

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

Issued This Date:

10/16/2019

Permit Number:

109184

Location Description:

735 LANTANA TRACE

SPRING BRANCH, TX 78070

Subdivision:

Lantana Ridge

Unit:

9

Lot:

23

Block:

Acreage:

Type of System:

Aerobic

Surface Irrigation

Issued to:

Joel & Deborah Spring

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

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

Alterations to this permit including, but not limited to:

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

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

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

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

Licensing Authority

Comal County Environmental Health

OS0034792

ENVIRONMENTAL HEALTH INSPECTOR

OS000772

ENVIRONMENTAL HEALTH COORDINATOR

Fr ncy

## Comal County Environmental Health OSSF Inspection Sheet

| 1st Inspection Date: 6                                                                                             | 114 [1                                                                                                         | 2nd Inspection Da                                                                                                                                                                                                                                                                                                 | te: Final 10-16 B. Oluga                | _ 3rd inspection<br>Inspector |              | <br>ike | 7.         |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------|--------------|---------|------------|
| Permitti: 109184                                                                                                   |                                                                                                                |                                                                                                                                                                                                                                                                                                                   | Address: Lantena                        |                               |              |         | Hacel      |
| SACEAND SAR CLAND CONSE<br>STUMMER DESTANCES See und Soo<br>Consider Consider each<br>Destance (Former Materials   | APPENDE                                                                                                        | 285_31(a)<br>285_30(a)(a)(b)(b)<br>285_30(a)(1)(A)(b)<br>285_30(a)(1)(A(d))<br>285_30(a)(1)(A(d))<br>285_30(a)(1)(A(d))                                                                                                                                                                                           |                                         |                               | ##0:<br>6/14 | Delices | e for this |
| SHE AND SOL COMPETIONS &<br>SSEASK DISTANCES SEEBACK<br>Distances<br>Mest Minimum Standards                        |                                                                                                                | 285.91(10)<br>285.30(b)(4)<br>285.31(d)                                                                                                                                                                                                                                                                           | No Liter; ;<br>Resolved.                |                               |              |         |            |
| SEWER PIPE Proper Type Pipe<br>from Structure to Disposal System<br>(Cast fron, Ductile Iron, Sch. 40,<br>SDR 26)  |                                                                                                                | 285.32(a)(1)                                                                                                                                                                                                                                                                                                      | 1/2" Weed<br>to 3" of B.3<br>Need on de | fo chang<br>ged<br>esita Lin  | c.           |         |            |
| SEWER PIPE Slope from the Sewer<br>to the Tank at least 1/8 Inch Per<br>Foot                                       | المستشر المستش | ,<br>285.32(a)(3)                                                                                                                                                                                                                                                                                                 |                                         | <b>.</b>                      | 3            |         |            |
| SEWER PIPE Two Way Sanitary -<br>Type Cleanout Properly Installed<br>(Add. C/O Every 100' &/or 90<br>degree bends) |                                                                                                                | 285.32(a)(5)                                                                                                                                                                                                                                                                                                      | ·                                       |                               |              |         |            |
| PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Most Minimum Requirements      |                                                                                                                | 285.32(b)(1)(G)285.32(b)(1) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(G)(i) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C) 285.32(b)(1)(C) 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) 285.32(b)(1)(E)(ii)(ii) |                                         |                               |              |         |            |
| PRETREATMENT Grease<br>Interceptors if required for                                                                |                                                                                                                | 285.34(d)                                                                                                                                                                                                                                                                                                         |                                         |                               |              |         |            |

Tank set only bevelod

10-16-19 2010 Covered operational operational of Covered.

Covered.

wanting to add his "Line.

From galage to tank For Sink?.

No L.T.O. +7/ Nesouled.

| 4           | Delivering "                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Acuter | Clarifons                                                                                                                                           | Xecus  | Let leng. | 2nd hup.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Kille Al |
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| 300-004 vit | SEPTIC TANK Tank(s) Clearly<br>Marked SEPTIC TANK If<br>SingleTank, 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        | 285.32(b)(1)(E)<br>285.93(2)<br>285.32(b)(1)(F)                                                                                                     |        |           | e e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |
|             | Compartments Provided with<br>Baffle SEPTIC TANK Inlet Flowline<br>Greater than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | 285.32(b)(1)(E)(iii)<br>285.32(b)(1)(E)(ii)(ii)<br>285.32(b)(1)(E)(ii)(i)                                                                           |        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|             | 3" and "T" Provided on Inlet and<br>Outlell<br>SEPTIC TANK Septic Tank(s) Meet<br>Minimum Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        | 285.32(b)(1)(E)(i)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(C)(i)<br>285.32(b)(1)(B)<br>285.32(b)(1)(A)<br>285.32(b)(1)(E)(iv) |        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|             | ALL YANKS installed on 4" Sand<br>Cushion/ Proper Backfill Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | 285.32(b)(1)(F)<br>285.32(b)(1)(G)<br>285.34(b)                                                                                                     |        |           | The Company of the Co |          |
|             | SEPTIC TANK Inspection / Clean<br>Out Port & Risers Provided on<br>Tanks Burled Greater than 12"<br>Sealed and Capped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -      | 285.38(d)                                                                                                                                           |        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|             | 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)<br>285.38(e)                                                                                                                              |        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| 2           | SEPTIC TANK Tank Volume<br>Installed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                                                                                                                                                     |        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| 3           | PUMP TANK Volume Installed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                                                                                                                                     |        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| 14          | AEROBIC TREATMENT UNIT Size enstalled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | بمن    |                                                                                                                                                     | 500    | 6/14/19   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6/2,)    |
| . ~         | ASPORIC TREATMENT UNIT MAINIFACTURE ASPORIC TREATMENT UNIT PLOUB! MAINIFACTURE MAIN |        |                                                                                                                                                     | Proflo |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| 16          | DISPOSAL SYSTEM Absorptive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        | 285.33(a)(1)<br>285.33(a)(1)<br>285.33(a)(2)<br>285.33(a)(3)                                                                                        |        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|             | DISPOSAL SYSTEM Leaching<br>Chamber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        | 285.33(a)(1)<br>285.33(a)(3)<br>285.33(a)(4)<br>285.33(a)(2)                                                                                        |        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| 17          | DISPOSAL SYSTEM Evapo-<br>transpirative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        | 285.33(a)(4)<br>285.33(a)(1)<br>285.33(a)(2)                                                                                                        |        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |

| 4           |                                                             | eneser Chatlens 285,33(c)(3)(           | 8127ET   | Sotes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ist krap. | 2nd losp. | Indump.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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|             | DISPOSAL SYSTEM Drip Irrigation                             | *anmalellall                            | "" \     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|             | DISPOSAL SYSTEM Soil                                        | 285.33(d)                               | 4)       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | Substitution  DESCOSAL SYSTEM Fumped                        |                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | Elitaria<br>Elitaria                                        | 285.33(a)<br>285.33(a)                  |          | The Market of the Control of the Con |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1           |                                                             | 295,33(a)                               | (2)      | n effective and the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |           | A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|             | DISPOSAL SYSTEM Gravelless Pipe                             | 285,33(a)<br>285,33(a)                  |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             |                                                             | 285.33(a)                               | (4)      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2           |                                                             | 285.33(a)                               | (1)      | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | DISPOSAL SYSTEM Mound                                       | 285.33(a)                               |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Ý           |                                                             | 285.39(a)<br>285.33(a)                  |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             |                                                             | 285.33(a)                               |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8           | DISPOSAL SYSTEM Other                                       | (285.33(d)                              | (8)      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | (describe) (Approved Design)                                | 285.33(c)                               |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           | The state of the s |
| 24          |                                                             |                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | DRAINFELD Absorptive Drainline 3" PVC                       |                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|             | S. A.C.                                                     | <b>\</b>                                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|             | DRAMFIELD Area Installed                                    |                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6           | DRAINFIELD Level to within 1 inch                           |                                         |          | The state of the s |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| E.          | per 25 fact and within 3 inches                             | 285.33(b)(1)                            | (A)(v)   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| :           | over entire excavation                                      |                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | DRAINFIELD Excavation Width                                 |                                         |          | VALUE OF THE STATE |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | DRAINFIELD Excavation Depth                                 |                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | DRAINFIELD Excavation Separation DRAINFIELD Depth of        |                                         |          | Contract Contract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | Porous Media                                                |                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | DRAINFIELD Type of Porous Media                             |                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             |                                                             | auto Company                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 28          |                                                             |                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | DRAINFIELD Pipe and Gravel -                                | 285.33(b)(                              | rue)     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <u> 19</u>  | Geotestile Fabric in Place                                  | 20003(0)                                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End |                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | Plates w/Splash Plate, Inspection                           |                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | BETT TO 1 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | Port & Closed End Plates in Place                           | 28S.33{c                                | )(2)     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | (per manufacturers spec.)                                   |                                         | 100      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 30          |                                                             |                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <i>3</i> -0 | LOW PRESSURE DISPOSAL                                       | 200 200 200 200 200 200 200 200 200 200 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | SYSTEM Adequate Trench Length                               |                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | & Width, and Adequate Separation Distance between           | 285.33(d)(1                             | L)(C)(i) | ·<br>·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           | 1         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | Trenches                                                    |                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1         |           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|                      | 1. <del>194.47%</del>                                                                                          | Accesor      | <b>Clation</b>                     | No. | lot leng.    | Zadiosp.  | Ard teap.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------|----------------------------------------------------------------------------------------------------------------|--------------|------------------------------------|-----|--------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Only by<br>EFFLUEI   | NT DISPOSAL SYSTEM Utilized Single Family Dwelling NT DISPOSAL SYSTEM                                          |              |                                    |     |              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| < 2.0% I<br>Adequa   | uptic Slopes<br>EFFLUENT DISPOSAL SYSTEM<br>te Length of Drain Field ( 1000                                    |              | 285.33(b)(3)(A)                    |     |              |           | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| & an ad              | t. for 2 bedrooms or tess<br>ditional 400 ft. for each                                                         |              | 285.33(b)(3)(A)<br>285.33(b)(3)(B) |     |              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| EFFLUE               | al bedroom ) WT DISPOSAL SYSTEM Lateral                                                                        |              | 285.91(13)<br>285.33(b)(3)(D)      |     |              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Separat<br>restricti | # 18 Inches to 3 ft. & Vertical<br>ion of 1ft on bottom and 2 ft. to<br>we horizon and ground water            |              | 285.33(b)(3)(F)                    | ,   |              | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Drain M              | nuly<br>NT DISPOSAL SYSTEM Lateral<br>192 (1.25 - 1.5° tim.) & Pipe Holes<br>1/4° dia. Hole Size ) 5 ft, Apart |              |                                    |     |              |           | ٠.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Acroid               | CTREATMENT UNITES<br>CUME Installed According<br>roved Guidelines                                              | 7            | 285,32(c)(1)                       |     | 6/14/19      |           | 6/21/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                      | AC TREVAMENT OF IT                                                                                             |              |                                    |     |              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| lisen                | BOOKERO GUO PORT À<br>Provided<br>HC TREATMENT UNIT                                                            |              |                                    |     |              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| proxid               | locy rectified dynamic<br>ed aveobic treatment                                                                 |              |                                    |     |              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| to lid c             | Digr permanently fastened<br>ir cast into lank<br>IIIC TREATMENT UNIT Riser                                    |              |                                    |     |              | STREET, T |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| cap pr<br>yrawdi     | otested against<br>regized intrusions                                                                          |              |                                    |     |              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Chiori               | SIC TREATMENT UNIT                                                                                             |              |                                    |     |              |           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| PUMP                 | ne Tablets in Piece.<br>TANK is the Pump Tank an                                                               |              |                                    |     |              |           | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| accept               | ved concrete tank or other<br>able materials &<br>uction                                                       | :            |                                    |     |              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PUMP                 | TANK Sampling Port                                                                                             |              |                                    |     |              |           | į                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                      | TANK Check Valve and/or<br>Siphon Device Present When                                                          |              |                                    |     |              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                      | red<br>TANK Audible and Visual<br>Vater Alarm Installed on                                                     |              |                                    |     |              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 36 Separ             | ate Circuit From Pump                                                                                          |              |                                    |     |              |           | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Port 8               | TANK Inspection/Clean Out<br>k Risers Provided<br>TANK Secondary restraint                                     |              |                                    |     |              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PUME                 | n provided PTANK Riser permanently ned to lid or cast into tank                                                |              |                                    |     |              | į         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PUMI                 | red to lid or cast into tank  P TANK Riser cap protected  st unauthorized intrusions                           |              |                                    |     |              |           | - The second sec |
| 37<br>PUM            | P TANK Secondary restraint                                                                                     |              |                                    |     |              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PUM                  | m provided<br>P TANK Electrical<br>ections in Approved Junction                                                | <del> </del> |                                    |     | <del> </del> |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                      | s / Wiring Buried                                                                                              |              |                                    |     |              |           | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

