



Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: **05/21/2019** Permit Number: **108461**

Location Description: **1130 CIRCLE ACRES
BULVERDE, TX 78163**
Subdivision: **Oak Cliff Acres**
Unit: **2**
Lot: **103**
Block:
Acreage:

Type of System: **Aerobic
Surface Irrigation**

Issued to: **Lopez Investments, Ltd.**

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

Michael Tays
OS8497
ENVIRONMENTAL HEALTH INSPECTOR

Sandra Ann Hernandez
ENVIRONMENTAL HEALTH COORDINATOR

OS 0025599

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Countryside OSSF Installer #: _____
 1st Inspection Date: 2/25/19 2nd Inspection Date: _____ 3rd Inspection Date: 5/21/19
 Inspector Name: Mike T. Inspector Name: _____ Inspector Name: Mike T.
 Permit#: 108461 Address: Oak Cliff Acres / 1130 Circle Acres Dr.

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	✓	285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)		2/25/19		5/21/19
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	✓	285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	✓	285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	✓	285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	✓	285.32(a)(5)				
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(ii) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(i)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

MT - 2/25/19

Tanks set, leveled
 operational ✓
 Ready for cover
 ... Built for Final

MT - 5/21/19

covered structure
 change to d.v. Dump station

**Comal County Environmental Health
OSSF Inspection Sheet**

Item	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(III) 285.32(b)(1)(E)(II)(II) 285.32(b)(1)(E)(ii)(I) 285.32(b)(1)(E)(i) 285.32(b)(1)(D) 285.32(b)(1)(C)(II) 285.32(b)(1)(C)(i) 285.32(b)(1)(B) 285.32(b)(1)(A) 285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed	✓		600	2/25/19		5/21/19
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		clearstream	/		/
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.
	EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling 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) 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 EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart		285.33(b)(3)(A) 285.33(b)(3)(A) 285.33(b)(3)(B) 285.91(13) 285.33(b)(3)(D) 285.33(b)(3)(F)				
32	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.	✓	285.32(c)(1)		2/25/19		5/21/19
33	AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions	✓					
34	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.	✓					
35	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	✓		Clearstac on 1200 gal. single Comp.			
36	PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions	✓					
37	PUMP TANK Secondary restraint system provided	✓					
38							

Comal County Environmental Health
OSSF Inspection Sheet

39	PUMP TANK Electrical Connections In Approved Junction Boxes / Wiring Buried	✓			2/20/17		5/21/19
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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)		2/25/19 		5/21/19
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	✓		concrete/clean stream	2/25/19		
45	PUMP TANK Type/Size of Pump Installed			1200 gals single			

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Countryside OSSF Installer #: _____
 1st Inspection Date: 2/25/19 2nd Inspection Date: _____ 3rd Inspection Date: _____
 Inspector Name: Mike T. Inspector Name: _____ Inspector Name: _____
 Permit#: 108461 Address: Oak Cliff Acres / 1130 Circle Acres Dr.

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4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	✓	285.32(a)(3)				
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OSSF Inspection Sheet**

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**Comal County Environmental Health
OSSF Inspection Sheet**

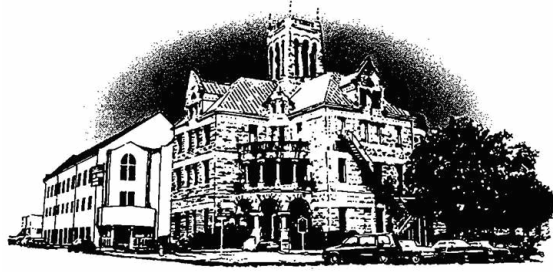
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35	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.	✓					
36	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent 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	✓		Clearstream 1200 gal. single comp.			
37	PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions	✓					
38	PUMP TANK Secondary restraint system provided	✓					

Comal County Environmental Health
OSSF Inspection Sheet

39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried	✓			2/25/19		
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**Comal County 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	✓		concrete/clear stream	2/25/19		
45	PUMP TANK Type/Size of Pump Installed			1200 gals single			



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: 108461
Issued This Date: 12/18/2018
This permit is hereby given to: Lopez Investments, Ltd.

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

1130 CIRCLE ACRES
BULVERDE, TX 78163

Subdivision: Oak Cliff Acres
Unit: 2
Lot: 103
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 DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

items Date Received	initials

108461	
Permit Number	

Instructions:

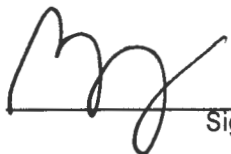
Place a check mark next to all items that apply. For items that do not apply, place "N/A". This OSSF Development Application Checklist must accompany the completed application.

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
 DEC 10 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.

 _____
 Signature of Applicant

12/10/18

 Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

___ INCOMPLETE APPLICATION	
(Missing Items Circled, Application Refused)	

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

Date November 28, 2018 Permit # 108461

Owner Name LOPEZ INVESTMENTS, LTD Agent Name GREG W. JOHNSON, P.E.
Mailing Address 141 CARDINAL LANE Agent Address 170 HOLLOW OAK
City, State, Zip LAREDO TEXAS 78045 City, State, Zip NEW BRAUNFELS, TX 78132
Phone# 956-237-5756 Phone # (830) 905-2778
Email jmlopez@bizlaredo.rr.com Email gregjohnsonpe@yahoo.com

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

Subdivision Name OAK CLIFF ACRES Unit/Phase/Section 2 Lot 103 Block _____
Acreage/Legal _____
Street Name/Address 1130 CIRCLE ACRES City BULVERDE Zip 78163

Type of Development:

Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) HOUSE + 2 RV'S (PERSONAL)
Number of Bedrooms 2
Indicate Sq Ft of Living Area 575

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: \$ 125,000 (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 also 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.

Jim M Lopez
Signature of Owner

12/6/2018
Date

*** COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH ***

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

REVISED

11:17 am, May 15, 2019

Planning Materials & Site Evaluation as Required Completed By GREG W. JOHNSON, P.E.

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

CLEARSTREAM 800NC2 & 1200

Tank Size(s) (Gallons) PUMP TANK Absorption/Application Area (Sq Ft) 8482

Gallons Per Day (As Per TCEQ Table III) 420 Design Rate

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

Is the property located over the Edwards Recharge Zone? [] Yes [X] No

(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))

Is there an existing TCEQ approved WPAP for the property? [] Yes [X] 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? [X] Yes [] No

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

(if yes, the P.E. or R.S. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A 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 [X] No

If yes, indicate the city:



FIRM #2585

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 (Handwritten Signature)

Date November 30, 2018

Yes

AFFIDAVIT



201806046987 12/10/2018 11:48:08 AM 1/1

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 (OSSFs), this document is filed in the Deed Records of Comal County, Texas.

I

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

II

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

2 UNIT/PHASE/SECTION _____ BLOCK 103 LOT _____ OAK CLIFF ACRES _____ SUBDIVISION _____

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY _____

The property is owned by (insert owner's full name): LOPEZ INVESTMENTS, LTD.
a Texas limited partnership

This OSSF must be covered by a continuous maintenance contract for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the Comal County Engineer's Office.

