



INFORMATION ABOUT ON-SITE SEWER FACILITY

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236 Industrial Park Drive
Victoria, TX 77905

CONCERNING THE PROPERTY AT

A. DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:

- (1) Type of Treatment System: Septic Tank Aerobic Treatment Unknown
- (2) Type of Distribution System: Surface Irrigation Unknown
- (3) Approximate Location of Drain Field or Distribution System: Engineered drawing attached Unknown
- (4) Installer: Lee Backhoe Service Unknown
- (5) Approximate Age: Installed 12/16/2019 Unknown

B. MAINTENANCE INFORMATION:

- (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? Yes No
If yes, name of maintenance contractor: Lee Backhoe Service, Inc
Phone: 261-572-0814 contract expiration date: 12/14/2024
Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard on-site sewer facilities.)
- (2) Approximate date any tanks were last pumped? _____
- (3) Is Seller aware of any defect or malfunction in the on-site sewer facility? Yes No
If yes, explain: _____
- (4) Does Seller have manufacturer or warranty information available for review? Yes No

C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:

- (1) The following items concerning the on-site sewer facility are attached:
 planning materials permit for original installation final inspection when OSSF was installed
 maintenance contract manufacturer information warranty information
- (2) "Planning materials" are the supporting materials that describe the on-site sewer facility that are submitted to the permitting authority in order to obtain a permit to install the on-site sewer facility.
- (3) It may be necessary for a buyer to have the permit to operate an on-site sewer facility transferred to the buyer.

(TXR-1407) 1-7-04

Initialed for Identification by Buyer _____ and Seller  _____

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Victoria, TX 77905

Information about On-Site Sewer Facility concerning _____

D. INFORMATION FROM GOVERNMENTAL AGENCIES: Pamphlets describing on-site sewer facilities are available from the Texas Agricultural Extension Service. Information in the following table was obtained from Texas Commission on Environmental Quality (TCEQ) on 10/24/2002. The table estimates daily wastewater usage rates. Actual water usage data or other methods for calculating may be used if accurate and acceptable to TCEQ.

<u>Facility</u>	<u>Usage (gal/day) without water-saving devices</u>	<u>Usage (gal/day) with water-saving devices</u>
Single family dwelling (1-2 bedrooms; less than 1,500 sf)	225	180
Single family dwelling (3 bedrooms; less than 2,500 sf)	300	240
Single family dwelling (4 bedrooms; less than 3,500 sf)	375	300
Single family dwelling (5 bedrooms; less than 4,500 sf)	450	360
Single family dwelling (6 bedrooms; less than 5,500 sf)	525	420
Mobile home, condo, or townhouse (1-2 bedroom)	225	180
Mobile home, condo, or townhouse (each add'l bedroom)	75	60

This document is not a substitute for any inspections or warranties. This document was completed to the best of Seller's knowledge and belief on the date signed. Seller and real estate agents are not experts about on-site sewer facilities. Buyer is encouraged to have the on-site sewer facility inspected by an inspector of Buyer's choice.

DocuSigned by:
Tyler Williams 3/12/2024
67500D86DE06408
Signature of Seller _____ Date
Williams Family Investments LLC

Signature of Seller _____ Date

Receipt acknowledged by:

Signature of Buyer _____ Date

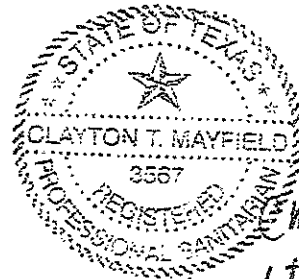
Signature of Buyer _____ Date

ON-SITE SEWAGE FACILITY DESIGN

PREPARED FOR:
Williams Family Investments LLC
CPI Pipe and Steel of Texas
6256 SW Moody
ABST 87
Tract 396
R Manchola
14 Acres

DESIGNED BY:
Clayton Mayfield
Professional Sanitarian
6567 W, F.M. 884
Goliad TX 77963

November 11, 2019



Clayton Mayfield
TOPS

Client: Williams Family Investments LLC

A. Wastewater Load:

The OSSF will serve 5 employees in an office rated at 8 gallon per person or 40 gallons per day. Wastewater load will be calculated at 40 gallons per day.

