



Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 03/25/2019 Permit Number: 108725

Location Description: 2483 BOBCAT DR CITY OF BULVERDE, TX 78163

Subdivision: Bulverde Estates
Unit: 1
Lot: 71
Block:
Acreage:

Type of System: Aerobic Surface Irrigation

Issued to: Gordon T & Amy C. White

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

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

Alterations to this permit including, but not limited to:

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

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

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

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

Licensing Authority
Comal County Environmental Health

Signature of Michael Lopez, OS8497
ENVIRONMENTAL HEALTH INSPECTOR

Signature of David A. [unclear], OS0007722
ENVIRONMENTAL HEALTH COORDINATOR

## Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Van Olden Wastewater. OSSF Installer #: OS 0000 338  
 1st Inspection Date: 3/19/19 2nd Inspection Date: \_\_\_\_\_ 3rd Inspection Date: 3/25/19  
 Inspector Name: Mike T. Inspector Name: \_\_\_\_\_ Inspector Name: Mike T.  
 Permit#: 108725 Address: Bulverde Est. / 2483 Bobcat Dr. 5150

| 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)<br>285.30(b)(1)(A)(iv)<br>285.30(b)(1)(A)(v)<br>285.30(b)(1)(A)(iii)<br>285.30(b)(1)(A)(ii)<br>285.30(b)(1)(A)(i)  |       | 3/19/19   |           | 3/25/19   |
| 2   | SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards                              | ✓      | 285.91(10)<br>285.30(b)(4)<br>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)<br>285.32(b)(1)(E)(iv)<br>285.32(b)(1)(F)<br>285.32(b)(1)(B)<br>285.32(b)(1)(C)(i)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(D)<br>285.32(b)(1)(E)<br>285.32(b)(1)(A)<br>285.32(b)(1)(E)(ii)(II)<br>285.32(b)(1)(E)(i)<br>285.32(b)(1)(E)(ii)(I) |       |           |           |           |
| 7   | PRETREATMENT Grease Interceptors if required for commercial  |        | 285.34(d)  |       |           |           |           |

MT- 3/19/19  
 Tank set, leveled.  
 Operational ✓  
 Ready for cover

MT- 3/25/19  
 Covered.



**Comal County Environmental Health  
OSSF Inspection Sheet**

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

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OSSF Inspection Sheet**

| No. | Description   | Answer | Citations  | Notes | 1st Insp. | 2nd Insp. | 3rd Insp. |
|-----|---|--------|--|-------|-----------|-----------|-----------|
| 19  | DISPOSAL SYSTEM Drip Irrigation   |        | 285.33(a)(1)<br>285.33(a)(3)<br>285.33(a)(4)<br>285.33(a)(2) |       |           |           |           |
| 20  | DISPOSAL SYSTEM Soil Substitution   |        | 285.33(d)(4)   |       |           |           |           |
| 21  | DISPOSAL SYSTEM Pumped Effluent   |        | 285.33(a)(3)<br>285.33(a)(1)<br>285.33(a)(2)                 |       |           |           |           |
| 22  | DISPOSAL SYSTEM Gravelless Pipe   |        | 285.33(a)(3)<br>285.33(a)(2)<br>285.33(a)(4)<br>285.33(a)(1) |       |           |           |           |
| 23  | DISPOSAL SYSTEM Mound   |        | 285.33(a)(3)<br>285.33(a)(1)<br>285.33(a)(2)<br>285.33(a)(4) |       |           |           |           |
| 24  | DISPOSAL SYSTEM Other (describe) (Approved Design)  |        | 285.33(d)(6)<br>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<br>DRAINFIELD Excavation Depth<br>DRAINFIELD Excavation Separation<br>DRAINFIELD Depth of Porous Media<br>DRAINFIELD Type of Porous Media |        |  |       |           |           |           |
| 29  | DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place   |        | 285.33(b)(1)(E)  |       |           |           |           |
| 30  | DRAINFIELD Leaching Chambers<br>DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)          |        | 285.33(c)(2)   |       |           |           |           |
| 31  | LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches  |        | 285.33(d)(1)(C)(i)   |       |           |           |           |



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| 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)   |       | 3/19/19   |           | 3/25/19   |
| 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>   |        |  |       |           |           |           |
| 39  | <p>PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried</p>   |        |  |       |           |           |           |

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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)(v)<br>285.33(d)(2)(G)(iii)<br>285.33(d)(2)(G)(iv)<br>285.33(d)(2)(G)(i)<br>285.33(d)(2)(G)(ii)<br>285.33(d)(2)(G)(iii)(i) |       | 3/19/19   |           | 3/25/19   |
| 41  | APPLICATION AREA Low Angle Nozzles Used / Pressure is as required<br>APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads?<br>APPLICATION AREA The Landscape Plan is as Designed | ✓      | 285.33(d)(2)(G)(i)<br>285.33(d)(2)(A)<br>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: Van Olden Wastewater. OSSF Installer #: \_\_\_\_\_

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

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

Permit#: 108725 Address: Bulverde Est. / 2483 Bobcat 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)<br>285.30(b)(1)(A)(iv)<br>285.30(b)(1)(A)(v)<br>285.30(b)(1)(A)(iii)<br>285.30(b)(1)(A)(ii)<br>285.30(b)(1)(A)(i)   |       | 3/19/19   |           |           |
| 2   | SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards                              | ✓      | 285.91(10)<br>285.30(b)(4)<br>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)<br>285.32(b)(1)(E)(iv)<br>285.32(b)(1)(F)<br>285.32(b)(1)(B)<br>285.32(b)(1)(C)(i)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(D)<br>285.32(b)(1)(E)<br>285.32(b)(1)(A)<br>285.32(b)(1)(E)(ii)(II)<br>285.32(b)(1)(E)(i)<br>285.32(b)(1)(E)(ii)(I) |       |           |           |           |
| 7   | PRETREATMENT Grease Interceptors if required for commercial  |        | 285.34(d)   |       |           |           |           |

MT- 3/19/19  
 Tank set, leveled.  
 Operational ✓  
 Ready for COUVA

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OSSF Inspection Sheet**

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| 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<br>SEPTIC TANK Septic Tank(s) Meet Minimum Requirements |        | 285.32(b)(1)(E)<br>285.91(2)<br>285.32(b)(1)(F)<br>285.32(b)(1)(E)(iii)<br>285.32(b)(1)(E)(ii)(II)<br>285.32(b)(1)(E)(ii)(I)<br>285.32(b)(1)(E)(i)<br>285.32(b)(1)(D)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(C)(i)<br>285.32(b)(1)(B)<br>285.32(b)(1)(A)<br>285.32(b)(1)(E)(iv) |                                 |           |           |           |
| 9   | ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used   |        | 285.32(b)(1)(F)<br>285.32(b)(1)(G)<br>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<br>SEPTIC TANK Riser permanently fastened to lid or cast into tank<br>SEPTIC TANK Riser cap protected against unauthorized intrusions  |        | 285.38(d)<br>285.38(e)  |                                 |           |           |           |
| 12  | SEPTIC TANK Tank Volume Installed  |        |   |                                 |           |           |           |
| 13  | PUMP TANK Volume Installed   |        |   |                                 |           |           |           |
| 14  | AEROBIC TREATMENT UNIT Size Installed  | ✓      |   | 600                             | 3/19/19   |           |           |
| 15  | AEROBIC TREATMENT UNIT Manufacturer<br>AEROBIC TREATMENT UNIT Model Number   | ✓      |   | Cleon steam<br>Fiber glass tank |           |           |           |
| 16  | DISPOSAL SYSTEM Absorptive   |        | 285.33(a)(4)<br>285.33(a)(1)<br>285.33(a)(2)<br>285.33(a)(3)  |                                 |           |           |           |
| 17  | DISPOSAL SYSTEM Leaching Chamber   |        | 285.33(a)(1)<br>285.33(a)(3)<br>285.33(a)(4)<br>285.33(a)(2)  |                                 |           |           |           |
| 18  | DISPOSAL SYSTEM Evapo-transpirative  |        | 285.33(a)(3)<br>285.33(a)(4)<br>285.33(a)(1)<br>285.33(a)(2)  |                                 |           |           |           |



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| 21  | DISPOSAL SYSTEM Pumped Effluent   |        | 285.33(a)(3)<br>285.33(a)(1)<br>285.33(a)(2)                 |       |           |           |           |
| 22  | DISPOSAL SYSTEM Gravelless Pipe   |        | 285.33(a)(3)<br>285.33(a)(2)<br>285.33(a)(4)<br>285.33(a)(1) |       |           |           |           |
| 23  | DISPOSAL SYSTEM Mound   |        | 285.33(a)(3)<br>285.33(a)(1)<br>285.33(a)(2)<br>285.33(a)(4) |       |           |           |           |
| 24  | DISPOSAL SYSTEM Other (describe) (Approved Design)  |        | 285.33(d)(6)<br>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<br>DRAINFIELD Excavation Depth<br>DRAINFIELD Excavation Separation<br>DRAINFIELD Depth of Porous Media<br>DRAINFIELD Type of Porous Media |        |  |       |           |           |           |
| 29  | DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place   |        | 285.33(b)(1)(E)  |       |           |           |           |
| 30  | DRAINFIELD Leaching Chambers<br>DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)          |        | 285.33(c)(2)   |       |           |           |           |
| 31  | LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches  |        | 285.33(d)(1)(C)(i)   |       |           |           |           |

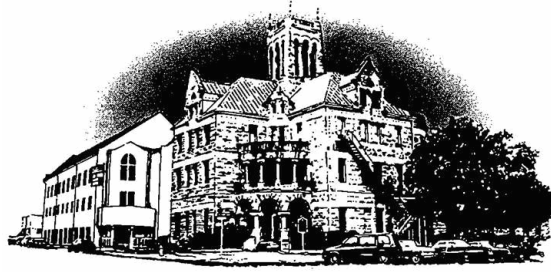
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| 33  | AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.   | ✓      | 285.32(c)(1)  |       | 3/19/19   |           |           |
| 34  | AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided<br>AEROBIC TREATMENT UNIT Secondary restraint system provided<br>AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank<br>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<br>PUMP TANK Sampling Port Provided in the Treated Effluent Line<br>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required<br>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump  |        |   |       |           |           |           |
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| 40  | APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?   | <input checked="" type="checkbox"/> | 285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(iii)(III)285.33(d)(2)(G)(v)<br>285.33(d)(2)(G)(iii)<br>285.33(d)(2)(G)(iv)<br>285.33(d)(2)(G)(i)<br>285.33(d)(2)(G)(ii)<br>285.33(d)(2)(G)(iii)(I) |       | 3/19/19   |           |           |
| 41  | APPLICATION AREA Low Angle Nozzles Used / Pressure is as required<br>APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads?<br>APPLICATION AREA The Landscape Plan is as Designed | <input checked="" type="checkbox"/> | 285.33(d)(2)(G)(i)<br>285.33(d)(2)(A)<br>285.33(d)(2)(F)   |       |           |           |           |
| 42  | APPLICATION AREA Area Installed   |                                     |  |       |           |           |           |
| 43  | PUMP TANK Meets Minimum Reserve Capacity Requirements   |                                     |  |       |           |           |           |
| 44  | PUMP TANK Material Type & Manufacturer  |                                     |  |       |           |           |           |
| 45  | PUMP TANK Type/Size of Pump Installed   |                                     |  |       |           |           |           |



# Comal County

OFFICE OF COMAL COUNTY ENGINEER

## **Permit of Authorization to Construct an On-Site Sewage Facility Permit Valid For One Year From Date Issued**

Permit Number: 108725  
Issued This Date: 02/21/2019  
This permit is hereby given to: Gordon T & Amy C. White

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

2483 BOBCAT DR  
CITY OF BULVERDE, TX 78163

Subdivision: Bulverde Estates  
Unit: 1  
Lot: 71  
Block:  
Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic  
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.



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

Date January 12, 2019

Permit # 108725

Owner Name Gordon T. and Amy C. White  
Mailing Address 2483 Bobcat Drive  
City, State, Zip Bulverde, TX 78163  
Phone # 210.240.3926  
Email amy@amyCwhite.com

Agent Name NA  
Agent Address NA  
City, State, Zip NA  
Phone # NA  
Email NA

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

Subdivision Name Bulverde Estates Unit 1 Lot 71 Block NA  
Acreage/Legal 2.1 acres / Lot 71, Bulverde Estates, Unit 1  
Street Name/Address 2483 Bobcat Drive City Bulverde Zip 78163

**Type of Development:**

Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) House  
Number of Bedrooms 4  
Indicate Sq Ft of Living Area 3000

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JAN 28 2019

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

Estimated Cost of Construction: \$ 0 (Structure Only)

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

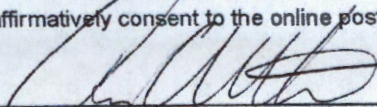
Yes  No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

Source of Water  Public  Private Well

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

By signing this application, I certify that:

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

  
Signature of Owner

1.14.18  
Date



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

Planning Materials & Site Evaluation as Required Completed By Jeff Brown, PE

System Description Aerobic treatment with spray disposal

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

Tank Size(s) (Gallons) 600 gpd ATU Absorption/Application Area (Sq Ft) 5625

Gallons Per Day (As Per TCEQ Table III) 360

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

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

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

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

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

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

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

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

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

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

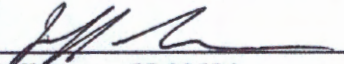
If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP?  Yes  No

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

Is this property within an incorporated city?  Yes  No

If yes, indicate the city: Bulverde

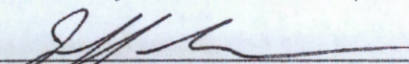
I hereby certifying that, per TCEQ Rules Chapter 213 - Subchapter B, this site is exempt from the Contributing Zone Plan requirement.

  
Jeff Brown, PE 92634  
1.12.19  
Date

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

1.12.19  
Date



**RECEIVED**

By Brenda Ritzen at 1:26 pm, Feb 21, 2019

# City of Bulverde

**PLANNING & DEVELOPMENT DEPARTMENT**

30360 Cougar Bend  
Bulverde, TX 78163  
Office (830) 438-3612  
Fax (830) 438-4339

February 21, 2019

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



**RE: RELEASE FOR SEPTIC- 2483 Bobcat Drive (Bulverde Estates Unit 1 Lot 71)  
PROPERTY OWNER- Gordon T and Amy White**

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

Please let me know if you have any further questions, comments or concerns related to the above matter.

Respectfully,

Sean R. Greszler  
Lead Planner  
City of Bulverde Planning & Development

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF COMAL  
STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities (OSSF's), this document is filed in the Deed Records of Comal County, Texas.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (commission) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the 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.

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

Lot 71, Bulverde Estates, Unit 1, according to the plat recorded in Volume 2, Page 95-99,  
Plat and Official Public Records, Comal County, Texas.

The property is owned by (insert owner's full name): Gordon T. White and Amy C. White

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 18 DAY OF January, 2019

[Signature]  
[Signature]  
Owner(s) signature(s)

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
01/22/2019 08:52:50 AM  
TERRI 1 Pages(s)  
201906002192

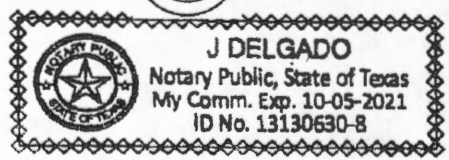
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 18 DAY OF January, 2019.

[Signature]  
Notary Public, State of Texas

Notary's Printed Name: J Delgado  
My Commission Expires: 10-05-2021



Bobbie Koepf







26665 IH 10 West, Boerne TX 78006  
S.A. (210) 698-2000 \* Boerne (830) 249-4000  
Fax (210) 698-8080 \* www.vdwws.com

Design \* Installation \* Repairs  
Real Estate Inspection \* Consultation \* Cleaning

Licensed by Texas Commission on Environmental  
Quality

Family Owned & Operated Since  
1937

RE: 2483 Bobcat Drive, Bulverde

**Two-Year Initial Service Policy**

Our firm, Van Delden Wastewater Systems, will inspect your Clearstream system and perform the testing and reporting requirements three times per year (once every four months) for the first two years from installation/initial orientation. Effluent quality inspection will include a visual inspection for color, turbidity, sludge build up, scum overflow and odor. Mechanical and electrical inspection and service including inspecting aerator, air filter, and alarm panel and replacing or repairing any component not found to be functioning correctly. The service policy does not include chlorine, weekend or holiday service calls, additional service calls or parts due to any of the listed items under "violations of warranty". Lab testing (if required) for coliform, TSS, BOD, etc. are not included in this policy and are the owners responsibility. Service reports will be forwarded to the regulating authority. Upon expiration of this policy, our firm will offer a continuing service policy to cover labor for normal maintenance and testing reports.

- **Violations of Warranty:** include shutting of the electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, introducing excessive amounts of harmful matter into the system, or any other forms of abuse or negligence (such as running over spray heads with lawn mower, covering system parts or components with landscaping/fill dirt, etc.) Replacement of parts or repairs due to homeowners abuse or negligence will be billed to the homeowner in addition to a service call charge (see Additional Service Calls). Do not allow alteration to any part of the system or sprinkler head locations. Alteration would put the system out of compliance and would cause the property owner additional expense to bring the system back into compliance. Any use of another company to make repairs to the system will violate any warranties and be considered as a breach of this policy.
- **Additional Labor and Service Calls:** Replacement of parts or repairs due to homeowners abuse or negligence will be billed to the homeowner in addition to a service call charge of \$110.00. Service call charges do not include any labor over 1 hour. If repairs or the service check require more than one hour of labor, each additional quarter-hour (15 minutes) will be billed at \$31.25. If for any reason we are unable to obtain access to your property or system to perform a scheduled service check, a service call fee of \$110.00 will be charged. Our office will respond to the service call within two business days. Emergency phone number for weekends/holidays will be answered from 8am-5pm: 210-260-6082. Anytime a service call is requested by the homeowner during weekends and/or holidays, the service call charge will be \$250.00 per hour (pro-rated after the 1<sup>st</sup> hour).
- **Chlorine:** The property owner is responsible for maintaining the chlorine supply. TCEQ regulation requires chlorination. If the chlorinator is found empty upon a scheduled service check, the technician will add chlorine and the owner will be billed for the chlorine (5 tablets for tablet chlorinators or 1 gallon of bleach for liquid chlorinators). Calcium Hypochlorite chlorine tablets are recommended by the TCEQ for tablet chlorination (they are available from us or at most Home Depot stores). DO NOT use swimming pool chlorine. If the owner requests that we use the owners personal supply of chlorine/bleach, the chlorine/bleach must be available at an outside and known location at the time of service. If the homeowner's chlorine/bleach is not available as described at the time of service, we will add the chlorine/bleach and the owner will be charged. Note: the owner will receive a non-compliance citation from the regulating authority if the testing report does not indicate chlorine was neither present nor added at the time of the service check.  
\*I would like Van Delden to use my personal supply of chlorine/bleach. The outdoor location is \_\_\_\_\_ and I understand that if my chlorine/bleach is not available at the outdoor location specified, Van Delden will add their chlorine and I will be charged.
- **Pumping:** The cleaning of the septic tank, aerobic tank, and pump tank is not included in this service policy.
- **Operation and Maintenance Guide:** Please read the Operation and Maintenance Guide included with this policy and follow the recommendations to help prevent extra service and owner expense.
- **Transfer of Property:** If this property is sold within the policy period, the signing party is responsible for all repairs unless the new owners information is provided before repairs are made and a transfer policy is signed and returned to us. The new owners will be required to meet with out technician for an orientation during the check of their transfer policy.
- **Rental of Property:** The homeowner shall obtain the service policy for the system and is responsible for balances due. Renters will be required to meet with our technician for an orientation during the first service check of their occupancy. This will help make the renters aware of how to use the system and may help prevent extra service and owner expense on the system. Please note: all service checks are allotted up to one hour; if there is any additional time on site due to orientation, see charges above.
- **Terms of Payment:** Payment of invoice(s) for any other service or repair provided is due upon receipt of invoice. Invoices are mailed on the date of the invoice. All payments not received within fifteen (15) days from the invoice date will be charged a 1.5% finance charge per month. If payment for replacement of parts is delinquent, your next service check may be delayed and parts will not be replaced if necessary until your account is current, and a service call of \$110.00 will be charged to return to your property to replace the necessary parts.
- **TCEQ licensed OSSF Maintenance Provider:** Garrett Van Delden

**Acceptance of Policy**

The above prices, specifications, and conditions are satisfactory and are hereby accepted. I have read and understand the Operation and Maintenance Guide included with this policy. Van Delden Wastewater Systems is authorized to perform the services as specified.

