

TARRANT REGIONAL WATER DISTRICT

140 FM 416

Streetman, Texas 75859

(903)389-3928

(903)389-7587 (fax)

***AUTHORIZATION TO CONSTRUCT
AN
ON-SITE SEWAGE FACILITY***

Application Number RC14-056

Property Owner Richland Chambers Property, LLC

Mailing Address 2037 SECR 3310
 Kerens, Texas 75144

Property Location Lot 451 The Shores 6
 105 Canal St.
 Corsicana, Texas 75109

 Navarro County, Texas

This serves to notify all persons that an on-site sewerage facility application, related technical data, and the appropriate fee have been received by the Tarrant Regional Water District (District) from the property owner. The application has been reviewed for technical and administrative consideration against the standards set forth by the District. Approval is hereby granted for the construction as shown on the submitted plans.

Any modifications to submitted plans require approval by the Tarrant Regional Water District prior to installation.

You or your installer must contact the District office at 903-389-3928 between 7:30 A.M. to 8:30 A.M. to arrange for the required facility inspection. Calls after 8:30 A.M. may result in inspection being delayed until the next working day. **The authorization to construct is valid for one year from the date of issue of an application.** If a final inspection has not been performed within one year of issue, a new application and fee will be required.

Comments: **The following design is based upon the minimum standards set forth by the Texas Commission on Environmental Quality and is based on a maximum daily flow of 300 gallons, the use of water saving devices is required. CONDENSATION LINES ARE NOT TO BE PLUMBED INTO THE OSSF.**



OS-8058

Authorized District Representative

12/4/14

Date



TARRANT REGIONAL WATER DISTRICT
APPLICATION FOR ON-SITE SEWAGE FACILITY

TRWD USE ONLY
APP. NO.: RC14-056

Richland-Chambers

TRWD RESERVOIR

RECEIPT NO: 16917

DATE: 12-2-14

Navarro

COUNTY OF INSTALLATION

AMOUNT: \$300.00

Lake Bridgeport
1710 FM 1658
Bridgeport, TX 76426
940-683-2349
940-683-4016 (FAX)

Cedar Creek Lake
6613 Ashby Lane
Trinidad, TX 75163
903-432-2814
903-432-3355 (FAX)

Eagle Mountain Lake
10201 North Shore Drive
Fort Worth, TX 76135
817-237-8585
817-237-8563 (FAX)

Richland-Chambers Reservoir
140 FM 416
Streetman, TX 75859
903-389-3928
903-389-7587 (FAX)

PLEASE FILL IN ALL BLANKS. If the information requested in a space is not applicable, please mark it NA to indicate that you have not inadvertently skipped it.

1. PROPERTY OWNER'S NAME: RICHLAND CHAMBERS PROP.
(LAST) (FIRST) (MI)
2. PERMANENT MAILING ADDRESS: 2037 SE CN 3310 KENNESAW TX 75144
(STREET/PO BOX) (CITY/STATE) (ZIP)
3. DAYTIME TELEPHONE NUMBER: (904) 318 5637
4. SITE ADDRESS: 105 CANAL ST CONSIDIANA TX 75109
(STREET) (CITY/STATE) (ZIP)
5. LEGAL DESCRIPTION: SUBDIVISION: THE SHORES LOT/TRACT 451 BLOCK/ABSTRACT 139
COUNTY Navarro DATE OF PLAT/SURVEY: 2-12-07
IF OTHER THAN SUBDIVISION: ACREAGE N/A SURVEY N/A ABSTRACT N/A
6. SOURCE OF WATER: ☐ Private Well ☒ Public Water Supply (NAME) M.E.N.
7. SINGLE FAMILY RESIDENCE: NUMBER OF BEDROOMS 34 LIVING AREA (sq ft) 2,284 ft²
8. IF COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: N/A
NO. OF EMPLOYEES/OCCUPANTS/UNITS: N/A DAYS OCCUPIED PER WEEK: N/A
9. ESTIMATED DAILY WATER CONSUMPTION (Gal/Day): 300 Gal WATER SAVING DEVICES INSTALLED ☒ N
10. SYSTEM DESIGNER: Phillip Marlar LICENSE #: 2604 TELEPHONE #: 214-507-9521
11. PROPOSED INSTALLER: Jimmy Rash LICENSE #: 05583 TELEPHONE #: 903-654-1557

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Tarrant Regional Water District to enter upon the above-described property for the purpose of lot evaluation and inspection of on-site sewage facilities. I understand that the approval of this application constitutes authorization for construction of the on-site sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which verifies that the system was installed in compliance with the TCEQ's On-Site Sewage Facility Rule (OSSF) and the TRWD Waste Control Order.

