



# COMAL COUNTY

ENGINEER'S OFFICE

## License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 10/30/2019 Permit Number: 108492

Location Description: 841 GUADALUPE DR  
SPRING BRANCH, TX 78070

Subdivision: Rivermont  
Unit: 1  
Lot: 3  
Block: 7  
Acreage:

Type of System: Aerobic  
Drip Irrigation

Issued to: Burford Blair & Janet Moreland

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

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

Alterations to this permit including, but not limited to:

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

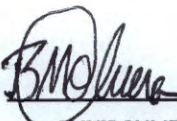
may require a new permit. **It is the responsibility of the owner to apply for a new permit, if applicable.**

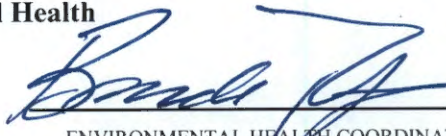
Inspection and licensing of a facility indicates only that the facility meets certain minimum requirements. It does not impede any governmental entity in taking the proper steps to prevent or control pollution, to abate nuisance, or to protect the public health.

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

Licensing Authority

Comal County Environmental Health

  
OS0034792  
ENVIRONMENTAL HEALTH INSPECTOR

  
OS0007722  
ENVIRONMENTAL HEALTH COORDINATOR

Final

**Comal County Environmental Health  
OSSF Inspection Sheet**

Installer Name: Flugath OSSF Installer #: \_\_\_\_\_  
 1st Inspection Date: 1/28/19 2nd Inspection Date: 10-30-19 3rd Inspection Date: \_\_\_\_\_  
 Inspector Name: Mike T. Inspector Name: B. Oliver Inspector Name: \_\_\_\_\_  
 Permit#: 108492 Address: Riverview / 841 Guadalupe 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)		1/28/19		10-30-19
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- 1/28/19  
 Tank set, leveled.  
 Operational  
 Fix leak on drip.  
 micron filter & cut off weed.

10-30-19 BMO  
 Fixed, covered

**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(I) 285.32(b)(1)(E)(i) 285.32(b)(1)(D) 285.32(b)(1)(C)(II) 285.32(b)(1)(C)(I) 285.32(b)(1)(B) 285.32(b)(1)(A) 285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				0-30-19
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	✓		500	1/28/19		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		Axis			
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**

Fig.	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 &lt; 2.0%</p> <p>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field ( 1000 Linear ft. for 2 bedrooms or Less &amp; an additional 400 ft. for each additional bedroom )</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. &amp; 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.) &amp; 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)		1/28/19		10-30-19
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port &amp; 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 &amp; 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 &amp; 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

Final

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)(H)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)		1/28/19		0-30-9
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed	✓	285.33(d)(2)(G)(I) 285.33(d)(2)(A) 285.33(d)(2)(F)				
42	APPLICATION AREA Area Installed						
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						

## Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Flugrath OSSF Installer #: \_\_\_\_\_

1st Inspection Date: 1/28/19 2nd Inspection Date: \_\_\_\_\_ 3rd Inspection Date: \_\_\_\_\_

Inspector Name: Mike T. Inspector Name: \_\_\_\_\_ Inspector Name: \_\_\_\_\_

Permit#: 108492 Address: Rivermont / 841 Guadalupe 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)		1/28/19		
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)				
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MT- 1/28/19

Tank set, leveled.  
Operational

Fix Leak on DRIP,  
micron Filter & cut off weed.

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14	AEROBIC TREATMENT UNIT Size Installed	✓		500	1/28/19		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		Aeris	1		
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)				
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OSSF Inspection Sheet**

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**Comal County Environmental Health  
OSSF Inspection Sheet**

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33	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.	✓	285.32(c)(1)		1/28/19		
34	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	✓					
35	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.	✓					
36	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump						
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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	✓			1/28/19		
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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)		1/28/19 		
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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: 108492  
Issued This Date: 01/03/2019  
This permit is hereby given to: Burford Blair & Janet Moreland

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

841 GUADALUPE DR  
SPRING BRANCH, TX 78070

Subdivision: Rivermont  
Unit: 1  
Lot: 3  
Block: 7  
Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic  
Drip Irrigation

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

Call (830) 608-2090 to schedule inspections.

**REVISED**  
**REVISED**  
 8:14 am, Jan 23, 2019

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

-29-18 Permit # 108492

Owner Name Burford Blair + Janet Moreland Agent Name David Flugd  
 Mailing Address 811 KANSAS LANE Agent Address 1235 HONOR OAK RD  
 City, State, Zip Austin, TX 78738 City, State, Zip New Braunfels TX 78132  
 Phone # 210-551-8237 Phone # 210-275-1481  
 Email Brit.blair@gmail.com Email Flugd2002@att.com

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

Subdivision Name Rivermont Unit 1 Lot 3 Block 7  
 Acreage/Legal .87 Acres  
 Street Name/Address 841 Guadalupe Drive City Springtown Zip 78070

Type of Development:

Single Family Residential  
 Type of Construction (House, Mobile, RV, Etc.) House  
 Number of Bedrooms 3  
 Indicate Sq Ft of Living Area 1500 Lsthr

RECEIVED

DEC 14 2018

COUNTY ENGINEER

Commercial or Institutional Facility  
 (Planning materials must show adequate land area for doubling the required land needed for treatment units and disposal area)  
 Type of Facility \_\_\_\_\_  
 Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants \_\_\_\_\_  
 Restaurants, Lounges, Theaters - Indicate Number of Seats \_\_\_\_\_  
 Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds \_\_\_\_\_  
 Travel Trailer/RV Parks - Indicate Number of Spaces \_\_\_\_\_  
 Miscellaneous \_\_\_\_\_

Estimated Cost of Construction: \$125,000.00 (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 or 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 Burford Blair Date 9-29-18

**REVISED**  
**REVISED**  
 8:14 am, Jan 23, 2019

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

-29-18 Permit # 108492

Owner Name Burford Blair + Janet Moreland Agent Name David Flugd  
 Mailing Address 811 KANSAS LANE Agent Address 1235 HONOR OAK RD  
 City, State, Zip Austin, TX 78738 City, State, Zip New Braunfels TX 78132  
 Phone # 210-551-8237 Phone # 210-275-1481  
 Email Brit.blair@gmail.com Email Flugd2002@att.com

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

Subdivision Name Rivermont Unit 1 Lot 3 Block 7  
 Acreage/Legal .87 Acres  
 Street Name/Address 841 Guadalupe Drive City Springtown Zip 78070

Type of Development:

Single Family Residential  
 Type of Construction (House, Mobile, RV, Etc.) House  
 Number of Bedrooms 3  
 Indicate Sq Ft of Living Area 1500 Lsthn

RECEIVED  
 DEC 14 2018

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 \_\_\_\_\_

COUNTY ENGINEER

Estimated Cost of Construction: \$125,000.00 (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 or 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 Burford Blair Date 9-29-18

REVISED

REVISED

8:14 am, Jan 23, 2019

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

Evaluation as Required Completed By Schrank / Flugrath

System Description Proprietary /

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

Tank Size(s) (Gallons) 500

Absorption/Application Area (Sq Ft) 1200 SQ

Gallons Per Day (As Per TCEQ Table III) 240

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

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

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

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

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

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

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

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

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

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

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

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

Is this property within an incorporated city?  Yes  No

If yes, indicate the city: \_\_\_\_\_

By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.

- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

Kenn R. Schrad  
Signature of Designer

\_\_\_\_\_  
Date



REVISED

REVISED

8:14 am, Jan 23, 2019

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

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System Description Proprietary /

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Gallons Per Day (As Per TCEQ Table III) 240

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

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

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

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

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

Is this property within an incorporated city?  Yes  No

If yes, indicate the city: \_\_\_\_\_

By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.

- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

Kenn R. Schrad  
Signature of Designer

\_\_\_\_\_ Date

**REVISED**

8:14 am, Jan 23, 2019

**OSSF SOIL EVALUATION FORM**

Owners Name: Burford Blair  
Physical Address: 841 Guadalupe Dr  
Name of Site Evaluator: David Flugrath  
Date Performed: 1-16-15 Proposed Excavation Depth: \_\_\_\_\_

**Requirements:**

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

SOIL BORING NUMBER _____						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0	III	Sandy loam	blocky	no redox	20"	not in Edwards
1						Caliche
2						
3						
4						
5						

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

**FEATURES OF SITE AREA**

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

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

[Signature] #9620 \_\_\_\_\_  
Signature of Site Evaluator Date



Vc



County of **Comal**, State of Texas

According to the Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, This Document is filed in the Dee of Records of **Comal** County, Texas.

The Texas Health and Safety Code, Chapter 366 Authorizes the Texas Commission on Environmental Quality (T.C.E.Q.) to regulate on-site sewage facilities (OSSF's). Additionally, the Texas Water Code (TWC),§ 5.012, gives the TCEQ primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its power and duties under the TWC, The 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, the TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation of warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guaranty by the TCEQ that the appropriate OSSF was installed.

An OSSF requiring a Monitoring Contract, according to 30 Texas Administrative Code §285.91(12) will be installed on the property described as (legal description as shown on the recorded warranty deed.

Unit 1, Lot 3, Block 7, Rivermont

The property is owned by (owner's name as shown recorded warranty deed: if more than one owner both names must be included)

**Burford Blair & Janet Moreland**

This OSSF must be covered by a continuous Monitoring Agreement. All Monitoring on this, OSSF must be performed by an approved Monitoring Company, and a signed monitoring Contract must be submitted to the County Engineers Office within 30 days after the property has been transferred.

The owner will upon 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 the County Engineer's Office.

WITNESS BY HANDS(S) ON THE 19 DAY OF November 2018

[Signature]

Burford Blair

[Signature]

Janet Moreland-Blair

printed name

Owner(s) Signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 19<sup>th</sup> DAY OF November 2018

[Signature]  
Notary Public State of Texas

Notary's Printed name Tyler Pallagi

My Commission Expires 06/27/2022

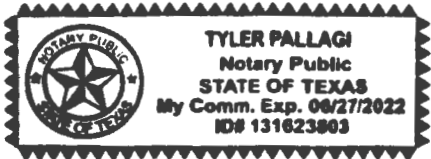
Place Notary Seal Here

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DEC 14 2018  
COUNTY ENGINEER

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
12/06/2018 01:37:45 PM  
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201806046680



Bobbie Koepf



## TWO YEAR WASTEWATER TREATMENT FACILITY MONITORING AGREEMENT

1. General: This work for hire agreement (known as "Agreement") is entered into by and between Burford B/Ar (known as "Customer") and (**David Flugrath**). By this agreement, Flugrath Construction and its employees (known as "Contractor") agree to render services at the site address stated below, and customer agrees to fulfill h or her or their responsibilities, as best he or she or they can. The designed flow rate for this system is a maximum of 240 gallons per day.

2. Effective dates: This agreement commences on \_\_\_\_\_ and ends on \_\_\_\_\_ for a total of (2) TWO years. The (T. C. E. Q. ) Texas Commission on Environmental Quality requires that a contract be in effect at all times. This start date is this contract shall be the date of the License to Operate is issued.

3. Termination of agreement: This agreement may be terminated by both parties with thirty (30) days written notice. Either party may terminate, without fault or liability of the terminating party. If this agreement is terminated: wither party terminating this agreement for any reason, including non-renewal shall notify in writing the appropriate regulatory agency a minimum of thirty (30) days prior to the date of such termination.

4. Services: Contractor Will:

A. Inspect and perform upkeep on OSSF Facility as recommended by system manufacturer and State and local Regulatory Authority for a total of 3 visits per year.

B. Provide written records of each visit by means of tag attached to control panel.

C. Repair or replace any component of the OSSF found inoperable any time of the duration of the monitoring visits. If such services are not under warranty the customer holds full responsibility for the costs of said repairs and authorizes the contractor to make repairs and bill customer accordingly as to the State and Regulatory code.

D. Provide sample collection for testing of TSS and BOC on a yearly basis.

E. Forward copies of this agreement and all reports to the Regulatory Agency and Customer within 14 days

F. Respond to Customer request for unscheduled request within 48 hours of the date of notification. Unless costs are covered under the warranty an unscheduled response will be billed to Customer.

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DEC 14 2018

5. Chlorinization is the sole responsibility of the customer.

6. Performance of Agreement: Performance by Contractor under this agreement is contingent on the following conditions:

A. Contractors receipt of original copy of monitoring agreement.

B. Contractors receipt of payment of Wastewater monitoring fee.

C. If the above conditions are not met, Contractor is not obligated to perform any portion of this agreement.

7. Customer responsibilities: The customer is responsible for each and all of the following:

A. Provide all necessary yard or lawn maintenance and removal of all obstacles, like dogs and other animals, needed to allow access and the proper function of the OSSG to allow Contractor safe and easy access to the OSSF including gate codes and combinations to locks.

B. Protect OSSF equipment form physical damage including by and not limited to the damage caused by ants and insects.

C. Maintain and abide by the conditions and limitations of the license to operate for and OSSF from the state and local regulatory agency and manufacturers recommendations.

D. It is the customers responsibility to notify the contractor of any or all alarms or problems immediately.

E. Allow for samples of OSSF be obtained by contractor of evaluating the OSSF's performance.

F. Prevent backwash or flushing of water treatment or conditioning equipment from enter OSSF.

G. Prevent hydraulically overloading OSSF by introducing more than 240 gallons a day into the system.

Drain lines may discharge into the surface application pump tank if approved by system designer.

H. Schedule for pumping and cleaning of all tanks when recommended by contractor is at customers expense.

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

J. Pay promptly and fully, all contractors fees, bills or invoices as described herein.

8. Access by Contractor: Contractor is granted easement to the OSSF for purpose of servicing described: Contractor may enter property during normal business hours without prior notice to customer to service or repair of OSSF. Contractor is not responsible for the uneven settling of the soil.

9. Limited Liability: Contractor shall not be held liable for any incidental, consequential or special damages or for economic loss due to expense or loss of profits or income or loss of use to customer, whether in contract tort or any other theory. In no

event shall contractor be held liable in an amount exceeding the total fee for services amount paid by customer under this agreement.