Accepted by (signature) : [Signature] Date 1.14.18 E-mail amy@amyCwhite.com

Phone Numbers: Home 210.240.3926 Work \_\_\_\_\_ Alternate 210.860.8213 Alternate \_\_\_\_\_

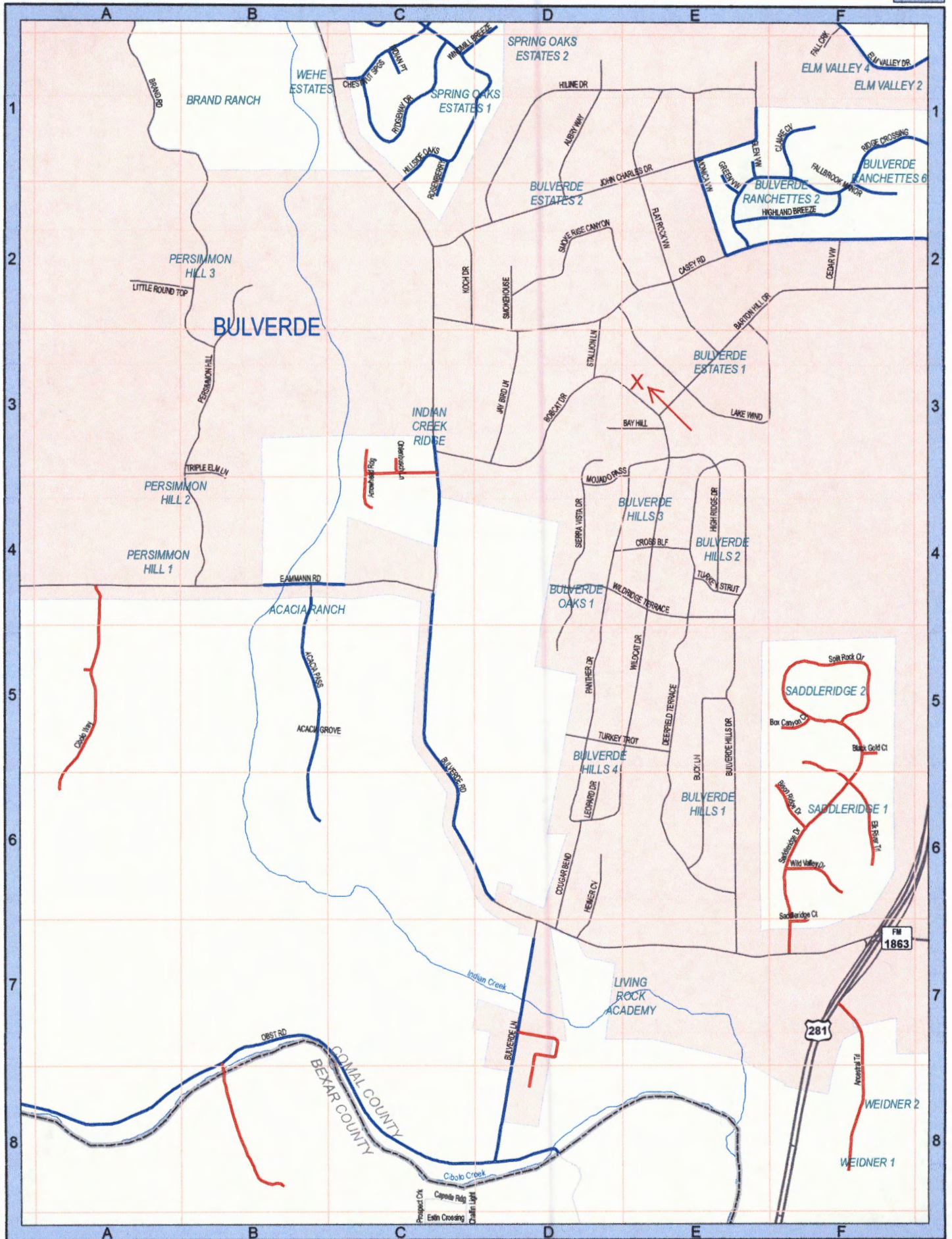
Additional information (such as gate codes, etc.): Gate: 5150

(If our technician cannot access the property due to locked gate, unreported gate code change, biting dogs, etc.; a service call of \$110.00 will be charged.)

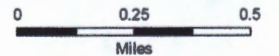
Accepted by Van Delden Wastewater Systems: [Signature] Date 12-14-18

**\*\* To start the date the License to Operate is issued.**





SEE PAGE 418







**-- SOIL EVALUATION --**

| Applicant/Property Information |                            | Site Evaluator Information |                               |
|--------------------------------|----------------------------|----------------------------|-------------------------------|
| Name                           | Gordon T. and Amy C. White | Name                       | Jeffrey J. Supplee            |
| Address                        | 2483 Bobcat Dr.            | Address                    | 24165 IH-10 West Ste. 217-448 |
| City, State, Zip               | Bulverde, Texas 78163      | City, State, Zip           | San Antonio, Texas 78257      |
| Site Location                  | 2483 Bobcat Dr.            | TCEQ License #             | OS0033752                     |
| City, State, Zip               | Bulverde, Texas 78163      | Survey Date                | 12/19/18                      |

| Soil Profile Hole Number: <i>See observation comments below</i> |                                 |              |                                      |   |
|---|---------------------------------|--------------|--------------------------------------|---|
| Depth (Feet)  | Texture Class (Ib, II, III, IV) | Soil Texture | Gravel Analysis (% by volume & size) | Observations (Restrictive Horizon, Groundwater, Mottling, Fractured Rock, etc.)   |
| 1 -----   |                                 |              |                                      | Sub-surface/standard treatment space on property is limited due to slope patterns, well setback, outcropping rock, existing sub-surface standard drain-field, and a drainage pathway. Soil profile holes not performed. |
| 2 -----   |                                 |              |                                      |   |
| 3 -----   |                                 |              |                                      |   |
| 4 -----   |                                 |              |                                      |   |
| 5 -----   |                                 |              |                                      |   |

| Soil Profile Hole Number: <i>See observation comments below</i> |                                 |              |                                      |  |
|---|---------------------------------|--------------|--------------------------------------|--|
| Depth (Feet)  | Texture Class (Ib, II, III, IV) | Soil Texture | Gravel Analysis (% by volume & size) | Observations (Restrictive Horizon, Groundwater, Mottling, Fractured Rock, etc.)  |
| 1 -----   |                                 |              |                                      | Sub-surface standard treatment space on property is limited due to slope patterns, well setback, outcropping rock, existing sub-surface standard drain-field, and onsite drainage pathway. Soil profile holes not performed. |
| 2 -----   |                                 |              |                                      |  |
| 3 -----   |                                 |              |                                      |  |
| 4 -----   |                                 |              |                                      |  |
| 5 -----   |                                 |              |                                      |  |

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

Site Evaluator Signature:

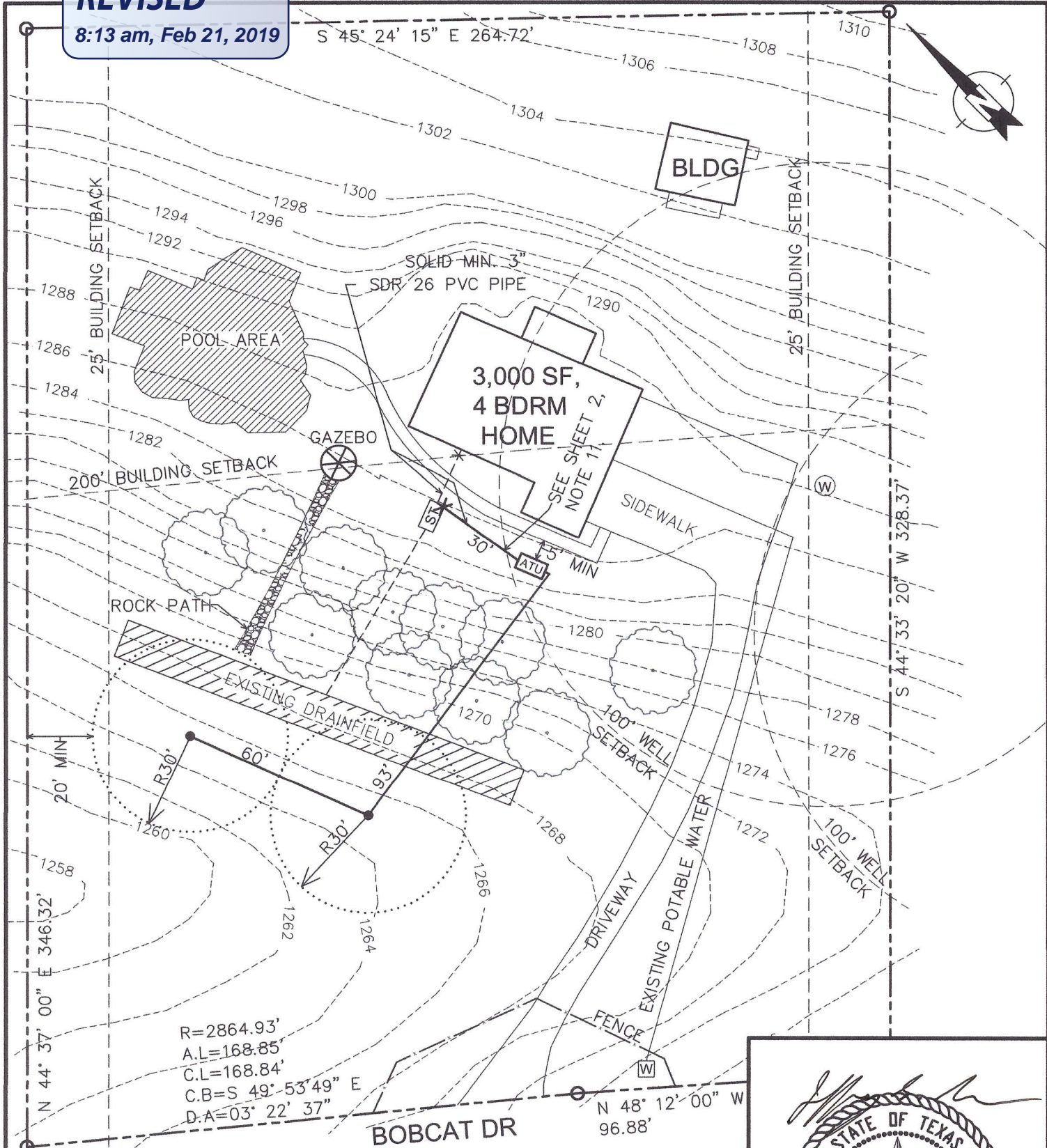
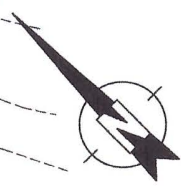
Date:

12/20/18

**REVISED**

8:13 am, Feb 21, 2019

S 45° 24' 15" E 264.72'



$R=2864.93'$   
 $A.L.=168.85'$   
 $C.L.=168.84'$   
 $C.B=S\ 49^{\circ} 53' 49" E$   
 $D.A.=03^{\circ} 22' 37"$

**LEGEND**

- MIN. 600 GPD AEROBIC TREATMENT UNIT
- EXISTING SEPTIC TANK
- SPRAY HEAD
- 2' CONTOUR LINES
- CLEAN-OUT
- WATER WELL
- WATER METER
- TREE

NAME: WHITE  
 ADDRESS: 2483 BOBCAT DR,  
 BULVERDE, TX  
 DATE: 2/20/2019  
 SCALE: 1"=40'  
 SHEET: 1 OF 2



JSB ENGINEERING  
 FIRM NO. F-11812



**NOTES:**

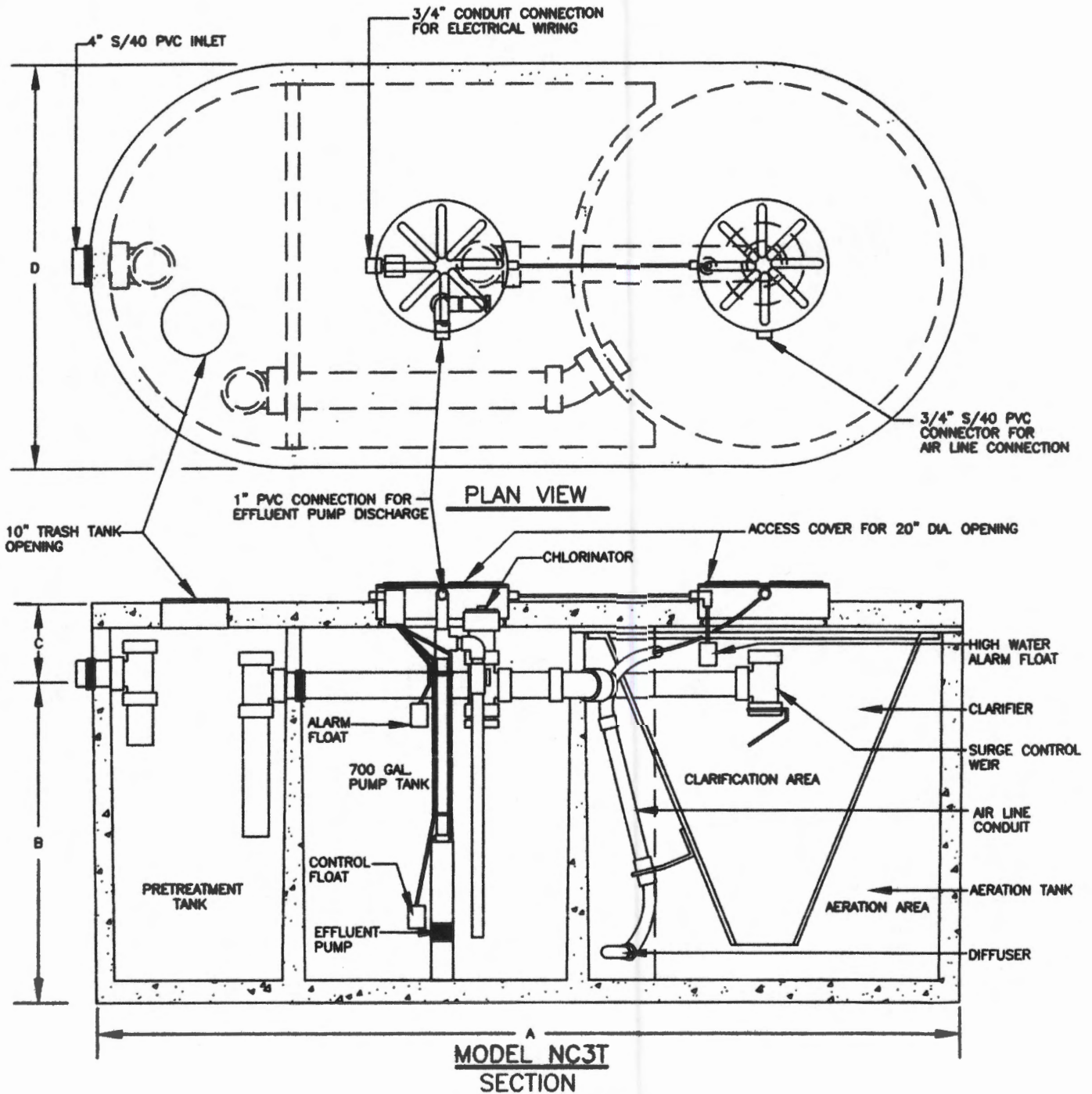
1. INSTALLER TO COORDINATE INSTALLATION TO MINIMIZE SOIL COMPACTION IN THE DISPOSAL FIELD AREA.
2. INSTALLER TO REMOVE ALL NECESSARY BRUSH AND TREES FOR PROPER INSTALLATION OF THE FACILITIES.
3. WATER LINES MUST BE AT LEAST 10' FROM THE TANKS AND PIPE, EXCEPT AT BUILDING CONNECTION, AND NOT UNDER THE SPRAY AREA.
4. SEE ATTACHED ATU AND SPRINKLER HEAD INFORMATION.
5. INSTALL PVC BALL VALVE IN, OR JUST OUTSIDE OF, ATU PUMP TANK TO THROTTLE PRESSURE IF NEEDED. SEE DESIGN CALCULATIONS SHEET.
6. IF NEEDED, GRADE TO ENSURE PROPER DRAINAGE.
7. THE PROPOSED LINES BETWEEN THE HOME AND THE PROPOSED ATU SHALL BE LAID AT A MINIMUM SLOPE OF 1/4" OF FALL PER HORIZONTAL FOOT.
8. SYSTEM SHALL INCLUDE BOTH AUDIBLE AND VISIBLE INDICATORS FOR THE ALARMS.
9. INSTALLER MAY FIELD ADJUST TANK(S) AND DISPOSAL FIELD AS NEEDED WHILE MAINTAINING ALL APPLICABLE TCEQ RULES AND COUNTY REGULATIONS.
10. ALL YARD PIPING IS MIN 1" SOLID SCH 40 PVC UNLESS INDICATED OTHERWISE.
11. ALL YARD PIPING WITHIN 5' OF FOUNDATIONS, BUILDINGS, SURFACE IMPROVEMENTS, PROPERTY LINES, SWIMMING POOLS, AND OTHER STRUCTURES (EXCEPT BUILDING FOUNDATIONS) SHALL BE SCH 80 PVC PIPE OR SLEEVED IN SCH 40 PVC PIPE.
12. REGARDING LANDSCAPING, ANY BARE AREAS SHALL BE SEEDED OR SODDED BEFORE SYSTEM START-UP. THE VEGETATION SHALL BE ESTABLISHED OR CAPABLE OF GROWTH BEFORE SYSTEM START-UP.
13. THE EXISTING SEPTIC TANK SHALL BE PUMPED, CRUSHED, AND ABANDONED. THE PIPE IMMEDIATELY DOWNSTREAM OF THE EXISTING SEPTIC TANK SHALL BE CUT AND CAPPED. THE EXISTING DRAINFIELD WILL BE ABANDONED IN PLACE.
14. INSTALLER TO LOCATE ALL UTILITIES BEFORE INSTALLATION.

|  |
|--|
| NAME: WHITE                              |
| ADDRESS: 2483 BOBCAT DR,<br>BULVERDE, TX |
| DATE: 2/19/2019                          |
| SCALE: 1'=40'                            |
| SHEET: 2 OF 2                            |



JSB ENGINEERING  
FIRM NO. F-11812

## DESIGN DRAWINGS



### DIMENSIONAL DATA

| MODEL    | A      | B   | C       | D   |
|----------|--------|-----|---------|-----|
| 600 NC3T | 12'-5" | 60" | 10-1/2" | 82" |

### SPECIFICATIONS

TREATMENT CAPACITY  
BOD LOADING

AERATOR (MODEL CS-103ED)  
\*AERATOR (MODEL CS-103EL)  
\*AERATOR (MODEL CS-103EB)  
CONTROL PANEL (MODEL CS-116)

600 G. P. D.

1.5 lbs. BOD

2.8 SCFM, 115V./60HZ/1.9 AMPS

\*2.8 SCFM, 115V./60HZ/.75 AMPS

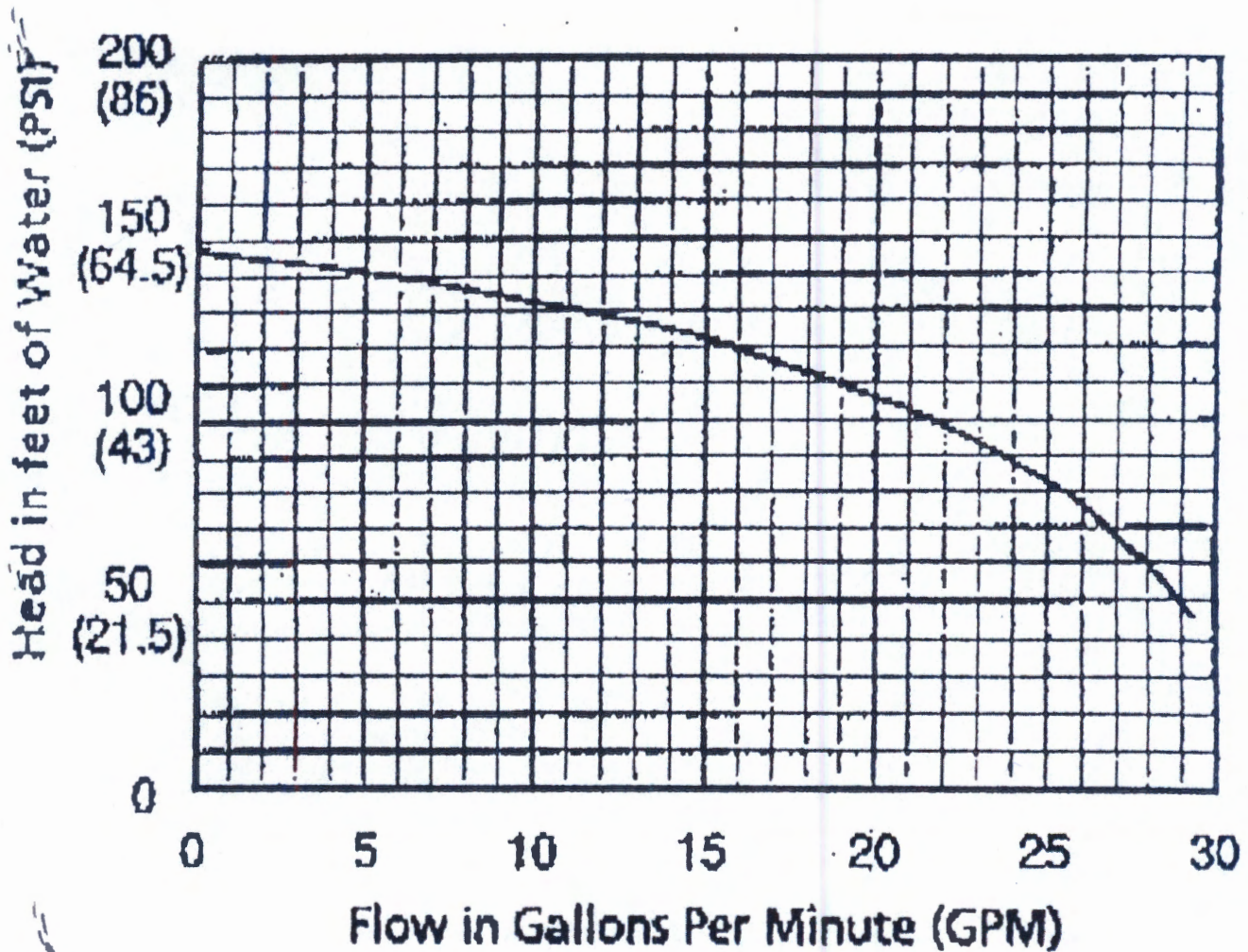
2.8 SCFM, 115V./60HZ/1.7 AMPS

NEMA 4X

\* ALTERNATE AERATOR OPTION



# Clearstream P-20 Submersible Pump Curve





**PROPLUS ■ PERFORMANCE DATA**

| PERFORMANCE        |              |            |          |
|--------------------|--------------|------------|----------|
| NOZZLE             | PRESSURE PSI | RADIUS FT. | FLOW GPM |
| #2.5 PRE-INSTALLED | 30           | 38'        | 2.5      |
|                    | 40           | 39'        | 2.8      |
|                    | 50           | 40'        | 3.2      |
|                    | 60           | 41'        | 3.5      |
| #0.5               | 30           | 28'        | .5       |
|                    | 40           | 29'        | .6       |
|                    | 50           | 29'        | .7       |
|                    | 60           | 30'        | .8       |
| #0.75              | 30           | 29'        | .7       |
|                    | 40           | 30'        | .8       |
|                    | 50           | 31'        | .9       |
|                    | 60           | 32'        | 1.0      |
| #1                 | 30           | 32'        | 1.3      |
|                    | 40           | 33'        | 1.5      |
|                    | 50           | 34'        | 1.6      |
|                    | 60           | 35'        | 1.8      |
| #2                 | 30           | 37'        | 2.4      |
|                    | 40           | 40'        | 2.5      |
|                    | 50           | 42'        | 3.0      |
|                    | 60           | 43'        | 3.3      |
| #3                 | 30           | 38'        | 3.6      |
|                    | 40           | 39'        | 4.2      |
|                    | 50           | 41'        | 4.6      |
|                    | 60           | 42'        | 5.0      |
| #4                 | 30           | 43'        | 4.4      |
|                    | 40           | 44'        | 5.1      |
|                    | 50           | 46'        | 5.6      |
|                    | 60           | 49'        | 5.9      |
| #6                 | 40           | 45'        | 5.9      |
|                    | 50           | 46'        | 6.0      |
|                    | 60           | 48'        | 6.3      |
|                    | 70           | 49'        | 6.7      |
| #8                 | 40           | 42'        | 8.0      |
|                    | 50           | 45'        | 8.5      |
|                    | 60           | 49'        | 9.5      |
|                    | 70           | 50'        | 10.0     |