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

12. [Signature]
SIGNATURE OF OWNER OR OWNER'S AGENT

12-2-14
DATE

13. [Signature]
SIGNATURE OF AUTHORIZED TRWD REPRESENTATIVE

05-28939 12-2-14
LICENSE # DATE

AFFIDAVIT

THE COUNTY OF NAVARRO

STATE OF TEXAS

00007699

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of NAVARRO 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 or the Permitting Authority of the suitability of this OSSF, nor does it constitute any guarantee by the commission or the Permitting Authority 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 the following:

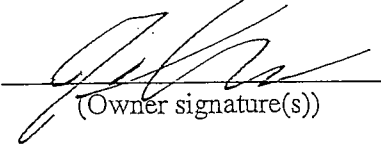
Lot: 451, Block: N/A, Subdivision: THE SHORES, VI, Unit: # N/A
Acreage: 0.505, Survey Name: R. Cardine, Abstract: 139, Deed Volume: _____, Page: _____
Tract: N/A, Section: 6, Document Number: _____

The property is owned by (insert owner's full name): RIEHLAND CHAMBERS PROP.

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.

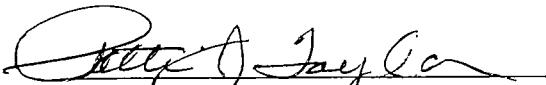
Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF may be obtained from the Permitting Authority.

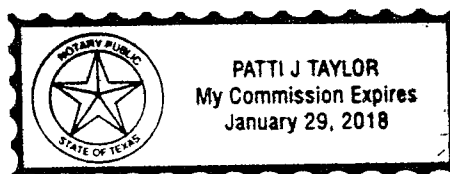
WITNESS BY HAND(S) ON THIS 28 DAY OF OCTOBER, 2014.


(Owner signature(s))

(Owner(s) signature(s))

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 28 DAY OF OCTOBER, 2014.

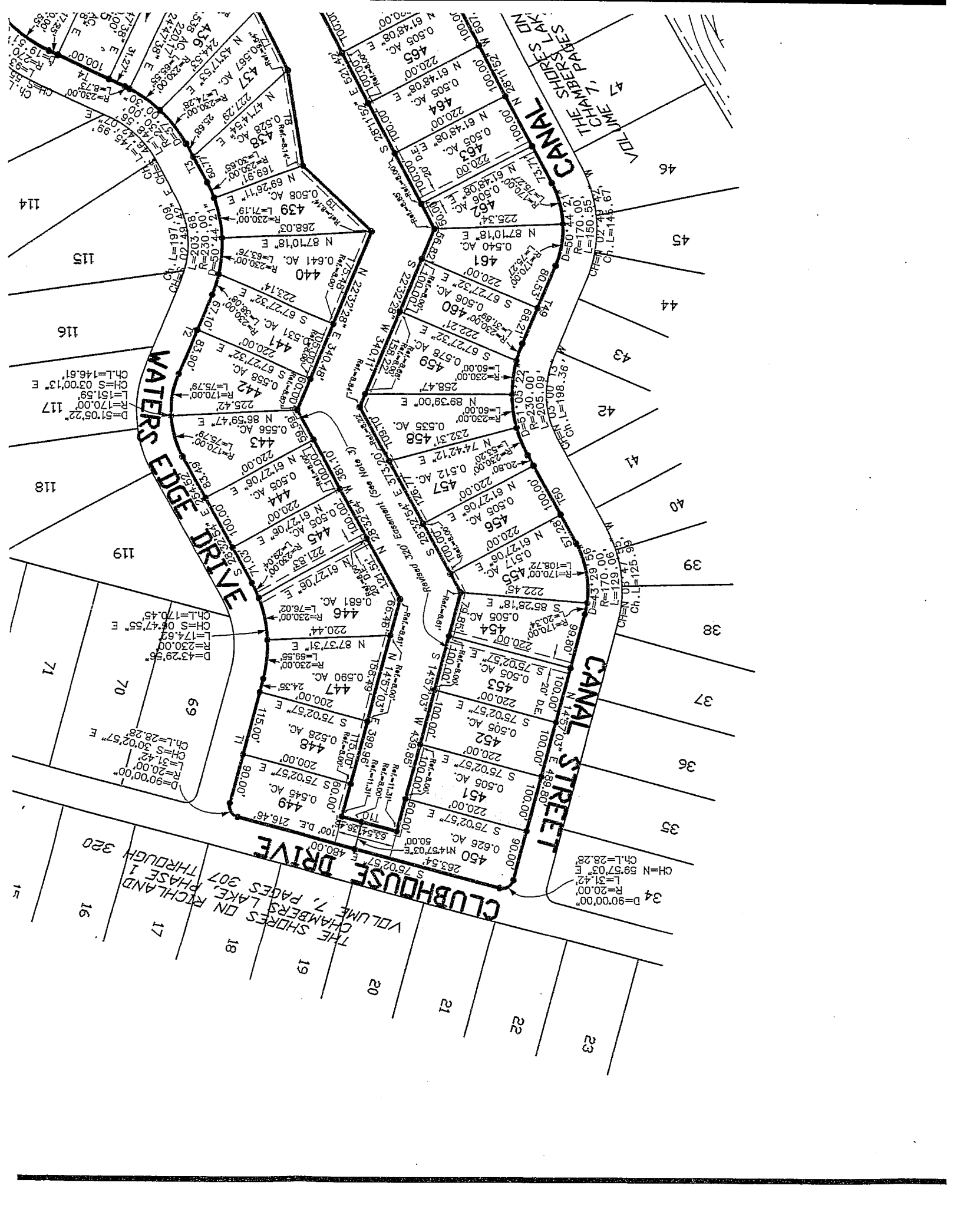

Notary Public, State of Texas
Notary's Printed Name
My Commission Expires:
NOTARY SEAL BELOW:



BUILDING PERMIT

COUNTY OF NAVARRO, TEXAS

JCB ADDRESS										
LCT NO	B.L.K.	SUBDIVISION								
OWNER	ADDRESS	PHONE								
CONTRACTOR	ADDRESS	PHONE								
ELECTRICAL	ADDRESS	PHONE								
PLUMBING	ADDRESS	PHONE								
MECHANICAL	ADDRESS	PHONE								
USE OF BUILDING										
CLASS OF WORK <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH										
DESCRIBE WORK										
<div style="text-align: center; font-style: italic;">400 sq ft addition</div>										
<div style="text-align: right; font-style: italic;">20-10-1970</div>										
TYPE OF CONST.	SO. FT.	NO. OF STORIES								
bldg	2367	2								
NO. OF BEDROOMS	NO. OF BATHS	FOUNDATION								
4	2.5	slab								
ROOF	SPRINKLERS REQUIRED	PARKING SPACES								
comp.										
NO. OF DWELLING UNITS	ZONING	OCCUPANCY GROUP								
<p style="text-align: center;">NOTICE</p> <p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 1 YEAR AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>THE ISSUANCE OF THIS PERMIT SHOULD NOT BE CONSTRUED BY ANY PERSON AS AN APPROVAL OF BUILDING OR CONSTRUCTION TECHNIQUES, METHODS, OR MATERIALS.</p>		<p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAW AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OF LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION</p> <p>SIGNATURE</p> <p style="text-align: center; font-style: italic;">[Signature]</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>VALUATION: \$</td> <td>PERMIT FEE \$</td> </tr> <tr> <td style="text-align: center;">217.00</td> <td style="text-align: center;">57.00</td> </tr> <tr> <td>APPROVED FOR ISSUANCE BY:</td> <td>DATE</td> </tr> <tr> <td style="text-align: center; font-style: italic;">[Signature]</td> <td style="text-align: center;">4-1-71</td> </tr> </table>	VALUATION: \$	PERMIT FEE \$	217.00	57.00	APPROVED FOR ISSUANCE BY:	DATE	[Signature]	4-1-71
VALUATION: \$	PERMIT FEE \$									
217.00	57.00									
APPROVED FOR ISSUANCE BY:	DATE									
[Signature]	4-1-71									
SPECIAL CONDITIONS:										
THIS BECOMES YOUR PERMIT WHEN APPROVED FOR ISSUANCE										





Google earth

feet 2000
meters 600



OSSF SOIL & SITE EVALUATION

Page 1 (Soil & Site Evaluation)

Date Performed: 10 / 7 / 14

Property Owner: Joe Wheeler

Site Location: Canal St. Corsicana, Texas 75109 Proposed Excavation Depth: 12"

REQUIREMENTS:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil borings or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed disposal field excavation depth. For surface disposal, the surface horizon must be evaluated. Describe each soil horizon and identify any restrictive features on this form. Indicate depths where features appear.

Soil Boring #1:

Depth (feet)	Texture Class	Gravel Analysis (if Applicable)	Drainage (mottles / water table)	Restrictive Horizon	Observations
1 foot	III / IV	N/A- None Found	No	No	SCL / CLay
2 feet	IV	N/A- None Found	No	No	Clay
3 feet	IV	N/A- None Found	No	No	Clay
4 feet	IV	N/A- None Found	No	No	Clay
5 feet	IV	N/A- None Found	No	No	Clay

Soil Boring #2:

Depth (feet)	Texture Class	Gravel Analysis (if Applicable)	Drainage (mottles / water table)	Restrictive Horizon	Observations
1 foot	III / IV	N/A- None Found	No	No	SCL / Clay
2 feet	IV	N/A- None Found	No	No	Clay
3 feet	IV	N/A- None Found	No	No	Clay
4 feet	IV	N/A- None Found	No	No	Clay
5 feet	IV	N/A- None Found	No	No	Clay

FEATURES OF SITE AREA

Presence of 100 year flood zone on property ☐ Yes ☒ No
Any part of OSSF located in "FEMA" 100 year flood zone ☐ Yes ☒ No
Presence of upper water shed ☐ Yes ☒ No
Presence of adjacent ponds, steams, water impoundments ☒ Yes ☐ No
Existing or proposed water well in nearby area (within 150 feet) ☐ Yes ☒ No
Ground Slope 4 to 5 %

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

Phillip Marlar #2604
(Signature of person performing evaluation)

Date

10/7/14 SEH
Registration Number and Title



Date Performed: 10 / 9 / 14

Site Location: Canal St Corsicana, Tx. 75109 ☒ Subsurface Disposal ☐ Surface Disposal

Schematic of Lot or Tract

Show:

Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, and any other structures where known, all to scale.

Location of existing or proposed water wells within 150 feet of the property.

