

#### Comal County OFFICE OF COMAL COUNTY ENGINEER

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

Issued This Date:

04/26/2019

Permit Number: 108961

Location Description:

2058 ITALIA

**NEW BRAUNFELS, TX 78132** 

Subdivision:

Vintage Oaks at the Vineyard

Unit:

1158

Lot: Block:

Acreage:

Type of System:

Aerobic

Surface Irrigation

Issued to:

Manuel & Sylvia Fernandez

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

Installer Name: Center Hydro / Co	al Scheel OSSF Installer #:		
1st Inspection Date: 4/25/19	2nd Inspection Date:	_ 3rd Inspection Date:_	4/26/19
Inspector Name: mike T.	Inspector Name:	Inspector Name:_	mike T.

Permit#: 108961		Address: VIN 1 44	c Oak / 2058	- 1 11 - DA	DR
Description	Anwser	Citations	Notes	1st Insp. 2nd	d Insp. 3rd Insp.
SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	/	285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)		4/25/19	4/26)
SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	/	285.91(10) 285.30(b)(4) 285.31(d)			
SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	/	285.32(a)(1)			
SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	/	285.32(a)(3)			
SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	/	285.32(a)(5)			
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)(E) 285.32(b)(1)(E) 285.32(b)(1)(E) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II)			
PRETREATMENT Grease Interceptors if required for commercial		285.34(d)			

MT-4/25/19

Tank set, Leveled

operational v

Ready For Cover.

mT-4/26/19 Covened.

lo.	Description	Anwser Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If SingleTank, 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	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)(II) 285.32(b)(1)(E)(i) 285.32(b)(1)(D) 285.32(b)(1)(C)(ii)				
	Minimum Requirements	285.32(b)(1)(C)(i) 285.32(b)(1)(B) 285.32(b)(1)(A) 285.32(b)(1)(E)(iv)				
	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
.0	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped	285.38(d)				
1	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)				
2	SEPTIC TANK Tank Volume Installed					
:3	PUMP TANK Volume Installed					
	AEROBIC TREATMENT UNIT Size Installed		600	4/25/4		4/24/9
5	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number		Clean stream			
	DISPOSAL SYSTEM Absorptive	285.33(a)(1) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
16	DISPOSAL SYSTEM Leaching Chamber	285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
17	DISPOSAL SYSTEM Evapo- transpirative	285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				-

No.	Description Anwse	Citations	Notes	1st Insp.	2nd Insp.	3rd insp.
1	DISPOSAL SYSTEM Drip Irrigation	285.33(a)(1)				
		285.33(a)(3)				
		285.33(a)(4)				
		285.33(a)(2)				184.5
9						
	DISPOSAL SYSTEM Soil	285.33(d)(4)				
0	Substitution	203.33(4)(4)				
	DISPOSAL SYSTEM Pumped	285.33(a)(3)				
- 8	Effluent	285.33(a)(1)				
1		285.33(a)(2)				
	DISPOSAL SYSTEM Gravelless Pipe	285.33(a)(3)				
		285.33(a)(2)				
		285.33(a)(4)				
		285.33(a)(1)				
2	•					
	DISPOSAL SYSTEM Mound	285.33(a)(3)				
		285.33(a)(1)				
		285.33(a)(2)				
		285.33(a)(4)				
23						
- 1	DISPOSAL SYSTEM Other	285.33(d)(6)				
	(describe) (Approved Design)	285.33(c)(4)				
24						
	DRAINFIELD Absorptive Drainline					
	3" PVC					
25	or 4" PVC			4	9	
	DRAINFIELD Area Installed					facility of
26						
	DRAINFIELD Level to within 1 inch					
	per 25 feet and within 3 inches	200 200 1/200 1				
	over entire excavation	285.33(b)(1)(A)(v)				
- 1						-
27	DOMESTIC CO. AND	88 18				
	DRAINFIELD Excavation Width				0.000	
	DRAINFIELD Excavation Depth					
- 1	DRAINFIELD Excavation					
	Separation DRAINFIELD Depth of					199
	Porous Media					
	DRAINFIELD Type of Porous Media					
				The transfer		100
28			Black Commence of the Commence			
	DRAINFIELD Pipe and Gravel -					The second
	Geotextile Fabric in Place	285.33(b)(1)(E)			A. K. S.	
23						
	DRAINFIELD Leaching Chambers				1	
	DRAINFIELD Chambers - Open End				12 12 12 1	Marine San
	Plates w/Splash Plate, Inspection	St. Committee St. Committee		profession and the second	100000	
	Port & Closed End Plates in Place	285.33(c)(2)		State of the second of		
	(per manufacturers spec.)		The state of the s	Sale Control of the	1	
					1	
					1	
30						
	LOW PRESSURE DISPOSAL					
	SYSTEM Adequate Trench Length					
	& Width, and Adequate	205 22/4//1//0/8				
	Separation Distance between	285.33(d)(1)(C)(i)	,			
	Trenches					
	11 Elicies		I			

No.	Description	Anwser	Citations	Notes	1st insp.	2nd Insp.	3rd Insp.
	EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0% EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field ( 1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom ) EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes ( 3/16 - 1/4" dia. Hole Size ) 5 ft. Apart		285.33(b)(3)(A) 285.33(b)(3)(B) 285.33(b)(3)(B) 285.91(13) 285.33(b)(3)(D) 285.33(b)(3)(F)				
	AEROBIC TREATMENT UNIT IS Aerobic Unit Installed According to Approved Guidelines.		285.32(c)(1)		4/25/19		4/26/19
	AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions						
	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.			*			
	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump						
37	PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions						
38	PUMP TANK Secondary restraint system provided PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						

No.	Description	Anwser	Citations	Notes	1st Insp.	2nd Insp.	3rd insp.
	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?	/	285.33(d)(2)(G)(iii)(II)285.3 3(d)(2)(G)(iii)(III)285.33(d)( 2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iii)(I)		9/25/19		4/26/19
	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed		285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)				
42	APPLICATION AREA Area Installed	/					
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						

Installer Name: Center H	ydno	1 Canl Sche	OSSF Installer #:		
1st Inspection Date: 4/	25/	2nd Inspection	n Date:	3rd Inspection Date:	
Inspector Name: mike	T.	Inspector Nar	me:	Inspector Name:	

0.	Permit#: 108961		Address: Viwta	ge Oak / 205	TALIA DI	
	SITE AND SOIL CONDITIONS &	Anwser	Citations 285.31(a)	Notes	1st Insp. 2nd Insp.	3rd Insp
	SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	/	285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)		4/25/19	
ш	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	/	285.91(10) 285.30(b)(4) 285.31(d)			
	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	/	285.32(a)(1)			
	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	/	285.32(a)(3)			
	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	/	285.32(a)(5)			
	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)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(E) 285.32(b)(1)(E) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II)			
	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)		in capitals	= 01

MT-4/25/19

Tank set, Leveled

operational v

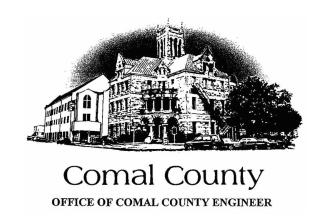
Ready For Cover.

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	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
.0	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
1	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)				
.2	SEPTIC TANK Tank Volume Installed						
2	PUMP TANK Volume Installed						
.3	AEROBIC TREATMENT UNIT Size Installed	/		600	4/25/4		
.5	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	/		Clean stream			
16	DISPOSAL SYSTEM Absorptive		285.33(a)(1) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
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io.	Description Anw		Notes	1st Insp.	2nd Insp.	3rd Insp.
-	DISPOSAL SYSTEM Drip Irrigation	285.33(a)(1)				
		285.33(a)(3)				4 1 4 4
		285.33(a)(4)				
		285.33(a)(2)				
9			A			Miles Co.
	DISPOSAL SYSTEM Soil	285.33(d)(4)				
0	Substitution	265.55(4)(4)				
	DISPOSAL SYSTEM Pumped	285.33(a)(3)		1728 2 1 1 3 3 3 3 3 3		
	Effluent	285.33(a)(1)				
	Lindent					
1		285.33(a)(2)				
	DISPOSAL SYSTEM Gravelless Pipe	285.33(a)(3)				
		285.33(a)(2)				
		285.33(a)(4)				
		285.33(a)(1)				
2						
	DISPOSAL SYSTEM Mound	285.33(a)(3)				100
		285.33(a)(1)				100
		285.33(a)(2)				
		285.33(a)(4)				
3					La constitución de la constituci	
	DISPOSAL SYSTEM Other	285.33(d)(6)				
	(describe) (Approved Design)	285.33(c)(4)				
	(describe) (Approved besign)	285.33(C)(4)				
4						
	DRAINFIELD Absorptive Drainline					
	3" PVC					
	or 4" PVC					
25				221		
26	DRAINFIELD Area Installed					
	DRAINFIELD Level to within 1 inch					Marie
	per 25 feet and within 3 inches					
	over entire excavation	285.33(b)(1)(A)(v)				
	over entire excavation					100
27						a de la companya della companya della companya de la companya della companya dell
	DRAINFIELD Excavation Width				1	
	DRAINFIELD Excavation Depth					
	DRAINFIELD Excavation					
	Separation DRAINFIELD Depth of					
	Porous Media					
	DRAINFIELD Type of Porous Media				1 1 1 1 1	
28	DDAINGIGID Diseased Committee					
	DRAINFIELD Pipe and Gravel -	285.33(b)(1)(E)	100 March 200 Ma			
29	Geotextile Fabric in Place					100
	DRAINFIELD Leaching Chambers					140
	DRAINFIELD Chambers - Open End					
	Plates w/Splash Plate, Inspection					
	Port & Closed End Plates in Place	285.33(c)(2)				
	(per manufacturers spec.)			888		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s			ale in the
30						
	LOW PRESSURE DISPOSAL					
	SYSTEM Adequate Trench Length					
	& Width, and Adequate	285.33(d)(1)(C)(i)				
	Separation Distance between	203.33(4)(1)(6)(1)				
	Trenches					
	The treaties					

Vo.	Description	Anwser	Citations	Notes	1st insp.	2nd Insp.	3rd Insp.
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	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.	/	285.32(c)(1)		4/25/19		
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5	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.	/					
	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump						
37	PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions						
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No.	Description	Anwser	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?	/	285.33(d)(2)(G)(iii)(II)285.3 3(d)(2)(G)(iii)(III)285.33(d)( 2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iii)(I)		9/25/19		
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed		285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)				
	APPLICATION AREA Area Installed						
42	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						



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

Permit Number: 108961

Issued This Date: 04/10/2019

This permit is hereby given to: Manuel & Sylvia Fernandez

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

2058 ITALIA

NEW BRAUNFELS, TX 78132

Subdivision: Vintage Oaks at the Vineyard

Unit: 9

Lot: 1158

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.