| METRIC             |          |      |               |           |                   |
|--------------------|----------|------|---------------|-----------|-------------------|
| NOZZLE             | PRESSURE |      | RADIUS METERS | FLOW RATE |                   |
|                    | KPa      | BARS |               | L/M       | M <sup>3</sup> /H |
| #2.5 PRE-INSTALLED | 206      | 2.04 | 11.6          | 9.46      | .57               |
|                    | 275      | 2.72 | 11.9          | 10.60     | .64               |
|                    | 345      | 3.40 | 12.2          | 12.11     | .73               |
|                    | 413      | 4.08 | 12.5          | 13.25     | .79               |
| #0.5               | 206      | 2.0  | 8.5           | 1.89      | .11               |
|                    | 275      | 3.0  | 8.8           | 2.27      | .14               |
|                    | 345      | 3.5  | 8.8           | 2.65      | .16               |
|                    | 413      | 4.0  | 9.1           | 3.03      | .18               |
| #0.75              | 206      | 2.0  | 8.8           | 2.65      | .16               |
|                    | 275      | 3.0  | 9.1           | 3.03      | .18               |
|                    | 345      | 3.5  | 9.4           | 3.41      | .20               |
|                    | 413      | 4.0  | 9.8           | 3.79      | .23               |
| #1                 | 206      | 2.0  | 9.8           | 4.92      | .14               |
|                    | 275      | 3.0  | 10.1          | 5.68      | .18               |
|                    | 345      | 3.5  | 10.4          | 6.05      | .20               |
|                    | 413      | 4.0  | 10.7          | 6.81      | .23               |
| #2                 | 206      | 2.0  | 11.3          | 9.08      | .54               |
|                    | 275      | 3.0  | 12.2          | 9.46      | .56               |
|                    | 345      | 3.5  | 12.8          | 11.35     | .68               |
|                    | 413      | 4.0  | 13.1          | 12.49     | .75               |
| #3                 | 206      | 2.0  | 11.6          | 13.63     | .75               |
|                    | 275      | 3.0  | 11.9          | 15.89     | .95               |
|                    | 345      | 3.5  | 12.5          | 17.41     | 1.04              |
|                    | 413      | 4.0  | 12.8          | 18.92     | 1.13              |
| #4                 | 206      | 2.0  | 13.1          | 16.65     | .99               |
|                    | 275      | 3.0  | 13.4          | 19.30     | 1.15              |
|                    | 345      | 3.5  | 14.0          | 21.19     | 1.27              |
|                    | 413      | 4.0  | 14.9          | 22.33     | 1.33              |
| #6                 | 206      | 3.0  | 13.7          | 22.33     | 1.33              |
|                    | 275      | 3.5  | 14.0          | 22.71     | 1.36              |
|                    | 345      | 4.0  | 14.6          | 23.85     | 1.43              |
|                    | 413      | 5.0  | 14.9          | 25.35     | 1.52              |
| #8                 | 206      | 3.0  | 12.8          | 30.28     | 1.81              |
|                    | 275      | 3.5  | 13.7          | 32.12     | 1.92              |
|                    | 345      | 4.0  | 14.8          | 35.95     | 2.15              |
|                    | 413      | 5.0  | 15.3          | 37.85     | 2.27              |

| LOW ANGLE DATA |              |            |          |
|----------------|--------------|------------|----------|
| NOZZLE         | PRESSURE PSI | RADIUS FT. | FLOW GPM |
| #1             | 30           | 22'        | 1.2      |
|                | 40           | 24'        | 1.7      |
|                | 50           | 26'        | 1.8      |
|                | 60           | 28'        | 2.0      |
| #3             | 30           | 29'        | 3.0      |
|                | 40           | 32'        | 3.1      |
|                | 50           | 35'        | 3.5      |
|                | 60           | 37'        | 3.8      |
| #4             | 30           | 31'        | 3.4      |
|                | 40           | 34'        | 3.9      |
|                | 50           | 37'        | 4.4      |
|                | 60           | 38'        | 4.7      |
| #6             | 40           | 38'        | 6.5      |
|                | 50           | 40'        | 7.3      |
|                | 60           | 42'        | 8.0      |
|                | 70           | 44'        | 8.6      |

| METRIC |          |      |               |           |                   |
|--------|----------|------|---------------|-----------|-------------------|
| NOZZLE | PRESSURE |      | RADIUS METERS | FLOW RATE |                   |
|        | KPa      | BARS |               | L/M       | M <sup>3</sup> /H |
| #1     | 207      | 2.04 | 6.71          | 4.54      | .34               |
|        | 275      | 2.72 | 7.32          | 6.43      | .39               |
|        | 344      | 3.40 | 7.92          | 6.80      | .41               |
|        | 413      | 4.08 | 8.53          | 7.56      | .46               |
| #3     | 207      | 2.04 | 8.84          | 11.34     | .68               |
|        | 275      | 2.72 | 9.75          | 11.72     | .71               |
|        | 344      | 3.40 | 10.67         | 13.23     | .80               |
|        | 413      | 4.08 | 11.58         | 14.36     | .87               |
| #4     | 207      | 2.04 | 9.45          | 12.85     | .78               |
|        | 275      | 2.72 | 10.36         | 14.74     | .89               |
|        | 344      | 3.40 | 11.28         | 16.63     | 1.00              |
|        | 413      | 4.08 | 11.58         | 17.77     | 1.07              |
| #6     | 275      | 2.72 | 11.58         | 24.57     | 1.68              |
|        | 344      | 3.40 | 12.19         | 27.59     | 1.66              |
|        | 413      | 4.08 | 12.80         | 30.24     | 1.82              |
|        | 482      | 4.76 | 13.41         | 32.51     | 1.96              |

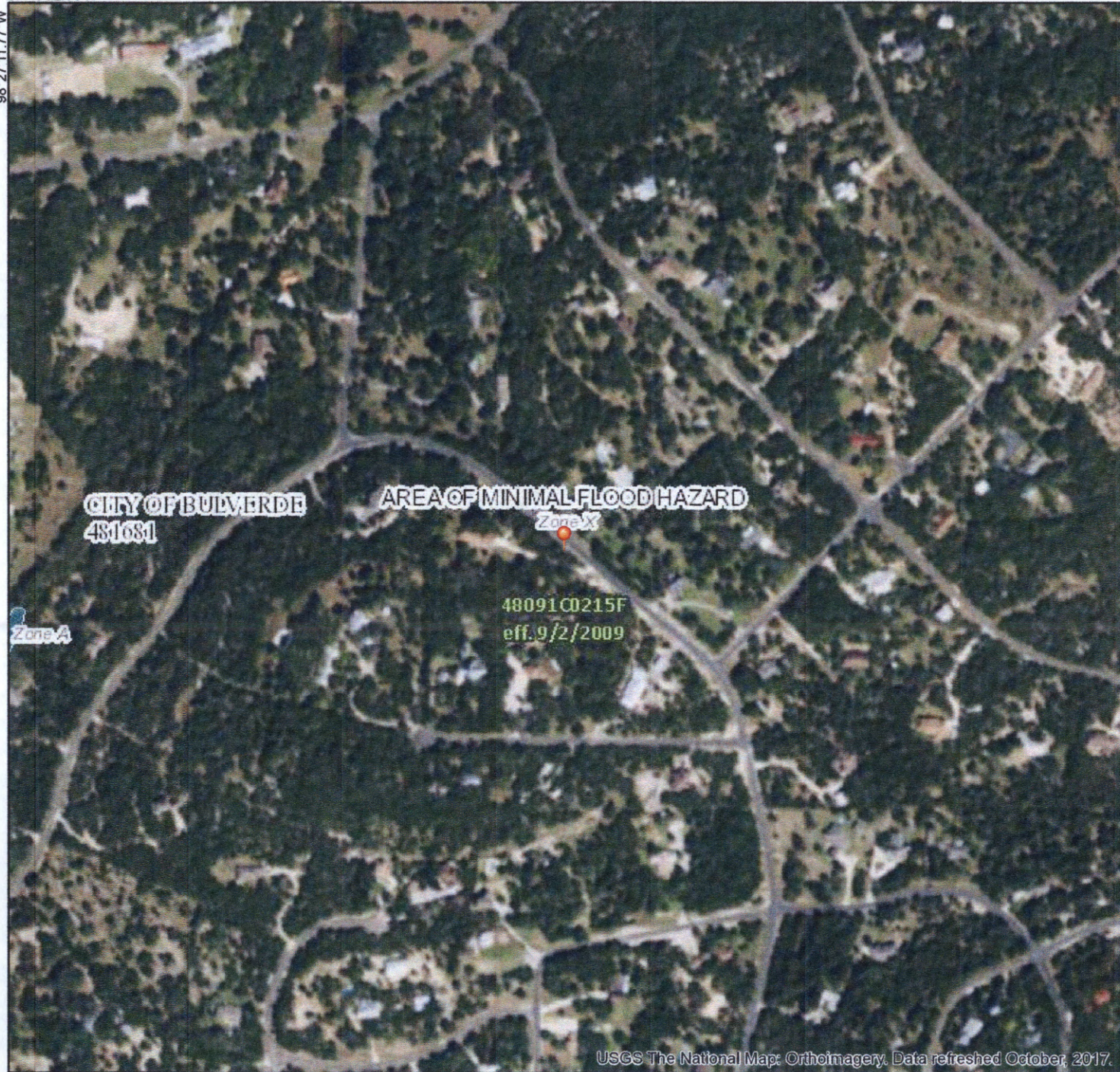
Data represents test results in zero wind. Adjust for local conditions. Radius may be reduced with nozzle retention screw.



# National Flood Hazard Layer FIRMette



29°46'22.56"N



## Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- |                                    |  |  |
|------------------------------------|--|--|
| <b>SPECIAL FLOOD HAZARD AREAS</b>  |  | Without Base Flood Elevation (BFE)<br>Zone A, V, A99   |
|                                    |  | With BFE or Depth Zone AE, AO, AH, VE, AR  |
|                                    |  | Regulatory Floodway  |
| <b>OTHER AREAS OF FLOOD HAZARD</b> |  | 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile<br>Zone X |
|                                    |  | Future Conditions 1% Annual Chance Flood Hazard<br>Zone X  |
|                                    |  | Area with Reduced Flood Risk due to Levee. See Notes.<br>Zone X  |
|                                    |  | Area with Flood Risk due to Levee<br>Zone D  |
| <b>OTHER AREAS</b>                 |  | <b>NO SCREEN</b> Area of Minimal Flood Hazard<br>Zone X  |
|                                    |  | Effective LOMRs  |
|                                    |  | Area of Undetermined Flood Hazard<br>Zone I  |
| <b>GENERAL STRUCTURES</b>          |  | Channel, Culvert, or Storm Sewer   |
|                                    |  | Levee, Dike, or Floodwall  |
| <b>OTHER FEATURES</b>              |  | Cross Sections with 1% Annual Chance Water Surface Elevation<br>20.2<br>17.5   |
|                                    |  | Coastal Transect   |
|                                    |  | Base Flood Elevation Line (BFE)  |
|                                    |  | Limit of Study   |
|                                    |  | Jurisdiction Boundary  |
|                                    |  | Coastal Transect Baseline  |
| <b>MAP PANELS</b>                  |  | Digital Data Available   |
|                                    |  | No Digital Data Available  |
|                                    |  | Unmapped   |



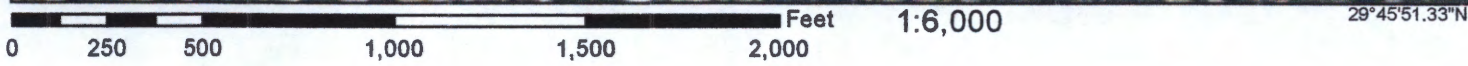
The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 12/16/2018 at 11:44:57 AM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

USGS The National Map: Orthoimagery. Data refreshed October, 2017.





NAME: White  
 LOCATION: 2483 Bobcat Drive, Bulverde, TX  
 SUBJECT: Aerobic System Design Calculations

DATE: 12.16.18

- I. **Effluent Loading Requirements:**  
 Soil Class: Class IV (Clay) ∴  $R_i = \underline{0.064 \text{ gpd/sf}}$  [Ch. 285.90(1) – Figure I]
- II. **Min. Aerobic System Treatment Capacity:  $Q = \underline{600 \text{ gpd}}$**  [Ch. 285.91(3) – Table II]
- III. **Wastewater Usage Rate:**  
3000 sf, 4 - bedroom home (with/without water saving devices)  
 ∴  $Q = \underline{360 \text{ gpd}}$  [Ch. 285.91(3) – Table III]
- III. **Disposal Area Required:  $A = Q / R_i = 360 / 0.064 = \underline{5625 \text{ sf}}$**  [Ch. 285.33(c)(2)(D)]
- IV. **Actual Surface Application Area:** [Ch. 285.33(c)(2)(A-E)]  
 Use “K Rain” Sprinkler Head, Pro Plus RCW Series (Model # 74001), or approved equal.  
 See Site Plan for radii and locations.  
 ∴ Use 5654 sf
- V. **Aerobic System Minimum Pump Requirements:**  
 Use existing Clearstream Effluent Pump Model P-20 – 20 GPM – 1/2 hp or approved equal.  
 The pump will require a **PVC ball valve** installed in the effluent pump tank **for throttling**  
 to not exceed the TCEQ’s **40 psi max.** at the sprinkler head. A valve immediately before  
 each spray head may be required for pressure / radius adjustment.  
**Headloss = static head + friction head = 3.1 psi + 2.6 psi = 5.7 psi (13.2')**
- VI. **Aerobic Treatment Unit (ATU):**  
 Use Clearstream Aerobic Wastewater Treatment Unit Model 600 NC3T (600 gpd) or  
 approved equal. Refer to enclosures for more specific manufacturer’s information.
- VII. **Maintenance Contract:** Aerobic system installer shall provide the Designated  
 Representative with proof of an executed two-year full-service maintenance contract as  
 required by the TCEQ.
- VIII. **Note to OSSF installer:** Aerobic OSSF installer shall make installation adjustments, as  
 deemed necessary, in order to compensate for field conditions that require the altering of  
 the design as submitted herein. Such changes shall be coordinated with the undersigned  
 engineer if any of the following, but not limited to, conditions are changed: different  
 surface irrigation piping length, operating mode/type of sprinklers, pump specifications.  
 Also, the installation and any field changes shall not violate any TCEQ Rules and  
 Regulations and any applicable county regulations, including, but not limited to, minimum  
 setback distances, effluent storage requirements, etc. All electrical work shall be installed  
 in accordance with the current version of the National Electric Code.
- IX. **Engineer’s design provision:** This aerobic system has been designed for parameters made  
 known to him by either the proposed user of the aerobic system or aerobic system installer -  
 as shown in the above-cited calculations - and the enclosed manufacturer’s product  
 information. If this aerobic system is operated in any other way than the products have been  
 designed, or if the hydraulic quantities/qualities differ from those prescribed by either the  
 TCEQ, applicable county, or manufacturer’s products, the system may not function  
 properly in either the treatment or disposal of sewage.



## Ritzen, Brenda

---

**From:** Ritzen, Brenda  
**Sent:** Tuesday, February 19, 2019 10:38 AM  
**To:** 'amy@amycwhite.com'  
**Subject:** Permit 108725

Re: Gordon T. & Amy C. White  
Bulverde Estates Unit 1 Lot71  
Application for Permit for Authorization to Construct an On-Site Sewage Facility

Amy,

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

- ✓. Submit an approved building permit from the City of Bulverde, or a letter indicating that a building permit will not be required.
- ✓. The designer must sign the design notes page of the planning materials.
- ✓. The designer must indicate what will happen to the existing septic tank and drainfield.
- ✓. The designer must identify property dimensions on the design.
5. A minimum of a 20 ft. setback is required from the edge of the spray area to the property lines. The designer must revise accordingly.
- ✓. The designer must provide equivalent protection of the sewer pipe under and within 5 ft. of the sidewalk.
- ✓. The designer must maintain 5 ft. from the edge of the tank to the sidewalk.
8. Revise as needed and resubmit.

Thank you,

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

NAME: White  
LOCATION: 2483 Bobcat Drive  
SUBJECT: Aerobic System Design Calculations

DATE: 12.16.18

**VOID**

**I. Effluent Loading Requirements:**

Soil Class: Class IV (Clay) ∴  $R_i = \underline{0.064 \text{ gpd/sf}}$  [Ch. 285.90(1) – Figure I]

**II. Min. Aerobic System Treatment Capacity:  $Q = \underline{600 \text{ gpd}}$**  [Ch. 285.91(3) – Table II]

**III. Wastewater Usage Rate:**

3000 sf, 4 - bedroom home (with/without water saving devices)

∴  $Q = \underline{360 \text{ gpd}}$  [Ch. 285.91(3) – Table III]

**III. Disposal Area Required:  $A = Q / R_i = 360 / 0.064 = \underline{5625 \text{ sf}}$**  [Ch. 285.33(c)(2)(D)]

**IV. Actual Surface Application Area:**

[Ch. 285.33(c)(2)(A-E)]

Use “K Rain” Sprinkler Head, Pro Plus RCW Series (Model # 74001), or approved equal. See Site Plan for radii and locations.

∴ Use 5654 sf

**V. Aerobic System Minimum Pump Requirements:**

Use existing Clearstream Effluent Pump Model P-20 – 20 GPM – 1/2 hp or approved equal. The pump will require a **PVC ball valve** installed in the effluent pump tank for **throttling** to not exceed the TCEQ’s **40 psi max.** at the sprinkler head. A valve immediately before each spray head may be required for pressure / radius adjustment.

**Headloss = static head + friction head = 3.1 psi + 2.6 psi = 5.7 psi (13.2')**

**VI. Aerobic Treatment Unit (ATU):**

Use Clearstream Aerobic Wastewater Treatment Unit Model 600 NC3T (600 gpd) or approved equal. Refer to enclosures for more specific manufacturer’s information.

