

- New Installation
- Engineered System
- Modification
- Tank Replacement

BASTROP COUNTY
 DEPARTMENT OF HEALTH & SANITATION
 P. O. BOX 802
 BASTROP, TEXAS 78602
 (512) 321-5433

Sandy Loomis

APPLICATION NUMBER	
8745	
DATE: 7-29-94	BY: <i>Wes</i>
AMOUNT: 150.00	PCT: 2

APPLICATION FOR ON-SITE SEWERAGE FACILITY R57492 and R57493
 NEW CONSTRUCTION OR MODIFICATION

Patterson Rd

1. PROPERTY OWNER: JENKINS JAMES (MARCIA D) H
(LAST) (FIRST) (MIDDLE)
2. MAILING ADDRESS: 129 Rolling Oak Farm Elgin TX 78621
(STREET/P. O. BOX) (CITY) (STATE) (ZIP)
3. SITE ADDRESS/DIRECTIONS: NEAR ROSANKY. TAKE 535 NORTH OF ROSANKY
(TOWARDS SMITHVILLE). MAKE A RIGHT ON CR306, AND A RIGHT ONTO
CR 307. ABOUT .7 MILE DOWN 307.
4. TELEPHONE NUMBER: DAY 512-237-9517 EVENING 512-303-0623
5. PROPERTY DESCRIPTION: IF LOCATED WITHIN A SUBDIVISION;

NAME OF SUBDIVISION	UNIT	BLOCK	LOT
OTHER THAN A SUBDIVISION: ACREAGE <u>78</u> SURVEY <u>A. Graham & J. Moraida</u> (*ATTACH A COPY OF YOUR SURVEY AND A LOCATION MAP)			

6. SOURCE OF WATER: WELL PUBLIC WATER SUPPLY _____
(NAME OF SUPPLIER)
7. SINGLE FAMILY RESIDENCE: NO. OF BEDROOMS 3 LIVING AREA (SQ. FT.) 500
 NEW DEVELOPMENT HOUSE _____ OTHER _____
 IMPROVEMENT TO AN EXISTING STRUCTURE _____ MOBILE HOME/MODULAR HOME
8. ESTIMATED COST OF CONSTRUCTION: \$ 3000
 (IF DEVELOPMENT IS NOT A SINGLE FAMILY RESIDENCE, PLEASE ANSWER #9; OTHERWISE SKIP #9)
9. COMMERCIAL/INSTITUTIONAL (TYPE): _____
 (INCLUDING MULTI-FAMILY RESIDENCES)
 NO. OF EMPLOYEES/OCCUPANTS/UNITS: _____ DAYS PER WEEK OCCUPIED: _____
 ESTIMATED MAXIMUM DAILY WATER CONSUMPTION (GPD): _____
10. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 300 FEET: YES _____, HOW FAR _____ NO
11. DESIGNER/ENGINEER: _____
12. INSTALLER: Michael Guerts

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. AUTHORIZATION IS HEREBY GIVEN TO THE BASTROP COUNTY HEALTH AND SANITATION DEPARTMENT AND THE TEXAS NATURAL RESOURCE CONSERVATION COMMISSION TO ENTER UPON THE ABOVE DESCRIBED PROPERTY FOR THE PURPOSE OF LOT EVALUATION AND INSPECTION OF ON-SITE SEWERAGE FACILITIES. I UNDERSTAND THAT THE APPROVAL OF THIS APPLICATION CONSTITUTES AUTHORIZATION OF CONSTRUCTION OF THE ON-SITE SEWERAGE FACILITY AND THAT A PERMIT TO OPERATE THE FACILITY WILL BE GRANTED FOLLOWING SUCCESSFUL INSPECTION OF THE INSTALLED SYSTEM WHICH INDICATES THAT THE SYSTEM WAS INSTALLED IN COMPLIANCE WITH THE TEXAS NATURAL RESOURCE CONSERVATION COMMISSION'S "CONSTRUCTION STANDARDS FOR ON-SITE SEWERAGE FACILITIES."

13. Marcia Jenkins 7-29-94
(SIGNATURE OF PROPERTY OWNER) (DATE)

BASTROP COUNTY
HEALTH AND SANITATION
SEPTIC INSPECTIONS

APPLICATION NUMBER

1. PERCOLATION RATE: 5-15 MIN./INCH SOIL TYPE Sandy loam
SLOPE OF AREA:
() FLAT PERFORMED BY: Herb
() SLOPING 1/8" - 1"/FT. DATE: 8-26-94
() STEEP 1"/FT. & OVER

MINIMUM REQUIREMENT:

TANK SIZE: 1000 GALLONS
FIELD SIZE:

TRENCH SYSTEM: _____ SQ.FT. BED SYSTEM: _____ SQ.FT.

