



INFORMATION ABOUT ON-SITE SEWER FACILITY

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CONCERNING THE PROPERTY AT 12445 S FM 372
Valley View, TX

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

- (1) Type of Treatment System: Septic Tank Aerobic Treatment Unknown
- (2) Type of Distribution System: sprinklers Unknown
- (3) Approximate Location of Drain Field or Distribution System: NE corner of home. Unknown
- (4) Installer: Aerobics Unlimited Unknown
- (5) Approximate Age: Installed new Feb. 2023 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: Aerobics Unlimited
Phone: _____ contract expiration date: _____
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? N/A
- (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 KC, SH

Page 1 of 2

12445 S FM 372
Valley View, TX

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.



Signature of Seller
Flying Horse Properties LLC, a Washington
Date 10/24



Signature of Seller
limited liability company
Date

Receipt acknowledged by:

Signature of Buyer
Date

Signature of Buyer
Date

Aerobics Unlimited
PO Box 95
Collinsville, TX 76233

Email:

Phone: (903) 429-3237

Invoice

Date: 2/23/2023
 Invoice No: 20051
 Date Due: 2/23/2023 Net: 0
 Customer ID No: 2697

To: Clayton Boyd
 12445 S FM 372
 Valley View, TX 76272

Customer Phone: (940) 368-9914
 Invoice Type: Service
 Entered By:

Site: 12445 S FM 372

Invoiced Line Items	Qty	Unit Prices	Subtotals	Taxed Y/N	Taxed Amt	Line Totals
Drawing	0	\$0.000	\$0.000	<input type="checkbox"/>	\$0.00	\$0.00
Permit	0	\$0.000	\$0.000	<input type="checkbox"/>	\$0.00	\$0.00
Install Aeris 500 GPD Aerobic Treatment Unit	1	\$7,700.000	\$7,700.000	<input type="checkbox"/>	\$0.00	\$7,700.00
3 spray heads	0	\$0.000	\$0.000	<input type="checkbox"/>	\$0.00	\$0.00
2 year service agreement	0	\$0.000	\$0.000	<input type="checkbox"/>	\$0.00	\$0.00
2 year warranty	0	\$0.000	\$0.000	<input type="checkbox"/>	\$0.00	\$0.00

--DID YOU KNOW?--

***Call to make a payment over the phone with Debit/Credit Card* For payments less than \$200.00.**

Qty Total	Subtotal	Taxed Total	Line Totals
1	\$7,700.00	\$0.00	\$7,700.00

Please pay balance due upon receipt of invoice.
 Thank You, we appreciate your business!

Paid \$7700 in Cash on 2/23/2023

PAID IN FULL

Total Tax:	\$0.00
Taxable Amount:	\$0.00
Non-Taxable Amount:	\$7,700.00
Invoice Total:	\$7,700.00

- Amount Received:	\$7,700.00
Remaining Balance:	\$0.00

Please return this portion with payment

CHECK IF ADDRESS IS INCORRECT. SHOW CORRECT ON REVERSE SIDE OF THIS PORTION

Pay to: **Aerobics Unlimited**
PO Box 95
Collinsville, TX 76233
 Phone: (903) 429-3237
 Email:

Customer/ID: Clayton Boyd (2697)

Method of Payment: CHECK Card # _____

ID No: 2697
 Invoice#: 20051

Created: 2/23/2023
 Due Date: 2/23/2023

Current Amount Due: \$0.00

Amount Paid: _____

Billing Zip Code: _____

**AEROBICS UNLIMITED
1 YEAR SERVICE AGREEMENT**

MAILING ADDRESS:
P.O. Box 95
Collinsville, TX 76233

Michael Canon - Installer II License #8023
Maintenance Provider # MP0000209
Office: 903-429-3237
Emergency #940-367-6631

PHYSICAL ADDRESS:
7680 US HWY. 377
Collinsville, TX 76233

Contract will be good for the period beginning: 2/22/23 to 2/22/25
On the aerobic septic system at:

Owners Name: Ribbonwood Partners Distribution Method: _____

System Address 12445 S FM 372 Model: _____

Valley View TX 76272 Serial # _____

Mailing Address 7737 E FM 922 Permit# _____

Valley View 76272 County Cooke

Home Phone# _____ Cell# 940-368-9914

Inspection will be done three times a year and will include: E-Mail Claytonboyd87@hotmail.com

1. An effluent inspection consisting of a visual check and examination for odor.
2. Sampling of the settling chamber of the aerobic tank.
3. Checking the chlorine residual at each inspection when applicable.
4. Adjusting and servicing of any minor mechanical and electrical components that are not working properly. Owner authorizes minor repairs found to be corrected at the time of maintenance visit in the amount of \$75 or less _____ (Owner Initial).
5. If any improper operation is observed which cannot be corrected at that time, the owner shall be notified of the condition.

In the event of a problem with your system we will respond within 48 hours from the time you contact us. These service calls are not covered by this contract and will be done at the customers request. I want you to know that your system is equipped with mechanical parts that may fail over time, and these also will be paid for by the home owner. Finally if there is any abuse or neglect it will be brought to your attention and may also cost you money.

The cost of the Service Contract will be \$ _____ and will be in effect from the date above. Our office is required to give all necessary information to your local Environmental Health Office. Contract Void if not paid in full.

I agree to abide by the Service Contract above:

Date: 1-27-23 Signed: _____

"We are striving to provide our customers with superior service and working septic systems".

Aerobics Unlimited
PO Box 95
Collinsville, TX 76233

Phone: (903) 429-3237

Printed: 8/25/2023

Installer License #8023, MP0000209

Permit #:

To: Clayton Boyd
12445 S FM 372
Valley View, TX 76272

Tech: Not Assigned
Brand/Mfg.: Aeris -
System S/N:
Aerator and S/N:

Contract: 2/22/2023 - 2/22/2025

Inspections per year: 3

Service Due: 9/4/2023

Agency:
County: Cooke County
Subdivision:

Phone: (940) 368-9914
Cell:
Work:

All Phone:

Inspection Type: Scheduled Customer Request Repair Pump Out

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filter(s):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection Device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other as Noted:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Effluent Clear & Odorless YES/NO _____ Sludge Level: _____ Aerator Tank 3" Pump Tank _____
Wastewater Surfacing YES/NO _____
Drainage Problem YES/NO _____
Components Modified YES/NO _____
Lids Secure YES/NO _____

Owner Needs To: Call For Repair Cut Grass Poison Ants Add Chlorine Have Tanks Pumped

Repairs and Comments:

Chlorine (Grab) Reading: .3 Added: YES/NO

Owner Comments/Complaints:

Inspector: Karen Kille

Date 09-12-23

For Questions or Concerns call us at 903-429-3237

3 HEADS

Area: / 0

GPS:

ID = 2697

12445 S FM 372, Valley View

Printed: 5/1/2023

Installer

To: Clayton Boyd
12445 S FM 372
Valley View, TX 76272

Tech: Not Assigned
Brand/Mfg.: Aeris -
System S/N:
Aerator and S/N:

Phone: (940) 368-9914
Cell:
Work:

Agency:
County: Cooke County
Subdivision:

Inspection Type: Scheduled Customer Request Repair Pump Out

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filter(s):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection Device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other as Noted:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Effluent Clear & Odorless YES NO
 Wastewater Surfacing YES NO
 Drainage Problem YES NO
 Components Modified YES NO
 Lids Secure YES NO

Owner Needs To: Call For Repair Cut Grass Poison Ants Add Chlorine

Repairs and Comments:

Chlorine (Grab) Reading: 0.05 Added: YES/NO
Owner Comments/Complaints:

Inspector: [Signature] Date

For Questions or Concerns call us at 903-429-3237

3 HEADS

Area: / 0
GPS:

12445 S FM 372,

Aerobics Unlimited
PO Box 95
Collinsville, TX 76233

Phone: (903) 429-3237

Printed: 12/26/2023

Installer License #8023, MP0000209

Permit #:

To: Clayton Boyd
12445 S FM 372
Valley View, TX 76272

Tech: Not Assigned
Brand/Mfg.: Aeris -
System S/N:
Aerator and S/N:

Contract: 2/22/2023 - 2/22/2025
Inspections per year: 3
Service Due: 1/14/2024
Alt Phone:

Agency:
County: Cooke County
Subdivision:

Phone: (940) 368-9914
Cell:
Work:

Inspection Type: Scheduled Customer Request Repair Pump Out

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filter(s):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection Device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other as Noted:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Effluent Clear & Odorless YES/NO _____ Sludge Level: _____ Aerator Tank 3" Pump Tank
Wastewater Surfacing YES/NO _____
Drainage Problem YES/NO _____
Components Modified YES/NO _____
Lids Secure YES/NO _____

Owner Needs To: Call For Repair Cut Grass Poison Ants Add Chlorine Have Tanks Pumped

Repairs and Comments:

Chlorine (Grab) Reading: N/A Added: YES/No
Owner Comments/Complaints:

Inspector: Sowie Date 1-4-24

For Questions or Concerns call us at 903-429-3237

3 HEADS

Area: / 0
GPS:

ID = 2697

N 33° 29.1294
W 097° 02.8003

12445 S FM 372, Valley View

Aerobics Unlimited
PO Box 95
Collinsville, TX 76233

Printed: 4/29/2024

Phone: (903) 429-3237

To: Clayton Boyd
12445 S FM 372
Valley View, TX 76272

Installer License #8023, MP0000209
Permit #:

Tech:
Brand/Mfg.: Aeris -
System S/N:
Aerator and S/N:

Agency:
County: Cooke County
Subdivision:

Phone: (940) 368-9914
Cell:
Work:

Contract: 2/22/2023 - 2/22/2025
Inspections per year: 3
Service Due: 5/5/2024
Alt Phone:

Inspection Type: Scheduled Customer Request Repair Pump Out

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filter(s):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection Device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other as Noted:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Effluent Clear & Odorless YES NO
Wastewater Surfacing YES NO
Drainage Problem YES NO
Components Modified YES NO
Lids Secure YES NO
Sludge Level: _____ Aerator Tank 2" Pump Tank _____

Owner Needs To: Call For Repair Cut Grass Poison Ants Add Chlorine Have Tanks Pumped

Repairs and Comments:

Chlorine (Grab) Reading: 0.5 Added YES NO
Owner Comments/Complaints:

Inspector: [Signature] Date 5/21/24

For Questions or Concerns call us at 903-429-3237

3 HEADS

Area: 036 / 0
GPS:

ID = 2697

12445 S FM 372, Valley View

John Hallen R.S, S.E
P.O.Box 211 Argyle, Texas 76226 940-465-1088

NAME: <u>Clayton Boyd</u>	SITE ADDRESS: <u>12445 South Fm 372</u>
CITY, ZIP: <u>Valley View TX</u>	PHONE NUMBER:
LOT: _____ BLK: _____	SUBDIVISION:
COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/>	FACILITY: <input checked="" type="checkbox"/> EXISTING <input type="checkbox"/> NEW
PROFESSIONAL DESIGN REQUIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PONDS, LAKES, STREAMS CREEKS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
WATER SAVING DEVICES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	WATER WELLS PRESENT OR PROPOSED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
UNINCORPORATED AREA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ORGANIZED SEWAGE AVAILABLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PRESENCE OF UPPER WATER SHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PRESENCE OF 100 YEAR FLOODPLAIN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
NUMBER OF BEDROOMS: <u>3</u>	SQUARE FOOTAGE OF FACILITY: <u>under</u> SQ FT