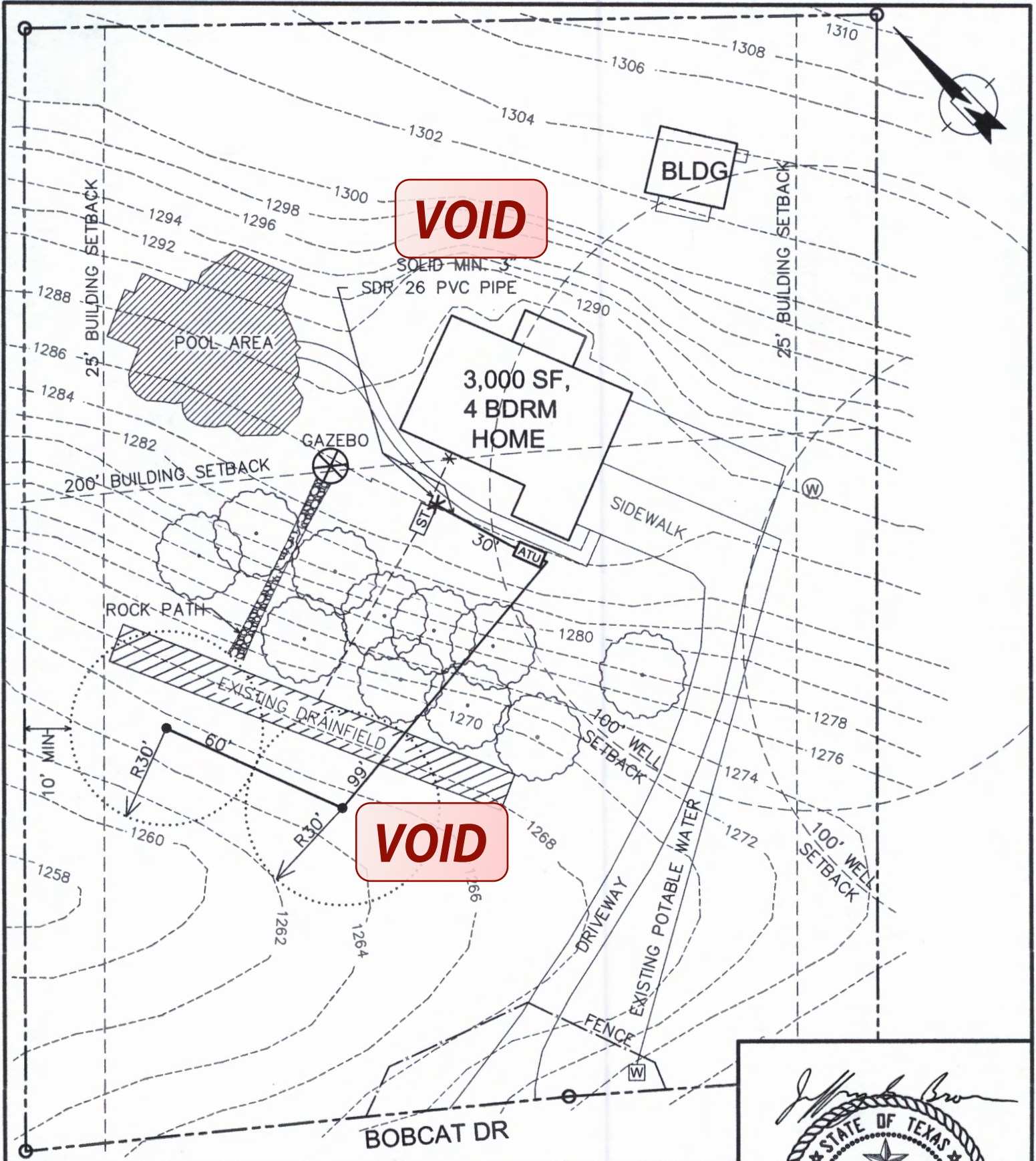
**VII. Maintenance Contract:** Aerobic system installer shall provide the Designated Representative with proof of an executed two-year full-service maintenance contract as required by the TCEQ.

**VIII. Note to OSSF installer:** Aerobic OSSF installer shall make installation adjustments, as deemed necessary, in order to compensate for field conditions that require the altering of the design as submitted here. Any changes shall be coordinated with the undersigned engineer if any of the following, but not limited to, conditions are changed: different surface irrigation piping length, operating mode/type of sprinklers, pump specifications. Also, the installation and any field changes shall not violate any TCEQ Rules and Regulations and any applicable county regulations, including, but not limited to, minimum setback distances, effluent storage requirements, etc. All electrical work shall be installed in accordance with the current version of the National Electric Code.

**IX. Engineer’s design provision:** This aerobic system has been designed for parameters made known to him by either the proposed user of the aerobic system or aerobic system installer - as shown in the above-cited calculations - and the enclosed manufacturer’s product information. If this aerobic system is operated in any other way than the products have been designed, or if the hydraulic quantities/qualities differ from those prescribed by either the TCEQ, applicable county, or manufacturer’s products, the system may not function properly in either the treatment or disposal of sewage.

**VOID**





**VOID**

**VOID**

**LEGEND**

- MIN. 600 GPD AEROBIC TREATMENT UNIT
- EXISTING SEPTIC TANK
- SPRAY HEAD
- 2' CONTOUR LINES
- CLEAN-OUT
- WATER WELL
- WATER METER
- TREE

NAME: WHITE

ADDRESS: 2483 BOBCAT DR, BULVERDE, TX

DATE: 1/20/2019

SCALE: 1"=40'

SHEET: 1 OF 2

*Jeffrey S. Brown*



1.23.19

JSB ENGINEERING  
 FIRM NO. F-11812

**NOTES:**

1. INSTALLER TO COORDINATE INSTALLATION TO MINIMIZE SOIL COMPACTION IN THE DISPOSAL FIELD AREA.
2. INSTALLER TO REMOVE ALL NECESSARY BRUSH AND TREES FOR PROPER INSTALLATION OF THE FACILITIES.
3. WATER LINES MUST BE AT LEAST 10' FROM THE TANKS AND PIPE, EXCEPT AT BUILDING CONNECTION, AND NOT UNDER THE SPRAY AREA.
4. SEE ATTACHED ATU AND SPRINKLER HEAD INFORMATION.
5. INSTALL PVC BALL VALVE IN, OR JUST OUTSIDE OF, ATU PUMP TANK TO THROTTLE PRESSURE IF NEEDED. SEE DESIGN CALCULATIONS SHEET.
6. IF NEEDED, GRADE TO ENSURE PROPER DRAINAGE.
7. THE PROPOSED LINES BETWEEN THE HOME AND THE PROPOSED ATU SHALL BE LAID AT A MINIMUM SLOPE OF 1/4" OF FALL PER HORIZONTAL FOOT.
8. SYSTEM SHALL INCLUDE BOTH AUDIBLE AND VISIBLE INDICATORS FOR THE ALARMS.
9. INSTALLER MAY FIELD ADJUST TANK(S) AND DISPOSAL FIELD AS NEEDED WHILE MAINTAINING ALL APPLICABLE TCEQ RULES AND COUNTY REGULATIONS.
10. ALL YARD PIPING IS MIN 1" SOLID SCH 40 PVC UNLESS INDICATED OTHERWISE.
11. ALL YARD PIPING WITHIN 5' OF FOUNDATIONS, BUILDINGS, SURFACE IMPROVEMENTS, PROPERTY LINES, SWIMMING POOLS, AND OTHER STRUCTURES (EXCEPT BUILDING FOUNDATIONS) SHALL BE SCH 80 PVC PIPE OR SLEEVED IN SCH 40 PVC PIPE.
12. REGARDING LANDSCAPING, ANY BARE AREAS SHALL BE SEEDED OR SODDED BEFORE SYSTEM START-UP. THE VEGETATION SHALL BE ESTABLISHED OR CAPABLE OF GROWTH BEFORE SYSTEM START-UP.
13. THE EXISTING SEPTIC TANK SHALL BE PUMPED, CRUSHED, AND ABANDONED.
14. INSTALLER TO LOCATE ALL UTILITIES BEFORE INSTALLATION.

**VOID**

**VOID**

|  |
|--|
| NAME: WHITE                              |
| ADDRESS: 2483 BOBCAT DR,<br>BULVERDE, TX |
| DATE: 1/14/2019                          |
| SCALE: 1" = 40'                          |
| SHEET: 2 OF 2                            |



JSB ENGINEERING  
FIRM NO. F-11:812



ATC

3/1M (2)



201406022925 07/03/2014 08:05:13 AM 1/3

PROVIDENCE TITLE COMPANY ←  
GF NO.: 115000946

**WARRANTY DEED WITH VENDOR'S LIEN**

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.

Date: June 30, 2014

Grantor: William David Bentley and Martha Suzanne Bentley, Husband and Wife

Grantor's Address (including County):

2483 Bobcat Drive  
Bulverde, TX 78163  
Comal County

Grantee: Gordon T White and Amy C White, Husband and Wife

Grantee's Address (including County):

4041 Brook Hollow Drive  
Schertz, TX 78154  
Comal County

Consideration: TEN AND NO/100-----(\$10.00)-----DOLLARS;  
and other good and valuable considerations in hand paid by the GRANTEE herein named, the receipt of which is hereby acknowledged;

AND, THE FURTHER CONSIDERATION of the execution and delivery by GRANTEE of that one certain promissory note in the original principal sum of **Three Hundred Seventy-Three Thousand Six Hundred Twelve And No/100 Dollars (\$373,612.00)**, bearing interest as therein specified and being due and payable as therein provided to the order of **AmCap Mortgage, Ltd. DBA Gold Financial Services**, and providing for the acceleration of maturity in event of default and for attorney's fees; and secured by the Vendor's Lien and Superior Title retained herein; and being additionally secured by a Deed of Trust of even date therewith to **Allan B. Polunsky**, as Trustee; on the condition that this Vendor's Lien is cumulative of and without prejudice of or to said Deed of Trust;

**Property (including any improvements):**

**Lot 71, BULVERDE ESTATES, UNIT 1**, according to the plat recorded in Volume 2, Page 95-99, Plat and Official Public Records, Comal County, Texas.

**Reservations from Conveyance:**

None.

**Exceptions to Conveyance and Warranty:**

Liens described as part of the Consideration and any other liens described in this deed as being either assumed or subject to which title is taken; validly existing easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded and validly existing instruments, other than conveyances of the surface fee estate, that affect the Property; and taxes for current year, which Grantee assumes and agrees to pay.

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.

**AmCap Mortgage, Ltd. DBA Gold Financial Services**, at Grantee's request, has paid cash to Grantor that portion of the purchase price of the Property that is evidenced by the note. The first and superior vendor's lien against and superior title to the Property are retained for the benefit of **AmCap Mortgage, Ltd. DBA Gold Financial Services** and are transferred to **AmCap Mortgage, Ltd. DBA Gold Financial Services** without recourse against Grantor.

The vendor's lien against and superior title to the property herein conveyed are retained until each note described herein is fully paid according to its terms, at which time this Deed shall become absolute.

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



MADE EFFECTIVE THE DATE FIRST HEREINABOVE SPECIFIED.

William David Bentley  
William David Bentley

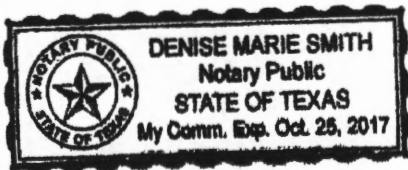
Martha Suzanne Bentley  
Martha Suzanne Bentley

ACKNOWLEDGMENT

State of Texas  
County of Bexar

Before me, Denise M. Smith, on this day personally appeared William David Bentley and Martha Suzanne Bentley known to me (or proved to me on the oath of \_\_\_\_\_ or through \_\_\_\_\_ to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this 30<sup>th</sup> day of June, 2014.



[Signature]  
Notary Public, State of Texas

AFTER RECORDING RETURN TO:  
Gordon T White and Amy C White  
4041 Brook Hollow Drive  
Schertz, TX 78154

PREPARED IN THE LAW OFFICE OF:  
Ramsey & Foster, PC  
5001 Hwy 287 S. #105  
Arlington, TX 76017

Filed and Recorded  
Official Public Records  
Joy Streater, County Clerk  
Comal County, Texas  
07/03/2014 08:05:13 AM  
CONNIE 3 Page(s)  
201406022925



Joy Streater

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

|                     |          |
|---------------------|----------|
|                     |          |
| items Date Received | Initials |

Permit Number

Instructions:

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

OSSF Permit

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

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

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

Required Permit Fee

Copy of Recorded Deed

Surface Application/Aerobic Treatment System

Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public

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

Portion of Proposed OSSF Located in the United States Army Corps of Engineers (USACE) Flowage Easement

USACE Consent for proposed OSSF

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

1.23.19  
\_\_\_\_\_  
Date

COMPLETE APPLICATION

Check No. \_\_\_\_\_ Receipt No. \_\_\_\_\_

INCOMPLETE APPLICATION

(Missing Items Circled, Application Refused)



(N10)  
 ①

MON 4-15-19  
 26665 IH 10 West, Boerne, TX 78006  
 Phone: (210) 698-2000 Fax: (210) 698-2000  
 8:30-9:30 AM

**CLEARSTREAM AEROBIC SYSTEM  
 TESTING AND REPORTING RECORD**

**TROUBLE REPORT:** 4,15,19  
**Property Address:** 2483 Bobcat Dr., Bulverde 78163

**Subdivision** Bulverde

**Customer Name:** Gordon & Amy White  
**Report to:** Comal **Service Months:** four-eight-twelve  
**Permit #:** 108725 **Contract Expires:** 4/1/2021

**Phone:**  
**Mr Cell:** [REDACTED]  
**Occupants:** [REDACTED]  
**CL2:**

**Special Notes:** S-2 Spray - Linear - Liquid (NU)  
 System Location: Dogs:

**Last Visit:**  
 3/29/2019

PSI: 9 S: 2 Chlorine Residual: 131 mg/L Sludge in Aerobic:  % Sludge in Pump Tank:  Last Pumped:  
 Model: N NU / NC3T Recommend Pumping? Yes  No  Turn off Aerator? Yes  No   
 Pump Amperage: 6.8 Photocell: Y  Any Access issues? Yes  No  Location: on wall or box

|                              |               |        |
|------------------------------|---------------|--------|
| Type of Aerator              | <u>Linear</u> | Rotary |
| Distribution Type            | <u>Spray</u>  | Drip   |
| Chlorine Type                | <u>Liquid</u> | Tablet |
| Vegetation                   | <u>Ok</u>     | High   |
| Pump down with override?     | <u>Yes</u>    | No     |
| Did spray heads pop down?    | <u>Yes</u>    | No     |
| Weir Filter or Media Filter? | <u>Weir</u>   | Media  |

|  |            |    |
|--|------------|----|
| Lids secure upon arrival?              | <u>Yes</u> | No |
| Lids secure upon departure?            | <u>Yes</u> | No |
| Did you sign the system's service tag? | <u>Yes</u> | No |
| Did you leave a door hanger?           | <u>Yes</u> | No |
| Did you take off the photocell cover?  | <u>Yes</u> | No |
| Did you reset the timer?               | <u>Yes</u> | No |
| Any system odor?                       | <u>Yes</u> | No |

| Item Checked:   | Operable | Inoperable | Repaired/Replaced | Cleaned |
|-----------------|----------|------------|-------------------|---------|
| Diffuser        | /        |            |                   |         |
| Aerator Filter  | /        |            |                   |         |
| Aerator         | /        |            |                   |         |
| Irrigation Pump | /        |            |                   |         |
| Spray Heads     | /        |            |                   |         |

| Item Checked:        | Operable | Inoperable | Repaired/Replaced | Cleaned |
|----------------------|----------|------------|-------------------|---------|
| Audio Alarm (buzzer) | /        |            |                   |         |
| Visual Alarm (light) | /        |            |                   |         |
| Timer / Photocell    | /        |            |                   |         |
| Electrical Circuits  | /        |            |                   |         |
| Chlorine Supply      | /        |            |                   |         |

**Trouble Reported:** New install orientation

| Quantity | Item# | Warranty |
|----------|-------|----------|
| 1        | 2     | 4/19     |
| 2        | 408   |          |
|          |       |          |
|          |       |          |
|          |       |          |
|          |       |          |
|          |       |          |
|          |       |          |
|          |       |          |
|          |       |          |
|          |       |          |
|          |       |          |
|          |       |          |
|          |       |          |

**Repairs/Comments:** Added 2 gallons VP  
 Chad performed orientation hooked up chlorinator. noted settling around tanks  
 Refer to Chad - needs full round tanks

Maintenance Provider: Jason Van Delden Maintenance Technician: [Signature] Date: 4-15-19



## CLEARSTREAM AEROBIC SYSTEM TESTING AND REPORTING RECORD

Required frequency of maintenance checks and tests: Every 4 months.

|   |                                  |                                 |                              |                               |  |
|---|----------------------------------|---------------------------------|------------------------------|-------------------------------|--|
| Property Address: 2483 Bobcat Dr. - 78163   |                                  |                                 |                              | Subdivision: Bulverde Estates |  |
| Customer: Gordon & Amy White  |                                  |                                 |                              | Home Phone:                   |  |
| Report To:<br>Comal   | Months Due:<br>four-eight-twelve | Last Pump Date:                 | Occupants:                   | Add'l Info:                   |  |
| Permit #:<br>108725   | Expiration Date:<br>4/1/2021     | Installation Date:<br>3/29/2019 | CL2 Location:<br>by doghouse |                               |  |
| Special Instructions: S-2 Spray-Liquid-Linear (NU) <span style="float:right">{primary}</span> |                                  |                                 |                              |                               |  |
| System Location: front right by garage<br>No Photocell.                                       |                                  |                                 |                              |                               |  |

|  |                               |                                    |
|--|-------------------------------|------------------------------------|
| S: 2 PSI: 9 Chlorine Residual: 13 mg/L | Sludge in Aerobic Tank: 5 %   | Sludge in Pump Tank: 1 "           |
| Model: N / (NU) / NC3T                 | Recommend Pumping? Yes / (No) | Present at Service: MR / (MS) / NA |
| Pump Amperage: 8.5 Photocell: Y / (N)  |                               |                                    |

|                                |   |                                      |                                    |                                      |                          |
|--------------------------------|---|--------------------------------------|------------------------------------|--------------------------------------|--------------------------|
| Type of aerator                | <input checked="" type="radio"/> Linear | <input type="radio"/> Rotary         | Lids secure upon arrival?          | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Distribution type              | <input checked="" type="radio"/> Spray  | <input type="radio"/> Drip           | Lids secure upon departure?        | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Chlorine type                  | <input checked="" type="radio"/> Liquid | <input type="radio"/> Tablet         | Did you sign system's service tag? | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Vegetation                     | <input checked="" type="radio"/> Ok     | <input type="radio"/> High/Excessive | Did you leave door hanger?         | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Pump down with override?       | <input checked="" type="radio"/> Yes    | <input type="radio"/> No             | Did you take off photocell cover?  | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Did spray heads pop back down? | <input checked="" type="radio"/> Yes    | <input type="radio"/> No             | Did you reset timer?               | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Weir Filter or Media Filter?   | <input checked="" type="radio"/> Weir   | <input type="radio"/> Media          | Any system odor?                   | <input checked="" type="radio"/> Yes | <input type="radio"/> No |

| Item Checked    | Operable | Inoperable | Repaired/Replaced | Cleaned | Item Checked         | Operable | Inoperable | Repaired/Replaced | Cleaned |
|-----------------|----------|------------|-------------------|---------|----------------------|----------|------------|-------------------|---------|
| Diffusers       |          |            | X                 |         | Audio Alarm (buzzer) | X        |            |                   |         |
| Aerator Filter  |          |            |                   | X       | Visual Alarm (light) | X        |            |                   |         |
| Aerator         | X        |            |                   |         | Timer & Photocell    |          |            | X                 |         |
| Irrigation Pump | X        |            |                   |         | Electrical Circuits  | X        |            |                   |         |
| Spray Heads     | X        |            |                   |         | Chlorine Supply      | X        |            |                   |         |

**Repairs to System/General Comments or Recommendations:**

Replaced: Replaced diffuser, cleaned air filter & weir, tested alarm, adjusted timer (7 hrs off), checked SMC, CL2 is sufficient.

Cleaned:

| Quantity | Item | Warranty True |
|----------|------|---------------|
| 1        | 2    | 8/19          |
| 1        | 74   |               |
|          |      |               |
|          |      |               |
|          |      |               |
|          |      |               |
|          |      |               |
|          |      |               |
|          |      |               |





Family Owned and Operated Since 1937

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 Phone: (210) 698-2000 Fax: (210) 698-8080

**CLEARSTREAM AEROBIC SYSTEM TESTING AND REPORTING RECORD**

Required frequency of maintenance checks and tests: Every 4 months.

**Customer Information:**

Customer Name:  
 Location Address:

**Contract Membership Terms & Reporting:**

Permit #:  
 Expiration Date:  
 TCEQ MP #0001346: *Clad Van Delden*  
 Recurring Service  
 Non-Recurring Service  
 (Non-Recurring Services: Irrelevant fields will be left blank.)