WITNESS BY HAND(S) ON THIS 6 DAY OF December, 2018

Juan M Lopez
Owner(s) signature(s)

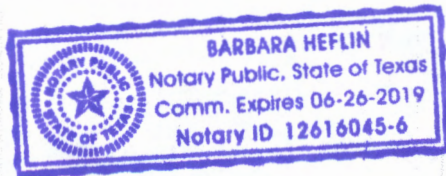
JUAN M LOPEZ
Owner (s) Printed name (s)

JUAN M. LOPEZ SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 6 DAY OF
December, 2018

Barbara Hefflin
Notary Public Signature

THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
12/10/2018 11:48:08 AM
TERRI 1 Page(s)
201806046987



(Notary Seal Here)



Bobbie Koepf

**THE COUNTY OF COMAL
STATE OF TEXAS**

CERTIFICATION OF SINGLE FAMILY DWELLING

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

I

Before me this day appeared JUAN LOPEZ w/ Lopez Investments, LTD, being the owners of the referenced property at 1130 CIRCLE ACRES. They further state that the Residence and any additional living space on this property will be occupied only by a single family.

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

2 UNIT BLOCK 103 LOT OAK CLIFF ACRES SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by LOPEZ INVESTMENTS, LTD, a Texas Limited Partnership

WITNESS MY HAND ON THIS 10 OF DAY OF December, 2018.

Juan M Lopez
OWNER (SIGNATURE)

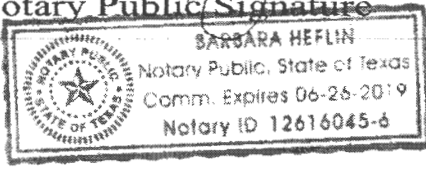
OWNER (SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 10 DAY OF December, 2018 BY

JUAN M LOPEZ
OWNER NAME (PRINTED)

OWNER NAME (PRINTED)

Barbara Hefflin
Notary Public Signature



Countryside Construction, Inc.
300 Chapman Parkway, Canyon Lake, TX. 78133
Phone: 830-899-2615 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: LOPEZ INVESTMENTS, LTD Address: 1130 CIRCLE ACRES
Sub-Div./County: OAK CLIFF ACRES / COMAL City, State-Zip: BULVERDE, TX 78163
Permit #: _____ Model #: CLEARSTREAM 800 NC2 Serial #: _____
Phone #: 956-237-5756

(X) 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.

Legal Description: OAK CLIFF ACRES, UNIT 2, LOT 103

This contract will be in effect FROM LTO TO _____ and will provide the following:

- A: An inspection/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 REPOSITION 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 manufacture'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 "Activated" (30) thirty days before expiration of existing contract. We will contact property owner prior to expiration of existing contract.

Serviced by: Countryside Construction Inc.
Walker Chapman - Operator Licensee #2929

Juan M Lopez Print Name JUAN M LOPEZ Date: 12/6/2018
Property Owner Signature

Walker Chapman Date: 12/6/18 Authorized Service Representative (revised 10/9/09)

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DEC 10 2018

COUNTY ENGINEER

**ON-SITE SEWERAGE FACILITY
SOIL EVALUATION REPORT INFORMATION**

Date Soil Survey Performed: November 29, 2018

Site Location: OAK CLIFF ACRES, UNIT 2, LOT 103

Proposed Excavation Depth: N/A

Requirements:

- At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area.
- Locations of soil boring or dug pits must be shown on the site drawing.
- For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.
- Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

RECEIVED

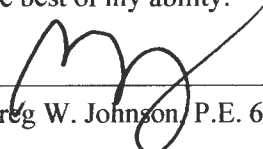
DEC 10 2018

COUNTY ENGINEER

SOIL BORING NUMBER _____ SURFACE EVALUATION _____						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 8"	BROWN
1						
2						
3						
4						
5						

SOIL BORING NUMBER _____ SURFACE EVALUATION _____						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	SAME		AS		ABOVE	
1						
2						
3						
4						
5						

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



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

11/29/18

Date

OSSF SOIL EVALUATION REPORT INFORMATION

REVISED

12:08 pm, May 15, 2019

Date: November 30, 2018

Applicant Information:

Name: LOPEZ INVESTMENTS, LTD.
Address: 141 CARDINAL LANE
City: LAREDO State: TEXAS
Zip Code: 78045 Phone: (956) 740-0165

Site Evaluator Information:

Name: Greg W. Johnson, P.E., R.S., S.E. 11561
Address: 170 Hollow Oak
City: New Braunfels State: Texas
Zip Code: 78132 Phone & Fax (830)905-2778

Property Location:

Lot 103 Unit 2 Blk Subd. OAK CLIFF ACRES
Street Address: 1130 CIRCLE ACRES
City: BULVERDE Zip Code: 78163
Additional Info.:

Installer Information:

Name:
Company:
Address:
City: State:
Zip Code: Phone

Topography: Slope within proposed disposal area: 4 to 15 %

Presence of 100 yr. Flood Zone: YES NO X
Existing or proposed water well in nearby area. YES X NO >100'
Presence of adjacent ponds, streams, water impoundments YES NO X
Presence of upper water shed YES NO X
Organized sewage service available to lot YES NO X

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = GPD

Residential Water conserving fixtures to be utilized? Yes X No

Number of Bedrooms the septic system is sized for: 2 Total sq. ft. living area 575

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

Q = (2 +1)*75-(20%) = 180 + 80 = 260gpd (470 Design Rate)

Trash Tank Size 500 Gal.

NOTE: 2 BDRM RES. @ 180 GPD.
2 PERSONAL RV @ 40 GPS = 80 GPD. USING

TCEQ Approved Aerobic Plant Size 800 G.P.D.

Req'd Application Area = Q/Ri = 420 / 0.064 = 6563 sq. ft.

Application Area Utilized = 8482 sq. ft.

Pump Requirement 12 Gpm @ 41 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)

Dosing Cycle: ON DEMAND or X TIMED TO DOSE IN PREDAWN HOURS

Pump Tank Size = 1200 Gal. 19.7 Gal./inch.

Reserve Requirement = 140 Gal. 1/3 day flow.