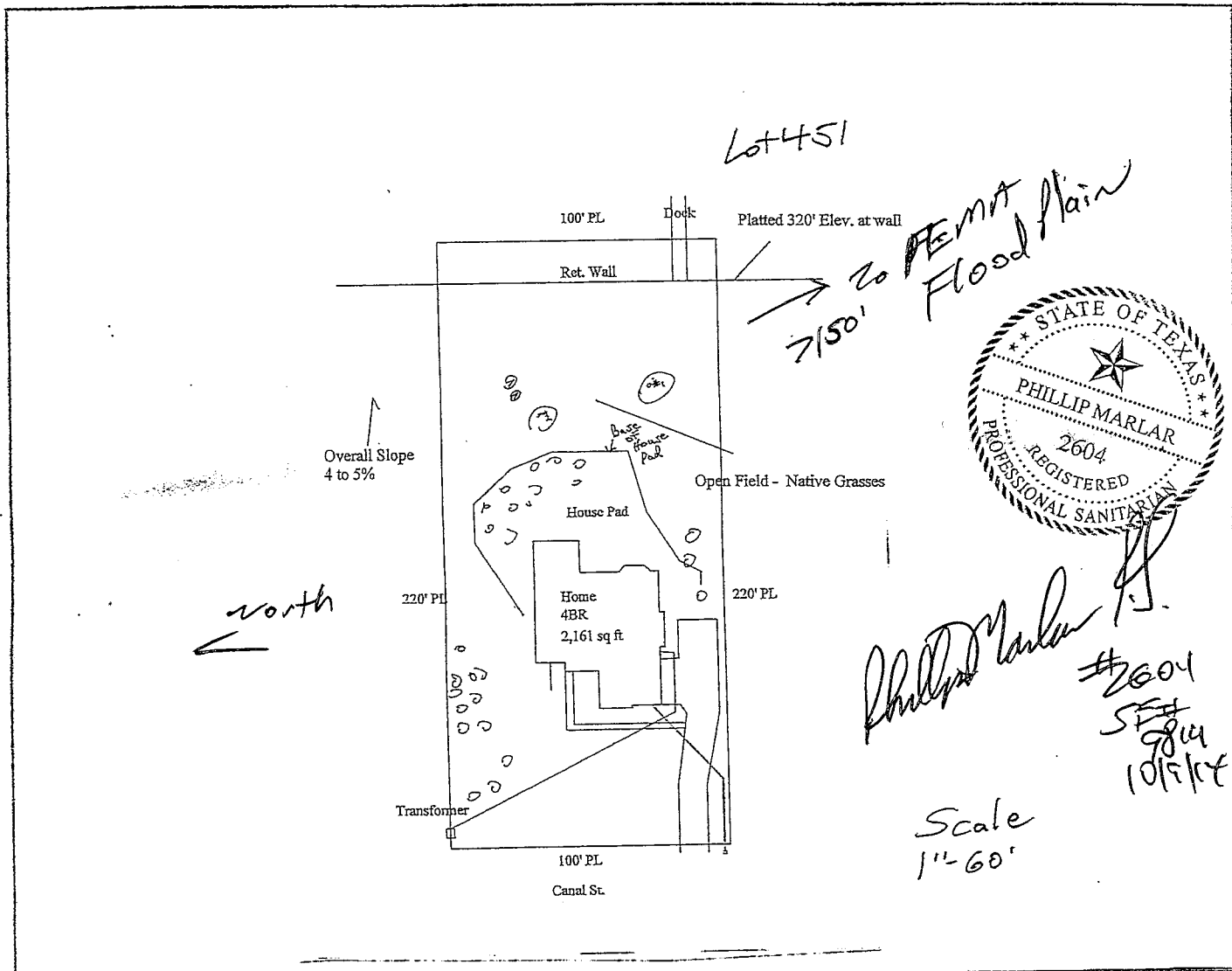
Indicate slope or provide contour lines from the structure to the farthest location of the proposed disposal field.

