

TARRANT REGIONAL WATER DISTRICT

140 FM 416, Streetman, Texas 75859

903-389-3928

AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE FACILITY

Application Number RC12-024

Property Owner Linda Kay Alvis

Mailing Address 325 S. Harvard Ave
Corsicana, Texas 75109

Property Location Lot 76 Hidden Oaks III

 3002 Rock Road
 Corsicana, Texas 75109

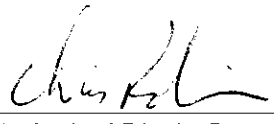
 Navarro County, Texas

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 360 gallons, the use of water saving devices is required.**


OS-8058
Authorized District Representative

05-30-12
Date



**TARRANT REGIONAL WATER DISTRICT
APPLICATION FOR ON-SITE SEWAGE FACILITY**

TRWD USE ONLY
APP. NO.: RC12-024

RECEIPT NO: 14171

DATE: 5-22-12

AMOUNT: 300

Richland Chambers
TRWD RESERVOIR
Navarro
COUNTY OF INSTALLATION

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: Alvis (LAST) Linda (FIRST) Kay (MI)
2. PERMANENT MAILING ADDRESS: 325 S. Harvard Ave. (STREET/PO BOX) Corsicana, Tx (CITY/STATE) 75109 (ZIP)
3. DAYTIME TELEPHONE NUMBER: (903) 257-5275
4. SITE ADDRESS: 3002 Rock Road (STREET) Corsicana Tx (CITY/STATE) 75109 (ZIP)
5. LEGAL DESCRIPTION: SUBDIVISION: Hidden Oaks LOT/TRACT 76 BLOCK/ABSTRACT Ph III
COUNTY NAVARRO DATE OF PLAT/ SURVEY: 5-25-95
IF OTHER THAN SUBDIVISION: ACREAGE 7 SURVEY Reconline ABSTRACT A-139
6. SOURCE OF WATER: ☐ Private Well ☒ Public Water Supply (NAME) M.E.N
7. SINGLE FAMILY RESIDENCE: NUMBER OF BEDROOMS 5 LIVING AREA (sq ft) 2632
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): 360 WATER SAVING DEVICES INSTALLED Y N
10. SYSTEM DESIGNER: Phillip Markor LICENSE #: RS 2604 TELEPHONE #: 214-507
11. PROPOSED INSTALLER: Holland Pickle LICENSE #: OS 7355 TELEPHONE #: 903-389-8189

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. Linda K Alvis
SIGNATURE OF OWNER OR OWNER'S AGENT

5-20-12
DATE

13. Sherry Fordson
SIGNATURE OF AUTHORIZED TRWD REPRESENTATIVE

N/A
LICENSE #

5-22-12
DATE

BUILDING PERMIT

COUNTY OF NAVARRO, TEXAS

No 10454

JOB ADDRESS			3002 Rock Road Corsicana, TX 75109		
LOT NO.	BLK.	SUBDIVISION			
76		Hidden Oaks Ph. III			
OWNER		ADDRESS		PHONE	
Linda Alvis		325 S Harvard Ave. Corsicana, TX 75109		903-872-8288	
CONTRACTOR		ADDRESS		PHONE	
Tilson Home Corp.		2508 Ashley Worth Blvd. Austin, TX 78738		512-323-3904	
ELECTRICAL		ADDRESS		PHONE	
PLUMBING		ADDRESS		PHONE	
MECHANICAL		ADDRESS		PHONE	
USE OF BUILDING					
site built residence					
CLASS OF WORK: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH					
DESCRIBE WORK:					
site built permanent residence					
ID # 57528					
TYPE OF CONST.		SQ. FT.		NO. OF STORIES	
hardy plank & brick		2358		2	
NO. OF BEDROOMS		NO. OF BATHS		FOUNDATION	
5		3.5		slab	
ROOF		SPRINKLERS REQUIRED		PARKING SPACES	
comp.					
NO. OF DWELLING UNITS		ZONING		OCCUPANCY GROUP	
NOTICE			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.		
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.					
THE ISSUANCE OF THIS PERMIT SHOULD NOT BE CONSTRUED BY ANY PERSON AS AN APPROVAL OF BUILDING OR CONSTRUCTION TECHNIQUES, METHODS, OR MATERIALS.					
SPECIAL CONDITIONS:			SIGNATURE		
			see file		
			VALUATION: \$		PERMIT FEE \$
			239,572		318.33
			APPROVED FOR ISSUANCE BY:		DATE
			Philip Aedy		4-30-2012
THIS BECOMES YOUR PERMIT WHEN APPROVED FOR ISSUANCE					

