

LLANO COUNTY On Site Sewage Facilities
SITE EVALUATION FORM

Date: 6-28-12

Property Owner: Michael Strobo Address: 239 French John Creek Rd

Telephone 830 Area 613-5694 Needs Development Permit? Already Exists#

Site Evaluator Name & Certification #: LADLE DILLARD #9939

Installer Name & Certification #: Me'l Bowman II 050004411 Phone# (512) 755-2052

Legal Description of Property:

Subdivision: FRENCH JOHN CREEK Sec _____ Lot 15 Blk _____

Survey: _____ Abstract: _____

Property Size: _____ Acres: 20.00

Existing or proposed structure to be served: Home/Residence

3 Bedrooms 2 Bathrooms 23500 Square Footage

Topography: (Circle)

Slope: Flat (under 2%)

Slight (under 4%)

Severe (over 5%)

Vegetation: Grass/Brush

Lightly Wooded

Heavily Wooded

Site Drainage: Poor

Adequate

Good

Other

Note: If slope is severe a Topo Survey with half foot contours must be provided with this form on the design. If the site drainage is poor or slope is flat then a detailed drainage plan must be provided on the design.

Flood Hazard: (Check)

Property is Located: Outside 100 Year Flood Plain In 100 Year Flood Plain
 In 100 Year Flood Plain and Floodway

Note: Attach a FEMA Flood Insurance Rate Map (FIRM) with property location identification or current survey with Flood Plain determination.

Water Supply: (Circle)

Public

Community

Private

Name of Water Supplier: _____

Note: If well is on-site, complete the following:

Size of Well _____ Depth of Well _____ ft. Year Drilled _____

Driller: _____

(Check all that apply)

Sealing Block Present

Well House Protecting Well

Well Log is Available (Attach if available)

Neighboring Wells Within 100 Feet of Property Line (must be included on the design if checked)

[Signature] # SI.9939

Signature of Licensed Site Evaluator/Installer

6-28-12
Date

APPLICATION FOR ON-SITE SEWADE FACILITY
NEW CONSTRUCTION AND MODIFICATION

New Installation

Modification

Date: 8/14/2012

R# 56666

Permit number: 29796

Fee: \$350.00

Owner: Strobo, Michael

Phone: 830-613-5694

Mailing address: 606 CR 342C, Marble Falls, Tx 78654

Floodplain: Yes

Owner's Authorized Agent: Lance Dillard

Site Address: French John Creek, Tr15, 239 French John Creek Rd

Description of structure to be served: New Home, Single

<2500 sq ft

Number of Bedrooms: 3 Number of Bathrooms: 2

Commercial/Institutional:

Number of Employees/Occupants/Units:

Number of Days occupied per week:

Source of Water: Private Well

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Texas Commission on Environmental Quality and/or it's Authorized Agent's designated representative to enter upon the above described property for the purpose of evaluation and inspection of the installed system which indicates that the system was installed in accordance with Rules of Llano County, Texas for On-Site Sewage Facilities.

(173) The tank will be tied down and a back flow prevention valve must be installed.

Issued to: Michael Strobo
Owner or Authorized Agent

Date: 8/16/2012

Issued by: [Signature] 17739
Llano County Designated Representative

Date: 8.17.2012

Do not begin construction prior to application approval. Unauthorized construction can result in civil, criminal and/or administrative penalties.

***THIS PERMIT IS VALID FOR 360 DAYS**

OFFICIAL USE ONLY
SITE EVALUATION

Date: _____

Permit No. _____ Fee: _____

TYPE SOIL - Rocky Gravel Sand Other _____
SLOPE - Flat Sloping Other _____ Flood Zone

Date: _____ Inspector: _____
AUTHORIZATION TO CONSTRUCT IS: GRANTED DENIED

Llano County
Department of Environmental
and Emergency Services
100 W Sandstone St., Ste A
Llano, Texas 78643
Phone (325) 247-2039
Fax (325) 247-3785

Designated Representative TCEQ License# OS0017739

LLANO COUNTY On Site Sewage Facilities
SITE EVALUATION FORM

FP/PC 2 (DD)
29796
R56664

Date: 6-28-12

Property Owner: Michael Strobo Address: 239 French John Creek Rd

Telephone 830 Area 613-5694 Needs Development Permit? No Already Exists# 29610

Site Evaluator Name & Certification #: LADIE D. HARRIS #9939

Installer Name & Certification#: Mel Bowman II 050004411 Phone# (512) 755-2052

Legal Description of Property:

Subdivision: FRENCH JOHN CREEK Sec _____ Lot 15 Blk _____

Survey: _____ Abstract: _____

Property Size: _____ Acres: 20.00

Existing or proposed structure to be served: Home/Residence

3 Bedrooms 2 Bathrooms 2750 Square Footage

Topography: (Circle)

Slope: Flat (under 2%) Slight (under 4%) Severe (over 5%)

Vegetation: Grass/Brush Lightly Wooded Heavily Wooded

Site Drainage: Poor Adequate Good Other

Note: If slope is severe a Topo Survey with half foot contours must be provided with this form on the design. If the site drainage is poor or slope is flat then a detailed drainage plan must be provided on the design.

Flood Hazard: (Check)

Property is Located: () Outside 100 Year Flood Plain () In 100 Year Flood Plain
() In 100 Year Flood Plain and Floodway

Note: Attach a FEMA Flood Insurance Rate Map (FIRM) with property location identification or current survey with Flood Plain determination.

Water Supply: (Circle) Public Community Private

Name of Water Supplier: _____

Note: If well is on-site, complete the following:

Size of Well 9 in from surface to 81 ft Depth of Well 81 ft. Year Drilled 2005

Driller: Videll Drilling Inc.

(Check all that apply) () Sealing Block Present () Well House Protecting Well

() Well Log is Available (Attach if available)

() Neighboring Wells Within 100 Feet of Property Line (must be included on the design if checked)

[Signature] # 9939
Signature of Licensed Site Evaluator/Installer

6-28-12
Date

**LLANO COUNTY
OSSF SOIL EVALUATION FORM**

Owner's Name: Michael Strobo
 Physical Address: 239 French John Creek Rd
 Site Evaluator: Lance Dillard Certification Number: 9939
 Date Performed: 6-28-12 Proposed Excavation Depth: 4'

- At least two soil evaluations must be performed on the site, at the opposite ends of the proposed disposal area. Please show the results of each soil evaluation on a separate table. Locations of soil evaluations must be shown on the site drawing.
- for subsurface disposal, soil evaluations must be performed to a depth of at least 2 ft below the proposed excavation 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 depths.

Depth (ft)	Textural Class	Structure (If app)	Drainage Mottles/ Water Table	Restrictive Horizon	Comments
0	TI	Granitic	Mo	Mo	
1	S	Gravel			
2					
3					
4					
5					
6					

Depth (ft)	Textural Class	Structure (If app)	Drainage Mottles/ Water Table	Restrictive Horizon	Comments
0	II	Granitic	Mo	Mo	
1	S	Gravel			
2					
3					
4					
5					
6					


 Signature of Licensed Site Evaluator/Installer

6-28-12
 Date

3/4 hp 11-R ppm

111 one Dick Panten

\$250.00 - Liberty

\$350.00

36" Panels 150' = 30
1/2" ± 2" Purple PVC
Brass Backflow
Samp Pump

1000 gallon tank

950

9x11 x 6'5"
9x10 x 6'5"

