

Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: **03/19/2019** Permit Number: **108433**

Location Description: **657 CAMBRIDGE DR
NEW BRAUNFELS, TX 78132**

Subdivision: **River Chase**
Unit: **10**
Lot: **1590**
Block:
Acreage:

Type of System: **Aerobic
Surface Irrigation**

Issued to: **Jeffrey L. Woods, Trustee Jeffrey L. Woos Revocable Trust**

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

ENVIRONMENTAL HEALTH INSPECTOR

ENVIRONMENTAL HEALTH COORDINATOR
OS 0025599

OS0034322

Walker Chapman

**Comal County Environmental Health
OSSF Inspection Sheet**

05002929

Installer Name: *Countryside of Oak Ridge* OSSF Installer #: ~~05002929~~

1st Inspection Date: *2-1-19* 2nd Inspection Date: *3-19-19* 3rd Inspection Date: _____

Inspector Name: *Connor* Inspector Name: *aniree R.* Inspector Name: _____

Permit#: *108433* Address: *657 Cambridge*

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	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)				

2-1-19

3-19-19

Tank level, set no leaks. Ready for cover. Operational.

covered no pool yet.

**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	✓		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		A TU	✓		
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)				
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%</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)		✓		
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						
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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)		/		
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						

Walker Chapman

**Comal County Environmental Health
OSSF Inspection Sheet**

05002929

Installer Name: *Countryside of Oak Ridge* OSSF Installer #: ~~05002929~~

1st Inspection Date: *2-1-19* 2nd Inspection Date: _____ 3rd Inspection Date: _____

Inspector Name: *Connor* Inspector Name: _____ Inspector Name: _____

Permit#: *108433* Address: *657 Cambridge*

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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)		✓		
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2-1-19

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no leaks. Ready
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**Comal County Environmental Health
OSSF Inspection Sheet**

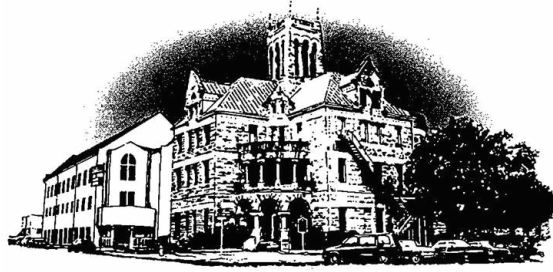
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35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.</p>	✓					
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction</p> <p>PUMP TANK Sampling Port Provided in 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>	✓					
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Comal County Environmental Health
OSSF Inspection Sheet

39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						
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**Comal County Environmental Health
OSSF Inspection Sheet**

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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: 108433
Issued This Date: 12/10/2018
This permit is hereby given to: Jeffrey L. Woods, Trustee Jeffrey L. Woods Revocable Trust

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

657 CAMBRIDGE DR
NEW BRAUNFELS, TX 78132

Subdivision: River Chase
Unit: 10
Lot: 1590
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.

**OSSF/FLOODPLAIN DEVELOPMENT
APPLICATION CHECKLIST**

Staff will complete shaded items

[Redacted]

Date Received *Initials*

[Redacted]

Permit Number

Instructions:

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

Floodplain Development Permit

- Property in Incorporated City
- Completed Application
- Boundary Map Indicating Location of Proposed Improvements
- Copy of Recorded Deed
- Required Permit Fee

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

Jeffrey L. Woods, Trustee

Signature of Applicant

29 Nov 18

Date

[Redacted]

[Redacted]

RECEIVED
DEC 03 2018
COURT

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

Date 29 Nov 18 of the Jeffery L. Woods 2010 Permit # 108433
 Owner Name Jeffrey L. Woods Trustee Agent Name FRANK AGUIRRE & CHRIS HEIMANN
 Mailing Address 905 STONECREEK CH Trust Agent Address 16159 OLD STABLE RD.
 City, State, Zip 205 NINTLE WY 78132 City, State, Zip SAN ANTONIO, TEXAS 78247
 Phone # 832 228 5433 Phone # 210.275.7866 & 210.827.1607
 Email DRINK@STONECREEKHOUSES.COM Email frankseptic45@gmail.com chrisseptic70@gmail.com

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

Subdivision Name GIVER CIRCLE Unit 10 Lot 1590 Block _____
 Acreage/Legal 2.42
 Street Name/Address 657 CAMBRIDGE City _____ Zip _____

Type of Development:
 Single Family Residential
 Type of Construction (House, Mobile, RV, Etc.) House
 Number of Bedrooms 4 total
 Indicate Sq Ft of Living Area 3210 total

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: \$ 100,000 (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

RECEIVED
DEC 03 2018
COURTY ENGINEER

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.

Signature of Owner Jeffrey L. Woods, Trustee Date 29 Nov 18

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

Page 1 of 2
Revised July 2018

*** 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 FRANK AGUIRRE &

System Description NTU W SPRAY CHRIS WEIMANN

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

Tank Size(s) (Gallons) 600 Absorption/Application Area (Sq Ft) 5769

Gallons Per Day (As Per TCEQ Table III) 300

(Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ.)

RECEIVED

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.))

DEC 03 2018

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.)

COUNTY ENGINEER

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: _____

✖
210.275.7866
FRANK SEPTIC 45@gmail.com
210.827.1607
CHRIS SEPTIC 70@gmail.com

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

Page 2 of 2

Affidavit

Date: 29 Nov

To Whom It May Concern:

I, JEFFREY L. WOODS, TRUSTEE, attest that the statements below are true for the property at 657 CAMBRIDGE.

The detached living area included with our main house constitutes our single family dwelling.

WITNESS BY HAND(S) ON THE 29th DAY OF Nov, 2018.

RECEIVED

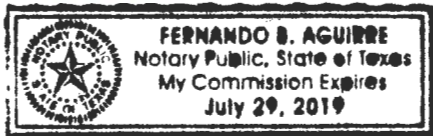
DEC 03 2018

COUNTY ENGINEER

Jeffrey L Woods, trustee
Owner/signature

JEFFREY L WOODS, TRUSTEE
Printed name

SWORN TO AND SUBSCRIBED BEFORE ME ON THE 29 DAY OF Nov, 2018.



[Signature]
Notary Public, State of Texas

Notary's Printed Name: _____

My commission expires: _____

ATU affidavit: *Frank Aguirre*

201806045820 11/30/2018 09:03:36 AM 1/1

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF COMAL STATE OF TEXAS

CERTIFICATION OF ON-SITE SEWAGE FACILITIES REQUIRING MAINTENANCE

According to the Texas Commission on Environmental Quality (TCEQ) Rules for On-site Sewage Facilities (septic systems), this document is filed in the Deed Records department of COMAL County, Texas.

The Texas Health & Safety Code, Chap. 366, authorizes TCEQ to regulate OSSF's. Additionally, the Texas Water Code, Para. 5.012 and 5.013, gives 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. TCEQ, under the authority of the TWC and the Texas Health and Safety Code, requires owner's to provide notice to the public that certain types of OSSF's are located on specific pieces of property. To achieve this notice, 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 TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by TCEQ that the appropriate OSSF was installed.

