



Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 07/29/2019 Permit Number: 108162

Location Description: 459 CURVATURA NEW BRAUNFELS, TX 78132
Subdivision: Vintage Oaks at the Vineyard
Unit: 19
Lot: 1730
Block:
Acreage:

Type of System: Aerobic Drip Irrigation

Issued to: Ricardo & Michelle Bravo

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

Signature of Michael Tays OS8497
ENVIRONMENTAL HEALTH INSPECTOR

Signature of David H OS0007722
ENVIRONMENTAL HEALTH COORDINATOR

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: J.O. Septe / Jim Blake OSSF Installer #: _____

1st Inspection Date: 2/25/19 2nd Inspection Date: _____ 3rd Inspection Date: 7/30/19

Inspector Name: B. Mike T. Inspector Name: _____ Inspector Name: Mike T.

Permit#: 108162 Address: Vintage Oaks / 459 Curvatura Dr.

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	✓	285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)		2/25/19		7/29/19
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	✓	285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	✓	285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	✓	285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	✓	285.32(a)(5)				
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(I) 285.32(b)(1)(C)(II) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(II)(II) 285.32(b)(1)(E)(I) 285.32(b)(1)(E)(II)(I)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

MT - 2/25/19
Tanks set, leveled
op & normal ✓
Ready For Cover & sod.

MT - 7/29/19
Covered

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK if Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(I) 285.32(b)(1)(E)(i) 285.32(b)(1)(D) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(i) 285.32(b)(1)(B) 285.32(b)(1)(A) 285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed	✓		600	2/25/19		7/29/19
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		Cleanstream			
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
19	DISPOSAL SYSTEM Drip Irrigation	✓	285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)		2/25/19		7/29/19
20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(4) 285.33(a)(3) 285.33(a)(1)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)				
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)				

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	<p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0% EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom)</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 Inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart</p>		<p>285.33(b)(3)(A) 285.33(b)(3)(A) 285.33(b)(3)(B) 285.91(13) 285.33(b)(3)(D) 285.33(b)(3)(F)</p>				
33	<p>AEROBIC TREATMENT UNIT is Aerobic Unit Installed According to Approved Guidelines.</p>	✓	285.32(c)(1)		2/25/19		7/29/19
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank</p> <p>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions</p>	✓					
35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.</p>	✓					
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>	✓					
37	<p>PUMP TANK Inspection/Clean Out Port & Risers Provided</p> <p>PUMP TANK Secondary restraint system provided</p> <p>PUMP TANK Riser permanently fastened to lid or cast into tank</p> <p>PUMP TANK Riser cap protected against unauthorized intrusions</p>	✓					
38	<p>PUMP TANK Secondary restraint system provided</p>	✓					

Comal County Environmental Health
OSSF Inspection Sheet

39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Burled			2/29/19		7/29/19
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Comal County Environmental Health OSSF Inspection Sheet

Installer Name: J.B. Septic / Jim Blake OSSF Installer #: _____

1st Inspection Date: 2/25/18 2nd Inspection Date: _____ 3rd Inspection Date: _____

Inspector Name: D. Mike T. Inspector Name: _____ Inspector Name: _____

Permit#: 108162 Address: Vintage Oaks / 459 Curvatura Dr.

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MT - 2/25/19

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**Comal County Environmental Health
OSSF Inspection Sheet**

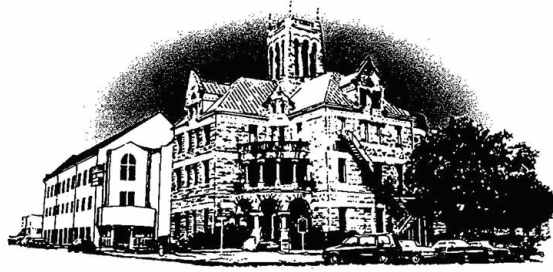
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Comal County Environmental Health
OSSF Inspection Sheet

39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried				2/25/19		
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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: 108162
Issued This Date: 10/03/2018
This permit is hereby given to: Ricardo & Michelle Bravo

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

459 CURVATURA
NEW BRAUNFELS, TX 78132

Subdivision: Vintage Oaks at the Vineyard
Unit: 19
Lot: 1730
Block:
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 Comal County requirements.

Call (830) 608-2090 to schedule inspections.

REVISED

3:31 pm, Feb 01, 2019

***** COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH ***
APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE**

Date _____ Permit # _____

Owner Name	<u>Ricardo A. Bravo & Michelle J. Bravo</u>	Agent Name	<u>JB Septic Systems, Inc</u>
Mailing Address	<u>503 Ave A # 1242</u>	Agent Address	<u>P.O. Box 1609</u>
City, State, Zip	<u>San Antonio, TX 78215</u>	City, State, Zip	<u>Helotes, Texas 78023</u>
Phone #	<u>703-975-5645; 480-390-9593</u>	Phone #	<u>830-931-0292</u>
Email	<u>rmbravo16@gmail.com; ricbravo@icloud.com</u>	Email	<u>info@jbsepticssystemsincc.com</u>

All correspondence should be sent to: Owner Agent Both Method: Mail Email

Subdivision Name Vintage Oaks at the Vineyard Unit 19 Lot 1730 Block 1

Acreage/Legal _____

Street Name/Address 459 Curvatura City New Braunfels Zip 78132

Type of Development:

Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) House and Shop

Number of Bedrooms 3

Indicate Sq Ft of Living Area 4,306

Commercial or Institutional Facility

(Planning materials must show adequate land area for doubling the required land needed for treatment units and disposal area)

Type of Facility _____

Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants _____

Restaurants, Lounges, Theaters - Indicate Number of Seats _____

Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds _____

Travel Trailer/RV Parks - Indicate Number of Spaces _____

Miscellaneous _____

Estimated Cost of Construction: \$ 450,000 (Structure Only)

Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement?

Yes No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

Source of Water Public Private Well

Are Water Saving Devices Being Utilized Within the Residence? Yes No

By signing this application, I certify that:

- The completed application and all additional information submitted does not contain any false information and does not conceal any material facts.
- Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities..
- I understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

Michelle J. Bravo
Signature of Owner

12.21.2015
Date

REVISED

3:31 pm, Feb 01, 2019

*** COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH * * ***
APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

Planning Materials & Site Evaluation as Required Completed By Jim W. Blake, Sr. #2289

System Description Aerobic Treatment with Drip Irrigation

Size of Septic System Required Based on Planning Materials & Soil Evaluation

Tank Size(s) (Gallons) 500/600/1200 Absorption/Application Area (Sq Ft) 3,600

Gallons Per Day (As Per TCEQ Table III) 360

(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 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 No

(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? Yes No

(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A Permit to Construct will not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional office.)

Is the property located over the Edwards Contributing Zone? Yes No

Is there an existing TCEQ approval CZP for the property? Yes No

(If yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP.)

If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? Yes No


(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to Construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

Is this property within an incorporated city? Yes No

If yes, indicate the city: _____

By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

Signature of Designer 

Date 2-1-19

REVISED

3:33 pm, Jan 31, 2019

Jim W. Blake, Sr., RS 2289
P. O. Box 1609
Helotes, TX 78023

J. B. Septic Systems, Inc.

Telephone (830) 931-0292
Fax (830) 931-0409

December 20, 2018

Comal County Environmental Office
195 David Jonas Drive
New Braunfels, TX 78132-3760

RE: Lot 1730, Vintage Oaks at the Vineyard
(459 Curvatura)

To Whom It May Concern:

I hereby certify that the On-Site Sewage Facility (OSSF) design for the above referenced property complies with all provisions of the proposed Water Protection Abatement Plan (WPAP), as approved by the Texas Commission on Environmental Quality (TCEQ).

Please contact me at the number listed above if you should have any desire to discuss this matter.

Sincerely,



Jim W. Blake, Sr.
JB Septic Systems, Inc.

1/1CB



201806037597 09/24/2018 03:42:06 PM 1/1

AFFIDAVIT TO THE PUBLIC

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, 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 TCEQ 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 TCEQ, under the authority of the TWC and the Texas Health and Safety Code, requires owners to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ that the appropriate OSSF was installed.

RECEIVED

II

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):

Lot 1730 Block _____ Subdivision _____ Vintage Oaks at the Vineyard Unit/Phase/Section 19

If not in Subdivision: _____ Acres _____ Survey _____

The property is owned by (insert owner's full name): Ricardo A. Bravo & Michelle J. Bravo

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 personally.

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.

Michelle Jean Bravo
Owner Name

Michelle Jean Bravo
Owner Signature

Ricardo BRAVO
Owner Name

[Signature]
Owner Signature

This instrument was acknowledged before me on: 18th Day of August, 2018.

ALEXANDER HATZIS
Notary's Printed Name

[Signature]
Notary Public, State of Texas



Affix Notary Stamp Above

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
09/24/2018 03:42:06 PM
LAURA 1 Page(s)
201806037597



Bobbie Koepf

REVISED

3:33 pm, Jan 31, 2019

Page 1 of 2

**J.B. Septic Systems, Inc.
Two-Year Initial Service Policy**

System Owner:

Ricardo A. & Michelle J. Bravo

Brand Name: Clearstream Wastewater System

System Name: Primary

Serial Number: _____

Model Number: _____

Permit Number: _____

Effective: _____ thru _____

Site Legal Description: 459 Curvatura, Lot 1730, Blk 1, Unit 19
Vintage Oaks at the Vineyard, Comal County

J. B. Septic Maintenance, Inc. will inspect and service your Clearstream Aerobic Treatment Plant once every four months for a period of two years. The service policy starts the date the "License To Operate" is issued by the permitting authority. This initial two year Service Policy will be at no additional charge to the property owner as required by State guidelines.

Before this initial two-year service policy expires, JB Septic Maintenance, Inc will notify you. Upon renewal of the contract, a copy of the new contract shall be submitted to the permitting authority. If the property owner or maintenance company desire to discontinue the maintenance contract, the maintenance company shall notify, in writing, the permitting authority at least 30 days prior to the date service will cease.

Testing and Reporting

J.B. Septic Maintenance, Inc. shall test and report on this system as required by rule on the following:

1. An Inspection/Service Call every 4 months, which includes inspections, adjustment, and servicing of the mechanical and electrical component parts as necessary to ensure proper function.
2. An effluent quality inspection every 4 months, consisting of a visual check for color, turbidity, scum overflow, and an examination for odors.
3. A sample shall be pulled from the aeration tank every 4 months to determine if there is an excess of solids in the treatment plant. If the test results determine a need for solids removal, the user will be notified and the system will be pumped upon owner authorization.
4. If any improper operation is observed which cannot be corrected at the time, the user shall be notified immediately in writing of the conditions and the estimated date of correction.
5. If required, a chlorine residual test will be taken at each visit. (BOD and TSS annually on commercial only.) If a grab test is required, the Owner will be responsible for the cost of the grab test.

The owner is responsible for keeping chlorine (Bleach) in the chlorinator as well as the cost of the chlorine.

J.B. Septic Maintenance, Inc. has been certified by the manufacturer of your system, and will be responsible for fulfilling the requirements of this Maintenance Contract, as well as responding to any alarms and/or addressing any concerns by the owner.

VIOLATIONS OF WARRANTY including shutting off the electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, or introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.

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3:33 pm, Jan 31, 2019

Page 2 of 2

This Policy Does Not Include;

1. Cost of Pumping Sludge From Unit If Necessary.
2. Cost of System Repair Due to Damage or Parts Failure Due to Neglect.
3. Cost of Replacement of "Normal Wear & Tear" Items During Routine Maintenance Visits.

The Maintenance Company and the Owner agree to abide by the service policy as stated above.

MAINTENANCE COMPANY:

J.B. Septic Maintenance, Inc.
P.O. Box 1609
Helotes, Texas 78023
(830) 931-0292
(210) 414-6289

MANUFACTURER:

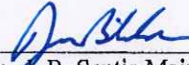
Clearstream Wastewater Systems, Inc.
P.O. Box 7568
Beaumont, Texas 77726-7568
(409) 755-1500

Installation Company:

J.B. Septic Systems, Inc.
P.O. Box 1609
Helotes, Texas 78023

Permitting Authority:

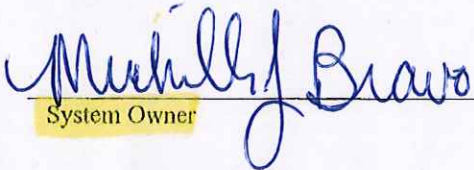
Comal County Office of Environment Health
195 David Jonas Drive
New Braunfels, TX 78132-3760
(830) 608-2094



Jim Blake, Sr., J. B. Septic Maintenance, Inc.



System Owner



Michelle Bravo
System Owner

Service Company Operator License Number: MP0000892

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3:33 pm, Jan 31, 2019

STATE MANDATED REGULATION CONCERNING AEROBIC SYSTEMS

NAME: Ricardo & Michelle Bravo
LOCATION: 459 Curvatura, New Braunfels, TX 78132
DATE: December 20, 2018

As part of the installation of this system, the Texas Commission On Environmental Quality requires the following:

1. The property owner and the aerobic system maintenance contractor shall enter into a 2 year (minimum) full service maintenance contract in which the company will provide periodic inspections for system compliance with effluent standards. This contract will authorize the maintenance company to operate, maintain, and repair the system as needed. The costs of this service will be paid by the system's owner and may be included with the installation of the system. (See the attached Service Policy.)
2. The property owner shall submit an affidavit to the County Clerk's Office to be added to the Real Property Deed on which the surface application system is installed. (See the attached AFFIDAVIT TO THE PUBLIC.)
3. The maintenance company shall inspect this system as directed in the Service Policy and shall keep accurate records of their findings. These records shall be submitted to the County at the end of the first 2-year service life of the system.

REVISED

3:33 pm, Jan 31, 2019

J. B. Septic Systems, Inc.

Jim Blake Sr.
Registered Sanitarian
P.O. Box 1609
Helotes, Texas 78023

Telephone (830) 931-0292
Fax (830) 931-0409

SITE EVALUATION

LOCATION: 459 Curvatura, Lot 1730, Blk 1
Vintage Oaks at the Vineyard, Unit 19 Comal County

I. USDA County Soils Survey Classification: (CtD) Comfort-Rock Outcrop Complex

II. Soil Analysis Sample: Two soil borings located in the proposed absorption area
(Method and Location)

III. Soil Profile: 0 - 10" clay soil with stones underlain by limestone
(Describe sample)

IV. Soil Texture Classification:
 Soil Class Ia Soil Class Ib Soil Class II Soil Class III X Soil Class IV

V. Soil Structure: Blocky

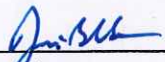
VI. Restrictive Horizons (Note any dense clay sub-soils, rock or fractured rock, depth of groundwater etc.): Rock at approximately 10"

VII. Topography: 2-3% slope

VIII. Flood Hazard: No.

IX. Overall Site Suitability: The site is suitable for Aerobic Treatment with Spray Irrigation.

X. Recharge Zone: Yes. No recharge features found within 150 Ft. of OSSF system.


Signature

December 20, 2018
Date

OS0010832
Registration #



REVISED

3:32 pm, Feb 01, 2019

Jim Blake Sr.
Registered Sanitarian
P. O. Box 1609
Helotes, Texas 78023

J. B. Septic Systems, Inc.

Telephone (830) 931-0292
Fax (830) 931-0409

ON-SITE SEWAGE FACILITY DESIGN

FOR: Ricardo A. & Michelle J. Bravo
503 Ave A # 1242
San Antonio, TX 78215

LOCATION: 459 Curvatura
Lot 1730, Block 1, Unit 19
Vintage Oaks at the Vineyard
Bexar County

DEVELOPMENT: Three bedroom residence with 4,306 sq. ft. and a shop.

ESTIMATE OF WATER CONSUMPTION: **360** gallons per day

SEWAGE FACILITY DESCRIPTION: Clearstream Aerobic Treatment System with 1,800 feet of Drip Irrigation Tubing.

CALCULATIONS:

1. Absorption Area:

$$\text{Required} = \frac{\text{Flow}}{\text{Soil Appl. Rate}} = \frac{360 \text{ Gals/Day}}{.1 \text{ Gals/Sq. Ft./Day}} = 3,600 \text{ Sq. Ft.}$$

2. Length of Drip Tubing = $3,600 \div 2 = 1,800$ feet.

3. Number of Emitters = 900 Emitters

4. Drip Irrigation Field Installation:

- Install One Drip Field:
 - Field No. 1 containing 900 feet of drip tubing with a Vacuum Breaker
 - Field No. 2 containing 900 feet of drip tubing with a Vacuum Breaker
- Drip tubing will be laid on 2 ft. centers and the entire field area will be capped with six inches of loamy soil (Type 2 or 3). The field area will be sodded with grass prior to system start up.

5. Install Dosing Timer: (See Calculations sheet) ON = 4 Minutes
OFF = 120 Minutes

6. Install Two Zone Alternating Valve.

7. Install Effluent Filter.

8. Install Out and Return Pressure Gauge: OUT = 30 – 35 PSI; RETURN = 20 PSI

9. Clearstream Drip Irrigation Systems use continuous flushing.



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3:32 pm, Feb 01, 2019

Jim Blake Sr.
Registered Sanitarian
P. O. Box 1609
Helotes, Texas 78023

J. B. Septic Systems, Inc.

Telephone (830) 931-0292
Fax (830) 931-0409

AEROBIC TREATMENT SYSTEM COMPONENTS:

1. 500 Gallon Pretreatment Tank.
2. 600 Gallon/Day Clearstream Aerobic Treatment Tank.
3. 1,200 Gallon Pump Tank wit Clearstream ½ HP Effluent Pump.

