

EXISTING SYSTEM INSPECTION FORM

RESIDENCE <u>5420 Bee Cone</u>	Date <u>18 Nov 92</u>
<u>Peter &amp; Constance Meadows</u>	
COMMERCIAL <u>John Coy 328-5915</u>	Permit No. <u>0662</u>
CHURCH	Inspector
Installed	Expires <u>8/22/95</u>

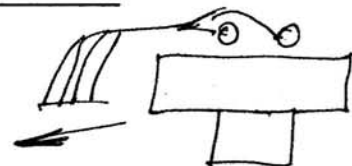
- FIELD
1. Surfacing effluent
  2.  No surfacing effluent
  3. Wastewater into yard
  4. Noxious odors present
  5. \_\_\_\_\_

- TANK
1. Septic
  2. Cesspool
  3. \_\_\_\_\_
  4. \_\_\_\_\_

SLOPE (area of field)

TANK SLOPE DIRECTION

1. Flat (less than 1'/100'=1%)
2.  Mild (>1%, <5%)
3. Steep (>5%)

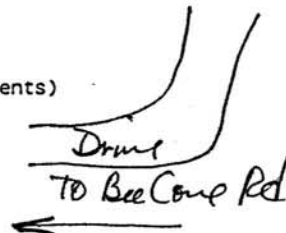


SOIL (note in order of dominance)

TRACER (results under comments)

- |                 |                  |
|-----------------|------------------|
| 1. Clay _____   | 4. Caliche _____ |
| 2. Gravel _____ | 5. Rock _____    |
| 3. Sand _____   | 6. _____         |

1. Dye
2. Metal detector
3. \_\_\_\_\_



RESIDENT RESPONSE

1. Not home, left card, made inspection.
2.  Claims no previous trouble known.
3. Had system modified (date \_\_\_\_\_).
4. Cannot judge system's past performance
5. Reports past trouble, no modifications made yet.
6. \_\_\_\_\_

Approximate distance from lake to field \_\_\_\_\_

This system  (is) (is not) recommended to be relicensed for operation in the City of West Lake Hills.

By: [Signature] Date: 18 Nov 92

COMMENTS: <u>Broken 2" PVC inlet pipe. John said he would repair</u>

PERCOLATION TESTS PROCEDURES

- ( ) (Option 1.) I request the City West Lake Hills or its agents to perform the required soil percolation tests for a new sewage system, and enclose fee for same.
- ( ) (Option 2.) I will have the soil tests performed in accordance with the Texas State Health Department's "Construction Standards For Private Sewage Facilities—Adopted November 30, 1977". The tests will be performed by:

\_\_\_\_\_  
 (Name) (Address)  
 and certified by: \_\_\_\_\_  
 (Name) (Title)

GENERAL LAYOUT OF LOT AND STRUCTURES

PLEASE USE SITE PLAN OR OVERLAY TO SHOW:

- 1. Outline and size of property. Direction of north at property.
- 2. Location and dimensions of all proposed facilities, such as buildings, retaining walls, driveways, wells, pipelines, patios, and any trees that will be preserved.
- 3. Location of percolation holes in primary and alternate field.
- 4. Results of percolation test in inches to fall per 30 minutes.
- 5. Primary and alternate absorption field or lateral lines plus septic tank location.

AUTHORIZATION is hereby given to the City of West Lake Hills, Austin-Travis County Health Department, the engineers, \_\_\_\_\_ and to their agents or designees, singularly or jointly, to enter upon the above described property during daylight hours for the purpose of mak-

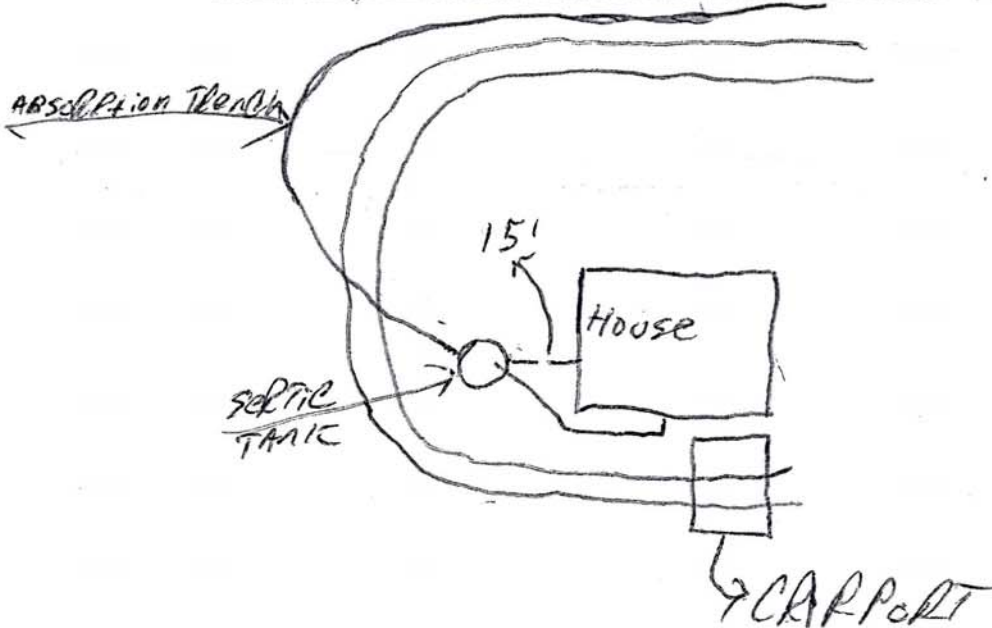
ing soil percolation tests, inspecting private sewage systems, or for any reason consistent with the water quality program of the Austin-Travis County Health Department, the Texas State Department of Health and the City of West Lake Hills.

Sonie Hendrickson  
 (SIGNATURE OF APPLICANT)

DATE: July 26 1988

WATER DISTRICT REVIEW:

W.C.I.D. #10 APPROVAL BY \_\_\_\_\_ DATE \_\_\_\_\_



5324 BEE CAVES RD