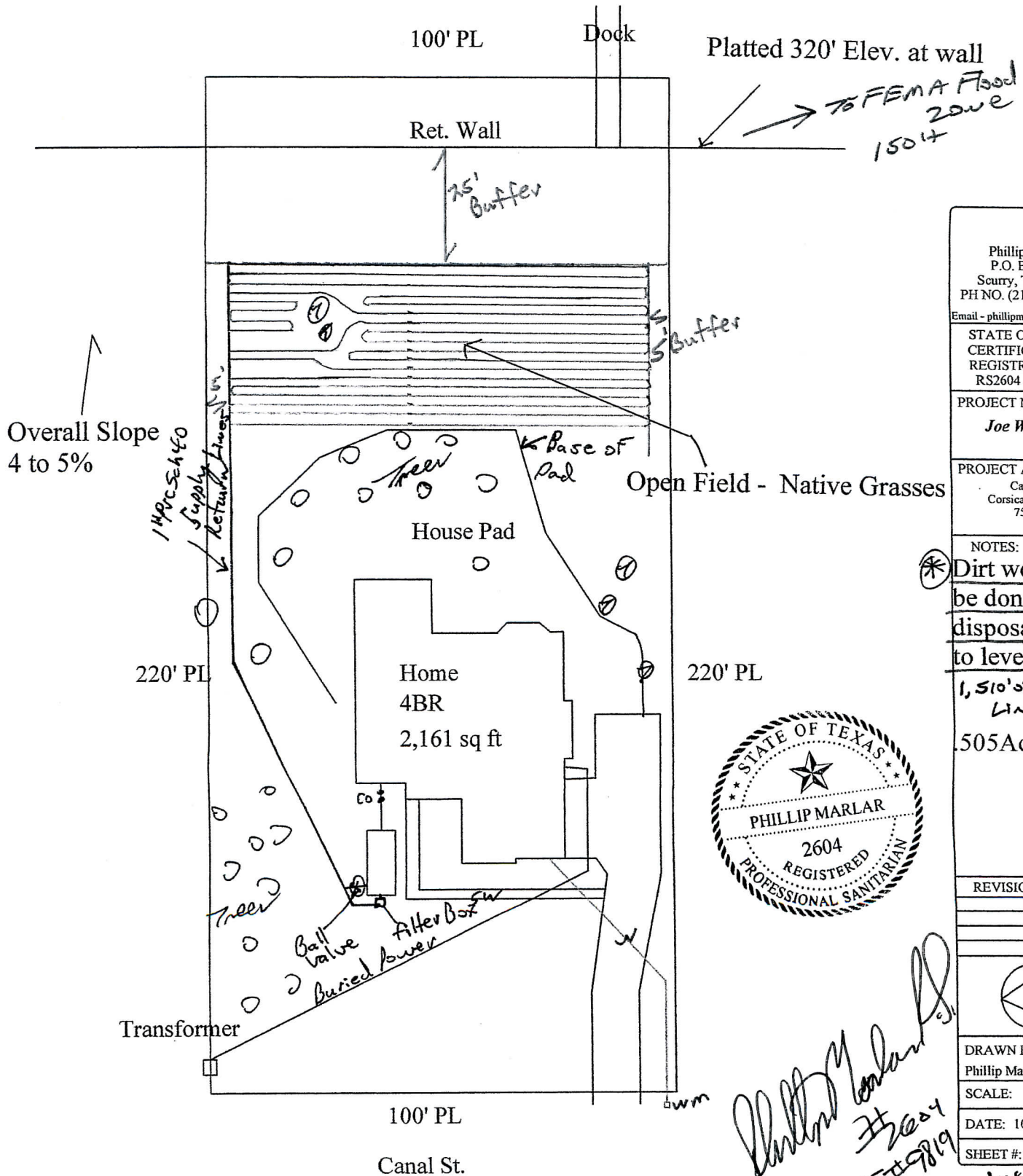
Location of soil boring or excavation pits (show location with respect to a known reference point).

Location of natural, constructed, or proposed drainage ways (ditches, streams, ponds, lakes, rivers, etc.), water impoundment areas, cut or fill bank, sharp slopes and breaks.

Lot Size: _____ or Acreage: .505 ac

SITE DRAWING





Phillip Marlar
P.O. Box 274
Scurry, TX 75158
PH NO. (214) 507-9521
Email - phillipmarlar@yahoo.com

STATE OF TEXAS
CERTIFICATE OF
REGISTRATION #:
RS2604 - SE9819

PROJECT NAME:
Joe Wheeler

PROJECT ADDRESS:
Canal St.
Corsicana, Texas
75109

NOTES:
* Dirt work to be done in disposal area to level out.
1,510' of Drip Line
505 Acre tract

REVISIONS DATE:

DRAWN BY:
Phillip Marlar

SCALE: 1"=30'

DATE: 10/13/14

SHEET #: 1



Phillip Marlar
#2604
SE 9819
10/13/14

PHILLIP MARLAR R.S.
REGISTERED PROFESSIONAL SANITARIAN
TEXAS REGISTRATION # 2604
PHONE (214) 507-9521
P.O. Box 274 SCURRY, TX. 75158

Subsurface (Drip) Irrigation
On - Site Sewage Facility System Design

October 13, 2014

Joe Wheeler
Canal St.
Corsicana, Texas 75109

Site Location: The Shores lot 451, Installing new drip emitter system.

DESIGN PARAMETERS

Soil Evaluation - Class IV soil.

Number of Bedrooms - 4 Square feet living area - 2,161 s.f. (4 bedroom equivalent)

Gallons per day - 300 gpd (Water Saving Fixtures)

Application rate - .1 gal/sq ft / day (Class IV Soil application rate)

Required Disposal Area - 3,000 Sq. Ft.

Designed Disposal Area - 3,020 Sq. Ft.

1- Zone Zone 1- 3,980 sq. ft. (1,510' of Netafim drip line)

Zone 1- 755 Emitters at .61gal/ hr - 7.68 gpm Appl. Rate - .992 gal/sq ft / day

Drip irrigation standards for class IV soil, require an application rate of .1 gal / sq ft / day. For a 4 bedroom home (2,161 sq ft living area)(water saving fixtures), area based on 300 gpd divided by .1 gal/sq ft/day (application rate) = 3,000 sq.Ft.

