FIELD INSPECTION REPORT/OSSF

Hood County Environmental Health Department

Property Owner Dan Ross Permit Number 10813

Property Address 2518 Riverview Rd. Installer & # Randall Scott 3455

Site Evaluator & # Debra Lemmons 06895 Designer & # Randall Scott 3455

System consists of: Conventional Trench
type of on-site sewage facility

Pretreatment Tank(s): 500 gallons cap. Manufacturer Monroe type Concrete

two-way cleanout ✓ pipe from structure to tank SDR 26 adequate fall ✓ (to & thru all tanks)

Secondary treatment: Concrete type Tank(s) 500 cap. Manufacturer Monroe

Model # NA Serial # NA

Pump Tank(s): NA gallons cap. Manufacturer NA type NA

Pump type/size NA check valve/anti-siphon NA Audible/visual alarm NA

Disposal: subsurface area: 1200 ft² surface area: NA

trench width: 3 media depth 12" depth to top of pipe/line 6"

Separation distances: Disposal area to: well NA structure 6' tanks 7'

front property line Across back property line 5' side W ft. 18' side E ft. Across

Remarks: 85+ ft to Creek. Don't build or drive over tanks, lines or disposal field. Maintain Vegitation in disposal field.

As Built Drawing

Per Design

Inspector signature _____ Installer signature _____

Approved ✓ Denied _____ Date 4/15/14

HOOD COUNTY HEALTH DEPARTMENT
APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION AND MODIFICATION

HCHD USE ONLY
10813 APPLICATION NO.
4-7-14 DATE
410 06 AMOUNT
173377 RECEIPT#

☒ NEW INSTALLATION
☐ MODIFICATION

AUTHORIZATION TO CONSTRUCT
☒ GRANTED ☐ DENIED

PROPERTY OWNER'S NAME Ross (LAST) Dan (FIRST) (MIDDLE)

PERMANENT MAILING ADDRESS: 205 Northview Rd. Aledo, TX 76008

TELEPHONE NO. DURING DAY: ( )

SITE ADDRESS: 2518 Riverview Trail, Granbury, TX 76048 ~~76049~~

LEGAL DESCRIPTION: Sec. Block 2 Lot 7 Phase

SUBDIVISION: River Country Acres

OTHER THAN SUBDIVISION: ACREAGE 2.026

SOURCE OF WATER: ☐ Private Well ☒ Public Water Supply

G.P.D. 240

SINGLE FAMILY RESIDENCE: No. Of Bedrooms 3 Living Area (ft2) 1200

TYPESYSTEM: Trenches Sq. Ft. 1200

NO. OF EMPLOYEES/OCCUPANTS/UNITS: — DAYS OCCUPIED PER WEEK: 7

SITE EVALUATOR: Debra Lemmons CERTIFICATION NO.: 06895

DESIGNER: Randall Scott LICENSE NO. (PE or RS): 3455

INSTALLER: Randall Scott REGISTRATION NO.: 3455

OSSF PERMITS WILL EXPIRE ONE YEAR FROM DATE ISSUED.

*(*All related fees are non-refundable and shall be paid by personal check, cashier's check, money order, or cash.)*

I certify that the information here in is true and correct to the best of my knowledge. Authorization is hereby given to the Hood County Environmental Health Department to enter upon the above-described property for the purpose of lot evaluation and inspection of the on-site sewage facility (OSSF) as well as re-inspection of an approved OSSF every five years. 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 TCEQ On-Site Sewage Facility Rules, TAC 30, Chapter 285.

R Scott
SIGNATURE OF OWNER (or) REPRESENTATIVE

4-1-14
DATE

HOOD COUNTY, TEXAS 1866

RECEIVED
APR - 3 2014
BY:

APPLICATION FOR ON-SITE SEWAGE FACILITY

1402 W Pearl Granbury, Texas 76048 (817)579-3288 ph 817-579-3268 (fax)

1. PROPERTY OWNER'S NAME: Ross Dan
(Last) (First) (Middle)

2. CURRENT MAILING ADDRESS: 205 Northview Rd, Aledo, TX 76008

3. DAYTIME TELEPHONE NO.: —

4. *911* SITE ADDRESS: 2518 Riverview Trail

5. LEGAL DESCRIPTION: Sec:_____ Block 2 Lot: 7 Plat Date_____

SUBDIVISION: Rivers Country Acres

OTHER THAN SUBDIVISON: Acreage 2.026 Abstract/Survey Name:_____

6. PHYSICAL LOCATION/DIRECTIONS TO SITE: _____

7. SOURCE OF WATER: ☐ Private Well ☒ Public Water Supply_____
(Name of Supplier)

8. SINGLE FAMILY RESIDENCE: No. of Bedrooms 3 Living Area (ft2) 1200

9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: N/A

10. SITE EVALUATOR & LICENSE NO.: Debra Lemmons PHONE NO: 817-279-7111

11. DESIGNER & LICENSE NO.: R. Scott PHONE NO.: 279-3641

12. INSTALLER & LICENSE NO.: Randall Scott OSII 3455 PHONE NO.: 279-3641

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Hood County Environmental Health Department to enter upon the above-described property for the purpose of lot evaluation and inspection of the on-site sewage facility (OSSF) as well as re-inspection of an approved OSSF every five years. A permit to operate the facility will be granted following successful inspection of the installed system, which indicates the system was installed in compliance with the TCEQ On-Site Sewage Facility Rules, TAC 30, Chapter285.

