

Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 06/20/2019 Permit Number: 108910

Location Description: 1200 PRIMROSE PATH CANYON LAKE, TX 78133

Subdivision: The Summit North
Unit: 5
Lot: 343
Block:
Acreage:

Type of System: Aerobic Surface Irrigation

Issued to: Gabriel & Vickie Sanchez

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 James F. Connor, Environmental Health Inspector

OS0032485

Signature of Donald A. [Name], Environmental Health Coordinator, OS0007722

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Carl Eoff OSSF Installer #: OS0029546
 1st Inspection Date: _____ 2nd Inspection Date: _____ ~~Final~~ 3rd Inspection Date: 6-20-19
 Inspector Name: Connor Inspector Name: _____ Inspector Name: CONNOR
 Permit#: 108910 Address: Summit North 1200 Promise Place

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

tank set level no leaks operational cover

*6-20-19 JC
COVERED*

**Comal County Environmental Health
OSSF Inspection Sheet**

FINAL

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?	✓	285.33(d)(2)(G)(ii)(I) 285.33(d)(2)(G)(iii)(I) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(v) 285.33(d)(2)(G)(vi) 285.33(d)(2)(G)(vii) 285.33(d)(2)(G)(viii)		✓		
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed	✓ ✓ ✓	285.33(d)(2)(G)(i) 285.33(d)(2)(F) 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: Carl Eoff OSSF Installer #: OS0029546

1st Inspection Date: _____ 2nd Inspection Date: _____ 3rd Inspection Date: _____

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

Permit#: 108910 Address: Summit North 1200 Promise Place

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2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	/	285.91(10) 285.30(b)(4) 285.31(d)		/		
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	/	285.32(a)(1)		/		
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	/	285.32(a)(3)		/		
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	/	285.32(a)(5)		/		
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G)285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(I)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

tank set level no leaks operational cover

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(I) 285.32(b)(1)(E)(i) 285.32(b)(1)(D) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(i) 285.32(b)(1)(B) 285.32(b)(1)(A) 285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used	✓	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)		✓		
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed	✓			✓		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		Solar Aerobic 600	✓		
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

**Comal County Environmental Health
OSSF Inspection Sheet**

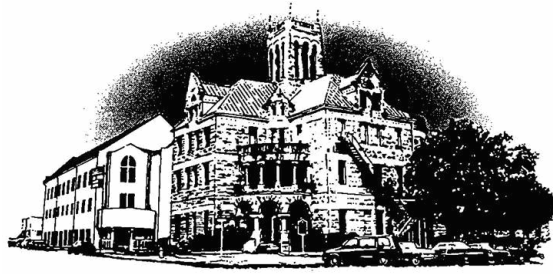
No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
19	DISPOSAL SYSTEM Drip Irrigation		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(4) 285.33(a)(3) 285.33(a)(1)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)	←	285.33(d)(6) 285.33(c)(4)	aerobic spray	✓		
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)				

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	<p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0%</p> <p>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom)</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart</p>		<p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(B)</p> <p>285.91(13)</p> <p>285.33(b)(3)(D)</p> <p>285.33(b)(3)(F)</p>				
33	<p>AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.</p>	/	285.32(c)(1)		/		
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank</p> <p>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions</p>	/			/		
35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.</p>	/			/		
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>						
37	<p>PUMP TANK Inspection/Clean Out Port & Risers Provided</p> <p>PUMP TANK Secondary restraint system provided</p> <p>PUMP TANK Riser permanently fastened to lid or cast into tank</p> <p>PUMP TANK Riser cap protected against unauthorized intrusions</p>						
38	<p>PUMP TANK Secondary restraint system provided</p>						
39	<p>PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried</p>	/			/		

**Comal County Environmental Health
OSSF Inspection Sheet**

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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: 108910
Issued This Date: 03/29/2019
This permit is hereby given to: Gabriel & Vickie Sanchez

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

1200 PRIMROSE PATH
CANYON LAKE, TX 78133

Subdivision: The Summit North
Unit: 5
Lot: 343
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 _____