DSSF DEVELOPMENT APPLICATION CHECKLIST	Staff will complete shaded
	items Date Received initial
	Permit Number
nstructions:	RECEIVED
nstructions: Place a check mark next to all items that apply. For items that do not apply, p Application Checklist <b>must</b> accompany the completed application.	place "N/A". This OSSF Development 0 5 2019
OSSF Permit	COUNT
Completed Application for Permit for Authorization to Construct Operate	
Site/Soil Evaluation Completed by a Certified Site Evaluator or	a Professional Engineer
Planning Materials of the OSSF as Required by the TCEQ Rule shall consist of a scaled design and all system specifications.	es for OSSF Chapter 285. Planning Materials
Required Permit Fee	
Copy of Recorded Deed	
X Surface Application/Aerobic Treatment System	
Recorded Certification of OSSF Requiring Maintenance/A	Affidavit to the Public
Signed Maintenance Contract with Effective Date as Issu	ance of License to Operate
affirm that I have provided all information required for my OSSF Develor constitutes a completed OSSF Development Application.	opment Application and that this application
Signature of Applicant	04/05/19 Date
COMPLETE APPLICATION	INCOMPLETE APPLICATION
Check No Receipt No (Miss	sing Items Circled, Application Refused)

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

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

Date Ma	rch 27, 2019		Р	ermit#_	10896]	
Owner Name	MANUEL & SYLVIA FERNANDEZ	Agent Name	3	GREG W.	JOHNSON, P.E.	
Mailing Address	c/o 747 GRISTMILL DRIVE	Agent Address			LLOW OAK	
City, State, Zip	NEW BRAUNFELS TEXAS 78130	City, State, Zip				
Phone#	830-832-2848	Phone #				
Email	david@champagnecustomhomes.com	Email		gregjohnso	onpe@yahoo.com	
All correspondence	e should be sent to: Owner Agent	☐ Both	Method:	Mail	Email	
Subdivision Name	VINTAGE OAKS AT THE VINEYARD Unit/Ph	ase/Section 9	Lot	1158	Block	
Acreage/Legal						
Street Name/Addr	ess 2058 ITALIA	City NE	W BRAUN	NFELS	Zip 78132	
Type of Develops	nent:				RECEIVED	
Single Family F					APR 05 2019	
Type of Con	nstruction (House, Mobile, RV, Etc.)	HOUSE				
Number of E	Bedrooms 4			***************************************	COUNTY ENGINEER	
Indicate Sq	Ft of Living Area 2419					
Restaurants Hotel, Mote	ctories, Churches, Schools, Parks, Etc Indicates, Churches, Schools, Parks, Etc Indicate Number of St., Lounges, Theaters - Indicate Number of Spaces	r of Beds				
Miscellaneo				···········		
Estimated Cost of		· · · · · · · · · · · · · · · · · · ·				
Source of Water	☑ Public ☐ Private Well					
Are Water Saving	Devices Being Utilized Within the Residence	e? X Yes N	0			
-Authorization is here site/soil evaluation a -I also understand that by the Cornal County	ation, I certify that: cation and all additional information submitted does no oby given to the permitting authority and designated ag and inspection of private sewage facilities. It a permit of authorization to construct will not be issue of Flood Damage Prevention Order. In the online posting/public release of my e-mail add	ents to enter upon the a	above descri	bed propert	y for the purpose of ned the reviews required	
May fr		43-	19			
Signature of Owner		Date			Page I of :	

Revised July 2018

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

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

Planning Materials & Site	Evaluation as Required Completed By	GREG W. JOHNSON, P.E.	
System Description	PROPRIETARY; AEROBIC	TREATMENT AND SURFACE IRRIG	ATION
Size of Septic System Re	quired Based on Planning Materials & So	oil Evaluation	
Tank Size(s) (Gallons)	CLEARSTREAM 600NC3T Absor	ption/Application Area (Sq Ft)	4825
	TCEQ Table III) 300 5000 gallons per day are required to obtain	a permit through TCEQ)	RECEIVED
(If yes, the planning material  Is there an existing TCEC (if yes, the R. S. or P. E. sha  If there is no existing WP	ver the Edwards Recharge Zone? Ye is must be completed by a Registered Sanital approved WPAP for the property? It is approved that the OSSF design complies with AP, does the proposed development act is certify that the OSSF design will comply with	rian (R.S.) or Professional Engineer (P.E.)  Yes No all provisions of the existing WPAP.)  tivity require a TCEQ approved WPAP	APR 05 2019  COUNTY ENGINEE  Yes No
Is the property located ov	ver the Edwards Contributing Zone? Ye  approval CZP for the property? Ye  I certify that the OSSF design complies with a	Yes 🛛 No	ce.)
(if yes, the P.E. or R.S. shall	P, does the proposed development actively certify that the OSSF design will comply with osed OSSF until the CZP has been approve	all provisions of the proposed CZP. A Peri	
Is this property within	an incorporated city? 🗌 Yes 🔯	GREG W. JOHNSON  67587  67587  67587  67587  67587  67587  67587  67587	M #2585
	certify that: bove is true and correct to the best of my kno- e online posting/public release of my e-mail ad		n, as applicable Page 2 of 2

#### AFFIDAVIT



Bobbie Koepp

THE COUNTY OF COMAL STATE OF TEXAS

(Notary Seal Here)

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

RECEIVED

APR 05 2019

ER

		cribed as (insert legal description):	COUNTY ENGI
UNIT PHASE/SECTION	BLOCK 1158	LOT VINTAGE OAKS AT THE VINI	
F NOT IN SUBDIVISION:	ACREAGE		SURVEY
The property is own	ed by (insert owner's full na	MANUEL FERNANDEZ & SY	LVIA FERNANDEZ
the initial two-year	service policy, the owner of a	intenance contract for the first two years in aerobic treatment system for a single fract within 30 days or maintain the system.	amily
transferred to the b	uyer or new owner. A copy o Comal County Engineer's Office	1	an be
WITNESS BY HAN	ID(S) ON THIS 320 DAY O	of Apail ,20 19	
X/lingh-	₩.	MANUS/ FERNANDEZ	
Owner(s) signature  Manuel	77	Owner (s) Printed name (s)  TO AND SUBSCRIBED BEFORE ME O	N THIS 300 DAY O
Machan Notary Public	19 19 19 19 19 19 19 19 19 19 19 19 19 1	Filed and Recorded Official Public Recorded Recorded Official Public Recorded	ording purposes only  ords y Clerk
Notary STATE Of My Comm. E.	L JAMES 8 Public 8 F TEXAS 8 xp. 09-11-22 8 13171893-4	Comal County Texas 04/05/2019 11:47:20 CSCHUL 1 Page(s) 201906011354	AM



### Comal County

OFFICE OF COMAL COUNTY ENGINEER

June 17, 2019

Manuel & Sylvia Fernandez c/o 747 Gristmill Drive New Braunfels, TX 78130

RE: Initial Two-Year Contract Expired/Invalid (OSSF Permit #108961)

#### Dear Homeowner:

Comal County Environmental Health records indicate an expired or invalid maintenance contract for the On-site Sewage Facility (OSSF) serving your residence. State Law requires that a maintenance contract shall be effective for two years from the date the OSSF is first used. If you currently have a valid maintenance contract, please supply this office with a copy to update our records.

The purpose of the maintenance contract is to assure the OSSF remains in satisfactory working condition. The Texas Commission on Environmental Quality (TCEQ) requires testing of the OSSF and your maintenance provider reports those results to this office.

Operating an OSSF without a valid maintenance contract violates Title 30 of the Texas Administrative Code Chapter 285.7(c)(2) and 285.7(C)(2)(b). If you need information regarding maintenance contracts or need information on how to locate a maintenance provider, contact this office.

Failure to contact this office within 14 days of receiving this letter will result in appropriate action being initiated by this department.

If you have any questions, please call (830) 608-2090.

Respectfully,

Sandra Hernandez

Asst. Environmental Health Coordinator Comal County Environmental Health

#### Hernandez, Sandra

From:

Dee-Countryside Construction <deems.csci@gmail.com>

Sent:

Monday, May 13, 2019 12:08 PM

To:

Hernandez, Sandra Permit#108961

Subject: Attachments:

Comal-VOIDPermit108961.pdf

Follow Up Flag:

Follow up

Flag Status:

Flagged

#### Greetings Sandra,

Please be advised that Countryside Construction, Inc. isn't under an Initial 2 Year Service Agreement on this install and will not be Inspecting or Submitting Inspections on the Septic System at 2058 Italia - Permit # 108961.

Voided contract attached.

Respectfully yours,

Dee Sherrill

Countryside Construction, Inc.
830-899-2615

Please visit our WEBSITE and Post a Review https://countrysideconstructioninc.com/

## Countryside Construction, Inc. 300 Chapman Parkway, Canyon Lake, TX. 78133 Phone: 830-899-2615 or 1-888-379-2721 Fex: 830-899-6662