10. Fee for Services: The fee for the basic services described in this agreement is \$250.00 per year unless this is an initial monitoring agreement of a new installation. This fee does not include any equipment materials, or labor cost for non-warranty or unscheduled repairs. This fee doesn't include the cost of pumping the system upon contractor's advice to do so.

11. Payment: Fees for services of a 1-year contract are as follows:

- A. \$250.00 per 1 years in full amount due on signing the monitoring agreement.
- B. 2 payments, \$84.00 and one payment of \$82.00
- C. Payments for invoices are due upon receipt and any checks returned will be charged \$35.00 fee.

12. Application or transfer of payment: The fees paid for this agreement may be transferred to the subsequent property owner(s). The customer will advise the subsequent owner(s) of the requirement that they sign a replacement agreement authorizing contractor to perform services, and accepting customer responsibilities. This replacement agreement must be signed and received in the contractor's office within ten (10) days of date of transfer of property. Contract will continue from existing date of startup or license to operate is null and void and ends in one year of that date.

13. Entire agreement: This agreement contains the entire agreement of the parties, and no other promises or conditions in any other agreement, oral or written.

DAVID FLUGRATH/ FLUGTRATH CONSTRUCTION, TEXAS INSTALLER II AND SITE EVALUATOR LICENSE # OS1648 & OS9620. ADDRESS 1235 LONE OAK RD., NEW BRAUNFELS, TX 78132 CERTIFIED SERVIC PROVIDER FOR HOOT, PRO FLO, AQUA SAFE, AQUA AIRE, NORWECO, CAJUN AIRE. MEMBER: TEXAS ON SITE WASTEWATER ACSSOCIATION AND NATIONAL ON SITE WASTEWATER RECYCLING ASSOCIAN.

CUSTOMER NAME: Boford Blair  
 SITE ADDRESS: 841 Guadalupe Dr  
 CITY: Spring Branch  
 STATE & ZIP: 78070  
 PERMIT #:

REGULATORY AUTHORITY/ COUNTY: Comal

ATU BRAND: MODEL: SERIAL #:

Acceptance of this agreement: The above prices, specification, and conditions are satisfactory and are hereby accepted. You are authorized to perform the services as specified. Payment will be made as outlined above. It is understood and agreed that this work is not provided for in any other agreement and no contractual rights arise until this agreement is accepted in writing.

DAVID FLUGRATH: [Signature]

CUSTOMER NAME: [Signature]

PLEASE PRINT NAME

CUSTOMER SIGNATURE [Signature]

ONLY ONE PERSON NEED SIGN

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 DEC 14 2018  
 COUNTY ENGINEER

**REVISED**

8:14 am, Jan 23, 2019

**OSSF SOIL EVALUATION FORM**

Owners Name: Burford Blair  
Physical Address: 841 Guadalupe Dr  
Name of Site Evaluator: David Flugrath  
Date Performed: 1-16-15 Proposed Excavation Depth: 3-4

**Requirements:**

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

SOIL BORING NUMBER _____						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0	III	Sandy loam	blocky	no redox	20"	not in Edwards
1						Caliche
2						
3						
4						
5						

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

**FEATURES OF SITE AREA**

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

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

[Signature] #9620 \_\_\_\_\_  
Signature of Site Evaluator Date

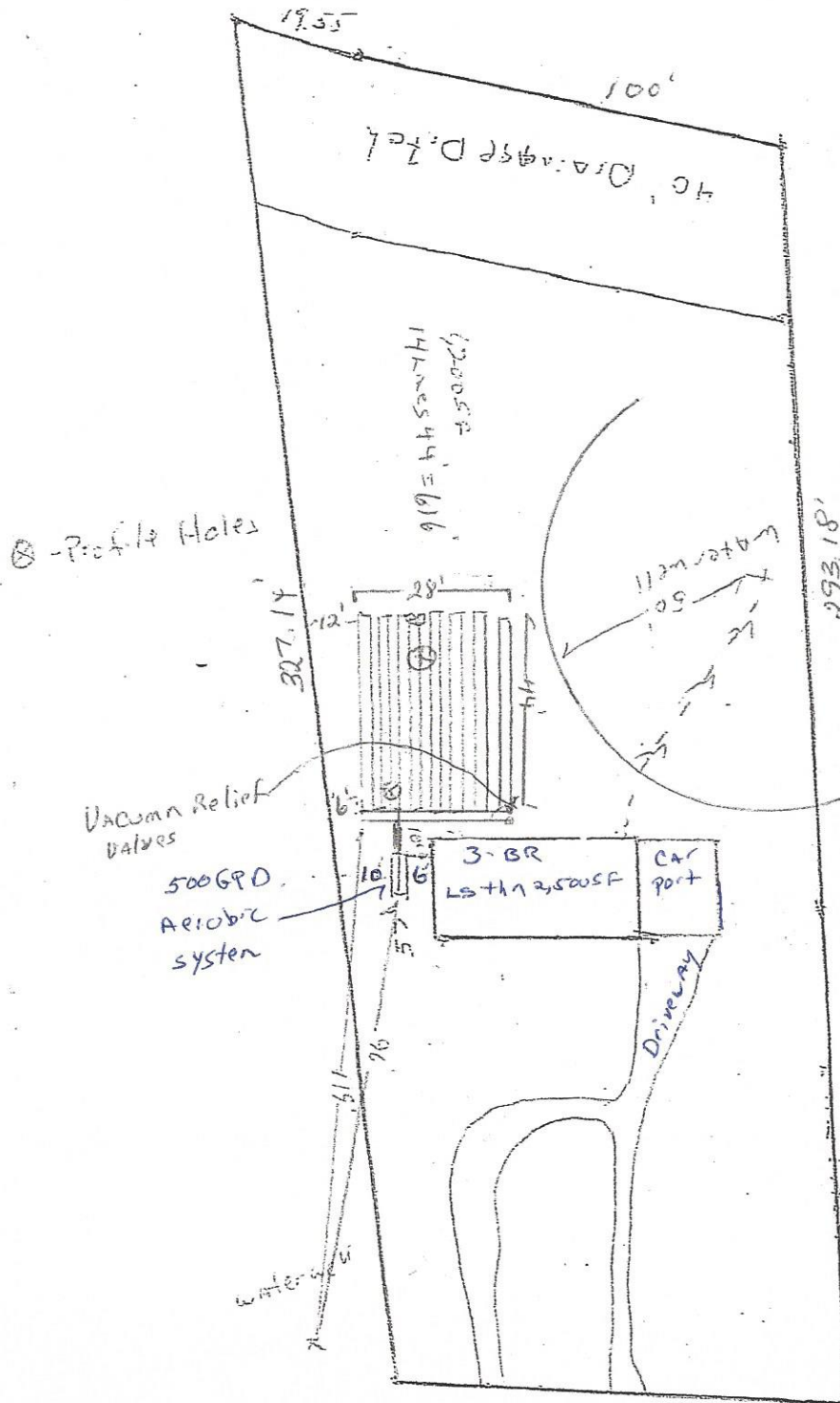


**REVISED**

8:15 am, Jan 23, 2019

#108492

Burford Blair, Janet more land  
Lot 3, Unit 1, Block 7, Rivermont



Scale 1" = 40'



Firm # F-11631

21 Jan 2019

841 Guadalupe Drive

**REVISED**

8:15 am, Jan 23, 2019

SEPTIC DESIGN  
FOR

OWNER/LOCATION: Burford and Janet Blair

SITE ADDRESS:

COUNTY: Comal

WASTEWATER DESIGN FLOW: This design is for a single family residence, 3Bdrm less than 2,500 sq ft. each utilizing water saving devices. The projected wastewater flow will be 240 GPD.