Permit # 108910

Owner Name	<u>Gabriel & Vickie Sanchez</u>	Agent Name	<u>Douglas R. Dowlearn, R.S.</u>
Mailing Address	<u>c/o Palmer Custom Builders 971 Rocky Ridge Loop</u>	Agent Address	<u>703 Oak Drive</u>
City, State, Zip	<u>Canyon Lake, TX 78133</u>	City, State, Zip	<u>Blanco, TX 78606</u>
Phone #	<u>210.617.6240 (Mike Palmer)</u>	Phone #	<u>210.240.2101</u>
Email	<u>palmerc17@gmail.com</u>	Email	<u>txseptic@gmail.com</u>

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

Subdivision Name The Summit North Phase 5 Unit _____ Lot 343 Block _____

Acreage/Legal 1.1 Acres

Street Name/Address 1200 Primrose Path City Canyon Lake Zip 78133

Type of Development:

Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1850

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Commercial or Institutional Facility

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

Type of Facility _____

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

Restaurants, Lounges, Theaters - Indicate Number of Seats _____

Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds _____

Travel Trailer/RV Parks - Indicate Number of Spaces _____

Miscellaneous _____

Estimated Cost of Construction: \$ 235,000 (Structure Only) Complete

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

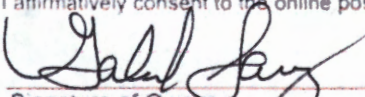
Yes No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

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
Vickie Sanchez

2-14-19
Date

Sign
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 Douglas R. Dowlearn, R.S.

System Description Aerobic Treatment with spray distribution

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

Tank Size(s) (Gallons) 600 gpd Absorption/Application Area (Sq Ft) 3750 Required

Gallons Per Day (As Per TCEQ Table III) 240

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

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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.))

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

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

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

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

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

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

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

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

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

Is this property within an incorporated city? Yes No

If yes, indicate the city: _____

By signing this application, I certify that:

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



Signature of Designer

2/7/19

Date



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2/CS

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF COMAL
STATE OF TEXAS

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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.

COUNTY ENGINEER

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 343, The Summit North Phase 5

The property is owned by (insert owner's full name): Gabriel & Vickie Sanchez

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 14 DAY OF February, 2019

[Signatures]
Owner(s) signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, 20____

see attached.
Notary Public, State of Texas

Notary's Printed Name _____
My Commission Expires _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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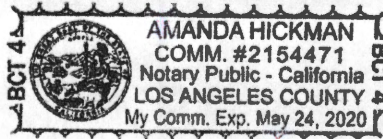
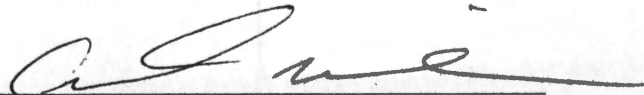
State of California)
) SS
County of Los Angeles)

COUNTY ENGINEER

Subscribed and sworn to (or affirmed) before me on this 14 (day)
of February (month), 2019 (year), by Vickie Sanchez and
Gabriel Sanchez

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature of Notary Public



Description of Attached Document

Title or Type of Document: Attidavit

Document Date: Feb-14 2019 Number of Pages: 1

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
03/01/2019 09:00:47 AM
TERRI 2 Page(s)
201906006973



