



Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: **07/22/2019** Permit Number: **109170**

Location Description: **486 CURVATURA
NEW BRAUNFELS, TX 78132**
Subdivision: **Vintage Oaks at the Vineyard**
Unit: **19**
Lot: **1692**
Block:
Acreage:

Type of System: **Aerobic
Surface Irrigation**

Issued to: **Stevie & Cristal Byrd**

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

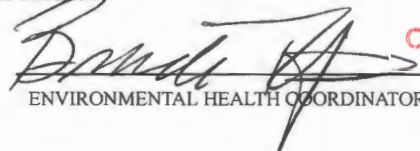
may require a new permit. **It is the responsibility of the owner to apply for a new permit, if applicable.**

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


OS8497
ENVIRONMENTAL HEALTH INSPECTOR


OS0007722
ENVIRONMENTAL HEALTH COORDINATOR

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Tom Hampton / South Texas Academic OSSF Installer #: _____

1st Inspection Date: 6/12/19 2nd Inspection Date: _____ 3rd Inspection Date: 7/22/19

Inspector Name: Mike T. Inspector Name: _____ Inspector Name: Mike T.

Permit#: 109170 Address: Vintage Oak / 486 Curatura Dr

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	✓	285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)		6/12/19		7/22/19
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	✓	285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	✓	285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	✓	285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	✓	285.32(a)(5)				
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(III) 285.32(b)(1)(E)(IV) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(I) 285.32(b)(1)(C)(II) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(II)(II) 285.32(b)(1)(E)(I) 285.32(b)(1)(E)(II)(I)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

MT- 6/12/19
 Tank set, leveled
 Missing 1 spray
 in front. Need to leave
 open in front.
 NO operational. Can Cover tank & Back

MT- 7/22/19
 operational ✓
 sleeved water line
 covered.

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Ammer	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	/		GOOD L.P	6/12/19		7/22/19
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	/		Solanaine	/		?
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(c)(3)(A)-(F)				
20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)				
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)				

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	<p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 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>		6/12/19		7/22/19
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**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?	✓	285.33(d)(2)(G)(iii)(ii)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(i)		6/22/19 		7/22/19
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	6/2	285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)	Missed 1 spray in front leave open. Add.			
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: Tom Hampton / South Texas Acrohic OSSF Installer #: _____

1st Inspection Date: 6/12/19 2nd Inspection Date: _____ 3rd Inspection Date: _____

Inspector Name: Mike T. Inspector Name: _____ Inspector Name: _____

Permit#: 109170 Address: Vintage Oak / 486 Curatura Dr

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	✓	285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)		6/12/19		
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	✓	285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	✓	285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	✓	285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	✓	285.32(a)(5)				
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G)285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(I)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

MT- 6/12/19
 Tank set, leveled
 Missing 1 spray
 in front. Need to leave
 open in front.
 NO operational. Can cover tank & back
 spray.

**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	✓		600 L.P	6/12/19		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		Solanair			
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**

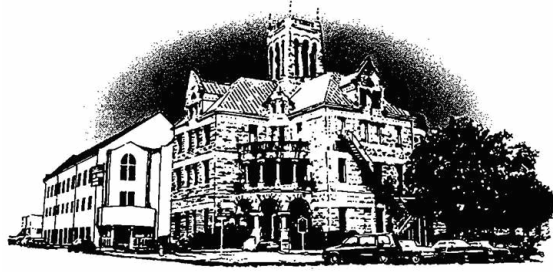
No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
19	DISPOSAL SYSTEM Drip Irrigation		285.33(c)(3)(A)-(F)				
20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3)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

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	<p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 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>		6/12/19		
33	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.	✓	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	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.	✓					
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	PUMP TANK Secondary restraint system provided						
39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?	✓	285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(iii)(III)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)		6/72/19 		
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	6/2	285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)	<i>Missed 1 spray in front leave open. Add.</i>			
42	APPLICATION AREA Area Installed						
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						



Comal County

OFFICE OF COMAL COUNTY ENGINEER

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

Permit Number: 109170
Issued This Date: 05/28/2019
This permit is hereby given to: Stevie & Cristal Byrd

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

486 CURVATURA
NEW BRAUNFELS, TX 78132

Subdivision: Vintage Oaks at the Vineyard
Unit: 19
Lot: 1692
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 4/6/2019

Permit # 109170

Owner Name Stevie & Cristal Byrd
Mailing Address P.O. Box 202219
City, State, Zip San Antonio, Texas 78220
Phone # 210-502-9153
Email ryan@mykccustomhomes.com

Agent Name Brian Erxleben, R.S.
Agent Address 562 S. Hwy 123 Bypass #128
City, State, Zip Seguin, Texas 78155
Phone # 830-660-9133
Email bandverx@gmail.com

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

Subdivision Name Vintage Oaks @ the Vineyard Unit 19 Lot 1692 Block N/A

Acreage/Legal _____

Street Name/Address 486 Curvatura City New Braunfels Zip 78132

Type of Development:

Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 3536

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: \$ 425,000 (Structure Only)

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

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

Source of Water Public Private Well

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

By signing this application, I certify that:

- The completed application and all additional information submitted does not contain any false information and does not conceal any material facts.
- Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities..
- I 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

4/26/19
Date

Page 1 of 2

RECEIVED
MAY 20 2019

* * * **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 Brian Erxleben, R.S. 3637

System Description Aerobic Treatment/Surface Application

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

Tank Size(s) (Gallons) 600 gpd Absorption/Application Area (Sq Ft) 5824

Gallons Per Day (As Per TCEQ Table III) 360

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

RECEIVED

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

MAY 20 2019

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

COUNTY ENGINEER

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

4-6-19

Date

Page 2 of 2

2/c



201906016848 05/17/2019 10:38:02 AM 1/2

RECEIVED

THE COUNTY OF COMAL *
STATE OF TEXAS *

MAY 20 2019

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

COUNTY ENGINEER

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

I

The Texas Health and Safety Code, Chapter 366, authorizes the Texas Commission on Environmental Quality (commission) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the TCEQ primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety Code, requires owners 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 that the appropriate OSSF was installed.

II

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

UNIT 19 BLOCK LOT 1692 SUBDIVISION *Vintage Oaks @ the Vineyard*
IF NOT IN SUBDIVISION: ACRES SURVEY ABSTRACT

The property is owned by Stevie & Cristal Byrd.

This OSSF shall 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.

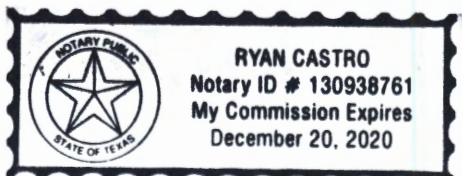
Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from **the Comal County Environmental Health Department**.