SITE EVALUATION: The owner requested Aerobic Treatment with drip irrigation. A soil evaluation was conducted. The area of drip irrigation has a slope of less than 15%. The native vegetation consists of various grasses. There are no recharge features located within 150' of the proposed system and there are no water runs in the treatment area. There is adequate space for alternative drip area. The site is not located in the Edwards recharge Zone. The system is not in the 100 year flood plane.

TREATMENT DESCRIPTION: The homes will use a 500 GPD Aerobic Treatment System off the TCEQ list. The homes shall be connected to a 500 gpd aerobic system 3" or 4" sch 40 PVC. The effluent will then pass into a 760 gallon pump tank. The system is required to be on a timer. It is then pumped to 600 linear feet of drip tubing. The system is to be installed to manufacture's instructions.

SPECIFICATIONS:

Gallons per day- 240  
Soil Class III  
Soil loading rate- (FPD/sq. ft.) .02  
Minutes per dose- 8  
Sq Ft. of application area -1200  
Linear feet of tubing -600  
Linear feet of tubing Zone- 600  
# of emitters - 300  
# of Zones -1  
Emitters/zones -300  
Drip Rate (GPD) - 0.61  
Gallons per min./zone - 3.1  
Minutes per day/zones -79  
Doses per zone - 10  
Total Doses /day - 10  
Time between doses in hours - 2.0  
Total Run time in minutes - 79  
Maximum Connection to manifold - 8  
Vacuum relief valves - 2  
Supply line and manifold 1" sch. 40 PVC  
Return line and manifold 1" sch. 40 PVC



*Vern R Schrank*

*Firm # F-11631*

*21 Jan 2019*



**REVISED**

8:15 am, Jan 23, 2019

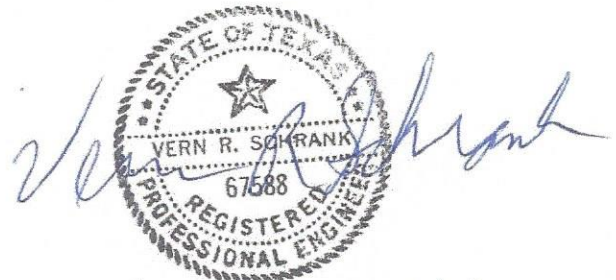
**TANK VOLUME AND SETTINGS:**

INSIDE DIMENTIONS: 4.187' av. Length x 14.5' width x 4.333' depth = 263cu. Ft.  
(102cf x 7.48 gal/c.f.) = 760 gal/52 – 14.62 gallons per inch.

VOLUME: 760 gal.

PUMP OFF POSITION: 1.25 ft above tank floor (15")  
1.25 x 23.54 s.f. = 29.43 c.f.  
29.43 c.f. x 7.48 gal/c.f. = 220 gal.

PUMP ON POSITION: 3.29 feet (39.5") above floor  
3.29' – 1.25' = 2.04'  
2.04' x 23.54 sq ft = 48.02 cu ft  
48.02 c.f. x 7.48 gal./cu. Ft. = 360



ALARM ON POSITION: If water is above the high water alarm the high water alarm the pump is activated and will pump for 15 minute intervals until it has pumped down below the pump off position at 15" above the bottom of the floor. If the water doesn't pump down the high water alarm will sound. (120 gal.)

RESERVE CAPACITY: 120 gal. reserve ( more than 1/3 full day requirement above the alarm)

PUMP REQUIREMENTS: .5 h/p. submersible pump/ 20 gpm (normally included with the aerobic unit)

INSTALLATION OUTLINE: Dig tank hole, place 4" of sand, sand loam, or pea gravel, free of rock on floor of tank hole and level. Install tanks and back fill with same type material. Place audio and visual alarm in an easily seen area. Place compressor in an accessible area as close as possible to the tank. Install pump and hook to system with auto field flush (back to trash tank). Scarify existing Class III soil. Place 6" of class III soil on existing soil. Install drip lines as to plan. Then cover drip lines with 6" of class III soil. Connect from drip lines to 1" PVC supply lines and the other in the 1" PVC return manifold and connect to trash tank. Lines should be a minimum of 6" below the surface of the ground. All wires shall be run in PVC conduit and electrical wiring shall be connected in a weatherproof box. And must conform to local code. A separate 20 amp breaker is required for the system. All effluent lines should be kept 10 feet from all water lines.

INSPECTION SCHEDULE: Two inspections by permitting authority.

LANDSCAPING: The site is supporting a good strand of native vegetation consisting of various grassed and shrubs. Areas which are bare of disturbed will need to be seeded with a rye" Bermuda, or mixture of these grasses. All surface rock in drip field shall be removed.

MAINTENANNCE AGREEMENT: A maintenance agreement between the owner and a TCEQ approved maintenance company is required. The initial agreement is for a two year period and must be included in the price of the system. A copy of said agreement must be provided to the permitting

**REVISED**

8:15 am, Jan 23, 2019

authority prior to final permit approval. If a maintenance company discontinues business. The owner has (30) thirty days in which to procure a new agreement with a different company.

AFFIDAVIT: Prior to issuance of a permit, a certified copy, which has been duly recorded at the county clerks office and filed in reference to the real property deed on which the surface application system is to be installed, must be submitted. The owner and all new owners shall be advised that the property contains a drip irrigation system for waste water disposal. The transfer of an OSSF permit will accompany the transfer of waste water disposal. The transfer of an OSSF permit will accompany the transfer of the property on which an OSSF is located. All new owners are required to obtain a maintenance contract with a TCEQ approved maintenance company, and to submit it to the permitting authority.

TESTING AND REPORTING: The maintenance company shall inspect and report the results to the permitting authority. All tests must adhere to the testing procedure of the TCEQ as shown in 285.91(4) and as to the permitting authority's guidelines.



Firm # F-11631  
21 Jan 2019

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**By rabsah at 8:19 am, Jan 24, 2019**

**STATE OF TEXAS WELL REPORT for Tracking #501428**

Owner:	<b>Burford Blair</b>	Owner Well #:	<b>1</b>
Address:	<b>841 guadalupe dr Spring Branch, TX 78070</b>	Grid #:	<b>68-05-8</b>
Well Location:	<b>841 guadalupe dr Spring Branch, TX 78070</b>	Latitude:	<b>29° 52' 44" N</b>
Well County:	<b>Comal</b>	Longitude:	<b>098° 27' 21" W</b>
		Elevation:	<b>No Data</b>

---

Type of Work:	<b>New Well</b>	Proposed Use:	<b>Domestic</b>
---------------	-----------------	---------------	-----------------

Drilling Start Date: **12/30/2018**      Drilling End Date: **1/23/2019**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	<b>9</b>	<b>0</b>	<b>440</b>

Drilling Method: **Air Rotary**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks &amp; material)</i>
Annular Seal Data:	<b>0</b>	<b>100</b>	<b>Cement 63 Bags/Sacks</b>