Bobbie Koepf

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COUNTY ENGINEER

Carl Eoff Services

420 Bear Creek Drive, New Braunfels, Tx. 78132
210-669-6088

Service Agreement

- I. **General:** This work for Hire Agreement (herinafter referred to as "Agreement") is entered into by and between **Gabriel & Vickie Sanchez**, (hereinafter referred to as "Client") and Carl W. Eoff (hereinafter referred to as "Contractor"). By this Agreement, Contractor agrees to render services, as described herein, and the Client agrees to fulfill his/her/their responsibilities under this agreement as described herein.
- II. **Effective Dates:** This Agreement commences on the date the license to operate is issued and upon receipt of full payment and runs for (2) years.
Agreement: Starting Date: (TBD) Ending Date: (TBD).
- III. **Services by Contractor:** Contractor will provide the following services (hereinafter referred to as the "Services"):
 - 1. In compliance with Agency (TCEQ and/or County) and manufacturer's requirements, inspect and perform routine maintenance on the On-Site Sewage Facility (hereinafter referred to as the "OSSF") three (3) times per year (approximately once every four (4) months).
 - 2. Report to the appropriate regulatory authority and to the Client, as is required by both the State's on-site rules and local Agency's rules, if more stringent. All findings must be reported to the local agency within 14 days.
 - 3. If any components of the OSSF are found to be in need of repair during the inspection, the Contractor will notify the Client of the repairs needed.
 - 4. Visit site in response to Client's request (s) for unscheduled service(s) within two business days from the date of Contractor's receipt of Client's request. All unscheduled responses are in addition to the fee covered by this Agreement and will be billed to the Client.
 - 5. Provide notification of arrival to site to the homeowner or to site personnel. Additionally, written notification of the visit will be left at the site or with site personnel upon completion of inspection, as well as, forwarded to Agency within 14 days.
- IV. **Site Location:** The Services are to be performed at the property located at:
1200 Primrose Path, Canyon Lake, Texas.
- V. **Payment(s):** The fee for this Agreement, 4500, only covers the Services described herein. This fee does not cover equipment, parts or labor supplied for repairs or charges for unscheduled Client-requested trips to the site. By signing this Contract, the Client is authorizing the Contractor to remove any parts which were installed but not paid for at the end of 30 days. The Client is still responsible for any labor costs associated with the installation and remove of said parts.
- VI. **Client's Responsibilities:** The Client is responsible for each and all of the following:
 - 1. Maintain chlorinator and provide proper chlorine supply, if OSSF is equipped with same.
 - 2. Provide all necessary yard or lawn maintenance and removal of obstacles as needed to allow the OSSF to function properly, and to allow Contractor easy access to all parts of the OSSF.
 - 3. Immediately notify Contractor and Agency of any and all problems with, including failure of the OSSF.
 - 4. Upon receiving a written notification of services needed from the Contractor, it becomes the Client's responsibility to contact the Contractor to authorize the service. If the Client chooses to use a different contractor to perform the service, the Client is responsible for ensuring the Contractor holds the proper license (Installer II, Maintenance provider) and is certified by the manufacturer. Also, the Client is responsible for ensuring proper notification is given to the Agency, as required by the State and local Agency rules.
 - 5. Clients residing in Comal County should allow for samples at both the inlet and outlet to the OSSF to be obtained by the Contractor for the purpose of evaluating, the OSSF's performance when requested by

Initials: Client: GS VS Contractor: CE

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the Client. If these samples are sent to the lab for testing, the Client will directly pay the lab for the cost of the Testing plus pay the Contractor for all man-hours expended in providing this additional service at the rate of \$75.00 per hour.

- 6. Not allow the backwash from water treatment or water conditioning equipment to enter the OSSF.
- 7. Maintain site drainage to prevent adverse effects on OSSF.
- 8. Promptly and fully pay Contractor's bills, fees, or invoices as described herein.

VII. **Access by Contractor:** Contractor, or personnel authorized by the Contractor, may enter the property at reasonable times without prior notice for the purpose of performing the above-described Services. Contractor will require access to the OSSF electrical and physical components, including tanks, by means of manways or risers for the purpose of evaluations required by manufacturer, and/or rules. If such manways or risers are not in place, excavation together with other labor and materials will be required, and will be billed to Client as an additional service at the rate of \$75.00 per hour, plus materials billed also. Excavated soil is to be replaced as best as reasonably possible.

VIII. **Limits of Liability:** In no event shall the Contractor be liable for indirect, consequential, incidental or punitive damage: whether in contract tort or any other theory. In no event shall the Contractor's liability for direct damages exceed the price for the Services described in this Agreement.

IX. **Entire Agreement:** This Agreement contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement, oral or written.