Septic	System	Sch	A	de	entent
--------	--------	-----	---	----	--------

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

( <b>100</b> ) ( <b>10</b> )	MANUEL & SYLVIA FERNANDEZ Address: 2058 ITALIA	
	THE WAR TO THE TOTAL OF THE STATE OF THE TRANSPORT OF THE TRASPORT	Do-
Permit #:	Model #: CLEARSTREAM COONCOT Serial #:	RECEIVED
Phone #:	API	R 0 5 2019
(X) Initial	Two Year Service Agreement ( ) One Year Service Agreement	2019
& Two Y	/ear Limited Warranty COV (a)	Y ENGINEER
The effective d	tate of this initial maintenance contract shall be the date the License to Operate is issued.	YENGINE
Legal Descripti	ion: VINTAGE OAKS AT THE VINEYARD, UNIT 9, LOT 1158	THE PARTY OF THE P
This contract w	all be in effect FROM LTO TO and will provide the following:	
A: An inspe	sction/service call every (4) four months which will include: inspection, adjustments and servicing	
of the m	rechanical & electrical components as necessary to insure proper function of the system.	*
C: The pro	ent quality inspection consisting of a visual check for color, turbidity, soum, overflow and odor, operty owner is responsible for "purchasing and twepting chlorine" in the chlorinstor, (if applicable).	
If the ch	horine test reveals "No Chlorine" in the system, the property owner may incur an additional cost.	
D: If any im	repreper operation is observed (which cannot be corrected at that time) the property owner will be	-
F. The rec	immediately of the conditions and the estimated cost.  ponse time to a compleint by the property owner regarding operation of the system, shall be within "48	
hours."	from the time of notification.	
F: ANY PA	ARTS, WARRANTY OR NON-WARRANTY, OR FR. G.T. CH. R. S. TABOR OR SERVICE CALLS	
IN REP	OT PAID FOR REMAIN THE PROPERTY OF COUNTY'S DE ANTIF DETION AND COULD RESULT	
G: THE SK	GNING OF THIS SERVICE AGREEMENT AUTHORIZESCOUNTRYSIDE CONSTRUCTION TO ENTER	
THE PR	ROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.	
components with the important: we cannot we septic operation required or patiently and the input of no advised by are parts that are This contract around any parts that are unusual abuse. A renewal series around any parts of a system above unusual abuse.	SHIPPING COSTS ON ANY "WARRANTED PARTS" EXCHANGED DURING WARRANTY. All will be according to manufacture's warranties.  As Countryside Construction, Inc. cannot control what or how much effluent goes into this septic arranty how the system will function. Refer to manufacturers or installer's instructions, for suggestion. This service agreement does not cover the cost of "Service Calle, Labor or Materials that are arts out of warranty, the failure to maintain electrical power to the system, eprinklers that are broused-up or otherwise mal-functioning, or sewage flows exceeding the hydraulic/organic design capelo on-biodegradable materials (solvents, grease, oil, paints, etc.), or any usage contrary to the requirer athorized service representative. Laboratory test work is available at an additional cost. Chlorine, fill out of warranty are available at a reasonable cost.  does not include the pumping of a tank or of any compartment of a tank, or settlement of soil of the evatern regardless of reason:  the warranty also include: Disconnecting the alarm, restricting ventitation to the aerator, over loading its rated capacity; or flooding by external means. Rodent, insect or Fire Art damage or any other to be a violation.  This service contract abound be "Activated" (30) thirty days before expiration of existing contract. We write owner prior to expiration of existing contract.	c system, one on toen, diffes and nents as ters, or on of
Oolens	Serviced by: Country of Constitution in Walker Chapman - Operator Donner 17979  Print Name on Markey Engineer 4319	
NPHODODOS.	Delta: 4319 Authorized Service Representative (revised 10/9/0)	9)



MP#0000035

## Countryside Construction, Inc. 300 Chapman Parkway, Canyon Lake, TX. 78133 Phone: 830-899-2615 or 1-888-379-3721 Fax: 830-899-6662

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

Name: MANUEL & SYLVIA FERNANDEZ Address: 2058 ITALIA	
WHITACE CAVO (COMA) OF OUR WE MELL DOMINIES OF TV 70422	1
Permit #: Model #: CLEARSTREAM 609NC3T Serial #:	RECEIVED
Phone #:	0 5 2019
(X) Initial Two Year Service Agreement ( ) One Year Service Agreement	2019
& Two Year Limited Warranty	
The effective date of this initial maintenance contract shall be the date the License to Operate is issued.	ENGINEE
Legal Description: VINTAGE OAKS AT THE VINEYARD, UNIT 9, LOT 1158	
This contract will be in effect FROM LTO and will provide the following:	
A: An inspection/service call every (4) four months which will include: inspection, adjustments and servicing	
of the mechanical & electrical components as necessary to insure proper function of the system.	
<ul><li>B: An effluent quality inspection consisting of a visual check for color, turbidity, scum, overflow and odor.</li><li>C: The property owner is responsible for "purchasing and keeping chlorine" in the chlorinator, (if applicable).</li></ul>	
If the chlorine test reveals "No Chlorine" in the system, the property owner may incur an additional cost.	, ,
D: If any improper operation is observed (which cannot be corrected at that time) the property owner will be	
notified immediately of the conditions and the estimated cost.  E: The response time to a complaint by the property owner regarding operation of the system, shall be within <u>"48"</u>	
hours," from the time of notification.	
F: ANY PARTS, WARRANTY OR NON-WARRANTY, OR FREIGHT CHARGES, LABOR OR SERVICE CALLS DUE NOT PAID FOR REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND COULD RESULT	
IN REPOSSION OF PARTS BY COUNTRYSIDE CONSTRUCTION.	
G: THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZESCOUNTRYSIDE CONSTRUCTION TO ENTER	
THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.	
Countryside Construction, Inc., will warranty installation of the septic system to be according to state and country	,
regulations and the designs approved by the county. HOMEOWNER WILL BE RESPONSIBLE FOR SERVICE CA	
LABOR AND SHIPPING COSTS ON ANY "WARRANTED PARTS" EXCHANGED DURING WARRANTY. All of	her
components will be according to manufacture's warranties.	
Important: As Countryside Construction, Inc. cannot control what or how much effluent goes into this septic	system,
we <u>cannot warranty</u> how the system will function. Refer to manufacturers or installer's instructions, for suggestion septic operation. This service agreement <u>does not</u> cover the cost of "Service Calls, Labor or Materials that are	is on
required or parts out of warranty, the failure to maintain electrical power to the system, sprinklers that are brok	en.
leaking, stopped-up or otherwise mal-functioning; or sewage flows exceeding the hydraulic/organic design capabili	
the input of non-biodegradable materials (solvents, grease, oil, paints, etc.), or any usage contrary to the requirem	ents as
advised by authorized service representative. Laboratory test work is available at an additional cost. Chlorine, filter	rs, or
parts that are out of warranty are available at a reasonable cost.	
This contract <u>does not</u> include the <u>pumping of a tank</u> or of any <u>compartment of a tank</u> , <u>or settlement of soil or around any part of the system regardless of reason</u> :	TUI
Violations of the warranty also include: Disconnecting the alarm, restricting ventilation to the aerator, over loading	g the
system above its rated capacity; or flooding by external means. Rodent, insect or Fire Ant damage or any other for	
unusual abuse is a violation.	
A renewal service contract should be "Activated" (30) thirty days before expiration of existing contract. We will	I
contact property owner prior to expiration of existing contract.	
Serviced by: Countryside Construction Inc.	
Walker Chapman - Operator Licensee #2929	
explinit Name on Manuel Emanuscrie: 4319	
Property Charles Stonature	
16/21.0	
ON Wilkin Olombia Date: 973/19 Authorized Service Representative (revised 10/9/09)	

#### Greg W. Johnson, P.E.

170 Hollow Oak New Braunfels, Texas 78132 830/905-2778

March 30, 2019

Comal County Office of Environmental Health 195 David Jonas Drive New Braunfels, Texas 78132-3760

RESEPTIC DESIGN
2058 ITALIA
VINTAGE OAKS AT THE VINEYARD, UNIT 9, LOT 1158
NEW BRAUNFELS, TX 78132
FERNANDEZ RESIDENCE

APR 05 2019

COUNTY ENGINEER

Ms. Brenda Ritzen/Sandra Hernandez,

The referenced property is located within the Edwards Aquifer Recharge Zone. This OSSF design will comply with requirements in the WPAP.

Temporary erosion and sedimentation controls should be utilized as necessary prior to construction. If any sensitive feature (caves, solution cavities, sink holes, etc.) is discovered during construction, activities must be suspended immediately and the applicant or his agent must immediately notify the TCEQ Regional Office. After that operations can only proceed after the Executive Director approves required additional engineered impact plans.

Designed in accordance with Chapter 285, Subchapter D, §285.40,285.41, & 285.42, Texas Commission on Environmental Quality (Effective December 29, 2016).

Greg W. Johnson, P.E. No. 67587 / F#2585

170 Hollow Oak

New Braunfels, Texas 78132 - 830/905-2778



## ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

RECEIVED
APR 0 5 2019

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil boring or dug pits must be shown on the site drawing.

COUNTY ENGINEER

For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
6"	IV	CLAY	N/A	NONE OBSERVED	LIMESTONE @ 6"	BROWN

Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
	SAME		AS		ABOVE	

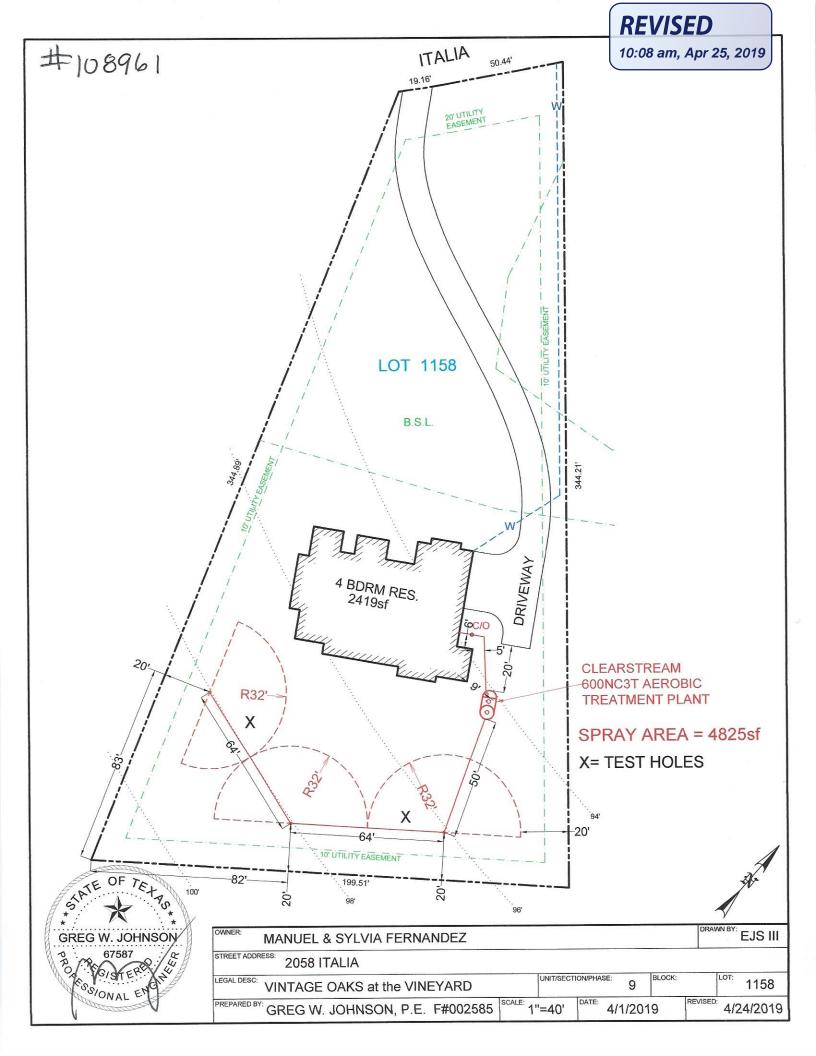
I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.

