

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date:	11/21/2019		Permit Number:	105231
Location Description:	360 BENT OA SPRING BRAM	K DR NCH, TX 78070		
	Subdivision: Unit: Lot: Block: Acreage:	Rebecca Creek Estates 15 2		
Type of System:	Aerobic Surface Irrigation	on		
Issued to:	William D. & k	Kristen A. Wessale		

This license is authorization for the owner to operate and maintain a private facility at the location described in accordance to the rules and regulations for on-site sewerage facilities of Comal County, Texas, and the Texas Commission on Environmental Quality.

The license grants permission to operate the facility. It does not guarantee successful operation. It is the responsibility of the owner to maintain and operate the facility in a satisfactory manner.

Alterations to this permit including, but not limited to:

- Increase in the square feet of living area
- Increase in the number of bedrooms
- A change of use (i.e. residential to commercial)
- Relocation of system components (including the relocation of spray heads)
- Installation of landscaping
- Adding new structures to the system

may require a new permit. It is the responsibility of the owner to apply for a new permit, if applicable.

Inspection and licensing of a facility indicates only that the facility meets certain minimum requirements. It does not impede any governmental entity in taking the proper steps to prevent or control pollution, to abate nuisance, or to protect the public health.

This license to operate is valid for an indefinite period. The holder may transfer it to a succeeding owner, provided the facility has not been remodeled and is functioning properly.

Licensing Authority Comal County Environmental Health

OS0034792

ENVIRONMENTAL HEALTH INSPECTOR

ENVIRONMENTAL HEALTH COORDINATOR V OS 0025599

	Comal County OSSF Ir	aspection Sheet
		to 360 Bent Oak Dr.
Installer Name: Dennis Vork (if more than one insta	ller is used list them according	License # 05003/132 .
1 st Inspection: <u>)</u> <u>)</u> <u>)</u> <u>)</u> (inspector initials & date) Are additional inspections required: _	2 nd Inspection: (inspector init How soon for for	Final Inspection: tials & date) (inspector initials & date) mal - former for slab, slab?
Re-inspection fee owed:	Re-inspection	1 fee paid:
Existing soil conditions: Site/soil conditions match soil evalua	tion: <u> </u>	· · · · · · · · · · · · · · · · · · ·
System Description: Aerobic with spray: <u>v</u> Aerobic with Evapotranspirative (ET) system: Soil substitution drainfield: other	Gravel-less drainfield pipir	ressure Dosing: Absorptive drainfield: ng: Leaching chambers:
Tank Inspection: Tank set level & watertight: Y Inlet Model#: Pump T Is timer required/provided?: Y C Notes:	t/Outlet: Tank Size or G Tank Size: Alar Chlorination required/provide	GPD: 600 Manuf./Brand: Mucate arms/Audible & Visual: X Operational: X
no house		X. (
Pipe check/house to tank: Clean (1/8"-ft.,SDR 26 or Sch. 40)	-out at structure/every 50 ft./	@90's Pipe check/tank to drainfield:
Separation Distances		
Prop. Lines: <u>Water lines</u> Water Drainage Easements/Sharp Slopes: lines crossing tightlines/or within 10	If over Recharge Zon feet of system?: NO Have valks, or within 5 ft. of surface	eway/Improvements:Creeks/Rivers/Ponds: he check for recharge features:Are there wate e they been properly sleeved:Are there sewer ce improvements: MOHave the sewer lines been
Final Inspection: Tank(s) Backfilled: System Backfilled: ET System Surface application area properly land Notes:		
Size of Installed Drainfield/Spray Ar	ea: 3 heads	2 6433
Check here to confirm that serv	ice agreement has been recei	ived, entered and activated in CASST.



Comal County OFFICE OF COMAL COUNTY ENGINEER

Permit of Authorization to Construct an On-Site Sewage Facility Permit Valid For One Year From Date Issued

Permit Number:	105231
Issued This Date:	12/13/2016
This permit is hereby given to:	William D. & Kristen A. Wessale

To start construction of a private, on-site sewage facility located at:

360 BENT OAK DR SPRING BRANCH, TX 78070

Subdivision: Rebecca Creek Estates Unit: Lot: 15 Block: 2 Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic Surface Irrigation

This permit gives permission for the construction of the above referenced on-site facility to commence. Installation must be completed by an installer holding a valid registration card from the Texas Commission on Environmental Quality (TCEQ). Installation and inspection must comply with current TCEQ and County requirements.

Call (830) 608-2090 to schedule inspections.

COUNTY OF COMAL

COUNTY ENGINEER'S OFFICE

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shade	d
items Date Received	initials

1	N	573	1		-
Per	mit	Numb	ber		

Instructions:

Place a check mark next to all items that apply. For items that do not apply, place "N/A". This OSSF Development Application Checklist must accompany the completed application.

OSSF Permit

X Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate

X Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer

X Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials shall consist of a scaled design and all system specifications.

X Required Permit Fee

RECEIVED \times Copy of Recorded Deed NOV 21 2016 X Surface Application/Aerobic Treatment System COUNTY ENGINEER

X Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public

X Signed Maintenance Contract with Effective Date as Issuance of License to Operate

I affirm that I have provided all information required for my OSSF Development Application and that this application constitutes a completed OSSF Development Application.

Signature of Applicant

11/21/2016 Date

INCOMPLETE APPLICATION

(Missing Items Circled, Application Refused)

COMPLETE APPLICATION

Check No.____ Receipt No. _

* * *	COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALT	H REVISED
-------	--	------------------

s- 2

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

11:46 am, Nov 04, 2019

Date Nov	vember 1, 2016		Permit #	05231	
Owner Name	WILLIAM D. & KRISTEN A. WESSALE	Agent Name	GREG W. JC	HNSON, P.E.	
- Mailing Address	360 BENT OAK DRIVE	Agent Address	170 HOLI	LOW OAK	
City, State, Zip	SPRING BRANCH, TX 78070	City, State, Zip	NEW BRAUN	FELS, TX 78132	
Phone#	281-455-6072	Phone #	(830) 9	05-2778	
Email		Email	gregjohnsonp	e@yahoo.com	
All correspondence	ce should be sent to: Owner Agent	Both	Method: 🗌 Mail	Email	
Subdivision Name	e REBECCA CREEK ESTATES Unit/Pha	ase/Section	Lot 15	Block 2	
Acreage/Legal					
Street Name/Add	Iress 360 BENT OAK DRIVE	City SP	PRING BRANCH	Zip 78070	
Type of Develop	ment:				ESTATION STREET
Single Family	Residential				
	nstruction (House, Mobile, RV, Etc.)	HOUSE + DETAC	HED LIVING		
	Bedrooms 3+1				
	Ft of Living Areal 400 + 720				
t	or Institutional Facility rials must show adequate land area for doubling t	he required land need	ded for treatment units a	nd disposal area)	
Type of Fa		liante Number Of O	agunanta		
	actories, Churches, Schools, Parks, Etc Ind ts, Lounges, Theaters - Indicate Number of S	N 1-			
	el, Hospital, Nursing Home - Indicate Number				
	iler/RV Parks - Indicate Number of Spaces				
Miscellane					
	EXISTING DET of Construction: \$ + 72,000 (Struc	ACUCO LIVING ture Only)			
Is any portion of	the proposed OSSF located in the United Sta	ates Army Corps of	Engineers (USACE)	lowage easement?	
Yes 🛛 No					
(if yes, owner mus	t provide approval from USACE for proposed OS	SF improvements with	hin the USACE flowage	easement)	
Source of Water	Public Private Well				
Are Water Savin	g Devices Being Utilized Within the Residence	ce? 🛛 Yes 🗌 N	٩o		
any material facts property for the p	ompleted application and all additional information Authorization is hereby given to the permitting a urpose of site/soil evaluation and inspection of pri- be issued until the Floodplain Administrator has p	uthority and designat ivate sewage facilities erformed the reviews	ted agents to enter upon s. I also understand that a required by the Comal C	the above described permit of authorization	
Signature of Owned	er la leave	11/17 Date	1000	Page I	l of 2
Signature of Own	195 David Jonas Dr., New Braunfeis, Texa			Revised January	

195 David Jonas Dr., New Braunfeis, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078

年105231		REBECCA CREEK ES	TATES, BLOCK 2, LOT 15
* * * C	COMAL COUNTY OFFICE OF E	NVIRONMENTAL HEALTH '	* * *
	APPLICATION FOR PERMIT FOR AUTH ON-SITE SEWAGE FACILITY AN	ORIZATION TO CONSTRUCT AN	REVISED
Planning Materials & Site	Evaluation as Required Completed By	GREG W. JOHNSON, P.E.	11:50 am, Nov 04, 2019
System Description	PROPRIETARY; AEROBIC 1	TREATMENT AND SURFACE IRRIC	GATION
Size of Septic System Req	uired Based on Planning Materials & So	bil Evaluation	
Tank Size(s) (Gallons)	NUWATER B-550-PC Absor	otion/Application Area (Sq Ft)	6433
Gallons Per Day (As Per (Sites generating more than s	TCEQ Table III) <u>300</u> 5000 gallons per day are required to obtain a	– a permit through TCEQ)	
	er the Edwards Recharge Zone?))
Is there an existing TCEQ	approved WPAP for the property?	es 🛛 No	
(if yes, the R. S. or P. E. shall	certify that the OSSF design complies with a	all provisions of the existing WPAP.)	
(If yes, the R.S. or P. E. shall	AP, does the proposed development act certify that the OSSF design will comply wit d OSSF until the proposed WPAP has been	h all provisions of the proposed WPAP.	A Permit to Construct will
Is the property located over	er the Edwards Contributing Zone? 🛛 \	Yes 🗌 No	
Is there an existing TCEQ	approval CZP for the property?	s 🔀 No	
(if yes, the P.E. or R.S. shall	certify that the OSSF design complies with a	Ill provisions of the existing CZP)	
(if yes, the P.E. or R.S. shall	, does the proposed development activi certify that the OSSF design will comply with sed OSSF until the CZP has been approve	all provisions of the proposed CZP. A Pe	☐ Yes
ls this property within	an incorporated city? 🗌 Yes 🛛 🕅	No	
If yes, indicate the city	:	GREG W. JOHNSO	* : N
		FI	RM #2585
I certify that the information p	provided above is true and correct to the bes	t of my knowledge.	
MY		November 1, 2016	
Signature of Designer		November 1, 2016 Date	Page 2 of 2

Date 195 David Jonas Dr., New Braunfels, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078

THE COUNTY OF COMAL STATE OF TEXAS

RECEIVED
By Brenda Ritzen at 11:51 am, Nov 04, 2019

CERTIFICATION OF SINGLE FAMILY DWELLING

According to Texas Commission of Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of COMAL COUNTY, TEXAS.

I

Before me this day appeared <u>William D. & Kristen A. Wessale</u>, being the owners of the referenced property at <u>360 BENT OAK DRIVE</u>. They further state that the Residence and any additional living space on this property will be occupied only by a single family.

An OSSF requiring a Certification of Single Family Dwelling, will be installed on the property described as:

UNIT 2 BLOCK 15 LOT J	REBECCA CREEK ESTATES_SUBDIVISION
IF NOT IN SUBDIVISION: ACREAGE	SURVEY
The property is owned by William D. Y	Wessale & Kristen A. Wessale
WITNESS MY HAND ON THIS 5 OF DAY OF	September, 20_19. ten A. Wessale ER (SIGNATURE)
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS	DAY OFSeptember, 20_19_BY
William D. Wessale OWNER NAME (PRINTED) YUU Notary Public Signature	Kristen A. Wessale OWNER NAME (PRINTED)
GREG W. JOHNSON Notary Public, State of Texas Comm. Expires 05-17-2022 Notary ID 124218310	

AFFIDAVIT



201606044383 11/21/2016 11:23:36 AM 1/1

Y	0	5
	~	

THE COUNTY OF COMAL

STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities (OSSF's), this document is filed in the Deed Records of Comal County, Texas.