() WASHED SAND TO BE USED
() SANDY LOAM BACK FILL REQUIRED

PERMIT TO CONSTRUCT: () GRANTED () DENIED

COMMENTS: on site topsoil OK for backfill

2. SECOND INSPECTION (OPEN PIT):

PASSED FAILED _____ PERFORMED BY: Clio DATE: 9-21-94

TANK SIZE: 1000 GALLONS TWO COMPARTMENTS SERIES _____
MADE OF: () FIBERGLASS () CONCRETE POURED IN PLACE, give size below
() PERFAB CONCRETE (Wd) _____ ft. X (Lg) _____ ft. X (Dp) _____ ft.

FIELD SIZE:

TRENCH: 582 SQUARE FEET

SIZE: (Wd) 3 ft. X (Total Lg) 194 (Dp) 20/30 inches

BED: _____ SQUARE FEET

SIZE: (Wd) _____ ft. X (Lg) _____ (Dp) _____ inches

() Single Bed Size of each bed: _____ ft. X _____ ft.
() Two Beds _____ ft. X _____ ft.
() More Than Two Beds (see comments) _____ ft. X _____ ft.

COMMENTS: _____

SAT

3. THIRD INSPECTION (ROCK AND PIPE):

PASSED FAILED _____ PERFORMED BY: Clio DATE: 9-21-94

COMMENTS: _____

4. FOURTH INSPECTION (COVER):

PERFORMED BY: Clio DATE: 9-26-94

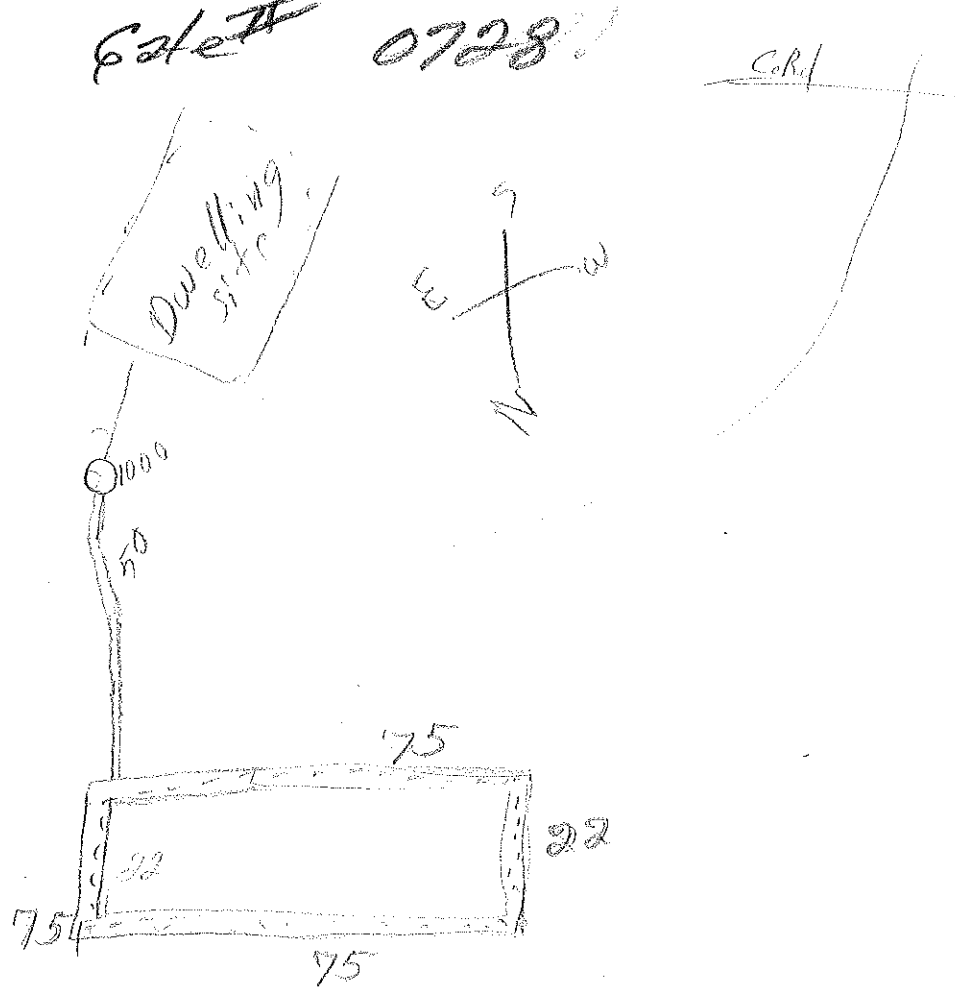
PERMIT TO OPERATE GRANTED? YES _____ NO, if no, explain below.

ADDITIONAL COMMENTS: _____

BASTROP COUNTY
HEALTH AND SANITATION
SEPTIC FACILITY

APPLICATION NUMBER 8745
PROPERTY OWNER J. Jenkins
PROPERTY LOCATION CR 307

(SKETCH OF SEPTIC FACILITY)



PR 18/24

See # 9222 for 2nd system
on this property.