WITNESS MY HAND ON THIS 22nd DAY OF Apr: 1, 2019.

Stevie & Cristal Byrd
OWNER/AGENT NAME (SIGNATURE)

Stevie Byrd Cristal Byrd
OWNER/AGENT NAME (PRINTED)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 22nd DAY OF Apr: 1, 2019



[Signature]
Notary Public, State of Texas

Notary's Printed Name: Ryan Castro

Commission Expires: 12/20/20



This page has been added to comply with the statutory requirement that the clerk shall stamp the recording information at the bottom of the last page.

RECEIVED

MAY 20 2019

COUNTY ENGINEER

This page becomes part of the document identified by the file clerk number affixed on preceding pages.

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
05/17/2019 10:38:02 AM
JESSICA 2 Page(s)
201906016848



Bobbie Koepp

**COMAL COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
OSSF SOIL EVALUATION FORM**

Owners Name: Stevie & Cristal Byrd
 Physical Address: 486 Curvatura New Braunfels, Texas 78132
 Name of Site Evaluator: Brian Erxleben, S.E. #11458
 Date Performed: 4-4-19 Proposed Excavation Depth: N/A

Requirements:

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

SOIL BORING NUMBER <u>1 & 2</u>						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0 ↓ 6" 1	Type 4	Clay Rock	N/A	None	None Yes	Aerobic Spray
2						RECEIVED
3						MAY 20 2019
4						COUNTY ENGINEER
5						


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

FEATURES OF SITE AREA

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

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

Signature of Site Evaluator



Date

4-6-19

OSSF SOIL EVALUATION REPORT INFORMATION
COMAL COUNTY

DATE: 4-6-19

Applicant Information:

Name: Stevie & Cristal Byrd
Address: P.O. Box 202219
City: San Antonio State: Texas Zip: 78220
Ph: (210) 502-9153 Fax:

Site Evaluator Information:

Name: Brian Erxleben
Address: 562 S. Hwy 123 Bypass #128
City: Seguin State: Texas Zip: 78155
Ph: (830) 660-9133 E-mail: bandverx@gmail.com

Property Location:

Lot: 1692 Block:
Subdivision: Vintage Oaks @ the Vineyard, Unit 19
Street/Road Address: 486 Curvatura
City: New Braunfels State: TX Zip: 78132
Additional:

Installer Information:

Name: Charles Mager, OS0027258
Company: Cowboy Septic
Address: 1301 Tom Creek Lane
City: Canyon Lake State: TX Zip: 78133
Ph: (830) 624-6746 Fax:

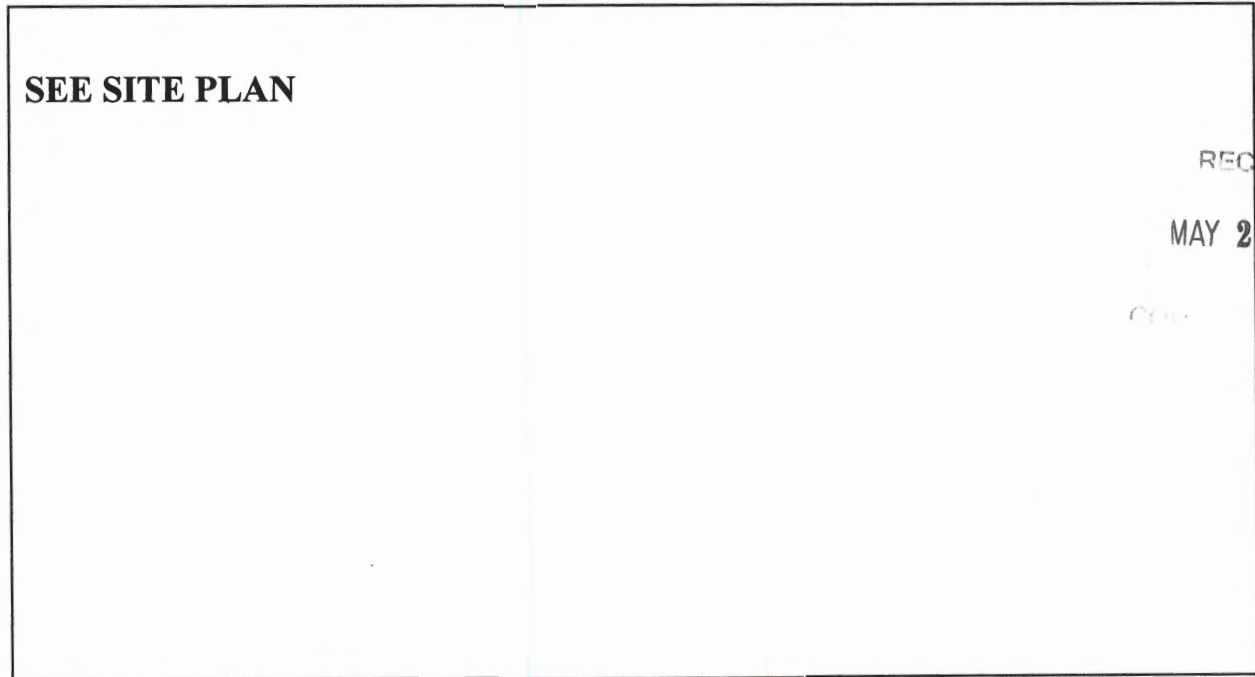
SCHEMATIC of LOT of TRACT

Show:

- North arrow, adjacent streets, property lines, dimensions, location of buildings, easements, swimming pools, water lines, and other structures where known.
- Location of existing or proposed water wells within 150 feet of property.
- Indicate slope or provide contour lines from the structure to the farthest location for the proposed soil absorption or irrigation area.
- Location of soil boring or dug pits (show with respect to a known reference point).
- Location of drainage ways, water impoundment areas, cut or fills bank, sharp slopes and breaks.

Lot Size: 1.08 acres

SITE DRAWING



FEATURES OF SITE AREA

Presence of 100 year flood zone YES ___ NO X Presence of upper water shed YES ___ NO X
Existing or proposed water well in nearby area YES ___ NO X Organized sewage service available to lot YES ___ NO X
Presence of adjacent ponds, streams, water impoundment: YES ___ NO X

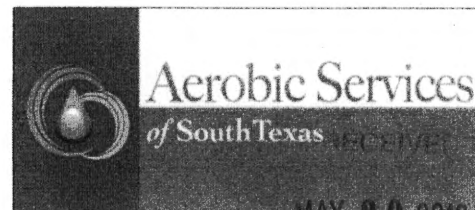
Site Evaluator:

NAME: BRIAN ERXLEBEN Signature:  License No: 11458

Erxleben

4-8-19

15188 FM 306
Canyon Lake, TX 78133
Phone (830) 964-2365 Fax (830) 964-2659



MAY 20 2019

Routine Maintenance and Inspection Agreement

General

COUNTY ENGINEER

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between Stevie & Cristina Pyrd (referred to as "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP 349) (hereinafter referred to as "Contractor") located at 15188 FM 306, Texas 78133 (830) 964-2365. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein.