B. Topography:

Slope = Less than 2%

C. Treatment System:

Pro Flo ATU 500 or equivalent
447 Gallon Trash Tank
500 Gallon Aerobic Unit
771 Gallon Pump Tank

D. Chlorinator:

This system will be equipped with a liquid or tablet chlorinator.

E. Irrigation Area:

$Q / Ri = \text{Total Square Feet Of Irrigation Area}$
 $40 \text{ GPD} / .045 = 889 \text{ Square Feet of Required Irrigation Area}$

F. Nozzle:

Spray Head # 1
Type: K-Rain
Number: 4
GPM: 3.9
Psi: 40
Radius: 34'

Spray Head # 2
Type: K-Rain
Number: 1
GPM: 1.7
Psi: 40
Radius: 20'

Spray Area: $34 \times 34 \times 3.14 / 4 + 278 = 1,185$

Total Square Feet of Application Area = 1,185

G. Pump Requirements:

Use 1" schedule 40 purple pipe for sprinkler system.
Total gallons per minute equal 5.6
Use a 20 gpm 1/2 horsepower pump.

H. Time of Discharge:

Pump to discharge between midnight and four a.m.

I. Vegetation:

As soon as construction will allow, the surface application area shall be covered with grasses, evergreen shrubs, bushes, or trees. Plants intended for human consumption shall not be grown within the disposal area. All vegetation grown inside the disposal area shall be properly maintained to prevent sprinkler head interference. The homeowner is responsible for providing and maintaining the vegetation in the disposal area.

Client: Williams Family Investments LLC

K. Notes and Additional Specification Requirements:

If discrepancies exist between the design and actual site conditions the installer shall notify the designer and the local permitting authority prior to construction. Construction materials and methods shall be pursuant to county and state rules/policies, unless specifically noted on this design and approved by the local permitting authority.

Additional Notes:

- 1) Water Softener must not drain into aerobic treatment chamber.
- 2) No surface improvements such as buildings, sidewalks, driveways, patios, etc. shall be constructed on the disposal area.
- 3) Grease, cigarette butts, personal hygiene products, and other trash shall be disposed of in the garbage.
- 4) It is the installer's responsibility to review the design criteria prior to construction.
- 5) The site shall be finish graded for positive drainage, and or adequate drainage structures shall be constructed if needed prior to system installation.
- 6) Any warranties of the products installed are those made by the manufacturer. The permit holder assumes full responsibility of the system following final inspection approval by the licensing authority.
- 7) A maintenance contract is to remain in effect for the life of the system.

VICTORIA COUNTY PUBLIC HEALTH DEPARTMENT

2805 N. Navarro
Victoria, Texas 77901
(361) 578-6281 Fax (361) 579-6348

OSSF PERMIT NO.

Authorization to Construct an On-Site Sewage Facility (OSSF)

Application Log Number _____ Receipt Number _____ County _____

OSSF Owner _____

OSSF Location _____

This serves to notify all persons that an on-site sewage facility application, related technical data, and the appropriate fee have been received by the Victoria County Public Health Department (VCPHD) from the property owner or owner's representative. The application has been reviewed for technical and administrative consideration against the standards set forth by the Texas Commission on Environmental Quality (TCEQ). Approval is hereby granted for the construction as shown on the submitted plans. Any modifications to submitted plans require approval by VCPHD prior to installation. You or your installer must contact VCPHD five working days prior to the day of final inspection. This Authorization to Construct is valid for one year from the date of issue. If a final inspection has not been performed within one year of issue, a new application and fee will be required.