AFFIDAVIT

BOOK 4127

THE COUNTY OF WACO

STATE OF TEXAS

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 WACO 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: 76, Block: PH III, Subdivision: Hickles Oaks, Unit: # _____
Acreage: _____, Survey Name: _____, Abstract: _____, Deed Volume: _____, Page: _____
Tract: _____, Section: _____, Document Number: _____

The property is owned by (insert owner's full name): Linda Kay Alvis

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 19th DAY OF May, 2011.

Linda Kay Alvis
(Owner signature(s))

(Owner(s) signature(s))

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 19th DAY OF May, 2011.

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



*-----
Official Receipt for Recording in:

Navarro County Clerks Office
300 W. 3rd St.
Suite 101
Corsicana 75110

Issued To:

KAY ALVIS
325 S HARVARD AVE
CORSIKANA TX 75109

*-----
Recording Fees

Filing Type Number Time Recording Amount

Recordings 00004178 10:22:25a 16.00

AFFIDAVIT
DR-ALVIS LINDA KAY
IN-PUBLIC

Copy COPIES

10:22:25a 1.00

*-----
Collected Amounts

Payment Type Amount

*-----
2-Check 5687 17.00

17.00

Total Received :
Less Total Recordings:

17.00

17.00

Change Due :

.00

Thank You
SHERRY BOND - COUNTY CLERK

By - Dolly Whitehead

Receipt# Date Time
0046441 05/21/2012 10:22a



JACKSON
FUTURE DEVELOPMENT

OSSF SOIL & SITE EVALUATION

Page 1 (Soil & Site Evaluation)

Date Performed: 5/10/12

Property Owner: Kay Alvis

Site Location: Rock Road Corsicana, Texas 75109 Proposed Excavation Depth: 12-16"

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

NUMBER: 1

Depth (feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles / Water Table)	Restrictive Horizon	Observations
1 feet	III	N/A - None Found	No	No	SCL to 10"
2 feet	IV	N/A - None Found	No	No	Clay
3 feet	IV	N/A - None Found	Yes	Yes @ 28"	Clay
4 feet	IV	N/A - None Found	Yes	Yes	Clay
5 feet	IV	N/A - None Found	No	No	Clay

SOIL BORING

NUMBER: 2

Depth (feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles / Water Table)	Restrictive Horizon	Observations
1 feet	III	N/A - None Found	No	No	SCL
2 feet	IV	N/A - None Found	No	No	Clay
3 feet	IV	N/A - None Found	Yes	Yes 30"	Clay
4 feet	IV	N/A - None Found	Yes	Yes	Clay
5 feet	IV	N/A - None Found	No	No	Clay

FEATURES OF SITE AREA

Presence of 100 year flood zone	Yes	<input checked="" type="checkbox"/> No
Presence of Upper Water Shed	Yes	<input checked="" type="checkbox"/> No
Presence of adjacent ponds, streams, water impoundments	Yes	<input checked="" type="checkbox"/> No
Existing or Proposed water well in nearby area (within 150 feet)	Yes	<input checked="" type="checkbox"/> 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 P.S.#2604 5/10/12 SE# 9819

(Signature of person performing evaluation)

(Date)

Registration Number and Type



Schematic of Lot or Tract

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.