This contract will provide for all required inspections, testing and service for your Aerobic Treatment System. The policy will include the following:

1. 3 inspections a year/services calls (at least one every 4 months), for a total of 6 over the **two year period** including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, diffuser operation. Any alarm situation affecting the proper function of the Aerobic process will be address within a 48-hour time Frame. Repair work on non-warranty parts will include price for parts & labor. The prices will be quoted before work is performed.
2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and pH will be taken and reported as necessary.
3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
4. The customer is responsible for the chlorine tablets; they must be filled before or during the service visit.
5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, and County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

The Homeowners Manual must be strictly followed or warranties are subject to invalidation. **Pumping of sludge build-up is not covered by this policy and will result in additional charges.**

ACCESS BY CONTRACTOR

The Contractor or anyone authorized by the Contractor may enter the property at reasonable times without prior notice for the purpose of the above described Services. The contractor may access the System components including the tanks by means of excavation for the purpose of evaluations if necessary. Soil Is to be replaced with the excavated material as best as possible.

Termination of Agreement

Either party may terminate this agreement within ten days written notice in the event of substantial failure to perform in accordance with its terms by the other party without fault of the terminating party. If this Agreement is so terminated, **the Contractor will immediately notify the appropriate health authority of the termination.**

Limit of Liability

In no event shall the Contractor be liable for indirect, consequential, incidental or punitive damages, 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.

Dispute Resolution

If a dispute between the Client and the Contractor arises that cannot be settled in good faith negotiations then the parties shall choose a mutually acceptable arbitrator and shall share the cost of the arbitration services equally.

RECEIVED
MAY 20 2019

Entire Agreement

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

COUNTY ENGINEER

Severability

If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

OWNER

Stevie & Cristel Byrd
Name
486 Curvatura
Address
New Braunfels, Tx 78132
City, State
(210) 502-9153
Phone
Stevie & Cristel Byrd
Signature of Home Owner

SERVICE PROVIDER

Aerobic Services of South Texas Inc.
Name
15188 FM 306
Address
Canyon Lake, Texas 78133
City, State
(830) 964 - 2365
Phone
OS24597/MP349
Thomas Hampton
Signature of Service Provider and License #

EFFECTIVE DATE _____ EXPIRED DATE _____ INSTALLED _____

Model # _____

Blower/Panel Serial # _____

The effective date of this initial maintenance contract shall be the date license to operate is issued.

Brian Erxleben, R.S., S.E.
562 s. Hwy 123 Bypass #128
Seguin, Texas 78155
Mobile (830) 660-9133 bandverx@gmail.com

OSSF DESIGN

Owner: **Stevie & Cristal Byrd**
Location: **486 Curvatura New Braunfels, Texas 78132**
Phone: **(210) 502-9153**
Date: **4-6-19**

Development: **Residence with water saving devices** Bedrooms: **3** Sq. Ft: **3536**

Q: **360 gpd** Soil: **Type 4** R_i: **0.064 gall/ft²/day**

System Type: **Aerobic/Surface Application (Solar Air SA II 600 gpd)**

Trash Tank: 353 gall Aerobic Tank: 600 gpd Pump Tank: 768 gall

Supply Line: **Sch 40, 1" purple (~320')** Check Valve Required: **No**

Minimum Application Area (A): 5625 ft² (A = Q/R_i)

Sprinklers: **K-Rain Proplus Low Angle**

Number	Nozzle	PSI	Pattern	Radius	Area/head	GPM/head	R _i
S1	#4	30	180°	31 ft	1509 ft ²	3.4	0.064
S2	#4	30	180°	31 ft	1509 ft ²	3.4	0.064
S3	#4	30	180°	31 ft	1509 ft ²	3.4	0.064
S4	#4	30	180°	31 ft	1509 ft ²	3.4	0.064

Overlap Area: **212 ft²** Actual Application Area: **5824 ft²** GPM: **13.6 GPM**

TDH Calculations:

$$\text{Friction Head}(H_f) = \frac{1.2(10.4397)(L)(Q)^{1.85}}{(C)^{1.85}(D)^{4.8655}} = 20 \text{ ft}$$

L = Length of equivalent pipe length (D) in feet

C = Hazen - Williams flow coefficient (150 for schedule 40)