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

With Chlorinator NSF/TCEQ APPROVED

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

Two way cleanout

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

1" Sch-40 PVC discharge manifold

APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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

Signature of Greg W. Johnson
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

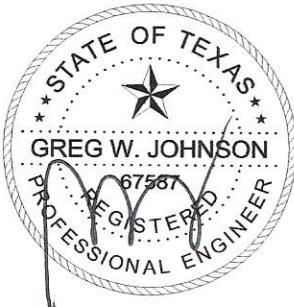
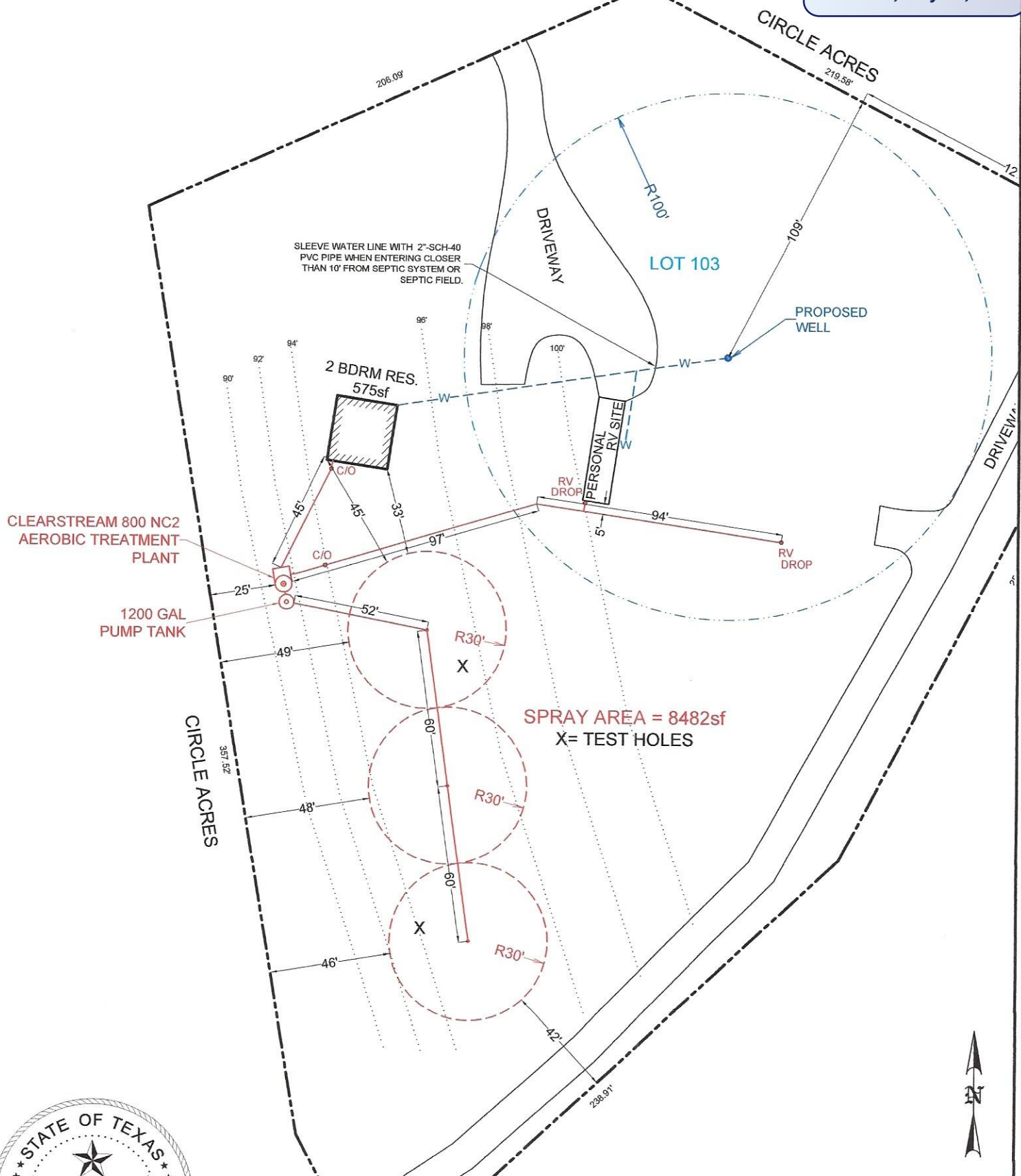
11/30/18
DATE