1,510' of emitter line with 755 emitters at 4 sq ft of area per emitter = 3,020 sq ft field area.

SYSTEM PARAMETERS

Pretreatment tank - 350 gallon tank

Aeration Tank - Aeris Aerobics D500-750PT (500 gpd) Class I aerobic unit

Chlorinator - stackable - free flowing tablets - **Optional**

Pump tank - 734 gallon pump tank

Pump - 1/2 H.P. Submersible Blaster 20EB or equivalent pump - with visual & audible alarm

Supply/Manifold/Backwash Lines - 1" PVC SCH 40

Netafim "Bioline" Pressure Compensating Drip Emitter Tubing

Emitters placed on 2' centers in lateral field unless avoiding trees (All lines looped)

Tuff Tiger Filter box - located over pump tank riser or outside pump tank (1" Disc filters - 100 Micron Mesh) OR standard 1" disc filter

Pressure Gauge on outlet side of filter on supply line

Pressure set for 40 PSI on supply side of drip field

Maximum length of any single drip lateral will be < 421'. At 40 PSI on inlet side of drip field, will achieve 2 ft/sec flush velocity minimum.

Vacuum breakers - **on highest elevations on supply & return lines**

Ball Valve cracked open to pump tank on return line used to continually back flush drip field

Pressure gauge on return line at pump tank chamber to monitor drip field pressure



Phillip Marlar R.S.
10/13/14 #2604
SE 9819

PHILLIP MARLAR R.S.
REGISTERED PROFESSIONAL SANITARIAN
TEXAS REGISTRATION # 2604
PHONE (214) 507-9521
P.O. Box 274 SCURRY, TX. 75158

Subsurface (Drip) Irrigation
On - Site Sewage Facility System Design

October 13, 2014

Joe Wheeler
Canal St.
Corsicana, Texas 75109

Site Location: The Shores lot 451, Installing new drip emitter system.

Dosing Volume – 49.92 gallons (Approx. 6 doses per day)

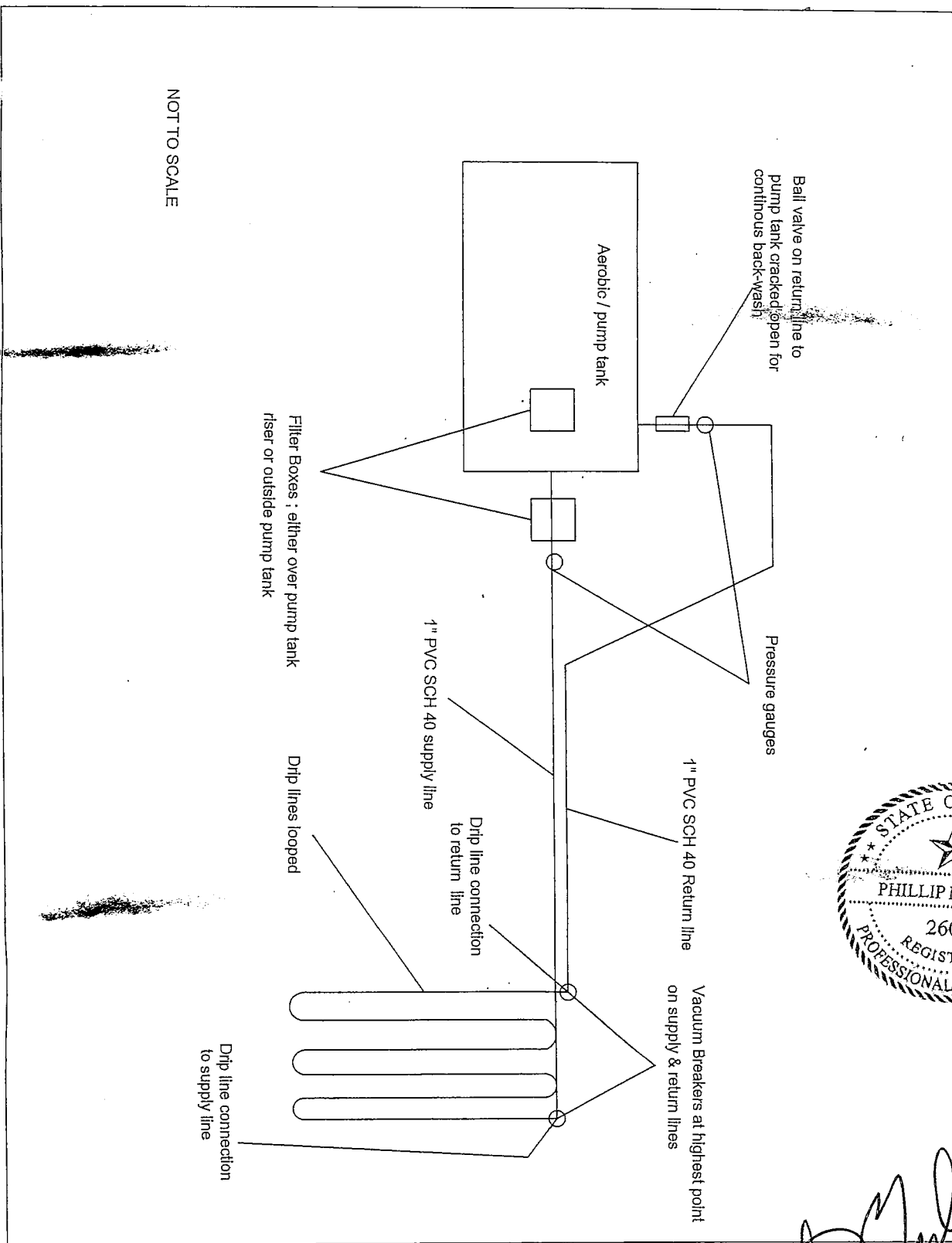
Timer used on Pump to dose field - Pump run time per dosing approx. 6.5 min. every 4 hrs.