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

Date

#### OSSF SOIL EVALUATION REPORT INFORMATION

Date: April 01, 2019		
Applicant Information:	ita Ewaluatan Inf	
	ite Evaluator Info	
		hnson, P.E., R.S., S.E. 11561 ow Oak
		fels State: Texas
Zip Code: 78132 Phone: (830) 832-2848	7in Code: 78132	Phone & Fax (830)905-2778
Zip Code Tholic	Zip Couc. 78132	1 none & Tax (650)703-2776
Property Location:	Installer Info	rmation:
Lot 1158 Unit 9 Blk Subd. VINTAGE OAKS at the VINEYAL		
Street Address: 2058 ITALIA		
City: NEW BRAUNFELS Zip Code: 78132	Address:	
Additional Info.:	City:	State:
	Zip Code:	Phone
Topography: Slope within proposed disposal area:	4 %	
Presence of 100 yr. Flood Zone:	YES NO X	RECEIVED
Existing or proposed water well in nearby area.	YESNO_X	
Presence of adjacent ponds, streams, water impoundments	YESNO_X	APR <b>0 5</b> 2019
Presence of upper water shed	YESNO_X	2 2013
Organized sewage service available to lot	YESNO_X	COUNTRY
		COUNTY ENGINEE
Design Calculations for Aerobic Treatment with Spra	v Irrigation:	
Commercial		
O = GPD		
eOID	o V No	
Residential Water conserving fixtures to be utilized? Yes	Total as A 1	
Number of Bedrooms the septic system is sized for:4		
Q gal/day = $(Bedrooms + 1) * 75 GPD - (20\% reduction for a second fo$	for water conserving	ng fixtures)
Q = (4 +1)*75-(20%)= 300		
Trash Tank Size 400 Gal.		
TCEQ Approved Aerobic Plant Size G.	.P.D.	
Req'd Application Area = $Q/Ri = 300 / 0.06$	64 = 4688	sq. ft.
Application Area Utilized = 4825 sq. ft.		
Pump Requirement 12 Gpm @ 41 Psi (Red	jacket 0.5 HP 18 C	G.P.M. series or equivalent)
Dosing Cycle:ON DEMAND orX TI	MED TO DOSE I	N PREDAWN HOURS
	l/inch.	
Reserve Requirement = 100 Gal. 1/3 day flow.	7 111011.	
Alarms: Audible & Visual High Water Alarm & Visual	Air Dumn malfunc	tion
With Chlorinator NSF/TCEQ APPROVED	All I dilip marrane	tion
SCH-40 or SDR-26 3" or 4" sewer line to tank		
Two way cleanout		
Pop-up rotary sprinkler heads w/ purple non-potable lids		
1" Sch-40 PVC discharge manifold		
APPLICATION AREA SHOULD BE SEEDED AND MA	AINTAINED WITH	H VEGETATION
ATTECATION AREA SHOOLD DE SELDED AND ME	MINITED WILL	i vissi recoja.
I HAVE PERFORMED A THOROUGH INVESTIGATION	BEING A REGISTI	ERED PROFESSIONAL ENGINEER
AND SITE EVALUATOR IN ACCORDANCE WITH CHA		
(REGARDING RECHARGE FEATURES), TEXAS CO		
(EFFECTIVE DECEMBER 29, 2016)	ß	OF A
(	FAT	E
12	11/10 95	· · · · · · ·
( ' X	01/19	
CREG W. JOHNSON, P.E. F#002585 - S.E. 11561	DATE	G W. JOHNSON
THE VELL WALLE AND A LINE OF WHAT I LOVE	A	67587
	Non.	FIRM #2585
	100	SIONAL ENGINE FIRM #2585
	A.	Minnistra



#### **TANK NOTES:**

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

Tightlines to the tank shall be SCH-40 PVC.

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

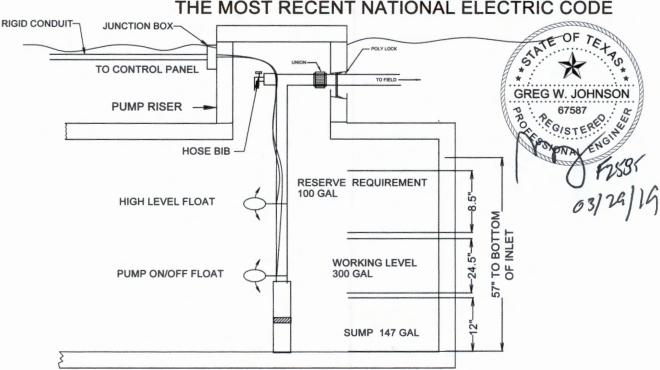
A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks COUNT

Tanks must be left uncovered and full of water for inspection by the permitting authority.

APR 0 5 2019

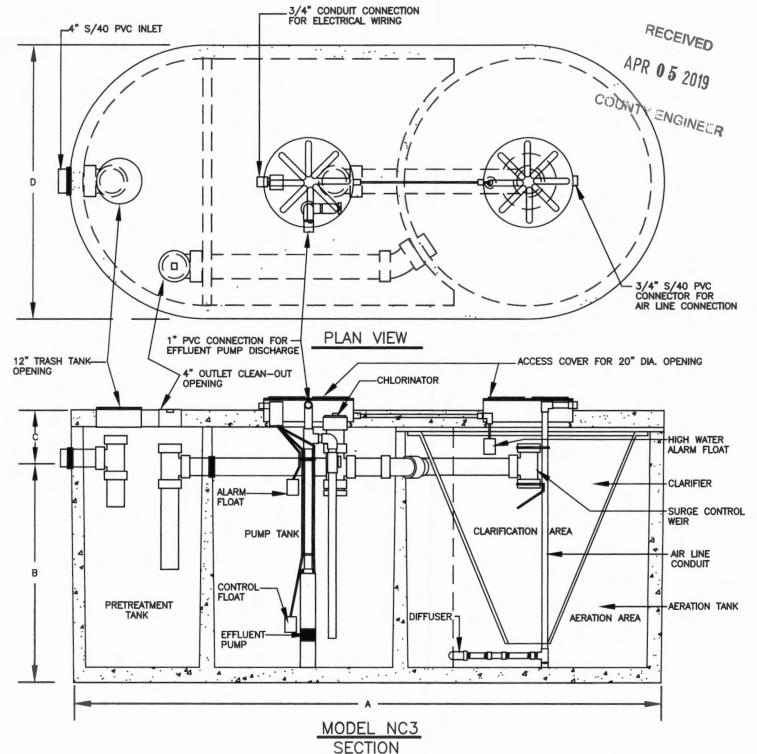
COUNTY ENGINEER

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



TYPICAL PUMP TANK CONFIGURATION
CLEARSTREAM 600NC3T W/ 700 GAL PUMP TANK

#### DESIGN DRAWINGS

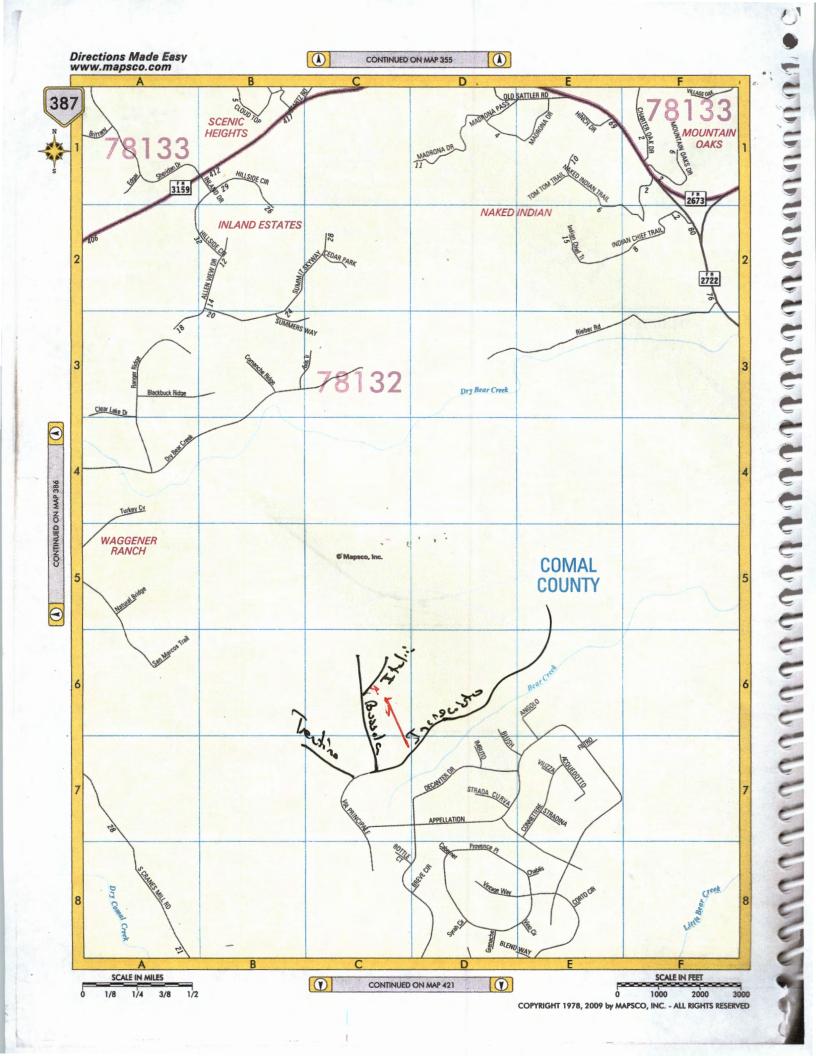


#### DIMENSIONAL DATA

MODEL	Α	В	С	D
500NC3-500	12'-2"	60"	10"	75"
500NC3-750	13'-5"	60"	10"	75"
600NC3	12'-7"	60"	10"	82"



03/29/19



RECEIVED

By rabsah at 4:12 pm, Aug 08, 2019

Tydro Plo, inc. & "Bulverde

Electro Septic Tech"

P.O. Box 372
Bulverde, TX 78163 830-438-7329
Carl A Scheel Maint provider # MP0000014

Justin Scheel Maint provider # MP0002046

AEROBIC INITIAL SERVICE POLICY

Printed Date:

6/17/2019

BILL TO

David Champagne Custom Homes 747 Gristmill Drive New Braunfels, TX 78130 SEPTIC SYSTEM LOCATION

Manuel & Sylvia Fernandez 2058 Italia New Bruanfels, TX 78132 Vintage Oaks at the Vineyard Subd:

Unit 9, Lot 1158

Aerobic Manufacturer	Permit#	Authorized Agent:	Contract Date:
Clearstream	108961	Comal County	04/29/19 - 04/29/21

#### DESCRIPTION

We agree to provide a two-year initial service policy which will provide for inspection and service of your AEROBIC TREATMENT PLANT.