Seal Method: **Tremie**

Sealed By: **Driller**

Distance to Property Line (ft.): **6**

Distance to Septic Field or other concentrated contamination (ft.): **55**

Distance to Septic Tank (ft.): **75**

Method of Verification: **tape**

Surface Completion: **Surface Slab Installed**

**Surface Completion by Driller**

Water Level: **265 ft. below land surface on 2019-01-22**      Measurement Method: **Sonic/Radar**

Packers: **Bentonite at 100 ft.**

Type of Pump: **Submersible**      Pump Depth (ft.): **380**

Well Tests: **Pump**      Yield: **10 GPM with 100 ft. drawdown after 1 hours**

	<i>Description (number of sacks &amp; material)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Plug Information:	<b>Cement</b>	<b>0</b>	<b>100</b>

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**By rabsah at 8:19 am, Jan 24, 2019**

Water Quality:	Strata Depth (ft.)	Water Type
	380 - 440	cow creek

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **flugrath construction**  
**1235 lone oak rd**  
**New Braunfels, TX 78132**

Driller Name: **David Flugrath**

License Number: **56058**

Apprentice Name: **Luke Flugrath**

Comments: **No Data**

Lithology:  
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:  
BLANK PIPE & WELL SCREEN DATA

Top (ft.)	Bottom (ft.)	Description
0	440	0-80 fractured rock 80-100 yellow marrow, 100-320 grey slate, 320-440 limestone

Dia (in.)	Type	Material	Sch./Gage	Top (ft.)	Bottom (ft.)
5	Blank	New Plastic (PVC)	srr 17 18	0	440

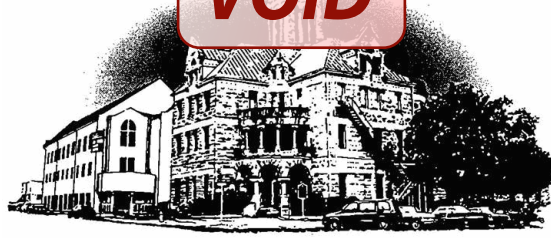
**IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY**

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

**Texas Department of Licensing and Regulation**  
**P.O. Box 12157**  
**Austin, TX 78711**  
**(512) 334-5540**

**VOID**



## 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: 108492

Issued This Date: 01/03/2019

This permit is hereby given to: Burford Moreland

**VOID**

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

841 GUADALUPE DR  
SPRING BRANCH, TX 78070

Subdivision: Rivermont

Unit: 1

Lot: 3

Block: 7

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 regulations.

**VOID**

Call (830) 608-2090 to schedule inspections.

## Hernandez, Sandra

---

**From:** Hernandez, Sandra  
**Sent:** Wednesday, January 23, 2019 10:45 AM  
**To:** 'david flugrath'  
**Subject:** RE: 108492

RE: Rivermont, Unit 1, Lot 3, Block 7

David,  
Submit a copy of the *official*  water well driller's report to our office.

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

Thank you,  
Sandra

---

**From:** david flugrath <flugd2002@yahoo.com>  
**Sent:** Wednesday, January 23, 2019 7:15 AM  
**To:** Hernandez, Sandra <rabsah@co.comal.tx.us>  
**Subject:** 108492

**REVISED**

12:46 pm, Jan 02, 2019

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

**VOID**

Date ~~9-29-18~~ 9-29-18 Permit # 108492  
 Owner Name Burford Blair + Janet Moreland Agent Name David Flugstad  
 Mailing Address 812 Kearsage Ln. Agent Address 1235 LONE OAK RD  
 City, State, Zip Austin, TX 78738 City, State, Zip New Braunfels TX 78132  
 Phone # 210-551-8237 Phone # 210-275-1481  
 Email brt.blair@gmail.com Email flugd2002@att.com

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

Subdivision Name Rivermont Unit 1 Lot 3 Block 7  
 Acreage/Legal 1.97 Acres  
 Street Name/Address 841 Guadalupe Drive City Spring Branch Zip 78070

Type of Development:

Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 2500 Lsthr

**VOID**

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DEC 14 2018

COUNTY ENGINEER

Commercial or Institutional Facility

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

Type of Facility \_\_\_\_\_

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

Restaurants, Lounges, Theaters - Indicate Number of Seats \_\_\_\_\_

Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds \_\_\_\_\_

Travel Trailer/RV Parks - Indicate Number of Spaces \_\_\_\_\_

Miscellaneous \_\_\_\_\_

Estimated Cost of Construction: \$25,000<sup>w</sup> (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 information associated with this permit application, as applicable.

**VOID**

Signature of Owner Janet Moreland

Date 9-29-18

**REVISED** \*\*\*  
12:46 pm, Jan 02, 2019

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

**VOID**

Planning Materials & Site Evaluation as Required Completed By Schrank/Flueck

System Description Proprietary / Spray

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

Tank Size(s) (Gallons) 500 Absorption/Application Area (Sq Ft) 3,750

Gallons Per Day (As Per TCEQ Table III) 240

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

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

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

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

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

**VOID**

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: \_\_\_\_\_

**VOID**

By signing this application, I certify that:

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

Kenn R. Schind  
Signature of Designer

\_\_\_\_\_  
Date



**VOID**

Owners Name: Burford Bl. R. OS **VOID** EVALUATION FORM  
Physical Address: 847 Guadalupe  
Name of Site Evaluator: David Flugrath  
Date Performed: \_\_\_\_\_ Proposed Excavation Depth: \_\_\_\_\_

**Requirements:**

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

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

**VOID**

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

**FEATURES OF SITE AREA**

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

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

[Signature] #9620  
Signature of Site Evaluator

\_\_\_\_\_  
Date

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DEC 14 2018

COUNTY ENGINEER

**VOID**

**REVISED**

12:46 pm, Jan 02, 2019

**VOID**

SEPTIC DESIGN FOR AEROBIC TREATMENT OF WASTEWATER

OWNER & SITE LOCATION: Burford Blair, lot 3, unit 1, block 7, Rivermont

DESIGN SPECIFICATIONS: This design is for a 3 BR Is thn 1,500 s.f. house, utilizing water saving devices. The projected wastewater usage is 240 gallons per day, the tank is sized to 500 GPD.

SITE EVALUATION: The area of effluent treatment has a slope of less than 15 percent. The site is supporting a good strand of native grasses. Owner requested Aerobic Treatment so no profile holes were dug. No recharge features were found within 150 feet of the spray discharge area. No water runs, or dry creeks are located in the treatment area. This site is not located in the Edwards recharge zone. The location is not in the 100-year Floodplain. Spray area is more than 20' from the property line a timer will be used and will spray between midnight and 5am.

SYSTEM DISCRPTION: The system will use a 500 GPD Aerobic wastewater treatment plant off the TCEQ approved list. The pipe from the house to the 500 Gpd aerobic tank will be a 3" or 4" PVC sch. 40 pipe. The Aerobic tank is connected to a liquid NSF approved chlorinator. The manifold pipe to the sprinklers is to be 1" sch. 40 PVC pipe. Audio & visual alarm required. The system is to be installed as to manufactures instruction.