SOIL ANALYSIS

Class IV soil



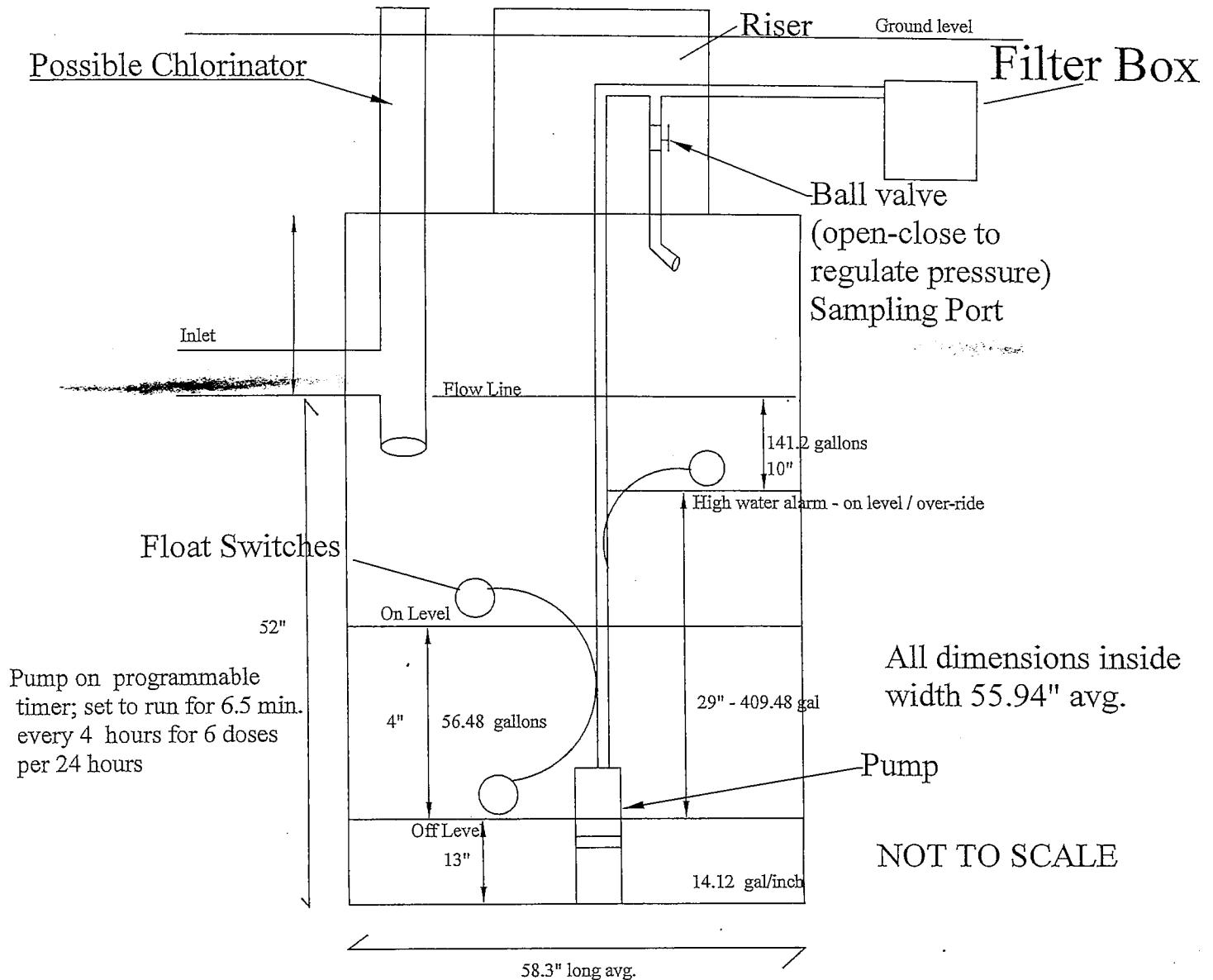
Phillip Marlar R.S.
#2604
10/13/14 SE#
9819



Phillip Marlar
 #2604
 10/13/14 SE# 9819

Aeris Aerobics D500-750T

734 gallon Pump Tank



Pump on programmable timer; set to run for 6.5 min. every 4 hours for 6 doses per 24 hours