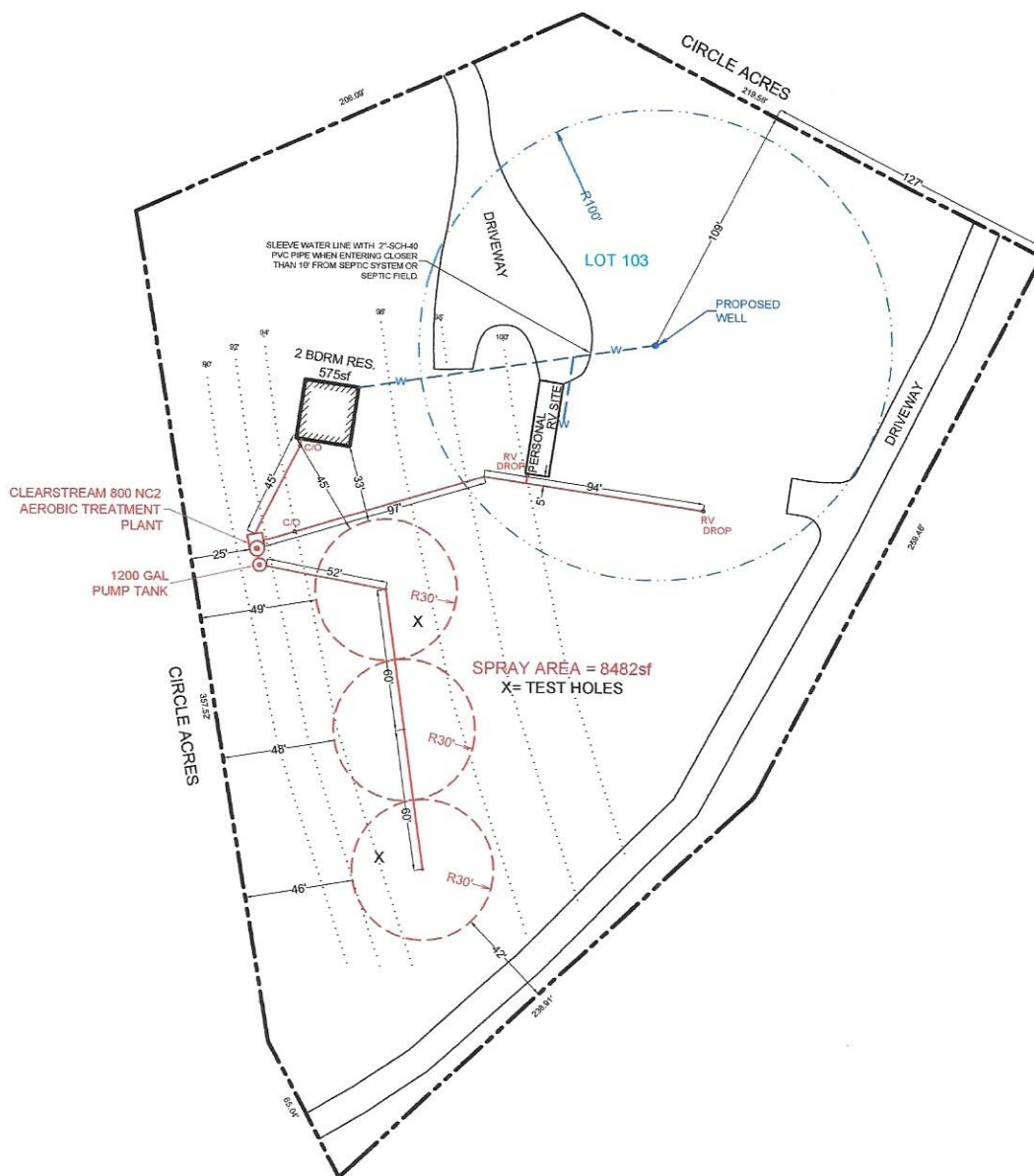
FIRM #2585

REVISED

11:17 am, May 15, 2019

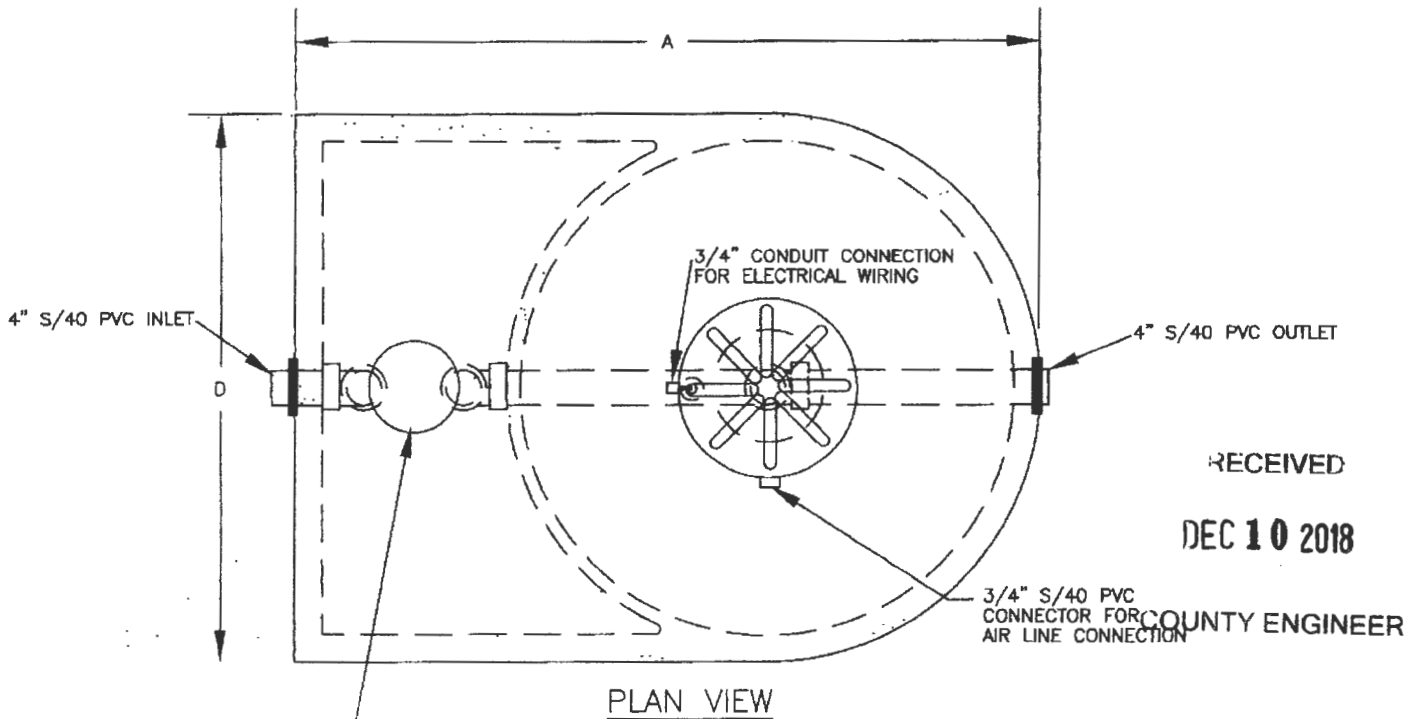


OWNER:	LOPEZ INVESTMENTS, LTD.			DRAWN BY:	EJS III
STREET ADDRESS:	1130 CIRCLE ACRES				
LEGAL DESC:	OAK CLIFF ACRES	UNIT/SECTION/PHASE:	2	BLOCK:	LOT: 103
PREPARED BY:	GREG W. JOHNSON, P.E. F#002585	SCALE:	1"=50'	DATE:	11/30/2018
				REVISED:	5/14/2019



OWNER: LOPEZ INVESTMENTS, LTD.		DRAWN BY: EJS III		
STREET ADDRESS: 1130 CIRCLE ACRES				
LEGAL DESC: OAK CLIFF ACRES	UNIT/SECTION/PHASE: 2	BLOCK:	LOT: 103	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=80'	DATE: 11/30/2018	REVISED: 5/14/2019	

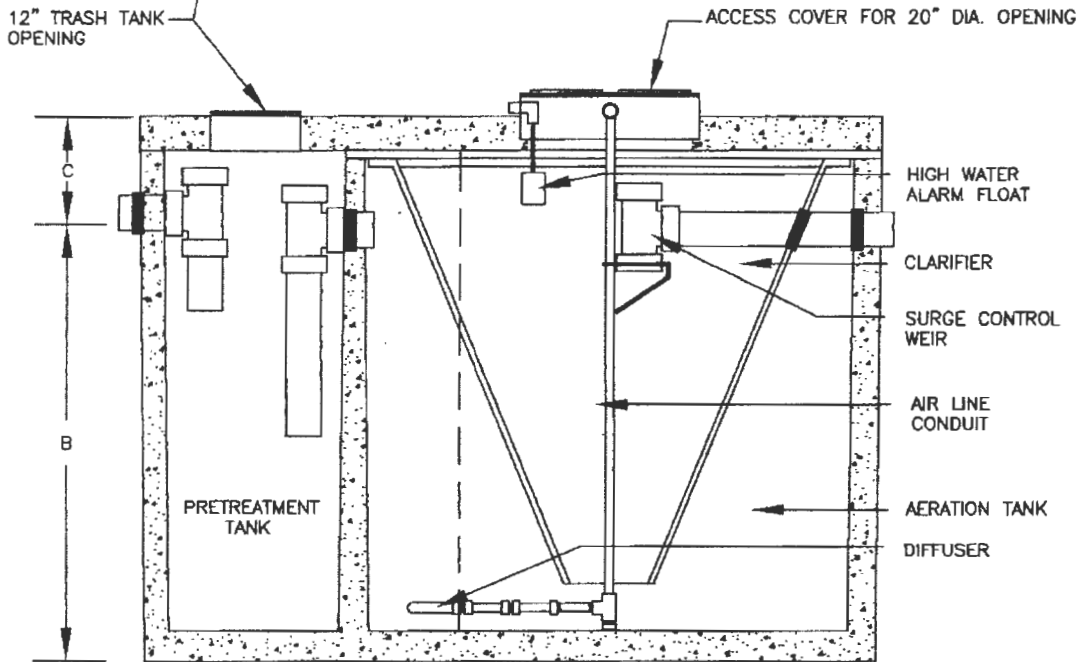
DESIGN DRAWINGS



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COUNTY ENGINEER



MODEL NC2 SECTION
DIMENSIONAL DATA

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

STATE OF TEXAS

GREG W. JOHNSON

67587

REGISTERED PROFESSIONAL ENGINEER

11/30/18

TANK NOTES:

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

Tightlines to the tank shall be SCH-40 PVC.