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

657 CAMBRIDGE (CAMBRIDGE)
L-1593, RIVERCHASE, 6-10

The property is owned by: (owner's full name) JEFFREY L. WOODS, TRUSTEE

This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved maintenance company and a signed maintenance contract must be submitted to COMAL County or permitting authority within 30 days after the property has been transferred.

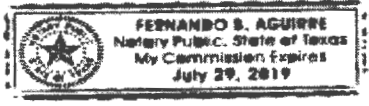
The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from COMAL County or permitting authority.

WITNESS MY/OUR HAND[S] ON THIS 29 day of NOV 18

X Jeffrey L Woods, trustee
Owner (s)

SWORN TO AND SUBSCRIBED BEFORE ME on this 29 day of NOV 18

Frank Aguirre
Notary Public, State of Texas
Notary's printed name: FRANK AGUIRRE
My commission expires: 29 Jul 2019



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DEC 03 2018

COUNTY CLERK

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
11/30/2018 09:03:36 AM
TERRI 1 Pages(s)
201806045820

 *Bobbie Koepf*

Maintenance agreement: *John Q. Jones*

Countryside Construction, Inc.
300 Chapman Parkway, Canyon Lake, TX. 78133
Phone: 830-899-2815 or 1-888-379-3721 Fax: 830-899-6662

Septic System Service Agreement

In consideration of payment for this service contract, we will abide by and agree to its terms and conditions:

Name: JEFFERY WOODS Address: 657 CAMBRIDGE
Sub-Div./County: _____ City, State/Zip: _____
Permit #: _____ Model #: _____ Serial #: _____
Phone #: _____

Initial Two Year Service Agreement & Two Year Limited Warranty One Year Service Agreement

The effective date of this initial maintenance contract shall be the date the License to Operate is issued. For \$ _____ a year this contract will be in effect FROM _____ TO _____ and will provide the following:

Legal Description: L-1590 RIVER GANSE, U-10

- A: An inspector/service call every (4) four months which will include: inspection, adjustments and servicing of the mechanical & electrical components as necessary to insure proper function of the system.
- B: An effluent quality inspection consisting of a visual check for color, turbidity, scum, overflow and odor.
- C: The property owner is responsible for "purchasing and keeping chlorine" in the chlorinator, (if applicable). If the chlorine test reveals "No Chlorine" in the system, the property owner may incur an additional cost.
- D: If any improper operation is observed (which cannot be corrected at that time) the property owner will be notified immediately of the conditions and the estimated cost.
- E: The response time to a complaint by the property owner regarding operation of the system, shall be within 48 hours, from the time of notification.
- F: **ANY PARTS WARRANTY OR NON-WARRANTY, OR FREIGHT CHARGES, LABOR OR SERVICE CALLS DUE NOT PAID FOR REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND COULD RESULT IN REPOSSESSION OF PARTS BY COUNTRYSIDE CONSTRUCTION.**
- G: **THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZES COUNTRYSIDE CONSTRUCTION TO ENTER THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.**

Countryside Construction, Inc., will warranty installation of the septic system to be according to state and county regulations and the designs approved by the county. **HOMEOWNER WILL BE RESPONSIBLE FOR SERVICE CALLS, LABOR AND SHIPPING COSTS ON ANY "WARRANTED PARTS" EXCHANGED DURING WARRANTY.** All other components will be according to manufacturer's warranties.

Important: As Countryside Construction, Inc. cannot control what or how much effluent goes into this septic system, we cannot warranty how the system will function. Refer to manufacturers or installer's instructions, for suggestions on septic operation. This service agreement does not cover the cost of "Service Calls, Labor or Materials that are required or parts out of warranty, the failure to maintain electrical power to the system, sprinklers that are broken, leaking, stopped-up or otherwise mal-functioning; or sewage flows exceeding the hydraulic/organic design capabilities and the input of non-biodegradable materials (solvents, grease, oil, paints, etc.), or any usage contrary to the requirements as advised by authorized service representative. Laboratory test work is available at an additional cost. Chlorine, filters, or parts that are out of warranty are available at a reasonable cost.

This contract does not include the pumping of a tank, or of any compartment of a tank, or settlement of soil on or around any part of the system regardless of reason.

Violations of the warranty also include: Disconnecting the alarm, restricting ventilation to the aerator, over loading the system above its rated capacity; or flooding by external means. Rodent, insect or Fire Ant damage or any other form of unusual abuse is a violation.

A renewal service contract should be "Anticipated" (30) thirty days before expiration of existing contract. We will contact property owner prior to expiration of existing contract.

Serviced by: Countryside Construction Inc.
Walter Chapman - Installer's License #050002923

Jeffery Woods Print Name (or) JEFFERY WOODS Date: 29 Nov 18
Property Owner Signature
Walter Chapman Date: 29 Nov 18 Authorized Service Representative (licensed 10645)

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COUNTRYSIDE CONSTRUCTION

Site evaluation:

Applicant/site:

Name: Jeffery Woods

Location: 657 Cambridge, Comal

Date: 29 Nov 2018

Site Evaluator: Frank Aguirre, 16159 Old Stable Rd., San Antonio, Texas 78247; Lic # 30400, 2/2

SOIL BORING NUMBER <u>1</u>						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class II: blocky, platy or massive)	Drainage (Moisture/Water Table)	Restrictive Horizon	Observations
0 1 2 3 4 5		Limestone			Class IV	

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 COUNTY ENGINEER

SOIL BORING NUMBER <u>2</u>						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class II: blocky, platy or massive)	Drainage (Moisture/Water Table)	Restrictive Horizon	Observations
0 1 2 3 4 5		CLAYE			Class III	



16159 Old Stable Rd.
Frank Aguirre, R.S.

San Antonio, Texas 78247-4490
210.275.7866

frankseptic45@gmail.com

PLANNING MATERIALS FOR A SEPTIC SYSTEM IN COMAL COUNTY *Frank Aguirre*

DATE, FIELD WORK: 29 Nov 2018

THE PLAYERS:

Property owner: Jeffrey L. Woods, Trustee of the Jeffrey L. Woods Revocable Trust, c/o Darla Strawther, 225 Vintage Way, New Braunfels, TX 78132, darla@stonecreekcustomhomes.com, 830-228-5433 or 210-494-5400
Site Evaluator: Frank Aguirre, SE, #10807
Designer: Frank Aguirre, R.S., Lic. 994
Installer: Robert Keltner, 830.743.0483
Septic system design review & inspections: Comal County: Brenda Ritzen or Sandra Hernandez, 830.608.2090

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THE PROPERTY:

Street numerical address: 657 Cambridge Dr.
Legal description: Lot 1590, River Chase, Unit 10

DEC 03 2018

COUNTY ENGINEER

Recharge zone: The property is on the ERZ and the septic system design complies with all the provisions of the existing WPAP.

THE PROPOSED PROJECT:

A single family residence, 3 BR, 2484 SF and a 1 BR family apartment, 726 SF, for a total of 3210 SF, 4 BR

THE ESTIMATED SEWAGE PRODUCTION CHARACTERISTICS:

Hydraulic loading estimated at 300 gpd, sized, by regulations, to a 4 BR home.
Organic loading estimated at 140 to 300 mg/l BOD with traces of FOG and TSS (residential strength)

DESCRIPTION OF PROPOSED MONITORING OF SEWAGE CHARACTERISTICS:

Hydraulic loading as the major portion of the water meter reading.