### **FINAL**

| 140 | - Descripeon                                                                                                                                                                                    | Armser | Citations                                                                                                                                                                                             | Notes | ast knog.  | 2nd Into. | End America |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|-----------|-------------|
|     | Admis S. (OH) AREA Distribution Place in this production (Ready & Valve Covers Color Coded Purple)                                                                                              | /      | 225.53(d)(2)(G)(III)(II)285.3<br>3(d)(2)(G)(III)(II)285.33(d)(<br>21(G)(V)<br>285.33(d)(2)(G)(IV)<br>285.33(d)(2)(G)(IV)<br>285.33(d)(2)(G)(II)<br>285.33(d)(2)(G)(III)(I)<br>285.33(d)(2)(G)(III)(I) |       | stalq<br>1 |           |             |
|     | APPLICATION AREA Low Angle Rozzies Used / Pressure is as required APPLICATION AREA Acceptable Areo, wothing within 10 ft of sprinker besids? APPLICATION AREA The Landscape Plan is an Designed |        | 285.33/dV(2)/GV(4)<br>285.33(d)(2)(A)<br>285.33(d)(2)(F)                                                                                                                                              |       |            |           |             |
| 42  | APPLICATION AREA Area Installed                                                                                                                                                                 |        |                                                                                                                                                                                                       |       |            |           | 1.00        |
| 43  | PUMP TANK Meets Minimum<br>Reserve Capacity Requirements                                                                                                                                        |        |                                                                                                                                                                                                       |       |            |           |             |
|     | PUMP TANK Material Type &<br>Manufactorer                                                                                                                                                       |        |                                                                                                                                                                                                       |       |            |           |             |
|     | PUMP TANK Type/Size of Pump<br>Installed                                                                                                                                                        |        |                                                                                                                                                                                                       |       |            |           |             |

| 1st Inspection Date: 6                                                                                                      | 114/1  |                                                                                                                                                                                                                                                                                                 | te:                                     |           | Date:  | 6/2               | 1/19                                    |           |
|-----------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------|--------|-------------------|-----------------------------------------|-----------|
| Inspector Name: Mike                                                                                                        | T.     | Inspector Name:                                                                                                                                                                                                                                                                                 |                                         |           |        |                   | Ke                                      |           |
| Permit#: 109184                                                                                                             |        |                                                                                                                                                                                                                                                                                                 | Address: Lawtawa                        | Ridge /   | 735    | Land              | towa ;                                  | THACE     |
| Description                                                                                                                 | Anwser | Citations                                                                                                                                                                                                                                                                                       | Notes                                   |           | 1st in | The second second | 2nd Insp.                               | 3rd Inep. |
| SITE AND SOIL CONDITIONS &<br>SETBACK DISTANCES Site and Soil<br>Conditions Consistent with<br>Submitted Planning Materials |        | 285.31(a)<br>285.30(b)(1)(A)(iv)-<br>285.30(b)(1)(A)(v)<br>285.30(b)(1)(A)(ii)<br>285.30(b)(1)(A)(ii)<br>285.30(b)(1)(A)(i)                                                                                                                                                                     |                                         |           | 4/14   | 15                |                                         | 6/21/1    |
| SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards                                       |        | 285.91(10)<br>285.30(b)(4)<br>285.31(d)                                                                                                                                                                                                                                                         | No L.T.O. 7<br>Resolved.                | tell      |        |                   |                                         |           |
| SEWER PIPE Proper Type Pipe<br>from Structure to Disposal System<br>(Cast Iron, Ductile Iron, Sch. 40,<br>SDR 26)           | 1      | 285.32(a)(1)                                                                                                                                                                                                                                                                                    | 1/2" Weed<br>to 3" of Bis<br>Need ow do | to change | *      |                   | en deven same                           |           |
| SEWER PIPE Slope from the Sewer<br>to the Tank at least 1/8 Inch Per<br>Foot                                                | /      | 285.32(a)(3)                                                                                                                                                                                                                                                                                    | 7.00                                    |           |        |                   |                                         |           |
| SEWER PIPE Two Way Sanitary -<br>Type Cleanout Properly Installed<br>(Add. C/O Every 100' &/or 90<br>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<br>)(E)(iii)<br>285.32(b)(1)(E)(iv)<br>285.32(b)(1)(F)<br>285.32(b)(1)(C)(i)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(C)<br>285.32(b)(1)(E)<br>285.32(b)(1)(E)<br>285.32(b)(1)(E)(ii)(II)<br>285.32(b)(1)(E)(ii)(II)<br>285.32(b)(1)(E)(ii)(II) |                                         |           |        |                   |                                         |           |
| PRETREATMENT Grease<br>Interceptors if required for                                                                         |        | 285.34(d)                                                                                                                                                                                                                                                                                       |                                         |           |        |                   | *************************************** |           |

MT- 6/14/19
Tank set only, Leveled

operational operational operational of Covered.

Covered.

wanting to add the Line.

From galage to tank For Sink?

No L.T.O. +711 Resouled.

|    |                                                                                                                                                                                                                                        | America | Citations                                                                                                                                                                                                                                                            | The state of the s | Est Inop. | 2nd Insp. | 3rd mag. |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|----------|
|    | 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 Minimum Requirements |         | 285.32(b)(1)(E)<br>285.32(b)(1)(F)<br>285.32(b)(1)(E)(iii)<br>285.32(b)(1)(E)(ii)(ii)<br>285.32(b)(1)(E)(ii)(i)<br>285.32(b)(1)(E)(ii)<br>285.32(b)(1)(D)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(B)<br>285.32(b)(1)(B)<br>285.32(b)(1)(E)(iv) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |          |
|    | ALL TANKS Installed on 4" Sand<br>Cushion/ Proper Backfill Used                                                                                                                                                                        |         | 285.32(b)(1)(F)<br>285.32(b)(1)(G)<br>285.34(b)                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |          |
|    | SEPTIC TANK Inspection / Clean<br>Out Port & Risers Provided on<br>Tanks Buried Greater than 12"<br>Sealed and Capped                                                                                                                  |         | 285.38(d)                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |          |
| )  | 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)<br>285.38(e)                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |          |
| 2  | SEPTIC TANK Tank Volume<br>Installed                                                                                                                                                                                                   |         |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |          |
|    | PUMP TANK Volume Installed                                                                                                                                                                                                             |         |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |          |
| 3  | AEROBIC TREATMENT UNIT Size Installed                                                                                                                                                                                                  |         | <b>\</b>                                                                                                                                                                                                                                                             | 500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6/14/19   |           | 6/2,)    |
| 4  | AEROBIC TREATMENT UNIT Manafacturer AEROBIC TREATMENT UNIT Plodel Number                                                                                                                                                               |         |                                                                                                                                                                                                                                                                      | PROFIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |           | 1        |
| -  | DISPOSAL SYSTEM Absorptive                                                                                                                                                                                                             |         | 285.33(a)(1)<br>285.33(a)(1)<br>285.33(a)(2)<br>285.33(a)(3)                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |          |
| 6  | DISPOSAL SYSTEM Leaching<br>Chamber                                                                                                                                                                                                    |         | 285.33(a)(3)<br>285.33(a)(4)<br>285.33(a)(4)<br>285.33(a)(2)                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |          |
| 18 | DISPOSAL SYSTEM Evapo-<br>transpirative                                                                                                                                                                                                |         | 285.33(a)(4)<br>285.33(a)(1)<br>285.33(a)(2)                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |           |          |