The effective date of this initial maintenance contract shall be the date the License to Operate is issued.

The policy will include the following:

- 1. Six inspection/service calls (at least one every four (4) months) over the two (2) year period including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting the control panel, air pump, air filters, diffuser operation, and cleaning, replacing or repairing any component not found to be functioning correctly.
  - 2. An effluent quality inspection consisting of a visual check for color, turbidity, seum overflow and examination for odors.
- 3. If any operation is observed, which cannot be corrected at that time, you shall be notified immediately of the conditions and the estimated date of correction.
  - 4. The Homeowner/ Tenant is responsible for the maintaining of chlorine in the system for the purpose of disinfection.
  - 5. Response Time: Problems are to be reported to the phone number above, response time will be within 48 hours.

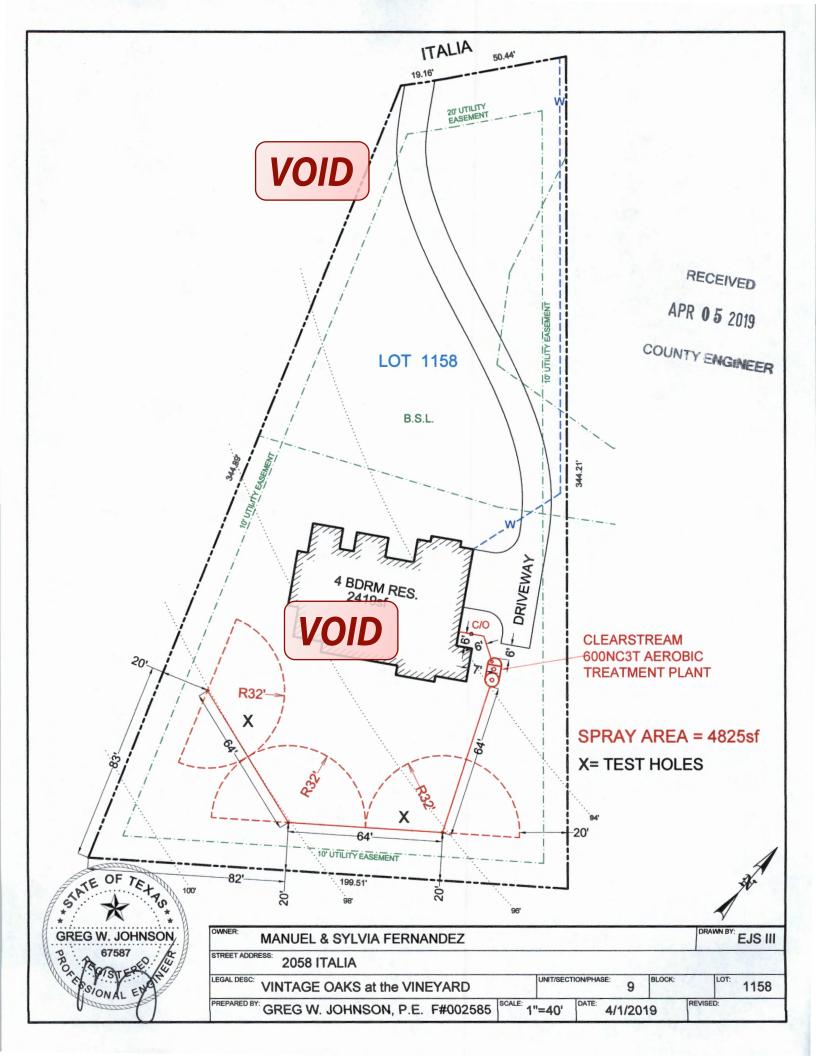
Owner/ user operation instructions must be strictly followed or warranties are subject to invalidation.

The cost of repairs, or replacement of equipment not under warranty, or pumping sludge build-up from the system, if necessary, is not included in this policy.

At the conclusion of the initial service policy, our company will make available, for purchase on an annual basis, a continuing service policy to cover labor for normal inspection, maintenance and repair.

Service Dealer: Centex Hydro-Plo, Inc. & "Best" (Bulverde Electro Septic Tech).
Responsible Party: Carl A Scheel "TCEQ" # OS2 6151

Owner Signatures



FILED BY
PRESIDIO TITLE



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.

#### SPECIAL WARRANTY DEED

THE STATE OF TEXAS

99

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF COMAL

§

RECEIVED

**GRANTOR:** SOUTHSTAR AT VINTAGE OAKS, LLC

P. O. Box 630105

Irving, Texas 75063-0105

APR 05 2010

COUNTY ENGINEER

GRANTEE: MANUEL FERNANDEZ and SYLVIA FERNANDEZ

2258 W. Mill Street

New Braunfels, Texas 78130

That Grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) cash and other good and valuable consideration to it in hand paid by Grantee, the receipt of which is hereby acknowledged and confessed has GRANTED, SOLD and CONVEYED, and by these presents does GRANT, SELL and CONVEY, unto the said Grantees, the following described property, to-wit:

Lot 1158, VINTAGE OAKS AT THE VINEYARD, UNIT 9, Comal County, Texas, according to plat thereof recorded in Document #201506011975, Map and Plat Records of Comal County, Texas (hereinafter referred to as the "Property").

TO HAVE AND TO HOLD the Property, together with all and singular the rights and appurtenances thereto in anyway belonging to Grantor, unto Grantee, its heirs and assigns forever; and Grantor does hereby bind itself, its heirs, successors and assigns, to WARRANT AND FOREVER DEFEND all and singular the Property unto the Grantee, its heirs and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof, when the claim is by, through or under Grantor, but not otherwise.

IT IS expressly UNDERSTOOD, ACKNOWLEDGED and AGREED that Grantor hereby RESERVES and EXCEPTS from this conveyance all oil, gas and other minerals of any type or form including all rights to ingress and egress as well as other rights appurtenant to the minerals and the mineral estate owned by Grantor, and does not transfer the minerals and the appurtenant rights thereto to Grantee.

THIS CONVEYANCE IS MADE AND ACCEPTED by Grantee SUBJECT TO (i) taxes for the current year, which have been prorated as of the date of closing, the payment of which Grantee assumes; (ii) all subsequent tax assessments for the current year the payment of which Grantee assumes; (iii) the Declaration of Conditions, Covenants and Restrictions for Vintage Oaks at the Vineyard filed in the Official Real Property Records, Comal County, Texas, all other restrictions, covenants, conditions, easements, reservations, leases, mineral severances, and other instruments that affect the Property and as may or may not be shown in the public records of Comal County, Texas; (iv) all zoning laws, regulations and ordinances of municipal and/or other

governmental authorities that affect the Property and (v) the items listed below as Permitted Exceptions:

- 1. Subject to the Declaration of Conditions, Covenants and Restrictions for Vintage Oaks at the Vineyard, recorded at Clerk's Document #200706000771, annexed by Document #201506012054, amended or supplemented by Document #201106044284, Document #201406032083, Document #201406037322, Document #201406036864, and the Assignment of Declarant Rights filed at Document #201206016339, Official Real Property Records, Comal County, Texas.
- 2. Subject to those items, restrictions, building setback lines, easements and Notes shown on the plat recorded in Document #201506011975, Official Map and Plat Records of Comal County, Texas COUNTY ENGINEER as well as those setbacks included/described in the Declaration of Conditions, Covenants and Restrictions for Vintage Oaks at the Vineyard and contained in the Guidelines for Vintage Oaks:

a. Subject to a 50-foot building setback line from the front and rear property lines.

- b. Subject to a 10-foot side property line building setback except on corner lots wherein the street-side corner shall have a 25-foot setback:
- c. Subject to a 10-foot wide Public Utility and Drainage easement adjacent to all non-street lot lines.
- d. Subject to Utility Easement, 20 feet from the front property line and 10 feet from the side and rear property lines.
- 3. Subject to Easement and Right-of-Way as provided in instrument recorded in Volume 73, Page 101, Deed Records of Comal County, Texas.
- 4. Underground Utility Easement as provided for in instrument recorded under Clerk's Document #201506005409, Official Public Records, Comal County, Texas.
- 5. Edwards Aquifer Protection Plan as provided in instrument recorded under Clerk's Document #201506005497, Official Public Records, Comal County, Texas.
- 6. Seller hereby RESERVES and EXCEPTS all oil, gas and other minerals of every kind and character in, on and under the Property together with all rights appurtenant thereto.

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

EXECUTED on the 10 day of anuan, 2016

SOUTHSTAR AT VINTAGE OAKS, LLC

Laura Ficco, Assistant Vice President

#### **ACKNOWLEDGMENT**

STATE OF TEXAS	S
	S
COUNTY OF DALLAS	S

This instrument was acknowledged before me on the <u>IQ</u> day of 2016, by Laura Ficco, Assistant Vice President of SOUTHSTAR AT VINTAGE OAKS, LLC, Grantor in above Special Warranty Deed.