TARGET FINAL EFFLUENT PARAMETERS:

Hydraulic loading less than the estimated loading on ANY GIVEN DAY.
Organic loading: BOD and TSS of less than 65 mg/l

WATER SOURCE: CLWS

SITE EVALUATION DATA:

- A. This certifies that proper soil analysis procedures were followed.
- B. Soils at this site are Class IV and are not suitable with respect to texture.
- C. The overall site suitability is not appropriate for a Standard on-site wastewater system.

OVERALL SEPTIC SYSTEM COMPONENTS:

Collection: (It is crucial that all sewer drops exiting this home/building be as shallow as possible, still meeting elevation plumbing requirements in the slab. This design assumes a shallow sewer drop exit.) About 5' of tightline from the house to the ATU with a cleanout within 3' of the house. *Frank Ogino*

RECEIVED

Pre-treatment: Single compartment (trash) tank in front of the ATU

DEC 03 2018

Treatment: 600 gpd ATU (aerobic treatment unit) with disinfection

The system to be installed must be done so in STRICT ACCORDANCE WITH ALL COUNTY ENGINEER MANUFACTURER'S RECOMMENDATIONS by a Class II septic system installer.

Water pump requirements: Must overcome an elevation head of 6', a friction head of 8' and a maximum head at the spray head of 45' for a total head of 59'. It shall operate the spray heads at two application times (operated by a control box using a timer) - 12 midnight and 4 am cycles of 150 gal. each cycle. At 12 gpm, each cycle shall run for 13 minutes.

Supply line size: 1"

Sprayheads: K-rain 1303 RCW or equal

Recycling: The required spray area for this size of residence is 4688 SF.

The actual spray shall be 5769 SF for a total of 12 gpm.

The spray area shall be covered with grasses, evergreen shrubs, bushes, trees or landscaped beds containing mixed vegetation.

Float Switch Placements

Actual liquid measurements:

60" depth, 60" length, 60" width, dividing by 12 to go to "feet":

5' depth, 5' length, 5' width

Capacity, in CF, = 5' x 5' x 5' = 125 CF X 7.48 gal/CF = 935 gal (Actual tank capacity)

935 gal = 15.58 gal/inch

60" depth *Frank Ogino*

Volume needed for a single dose = $300 \text{ gal} / 2 = 150 \text{ gal}$.

$\frac{150 \text{ gal}}{15.58 \text{ gal/in}} = 10''$ needed between the "Off" and "On" switches

Volume needed between the "On" and "Alarm" switches = 1 day's volume = 300 gal

$\frac{300 \text{ gal}}{15.58 \text{ gal/in}} = 20''$ needed between the "On" and "Alarm" switches

Volume required above the "alarm" switch = $1/3$ day's volume = 100 gal.

$\frac{100 \text{ gal}}{15.58 \text{ gal/in}} = 7''$ needed above the "alarm" switch

Locations of float switches:

Distance between the OFF and ON switches = 10"
 + Distance between the ON and Alarm switches = 20"
 + Distance between the Alarm switch and Inlet = 7"

Minimum working depth required = 37"
 Actual working depth available = 60"

+Min. height needed above floor of tank for the OFF switch = 8"
 Minimum tank depth from Inlet to bottom of tank = 45"

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COUNTY ENGINEER

CODE COMPLIANCE

Everyone realizes that the QUALITY of sewage from a restaurant is more to treat than that from a residence, because of the presence of FOG - fats, oils and greases. But not enough attention is given to the fact that HOME sewage can also include high FOG contents from cosmetics, bath oils, suntan lotion, etc. in addition to cooking greases and food scraps.

Medications taken by persons living in the home, bleaches and non-eaten plastics and paper can also play havoc with the septic system.

Technical note: Home sewage should have no higher than 60 mg/l in Total Suspended Solids, 20 mg/l in FOG and 300 mg/l in BOD. Exceeding any of these limits can cause serious damage and malfunction to the septic system, in addition to that causes my more VOLUME of sewage

than that for which the system was designed. 

Aerobic Treatment Units (ATU's) must be approved by the TCEQ and installed, managed, monitored and maintained in accordance with manufacturer's recommendations. All wiring and piping must be in accordance with Ch. 285, septic system regulations, as a MINIMUM.

It is not within the scope of this document to cite all the engineering and construction standards that apply to this project. This is a PERFORMANCE design that is modeled to meet...

1. All septic regulations of the Texas Commission On Environment Quality, Chap. 285, version of 28 Dec 2012, and
2. All construction standards that are generally accepted with the septic system industry, and
3. All requirements as stated by the local inspection jurisdiction in which the property sits.

BEST PRACTICES

It is the opinion of this designer that both state and local jurisdiction requirements represent MINIMUM government regulations that may or may not result in a septic system that meets the property owner's EXPECTATIONS of it providing dependable, long-lasting service. Therefore, the property owner should consider some of the many UPGRADES that are available from the INDUSTRY and the MANUFACTURER'S side of the project.

As part of the "best practices" thrust, ALL septic systems of all types can deliver long-lasting, dependable service IF and ONLY IF the owner of the system includes these three items:

- a. Management - The sewage that is sent to the system must be within both its quantitative and qualitative design limits.
- b. Monitoring - Every system must be closely watched for any signs of failure. The best monitoring includes specific measurements of its various characteristics.
- c. Maintenance - The system must be properly maintained on a regularly scheduled basis by a qualified and licensed person.

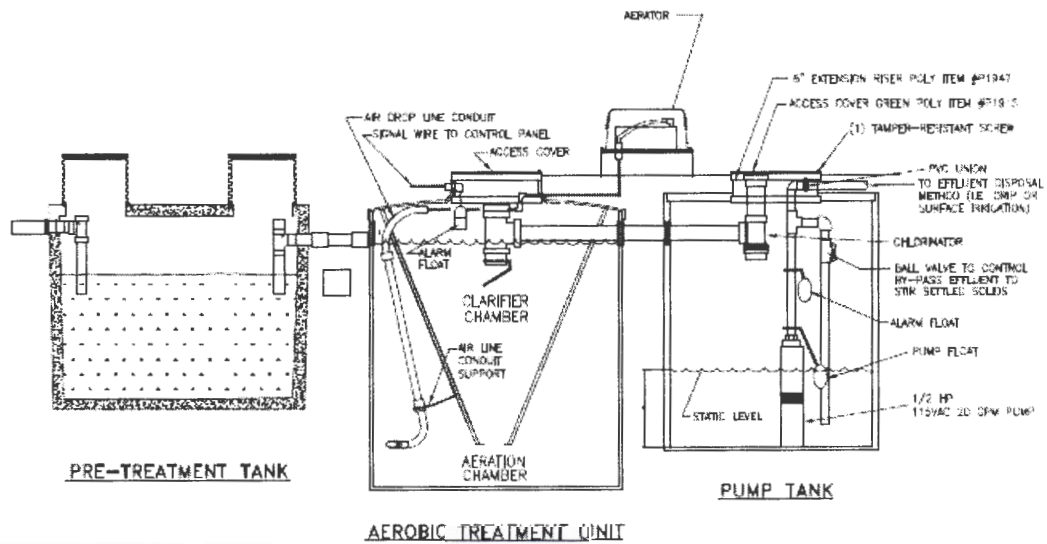
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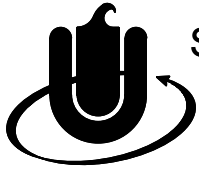
Chemical characteristics: The parameters of typical residential-strength sewage are: BOD-140, TSS - 75, FOG - 15, DO - .5, pH - 7 and temp 59.