TECHNICAL INFORMATION FOR PERMIT

Do Not Begin Construction Prior To Application Approval.
 Any Unauthorized Construction Can Result In Administrative and/or Civil Penalties

Type and sizing of pipe: <u>3 or 4 inch PVC SCH 40</u>	Sloping of sewer pipe to tanks: <u>1/8" per foot min.</u>
Daily wastewater usage rate: <u>300</u> GPD Usage Rate	Trash Tank: <input checked="" type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000 <input type="checkbox"/> 1250
Septic tanks required: <input checked="" type="checkbox"/> N/A	Aerobic Tank: <input checked="" type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 800 <input type="checkbox"/> 1000 <input type="checkbox"/> 1250
Low pressure dosing tanks: <input checked="" type="checkbox"/> N/A	Pump Tank: <input checked="" type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000 <input type="checkbox"/> 1250 or Greater
LPD Pump: _____ GPM w/ _____ head <input checked="" type="checkbox"/> N/A	☒ Pump: <u>little Giant 1/2 horse, 27 gpm at 40 psi</u>
Application Rate: Denton, Cooke, Tarrant, Wise <input type="checkbox"/> .064	Collin, Grayson, Fannin, Hunt, Dallas <input type="checkbox"/> .045

Disposal System

Type: <u>Spray Application</u>	Required Area: <u>4685 sq ft</u>	Proposed Area: <u>5652 sq ft</u>
Number of spray heads: <u>2</u>	Radius/Degrees: <u>30' @ 360°</u>	Night Time Spray: <u>12 Midnight to 5am</u>

Soil Analysis

Soil Boring I

* (Reido System)

Site Visit:

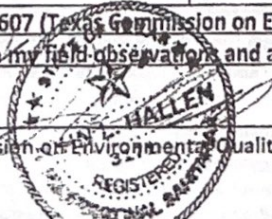
Depth Feet	Texture Class	Structure	Drainage Mottles/ Water Table	Restriction Horizons	Observations and Classification of Soil
1	<u>Sandy loam</u>	<u>loose</u>	<u>none to se</u>	<u>none</u>	<u>TIL suitable</u>
2					
3					
4	<u>Sandy clay</u>				<u>SAME</u>
5					

Soil Boring II

Depth Feet	Texture Class	Structure	Drainage Mottles/ Water Table	Restriction Horizons	Observations and Classification of Soil
1	<u>Sandy loam</u>	<u>loose</u>	<u>none to se</u>	<u>none</u>	<u>TIL suitable</u>
2					
3					
4	<u>Sandy clay</u>				<u>SAME</u>
5					

I John Hallen, Certification # OS0010607 (Texas Commission on Environmental Health), certify that the findings of this report is based upon my field observations and are accurate to the best of my ability.

John Hallen R.S #3171, Texas Commission on Environmental Quality S.E #10607



Feb. 22, 2023
Date

It should be noted that all data given in this report does not cover specifications on manufactured proprietary devices and equipment on specific manufactured aerobic units, tanks, or products approved by National Sanitation Foundation International or Texas Commission on Environmental Quality. All construction standards, installations, and sewage process methods must meet all regulations of the Texas Commission on Environmental Quality, Title 30, Chapter 285, Chapter 290, the United States Occupational Safety and Health Administration (OSHA) Standards, State, County Health Department and or City municipality regulations, ordinances and codes must be followed and observed.

Proposed Effluent Disposal Designs

Standard Conventional Gravel System refer to Texas Commission on Environmental Quality, Title 30, Chapter 285.33 (b)(1)

Geo flow Crip Application: Geo installation must meet all requirements from the installation manual and all approved components, and design parameters. Also refer to Texas Commission on Environmental Quality, Title 30, Chapter 285.33 (C)(3)(A-F).

LPD Disposal and tank installation: Refer to Texas Commission on Environmental Quality, Title 30, Chapter 285.33 (d)(1)(a-i) and the North Carolina State University Sea Grant College Publication UNC-582-03 (1982).