APPLICATION AREA:

Prepare site to prevent excessive rainfall infiltration. Placing a crown on the site will assist in promoting rainfall runoff. Landscaping shall consist of grasses. No other irrigation should take place in the drip irrigation field.

REMARKS:

The contractor may make minor field adjustments to the system with approval of the county regulatory agency. The referenced site has been evaluated and the on-site sewerage facility has been designed generally following the requirements given by the Texas Commission on Environmental Quality and the "Regulations for Private Sewage Facilities", and Bexar County Environmental Services. The site evaluation and design are based upon technical information available today. The proper performance of any on-site sewerage facility cannot be guaranteed even though all provisions of the regulations have been met.

CERTIFICATION:

I hereby certify that this sewage facility design submitted conforms to the Texas Commission on Environmental Quality requirements and Bexar County Environmental Services. With proper use, maintenance, and under normal climatic conditions the On-Site Sewage Facility can be expected to function without creating a nuisance.

DATE: December 18, 2018





Jim Blake Sr., Professional Sanitarian #2289

REVISED

3:32 pm, Feb 01, 2019

Design and Calculation Worksheet

As an example calculation, the following parameters are provided:

Wastewater discharge (Q) – 360 GPD

Soil Conditions – Clay Soil WITH ROCK

Design loading rate (DLR) – .1 (see Table 1 page 9)

A. Field area required (Q/DLR) 3,600 SQ. FT.

B. Emitter line spacing = 2 feet (standard spacing, but 6" or 12" is possible)

C. Emitter line required (A / B) = 1,800 FT
(If C is greater than 900' it is recommended that the fields be divided into equal zones using an alternating valve between them)

D. Emitter spacing = 2 feet

E. Total number of emitters = (C / D) = 900 emitters *Two Fields Each WITH 450 emitters*

F. Emitter flow rate @ 20 psi = 1.3 GPH
(Ex. Geoflow Wasteflow Classic Drip line)

G. Total emitter flow = (E x F) = 450 emitters x 1.30 GPH = 585 GPH / 60 minutes = 9.75 GPM

H. Total pumping time = (Q / G) = 360 GPD / 9.75 GPM = 37 min (use a rounded up number)

I. Doses per day = 12 (every 2 hours)

J. Gallons per dose = (Q / I) = 360 GPD / 12 doses/day = 30 gallons per dose

K. Pumping time per dose = (J / G) = 30 gallons / 9.75 GPM = 4 min (use rounded up minutes)

L. Set control box cycle timer for 4 minutes "ON" and 2 hours "OFF".

Note: There is a brief time after the timer activates and the pump is running and the field has not totally pressurized. It may be necessary to adjust the cycle dose time upward slightly to compensate for this delay. This amount of time should be checked during the first test run after complete installation



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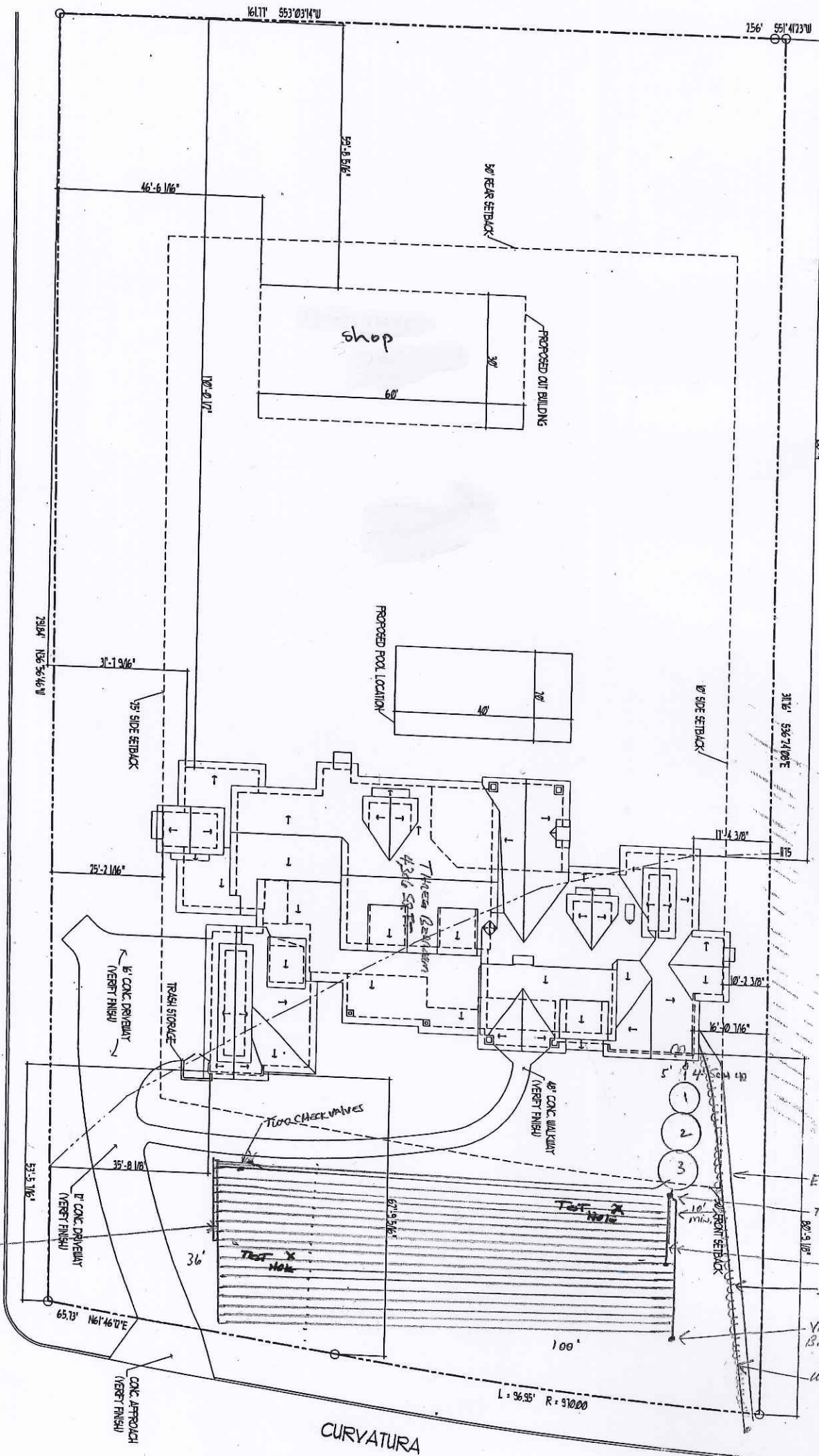
8:39 am, Feb 05, 2019



SCALE 1" = 30'

SITE PLAN
VINTAGE OAKS @ THE VINEYARD, UNIT 19
LOT 19B, BLOCK 1, ACB-1

TENDERFOOT



At the point where the OSSF sprinkler supply line and the water supply line cross or come within 10 Ft. of each other, equivalent protection will be provided by installing a sleeve pipe on both lines, a minimum distance to create the equivalent of a 10 Ft. separation. The sleeve pipe will be 2" schedule 40.



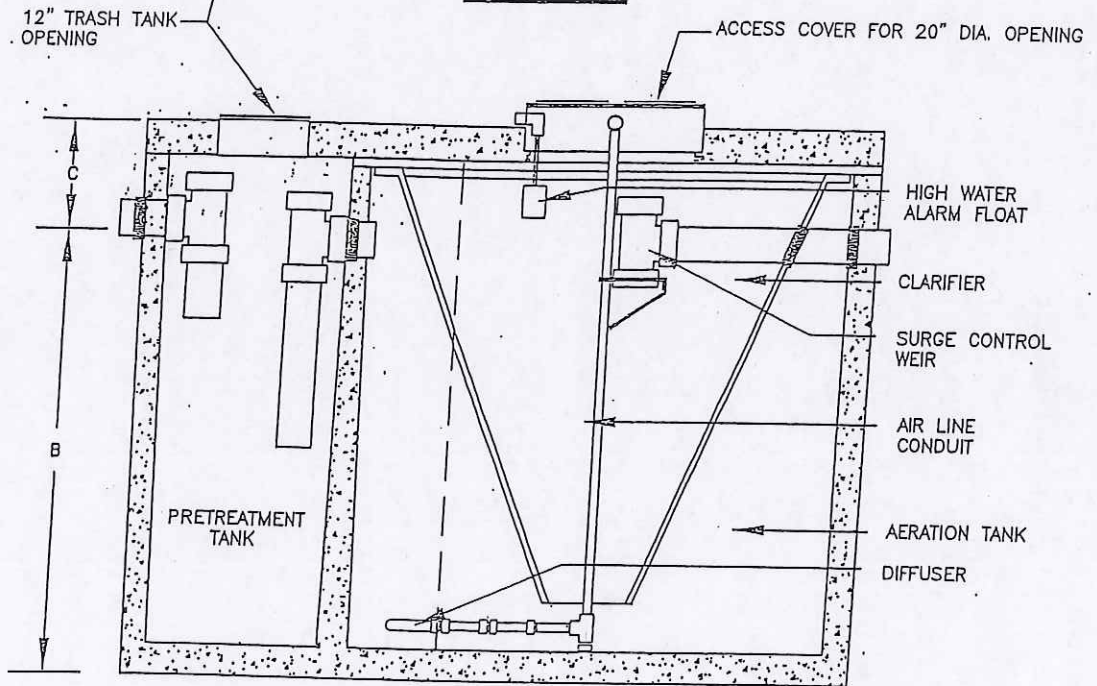
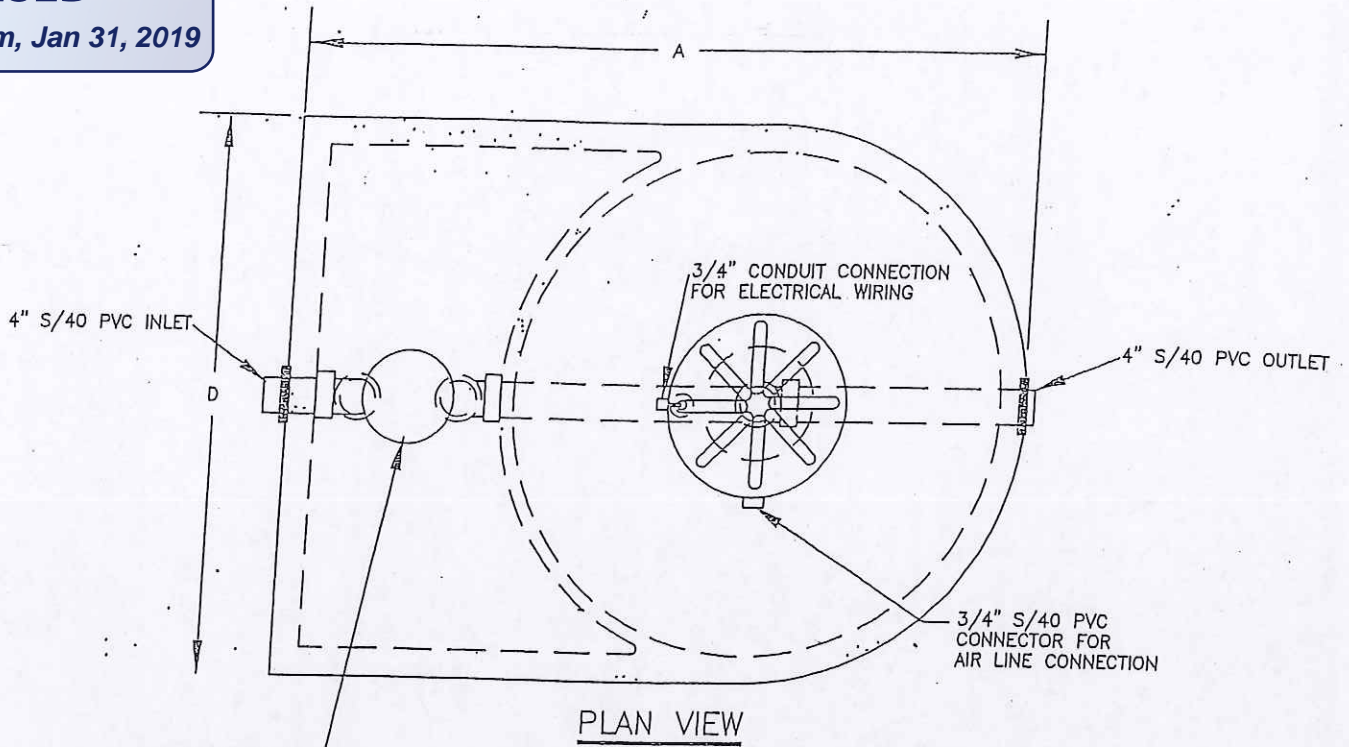
- OSSF TANKS!
- 1. 500 Gal. Trash Tank
 - 2. 600 GPD ATV
 - 3. 1,200 Gal. Pump Tank

- Electric Line
- Two Zone Diversion Valve
- Supply Lines
- SLEEVE PIPE
- VACUUM BREAKER
- WATER LINE
- Two Zone Drip Irrigation Fields, Each Field Contains 900 Feet of Tubing.

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3:33 pm, Jan 31, 2019

DESIGN DRAWINGS



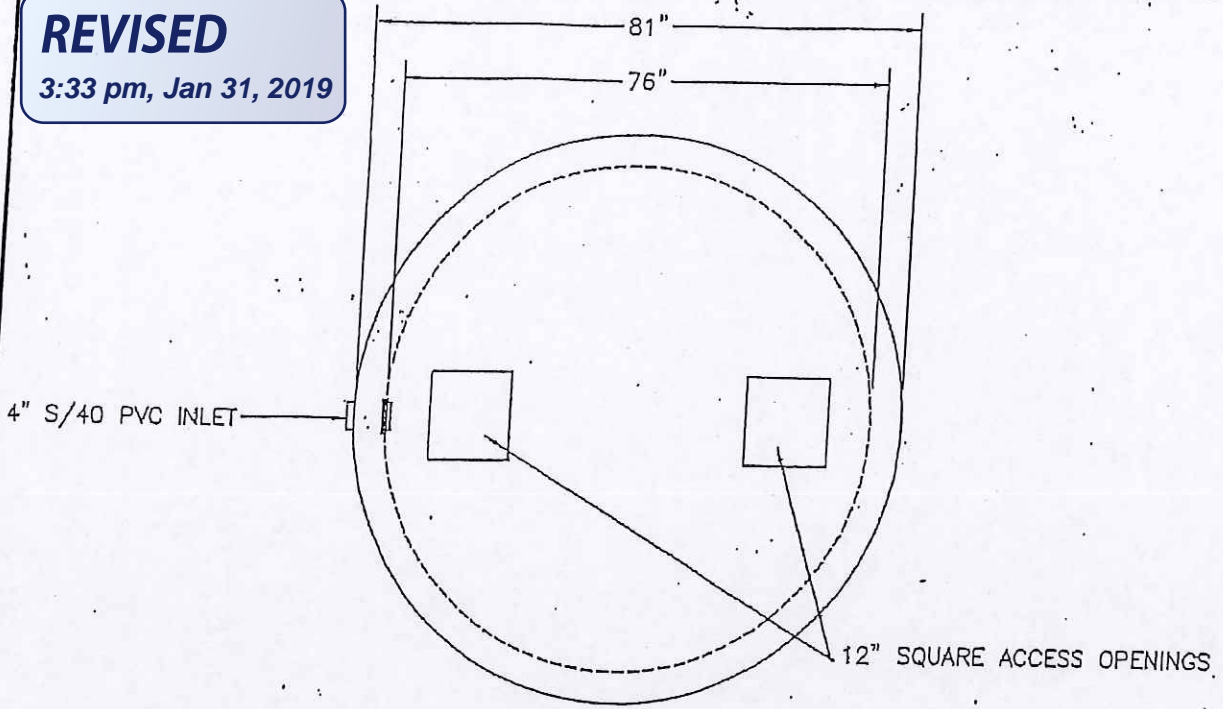
MODEL NC2
SECTION

DIMENSIONAL DATA

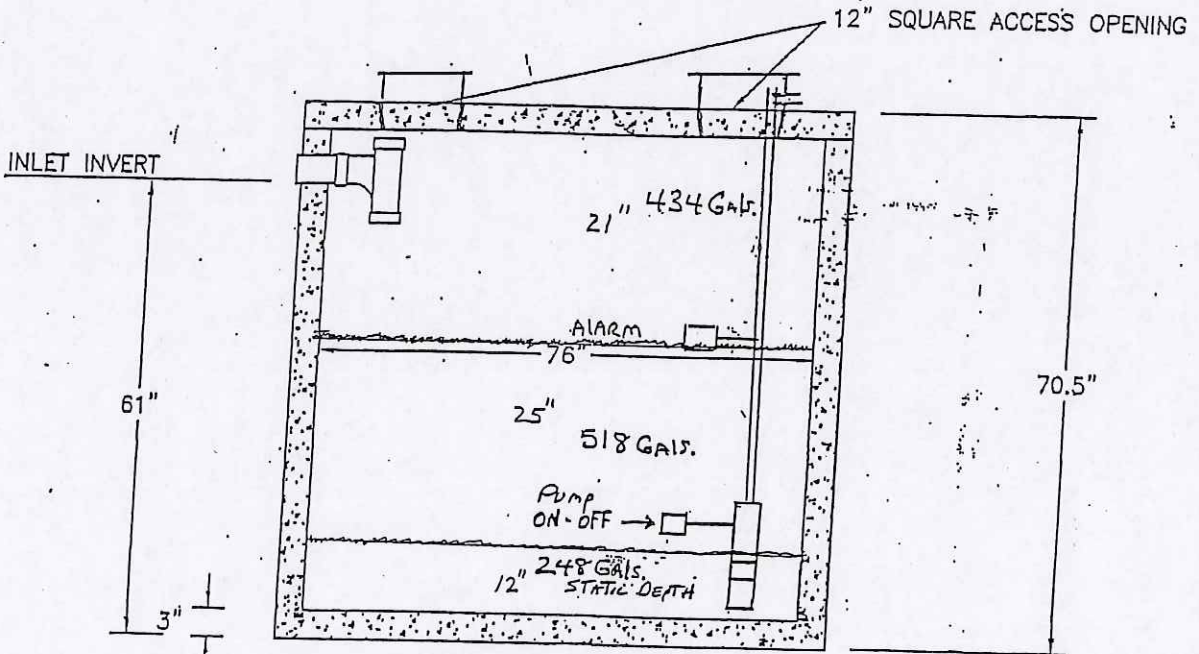
MODEL	A	B	C	D
500 NC2	104"	60"	10-1/2"	75"
600 NC2	107"	60"	10-1/2"	82"
750 NC2	107"	70"	10-1/2"	82"
800 NC2	107"	72"	8-1/2"	82"