**Service Date:**

**Model:**

N NU NC3T

**GPD:**

500 600 750 1000 1250 1500 No Tag

**Aerator:**

**Aerator Type:**

Linear Rotary

**Aerator Status:**

Operable    Repaired (no authorization needed)    Repaired (who authorized)    Replaced (who authorized)  
 Inoperable

**Air Filter - Linear:**

Operable    Cleaned    Replaced    Inoperable    n/a

**Air Filter – Rotary (ext):**

Operable    Cleaned    Replaced    Inoperable    n/a

**Air Filter – Rotary (int):**

Operable    Cleaned    Replaced    Inoperable    n/a

**Diffuser:**

Operable    Cleaned    Replaced    Inoperable

**System Odor:**

None    Slight Odor    Strong Odor    Odor Present – should dissipate with repairs made today

**PSI:**

Normal    Weak    None

**Aerator Serial # (If replaced):**

**Distribution:**

**Distribution Type:**

Spray Heads    Drip

**Spray Heads:**

Operable (including rotating and popping down)    Repaired (see note)    Replaced (see note)    Cleaned  
 Inoperable (see note)    n/a

**Number of Spray Heads Located:**

1    2    3    4    5    6    7    8    9    10    Other

**Pump and Pump Floats:**

**Irrigation Pump:**

Operable    Replaced (who authorized)    Cleaned Screen    Inoperable

**Irrigation Pump Float:**

Operable    Replaced    Inoperable

**Override Float:**

Not Present    Present – Operable    Present – Replaced    Present –Inoperable

**Irrigation Pump Amperage:**

**Irrigation Pump Serial # (If replaced):**

**Chlorine:**

**Chlorine Type:**

Tablet    Liquid    n/a for drip distribution

**Chlorine:**

Present                  Present – added VD supply                  Present – added customer’s supply  
Not Present – added VD supply                  Not Present – added customer’s supply  
Not Present – customer needs to add    n/a for drip distribution

**Chlorine Residual:**

**Chlorinator Serial # (If replaced):**

**Electrical Components:**

**Control Box:**

Operable    Repaired (see note)    Replaced (who authorized)    Inoperable

**Timer:**

Operable    Repaired (see note)    Replaced (who authorized)    Inoperable

**Photocell:**

Operable    Replaced    Inoperable    n/a

**Audio Alarm (Buzzer):**

Operable    Repaired assembly    Replaced assembly

**Visual Alarm (Light):**

Operable    Repaired assembly    Replaced assemble    Replaced bulb

**Sludge Levels:**

**Aerobic Tank/Compartment Sludge (percentage):**

**Pump Tank/Compartment Sludge (inches):**

**Pumping Recommendations:**

No – Not at this time    No – Likely in the near future    Yes – Moderate urgency    Yes – Urgent

**If Pumping is Recommended:**

**Do any of the following apply to the property?**

Uphill    Deep Tanks    Truck access issues    Long distance    Low tree limbs    Plastic pump or Trash tank



**Lids:**

**Lids Secure Upon Arrival?**

Yes No

**Lids Secure Upon Departure?**

Yes No

**Number of Exposed Lids:**

1 2 3

**Condition of Lids:**

Acceptable Worn but acceptable Replaced

**Other Information:**

**Weir or Media Filter:**

Weir Media

**Vegetation Around Tanks:**

Ok Needs cut Extremely overgrown

**Vegetation in Distribution Area:**

Ok Needs cut Extremely overgrown

**Completion Checklist:**

|  |     |    |                        |
|--|-----|----|------------------------|
| Did you take off the photocell cover?  | Yes | No | n/a                    |
| Are the lids secure upon departure?    | Yes | No |                        |
| Did you sign the system's service tag? | Yes | No |                        |
| Did you reset the timer?               | Yes | No | n/a – no timer present |

**Notes for Customer:**

**Additional Notes for Customer (check all that apply):**

Roots Present Trash Present Ants Present

**Additional Notes:**

**Who was present during service:**

n/a Mr. Mrs. Both Mr. & Mrs. Other

**Is a return trip needed:**

Yes (see note) No



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Phone: (210) 698-2000 Fax: (210) 698-8080

**CLEARSTREAM AEROBIC SYSTEM TESTING AND REPORTING RECORD**

Required frequency of maintenance checks and tests: Every 4 months.

**Customer Information:**

Customer Name: Gordon & Amy White  
Location Address: 2483 Bobcat Drive  
Bulverde TX 78163

**Contract Membership Terms & Reporting:**

Permit #: 108725  
Expiration Date: 4/1/21  
TCEQ MP #0001346: *Chad V. Dalk*  
✓ Recurring Service  
Non-Recurring Service  
(Non-Recurring Services: Irrelevant fields will be left blank.)

**Service Date:** 2/4/2020

**Model:**

N ✓ NU NC3T

**GPD:**

500 ✓ 600 750 1000 1250 1500 No Tag

**Aerator:**

**Aerator Type:**

✓ Linear Rotary

**Aerator Status:**

✓ Operable Repaired (no authorization needed) Repaired (who authorized) Replaced (who authorized)  
Inoperable

**Air Filter - Linear:**

Operable ✓ Cleaned Replaced Inoperable n/a

**Air Filter - Rotary (ext):**

Operable Cleaned Replaced Inoperable ✓ n/a

**Air Filter - Rotary (int):**

Operable Cleaned Replaced Inoperable ✓ n/a

**Diffuser:**

✓ Operable Cleaned Replaced Inoperable

**System Odor:**

✓ None Slight Odor Strong Odor Odor Present – should dissipate with repairs made today

**PSI: 9**

✓ Normal Weak None

**Aerator Serial # (If replaced):**

**Distribution:**

**Distribution Type:**

✓ Spray Heads Drip

**Spray Heads:**

✓ Operable (including rotating and popping down) Repaired (see note) Replaced (see note) Cleaned  
Inoperable (see note) n/a

**Number of Spray Heads Located:**

1 ✓ 2 3 4 5 6 7 8 9 10 Other



## **Pump and Pump Floats:**

### **Irrigation Pump:**

✓ Operable Replaced (who authorized) Cleaned Screen Inoperable

### **Irrigation Pump Float:**

✓ Operable Replaced Inoperable

### **Override Float:**

Not Present ✓ Present – Operable Present – Replaced Present – Inoperable

### **Irrigation Pump Amperage:** 7.4

### **Irrigation Pump Serial # (If replaced):**

## **Chlorine:**

### **Chlorine Type:**

Tablet ✓ Liquid n/a for drip distribution

### **Chlorine:**

Present Present – added VD supply Present – added customer's supply

Not Present – added VD supply ✓ Not Present – added customer's supply

Not Present – customer needs to add n/a for drip distribution

### **Chlorine Residual:** .131

### **Chlorinator Serial # (If replaced):**

## **Electrical Components:**

### **Control Box:**

✓ Operable Repaired (see note) Replaced (who authorized) Inoperable

### **Timer:**

✓ Operable Repaired (see note) Replaced (who authorized) Inoperable

### **Photocell:**

Operable Replaced Inoperable ✓ n/a

### **Audio Alarm (Buzzer):**

✓ Operable Repaired assembly Replaced assembly

### **Visual Alarm (Light):**

✓ Operable Repaired assembly Replaced assemble Replaced bulb

## **Sludge Levels:**

**Aerobic Tank/Compartment Sludge (percentage):** 10

**Pump Tank/Compartment Sludge (inches):** 1

### **Pumping Recommendations:**

✓ No – Not at this time No – Likely in the near future Yes – Moderate urgency Yes – Urgent

### **If Pumping is Recommended:**

#### **Do any of the following apply to the property?**

Uphill Deep Tanks Truck access issues Long distance Low tree limbs Plastic pump or Trash tank

**Lids:**

**Lids Secure Upon Arrival?**

✓ Yes No

**Lids Secure Upon Departure?**

✓ Yes No

**Number of Exposed Lids:**

1 ✓ 2 3

**Condition of Lids:**

✓ Acceptable Worn but acceptable Replaced

**Other Information:**

**Weir or Media Filter:**

✓ Weir Media

**Vegetation Around Tanks:**

✓ Ok Needs cut Extremely overgrown

**Vegetation in Distribution Area:**

✓ Ok Needs cut Extremely overgrown

**Completion Checklist:**

- Did you take off the photocell cover? Yes No ✓ n/a
- Are the lids secure upon departure? ✓ Yes No
- Did you sign the system's service tag? ✓ Yes No
- Did you reset the timer? ✓ Yes No n/a – no timer present

**Notes for Customer:**

Added .5 homeowner chlorine gallon. Cleaned weir, aerator filter, and adjusted timer(1hr)

**Additional Notes for Customer (check all that apply):**

Roots Present Trash Present Ants Present

**Additional Notes:**

**Who was present during service:**

n/a Mr. ✓ Mrs. Both Mr. & Mrs. Other

**Is a return trip needed:**

Yes (see note) ✓ No





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**CLEARSTREAM AEROBIC SYSTEM TESTING AND REPORTING RECORD**

Required frequency of maintenance checks and tests: Every 4 months.

**Customer Information:**

Customer Name: Gordon & Amy White  
Location Address: 2483 Bobcat Drive  
Bulverde TX 78163

**Contract Membership Terms & Reporting:**

Permit #: 108725  
Expiration Date: 4/1/21  
TCEQ MP #0001346: *Chad V. ...*

**Service Date:** 8/28/2020

Recurring Service  
 Non-Recurring Service  
(Non-Recurring Services: Irrelevant fields will be left blank.)

**System Brand:** No Tag Aeris AquaAir AquaKlear AquaSafe BioRobix CajunAir  
Clearstream HydroAction MaxxAir NuWater Proflo SolarAir Southern Other

**GPD:** 500  600 750 1000 1500 No Tag **Model:** No Tag

**Aerator:**

**Aerator Type:**

Linear  Rotary

**Aerator Status:**

Operable  Repaired (no authorization needed)  Repaired (who authorized)  Replaced (who authorized)  
 Inoperable

**Air Filter - Linear:**

Operable  Cleaned  Replaced  Inoperable n/a

**Air Filter - Rotary (ext):**

Operable  Cleaned  Replaced  Inoperable  n/a

**Air Filter - Rotary (int):**

Operable  Cleaned  Replaced  Inoperable  n/a

**Diffuser:**

Operable  Cleaned  Replaced  Inoperable

**System Odor:**

None  Slight Odor  Strong Odor  Odor Present - should dissipate with repairs made today

**PSI:**

Normal  Weak  None

**Aerator Serial # (If replaced):**

**Distribution:**

**Distribution Type:**

Spray Heads  Drip

**Spray Heads:**

Operable (including rotating and popping down)  Repaired (see note)  Replaced (see note)  Cleaned  
 Inoperable (see note) n/a

**Number of Spray Heads Located:**

1  2  3  4  5  6  7  8  9  10  Other

**Pump and Pump Floats:**

**Irrigation Pump:**

✓ Operable   Replaced (who authorized)   Cleaned Screen   Inoperable

**Irrigation Pump Float:**

✓ Operable   Replaced   Inoperable

**Override Float:**

Not Present   ✓ Present – Operable   Present – Replaced   Present – Inoperable

**Irrigation Pump Amperage:**

**Irrigation Pump Serial # (If replaced):**

**Chlorine:**

**Chlorine Type:**

Tablet   ✓ Liquid   n/a for drip distribution

**Chlorine:**

Present   Present – added VD supply   ✓ Present – added customer’s supply

Not Present – added VD supply   Not Present – added customer’s supply

Not Present – customer needs to add   n/a for drip distribution

**Chlorine Residual: 131**

**Chlorinator Serial # (If replaced):**

**Electrical Components:**

**Control Box:**

✓ Operable   Repaired (see note)   Replaced (who authorized)   Inoperable

**Timer:**

✓ Operable   Repaired (see note)   Replaced (who authorized)   Inoperable

**Photocell:**

Operable   Replaced   Inoperable   ✓ n/a

**Audio Alarm (Buzzer):**

✓ Operable   Repaired assembly   Replaced assembly

**Visual Alarm (Light):**

✓ Operable   Repaired assembly   Replaced assemble   Replaced bulb

**Sludge Levels:**

**Aerobic Tank/Compartment Sludge (percentage): 15**

**Pump Tank/Compartment Sludge (inches): 2**

**Pumping Recommendations:**

✓ No – Not at this time   No – Likely in the near future   Yes – Moderate urgency   Yes – Urgent

**If Pumping is Recommended:**

**Do any of the following apply to the property?**

Uphill   Deep Tanks   Truck access issues   Long distance   Low tree limbs   Plastic pump or Trash tank



**Lids:**

**Lids Secure Upon Arrival?**

✓ Yes No

**Lids Secure Upon Departure?**

✓ Yes No

**Number of Exposed Lids:**

1 ✓ 2 3

**Condition of Lids:**

✓ Acceptable Worn but acceptable Replaced

**Other Information:**

**Weir or Media Filter:**

✓ Weir Media

**Vegetation Around Tanks:**

✓ Ok Needs cut Extremely overgrown

**Vegetation in Distribution Area:**

✓ Ok Needs cut Extremely overgrown

**Completion Checklist:**

|  |       |    |                        |
|--|-------|----|------------------------|
| Did you take off the photocell cover?  | Yes   | No | ✓ n/a                  |
| Are the lids secure upon departure?    | ✓ Yes | No |                        |
| Did you sign the system's service tag? | ✓ Yes | No |                        |
| Did you reset the timer?               | ✓ Yes | No | n/a – no timer present |

**Notes for Customer:**

Collected serial numbers, added 2 gallons of homeowners chlorine.

**Additional Notes for Customer (check all that apply):**

Roots Present Trash Present Ants Present

**Additional Notes:**

**Who was present during service:**

n/a Mr. ✓ Mrs. Both Mr. & Mrs. Other

**Is a return trip needed:**

Yes (see note) ✓ No



Family Owned & Operated Since 1937

Chad Van Delden *Chad Van Delden*  
TCEQ Maintenance Provider #0001346

Job #87906

### Aerobic System Testing & Reporting Form (Recurring Service)

**TCEQ required frequency of testing & reporting: Every 4 months.**

**Service Date**

12/4/2020

**Customer & Contract Membership Information**

**Customer Name**

Gordon & Amy White

**Location Address**

2483 Bobcat Drive, Bulverde, TX 78163 USA

**Permit #**

Comal: 108725

**Contract Start Date**

2019-04-01

**System Brand**

Clearstream

**System Size (GPD)**

600

**Model**

NU

**Service Information**

**Aerator**

**Aerator Type**

Linear

**Aerator Status**

Green = Operable  
Yellow = See Aerator Status Notes  
Red = Inoperable  
Gray = n/a



**Aerator Status Notes**

**Aerator Serial # if replaced**

-



**Air Filter - Linear**

Green = Cleaned  
 Yellow = Replaced  
 Red = Inoperable  
 Gray = n/a

**Air Filter - Rotary (ext)**

Green = Cleaned  
 Yellow = Replaced  
 Red = Inoperable  
 Gray = n/a

**Air Filter - Rotary (int)**

Green = Cleaned  
 Yellow = Replaced  
 Red = Inoperable  
 Gray = n/a

**PSI:**

Green = Normal  
 Yellow = Weak but operable  
 Red = Weak/None  
 Gray = n/a

**Diffuser/Stone**

Green = Operable  
 Yellow = See Diffuser/Stone Notes  
 Red = Inoperable  
 Gray = n/a

**Diffuser/Stone Notes****System Odor**

Green = No odor  
 Yellow = Odor - See Odor Notes  
 Red = Strong odor  
 Gray = n/a

**System Odor Notes****Distribution****Distribution Type**

Spray Heads

**Number of Spray Heads Located**

2

**Spray Head Operation**

Green = Operable (including rotating & popping up/down)  
 Yellow = See Spray Head Operation Notes  
 Red = Inoperable  
 Gray = n/a

**Spray Head Operation Notes****Pump and Pump Floats**

**Irrigation Pump**

Green = Operable  
 Yellow = Operable but high amps  
 Red = Inoperable  
 Gray = n/a

**Irrigation Pump Notes****Override Float**

Green = Operable  
 Yellow = See Override Float Notes  
 Red = Inoperable  
 Gray = n/a

**Override Float Notes****Irrigation Pump Float**

Green = Operable  
 Yellow = See Irrigation Pump Float Notes  
 Red = Inoperable  
 Gray = n/a

**Irrigation Pump Float Notes****Irrigation Pump Amperage**

8.3

**Irrigation Pump Serial # if replaced**

-

**Chlorine****Chlorine Level**

Green = Present  
 Yellow = See note and/or Chlorine Details  
 Red = Empty  
 Gray = n/a

**Chlorinator Type****Chlorine Details**

Added Customer's Supply - 1 Gallon

**Chlorine Residual (mg/L) Upon Departure**

.131

**Chlorinator Serial # if replaced**

-

Tablet Chlorinators: Only chlorine tablets should be used that are designated to treat wastewater (Calcium Hypochlorite). Do not use swimming pool tablets & do not mix the two different types of chlorine. Liquid Chlorinators: Do not use splash-less versions.

**Electrical Components**



**Control Box**

Green = Operable  
 Yellow = See Control Box Note  
 Red = Inoperable  
 Gray = n/a

**Control Box Note****Timer**

Green = Operable  
 Yellow = See Timer Note  
 Red = Inoperable  
 Gray = n/a

**Timer Note****Photocell**

Green = Operable  
 Yellow = See Photocell Note  
 Red = Inoperable  
 Gray = n/a

**Photocell note****Audio Alarm (Buzzer)**

Green = Operable  
 Yellow = See Audio Alarm (Buzzer) Note  
 Red = Inoperable  
 Gray = n/a

**Audio Alarm (Buzzer) Note****Visual Alarm (Light)**

Green = Operable  
 Yellow = See Visual Alarm (Light) Note  
 Red = Inoperable  
 Gray = n/a

**Visual Alarm (Light) Note****Sludge Levels****Aerobic Tank/Compartment**

Green = Low sludge level (1-30%)  
 Yellow = Moderate sludge level (31-49%)  
 Red = High sludge level (50%+)  
 Gray = n/a

**Aerobic Tank/Compartment Sludge Reading**

25%

**Pump Tank/Compartment**

Green = Low sludge level (0-5")  
 Yellow = Moderate sludge level (6-7")  
 Red = High sludge level (8"+)  
 Gray = n/a

**Pump Tank/Compartment Sludge Reading**

3"

**Pumping Recommendations**

No - Not at this time

Delay in pumping when the technician recommends could adversely affect your system and its components causing additional repairs and expense. Adverse effects may include (but are not limited to): pump failure/replacement, frequent alarm activation due to repetitive clogging, backup in tanks causing them to come out of lids (overflow), and/or system odor.

**If Pumping is Recommended**

Do any of the following apply to the property?

**Lids****Lids Secure Upon Arrival?**

Yes

**Lids Secure Upon Departure?**

Yes

**Number of Exposed Lids**

2

**Condition of Lids**

Green = Acceptable  
 Yellow = Worn but acceptable  
 Red = Replacement needed

**Other Information****Vegetation Around Tanks**

Green = Acceptable  
 Yellow = Needs to be cut by owner  
 Red = Excessive - Needs to be cut by owner  
 Gray = n/a

**Vegetation in Distribution Area**

Green = Acceptable  
 Yellow = Needs to be cut by owner  
 Red = Excessive - Needs to be cut by owner  
 Gray = n/a

**Weir or Media Filter**

Weir

**Completion Checklist****Did you take off the photocell cover?**

n/a

**Did you sign the system's service tag?**

Yes

**Did you reset the timer?**

Yes

**Notes for Customer:****Notes for customer**

Cleaned weir and aerator filters. removed roots from pump tank. added 1 gallon of homeowners chlorine.

**Additional Notes for Customer (check all that apply)**



## Additional Information

|   |  |
|---|--|
| <b>Additional Notes</b>                           | <b>Who was present during service?</b> |
| -   | n/a                                    |
| <b>Who authorized repair parts over \$100.00?</b> | <b>Is a return trip needed?</b>        |
| -   | No                                     |

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

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

**To: Tammy Miller**  
**91 SPECHT ROAD**  
**BULVERDE, TX 78163**

Printed: 12/8/2020  
Site: 91 SPECHT ROAD  
BULVERDE, TX 78163  
(210) 309-6470

Permit #: **108752**

Agency: Comal County

County:

Mfg / Brand: - MAXX AIR

Treatment Type: Aerobic

Disposal: Surface Application

Customer ID: 999

Contract Dates: 8/14/2019 - 8/14/2022

Scheduled Date 12/14/2020

Inspection 4 of 9

GPS Coordinates - Latitude: 29.743593 Longitude: -98.496085

**Service Type: Scheduled Inspection**

**Visit Date: 12/7/2020**

**Method: Grab**

**Technician: Ryan Seidensticker**

**Maint. Provider: Ryan Seidensticker**

This counts as a type of "Scheduled Inspection"

**Entered By: .**

**Sludge Levels**

For Tank 1: N/A

For Tank 2: N/A

For Tank 3: N/A

Chlorine Residual: N/A

**Comments**

No access - left voicemail

**Service Completed**

**Owner signature:** \_\_\_\_\_

Insp ID #:6988

**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





Family Owned & Operated Since 1937

Chad Van Delden  
TCEQ Maintenance Provider #0001346

26665 IH 10 West, Boerne, Texas 78006  
San Antonio (210) 698-2000  
Hill Country (830) 249-4000  
vdwws.com \* shawna@vdwws.com  
Family Owned & Operated Since 1937

Estimate 960145067  
Job  
Estimate Date 3/23/2021

**Billing Address**  
Gordon & Amy White  
2483 Bobcat Drive  
Bulverde, TX 78163 USA

**Job Address**  
Comal: 108725  
2483 Bobcat Drive  
Bulverde, TX 78163 USA

Estimate Details

4/1/21 - 4/1/22 Contract (4/8/12): 1 Year (No Appointment) Renewal

| Task #           | Description                               | Quantity | Your Price | Your Total |
|------------------|---|----------|------------|------------|
| REN - 1 YR<br>NO | Click "VIEW MORE" to see the Policy Terms | 1.00     | \$375.00   | \$375.00   |

Your aerobic system Service Policy is up for Renewal. Below are the renewal terms based on your current policy type. Policies are activated upon receipt of payment. An invoice will be generated after the estimate is signed and returned. Payment made by customer reflects acceptance of the terms of this Policy.

**1 YEAR POLICY- IT DOES NOT INCLUDE MAKING AN APPOINTMENT.**

*Please contact us if you would like to change your policy type before paying this invoice. Policy Options: 1 year (no appointment) \$375, 1 year (with appointment) \$465, 2 years (no appointment) \$675, or 2 years (with appointment) \$837.*

**NO APPOINTMENT OPTION:** Advance or prior notice or contacting of owner/resident is not required in order to enter property to perform service check. (No gates, code/key provided for gates, no biting dogs, no appointment to enter, etc.)