COUNTY ENGINEER

Generic cross-section of a typical ATU: *Frank Ogino*



ALL RESIDENTIAL AEROBICS MUST BE KEPT UNDER CONTRACT WITH A MAINTENANCE PROVIDER, or done by a trained/licensed homeowner, AT ALL TIMES. [285/(d) The unit must be checked and tested ONCE EVERY 4 MONTHS [285.91 (4)] for the life of the unit and test results shall be submitted to the local DR (inspector).



Septic Systems Express
DBA of Frank Aguirre and Associates, Inc.

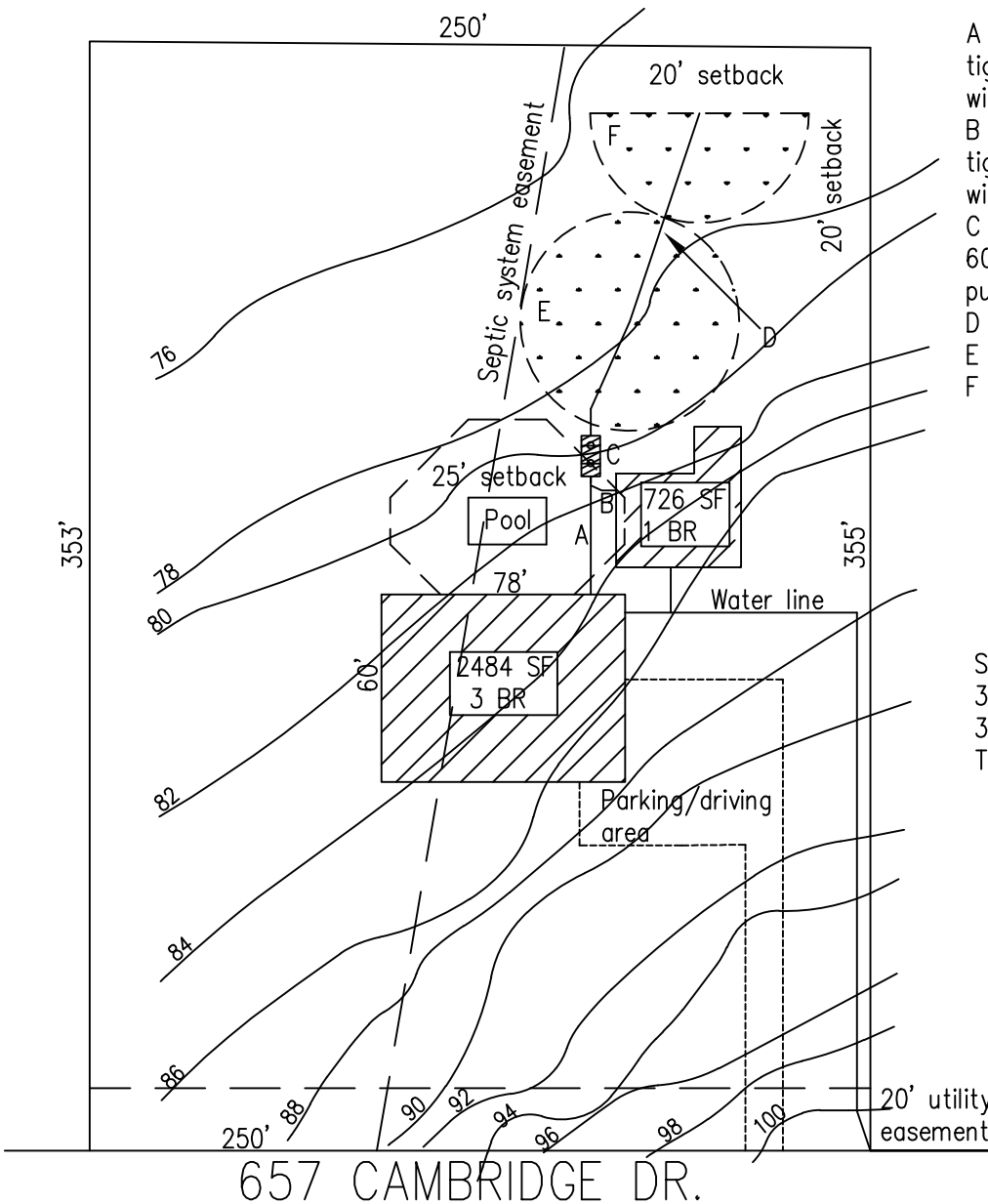
REVISED
4:22 pm, Dec 31, 2018



1" = 60'

2.03 Acres

WOODS PROPERTY
29 NOV 2018
Revision of 31 Dec 2018



- A = 35' of 4" pvc, Sch. 40 tightline with a cleanout within 3' of the house
- B = 15' of 4" pvc, Sch. 40 tightline with a cleanout within 3' of the apartment
- C = Pre-treatment tank, 600 gpd ATU, chorinator and pump tank
- D = ± 100' of 1" supply line
- E = 35' radius full circle spray
- F = 35' radius half circle spray

Sprayfield:
35' radius full circle = 3846 SF
35' radius half circle = 1923 SF
Total: 5769 SF

