accurately represents the facts as found on the ground this date.

*[Handwritten signature]*

ON 9708

County of Galveston

Building Permit Application

Flood Map Panel 123 Flood Map Date 7.5.93 Date 1-31-17

Flood Zone V19 Required Elevation 11e Permit # \_\_\_\_\_

Location of Building (Address) 863 Seewyn  
C.B TX 77610

Type of Improvement  Non Residential  Residential  
 New  Addition  Alteration  Repair  M. Home  RV  
 Storage  Detached Storage  Deck  Site Work  Other

Value: Sq Ft 1360 \* Cost per Sq Ft \_\_\_\_\_ = Improvement Value 40800  
Deck Sq Ft 1104 \* Cost per Sq Ft \_\_\_\_\_ = Improvement Value 13800  
6 Garage Sq Ft 429 \* Cost per Sq Ft \_\_\_\_\_ = Improvement Value 5363

Fee: Total Fee 25 + 135 = 160 Total Value 59963

Foundation:  Slab  Pile  Pier & Beam

Water Supply  Public  Private Sewage Disposal  Public  Private

IRC (if applicable):  As published on May 1, 2008  Current City of Galveston

Number of Bedrooms 3 Number of Bathrooms Full 2 Half 1

Owner: Name: MIKE STACKPOOLE Phone # \_\_\_\_\_  
Address: PO BOX 1586 CB TX 77650

Authorized Agent: Name: ITBTS ARON NUNLE Phone # 214 914 5140  
Address: PO BOX 1297 CB TX 77650

I hereby authorize Aron Nunle to act in my behalf as my agent in the processing of this application and to furnish, upon request, supplemental information in support of this permit application

Michael Stackpoole Signature of Owner Date 1/31/17

I, Michael Stackpoole [Owner or Authorized Agent] agree to the conditions below

I acknowledge areas below required elevation can only be used for parking, storage or building access-No mechanical, electrical or plumbing is allowed below the base flood elevation except those specifically approved on the permit. The receipt, acceptance, and/or deposit of a check, money order or any form of payment to the County does not constitute any approval of a permit.

3-B

I agree on behalf of both myself and on those working on behalf of me that

- There will be no deviation in the work performed from the construction, modifications changes or improvements ("improvements") described in this Building Permit Application and shown on the attached plans and specifications except as may be authorized in writing by Galveston County acting by and through its Building Inspector prior to beginning work on any deviation from the described improvements.
- Any deviation from the permitted improvements identified by Galveston County is justification for the issuance of a Stop Work Order being issued by the Building Inspector.
- If a Stop Work Order is issued, I agree to immediately cease all work on the improvements and will, within ten (10) days following receipt of the Stop Work Order, remove or correct any deviations identified by the County Building Inspector.
- I acknowledge Galveston County's interest in and responsibility of ensuring compliance with its Building and FEMA Regulations.
- I understand that any deviation in the work performed on the improvements is a wrongful act causing irreparable injury and presenting imminent harm, for which Galveston County has no adequate remedy at law.
- I further agree that Galveston County's lack of an adequate remedy at law justifies imposition of a temporary restraining order and a temporary injunction issued against me to bar any further work under the Building Permit pending resolution of the dispute between Galveston County and me.
- In the event that Galveston County files suit seeking injunctive and/or other relief, I hereby submit to the jurisdiction of the State District Courts exercising jurisdiction in Galveston County and agree to the issuance of such temporary restraining orders and temporary injunctions as may be required to halt the construction of work on the improvements that deviate from the Building Permit; and
- In the event that Galveston County files suit against me I agree to pay the reasonable attorneys' fee, court costs and other expenses incurred by the County in the prosecution of that suit.

I acknowledge the property may not have access to an existing improved road that is maintained by the County

**I acknowledge it is a violation to begin work before a permit is issued. This is only a permit application-not a permit**

**Compliance with Galveston County Building Permit Requirements will be strictly enforced.**

Agreed: Michael Stackpole (Printed Name of Owner or Authorized Agent)

Date: 1/31/17

Owner or Authorized Agent Signature [Signature] Date 1/31/17

Address \_\_\_\_\_ Phone \_\_\_\_\_

Fee Paid Money Order \_\_\_ Check \_\_\_ Credit Card \_\_\_ Approval/Rec'd 189739 1-31-17