| No. | Description Arrerse                                                                                                                                       | Citations                                                                    | Notes                                 | 1st insp. | 2nd insp. | 3rd Insp. |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------|-----------|-----------|-----------|
|     | DISPOSAL SYSTEM Drip Irrigation                                                                                                                           | 285.33(c)(3)(A)-(F)                                                          |                                       |           |           |           |
| 9   |                                                                                                                                                           |                                                                              |                                       |           |           |           |
|     | DISPOSAL SYSTEM Soil Substitution                                                                                                                         | 285.33(d)(4)                                                                 |                                       |           |           |           |
|     | DISPOSAL SYSTEM Pumped Effluent                                                                                                                           | 285.33(a)(3)<br>285.33(a)(1)                                                 |                                       |           |           |           |
| 1   | DISPOSAL SYSTEM Gravelless Pipe                                                                                                                           | 285.33(a)(2)<br>285.33(a)(3)<br>285.33(a)(2)<br>285.33(a)(4)<br>285.33(a)(1) |                                       |           |           | A         |
| 2   | DISPOSAL SYSTEM Mound                                                                                                                                     | 285.33(a)(3)<br>285.33(a)(1)<br>285.33(a)(2)<br>285.33(a)(4)                 |                                       |           |           |           |
| 3   | DISPOSAL SYSTEM Other<br>(describe) (Approved Design)                                                                                                     | 285.33(d)(6)<br>285.33(c)(4)                                                 |                                       |           |           |           |
| 4   | DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC                                                                                                          |                                                                              |                                       |           |           |           |
|     | DRAINFIELD Area Installed                                                                                                                                 |                                                                              |                                       |           |           |           |
| 16  | DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation                                                                  | 285.33(b)(1)(A)(v)                                                           |                                       |           |           |           |
| 27  | DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media |                                                                              |                                       |           |           |           |
| 28  |                                                                                                                                                           |                                                                              |                                       |           |           |           |
| 29  | DRAINFIELD Pipe and Gravel -<br>Geotextile Fabric in Place                                                                                                | 285.33(b)(1)(E)                                                              |                                       |           |           |           |
| 23  | 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)                                                                 |                                       |           |           |           |
| 30  |                                                                                                                                                           |                                                                              | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |           |           |           |
| 31  | LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches                                            | 285.33(d)(1)(C)(i)                                                           |                                       |           |           |           |

| السيسات عامليا                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Anuser | Contons -                                                                                                 | Notes . | Let Inop. | 2nd Imag. | 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)<br>285.33(b)(3)(A)<br>285.33(b)(3)(B)<br>285.91(13)<br>285.33(b)(3)(D)<br>285.33(b)(3)(F) |         |           |           |           |
| AEROBIC TREATMENT UNIT IS Aerobic Unit Installed According to Approved Guidelines.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        | 285,32(c)(1)                                                                                              |         | 6/14/19   |           | 6/21/19   |
| 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                                                                                                                                                |        |                                                                                                           |         | H.        |           |           |
| 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 37 PUMP TANK Secondary restraint                                                                                                                                                                                                                                                                                                   |        |                                                                                                           |         |           |           |           |
| system provided PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                           |         |           |           |           |

| No | - Decision                                                                                                                                                                                      | Anwser | Citations                                                                                                                                                                  | Notes | 1st insp. | 2nd Imap. | 3rd hesp. |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------|-----------|-----------|
|    | APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?                                                                                                 | /      | 285.33(d)(2)(G)(iii)(ii)285.3<br>3(d)(2)(G)(iii)(iii)285.33(d)(<br>2)(G)(v)<br>285.33(d)(2)(G)(iii)<br>285.33(d)(2)(G)(iv)<br>285.33(d)(2)(G)(i)<br>285.33(d)(2)(G)(ii)(i) |       | 6/14/9    |           |           |
| 0  | APPLICATION AREA Low Angle Nozzies 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)<br>285.33(d)(2)(A)<br>285.33(d)(2)(F)                                                                                                                   |       |           |           |           |
| 1  | APPLICATION AREA Area installed                                                                                                                                                                 |        |                                                                                                                                                                            |       |           |           |           |
| 2  |                                                                                                                                                                                                 |        | the second second                                                                                                                                                          |       |           |           |           |
| 3  | PUMP TANK Meets Minimum<br>Reserve Capacity Requirements                                                                                                                                        |        |                                                                                                                                                                            |       |           |           |           |
| 4  | PUMP TANK Material Type & Manufacturer                                                                                                                                                          |        |                                                                                                                                                                            |       |           |           |           |
| 5  | PUMP TANK Type/Size of Pump<br>Installed                                                                                                                                                        |        |                                                                                                                                                                            |       |           |           |           |

| 1st Inspection Date: 6 Inspector Name: Mike                                                                        |        | 2nd Inspection Dat                                                                                                                                                                                                                                                                  | te:              | 3rd Inspection Inspector |        |     |           |           |
|--------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|--------|-----|-----------|-----------|
| Permit#: / 09184                                                                                                   |        |                                                                                                                                                                                                                                                                                     | Address: Lantana | Ridge /                  | 735    | Lak | stana .   | THace     |
| Description                                                                                                        | Anwser | Citations                                                                                                                                                                                                                                                                           | Notes            |                          | 1st In |     | 2nd Insp. | 3rd Insp. |
| SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials | /      | 285.31(a)<br>285.30(b)(1)(A)(iv)-<br>285.30(b)(1)(A)(iii)<br>285.30(b)(1)(A)(iii)<br>285.30(b)(1)(A)(i)<br>285.30(b)(1)(A)(i)                                                                                                                                                       |                  |                          | 0/14   | 15  |           |           |
| SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards                              | /      | 285.91(10)<br>285.30(b)(4)<br>285.31(d)                                                                                                                                                                                                                                             |                  |                          |        |     |           |           |
| SEWER PIPE Proper Type Pipe<br>from Structure to Disposal System<br>(Cast Iron, Ductile Iron, Sch. 40,<br>SDR 26)  | /      | 285.32(a)(1)                                                                                                                                                                                                                                                                        |                  |                          |        |     |           |           |
| SEWER PIPE Slope from the Sewer<br>to the Tank at least 1/8 Inch Per<br>Foot                                       | /      | 285.32(a)(3)                                                                                                                                                                                                                                                                        |                  |                          |        |     |           |           |
| SEWER PIPE Two Way Sanitary -<br>Type Cleanout Properly Installed<br>(Add. C/O Every 100' &/or 90<br>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)(C)(ii) 285.32(b)(1)(D) 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<br>Interceptors if required for<br>commercial                                                  |        | 285.34(d)                                                                                                                                                                                                                                                                           |                  |                          |        |     |           |           |

MT- 6/14/19

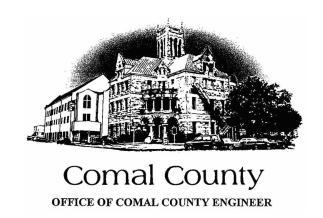
Tank set only, Leveled

| lo. |                                                                                                                                                                                 | 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                                                    |        | 285.32(b)(1)(E)<br>285.91(2)<br>285.32(b)(1)(F)<br>285.32(b)(1)(E)(iii)<br>285.32(b)(1)(E)(ii)(II)                                                                          |         |           |           |           |
|     | Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements                                                                     |        | 285.32(b)(1)(E)(ii)(I)<br>285.32(b)(1)(E)(ii)<br>285.32(b)(1)(D)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(B)<br>285.32(b)(1)(A)<br>285.32(b)(1)(E)(iv) |         |           |           |           |
|     | ALL TANKS Installed on 4" Sand<br>Cushion/ Proper Backfill Used                                                                                                                 |        | 285.32(b)(1)(F)<br>285.32(b)(1)(G)<br>285.34(b)                                                                                                                             |         |           |           |           |
|     | SEPTIC TANK Inspection / Clean<br>Out Port & Risers Provided on<br>Tanks Buried Greater than 12"<br>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)<br>285.38(e)                                                                                                                                                      |         | ,         |           | =         |
| 2   | SEPTIC TANK Tank Volume<br>Installed                                                                                                                                            |        |                                                                                                                                                                             |         |           |           |           |
| 3   | PUMP TANK Volume Installed                                                                                                                                                      |        |                                                                                                                                                                             |         |           |           |           |
| A   | AEROBIC TREATMENT UNIT Size Installed                                                                                                                                           |        |                                                                                                                                                                             | 500     | 6/14/19   |           |           |
| 4   | AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number                                                                                                         |        |                                                                                                                                                                             | Pro 410 |           |           |           |
|     | DISPOSAL SYSTEM Absorptive                                                                                                                                                      |        | 285.33(a)(1)<br>285.33(a)(2)<br>285.33(a)(2)<br>285.33(a)(3)                                                                                                                |         |           |           |           |
| 7   | DISPOSAL SYSTEM Leaching<br>Chamber                                                                                                                                             |        | 285.33(a)(1)<br>285.33(a)(3)<br>285.33(a)(4)<br>285.33(a)(2)                                                                                                                |         |           |           |           |
| 18  | DISPOSAL SYSTEM Evapo-<br>transpirative                                                                                                                                         |        | 285.33(a)(4)<br>285.33(a)(1)<br>285.33(a)(2)                                                                                                                                |         |           |           |           |