CALCULATIONS: No. of Bedrooms: 3

Wastewater Flow: 240gpd

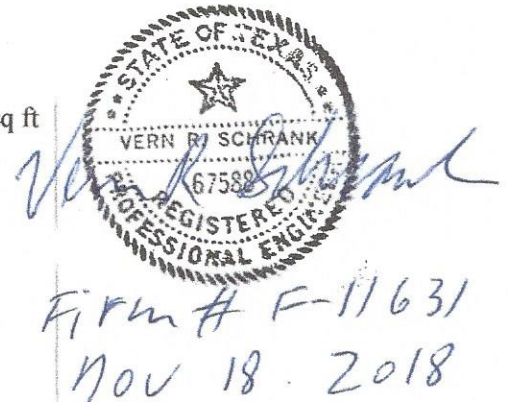
Application Rate: 0.064gal/ft. x ft/day

Min. Area Required: 240gpd/0.064

= 3,750 sq. ft.

Actual Spray Area  $1(30 \times 30 \times 3.14) + .5(30 \times 30 \times 3.14) = 2,239 \text{ sq ft}$

**VOID**



PUMP TANK CALCULATIONS:

Pump of at 15" above floor = 253 gal.

Pump on at 27" above floor = 203 gal.

Alarm on 34" above floor = 118 gal.

Total Effluent = 575 gal.

Reserve (760- 575) gallons = 185 gal.

Reserve Required  $760/3 = 253 \text{ gal.}$

PUMP AND SPRINKLER SECSIFICATIONS: 1 sprinklers, with a 30' radius with an arc of 360 degees and 1 sprinkler with a radius of 30' and arc of 180 degrees.

LANDSCAPING: Type II or Type III, soils must be placed over all exposed surface rock. All areas must be seeded with Rye or Bermuda grass or a combination of both.

AFFIDAVIT AND MAINTENANCE: An Affidavit that has been certified and duly recorded at the Count Clerks Office must be submitted. A Maintenance Contract between the owner and an Authorized maintenance company must be submitted and included for a two year period under the original contract of installation, at the end of two years and will be renewed each year after for the life of the system.

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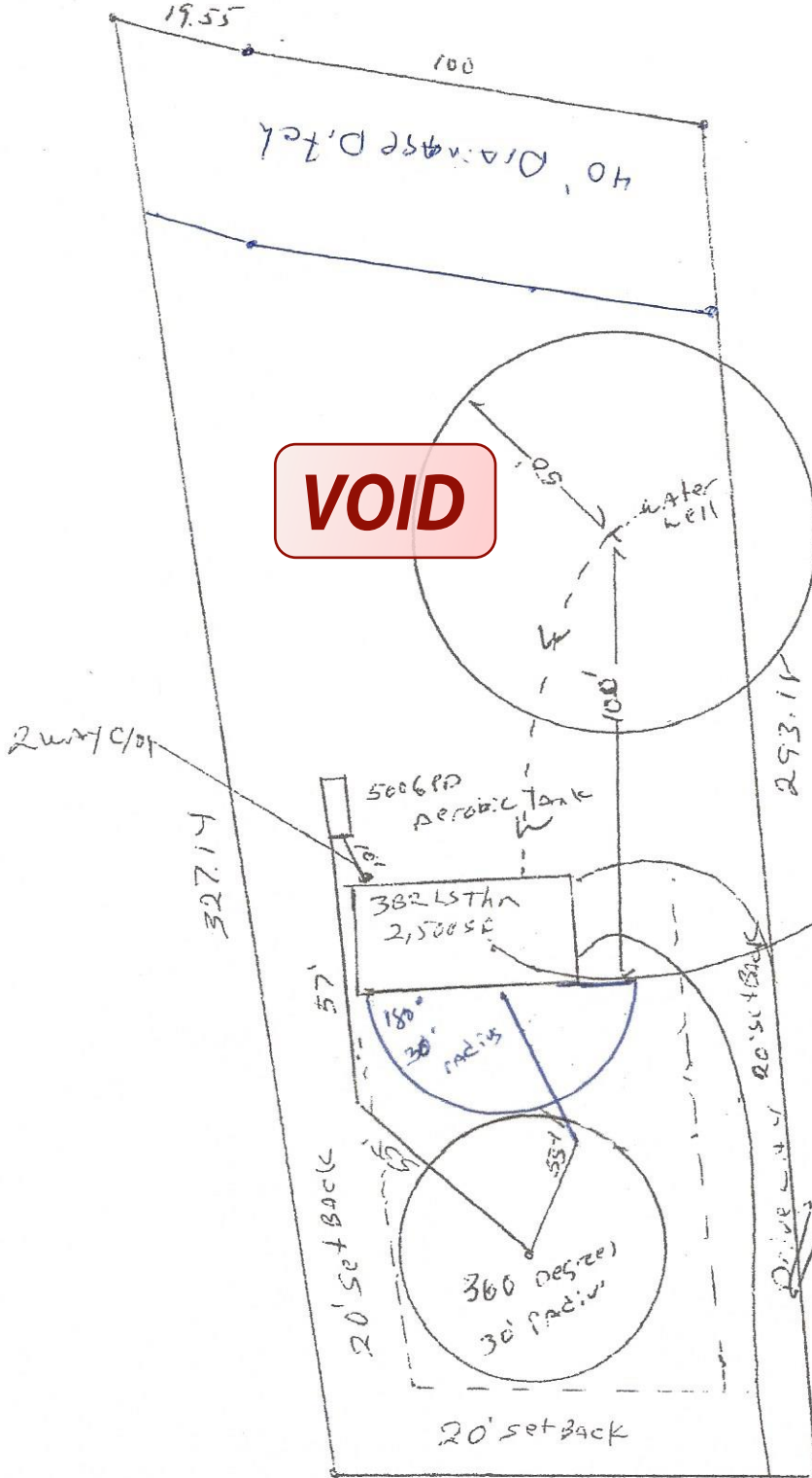
**VOID**

**REVISED**

12:46 pm, Jan 02, 2019

**VOID**

Blair, Janet more land  
Lot 3, Unit 1, Block 7, Rivermont



**VOID**

Scale 1" = 40'

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DEC 14 2018  
COUNTY ENGINEER



Firm # F-11631  
Nov 18 2018

**VOID**

## Hernandez, Sandra




---

**From:** Hernandez, Sandra  
**Sent:** Wednesday, December 19, 2018 11:42 AM  
**To:** 'flugd2002@yahoo.com'  
**Subject:** 108492 deficiency comments

RE: Rivermont, Unit 1, Lot 3, Block 7

David,

We received planning materials for the referenced permit application on December 14, 2018 and found those planning materials to be deficient. In order to continue processing this permit, we need the following information:

1.  Indicate if there is an existing TCEQ approved WPAP and/or CZP for the referenced property.
2.  It appears that there is a discrepancy throughout the planning materials with the spray head radius being used.
3.  The recorded plat indicates that there is a 40 foot drainage easement on the referenced property that is not shown on the design.
4. Revise accordingly and resubmit.