I

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code §285.91(12) will be installed on the property described as (insert legal description):

UNIT/PHASE/SECTION 2 BLOCK 15 LOT REBECCA CREEK ESTATES **SUBDIVISION** IF NOT IN SUBDIVISION: ______ ACREAGE SURVEY WILLIAM D. & KRISTEN A WESSALE The property is owned by (insert owner's full name): This OSSF must be covered by a continuous maintenance contract for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system RECEIVED personally. NOV 2 1 2016 Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the Comal County Engineer's Office. COUNTY ENGINEER November DAY OF WITNESS BY HAND(S) ON THIS 11 .20 16 WILLIAM D. WESSALE Owner(s) signature(s) Owner (s) Printed name (s) - SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 20 16 Filed and Recorded Official Public Records Bobbie Koepp. County Clerk Notary Public Signature Comal County exa 2016 11:23:36 AM PAMELA NAIRN Page(s) TERRI Notary Public TATE OF TEXAS 201606044383 mm, Exp. 11/06/2019 Babbie Keepp ID# 130432325

Regulatory Authority COMAL	Permit/License Number
	T FACILITY MONITORING AGREEMENT
Block Creek Aerobic Services, LLC	Customer WILLIAM D. & KRISTEN A. WESSALE
444 A Old Hwy #9	Site Address 360 BENT OAK DRIVE
Comfort, TX 78013	City SPRING BRANCH Zip 78070
Off.(830) 995-3189	Mailing Address
Fax. (830) 995-4051	County COMAL Map # 318 D6
	Phone
	Email
2 Year Contract	Subdivision/Legal : REBECCA CREEK ESTATES, BLK 2, LOT 15
2 Year Warranty on Parts and Labor	
	· · · · · · · · · · · · · · · · · · ·
I. General: This Work for Hire Agreement (hereinafte	r referred to as "Agreement") is entered into by and between
	nafter referred to as "Customer") and Block Creek Aerobic Service,
	e, LLC and its employees (hereinafter inclusively referred to as
	ess stated above, as described herein, and the Customer agrees to fulfill
his/her/their responsibilities, as described herein. II. Effective Dates: This Agreement commences on	LTO and end on
	years (initial agreement) or one (1) year (there after). If this is an initial
	the Contractor within two (2) business days of the system's first use to
	n is received by Contractor within ninety (90) days after completion of
	ate of commencement will be the date the "License to operate" (Notice of
	is agreement may or may not commence at the same time as any warranty
period of installed equipment, but in no case shall it e	
III. Termination of Agreement: This Agreement may	be terminated by either party with thirty (30) days written notice for any
reason, including for example, substantial failure to p	erform in accordance with its terms, without fault or liability of the
terminating party. If this Agreement is so terminated,	Contractor will be paid at the rate of \$75.00 per hour for any work
performed and for which compensation has not been a	received. After the deduction of all outstanding charges, any remaining
	to customer within thirty (30) days. Either party terminating this
Agreement for any reason, including non-renewal, sha	all notify in writing the equipment manufacturer and the appropriate
	to the date of such termination. Nonpayment of any kind shall be
considered breach of contract and a termination of con	itract.
IV. Services: Contractor will:	
	Sewage Facility (hereinafter referred to as OSSF) as recommended by the
	and/or local regulation, for a total of three visits to site per year.
	ns of an inspection tag attached to or contained in the control panel. rials at site, any component of the OSSF to be failing or inoperative during
the course of a routing monitoring unit. If such again	
less Customer hereby suthorizer Contractor to perfor	rm the service and bill Customer for said service. When service costs are RECEIVED
greater than \$100.00 or if contractor does not have no	ecessary supplies at the site, Contractor will notify Customer of required
service(s) and associated cost(s). Customer must not	fy Contractor of arrangements to affect repair of system with in two (2) NOV 21 2016
business days after said notification.	
	TSS and BOD on a yearly basis (commercial systems only).
e. Forward copies of this Agreement and all reports to	
	cheduled services within forty-eight (48) hours of the date of notification
(weekends and holidays excluded) of said request. U	nless otherwise covered by warranty, costs for such unscheduled responses
will be billed to Customer.	
	The responsibility to maintain the disinfection device(s) and provide any
necessary chemicals is that of the Customer.	(Initial)
V. Electronic Monitoring is not included in this Agree	
	performance by Contractor under this Agreement is contingent on the
following conditions:	
a. If this is an initial Agreement (new installation):	an an factimile of this assessment and all documentation required by
	py or facsimile of this agreement and all documentation requested by
Contractor.	

c. If the above conditions are not met, Contractor is not obligated to perform any portion of this Agreement. VII. Customer's Responsibilities: The customer is responsible for each and all of the following: a. Provide all necessary yard or lawn maintenance and removal of all obstacles, including but not limited to dogs and other animals, vehicles, trees, brush, trash, or debris, as needed to allow the OSSF to function properly, and to allow Contractor safe and easy access to all parts of the OSSF.

b. Protect equipment from physical damage including but not limited to that damage caused by insects.

c. Maintain a current license to operate, and abide by the conditions and limitation of that license, and all requirements for and OSSF from the State and/or local regulatory agency, whichever are more stringent, as well as proprietary system's manufacturer recommendations.

d. Notify Contactor immediately of any and all alarms, and/or any and all problems with, including failure of, the OSSF.

e. Provide, upon request by Contractor, water usage records for evaluation by Contractor as to the performance of the OSSF.

f. Allow for samples at both the inlet and outlet of the OSSF to be obtained by Contractor for the purpose of evaluation the

OSSF's performance. If these samples are taken to a laboratory for testing, with the exception of the service provided under Section V. sub-section d. above. Customer agrees to pay contractor for sample collection and transportation, portal to portal, at a rate of \$35.00 per hour, plus the associated fees for laboratory testing.

g. Prevent the backwash or flushing of water treatment or conditioning equipment from entering the OSSF.

h. Prevent the condensation from air conditioning or refrigeration units, or the drains of icemakers, from hydraulically

overloading the aerobic treatment units. Drain lines may discharge into the surface application pump tank if approved by system NOV 21 2016 designer.

i. Provide for pumping and cleaning of tanks and treatment units, when and as recommended by Contactor, at Customer's expense. COUNTY ENGINEER

j. Maintain site drainage to prevent adverse effects on the OSSF.

k. Pay promptly and fully, all Contractor's fees, bills, or invoices as described herein.

X. Access by Contractor: Contractor is hereby granted an easement to the OSSF for the purpose of performing services described herein. Contractor may enter the property during Contractor's normal business hours and/or other reasonable hours without prior notice to Customer to perform the Services and/or repairs described herein. Contractor shall have access to the OSSF electrical and physical components. Tanks and treatment units shall be accessible by means of man ways, or risers and removable covers. for the purpose of evaluation as required by State and/or local rules and the proprietary system manufacturer. Initial ______ It is customers responsibility to keep lids exposed and accessible at all times

VIII. Limit of Liability: Contractor shall not be held liable for any incidental, consequential, or special damages, or for economic loss due to expense, or for loss of profits or income, or loss of use to Customer, whether in contract tort or any other theory. In no event shall Contractor be liable in an amount exceeding the total Fee for Services amount paid by Customer under this Agreement.

IX. Severability: If any provision of the "Proposal and Contract" shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of the "Agreement" is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

X. Fee for Services: The fee does not include any equipment, material, or labor necessary for non-warranty repairs or for unscheduled inspections. Customer requested visits to the site.

XI. Payment: Full amount due upon signature (Required of new Customer). Payment of invoice(s) for any other service or repair provided by contractor is due upon receipt of invoice. Invoices are mailed on the date of invoice. All payments not received within thirty (30) days form the invoice date will be subject to a \$29.00 late penalty and a 1.5% per month carrying charge, as well as any reasonable attorney's fees, and all collection and court costs incurred by Contractor in collection of unpaid debt(s). Contractor may terminate contract at any time for nonpayment for services. Any check returned to Contractor for any reason will be assessed a \$30.00 return check fee.

XII. Application or Transfer of payment: The fees paid for this agreement may transfer to the subsequent property owner(s); however this Agreements not transferable. Customer will advise subsequent property owner(s) of the state requirement that they sign a replacement agreement authorizing Contractor to perform the herein described Services, and accepting Customer's Responsibilities. This replacement Agreement must be signed and received in Contractor's offices within ten (10) business days of date of transfer of property ownership. Contractor will apply all funds received from Customer first to any past due obligation arising from this Agreement including late fees or penalties, return check fees, and/or charges for services or repairs not paid within thirty (30) days of invoice date.

Any remaining monies shall be applied to the funding of the replacement Agreement. The consumption of funds in this manner may cause a reduction in the termination date of effective coverage per this Agreement. See Section IV.

XIII. Entire Agreement: This agreement contains the entire Agreement of the parties, and there are no other conditions in any other agreement, oral or written.

Burt Sidemana

Man 1000 11/17/2016 Customer Signature

Block Creek Aerobic Service MC#0000042 MC#0000002

The list of Berns checked at each visit: control panel, Electrical circuits, timer, Aeration including compressor and diffusion, CFM/PSI measured, ilds sofety pane, pump, compressor, s ievels, and anything else required as per the manufacture

RECEIVED

ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: October 31, 2016

Site Location: REBECCA CREEK ESTATES, BLOCK 2, LOT 15

Proposed Excavation Depth: _____N/A____

Requirements:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area.

Locations of soil boring or dug pits must be shown on the site drawing.

For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
6''	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 6"	BROWN

Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
	SAME		AS		ABOVE	
2						
3	1					
4	-					
5						

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.