Client and/or authorized agent:

Print Name: Gabriel & Vickie Sanchez Signature: *Vickie Sanchez*

Date: 3/19/19 Email address: gsrs13@verizon.net

Physical Address: 1200 Primrose Path, Canyon Lake, Texas (Zip) 78133

Mailing Address: 1200 Primrose Path, Canyon Lake, Texas (Zip) 78133

Phone Numbers:

Home: (909) 612-1177 Work: () - Cell: (909) 510-1177 Fax: () -

-----Contractor-----

Carl W Eoff
 Bear Creek Drive
 New Braunfels, Texas 78132
 Cell: 210-669-6088
 Office: 210-609-6631
 Fax: 210-609-6631

Signature: *[Signature]* Date: 3-19-19

Certification held by Carl W. Eoff:

- Installer II License #: OS0029546
- OSSF Maintenance Provider #: MP0001745

OSSF SOIL EVALUATION REPORT INFORMATION

Date: 2/9/19

Applicant Information:

Name: Gabriel & Vickie Sanchez c/o Palmer Custom Builders

Address: 971 Rocky Ridge Loop

City, State & Zip Code: Canyon Lake, TX 78133

Phone: 210.617.6240

Email: palmersc17@gmail.com

Site Evaluator Information:

Name: Douglas R. Dowlearn

Company: D.A.D. Services, Inc.

Address: 703 Oak Drive

City, State & Zip: Blanco, TX 78606

Phone: (210)240-2101 Fax: (866)260-7687

Email: txseptic@gmail.com

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Property Location:

Lot: 343 Subdivision: The Summit North Phase 5

Street/Road Address: 1200 Primrose Path

City: Canyon Lake Zip: 78133

Additional Info: Comal County/1.1 Acre

Installer Information:

Name:

Company: Rock River Aerobics

Address:

City, State & Zip:

Phone: 210.844.3640

Email: junior_nuernberg@yahoo.com

Depth	Texture Class	Soil Texture	Structure (For Class III - blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observation
Soil Boring #1 60"	III	0-12" Clay Loam 12"+ Limestone	Blocky	<30% Gravel	12"+ Limestone	None
Soil Boring #2 60"		Same as above				

DESIGN SPECIFICATIONS

Application Rate (RA): 0.064

OSSF is designed for: 3 BR (1850 Sq. Ft.)

240 Gallons per day required

An aerobic treatment/spray disposal system is to be utilized based on the site evaluation.

3750 sq. ft. disposal area required

600 gallon/day aerobic tank required

Calculations: Absorption Area: $Q/RA = 240/0.064 = 3750$ Sq. Ft.

FEATURES OF SITE AREA

Presence of 100-year flood zone: NO

Existing or proposed water well in nearby area: NO

Presence of adjacent ponds, streams, water impoundments: NO

Presence of upper water shed: NO

Organized sewage service available to lot: NO

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability. The site evaluation and OSSF design are subject to approval by the TCEQ or the local authorized agent. The planning materials and the OSSF design should not be considered final until a permit to construct has been issued.

Site Evaluator:

NAME: Douglas R. Dowlearn, R.S.

License No. OS9902 - Exp. 6/30/2020

TDH: #2432 - Exp. 2/28/2019

Signature:



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D.A.D SERVICES, INC.

DOUG DOWLEARN

703 OAK DRIVE, BLANCO, TX 78606

Designed for: Gabriel & Vickie Sanchez c/o Palmer Custom Builders COUNTY ENGINEER

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The installation site is on Lot 343 of the Summit North Phase 5 Subdivision in Comal County, TX. The proposed OSSF will treat the wastewater from a 3 Bedroom (1850 sq. ft.) residence. The proposed method of wastewater treatment is aerobic treatment with spray irrigation. This method was chosen because of unsuitable soil conditions.

PROPOSED SYSTEM:

A 4" PVC pipe will discharge from the residence to a pre-treatment tank, which flows into a 600 gpd aerobic treatment plant. The aerobic tank effluent flows to a 768 gallon storage/pump tank containing a liquid chlorinator and a single 20 gpm submersible pump. Distribution is through 2 K-Rain Gear Driven pop-up sprinklers, with low angle (13 degrees) spray nozzles spraying a radius of 35 feet at <40 psi. Each sprinkler will spray 180 degrees of arc. An audio and visual alarm monitoring both high water and aerator failure will be placed in a noticeable location.