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3:33 pm, Jan 31, 2019



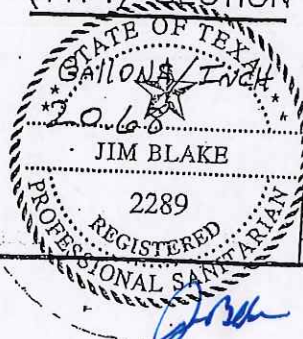
PLAN VIEW



(TYP.) SECTION

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WASTEWATER SYSTEMS, INC.
P.O. Box 8337 Beaumont, Texas 77709

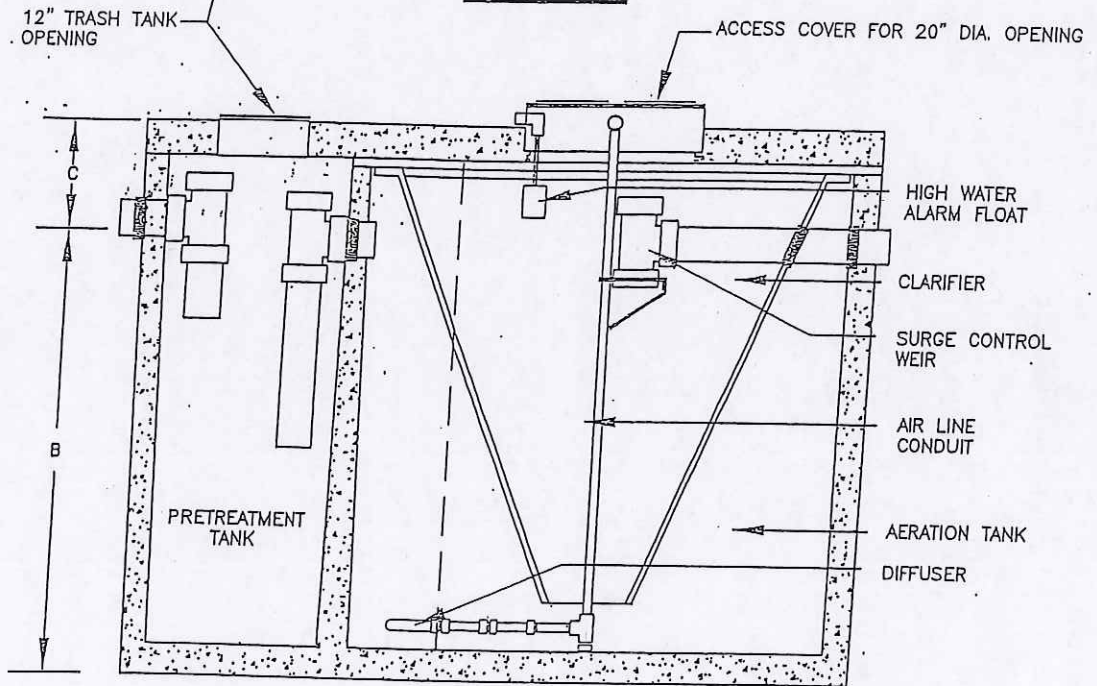
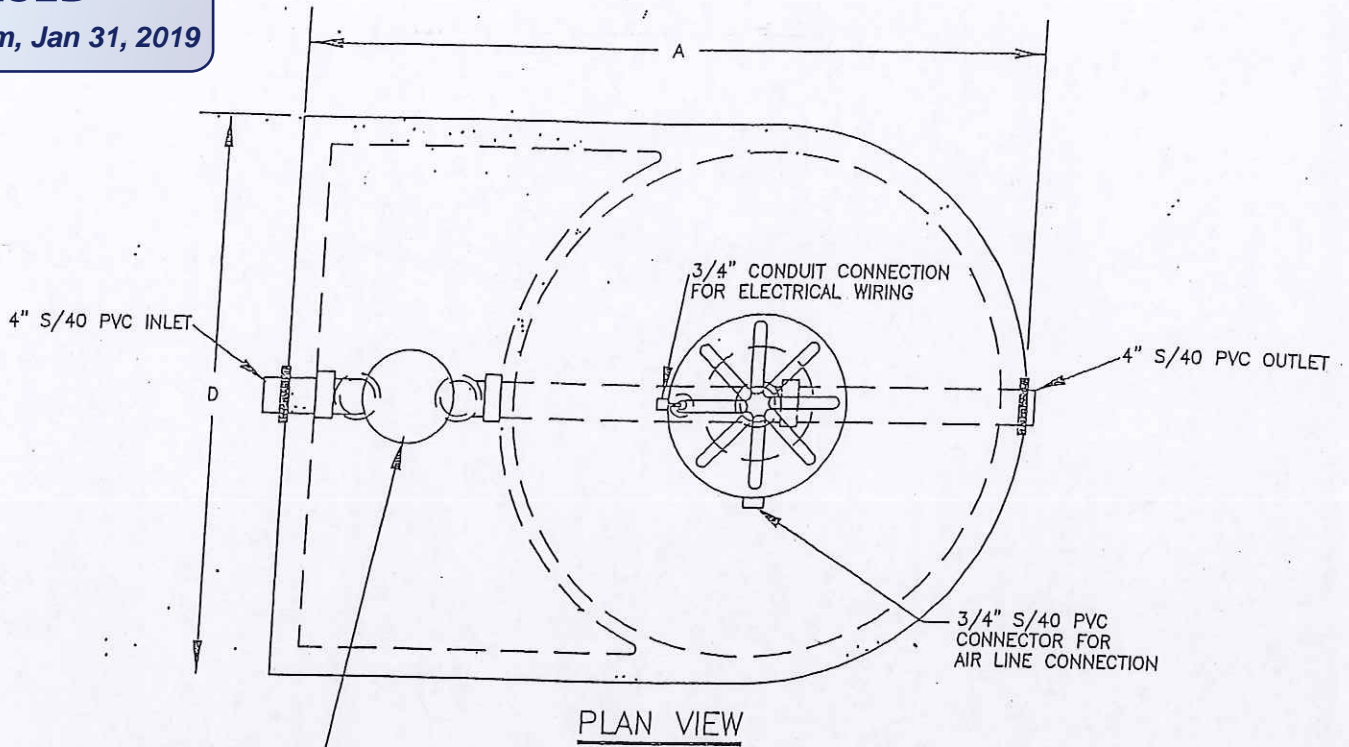
1,200 GALLON PUMP TANK
PRE-CAST CONCRETE

DRAWN:	CHKD:	DATE:	REV:	REV. DATE:	NUMBER:
CWP	JM	6/08	0	00/00	1000804

REVISED

3:33 pm, Jan 31, 2019

DESIGN DRAWINGS



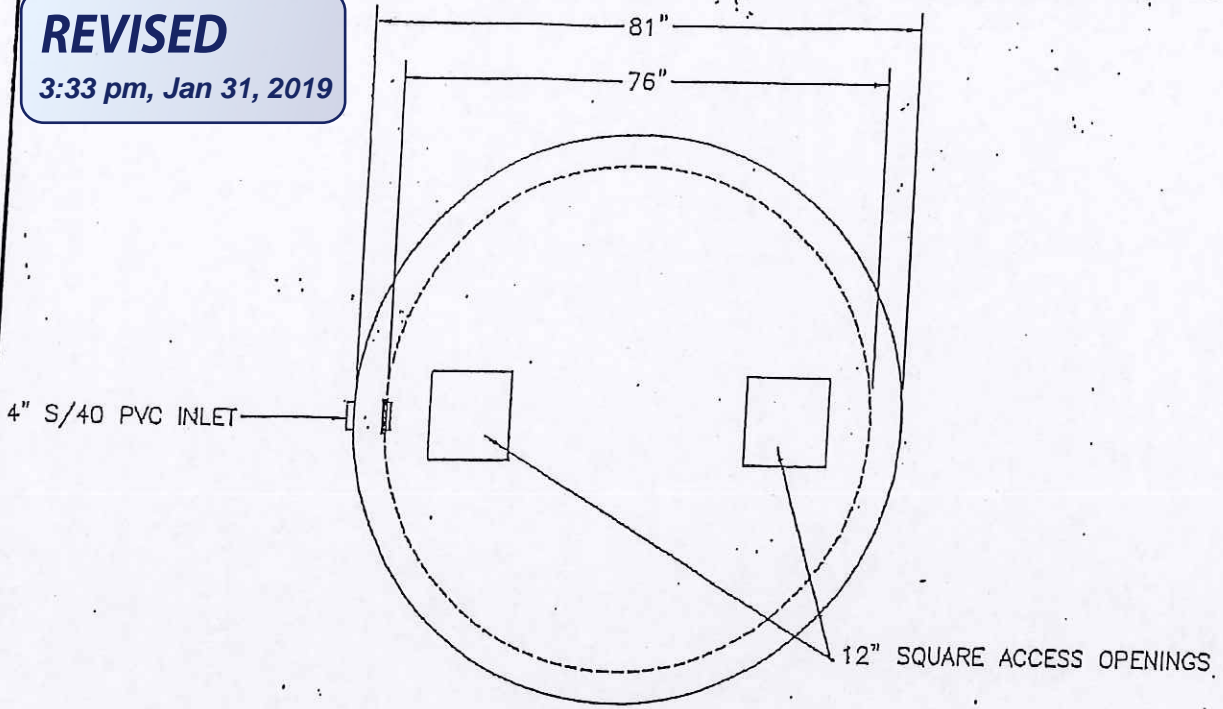
MODEL NC2
SECTION

DIMENSIONAL DATA

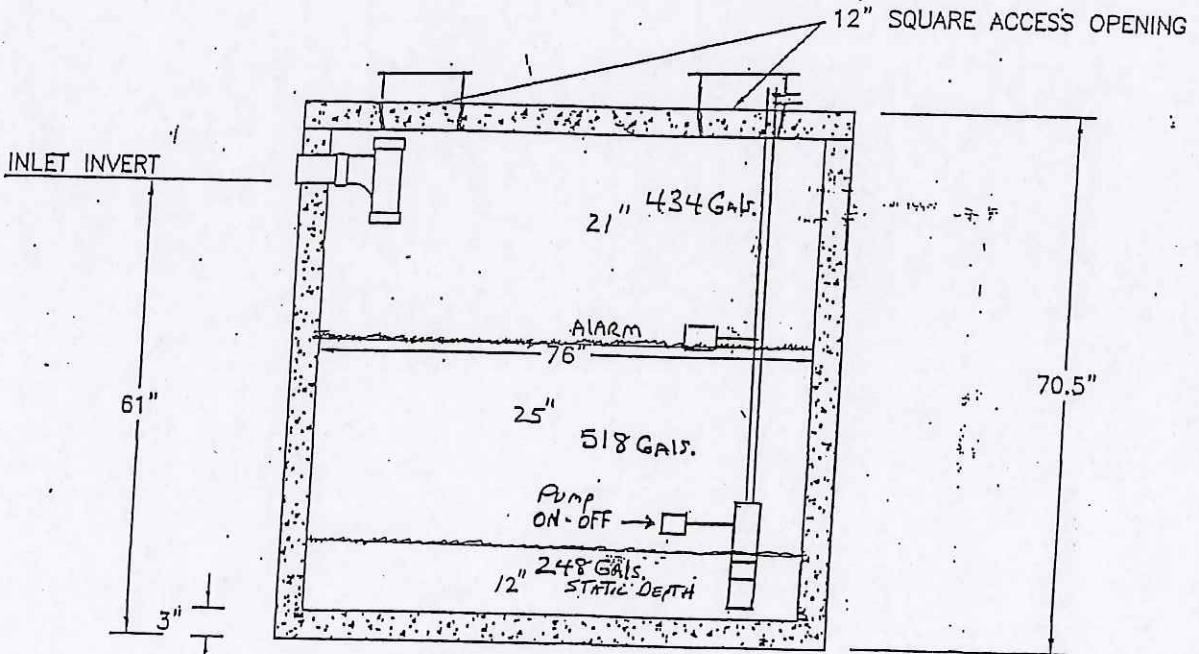
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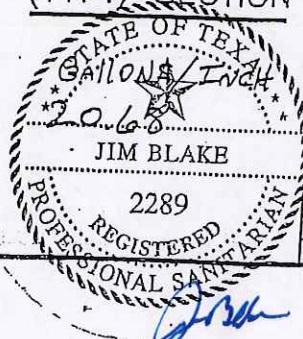
PLAN VIEW



(TYP.) SECTION

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WASTEWATER SYSTEMS, INC.
P.O. Box 8337 Beaumont, Texas 77709

1,200 GALLON PUMP TANK
PRE-CAST CONCRETE

DRAWN:	CHKD:	DATE:	REV:	REV. DATE:	NUMBER:
CWP	JM	6/08	0	00/00	1000804






Hernandez, Sandra

From: Hernandez, Sandra
Sent: Thursday, January 31, 2019 4:16 PM
To: 'Grace'
Subject: RE: Permit 108162

RE: Vintage Oaks at the Vineyard, Unit 19, Lot 1730

Grace,

We received revised planning materials today, but found those revisions to be deficient. The following information is still needed:

1.  Show test hole locations on the site plan.
2.  Have Jim indicate the legal description of the property and sign his calculation sheet.
3.  The design shows a shop and casita that is not included on the permit application and planning materials.
4.  Planning materials indicate that this is an existing 4 bedroom residence with an aerobic spray irrigation system. Indicate what is happening with the existing system.
5.  Revise accordingly and resubmit.

If you have any questions, you can email me or call the office.

Thank you,
Sandra

From: Grace <grace@jbsepticssystemsin.com>
Sent: Thursday, January 31, 2019 3:22 PM
To: Hernandez, Sandra <rabsah@co.comal.tx.us>
Subject: RE: Permit 108162

Hello Sandra,

Attached is the revision for this permit. Please let me know if you need anything else.

Thank you,
Grace

From: Grace [<mailto:grace@jbsepticssystemsin.com>]
Sent: Tuesday, December 18, 2018 2:53 PM
To: 'Hernandez, Sandra' <rabsah@co.comal.tx.us>
Subject: RE: Permit 108162

Awesome,

Thank you Sandra!

Grace

Hernandez, Sandra

From: Grace <grace@jbsepticssystemsincc.com>
Sent: Tuesday, February 5, 2019 12:00 PM
To: Hernandez, Sandra
Subject: RE: Permit 108162

Yes, I spoke with the homeowner about the options they have and a new permit for the new construction.

Thank you,
Grace

From: Hernandez, Sandra [<mailto:rabsah@co.comal.tx.us>]
Sent: Tuesday, February 05, 2019 8:39 AM
To: Grace <grace@jbsepticssystemsincc.com>
Subject: RE: Permit 108162

Grace,
The homeowner's realize that a new permit will be required for the future construction?

Thank you,
Sandra

From: Grace <grace@jbsepticssystemsincc.com>
Sent: Tuesday, February 5, 2019 7:29 AM
To: Hernandez, Sandra <rabsah@co.comal.tx.us>
Subject: RE: Permit 108162

Good morning Sandra,

This shop is for personal use and it is plumbed for a lavatory and a commode but these are going to be connect to a future system. The Homeowners told us they are going to build a casita and this is going to require a separate system which the shop will be connect it to.

From: Hernandez, Sandra [<mailto:rabsah@co.comal.tx.us>]
Sent: Friday, February 01, 2019 3:54 PM
To: Grace <grace@jbsepticssystemsincc.com>
Subject: RE: Permit 108162

Grace,
Please indicate if this is a personal shop and if it is plumbed. Also, indicate what type of equivalent protection will be used where waterline is closer than 10 feet to the OSSF or system components.

Thank you,
Sandra

From: Grace <grace@jbsepticssystemsincc.com>
Sent: Friday, February 1, 2019 1:54 PM

Hernandez, Sandra

From: Hernandez, Sandra
Sent: Tuesday, February 5, 2019 8:39 AM
To: 'Grace'
Subject: RE: Permit 108162

Grace,
The homeowner's realize that a new permit will be required for the future construction?

Thank you,
Sandra

From: Grace <grace@jbsepticssystemsync.com>
Sent: Tuesday, February 5, 2019 7:29 AM
To: Hernandez, Sandra <rabsah@co.comal.tx.us>
Subject: RE: Permit 108162

Good morning Sandra,

This shop is for personal use and it is plumbed for a lavatory and a commode but these are going to be connect to a future system. The Homeowners told us they are going to build a casita and this is going to require a separate system which the shop will be connect it to.