R Scott
(SIGNATURE OF OWNER)

4-3-2014
(DATE)

For Office Use Only

Pre-Construction Inspection Date: _____ Application Approval date: 4/4/14

Hood County Environmental Health

ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL.
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.

Owner's Name: DAN ROSS **Phone Number:** —

Professional design required?: ☐ Yes ☑ No If yes, professional design attached: ☐ Yes ☑ No

Site Address: 2518 RIVER VIEW TRAIL

I. SEWER (House Drain):

Type and size of pipe: 3" Slope of sewer pipe to tank: 1/4"

II. DAILY WASTEWATER USAGE RATE: Q= 240 **(gallons/day)**

Water saving devices: ☐ Yes ☐ No

III. TREATMENT UNIT:

A. ☐ SEPTIC TANK:

- Tank dimensions: 5X5 • Liquid depth (tank bottom to outlet): 34"
- Size required: 1000 • Size proposed: 1000gal (2(500))

B. ☐ AEROBIC:

- Manufacturer: _____ • Model #: _____
- Size required: _____ • Size proposed: _____
- Pretreatment tank: ☐ Yes ☐ No

C. ☐ OTHER: _____

IV. DISPOSAL SYSTEM:

Type: Conventional Trench

- Area required: 1200 ft² • Area proposed: 1200 ft²

V. ADDITIONAL INFORMATION: (Note – This information must be attached for review to be completed.)

A. Site Evaluation

B. Planning Materials

The attached checklist details those items that must be addressed under each of these categories.

R Scott — **Designer's Signature**

3455 — **Registration Number**

4-3-2014 — **Date**

Annex III • 1402 W. Pearl St. • Granbury, Texas 76048
Phone (817) 579-3288 • Fax (817) 579-3268

SITE EVALUATION REPORT

DATE: 2 Apr 14

APPLICANT INFORMATION:

Owner _____
Builder _____
Installer Randall Scott

SITE EVALUATOR INFORMATION:

Debra Lemmons www.hlconco.com
PO Box 243, Tolar, TX 76476
817-279-7272 (O) 817-394-2411 (F)

PROPERTY LOCATION:

Lot _____ Block _____ Subdivision River Country Acres
Street/Road Address 2518 River View Trail
County Hood Unincorporated Area: Yes ✓ No _____ ETJ _____

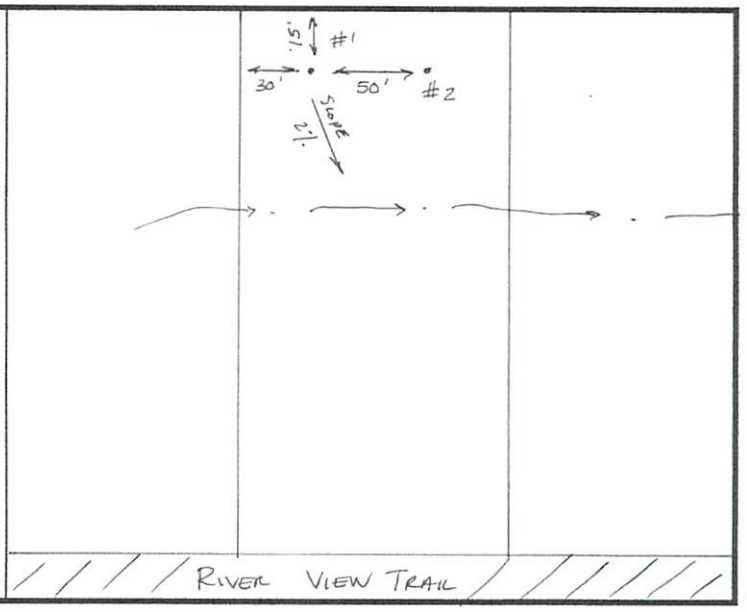
FEATURES OF SITE AREA:

Presence of 100 year flood zone within OSSF Area	Yes _____	No ✓
Presence of upper water shed through OSSF Area	Yes _____	No ✓
Presence of adjacent ponds, streams, water impoundment	Yes _____	No ✓
Existing or proposed well within 300 ft. of OSSF Area	Yes _____	No ✓

SCHEMATIC OF TRACT OR LOT

Size of Lot 194' x 400'

Type of Structure Single Residence



Compass North

SOILS INFORMATION:

	Depth (in.)	Textural Class	Drainage Indicators	Restrictive Horizon	Observations (suitable/unsuitable)
1	0-12"	Dk. Brown Clay Loam (III)	NO	NO	S
	12-36"	Dk. Brown Sandy Clay (III)	NO	NO	S
	36-60"	Yellowish Brown Sandy Clay (III)	NO	NO	S
2	0-12"	SAME			
	12-38"			AS	U
	38-60"				

