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Sterling Environmental Services

P.O. Box 1110

Montgomery, Texas 77316

Phone (936) 597-5558

Date 14 March 2013

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William Graddy

274 County Road 6471

Dayton, Tx.

Job Number \_\_\_\_\_

SUBD. Woodland Hills

SECT 4 LOT 19 BLOCK 2

Work	Cost
Septic System Design	\$150.00
Soil / Site Analysis	\$150.00
Septic System Permit	\$250.00
Permitting Fee	\$150.00
Filing Affidavit	
Total	700. <sup>00</sup>

FOR OFFICE USE ONLY

Date Paid \_\_\_\_\_

Rec'd BY: \_\_\_\_\_

Check # \_\_\_\_\_

Cash \_\_\_\_\_

OFFICE COPY

274County.skd  
Scale 1 = 60

<b>STERLING ENVIRONMENTAL</b> PROFESSIONAL SANITARIAN STATE LICENSE 3367		P O Box 1110 Montgomery Texas 77356 (936) 597-5558 (936) 597-8332 Fax	
SCALE 1"=60'	DATE March 14, 2013	DRAWN BY WH	DRAWING 274county.skd
William Graddy Woodland Hills Section 4 Block 2 Lot 19			
County or Agency Liberty	Address 274 County Road 6471 Dayton, Tx. 77535		