From: Hernandez, Sandra [<mailto:rabsah@co.comal.tx.us>]
Sent: Friday, February 01, 2019 3:54 PM
To: Grace <grace@jbsepticssystemsync.com>
Subject: RE: Permit 108162

Grace,
Please indicate if this is a personal shop and if it is plumbed. Also, indicate what type of equivalent protection will be used where waterline is closer than 10 feet to the OSSF or system components.

Thank you,
Sandra

From: Grace <grace@jbsepticssystemsync.com>
Sent: Friday, February 1, 2019 1:54 PM
To: Hernandez, Sandra <rabsah@co.comal.tx.us>
Subject: RE: Permit 108162

Sandra,

Please check if this is ok.

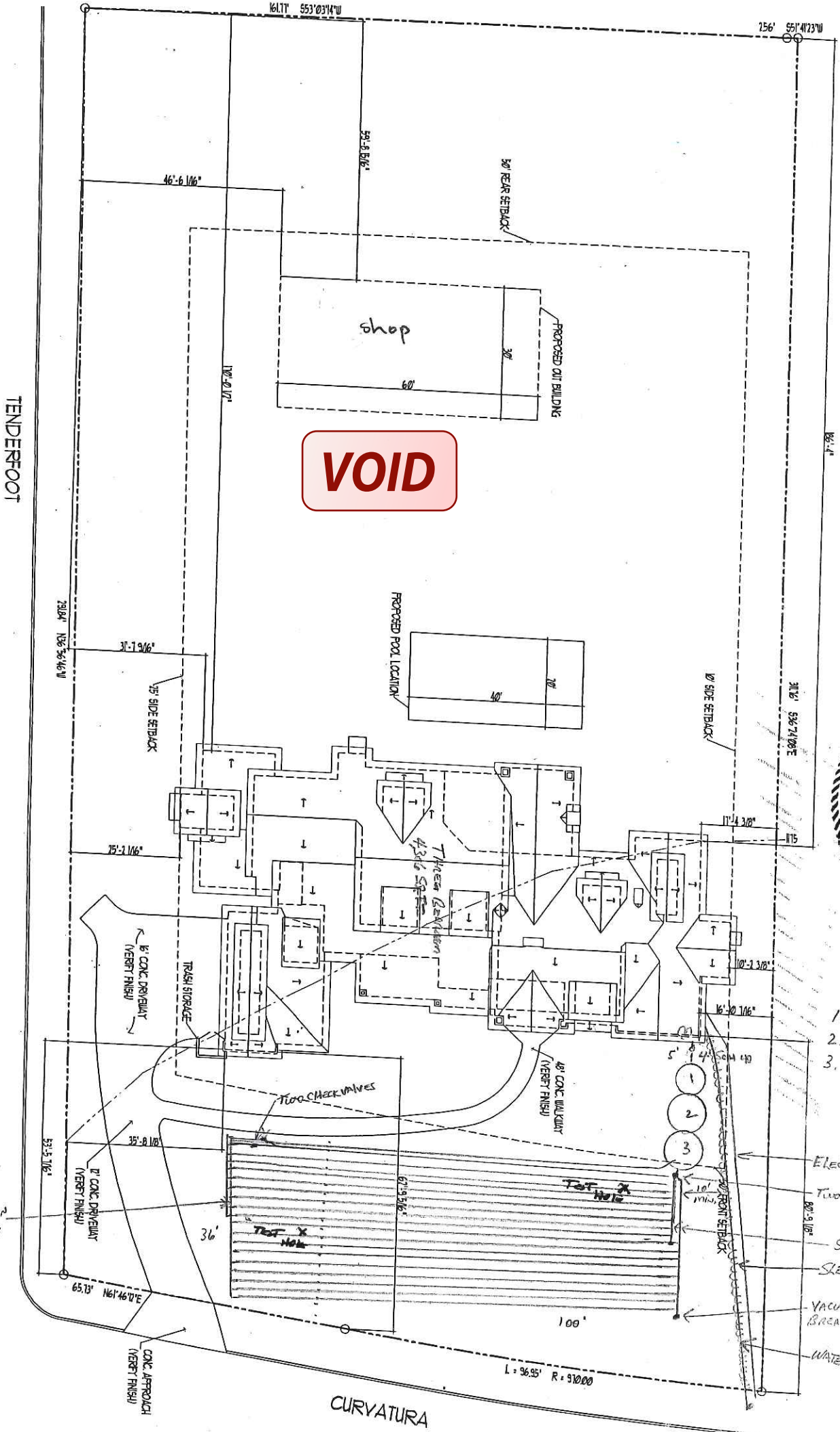
Thank you,
Grace

REVISED
3:32 pm, Feb 01, 2019

VOID



SCALE 1" = 30'
SITE PLAN
VINTAGE OAKS @ THE VINEYARD, UNIT 19
 LOT 19B, BLOCK 1, ALB-1



VOID



- 0.55F TANKS:
1. 500 Gal. Trash Tank
 2. 600 GPD ATU
 3. 1,200 Gal. Pump Tank
- Electric Line
 - Two Zone Diversion Valve
 - Supply Lines
 - SLEEVE PIPE
 - VACUUM BREAKER
 - WATER LINE
 - Two Zone Drip Irrigation Fields, Each Field Contains 900 Feet of Tubing.

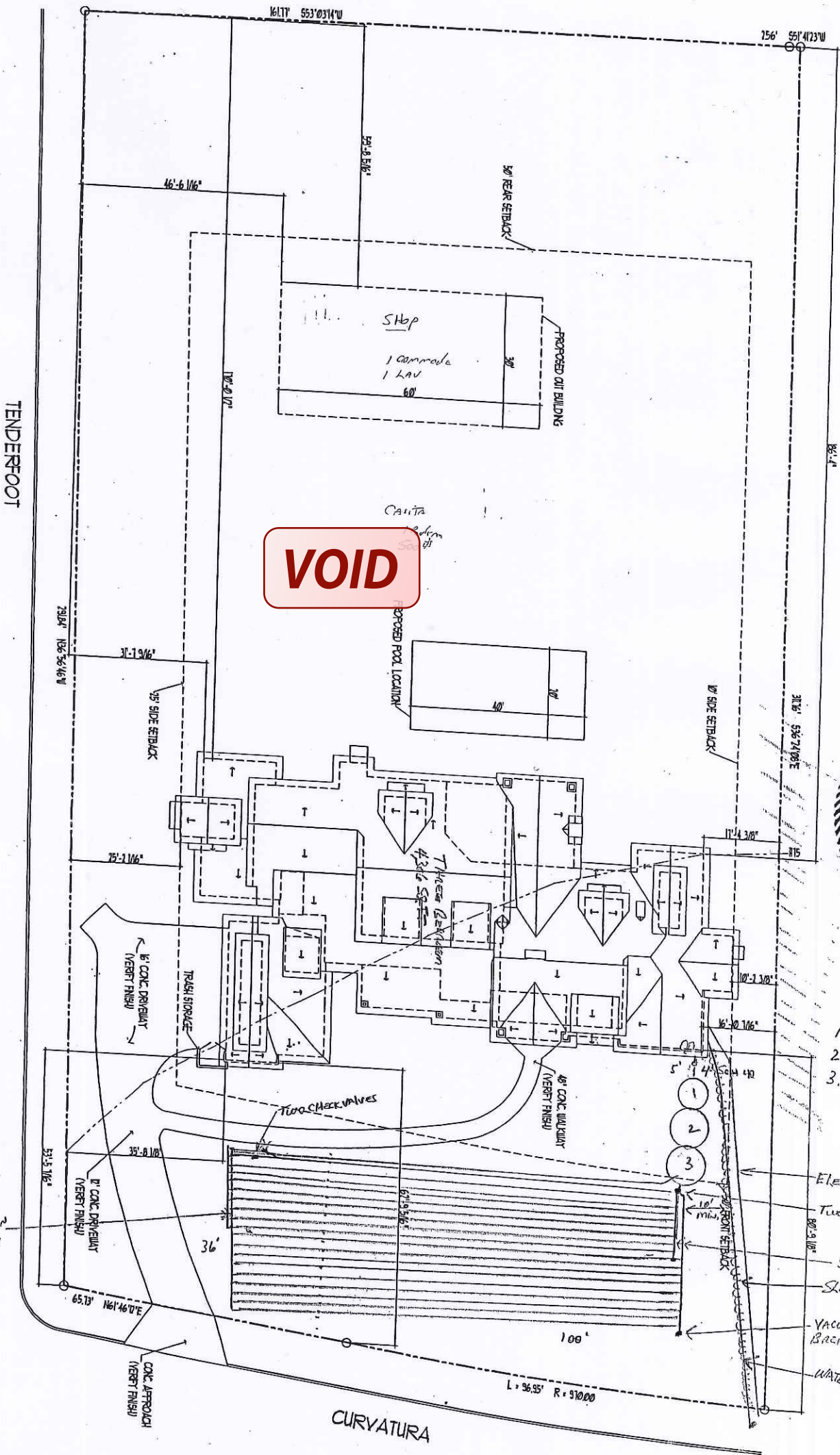
VOID

REVISED
3:34 pm, Jan 31, 2019

VOID



SCALE: 1" = 30'
SITE PLAN
VINTAGE OAKS @ THE VINEYARD, UNIT 19
 LOT: 100, BLOCK: 1, NEB: 1



VOID



- 0.55F TANKS!
- 500 Gal. Trash Tank
 - 600 GPD ATU
 - 1,200 Gal. Pump Tank
- Electric Line
 - Two Zone DIVERSION VALVE
 - Supply Lines
 - SLEEVE PIPE
 - VACUUM BREAKER
 - WATER LINE
- TWO ZONE DRIP IRRIGATION FIELDS, EACH FIELD CONTAINS 900 FEET OF TUBING.

VOID

REVISED

3:33 pm, Jan 31, 2019

*** COMAL COUNTY ENVIRONMENTAL HEALTH ***
APPLICATION FOR PERMIT OF AUTHORIZATION TO CONSTRUCT AN
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

VOID

Date _____ Permit # _____

Owner Name Ricardo A. Bravo & Michelle J. Bravo Agent Name JB Septic Systems, Inc
Mailing Address 503 Ave A # 1242 Agent Address P.O. Box 1609
City, State, Zip San Antonio, TX 78215 City, State, Zip Helotes, Texas 78023
Phone # 703-975-5645; 480-390-9593 Phone # 830-931-0292
Email rmbravo16@gmail.com; ricbravo@icloud.com Email info@jbsepticssystemsin.com

All correspondence should be sent to: Owner Agent Both Method: Mail Email

Subdivision Name Vintage Oaks at the Vineyard Unit 19 Lot 1730 Block 1

Acreage/Legal _____

Street Name/Address 459 Curvatura City New Braunfels Zip 78132

Type of Development:

Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) House

Number of Bedrooms 3

Indicate Sq Ft of Living Area 4,306

VOID

Commercial or Institutional Facility

(Planning materials must show adequate land area for doubling the required land needed for treatment units and disposal area)

Type of Facility _____

Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants _____

Restaurants, Lounges, Theaters - Indicate Number of Seats _____

Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds _____

Travel Trailer/RV Parks - Indicate Number of Spaces _____

Miscellaneous _____

Estimated Cost of Construction: \$ _____ (Structure Only)

Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement?

Yes No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

Source of Water Public Private Well

Are Water Saving Devices Being Utilized Within the Residence? Yes No

By signing this application, I certify that:

- The completed application and all additional information submitted does not contain any false information and does not conceal any material facts.
- Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities..
- I understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.
- I affirmatively consent to the online posting/public release of my personal information associated with this permit application, as applicable.

Signature of Owner *Michelle J. Bravo* Date 1-21-2018

VOID

REVISED

3:33 pm, Jan 31, 2019

* COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH * * *
APPLICATION FOR PERMIT WITH ONSITE SEWAGE TREATMENT SYSTEM
ON-SITE SEWAGE TREATMENT SYSTEM PERMIT, AUTHORIZATION TO CONSTRUCT AND LICENSE TO OPERATE

VOID

Planning Materials & Site Evaluation as Required Completed By Jim W. Blake, Sr. #2289

System Description Aerobic Treatment with Spray Irrigation

Size of Septic System Required Based on Planning Materials & Soil Evaluation

Tank Size(s) (Gallons) 500/600/1200 Absorption/Application Area (Sq Ft) 3,600

Gallons Per Day (As Per TCEQ Table III) 360

(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 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 No

(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? Yes No

(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A Permit to Construct will not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional office.)

VOID

Is the property located over the Edwards Contributing Zone? Yes No

Is there an existing TCEQ approval CZP for the property? Yes No

(If yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP.)

If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? Yes No

(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to Construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

Is this property within an incorporated city? Yes No

If yes, indicate the city: _____

By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.
- I affirmatively consent to the online posting/public release of information associated with this permit application, as applicable.

VOID

Jim Blake
Signature of Designer

1-31-19
Date

REVISED

3:33 pm, Jan 31, 2019

Jim Blake Sr.
Registered Sanitarian
P. O. Box 1609
Helotes, Texas 78023

VOID

J. B. Septic Systems, Inc.

Telephone (830) 931-0292
Fax (830) 931-0409

ON-SITE SEWAGE FACILITY DESIGN

FOR: Ricardo A. & Michelle J. Bravo
503 Ave A # 1242
San Antonio, TX 78215

LOCATION: 459 Curvatura
Lot 1730, Block 1, Unit 19
Vintage Oaks at the Vineyard
Bexar County

DEVELOPMENT: Existing four bed room house with 3,785 sq. ft., Conversion Clearstream Aerobic Treatment system from spray Irrigation to Drip Irrigation

VOID

ESTIMATE OF WATER CONSUMPTION: **360** gallons per day

SEWAGE FACILITY DESCRIPTION: Clearstream Aerobic Treatment System with 1,800 feet of Drip Irrigation Tubing.

CALCULATIONS:

1. Absorption Area:

$$\text{Required} = \frac{\text{Flow}}{\text{Soil Appl. Rate}} = \frac{360 \text{ Gals/Day}}{.1 \text{ Gals/Sq. Ft./Day}} = 3,600 \text{ Sq. Ft.}$$

2. Length of Drip Tubing = $3,600 \div 2 = 1,800$ feet.

3. Number of Emitters = 900 Emitters

4. Drip Irrigation Field Installation:

- Install One Drip Field:
 - Field No. 1 containing 900 feet of drip tubing with a Vacuum Breaker
 - Field No. 2 containing 900 feet of drip tubing with a Vacuum Breaker
- Drip tubing will be laid on 2 ft. centers and the entire field area will be capped with six inches of loamy soil (Type 2 or 3). The field area will be sodded with grass prior to system start up.

5. Install Dosing Timer: (See Calculations sheet) ON = 4 Minutes
OFF = 120 Minutes

6. Install Two Zone Alternating Value.

7. Install Effluent Filter.

8. Install Out and Return Pressure Gauge: OUT = 30 – 35 PSI; RETURN = 20 PSI

9. Clearstream Drip Irrigation Systems use continuous flushing.

VOID



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3:33 pm, Jan 31, 2019

Design and Calculation Worksheet

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As an example calculation, the following parameters are provided:

Wastewater discharge (Q) – 360 GPD

Soil Conditions – Clay Soil WITH ROCK

Design loading rate (DLR) – .1 (see Table 1 page 9)

A. Field area required (Q/DLR) 3,600 SQ. FT.

B. Emitter line spacing = 2 feet (standard spacing, but 6" or 12" is possible)

C. Emitter line required (A / B) = 1,800 FT

(If C is greater than 900' it is recommended that the fields be divided into equal zones using an alternating valve between them)

D. Emitter spacing = 2 feet

VOID

E. Total number of emitters = (C / D) = 900 emitters *Two Fields Each WITH 450 emitters*

F. Emitter flow rate @ 20 psi = 1.3 GPH
(Ex. Geoflow Wasteflow Classic Drip line)

G. Total emitter flow = (E x F) = 450 emitters x 1.30 GPH = 585 GPH / 60 minutes = 9.75 GPM

H. Total pumping time = (Q / G) = 360 GPD / 9.75 GPM = 37 min (use a rounded up number)

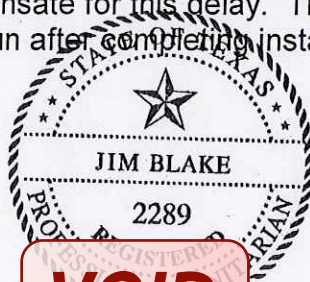
I. Doses per day = 12 (every 2 hours)

