



Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 04/24/2019 Permit Number: 108172

Location Description: 424 COPPER RIM CITY OF BULVERDE, TX 78070

Subdivision: River Crossing
Unit: 3
Lot: 663
Block:
Acreage:

Type of System: Aerobic Surface Irrigation

Issued to: Mohammad Abangir

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 Lopez
ENVIRONMENTAL HEALTH INSPECTOR

OS8497

Signature of D. Small
ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Homeowner / Abansir OSSF Installer #: _____
 1st Inspection Date: 10/22/18 2nd Inspection Date: 10/31/18 3rd Inspection Date: 4/24/19
 Inspector Name: Mike T. Inspector Name: Mike T. Inspector Name: Mike T.
 Permit#: 108172 Address: River Crossing / 424 Copper Rim Rd.

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)		10/22/18	10/31/18	4/24/19
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 bands)	/	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- 4/24/19
Covered.

MT- 10/31/18
 Tank good can cover.
 Change pipe to purple pipe.

**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)(IV)(I) 285.32(b)(1)(E)(IV)(II) 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	✓		Solar a/c	10/24/18	10/31/18	4/24/19
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		500			
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)				

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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)				
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)				

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OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	2nd Insp.	3rd Insp.	4th 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)</p> <p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(B)</p> <p>285.91(13)</p> <p>285.33(b)(3)(D)</p> <p>285.33(b)(3)(F)</p>				
33	<p>AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.</p>	✓	285.32(c)(1)		10/22/18	10/31/18	4/24/19
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>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

PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried	✓		10/22/18	10/31/18
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**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pans, Fittings, Sprinkler Heads & Valve Covers Color Coded Purple?	✓	285.33(d)(2)(G)(III)(II) 285.33(d)(2)(G)(III)(III) 285.33(d)(2)(G)(V) 285.33(d)(2)(G)(III) 285.33(d)(2)(G)(IV) 285.33(d)(2)(G)(I) 285.33(d)(2)(G)(II) 285.33(d)(2)(G)(III)(I)		10/22/18	10/31/18	4/24/19
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed	✓	285.33(d)(2)(G)(I) 285.33(d)(2)(A) 285.33(d)(2)(F)				
42	APPLICATION AREA Area Installed	✓					
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Homeowner / Abangir OSSF Installer #: _____
 1st Inspection Date: 10/22/18 2nd Inspection Date: 10/31/18 3rd Inspection Date: _____
 Inspector Name: Mike T. Inspector Name: Mike T. Inspector Name: _____
 Permit#: 108172 Address: River Crossing / 424 Copper Rim Rd.

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)		10/22/18	10/31/18	
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. 10/31/18
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OSSF Inspection Sheet**

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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	✓		Solar airc	10/22/18	10/31/18	11/1/18
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		500			
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
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22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
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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)				
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35	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.	✓					
36	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti-Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump						
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Comal County Environmental Health
OSSF Inspection Sheet

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OSSF Inspection Sheet**

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1st Inspection Date: 10/22/18 2nd Inspection Date: _____ 3rd Inspection Date: _____

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

Permit#: 108172 Address: River Crossing / 424 Copper Rim Rd.

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
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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%</p> <p>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)</p> <p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(B)</p> <p>285.91(13)</p> <p>285.33(b)(3)(D)</p> <p>285.33(b)(3)(F)</p>				
33	<p>AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.</p>	✓	285.32(c)(1)		10/22/18		
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>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 Buried			10/22/18		
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**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?	✓	285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(iii)(III)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)		10/22/18		
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed	✓	285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)				
42	APPLICATION AREA Area Installed						
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						



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: 108172
Issued This Date: 10/03/2018
This permit is hereby given to: Mohammad Abangir

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

424 COPPER RIM
CITY OF BULVERDE, TX 78070

Subdivision: River Crossing
Unit: 3
Lot: 663
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.

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

Date 9/9/2018

Permit # 108172

Owner Name Mohammad Abangir
Mailing Address 438 Copper Ridge
City, State, Zip Spring Branch, Texas 78070
Phone # 210-514-0844
Email moeaban@gmail.com

Agent Name Brian Erleben, R.S.
Agent Address 562 S. Hwy 123 Bypass #128
City, State, Zip Seguin, Texas 78155
Phone # 830-660-9133
Email bandverx@gmail.com

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

Subdivision Name River Crossing Unit 3 Lot 663 Block NA

Acreage/Legal _____

Street Name/Address 424 Copper Rim City Spring Branch Zip 78070

Type of Development:

Single Family Residential

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

SEP 27 2018

Number of Bedrooms 4

Indicate Sq Ft of Living Area 3600

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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: \$ 380,000 (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.

Mohammad Abangir
Signature of Owner

9-17-18
Date

* * * **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 Brian Erxleben, R.S 3637

System Description Aerobic Treatment/Surface Application

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

Tank Size(s) (Gallons) 600 gpd Absorption/Application Area (Sq Ft) 6038

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: Bulverde

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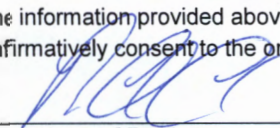
SEP 27 2018

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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

9-9-18
Date

Page 2 of 2

2/c



201806036595 09/17/2018 11:14:44 AM 1/2

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 (commission) 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 commission, 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 commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission that the appropriate OSSF was installed.

II

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

UNIT 3 BLOCK LOT 663 SUBDIVISION *River Crossing*
IF NOT IN SUBDIVISION: ACRES SURVEY

The property is owned by Mohammad Abangir.

This OSSF shall 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 Environmental Health Department**.

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WITNESS MY HAND ON THIS 17th DAY OF September, 2018.

SEP 27 2018

Mahmud
OWNER/AGENT NAME (SIGNATURE)

COUNTY ENGINEER

Mohammad Abangir
OWNER/AGENT NAME (PRINTED)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 17th DAY OF September, 2018



C.A. Cephas
Notary Public, State of Texas
Notary's Printed Name: C.A. Cephas
Commission Expires: 12.15.2021



This page has been added to comply with the statutory requirement that the clerk shall stamp the recording information at the bottom of the last page.

This page becomes part of the document identified by the file clerk number affixed on preceding pages.