NOTARY PUBLIC, STATE OF TEXAS

**AFTER RECORDING RETURN TO:** 

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
01/25/2016 01:31:31 PM
CASHTWO 3 Page(s)
201606003381

## Aerobic Maintenance Testing/Report Record

		Installation & Startup Date	Contract Date:	Permit #
Report Sent to:		04/25/19 -> 04/29/19	04/29/19 - 04/29/21	108961
David Champagne Custom Hom 747 Gristmill Drive	es	SEPTIC SYSTEM LOCA	ATION	
New Braunfels, TX 78130		Manuel & Sylvia Fernandez 2058 Italia New Bruanfels, TX 78132		Route Book # 07-065
Mapsco :	Authorized Agent:	Vintage Oaks at the Vineyard Unit 9, Lot 1158	l Subd:	13055
387-D5	Comal County	Olik 9, Lot 1138		
Report Findings & Inspector	Signatures			
1. Required Frequency of Visits Actual visit: Day of week #1	Month/Day/Year  S / / 3 / / 9		Scheel 279	nspector Signature
#3		Carl A Scheel or Justin		
Operat Yes of Inspected Item	e#1 ional#1 r No		Date#3 Operational#3 'es or No	
Chlorine Supply: Aerators:				
Air Filters:				
Irrigation Pump:				
Disinfection Device:	_	*		
Electrical Circuits:  Distribution System:	_			
Sprayfield Vegetation:				
Tank Lids Secured:				
3. Repairs to System ( list all co	ornponents replaced)			
Date #1.				
Date #2.	,			
Date #3.				
4. Circle Test Performed (one	is required) mg/L,	mpm/100 mi, or trace	Results To	est Method
Date #1. BOD (Grab)	TSS (Grab) CL2	(Grab) Fecal Coliform		Hach test kit
Date #2. BOD (Grab)	TSS (Grab) CL2	(Grab) Fecal Coliform		Hach test kit
Date #3. BOD (Grab)	TSS (Grab) CL2	(Grab) Fecal Coliform		Hach test kit
5. General Comments or Recom	mendations:			
Date #1. // 0	power .	ande constru	F (11)	
Date #2.				
Date #3.	,			
	A CONTRACTOR OF THE PARTY OF TH			

Centex Hydro-Flo, Inc. & "Bulverde Electro Septic Tech"

P.O. Box 372.
Bulverde, TX 78163 830-438-7329
Carl A Scheel Maint provider # MP0000014
Justin Scheel Maint provider # MP0002046

## AEROBIC INITIAL SERVICE POLICY

Printed Date: 6/17/2019

BILL TO

David Champagne Custom Homes 747 Oristmill Drive New Braunfels, TX 78130

#### SEPTIC SYSTEM LOCATION

Manuel & Sylvia Fernandez 2058 Italia New Bruanfels, TX 78132 Vintage Oaks at the Vineyard Subd: Unit 9, Lot 1158

Aerobic Manufacturer		Authorized Agent	Contract Date:
Clearstream	108961	Comal County	04/39/19 - 04/29/21

#### DESCRIPTION

We agree to provide a two-year initial service policy which will provide for inspection and service of your AEROBIC TREATMENT PLANT.

The effective date of this initial majittenance contract shall be the date the License to Operate is issued.

The policy will include the following:

- 1. Six inspection/service calls (at least one every four (4) months) over the two (2) year period including inspection, adjustment and servicing of the mechanical, electrical and office applicable component parts to ensure proper function. This includes inspecting the control panel, air pump, air filters, diffuser operation, and cleaning, replacing or repairing any component not found to be functioning correctly.
  - 2. An effluent quality inspection consisting of a visual check for color, turbidity, soum overflow and examination for odors.
- 3. If any operation is observed, which cannot be corrected at that time, you shall be notified immediately of the conditions and the estimated date of correction.
  - 4. The Homeowner Penant is responsible for the maintaining of chlorine in the system for the purpose of disinfection,
  - 5. Response Time: Problems are to be reported to the phone number above, response time will be within 48 hours.

Owners user operation instructions must be strictly followed or warranties are subject to invalidation.

The cost of repairs, or replacement of equipment not under warranty, or pumping sludge build-up from the system, if necessary, is not included in this policy.

At the conclusion of the Initial service policy, our company will make available, for purchase on an annual basis, a continuing service policy to cover labor for normal inspection, maintenance and repair.

Service Dealer: Centex Hydro-Flo, Inc. & "Best" (Bulverde Electro Septic Tech). Responsible Party: Carl A Scheel - "TCEO" # OS2 6151

Owner Signatures

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## Aerobic Maintenance Testing/Report Record

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			Ins	tallation & Startup Date	Contract Date:	Permit #
Report Se	entito:	a edit to an an a		04/25/19 -> 04/29/19	04/29/19 - 04/29/21	108961
David Cham 747 Gristmil	pagne Custom Hom	ies		SEPTIC SYSTEM LOCA	TION A.	
	els, TX 78130	, ,		nuel & Sylvia Fernandez		Route Book #
	,	2 3 t		8 Italia v Bruanfels, TX 78132		07-065
М	apsco :	Authorized Agen	t:    Vin	tage Oaks at the Vineyard	Subd:	12065
3	387-D5	Comal County	Uni	t 9, Lot 1158-		13055
Report Find	lings & Inspector	Signatures	· ichter	200 A 100 A	6	
Actual visit:	Day of week	Month/Day/Yo	Par	months. Inspector pl	Scheel 279	nspector Signature
#2.				Carl A Scheel or Justin S	Scheel	
#3.		<u></u>		Carl A Scheel or Justin S		
2. System Ins	spection: Date	e#1	Date	e #2	Date#3	-
	Operati Yes or	ional#1	Opera	ntional#2 O	perational#3	
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Aerators: Air Filters:	· + · ·	<u></u>		<u> </u>		-
Air Pump:		30 ×	,	,		*
Irrigation Pur Disinfection						
Electrical Cir		A	•	ARCHITECTURE.		
Distribution		· ·				
Sprayfield Vo Tank Lids Se		-	•			
	7	mponents replaced)	<del></del> `		Andrews Sentiments	
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	27.07	,	-			
Date #2.		•				-
Date #3.					-	
4. Circle Tes	t Performed (one is	s required) mg/L,	mpr	n/100 ml, or trace	Results Te	st Method
Date #1.	BOD (Grab).	TSS (Grab). CI	.2 (Grab)	Fecal Coliform		lach test kit
Date #2.	BOD (Grab)	TSS (Grab) CL	.2 (Grab)	Fecal Coliform	· .	Hach test kit
Date #3.	BOD (Grab)	TSS (Grab) CL	.2 (Grab)	Fecal Coliform	]	Hach test kit
5. General Co	omments or Recomm				•	
Date #1.	NO	power	el udl	r construc	Kizm	
Date #2.		•				
Date #3.		ž* 2				

## Aerobic Maintenance Testing/Report Record

	04/25/19 -> 04/29/19	04/29/19 - 04/29/21	108961
) .	SEPTIC SYSTEM LOCA	TION	
	Manuel & Sylvia Fernandez 2058 Italia		Route Book # 07-065
	t: Vintage Oaks at the Vineyard	Subd:	13055
natures			**
Month Day/Ye S 1 1 3 1 1 9	Carl A Scheel or Justin S	Scheel MI	pector Signature
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equired) mg/L,	mpm/100 ml, or trace	Results Test	Method
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SS (Grab) CI	(1.2 (Grab) Fecal Coliform	H H	ach test kit
SS (Grab) CI	L2 (Grab) Fecal Coliform	Н	ach test kit
endations:	• •	-	
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	Comal County  patures  3 times pe year o  Month Day/Ye  \$ 1   7   19    1   19    1   19    2   1   7   19    3   19    4   19    5   19    6   19    7   19    7   19    8   19    9   19    19	Authorized Agent: Comal County  Inspector planting of the properties of the properti	Authorized Agent:  Comal County  Inspector please print  Month Day/Year  S / 1/19  Carl A Scheel or Justin Scheel  Carl A Scheel or Justin Scheel  Carl A Scheel or Justin Scheel  Date #2  Operational #2  Operational #3  Yes or No  Yes or No  Ponents rep aced )  Dequired)  Month Day/Year  S / 1/19  Carl A Scheel or Justin Scheel  Date #3  Operational #3  Yes or No  Yes or No  Yes or No  Ponents rep aced )  Ponents rep aced )  CL2 (Grab) Fecal Coliform  H  CSS (Grab) CL2 (Grab) Fecal Coliform

### Aerobic Maintenance Testing/Report Record

	•	Installation & Startup Date	Contract Date:	Permit#
Report Sent to:		04/25/19 -> 04/29/19	04/29/19 - 04/29/21	108961
Manuel & Sylvia Fernandez		SEPTIC SYSTEM LOCAT	TION ,	
2058 Italia New Bruanfels, TX 78132		Manuel & Sylvia Fernandez	1	Route Book #
		2058 Italia New Bruanfels, TX 78132	•	07-065
Mapsco:	Authorized Agent:	Vintage Oal:s at the Vineyard	Subd:	
387-D5	Comal County	Unit 9, Lot 1158	:	13843
Report Findings & Inspector S	<del></del>			
Required Frequency of Visits	: 3 times per year or eve	ery 4 months. Inspector ple	ase print In	spector Signature
Actual visit: Day of week	Month/Day/Year			
#1	/	Carl A Scheel or Justin S	cheel	<del></del> -
#2		Carl A Scheel or Justin S	cheel	
#3. <u>+uo</u>	1 12/12020	Carl A Scheel or Justin S	cheel 274	<u>'</u>
2. System Inspection: Date			Date#3	
Operation			perational#3	
Yes or Inspected Item	NO Y	es or No Ye	s or No	
Chlorine Supply: /	*			
Aerators:	· 	<u> </u>	<del></del>	
Air Filters:		<del></del>	L,	
Air Pump:	<del></del> .	<del></del>	<u> </u>	
Irrigation Pump:	<del></del> ′ · · ·	<del></del>	<del>/</del> —	
Disinfection Device:  Electrical Circuits:	<del></del>	<del>-</del>	<del>//                                   </del>	•
Distribution System:	<del></del>	<del></del>	<del>/</del>	
Sprayfield Vegetation:	<del></del>		<del></del>	
Tank Lids Secured:	· · ·	-		
3. Repairs to System ( list all cor	mponents replaced)	<b>]</b> —		· · · · · · · · · · · · · · · · · · ·
Date #1.	·			
Date #2.				
Date #3.		• .		
4. Circle Test Performed (one is	required) mg/L,	mpm/100 ml, or trace	Results Tes	st Method
Date #1. BOD (Grab)	TSS (Grab) CL2 (C	Grab) Fecal Coliform		lach test kit
	TSS (Grab) CL2 (C			lach test kit
	TSS (Grab) CL2 (C	Grab) Fecal Coliform	· confit	lach test kit
5. General Comments or Recomm	endations:			
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Date #2.				
Date #3.	0	www.		· · · · · · · · · · · · · · · · · · ·
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## Aerobic Maintenance Testing/Report Record

	·	Installation & Startup Date	Contract Date:	Permit #
Report Sent to:		04/25/19 -> 04/29/19	04/29/20 - 04/29/21	108961
Manuel & Sylvia Fernandez 2058 Italia		SEPTIC SYSTEM LOCAT	TION	
New Bruanfels, TX 78132		Manuel & Sylvia Fernandez		Route Book #
		2058 Italia New Bruanfels, TX 78132		07-065
Mapsco :	Authorized Agent:	Vintage Oaks at the Vineyard	Subd:	14169
387-D5	Comal County	Unit 9, Lot 1158		14109
Report Findings & Inspector S	Signatures			
1. Required Frequency of Visits Actual visit: Day of week #1. ************************************			Scheel	spector Signature
#3		Carl A Scheel or Justin S	Scheel	
Yes or	ional#1 No		Date#3 perational#3 es or No	
Chlorine Supply: Aerators: Air Filters: Air Pump: Irrigation Pump: Disinfection Device: Electrical Circuits: Distribution System: Sprayfield Vegetation: Tank Lids Secured:				•
Air Filters:				
Air Pump:				
Irrigation Pump:		<del></del>		
Disinfection Device:  Electrical Circuits:	<del></del>			
Distribution System:		<del></del>		
Sprayfield Vegetation:				
Tank Lids Secured:		<del>-</del> -		
3. Repairs to System ( list all con	mponents replaced)			
Date #1.				
Date #2.				
Date #3.				
4. Circle Test Performed (one is		mpm/100 ml, or trace		st Method
Date #1. BOD (Grab)	TSS (Grab) CL2 (	(Grab) Fecal Coliform	- rught	Hach test kit
Date #2. BOD (Grab)	TSS (Grab) CL2 (	(Grab) Fecal Coliform		Hach test kit
Date #3. BOD (Grab)	TSS (Grab) CL2 (	(Grab) Fecal Coliform		Hach test kit
5. General Comments or Recomm	nendations:	·		
Date #1.				
Date #2.				
Date #3.				