Date Approved _____ Designated Representative _____ OS- _____

Notice of Installation Inspection

This serves to notify all persons that this on-site sewage facility has been inspected by VCPHD and meets the standards set forth by the Texas Commission on Environmental Quality EXCEPT:

- _____ OSSF Owner will make electrical connections
- _____ Paperwork Needed: _____
- _____ Other _____

Approval to Operate the OSSF will not be granted until the above items have been completed and approved by VCPHD. Operation of the OSSF before being issued Approval to Operate is a Class C Misdemeanor with fines up to \$200. TCEQ can impose additional administrative penalties.

Inspection Date _____ Designated Representative _____ OS- _____

NOTICE OF APPROVAL TO OPERATE ON-SITE SEWAGE FACILITY

This serves to notify all persons that the on-site sewage facility at the above location has satisfied design, construction, and installation requirements of the TCEQ. This VCPHD On-Site Sewage Facility Permit is issued for the operation of the above-identified OSSF. ANY MODIFICATIONS TO THE STRUCTURE (i.e. increase in bedrooms or square footage, etc.), OSSF SYSTEM COMPONENTS, OR CHANGES OF OWNERSHIP MAY REQUIRE A NEW PERMIT. The owner must notify VCPHD at (361) 578-6281 of the aforementioned changes.

Designated Representative _____ OS- _____
License No. _____ Date _____

Environmental Health Division On-Site Sewage Facility Soil and Site Evaluation

Date Performed: 11/11/19 New Installation Replacement Alteration

Property Owner's Information

Name Williams Family Investments LLC
 Address 6256 SW Moody
 City Victoria State TX
 Zip Code 77907 Phone 564-7290 Fax _____

Certified Site Evaluator/PE Information

Name Clayton Marfield
 Company Marfield Designs
 Address 6507 W FM 884
 City Goliad State TX
 Zip Code 77903 Phone 645-4510 Fax _____
 TCEQ Registration Number 641

Property Description

Plat Date _____
 Sec _____ Lot _____ Block _____ Subdivision _____
 Street/Road Address 6256 SW Moody
 County Victoria Unincorporated Area? Or N
 City Victoria Zip Code 77907
 Property Size _____ Acreage 14
 Survey R Manchola Abstract 87
 Additional Information _____

Installer Information

Name Todd Lee
 Company Subcontract Service Inc
 Address 14344 FM 622
 City Victoria State TX
 Zip Code 77905 Phone 572-6814 Fax 578-5072
 TCEQ Registration Number C5641

TOPOGRAPHY

- | Slope | Vegetation | Site Drainage | Reference Soil Survey Book |
|---|---|--|--|
| <input checked="" type="checkbox"/> Flat (under 2%) | <input checked="" type="checkbox"/> Grass/Brush | <input checked="" type="checkbox"/> Poor | <input type="checkbox"/> Seasonal water table |
| <input type="checkbox"/> Slight (under 4%) | <input type="checkbox"/> Lightly Wooded | <input type="checkbox"/> Adequate | <input type="checkbox"/> Water table (upper water shed) evident
Depth: _____ |
| <input type="checkbox"/> Severe (over 5%) | <input type="checkbox"/> Heavily Wooded | <input type="checkbox"/> Good | <input type="checkbox"/> Presence of adjacent ponds, streams, water impoundments |

Comments/Observations: _____

WATER SUPPLY

Private _____ Public Name of public water supplier _____

For on-site water well:

Is water well less than 100 feet from drainfield? *Yes No
 *If yes, attach documentation, i.e. well log or driller affidavit, that well is pressure cemented or grouted to required depth.

Neighboring wells within 100 feet of property line? *Yes No
 *If neighboring wells exist they must be shown on the design.

Water saving devices Yes No

Water softener Reverse osmosis system Other: _____

SOIL EVALUATION

Requirements:

- At least two soil evaluations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil boring or dug pits must be shown on the drawing.
- For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed trench depth. For surface disposal, the surface horizon must be evaluated.
- Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depth.