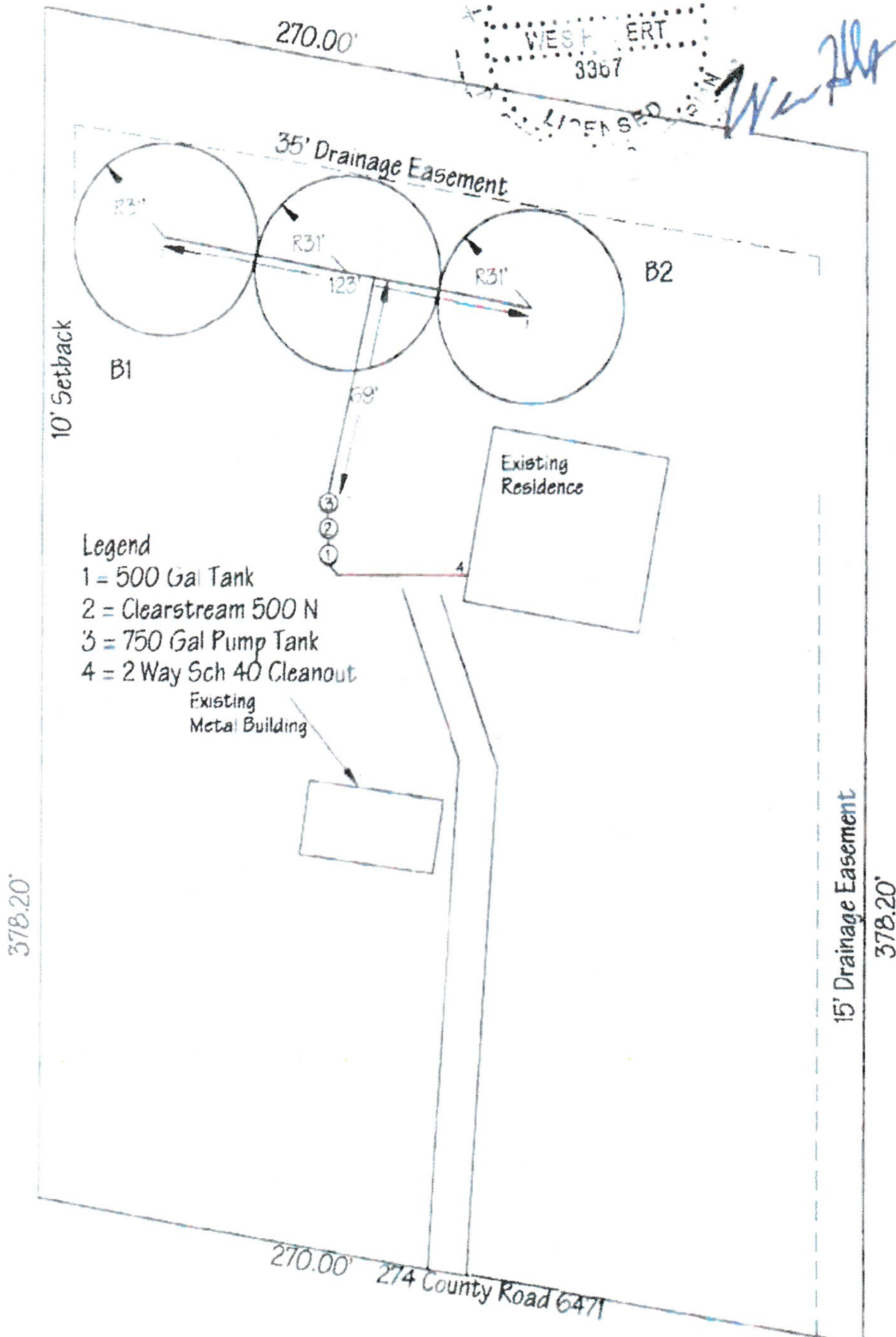
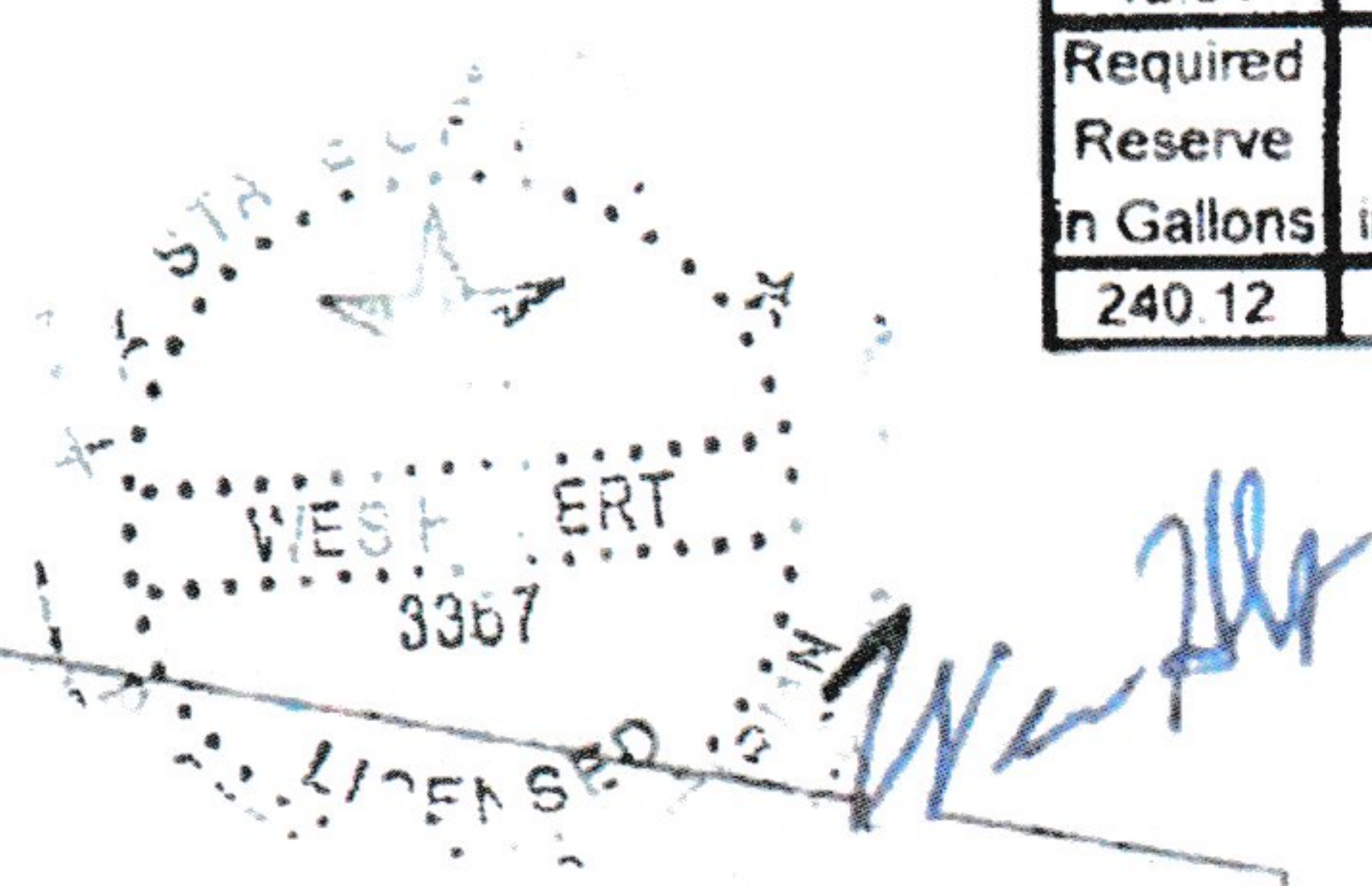
System Data