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

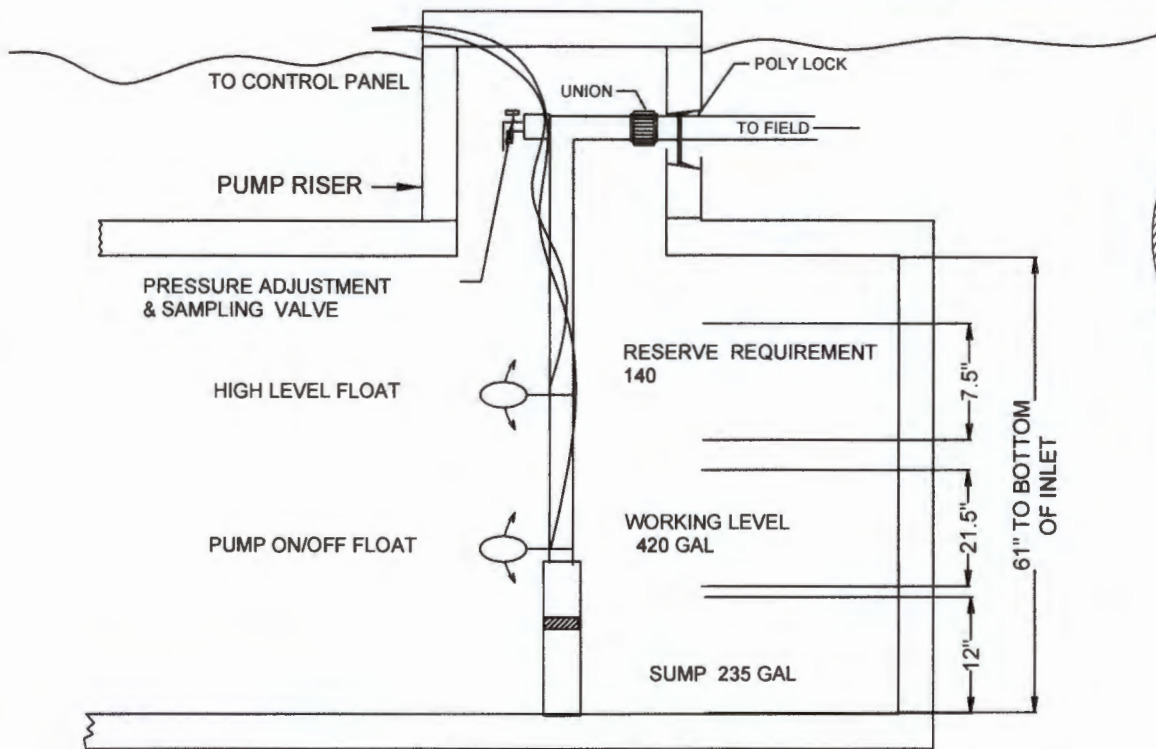
A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

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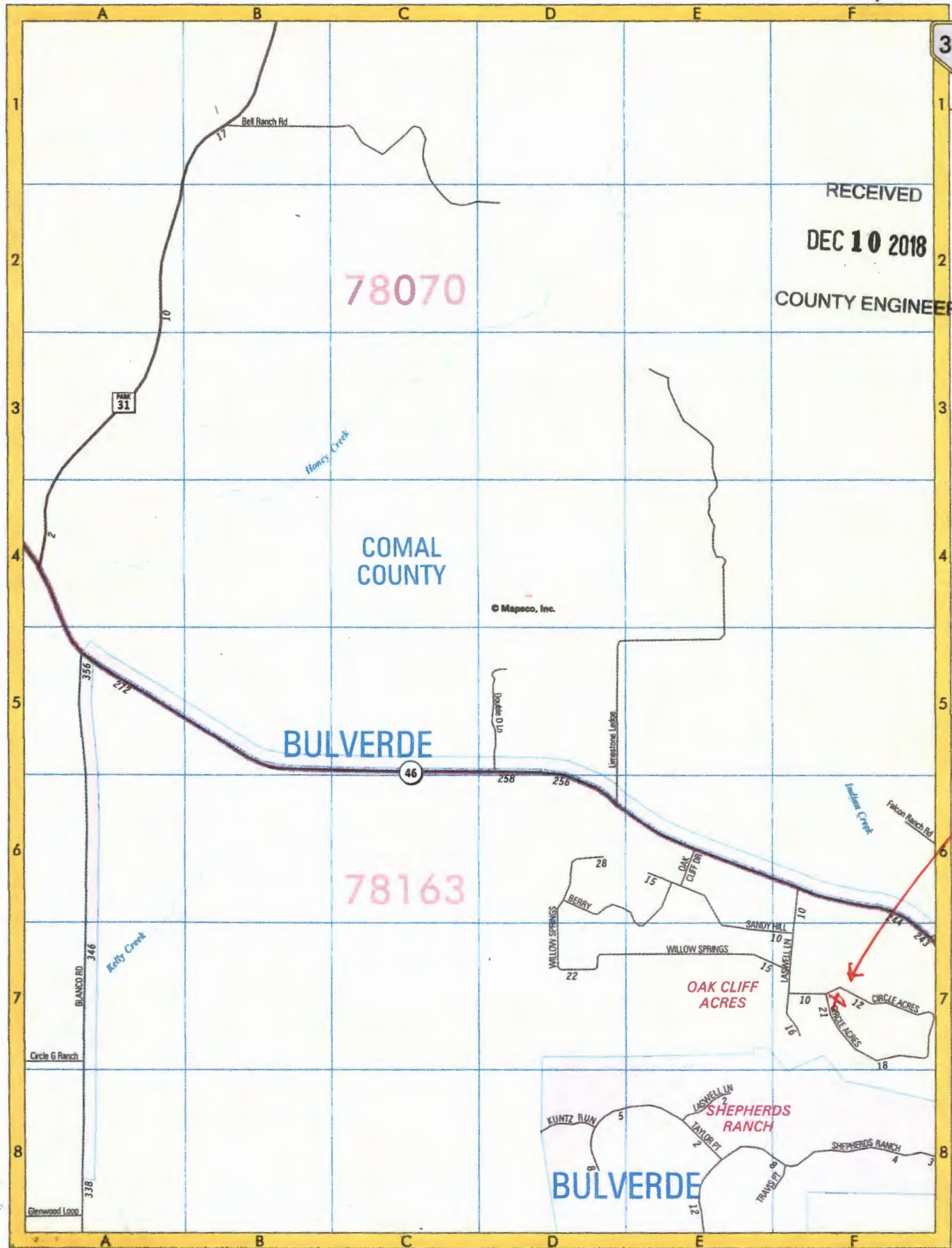
COUNTY ENGINEER