J. Gallons per dose = (Q / I) = 360 GPD / 12 doses/day = 30 gallons per dose

K. Pumping time per dose = (J / G) = 30 gallons / 9.75 GPM = 4 min (use rounded up minutes)

L. Set control box cycle timer for 4 minutes "ON" and 2 hours "OFF".

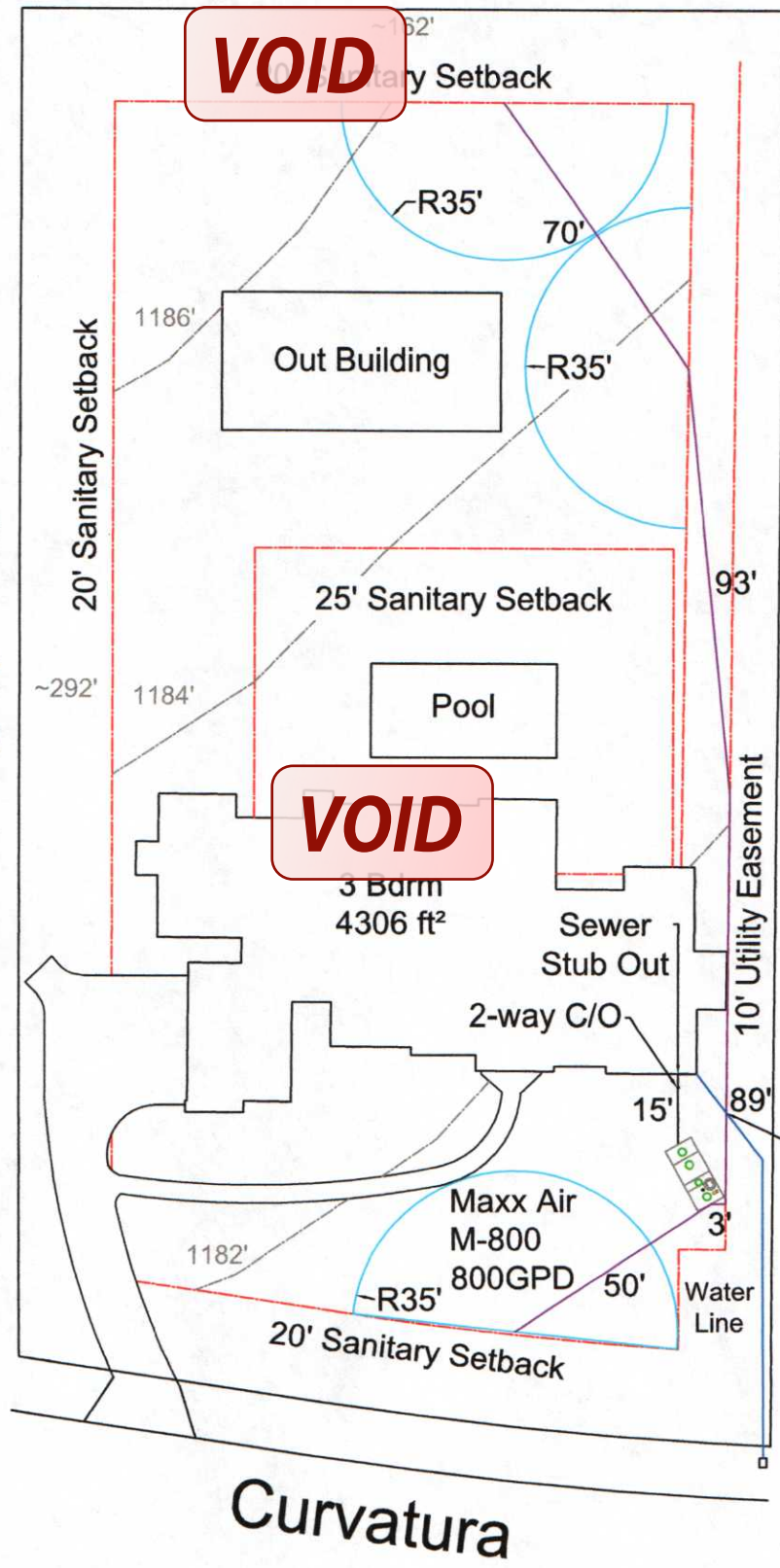
Note: There is a brief time after the timer activates and the pump is running and the field has not totally pressurized. It may be necessary to adjust the cycle dose time upward slightly to compensate for this delay. This amount of time should be checked during the first test run after completing installation



VOID

REVISED
8:05 am, Oct 03, 2018

Tenderfoot



Water pipe to be sleeved to 10' on both sides of ATU sprinkler pipe with Sch 40 PVC.

Curvatura

Project Name: 459 Curvatura	
Drawn by: Blackwater Designs	
Date: 10.02.2018	Bk/Pg:
Scale: 1"=40'	Signature:

STATE OF TEXAS
4386
10/2/18
WADE A. CLOUD
VOID

Notes: Ricardo & Michelle Bravo
Vintage Oaks at the Vineyard, Unit 19,
Lot 1730, 1.13 Acres

VOID

Wade A. Cloud, R.S.
PO Box 228
Boerne, TX 78006
830.443.4559

September 24, 2018

Comal County Office of Environmental Health
195 David Jonas Drive
New Braunfels, TX 78132-3760

RE: Septic Design
459 Curvatura
Vintage Oaks at the Vineyard, Unit 19, Lot 1730
Ricardo & Michelle Bravo

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SEP 24 2018

COUNTY ENGINEER

Ms. Ritzen/Hernandez,

The Referenced property is located within the Edwards Aquifer Recharge Zone. This OSSF design will comply with the requirements in the WPAP.

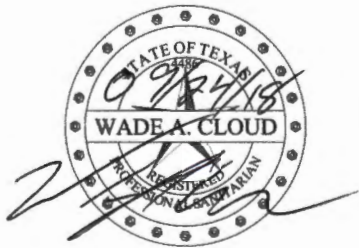
VOID

Temporary erosion and sedimentation controls should be utilized as necessary prior to construction. If any sensitive features (caves, solution cavities, sink holes, etc.) are discovered during construction, all activities must be suspended immediately and the applicant or his agent must notify the TCEQ Regional Office. Operations may proceed only after the Executive Director approves required additional engineered impact plans.

All design criteria is in accordance with TCEQ, Title 30, TAC Chapter 285, Subchapter D, On-Site Sewage Facilities (effective December 27, 2012).

Please contact me with any questions.

In Christ,



Wade A. Cloud, R.S. #4486

VOID

*** COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH ***
APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

Date 09/24/18

VOID

Permit # 108162

Owner Name Ricardo A. Bravo & Michelle J. Bravo
Mailing Address 459 Curvatura
City, State, Zip New Braunfels, TX 78132
Phone # _____
Email _____

Agent Name Wade A. Cloud, R.S. 4486
Agent Address PO Box 228
City, State, Zip Boerne, TX 78006
Phone # 830-443-4559
Email wade@lonestaras.com

All correspondence should be sent to: Owner Agent Both Method: Mail Email

Subdivision Name Vintage Oaks at the Vineyard Unit 19 Lot 1730 Block _____

Acreage/Legal _____

Street Name/Address 459 Curvatura City New Braunfels Zip 78132

Type of Development:

Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) House

Number of Bedrooms 3

Indicate Sq Ft of Living Area 4306

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COUNTY ENGINEER

Commercial or Institutional Facility

(Planning materials must show adequate land area for doubling the required land needed for treatment units and disposal area)

Type of Facility _____

Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants _____

Restaurants, Lounges, Theaters - Indicate Number of Seats _____

Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds _____

Travel Trailer/RV Parks - Indicate Number of Spaces _____

Miscellaneous _____

Estimated Cost of Construction: \$ 450,000 (Structure Only)

Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement?

Yes No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

Source of Water Public Private Well

Are Water Saving Devices Being Utilized Within the Residence? Yes No

By signing this application, I certify that:

- The completed application and all additional information submitted does not contain any false information and does not conceal any material facts.
- Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities..
- I understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.
- I affirmatively consent to the online posting/public release of my contact address associated with this permit application, as applicable.

Michelle J. Bravo
Signature of Owner

VOID

8-18-18
Date

* * * **COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH** * * *
**APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE**

VOID

Planning Materials & Site Evaluation as Required Maade A. Cloud, R.S.

System Description Aerobic Treatment, Surface Application

Size of Septic System Required Based on Planning Materials & Soil Evaluation
Tank Size(s) (Gallons) Maxx Air M-800, 800 GPD Absorption/Application Area (Sq Ft) 5625, Actual 5772.68

Gallons Per Day (As Per TCEQ Table III) 360
(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 No
(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))

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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 existing WPAP.)

If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP? Yes No
(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A Permit to Construct will not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional office.)

VOID

Is the property located over the Edwards Contributing Zone? Yes No
Is there an existing TCEQ approval CZP for the property? Yes No
(If yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP.)

If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? Yes No
(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to Construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

Is this property within an incorporated city? Yes No
If yes, indicate the city: _____

VOID

By signing this application, I certify that:
- The information provided above is true and correct to the best of my knowledge.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

 _____
Signature of Designer Date 09/24/18

VOID



PAUL SWOYER SEPTIC SUPPLY & SERVICE
23011 FM 306
CANYON LAKE, TX 78133

MP#0001708
CHRISTOPHER RYAN SEIDENSTICKER

PROPERTY LEGAL DESCRIPTION:

Customer: Ricardo A. Bravo & Michelle J. Bravo

Site Address: 459 Curvatura

City/State: New Braunfels, TX Zip: _____

County: Comal Permit#: _____

Phone Number: _____ RECEIVED

E-mail: _____ SEP 24 2018

I. General: This On-Site Sewage Facility Service Agreement (hereinafter referred to as "Agreement") is entered into by and between Ricardo A. Bravo & Michelle J. Bravo (hereinafter referred to as "Contractor"). By this agreement, the client agrees to fulfill his/her/their responsibilities and the client agrees to fulfill his/her/their responsibilities. **VOID** COUNTY ENGINEER

II. Effective Dates: This agreement commences on the date of License to Operate is issued for Three (3) years.

Date of License to Operate: LTO Last Date of Service: _____

III. Services by Contractor: Contractor will provide the following Services:

1. Inspect and perform routine maintenance on the On-Site Sewage Facility ("OSSF") in compliance with the code, regulations, and/or rules of the Texas Commission on Environmental Quality ("TCEQ") and county in which the OSSF is located (the "County") and the manufacturer's requirements, at a frequency of approximately once every four (4) months.
2. Report to the appropriate regulatory authority and to Client, as required by the State of Texas' on-site rules and, if required, TCEQ or County rules. All findings must be reported to the appropriate regulatory authority within 14 days.
3. Notify Client and repair any components of the OSSF that are found to be in need of repair during the inspection. If warranty, you just do it. If not, Client will be responsible. Repairs will be made so brought up to compliance and bill forward.
4. Visit site in response to Client's request for unscheduled service within two business days from the date of Contractor's actual receipt of Client's request. Unscheduled service visits are not included in the fee agreement herein and will be billed to the client in addition to fees under this Agreement.
5. Provide notification of arrival to site to the Client or to site personnel. Additionally, Contractor will leave written notification of the visit at the site or with site personnel upon completion of inspection, and forward such notice to the appropriate regulatory authority within fourteen (14) days.

IV. Payment(s): Client shall pay to Contractor included with install, for the Services describe herein (the "Inspection and Routine Maintenance Fee"), excepting those described in Section III (4), or Section IX, herein. The Fee does not include equipment, parts or labor supplied for anything beyond routine inspection and routine maintenance. Payments for such additional services are due at the time services are provided or rendered. Payments not received within thirty (30) days from the due date will be subject the greater of a \$20.00 late penalty or 1.5% carrying charge on the original balance for each month or portion thereof a balance in past due. If for any reason such charges are found to be usurious by a court of competent jurisdiction, such charges shall be reduced to the maximum allowable by law. By signing this contract, Client authorizes Contractor to remove any parts installed, but not paid in full at the end of the thirty (30) days. Client agrees to pay for any labor cost associated with the installation and the reasonable cost of removal of said parts.

Client: MJB

Contractor: PS

VOID

VOID

V. Client's Responsibilities: Client is responsible for each and all of the following:

1. To maintain chlorinator and provide proper chlorine supply, if OSSF is so equipped.
2. To provide all necessary yard or lawn maintenance and removal of obstacles as needed to allow the OSSF to function properly, and to allow Contractor ready access to all parts of the OSSF.
3. To maintain a current license to operate, and abide by the conditions and limitations of that license and all requirements for on-site sewage facilities from the State and local regulatory agency.
4. To maintain the OSSF in accordance with manufacturer's recommendations.
5. To immediately notify Contractor and Agency of any and all problems with, the OSSF, including failure thereof.
6. Upon receipt of any written notification of required services from Contractor, to contact Contractor and authorize the required service. If Client elects a different contractor to perform the required service, Client is responsible for ensuring the substitute contractor holds the proper license (installer II) and is certified by the manufacturer. Additionally, Client shall be responsible for ensuring proper notification is given to the appropriate regulatory authority, as required by the State and/or local regulatory authority rules.
7. To provide Contractor with water usage records, upon request, for evaluation by Contractor of the OSSF performance.
8. To pay required sampling charges for samples collected for testing (e.g. Biological Oxygen Demand/Total Suspended Solids ("BOD/TSS")) that may be required on the OSSF.
9. To prevent backwash from water treatment or water conditioning equipment to enter the OSSF.
10. To provide, at Client's expense, for purchase of materials and parts for the OSSF.
11. To maintain site drainage sufficient to prevent flooding of the OSSF.
12. To promptly and fully pay Contractor's bills as described herein.

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VI. Access by Contractor: Client agrees to allow Contractor, at reasonable times without prior notice for the purpose of performing the Services described herein. Such entry shall include access to the OSSF electrical and physical components, including tanks, by means of manways or risers for the purpose of evaluations required by the manufacturer, and/or regulatory authority rules. If such manways or risers are not in place, Client shall allow and be responsible for payment of required excavation, including labor and materials, necessary to allow access to the OSSF or any required components. Such excavation shall be billed at the rate of \$75.00 per hour for labor, plus materials billed at list price. Contractor shall make only those efforts reasonable under the circumstances to replace excavated soil.

COUNTY ENGINEER

VII. Application or Transfer of Payment: The fees paid for this agreement may transfer to any subsequent owner(s) of the property on which the OSSF is located. The subsequent owner(s) must sign a similar agreement authorizing Contractor to perform the above-described Services, and accepting Client's responsibilities. The replacement Agreement must be signed and received within 30 days of transfer of ownership. Contractor will apply all funds received from Client first to any past due obligations arising from this Agreement including late charges, return check charges, and charges for repairs or services not paid within 30 days of invoicing. The consumption of the payment in this manner may lead to termination of the agreement by Contractor

VIII. Termination of Agreement: This agreement may be terminated by either party with 30 days written notice. If this agreement is so terminated by Client, Contractor shall be paid at the rate of \$75.00 per hour for any work performed or required, but not yet paid. If terminated by Contractor, all amounts outstanding shall be due within thirty days of termination. The party terminating will immediately notify the other party, the equipment manufacturer, and the regulatory agency of the termination.

IX. Limitation of Liability: In no event shall Contractor be liable for indirect, consequential, incidental or punitive damages, whether in contract, tort, or any other theory of liability. In no event shall the Contractor's liability for direct damages exceed payments by the Client under this Agreement.

X. Severability and Reformation: If any provision in this Agreement shall be held to be invalid or unenforceable for any reason, it shall be reformed to the minimum extent necessary to effect the intent of the Parties. If any provision is such that it cannot reasonably be reformed, it shall be struck from this Agreement and the remaining provisions shall continue to be valid and enforceable.

XI. Performance of Agreement: Commencement of performance by Contractor under this agreement is contingent on the following conditions: (1) Contractor receiving a fully executed original copy of this agreement. (2) Contractor receiving payment in full of the fee(s) described herein. If the above conditions are not met, then Contractor is from any obligation to perform any portion of this agreement.

XII. Modification. This Agreement may not be changed or modified except by an instrument in writing, signed by both Contractor and Client.

XIII. Waiver. Except as otherwise noted in this Agreement, the waiver by other party of a breach of any provision of this Agreement shall not operate or be construed as a continuing waiver or as a consent to or waiver of any subsequent breach hereof.

Client:  Contractor: 

VOID

SEP 24 2018


VOID

XIV. Headings. The Article and Section headings in this Agreement are for the convenience of reference only and do not constitute a part of this Agreement and shall not be deemed to limit or affect any of the provisions hereof.

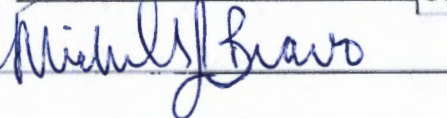
XV. GOVERNING LAW AND CHOICE OF VENUE. EACH OF THE PARTIES HERETO HEREBY CONSENTS TO THE EXCLUSIVE JURISDICTION OF THE COURTS OF THE STATE OF TEXAS, COUNTY OF COMAL, AND TO THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF TEXAS – SAN ANTONIO DIVISION, AS WELL AS TO THE JURISDICTION OF ALL COURTS TO WHICH AN APPEAL MAY BE TAKEN FROM SUCH COURTS, FOR THE PURPOSE OF ANY SUIT, ACTION, OR OTHER PROCEEDING ARISING OUT OF, OR IN CONNECTION WITH, THIS AGREEMENT OR ANY OF THE TRANSACTIONS CONTEMPLATED HEREBY, INCLUDING, WITHOUT LIMITATION, ANY PROCEEDING RELATING TO ANCILLARY MEASURES IN AID OF ARBITRATION, PROVISIONAL REMEDIES AND INTERIM RELIEF, OR ANY PROCEEDING TO ENFORCE ANY ARBITRAL DECISION OR AWARD. EACH PARTY HERETO EXPRESSLY WAIVES ANY AND ALL RIGHTS TO BRING ANY SUIT, ACTION, OR OTHER PROCEEDING IN OR BEFORE ANY COURT OR TRIBUNAL OTHER THAN COURTS OF THE STATE OF TEXAS, COUNTY OF COMAL, AND COVENANTS THAT IT SHALL NOT SEEK IN ANY MANNER TO PROSECUTE OR DEFEND ANY DISPUTE OTHER THAN AS SET FORTH IN THIS ARTICLE XVI OR TO CHALLENGE OR SET ASIDE ANY DECISION, AWARD, OR JUDGMENT OBTAINED IN ACCORDANCE WITH THE PROVISIONS HEREOF. EACH OF THE PARTIES HERETO HEREBY EXPRESSLY WAIVES ANY AND ALL OBJECTIONS IT MAY HAVE TO VENUE, INCLUDING, WITHOUT LIMITATION, THE INCONVENIENCE OF SUCH FORUM, IN ANY OF SUCH COURTS.