*The fee does not include unscheduled customer requested visits to the site. The policy is non-refundable; it is transferable upon home sale.*

*IF THERE HAVE BEEN ANY CHANGES TO YOUR CONTACT INFORMATION, PLEASE CONTACT US.*

• **The annual fee includes:** three regularly scheduled service checks per year (once every four months), which include inspecting the mechanical, electrical, and other applicable components to ensure proper function. The annual fee does not include any parts, chlorine/bleach, additional labor over one hour, additional service calls, weekend or holiday service calls, or additional testing required by any regulating authority. Service work orders will be forwarded to the regulating authority. If, for any reason, more than one hour is required, each additional quarter-hour (15 minutes) will be billed at \$31.25.

• **Repairs:** If repairs or replacement of parts are necessary during a service check, the repairs and/or replacement of parts will be made at that time, if the charges for parts do not exceed \$100.00. If the charges for parts exceed \$100.00, the homeowner will be contacted for approval at the numbers provided by the homeowner. If the homeowner cannot be reached for approval while the technician is at the property, the repairs will not be made if they exceed \$100.00. If the technician receives approval after he leaves the property, a service charge of \$125.00 to return to the property will be added to final bill. If, for any reason, more

than one hour is required, each additional quarter-hour (15 minutes) will be billed at \$31.25. If warranted items are required to be replaced within 30 days of installation, labor will not be charged; after 30 days, labor will be charged according

to this service policy. Warranted items will only be honored when a valid maintenance policy is in effect.

- **Additional Service Calls/Charges:** If a service call is requested by the homeowner between regularly scheduled service checks, a service call fee of \$125.00 plus parts (if needed) will be charged for service calls made during normal business hours. Service checks and service calls do not include more than one hour of labor. If, for any reason, more than one hour is required, each additional quarter-hour (15 minutes) will be billed at \$31.25. If, for any reason, we are unable to obtain access to your property or system to perform a service check, a service call fee of \$125.00 will be charged. Our office will respond to the service call within two business days. Emergency phone number for weekends/holidays will be answered from 8am – 5pm: 210-260-6082. Weekend/Holiday service calls are offered only in the event of an emergency (such as overflow out of tanks); an alarm activation does not constitute an emergency. Anytime a service call is requested by the homeowner during weekends/holidays, the service call charge will be \$250 per hour (pro-rated after the 1st hour).

- **Inaccessible Properties:** If, for any reason, we are unable to obtain access to your property or system to perform a service check, a service call fee of \$125.00 will be charged to return (example: locked gates, gate code changes, biting dogs, etc.).

- **CHLORINE: THE PROPERTY OWNER IS RESPONSIBLE FOR MAINTAINING THE CHLORINE SUPPLY.** TCEQ regulation requires chlorination. If the chlorinator is found empty upon a scheduled service check, the technician will add chlorine and the owner will be billed for the chlorine (3 tablets for tablet chlorinators or 1 gallon of bleach for liquid chlorinators). Calcium Hypochlorite chlorine tablets are recommended by the TCEQ for tablet chlorination (they are available from us or at most Home Depot stores). DO NOT use swimming pool chlorine. If the owner requests that we use the owner's personal supply of chlorine/bleach, the chlorine/bleach must be available at an outside and known location at the time of service. If the homeowner's chlorine/bleach is not available as described at the time of service, we will add the chlorine/bleach and the owner will be charged. If there is no chlorine/bleach in the chlorinator and no chlorine residual is present in the pump tank at the time of the service check, the owner may receive a non-compliance citation from the regulating authority.

- **Operation and Maintenance Guide:** Please read the Operation and Maintenance Guide included with this policy and follow the recommendations to help prevent extra service and owner expense.

- **Transfer of Property:** The fee for this policy is non-refundable, but this policy can be transferred to the new owners. If this property is sold within the policy period, the signing party is responsible for all repairs unless the new owner's information is provided before repairs are made and a transfer policy is signed and returned to us. The new owners will be required to meet with our technician for an orientation during the first service check of their transfer policy.

- **Rental of Property:** The homeowner shall obtain the service policy for the system and is responsible for balances due. Renters will be required to meet with our technician for an orientation during the first service check of their occupancy. This will help make the renters aware of how to use the system and may help prevent extra service and owner expense on the system. Please note: all service checks are allotted up to one hour; if there is any additional time on site due to orientation, see charges above.

- **Altering the System:** Do not allow alteration to any part of the system or sprinkler head locations. Alteration would put the system out of compliance and would cause the property owner additional expense to bring the system back into compliance. Any use of another company to make repairs to the system will violate any warranties and be considered as a breach of this policy.

- **Terms of Payment:** Payment of invoice(s) for any other service or repair

provided is due upon receipt of invoice. Invoices are sent on the date of the invoice. All payments not received within thirty-five (35) days from the invoice date will be charged a 1.5% finance charge per month. If payment for replacement of parts is delinquent, your next service check may be delayed and parts will not be replaced if necessary until your account is current, and a service call of \$125.00 will be charged to return to your property to replace the necessary parts. A \$30 fee will be charged



for returned checks. VDWWS reserves the right to repossess parts that have not been paid for.

• **Pumping:** The cleaning of the septic tank, aerobic tank, and pump tank is not included in this service policy.

The prices, specifications, and conditions are satisfactory and are hereby accepted with payment of this invoice. Van Delden Wastewater Systems is authorized to perform the services as specified. I have read and understand the Operation and Maintenance Guide included with this policy. Payment will be made as outlined above and is due upon acceptance of this Policy.

*TCEQ licensed OSSF MP: Garrett Van Delden & Chad Van Delden. Copyright © 2002 Van Delden Wastewater Systems.*

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|                             |                 |
|-----------------------------|-----------------|
| Sub-Total                   | \$375.00        |
| Texas State Tax 6.25%       | \$0.00          |
| Bulverde Area Lib Dist 0.5% | \$0.00          |
| Bulverde 1%                 | \$0.00          |
| Comal Co 0.5%               | \$0.00          |
| <b>Total</b>                | <b>\$375.00</b> |

Payment is due upon receipt. A \$30 service fee will be charged for any returned checks or disputed credit card transactions. A financing charge of 1.5% per month shall be applied for overdue amounts. Credit card charges over \$1000.00 will incur an additional 4% fee.

---

*Amy C. White*

4/7/2021



Family Owned & Operated Since 1937

Chad Van Delden *Chad Van Delden*  
TCEQ Maintenance Provider #0001346

Job #90527

### Aerobic System Testing & Reporting Form (Recurring Service)

**TCEQ required frequency of testing & reporting: Every 4 months.**

**Service Date**

4/13/2021

**Customer & Contract Membership Information**

**Customer Name**

Gordon & Amy White

**Location Address**

2483 Bobcat Drive, Bulverde, TX 78163 USA

**Permit #**

Comal: 108725

**System Brand**

Clearstream

**System Size (GPD)**

600

**Model**

NU

**Service Information**

**Aerator**

**Aerator Type**

Linear

**Aerator Status**

Green = Operable  
Yellow = See Aerator Status Notes  
Red = Inoperable  
Gray = n/a



**Aerator Status Notes**

**Aerator Serial # if replaced**

-



**Air Filter - Linear**

Green = Cleaned  
Yellow = Replaced  
Red = Inoperable  
Gray = n/a



**Air Filter - Rotary (ext)**

Green = Cleaned  
Yellow = Replaced  
Red = Inoperable  
Gray = n/a



**Air Filter - Rotary (int)**

Green = Cleaned  
Yellow = Replaced  
Red = Inoperable  
Gray = n/a



**PSI:**

Green = Normal  
Yellow = Weak but operable  
Red = Weak/None  
Gray = n/a



**Diffuser/Stone**

Green = Operable  
Yellow = See Diffuser/Stone Notes  
Red = Inoperable  
Gray = n/a



**Diffuser/Stone Notes**

**System Odor**

Green = No odor  
Yellow = Odor - See Odor Notes  
Red = Strong odor  
Gray = n/a



**System Odor Notes**

**Distribution**

**Distribution Type**

Spray Heads

**Number of Spray Heads Located**

2

**Spray Head Operation**

Green = Operable (including rotating & popping up/down)  
Yellow = See Spray Head Operation Notes  
Red = Inoperable  
Gray = n/a



**Spray Head Operation Notes**

**Pump and Pump Floats**

---

**Irrigation Pump**

Green = Operable  
Yellow = Operable but high amps  
Red = Inoperable  
Gray = n/a

**Irrigation Pump Notes**

---

**Override Float**

Green = Operable  
Yellow = See Override Float Notes  
Red = Inoperable  
Gray = n/a

**Override Float Notes**

---

**Irrigation Pump Float**

Green = Operable  
Yellow = See Irrigation Pump Float Notes  
Red = Inoperable  
Gray = n/a

**Irrigation Pump Float Notes**

---

**Irrigation Pump Amperage**

7.1

**Irrigation Pump Serial # if replaced**

-

---

**Chlorine****Chlorine Level**

Green = Present  
Yellow = See note and/or Chlorine Details  
Red = Empty  
Gray = n/a

**Chlorinator Type**

Liquid

---

**Chlorine Details**

Present upon arrival

**Chlorine Residual (mg/L) Upon Departure**

.131

---

**Chlorinator Serial # if replaced**

-

Tablet Chlorinators: Only chlorine tablets should be used that are designated to treat wastewater (Calcium Hypochlorite). Do not use swimming pool tablets & do not mix the two different types of chlorine. Liquid Chlorinators: Do not use splash-less versions.

---

**Electrical Components**

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---

**Control Box**

Green = Operable  
Yellow = See Control Box Note  
Red = Inoperable  
Gray = n/a

**Control Box Note****Timer**

Green = Operable  
Yellow = See Timer Note  
Red = Inoperable  
Gray = n/a

**Timer Note****Photocell**

Green = Operable  
Yellow = See Photocell Note  
Red = Inoperable  
Gray = n/a

**Photocell note****Audio Alarm (Buzzer)**

Green = Operable  
Yellow = See Audio Alarm (Buzzer) Note  
Red = Inoperable  
Gray = n/a

**Audio Alarm (Buzzer) Note****Visual Alarm (Light)**

Green = Operable  
Yellow = See Visual Alarm (Light) Note  
Red = Inoperable  
Gray = n/a

**Visual Alarm (Light) Note**

---

**Sludge Levels****Aerobic Tank/Compartment**

Green = Low sludge level (1-30%)  
Yellow = Moderate sludge level (31-49%)  
Red = High sludge level (50%+)  
Gray = n/a

**Aerobic Tank/Compartment Sludge Reading**

25%

**Pump Tank/Compartment**

Green = Low sludge level (0-5")  
 Yellow = Moderate sludge level (6-7")  
 Red = High sludge level (8"+)  
 Gray = n/a

**Pump Tank/Compartment Sludge Reading**

3"

**Pumping Recommendations**

No - Not at this time

Delay in pumping when the technician recommends could adversely affect your system and its components causing additional repairs and expense. Adverse effects may include (but are not limited to): pump failure/replacement, frequent alarm activation due to repetitive clogging, backup in tanks causing them to come out of lids (overflow), and/or system odor.

**If Pumping is Recommended**

Do any of the following apply to the property?

**Lids****Lids Secure Upon Arrival?**

Yes

**Lids Secure Upon Departure?**

Yes

**Number of Exposed Lids**

2

**Condition of Lids**

Green = Acceptable  
 Yellow = Worn but acceptable  
 Red = Replacement needed

**Other Information****Vegetation Around Tanks**

Green = Acceptable  
 Yellow = Needs to be cut by owner  
 Red = Excessive - Needs to be cut by owner  
 Gray = n/a

**Vegetation in Distribution Area**

Green = Acceptable  
 Yellow = Needs to be cut by owner  
 Red = Excessive - Needs to be cut by owner  
 Gray = n/a

**Weir or Media Filter**

Weir

**Completion Checklist****Did you take off the photocell cover?**

n/a

**Did you sign the system's service tag?**

Yes

**Did you reset the timer?**

Yes

**Notes for Customer:****Notes for customer**

Clean weir and air filter broke up heavy sludge in aerobic

**Additional Notes for Customer (check all that apply)**



## Additional Information

---

**Additional Notes**

-

**Who was present during service?**

n/a

**Who authorized repair parts over \$100.00?**

-

**Is a return trip needed?**

No



Family Owned & Operated Since 1937

Chad Van Delden *Chad V. D.*  
TCEQ Maintenance Provider #0001346

Job #95701

## Aerobic System Testing & Reporting Form (Recurring Service)

**TCEQ required frequency of testing & reporting: Every 4 months.**

### Service Date

1/13/2022

### Customer & Contract Membership Information

#### Customer Name

Gordon & Amy White

#### Location Address

2483 Bobcat Drive, Bulverde, TX 78163 USA

#### Permit #

Comal: 108725

#### System Brand

Clearstream

#### System Size (GPD)

600

#### Model

NU.

### Service Information

#### Aerator

#### Aerator Type

Linear

#### Aerator Status

Green = Operable

Yellow = See Aerator Status Notes

Red = Inoperable

Gray = n/a



#### Aerator Status Notes

#### Aerator Serial # if replaced

-



**Air Filter - Linear**

Green = Cleaned  
 Yellow = Replaced  
 Red = Inoperable  
 Gray = n/a

**Air Filter - Rotary (ext)**

Green = Cleaned  
 Yellow = Replaced  
 Red = Inoperable  
 Gray = n/a

**Air Filter - Rotary (int)**

Green = Cleaned  
 Yellow = Replaced  
 Red = Inoperable  
 Gray = n/a

**PSI:**

Green = Normal  
 Yellow = Weak but operable  
 Red = Weak/None  
 Gray = n/a

**Diffuser/Stone**

Green = Operable  
 Yellow = See Diffuser/Stone Notes  
 Red = Inoperable  
 Gray = n/a

**Diffuser/Stone Notes****System Odor**

Green = No odor  
 Yellow = Odor - See Odor Notes  
 Red = Strong odor  
 Gray = n/a

**System Odor Notes****Distribution****Distribution Type**

Spray Heads

**Number of Spray Heads Located**

2

**Spray Head Operation**

Green = Operable (including rotating & popping up/down)  
 Yellow = See Spray Head Operation Notes  
 Red = Inoperable  
 Gray = n/a

**Spray Head Operation Notes****Pump and Pump Floats****Irrigation Pump**

Green = Operable  
 Yellow = Operable but high amps  
 Red = Inoperable  
 Gray = n/a

**Irrigation Pump Notes**

**Override**

Green = Operable  
 Yellow = See Override Notes  
 Red = Inoperable  
 Gray = n/a

**Override Notes****Irrigation Pump Float**

Green = Operable  
 Yellow = See Irrigation Pump Float Notes  
 Red = Inoperable  
 Gray = n/a

**Irrigation Pump Float Notes****Irrigation Pump Amperage**

7.5

**Irrigation Pump Serial # if replaced**

-

**Chlorine****Chlorine Level**

Green = Present  
 Yellow = See note and/or Chlorine Details  
 Red = Empty  
 Gray = n/a

**Chlorinator Type**

Liquid

**Chlorine Details**

Added Customer's Supply - 1 Bottle

**Chlorine Residual (mg/L) Upon Departure**

.131

**Chlorinator Serial # if replaced**

-

Tablet Chlorinators: Only chlorine tablets should be used that are designated to treat wastewater (Calcium Hypochlorite). Do not use swimming pool tablets & do not mix the two different types of chlorine. Liquid Chlorinators: Do not use splash-less versions.

**Electrical Components****Control Box**

Green = Operable  
 Yellow = See Control Box Note  
 Red = Inoperable  
 Gray = n/a

**Control Box Note****Timer**

Green = Operable  
 Yellow = See Timer Note  
 Red = Inoperable  
 Gray = n/a

**Timer Note**

Reset



**Photocell**

Green = Operable  
 Yellow = See Photocell Note  
 Red = Inoperable  
 Gray = n/a

**Photocell note****Audio Alarm (Buzzer)**

Green = Operable  
 Yellow = See Audio Alarm (Buzzer) Note  
 Red = Inoperable  
 Gray = n/a

**Audio Alarm (Buzzer) Note****Visual Alarm (Light)**

Green = Operable  
 Yellow = See Visual Alarm (Light) Note  
 Red = Inoperable  
 Gray = n/a

**Visual Alarm (Light) Note****Sludge Levels****Trash Tank/Compartment**

Green = Low sludge level  
 Yellow = Moderate sludge level  
 Red = High sludge level  
 Gray = Lid is not exposed to check or n/a

**Trash Tank/Compartment Sludge Notes**

-

**Aerobic Tank/Compartment**

Green = Low sludge level  
 Yellow = Moderate sludge level  
 Red = High sludge level  
 Gray = n/a

**Aerobic Tank/Compartment Sludge Notes**

-

**Pump Tank/Compartment**

Green = Low sludge level  
 Yellow = Moderate sludge level  
 Red = High sludge level  
 Gray = n/a

**Pump Tank/Compartment Sludge Notes**

-

**Pumping Recommendations**

No - Not at this time

**If Pumping is Recommended**

Do any of the following apply to the property?

Delay in pumping when the technician recommends could adversely affect your system and its components causing additional repairs and expense. Adverse effects may include (but are not limited to): pump failure/replacement, frequent alarm activation due to repetitive clogging, backup in tanks causing them to come out of lids (overflow), and/or system odor. TCEQ Title 30, Part 1, Chapter 285, Rule 285.39 (b): "Owners shall have the treatment tanks pumped on a regular basis in order to prevent sludge accumulation from spilling over to the next tank".

# Lids

## Lids Secure Upon Arrival?

Yes

## Lids Secure Upon Departure?

Yes

## Number of Exposed Lids

2

## Condition of Lids

Green = Acceptable  
Yellow = Worn but acceptable  
Red = Replacement needed



## Condition of Risers

Green = Present and secure  
Yellow = See note  
Red = Not secure or needs replacement. Replace ASAP.



## Secondary Restraint for Exposed Lids

TCEQ now requires all exposed lids to have a secondary restraint under the lid to prevent tank entry if the lid is unknowingly damaged or removed.

Green = Present and secure  
Yellow = See note  
Red = Not present or needs replacement. We recommend correcting ASAP to meet TCEQ requirements.



## Additional Riser/Secondary Restraint Info

In the case a secondary restraint is not present and could not be added at this time, it is the property owner's responsibility to inquire and approve of changes to the existing riser configuration to allow for the secondary restraint.

## Other Information

### Vegetation Around Tanks

Green = Acceptable  
Yellow = Needs to be cut by owner  
Red = Excessive - Needs to be cut by owner  
Gray = n/a



### Vegetation in Distribution Area

Green = Acceptable  
Yellow = Needs to be cut by owner  
Red = Excessive - Needs to be cut by owner  
Gray = n/a



## Weir or Media Filter

Weir

## Completion Checklist

### Did you take off the photocell cover?

n/a

### Did you sign the system's service tag?

Yes

### Did you reset the timer?

Yes

## Notes for Customer:

**Notes for customer**

Cleaned weir and air filter. Added one gallon of Homeowners chlorine. Checked spray heads.  
Broke down sludge in aerobic tank.

**Additional Notes for Customer (check all that apply)****Additional Information****Additional Notes**

-

**Who was present during service?**

n/a

**Who authorized repair parts over \$100.00?**

-

**Is a return trip needed?**

No

**This form indicates the condition of the system at the time of service. It does not guarantee that it will continue to function satisfactorily. Van Delden Wastewater Systems is not responsible for results due to homeowner's actions or misuse of system.**





Van Delden  
ON-SITE WASTEWATER SYSTEMS

Job #98156

## Aerobic System Testing & Reporting Form (Recurring Service)

**TCEQ required frequency of testing & reporting: Every 4 months.**

**Service Date**

2022-05-05

**Customer & Contract Membership Information**

---

**Customer Name**

Gordon & Amy White

**Location Address**

2483 Bobcat Drive, Bulverde, TX 78163 USA

**Permit #**

Comal: 108725

**System Brand**

Clearstream

**System Size (GPD)**

600

**Model**

Nu

**Service Information**

---

**Aerator**

---

**Aerator Type**

Linear

**Aerator Status**

Green = Operable

Yellow = See Aerator Status Notes

Red = Inoperable

Gray = n/a



**Aerator Status Notes**

-

**Aerator Serial # if replaced**

-

**Air Filter - Linear**

Green = Cleaned  
 Yellow = Replaced  
 Red = Inoperable  
 Gray = n/a

**Air Filter - Rotary (ext)**

Green = Cleaned  
 Yellow = Replaced  
 Red = Inoperable  
 Gray = n/a

**Air Filter - Rotary (int)**

Green = Cleaned  
 Yellow = Replaced  
 Red = Inoperable  
 Gray = n/a

**PSI:**

Green = Normal  
 Yellow = Weak but operable  
 Red = Weak/None  
 Gray = n/a

**Diffuser/Stone**

Green = Operable  
 Yellow = See Diffuser/Stone Notes  
 Red = Inoperable  
 Gray = n/a

**Diffuser/Stone Notes**

Replaced

**System Odor**

Green = No odor  
 Yellow = Odor - See Odor Notes  
 Red = Strong odor  
 Gray = n/a

**System Odor Notes**

-

**Distribution****Distribution Type**

Spray Heads

**Number of Spray Heads Located**

2

**Spray Head Operation**

Green = Operable (including rotating & popping up/down)  
 Yellow = See Spray Head Operation Notes  
 Red = Inoperable  
 Gray = n/a

**Spray Head Operation Notes****Pump and Pump Floats****Irrigation Pump**

Green = Operable  
 Yellow = Operable but abnormal amps  
 Red = Inoperable  
 Gray = n/a

**Irrigation Pump Notes**

-

**Override**

Green = Operable  
 Yellow = See Override Notes  
 Red = Inoperable  
 Gray = n/a

**Override Notes**

-

**Irrigation Pump Float**

Green = Operable  
 Yellow = See Irrigation Pump Float Notes  
 Red = Inoperable  
 Gray = n/a

**Irrigation Pump Float Notes**

-

**Irrigation Pump Amperage**

7.8

**Irrigation Pump Serial # if replaced**

-

**Chlorine****Chlorine Level**

Green = Present  
 Yellow = See note and/or Chlorine Details  
 Red = Empty  
 Gray = n/a

**Chlorinator Type**

Liquid

**Chlorine Details**

Added Customer's Supply - 1 Bottle

**Chlorine Residual (mg/L) Upon Departure**

.131

**Chlorinator Serial # if replaced**

-

Tablet Chlorinators: Only chlorine tablets should be used that are designated to treat wastewater (Calcium Hypochlorite). Do not use swimming pool tablets & do not mix the two different types of chlorine. Liquid Chlorinators: Do not use splash-less versions.