10/31/2016

Greg W. Johnson, P.E. 67587-F2585, S.E. 11561

RECEIVED

NOV 21 2016

COUNTY ENGINEER

OSSF SOIL EVALUATION REPORT INFORMATION

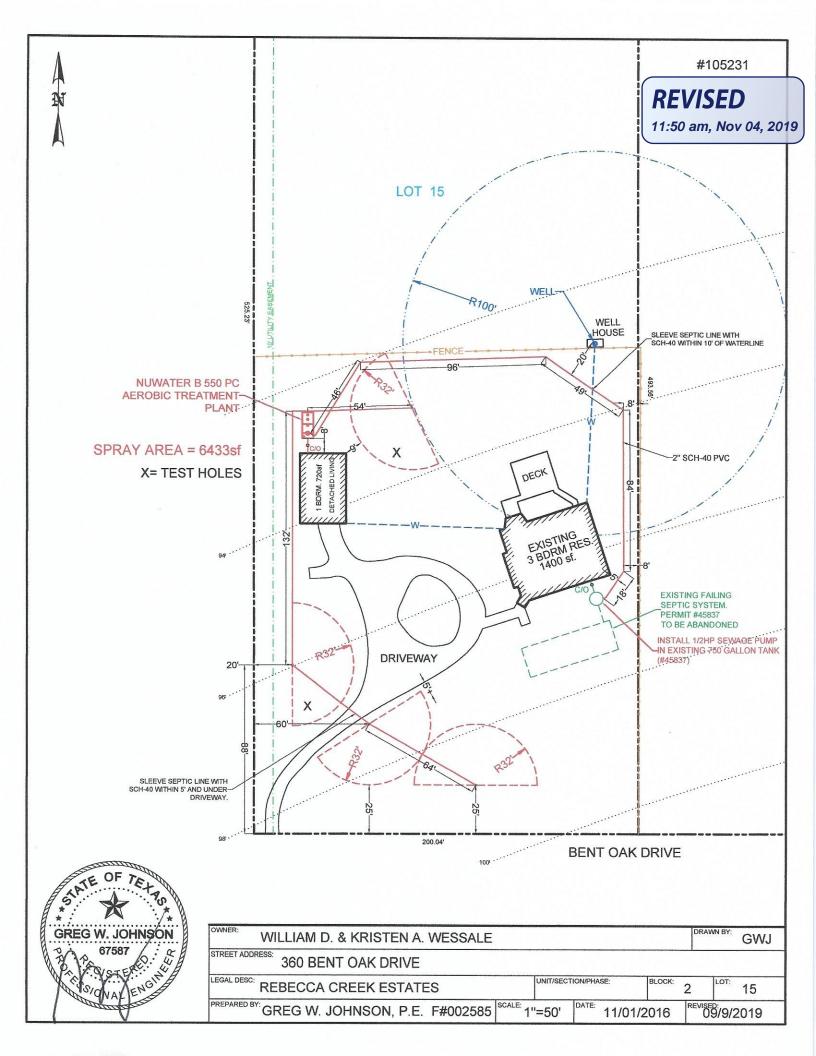
REVISED 11:50 am, Nov 04, 2019

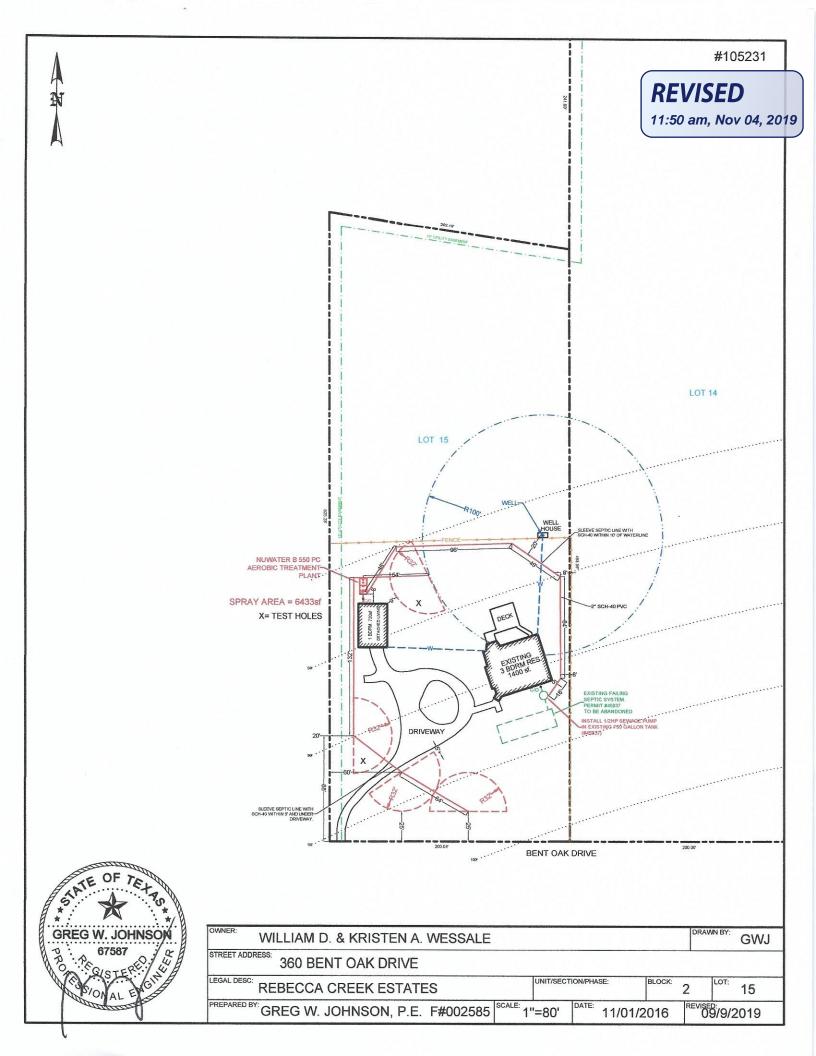
Date:_September 04, 2019	
Applicant Information:	Site Evaluator Information:
	Name: Greg W. Johnson, P.E., R.S., S.E. 11561
Name: William D. & Kristen A. Wessale	Address: 170 Hollow Oak
Address: 360 BENT OAK DRIVE	City: <u>New Braunfels</u> State: Texas
City: SPRING BRANCH State: TX	Zip Code: <u>78132</u> Phone & Fax (830)905-2778
Zip Code: Phone: 281-455-6072	
Property Location:	Installer Information:
Lot 14 Unit Blk 2 Subd. REBECCA CREEK ESTA	TES Name: DENNIS VARHOL
Street Address: 360 BENT OAK DRIVE	Company: PETER VARHOL CONSTRUCTION
City: SPRING BRANCH Zip Code: 78070	Address:
Street Address: 360 BENT OAK DRIVE City: SPRING BRANCH Zip Code: 78070 Additional Info.:	City: CANYON LAKE State: TX
	Zip Code: <u>78133</u> Phone <u>830-822-4628</u>
Topography: Slope within proposed disposal area:	3 %
Presence of 100 yr. Flood Zone:	YESNO_X
Existing or proposed water well in nearby area.	YES X NO >100'
Presence of adjacent ponds, streams, water impoundments	YESNO_X
Presence of upper water shed	YESNO_X
Organized sewage service available to lot	YES NO_X
그는 그는 그는 것을 다 있는 것이 다 있는 것이 같아.	
Design Calculations for Aerobic Treatment with Spr	ay Irrigation:
Commercial	전성 방법 방법은 가격에 있는 지원에 가지 않는 것을 들었다.
Residential Water conserving fixtures to be utilized? Yo	es X No
Number of Bedrooms the septic system is sized for:	
Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction)	
$Q = (_4_+1)*75-(20\%) = _300_$	for water conserving fixtures)
$\frac{1}{10} = \frac{1}{10} $	
TCEQ Approved Aerobic Plant Size 600 0	
Regid Application Area = $O/P_i = 300$ / 00	1.1.D.
Req'd Application Area = $Q/Ri = 300 / 0.0$ Application Area Utilized = 6433 sq. ft.	<u>104</u> – <u>4088</u> Sq. II.
Application Area Othized $-$ 0435 sq. it.	disalist 0.5 HD 18 C D M series or equivalent)
Pump Requirement <u>12.4</u> Gpm @ <u>41</u> Psi (Rec	Jacket 0.5 HP 18 O.P.M. series of equivalent)
Dosing Cycle:ON DEMAND orX T	IMED TO DOSE IN PREDAWN HOURS
Pump Tank Size = 768 Gal. 14.5 Ga	
Reserve Requirement = 100 Gal. 1/3 day flow.	
Alarms: Audible & Visual High Water Alarm & Visual	Air Pump malfunction
With Chlorinator	
SCH-40 or SDR-26 3" or 4" sewer line to tank	
Two way cleanout	
Pop-up rotary sprinkler heads w/ purple non-potable lids	
1" Sch-40 PVC discharge manifold	
APPLICATION AREA SHOULD BE SEEDED AND M	AINTAINED WITH VEGETATION.
I HAVE PERFORMED A THOROUGH INVESTIGATION	REING & DECISTEDED DDOEESSIONAL ENGINEED
AND SITE EVALUATOR IN ACCORDANCE WITH CHA	
(REGARDING RECHARGE FEATURES), TEXAS CO	
(EFFECTIVE DECEMBER 29, 2016)	MIMISSION OF ENVIRONMENTAL QUALITY
	TE OF TEL

GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

09/0







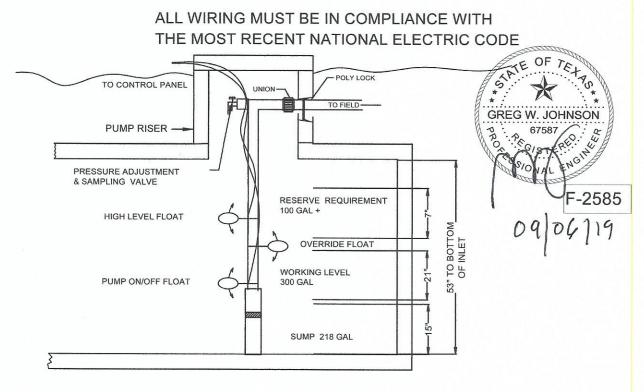
TANK NOTES:

Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

A two way sanitary tee is required between residence and tank.

A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks



TYPICAL PUMP TANK CONFIGURATION NU-WATER 550PC -400PT 768 GAL PUMP TANK

#105231

10:20 am, Nov 05, 2019

REVISED

TANK NOTES:

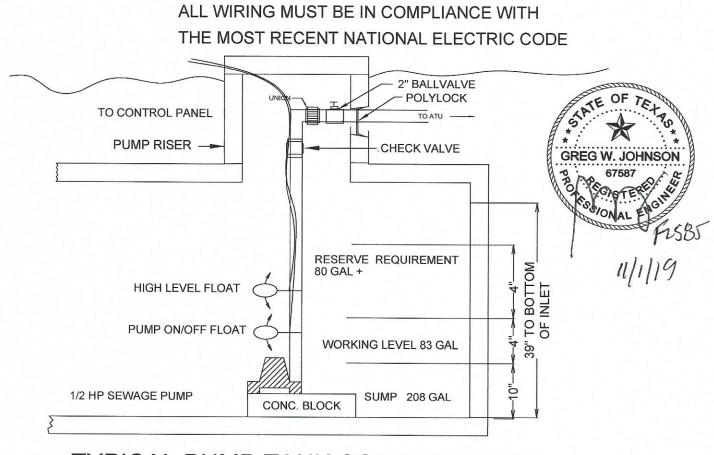
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

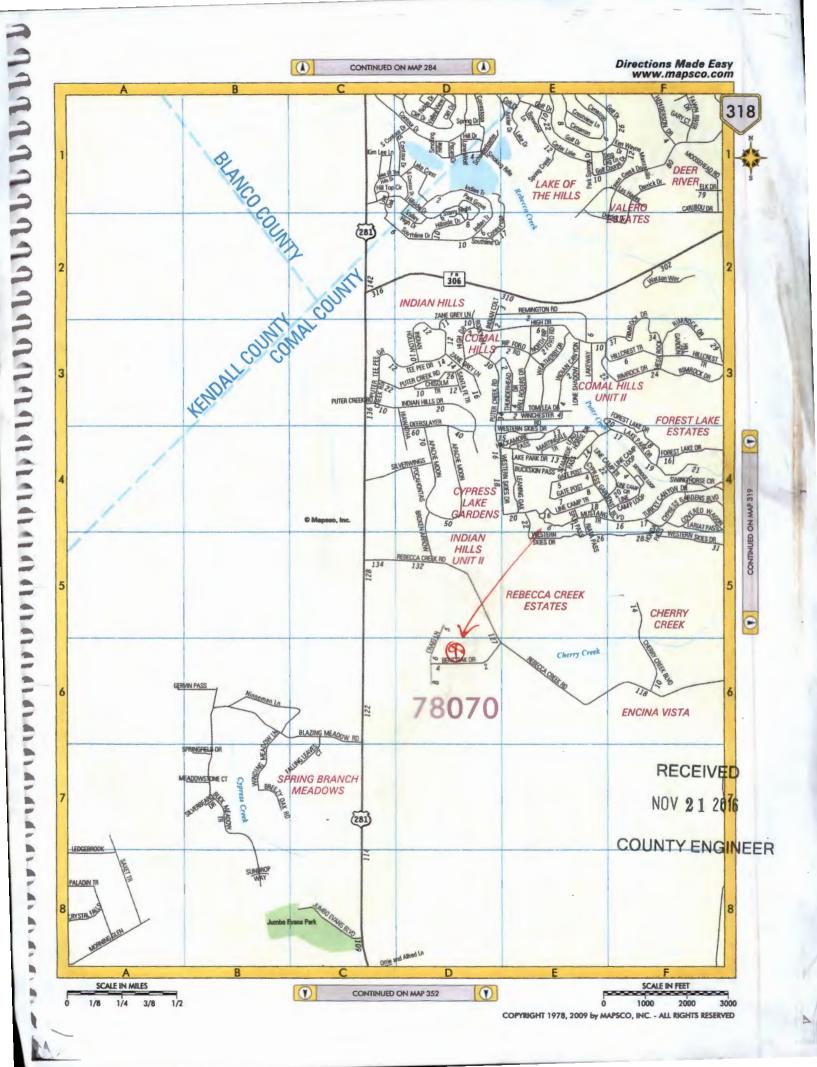
A two way sanitary tee is required between residence and tank.

A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

Tanks must be left uncovered and full of water for inspection by the permitting authority.



TYPICAL PUMP TANK CONFIGURATION 750 GAL SEPTIC TANKS



Ritzen, Brenda

From: Sent: To: Subject: Ritzen, Brenda Monday, November 4, 2019 12:48 PM 'Greg Johnson' RE: 360 Bent Oak Drive - Wessale #105231

Greg,

The last inspection was completed in 2017 and did not include the sewer pipe from the existing residence, or the pump added to the existing tank. These components will also need to be inspected.

Thank you,

Brenda Ritzen, OS0007722 Environmental Health Coordinator Comal County Engineers Office 195 David Jonas Drive New Braunfels, Texas 78132 830-608-2090 www.cceo.org

From: Greg Johnson <gregjohnsonpe@yahoo.com>
Sent: Monday, November 4, 2019 10:35 AM
To: Ritzen, Brenda <rabbjr@co.comal.tx.us>
Subject: 360 Bent Oak Drive - Wessale #105231

This email originated from outside of the organization.