| No. | Description                                                                                                                                                           | Anwser | Citations                                                    | Notes | 1st Insp. | 2nd Inep. | 3rd Incp. |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------|-------|-----------|-----------|-----------|
|     | DISPOSAL SYSTEM Drip Irrigation                                                                                                                                       |        | 285.33(c)(3)(A)-(F)                                          |       |           |           |           |
| 9   |                                                                                                                                                                       |        |                                                              |       |           |           |           |
| 0   | DISPOSAL SYSTEM Soil Substitution                                                                                                                                     |        | 285.33(d)(4)                                                 |       |           |           |           |
| 1   | DISPOSAL SYSTEM Pumped Effluent                                                                                                                                       |        | 285.33(a)(3)<br>285.33(a)(1)<br>285.33(a)(2)                 |       |           |           |           |
|     | DISPOSAL SYSTEM Gravelless Pipe                                                                                                                                       |        | 285.33(a)(3)<br>285.33(a)(2)<br>285.33(a)(4)<br>285.33(a)(1) |       |           |           |           |
| .2  | DISPOSAL SYSTEM Mound                                                                                                                                                 |        | 285.33(a)(1)<br>285.33(a)(1)<br>285.33(a)(2)<br>285.33(a)(4) | 0.100 |           |           |           |
| 23  | DISPOSAL SYSTEM Other<br>(describe) (Approved Design)                                                                                                                 |        | 285.33(d)(6)<br>285.33(c)(4)                                 |       |           |           |           |
|     | DRAINFIELD Absorptive Drainline<br>3" PVC<br>or 4" PVC                                                                                                                |        |                                                              |       |           |           |           |
| 26  | DRAINFIELD Area Installed                                                                                                                                             |        |                                                              |       |           |           |           |
| 2.7 | DRAINFIELD Level to within 1 inch<br>per 25 feet and within 3 inches<br>over entire excavation                                                                        |        | 285.33(b)(1)(A)(v)                                           |       |           |           |           |
| 27  | DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media             |        |                                                              |       |           |           |           |
| 28  |                                                                                                                                                                       |        |                                                              |       |           |           |           |
| 29  | DRAINFIELD Pipe and Gravel -<br>Geotextile Fabric in Place                                                                                                            |        | 285.33(b)(1)(E)                                              |       |           |           |           |
|     | DRAINFIELD Leaching Chambers<br>DRAINFIELD Chambers - Open End<br>Plates w/Splash Plate, Inspection<br>Port & Closed End Plates in Place<br>(per manufacturers spec.) |        | 285.33(c)(2)                                                 |       |           |           |           |
| 30  | LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches                                                        |        | 285.33(d)(1)(C)(i)                                           |       |           |           |           |

| ND. | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Anwser | Citations                                                                                                 | Notes | 1st Insp. | 2nd Insp. | 3rd Insp. |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------|-------|-----------|-----------|-----------|
| 2   | 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)<br>285.33(b)(3)(A)<br>285.33(b)(3)(B)<br>285.91(13)<br>285.33(b)(3)(D)<br>285.33(b)(3)(F) |       |           |           |           |
|     | AEROBIC TREATMENT UNIT IS<br>Aerobic Unit Installed According<br>to Approved Guidelines.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1      | 285.32(c)(1)                                                                                              |       | 6/14/19   |           |           |
|     | 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                                                                                                                                                                                                                                                                                 |        |                                                                                                           |       |           |           |           |
| 35  | AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | /      |                                                                                                           |       |           |           |           |
| 36  | PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti-Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump                                                                                                                                                                                                                                         |        |                                                                                                           |       |           |           |           |
| 37  | PUMP TANK Inspection/Clean Out<br>Port & Risers Provided<br>PUMP TANK Secondary restraint<br>system provided<br>PUMP TANK Riser permanently<br>fastened to lid or cast into tank<br>PUMP TANK Riser cap protected<br>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?                                                                                                 | 1      | 285.33(d)(2)(G)(iii)(II)285.3<br>3(d)(2)(G)(iii)(III)285.33(d)(<br>2)(G)(v)<br>285.33(d)(2)(G)(iii)<br>285.33(d)(2)(G)(iv)<br>285.33(d)(2)(G)(i)<br>285.33(d)(2)(G)(iii)<br>285.33(d)(2)(G)(iii)(I) |       | 6/14/19   |           |           |
| 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)<br>285.33(d)(2)(A)<br>285.33(d)(2)(F)                                                                                                                                            |       |           |           |           |
| 41  | APPLICATION AREA Area Installed                                                                                                                                                                 |        |                                                                                                                                                                                                     |       |           |           |           |
| 42  | PUMP TANK Meets Minimum<br>Reserve Capacity Requirements                                                                                                                                        |        |                                                                                                                                                                                                     |       |           |           |           |
| 44  | PUMP TANK Material Type & Manufacturer                                                                                                                                                          |        |                                                                                                                                                                                                     |       |           |           |           |
| 45  | PUMP TANK Type/Size of Pump<br>Installed                                                                                                                                                        |        |                                                                                                                                                                                                     |       |           |           |           |



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

Permit Number: 109184

Issued This Date: 05/29/2019

This permit is hereby given to: Joel & Deborah Spring

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

735 LANTANA TRACE SPRING BRANCH, TX 78070

Subdivision: Lantana Ridge

Unit: 9

Lot: 23

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.

#### REVISED

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

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN

| 16 | 40 | 20  |   |   |  |
|----|----|-----|---|---|--|
| D  | 5  | 74  | S | 5 |  |
| n  |    | V I |   |   |  |

Signature of Owner

ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE 2:39 pm, Aug 06, 2019 Owner Name Mailing Address Agent Address City, State, Zip City, State, Zip Phone # Phone # Email Email Owner Agent | Both Subdivision Name Unit Acreage/Legal City Street Name/Address Type of Development: Single Family Residential Type of Construction (House, Mobile, RV, Etc.) Number of Bedrooms Indicate Sq Ft of Living Area Non-Single Family Residential (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: \$ うらうさら (Structure Only) Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement? (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 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 - 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.

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

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

### **REVISED**

8:44 am, Jul 03, 2019

| Planning Materials & Site Evaluation as Required Completed By                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| System Description Aerobic with Spray Distribution                                                                                                                                                                                                               |
| Size of Septic System Required Based on Planning Materials & Soil Evaluation                                                                                                                                                                                     |
| Tank Size(s) (Gallons) 600 GPD ULL Absorption/Application Area (Sq Ft)                                                                                                                                                                                           |
| Gallons Per Day (As Per TCEQ Table III) 310  (Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ.)                                                                                                                     |
| Is the property located over the Edwards Recharge Zone?  Yes No                                                                                                                                                                                                  |
| (If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.)) MAY 22 2019                                                                                                                                 |
| 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? X 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

5, 75, 75 Date

HOYT SEIDENSTICKER

Page 2 of 2

195 David Jonas Dr., New Braunfels, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078

1/CB

201005017/23 05/22/2019

201906017423 05/22/2019 11:57:21 AM 1/1

### Affidavit to the Public

THE COUNTY OF STATE OF TEXAS

Comal

Bobbie Koepp

| CERTIFICATION OF OSSF REQ                                                                                                                                                                                                                                                                                                       | QUIRING MAINTENANCE                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Before me, the undersigned authority, on this who, after being, by me, duly sworn, upon cat certain tract or parcel of land lying and bei Texas and being more particularly described a                                                                                                                                         | th states that he/she is the owner of record of that ing situated in County, EVED as follows:                                                    |
| Legal Description of property is as follows:                                                                                                                                                                                                                                                                                    |                                                                                                                                                  |
| Lot 23, London Ridge,                                                                                                                                                                                                                                                                                                           | UNITY ENGINEER                                                                                                                                   |
| An OSSF requiring a maintenance contract, accomill be installed on the property.                                                                                                                                                                                                                                                | cording to 30 Texas Administrative Code \$285.91(12)                                                                                             |
| Environmental Quality (commission) to regulat the Texas Water Code (TWC), § 5.012 and § 5.0 implementing the laws of the State of Texas rearry out its powers and duties under the TWC the Texas Health and Safety Code, requires ow types of OSSFs are located on specific pieces requires a recorded affidavit. Additionally, |                                                                                                                                                  |
| initial two-year service policy, the owner of                                                                                                                                                                                                                                                                                   | rvice policy for the first two years. After the f an aerobic treatment system for a single-family contract within 30 days or maintain the system |
| Upon sale or transfer of the above-described transferred to the buyer or new owner. A copy obtained from ( Come) County                                                                                                                                                                                                         | y of the planning materials for the OSSF may be                                                                                                  |
| Signed by my/our hand(s) on this 13Da                                                                                                                                                                                                                                                                                           | Signature Deborah Spinis  Print Name Deborah Spring                                                                                              |
| Sworn to and subscribed to before Notary Publ                                                                                                                                                                                                                                                                                   | lic, in and for the state of Texas and                                                                                                           |
| Filed and Recorded Official Public Records Bobbie Koepp, County Clerk                                                                                                                                                                                                                                                           | DAY OF                                                                                                                                           |
| Comal County, Texas                                                                                                                                                                                                                                                                                                             | Expires May 7, 2023                                                                                                                              |

### MJ Central Texas Septic, LLC DBA MJ Septic

27552 Old Blanco Road San Antonio, Texas 78260 (210) 875-3625 \* (210) 889-4606 mjseptic@satx.rr.com (email) Aerobic Installation \* Aerobic Maintenance Contracts Real Estate Inspections \* Cleaning/Pumping

Michael J. Long, MP 0001294 Licensed by T.C.E.Q.

www.mjseptic.com PROPERTY ADDRESS: \_\_\_

735 Lantine Trace

The Texas Commission on Environmental Quality (TCEQ) require all ATU's to be checked and maintained every four months for the life of the unit (some permitting authorities may stipulate this requirement, after the first two years after installation; call your county to inquire). Upon expiration of this contract, MJ Septic will offer a continuation of your maintenance contract to cover labor and routine maintenance/reports. Lab testing, if required, for coliform, TSS, BOD etc. are NOT included in this policy and applicable fees are the owner's responsibility. MJ Septic will inspect and service your ATU once every 4 months for the duration of your 2-year initial contract. For a new single family dwelling, this is the date of installation, required by state guidelines dated June 13, 2001. For an existing single family dwelling, this is the date the notice of approval is issued by your permitting authority. The effective date of this maintenance contract shall be the date the LTO (license to operate) is issued.