Soil suitable for conventional system Yes* ✓ No _____ Max. Depth 36"
Presence of seasonal water table indicators Yes _____ No ✓ Depth NA
Presence of restrictive horizon Yes _____ No ✓ Depth NA

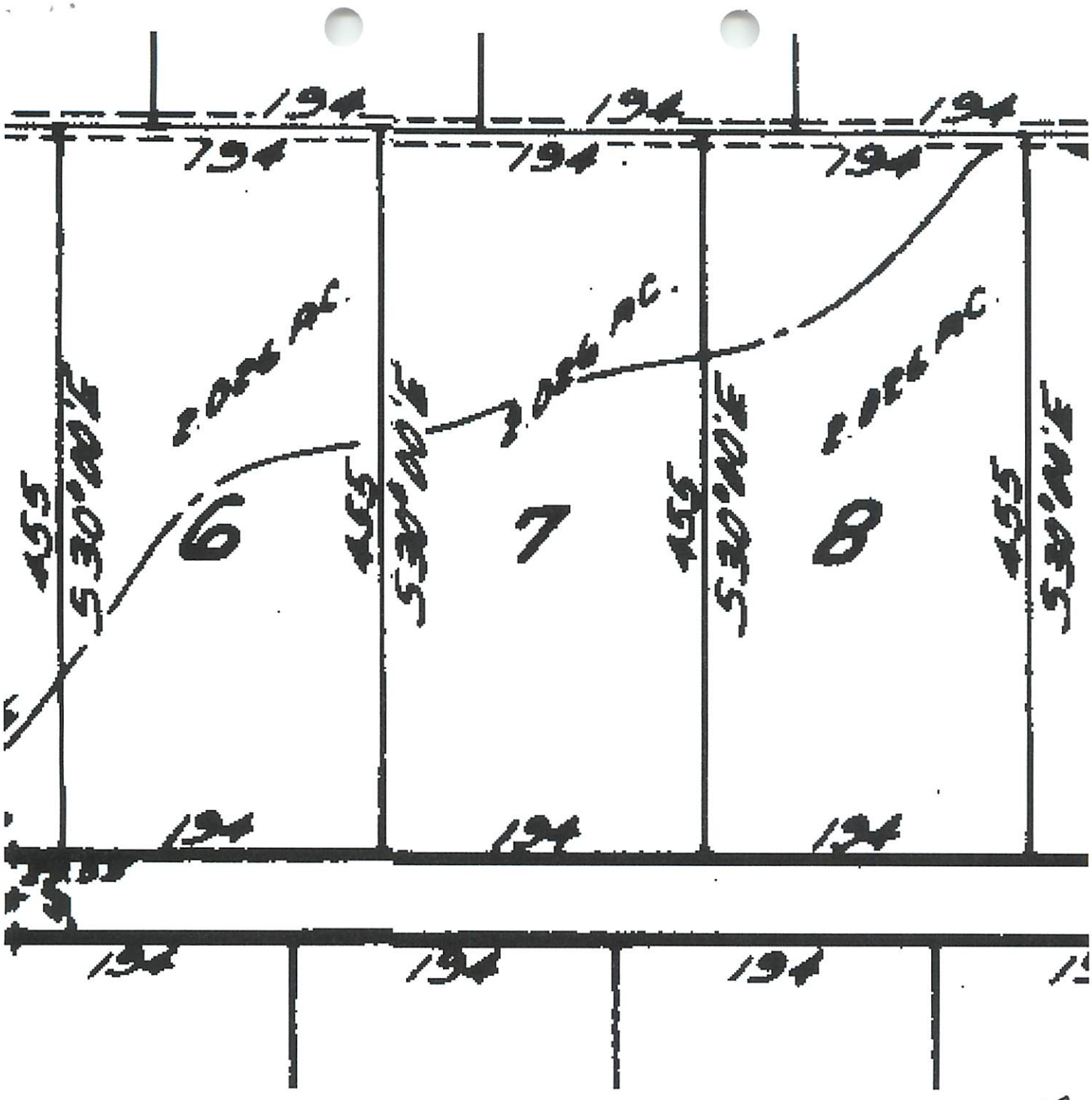
Additional Information: _____

I certify that the findings of this report are based on field observations and are accurate to the best of my ability.

STATE OF TEXAS
DEBRA LEMMONS
60895
LICENSED
PROFESSIONAL ENGINEER

Signature Debra Lemmons Debra Lemmons, PE #60895
Texas Firm #15113

*It should be understood that the test data indicates the site and soil meet the MINIMUM state standards for a conventional system. This is not a guarantee the system will perform to the owner's satisfaction. This report does not infer there is adequate available area for an OSSF. A site and structure specific design must be obtained to insure adequate area for a structure and subsequent OSSF.



76048

2518 River View Trail

7

Ross