DESIGN SPECIFICATIONS:

Daily Waste Flow: 240 gpd

Application rate: 0.064

Application area required: $240 / .064 = 3750$ ft. sq.

Application area utilized: 3846 sq. ft.

Pump tank reserve capacity: 120 gal minimum



Douglas R. Dowlearn
2/19/19

SYSTEM COMPONENTS:

SCH 40 PVC sewer line

1" purple PVC supply line

600 gpd aerobic treatment plant with manual or timed controls

Liquid chlorinator

2 K-Rain Gear Driven Pop-up Sprinkler

Pre-tank and 768 gallon pump tank

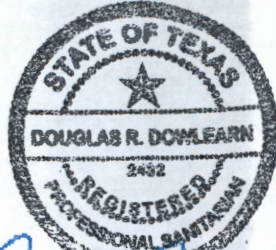
LANDSCAPING:

The native vegetation in the distribution area should consist of low level shrubs, plains grass, bluestem or bermuda. The entire area of the spray must be covered with a ground cover such as grass seed or sod prior to the final inspection. In the event the natural cover is disturbed, a suitable ground cover must be installed on all excavated areas.

Assembly Details

OSSF

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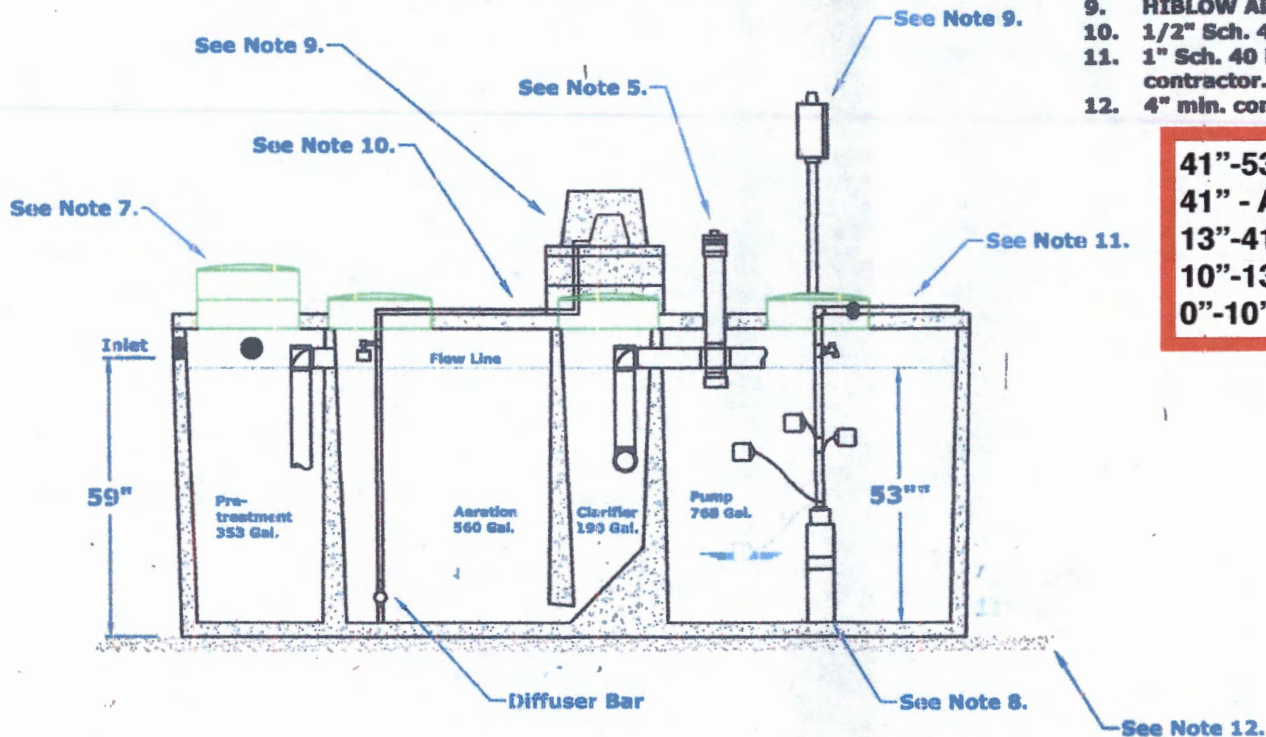