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Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
09/17/2018 11:14:44 AM
JESSICA 2 Page(s)
201806036595

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Bobbie Koepf

**Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131**

Phone: (830) 312-8776

Date: 9/21/2018

AerobicSolutions.net office@aerobicsolutions.net

**To: Mohammad Abangir
424 Copper Rim
Spring Branch, TX 78070**

Contract Period

Start Date: 11/15/2018
End Date: 11/15/2020

Phone: (210) 514-0844 Subdivision: River Crossing
Site: 424 Copper Rim, Spring Branch, TX 78070

County: Comal

Installer:

Agency: Comal County Environmental Health

Mfg/Brand: / AERIS

Aerobic Maintenance Solution LLC

3 visits per year - one every 4 months

Map Key:

ID: 431

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Agreement

I. General: This work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Aerobic Maintenance Solutions LLC (hereinafter referred to as Contractor), located at 4222 FM 482 New Braunfels, Texas 78132, (830-312-8776). By this agreement, Contractor agrees to render services, as described herein, and Client agrees to fulfill his/her/ their responsibilities under the agreement as described herein.

II. Effective Dates: this agreement runs for One Year after the start date above. If this is an Initial Contract begins when Letter To Operate (LTO) has been issued. A 30 day written notice is required if there is a cancellation before the year of the agreement is up. The written notice will be sent to the local regulatory Agency and any of the agreement unused funds is non-refundable.

III. Renewal Terms: This agreement shall renew for an additional One Year on the same terms as this agreement unless either party gives written notice of the termination or if the Client fails to submit payment for such renewal. Contractor or Client, if choosing to terminate the contract, must give the other and the local regulatory Agency written notice after Thirty (30) Days prior to the end of the Contract.

IV. Services by Contractor: Contractor will provide the following services (Referred to as the "Services").

1. In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three times per year. Contractor does not provide chlorine. Client is solely responsible for maintaining the chlorine in the chlorinator at all times.
2. Contractor will provide a weather proof tag on the control panel containing company name, phone number and inspection dates.
3. Contractor will do inspections 3 times a year, every 4 months.
4. Contractor will report all findings to the appropriate regulatory and authority and to the Client, as required by both the Sate's On-Site rules and the local Agency's rules. All findings must be reported to local Agency's within 14 days, email is acceptable.
5. The contractor's inspection will include the following: Effluent Quality (Color, Turbidity, overflow and Odor), Alarm Function Filters, Operation of Effluent Pump and Chlorine Availability in the Chlorinator, (BOD and TSS Annually on Commercial Accounts, Client is responsible for charges for test)
6. Contractor will respond to client calls and of complaints, regarding visual or audible alarms, suspicious conditions or and problems that might confront the Client within 48 hours, excluding weekend and holidays. The

Contractor will maintain a 24 hour answering service at 830-312-8776. The unscheduled responses may be billed to the client at going rate.

V. Clients Responsibilities:

1. Maintain Chlorinator and Proper Chlorine supply, if OSSF is equipped with.
2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
3. Immediately notify the Contractor of any alarms of problems with, including failure of the OSSF.
4. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor at Clients own expense.
5. Contractor will not be responsible for any warranty work; Client must contact the Installer for Warranty Problems.
6. Not allow the backwash from water treatment of water conditioning equipment to enter the OSSF.
7. Maintain site drainage to prevent adverse effects on OSSF.
8. Promptly and fully pay Contractor's Bills, Fees or invoices as described herein.

VI. Contractor will schedule with client, dates to perform the above described Services of repairs. If Contractor is not able to access the site on the date of appointment, a charge of \$75.00 will be billed if the inspection of repairs of not able to be completed and are required to be scheduled on another date. The contractor requires access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of evaluation of system and equipment as required by the manufacturer and /or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client an additional service at a rate of \$50.00 per hour plus materials billed at list process. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement only covers the Services described herein. This fee does not cover equipment or labor supplied for non-warranty repairs of for charges for unscheduled Client, request trips to the Client's site of pumping of the OSSF. Payments not received within 10 days from the date will be subject to a \$30.00 late penalty and or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's feels. And all cost of collection incurred by contractor in collection of any unpaid debt. Invoice due when service is completed. Contract fee is \$450.00

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

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Client
 Print Name: Mohammad abangir Signature: [Signature] Date: 09/23/2018
 Client Phone number Home _____ Work _____ Cell 210-514-0844
 Email Address Moeaban@gmail.com
 Any Gate or Combo code for inspections _____

Contractor ~~Aerobic Maintenance Solutions LLC:~~
 Signature: [Signature] Date 9/24/2018 9:59:40 AM PDT
 MP0000996 James H. [Signature]



September 17, 2018

Comal County Environmental Health
ATTN: Brenda
195 David Jonas Drive
New Braunfels, Texas 78132

RE: RELEASE FOR SEPTIC – 424 COPPER RIM
PROPERTY OWNER: MOHAMMED ABANGIR
GENERAL CONTRACTOR: SELF/HOMEOWNER

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Please be advised that the referenced address does not require a building permit to repair and/or replace the septic system provided no auxiliary buildings (other than the house) are connected to the system.

If you should require additional information, please do not hesitate to contact our office.

Sincerely,

OSSF SOIL EVALUATION REPORT INFORMATION
COMAL COUNTY

DATE: 9-9-18

Applicant Information:

Name: Mohammad Abangir
Address: 438 Copper Ridge
City: Spring Branch State: Texas Zip: 78070
Ph: (210) 514-0844 Fax:

Site Evaluator Information:

Name: Brian Erxleben
Address: 562 S. Hwy 123 Bypass #128
City: Seguin State: Texas Zip: 78155
Ph: (830) 660-9133 E-mail: bandverx@gmail.com

Property Location:

Lot: 663 Block:
Subdivision: River Crossing, Unit 3
Street/Road Address: 424 Copper Rim
City: Spring Branch State: TX Zip: 78070
Additional:

Installer Information:

Name: TBD
Company:
Address:
City: State: Zip:
Ph: Fax:

SCHEMATIC of LOT of TRACT

Show:

- North arrow, adjacent streets, property lines, dimensions, location of buildings, easements, swimming pools, water lines, and other structures where known.
- Location of existing or proposed water wells within 150 feet of property.
- Indicate slope or provide contour lines from the structure to the farthest location for the proposed soil absorption or irrigation area.
- Location of soil boring or dug pits (show with respect to a known reference point).
- Location of drainage ways, water impoundment areas, cut or fills bank, sharp slopes and breaks.