Spray Application Disposal: All Sprinkler devices must meet all Texas Commission on Environmental Quality requirements on low trajectory spray patterns, purple color identification for on-site sewage facility usage and meet all setback requirements of the Texas Commission on Environmental Quality, Title 30, Chapter 285 (figure 10) Table X on "Minimum Requirements Separation for Distances for on-site sewage facility". The Texas Commission on Environmental Quality, Title 30 Chapter 285.33 (d)(2) (A-G) must be honored.

Aerobic Treatment Units: must be approved by the Texas Commission on Environmental Quality and must be approved by NSF International as a class I system under the National Sanitation Foundation International Standard 40. Precast Concrete Tanks must meet ASTM C 4000. All tanks must meet the requirements of the ASTM designation.

Primary Tanks: Each Aerobic manufacturer has specifications on primary tanks for their proprietary aerobic units. These

part of their tanks as one unit or individually. Septic tanks standards can be found in Title 30 Chapter 285.32 (b)(1)(A-G).

Chapter 285.34 (b) and must have the correct 1/3 reserve of the daily GPD usage flow in case of an emergency, power outage or failure. The 1/3 reserve gallons per day level must be between the alarm floats activation point to the bottom of the inlet pipe on the drawing).

Precast Concrete Tanks: All tanks are required to meet "American Section of the International Association for Testing Materials"

All clear and access lids: Must be installed at the primary tank, aerobic tank and on the pump tank. These riser materials must be approved by the Texas Commission on Environmental Quality and the Manufacturer of the aerobic systems. Safety lids, safety pans, and safety screws must meet the manufacturer's specification and must be corrosion resistant metals and materials. All screws

285.38(a-i). All fasteners must meet the manufacturer's specification and must be corrosion resistant metals and materials. All screws and safety screws must be in place and secured at all times.

any area or material from the spray application make any contact with children's play equipment. Be advised to keep all

surface application will need to be between 2% and 15% sloping on any topography. However, slopes under a 2% slope will require drainage.

requirements: Effluent must NEVER be used for gardens, crops, orchards with eatable fruits or any food source used for human consumption. The use of effluent for any other purpose is prohibited.

must be 10 ft from any spray heads to reduce spray discharge reduction. We do not take any responsibility of tree loss, trees damaged, or other property damage.

custom and disperse effluent in the safest manner according to the property's available casing. If there is concern about placement

permitting is conducted. It is also advised that the owner contact a professional arborist if there are concerns about trees or shrubs due to placement and location of the disposal discharge. All arborist fees is the owners responsibility.

All Private and Public water lines must not be crossed unless the crossing method meets TCEQ

"On-Site Sewage Facilities" Title 30, TAC Chapter 285.91 (Table 10) special note's # 5 "Private water line/wastewater line crossings should be treated as public water line crossings, see Chapter 290 of this title". Refer to TCEQ "Public Drinking Water" Chapter 290 on "Rules and Regulations for Public Water Systems". This evaluation and design DOES NOT indicate water lines due to proposed development has not installed private or public water lines when the Evaluation and Design was conducted or existing private water lines



are "Unknown Location" or not documented when installed. It's the installers responsibility to honor all "TCEQ Title 30, TAC Chapter 285" setbacks. Relocating existing water lines due to the proposed or existing OSSF placement is the owners responsibility.

Effluent Disinfection Treatment Devices: All spray application must have approved disinfection devices certified with National Sanitation Foundation International, American National Standard Institute and as an approved product by the Texas Commission on Environmental Quality. These disinfection devices must be tested and certified by the ANSI/NSF standard 46. Title 30 Chapter 285.33(d)(2)(D)

Maintenance Contracts: All contracts must be submitted to the governing authorities in conjunction with the design and permitting this on-site sewage facility. The contract is required for the first two years of the installed aerobic treatment unit. Check with the governing authorities on their approved orders from Texas Commission on Environmental Quality concerning service contract prerequisites, scheduled inspection mandates and renewal notification guidelines.