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

Thank you,  
Sandra

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

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE TREATMENT SYSTEM LICENSE TO OPERATE

VOID

Planning Materials & Site Evaluation as Required Completed by Schwank / Flusick

System Description Proprietary Sprink

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

Tank Size(s) (Gallons) 500 GPD Absorption/Application Area (Sq Ft) 3,750

Gallons Per Day (As Per TCEQ Table III) 240

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

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

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

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

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

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

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

VOID

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

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

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

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

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

Is this property within an incorporated city?  Yes  No

If yes, indicate the city: \_\_\_\_\_

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COUNTY ENGINEER

VOID

By signing this application, I certify that:

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

Ken R Schwank  
Signature of Designer

11-20-18  
Date

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

**VOID**

Date ~~9-29-18~~ 9-29-18 Permit # 108492  
Owner Name Burford Blair + Jane + Moreland Agent Name David Flugd  
Mailing Address 80 Kearsper Ln. Agent Address 1235 LONE OAK RD  
City, State, Zip Austin, TX 78738 City, State, Zip New Braunfels TX 78132  
Phone # 210-551-8237 Phone # 210-275-1481  
Email brt.blair@gmail.com Email flugd2002@ahw.com

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

Subdivision Name Rivermont Unit 1 Lot 3 Block 7  
Acreage/Legal 1.87 Acres  
Street Name/Address 841 Guadalupe Drive City Springtown Zip 78070

Type of Development:

Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1500

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: \$25,000<sup>w</sup> (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 information associated with this permit application, as applicable.

**VOID**

Signature of Owner [Signature]

Date 9-29-18

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DEC 14 2018

COUNTY ENGINEER

**VOID**

SEPTIC DESIGN FOR AEROBIC TREATMENT OF WASTEWATER

OWNER & SITE LOCATION: Burford Blair, lot 3,unit 1, block 7, Rivermont

DESIGN SPECIFICATIONS: This design is for a 3 BR ls thn 1,500 s.f. house, utilizing water saving devices. The projected wastewater usage is 240 gallons per day, the tank is sized to 500 GPD.

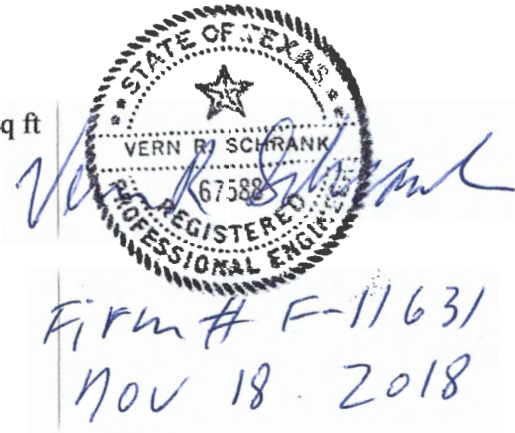
SITE EVALUATION: The area of effluent treatment has a slope of less than 15 percent. The site is supporting a good strand of native grasses. Owner requested Aerobic Treatment so no profile holes were dug. No recharge features were found within 150 feet of the spray discharge area. No water runs, or dry creeks are located in the treatment area. This site is not located in the Edwards recharge zone. The location is not in the 100-year Floodplain. Spray area is more than 20' from the property line a timer will be used and will spray between midnight and 5am.

SYSTEM DISCRPTION: The system will use a 500 Gpd aerobic wastewater treatment plant off the TCEQ approved list. The pipe from the house to the 500 Gpd aerobic tank will be a 3" or 4" PVC sch. 40 pipe. The Aerobic tank is connected to a liquid NSF approved chlorinator. The manifold pipe to the sprinklers is to be 1" sch. 40 PVC pipe. Audio & visual alarm required. The system is to be installed as to manufactures instruction.

CALCULATIONS: No. of Bedrooms: 3  
Wastewater Flow: 240gpd  
Application Rate: 0.064gal/ft. x ft/day  
Min. Area Required: 240gpd/0.064  
= 3,750 sq. ft.  
Actual Spray Area  $1(30 \times 30 \times 3.14) + .5(25 \times 25 \times 3.14) = 3,807$  sq ft

PUMP TANK CALCULATIONS:

Pump of at 15" above floor = 253 gal.  
Pump on at 27" above floor = 203 gal.  
Alarm on 34" above floor = 118 gal.  
Total Effluent = 575 gal.  
Reserve (760- 575) gallons = 185 gal.  
Reserve Required  $760/3 = 253$  gal.



PUMP AND SPRINKLER SECSIFICATIONS: 1 sprinklers, with a 30' radius with an arc of 360 degees and 1 sprinkler with a radius of 25' and arc of 180 degrees.

LANDSCAPING: Type II or Type III, soils must be placed over all exposed surface rock. All areas must be seeded with Rye or Bermuda grass or a combination of both.

AFFIDAVIT AND MAINTENANCE: An Affidavit that has been certified and duly recorded at the Count Clerks Office must be submitted. A Maintenance Contract between the owner and an Authorized maintenance company must be submitted and included for a two year period under the original contract of installation, at the end of two years and will be renewed each year after for the life of the system.