**Electrical Components****Control Box**

Green = Operable  
 Yellow = See Control Box Note  
 Red = Inoperable  
 Gray = n/a

**Control Box Note**

-

**Timer**

Green = Operable  
 Yellow = See Timer Note  
 Red = Inoperable  
 Gray = n/a

**Timer Note**

-



**Photocell**

Green = Operable  
 Yellow = See Photocell Note  
 Red = Inoperable  
 Gray = n/a

**Photocell note**

-

**Audio Alarm (Buzzer)**

Green = Operable  
 Yellow = See Audio Alarm (Buzzer) Note  
 Red = Inoperable  
 Gray = n/a

**Audio Alarm (Buzzer) Note**

-

**Visual Alarm (Light)**

Green = Operable  
 Yellow = See Visual Alarm (Light) Note  
 Red = Inoperable  
 Gray = n/a

**Visual Alarm (Light) Note**

-

**Sludge Levels****Trash Tank/Compartment**

Green = Low sludge level  
 Yellow = Moderate sludge level  
 Red = High sludge level  
 Gray = Lid is not exposed to check or n/a

**Trash Tank/Compartment Sludge Notes**

-

**Aerobic Tank/Compartment**

Green = Low sludge level  
 Yellow = Moderate sludge level  
 Red = High sludge level  
 Gray = n/a

**Aerobic Tank/Compartment Sludge Notes**

-

**Pump Tank/Compartment**

Green = Low sludge level  
 Yellow = Moderate sludge level  
 Red = High sludge level  
 Gray = n/a

**Pump Tank/Compartment Sludge Notes**

-

**Pumping Recommendations**

No - Not at this time

**If Pumping is Recommended**

Do any of the following apply to the property?

Delay in pumping when the technician recommends could adversely affect your system and its components causing additional repairs and expense. Adverse effects may include (but are not limited to): pump failure/replacement, frequent alarm activation due to repetitive clogging, backup in tanks causing them to come out of lids (overflow), and/or system odor. TCEQ Title 30, Part 1, Chapter 285, Rule 285.39 (b): "Owners shall have the treatment tanks pumped on a regular basis in order to prevent sludge accumulation from spilling over to the next tank".

## Lids

---

### Lids Secure Upon Arrival?

Yes

### Number of Exposed Lids

2

### Condition of Risers

Green = Present and secure

Yellow = See note

Red = Not secure or needs replacement. Replace ASAP.



### Additional Riser/Secondary Restraint Info

In the case a secondary restraint is not present and could not be added at this time, it is the property owner's responsibility to inquire and approve of changes to the existing riser configuration to allow for the secondary restraint.

n/a

### Other Information

---

#### Vegetation Around Tanks

Green = Acceptable

Yellow = Needs to be cut by owner

Red = Excessive - Needs to be cut by owner

Gray = n/a



#### Weir or Media Filter

Weir

### Completion Checklist

---

#### Did you take off the photocell cover?

n/a

#### Did you reset the timer?

Yes

### Notes for Customer:

---

### Lids Secure Upon Departure?

Yes

### Condition of Lids

Green = Acceptable

Yellow = Worn but acceptable

Red = Replacement needed



### Secondary Restraint for Exposed Lids

TCEQ now requires all exposed lids to have a secondary restraint under the lid to prevent tank entry if the lid is unknowingly damaged or removed.

Green = Present and secure

Yellow = See note

Red = Not present or needs replacement. We recommend correcting ASAP to meet TCEQ requirements.



---

#### Vegetation in Distribution Area

Green = Acceptable

Yellow = Needs to be cut by owner

Red = Excessive - Needs to be cut by owner

Gray = n/a



---

#### Did you sign the system's service tag?

Yes

Notes for customer

-

Additional Notes for Customer (check all that apply)

**Additional Information**

---

Additional Notes

-

Who was present during service?

Mr.

Who authorized repair parts over \$100.00?

-

Is a return trip needed?

No

**This form indicates the condition of the system at the time of service. It does not guarantee that it will continue to function satisfactorily. Van Delden Wastewater Systems is not responsible for results due to homeowner's actions or misuse of system.**










Chad Van Delden *CV. DK*  
 TCEQ Maintenance Provider #0001346

Job #100613


## Aerobic System Testing & Reporting Form (Recurring Service)

**TCEQ required frequency of testing & reporting: Every 4 months.**



|   |   |
|---|---|
| <b>Service Date</b><br>2022-09-13                     |   |
| <b>Customer &amp; Contract Membership Information</b> |   |
| <b>Customer Name</b><br>Gordon & Amy White            | <b>Location Address</b><br>2483 Bobcat Drive, Bulverde, TX 78163 USA  |
| <b>Permit #</b><br>Comal: 108725                      | <b>System Brand</b><br>Clearstream  |
| <b>System Size (GPD)</b><br>600                       | <b>Model</b><br>Nu  |
| <b>Service Information</b>                            |   |
| <b>Aerator</b>  |   |
| <b>Aerator Type</b><br>Linear                         | <b>Aerator Status</b><br>Green = Operable<br>Yellow = See Aerator Status Notes<br>Red = Inoperable<br>Gray = n/a<br> |
| <b>Aerator Status Notes</b><br>-                      | <b>Aerator Serial # if replaced</b><br>-  |


|   |   |
|---|---|
| <p><b>Air Filter - Linear</b></p> <p>Green = Cleaned<br/> Yellow = Replaced<br/> Red = Inoperable<br/> Gray = n/a</p>              | <p><b>PSI:</b></p> <p>Green = Normal<br/> Yellow = Weak but operable<br/> Red = Weak/None<br/> Gray = n/a</p>  |
| <p><b>Diffuser/Stone</b></p> <p>Green = Operable<br/> Yellow = See Diffuser/Stone Notes<br/> Red = Inoperable<br/> Gray = n/a</p>  | <p><b>Diffuser/Stone Notes</b></p> <p>-</p>   |
| <p><b>System Odor</b></p> <p>Green = No odor<br/> Yellow = Odor - See Odor Notes<br/> Red = Strong odor<br/> Gray = n/a</p>        | <p><b>System Odor Notes</b></p> <p>-</p>  |

**Distribution**

|  |  |
|--|--|
| <p><b>Distribution Type</b></p> <p>Spray Heads</p>   | <p><b>Number of Spray Heads Located</b></p> <p>2</p> |
| <p><b>Spray Head Operation</b></p> <p>Green = Operable (including rotating &amp; popping up/down)<br/> Yellow = See Spray Head Operation Notes<br/> Red = Inoperable<br/> Gray = n/a</p>  | <p><b>Spray Head Operation Notes</b></p>             |


**Pump and Pump Floats**

|  |                                       |
|--|---------------------------------------|
| <p><b>Irrigation Pump</b></p> <p>Green = Operable<br/> Yellow = Operable but abnormal amps<br/> Red = Inoperable<br/> Gray = n/a</p>  | <p><b>Irrigation Pump Notes</b></p>   |
| <p><b>Override</b></p> <p>Green = Operable<br/> Yellow = See Override Notes<br/> Red = Inoperable<br/> Gray = n/a</p>                 | <p><b>Override Notes</b></p> <p>-</p> |

|   |  |
|---|--|
| <p><b>Irrigation Pump Float</b></p> <p>Green = Operable<br/> Yellow = See Irrigation Pump Float Notes<br/> Red = Inoperable<br/> Gray = n/a</p>  | <p><b>Irrigation Pump Float Notes</b></p> <p>-</p> |
|---|--|

|   |   |
|---|---|
| <p><b>Irrigation Pump Amperage</b></p> <p>7.6</p> | <p><b>Irrigation Pump Serial # if replaced</b></p> <p>-</p> |
|---|---|

**Chlorine**



|   |  |
|---|--|
| <p><b>Chlorine Level</b></p> <p>Green = Present<br/> Yellow = See note and/or Chlorine Details<br/> Red = Empty<br/> Gray = n/a</p>  | <p><b>Chlorinator Type</b></p> <p>Liquid</p> |
|---|--|


|  |   |
|--|---|
| <p><b>Chlorine Details</b></p> <p>Added VD Supply - 1 Bottle</p> | <p><b>Chlorine Residual (mg/L) Upon Departure</b></p> <p>.131</p> |
|--|---|


|   |  |
|---|--|
| <p><b>Chlorinator Serial # if replaced</b></p> <p>-</p> |  |
|---|--|

Tablet Chlorinators: Only chlorine tablets should be used that are designated to treat wastewater (Calcium Hypochlorite). Do not use swimming pool tablets & do not mix the two different types of chlorine. Liquid Chlorinators: Do not use splash-less versions.


**Electrical Components**

|  |  |
|--|--|
| <p><b>Control Box</b></p> <p>Green = Operable<br/> Yellow = Repaired or Replaced<br/> Red = Inoperable<br/> Gray = n/a</p>  | <p><b>Timer</b></p> <p>Green = Operable<br/> Yellow = See Timer Note<br/> Red = Inoperable<br/> Gray = n/a</p>  |
|--|--|

|  |  |
|--|--|
| <p><b>Timer Note</b></p> <p>Reset</p> <p>"Timer was off by about 7 hours "</p> | <p><b>Photocell</b></p> <p>Green = Operable<br/> Yellow = See Photocell Note<br/> Red = Inoperable<br/> Gray = n/a</p>  |
|--|--|

|                                       |  |
|---------------------------------------|--|
| <p><b>Photocell note</b></p> <p>-</p> | <p><b>Audio Alarm (Buzzer)</b></p> <p>Green = Operable<br/> Yellow = See Audio Alarm (Buzzer) Note<br/> Red = Inoperable<br/> Gray = n/a</p>  |
|---------------------------------------|--|





|  |  |
|--|--|
| <p><b>Audio Alarm (Buzzer) Note</b></p> <p>-</p> | <p><b>Visual Alarm (Light)</b></p> <p>Green = Operable<br/> Yellow = See Visual Alarm (Light) Note<br/> Red = Inoperable<br/> Gray = n/a</p>  |
|--|--|

|  |  |
|--|--|
| <p><b>Visual Alarm (Light) Note</b></p> <p>-</p> |  |
|--|--|

**Sludge Levels**

|  |  |
|--|--|
| <p><b>Trash Tank/Compartment</b></p> <p>Green = Low sludge level<br/> Yellow = Moderate sludge level<br/> Red = High sludge level<br/> Gray = Lid is not exposed to check or n/a</p>  | <p><b>Trash Tank/Compartment Sludge Notes</b></p> <p>-</p> |
|--|--|

|   |  |
|---|--|
| <p><b>Aerobic Tank/Compartment</b></p> <p>Green = Low sludge level<br/> Yellow = Moderate sludge level<br/> Red = High sludge level<br/> Gray = n/a</p>  | <p><b>Aerobic Tank/Compartment Sludge Notes</b></p> <p>Broke up top sludge in aerobic tank</p> |
|---|--|

|  |   |
|--|---|
| <p><b>Pump Tank/Compartment</b></p> <p>Green = Low sludge level<br/> Yellow = Moderate sludge level<br/> Red = High sludge level<br/> Gray = n/a</p>  | <p><b>Pump Tank/Compartment Sludge Notes</b></p> <p>-</p> |
|--|---|

|  |  |
|--|--|
| <p><b>Pumping Recommendations</b></p> <p>No - Not at this time</p> |  |
|--|--|

Delay in pumping when the technician recommends could adversely affect your system and its components causing additional repairs and expense. Adverse effects may include (but are not limited to): pump failure/replacement, frequent alarm activation due to repetitive clogging, backup in tanks causing them to come out of lids (overflow), and/or system odor. TCEQ Title 30, Part 1, Chapter 285, Rule 285.39 (b): "Owners shall have the treatment tanks pumped on a regular basis in order to prevent sludge accumulation from spilling over to the next tank".

**Lids**

|  |  |
|--|--|
| <p><b>Lids Secure Upon Arrival?</b></p> <p>Yes</p> | <p><b>Lids Secure Upon Departure?</b></p> <p>Yes</p> |
|--|--|

**Number of Exposed Lids**

2

**Condition of Lids**

Green = Acceptable  
Yellow = Worn but acceptable  
Red = Replacement needed



"Replaced cracked pump tank lid"

**Condition of Risers**

Green= Present and secure  
Yellow = See note  
Red= Not secure or needs replacement. Replace ASAP.



**Secondary Restraint for Exposed Lids**

TCEQ now requires all exposed lids to have a secondary restraint under the lid to prevent tank entry if the lid is unknowingly damaged or removed.

Green= Present and secure  
Yellow = See note  
Red= Not present or needs replacement. We recommend correcting ASAP to meet TCEQ requirements.



**Other Information**

**Vegetation Around Tanks**

Green = Acceptable  
Yellow = Needs to be cut by owner  
Red = Excessive - Needs to be cut by owner  
Gray = n/a



**Vegetation in Distribution Area**

Green = Acceptable  
Yellow = Needs to be cut by owner  
Red = Excessive - Needs to be cut by owner  
Gray = n/a



**Weir or Media Filter**

Weir

**Completion Checklist**

**Did you sign the system's service tag?**

Yes

**Did you reset the timer?**

Yes

**Notes for Customer:**

**Notes for customer**

-

**Additional Notes for Customer (check all that apply)**

## Additional Information

Additional Notes

-

Who was present during service?

-

Who authorized repair parts over \$100.00?

-

Is a return trip needed?

No

**This form indicates the condition of the system at the time of service. It does not guarantee that it will continue to function satisfactorily. Van Delden Wastewater Systems is not responsible for results due to homeowner's actions or misuse of system.**








Chad Van Delden  
TCEQ Maintenance Provider #0001346


Job #102927


## Aerobic System Testing & Reporting Form (Recurring Service)

**TCEQ required frequency of testing & reporting: Every 4 months.**

|   |   |
|---|---|
| <b>Service Date</b><br>2022-12-30                     |   |
| <b>Customer &amp; Contract Membership Information</b> |   |
| <b>Customer Name</b><br>Gordon & Amy White            | <b>Location Address</b><br>2483 Bobcat Drive, Bulverde, TX 78163 USA  |
| <b>Permit #</b><br>Comal: 108725                      | <b>System Brand</b><br>Clearstream  |
| <b>System Size (GPD)</b><br>600                       | <b>Model</b><br>NU  |
| <b>Service Information</b>                            |   |
| <b>Aerator</b>  |   |
| <b>Aerator Type</b><br>Linear                         | <b>Aerator Status</b><br>Green = Operable<br>Yellow = See Aerator Status Notes<br>Red = Inoperable<br>Gray = n/a<br> |


|   |   |
|---|---|
| <p><b>Air Filter - Linear</b></p> <p>Green = Cleaned<br/> Yellow = Replaced<br/> Red = Inoperable<br/> Gray = n/a</p>  | <p><b>PSI:</b></p> <p>Green = Normal<br/> Yellow = Weak but operable<br/> Red = Weak/None<br/> Gray = n/a</p>  |
|---|---|

|   |   |
|---|---|
| <p><b>Diffuser/Stone</b></p> <p>Green = Operable<br/> Yellow = See Diffuser/Stone Notes<br/> Red = Inoperable<br/> Gray = n/a</p>  | <p><b>Diffuser/Stone Notes</b></p> <p>Cleaned</p> |
|---|---|



|   |  |
|---|--|
| <p><b>System Odor</b></p> <p>Green = No odor<br/> Yellow = Odor - See Odor Notes<br/> Red = Strong odor<br/> Gray = n/a</p>  |  |
|---|--|


**Distribution**

|  |  |
|--|--|
| <p><b>Distribution Type</b></p> <p>Spray Heads</p> | <p><b>Number of Spray Heads Located</b></p> <p>2</p> |
|--|--|


|  |                                |
|--|--------------------------------|
| <p><b>Spray Head Operation</b></p> <p>Green = Operable (including rotating &amp; popping up/down)<br/> Yellow = See Spray Head Operation Notes<br/> Red = Inoperable<br/> Gray = n/a</p>  | <p><b>Spray Area Notes</b></p> |
|--|--------------------------------|

**Pump and Pump Floats**

|  |   |
|--|---|
| <p><b>Irrigation Pump</b></p> <p>Green = Operable<br/> Yellow = Operable but abnormal amps<br/> Red = Inoperable<br/> Gray = n/a</p>  | <p><b>Override</b></p> <p>Green = Operable<br/> Yellow = See Override Notes<br/> Red = Inoperable<br/> Gray = n/a</p>  |
|--|---|






|   |   |
|---|---|
| <p><b>Irrigation Pump Float</b></p> <p>Green = Operable<br/> Yellow = See Irrigation Pump Float Notes<br/> Red = Inoperable<br/> Gray = n/a</p>  | <p><b>Irrigation Pump Amperage</b></p> <p>7.4</p> |
|---|---|

**Chlorine**



|   |   |
|---|---|
| <p><b>Chlorine Level</b><br/> Green = Present<br/> Yellow = See note and/or Chlorine Details<br/> Red = Empty<br/> Gray = n/a</p>  | <p><b>Chlorinator Type</b><br/> Liquid</p>                      |
| <p><b>Chlorine Details</b><br/> Present upon arrival</p>  | <p><b>Chlorine Residual (mg/L) Upon Departure</b><br/> .131</p> |
| <p><b>Chlorinator Serial # if replaced</b></p>  |   |

Tablet Chlorinators: Only chlorine tablets should be used that are designated to treat wastewater (Calcium Hypochlorite). Do not use swimming pool tablets & do not mix the two different types of chlorine. Liquid Chlorinators: Do not use splash-less versions.


## Electrical Components

|  |  |
|--|--|
| <p><b>Control Box</b><br/> Green = Operable<br/> Yellow = Repaired or Replaced<br/> Red = Inoperable<br/> Gray = n/a</p>                      | <p><b>Timer</b><br/> Green = Operable<br/> Yellow = See Timer Note<br/> Red = Inoperable<br/> Gray = n/a</p>                                  |
| <p><b>Timer Note</b></p>   | <p><b>Photocell</b><br/> Green = Operable<br/> Yellow = See Photocell Note<br/> Red = Inoperable<br/> Gray = n/a</p>                        |
| <p><b>Audio Alarm (Buzzer)</b><br/> Green = Operable<br/> Yellow = See Audio Alarm (Buzzer) Note<br/> Red = Inoperable<br/> Gray = n/a</p>  | <p><b>Visual Alarm (Light)</b><br/> Green = Operable<br/> Yellow = See Visual Alarm (Light) Note<br/> Red = Inoperable<br/> Gray = n/a</p>  |

## Sludge Levels

|  |  |
|--|--|
| <p><b>Trash Tank/Compartment</b><br/> Green = Low sludge level<br/> Yellow = Moderate sludge level<br/> Red = High sludge level<br/> Gray = Lid is not exposed to check or n/a</p>  | <p><b>Trash Tank/Compartment Sludge Notes</b><br/> -</p>   |
| <p><b>Aerobic Tank/Compartment</b><br/> Green = Low sludge level<br/> Yellow = Moderate sludge level<br/> Red = High sludge level<br/> Gray = n/a</p>                               | <p><b>Aerobic Tank/Compartment Sludge Notes</b><br/> -</p> |






|   |   |
|---|---|
| <p><b>Pump Tank/Compartment</b></p> <p>Green = Low sludge level<br/> Yellow = Moderate sludge level<br/> Red = High sludge level<br/> Gray = n/a</p> <p></p> | <p><b>Pump Tank/Compartment Sludge Notes</b></p> <p>-</p> |
|---|---|

|  |  |
|--|--|
| <p><b>Pumping Recommendations</b></p> <p>No - Not at this time</p> <p>Delay in pumping when the technician recommends could adversely affect your system and its components causing additional repairs and expense. Adverse effects may include (but are not limited to): pump failure/replacement, frequent alarm activation due to repetitive clogging, backup in tanks causing them to come out of lids (overflow), and/or system odor. TCEQ Title 30, Part 1, Chapter 285, Rule 285.39 (b): "Owners shall have the treatment tanks pumped on a regular basis in order to prevent sludge accumulation from spilling over to the next tank".</p> |  |
|--|--|



**Lids**

|  |  |
|--|--|
| <p><b>Lids Secure Upon Arrival?</b></p> <p>Yes</p> | <p><b>Lids Secure Upon Departure?</b></p> <p>Yes</p> |
|--|--|

|   |  |
|---|--|
| <p><b>Number of Exposed Lids</b></p> <p>2</p> | <p><b>Condition of Lids</b></p> <p>Green = Acceptable<br/> Yellow = Worn but acceptable<br/> Red = Replacement needed</p> <p></p> |
|---|--|

|   |   |
|---|---|
| <p><b>Condition of Risers</b></p> <p>Green= Present and secure<br/> Yellow = See note<br/> Red= Not secure or needs replacement. Replace ASAP.</p> <p></p> | <p><b>Secondary Restraint for Exposed Lids</b></p> <p>TCEQ now requires all exposed lids to have a secondary restraint under the lid to prevent tank entry if the lid is unknowingly damaged or removed.</p> <p>Green= Present and secure<br/> Yellow = See note<br/> Red= Not present or needs replacement. We recommend correcting ASAP to meet TCEQ requirements.</p> <p></p> |
|---|---|


**Other Information**

|   |   |
|---|---|
| <p><b>Vegetation Around Tanks</b></p> <p>Green = Acceptable<br/> Yellow = Needs to be cut by owner<br/> Red = Excessive - Needs to be cut by owner<br/> Gray = n/a</p> <p></p> | <p><b>Vegetation in Distribution Area</b></p> <p>Green = Acceptable<br/> Yellow = Needs to be cut by owner<br/> Red = Excessive - Needs to be cut by owner<br/> Gray = n/a</p> <p></p> |
|---|---|

|  |  |
|--|--|
| <p><b>Weir or Media Filter</b></p> <p>Weir</p> |  |
|--|--|

**Completion Checklist**

|   |   |
|---|---|
| <p><b>Did you sign the system's service tag?</b></p> <p>Yes</p> | <p><b>Did you reset the timer?</b></p> <p>Yes</p> |
|---|---|

|  |   |
|--|---|
| <b>Did you unsilence the alarm?</b><br>Yes   |   |
| <b>Notes for Customer:</b>   |   |
| <b>Other items not covered in this form</b><br> |   |
| <b>Additional Information</b>  |   |
| <b>Additional Notes</b><br>-   | <b>Who was present during service?</b><br>n/a   |
| <b>Was an Estimate created today?</b><br>No  | <b>Who authorized repair parts over pre-authorized service agreement amount?</b><br>- |
| <b>Is a return trip needed?</b><br>No  | <b>Is this an NU system?</b><br>No  |

**This form indicates the condition of the system at the time of service. It does not guarantee that it will continue to function satisfactorily. Van Delden Wastewater Systems is not responsible for results due to homeowner's actions or misuse of system.**



Chad Van Delden  
TCEQ Maintenance Provider #0001346

Job #111617

## Aerobic System Testing & Reporting Form (Recurring Service)

TCEQ required frequency of testing & reporting: every 4 months.