Lot Size: 1.218 acres

SITE DRAWING

SEE SITE PLAN

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FEATURES OF SITE AREA

Presence of 100 year flood zone YES__ NO X Presence of upper water shed YES__ NO X
Existing or proposed water well in nearby area YES__ NO X Organized sewage service available to lot YES__ NO X
Presence of adjacent ponds, streams, water impoundments YES__ NO X

Site Evaluator:

NAME: BRIAN ERXLEBEN Signature:  License No: 11458

COMAL COUNTY ENVIRONMENTAL HEALTH DEPARTMENT OSSF SOIL EVALUATION FORM

Owners Name: Mohammad Abangir
 Physical Address: 424 Copper Rim Spring Branch, Texas 78070
 Name of Site Evaluator: Brian Erxleben, S.E. #11458
 Date Performed: 9-9-18 Proposed Excavation Depth: N/A

Requirements:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil evaluation must be shown on the application site drawing or designer's site drawing
 For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.
 Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depths.

SOIL BORING NUMBER <u>1 & 2</u>						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0						Aerobic spray <div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED SEP 27 2018</div>
1	Type 3 Rock	Clay loam	No gravel	None	None Yes	
↓ 12"						
2						
3						
4						
5						

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SOIL BORING NUMBER _____						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0						
1						
2						
3						
4						
5						

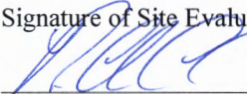
FEATURES OF SITE AREA

Presence of 100 year flood zone	YES ___ NO <u>X</u>
Presence of adjacent ponds, streams, water impoundments	YES ___ NO <u>X</u>
Existing or proposed water well in nearby area	YES ___ NO <u>X</u>
Organized sewage available to lot or tract	YES ___ NO <u>X</u>
Recharge features within 150 feet	YES ___ NO <u>X</u>

I certify that the above statements are true and are based on my own field observations.

Signature of Site Evaluator

Date



9-9-18

Brian Erxleben, R.S., S.E.
562 S. Hwy 123 Bypass #128
Seguin, Texas 78155
Mobile (830) 660-9133 Fax (830) 372-3778

OSSF DESIGN

Owner: **Mohammad Abangir**
Location: **424 Copper Rim Spring Branch, Texas 78070**
Phone: **(210) 514-0844**
Date: **9-9-18**

Development: **Residence with water saving devices** Bedrooms: **4** Sq. Ft: **3600**

Q: **360 gpd** Soil: **N/A** R_i: **0.064 gall/ft²/day**

System Type: **Aerobic/Surface Application**

Minimum Required ATU Treatment Capacity: **600 gpd**

Trash Tank: 476 gall Aerobic Tank: 600 gpd Pump Tank: 763 gall

Supply Line: **Sch 40, 1" purple (~110')** Check Valve Required: **No**

Minimum Application Area (A): **5625 ft²** (A = Q/R_i)

Sprinklers: **K-Rain Proplus Low Angle**

Number	Nozzle	PSI	Pattern	Radius	Area/head	GPM/head	R _i
S1	#4	30	360°	31 ft	3019 ft ²	3.4	0.060
S2	#4	30	360°	31 ft	3019 ft ²	3.4	0.060

Overlap Area: 0 Actual Application Area: **6038 ft²** GPM: **6.8 GPM**

TDH Calculations:

$$\text{Friction Head (H}_f\text{)} = \frac{1.2(10.4397)(L)(Q)^{1.85}}{(C)^{1.85}(D)^{4.8655}} = 8 \text{ ft}$$

L = Length of equivalent pipe length (D) in feet

C = Hazen - Williams flow coefficient (150 for schedule 40)

Q = Flow rate, gpm

D = Internal pipe diameter, inches

Pressure Head (H_p) = 70 ft (2.31)(psi) Elevation Head (H_e) = 5 ft

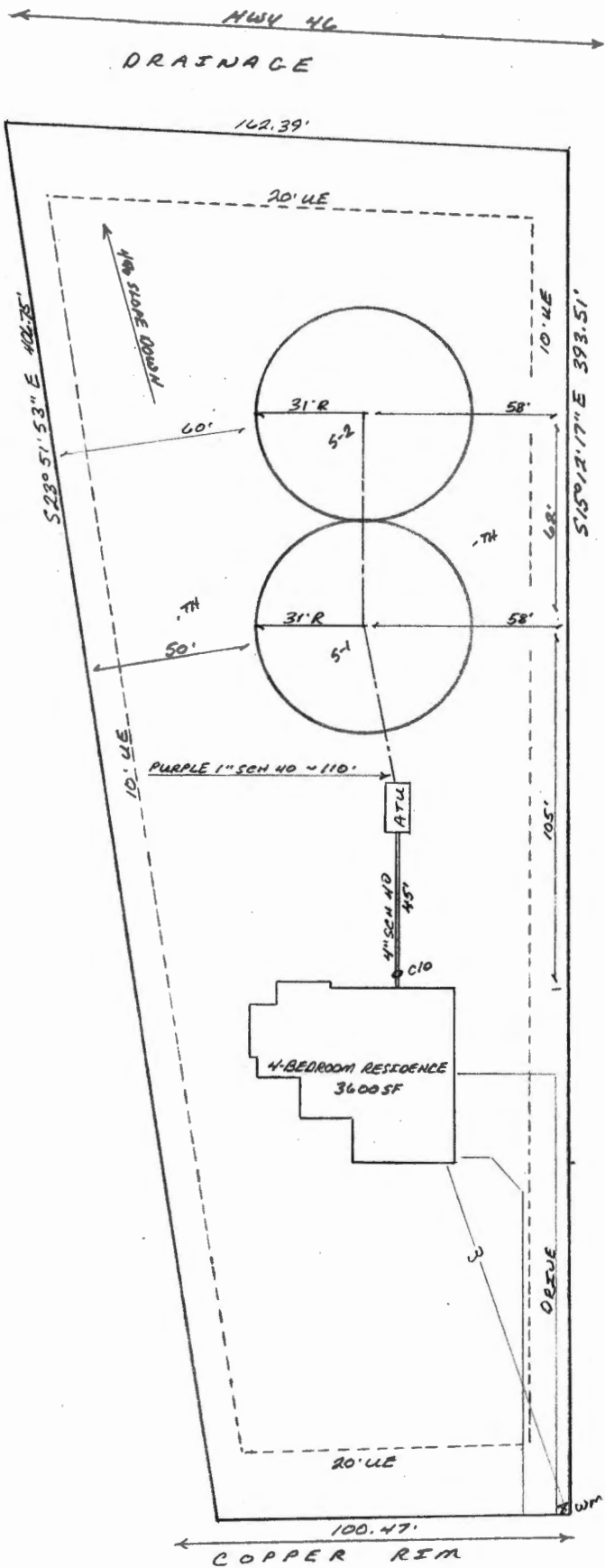
TDH = **83 ft** (H_f + H_p + H_e)