Q = Flow rate, gpm

D = Internal pipe diameter, inches

Pressure Head (H_p) = 70 ft (2.31)(psi) Elevation Head (H_e) = 5 ft

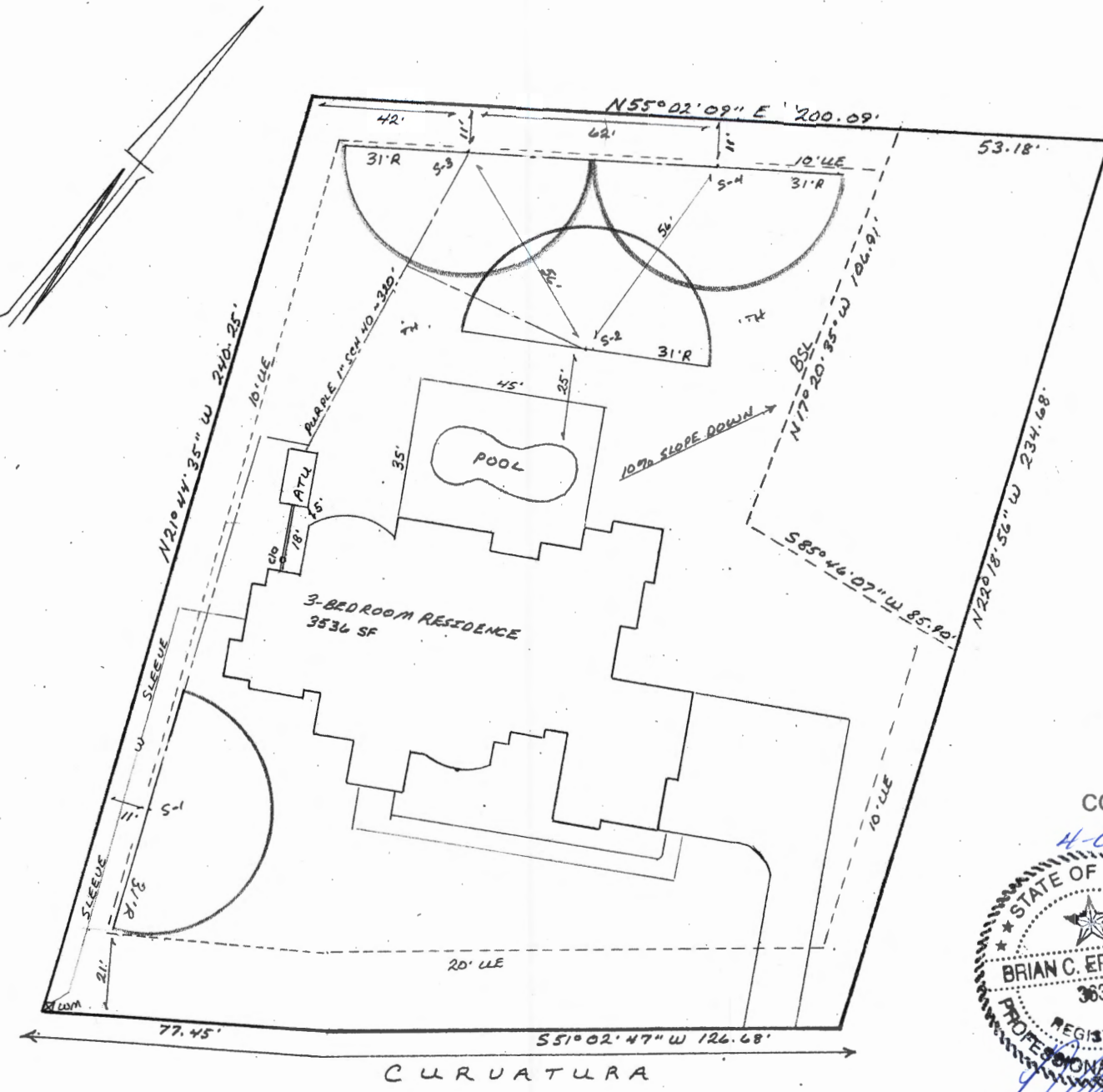
TDH = **95 ft** (H_f + H_p + H_e)

Pump Requirements: **13.6 GPM @ 95 ft TDH** Pump: **StaRite 20 GPM 0.50 HP or equivalent**

- **Timer set to spray between 12:00 AM & 5:00 AM**
- **Liquid chlorinator**

RECEIVED
MAY 20 2019
COUNTY ENGINEER





RECEIVED

MAY 20 2019

COUNTY ENGINEER



NOTES:

1. Install a 2-way cleanout in a 3" sch 40 tightline from the house to the ATU, minimum slope 1/8 in/ft.
2. ATU is a minimum 600 gpd.
3. Supply line to the sprinklers is purple 1" sch 40.
4. S1-4 are K-Rain Proplus low angle sprinklers with #4 nozzles operating @ 30 psi, 180° pattern, 31' radius. *Adequate area is not available for the application area while maintaining a 20' setback from the property lines. A variance is requested to locate the spray area 10' from the property line. A battery backup shall be installed in the control panel to insure that the timer does not lose power and that the system sprays only between the hours of 12:00 AM & 5:00 AM providing the equivalent protection of a 20' separation between the spray area and the property line.*
5. There shall be no obstruction within 10' of the sprinkler heads.
6. Audible & visual alarms, external disconnect within site of the pump tank, pump & alarms on separate breakers and external wiring in conduit are required.
7. Timer set to spray between 12:00 AM & 5:00 AM.
8. Liquid chlorinator.
9. Any excavations and/or exposed rock in the disposal area shall be covered with topsoil and seasonal grasses shall be seeded over the disposal area in order to minimize run-off & erosion.
10. *A potable water line is to be sleeved in sch 40 where it is located <10' from any OSSF element or the application area in order to provide the equivalent protection of a 10' separation.*

LOT 1692
 VINTAGE OAKS @ THE VINEYARD, UNIT 19
 1.08 ACRES

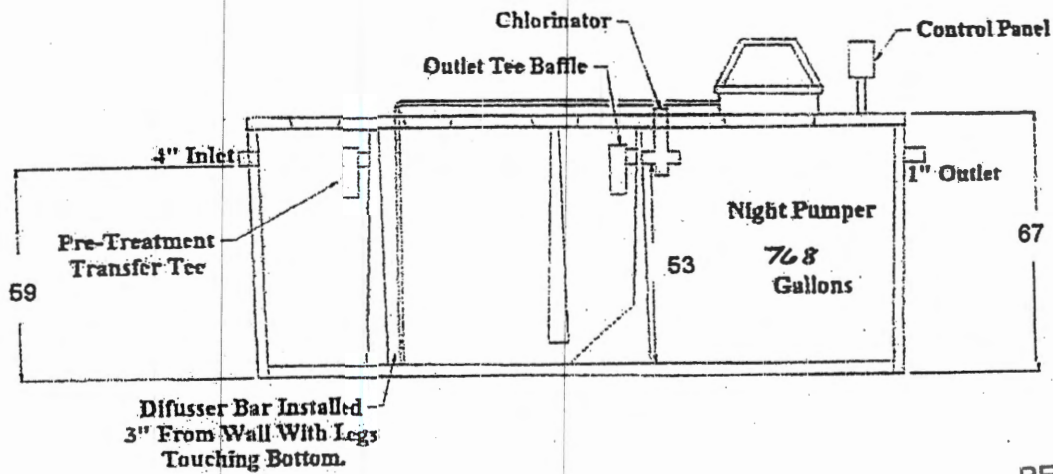
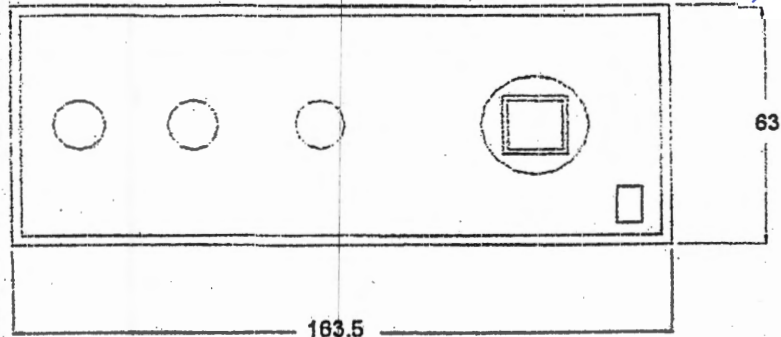
LOT IS LOCATED OUTSIDE OF THE 100-YEAR FLOODPLAIN AND WITHIN THE RECHARGE ZONE. DESIGN COMPLIES WITH ALL OF THE PROVISIONS OF THE CURRENT WPAP FOR THE SUBDIVISION.

