DWELLING SEWAGE APPLICATION

BASTROP COUNTY
DEPT. OF HEALTH & SANITATION
P. O. BOX 802
BASTROP, TEXAS 78602

PLEASE DO NOT WRITE IN THIS BLOCK
APPLICATION NUMBER
6582 NOV 23 1988
Rc'cd:_____ by_____ Ref:_____
Amount Enclosed: $_____

APPLICATION FOR PRIVATE SEWAGE FACILITY LICENSE

$_____ FEES ENCLOSED FOR: ( ) APPLICATION. ( ) INSPECTION. ( ) PERCOLATION TESTS. R27688 1108

To the Bastrop County Department of Health & Sanitation:

I hereby make application for a Permit to construct and a License to operate a private sewage system as required by County Ordinance and approved by Texas Water Quality Board Resolution No. 75-R-6, October 29, 1975.

(ALL INFORMATION BELOW MUST BE COMPLETED FOR A PERMIT OR LICENSE)

100 Reynolds Ct. Bastrop

Property Owner's Name: Hickman (LAST) Gloria (FIRST) _____ (MIDDLE)

Permanent Mailing Address: Hwy 1441 (NUMBER and STREET, or BOX) Bastrop (CITY) TX (STATE) 78602 (ZIP CODE)

Telephone Numbers: 321- (HOME) / _____ (BUSINESS) / _____

Location of Property: Circle D (COUNTY) Bastrop

IF located in a Subdivision: Circle D. (NAME OF SUBDIVISION) / 4 (SECTION No.) / _____ (BLOCK No.) / 28 (LOT No.)

IF NOT in a Subdivision: _____

(DESCRIBE LOCATION OF PROPERTY AND ATTACH A MARKED MAP, AERIAL PHOTOHRAPH OR SKETCH SHOWING ACCESS ROADS, LANDMARKS AND APPROXIMATE DISTANCES)

(USE OF PROPERTY)

TYPE DWELLING: (Check one) (✓) HOUSE. ( ) MOBILE HOME/HOUSE TRAILER ( ) OTHER (Describe on back)

AVERAGE NO. OCCUPANTS: 1. DAYS PER YEAR PLUMBING USED: 360.

SOURCE OF WATER SUPPLY: (✓) SUBDIVISION SYSTEM. ( ) WATER DISTRICT. ( ) WELL. ( ) _____

ALL APPLICANTS please write TOTAL numbers of items below, and leave blank for "none"

1. BEDROOMS	3	4. LAVATORIES	2	7. KITCHEN SINKS:	2	10. GARBAGE DISPOSER	
2. COMMODES	2	5. SHOWERS	1	8. CLOTHES WASHERS	1	11. GREASE TRAP	
3. URINALS		6. BATHTUBS	1	9. AUTOMATIC DISH WASHER	1		

(SEWAGE SYSTEM INFORMATION)

SEPTIC TANK INFORMATION

1. Number of Separate Systems at This Location: 1
   NOTE: If more than one system, give same information, as below, for tank and field on back of this form.
2. Nearest Water Well or Cistern Distance: _____ Feet
3. Distance to an Organized Sewer Collection System Line: _____ Feet
4. Tank Capacity: 1000 Gallons.
5. _____
6. Number of Tank Compartments: 2
7. Name the Installer: _____
8. Tank Made of: (check one)
   ( ) FIBERGLASS
   (✓) PREFAB CONCRETE
   ( ) CONCRETE POURED IN PLACE, give size below:*
   *(Wd)____ Ft. X (Lg)____ Ft. X (Dp)____ Ft.
   ( ) Other: _____

ABSORPTION FIELD INFORMATION

1. Nearest Water Well or Cistern Distance: _____ Feet
2. Type Field: ( ) Trench or ditch system (✓) Absorption Bed System
   a. Trench Size: (Wd)____ inches X (Dp)____ inches X (Total Lg.)____ Ft.
   (OR)
   b. Bed Bottom Size: (Wd) 20 Ft. X (Lg.) 50 Ft.

Minimum Total Size: 1000 Sq. Ft.

Washed rock or gravel shall be 1 1/2-2 1/2 in.
( ) Washed sand to be used
( ) Sandy loam back fill Required

PLEASE DRAW A LAYOUT AND DIMENSIONS OF YOUR PROPERTY AND SEWAGE SYSTEM, ETC. ON BACK OF THIS SHEET OR ATTACH A COPY OF THE INSTALLER'S PLAT.