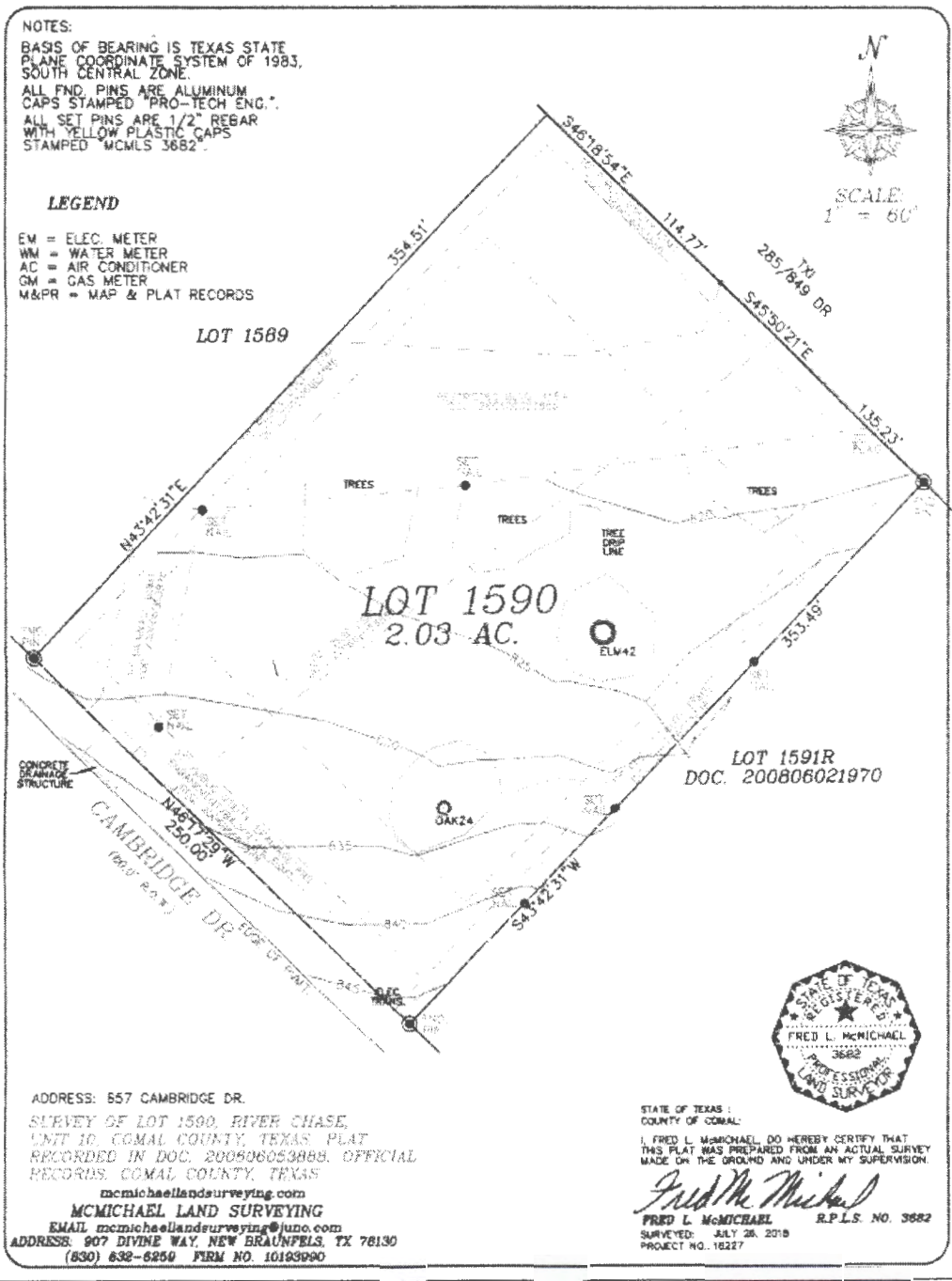
Frank Aguirre



RS 994
OS10807
DR 30400
L-1590, RiverChase,U-10

Note: The contractor may make field adjustments to the system so as to better fit specific site conditions. All angles, lengths and locations shown are approximate and are adjustable during the

Property plat: *Link Sign*

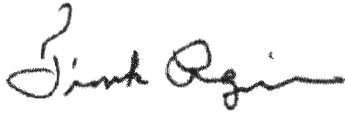


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 DEC 03 2018
 COUNTY ENGINEER



I hereby certify that this design conforms to both TCEQ and local regulations for On-Site Sewage Facilities and, with proper use, maintenance, and under normal climatic conditions, can be expected to function without creating a nuisance.

Sincerely,



Frank Aguirre, Registered Sanitarian, Lic. 994, SE 10807, DR 30400

Location:

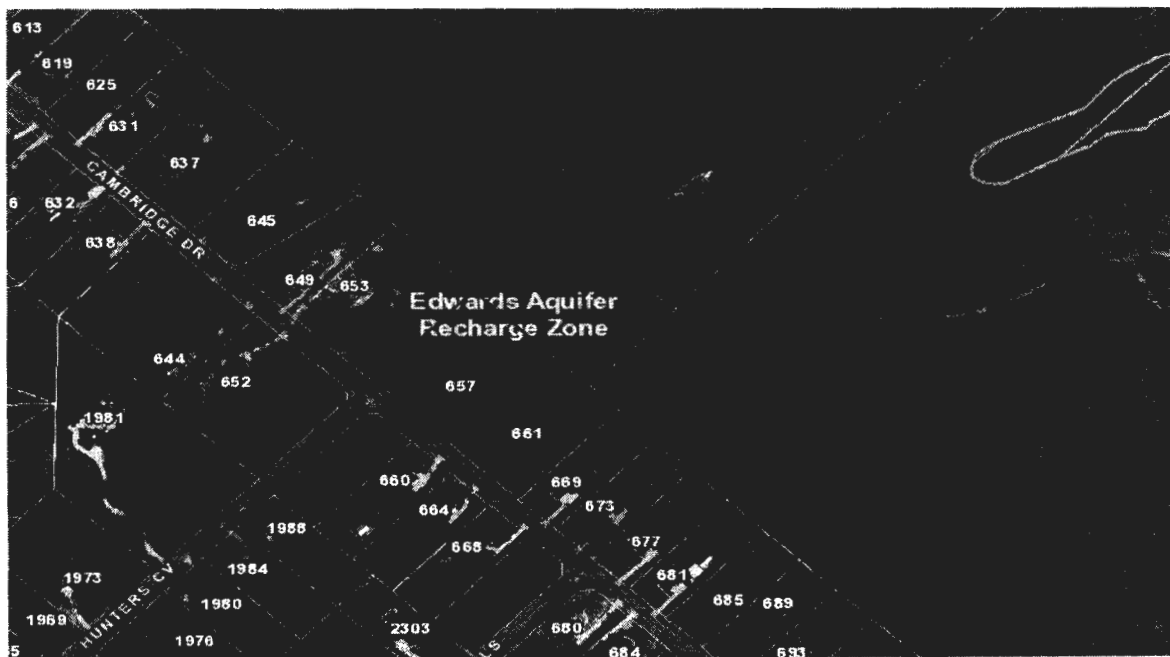


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Flood zone/Aquifer map:





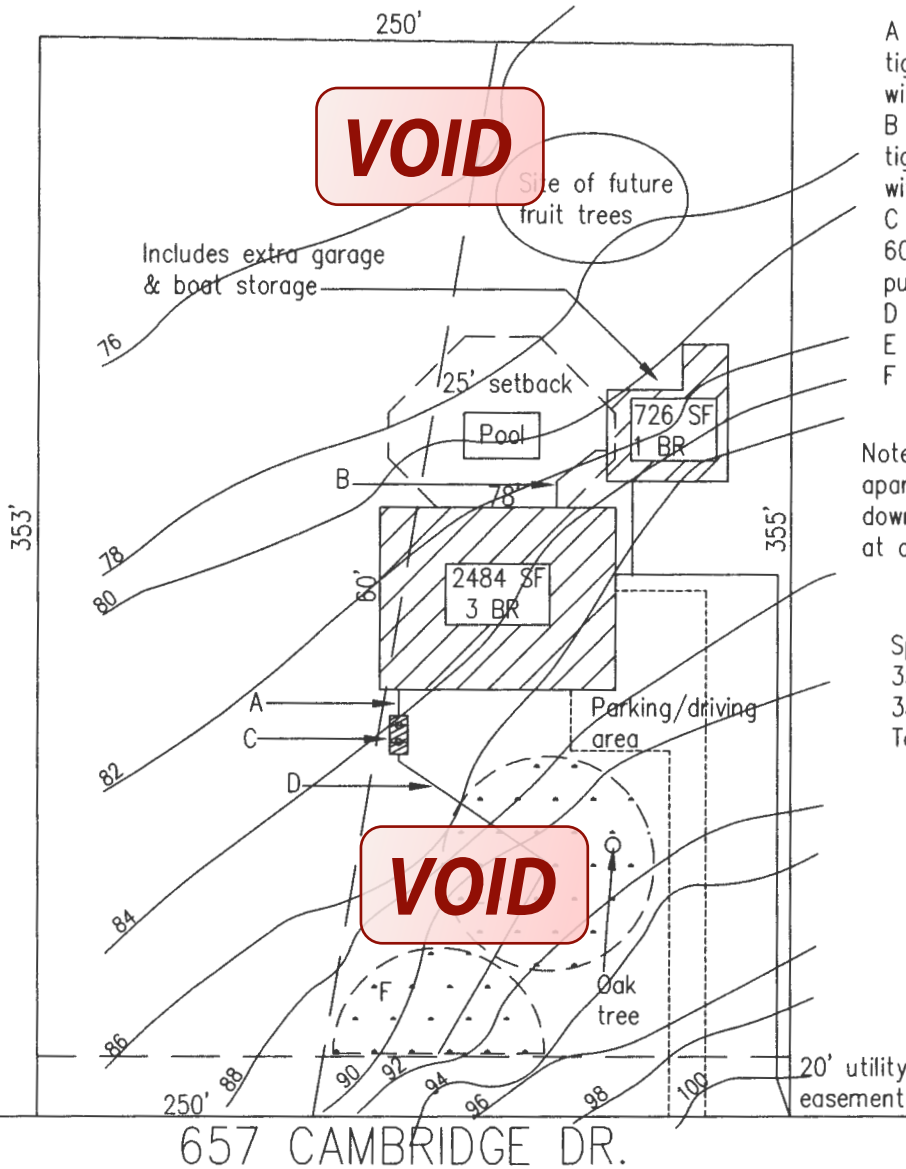
Septic Systems Express
DBA of Frank Aguirre and Associates, Inc.



1" = 60'

2.03 Acres

WOODS PROPERTY
29 NOV 2018



- A = 5' of 4" pvc, Sch. 40 tightline with a cleanout within 3' of the house
- B = 15' of 4" pvc, Sch. 40 tightline with a cleanout within 3' of the apartment
- C = Pre-treatment tank, 600 gpd ATU, chlorinator and pump tank
- D = ± 140' of 1" supply line
- E = 35' radius full circle spray
- F = 35' radius half circle spray

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DEC 03 2018

COUNTY ENGINEER

Note: Sewer drops from both the apartment and the house shall downslope to the aerobic unit at a minimum of 1/8"/LF.

Sprayfield:
35' radius full circle = 3846 SF
35' radius half circle = 1923 SF
Total: 5769 SF

Frank Aguirre



RS 994
OS10807
DR 30400
L-1590, RiverChase,U-10

Note: The contractor may make field adjustments to the system so as to better fit specific site conditions. All angles, lengths and locations shown are approximate and are adjustable during the


Ritzen, Brenda

From: Ritzen, Brenda
Sent: Friday, December 7, 2018 2:10 PM
To: 'Frank Aguirre'
Subject: Permit 108433

Re: Jeffrey L. Woods, Trustee of the Jeffrey L. Woods Revocable Trust
River Chase Unit 10 Lot 1590
Application for Permit for Authorization to Construct an On-Site Sewage Facility

Frank,

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

-  1. The owner name on the permit application must match the owner name as described on the recorded warranty deed.
2. Revise as needed and resubmit.

Thank you,

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

VOID

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

Date 29 Nov 18 Permit # 108433
Owner Name JEFFREY L. WOODS TRUSTEE Agent Name FRANK AGUIRRE & CHRIS HEIMANN
Mailing Address 40 STONECREEK CH Agent Address 16159 OLD STABLE RD.
City, State, Zip 225 WINTERS HWY 7 8132 City, State, Zip SAN ANTONIO, TEXAS 78247
Phone # 832 226 54 33 Phone # 210.275.7866 & 210.827.1607
Email DNRINC@STONECREEKHOUSTON.COM Email frankseptic45@gmail.com chrisseptic70@gmail.com

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

Subdivision Name RIVER CIRCLE SE Unit 10 Lot 1590 Block _____
Acreage/Legal 2 Ac
Street Name/Address 657 CAMBRIDGE City _____ Zip _____

Type of Development:

Single Family Residential

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

Number of Bedrooms 4 total

Indicate Sq Ft of Living Area 3211 total

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: \$ 100,00 (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.

Signature of Owner Jeffrey L Woods, Trustee Date 29 Nov 18

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DEC 03 2018
COUNTY ENGINEER

VOID

Property deed: *Link Register*

2
11 (2)



201106004068 02/07/2011 12:48:02 PM 1/2

RECORDING REQUESTED BY:
BRUNICK, McELHANEY & BECKETT

↓
WHEN RECORDED MAIL TO:
BRUNICK, McELHANEY & BECKETT
Attorneys at Law
P. O. Box 1320
Redlands, California 92373

MAIL TAX STATEMENTS TO:
JEFFREY L. WOODS, TRUSTEE
2520 Tara Lane
Riverside, California 92508

QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
JEFFREY L. WOODS, 2520 Tara Lane, Riverside, California 92506

hereby QUITCLAIMS to **JEFFREY L. WOODS, TRUSTEE OF THE JEFFREY L. WOODS 2010 REVOCABLE TRUST**, 2520 Tara Lane, Riverside, California 92506

the following described real property in the County of Comal State of Texas:

Lot 1590, RIVER CHASE UNIT TEN, Comal County, Texas, according to plat thereof recorded in Document No. 200606053888, Official Public Records of Comal County, Texas.

APN: 45-0695-1590-00

DATED: December 29, 2010

Jeffrey L Woods

JEFFREY L. WOODS

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DEC 03 2018
COUNTY ENGINEER

Link Origin

STATE OF CALIFORNIA)
) SS.
COUNTY OF SAN BERNARDINO)

On December 29, 2010, before me, DEBORAH A. MADSEN, a Notary Public, personally appeared JEFFREY L. WOODS proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

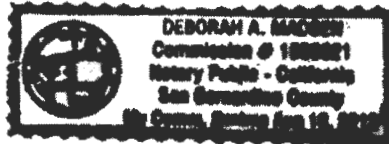
I declare under PENALTY OF PERJURY under the laws of the State of California that the foregoing is true and correct.

WITNESS my hand and official seal.

Deborah A. Madsen

Notary Public

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DEC 03 2018
COUNTY ENGINEER



Filed and Recorded
Official Public Records
Joy Streater, County Clerk
Comal County, Texas
02/07/2011 12:45:02 PM
CRSHTHREE
201106084808

 *Joy Streater*

COUNTRYSIDE CONSTRUCTION, INC.
 300 CHAPMAN PARKWAY
 CANYON LAKE, TX 75133

Phone: 830 899-2615
 Fax: 830 899-6762

TESTING AND REPORTING RECORD

Compliance and Reporting Record shall be completed, dated and signed by the inspector.