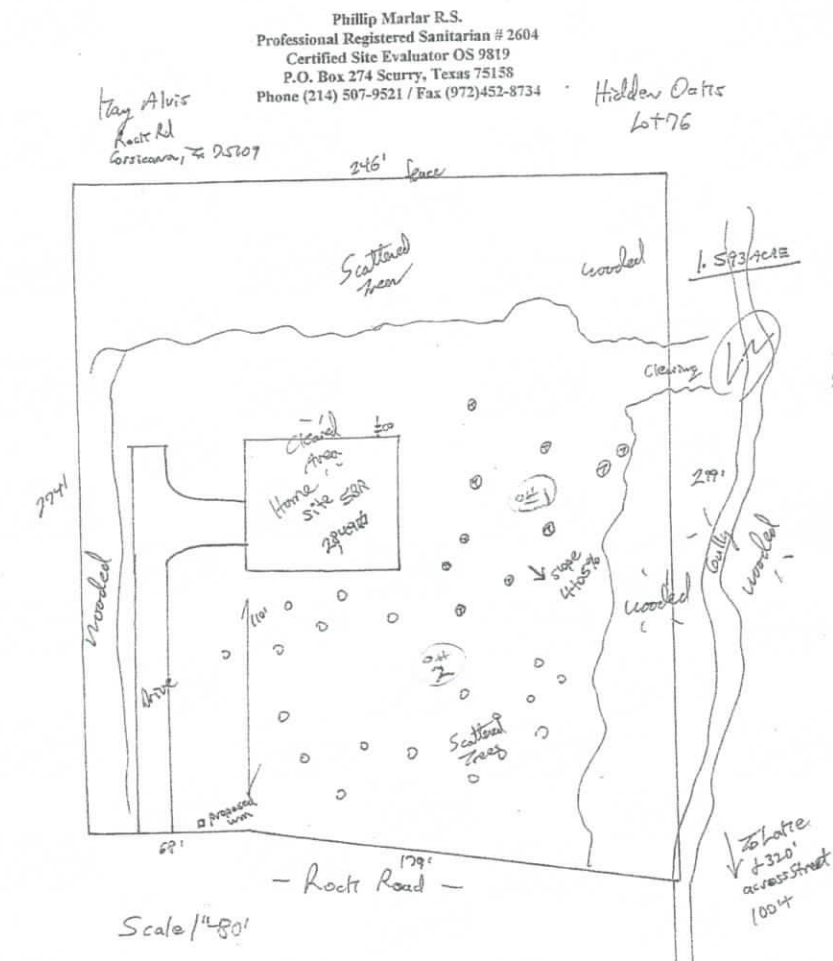
Location of existing or proposed water wells within 150 feet of the property.

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).