Number of Bedrooms	Daily Flow in Gallons	With Low FLOW Devices	Pump Tank Req'd Active Capacity	Loading Rate	Area Required Sq Ft
5	450	360	601	0.041	8780

Pump Tank Specs

Height in Inches	Height in Feet	Inside Diameter in Inches	Inside Radius in Feet	Volume in Cubic Ft.	Volume in Gallons
65.5	5.46	59.5	2.48	105.40	788.36
Gallons Per Inch	Pump Off Level in inches	Pump On Level in inches	Dead Space Gallons	High Water Alarm on in Inches	Active Capacity Gallons
12.04	14	20	240.72	49.9	547.64
Required Reserve in Gallons	Actual Reserve in Gallons	Actual Reserve in Inches	Reserve Percent of Daily Flow	Normal Operating Range (Gal)	Normal Operating Range (In)
240.12	188	16	52%	360.0	29.91

Sprinkler Head Number	Radius in Feet	Degree of Spray	Area Sq Ft Covered
1	31	360	3019
2	31	360	3019
3	31	360	3019
Total			9057
Total			0
Total			9057



Abandon Existing Tanks  
Per TCEQ Codes...

# CONROE SEPTIC SERVICE, INC.

P.O. Box 273

Conroe, Texas 77305

936-588-1170

## TESTING AND REPORTING RECORD

CUSTOMER William Graddy DATE OF VISIT 3.7.14  
ADDRESS 274 C.R. 4411  
CITY Dayton ZIP \_\_\_\_\_ PERMIT# \_\_\_\_\_

### ITEMS INSPECTED

### OPERATIONAL

### INOPERATIVE

Aerator.....	<input checked="" type="checkbox"/>	_____
Filters.....	<input checked="" type="checkbox"/>	_____
Pumps.....	<input checked="" type="checkbox"/>	_____
Air Compressor.....	<input checked="" type="checkbox"/>	_____
Chlorinator.....	<input checked="" type="checkbox"/>	_____
Chlorine Supply.....	<input checked="" type="checkbox"/>	_____
Electrical Circuits.....	<input checked="" type="checkbox"/>	_____
Distribution System.....	<input checked="" type="checkbox"/>	_____
Alarm.....	<input checked="" type="checkbox"/>	_____

### REPAIRS TO SYSTEM (LIST ALL COMPONENTS REPLACED)

NO REPAIRS

### TESTS REQUIRED AND RESULTS

Chlorine residual - Total Chlorine .7  
Chlorine Tablets added none

### GENERAL COMMENTS OR RECOMMENDATIONS

- Ants under compressor cover, put ant killer around compressor cover
- Please add chlorine tablets

\* Ants Under Compressor Cover  
\* No Sludge  
\* Tanks Secured

Inspector Brett Whitley Date 3.7.14