Proposed Trench Depth Surface (Will be 18" to 36" unless designed by P.E. or R.S.)

Soil Boring Number					
Depth (Feet)	Textural Class	Soil Texture And Color	Gravel Analysis For Class II and III	Drainage (Mottles/Water Table) indicate color of mottling	Restrictive Horizon
0	II	Sandy Loam	None	None	None
1					
2	IV	Clay	N/A	Orange Mottles	
3					
4					
5					
6					

Soil Boring Number <u>2</u>					
Depth (Feet)	Textural Class	Soil Texture And Color	Gravel Analysis For Class II and III	Drainage (Mottles/Water Table) indicate color of mottling	Restrictive Horizon
0	II	Sandy Loam	None	None	None
1					
2	IV	Clay	N/A	Orange Mottles	
3					
4					
5					
6					

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

Clayton M. Hill 10706
Signature of Certified Site Evaluator/PE & License #

11/11/19
Date

VICTORIA CITY-COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for On-Site Sewage Facility
Construction

VCCHD USE ONLY
County _____
Application Date _____
Receipt No. _____
Application Log No. _____

- New
- Replacement
- Alteration

Property Owner Name: Williams Family Investments, LLC

Mailing Address: PO Box 850327 Yukon, OK 73095

Telephone Numbers: 405-627-2845

OSSF Site Address: 236 Industrial Park Dr Victoria, TX Subdivision: _____

Legal Description: 01280 M Zepeda ABST 128 Tract 88 Acres: 21.57

Water Source: Private Water Well Public: _____
Water Saving Devices: Yes No
Water Treatment System: Yes No

Single Family Residence: No. Bedrooms: _____ Square Footage: _____ Other: _____

Commercial/Institution/Multi-Family: No. Employees/Occupants/Units: 5 Days/wk Occupied: 5

I. Treatment Unit: Daily Wastewater Usage Rate: 40 gallons/day (gpd)

- A. Septic Tank Size: _____ gal # Tanks/Compartments: _____
Pump Tank Size: _____ gal 1st Tank/Compartment Volume: _____ gal
- B. Aerobic Model: PRO E O Size: 500 gpd
Manufacturer: GATCO
- C. Other: _____