Douglas R. Dowle, P.E.
3/2/19

14.49 Gallons per inch

GENERAL NOTES:

1. Plant structure material to be precast concrete and steel.
2. Maximum burial depth is 30" from slab top to grade.
3. Weight = 14,900 lbs.
4. Treatment capacity is 600 GPD. Pump compartment set-up for a 360 GPD Flow Rate (4 bedroom, < 4,000 sq/ft living area). Please specify for additional set-up requirements. BOD Loading = 1.62 lbs. per day.
5. Standard tablet chlorinator or Optional Liquid chlorinator. NSF approved chlorinators (tablet & liquid) available.
6. Bio-Robix B-550 Control Center w/ Timer for night spray application. Optional Micro Dose (min/sec) timer available for drip applications. Electrical Requirement to be 115 Volts, 60 Hz, Single Phase, 30 AMP, Grounded Receptacle.
7. 20" Ø access riser w/ lid (Typical 4). Optional extension risers available.
8. 20 GPM 1/2 HP, high head effluent pump.
9. HIBLOW Air Compressor w/ concrete housing.
10. 1/2" Sch. 40 PVC Air Line (Max. 50 Lft from Plant).
11. 1" Sch. 40 PVC pipe to distribution system provided by contractor.
12. 4" min. compacted sand or gravel pad by Contractor



41"-53" - Reserve - 174 Gal
41" - Alarm
13"-41" - Working Level - 405 Gal
10"-13" - On/Off Tether - 44 Gal
0"-10" - Sump - 145 Gal

DIMENSIONS:

Outside Height: 67"
 Outside Width: 63"
 Outside Length: 164"

MINIMUM EXCAVATION DIMENSIONS:

Width: 76"
 Length: 176"

NuWater B-550 (600 GPD)
Aerobic Treatment Plant (Assembled)

Model: B-550-PC-400PT

March, 2012 - Rev 1
 By: A.S.

Scale:
 * All Dimensions subject to allowable specification tolerances.

Dwg. #: ADV-B550-3



Advantage Wastewater Solutions llc.
 444 A Old Hwy No 9
 Comfort, TX 78013
 830-995-3189
 fax 830-995-4051

POOR QUALITY

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Taxes for the current year have been prorated and are thereafter assumed by Grantee.

Grantor does hereby bind Grantor, Grantor's heirs, executors, administrators, and successors to warrant and forever defend, all and singular, the said premises unto the said Grantee, Grantee's heirs, executors, administrators, successors, and assigns against any person whomsoever claiming or to claim the same or any part thereof.

DATED this the 30 day of November, 2018.

[Signature]
BRENDA V. GARCIA

[Signature]
ARTURO GARCIA JR

STATE OF ~~TEXAS~~ 18 WG/JA §
COUNTY OF KADENA LAW CENTER
KADENA AIR BASE JAPAN

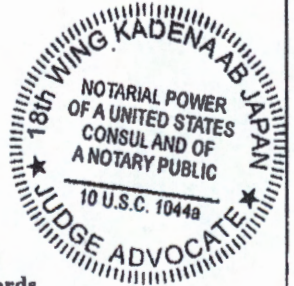
This instrument was acknowledged before me on the 30 day of November, 2018, by BRENDA V. GARCIA and ARTURO GARCIA.

[Signature]
Notary Public, State Of ~~Texas~~.

DORIEN A. HAMILTON, AIC USAF

GRANTEE'S MAILING ADDRESS:

9691 deeds
New Braunfels Title Co. CL (EA)
GF #87998



Filed and Recorded
Official Public Records
2 Bobbie Koepf, County Clerk
Comal County, Texas
12/07/2018 03:51:50 PM
LAURA 2 Pages(s)
201806046921



Bobbie Koepf

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

Items Date Received	Initials

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Permit Number	

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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

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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

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

N/A 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.

Walter Sanchez
 Signature of Applicant
Dickie Sanchez

Sign + Date

2-14-19
Date

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

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