ALL WIRING MUST BE IN COMPLIANCE WITH THE MOST RECENT NATIONAL ELECTRIC CODE



11/30/18

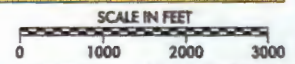
TYPICAL PUMP TANK CONFIGURATION CLEARSTREAM 1200 GAL PUMP TANK



382

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DEC 10 2018
COUNTY ENGINEER

CONTINUED ON MAP 383



*** COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH ***

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

Date November 28, 2018

VOID

Permit # 108461

Owner Name LOPEZ INVESTMENTS, LTD Agent Name GREG W. JOHNSON, P.E.
 Mailing Address 141 CARDINAL LANE Agent Address 170 HOLLOW OAK
 City, State, Zip LAREDO TEXAS 78045 City, State, Zip NEW BRAUNFELS, TX 78132
 Phone# 956-237-5756 Phone # (830) 905-2778
 Email jmlopez@bizlaredo.rr.com Email gregjohnsonpe@yahoo.com

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

Subdivision Name OAK CLIFF ACRES Unit/Phase/Section 2 Lot 103 Block _____
 Acreage/Legal _____
 Street Name/Address 1130 CIRCLE ACRES City BULVERDE Zip 78163

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COUNTY ENGINEER

Type of Development:

Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) HOUSE + DETACHED LIVING + PERSONAL RV

Number of Bedrooms 2 + 2

Indicate Sq Ft of Living Area 575 + 900

VOID

Commercial or Institutional Facility

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

Type of Facility _____
 Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants _____
 Restaurants, Lounges, Theaters - Indicate Number of Seats _____
 Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds _____
 Travel Trailer/RV Parks - Indicate Number of Spaces _____
 Miscellaneous _____

Estimated Cost of Construction: \$ 125,000 (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 also 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 affirm my consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

Juan M Lopez
Signature of Owner

12/6/2018
Date

OSSF SOIL EVALUATION REPORT INFORMATION

Date: November 30, 2018



Applicant Information:

Name: LOPEZ INVESTMENTS, LTD.
Address: 141 CARDINAL LANE
City: LAREDO State: TEXAS
Zip Code: 78045 Phone: (956) 740-0165

Site Evaluator Information:

Name: Greg W. Johnson, P.E., R.S., S.E. 11561
Address: 170 Hollow Oak
City: New Braunfels State: Texas
Zip Code: 78132 Phone & Fax (830)905-2778

Property Location:

Lot 103 Unit 2 Blk Subd. OAK CLIFF ACRES
Street Address: 1130 CIRCLE ACRES
City: BULVERDE Zip Code: 78163
Additional Info.:

Installer Information:

Name:
Company:
Address:
City: State:
Zip Code: Phone

Topography: Slope within proposed disposal area: 4 to 15 %

Presence of 100 yr. Flood Zone: YES NO X
Existing or proposed water well in nearby area. YES X NO >100'
Presence of adjacent ponds, streams, water impoundments YES NO X
Presence of upper water shed YES NO X
Organized sewage service available to lot YES NO X

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DEC 10 2018

Design Calculations for Aerobic Treatment with Spray Irrigation:

COUNTY ENGINEER

Commercial

Q = GPD

Residential Water conserving fixtures to be utilized? Yes X No

Number of Bedrooms the septic system is sized for: 2+2 Total sq. ft. living area 575+600

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

Q = (2+2 +1)*75-(20%)= 420

Trash Tank Size 500 Gal.

TCEQ Approved Aerobic Plant Size 800

Req'd Application Area = Q/Ri = 420 / 0.064 = 6563 sq. ft.

Application Area Utilized = 8482 sq. ft.

Pump Requirement 12 Gpm @ 41 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)

Dosing Cycle: ON DEMAND or X TIMED TO DOSE IN PREDAWN HOURS

Pump Tank Size = 1200 Gal. 19.7 Gal/inch.

Reserve Requirement = 140 Gal. 1/3 day flow.

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

With Chlorinator NSF/TCEQ APPROVED

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

Two way cleanout

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

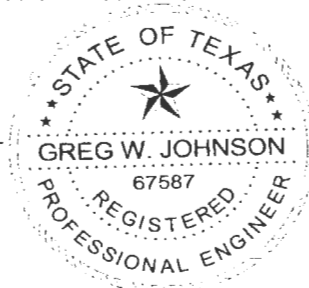
1" Sch-40 PVC discharge manifold

APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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

Signature of Greg W. Johnson, P.E. #002585 - S.E. 11561

11/30/18 DATE



FIRM #2585

*** COMAL COUNTY DEPARTMENT 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 GREG W. JOHNSON, P.E.

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

CLEARSTREAM 800NC2 & 1200

Tank Size(s) (Gallons) PUMP TANK Absorption/Application Area (Sq Ft) 8482

Gallons Per Day (As Per TCEQ Table III) 420 Design Rate

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

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Is the property located over the Edwards Recharge Zone? [] Yes [X] No

(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))

DEC 10 2018

COUNTY ENGINEER

Is there an existing TCEQ approved WPAP for the property? [] Yes [X] 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? [X] Yes [] No

Is there an existing TCEQ approval CZP for the property? [X] No

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

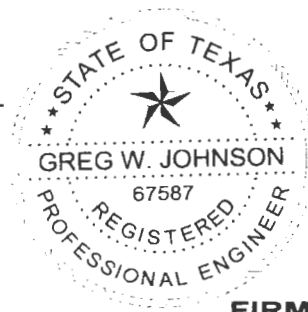


If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? [] Yes [X] No

(if yes, the P.E. or R.S. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A 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 [X] No

If yes, indicate the city:



FIRM #2585

By signing this application, I certify that:

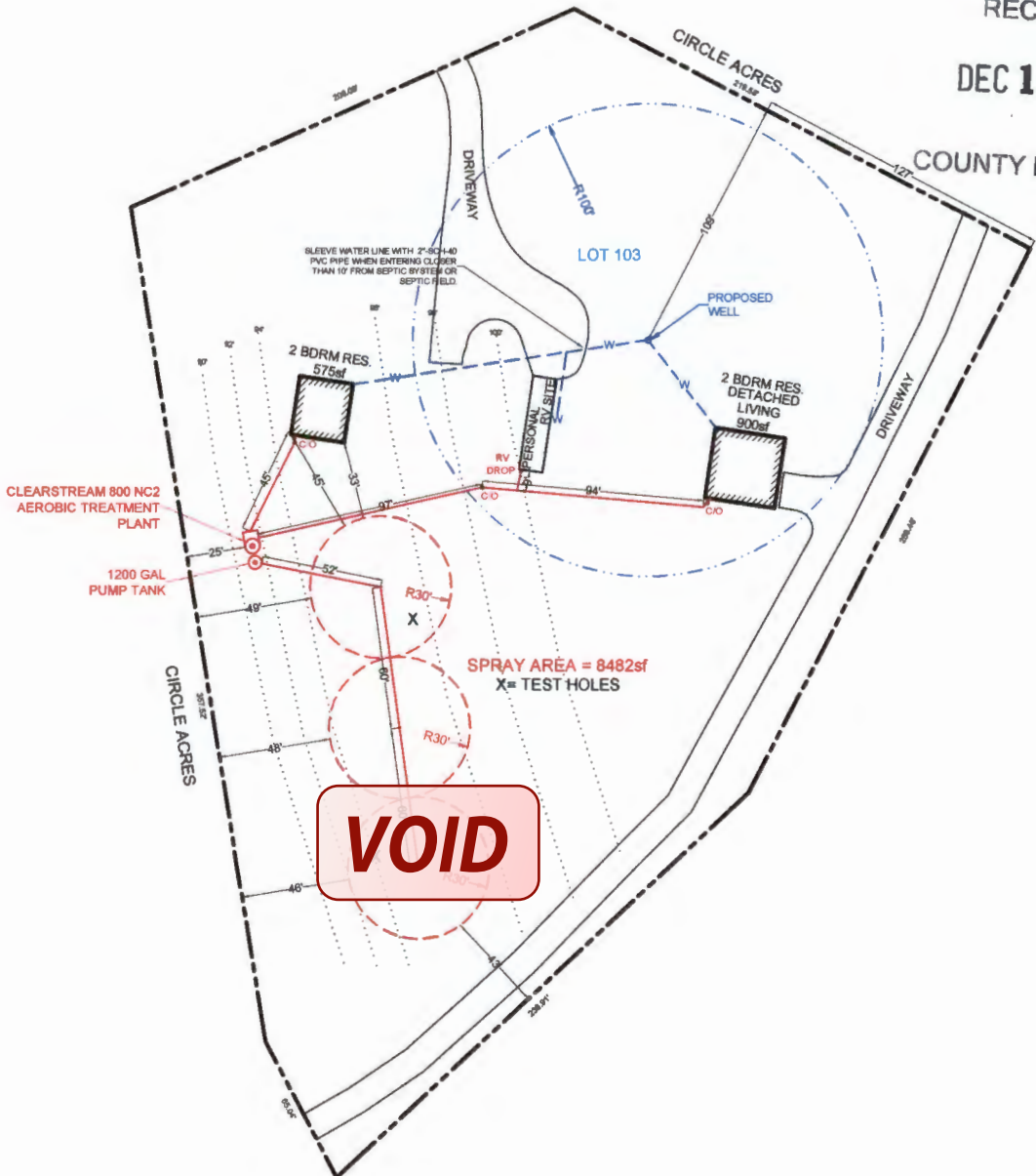
- The information provided above is true and correct to the best of my knowledge.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable

Signature of Designer (Handwritten Signature)

Date November 30, 2018

VOID

RECEIVED
DEC 10 2018
COUNTY ENGINEER



VOID



OWNER: LOPEZ INVESTMENTS, LTD.		DRAWN BY: EJS III	
STREET ADDRESS: 1130 CIRCLE ACRES			
LEGAL DESC: OAK CLIFF ACRES	UNIT/SECTION/PHASE: 2	BLOCK:	LOT: 103
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=80'	DATE: 11/30/2018	REVISED:

VOID

CIRCLE ACRES
219.59'

206.09'

DRIVEWAY

LOT 103

RECEIVED

PROPOSED WELL
DEC 10 2018

COUNTY ENGINEER

2 BDRM RES.
DETACHED
LIVING
900sf

SLEEVE WATER LINE WITH 2" SCH-40
PVC PIPE WHEN ENTERING CLOSER
THAN 10' FROM SEPTIC SYSTEM OR
SEPTIC FIELD.

2 BDRM RES.
575sf

PERSONAL
RV SITE

RV
DROP

CLEARSTREAM 800 NC2
AEROBIC TREATMENT
PLANT

1200 GAL
PUMP TANK

SPRAY AREA = 8482sf
X = TEST HOLES

VOID

CIRCLE ACRES
357.52'



OWNER: LOPEZ INVESTMENTS, LTD.		DRAWN BY: EJS III	
STREET ADDRESS: 1130 CIRCLE ACRES			
LEGAL DESC: OAK CLIFF ACRES	UNIT/SECTION/PHASE: 2	BLOCK:	LOT: 103
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 11/30/2018	REVISED:

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.

WARRANTY DEED

Date: February 7, 2018

Grantor: MARGARET G. DE LA CRUZ

Grantee: **LOPEZ INVESTMENTS, LTD.**, a Texas Limited Partnership

Grantee's Mailing Address: 141 Cardinal Lane, Laredo, Webb County, Texas 78045

Consideration: TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable consideration.

Property (including any improvements):

Lot 103 Oak Cliff Acres, Unit 2, an Addition in Comal County, Texas, according to Map or Plat recorded in Volume 2, Page 68, Map and Plat Records of Comal County, Texas

Reservations from and Exceptions to Conveyance and Warranty:

1. Taxes for the year 2018 and all subsequent years, payment of which is assumed by Grantee.
2. Restrictions recorded in Volume 164, Page 1, corrected in Volume 164, Page 90, Real Property Records, Comal County, Texas.
3. Easement to Pedernales Electric Cooperative, Inc., as documented in Volume 148, Page 573, Real Property Records, Comal County, Texas.
4. ~~Terms, provisions and conditions as documented in Volume 535, Page 598, Real Property Records, Comal County, Texas.~~
5. ~~Terms, provisions and conditions as documented in Volume 602, Page 313, Real Property Records, Comal County, Texas.~~

Grantor, for the Consideration and subject to the Reservations from and 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 assigns 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 and the Exceptions to Conveyance and Warranty.



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

Grantor:

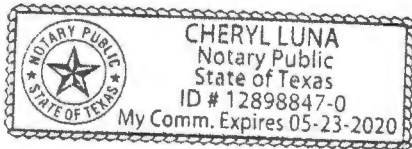
Margaret G. De La Cruz
MARGARET G. DE A CRUZ

RECEIVED
DEC 10 2018

STATE OF TEXAS §
 §
COUNTY OF Bexar §

COUNTY ENGINEER

This instrument was acknowledged before me on the 7 day of February 2018, by the said MARGARET G. DE A CRUZ.



Cheryl Luna
NOTARY PUBLIC, State of Texas

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
02/09/2018 01:44:42 PM
JESSICA 2 Pages(s)
201806005107



Bobbie Koepp

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: **SEPTEMBER 21, 2019** Installed: **5/21/2019** Service Expires: **5/21/2021**

BILLING ADDRESS:

JOHN & SYLVIA LOPEZ
 141 CARDINAL LANE
 LAREDO, TX 79045

PHYSICAL ADDRESS:

1130 CIRCLE ACRES
 HULVERDE, TX 76163

TELEPHONE: 956-237-5756 (QUAN)
 ALT. PHONE:

LOT: IT 103

HERMIT # 118461
 COUNTY: COMAL
 SA 71704837
 MAPSCO: NDT
 AVAILABLE

SUBDIVISION: OAK CLIFF ACRES Manufacturer: CLEARSTREAM-300

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item: Operational Inoperative

Inspected Item:	Operational	Inoperative
Aerators SCFM/Compressors PSI (Record Pressure Reading)	3 psi	
Filters	/	
Irrigation Ramps	/	
Recirculation Ramps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

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

Cleaned filter on compressor.
Checked Chlorine. Checked pump floats + sprinklers.