MJ Septic will address all major concerns/complaints (excluding weekends & holidays) within 72 hours from the initial point of contact with homeowner(s).

- The annual fee on your contract includes the following: an inspection every four months (three times annually) which include inspecting the mechanical, electrical and other applicable components to ensure proper function. The annual fee does not include any parts, cleaning/pumping, chlorine/bleach (tablets or liquid), additional service calls or additional testing that may be required by any regulating authority. If for any reason, we are unable to obtain access to your property or system to perform a service check, you may be charged a \$75 service call for re-scheduling. It is very important that we have all proper gate codes, combination locks etc. to inspect your system.
- Repairs I: If repairs or replacement of parts is needed during routine inspection, we will try to contact the homeowner for approval if we are able to repair onsite. If we are unable to repair/replace parts onsite, client will be notified via email and/or USPS that repairs/replacement of parts is needed. All MAJOR part replacements come with a 2-year warranty (see notes below). There will be a \$75 warranty credit fee assessed on all parts. Warranted items will only be honored when a valid maintenance contract is in effect with MJ Septic. If the contract has a lapse, ALL WARRANTED items are VOIDED.
- Repairs II: For ATU's under initial installation warranty (2 years from initial installation date) if warranted items are required to be replaced within 30 days of installation, part will be replaced with no fees, after 30 days there will be a \$75 warranty credit fee assessed on all parts. Warranted items will only be honored when a valid maintenance contract is in effect with MJ Septic.
- Additional Service Calls/Charges: If a service call is required by homeowner/renter between regular inspections, a service call fee of \$75 (not including parts and/or cleaning/pumping) will be assessed. We may waive this fee at our discretion. These calls include but are not limited to the following: red light alarms, high water alarms, chlorinator checks, leaky airlines, timer adjustments, spray head adjustments and system power failure.
- Chlorine: The property owner is responsible for maintaining the chlorine supply. TCEQ regulation requires proper chlorination. For liquid chlorinators, homeowners are to add 2-3 gallons of liquid chlorine/bleach per month. (if the chlorinator is completely empty, DO NOT add more than 3 ½ gallons of liquid chlorine/bleach at a time) For tablet chlorinators, homeowners can purchase Calcium Hypochlorite tablets at their local Home Depot or Lowe's.

  DO NOT USE POOL TABLETS (this can cause a volatile reaction)
- Cleaning/Pumping: The cleaning/pumping of your ATU is not included in your maintenance contract. We always recommend pumping between 10-12" of sludge.

  \*A typical/average household will need to have their system pumped every 2-5 years; this all depends on usage and will vary per household 2 2 2019
- Transfer of Property/Ownership: The fee of this maintenance contract is non-refundable, however is fully transferrable to the new owner(s). If this policy is sold within the contract period, the signing party is responsible for all repairs unless the new homeowner(s) information is provided before repairs are made and transfer contract is signed (by new homeowner) and returned to us. The new homeowner(s) will be required to meet for a walk-through orientation with one of our technicians during their first visit of their transfer contract. RENTAL HOMES: The PROPERTY OWNER is responsible for all fees associated with this contract. Renters will be required to have a walk-through orientation during their first visit to ensure proper usage, etc.
- Altering the system: Do not allow alteration to any part of the system or sprinkler head locations. Alterations would put the system out of compliance and would cause
  the property owner additional expense to bring the system back into compliance. Any use of another company to make repairs to the system will violate any warranties
  and be considered as a breach of this maintenance contract. If client chooses to purchase and use their own parts, MJ Septic will not install nor work on these parts.
- Violations of Warranty: Violations of the warranty include but are not limited to the following: turning off your system at any time, disconnecting the alarm; restricting airflow to the Air Compressor, overloading the system above its daily rated capacity, introducing excessive amounts of harmful matter (including harsh chemicals, cleaners, antibiotics, etc.) into the system or any other harmful usage of your OSSF/ATU. Refusing to Clean/Pump Out Septic when recommended and/or replacing necessary parts as needed. Necessary treatment of ants. Homeowner must keep grass, weeds and plants trimmed and clear of tank access points, control panel, Air Compressor, etc. Moving sprinkler lines without proper documentation, etc. Building over septic tank, lids, etc.
- Terms of Payment: Payment is due in full for the maintenance contract at time of signing. Payment for parts, repairs, cleaning/pumping, service calls, etc. are due prior to or at time of service, unless otherwise specifically noted. If payment is not received within ten (10) business days of service date, a 1.5% finance charge will be assessed per month. If payment is delinquent, your next service check/maintenance contract may be cancelled. If payment is more than 90 days past due, contract will be cancelled and we will send to collections.
- Maintenance Tips/Owner Guide: Please read the attached Maintenance Tips/Owner Guide. Following these easy steps can help prevent unnecessary and avoidable expenses to the homeowner(s). Please initial here that you've received a copy of this document. (keep the maintenance tips/guide for your reference)

#### CIRCLE ONE CHOICE BELOW

Contract Verified (office use only)

Date:

| 1 YEAR | 2 YEAR | 3 YEAR | 2 YEAR INITIAL | Paid in Full at Sign Up, Non-Refundable, Does Not Include Additional Charges Noted Above.                                                                                                                                     |  |  |  |  |
|--------|--------|--------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| \$285  | \$530  | \$675  | Installation   | Homeowner(s) are NOT required to be present at inspections. They will receive phone call notification the day of service and a door hanger will be left if no one is home. Reports emailed/mailed within a few business days. |  |  |  |  |
|        |        |        |                |                                                                                                                                                                                                                               |  |  |  |  |

Acceptance of Maintenance Contract: The above prices, specifications, and conditions are satisfactory and are hereby accepted. MJ Septic is authorized to enter property to perform routine maintenance inspections as agreed. I have read and agree to the maintenance contract guidelines stated above and have also read and agree to comply with the Maintenance Tips/Owner Guide.

| Accepted by Signature: Debota | Splum@Printed Name:                               | Email:                                            |              |
|-------------------------------|---------------------------------------------------|---------------------------------------------------|--------------|
| Phone Numbers: (Home)         | (Mr. Cell)                                        | (Mrs. Cell)                                       | (Work)       |
| Subdivision:                  | # of Occupants in Home:                           | Gate Codes/Combination Locks, etc                 | Biting Dogs: |
| (MJ                           | Septic will assess a \$75 service fee if we are n | ot notified of gate code changes, biting dogs, et | c.)          |

## ON-SITE SEWAGE FACILITY Soil Evaluation Report Information

|                                                                                     |                   |                    |                          |                                | 9                                            |                        |                                       |                |
|-------------------------------------------------------------------------------------|-------------------|--------------------|--------------------------|--------------------------------|----------------------------------------------|------------------------|---------------------------------------|----------------|
|                                                                                     |                   |                    | 735 Lantana Tra          |                                | - 4. 1                                       | 5                      |                                       |                |
|                                                                                     |                   |                    |                          | Registration Number: OS0008771 |                                              |                        |                                       |                |
| Propos                                                                              | ed Excavation     | on Depth:          |                          | n/a                            |                                              | County:                | Comal                                 |                |
| Requir                                                                              | ements:           |                    |                          |                                |                                              |                        |                                       |                |
|                                                                                     |                   |                    | or dug pits must be      |                                | e site, at opposite end                      | s of the propos        | ed disposal area.                     |                |
|                                                                                     |                   |                    |                          |                                |                                              | east two feet b        | elow the proposed excavatio           | n              |
|                                                                                     |                   |                    | sposal, the surface      |                                |                                              |                        |                                       |                |
|                                                                                     | Describe e        | ach soil hor       | izon and identify ar     | ny restrictive f               | eature on the form. Ir                       | ndicate depths         | where features appear.                | -              |
|                                                                                     | Soil Borin        | g Number           |                          | 1                              | _                                            |                        |                                       |                |
|                                                                                     | Depth<br>(feet)   | Texture<br>Class   | Soil Structure           | Gravel<br>Analysis             | Drainage<br>(Redox Features/<br>Water Table) | Restrictive<br>Horizon | Observations (color, consistence)     |                |
|                                                                                     | 0                 | 111                | LOAM                     | <30%                           | none                                         |                        | BROWN                                 |                |
|                                                                                     | 1                 |                    |                          |                                |                                              |                        |                                       |                |
|                                                                                     | 2 20 in           |                    | rock                     |                                |                                              | ves, rock              |                                       |                |
|                                                                                     | 3                 |                    |                          |                                |                                              |                        |                                       |                |
|                                                                                     | 4                 |                    |                          |                                |                                              |                        |                                       |                |
|                                                                                     | 5                 |                    |                          |                                |                                              |                        |                                       |                |
|                                                                                     |                   |                    |                          |                                |                                              |                        |                                       |                |
|                                                                                     |                   | Soil Boring Number |                          |                                | Drainage                                     |                        |                                       | 1              |
|                                                                                     | Depth<br>(feet)   | Texture<br>Class   | Soil Structure           | Gravel<br>Analysis             | (Redox Features/<br>Water Table)             | Restrictive<br>Horizon | Observations (color, consistence)     |                |
|                                                                                     | 0 -               | III                | LOAM                     | <30%                           | none                                         | TIGHZON                | BROWN                                 | 1              |
|                                                                                     | 1                 |                    |                          |                                |                                              |                        |                                       |                |
|                                                                                     | 2 20 in           |                    | rock                     |                                |                                              | yes, rock              |                                       |                |
|                                                                                     | 3                 |                    | I TOOK                   |                                |                                              | yes, 100k              |                                       |                |
|                                                                                     |                   |                    |                          |                                |                                              |                        |                                       |                |
|                                                                                     | 4                 |                    |                          |                                |                                              |                        |                                       |                |
|                                                                                     | 5                 |                    |                          |                                | Features of                                  | Sito Aro               |                                       | _              |
|                                                                                     |                   |                    |                          |                                |                                              |                        |                                       | CEIVED         |
| Preser                                                                              | ice of 100 ye     | ear flood zo       | ne                       |                                | Yes No_x                                     |                        |                                       |                |
| Preser                                                                              | ice of adjace     | ent ponds, s       | streams, water im        | provements                     | Yes No_x_                                    |                        | MAY                                   | <b>22</b> 2019 |
| Existin                                                                             | g or propose      | d water we         | II in nearby area        |                                | Yes No_x_                                    |                        |                                       |                |
| Organized sewage service available to lot or tract Recharge feature within 150 feet |                   |                    | Yes No_x                 |                                | COUNT                                        | Y ENGINEE              |                                       |                |
|                                                                                     |                   |                    | Yes Nox                  |                                |                                              |                        |                                       |                |
| By my s                                                                             | gnature, I herb   | y certify that t   | the information provid   | led in this repor              | rt is based on my site ob                    | servations and a       | re accurate to the best of my abi     | lity.          |
| unders                                                                              | tand that any m   | nisrepresenta      | tion of the information  | contained in t                 | his report my be grounds                     | s to revoke or sus     | spend my license. The site evaluation | uation         |
| determin                                                                            | ned the site is s | uitable for a      | Spray Distribution       | on                             | _ disposal system with                       |                        | Aerobic                               | _ treatment    |
| Accordin                                                                            | ng to table XIII, | the site is sui    | table for this propose   | d system. A co                 | opy of Tables IX and XIII                    | have been given        | to the property owner to inform       | them of        |
| other alt                                                                           | ernatives base    | d upon the re      | sult of this site evalua | ation                          |                                              |                        |                                       |                |
|                                                                                     | 11 A              | 1/                 | 11                       |                                | 5121-19                                      |                        |                                       |                |
| Ciano                                                                               | ture of Site      | Evaluati           | or                       |                                | Date                                         |                        |                                       |                |