Do not click links or open attachments unless you recognize the sender and know the content is safe.

- Comal IT

Revision sent on Sept 9th, 2019. Thanks, Greg

Send for Greg W. Johnson, P.E., R.S.)

170 Hollow Oak

New Braunfels, TX 78132

Office/Fax (830) 905-2778

Email: gregjohnsonpe@yahoo.com

5 V 2				
	* * * COMAL COUNTY OFFICE O	F ENVIRONME	NTAL HEALTH	* REVISED
	APPLICATION FOR PERMIT FOR A	THORIZATION TO		1:09 pm, Sep 09, 201
	ON-SITE S VOID	Y AND LICENSE TO	<u>OPERATE</u>	x 221
Date Nor	vember 1, 2016		Permit #	05231
Owner Name	WILLIAM D. & KRISTEN A. WESSALE	Agent Name	GREG W. J	OHNSON, P.E.
Mailing Address	360 BENT OAK DRIVE	Agent Address	170 HOI	LLOW OAK
City, State, Zip	SPRING BRANCH, TX 78070	City, State, Zip	NEW BRAUN	NFELS, TX 78132
Phone#	281-455-6072	Phone #	(830)	905-2778
Email		Email	gregjohnsor	npe@yahoo.com
All corresponden	ce should be sent to: Owner X Agent	Both	Method: 🗌 Mail	🔀 Email
Subdivision Nam	REBECCA CREEK ESTATES Unit/P	hase/Section	Lot 15	Block 2
Acreage/Legal				
Street Name/Add	dress 360 BENT OAK DRIVE	City SP	RING BRANCH	Zip78070
Indicate S Commercial of (Planning mate Type of Fa Offices, Fa Restauran Hotel, Mo	f Bedrooms 3+1 q Ft of Living Areal400+720 or Institutional Facility erials must show adequate land area for doubling acility actories, Churches, Schools, Parks, Etc In hts, Lounges, Theaters - Indicate Number of tel, Hospital, Nursing Home - Indicate Numb ailer/RV Parks - Indicate Number of Spaces	dicate Number Of O Seats er of Beds	ccupants	
x				
Estimated Cost	EXISTING DE of Construction: \$ + 72,000 (Struet)	CAZUCO LIVING		
Is any portion of	f the proposed OSSF located in the United S	States Army Corps of	Engineers (USACE)) flowage easement?
Yes X No	o st provide approval from USACE for proposed OS	SSF improvements with	nin the USACE flowage	e easement)
	r 🗌 Public 🔀 Private Well			
Are Water Savir	ng Devices Being Utilized Within the Resider	nce? Xes	lo	
any material facts property for the p construct will not Prevention Order	new Whente	authority and designat private sewage facilities	ed agents to enter upo . I also understand that required by the Comal	n the above described a permit of authorization to
Signature of OWN		Duto		

195 David Jonas Dr., New Braunfeis, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078

Revised January 2016

年105231	REBECCA CREEK F	ESTATES, BLOCK 2, LOT 15
* * * COMAL COUNT <u>APPLICATION FO</u> <u>ON-SITE S</u>	ENVIRONMENTAL HEALTH HORIZATION TO CONSTRUCT AN ND LICENSE TO OPERATE	REVISED 1:09 pm, Sep 09, 2019
Planning Materials & Site Evaluation as Required Completed	By GREG W. JOHNSON, P.E.	
System Description PROPRIETARY; AEROB	IC TREATMENT AND SURFACE IRR	IGATION
Size of Septic System Required Based on Planning Materials	& Soil Evaluation	
Tank Size(s) (Gallons) Ab	sorption/Application Area (Sq Ft)	6433
Gallons Per Day (As Per TCEQ Table III)	tain a permit through TCEQ)	
Is the property located over the Edwards Recharge Zone?		.E.))
Is there an existing TCEQ approved WPAP for the property? [Yes No	
(if yes, the R. S. or P. E. shall certify that the OSSF design complexity	with all provisions of the existing WPAP.)	
If there is no existing WPAP, does the proposed development		
(If yes, the R.S. or P. E. shall certify that the OSSF design will complend the proposed for the proposed OSSF until the proposed WPAP has be	y with all provisions of the proposed WPAP been approved by the appropriate regional	A Permit to Construct will office.)
Is the property located over the Edwards Contributing Zone?		
Is there an existing TCEQ approval CZP for the property?		
(in yoo, the rife, or rife, shall be my that the OSSF design complies w	full all provisions of the existing GZP)	
If there is no existing CZP, does the proposed development at (if yes, the P.E. or R.S. shall certify that the OSSF design will comply not be issued for the proposed OSSF until the CZP has been appr	with all provisions of the proposed CZP. A F	
Is this property within an incorporated city? 🗌 Yes	No OF N	×
If yes, indicate the city:	GREG W. JOHNSO	S** ON **
	F	IRM #2585
I certify that the information provided above is true and correct to the	best of my knowledge.	
MY		
Signature of Designer	November 1, 2016 Date	Page 2 of 2

jigner ______ Date 195 David Jonas Dr., New Braunfels, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078

THE COUNTY OF COMAL STATE OF TEXAS

CERTIFI



By Brenda Ritzen at 1:15 pm, Sep 09, 2019

VOID NGLE FAMILY DWELLING

According to Texas Commission of Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of **COMAL COUNTY, TEXAS.**

					I	
	BEN	T OAK DI	RIVE			
An OSSF requiring	a Cer	tification of	Single Far	mily Dwell	ing, will be installed on the property de	scribed as:
UNIT	2	_BLOCK_	15	LOT	REBECCA CREEK ESTATES	SUBDIVISION
IF NOT IN SUBDIVISION	:		ACREAGE			SURVEY
			*	2		

The property is owned by	Villiam D. We	ssale & Kriste	n A. Wessale	
WITNESS MY HAND ON THIS 5 OF D	VOID	September	, 2019	
William Mark	All right of participation of the state of the	(SIGNATURE)	rale	
SWORN TO AND SUBSCRIBED BEFORE	ME ON THIS	DAY OF	September	, 20_19_BY
William D. Wessale	K	Kristen A. Wessal	e	
OWNER NAME (PRINTED)	ō	WNER NAME	E (PRINTED)	
GREG W. JOHNSON Notary Public, State of Texas Comm. Expires 05-17-2022 Notary ID 124218310				

REVIS OSSF SOIL EVALUATION REPORT INFORMATION 1:09 pm, Sep 09, 2019 Date: September 04, 2019 **Applicant Information:** Site Evaluator Information: Name: Greg W. Johnson, P.E., R.S., S.E. 11561 Name: _____ William D. & Kristen A. Wessale Address: 170 Hollow Oak Address: **360 BENT OAK DRIVE** City: New Braunfels State: Texas City: SPRING BRANCH State: TX Zip Code: 78132 Phone & Fax (830)905-2778 Zip Code: _____78070 Phone: 281-455-6072 **Property Location: Installer Information:** Lot 14 Unit ____ Blk 2 Subd. REBECCA CREEK ESTATES Name: **DENNIS VARHOL** Street Address: 360 BENT OAK DRIVE Company: PETER VARHOL CONSTRUCTION City: SPRING BRANCH Zip Code: 78070 Address: City: CANYON LAKE Additional Info.: State: TX ____ Zip Code: 78133 Phone 830-822-4628 **Topography:** Slope within proposed disposal area: % 3 YES____NO_X YES_X_NO___ Presence of 100 yr. Flood Zone: Existing or proposed water well in nearby area. >100' Presence of adjacent ponds, streams, water impoundments YES___NO_X Presence of upper water shed YES NO X Organized sewage service available to lot YES NO X Design Calculations for Aerobic Treatmo Irrigation: VOID Commercial O =_____ GPDResidential Water conserving fixtures to be utilized? Yes X No Number of Bedrooms the septic system is sized for: _____ Total sq. ft. living area 1400 + 720

Q gal/day = (Bedrooms + 1) * 75 GPD - (20% reduction for water conserving fixtures)

Q = (4 +1)*75-(20%) = 300

Trash Tank Size 353 Gal.

TCEQ Approved Aerobic Plant Size <u>600</u> G.P.D. Req'd Application Area = Q/Ri = 300 / 0.064 = 4688 sq. ft.

Application Area Utilized = <u>6433</u> sq. ft.

Pump Requirement12.4Gpm @ 41Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)Dosing Cycle:ON DEMAND orXTIMED TO DOSE IN PREDAWN HOURSPump Tank Size =768Gal.14.5Gal/inch.

Reserve Requirement = 100 Gal. 1/3 day flow.

Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction

With Chlorinator

SCH-40 or SDR-26 3" or 4" sewer line to tank

Two way cleanout

Pop-up rotary sprinkler heads w/ purple non-potable lids

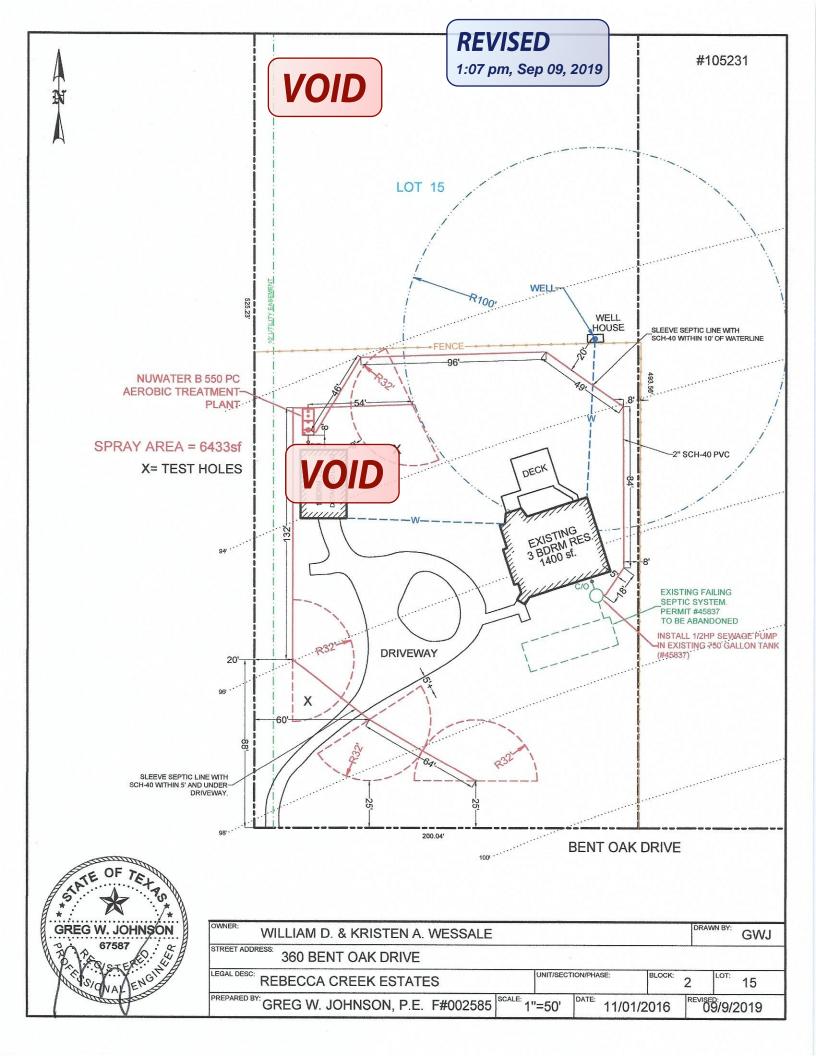
1" Sch-40 PVC discharge manifold

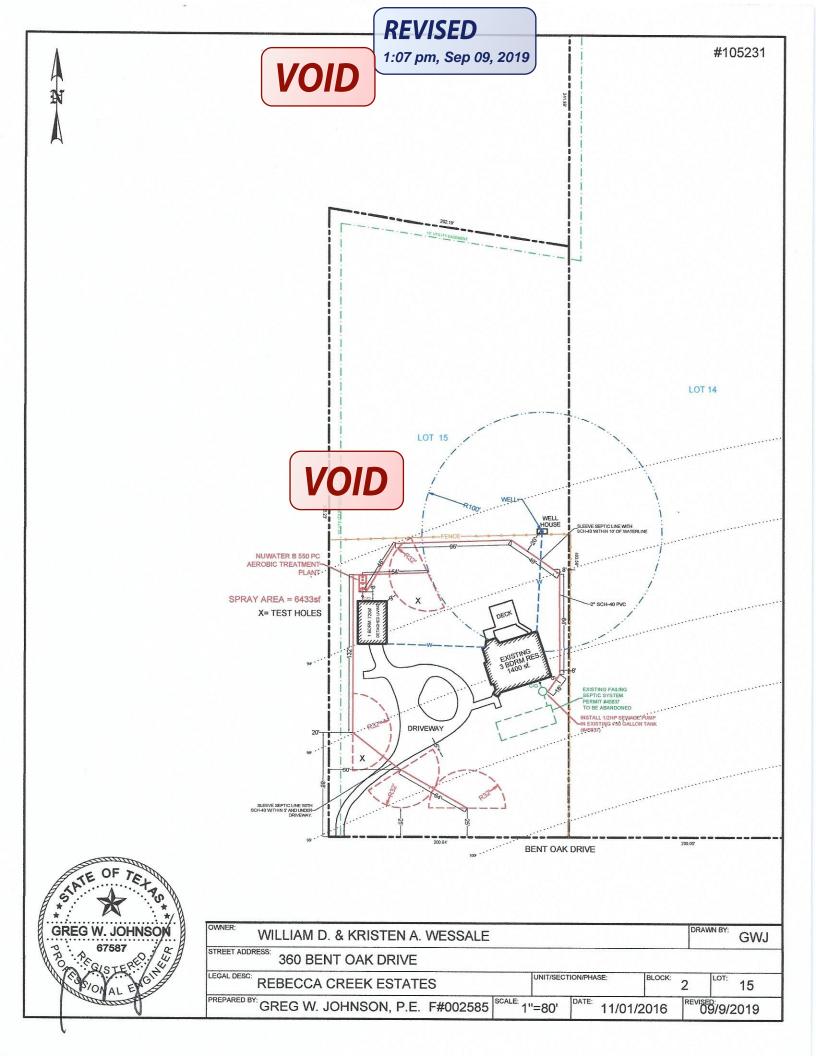
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY (EFFECTIVE DECEMBER 29, 2016)

GREG W. JOHNSON, P.E. F#002585 - S.E. 11561









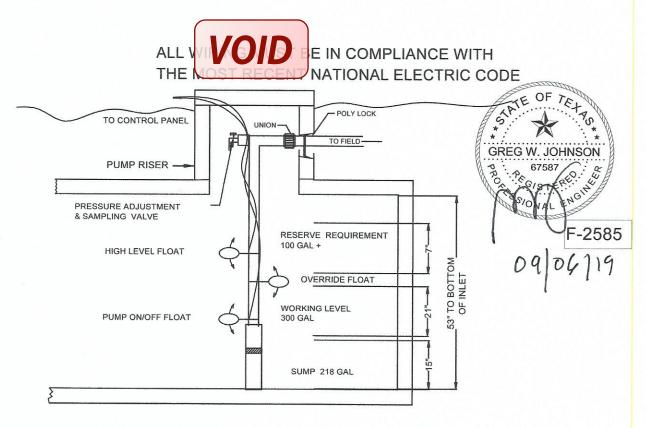
TANK NOTES:

Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

A two way sanitary tee is required between residence and tank.

A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks



TYPICAL PUMP TANK CONFIGURATION NU-WATER 550PC -400PT 768 GAL PUMP TANK

	* * * COMAL COUN	TY OFFICE OF	ENVIRONME	NTAL F	IEALTH	[***	
	APPLICATION FO	R PERMIT FOR AL	THORIZATION TO				
Date Nov	vember 1, 2016	VOID	LICENSE TO		≌ Permit #	105231	
Owner Name	WILLIAM D. & KRISTE	N A. WESSALE	Agent Name		GREG W.	JOHNSON, I	P.E.
Mailing Address	360 BENT OAK	DRIVE	Agent Address		170 HC	DLLOW OAK	and the second se
City, State, Zip	SPRING BRANCH,	TX 78070	City, State, Zip		EW BRAU	INFELS, TX	78132
Phone#	(210) 723-44	100	Phone #		(830) 905-2778	
Email .			Email				ARE TAR
All correspondence	ce should be sent to: 🗌 O	wner 🛛 Agent	🗌 Both	Method:	🗌 Mail	🔀 Email	
Subdivision Name Acreage/Legal	e REBECCA CREEK E	STATES Unil/Pha	se/Section	Lot	15	Block	2
Street Name/Add	iress 360 BENT	OAK DRIVE	City SF	PRING BR	ANCH	Zip	78070
Type of Develop	ment:						
Single Family	Residential						
Type of Co	nstruction (House, Mobile,	RV, Etc.)	HOUSE + PERSO	NAL RV		RECEIN	/ED
Number of Bedrooms 2 NOV 2 1 2016							
Indicate So	Ft of Living Area 720	0					
	r Institutional Facility rials must show adequate land			ded for trea		UNTY EN	
Type of Fac	cility						
Offices, Fa	ctories, Churches, Schools	s, Parks, Etc Indi	cate Number Of O	ccupanta			
	ts, Lounges, Theaters - Ind		Contraction of the local division of the loc				
	el, Hospital, Nursing Home						
	ler/RV Parks - Indicate Nur	mber of Spaces					
Miscellane	ous						
Estimated Cost o	of Construction: \$ 72,	000 (Struct	ure Only)				
Is any portion of t	the proposed OSSF locate	d in the United Sta	tes Army Corps of	Engineen	s (USACE) flowage ea	sement?
(if yes, owner must	provide approval from USAC	E for proposed OSS	F improvements with	nin the USA	CE flowag	e easement)	
Source of Water	🗌 Public 🛛 Private W	fell					
Are Water Saving	Devices Being Utilized W	ithin the Residence	97 🛛 Yes 🗌 N	ю			
any material facts. property for the put	mpleted application and all a Authorization is hereby given rpose of site/soil evaluation a se issued until the Floodplain A	to the permitting au nd inspection of priv Administrator has per	thority and designate ate sewage facilities formed the reviews	ed agents i , I also und required by	io enter upo lerstand that y the Comal	n the above de t a permit of au	escribed uthorization to
Signature of Owner			 Date	2016			Page of 2
		the second statistical and the second states of the second states o		succession from		na an an an tara <u>an</u> fa	

195 David Jonas Dr., New Braunfeis, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078 Revised January 2016

年105231 REBECCA CREEK EST	ATES, BLOCK 2, LOT 15
* * * COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH * <u>APPLICATION FOOD</u> AUTHORIZATION TO CONSTRUCT AN ON-SILE SEWAGE FACIL ITY AND LICENSE TO OPERATE	* * REVISED 10:47 am, Dec 13, 2016
Planning Materials & Site Evaluation as Required Completed By GREG W. JOHNSON, P.E.	:
System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIG.	ATION
Size of Septic System Required Based on Planning Materials & Soil Evaluation	
Tank Size(s) (Gallons)NUWATER B-550-PCAbsorption/Application Area (Sq Ft)	6433
Gallons Per Day (As Per TCEQ Table III) 9 + 40 RV (PERSONAL) (Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ)	
Is the property located over the Edwards Recharge Zone? Yes X No (If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))
Is there an existing TCEQ approved WPAP for the property? Yes Xes	
(if yes, the R. S. or P. E. shall certify that the OSSF design complies with all provisions of the existing WPAP.)	
If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP (If yes, the R.S. or P. E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional off	Permit to Construct will
Is the property located over the Edwards Contributing Zone? Yes No Is there an existing TCEQ approval CZP for the (if yes, the P.E. or R.S. shall certify that the OSSF design compared by the existing CZP) If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP?	Yes No
(if yes, the P.E. or R.S. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Per not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)	mit to construct will)
Is this property within an incorporated city? Yes No	
If yes, indicate the city:	* N 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
I certify that the information provided above is true and correct to the best of my knowledge.	

Signature of Designer

November 1, 2016

195 David Jonas Dr., New Braunfels, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078

Date

Page 2 of 2 Revised March 2015

	REBEC	CA CREEK ESTAT	TES, BLOCK 2, LOT 15
* * * COMAL COUNTY OFFICE (OF ENVIRONMENTAL	L HEALTH * *	*
APPLICATION FOR PERMIT FOR ON-SITE SEWA GIVO	D		105231
Planning Materials & Site Evaluation as Required Complete	By GREG W. JOHNS	ON, P.E.	<u>.</u>
System Description PROPRIETARY; AERC	BIC TREATMENT AND SU	URFACE IRRIGAT	ION
Size of Septic System Required Based on Planning Material	s & Soil Evaluation		
NUWATER B-550-PC	bsorption/Application Area	i (Sq Ft)	6433
Gallons Per Day (As Per TCEQ Table III) $\frac{240 + 40 \text{ RV}}{240 + 40 \text{ RV}}$ (Sites generating more than 5000 gallons per day are required to c		1	
Is the property located over the Edwards Recharge Zone? [(If yes, the planning materials must be completed by a Registered		al Engineer (P.E.))	
Is there an existing TCEQ approved WPAP for the property?	Yes 🛛 No		
(if yes, the R. S. or P. E. shall certify that the OSSF design complies	with all provisions of the exist	ting WPAP.)	
If there is no existing WPAP, does the proposed development	nt activity require a TCEQ a	approved WPAP?	Yes No
(If yes, the R.S. or P. E. shall certify that the OSSF design will com not be issued for the proposed OSSF until the proposed WPAP has		priate regional office.)
Is the property located over the Edwards Contributing Zone?	Yes 🗌 No		2 1 2016
Is there an existing TCEQ approval CZP for the property? $[$	Yes 🛛 No	COUNT	
(if yes, the P.E. or R.S. shall certify that the OSSF design complies	with all provisions of the exist		FENGINEER
If there is no existing CZP, does the proposed development (if yes, the P.E. or R.S. shall certify that the OSSF design will comp not be issued for the proposed OSSF until the CZP has been ap	ly with all provisions of the prop	bosed CZP. A Permit	
Is this property within an incorporated city?	No No	E OF TEL	
If yes, indicate the city:	VOID	GW JOHNSON 67587 GISTEREO VONAL ENGINE	
		FIRM	#2585

I certify that the information provided above is true and correct to the best of my knowledge.