Access Posts are Secured

YES

NO

3 Tests required and results:

	Required		Results ng/l npn/100ml or Trace	Test Method
	Yes	No		
BOD(Grab)				
TSS(Grab)		/	Clear	Grab
Cl(Grab)	/		1.0	OTC
Fecal Coliform				

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

Maintenance Technician: Kyle H.

13

Date of completion: 9/21/19 Start Job Time: — Stop Job Time: —

Maintenance Provider: Walker Chapin

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: JANUARY 21, 2020 Installed: 5/21/2019 Service Expires: 5/21/2021

BILLING ADDRESS:
 JOHN & SYLVIA LOPEZ
 141 CARDINAL LANE
 LAREDO, TX 78045

PHYSICAL ADDRESS:
 1130 CIRCLE ACRES
 BULVERDE, TX 78163

TELEPHONE: 956-237-5756 (JUAN)
 ALT. PHONE:

LOT: LT 103, FERMIT#: 108461
 COUNTY: COMAL
 SN: 717004837
 MAPSCO: N/A

SUBDIVISION: OAK CLIFF ACRES Mfg: CLEARSTREAM-800

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI Record Pressure Reading	3psi	
Filters	-	
Irrigation Pumps	-	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

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

Cleaned filter on compressor
Checked chlorine. Checked pump,
floats + sprinklers. Set timer.

SYSTEM OPERATING AS DESIGNED? Y/N
 Yes No

Access Posts are Secured

3. Tests required and results:

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

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

Maintenance Technician: Kyle

13

Date of completion: 1-7-20 Start Job Time: 2:07 Stop Job Time: 2:22

Maintenance Provider: Walker Elyson

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: SEPTEMBER 21 2020 Installed: 5/21/2019 Service Expires: 5/21/2021

BILLING ADDRESS:
 JOHN & SYLVIA LOPEZ
 141 CARDINAL LANE
 LAREDO, TX 78045

PHYSICAL ADDRESS:
 1130 CIRCLE ACRES
 BUIVERDE, TX 78163

TELEPHONE: 956-237-5756 (JUAN)
 ALT. PHONE:

LOT: LT 103

SERMIT#: 108461
 COUNTY: COMAL
 EN: 717004837
 N/A

SUBDIVISION: OAK CLIFF ACRES AFD: CLEARSTREAM-800

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
NOEN/Compressor RBT -Residual Pressure Reading)	3psi	
Filters	-	
Irrigation Pumps	-	
Recirculation Pumps	N/A	
Disinfection Device	-	
Chlorine Supply	-	
Electrical Controls	-	
Distribution System	-	
Sprayfield Vegetation	-	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

2. Action taken or Remarks if
 Needed repairs to system. List all
 components replaced.

Cleaned filter on Compressor.
 Checked Chlorine. Checked pump,
 floats + sprinklers. Set timer

SYSTEM OPERATING AS DESIGNED? Y/N

Access Points are Secured

Yes

3. Tests required and results:

	Required		Results mg/l non HCl or Test	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)	/	/	clear	Grab
Cl (Grab)			1.0	OTG
Fecal Coliform				

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

Maintenance Technician: Kyle

13

Date of completion: 9-28-20 Start Job Time: 9:30 Stop Job Time: 10:00

Maintenance Provider: Walton 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: MAY 21, 2020 Installed: 5/21/2019 Service Expires: 5/21/2021

BILLING ADDRESS:
 JOHN & SYLVIA LOPEZ
 141 CARDINAL LANE
 LAREDO, TX 78045

PHYSICAL ADDRESS:
 1130 CIRCLE ACRES
 BULVERDE, TX 78163

TELEPHONE: 956-237-5756 (JUAN)
 ALT. PHONE:

LOT: LT 103,

PERMIT#: 108461

COUNTY: COMAL

SN: 717004837

MAPSCO: N/A

SUBDIVISION: OAK CLIFF ACRES MFG: CLEARSTREAM-800

NOTES:

TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI (Record Pressure Reading)	3psi	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		
Access Posts are Secured		

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

*Re Cleaned filter on Compressor.
 Checked Chlorine. Checked pump floats + sprinklers. set time.*

SYSTEM OPERATING AS DESIGNED? Y/N

Yes No

3. Tests required and results:

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

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

Maintenance Technician: Kyle

13

Date of completion: 6/10/20 Start Job Time: 3:20 Stop Job Time: 5:35

Maintenance Provider: Walker 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: JANUARY 21 2021 Installed: 5/21/2019 Service Expires: 5/21/2021

BILLING ADDRESS:
 JOHN & SYLVIA LOPEZ
 141 CARDINAL LANE
 LAREDO, TX 78045

PHYSICAL ADDRESS:
 1130 CIRCLE ACRES
 BULVERDE, TX 78163

TELEPHONE: 956-237-5756 (JUAN)
 ALT. PHONE:

LOT: LT 103,

PERMIT#: 108461

COUNTY: COMAL

SN: 717004837

SUBDIVISION: OAK CLIFF ACRES

REC: CLEARSTREAM-800

NAFSCO: 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.
Aerators			
SCFM/Compressors P30 (Record Pressure Reading)	3psi		Cleaned Filter on Compressor.
Filters	/		
Irrigation Pumps	/		Checked Chlorine, Checked pump, floats
Recirculation Pumps	N/A		and Sprinklers. Set timer.
Disinfection Device	/		
Chlorine Supply	/		
Electrical Circuit	/		
Distribution System	/		
Sprayfield Vegetation	/		
Back Flush Drip Field, if applicable	N/A		
Other as Noted			
Access Points are Secured			SYSTEM OPERATING AS DESIGNED? Y/N 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)	/		CLEAR 1.0	Grab OTD
Fecal Coliform				

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

Maintenance Technician: Kyle

13

Date of completion: 2.1.20 Start Job Time: _____

Stop Job Time: _____

Maintenance Provider: Walker Corporation

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

Phone: 830-899-2615
 Fax: 830-899-5662

TESTING AND REPORTING RECORD

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

1. Inspection Date: MAY 21, 2021 Installed: 5/21/2019 Service Expires: 5/21/2021

BILLING ADDRESS:
 JOHN & SYLVIA LOPEZ
 141 CARDINAL LANE
 LAREDO, TX 78045

PHYSICAL ADDRESS:
 1130 CIRCLE ACRES
 BULVERDE, TX 78163

TELEPHONE: 956-237-5756 (JUAN)
 ALT. PHONE:

LOT: LT 103,

PERMIT#: 108461
 COUNTY: COMAL
 SN: 717004837
 MAPSCO: N/A

SUBDIVISION: OAK CLIFF ACRES MFG: CLEARSTREAM-800

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI (Record Pressure Reading)	3.5psi	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

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

Cleaned filter on Compressor.
Checked chlorine. Checked pump
floats and sprinklers. set
time.

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)	/	/	Clear	Grab
Cl (Grab)	/		1.0	DTO
Fecal Coliform				

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

Maintenance Technician: Kjh

13

Date of completion: 6-15-21 Start Job Time: 3:10 Stop Job Time: 3:25

Maintenance Provider: Walker Chapman