#### **ON-SITE SEWAGE FACILITY** Site Evaluation Report Information

| Date:                                                                                                | 5/16/2019                               |           | Site Eva   | luator In   | formatio   | on:         |             |        |
|------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------|------------|-------------|------------|-------------|-------------|--------|
| <b>Applicant Information:</b>                                                                        |                                         |           | Name:      | Hoyt Seid   | densticke  | er          |             |        |
| Name: Joel and Deborah Sp                                                                            | ring                                    |           | License #  | OS          | 000877     | Expires     | 8/31/2020   | )      |
| Address: 28903 Gracies Sky                                                                           |                                         |           | Company    | :           | Land St    | tewardship  | Services, I | LC     |
| City: San Antonio State: Te                                                                          | exas Zip                                | 78260     | Address:   | 1822 FM     | 473        |             |             |        |
| Phone: 210-382-0474                                                                                  |                                         | -         | City:      | Boerne      | State: _   | Texas       | Zip:        | 78006  |
|                                                                                                      |                                         |           | Phone:     | (210) 414   | 1-6603     | Fax:        | (830) 336   | 4697   |
| Property Location:                                                                                   |                                         |           |            | Installe    | rinform    | ation:      |             |        |
| Lot: 23 Block: 9 Su                                                                                  | ıb.: <u>Lantana Ri</u>                  | dge, unit | 9          | Name:       | Michae     | Long        |             |        |
| Street/Road Address: 735 Lant                                                                        | ana Trace                               |           | License    | OS00235     | 596        |             |             |        |
| City: Spring Branch State: Te                                                                        | exas Zip:                               | 78070     | Company    | :           | MJ Cer     | tral Texas  | Septic      |        |
| Unincorporated Area? Y or N                                                                          | У                                       |           | Acldress:  |             | 27552      | Old Blanco  | Road        |        |
| Additional information                                                                               |                                         |           | City:      | SA          | State:_    | Texas       | Zip:        | 78260  |
|                                                                                                      |                                         |           | Phone: _   |             |            | Fax:        |             |        |
| absorption or irrigation Location of soil borings Location of natural, con high tide of salt water b | or dug pits (show<br>structed, or propo | sed drair | nage ways, | (streams, p | oonds, lak | es, rivers, | reaks.      |        |
|                                                                                                      |                                         | SITE      | DRAWI      | NG          | Lot Size   | :           |             | acres  |
|                                                                                                      | CUED                                    |           |            |             |            |             | RECEIV      | ED     |
| SEE ATTAG                                                                                            | PHED                                    |           |            |             |            |             | MAY 22 2    | 2019   |
|                                                                                                      |                                         |           |            |             |            | C           | OUNTY ENG   | GINEER |
|                                                                                                      |                                         |           |            |             |            |             |             |        |
|                                                                                                      |                                         |           |            |             |            |             |             |        |
|                                                                                                      |                                         |           |            |             |            |             |             |        |
| Signature of Site Evaluator                                                                          | Ht                                      | W         | H          | Site Eva    | aluator L  | icense No   | o: OS0008   | 771    |

5:30 PM
Aerobic with Spray
Distribution System

# ON-SITE SEWAGE FACILITY DESIGN CRITERIA



#### JOEL and Deborah SPRING

| Property Information:                          | House Information garage sink house     |  |  |  |
|------------------------------------------------|-----------------------------------------|--|--|--|
| St. Address: 735 Lantana Trace                 | Number of Bedrooms:3                    |  |  |  |
| City: Spring Branch State: Texas               | Sq. footage (Approx.):3083              |  |  |  |
| Zip code: <u>78070</u>                         | Water Supply:public                     |  |  |  |
| Predicted Quantity of Sewage (Q)               | gallons per day 10 300                  |  |  |  |
| Water Saving Devises in Home (y/n):yes         | Supply Line from House                  |  |  |  |
| Gallons/day (Q):310                            | Length of supply line (approx. ft):111  |  |  |  |
| Greywater included (yes/no):yes                | Type of supply line:sch 40 PVC          |  |  |  |
| Rate of Adsorption (Ra)                        | Size of Supply line (in): 3 or 4        |  |  |  |
| Application rate (g/sq. ft): 0.064             | Supply Line For Spray Irrigation System |  |  |  |
| Minimum Adsorptive Area (sq. ft.): 4843.75     | Length of supply line (approx. ft):237  |  |  |  |
| Aerobic Unit                                   | Type of supply line: Purple SCH 40      |  |  |  |
| Required size of aerobic unit: 480 gpd         | Size of supply line (in):1              |  |  |  |
| Pretreatment Tank (gallons): 397               |                                         |  |  |  |
| Class 1 Aerobic Unit:: ProFlo 500 SLPT2        |                                         |  |  |  |
| Pump tank total capacity (gal):768             | Disposal Area per this System           |  |  |  |
| Chlorination: liquid chlorinator in pump       | $\pi (33)^2/2 = 1709.73$                |  |  |  |
| Pump Switch operation: Float                   | $\pi (33)^2/2 = 1709.73$                |  |  |  |
| Dosing cycle quantity (gals): Varied           | $\pi (33)^2/2 = 1709.73$                |  |  |  |
| Cycling time: night time                       |                                         |  |  |  |
| Pump size and capacity: Sta-rite plus D series | Total irrigated area (sq. ft.):5129.19  |  |  |  |
| 20 gpm                                         |                                         |  |  |  |
|                                                |                                         |  |  |  |

All design criteria is in accordance with TCEQ, Title 30, TAC Chapter 285, Subchapter D, On-Site Sewage Facilities (Effective December 27, 2012). The above design was based on the best available information and should function properly under normal operating conditions. All changes or modifications made to design must be approved by the below signed designer.

Hoyt Seidensticker, R.S. No. 3588

Date

Land Stewardship Services, LLC, 27115 Bent Trail, Boerne, Texas 78006 Cell (210) 414-6603,



7/2/2019 5:30 PM

Aerobic with Spray Distribution System

### **ON-SITE SEWAGE FACILITY DESIGN CRITERIA**

8:44 am, Jul 03, 2019

#### **Head Pressure**

JOEL and Deborah SPRING **Sprinkler Head Information** 

Elevation Head: Pressure Head:

92

Friction Head: 9.48 Total head: 105.5

K-Rain sprinkler head PROPLUS. low angle nozzle

No. 3 @40psi

GPM: 3.1 3

Number of sprinkler heads: Gallons per minute:

9.3

A class 1 aerobic wastewater treatment unit, chlorination and spray distribution system will be designed for this location. Wastewater from the residence will flow to a pretreatment/trash tank, then to the treatment unit. Treated effluent will be disinfected by a NG 300 V Chlorine Dispenser Unit in the pump tank, before being disposed of through above ground sprinkler heads. All warning systems shall be installed with the aerobic unit

Land acceptable for surface application shall have a flat terrain (with less than or equal to 15% slope). Sloped land (with greater than 15% slope) may be acceptable if it is properly landscaped and terraced to minimize runoff. There shall be nothing in the surface application area within ten feet of the sprinkler which would interfere with the uniform application of the effluent.

Areas that rock is exposed must be covered with a suitable amount of material acceptable to the inspecting authority. Areas that are bare or have been disturbed must be seeded or sodded with a mixture of rye and bermuda grasses or other grass species prior to system operation.

A maintenance contract for the entire system must be established at time of installation with someone holding a license to maintain the installed aerobic system.

At every inspection a Total Chlorine Residual test must be conducted and must be a minimum acceptable test of .1 mg/l residual in Pump Tank.

All design criteria is in accordance with TCEQ, Title 30, TAC Chapter 285, Subchapter D, On-Site Sewage Facilities (Effective December 27, 2012). The above design was based on the best available information and should function properly under normal operating conditions. All changes or modifications made to design must be approved by the below signed designer.