Pump Requirements: **6.8 GPM @ 83 ft TDH** Pump Used: **Blaster 20EB05 ½ HP or equivalent**

- **Timer set to spray between 12:00 AM & 5:00 AM**
- **Liquid chlorinator**

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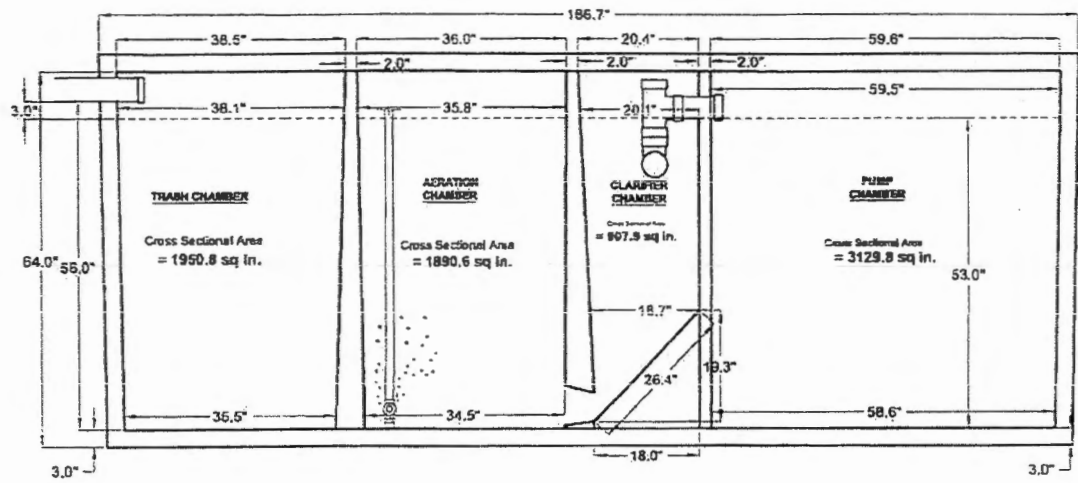
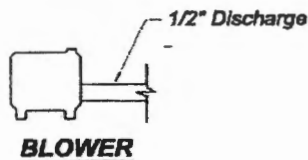
LOT 663
 RIVER CROSSING, UNIT 3
 1.218 ACRES

LOT IS LOCATED OUTSIDE OF THE 100-YEAR FLOODPLAIN AND WITHIN THE CONTRIBUTING ZONE. THIS DESIGN COMPLIES WITH ALL OF THE PROVISIONS OF THE CURRENT CZP FOR THE SUBDIVISION.

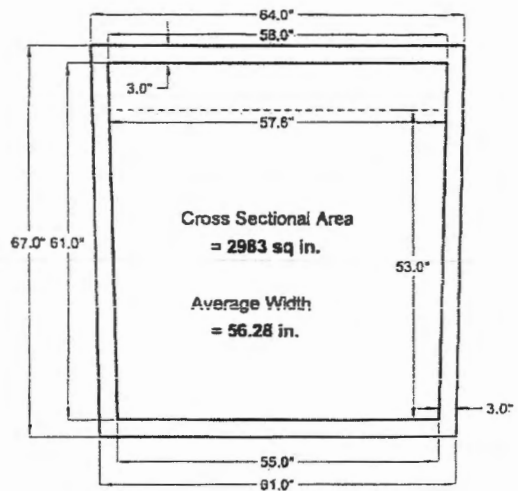
- NOTES:**
1. Install a 2-way cleanout in a 4" sch 40 tightline from the house to the ATU, minimum slope 1/8 in/ft.
 2. ATU is a minimum 600 gpd.
 3. Supply line to the sprinklers is purple 1" sch 40.
 4. S1 & S2 are K-Rain Proplus low angle sprinklers with #4 nozzles operating @ 30 psi, 360° pattern, 31' radius.
 5. There shall be no obstruction within 10' of the sprinkler heads.
 6. Audible & visual alarms, external disconnect within site of the pump tank, pump & alarms on separate breakers and external wiring in conduit are required.
 7. Timer set to spray between 12:00 AM & 5:00 AM.
 8. Liquid chlorinator.
 9. Any excavations and/or exposed rock in the disposal area shall be covered with topsoil and seasonal grasses shall be seeded over the disposal area in order to minimize run-off & erosion.

SITE PLAN & OSSF DESIGN:

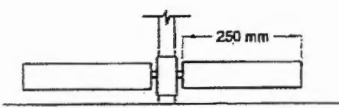
MOHAMMAD ABANGIR 424 COPPER RIM SPRING BRANCH, TEXAS 78070	
BRIAN C. ERXLEBEN, P.E. 562 S. HWY 123 BYPASS #128 SEGUIN, TEXAS 78155 (832) 560-9733	D/TE: 9-9-18 SCALE: 1" = 50'



SIDE SECTION VIEW
SCALE: 1" = 3/8"



END SECTION VIEW
SCALE: 1" = 3/8"