XVI. JURY TRIAL WAIVER. THE PARTIES HEREBY UNCONDITIONALLY WAIVE THEIR RIGHT TO A JURY TRIAL OF ANY AND ALL CLAIMS OR CAUSES OF ACTION ARISING FROM OR RELATING TO THEIR RELATIONSHIP. THE PARTIES ACKNOWLEDGE THAT THIS IS A CONSTITUTIONAL RIGHT. THAT THEY HAVE HAD AN OPPORTUNITY TO CONSULT WITH COUNSEL, AND THAT THIS JURY WAIVER HAS BEEN ENTERED INTO KNOWINGLY AND VOLUNTARILY BY ALL PARTIES TO THIS AGREEMENT. IN THE EVENT OF LITIGATION, THIS AGREEMENT SHALL BE ENFORCED AS A WRITTEN CONSENT TO A TRIAL BY THE COURT.

VOID

Approved by Contractor: 

MP#0001708
CHRISTOPHER RYAN SEIDENSTICKER

Approved by Client: 


XVII. Reservation of Rights. Contractor reserves all rights not specifically granted herein.

XVIII. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original but all of which together will constitute one and the same instrument.

XIX. Counsel. Contractor has previously recommended that Client engage counsel to assist him/her/it in reviewing this Agreement and all other matters relating to it. Contractor and Client shall each bear his/her/its own costs and expenses in connection with the negotiation and documentation of this Agreement.

XX. Entire Agreement: This agreement contains the entire agreement of the parties, and there are no promises or conditions in any other agreement, oral or written. The Parties expressly disclaim reliance on any prior statements, oral or written, by either party not expressly provided for herein.

Client: 

Contractor: 

VOID

VOID

On-Site Sewage Facility Soil and Site Evaluation

Date Performed: 07/03/2018

New Installation Replacement Alteration

Property Owner's Information: **Licensed Site Evaluator:**

Name: Ricardo & Michelle Bravo
Address: 459 Curvatura
City: New Braunfels, TX 78132
Phone: _____ Fax: _____

Name: Wade A. Cloud
Company: Blackwater Designs
Address: PO Box 228
City: Boerne, TX 78006
Phone: 210.900.2971 Fax: 210.579.6073

Property Description: **TCEQ License #:** OS0029338

Subdivision: Vintage Oaks at the Vineyard, Unit 19
Plat date: _____ Lot: 1730 Block: _____

Site Address: 459 Curvatura
City: New Braunfels, TX 78132
County: Comal Unicorp. Area: Y N
Property Size: _____ Acres: 1.13
Survey: _____ Abstract: _____
Additional Info: _____

Installer Information:

Name: Paul Swoyer
Company: Paul Swoyer Septics
Address: 23011 FM 306
City: Canyon Lake, TX 78133
Phone: 817.935.4936 Fax: _____
License #: OS0026238

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COUNTY ENGINEER

Topography

Slope	Vegetation	Site Drainage	Water
<input checked="" type="radio"/> Flat-under 2%	<input checked="" type="radio"/> Grass/Brush	<input type="radio"/> Poor	<input type="radio"/> Seasonal Water Table
<input type="radio"/> Slight-under 4%	<input type="radio"/> Lightly Wooded	<input type="radio"/> Adequate	<input type="radio"/> Water Table, Depth: _____
<input type="radio"/> Severe-over 5%	<input type="radio"/> Heavily Wooded	<input checked="" type="radio"/> Good	<input type="radio"/> Lakes, Ponds, Streams
			<input type="radio"/> 100 Year Flood Zone
			<input type="radio"/> Recharge Feature Within 150ft

Comments/Observations: _____

Water Supply

Public, name of public water supplier: _____
 Private

For on-site water well:

Is water well less than 100 feet from proposed disposal area? Y N
Are neighboring wells less than 100 ft from proposed disposal area? Y N

If yes to either above, need documentation, i.e. well log or driller affidavit, that well(s) is/are pressure cemented or grouted to 100 ft or top of water table. (Cannot be closer than 50 ft)

Water Softener Reverse Osmosis System Other: _____

Soil Evaluation

At least two soil evaluations 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 drawing.

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

Proposed Trench Depth N/A (Will be 18" to 36" unless designed by P.E. or R.S.)

Wade A. Cloud
Wade A. Cloud, SE OS0029338

Date 07/03/2018

See document on back or next page.

VOID

VOID

Soil Boring or Dug Pit # 1					
Depth(ft)	Textural Class	Soil Texture & Color	Gravel Analysis for Class II and III	Drainage (Mottles/Water Table) indicate color of mottling	Restrictive Horizon
0	N/A	N/A	N/A	N/A	Fracture Rock
-					
1					
-					
2					
-					
3					
-					
4					
-					
5					

Soil Boring or Dug Pit # 2					
Depth(ft)	Textural Class	Soil Texture & Color	Gravel Analysis for Class II and III	Drainage (Mottles/Water Table) indicate color of mottling	Restrictive Horizon
0	N/A	N/A	N/A	N/A	Fractured Rock
-					
1					
-					
2					
-					
3					
-					
4					
-					
5					

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COUNTY ENGINEER

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

This site is suitable for a standard On-Site Sewage Facility: Y N

Wade A. Cloud 07/03/2018

Wade A. Cloud, SE OS0029338 Date

Compass North Site Sketch (See Attached) Scale: _____

VOID

VOID

On-Site Sewage Facility Design Criteria

Property Information:		House Information:	
Site Address: <u>459 Curvatura</u>		Number of Bedrooms:	<u>3</u>
City: <u>New Braunfels</u> , TX <u>78132</u>		Square Footage(Approx.):	<u>4306 ft²</u>
		Water Supply:	<u>Public</u>

Q=Sewage in GPD:		Supply Line From House:	
Water Saving Devices:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Length (Approx. ft):	<u>15'</u>
Q Gallons/Day:	<u>360</u>	Size (in.):	<u>3" or 4"</u>
Greywater Included:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Type:	<u>Sch 40</u>

Rate of Adsorption (R _a):		Supply Line from Tank to Application Area:	
Application Rate (gal/ft ² /day):	<u>.064</u>	Length (Approx. ft):	<u>305'</u>
Minimum Adsorptive Area (ft ²):	<u>5625</u>	Size (in.):	<u>1"</u>
		Type:	<u>Sch 40</u>

Aerobic Treatment Unit:		Surface Application Area(πR ²):	
Required Minimum GPD:	<u>600, Actual 800</u>	π(<u>35</u>) ² x <u>.5</u> :	<u>1,924.23</u> ft ²
Pretreatment Tank Capacity (gal):	<u>431</u>	π(<u>35</u>) ² x <u>.5</u> :	<u>1,924.23</u> ft ²
Class 1 ATU:	<u>Maxx Air M-800</u>	π(<u>35</u>) ² x <u>.5</u> :	<u>1,924.23</u> ft ²
Pump Tank Capacity (gal):	<u>854</u>	π(<u>35</u>) ² x _____ :	<u>0.00</u> ft ²
Disinfectant Type:	<u>Liquid</u>	π(_____) ² x _____ :	<u>0.00</u> ft ²
Pump Operation:	<u>Timer</u>	π(_____) ² x _____ :	<u>0.00</u> ft ²
Quantity (gal) Dosing Cycle :	<u>Varied</u>	π(_____) ² x _____ :	<u>0.00</u> ft ²
Cycle Time:	<u>12:00 am-5:00 am</u>	π(_____) ² x _____ :	<u>0.00</u> ft ²
Pump Size & Type:	<u>1/2hp Franklin C1-Series</u>	π(_____) ² x _____ :	<u>0.00</u> ft ²
		Total Adsorptive Area(ft ²):	<u>5,772.68</u> ft ²

Comments: Installing a 800 GPD Maxx Air M-800 with 3 sprinklers set at 180° with a 35' radius.

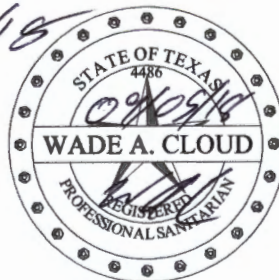
Vegetation Plan: The surface application shall be applied to existing vegetation, any bare area shall be seeded with a mixture of winter rye and bermuda seed before system start up.

Drip Application Area:	
Minimum Linear Drip Tubing(ft ²):	<u>N/A</u>
Number of Drip Emitters(Aft ² /4ft ²):	<u>N/A</u>
Number of Emitters per Field:	<u>N/A</u>
Pump Requirements(GPM)	<u>(N/A) @ 0.61 GPH @ 25 PSI: N/A</u>

All design criteria is in accordance with TCEQ, Title 30, TAC Chapter 285, Subchapter D, On-Site Sewage Facilities (effective December 27, 2008) Above design is based on best available information and should function properly under normal operating conditions All changes or modifications made to design must be approved by Wade A Cloud. Application area shall have enough soil to facilitate vegetation growth.

Wade A. Cloud
Wade A. Cloud, RS 4486
Blackwater Designs
PO Box 228 Boerne, TX 78006

09/09/18
Date
210.900.2971

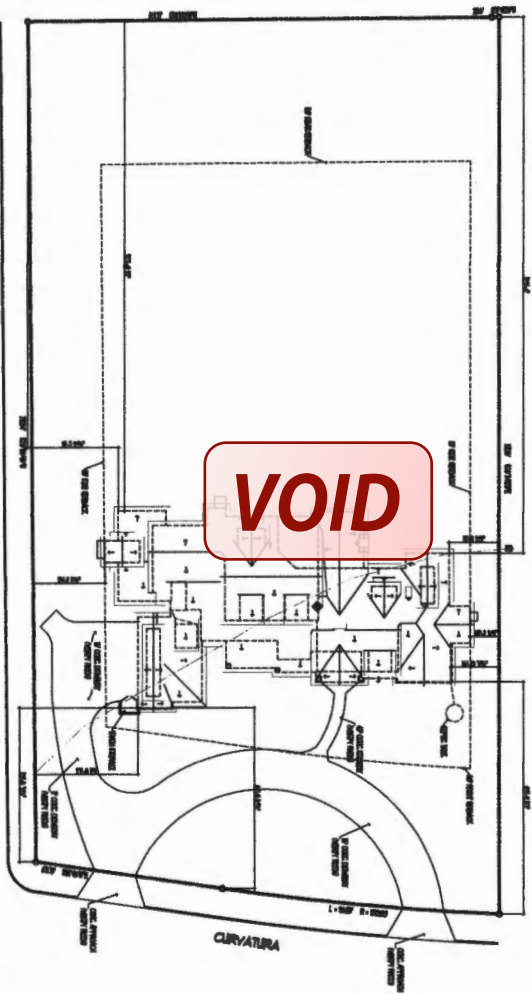


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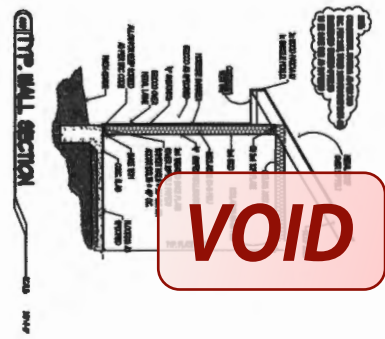
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SITE PLAN
VINTAGE OWNS • THE VETRYARD, UNIT 19
1/2017

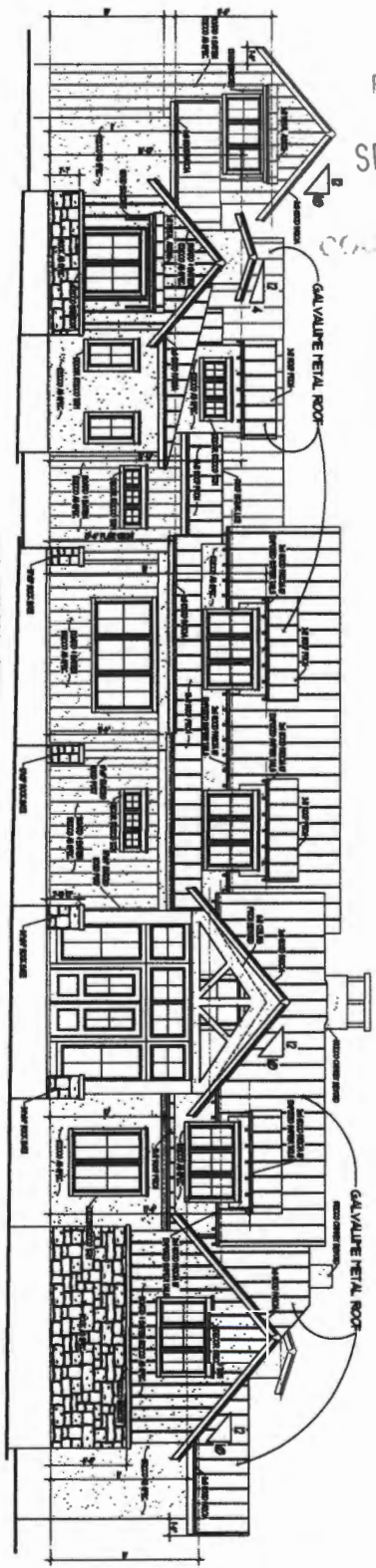


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WESTERN
SOLID
1 CONCRETE BASE SERIES 201
Ravo Residence
161-7741, 161-7742, 161-7743, 161-7744, 161-7745, 161-7746, 161-7747, 161-7748, 161-7749, 161-7750, 161-7751, 161-7752, 161-7753, 161-7754, 161-7755, 161-7756, 161-7757, 161-7758, 161-7759, 161-7760, 161-7761, 161-7762, 161-7763, 161-7764, 161-7765, 161-7766, 161-7767, 161-7768, 161-7769, 161-7770, 161-7771, 161-7772, 161-7773, 161-7774, 161-7775, 161-7776, 161-7777, 161-7778, 161-7779, 161-7780, 161-7781, 161-7782, 161-7783, 161-7784, 161-7785, 161-7786, 161-7787, 161-7788, 161-7789, 161-7790, 161-7791, 161-7792, 161-7793, 161-7794, 161-7795, 161-7796, 161-7797, 161-7798, 161-7799, 161-7800