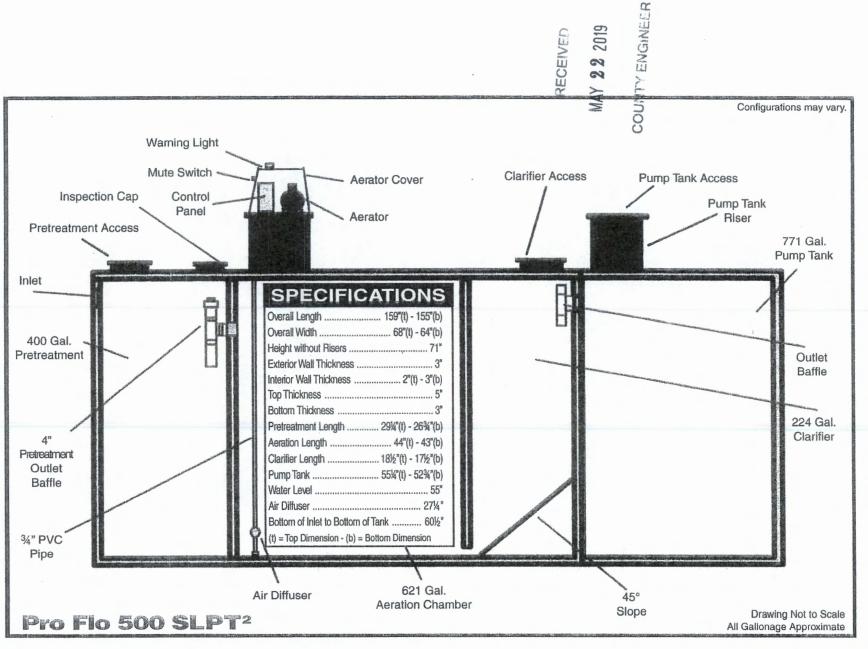
Hoyt Seidensticker, R.S. No. 3588

Date

Land Stewardship Services, LLC, 27115 Bent Trail, Boerne, Texas 78006 Cell (210) 414-6603,



REVISED Site Map Scale 1"=50' 1" Scd 40 Aerobic with System 301.33 Gal. high water alarm Joel and Deborah Spring 100 yr flood plain does not exist on this tract Lot: 23 301.43 Gal. pump on-off Lantana Ridge Subdivision Unit 9 float with 7" tether 735 Lantana Trace This design complies with all provisions of the existing 168.34 Gal. Spring Branch, Texas 78070 Contributing Zone Plan and their is not a recharge feature within 150' of the proper recharge feature within 150' of the proposed septic system. Comal County I hereby request a variance to the 20 foot setback to property lines as required by Comal County Order to a 10' setback to property lines as required by TCEQ, Chapter 285 and equivalent protection will be maintained by adding a battery backup to the timer clock or photo cell activated timer to assure sprayers to only spray during the predawn hours. In my professional opinion this variance will not pose a threat to the environment or public health. Surface application should be done between the hours of 12:00 midnight and 5:00 a.m. There shall be nothing in the surface application area within ten feet of the sprinkler which would interfere with the uniform application of the effluent All external electrical lines must be in gray conduit location of sprinkler heads may be adjusted in field to HOYT SEIDENSTICK avoid obstacles Risers must be permanently fastened to the tank lid or cast into the tank The connection between the riser and the tank lid must be watertight. Risers must be fitted with removable watertight caps and protected against unauthorized intrusions by either a padlock, a cover that can be Plumber ran 91' of 2' removed with specialized tools, a cover having a minimum net weight of sch 40 pvc from garage 29.5 kilograms (65 pounds) set into a recess of the tank lid, or any other means approved by the executive director. to 4 inch supply line for sink in garage two-way c/o Profile 500 SLPT2 500 gpd Aerobic Unit with Econo-Chlor with sink Model 200-1500 Chlorine Dispenser water line 10 gpd 3 BDR Land acceptable for surface application shall have 3083 SQ.FT. a flat terrain (less than to equal to 15% slope). Sloped 300 GPD land (with greater than 15% slope) may be acceptable if it is properly landscaped and terraced to minimize runoff. Areas that rock is exposed must be covered with a suitable amount of material. Areas that are bare or have been disturbed must be seeded or sodded with a mixture of rye and bermuda grasses P.L. 150.4' or other grass species prior to system operation. 735 LANTANA TRACE



1

#### PROPLUS™

The PROPLUS™ adjustable arc and full-circle gear driven rotor comes standard with nine numerically coded interchangeable nozzles. Excellent nozzle performance delivers an exceptional fall out pattern. In independent testing by C.I.T., the PROPLUS™ delivered up to 90% uniform coverage.

Also Available: 12" High Pop, Shrub Head and Reclaimed Water models.

Tough, proven and advanced, the PROPLUS™ is the leader in it's class. Set it and forget it. Arc Memory Clutch returns the rotor to its preset position. Technology works for you.

#### MODELS

11003 ProPlus

11003-HP ProPlus 12" High Pop 11003-SH ProPlus Shrub Head

OTHER OPTIONS: ADD TO PART NUMBER

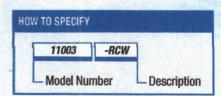
-CV Check Valve
-LA Low Angle Nozzle
-NN No Nozzle

-RCW Pro Plus for Reclaimed Water w/Low Angle Nozzle

#### **EASY ARC SETTING**

Arc Selection 40° to Continuous 360° Adjust From Left Start







K-Rain Manufacturing Corp. 1640 Australian Avenue Riviera Beach, FL 33404 USA +1 561 844-1002 FAX: +1 561 842-9493

1.800.735.7246 | www.krain.com

#### **SPECIFICATIONS**

- ▶ Inlet: 3/4" Threaded NPT
- Arc Adjustment Range: 40° to Continuous 360°
- ► Flow Range: .5 10.0 GPM
- Pressure Rating: 20 70 PSI
- Precipitation Rate: .06 to .50 Inches Per Hour (Depending on Spacing and Nozzle Used)
- Overall Height (Popped Down): 7 1/2" / 17" for High Pop
- Recommended Spacing: 28' to 44'
- ▶ Radius: 22' to 50'
- Nozzle Trajectory: 26°
- Low Angle Nozzle Trajectory: 12°
- Standard and Low Angle RECEIVED
  Nozzle: Included
- ► Riser Height: 5"

MAY 22 2019

#### **PERFORMANCE DATA**

COUNTY ENGINEER

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

| ı | METRIC                |                          |                              |                              |                                  |                              |
|---|-----------------------|--------------------------|------------------------------|------------------------------|----------------------------------|------------------------------|
| I | NOZZLES               | PRES                     | SURE                         | RADIUS<br>METERS             | FLOV                             | N<br>Majh                    |
|   | #0.5                  | 206<br>275<br>345<br>413 | 2.0<br>3.0<br>3.5<br>4.0     | 8.5<br>8.8<br>8.8<br>9.1     | 1.89<br>2.27<br>2.65<br>3.03     | .11<br>.14<br>.16<br>.18     |
|   | #0.75                 | 206<br>275<br>345<br>413 | 2.0<br>3.0<br>3.5<br>4.0     | 8.8<br>9.1<br>9.4<br>9.8     | 2.65<br>3.03<br>3.41<br>3.79     | .16<br>.18<br>.20<br>.23     |
|   | #1                    | 206<br>275<br>345<br>413 | 2.0<br>3.0<br>3.5<br>4.0     | 9.8<br>10.1<br>10.4<br>10.7  | 4.92<br>5.68<br>6.05<br>6.81     | .30<br>.34<br>.36<br>.41     |
|   | #2                    | 206<br>275<br>345<br>413 | 2.0<br>3.0<br>3.5<br>4.0     | 11.3<br>12.2<br>12.8<br>13.1 | 9.08<br>9.46<br>11.35<br>12.49   | .54<br>.56<br>.68<br>.75     |
|   | #2.5<br>PRE-INSTALLED | 206<br>275<br>345<br>413 | 2.04<br>2.72<br>3.40<br>4.08 | 11.6<br>11.9<br>12.2<br>12.5 | 9.46<br>10.60<br>12.11<br>13.25  | .57<br>.64<br>.73<br>.79     |
|   | #3                    | 206<br>275<br>345<br>413 | 2.0<br>3.0<br>3.5<br>4.0     | 11.6<br>11.9<br>12.5<br>12.8 | 13.63<br>15.89<br>17.41<br>18.92 | .81<br>.95<br>1.04<br>1.13   |
|   | #4                    | 206<br>275<br>345<br>413 | 2.0<br>3.0<br>3.5<br>4.0     | 13.1<br>13.4<br>14.0<br>14.9 | 16.65<br>19.30<br>21.19<br>22.33 | .99<br>1.15<br>1.27<br>1.33  |
|   | #6                    | 206<br>275<br>345<br>413 | 3.0<br>3.5<br>4.0<br>5.0     | 13.7<br>14.0<br>14.6<br>14.9 | 22.33<br>22.71<br>23.85<br>25.35 | 1.33<br>1.36<br>1.43<br>1.52 |
|   | #8                    | 206<br>275<br>345<br>413 | 3.0<br>3.5<br>4.0<br>5.0     | 12.8<br>13.7<br>14.8<br>15.3 | 30.28<br>32.12<br>35.95<br>37.85 | 1.81<br>1.92<br>2.15<br>2.27 |

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

| METRIC  |                          |                              |                                |                                  |                              |
|---------|--------------------------|------------------------------|--------------------------------|----------------------------------|------------------------------|
| NOZZLES | PRES<br>KPA              | SURE<br>BARS                 | RADIUS<br>METERS               | FLO                              | W<br>M3/H                    |
| #1      | 207<br>275<br>344<br>413 | 2.04<br>2.72<br>3.40<br>4.08 | 7.92                           |                                  | .27<br>.39<br>.41<br>.46     |
| #3      | 207<br>275<br>344<br>413 | 3.40                         | 8.84<br>9.75<br>10.67<br>11.58 | 11.72<br>13.23                   | .68<br>.71<br>.80<br>.87     |
| #4      | 207<br>275<br>344<br>413 | 2.04<br>2.72<br>3.40<br>4.08 |                                | 12.85<br>14.74<br>16.63<br>17.77 | .89<br>1.00                  |
| #6      | 275<br>344<br>413<br>482 | 2.72<br>3.40<br>4.08<br>4.76 | 12.19<br>12.80                 | 24.57<br>27.59<br>30.24<br>32.51 | 1.48<br>1.76<br>1.82<br>1.96 |