AUTHORIZATION is hereby given to the Bastrop County Department of Health & Sanitation, Texas Water Quality Board, the Texas State Department of Health, and to their agents or designees, singularly or jointly, to enter upon the above described property during daylight hours for the purpose of making soil percolation tests, inspecting private sewage systems, or for any reason consistant with the water quality program of the Texas Water Quality Board, the Texas State Department of Health and the Bastrop County Department of Health & Sanitation.

Mike Gepner
(SIGNATURE OF APPLICANT) (Mike Gepner)

DATE: 11-23-88, 19____

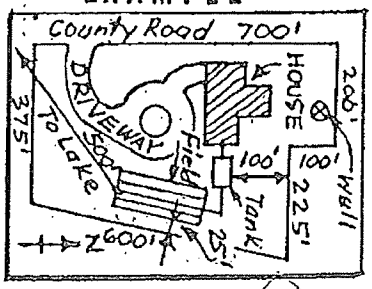
Mail this completed form, with Fees, to:
DEPT. OF HEALTH & SANITATION
P. O. BOX 802
BASTROP, TEXAS 78602

Form No. 1100

LAYOUT SPACE

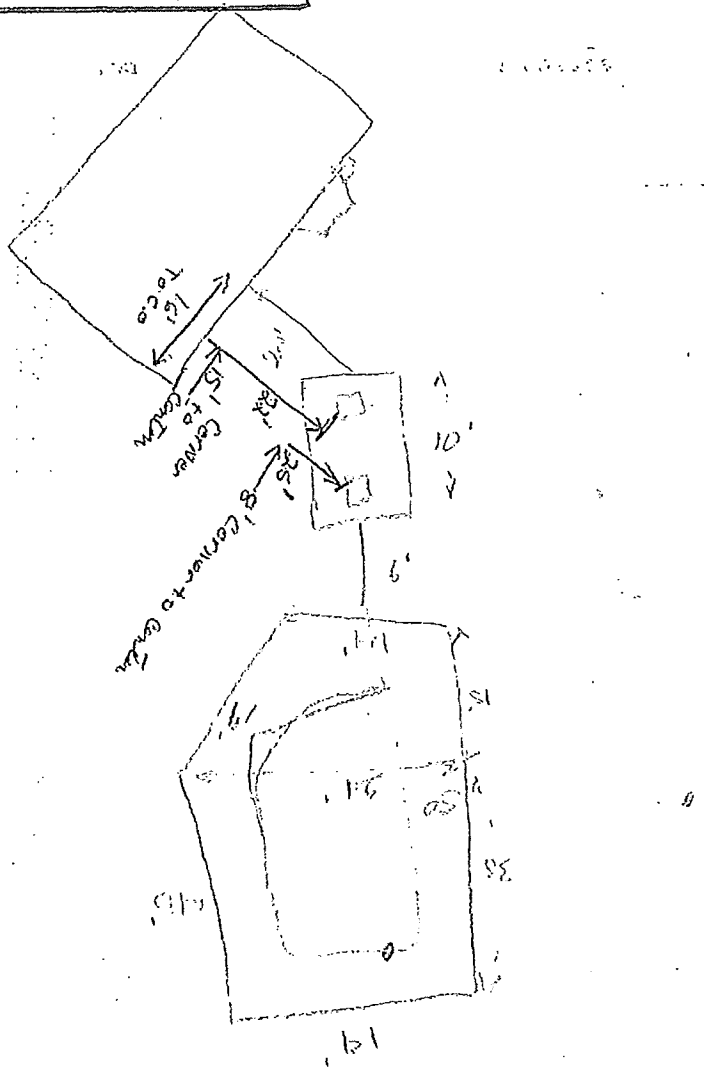
For Property Outline, Size and Improvements Location.

EXAMPLE –



In addition to other information requested on other side, please indicate:

1. *Direction of North at property.*
2. *Direction and Distance from Field to nearest Lake Shoreline.*



FOR OFFICE USE ONLY

APPLICATION NUMBER

6582

Percolation Rate

5 min./in.

6 min

Forms Mailed

1108

1109

Prior Inspection

Date 11-23-88

Soil Condition

Sandy

Slope of Area

( ) Flat

(X) Sloping 1/8"-1"/ft.

( ) Steep 1"/ft. & over

Final Inspection

Date 12-2-88

Septic Tank: 1000 gals.

(X) Approved As

( ) Modified Approved

( ) Disapproved

Absorption Field:

( ) Trench _____ Sq. Ft.

(X) Bed 1000 Sq. Ft.

(X) Approved As

( ) Modified Approved

( ) Disapproved

12-1-88 Inst Insp

OK