112 / mg 550

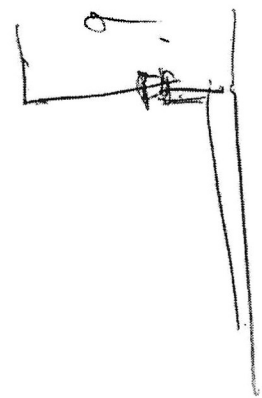
92

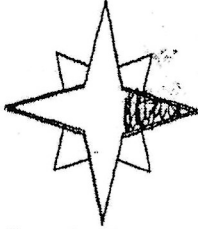
82 wike

53 tall

43

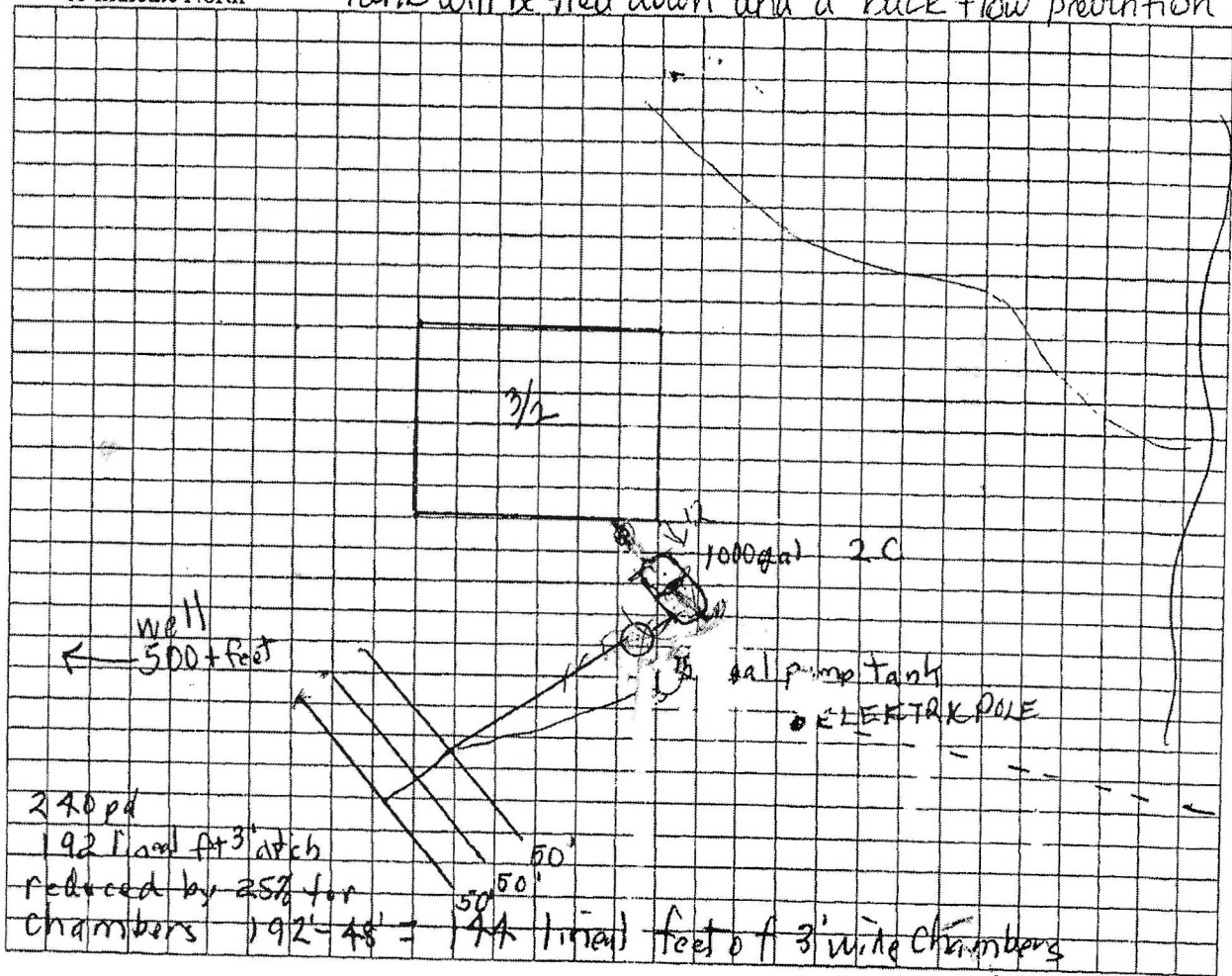
AO outlet





Completely shade the Point
to indicate North

Tank will be tied down and a back flow prevention valve
installed



- This system design and site plan must show all proposed existing structures, property lines, easements, existing on-site sewage facilities, water wells within 100 feet of property lines and nearest named road.
- If this system is required to be designed by a registered professional engineer or registered sanitarian, the proposed design must be signed and sealed. If desired, a separate signed and sealed design may be attached.

2 day Notice ~~Friday~~
Tue/Thu
3rd, 4th, 7th

CERTIFICATION OF APPROVAL

FINAL INSPECTION

Floodplain: Yes

Date: _____

Permit no: 29796

Fee: \$350.00

Manufacturer _____

Tank#1 SN# _____ Tank#2 SN# _____

Size Tank #1 _____ Gals. Tank #2 _____ Gals. TYPE _____

Absorption Trench () length _____ width _____

Absorption bed area () Square feet _____

GrPipe _____ Leach _____ LowPrsDos _____ AbsMnds _____ DripEmit _____ EvapBed _____ SrfIrrig _____

Commercial () Private Residence () Ft. from well to drain field _____

Instalier or Contractor: Lance Dillard

Address _____ City/Zip _____ Phone # _____

Date _____ Final Inspection made by _____

OSSF FIELD DRAWING
(Not to scale)