Pump time 6.5 minutes for 49.92 gallons at 7.68 gpm at 40 psi on supply side of drip field

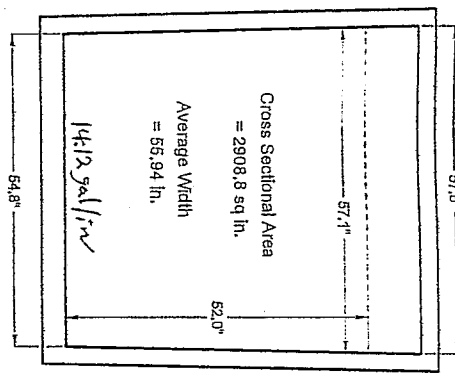
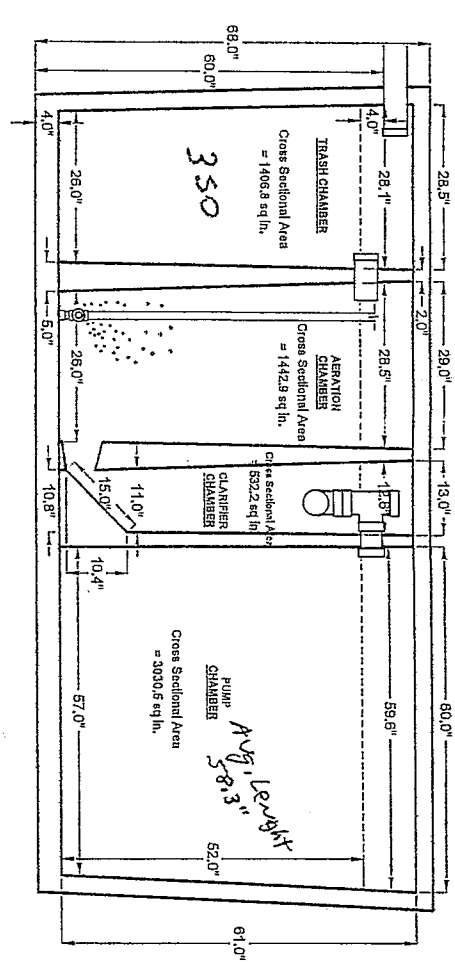
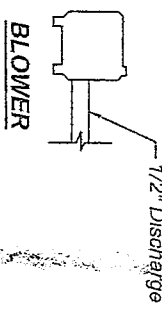
.5 HP Submersible pump @ 7.68 gpm will deliver 130' + Ft total head.

Total Head 110.45 ft at 7.68 gpm for 1" SCH 40 PVC Piping @ 40 psi on supply side of drip field.

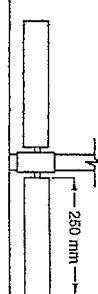
Approx. 6 doses per 24 hours



Phillip Marlar
10/13/14
#2604
SEE
9819



734 gallons



Title:	Model D500 - 750PT	Company Name:	Aeris Aerobics	Date:	3-1-2014
500 gallon per day Aerobic Treatment Unit					

SERVICE CONTRACT

The two-year service contract for the aerobic wastewater treatment system located at the site described below is intended to enable the owner to economically obtain regular service inspections for the aerobic unit, as well as service calls for two years. The system will be inspected every three (3) months for a total of eight (8) over a two-year period. At owner's request for special service we will have a 48-hour period to respond, excluding holidays. The initial period for this contract is for two years. The service includes inspection, adjustment and servicing of the mechanical, electrical, and other component parts to ensure proper function. This includes inspecting control panels. Air pumps, air filters, diffuser operation and replacing or repairing any component not found to be in working order. However, this does not include cost of replacing malfunctioning parts or labor involved in repairing system. An effluent quality inspection consists of a visual check for color, turbidity, and examination for odors.

If the system requires disinfection, the Homeowner is responsible for maintaining chlorine in the treatment system. This must be chlorine tablets designed specifically for wastewater use (NOT SWIMMING POOL TABLETS). If Homeowner fails to adhere to the above they are in violation of law and appropriate action can be taken by the regulatory authorities.

It is also the responsibility of each Homeowner to renew their service contract upon expiration of current contract.

OWNERS NAME: NICHOLAND CHAMBERS PROP.

ADDRESS: 2037 SEEN 331 EFFECTIVE DATE: _____

CITY/ZIP: HEARTY 75144 EXPIRATION DATE: _____

PHONE: 908 3185637 SYSTEM INSTALLED ON: _____

OWNER SIGNATURE: 

DIRECTIONS: _____

CERTIFIED SERVICE PROVIDER

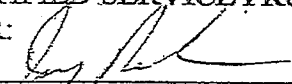
NAME: Timmy RASH

ADDRESS: 8628 S Hwy 287

CITY: Consimma, TX

PHONE: (903) 654-1557

SIGNATURE OF CERTIFIED SERVICE PROVIDER AND LICENSE # CERTIFIED BY MANUFACTURER:

SIGNATURE: 

LICENSE #: OS-583 MP - 0001044