Water wells: If no well is present, it's the water well driller/ water well licensed operator and owners' responsibility to keep 100 ft setback from all water wells from the "Proposed OSSF Disposal Field". It's the owner's responsibility to inform and notify all wells on their property, "Known and or Unknown." WE must be notified of all nearby existing water wells on other properties. Any future or proposed placement on our design is for reference only and is intended to communicate potential placement only. Water well drillers must do their due diligence on proposed sewage systems setbacks and nearby OSSFD. However, wells that are hidden or not communicated to our office is still the responsibility of the owner. **WE Do Not Take Any Reasonability** on wells that have not been identified and communicated to us. All Communications must be in writing and emailed to us via John@ETADOT.Com.

Owners are responsible for the water usage of the on-site sewage facility. An aerobic treatment system can malfunction if any component of the system breaks, malfunctions or if a non-approved component is installed. Over usage, better known as "Hydraulic Overloading," beyond the recommended requirements of the aerobic treatment unit can create a malfunction in the process of any aerobic system. It is the owner's responsibility not to exceed the processing levels or water use over the hourly usage rates.

The proper usage of this system and its performance cannot be guaranteed even though all provisions of Title 30 Chapter 285 have been met. This on-site sewage facility is sized with the minimum requirements of Texas Commission on Environmental Quality, Title 30, Chapter 285. It should be noted that the system can be sized beyond the minimum standard if the owner or its representatives request these increases to our office in writing before permitting the on-site sewage facility. Once the system is installed, it is the owner's responsibility to maintain this unit without offensive orders, remediate any failing issues, comply with the governing authority rules and regulations, and any modifications or upgrades to the system must be permitted by the governing authority.

Based on the Data and information provided to us by the owners, owner's representative or installer, this site may be deemed suitable to treat via surface application for disposal unless "Proposed Effluent Disposal Design" indicates another type of disposal method. All manufactured aerobic unit installations must meet all specifications and requirements of the approved manufacturer. Deviation from this design and inspected installation must be communicated to our office and a "AS Built" design will need to accompany the installation inspection showing the alteration. If any setback encroachments are found once construction starts, it's the owner/owners representative's responsibility be communicated to our office and the governing authority. All construction, installation must stop. The governing authority must release authorization to resume installation and construction.

Additional Notes

Replacing Old STANDARD Conventional System
Abandon Tanks According to "Title 30 TAC 285"
EXISTING SETBACK

John Hallen R.S #3171, Texas Commission on Environmental Quality S.E #10607



Feb. 22, 2023
Date

Actual water usage data or other methods of calculating wastewater by the system designer if it is accurate and acceptable to Environmental Quality or its authorized agents. If actual water usage rates in this table, the system shall be designed for the h

TYPE OF FACILITY	USAGE RATE GALLONS/DAY (Without Water Saving Devices)	USAGE RATE GALLONS/DAY (With Water Saving Devices)
Single family dwelling (one or two bedrooms) - less than 1,500 square feet.	225	180
Single family dwelling (three bedrooms) - less than 2,500 square feet.	300	240 <i>3 Bedrooms under 2500 ft</i>
Single family dwelling (four bedrooms) - less than 3,500 square feet.	375	300
Single family dwelling (five bedrooms) - less than 4,500 square feet.	450	360
Single family dwelling (six bedrooms) - less than 5,500 square feet.	525	420
Greater than 5,500 square feet, each additional 1,500 square feet or increment thereof.	75	60

AEROBIC TREATMENT UNIT SIZING FOR SINGLE FAMILY RESIDENCES, COMBINED FLOWS FROM SINGLE FAMILY RESIDENCES, OR MULTI-UNIT RESIDENTIAL DEVELOPMENTS