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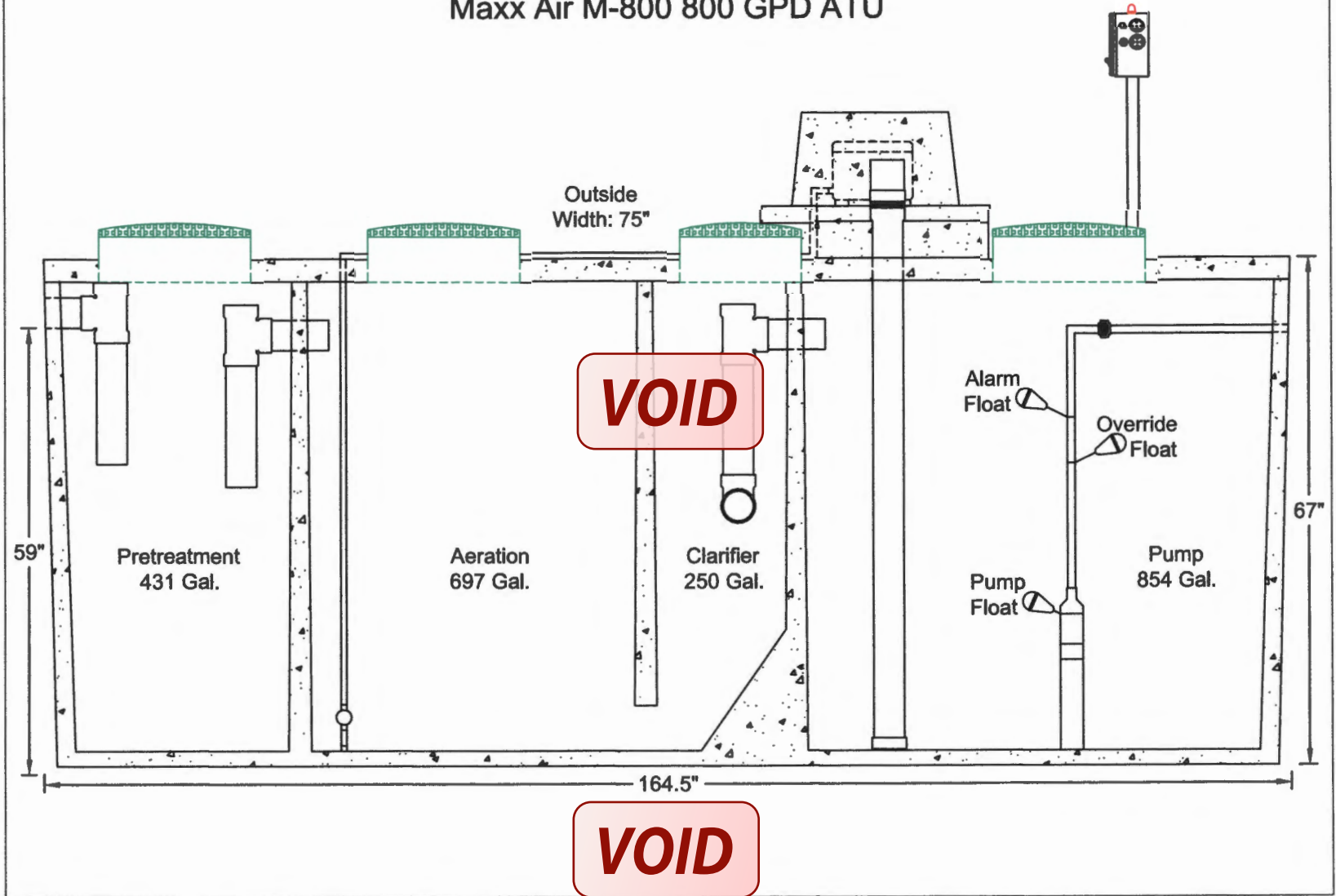
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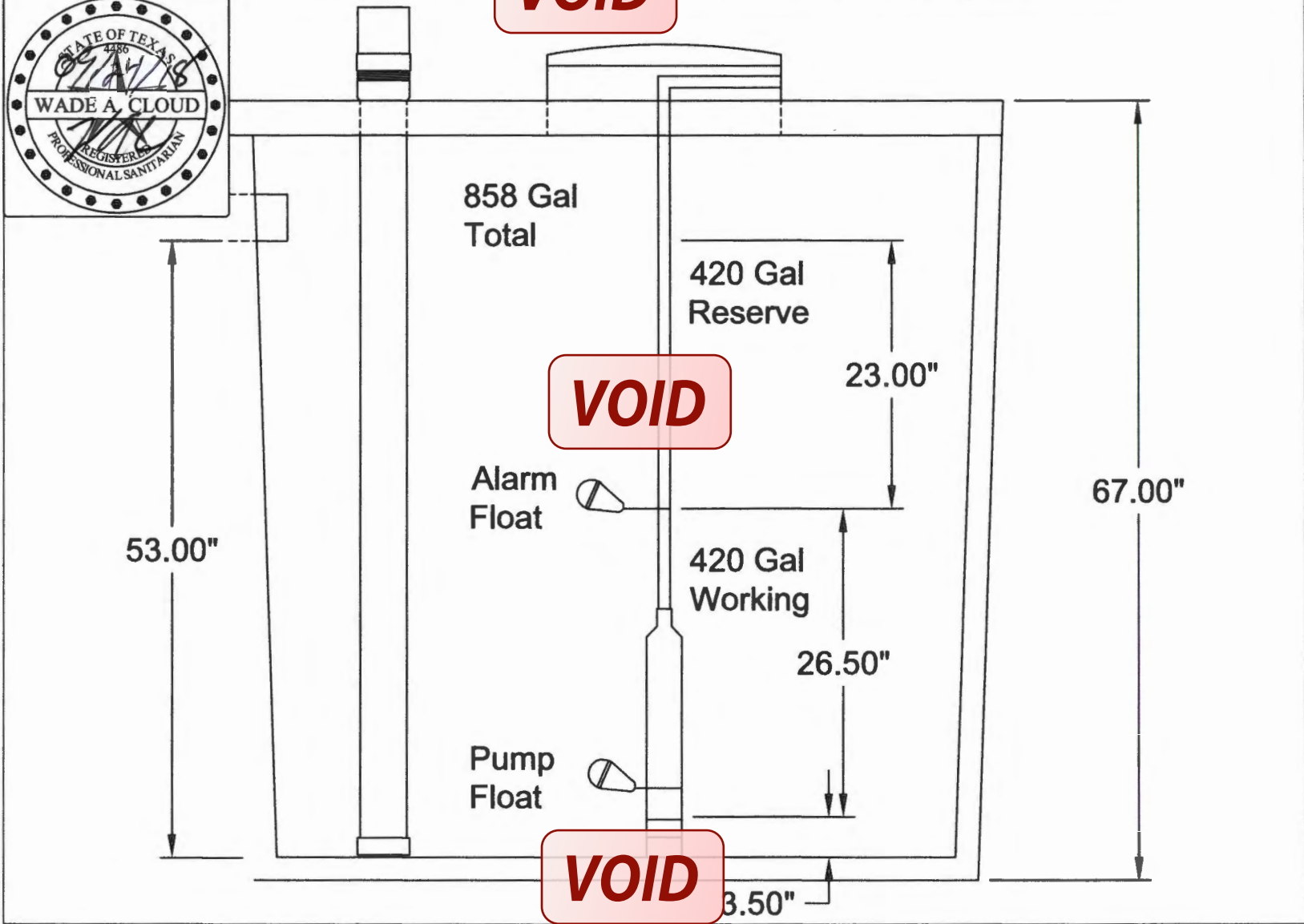
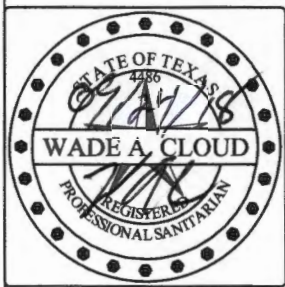
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Maxx Air M-800 800 GPD ATU

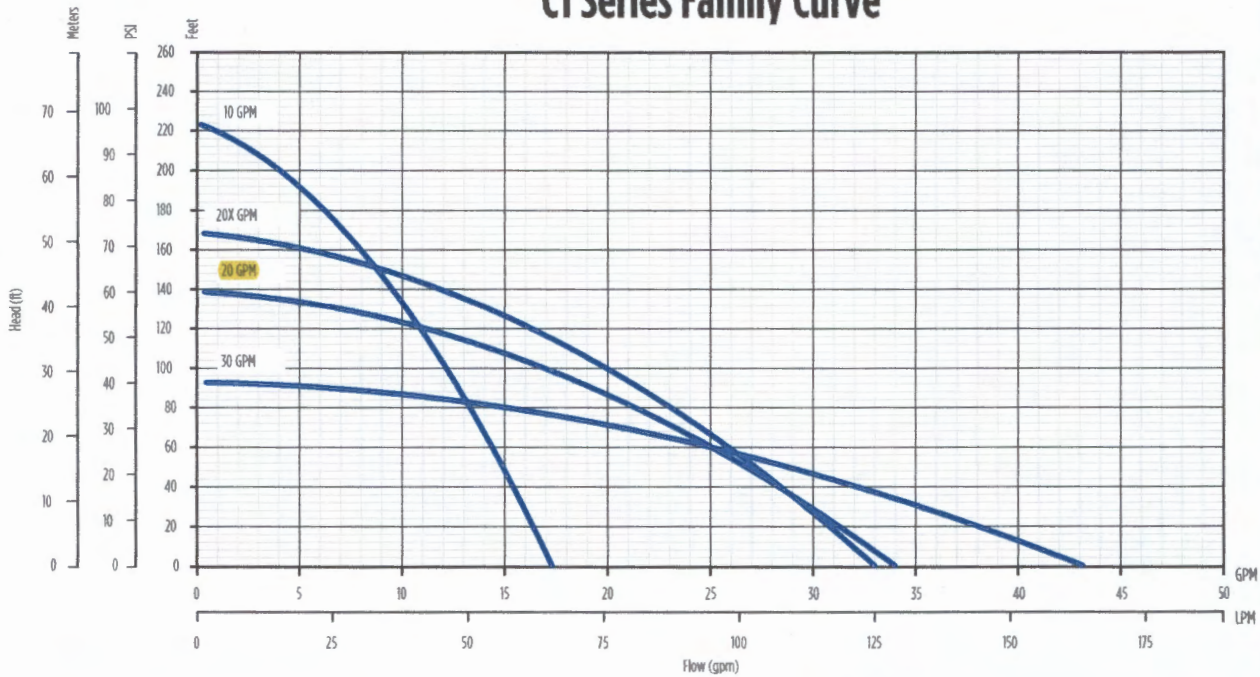


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Maxx Air 800 (VOID) U Pump Compartment



C1 Series Family Curve



FEATURES

- Supplied with a removable 5" base for secure and reliable mounting
- Bottom suction design
- Robust thermoplastic discharge head design resists breakage during installation and operation
- Single shell housing design provides a compact unit while ensuring cool and quiet operation
- Hydraulic components molded from high quality engineered thermoplastics
- Optimized hydraulic design allows for increased performance and decreased power usage
- All metal components are made of high grade stainless steel for corrosion resistance
- Available with a high quality 115 V or 230 V, ½ hp motor
- Fluid flows of 10, 20, and 30 gpm, with a max shut-off pressure of over 100 psi
- Heavy duty 600 V 10 foot SJ00W jacketed lead

APPLICATIONS

- Gray water pumping
- Filtered effluent service water pumping
- Water reclamation projects such as pumping from catchment basins
- Aeration and other foundation or pond applications
- Agriculture and livestock water pumping

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ORDERING INFORMATION

C1 Series Pumps							
GPM	HP	Volts	Stage	Model No.	Order No.	Length (in)	Weight (lbs)
10	1/2	115	7	10CI-OSP4-2WT15	90301005	26	17
		230	7	10CI-OSP4-2WZ30	90301010	26	17
20		115	5	20CI-OSP4-2WT15	90302005	25	16
20X		230	5	20CI-OSP4-2WZ30	90302010	25	16
		115	6	20XC1-OSP4-2WT15	90302015	26	17
30		230	6	20XC1-OSP4-2WZ30	90302020	26	17
		115	4	30CI-OSP4-2WT15	90303005	25	16
			230	4	30CI-OSP4-2WZ30	90303010	25

Note: All units have 10 foot long SJ00W leads.



franklinwater.com

M1698 07-14

PROPLUS™ GEAR DRIVEN SPRINKLER SETTING INSTRUCTIONS

SPRINKLER INSTALLATION

1► INSTALL AND BURY

Do not use pipe dope. Thread the sprinkler on the pipe. Bury the sprinkler flush to grade. **NOTE:** Gear driven sprinklers and pop-up sprays should not be installed on the same watering zone.

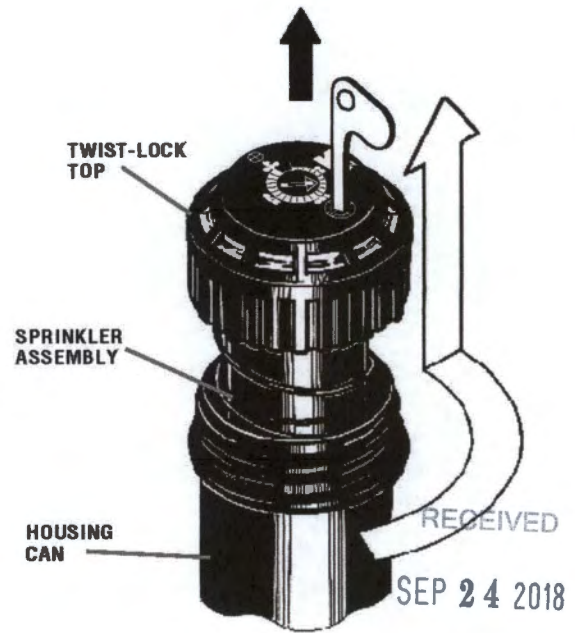
2► INSPECTING THE FILTER

Unscrew the top and lift the complete sprinkler assembly out of the housing can. The filter is located on the bottom of the sprinkler assembly and can easily be pulled out, cleaned and re-installed.

3► WINTERIZATION TIPS

When using an air compressor to remove water from the system please note the following:

- 1) Do not exceed 30 PSI.
- 2) Always introduce air into the system gradually to avoid air pressure surges. Sudden release of compressed air into the sprinkler can cause damage.
- 3) Each zone should run no longer than 1 minute on air. Sprinklers turn 10 to 12 times faster on air than on water. Over spinning rotors on air can cause damage to the internal components.



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STANDARD NOZZLE PERFORMANCE

Nozzle	U.S.			METRIC			Flow	
	Pressure PSI	Radius Fl.	Flow GPM	Pressure KPa	Radius Meters	Flow L/M	Flow MP/H	
#2.5 Factory Installed Nozzle	30	38'	2.5	206	2.04	11.6	9.46	.57
	40	39'	2.8	275	2.72	11.9	10.60	.64
	50	40'	3.2	345	3.40	12.2	12.11	.73
	60	41'	3.6	413	4.08	12.5	13.25	.79
#0.5	30	28'	0.5	206	2.0	8.5	1.89	.11
	40	29'	0.6	275	3.0	8.8	2.27	.14
	50	29'	0.7	345	3.5	8.8	2.65	.16
	60	30'	0.8	413	4.0	9.1	3.03	.18
#0.75	30	29'	0.7	206	2.0	8.8	2.65	.16
	40	30'	0.8	275	3.0	9.1	3.03	.18
	50	31'	0.9	345	3.5	9.4	3.41	.20
	60	32'	1.0	413	4.0	9.8	3.79	.23
#1	30	32'	1.3	206	2.0	9.8	4.92	.14
	40	33'	1.5	275	3.0	10.1	5.68	.18
	50	34'	1.6	345	3.5	10.4	6.05	.20
	60	35'	1.8	413	4.0	10.7	6.81	.23
#2	30	37'	2.4	206	2.0	11.3	9.08	.54
	40	40'	2.5	275	3.0	12.2	9.46	.56
	50	42'	3.0	345	3.5	12.8	11.35	.68
	60	43'	3.3	413	4.0	13.1	12.49	.75
#3	30	38'	3.6	206	2.0	11.6	13.63	.75
	40	39'	4.2	275	3.0	11.9	15.89	.95
	50	41'	4.6	345	3.5	12.5	17.41	1.04
	60	42'	5.0	413	4.0	12.8	18.92	1.13
#4	30	43'	4.4	206	2.0	13.1	16.65	.99
	40	44'	5.1	275	3.0	13.4	19.30	1.15
	50	46'	5.6	345	3.5	14.0	21.19	1.27
	60	49'	5.9	413	4.0	14.9	22.33	1.33
#6	40	45'	5.9	206	3.0	13.7	22.33	1.33
	50	46'	6.0	275	3.5	14.0	22.71	1.36
	60	48'	6.3	345	4.0	14.6	23.85	1.43
	70	49'	6.7	413	5.0	14.9	25.35	1.52
#8	40	42'	8.0	206	3.0	12.8	30.28	1.81
	50	45'	8.5	275	3.5	13.7	32.12	1.92
	60	49'	9.5	345	4.0	14.8	35.95	2.15
	70	50'	10.0	413	5.0	15.3	37.85	2.27

LOW ANGLE NOZZLE PERFORMANCE

Nozzle	U.S.			METRIC			Flow	
	Pressure PSI	Radius Fl.	Flow GPM	Pressure KPa	Radius Meters	Flow L/M	Flow MP/H	
#1	30	22'	1.2	207	2.04	6.71	4.54	.34
	40	24'	1.7	275	2.72	7.32	5.43	.39
	50	26'	1.8	344	3.40	7.92	6.80	.41
	60	28'	2.0	413	4.08	8.53	7.56	.46
#3	30	29'	3.0	207	2.04	8.84	11.34	.68
	40	32'	3.1	275	2.72	9.75	11.72	.71
	50	35'	3.5	344	3.40	10.67	13.23	.80
	60	37'	3.8	413	4.08	11.58	14.36	.87
#4	30	31'	3.4	207	2.04	9.45	12.85	.78
	40	34'	3.9	275	2.72	10.36	14.74	.89
	50	37'	4.4	344	3.40	11.28	16.63	1.00
	60	38'	4.7	413	4.08	11.58	17.77	1.07
#6	40	38'	6.5	275	2.72	11.58	24.57	1.68
	50	40'	7.3	344	3.40	12.19	27.59	1.76
	60	42'	8.0	413	4.08	12.80	30.24	1.82
	70	44'	8.6	482	4.76	13.41	32.51	1.96

Data represents test results in zero wind for ProPlus. Adjust for local conditions. Radius may be reduced with nozzle retention screw.



K-RAIN MANUFACTURING CORP.
 1640 Australian Avenue
 Riviera Beach, FL 33404 USA
 PH: 1-561-844-1002 / 1-800-735-7246
 FAX: 1-561-842-9493
 WEB: <http://www.krain.com>


Part Number 11005109 Revision 11
 © K-RAIN Manufacturing Corp. L-58921

From: [Hernandez, Sandra](#)
To: "[Lonestar](#)"
Subject: 108162 deficiency comment
Date: Tuesday, October 02, 2018 2:51:46 PM

RE: Vintage Oaks at the Vineyard, Unit 19, Lot 1730

Wade,

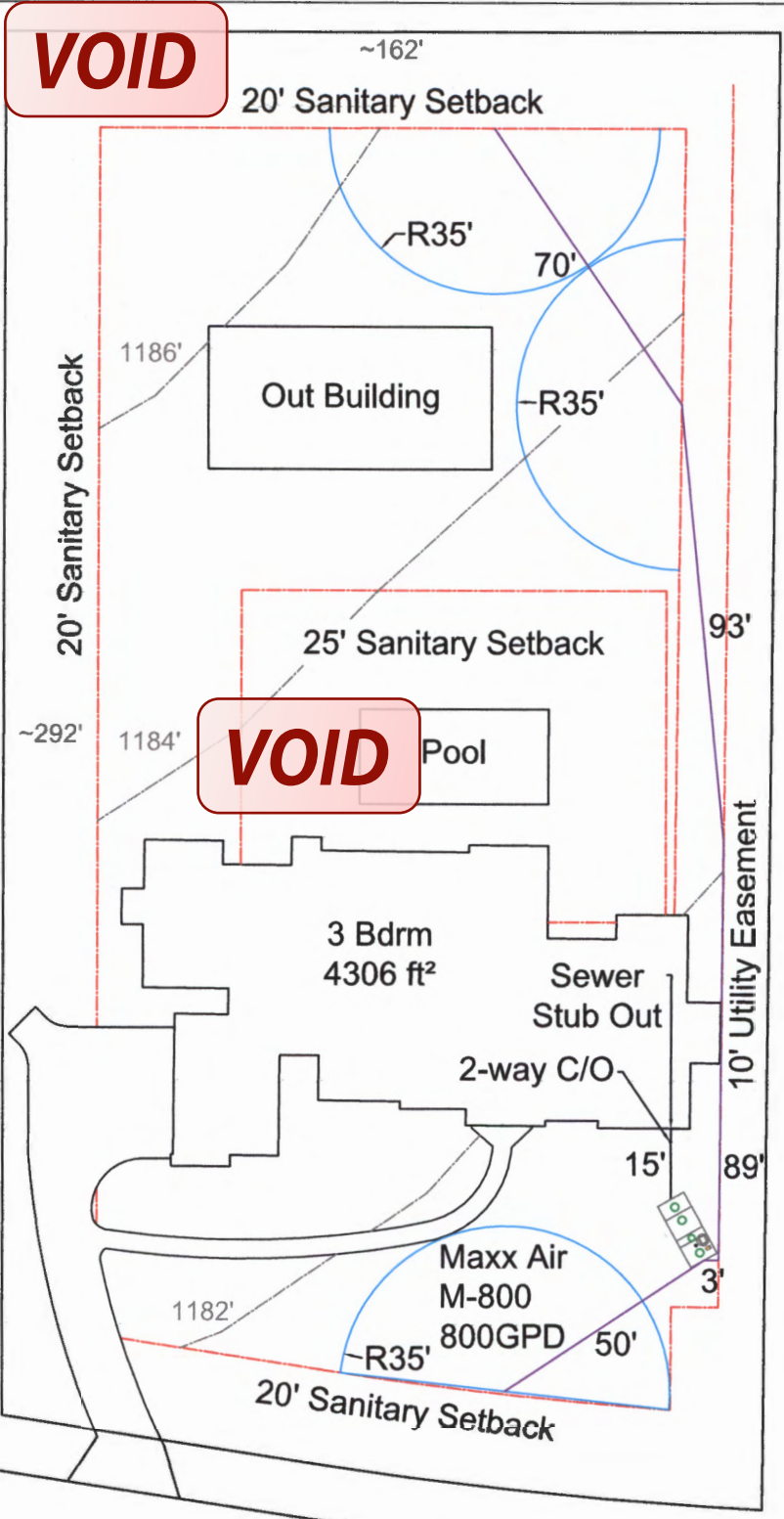
We received planning materials for the referenced property on September 24, 2018 and found those planning materials to be deficient. In order to continue processing this permit, we need the following information:

 Show waterline location on your site plan, and resubmit to our office.