DIFFUSER DETAIL
2 - 250 mm
Max flow per diffuser = 55 liters/minute

COUNTY ENGINEER

SEP 27 2018

RECEIVED

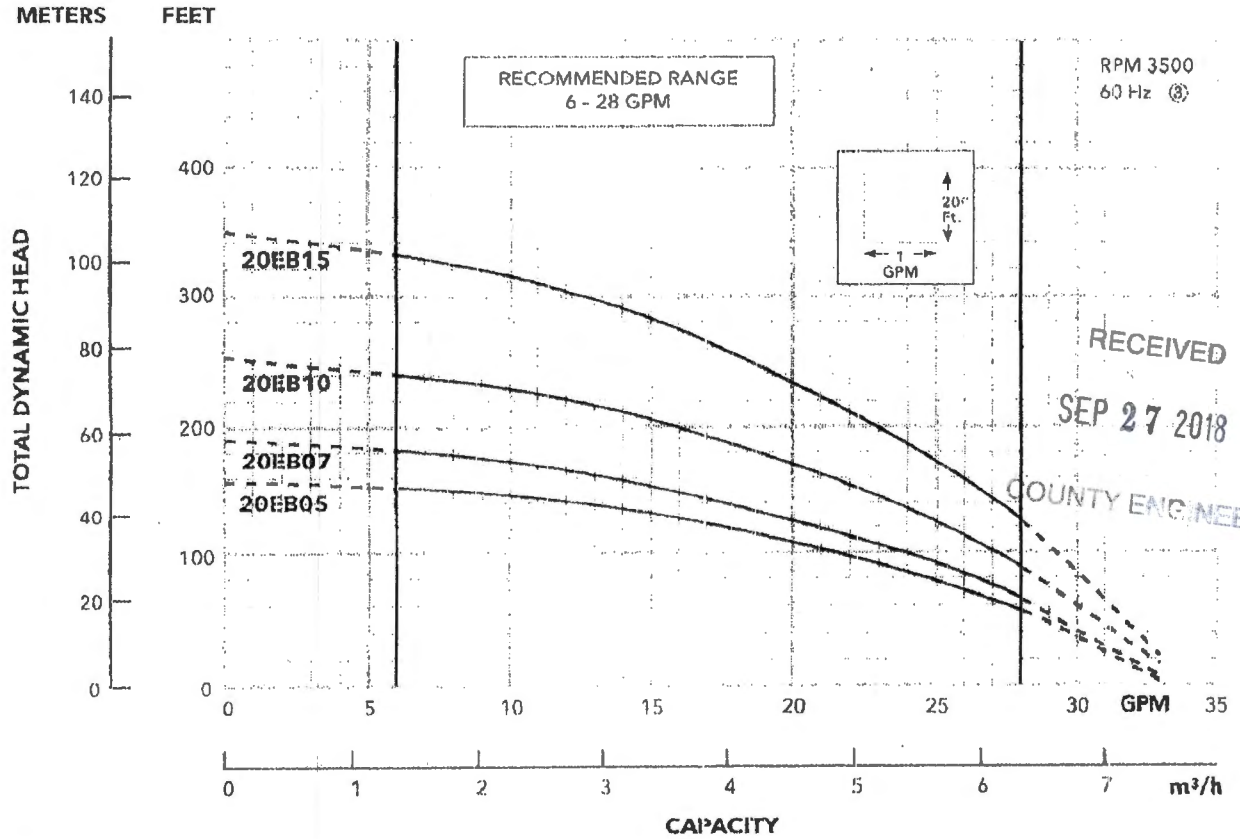
Title: **Model D-600I-m**
600 gallon per day Aerobic Treatment Unit

Company Name: **Aeris Aerobics**

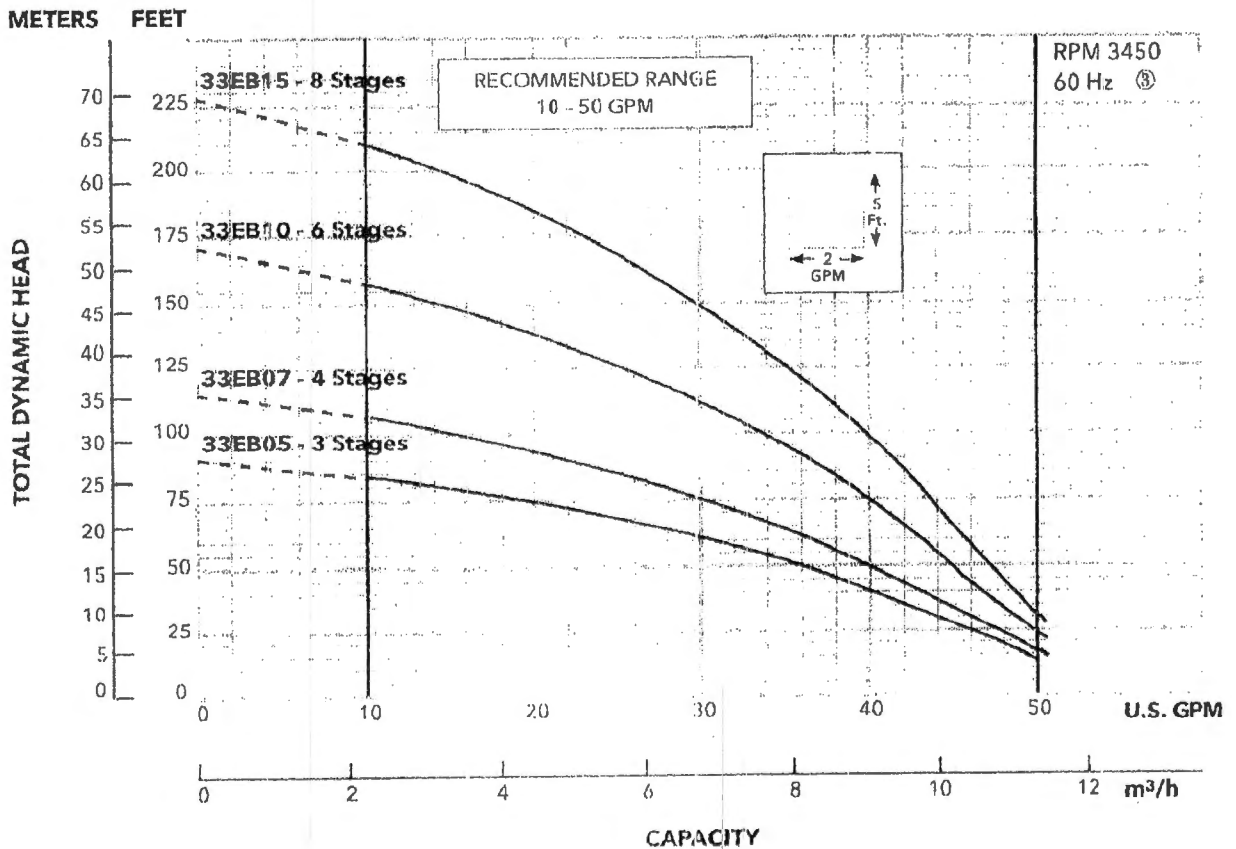
Date: **2-22-2015**

Wastewater

MODEL 20EB



MODEL 33EB



SPECIFICATIONS

- 3/4" Threaded NPT Inlet
- Arc Adjustment Range 40° to 360°
- Pop-Up Height: 5 inches
- Overall height (popped down): 7 1/2 inches