Signature of Designer

November 1, 2016 Date

Page 2 of 2 Revised March 2015

195 David Jonas Dr., New Braunfels, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078

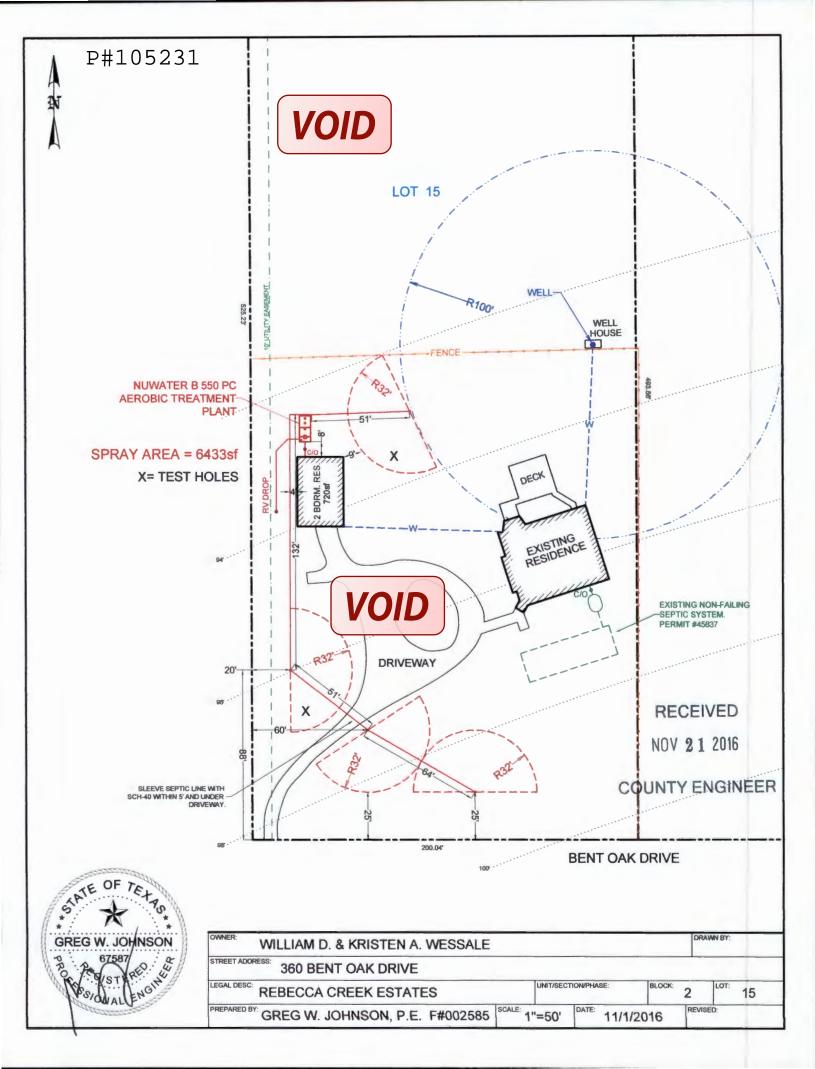
		H. S.S.
OSSF SOIL EVALUATION	NREPORT INFORMATION	#105231
Date: November 01, 2016		
Applicant Information:	Deeperation:	
VOIL	te Evaluator Information:	
Name. WILLIAM D. & KRISTEN A. WESSALE	Name: Greg W. Jonnson, P.E., R.S.	S., S.E. 11561
Address: <u>360 BENT OAK DRIVE</u>	Address: <u>170 Hollow Oak</u> City: <u>New Braunfels</u>	
City: SPRING BRANCH State: TEXAS	City: <u>New Braunfels</u>	State: Texas
Zip Code: Phone: (210) 723-4400	Zip Code: <u>78132</u> Phone & Fax	(830)905-2778
Property Location:	Installer Information:	REVISED
Lot <u>15</u> Unit <u>Blk</u> <u>2</u> Subd. REBECCA CREEK ESTA		NEVISED
Street Address: 360 BENT OAK DRIVE	ATES Name: Company:	2:50 pm, Dec 09, 2016
City: SPRING BRANCH Zip Code: 78070	Address:	
Additional Info.:		State:
	Zip Code: Phon	0
Topography: Slope within proposed disposal area:		
Presence of 100 yr. Flood Zone:	YES NO X	
Existing or proposed water well in nearby area.	YES X NO >100'(EXISTI	NG)
Presence of adjacent ponds, streams, water impoundments	YES NO X	,
Presence of upper water shed	YES NO X	
Organized sewage service available to lot	YNS NO X	
Design Calculations for Aerobic Treatment with op	av Irrigation:	
Commercial		
Residential Water conserving fixtures to be utilized? Y	es X No	
Number of Bedrooms the septic system is sized for:		720
Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction)		
Q = (2 +1)*75-(20%) = 180 + 40	for water conserving fixtures)	
$\frac{2}{\text{Trash Tank Size}} \xrightarrow{11} 75(2070) \xrightarrow{100} 740$		
	G.P.D.	
	064 = 343B sq. ft.	
Application Area Utilized = 6433 sq. ft.		
Pump Requirement 12 Gpm @ 41 Psi (Re	diacket 0.5 HP 18 G P M series of	r equivalent)
Dosing Cycle: ON DEMAND or T		
Pump Tank Size = 768 Gal 145 Gal	al/inch	noons
Pump Tank Size = 768 Gal. 14.5 Gr. Reserve Requirement = 300 Gal. $1/3$ day flow.	al/men.	
Alarms: Audible & Visual High Water Alarm & Visual		
With Chlorinator NSF/TCEQ APPROVED	An I ump manufaction	
SCH-40 or SDR-26 3" or 4" sewer line to tank		
Two way cleanout		
Pop-up rotary sprinkler heads w/ purple non-potable lids		
1" Sch-40 PVC discharge manifold		
APPLICATION AREA SHOULD BE SEEDED AND M	AINTAINED WITH VEGETATIO	DN.
I HAVE PERFORMED A THOROUGH INVESTIGATION		
AND SITE EVALUATOR IN ACCORDANCE WITH CH.		
(REGARDING RECHARGE FEATURES) TEXAS CO	IMMISSION OF ENVIRONMEN	TAL OUALITY

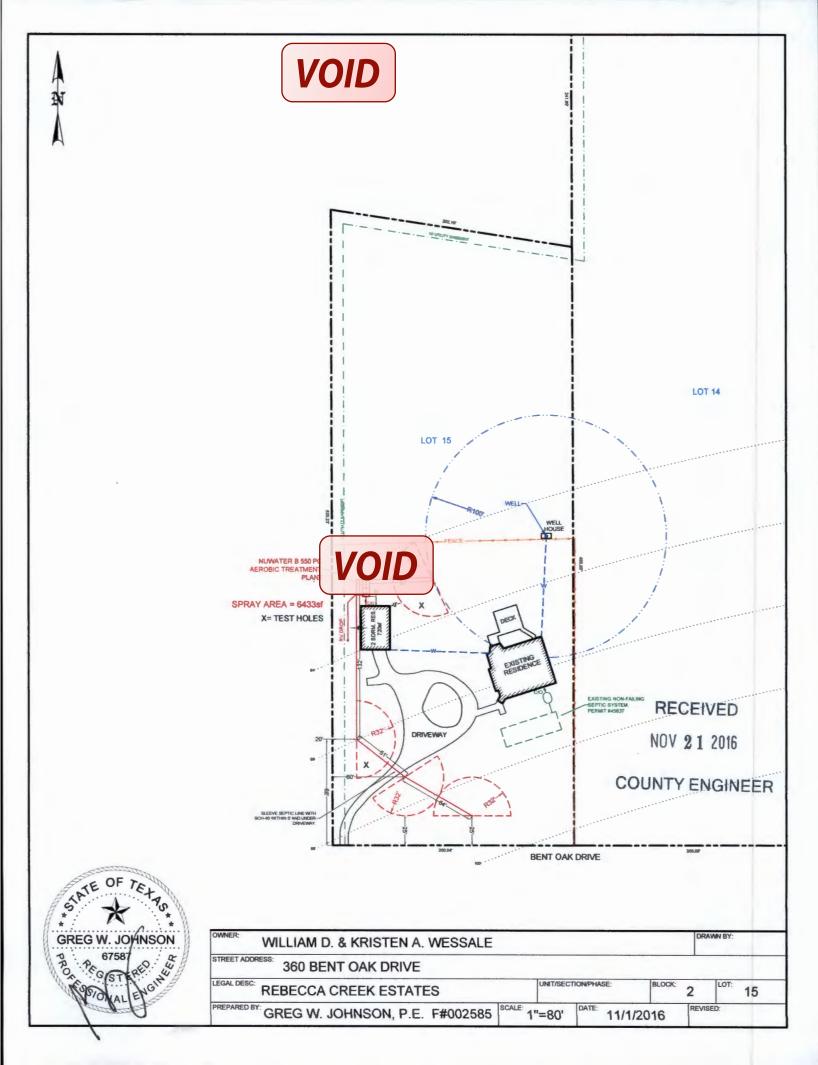
(REGARDING RECHARGE FE (EFFECTIVE DECEMBER 27, 2012)

GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

11/01/2016 DATE









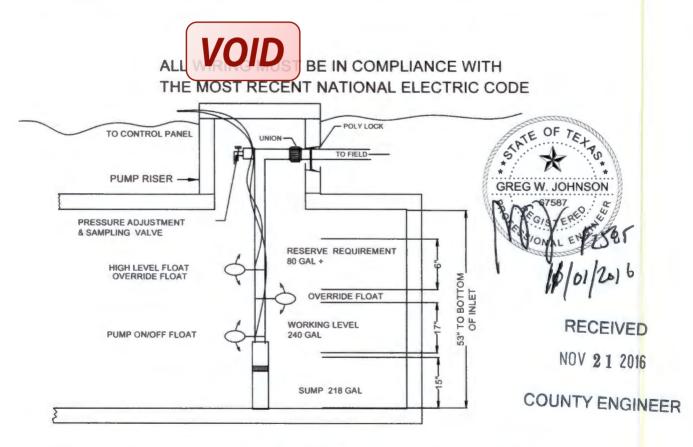
TANK NOTES:

Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

A two way sanitary tee is required between residence and tank.

A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks



TYPICAL PUMP TANK CONFIGURATION NU-WATER 550PC -400PT 768 GAL PUMP TANK

From:	Ritzen, Brenda
To:	<u>"Greg Johnson"</u>
Subject:	RE: Permit 105231
Date:	Friday, December 09, 2016 2:53:00 PM
Attachments:	Page from 105231.pdf

Greg,

The god n the attached page also needs to be revised.

Thank you,

Brenda Ritzen, OS0007722 Environmental Health Coordinator Comal County Engineers Office 195 David Jonas Drive New Braunfels, Texas 78132 830-608-2090 www.cceo.org

From: Greg Johnson [Sent: Friday, December 09, 2016 9:17 AM To: Ritzen, Brenda Subject: Re: Permit 105231

PLEASE FIND THE REVISED CALC SHEET. THANKS, GREG

Send for Greg W. Johnson, P.E.,R.S.) 170 Hollow Oak New Braunfels, TX 78132

Office/Fax (830) 905-2778 Email:

From: "Ritzen, Brenda" < To: Greg Johnson < Sent: Thursday, December 8, 2016 3:27 PM Subject: Permit 105231

Re: William D. & Kristen A. Wessale Rebecca Creek Estates Lot 15 Block 2 Application for Permit for Authorization to Construct an On-Site Sewage Re: William D. & Kristen A. Wessale Rebecca Creek Estates Lot 15 Block 2 Application for Permit for Authorization to Construct an On-Site Sewage Facility

Greg,

The following information is needed before I can continue processing the referenced permit submittal:

1. There appears to be a discrepancy in the number of gallons per day between the permit application and the planning materials. Please review, revise as needed and resubmit.

Thank you,

Brenda Ritzen, OS0007722 Environmental Health Coordinator Comal County Engineers Office 195 David Jonas Drive New Braunfels, Texas 78132 830-608-2090 www.cceo.org

OSSF SOIL EVALUATION REPORT INFORMATION

Date: November 01, 2016

Applicant Information:	, T P
	uator Information:
	reg W. Johnson, P.E., R.S., S.E. 11561
Address: <u>360 BENT OAK DRIVE</u> Address:	170 Hollow Oak
City: SPRING BRANCH State: TEXAS	ew Braunfels State: Texas
Zip Code: <u>78070</u> Phone: <u>(210)</u> 723-440 VOID de	: 78132 Phone & Fax (830)905-2778
Property Location: Insta	Iller Information:
	me:
	mpany:
	dress:
	y: State:
	O Code: Phone
Topography: Slope within proposed disposal area:3 %	
Presence of 100 vr. Flood Zone: YES	ΝΟΧ
Existing or proposed water well in nearby area. YES_	X NO >100'(EXISTING)
	NO X
Presence of upper water shed	NOX
Organized sewage service available to lot	NOX
VOID	
Design Calculations for Aerobic Treatment with Spray Irriga	<u>tion:</u>
Commercial	
Q = GPD	
<u>Residential</u> Water conserving fixtures to be utilized? Yes <u>X</u>	RECEIVED
Number of Bedrooms the septic system is sized for: <u>2</u> Tot	al sq. ft. living area 720
Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction for water	
Q = (2 +1)*75-(20%) = 180	
Trash Tank Size 353 Gal.	COUNTY ENGINEER
TCEQ Approved Aerobic Plant Size 600 G.P.D.	OCONT ENGINEER
	sq. ft.
Application Area Utilized = 6433 sq. ft.	
Pump Requirement Gpm @ Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)	
	D DOSE IN PREDAWN HOURS
Pump Tank Size = 768 Gal. 14.5 Gal/inch.	
Reserve Requirement = <u>60</u> Gal. $1/3$ day flow.	
Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction	
With Chlorinator NSE/TCEO APPROVED	
SCH-40 or SDR-26 3" or 4" sewer line to tank	
Two way cleanout	
Pop-up rotary sprinkler heads w/ purple non-potable lids	-
1" Sch-40 PVC discharge manifold	
APPLICATION AREA SHOULD BE SEEDED AND MAINTAIN	ED WITH VEGETATION.
I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER	
AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40	
(REGARDING RECHARGE FEATURES), TEXAS COMMISSI	
(EFFECTIVE DECEMBER 27, 2012)	
\wedge	S. on a constant of the second s
	LG GREG W. JOHNSON
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561 DATE	1 2 67587 AH