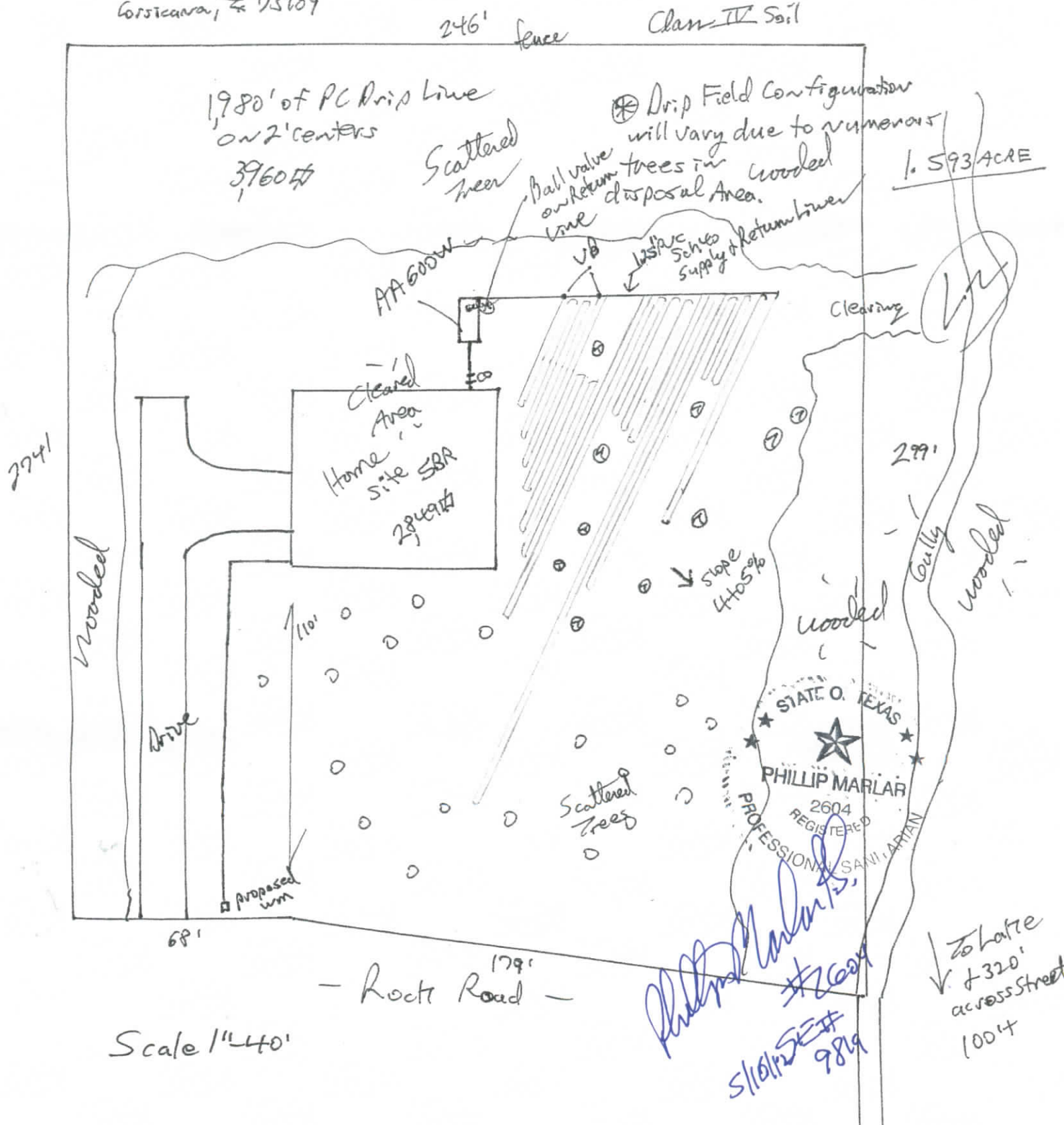
Location of natural, constructed, or proposed drainage ways (ditches, streams, ponds, lakes, rivers, etc.), water impoundment areas, cut or fill bank, sharp slopes and breaks.

Lot Size: _____ or Acreage: 1.593 Ac.
SITE DRAWING



Hay Alvis
Rock Rd
Corvallis, OR 97309

Hidden Oaks
Lot 76



**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

May 16, 2012

Kay Alvis
Rock Road
Corsicana, Texas 75109

Site Location: Hidden Oaks Est. ; lot 76; Installing new drip emitter system.

DESIGN PARAMETERS

Soil Evaluation - Class IV Soil.

Number of Bedrooms - 5 Square feet living area - 2,849 s.f. (5 bedroom equivalent)

Gallons per day - 360 gpd (Water Saving Fixtures)

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

Required Disposal Area - 3,600 Sq. Ft.

Designed Disposal Area - 3,960 Sq. Ft.