SITE PLAN & OSSF DESIGN:

STEVIE & CRISTAL BYRD 486 CURVATURA NEW BRAUNFELS, TEXAS 78132	
BRIAN C. ERXLEBEN, R.S. 562 S. HWY 123 BYPASS #128 SEGUIN, TEXAS 78155 (830) 660-9133	DATE: 4-6-19 SCALE: 1" = 40'



SA II N 600



600 GPD
FINAL ASSEMBLY

RECEIVED
MAY 20 2019
COUNTY ENGINEER

Q'S UP TO 360 GPD

LIQUID DEPTH: 55"

GALL/IN: 13.96

HIGH WATER ALARM ON TO BOTTOM OF INLET: 9" (126 GALL)

PUMP ON TO HIGH WATER ALARM ON: 26" (363 GALL)

PUMP OFF TO PUMP ON: 6" (84 GALL)

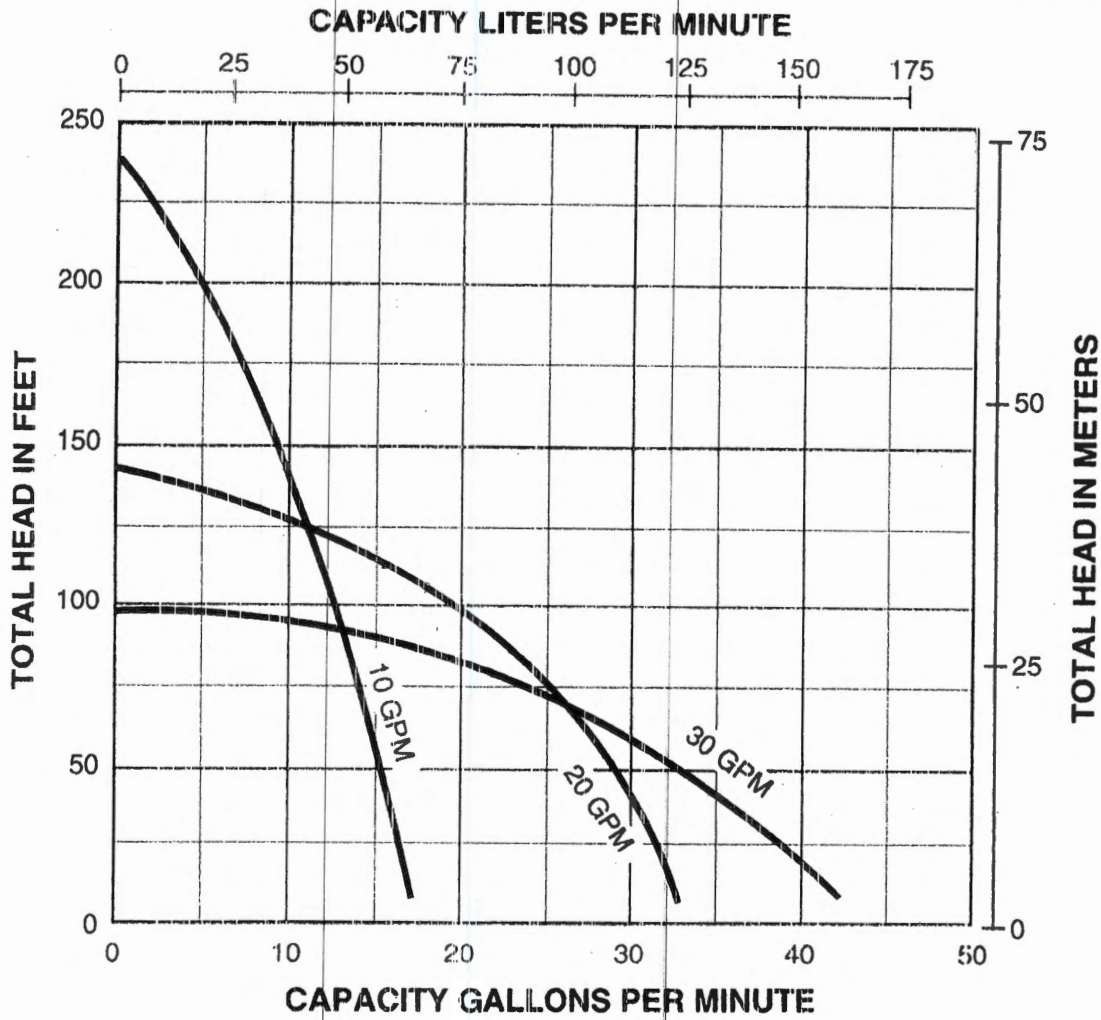
BOTTOM TO PUMP OFF: 14" (195 GALL)

16"



4" multi-stage submersible pump

PUMP PERFORMANCE



RECEIVED
MAY 20 2019
COUNTY ENGINEER

PUMP PERFORMANCE (Capacity in Gallons per Minute)												
Pump Model	PSI											
	0	10	20	30	40	50	60	70	80	90	100	110
10DOM05121			15.0	13.7	12.7	11.5	10.2	8.4	6.5	4.3	1.0	
20DOM05121			30.0	26.0	21.5	14.2	4.4					
30DOM05121		38.5	33.3	25.8	16							

PUMP PERFORMANCE (Capacity in Liters per Minute)												
Pump Model	Bar											
	0	.69	1.38	2.07	2.76	3.45	4.13	4.82	5.51	6.20	6.89	7.58
10DOM05121			56.8	51.9	48.1	43.5	38.6	31.8	24.6	16.3	3.8	
20DOM05121			113.6	98.4	81.4	53.7	16.7					
30DOM05121		145.7	126.0	97.7	60.6							

SPRINKLER INSTALLATION

7 INSTALL AND BURY

Thread the sprinkler onto the pipe. Bury the sprinkler flush to grade.

POINTING THE LEFT START

8 TURN THE CAN

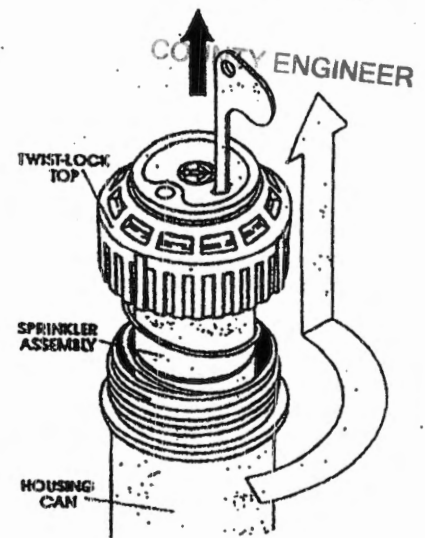
You can orient the LEFT START position (the point where the sprinkler will begin spraying) by simply turning the entire sprinkler housing can on the pipe. Visually point the nozzle retention screw where you want it to begin spraying.