ONAL

Doc# 200506038685

After Recording Return To: William D. Wessale Kristen A. Wessale 360 Bent Oak Drive Spring Branch, TX 78070

Loss No: Borrower(s): Property:

EA

37 (5

William D. Wessale 360 Bent Oak Drive Spring Branch, TX 78070

0500844473

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OF THE FOLLOWING INFORMATION FROM THIS INSTRUMENT BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

Warranty Deed

with Vendor's Lien

State of Texas **County of Comal** September 29, 2005

KNOW ALL MEN BY THESE PRESENTS: That: Mark J. Astoria and Carrie L. Astoria

of Comal

County, Texas, herein called "Grantor", for the sum of Ten and No/100 Dollars (\$10.00) and other good and valuable consideration to Grantor in hand paid by: William D. Wessale and wife, Kristen A. Wessale

herein called "Grantee" and as further consideration Grantee's execution and delivery of a:

First Lien Promissory Note in the sum of \$151,000.00 interest according to its terms, payable to:

U.S. Dollars, and agreement to pay same with

Texas Mortgage Consultants

"Beneficiary", which note is secured by a Vendor's Lien and Superior Title retained herein in favor of said Beneficiary, and is also secured by a Deed Of Trust of even date herewith from Grantee to , Trustee; and a John T. Ritter

Second Lien Promissory Note in the sum of \$20,000.00 interest according to its terms, payable to:

U.S. Dollars, and agreement to pay same with

First Equity

"Beneficiary", which note is secured by a Vendor's Lien and Superior Title retained herein in favor of said Beneficiary, and is also secured by a Deed Of Trust of even date herewith from Grantee to RECEIVED John T. Ritter , Trustee

NOV 21 2016

COUNTY ENGINEER

NOW THEREFORE, SUBJECT TO THE RESERVATIONS AND EXEPTIONS TO CONVEYANCE HEREIN, Grantor has Granted, Sold and Conveyed and by these presents does hereby Grant, Sell and Convey unto Grantee the following described Property located in Comal County, Texas, to wit:

Lot 14, Block 2, Rebecca Creek Estates, according to plat recorded in Volume 5,

Pages 368-371, of the Map and Plat Records of Comal County, Texas.

Lot 15, Block 2, Rebecca Creek Estates, according to plat recorded in Volume 5,

Pages 368-371, of the Map and Plat Records of Comal County, Texas.

which currently has the address of: 360 Bent Oak Drive, Spring Branch, TX 78070 ("Property Address").

TO HAVE AND TO HOLD the above described real property, together with all and singular, the rights and appurtenances thereunto in anywise belonging, to said Grantee, Grantee's heirs and assigns forever, and Grantor does hereby bind Grantor, Grantor's successors and assigns, to WARRANT AND FOREVER DEFEND all and singular the said premises unto said Grantee, Grantee's heirs and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof.

This conveyance is made subject to all and singular any validly existing declarations, restrictions, reservations covenants, conditions, oil and gas leases, mineral interests outstanding in persons other than Grantor(s), and other instruments, that effect the Property or are enforceable against the above-described property as shown by the records of said County, as well as ad valorem Taxes for current and subsequent years.

It is expressly agreed that the Vendor's Lien and Superior Title is retained in favor of the Beneficiary/Holder of said First Lien Promissory Note against the above described property, premises and improvements, until said Note and all interest thereunder shall have been paid according to the terms thereof. It is further expressly agreed that the Vendor's Lien and Superior Title is retained in favor of the Beneficiary/Holder of said Second Lien Promissory Note against the above described property, premises and improvements, which is second and inferior to the Vendor's Lien created by the First Lien Promissory Note, until aid Note and all interest thereunder shall have been paid according to the terms thereof. Following the satisfaction of the above Vendor's Leins this Deed shall become absolute.

When this Deed is executed by more than one person, or when the Grantee is more than one person, the instrument shall read as though pertinent verbs, nouns and pronouns were changed correspondingly, and when executed by or to a corporation, the "heirs, executors and administrators' or "heirs and assigns" shall be construed to mean "successors and assigns".

Mark J. Astori

i L. astoria

REICEIVED

NOV 21 2016

COUNTY ENGINEER

Page 3 of 3

ACK	WOR	LEDG	MEN	TS

State of	1
County of Ber	AL

Before me, the undersigned Notary Public in and for said County and State, personally appeared before me Mark J. Astoria Carrie L. Astoria

known to or verified by me, who executed this instrument for the WITNESS my hand and seal of the office on this	
JIMMY M. HEATH Notary Public STATE OF TEXAS My Comm. Exp. 08-01-2009	Notary Public of Prince name: My Commission Expires:

CORPORATE ACKNOWLEDGMENT

by me, who executed this instrument on behalf of said		, known to or verified	
	for the purposes and considerations		
therein set forth. WITNESS my hand and seal of the office on this	day of	A.D.	
	Notary Public of		
	Printed name:		
	My Commission Expires:		
State of			
County of			
Before me, the undersigned Notary Public in and for s		ly appeared before me	
, known to or	verified by me, who after b	eing first duly sworn	
executed this instrument for and on behalf of said	for the purposes and con	siderations therein set	
executed this instrument for and on behalf of said	for the purposes and con	siderations therein set	
executed this instrument for and on behalf of said	for the purposes and con	siderations therein set	
executed this instrument for and on behalf of said forth.	for the purposes and con day of Notary Public of	siderations therein set	
executed this instrument for and on behalf of said forth.	for the purposes and con day of	siderations therein set	
executed this instrument for and on behalf of said forth.	for the purposes and con day of Notary Public of Printed name: My Commission Expires:	siderations therein set	
executed this instrument for and on behalf of said forth.	for the purposes and con day of Notary Public of Printed name: My Commission Expires: Doct 20050	siderations therein set	
executed this instrument for and on behalf of said	for the purposes and con day of Notary Public of Printed name: My Commission Expires: Doct 20050 # Pages 3	siderations therein set ,, A.D. 560386655CEIV	
executed this instrument for and on behalf of said forth.	for the purposes and con day of Notary Public of Printed name: My Commission Expires: Doct 20050 # Pages 3 10/14/2005 9: Official Record	siderations therein set ,, A.D. 560386855CEIV 1601 NOV 21 2	
executed this instrument for and on behalf of said forth.	for the purposes and con day of Notary Public of Printed name: My Commission Expires: Doct 20055 # Pages 3 10/14/2005 9: Official Recorr COMAL COUNTY JOY STREATER COUNTY CLERK	siderations therein set ,, A.D.	

TEXAS GENERAL WARRANTY DEED w/1 & 2 Vendor's Liens (TXWD-vil&2)

> Phone: (830) 995-3189 Fax: (830) 995-4051

> > Printed:4/22/2020 Site: 360 Bent Oak Dr

Spring Branch, TX 78070

To: William & Kristen Wessale 360 Bent Oak Dr Spring Branch, TX 78070

Permit #: 105231

Agency: Comal County County: Comal Sub: Rebecca Creek Estates Mfg / Brand: Advantage Wastewater LLC - Nu Water Treatment Type: Aerobic With Chlorine System S/N: B24183 **Disposal:** Surface Application

Customer ID: 6820 Contract Dates: 11/21/2019 - 11/21/2021

Scheduled Date: 7/21/2020 Installed: 1/4/2017 Warranty End: 1/4/2019 GPS Coordinates - Latitude: 29.91452 Longitude: -98.40404

Entered By: Alex Seidensticker

Service Type: Customer Request

Time In: 530pm

Method: Grab Technician: Alex Seidensticker Maint. Provider: Rudy Carson

Visit Date: 4/22/2020

Tank Lid / Riser: Secured

Out: 550pm

Comments

Service Completed

- Technician Secured the Tank Lid and/or Riser prior to leaving location. Red light. Cleaned sprinkler pump screen and sprinkler screens. Tested system.- if problem continues recommend pumping tanks.- We recommend R.W. Septic their number is 830-377-3995 or Busy B Septic Services LLC 830-446-1968

Insp ID #:92438

Provider: Rudy Carson

Technician: Alex Seidensticker

License #: MP0001961

Expires: 9/30/2021

License #: MP0002036

Phone: (830) 995-3189 Fax: (830) 995-4051 To: William & Kristen Wessale Printed:3/31/2020 Site: 360 Bent Oak Dr 360 Bent Oak Dr Spring Branch, TX 78070 Spring Branch, TX 78070 Customer ID: 6820 Permit #: 105231 Contract Dates: 11/21/2019 - 11/21/2021 Agency: Cornal County Inspection 1 of 6 Scheduled Date: 3/21/2020 County: Comal Sub: Rebecca Creek Estates Installed: 1/4/2017 Mfg / Brand: Advantage Wastewater LLC - Nu Water Warranty End: 1/4/2019 Treatment Type: Aerobic With Chlorine System S/N: B24183 Disposal: Surface Application GPS Coordinates - Latitude: 29.91452 Longitude: -98.40404 This counts as a type of "Scheduled Inspection" Service Type: Scheduled Inspection Entered By: Jose Luis Ramos Visit Date: 3/31/2020 Time In: 2:35pm Out: 3:00pm Method: Grab Technician: Jose Luis Ramos Maint. Provider: Rudy Carson Aerators: Operational Sludge Levels Filters: Operational For Tank 1: na Irrigation Pumps: Operational For Tank 2: na For Tank 3: 0" **Disinfection Device:** Operational Chlorine Supply: Operational CFM: 2.6 Chlorine Residual: 0.1mg/L Air Filter: Good Tank Lid / Riser: Secured Electric Circuits: Operational Distribution System: Operational Color: Good Sprayfield Veg: Operational Odor: Good PSI Pressure: 3.4 Alarm: Operational Service Completed Comments - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Scum in pretreatment is na. Na is due to covid 19 for now. Rest timer. - Cleaned compressor filter. - Put new service tag on system. Told owner about the sugar and corn meal cup each half an hour inbetween. - Secured system in the on position with a lock bolt. Insp ID #:91471 Provider: Rudy Carson Technician: Jose Luis Ramos Expires: 9/30/2022 License #: MT0001770 License #: MPCJ002036

Phone: (830) 995-3189 Fax: (830) 995-4051

Printed:5/4/2020 To: William & Kristen Wessale Site: 360 Bent Oak Dr 360 Bent Oak Dr Spring Branch, TX 78070 Spring Branch, TX 78070 (281) 455-6072 Customer ID: 6820 Permit #: 105:231 Contract Dates: 11/21/2019 - 11/21/2021 Agency: Comal County Scheduled Date: 7/21/2020 Sub: Rebecca Creek Estates County: Comal Mfg / Brand: Advantage Wastewater LLC - Nu Water Installed: 1/4/2017 Treatment Type: Aerobic With Chlorine System S/N: B24183 Warranty End: 1/4/2019 Disposal: Surface Application GPS Croordinates - Latitude: 29.91452 Longitude: -98.40404 Service Type: Customer Request Entered By: Cody Ryan Jurgensen Visit Date: 5/1/2020 Out: 355 Time In: 345 Method: Grab Technician: Cody Ryan Jurgensen Maint. Provider: Rudy Carson Tank Lid / Riser: Secued Service Completed Comments - Technican Secured the Tank Lid and/or Riser prior to leaving location. - Lipon arrival red light was due to clogged pump screen unclogged sprinklers - if this keeps happening you need to pump the siste m - ***SYSTEM PUMPING NEEDED**** We recommend R.W. Septic their number is 830-377-3995 or Busy B Sepic Services LLC 830-446-1968 Insp ID #:93220 License lifo: MT0001766 Expires: 9/30/2022 License Ino: MP0002036 Expires: Rudy Carson

Phone: (830) 995-3189 Fax: (830) 995-4051

Customer ID: 6820

Scheduled Date: 7/21/2020

GPS Coordinates - Latitude: 29.91452 Longitude: -98.40404

Contract Dates: 11/21/2019 - 11/21/2021

This counts as a type of "Scheduled Inspection"

Entered By: Ronnie W Krampota

Printed:7/20/2020

(281) 455-6072

Inspection 2 of 6

Installed: 1/4/2017

Warranty End: 1/4/2019

Site: 360 Bent Oak Dr Spring Branch, TX 78070

To: William & Kristen Wessale 360 Bent Oak Dr Spring Branch, TX 78070

Permit #: 105231

Agency: Comal County County: Comal Sub: Rebecca Creek Estates Mfg / Brand: Advantage Wastewater LLC - Nu Water Treatment Type: Aerobic With Chlorine System S/N: B24183 Disposal: Surface Application