1- Zone Zone 1- 3,960 sq. ft. (1,980' of Geo-Flow 1.06 gph drip line)

Zone 1- 990 Emitters at 1.06 gal/ hr - 17.49 gpm Appl. Rate - 0.928 gal/sq ft / day

Drip irrigation standards for class IV soil, require an application rate of .1 gal / sq ft / day. For a 5 bedroom home (2,849 sq ft living area)(water saving fixtures), area based on 360 gpd divided by .1 gal/sq ft/day (Class IV soil application rate) = 3,600 sq.Ft.

1,980' of emitter line with 990 emitters at 4 sq ft of area per emitter 3,960 sq ft field area.

SYSTEM PARAMETERS

Pretreatment tank - Aqua Aire 400 gallon chamber

Aeration Tank - Aqua Aire 600W-4075, C (600 gpd)

Chlorinator - stackable - free flowing tablets - (Optional)

Pump tank - 750 gallon pump tank chamber

Pump - 1/2 H.P. Submersible

Supply/Manifold Line - 1.25" PVC SCH 40 / Return line 1" PVC SCH 40

Geo-Flow 1.06 gph Pressure Compensating Drip Emitter Tubing

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

Filter - located in pump tank, Disc Filter 1" (100 Micron Mesh) or Tuff Tiger filter assembly

Pressure set for 15 to 55 PSI

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

Pressure gauge & ball valve cracked open to pump tank on return line used to continually back flush drip field

Dosing Volume - 30.61 gallons (Approx. 12 doses per day)

Timer used on Pump to dose field - Pump run time per dosing approx. 1.75 min. every 2 hrs.

SOIL ANALYSIS

Class IV Soil. (Mottling @ 28")



Phillip Marlar
#2604
SE#
9819
5/16/12

750 Gallon Aqua Aire
600W-4075,C pump chamber

Backwash line off spin
filter to pretreatment tank

Possible Chlorinator Design

Spin Filter

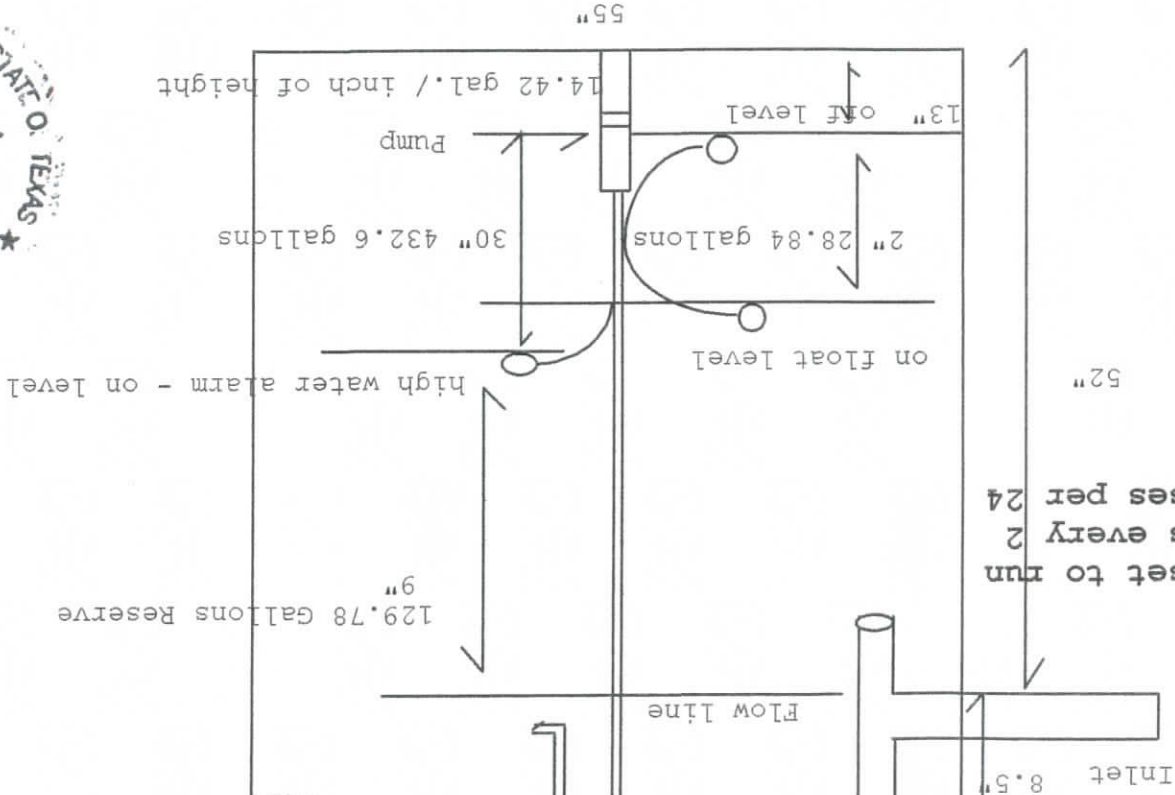
Ball Valve (open - close to
regulate pressure) Sampling
Port