## Aerobic Maintenance Testing/Report Record

Mapsco : Authorized Agent:   Manuel & Sylvia Fernandez   Qo58 Italia   New Bruanfels, TX 78132			Installation &	Startup Date	Contract Date:	Permit #
Mapsco : Authorized Agent:   Manuel & Sylvia Fernandez   Qo58 Italia   New Bruanfels, TX 78132	Report Sent to:		04/25/19 ->	04/29/19	04/29/20 - 04/29/21	108961
Manuel & Sylvia Fernandez   2058 Italia   New Bruanfels, TX 78132   2058 Italia   New Bruanfels, TX 78132   14169	Manuel & Sylvia Fernandez		SEPTIC SY	STEM LOCA	TION	
Mapsco : Authorized Agent:   Sa7-D5   Comal County   Authorized Agent:   Sa7-D5   Comal County   Authorized Agent:   Sa7-D5   Comal County   Sa7-D5   Sa7-D5   Comal County   Sa7-D5   Comal County   Sa7-D5   Sa7-						Route Book #
Mapsco : Authorized Agent: 387-D5   Comal County   Vintage Oaks at the Vineyard Subd: 14169	New Bruanters, 1x 76132		2058 Italia			07-065
Report Findings & Inspector Signatures  Report Findings & Inspector Signatures  Required Frequency of Visits: 3 times per year or every 4 months. Inspector please print Inspector Signature Month/Day/Year Month/Day/Ye		Authorized Accets			Subd:	
Report Findings & Inspector Signatures  1. Required Frequency of Visits: 1. Required Frequency of Visits: 2. Day of week 41. 60 4 4 5 6 4 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7					Duba.	14169
Required Frequency of Visits: 3 times per year or every 4 months. Inspector please print   Inspector Signature   Actual visit: Day of week   Month/ Day/Year   Scheel or Justin Scheel   Month/ Day/Year   Month/ Day/						
Actual visit: Day of week #1.  #2.  #4.  #4.  #4.  #4.  #4.  #4.  #4						
#3	Actual visit: Day of week #1.	Month/Day/Year	Carl A Sci	heel or Justin S	Scheel 2	nspector Signature
Date #1 Operational#1 Operational#1 Ves or No Operational#2 Operational#3 Ves or No Operational#4  Ope			Carl A Scl	heel or Justin S	Scheel/	7
Operational#1 Yes or No Yes or No Yes or No Operational#3 Yes or No Operational#1 Operational#2 Operational#1 Operationa	#3		Carl A Sci	heel or Justin S	Scheel	
Operational#1 Yes or No Yes or No Yes or No Operational#3 Yes or No Operational#1 Operationa	2. System Inspection: Date	e#1	Date #2		Date#3	
nspected Item Chlorine Supply: Acrators: Air Filters: Air Pump: rigation Device: Distribution System: Sprayfield Vegetation: Clark Lids Secured:  Date #1.  Date #3.  Circle Test Performed (one is required) mg/L, mpm/100 ml, or trace Results Test Method Date #1.  Date #2.  Date #2.  Date #3.  BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform I Hach test kit Date #3.  BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform I Hach test kit Date #3.  BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform I Hach test kit Date #3.  BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform I Hach test kit Date #3.  BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform I Hach test kit Date #3.  Date #4.	Operati					
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rrigation Pump: Disinfection Device: Distribution System: Distribution S	Air Filters:					
Distribution Device: Electrical Circuits: Electrical Circuits: Electrical Circuits: Exprayfield Vegetation: Fank Lids Secured:  Electrical Circuits: Exprayfield Vegetation: Expra	Air Pump:		/			
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Distribution System: Sprayfield Vegetation: Fank Lids Secured:  Date #1.  Date #2.  Date #3.  Circle Test Performed (one is required) mg/L, mpm/100 ml, or trace Results Test Method Date #1. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit Date #2.  Date #3.  BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit Date #3.  BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit Date #3.  BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  Date #3.  Date #4.  Date #4.	Disinfection Device:					
Distribution System: Sprayfield Vegetation: Fank Lids Secured:  Date #1.  Date #2.  Date #3.  Circle Test Performed (one is required) mg/L, mpm/100 ml, or trace Results Test Method Date #1. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit Date #2.  Date #3.  BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit Date #3.  BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit Date #3.  BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  Date #3.  Date #4.  Date #4.	Electrical Circuits:		7, 1			
Sprayfield Vegetation:  Cank Lids Secured:  B. Repairs to System (list all components replaced)  Date #1.  Date #2.  Date #3.  Circle Test Performed (one is required) mg/L, mpm/100 ml, or trace Results Test Method  Date #1. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform In the lack test kit  Date #2. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform In the lack test kit  Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform In the lack test kit  Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform In the lack test kit  Date #4. Date #4.			7/			
Tank Lids Secured:  3. Repairs to System (list all components replaced)  Date #1.  Date #2.  Date #3.  4. Circle Test Performed (one is required) mg/L, mpm/100 ml, or trace Results Test Method  Date #1. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  Date #2. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  Date #4. Date #4.			7/			
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Date #3.  1. Circle Test Performed (one is required) mg/L, mpm/100 ml, or trace Results Test Method  Date #1. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  Date #2. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  Date #4. Date #4.	Date #1.					
A. Circle Test Performed (one is required) mg/L, mpm/100 ml, or trace Results Test Method  Date #1. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  Date #2. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  5. General Comments or Recommendations:  Date #1.	Date #2.					
Date #1. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  Date #2. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  5. General Comments or Recommendations:  Date #1.	Date #3.	10				1
Date #2. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  5. General Comments or Recommendations:  Date #1.	4. Circle Test Performed (one is	s required) mg/L,	mpm/100 ml,	or trace	Results T	est Method
Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  5. General Comments or Recommendations:  Date #1.  Date #2.	Date #1. BOD (Grab)	TSS (Grab) CL2	(Grab) Fecal	Coliform	·100/L	Hach test kit
Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit  5. General Comments or Recommendations:  Date #1.  Date #2.				Coliform	. ( my / L	Hach test kit
5. General Comments or Recommendations:  Date #1.  Date #2.						
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Date #1.	0/5	noroations.				
Jaic #2.	Date #1.	C				
Date #3.	Date #2.					
	Date #3.					

## Aerobic Maintenance Testing/Report Record

				D '4.4
		Installation & Startup Date	Contract Date:	Permit #
Report Sent to:		04/25/19 -> 04/29/19	04/29/20 - 04/29/21	108961
Manuel & Sylvia Fernandez 2058 Italia		SEPTIC SYSTEM LOCA	TION	
New Bruanfels, TX 78132		Manuel & Sylvia Fernandez	67-080	Route Book #
		2058 Italia New Bruanfels, TX 78132	01 000	-07-065
Mapsco :	Authorized Agent:	Vintage Oaks at the Vineyard	Subd:	
387-D5	Comal County	Unit 9, Lot 1158		14169
Report Findings & Inspector S				
Required Frequency of Visits:		ery 4 months. Inspector ple	and print In	spector Signature
Actual visit: Day of week	Month/ Day/Year	ery 4 monuis.	ase print	speciol Signature
#1. MOY	5/18/2020	Carl A Scheel or Justin S	cheel 2	4
#2. WOA	9/14/1200	Carl A Scheel or Justin S	cheel 2-74	<u></u>
#3.	1,18,21	Carl A Scheel or Justin S	cheel 22 Th	/
2. System Inspection: Date	#1	Date #2	Date#3	
Operation	onal#1	Operational#2	perational#3	
Yes or Inspected Item	No Y	les or No Ye	s or No	
Chlorine Supply: Aerators: Air Filters: Air Pump: Irrigation Pump: Disinfection Device: Electrical Circuits: Distribution System: Sprayfield Vegetation:				
Aerators:			<i></i>	
Air Filters:				
Air Pump:		<u> </u>		`
Irrigation Pump:		<u> </u>		
Disinfection Device:				
Electrical Circuits:		:		
Distribution System:		` <u></u>		
Sprayfield Vegetation:	No.		_//	
Tank Lids Secured:				
3. Repairs to System (list all con	mponents replaced)	+		
Date #1.				
Date #2.				1
Date #3.				-
4. Circle Test Performed (one is	required) mg/L,	mpm/100 ml, or trace	Results Tes	st Method
Date #1. BOD (Grab)	TSS (Grab) CL2 (	Grab) Fecal Coliform	1 mg/C 1	łach test kit
Date #2. BOD (Grab)	TSS (Grab) CL2 (C	Grab) Fecal Coliform	· (un / L	lach test kit
Date #3. BOD (Grab)	TSS (Grab) CL2 (C	Grab) Fesal Coliform	· lug (L	lach test kit
5. General Comments or Recomm	nendations:	1		
Date #1.	,			
Date #2.	C :			
Date #3.	((			

Centex Hydro-Flo, Inc. & "Bulverde Electro Septic Tech"

P.O. Box 372
Bulverde, TX 78163 830-438-7329
Carl A Scheel Maint provider #
MP0000014
Justin Scheel Maint provider # MP0002046

NOTICE OF NO AEROBIC MAINTENANCE CONTRACT

Comal County Environmental Health Department 195 David Jonas Drive New Braunfel, TX 78132-3760

Action Date:

4/5/2021

#### SYSTEM MAILING ADDRESS

Manuel & Sylvia Fernandez 2058 Italia New Bruanfels, TX 78132

#### SEPTIC SYSTEM LOCATION

Manuel & Sylvia Fernandez 2058 Italia New Bruanfels, TX 78132 Vintage Oaks at the Vineyard Subd: Unit 9, Lot 1158

Aerobic Manufacturer	Permit #	Authorized Agent:	Contract Date:
Clearstream	108961	Comal County	04/29/21 - 04/29/22

#### DESCRIPTION

As per the Texas Commission on Environmental Quality (TCEQ) regulations, this letter is to serve as notification of the termination/non-renewal of an aerobic maintenance contract for the above mentioned septic system or (OSSF).