MODELS

Plastic Riser:

11003 - Both adjustable and full, continuous circle heads in one rotor.

RECEIVED
 SEP 27 2018
 COUNTY ENGINEER

LOW ANGLE DATA

Nozzle	Pressure PSI	Radius Ft.	Flow GPM
#1	30	22'	1.5
	40	24	1.7
	50	26'	1.8
	60	28'	2.0
#3	30	29'	3.0
	40	32'	3.1
	50	35'	3.5
	60	37'	3.8
#4	30	31'	3.4
	40	34'	3.9
	50	37'	4.4
	60	38'	4.7
#6	40	38'	6.5
	50	40'	7.3
	60	42'	8.0
	70	44'	8.6

METRIC

Nozzle	Pressure		Radius Meters	Flow Rate	
	kPa	Bars		L/M	M ³ /H
#1	207	2.04	6.71	5.67	.34

CORRECTION INSTRUMENT AS TO A RECORDED ORIGINAL INSTRUMENT

[Non-material correction pursuant to §5.028, Texas Property Code, where the parties to the recorded original instrument have not signed the correction affidavit (instrument)]

Date: 03/30/2017

GF No: 4000131700159

Title Company: Alamo Title Company

Affiant: Velda J Brown

Description of Original Instrument (include name of instrument, date, parties and recording information):

General Warranty Deed

Dated: March 28, 2017

Grantor: Anthony J. Torres and Bessie B. Torres

Grantee: Mohammad Reza Abangir

Recorded: Document No. 201706014830 of the Official Public Records of Comal County

Affiant on oath swears that the following statements are true and within the personal knowledge of Affiant:

1. My name is Velda J Brown. My address is 690 Windrush, Canyon lake Texas 78133. I am over the age of eighteen (18) years and am otherwise competent to make this Correction Affidavit .
2. I am an employed as an escrow officer of the Title Company. I closed the transaction relating to the original instrument and have personal knowledge of the facts relevant to the correction of the Original Instrument.

Legal description is incorrect

3. I am making this Affidavit as a correction instrument pursuant to §5.028 of the Texas Property Code, with regard to the following clerical error in the Original Instrument (describe error below):

Incorrect legal description, Lot number incorrect.

4. The Original Instrument should correctly read as follows with respect to the clerical error described above, this being a non-material change to the Original Instrument (Insert corrected language below):

Lot 663, River Crossing, Unit Three, Comal County, Texas, according to the map or plat thereof recorded in Volume 14, Pages 22-26, of the Map and Plat Records, Comal County Texas

5. I have given notice of this correction of the Original instrument by sending a copy of this Correction Affidavit by email to each party to the Original Instrument, in accordance with §5.028 (d) (2) of the Texas Property Code. The evidence of said notice is attached to this affidavit as required by §5.028 (d) (1) of the Texas Property Code.

AFFIANT:

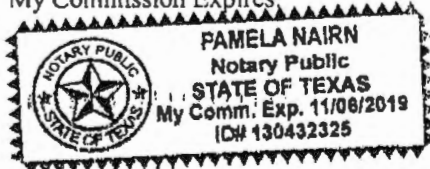
Velda J Brown

STATE OF TEXAS §

COUNTY OF Comal §

SWORN TO AND SUBSCRIBED before me on this 30th day of March, 2017, by Velda J Brown, to certify which witness my hand and seal of office.

My Commission Expires:



Pamela Nairn
Notary Public, State of Texas

Notary Name Printed: Pamela Nairn

ATC | VTB
4000131700159

201706014830 03/29/2017 01:19:00 PM 1/2

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.

General Warranty Deed

THE STATE OF TEXAS §
COUNTY OF COMAL §

KNOW ALL MEN BY THESE PRESENTS:

Executed on date of acknowledgement to be Effective on: March 28, 2017.

Grantor: ANTHONY J. TORRES and BESSIE B. TORRES

Grantor's Mailing Address: 22103 Pelican Edge, San Antonio, Bexar County, Texas 78258

Grantee: MOHAMMAD REZA ABANGIR

Grantee's Mailing Address: 438 Copper Rim, Spring Branch, Comal County, Texas 78070

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SEP 27 2018
COUNTY ENGINEER

Consideration: TEN DOLLARS (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged.

Property (including any improvements): Lot 633, River Crossing, Unit Three, Comal County, Texas, according to the map or plat thereof recorded in Volume 14, Pages 22-26, of the Map and Plat Records, Comal County, Texas.

Reservations from Conveyance: None.

Exceptions to Conveyance and Warranty: All presently recorded restrictions, reservations, easements, covenants and conditions that affect the property and taxes for the current year, the payment of which Grantee assumes.

Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

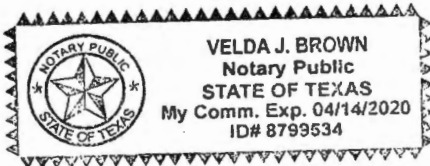
When the context requires, singular nouns and pronouns include the plural.

Anthony J. Torres
ANTHONY J. TORRES

Bessie B. Torres
BESSIE B. TORRES

THE STATE OF TEXAS *
COUNTY OF Comal *

This instrument was acknowledged before me on this the 28 day of March, 2017, by ANTHONY J. TORRES.