Treatment
Pump
Tank

Ground Level

Chlorinator with grills
installs in ends of PVC
"T". Freeflowing -
stackable

Pump on timer; set to run
for 1.75 minutes every 2
hours for 12 doses per 24
hours



Pump Time 1.75 minutes for
30.61 gallons at 17.49 gpm
at 15 to 55 psi.

Total Head 88.42 FT at 17.49
gpm for 1.25" Sch 40 PVC
piping @ 30 psi.

1/2 HP Submersible @ 17.49
gpm will deliver 120+ FT
total head.

Approx. 12 doses per day



Phillip Marlar
#5601
SEA#9819
5/16/12

☒ Initial Policy

☐ Renewal
☐ 12 months
☐ 24 months

SERVICE POLICY

Initial Policy:

A two-(2) year Initial Service Policy shall be furnished to the user by the manufacturer or the distributor through the dealer. This policy is included in the original purchase price and shall provide the following:

1. An inspection/service call every 3 months; which includes inspection, adjustment, and servicing of the mechanical and electrical component parts as necessary to ensure proper function.
2. An effluent quality inspection every 3 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 12 months as described in the "SOLIDS REMOVAL" section to determine if there is an excess of solids in the treatment plant. If the test result determined a need for solids removal, the user will bear the cost and responsibility for doing so.
4. User is responsible for keeping chlorine in the chlorinator. If chlorine test reveals no chlorine, a grab test is required. User will be responsible for cost.
5. If any improper operation is observed which cannot be corrected at that time, the user shall be notified immediately in writing of the conditions and the estimated date of correction.

Violations of warranty include shutting off the electric current to the system for more than twenty-four (24) hours; disconnecting the alarm system; restricting ventilation to the aerator; overloading the system; flooding by external means; insect or ant damage or any other form of unusual abuse or acts of nature.

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

TOWA / TCEQ Certified Maintenance Company / Provider

TWELVE (12) HOUR RESPONSE TIME

An Annual Renewable Service Policy affording the same coverage as the Initial Policy is available. Consult your dealer for pricing information.

Texas Commission on Environmental Quality Rules require a Service Policy to be in effect for the first two years.

USER: Name Kay Alvis
Address 3002 Rock Rd.
City/State Lokiso, D. 75104
Phone # 903-257-5273
County MURKIN

SERVICE BY: RCAC-Rod Pickle
P. O. Box 222 (5700 FM 2330)
Streetman, TX 75859 (Montalba, TX 75853)
(903) 389-8189
Lic. #7355 Class: OSSF II
Maintenance Co.-MC-0000422

I agree to abide by the Service Policy as stated above

Date 5-20-02

Directions below:

[Signature]
Linda K. Alvis