1. Inspection Date: JULY 19, 2019 Inspected: 2:00 PM Service Engineer: 310711

BILLING ADDRESS: 281000014712
 JEFFREY WOODS
 687 CAMBRIDGE
 NEW BRAUNFELS, TX 78130

TELEPHONE: NEED+ LOT: LT 1800 REPORT # 10601
 ALT. PHONE: COMMAL 0300184
 SUBDIVISION: RIVER CHASE Manufacture: CLEARSTEM 0000037 M-5310 NOT AVAILABLE

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item	Operational	Inoperative	1. Add, replace, or Remove or Replaced (reason for system, and components replaced)
Aerators SCFM Compressor: P&L (Record Pressure Reading)	1.25		ckd compressor
Filters	-		
Irrigation Pumps	-		ckd pump
Recirculation Pumps	Not		
Disinfection Device	-		Floats
Chlorine Supply	-		
Electrical Circuits	-		Alarm + Sprinklers
Distribution System	-		
Sprayfield Vegetation	-		
Back Flush Drop Field of spray nozzles	NA		
Other as Noted			ckd chlorine
Access Posts are Secured	<input checked="" type="checkbox"/>	No	

2. Tests required and results

	Required		Results	Pass / Marked
	Yes	No		
BOD (Grab)				
TSS (Grab)				
Cl (Grab)			1.0	0.70
Fecal Coliform				

Copies of this report have been furnished to the following: C.O. Al. County, Homeowner.

Maintenance Technician: Richard
 Date of completion: 7-22-19 Time of Test: 3:06 Signature: R. B.
 Maintenance Address: W. Chapman

COUNTRYSIDE CONSTRUCTION, INC.
 300 CHAPMAN PARKWAY
 CANYON LAKE, TX 78133

Phone: 830-899-2615
 Fax: 830-899-6662

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: NOVEMBER 19, 2019 Installed: 3/19/2019 Service Expires: 3/19/2021

BILLING ADDRESS

JEFFREY WOODS
 687 CAMBRIDGE
 NEW BRAUNFELS, TX 78133

PHYSICAL ADDRESS

687 CAMBRIDGE
 NEW BRAUNFELS, TX 78133

TELEPHONE 951-824-0663
 ALT PHONE

LOT LI 1890

HEAVY # 108433
 COUNTY COMAL
 SN IS040184
 MAPS01 NDT
 AVAILABLE

SUBDIVISION HVER CHASE Manufacturer CLEARSTORM CONCRET

NOTES

TYPE OF SYSTEM SPRAY

Inspected Item	Operational	Inoperative	2. Action taken or Repairs or Needed repairs to system (list all components replaced):
Perators SCPL/Compressors PSI (Record Pressure Reading)	1.25		cleaned Filter
Filters	-		
Irrigation Heads	-		chkd pump
Recirculation Pumps	NA		Floats Alarm
Disinfection Device	-		
Chlorine Supply	-		Sprayers
Electrical Circuits	-		
Distribution System	-		
Sprayfield Vegetation	-		chkd chlorine
Back Flush Trip Field, if applicable	NA		added 2 Tabs
Other as Needed			
Access Posts are Secured	Yes	No	

3. Tests required and results

	Required		Results mg/l ppm/100ml or Trace	Test Method
	Yes	No		
BOD(Grab)				
TSS(Grab)				
Cl(Grab)			1.0	OTG
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county Homeowner.

Maintenance Technician: Richard

Date of completion: 11-9-19 Start Job Time: 9:43 Stop Job Time: 9:57

Maintenance Provider: Walsh Chapman

COUNTRYSIDE CONSTRUCTION, INC.
300 CHAPMAN PARKWAY
CANYON LAKE, TX 78133

Phone: 830-899-2615
fax: 830-899-6662

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: **MARCH 19, 2020** Installed: **3/19/2019** Service Expires: **3/19/2021**

BILLING ADDRESS:
JEFFREY WOODS
657 CAMBRIDGE
NEW BRAUNFELS, TX 78132

PHYSICAL ADDRESS:
657 CAMBRIDGE
NEW BRAUNFELS, TX 78132

TELEPHONE: **951-824-0553**
 ALT. PHONE:

LOT: **LT 1590** PERMIT#: **108433**
 COUNTY: **COMAL**
 SN: **18040184**
 MAPSCO: **N/A**

SUBDIVISION: **RIVER CHASE** MFG: **CLEARSTRM 600NC3T**

NOTES:
 TYPE OF SYSTEM: **SPRAY**

Inspected Item: Operational Inoperative

Inspected Item:	Operational	Inoperative
Aerators SCFM/Compressors PSI Record Pressure Reading	1.25	
Filters	-	
Irrigation Pumps	-	
Recirculation Pumps	N/A	
Disinfection Device	-	
Chlorine Supply	-	
Electrical Circuits	~	
Distribution System	-	
Sprayfield Vegetation	-	
Back Flush Drip Field, if applicable		
Other as Noted		

2. Action taken or Repairs or
 Needed repairs to system (list all
 components replaced):

cleaned Filter

chk pump

float alarms

2 Sprayers

chk chlorine

SYSTEM OPERATING AS DESIGNED? Y/N

Access Posts are Secured Yes No

3. Tests required and results:

	Required		Results mg/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/		
Cl (Grab)	/		1.0	OTO
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Richard

9

Date of completion: 3-25-20 Start Job Time:

Stop Job Time: _____

Maintenance Provider: Walker Chapman

COUNTRYSIDE CONSTRUCTION, INC.
 300 CHAPMAN PARKWAY
 CANYON LAKE, TX 78133

Phone: 830-899-7615
 Fax: 830-899-6662

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: NOVEMBER 19, 2020 Installed: 3/19/2019 Service Expires: 3/19/2021

BILLING ADDRESS:
 JEFFREY WOODS
 657 CAMBRIDGE
 NEW BRAUNFELS, TX 78132

PHYSICAL ADDRESS:
 657 CAMBRIDGE
 NEW BRAUNFELS, TX 78132

TELEPHONE: 951-824-0553
 ALT. PHONE:

LIT: LT 1590

SERVICES: 108433

COUNTY: COMAL

BY: 18040184

SUBDIVISION: RIVER CHASE MFR CLEARSTRM 600NC3T

ADDRESS: N/A

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative	2. Action taken or Repairs or Needed repairs or system or its components replaced
Reservoir			
SCPM (Pressure ERT / Record Pressure Readings)	1.25		Cleaned Filter
Filters			
Irrigation Pumps			Set Timer
Chemicalization Pumps	NA		CKD pump
Disinfection Device			
Chlorine Supply			
Electrical Controls			Floats Alarms
Distribution System			& Sprayers CKD Chlorine
Sprayfield Vegetation			
Back Flush Drip Field, as applicable	NA		
Other as Noted			
Address Posts are Secured			SYSTEM OPERATING AS DESIGNED? <input checked="" type="radio"/> Yes <input type="radio"/> No

3. Tests required and results

	Required		Results mg/l up to 100ml or Taste	Test Method
	Yes	No		
BOD Grab				
TSS Grab				
Cl Grab	/		1.0	OTO
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner

Maintenance Technician: Richard

Date of completion: 12-22-20 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walker Engineering