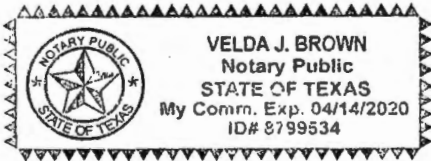


Velda J. Brown
NOTARY PUBLIC, STATE OF TEXAS
Notary's Name Printed: _____
My Commission Expires: _____

RECEIVED
SEP 27 2018
COUNTY ENGINEER

THE STATE OF TEXAS *
COUNTY OF Comal *

This instrument was acknowledged before me on this the 28 day of March, 2017, by BESSIE B. TORRES.



Velda J. Brown
NOTARY PUBLIC, STATE OF TEXAS
Notary's Name Printed: _____
My Commission Expires: _____

AFTER RECORDING RETURN TO:
ALAMO TITLE COMPANY
GF No. 4000131700159

PREPARED IN THE LAW OFFICE OF:
KRISTEN QUINNEY PORTER, LLC
P.O. Box 312643
New Braunfels, Texas 78131-2643

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
03/29/2017 01:19:00 PM
CSCHUL 2 Pages(s)
201706014830



Bobbie Koepf

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

Items Date Received	Initials

Permit Number

Instructions:

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

OSSF Permit

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

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

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

Required Permit Fee

Copy of Recorded Deed

Surface Application/Aerobic Treatment System

Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public

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

RECEIVED
SEP 27 2018
COUNTY ENGINEER

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

Mahn
Signature of Applicant

9-17-18
Date

<input type="checkbox"/> COMPLETE APPLICATION
Check No. _____ Receipt No. _____

<input type="checkbox"/> INCOMPLETE APPLICATION
(Missing Items Circled, Application Refused)

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Phone: (830) 312-8776

Printed: 1/30/2019

AerobicSolutions.net

To: **Mohammad Abangir**
424 Copper Rim
Spring Branch, TX 78070

Tech: Not Assigned
Brand/Mfg.: AERIS -
System S/N:
Aerator and S/N:

Permit #:
108172

Contract: 11/15/2018 - 11/15/2020
Inspections per year: 3
Service Due: 2/15/2019
Alt Phone:

Site: 424 Copper Rim, Spring Branch
Agency: Comal County Environmental Health
County: Comal
Subdivision: River Crossing

Phone: (210) 514-0844
Cell:
Work:

SCHEDULED

Inspection Type: INSPECTION Inspection # 1 of 10 for the contract year
BRAND OF SEPTIC SYSTEM _____

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocell Test:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>80</u>			

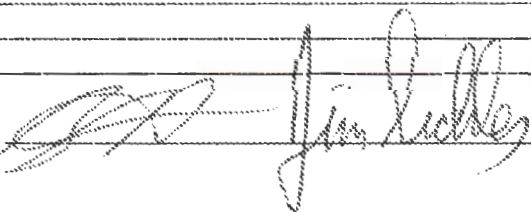
Test Results and observations: (As Required)

Chlorine Residual: _____ 0.01 mg/L
Test Method: _____ GENES
BCD: N/A
TSS: 12
Tank Lids Secured _____ YES
Repairs made: Y/N (N)
Sludge Levels: Tank 1: N/A Tank 2: 0-1 Tank 3: 0-1

Repairs and Comments:

OFFERED CURB AND COVER FREE

Inspector:



Date:

27 FEB 19

Area: / 0
GPS:

ID = 431

Appointment

424 Copper Rim, Spring Branch

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Printed: 5/28/2019

Phone: (830) 312-8776

AerobicSolutions.net
Permit #: 108172

To: **Mohammad Abangir**
424 Copper Rim
Spring Branch, TX 78070

Tech: Not Assigned
Brand/Mfg.: AERIS -
System S/N:
Aerator and S/N:

Site: 424 Copper Rim, Spring Branch
Agency: Comal County Environmental Health
County: Comal
Subdivision: River Crossing

Contract: 11/15/2018 - 11/15/2020
Inspections per year: 3
Service Due: 6/15/2019
Phone: (210) 514-0844
Cell:
Work:

Inspection Type: SCHEDULED Inspection # 2 of 6 for the contract year
BRAND OF SEPTIC SYSTEM _____

Item	Operational	Inoperative	N/A
Aerator:	_____	_____	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	_____	_____
Air compressor:	<input checked="" type="checkbox"/>	_____	_____
Disinfection device:	<input checked="" type="checkbox"/>	_____	_____
Chlorine supply:	<input checked="" type="checkbox"/>	_____	_____
Spray field vegetation:	<input checked="" type="checkbox"/>	_____	_____
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	_____	_____
Photocell Test:	_____	_____	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>4</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.6
Test Method: Grab
BOD: _____
TSS: _____
Tank Lids Secured: Yes
Repairs made: Y/N
Sludge Levels: Tank 1: N/A Tank 2: 2" Tank 3: 6"

Repairs and Comments:

Good

Inspector: [Signature] Date: 5/28/19

Area: / 0
GPS: ID = 431

Appointment

424 Copper Rim, Spring Branch

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Phone: (830) 312-8776

Printed: 9/27/2019

AerobicSolutions.net
Permit #: 108172

To: **Mohammad Abangir**
424 Copper Rim
Spring Branch, TX 78070

Tech: Not Assigned
Brand/Mfg.: AERIS -
System S/N:
Aerator and S/N:

Contract: 11/15/2018 - 11/15/2020
Inspections per year: 3
Service Due: 10/15/2019
Alt Phone:

Site: 424 Copper Rim, Spring Branch

Agency: Comal County Environmental Health
County: Comal

Phone: (210) 514-0844
Cell:
Work:

Subdivision: River Crossing

**SCHEDULED
INSPECTION**

Inspection Type: INSPECTION Inspection # 3 of 6 for the contract year
BRAND OF SEPTIC SYSTEM _____

Item	Operational	Inoperative	N/A
Aerator:	<u> </u>	<u> </u>	<u> </u>
Irrigation pump:	<u> </u>	<u> </u>	<u> </u>
Air compressor:	<u> </u>	<u> </u>	<u> </u>
Disinfection device:	<u> </u>	<u> </u>	<u> </u>
Chlorine supply:	<u> </u>	<u> </u>	<u> </u>
Spray field vegetation:	<u> </u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u> </u>	<u> </u>	<u> </u>
Photocell Test:	<u> </u>	<u> </u>	<u> </u>
Air Compressor Reading: CFM:	<u> </u>	PSI: <u>4</u>	<u> </u>