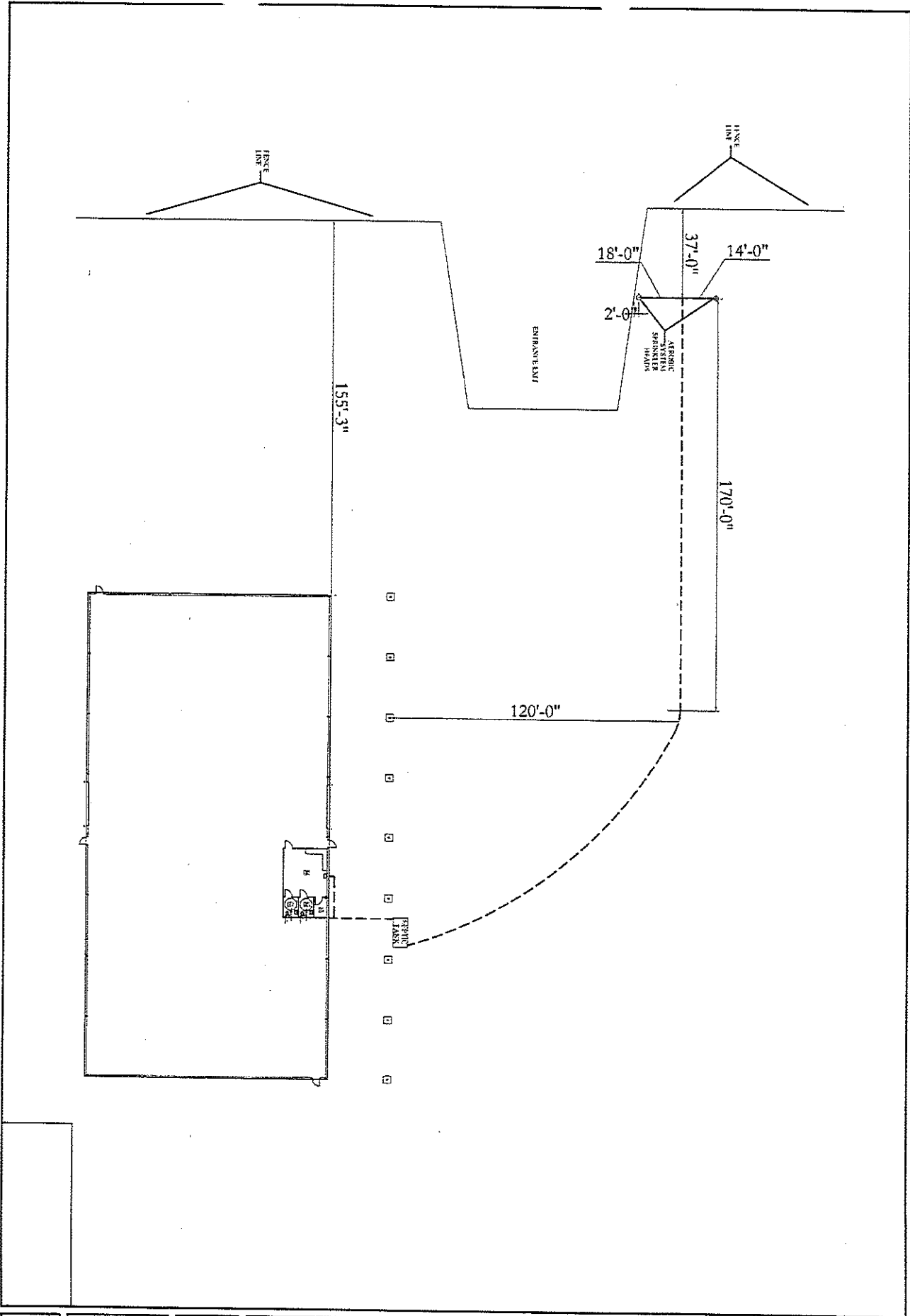
II. Disposal System: Drainfield Area: _____ sq ft Trench Depth: _____ inches

- A. Gravity
 - 4" with gravel _____ ft Trench width _____ ft Gravel depth _____ ft
 - 8" gravelless _____ ft 10" gravelless _____ ft Evapotranspiration Bed
 - Multiple pipe _____ pipe bundle _____ ft Leaching Chamber _____ ft or panels
- B. Other
 - Low Pressure Dosed _____ ft Trench width _____ ft Gravel depth _____ inches
 - Surface Irrigation 1185 sq ft Drip Irrigation _____ ft
 - Mound Other _____

Site Evaluator: Clayton Mayfield Cert./License No. 10206 Telephone: 645-4510
Designer: Clayton Mayfield (R.S./E. No. 3567) Telephone: 645-4510
Installer: Todd Lee Registration No. 05641 Telephone: 572-0814

*****VICTORIA COUNTY ONLY: SHS REINSPECTION FEE MAY BE REQUIRED*****
I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the authorized agent to enter upon the above described property for the purpose of lot evaluation and inspection 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 indicates that the system was installed in compliance with 36 TAC § 305, On-Site Sewage Facility Rules.

Signature of Owner: [Signature] Date: 11/6/19



STREET

PAGE TITLE
SITE PLAN

DATE	SCALE
BY	NO.
CHKD	DATE
APP'D	DATE

CPI
NEW SHOP
VICTORIA, TEXAS

OWNER

PROJECT NO.
DATE
BY
CHKD
APP'D

REVISION