

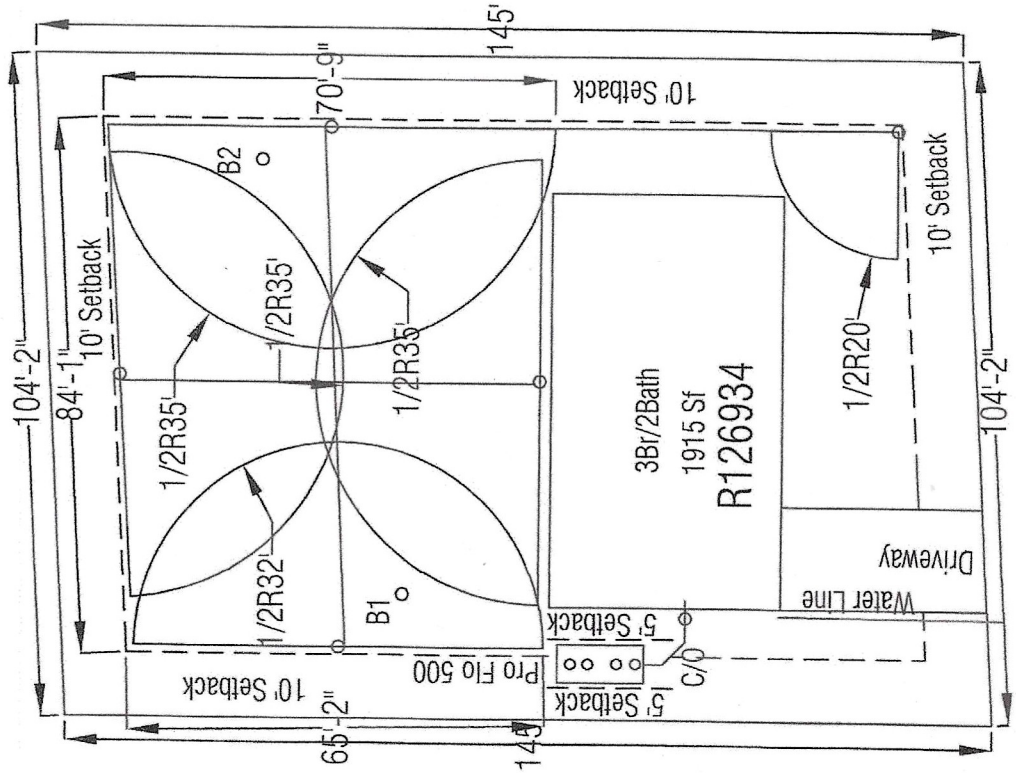
Comments:

- 3Br/2Bath/1915 Sf
- 1. Daily Waste Flow = 240 G.P.D.
- 2. Effluent Load Rate = .041
- 3. Required Spray Area = 5854 Sq. Ft.
- Designed Spray Area = 6015 Sq. Ft.
- 3 @ 1/2 35'R, 1 @ 1/2 32'R, 1 @ 1/4 20'R = 7690
- 1675 SF For Overlap
- 4. 400 Gal. Pretreatment Tank
- 5. 500 Gal. Class 1 Aerobic
- 6. 771 Gal. Pump Tank
- 7. Environmental "E" series 1/2 Hp Model 20LE05P4-2W115
- 8. K-Rain Pro Plus 11003 w/#3 nozzle
- 9. Chlorinators CS 120 Tablet or Equivalent
- 10. Owner to provide grass cover over spray area seed and/or sod.
- 11. Water usage in excess of 240 GPD voids this design.

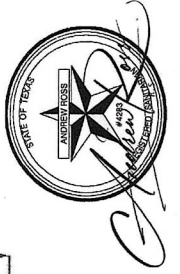
Revised 6/22/23
 PERMIT # 204750-23

A Better Way Septic Systems, Inc.
 281-593-5744
 425 CR 2213
 Cleveland, TX 77327

1" = 30' SCALE:	NAME: Kendal Garza
DHB DRAWN BY:	LEGAL DESCRIPTION: Northwoods 02 Lot 432 25639 Forest Lane
3/3/23 DATE:	SYSTEM TYPE: Aerobic
	WATER SUPPLY: Public



25639 Forest Lane



Aerobic Septic System Inspection Report

Submitted by: **A BETTER WAY SEPTIC SYSTEMS INC**
 425 CR 2213
 CLEVELAND, TX 77327
 Phone: 281-593-5744
 Contact: DAVID BLUM

Scheduled Maintenance Report

Installation Date: 6/26/2023

Permit Number: **204750-23**

This testing and report record shall be completed and dated after each inspection. This record will be retained in the database of the maintenance entity. A second copy may be sent to the local permitting authority and a third may be sent to the system owner with invoicing for services.

1. **Required frequency** of visits is every 4 months.

Date of inspection visit: 6-10-25

2. **System inspected:**

Time In: 3:20 Time Out: 3:40

System Name: Primary
 Serial Number: PF5-49474
 Model Number: PF500

Owner: Apri Daniel
 Property Address: 25639 Forest Lane
 Cleveland, TX 77328
 Technician: DB Blum P40

<u>Inspected Item</u>	<u>Operational</u>	<u>Inoperative</u>	<u>Not Applicable</u>
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diffuser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine Supply	<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"/>
Sprayfield Vegetation/Seeding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item(Specify) _____			

3. **Repairs to system** (list all components replaced):

Cleaned filters

4. **Tests required and results:**

<u>Test</u>	<input type="checkbox"/>	<u>Results</u>	<u>Test Method</u>
BOD	<input type="checkbox"/>	_____	_____
TSS	<input type="checkbox"/>	_____	_____
Cl ₂	<input type="checkbox"/>	<u>.2</u>	_____
Fecal Coliform	<input type="checkbox"/>	_____	_____
PH	<input type="checkbox"/>	<u>7.2</u>	_____

Comments: 4" swage

All lids secured.