OR TURN THE LOWER PORTION OF THE RISER

Pull the riser up with your KEY. Grab the LOWER portion of the riser, and rotate it to orient the nozzle to the desired LEFT starting position: **IMPORTANT: DO NOT GRAB THE TOP PORTION OF THE RISER.**

9 INSPECTING THE FILTER

Unscrew the top and lift complete sprinkler assembly out of the housing can. The filter is on the bottom of the sprinkler assembly and can easily be pulled out, cleaned and re-installed.



STANDARD NOZZLE PERFORMANCE CHART

Nozzle	PSI	Radius	GPM
#1	30	33'	1.0
	40	35	1.3
	50	38	1.4
	60	38'	1.5
#2	30	38'	2.1
	40	39'	2.5
	50	40'	3.0
	60	41'	3.1
#3	30	41'	2.8
	40	42'	3.3
	50	45'	3.6
	60	46'	4.2
#4	30	43'	3.9
	40	45'	4.5
	50	47'	5.4
	60	52'	5.8
#5	40	49'	6.2
	50	51'	7.0
	60	54'	7.9
	70	55'	8.1
#8	40	47'	8.0
	50	51'	8.9
	60	53'	9.6
	70	55'	10.6

LOW ANGLE NOZZLE PERFORMANCE CHART

Nozzle	PSI	Radius	GPM
#1	30	22'	1.5
	40	24'	1.7
	50	26'	1.8
	60	28'	2.0
#3	30	29'	3.0
	40	32'	3.1
	50	35'	3.5
	60	37'	3.8
#4	30	31'	3.4
	40	34'	3.9
	50	37'	4.4
	60	38'	4.7
#6	40	38'	6.5
	50	40'	7.3
	60	42'	8.0
	70	44'	8.6

DATA REPRESENTS TEST RESULTS IN ZERO WIND. ADJUST FOR LOCAL CONDITIONS. RADIUS MAY BE REDUCED WITH NOZZLE RETENTION SCREW.

© 1996 K-Rain Mfg. Corp.

**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 WITH VENDOR'S LIEN

THE STATE OF TEXAS §
 §
COUNTY OF COMAL §

KNOW ALL MEN BY THESE PRESENTS:

RECEIVED

Grantor: SOUTHSTAR AT VINTAGE OAKS, LLC
 1114 Lost Creek Blvd., Suite 270
 Austin, Texas 78746

MAY 20 2019

GRANTEE: STEVIE BYRD and wife, CRISTAL BYRD
 P. O. Box 202219
 San Antonio, Texas 78220

COUNTY ENGINEER

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, and in the further consideration of the execution by Grantee of that one certain Promissory Note of even date herewith secured by the Real Property described herein in the original principal sum of SEVENTY-EIGHT THOUSAND, FIVE HUNDRED FORTY AND NO/100 DOLLARS (\$78,540.00) payable to the order of SECURITY SERVICE FEDERAL CREDIT UNION (hereinafter the "Lender"), payable as therein provided, containing the usual clauses providing for acceleration of maturity and attorney's fees, the payment of which note is secured by the vendor's lien herein retained, and is additionally secured by a deed of trust of even date herewith to RUTH W. GARNER, Trustee, 1500 Citywest Blvd., Suite 700, Houston, Texas 77042 the receipt of which is hereby acknowledged and confessed;

WHEREAS, Lender has, at the special insistence and request of Grantee, paid to Grantor the sum of SEVENTY-EIGHT THOUSAND, FIVE HUNDRED FORTY AND NO/100 DOLLARS (\$78,540.00) of the purchase money for the Property described below, and as represented by the above described Promissory Note of even date herewith. The vendor's lien against said Property securing payment of said Promissory Note is without recourse upon Grantor herein, and is hereby assigned transferred and delivered to Lender. The Grantor hereby conveying to said Lender the superior title to said Property, and subrogating the Lender unto all the rights and remedies of Grantor in the Property by virtue of said Promissory Note and liens 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 1692, VINTAGE OAKS AT THE VINEYARD, UNIT 19, Comal County, Texas, according to plat thereof recorded in Document #201806006077, Map and Plat Records of Comal County, Texas (hereinafter referred to as the "Property").

As additional consideration, Lender has, at the insistence and request of Grantee, paid to Grantor a portion of the face value of the Note (pursuant to the terms of a separate agreement between Grantee and Lender), and the Vendor's Lien against the Property securing payment of the Note, is without recourse upon Grantor, hereby SOLD, ASSIGNED AND TRANSFERRED to Lender, the Grantor hereby conveying to Lender the superior title to the Property, and subrogating the Lender unto all the rights and remedies of Grantor in the Property by virtue of the Note and liens.

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

Items	Date Received
	Initials

Permit Number

Instructions:

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

RECEIVED

MAY 20 2019

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

I affirm that I have provided all information required for my OSSF Development Application and that this application constitutes a completed OSSF Development Application.

Steve Byrd
Signature of Applicant

4/26/19
Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

___ INCOMPLETE APPLICATION
(Missing Items Circled, Application Refused)



MAILED

ENTERED

(830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com
Permit #: 109170

To: Stevie & Cristal Byrd
486 Curvatura
New Braunfels, TX 78132

Tech: Not Assigned
Brand/Mfg.: Solar Aerobic -
System S/N:
Aerator and S/N:

Site: 486 Curvatura, New Braunfels
Agency: Comal County Environmental Health
County: Comal
Subdivision: Vintage Oaks @ the Vineyard

Installed:
Phone: (210) 502-9153
Cell: (210) 846-7347
Work:

Contract: 7/22/2019 - 7/22/2021
Inspections per year: 3
Service Due: 11/22/2019
Alt Phone:
Warranty Ending: ①

Inspection Type: Scheduled Inspection

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

Air Pressure 58

Test Results and observations: (As Required)
Chlorine Residual: 0.00
Test Method: DPO
BOD: _____
TSS: _____
Access Ports Secured YES / NO
Repairs made: YES / NO

Mixed Liquor Aeration 0
Sludge Levels Clarifier 0
Pump 0

Repairs and Comments: Returning to repair

Inspector: Ricky
Tom Hampton VP
MP349/OS24597

Date: 8/7/19

home owners manuals take on 1st visit

Area: / 0
GPS:

ID = 61115212

Printed: 9/12/2019

486 Curvatura, New Braunfels

RECEIVED

SEP 30 2019

COUNTY ENGINEER

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

MAILED



ENTERED

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

To: Stevie & Cristal Byrd
486 Curvatura
New Braunfels, TX 78132

Printed: 9/19/2019
Site: 486 Curvatura
New Braunfels, TX 78132
(210) 502-9153

Permit #: 109170

Customer ID: 61115212

Agency: Comal County Environmental Health Comal County Environmental Health Comal C

Contract Dates: 7/22/2019 - 7/22/2021

County: Comal

Sub: Vintage Oaks @ the Vineyard

Scheduled Date: 3/22/2020

Mfg / Brand: - Solar Aerobic

Treatment Type: Aerobic

Disposal: Surface Application

ACT

Service Type: Repair

Entered By: Julie

Visit Date: 9/18/2019

Method: Grab

Technician: Ricky Nieto

Maint. Provider: Hampton, Thomas

Aerators: Operational

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Supply: Operational

Tank Lid / Riser: Secured

Electric Circuits: Operational

Distribution System: Operational

Sprayfield Veg: Operational

Alarm: Operational

Comments

- Technician Secured the Tank Lid and/or Riser prior to leaving location.
Repaired break in pvc spray line.

Service Completed

Insp ID #:117581

Provider: *Thomas Hampton*

License #: MP0000349

Expires: 9/30/2020

RECEIVED

SEP 30 2019

COUNTY ENGINEER

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



ENT

Phone: (830) 964-2365
 Fax: (830) 964-2659
 www.aerobicservices.com
 Permit #: 109170

Printed: 12/20/2019

To: **Stevie & Cristal Byrd**
 486 Curvatura
 New Braunfels, TX 78132

Tech: Not Assigned
 Brand/Mfg.: Solar Aerobic -
 System S/N:
 Aerator and S/N:

Contract: 7/22/2019 - 7/22/2021
 Inspections per year: 3
 Service Due: 1/22/2020
 Alt Phone: 3

Site: 486 Curvatura, New Braunfels
 Agency: Comal County Environmental Health
 County: Comal
 Subdivision: Vintage Oaks @ the Vineyard

Phone: (210) 502-9153
 Cell: (210) 846-7347
 Work:

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u> </u>	<u> </u>
Irrigation pump:	<u>/</u>	<u> </u>	<u> </u>
Air compressor:	<u>/</u>	<u> </u>	<u> </u>
Disinfection device:	<u>/</u>	<u> </u>	<u> </u>
Chlorine supply:	<u>/</u>	<u> </u>	<u> </u>
Spray field vegetation:	<u>/</u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u>/</u>	<u> </u>	<u> </u>
Controls/ Electric Circuits	<u>/</u>	<u> </u>	<u> </u>

Air Pressure 68

Test Results and observations: (As Required)
 Chlorine Residual: 0.37
 Test Method: D/D
 BOD:
 TSS:
 Access Ports Secured YES/NO
 Repairs made: YES/NO (NO)

Mixed Liquor
 Aeration
 Sludge Levels
 Clarifier 10
 Pump 2

Repairs and Comments: Cleaned sprayer screen in front of house

Inspector: Ricky
 Tom Hampton VP
 MP349/OS24597

Date: 2/6/20

Area: /0
 GPS: ID = 61115212

486 Curvatura, New Braunfels

RECEIVED
 FEB 20 2020
 COUNTY ENGINEER

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



Phone: (830) 964-2365
 Fax: (830) 964-2659
 www.aerobicservices.com
Permit #: 109170

Printed: 3/31/2020

To: Stevie & Cristal Byrd
486 Curvatura
New Braunfels, TX 78132

Tech: Not Assigned
 Brand/Mfg.: Solar Aerobic -
 System S/N:
 Aerator and S/N:

Site: 486 Curvatura, New Braunfels
 Agency: Comal County Environmental Health
 County: Comal
 Subdivision: Vintage Oaks @ the Vineyard

Contract: 7/22/2019 - 7/22/2021
 Inspections per year: 3
 Service Due: 5/22/2020
 Alt Phone: (830) 964-2365

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u> </u>	<u> </u>
Irrigation pump:	<u>/</u>	<u> </u>	<u> </u>
Air compressor:	<u>/</u>	<u> </u>	<u> </u>
Disinfection device:	<u>/</u>	<u> </u>	<u> </u>
Chlorine supply:	<u>/</u>	<u> </u>	<u> </u>
Spray field vegetation:	<u>/</u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u>OWIT</u>	<u> </u>	<u> </u>
Controls/ Electric Circuits	<u>/</u>	<u> </u>	<u> </u>

Air Pressure 42

Test Results and observations: (As Required)

Chlorine Residual: 0.20
 Test Method: DPD
 BOD: _____
 TSS: _____
 Access Ports Secured YES / NO
 Repairs made: YES / NO

Mixed Liquor
 Aeration 24
 Sludge Levels
 Clarifier 12
 Pump 2

Repairs and Comments:

Inspector: Seth
 Tom Hampton VP
 MP349/OS24597

Date: 6-10-20

Area: / 0
 GPS: ID = 61115212

486 Curvatura, New Braunfels

*4/10/20 see any other notes in
 to read them to date*

*in contact by phone
 to request to knock on
 H/O Request to knock on
 the door upon arrival*

MAILED

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



Phone: (830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com
Permit #: 109170

Printed: 7/8/2020

To: **Stevie & Cristal Byrd**
486 Curvatura
New Braunfels, TX 78132

Tech: Not Assigned
Brand/Mfg.: Solar Aerobic -
System S/N:
Aerator and S/N:

Contract: 7/22/2019 - 7/22/2021
Inspections per year: 3
Service Due: **9/22/2020**
Alt Phone: 4

Site: 486 Curvatura, New Braunfels

Agency: Comal County Environmental Health
County: Comal

Phone: (210) 502-9153
Cell: (210) 846-7347
Work:

Subdivision: Vintage Oaks @ the Vineyard

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u> </u>	<u> </u>
Irrigation pump:	<u>/</u>	<u> </u>	<u> </u>
Air compressor:	<u>/</u>	<u> </u>	<u> </u>
Disinfection device:	<u>/</u>	<u> </u>	<u> </u>
Chlorine supply:	<u>/</u>	<u> </u>	<u> </u>
Spray field vegetation:	<u>/</u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u>/</u>	<u> </u>	<u> </u>
Controls/ Electric Circuits	<u>/</u>	<u> </u>	<u> </u>

Air Pressure 36

Test Results and observations: (As Required)
Chlorine Residual: 0.07
Test Method: D/D
BOD: _____
TSS: _____

Mixed Liquor
Aeration 12
Sludge Levels
Clarifier 24
Pump 2

Access Ports Secured YES / NO
Repairs made: YES / NO

Repairs and Comments:

Inspector: Seth
Tom Hampton VP
MP349/OS24597

Date: 9-25-20

Area: / 0
GPS: ID = 61115212

486 Curvatura, New Braunfels

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



Phone: (830) 964-2365
 Fax: (830) 964-2659
 www.aerobicservices.com
Permit #: 109170

Printed: 12/17/2020

To: Stevie & Cristal Byrd
486 Curvatura
New Braunfels, TX 78132

Tech: Not Assigned
 Brand/Mfg.: Solar Aerobic -
 System S/N:
 Aerator and S/N:

Site: 486 Curvatura, New Braunfels
 Agency: Comal County Environmental Health
 County: Comal
 Subdivision: Vintage Oaks @ the Vineyard

Contract: 7/22/2019 - 7/22/2021
 Inspections per year: 3
 Service Due: **1/22/2021**
 Alt Phone:
 Phone: (210) 502-9153
 Cell: (210) 846-7347
 Work:

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u> </u>	<u> </u>
Irrigation pump:	<u>/</u>	<u> </u>	<u> </u>
Air compressor:	<u>/</u>	<u> </u>	<u> </u>
Disinfection device:	<u>/</u>	<u> </u>	<u> </u>
Chlorine supply:	<u>/</u>	<u> </u>	<u> </u>
Spray field vegetation:	<u>/</u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u>/</u>	<u> </u>	<u> </u>
Controls/ Electric Circuits	<u>/</u>	<u> </u>	<u> </u>

Air Pressure 50

Test Results and observations: (As Required)
 Chlorine Residual: 0.91
 Test Method: Rpd
 BOD: _____
 TSS: _____
 Access Ports Secured YES / NO
 Repairs made: YES / NO

Mixed Liquor
 Aeration 0
 Sludge Levels
 Clarifier 24
 Pump 2

Repairs and Comments:

Inspector: Tom Hampton
 Tom Hampton VP
 MP349/OS24597

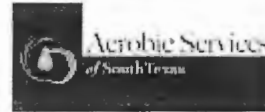
Date: 1-28-21

Area: /0
 GPS:
 ID = 61115212

486 Curvatura, New Braunfels

ENTERED

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



Phone: (830) 964-2365
 Fax: (830) 964-2659
 www.aerobicsservices.com
Permit #: 109170

Printed: 3/30/2021

To: Stevie & Cristal Byrd
486 Curvatura
New Braunfels, TX 78132

Tech: Not Assigned
 Brand/Mfg.: Solar Aerobic -
 System S/N:
 Aerator and S/N:

Site: 486 Curvatura, New Braunfels
 Agency: Comal County Environmental Health
 County: Comal
 Subdivision: Vintage Oaks @ the Vineyard

Contract: 7/22/2019 - 7/22/2021
 Inspections per year: 3
 Service Due: 5/22/2021
 Alt Phone: 6*
 Phone: (210) 502-9153
 Cell: (210) 846-7347
 Work:

Inspection Type: Standard

Item	Operational	Inoperative	N/A
Aerator:	<u>✓</u>	_____	_____
Irrigation pump:	<u>✓</u>	_____	_____
Air compressor:	<u>✓</u>	_____	_____
Disinfection device:	<u>✓</u>	_____	_____
Chlorine supply:	<u>✓</u>	_____	_____
Spray field vegetation:	<u>✓</u>	_____	_____
Sprinkler / Drip backwash:	<u>✓</u>	_____	_____
Controls/ Electric Circuits	<u>✓</u>	_____	_____

Air Pressure 50

Test Results and observations: (As Required)
 Chlorine Residual: 0.59
 Test Method: Duo
 BOD: _____
 TSS: _____
 Access Ports Secured YES/NO
 Repairs made: YES/NO NO

Mixed Liquor Aeration 0
 Sludge Levels Clarifier 12
 Pump 1

Repairs and Comments:

Inspector: Tom Hampton
 Tom Hampton VP
 MP349/OS24597

Date: 5/27/21

Area: / 0
 GPS: ID = 61115212

486 Curvatura, New Braunfels

*Call day before as courtesy
 wants to be present during last insps
 210-502-9153 5/19/21/SB*

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



Canyon Lake: (830) 964-2365
Bastrop: (512) 303-6922
 info@aerobicservices.com
 bastrop@aerobicservices.com
MP349 / OS24597
www.aerobicservices.com

To: Stevie & Cristal Byrd
486 Curvatura
New Braunfels, TX 78132
 Agency: Comal
 County: Comal
 Permit No: 109170

Tech: Nyssa
 Phone: (210) 502-9153 Date: 2023-09-26
 Alt Ph: (210) 846-7347 Service
 Due: _____

Inspection Type: _____

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

Air Pressure: 90

Test Results and Observations: (As Required)

Chlorine Residual: 0.08
 Test Method: _____
 BOD: _____
 TSS: _____

Mixed Liquor

Aeration: 48

Sludge Levels

Clarifier: Fog

Pump: 2

Access Ports Secured: Yes / NO

Repairs Made: Yes / NO

Repairs and Comments:
 System in good condition

Inspector: _____

Date: 2023-09-26

Tom Hampton, VP
 MP349/OS24597

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



Canyon Lake: (830) 964-2365
Bastrop: (512) 303-6922
 info@aerobicservices.com
 bastrop@aerobicservices.com
MP349 / OS24597
www.aerobicservices.com

To: Stevie & Cristal Byrd
486 Curvatura
New Braunfels, TX 78132
 Agency: Comal
 County: Comal
 Permit No: 109170

Tech: Marc
 Phone: (210) 502-9153 Date: 2024-02-02
 Alt Ph: (210) 846-7347 Service
 Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	[X]	[]	[]
Irrigation pump:	[X]	[]	[]
Air compressor:	[X]	[]	[]
Disinfection device:	[X]	[]	[]
Chlorine supply:	[X]	[]	[]
Spray field vegetation:	[X]	[]	[]
Sprinkler / Drip backwash:	[X]	[]	[]
Controls / Electric Circuits:	[X]	[]	[]

Air Pressure: 60

Test Results and Observations: (As Required)

Chlorine Residual: 0.09

Test Method: Dpd

BOD: _____

TSS: _____

Access Ports Secured: Yes [X] / NO []

Repairs Made: Yes [] / NO [X]

Mixed Liquor

Aeration: 0

Sludge Levels

Clarifier: 42

Pump: 0

Repairs and Comments:

Did full inspection. Adjusted front sprayer to spray 180 degrees on home owners property. Before spray was going into neighbors yard. No other issues found.

Inspector: _____

Date: 2024-02-02

Tom Hampton, VP
 MP349/OS24597