COUNTR/SIDE CONSTRUCTION, INC.
 300 CHAPMAN PARKWAY
 CANYON LAKE, TX 78133

Phone: 830 899 2615
 Fax: 830-899-6562

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection

1. Inspection Date: **NOVEMBER 19, 2020** Installed: **3/19/2019** Service Expires: **3/19/2021**

BILLING ADDRESS:
JEFFREY WOODS
657 CAMBRIDGE
NEW BRAUNFELS, TX 78132

PHYSICAL ADDRESS:
657 CAMBRIDGE
NEW BRAUNFELS, TX 78132

TELEPHONE: **951-824-0553**
 ALT. PHONE:

LIT: **LT 1590**

SERMIT#: **108433**
 COUNTY: **COMAL**
 SNO: **18040184**
 REFNO: **N/A**

SUBDIVISION: **RIVER CHASE** NE: **CLEARSTRM COUNCBT**

NOTES:
 TYPE OF SYSTEM: **SPRAY**

Inspected Item:	Operational	Inoperative	2. Action taken or Repairs Needed repairs to system, list all components replaced
Rotators			
30PM Chlorinator (BT) (Record Pressure Readings)	1.25		Cleaned Filter
Filters			
Irrigation Pumps	-		Set Timer
Recirculation Pump	NA		ckd pump
Disinfection Device	-		
Chlorine Supply	-		Floats Alarms
Electrical Circuits	-		& Sprayers ckd Chlorine
Distribution System	-		
Sprayfield Vegetation	-		
Back Flush Drip Field, as applicable	NA		
Other as Noted			
SYSTEM OPERATING AS DESIGNED?			Y/N
Access Ports are Secured			Yes No

3. Tests required and results

	Required		Results mg/L app. 100ml or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)				
Cl (Grab)	/		1.0	OTO
Fecal Coliform				

Copies of this report have been forwarded to the following: **COMAL county / homeowner**

Maintenance Technician: **Richard**

Date of completion: **12-22-20** Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: **Walker & Hyman**

COUNTRYSIDE CONSTRUCTION, INC.
 300 CHAPMAN PARKWAY
 CANYON LAKE, TX 78133

Phone: 830 899-2615
 Fax: 830 899-6662

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: MARCH 19, 2021 Installed: 3/19/2019 Service Expires: 3/19/2021

BILLING ADDRESS:
 JEFFREY WOODS
 657 CAMBRIDGE
 NEW BRAUNFELS, TX 78132

PHYSICAL ADDRESS:
 657 CAMBRIDGE
 NEW BRAUNFELS, TX 78132

TELEPHONE: 951-824-0553
 ALT. PHONE:

LOT: LT 1590

PERMIT#: 108433

COUNTY: COMAL

EN: 18040184

SUBDIVISION: RIVER CHASE

REG: CLEARSTRM 600NC3T

MAPS00: N/A

NOTES:

TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative	2. Action taken or Repairs or Needed repairs to system. List all components replaced:
Reservoirs 30CFM/Compressor PBT Record Pressure Reading:	162.5		Cleaned Filter
Filters	-		
Irrigation Pumps	-		CKD Pump
Recirculation Pumps	N/A		Floors Always
Disinfection Device	-		
Chlorine Supply	-		Sprayers
Electrical Controls	-		
Distribution System	-		
Sprayfield Vegetation	-		CKD Chlorine
Back Flush Drop Field, if applicable	N/A		
Other as Noted			
Access Posts are Secured			SYSTEM OPERATING AS DESIGNED <input checked="" type="checkbox"/> Yes No

3. Tests required and results.

	Required		Results mg/l mpn/100ml or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)				
Cl (Grab)	/	-	1.0	OTO
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / Homeowner.

Maintenance Technician: Richard

9

Date of completion: 4-7-21 Start Job Time: _____

Stop Job Time: _____

Maintenance Provider: Walter Chapman

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



Canyon Lake: (830) 964-2365
Bastrop: (512) 303-6922
 info@aerobicservices.com
 bastrop@aerobicservices.com
MP349 / OS24597
www.aerobicservices.com

To: Jeff Woods
657 Cambridge
New Braunfels, TX 78132
 Agency: Comal
 County: Comal
 Permit No: 108433

Tech: Seth
 Phone: (951) 824-0553 Date: 2024-01-03
 Alt Ph: _____ Service
 Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A	
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Pressure: Na
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 type="checkbox"/>	<input checked="" 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"/>	
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Test Results and Observations: (As Required)

Chlorine Residual: 0.00
 Test Method: _____
 BOD: _____
 TSS: _____

Mixed Liquor
 Aeration: Na

Sludge Levels

Clarifier: 48
 Pump: 2

Access Ports Secured: Yes / NO
 Repairs Made: Yes / NO

Repairs and Comments:

Inspector: _____ Date: 2024-01-03

Tom Hampton, VP
 MP349/OS24597

Aerobic Services
 15188 FM 306
 Canyon Lake, TX 78133



Canyon Lake: (830) 964-2365
Bastrop: (512) 303-6922
 info@aerobicservices.com
 bastrop@aerobicservices.com
MP349 / OS24597
www.aerobicservices.com

To: Jeff Woods
657 Cambridge
New Braunfels, TX 78132
 Agency: Comal
 County: Comal
 Permit No: 108433

Tech: Robert Salinas
 Phone: (951) 824-0553 Date: 2024-07-25
 Alt Ph: _____ Service _____
 Due: _____

Inspection Type: 1x

Item	Operational	Inoperative	Not Present
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Pump Screen:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorinator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray Field Vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip Backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Air Pressure: 60

Test Results and Observations: (As Required)

Chlorine Residual (ppm): 0.00
 Test Method: _____
 BOD: _____
 TSS: _____
 Tank Lids Secured: Yes / NO
 Pump Out Needed: Yes / NO
 Repairs Made Yes / NO

Mixed Liquor: all measurements in inches

Aeration: N/a

Sludge Levels

Clarifier: 15
 Pump: 2

Repairs and Comments:

Replaced compressor with 500 linear compressor. System running properly. No issues found at this time

Inspector: _____

Date: 2024-07-25

Tom Hampton, VP
 MP349/OS24597

WORK ORDER

Aerobic Services

15188 FM 306, Canyon Lake, TX 78133

Canyon Lake: (830) 964-2365 | Bastrop:

(512) 303-6922

www.aerobicservices.com



Customer ID 173960	Scheduled 2024-07-25	Serviced
Customer Name and Site Address Jeff Woods 657 Cambridge New Braunfels, TX Mailing: 657 Cambridge, New Braunfels TX 78132		Contact Jeff Woods Main Phone (951) 824-0553
		Customer Email Address jlwoods@cbiz.com Secondary Phone
System Permit # 108433	Brand of System Clearstream	
Work Order Type	Assigned Technician Robert	HEALTH DEPT Comal
DESCRIPTION OF THE WORK ORDER (REASON OF CALL)		

In alarm

RESULTS OF WORK ORDER

System was in alarm due to compressor being out. H/o wanted new compressor because the other had already been rebuilt. Once installed system was back up and running and I performed my 1x inspection as well and found no issues

DIRECTIONS / INSTRUCTIONS FOR THE TECHNICIAN

Date: 2024-07-25

Customer's Signature

Employee's Signature