Number of bedrooms/living area of home	Minimum Aerobic Tank Treatment Capacity (gallons per day per residential unit)
Three bedrooms and < 2,501 sq. ft. or Less than three bedrooms and 1,500 < sq. ft. < 2,501	360
Four bedrooms and < 3,501 sq. ft. or Less than four bedrooms and 2,500 < sq. ft. < 3,501	480
Five bedrooms and < 4,501 sq. ft. or Less than five bedrooms and 3,500 < sq. ft. < 4,501	600
Six bedrooms and < 5,501 sq. ft. or Less than six bedrooms and 4,500 < sq. ft. < 5,501	720
Seven bedrooms and < 7,001 sq. ft. or Less than seven bedrooms and 5,500 < sq. ft. < 7,001	840
Eight bedrooms and < 8,501 sq. ft. or Less than eight bedrooms and 7,000 < sq. ft. < 8,501	960

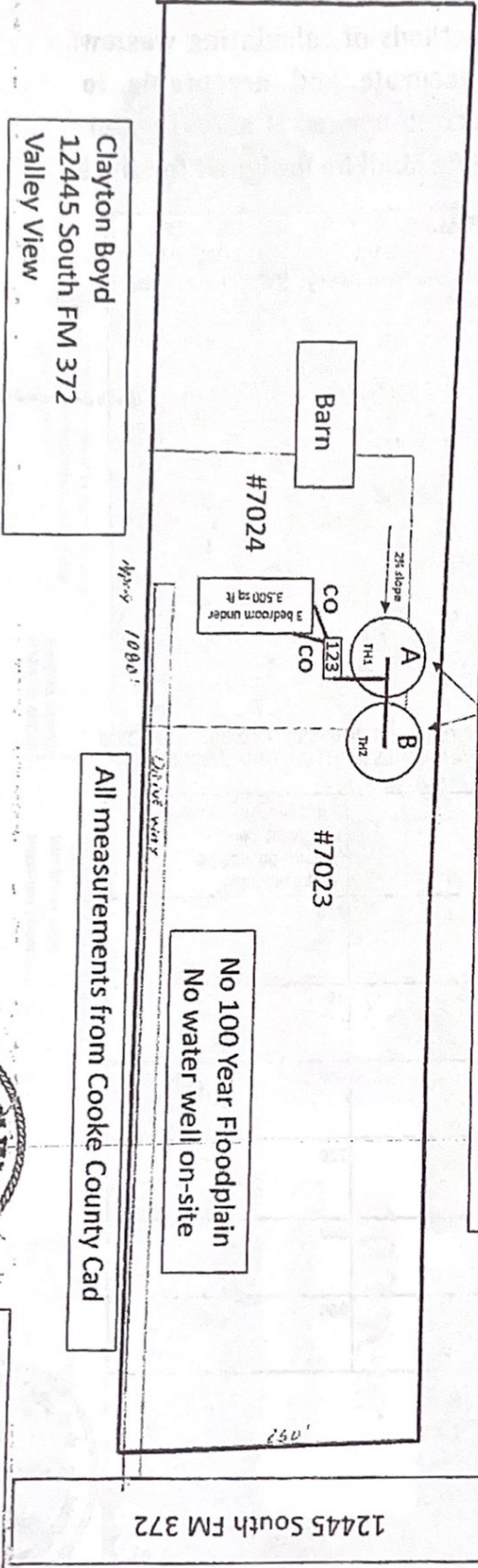


OSSF Aerobic Treatment System Design Layout

1. 500 Gal. Primary Trash Tank or Greater
 2. 500 GPD ATU or Greater
 3. 500 Gal Pump Tank or Greater
- Refer to the Approved TCEQ, NSF and Manufacturers approved system configuration and tank size layout

- A. 30'R @ 180 Degrees = 2,826 sq ft
- B. 30'R @ 360 Degrees = 2,826 sq ft
- Total Spray Application: 5,652 sq ft
- Required Spray Application 4,688 sq ft

10' separation between spray application and property line



*Starting from next to Abundant according to Title 30 The 205-
 location indicated on existing Tank. Did not locate during SE. 07*



2023

SCALE: 1/2" = 1'