Test Results and observations: (As Required)

Chlorine Residual: 0.4

Test Method: Orb

BOD: _____

TSS: _____

Tank Lids Secured YES

Repairs made: Y/N

Sludge Levels: Tank 1: N/A Tank 2: 2" Tank 3: 3"

Repairs and Comments:

Inspector: [Signature]

Date: 10-1-19

Area: / 0
GPS: ID = 431

Appointment

424 Copper Rim, Spring Branch

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Phone: (830) 312-8776

Printed: 1/28/2020

AerobicSolutions.net
Permit #: 108172

To: **Mohammad Abangir**
424 Copper Rim
Spring Branch, TX 78070

Tech: Not Assigned
Brand/Mfg.: AERIS -
System S/N:
Aerator and S/N:

Contract: 11/15/2018 - 11/15/2020
Inspections per year: 3
Service Due: 2/16/2020
Alt Phone:

Site: 424 Copper Rim, Spring Branch

Agency: Comal County Environmental Health
County: Comal
Subdivision: River Crossing

Phone: (210) 514-0844
Cell:
Work:

**SCHEDULED
INSPECTION**

Inspection Type: INSPECTION Inspection # 4 of 10 for the contract year
BRAND OF SEPTIC SYSTEM _____

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u>/</u>	<u>/</u>
Irrigation pump:	<u>/</u>	<u>/</u>	<u>/</u>
Air compressor:	<u>/</u>	<u>/</u>	<u>/</u>
Disinfection device:	<u>/</u>	<u>/</u>	<u>/</u>
Chlorine supply:	<u>/</u>	<u>/</u>	<u>/</u>
Spray field vegetation:	<u>/</u>	<u>/</u>	<u>/</u>
Sprinkler / Drip backwash:	<u>/</u>	<u>/</u>	<u>/</u>
Photocell Test:	<u>/</u>	<u>/</u>	<u>/</u>
Air Compressor Reading: CFM: _____ PSI: <u>9</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.2

Test Method: Orub

BOD: _____

TSS: _____

Tank Lids Secured YES

Repairs made: Y (N)

Sludge Levels: Tank 1: N/A Tank 2: 6" Tank 3: 2"-3"

Repairs and Comments:

Orub

Inspector: [Signature]

Date: 2-28-20

Area: / 0
GPS: ID = 431

Appointment

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Phone: (830) 312-8776

Printed: 5/29/2020

AerobicSolutions.net
Permit #: 108172

To: **Mohammad Abangir**
424 Copper Rim
Spring Branch, TX 78070

Tech: Not Assigned
Brand/Mfg.: AERIS -
System S/N:
Aerator and S/N:

Contract: 11/15/2018 - 11/15/2020
Inspections per year: 3
Service Due: 6/15/2020
Alt Phone:

Site: 424 Copper Rim, Spring Branch
Agency: Comal County Environmental Health
County: Comal
Subdivision: River Crossing

Phone: (210) 514-0844
Cell:
Work:

Inspection Type: SCHEDULED INSPECTION Inspection # 5 of 6 for the contract year
BRAND OF SEPTIC SYSTEM _____

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u>/</u>	<u>/</u>
Irrigation pump:	<u>/</u>	<u>/</u>	<u>/</u>
Air compressor:	<u>/</u>	<u>/</u>	<u>/</u>
Disinfection device:	<u>/</u>	<u>/</u>	<u>/</u>
Chlorine supply:	<u>/</u>	<u>/</u>	<u>/</u>
Spray field vegetation:	<u>/</u>	<u>/</u>	<u>/</u>
Sprinkler / Drip backwash:	<u>/</u>	<u>/</u>	<u>/</u>
Photocell Test:	<u>/</u>	<u>/</u>	<u>/</u>
Air Compressor Reading: CFM: _____ PSI: <u>4</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.2
Test Method: Gib
BOD: _____
TSS: _____
Tank Lids Secured YES
Repairs made: Y(N)
Sludge Levels: Tank 1: N/A Tank 2: 2" Tank 3: 4"

Repairs and Comments:

Inspector: [Signature] Date: 7-13-20

Area: /0
GPS: ID = 431

424 Copper Rim, Spring Branch

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Phone: (830) 312-8776

Printed: 10/27/2020

AerobicSolutions.net
Permit #: 108172

To: **Mohammad Abangir**
424 Copper Rim
Spring Branch, TX 78070

Tech: Not Assigned
Brand/Mfg: AERIS -
System S/N:
Aerator and S/N:

Contract: 11/15/2018 - 11/15/2020
Inspections per year: 3
Service Due: 11/15/2020
Alt Phone:

Site: 424 Copper Rim, Spring Branch

Agency: Comal County Environmental Health

County: Comal

Phone: (210) 514-0844

Cell:

Work:

Subdivision: River Crossing

SCHEDULED

Inspection Type: INSPECTION Inspection # 6 of 6 for the contract year
BRAND OF SEPTIC SYSTEM _____

Item	Operational	Inoperative	N/A
Aerator:	_____	_____	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	_____	_____
Air compressor:	<input checked="" type="checkbox"/>	_____	_____
Disinfection device:	<input checked="" type="checkbox"/>	_____	_____
Chlorine supply:	<input checked="" type="checkbox"/>	_____	_____
Spray field vegetation:	<input checked="" type="checkbox"/>	_____	_____
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	_____	_____
Photocell Test:	_____	_____	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>4</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.2

Test Method: Oral Grab

BOD: _____

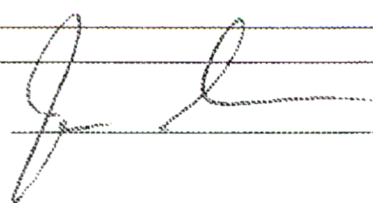
TSS: _____

Tank Lids Secured yes

Repairs made: Y/N

Sludge Levels: Tank 1: N/A Tank 2: 0" Tank 3: 5"

Repairs and Comments:

Inspector: 

Date: 11-11-20

Area: / 0
GPS:

ID = 431

424 Copper Rim, Spring Branch