RECEIVED

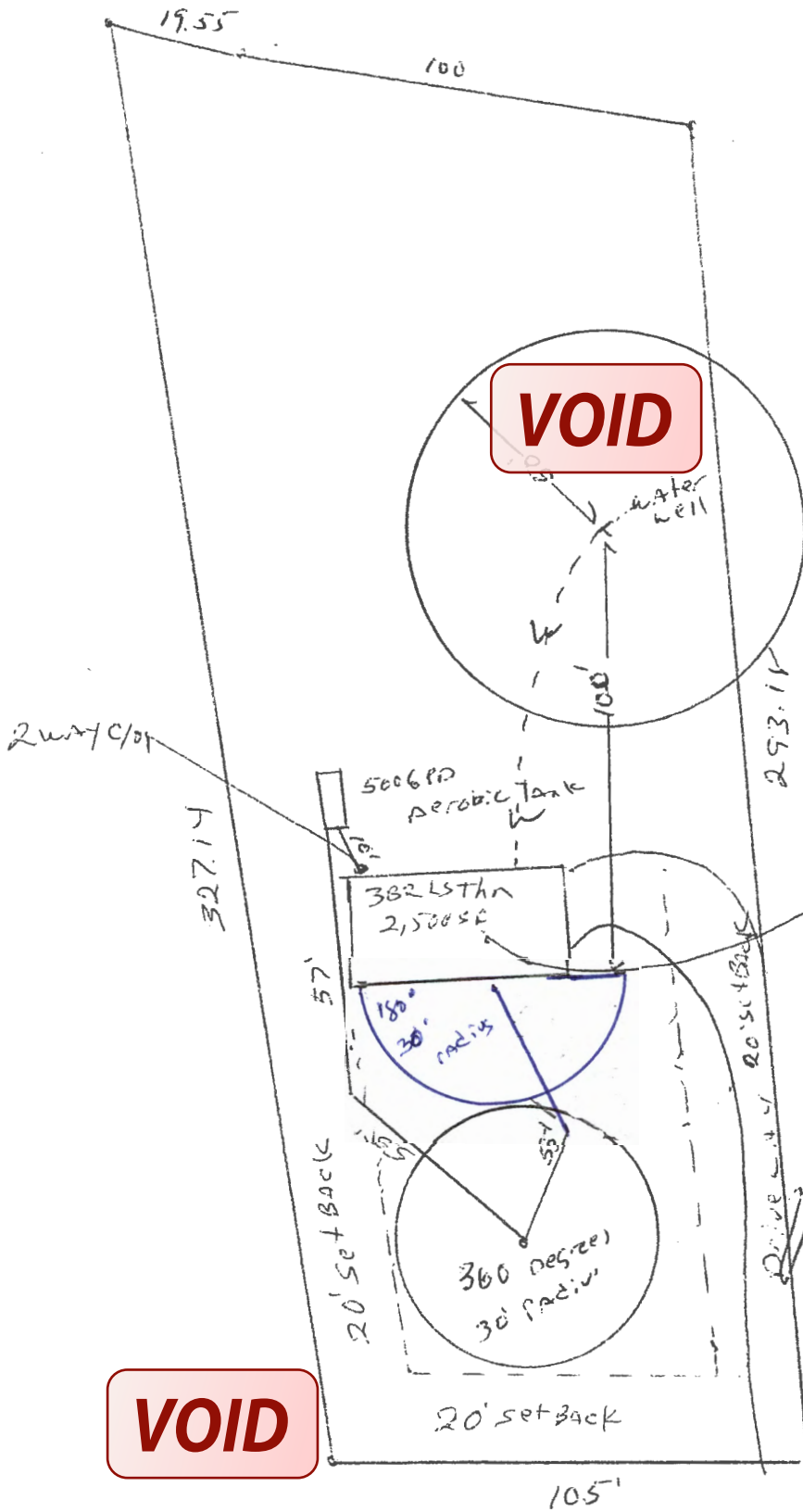
DEC 14 2018

COUNTY ENGINEER

**VOID**

**VOID**

Burford Blair, Janet more land  
Lot 3, Unit 1, Block 7, Rivermont



**VOID**

Scale 1" = 40'

RECEIVED

DEC 14 2018

COUNTY ENGINEER



Firm # F-11631  
Nov 18 2018

841 Guadalupe Street



Alamo Title Co. GF # 401300516709B

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.

RECEIVED

DEC 14 2018

COUNTY ENGINEER

General Warranty Deed

THE STATE OF TEXAS §  
COUNTY OF COMAL §

KNOW ALL MEN BY THESE PRESENTS:

Executed on date of acknowledgement to be Effective on: July 18, 2016.

Grantor: JEFF LUCAS

Grantor's Mailing Address: 1838 Colleen Drive, Canyon Lake, Comal County, Texas 78133

Grantee: BURFORD C. BLAIR IV and JANET MORELAND

Grantee's Mailing Address: 812 Kenspur Lane, Austin, Travis County, Texas 78738

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

Property (including any improvements): Lot 3, Block 7, RIVERMONT UNIT I, situation in Comal County, Texas, according to plat recorded in Volume 5, Page 4-6, Map and Plat Records, Comal County, Texas.

Reservations from Conveyance: None.

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

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

RECEIVED

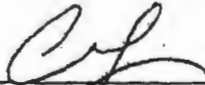
DEC 14 2018

COUNTY ENGINEER

**THENCE, S. 32° 37' 43" E, a distance of 270.65 feet to the POINT OF BEGINNING, containing 2.156 acres (93,923 square feet) of land, more or less within these metes and bounds.**

Bearing basis – S 32° 35' 00" E. – the northeast line of said 3.000 acre tract, as found monumented on the ground and further described in Volume 226, Pages 464, Deed Records of Comal County, Texas.

I hereby certify that this survey was performed upon the ground, August 8, 2011, Under my direct supervision and true and correct to the best of my knowledge.



Caesar A. Garcia  
Registered Professional Land Surveyor No. 5904  
WO #11-8-13A-1



RECEIVED  
DEC 14 2018  
COUNTY ENGINEER

Filed and Recorded  
Official Public Records  
Joy Streater, County Clerk  
Comal County, Texas  
09/13/2011 08:51:35 AM  
CASHTHREE  
201106031420



**PS Septic Supply & Service**  
23011 FM 306  
Canyon Lake, TX 78133

**Phone: (830) 850-0080**  
**Fax: (830) 935-4932**

**To: Home Owner**  
**529 Left Fork Place**  
**Spring Branch, TX 78070**

Printed: 7/24/2020  
Site: 529 Left Fork Place  
Spring Branch, TX 78070

Permit #: **108495**

Customer ID: 1214

Agency: Comal County

Contract Dates: 7/2/2019 - 7/2/2022

County: Comal County

Sub: Mystic Shores

Scheduled Date: 7/2/2020

Inspection 3 of 9

Mfg / Brand: - MAXX AIR

Treatment Type: Aerobic

Disposal: Surface Application

GPS Coordinates - Latitude: 29.971965 Longitude: -98.328420

**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"

**Visit Date: 7/23/2020**

**Entered By: .**

**Method: Grab**

**Technician: Ryan Seidensticker**

**Maint. Provider: Ryan Seidensticker**

**Aerators: Operational**

**Sludge Levels**

**Filters: Operational**

**For Tank 1: 0**

**Irrigation Pumps: Operational**

**For Tank 2: 2**

**Disinfection Device: Operational**

**For Tank 3: 2**

**Chlorine Supply: Operational**

**Chlorine Residual: .11**

**Tank Lid / Riser: Secured**

**Sprinkler Drip Backwash: Good**

**Electric Circuits: Operational**

**Distribution System: Operational**

**Sprayfield Veg: Operational**

**Color: Good**

**Odor: Good**

**Alarm: Operational**

**Comments**

**Service Completed**

Scum on pretreatment:2" - Technician Secured the Tank Lid and/or Riser prior to leaving location.

Insp ID #:5185

**Provider: Christopher Ryan Seidensticker**  
**PS Septic Supply & Service**

**Technician: Christopher Ryan Seidensticker**  
**PS Septic Supply & Service**

License Info: MP0001708 Expires:

License Info: MP0001708 Expires: 9/1/2023

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



**(830) 964-2365**  
**Fax: (830) 964-2659**  
**www.aerobicservices.com**

To: Brit Blair  
841 Guadalupe Dr.  
Spring Branch, TX 78070  
Agency: CCEH  
County: Comal  
Permit No: 108492

Tech: Chris Bausch  
Phone: (210) 551-8237 Date: 2022-09-15  
Alt Ph: \_\_\_\_\_ Service Due: \_\_\_\_\_

Inspection Type: 1x inspection

Item	Operational	Inoperative	N/A	
<b>Aerator:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Air Pressure: 60</b>
<b>Irrigation pump:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Air compressor:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Disinfection device:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Chlorine supply:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Spray field vegetation:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Sprinkler / Drip backwash:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Controls / Electric Circuits:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Test Results and observations: (As Required)**

Chlorine Residual: \_\_\_\_\_  
Test Method: Drip  
BOD: \_\_\_\_\_  
TSS: \_\_\_\_\_  
Access Ports Secured: Yes [X] / NO [ ]  
Repairs Made: Yes [X] / NO [ ]

Mixed Liquor Aeration: 57  
**Sludge Levels**  
Clarifier: 30  
Pump: 18

Repairs and Comments:  
System needs pumped, call office to schedule. Replaced compressor. Hp60. Installed ball valve on field return.

*CB*

Inspector: \_\_\_\_\_ Date: 2022-09-15

Tom Hampton VP  
MP349/OS24597