If you have any questions, you can email me or call the office.

Thanks,

Sandra Ann Hernandez
Environmental Health Assistant
Comal County Engineers Office
New Braunfels, Texas 78132
830-608-2090 Office
830-608-2078 Fax
www.cceo.org



Tenderfoot

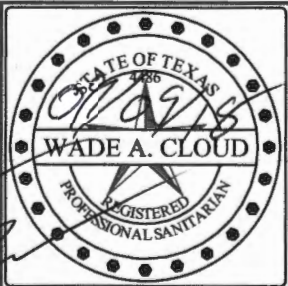
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Curvatura

Project Name: 459 Curvatura	
Drawn by: Blackwater Designs	
Date: 09.05.2018	Blk/Pg:
Scale: 1"=40'	Signature:



Notes: Notes: VOID Michelle Bravo Vintage Oaks at the Vineyard, Unit 19, Lot 1730, 1.13 Acres
Revision 1

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

SPECIAL WARRANTY DEED

THE STATE OF TEXAS

§

KNOW ALL MEN BY THESE PRESENTS:

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COUNTY OF COMAL

§

§

GRANTOR: SOUTHSTAR AT VINTAGE OAKS, LLC
1114 Lost Creek Blvd., Suite 270
Austin, Texas 78746

SEP 24 2018

COUNTY CLERK

GRANTEE: RICARDO A. BRAVO and MICHELLE J. BRAVO
3039 East Bellflower Drive
Gilbert, Arizona 85298

That Grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) cash and other good and valuable consideration to it in hand paid by Grantee, the receipt of which is hereby acknowledged and confessed has GRANTED, SOLD and CONVEYED, and by these presents does GRANT, SELL and CONVEY, unto the said Grantees, the following described property, to-wit:

Lot 1730, VINTAGE OAKS AT THE VINEYARD, UNIT 19, Comal County, Texas, according to plat thereof recorded in Document #201806006077, Map and Plat Records of Comal County, Texas (hereinafter referred to as the "Property").

TO HAVE AND TO HOLD the Property, together with all and singular the rights and appurtenances thereto in anyway belonging to Grantor, unto Grantee, its heirs and assigns forever; and Grantor does hereby bind itself, its heirs, successors and assigns, to WARRANT AND FOREVER DEFEND all and singular the Property unto the Grantee, its heirs and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof, when the claim is by, through or under Grantor, but not otherwise.

IT IS expressly UNDERSTOOD, ACKNOWLEDGED and AGREED that Grantor hereby RESERVES and EXCEPTS from this conveyance all oil, gas and other minerals of any type or form including all rights to ingress and egress as well as other rights appurtenant to the minerals and the mineral estate owned by Grantor, and does not transfer the minerals and the appurtenant rights thereto to Grantee.

THIS CONVEYANCE IS MADE AND ACCEPTED by Grantee SUBJECT TO (i) taxes for the current year, which have been prorated as of the date of closing, the payment of which Grantee assumes; (ii) all subsequent tax assessments for the current year the payment of which Grantee assumes; (iii) the Declaration of Conditions, Covenants and Restrictions for Vintage Oaks at the Vineyard filed in the Official Real Property Records, Comal County, Texas, all other restrictions, covenants, conditions, easements, reservations, leases, mineral severances, and other instruments that affect the Property and as may or may not be shown in the public records of Comal County, Texas; (iv) all zoning laws, regulations and ordinances of municipal and/or other governmental authorities that affect the Property and (v) the items listed below as Permitted Exceptions:

1. Subject to the Declaration of Conditions, Covenants and Restrictions for Vintage Oaks at the Vineyard, recorded at Clerk's Document #200706000771, annexed by Document #201806006130, amended or supplemented by Document

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Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
02/27/2018 03:53:46 PM
TERRI 3 Pages(s)
201806007393



Bobbie Koepp

**J.B. Septic Systems, Inc.
Two-Year Initial Service Policy**

System Owner:
Rick & Michelle Bravo

Brand Name: Clearstream Wastewater System

System Name: Primary

Serial Number: 2270-06 NC 2T

Model Number: 600 NC 2T

Permit Number: 108162

Effective: 10/04/2019 thru 10/04/2021

Site Legal Description 459 Curvatura, Lot 1730, Block 1
Vintage Oaks at the Vineyard, Comal County

J. B. Septic Maintenance, Inc. will inspect and service your Clearstream Aerobic Treatment Plant once every four months for a period of two years. The initial two-year service policy shall be effective for two years from the date the OSSF is first used. This initial two year Service Policy will be at no additional charge to the property owner as required by State guidelines.

Before this initial two-year service policy expires, JB Septic Maintenance, Inc will notify you. Upon renewal of the contract, a copy of the new contract shall be submitted to the permitting authority. If the property owner or maintenance company desire to discontinue the maintenance contract, the maintenance company shall notify, in writing, the permitting authority at least 30 days prior to the date service will cease.

Testing and Reporting

J.B. Septic Maintenance, Inc. shall test and report on this system as required by rule on the following:

1. An Inspection/Service Call every 4 months, which includes inspections, adjustment, and servicing of the mechanical and electrical component parts as necessary to ensure proper function.
2. An effluent quality inspection every 4 months, consisting of a visual check for color, turbidity, scum overflow, and an examination for odors.
3. A sample shall be pulled from the aeration tank every 4 months to determine if there is an excess of solids in the treatment plant. If the test results determine a need for solids removal, the user will be notified and the system will be pumped upon owner authorization.
4. If any improper operation is observed which cannot be corrected at the time, the user shall be notified immediately in writing of the conditions and the estimated date of correction.
5. If required, a chlorine residual test will be taken at each visit. (BOD and TSS annually on commercial only). If a grab test is required, the Owner will be responsible for the cost of the grab test.

The owner is responsible for keeping chlorine (Bleach) in the chlorinator as well as the cost of the chlorine.

J.B. Septic Maintenance, Inc. has been certified by the manufacturer of your system, and will be responsible for fulfilling the requirements of this Maintenance Contract, as well as responding to any alarms and/or addressing any concerns by the owner.

VIOLATIONS OF WARRANTY including shutting off the electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, or introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.

This Policy Does Not Include;

1. Cost of Pumping Sludge From Unit If Necessary.
2. Cost of System Repair Due to Damage or Parts Failure Due to Neglect.
3. Cost of Replacement of "Normal Wear & Tear" Items During Routine Maintenance Visits.

The Maintenance Company and the Owner agree to abide by the service policy as stated above.

MAINTENANCE COMPANY:

J.B. Septic Maintenance, Inc.
 P.O. Box 1609
 Helotes, Texas 78023
 (830) 931-0292
 (210) 414-6289

MANUFACTURER:

Clearstream Wastewater Systems, Inc.
 P.O. Box 7568
 Beaumont, Texas 77726-7568
 (409) 755-1500

Installation Company:

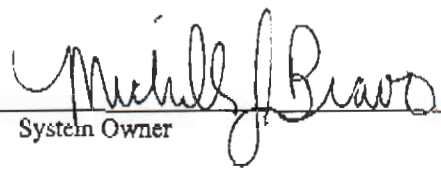
J.B. Septic Systems, Inc.
 P.O. Box 1609
 Helotes, Texas 78023
 (830) 931-0292

Permitting Authority:

Comal County Office of Environment Health
 195 David Jonas Drive
 New Braunfels, TX 78132-3760
 (830) 608-2094



 Jim Blake, Sr., J. B. Septic Maintenance, Inc.



 Michelle J. Bravo
 System Owner

 System Owner

Service Company Operator License Number: MP0000892

Aerobic Septic System Inspection Report

Submitted by:

J. B. Septic Maintenance, Inc.

Contact: Jim Blake

Installation Date: 10/4/2019

Scheduled Report

Permit Number: 108162

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every 4 months. Date of inspection visit: 2/18/2020

2. System inspected:

Owner: Rick & Michelle Bravo

System Name: Primary

Property Address: 459 Curvatura

Serial Num: 2270-06 NC 2T

City, State., Zip Code: New Braunfels, TX 78132

Brand Name: Clearstream

Inspected by: Victor Alvarado

Model Num: NC 2T

[Signature]
(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

4. Tests required and results:

<u>Test</u>	<u>Required</u> <small>Check if YES</small>	<u>Results</u> <small>mg/l, mpn/100 ml, or trace</small>	<u>Test Method</u>
BOD (Grab)	<input type="checkbox"/>	_____	_____
TSS (Grab)	<input type="checkbox"/>	_____	_____
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	0.2mg/L	DPD
Fecal Coliform	<input type="checkbox"/>	_____	_____

5. Comments:

PT= 0
 ATU= 0%
 TT= 1" Lids Secure at Departure.

Aerobic Septic System Inspection Report

Submitted by:

J. B. Septic Maintenance, Inc.

Contact: Jim Blake

Installation Date: 10/4/2019

Scheduled Report

Permit Number: 108162

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every months. Date of inspection visit: 12/4/2020

2. System inspected:

Owner: Rick & Michelle Bravo

System Name: Primary

Property Address: 459 Curvatura

Serial Num: 2270-06 NC 2T

City, State., Zip Code: New Braunfels, TX 78132

Brand Name: Clearstream

Inspected by: Isaac Prado

Model Num: NC 2T



(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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/Seeds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)		<input type="checkbox"/>	<input type="checkbox"/>

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

4. Tests required and results:

<u>Test</u>	<u>Required</u> <small>Check if YES</small>	<u>Results</u> <small>mg/l, mpn/100 ml, or trace</small>	<u>Test Method</u>
BOD (Grab)	<input type="checkbox"/>		
TSS (Grab)	<input type="checkbox"/>		
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	0.2mg/L	DPD
Fecal Coliform	<input type="checkbox"/>		

5. Comments:

PT= 4 "
 ATU= 10 %
 TT= 5 " Lids secure at departure.

Aerobic Septic System Inspection Report

Submitted by:

J. B. Septic Maintenance, Inc.

Contact: Jim Blake

Installation Date: 10/4/2019

Scheduled Report

Permit Number: 108162

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is ~~every~~ 4 months. Date of inspection visit: 4/23/2021

2. System inspected:

Owner: Rick & Michelle Bravo

System Name: Primary

Property Address: 459 Curvatura

Serial Num: 2270-06 NC 2T

City, State., Zip Code: New Braunfels, TX 78132

Brand Name: Clearstream

Inspected by: Victor Alvarado

Model Num: NC 2T

VM
(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

4. Tests required and results:

<u>Test</u>	<u>Required</u> <small>Check if YES</small>	<u>Results</u> <small>mg/l, mpn/100 ml, or trace</small>	<u>Test Method</u>
BOD (Grab)	<input type="checkbox"/>		
TSS (Grab)	<input type="checkbox"/>		
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	<u>0.2mg/L</u>	<u>DPD</u>
Fecal Coliform	<input type="checkbox"/>		

5. Comments:

PT= 3-1/2"
 ATU= 5%
 TT= 10"

Lids Secured at Departure

J.B. SEPTIC MAINTENANCE, INC.



SERVICE CONTRACT AGREEMENT

In consideration of the pre-payment of the annual fee of \$275.00 licensed maintenance provider will provide the following services for your On-Site Sewage Facility.

- Routine service visits once every 4 months during the service period of one year from 10/04/2021 to 10/04/2022 on the Aerobic system indicated below.

Owner:	<u>Rick & Michelle Bravo</u>	Phone No:	<u>(480) 390-9593</u>
System:	<u>Clearstream 600 NC 2T</u>	Permit:	<u>108162</u>
Address:	<u>459 Curvatura</u>	Sub Division:	<u>Vintage Oaks at the Vineyard</u>
City/County:	<u>New Braunfels/Comal</u>		

Service calls will include:

1. An effluent quality inspection consisting of a visual check for color and examination for odor.
2. Adjustment of any mechanical and electrical components that are out of order (Replacement of materials or parts is not covered).
3. Sampling of the settled solids in the aeration chamber.
4. Check chlorine residual when applicable.
5. Diffuser stones and air filters "normal wear and tear" items will be replaced as needed at an additional cost.
6. To avoid an additional trip charge, if your system needs a replacement part that is less than \$100.00, we will replace the part without authorization.

If any improper operation is observed which cannot be corrected at the time of the inspection, you shall be notified immediately in writing of the conditions and the estimated date and cost, if applicable, for correction.

At the conclusion of the service policy, J. B. Septic Maintenance, Inc. will make available, for purchase on an annual basis, a continuing service policy to cover labor for normal inspection and maintenance.

Owner / user operation instructions must be strictly followed. Also, it is the responsibility of the system owner to maintain chlorine in the system. The chlorine must be the appropriate type which is approved for waste water treatment.

J.B. Septic Maintenance, Inc. will be responsible for fulfilling the requirements of this Maintenance Contract, as well as responding to any alarms and/or addressing any concerns by the owner of the system. Alarms and/or concerns will be addressed within 48 hours of the initial contact.

Important: this service policy agreement does not cover the cost of service calls, labor or materials which are required or which are due to misuse or abuse of the system; failure to maintain electrical power to the system; disposal of non-biodegradable materials such as chemicals, solvents, grease, oil, paint, etc.; pumping of sludge build-up from the system; or any usage contrary to the requirements as stated in the "Operation Manual." Additional service, including replacement of components, laboratory test work, and pumping of tanks will be done upon customer authorization and at an additional charge.

OWNER


Signature

Date: 10.4.2021

SERVICE DEALER


J.B. Septic Maintenance, Inc.



Aerobic Septic System Inspection Report

Submitted by:

J. B. Septic Maintenance, Inc.

Contact: Jim Blake

Installation Date: 10/4/2019

Scheduled Report

Permit Number: 108162

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every months. Date of inspection visit: 10/12/2021

2. System inspected: Owner: Rick & Michelle Bravo

System Name: Primary Property Address: 459 Curvatura

Serial Num: 2270-06 NC 2T City, State., ZipCode: New Braunfels, TX 78132

Brand Name: Clearstream Inspected by: Pete Prado

Model Num: NC 2T


(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

4. Tests required and results:

<u>Test</u>	<u>Required</u> <small>Check if YES</small>	<u>Results</u> <small>mg/l, mpn/100 ml, or trace</small>	<u>Test Method</u>
BOD (Grab)	<input type="checkbox"/>		
TSS (Grab)	<input type="checkbox"/>		
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	0.2mg/L	DPD
Fecal Coliform	<input type="checkbox"/>		

5. Comments:

PT= 1"
 ATU= 20%
 TT= 2" Lids Secured at Departure

Aerobic Septic System Inspection Report

Submitted by:

J. B. Septic Maintenance, Inc.

Contact: Jim Blake

Installation Date: 10/4/2019

Scheduled Report

Permit Number: 108162

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every months. Date of inspection visit: 10/4/2022

2. System inspected:

Owner: Dan Oldani

System Name: Primary

Property Address: 459 Curvatura

Serial Num: 2270-06 NC 2T

City, State., Zip Code: New Braunfels, TX 78132

Brand Name: Clearstream

Inspected by: Julio Esquivel

Model Num: NC 2T

(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)		<input type="checkbox"/>	<input type="checkbox"/>

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

4. Tests required and results:

<u>Test</u>	<u>Required</u> <small>Check if YES</small>	<u>Results</u> <small>mg/l, mpn/100 ml, or trace</small>	<u>Test Method</u>
BOD (Grab)	<input type="checkbox"/>		
TSS (Grab)	<input type="checkbox"/>		
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	0.2 mg/L	DPD
Fecal Coliform	<input type="checkbox"/>		

5. Comments:

PT= 2"

ATU= 15%

TT= 2" Lids Secured at Departure