### Service Date

2024-02-22

### Customer & Contract Membership Information

#### Customer Name

Gordon & Amy White

#### Location Address

2483 Bobcat Drive, Bulverde, TX 78163 USA

#### Permit #

Comal: 108725

### Service Information

#### Aerator

#### Aerator Type

Linear

#### Aerator Status

Green = Operable

Yellow = See Aerator Status Notes

Red = Inoperable

Gray = n/a





---

**Air Filter - Linear**

Green = Cleaned  
Yellow = Replaced  
Red = Inoperable  
Gray = n/a



---

**PSI:**

Green = Normal  
Yellow = Weak but operable  
Red = Weak/None  
Gray = n/a



---

**Air Sensor**

Green = Operable  
Yellow = Replaced/Installed  
Red = Inoperable  
Gray = n/a



---

**Diffuser/Stone**

Green = Operable  
Yellow = See Diffuser/Stone Notes  
Red = Inoperable  
Gray = n/a



---

**Diffuser/Stone Notes**

Replaced

---

**Diffuser/Stone Picture**

---

**System Odor**

Green = No odor  
Yellow = Odor - See Odor Notes  
Red = Strong odor  
Gray = n/a



---

**Distribution**

---

---

**Distribution Type**

Spray Heads

---

**Number of Spray Heads Located**

2

---

**Spray Head Operation**

Green = Operable (including rotating & popping up/down)

Yellow = See Spray Head Operation Notes

Red = Inoperable

Gray = n/a



---

**Spray Area Notes**

---

**Pump and Pump Floats**

---

**Irrigation Pump**

Green = Operable

Yellow = Operable but abnormal amps

Red = Inoperable

Gray = n/a



---

**Override**

Green = Operable

Yellow = See Override Notes

Red = Inoperable

Gray = n/a



---

**Irrigation Pump Float**

Green = Operable

Yellow = See Irrigation Pump Float Notes

Red = Inoperable

Gray = n/a



---

**Irrigation Pump Amperage**

7.8

---

---

**Chlorine**

---

**Chlorine Level**

Green = Present

Yellow = See note and/or Chlorine Details

Red = Empty

Gray = n/a



---

**Chlorinator Type**

Liquid

---

**Chlorine Details**

Added Customer's Supply - 1 Bottle

---

**Chlorine Residual (mg/L) Upon Departure**

.131

---

**Chlorinator Serial # if replaced**

-

General note about Tablet Chlorinators: Only chlorine tablets should be used that are designated to treat wastewater (Calcium Hypochlorite). Do not use swimming pool tablets & do not mix the two different types of chlorine.

General note about Liquid Chlorinators: Do not use splash-less versions.

---

**Electrical Components**

---

**Control Box**

Green = Operable

Yellow = Repaired or Replaced

Red = Inoperable

Gray = n/a



---

**Timer**

Green = Operable

Yellow = See Timer Note

Red = Inoperable

Gray = n/a



---

**Timer Note**

-

**Photocell**

Green = Operable

Yellow = See Photocell Note

Red = Inoperable

Gray = n/a



---

**Audio Alarm (Buzzer)**

Green = Operable

Yellow = See Audio Alarm (Buzzer) Note

Red = Inoperable

Gray = n/a



---

**Visual Alarm (Light)**

Green = Operable

Yellow = See Visual Alarm (Light) Note

Red = Inoperable

Gray = n/a



---

**Quick Disconnect**

Present



## Sludge Levels

---

### Trash Tank/Compartment

Green = Low sludge level

Yellow = Moderate sludge level

Red = High sludge level

Gray = Lid is not exposed to check or n/a



### Trash Tank/Compartment Sludge Notes

-

### Aerobic Tank/Compartment

Green = Low sludge level

Yellow = Moderate sludge level

Red = High sludge level

Gray = n/a



### Aerobic Tank/Compartment Sludge Notes

-

### Pump Tank/Compartment

Green = Low sludge level

Yellow = Moderate sludge level

Red = High sludge level

Gray = n/a



### Pump Tank/Compartment Sludge Notes

-

### Pumping Recommendations

No - Not at this time

## Lids

---

### Lids Secure Upon Arrival?

Yes

### Lids Secure Upon Departure?

Yes

### Number of Exposed Lids

2

### Condition of Lids

Green = Acceptable

Yellow = Worn but acceptable

Red = Replacement needed



---

**Condition of Risers**

Green= Present and secure

Yellow = See note

Red= Not secure or needs replacement. Replace ASAP.



---

**Secondary Restraint for Exposed Lids**

Green= Present and secure

Yellow = See note

Red= Not present or needs replacement. We recommend correcting ASAP to meet TCEQ requirements.



---

**Other Information**

---

**Vegetation Around System**

Green = Acceptable

Yellow = Needs to be cut by owner

Red = Excessive - Needs to be cut by owner

Gray = n/a



---

**Vegetation in Distribution Area**

Green = Acceptable

Yellow = Needs to be cut by owner

Red = Excessive - Needs to be cut by owner

Gray = n/a



---

**Weir or Media Filter**

Weir

---

**Completion Checklist**

---

**Did you sign the system's service tag?**

Yes

**Did you reset the timer?**

-

**Did you unsilence the alarm?**

Yes

---

**Notes for Customer:**

---

---

**Other items not covered in this form**



"Risers too low to ground will sent estimate to raise risers adding height to it with 6inch tuff tide. "

---

**Additional Notes for Customer**

Other

**Additional Information**

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**Additional Notes**

-

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**Who was present during service?**

Mr.

---

**Was an Estimate created today?**

Yes - Office will send once reviewed

---

**Who authorized repair parts over pre-authorized service agreement amount?**

-

---

**Is a return trip needed?**

No



This form indicates the condition of the system at the time of service. It does not guarantee that it will continue to function satisfactorily. Van Delden Wastewater Systems is not responsible for results due to homeowner's actions or misuse of system. Due to the characteristics of the operations and the variable day to day wastewater loading, occupant usage and household products, electrical and power supplies, weather patterns and events, ground water, impacts from yard equipment, etc. this service form in no way or form guarantees the workability of the septic system or environmental impact in the past, present or future. It will be the homeowner's responsibility at the homeowner's expense to make any required repairs should any system component failure occur at any time or any repairs be needed at any time. This form does not guarantee or warrant, expressed or implied, that the system is properly permitted with the licensing authority, or, whether or not the system has been altered since original installation. Van Delden Wastewater Systems is not responsible for discrepancies between records provided by the permitting authority (or others) and the actual installation or modification of the system or property and is not liable for any losses or damage incurred by such discrepancies. Subsurface pipes and system components are not visually inspected for defects. This form is not a Real Estate Inspection Report. All content of this form is copyrighted by Van Delden Wastewater Systems. All rights reserved. ©



26665 IH 10 West, Boerne, Texas 78006  
 San Antonio (210) 698-2000  
 Hill Country (830) 249-4000  
 vdwws.com \* aerobicteam@vdwws.com  
 Family Owned & Operated Since 1937

Chad Van Delden  
 TCEQ Maintenance Provider #0001346

**BILL TO**

Gordon & Amy White  
 2483 Bobcat Drive  
 Bulverde, TX 78163 USA

|                              |                                      |
|------------------------------|--------------------------------------|
| <b>ESTIMATE</b><br>987316226 | <b>ESTIMATE DATE</b><br>Feb 09, 2023 |
|------------------------------|--------------------------------------|

**JOB ADDRESS**

Comal: 108725  
 2483 Bobcat Drive  
 Bulverde, TX 78163 USA

**Job:**

**ESTIMATE DETAILS**

2/1/2024 - 2/1/2025: REVISED: 1 Year (No Appointment) Renewal  
 2/1/2024 - 2/1/2025 (2/6/10)

| TASK          | DESCRIPTION  | QTY  | PRICE    | TOTAL    |
|---------------|--|------|----------|----------|
| REN - 1 YR NO | <p><b>1 YEAR POLICY RENEWAL</b></p> <p><b>Renewal Steps:</b></p> <ol style="list-style-type: none"> <li>1. Click "View More" to review, then sign the Policy.</li> <li>2. An invoice will be sent to you, please pay the invoice to activate the Policy.</li> <li>3. Promptly contact us with any updates to your contract information.</li> </ol> <p><b>NO APPOINTMENT OPTION:</b> Advance or prior notice or contacting of owner/resident <b>is not required</b> in order to enter property to perform service check. (No gates, code/key provided for gates, no biting dogs, no appointment to enter, etc.)</p> <p><b>The annual fee includes:</b></p> <p>Three regularly scheduled service checks per year (approximately once every four months), which includes checking the mechanical, electrical, and other applicable components to ensure proper function. The service form will be forwarded to the regulating authority as required.</p> <p><b>The annual fee does not include:</b></p> <p>Parts, materials, labor on repairs, labor on service checks requiring more than one hour, chlorine/bleach, additional service calls,</p> | 1.00 | \$400.00 | \$400.00 |

weekend or holiday service calls, or additional testing required by any regulating authority.

- **Repairs:** Repairs and/or replacement of parts will be made at the time of service if the charges for parts do not exceed \$200 (excluding tax). Parts exceeding \$200 (excluding tax) will require customer approval; attempts to contact customer will be made while on site. If approval is received after the technician leaves the property, a service charge of \$150 to return to the property will be added to final bill.
- **Labor:** Each quarter-hour after the initial 1-hour on site is subject to labor rates of \$37.50.
- **Warranty:** Manufacturer warranty replacements made after 30 days are subject to a \$150 service call plus labor. Warranted items will only be honored when a valid maintenance policy is in effect.
- **Additional Service Calls During Normal Business Hours :** Additional visits are not included in the annual fee. A \$150 service call will apply. Parts, repairs, labor and warranty apply as mentioned above. our office will respond to the service call within 2 business days.
- **Additional Service Calls Outside During Normal Business Hours:** Additional visits are not included in the annual fee. An emergency line is available from 8am - 5pm on weekends and holidays at 210-570-7539. Weekend/Holiday service calls are offered only in the event of a true emergency (such as overflow out of tanks); **alarm activation does not constitute an emergency.** Service calls outside of normal business hours will incur a \$250 fee regardless of any warranty or diagnosis. Parts, repairs and labor apply as mentioned above.
- **Inaccessible Systems:** Inaccessible systems will be subject to a service call fee of \$150 or will forfeit their pre-paid service (examples: locked gates, gate code changes, biting dogs, etc.).
- **Chlorine: The property owner is responsible for maintaining chlorine supply.** Proper chlorine designed to disinfect wastewater is required. If chlorinator is found empty, chlorine will be added and charged. If the owner requests that we use the owner's personal supply of chlorine/bleach, the chlorine/bleach must be available at an outside and known location at the time of service to avoid being charged for chlorine.
- **Transfer of Property:** The fee for this policy is non-refundable, but this policy can be transferred to the new owners. If this property is sold within the policy period, the signing party is responsible for all repairs unless the new owner's information is provided before repairs are made and a transfer policy is signed and returned to us. The new owners will be required to meet with our technician for an orientation during the first service check of their transfer policy.
- **Rental of Property:** The homeowner shall obtain the service policy for the system and is responsible for balances due. Renters will be required to meet with our technician for an orientation during the first service check of their occupancy.
- **System Alteration:** Do not allow alteration to any part of the system including spray area. Alterations result in the system



being out of compliance and would cause the property owner additional expense to bring the system back into compliance. Any use of another company to make repairs to the system will violate any warranties and be considered as a breach of this policy.

- **Pumping:** Cleaning of the tanks are not included in this service policy.
- **Additional Terms:** All payments not received within 30 days from the invoice date will be charged a 1.5% finance charge per month. If payment is delinquent, your next service will be delayed, and may result in cancellation of this policy without refund to customer. Van Delden Wastewater Systems (VDWWS) reserves the right to repossess parts that have not been paid for. A \$30 fee will be charged for returned checks. A 4% convenience fee will be charged for credit card charges over \$1000.00. VDWWS reserves the right to terminate this policy for disrespectful actions toward our employees, for dogs that have been aggressive to our employees, and for customer tampering of lids leaving them unsecure. VDWWS is not responsible for results due to homeowner's actions or misuse of system, delay in service due to overdue accounts or expired service policies, or unapproved recommended repairs.

**The prices, specifications, and conditions are satisfactory and are hereby accepted with payment of this Policy. Van Delden Wastewater Systems is authorized to perform the services as specified.**

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|                  |          |
|------------------|----------|
| <b>SUB-TOTAL</b> | \$400.00 |
|------------------|----------|

|              |          |
|--------------|----------|
| <b>TOTAL</b> | \$400.00 |
|--------------|----------|

Payment is due upon receipt. A finance charge of 1.5% per month shall be applied for unpaid balances over 30 days. Credit card charges over \$1000.00 will incur an additional 4% fee. A \$30 service fee will be charged for any returned checks or disputed credit card transactions. Any estimates provided are valid for 30 days.

**CUSTOMER AUTHORIZATION**

I AGREE TO THE WORK AS SUMMARIZED, AND I AGREE TO PAY THE FULL AMOUNT FOR ALL WORK PERFORMED.

Sign here *Amy C. White*

Date 2/15/2024

---



Chad Van Delden  
TCEQ Maintenance Provider #0001346

Job #114453

## Aerobic System Testing & Reporting Form (Recurring Service)

TCEQ required frequency of testing & reporting: every 4 months.

### Service Date

2024-06-19

### Customer & Contract Membership Information

#### Customer Name

Gordon & Amy White

#### Location Address

2483 Bobcat Drive, Bulverde, TX 78163 USA

#### Permit #

Comal: 108725

### Service Information

#### Aerator

#### Aerator Type

Linear

#### Aerator Status

Green = Operable

Yellow = See Aerator Status Notes

Red = Inoperable

Gray = n/a



---

**Air Filter - Linear**

Green = Cleaned  
Yellow = Replaced  
Red = Inoperable  
Gray = n/a



---

**PSI:**

Green = Normal  
Yellow = Weak but operable  
Red = Weak/None  
Gray = n/a



---

**Air Sensor**

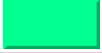
Green = Operable  
Yellow = Replaced/Installed  
Red = Inoperable  
Gray = n/a



---

**Diffuser/Stone**

Green = Operable  
Yellow = See Diffuser/Stone Notes  
Red = Inoperable  
Gray = n/a



---

**System Odor**

Green = No odor  
Yellow = Odor - See Odor Notes  
Red = Strong odor  
Gray = n/a



---

**Distribution**

---

**Distribution Type**

Spray Heads

---

**Number of Spray Heads Located**

2

---

**Spray Operation**

Green = Operable (including rotating & popping up/down)  
Yellow = See Spray Operation Notes  
Red = Inoperable  
Gray = n/a



---

**Spray Operation Notes**

- Replaced
- Not Rotating



---

**Repaired/Replaced Spray Location(s)**

Right side

---

**Spray Area Notes****Pump and Pump Floats**

---

**Irrigation Pump**

Green = Operable

Yellow = Operable but abnormal amps

Red = Inoperable

Gray = n/a

**Override**

Green = Operable

Yellow = See Override Notes

Red = Inoperable

Gray = n/a

**Irrigation Pump Float**

Green = Operable

Yellow = See Irrigation Pump Float Notes

Red = Inoperable

Gray = n/a

**Irrigation Pump Amperage**

7.6

---

**Chlorine**

---

**Chlorine Level**

Green = Present

Yellow = See note and/or Chlorine Details

Red = Empty

Gray = n/a

**Chlorinator Type**

Liquid

---

**Chlorine Details**

Present upon arrival

---

**Chlorine Residual (mg/L) Upon Departure**

.131

---

**Chlorinator Serial # if replaced**

General note about Tablet Chlorinators: Only chlorine tablets should be used that are designated to treat wastewater (Calcium Hypochlorite). Do not use swimming pool tablets & do not mix the two different types of chlorine.

General note about Liquid Chlorinators: Do not use splash-less versions.

## Electrical Components

---

### Control Box

Green = Operable  
Yellow = Repaired or Replaced  
Red = Inoperable  
Gray = n/a



### Timer

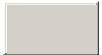
Green = Operable  
Yellow = See Timer Note  
Red = Inoperable  
Gray = n/a



### Timer Note

### Photocell

Green = Operable  
Yellow = See Photocell Note  
Red = Inoperable  
Gray = n/a



### Audio Alarm (Buzzer)

Green = Operable  
Yellow = See Audio Alarm (Buzzer) Note  
Red = Inoperable  
Gray = n/a



### Visual Alarm (Light)

Green = Operable  
Yellow = See Visual Alarm (Light) Note  
Red = Inoperable  
Gray = n/a



### Quick Disconnect

Present

## Sludge Levels

---

### Trash Tank/Compartment

Green = Low sludge level  
Yellow = Moderate sludge level  
Red = High sludge level  
Gray = Lid is not exposed to check or n/a



### Trash Tank/Compartment Sludge Notes

-

---

**Aerobic Tank/Compartment**

Green = Low sludge level

Yellow = Moderate sludge level

Red = High sludge level

Gray = n/a



---

**Aerobic Tank/Compartment Sludge Notes**

-

---

**Pump Tank/Compartment**

Green = Low sludge level

Yellow = Moderate sludge level

Red = High sludge level

Gray = n/a



---

**Pump Tank/Compartment Sludge Notes**

-

---

**Pumping Recommendations**

No - Not at this time

---

**Lids**

---

**Lids Secure Upon Arrival?**

Yes

---

**Lids Secure Upon Departure?**

Yes

---

**Secondary Restraint Secure upon Departure?**

Yes

---

**Number of Exposed Lids**

2

---

**Condition of Lids**

Green = Acceptable

Yellow = Worn but acceptable

Red = Replacement needed



---

**Condition of Risers**

Green= Present and secure

Yellow = See note

Red= Not secure or needs replacement. Replace ASAP.



---

**Secondary Restraint for Exposed Lids**

Green= Present and secure

Yellow = See note

Red= Not present or needs replacement. We recommend correcting ASAP to meet TCEQ requirements.





## Other Information

### Vegetation Around System

Green = Acceptable

Yellow = Needs to be cut by owner

Red = Excessive - Needs to be cut by owner

Gray = n/a



### Vegetation in Distribution Area

Green = Acceptable

Yellow = Needs to be cut by owner

Red = Excessive - Needs to be cut by owner

Gray = n/a



### Weir or Media Filter

Weir

## Completion Checklist

**Did you sign the system's service tag?**

Yes

**Did you reset the timer?**

Yes

**Did you unsilence the alarm?**

Yes

## Notes for Customer:

**Other items not covered in this form**



## Additional Information

**Photo of VDWWS label or marker**

(If not possible, note why)



## Additional Notes

06/24 SERVICE VISIT: Added risers to aerobic and pump tank

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**Who was present during service?**

Mr.

---

**Was an Estimate created today?**

No

---

**Who authorized repair parts over pre-authorized service agreement amount?**

-

---

**Is a return trip needed?**

No

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