Service Type: Scheduled Inspection Visit Date: 7/20/2020

Method: Grab

Technician: Ronnie W Krampota

Maint. Provider: Rudy Carson Aerators: Operational Filters: Operational Irrigation Pumps: Operational Disinfection Device: Operational Chlorine Supply: Operational Chlorine Residual: 0.54mg/L

Sprayfield Veg: Operational

Comments

License # |

Alarm: Operational

Electric Circuits: Operational Distribution System: Operational

Color: Good

Air Filter: Good

Tank Lid / Riser: Secured

Odor: Good

PSI Pressure: 3.4

Sludge Levels

For Tank 1: 3

For Tank 2: 0"

For Tank 3: 0"

Service Completed

CFM: 2.0

- Technician Secured the Tank Lid and/or Riser prior to leaving location.- C leaned compressor filter - Secured system in the on position with a lock bolt - Scum in pretreatment is 0" - Reset timer

insp ID #:96051

Provider Rudy Carson

Technican:: Ronnie W Krampota

Licerse # : MT0001175

Expires: 7/31/2023

> Phone: (830) 995-3189 Fax: (830) 995-4051

To: William & Kristen Wessale Printed: 10/26/2020 360 Bent Oak Dr Site: 360 Bent Oak Dr Spring Branch, TX 78070 Spring Branch, TX 78070 (281) 455-6072 Permit #: 105231 Customer ID: 6820 Agency: Comal County Contract Dates: 11/21/2019 - 11/21/2021 County: Comal Sub: Rebecca Creek Estates Scheduled Date: 11/21/2020 Inspection 3 of 6 Mfg / Brand: Advantage Wastewater LLC - Nu Water Installed: 1/4/2017 Treatment Type: Aerobic With Chlorine System S/N: B24183 Warranty End: 1/4/2019 Disposal: Surface Application GPS Coordinates - Latitude: 29.91452 Longitude: -98.40404 Service Type: Scheduled Inspection This counts as a type of "Scheduled Inspection" Visit Date: 10/26/2020 Entered By: Joseph A Crowder Time In: 2:45 Out: 3:00 Method: Grab Technician: Joseph A Crowder Maint. Provider: Rudy Carson Aerators: Operational Sludge Levels Filters: Operational For Tank 1: 6 Irrigation Pumps: Operational For Tank 2: 0' Disinfection Device: Operational For Tank 3: 0" Chlorine Supply: Operational CFM: 2.0 Chlorine Residual: 0.56mg/L Air Filter: Good Tank Lid / Riser: Secured Electric Circuits: Operational Distribution System: Operational Sprayfield Veg: Operational Color: Good Odor: Good Alarm: Operational **PSI Pressure: 3.2** Comments Service Completed - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Scum in pretreatment is 2". Low bleach add bleach. -Secured system in the on position with a lock bolt Insp ID #:100808 Technician: Joseph A Crowder

Provider: Rudy Carson

License #: MP0002036

License #: MT0001769

Expires: 9/30/2022

Phone: (830) 995-3189 Fax: (830) 995-4051

To: William & Kristen Wessale 360 Bent Oak Dr Spring Branch, TX 78070

Site: 360 Bent Oak Dr Spring Branch, TX 78070 (281) 455-6072

Printed: 10/26/2020

				(201) + 0072
Permit #: 105231			Customer ID: 6820	
Agency: Comal County			Contract Dates: 11/21/2019 - 11	//21/2021
County: Comai	Sub: Rebecca Creek Estates		Scheduled Date: 11/21/2020	Inspection 3 of 6
Mfg / Brand: Advantage Wastewate				Installed: 1/4/2017
Treatment Type: Aerobic With Chlorine	System S/N: B24183		Warra	anty End: 1/4/2019
Disposal: Surface Application		GPS Coo	rdinates - Latitude: 29.91452 Longi	tude: -98.40404
Service Type: Scheduled	Inspection		This counts as a type of "S	Scheduled Inspection"
Visit Date: 10/26/2020	Time In: 2:45	Out: 3:00	Entered By: Joseph A C	
Method: Grab		<u>0.00</u>		
Technician: Joseph A Crowd	ler			
Maint. Provider: Rudy Carson				
Aerators: Operational	Sludge Levels			
Filters: Operational	For Tank 1:	-		
Irrigation Pumps: Operational Disinfection Device: Operational	For Tank 2:			
Chlorine Supply: Operational	For Tank 3: (<u>)"</u>		
Chlorine Residual: 0.56mg/L			CF	M: 2.0
Chlorine Residual: 0.50mg/L				
	Air Filter	: <u>Good</u>		
	Tank Lid / Riser	: Secured		
Electric Circuits: Operational				
Distribution System: Operational				
Sprayfield Veg: Operational	Color	Good		
	Odor	Good		
Alarm: Operational	PSI Pressure	3.2		
Comments				Service Completed
- Technician Secured the Tank Lid a	nd/or Digor prior to loguing la		× ·	centre completed

- Technician Secured the Tank Lid and/or Riser prior to leaving location. - Scum in pretreatment is 2". Low bleach add bleach. -Secured system in the on position with a lock bolt

Provider: Rudy Carson

Technician: Joseph A Crowder

License #: MT0001769

Expires: 9/30/2022

Insp ID #:100808

License #: MP0002036

1 Jansa-

Rudy Carson

> Phone: (830) 995-3189 Fax: (830) 995-4051

Printed:3/17/2021 To: William & Kristen Wessale Site: 360 Bent Oak Dr 360 Bent Oak Dr Spring Branch, TX 78070 Spring Branch, TX 78070 (281) 455-6072 Customer ID: 6820 Permit #: 105231 Contract Dates: 11/21/2019 - 11/21/2021 Agency: Comal County Scheduled Date: 3/21/2021 Inspection 4 of 6 County: Comai Sub: Rebecca Creek Estates Installed: 1/4/2017 Mfg / Brand: Advantage Wastewater LLC - Nu Water Treatment Type: Aerobic With Chlorine System S/N: B24183 Warranty End: 1/4/2019 Disposal: Surface Application GPS Coordinates - Latitude: 29.91452 Longitude: -98.40404 ✓ This counts as a type of "Scheduled Inspection" Service Type: Scheduled Inspection Entered By: Cody Ryan Jurgensen Visit Date: 3/17/2021 Out: 140 Time In: 130 Method: Grab Technician: Cody Ryan Jurgensen Maint. Provider: Burt Seidensticker

Chlorine Residual: na

Comments

Service Completed

unable to inspect due to no gate code - called home owner and left a message - please call office to reschedule

Owner signature:

Insp ID #:106560

Provider: Burt Seiden sticker License Info: MP0000002 Expires: Techniciari: Cody Rya!n Jurgensen License Info: MT0001766 Expires: 9/30/2022

Phone: (830) 995-3189 Fax: (830) 995-4051

To: William & Kristen Wessale Printed:3/24/2021 Site: 360 Bent Oak Dr 360 Bent Oak Dr Spring Branch, TX 78070 Spring Branch, TX 78070 (281) 455-6072 Customer ID: 6820 Permit #: 105231 Contract Dates: 11/21/2019 - 11/21/2021 Agency: Comal County Scheduled Date: 7/21/2021 Sub' Rebecca Creek Estates County: Comal Mfg / Brand: Advantage Wastewater LLC - Nu Water Installed: 1/4/2017 Warranty End: 1/4/2019 Treatment Type: Aerobic With Chlorine System S/N: B24183 Disposal: Surface Application GPS Coordinates - Latitude: 29.91452 Longitude: -98.40404 Service Type: Customer Request Entered By: Cody Ryan Jurgensen Visit Date: 3/24/2021 Out: 1025 Time In: 1010 Method: Grab Technician: Cody Ryan Jurgensen Maint. Provider: Burt Seidensticker Aerators: Operational Sludge Levels Filters: Operational For Tank 1: 8" For Tank 2: 12" Irrigation Pumps: Operational For Tank 3: 0" Disinfection Device: Operational Chlorine Supply: Operational CFM: 3.0 Chlorine Residual: .87 Tank Lid / Riser: Secured Electric Circuits: Operational Distribution System: Operational Color: Good Sprayfield Veg: Operational Odor: Good PSI Pressure: 3.2 Alarm: Operational Service Completed Comments - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Cleaned compressor filter - Scum in pretreatment is 0 -Secured system in the on position with a lock bolt

Owner signature:

Provider: Burt Seidensticker

License Info: MP0000002 Expires:

Technician: Cody Ryan Jurgensen License Info: MT0001766 Expires: 9/30/2022



Insp ID #:106722

Phone: (830) 995-3189 Fax: (830) 995-4051

Printed:7/27/2021 To: William & Kristen Wessale Site: 360 Bent Oak Dr 360 Bent Oak Dr Spring Branch, TX 78070 Spring Branch, TX 78070 (281) 455-6072 Customer ID: 6820 Permit #: 105231 Contract Dates: 11/21/2019 - 11/21/2021 Agency: Comal County Scheduled Date: 7/21/2021 Inspection 6 of 6 County: Comal Sub: Rebecca Creek Estates Installed: 1/4/2017 Mfg / Brand: Advantage Wastewater LLC - Nu Water Warranty End: 1/4/2019 Treatment Type: Aerobic With Chlorine System S/N: B24183 Disposal: Surface Application GPS Coordinates - Latitude: 29.91452 Longitude: -98.40404 This counts as a type of "Scheduled Inspection" Service Type: Scheduled Inspection Entered By: Michael S Looney Visit Date: 7/27/2021 Time In: 1:45 Out: 2:05 Method: Grab Technician: Michael S Looney Maint. Provider: Rudy Carson Aerators: Operational Sludge Levels Filters: Operational For Tank 1: 14" Irrigation Pumps: Operational For Tank 2: 12" For Tank 3: 0" Disinfection Device: Operational Chlorine Supply: Operational CFM: 2.5 Chlorine Residual: 1mg/L Air Filter: Good Turbidity: Good Tank Lid / Riser: Secured Electric Circuits: Operational Distribution System: Operational Color: Good Sprayfield Veg: Operational Odor: Good Alarm: Operational Service Completed Comments - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Cleaned compressor filter. Reset timer. Scum in pretreatment 0". Not enough water in pump chamber to test the sprinklers at this time.

nsp ID ##:111979

Provider: Rudy Carson

Technician: Michael S Looney

License #: MT0001616

Expires

License # MP0002036

Phone: (830) 995-3189 Fax: (830) 995-4051

To: William & Kristen Wessal 360 Bent Oak Dr Spring Branch, TX 78070			SI	Printed:12/8/2021 Site: 360 Bent Oak Dr pring Branch, TX 78070 (281) 455-6072
Mitg / Brand: Advantage Wastewater LL	Sub: Rebecca Creek Estates .C - Nu Water ystem S/N: B24183	Contra Schedu	Warran	21/2021 Inspection 7 of 6 stalled: 1/4/2017 fy End: 1/4/2019
Service Type: <u>Scheduled Ins</u> Visit Date: <u>12/8/2021</u> Method: <u>Grab</u> Technician: Rudy Carson Maint. Provider: Rudy Carson	spection		Latitude: 29.91452 Longitu This counts as a type of "Sc Entered By: <u>Rudy Carsor</u>	heduled Inspection"
Aerators: Operational Filters: Operational Irrigation Pumps: Operational Disinfection Device: Operational Chlorine Supply: Operational Chlorine Residual: 0.1mg/L	<u>Sludge Levels</u> For Tank 1: <u>4</u> For Tank 2: <u>0"</u> For Tank 3: <u>0</u> "			
Electric Circuits: <u>Operational</u> Distribution System: <u>Operational</u> Sprayfield Veg: <u>Operational</u>	Tank Lid / Riser: <u>Se</u> Color: <u>Ge</u> Odor: <u>Ge</u>	bod		
Alarm: <u>Operational</u> Comments - Technician Secured the Tank Lid and/c water in pump tank to test sprinklers	or Riser prior to leaving locat	ion Cleaned comp	✓ Se pressor filter. Rezip tied a	rvice Completed Il floats not enuff
Provider: Rudy Carson	Techn	ician: Rudy	Carson	Insp ID #:117508
License #: MP0002036		ense #: MP0002036	Expires: 10/	22/2022