Renewal notices have been sent & the owner has chosen not to renew, or the homeowner has failed to approve/ produce the required payment for necessary repairs to the system. Please be advised that from the action date above this is thirty (30) days notice of termination of service for the system mentioned.

Respectfully,

Could Sele

Centex Hydro-Flo, Inc. & "Bulverde Electro Septic Tech"

## **Aerobic Testing & Reporting** Contract

P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

**Date Generated** 3/22/2021

Contract # 14985

Contract To:

Manuel & Sylvia Fernandez. 2058 Italia

New Bruanfels, TX 78132

Septic System Location

Manuel & Sylvia Fernandez 2058 Italia

New Bruanfels, TX 78132

Vintage Oaks at the Vineyard Subd. 3 0 2021

RECEIVED

COUNTY ENGINEER

Permit	Authorized Agent	Due Date	Contract Date	Aerobic Manufacturer		
108961	Comal County March 15, 2021 04/29/21 - 04/29/22 Clearstrea					
ITEM		DESCRIPTION		AMOUNT		
Reporting 1	in order to preform the duties of this the homeowners responsibility to not preform the duties of this contract ca be responsible for the cost of an extra In the event repairs are deemed in attempts of notification for the need billed accordingly. By your signature services herein are provided only for funds available to pay for the service services. Any attempt to seek out or contract.  The owner/tenant is responsible to Problems are to be reported to the of function & repairs will be completed This agreement will remain in eff service company gives written thirty Inspectors & Inspections are und MP0000014 Or Justin Scheel Licens	ctions one (1) each four (4) more effluent quality inspection con a effluent quality inspection con a effluent quality inspection con a first contract. If there are any pets the tify us & make the necessary arrused by a lack of or miscommula a service call.  Decessary for the proper operation of repairs will be made prior to be on this contract you agree & a compensation. By accepting so a compensation of a provide fuse another maintenance provide for maintaining chlorine in the street one Year as noted in the condition of the proper operation of the sent to the "TCEQ Authorizated One Year as noted in the condition of the proper operation of their desire of the authority and responsibility and responsibility.	onths including inspection of the sisting of a visual check for comperty (padlock key or combin hat could potentially present a strangements for safe entry. Any mication will be done and the loon of the Acrobic system and/or work being performed. Extra supprove the necessary repairs. I cavities I am representing that I full payment upon the completion for repairs will be considered asystem for the purpose of disiniponse time will be within 48 hours after each inspection ontract dates above or less if the toterminate said agreement. Notity of Carl A. Scheel "TCEQ" I	e mechanical, dor, turbidity, scum ation is acceptable) safety issue, it is extra trips to nome owner shall or its components, service trips will be understand that the have sufficient on of these d a breech of this fection. urs. A report of n. e property owner or o refunds! License #		
45 Day Disc	Discount offered for signed contracts invoice. If mailed after the due date v. Make checks payable to "BEST".					
Discount V	Discount is void due to late remittant days prior to expiration of current co		iscount is offered only if payme	ent is received 45 25.00		
and request	Mund (m)	4-19 2-1	Total	\$250.00		
sign here		PAID	Payments/0	Credits \$0.00		
		1.	Polonos	The second secon		

## Aerobic Maintenance Testing/Report Record

		Installation & Startup Date	Contract Date:	Permit #	
Report Sent to:		04/25/19 -> 04/29/19	04/29/21 - 04/29/22	108961	
Manuel & Sylvia Fernandez		SEPTIC SYSTEM LOCA	TION		
2058 Italia		Manuel & Sylvia Fernandez		Route Book #	
New Bruantels, 1X /8132	w Bruanfels, TX 78132		2058 Italia		
		New Bruanfels, TX 78132		07-080	
Mapsco :	Authorized Agent:	Vintage Oaks at the Vineyard Subd: Unit 9, Lot 1158		16252	
387-D5	Comal County	Ollit 9, Lot 1138			
Report Findings & Inspector S	Signatures				
Required Frequency of Visits     Actual visit: Day of week	Month/ Day/Yea	r		spector Signature	
#1		Carl A Scheel or Justin			
#2. <u>wo1</u>			Scheel and		
#3		Carl A Scheel or Justin	Scheel		
2. System Inspection: Date	e #1	Date #2	Date#3		
	ional#1		Operational#3		
Yes or	No	Yes or No Y	es or No		
Inspected Item					
Chlorine Supply: Aerators:		4-			
Air Filters:					
Air Pump:		<b>—</b>			
Irrigation Pump:		7 -			
Disinfection Device:		7			
Electrical Circuits:		<del>-</del> / -			
Distribution System:		7			
Sprayfield Vegetation:		<del></del>			
Tank Lids Secured:		<del>-</del>			
3. Repairs to System (list all co	emponents replaced)				
Date #1.					
Date #2.					
Date #3.					
4. Circle Test Performed (one i	s required) mg/L,	mpm/100 ml, or trace	Results Te	st Method	
Date #1. BOD (Grab)	TSS (Grab) CL2	2 (Grab) Fecal Coliform		Hach test kit	
Date #2. BOD (Grab)	TSS (Grab) CL	2 (Grab) Fecal Coliform	<del></del>	Hach test kit	
Date #3. BOD (Grab)	TSS (Grab) CL2	2 (Grab) Fecal Coliform		Hach test kit	
5. General Comments or Recomments	mendations:				
Date #1.	<del></del>				
Date #2.					
Date #3.					

## Aerobic Repair Call Inspection Report

	el Maint p	rovider # MP0002046		Date of Trouble Call	ed in:	9/9/2021
BILL	то	The Colonia was a second		SEPTIC SYSTEM LOCA	TION	
Manuel & Syl 2058 Italia New Bruanfel				Manuel & Sylvia Fernandez 2058 Italia New Bruanfels, TX 78132 Vintage Oaks at the Vineyard Unit 9, Lot 1158	Subd:	
Mapsco	o - Code:					
387	7-D5					
Route B	Book #	Authorized Agent:	Permit #	Contract Date:	Reason	for Trouble Call:
07-08	080	Comal County	108961	04/29/21 - 04/29/22	Air pump not running	
Service			Operational Y	es or No		AMOU
	Electrical Ci Distribution Sprayfield V Tank lids Se 3. Repairs to New air com	Device: -X	h a one year warranty.			
	5. General C	comments or Recommendation	S:			
	OK NOW		s:	Tota	al	\$650.6

## Aerobic Maintenance Testing/Report Record

		Installation & Startup Date	Contract Date:	Permit #
Report Sent to:		04/25/19 -> 04/29/19	04/29/21 - 04/29/22	108961
Manuel & Sylvia Fernandez		SEPTIC SYSTEM LOCAT	TION	
2058 Italia New Bruanfels, TX 78132		Manuel & Sylvia Fernandez	.,	Route Book
New Bruailleis, 1A 76132		2058 Italia		07-080
L. W. C.		New Bruanfels, TX 78132	390	
Mapsco :	Authorized Agent:	Vintage Oaks at the Vineyard Subd: Unit 9, Lot 1158		16252
387-D5	Comal County			
Report Findings & Inspector S				
Required Frequency of Visits:     Actual visit: Day of week     #1	3 times per year or e Month/ Day/Year		0,	pector Signature
#2	9,13,21	Carl A Scheel or Justin S	cheer will	4 1
#3. ~ O d	1 117/21	Carl A Scheel or ustin S	cheel 271	
2. System Inspection: Date			Date#3	
Operation			perational#3	
Yes or Inspected Item	No ·	Yes or No Yes	s or No	
Chlorine Supply:				
Aerators:	_	7 -	7 —	
Air Filters:		<del>_</del>	/-	
Air Pump:	The probability of the	<del></del>	7 -	
Irrigation Pump:		7-	7 —	
Disinfection Device:		7-	7 —	
Electrical Circuits:		<del>-</del> /-	7-	
			<del>-</del> /-	
Distribution System:		$\dot{\rightarrow}$ –	/-	
Sprayfield Vegetation:	-	<del></del>		
Tank Lids Secured:		<del>_</del>		
3. Repairs to System (list all con	nponents replaced)			
Date #1.				
Date #2.	/			
Date #3.	/			
4. Circle Test Performed (one is	required) mg/L,	mpm/100 ml, or trace	Results Test	Method
		(Grab) Fecal Coliform		ach test kit
		(Grab) Fecal Coliform	100011	ach test kit
Date #3. BOD (Grab)	TSS (Grab) CL2 (	(Grab) Fecal Coliform	Ha Ha	ach test kit
5. General Comments or Recomm	endations:			
Date #1.		34		1.5
Date #2.	/			
Date #3.				
1				

Centex Hydro-Flo, Inc. & "Bulverde Electro Septic Tech"

P.O. Box 372
Bulverde, TX 78163 830-438-7329
Carl A Scheel Maint provider #
MP0000014
Justin Scheel Maint provider # MP0002046

# NOTICE OF NO AEROBIC MAINTENANCE CONTRACT

Comal County Environmental Health Department 195 David Jonas Drive New Braunfel, TX 78132-3760

**Action Date:** 

4/12/2022

#### SYSTEM MAILING ADDRESS

Manuel & Sylvia Fernandez 2058 Italia New Bruanfels, TX 78132

#### SEPTIC SYSTEM LOCATION

Manuel & Sylvia Fernandez 2058 Italia New Bruanfels, TX 78132 Vintage Oaks at the Vineyard Subd: Unit 9, Lot 1158

Aerobic Manufacturer	Permit #	Authorized Agent:	Contract Date:
Clearstream	108961	Comal County	04/29/22 - 04/29/23

#### DESCRIPTION

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