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

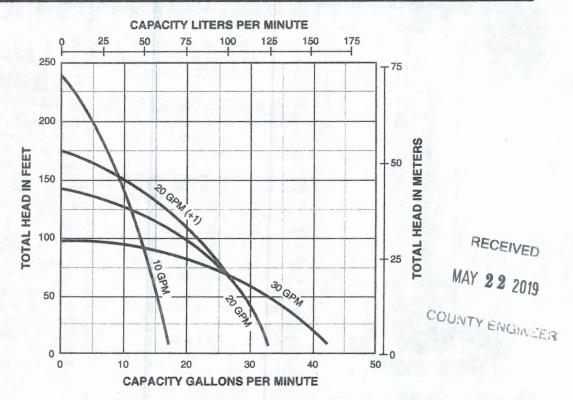
© K-Rain Manufacturing Corporation AN ISO 9001:2000 CERTIFIED COMPANY

L-10011



## 4" multi-stage submersible pump

#### **PUMP PERFORMANCE**



| Pump         | Flow Rate | low Rate PSI |      |      |      |      |      |      |              |            |       |          |       |
|--------------|-----------|--------------|------|------|------|------|------|------|--------------|------------|-------|----------|-------|
| Model        | (GPM)     | 0            | 10   | 20   | 30   | 40   | 50   | 60   | 70           | 80         | 90    | 100      | 110   |
| 10DOM05221   | 10        |              |      | 15.0 | 13.7 | 12.7 | 11.5 | 10.2 | 8.4          | 6.5        | 4.3   | 1.0      | 10    |
| 10DOM05121   | 10        | electric gen |      | 15.0 | 13.7 | 12.7 | 11.5 | 10.2 | 8.4          | 6.5        | 4.3   | 1.0      |       |
| 20DOM05221   | 20        | 13/200       |      | 30.0 | 26.0 | 21.5 | 14.2 | 4.4  |              |            | 36.75 |          |       |
| 20DOM05121   | 20        | 10000        |      | 30.0 | 26.0 | 21.5 | 14.2 | 4.4  | W. 17 1237 1 |            |       |          | 16 30 |
| 30DOM05221   | 30        | CAR WALL     | 38.5 | 33.3 | 25.8 | 16   | E.S. |      |              |            |       |          |       |
| 30DOM05121   | 30 .      | 548119       | 38.5 | 33.3 | 25.8 | 16   |      |      |              |            | A CAR |          | 3 100 |
| 20DOM05221+1 | 20+1      |              |      | 30   | 27.5 | 24   | 20   | 13.5 | 6            | P. C. Tark | 1.24  | 170 (41) |       |
| 20DOM05121+1 | 20+1      |              |      | 30   | 27.5 | 24   | 20   | 13.5 | 6            |            |       |          |       |

| Pump         | Pump Flow Rate |         |       |       |       |      |      | Bar  |           |      |         |             |      |
|--------------|----------------|---------|-------|-------|-------|------|------|------|-----------|------|---------|-------------|------|
| Model        | (LPM)          | 0       | .69   | 1.38  | 2.07  | 2.76 | 3.45 | 4.13 | 4.82      | 5.51 | 6.20    | 6.89        | 7.58 |
| 10DOM05221   | 37.85          |         | 56.8  | 51.9  | 48.1  | 43.5 | 38.6 | 31.8 | 24.6      | 16.3 | 3.8     |             |      |
| 10DOM05121   | 37.85          |         | 56.8  | 51.9  | 48.1  | 43.5 | 38.6 | 31.8 | 24.6      | 16.3 | 3.8     |             |      |
| 20DOM05221   | 75.7           | 11 100  | 113.6 | 98.4  | 81.4  | 53.7 | 16.7 |      | G.J. v. H |      |         |             |      |
| 20DOM05121   | 75.7           | Ma lade | 113.6 | 98.4  | 81.4  | 53.7 | 16.7 |      | 2-11      |      |         |             |      |
| 30DOM05221   | 113.55         | 145.7   | 126.0 | 97.7  | 60.6  |      |      |      | - 22      |      | - 234   |             | 11/4 |
| 30DOM05121   | 113.55         | 145.7   | 126.0 | 97.7  | 60.6  |      |      |      |           |      |         |             |      |
| 20DOM05221+1 | 75.7 + 1       | F KIN W |       | 113.4 | 103.9 | 90.7 | 75.6 | 51.0 | 22.6      | 7402 | 2 - 100 | · 8 · · · · |      |
| 20DOM05121+1 | 75.7 + 1       | 1000    |       | 113.4 | 103.9 | 90.7 | 75.6 | 51.0 | 22.6      |      |         |             |      |

#### Hernandez, Sandra

From: Hernandez, Sandra

Sent:Wednesday, July 3, 2019 8:52 AMTo:'hoyt@gvtc.com'; 'Yvonne Maxwell'Cc:'STEPHANIE PEREZ'; 'Yvonne Maxwell'Subject:RE: permit 109184 - 735 Lantana Trace

**Attachments:** Pages from 109184.pdf

#### Hoyt,

We received revised planning materials yesterday, but found those revisions to be deficient. The following information is still needed:

Show the waterline connection to the garage.

Include the garage with sink on the permit application.

3. Revise accordingly and resubmit

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

Thank you, Sandra

From: hoyt@gvtc.com <hoyt@gvtc.com> Sent: Tuesday, July 2, 2019 5:43 PM

To: 'Yvonne Maxwell' <Yvonne@mjseptic.com>; Ritzen, Brenda <rabbjr@co.comal.tx.us>

Cc: Hernandez, Sandra <rabsah@co.comal.tx.us>; 'STEPHANIE PEREZ' <mjseptic@mjseptic.com>; 'Yvonne Maxwell'

<Yvonne@mjseptic.com>

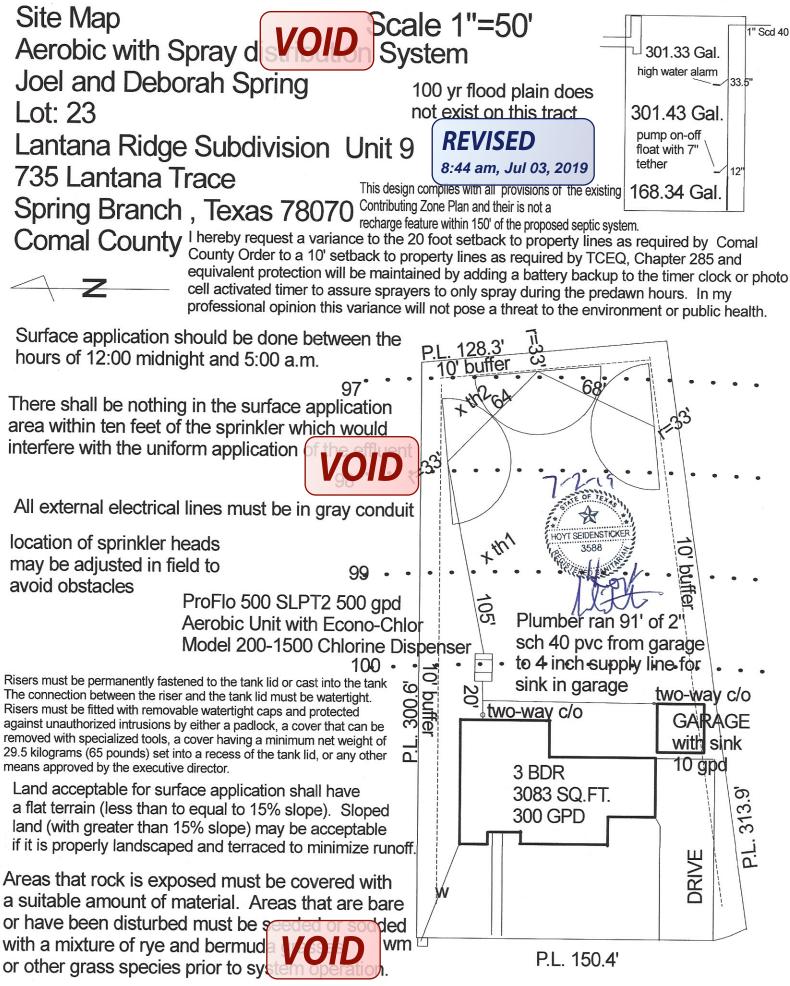
Subject: permit 109184 - 735 Lantana Trace

Here is the as built for this permit number

Hoyt

| REVISED *** COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH * * *  APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11:13 am, May 29, 2019 ON-SITE SEW CLICK TO OPERATE                                                                                                                                                                          |
| Date 8/13/19 VOID                                                                                                                                                                                                            |
| Owner Name Soul Soul + Vetor Agent Name Bookly Baillis                                                                                                                                                                       |
| Mailing Address 28903 Gracies Stry Agent Address 28688 Verde Mountain Wait                                                                                                                                                   |
| City, State, Zip San Antonio TX 78360 City, State, Zip San Antonio, TX 78361                                                                                                                                                 |
| Phone # 210 382 0474 Phone # 432 - 296 6767                                                                                                                                                                                  |
| Email JSpringforx drsign. Com Email bba. 11:001@ ama. 1. Com                                                                                                                                                                 |
| All correspondence should be sent to:  Owner Agent Both Method: Mail Email                                                                                                                                                   |
| Subdivision Name Lantane Midgel Unit 9 Lot 23 Block                                                                                                                                                                          |
| Acreage/Legal                                                                                                                                                                                                                |
| Street Name/Address 735 Lantons Trace City Sprin Branch Zip                                                                                                                                                                  |
| Type of Development:                                                                                                                                                                                                         |
| Single Family Residential                                                                                                                                                                                                    |
| Type of Construction (House, Mobile, RV, Etc.)                                                                                                                                                                               |
| Number of Bedrooms 3                                                                                                                                                                                                         |
| Indicate Sq Ft of Living Area 3063                                                                                                                                                                                           |
| Non-Single Family Residential                                                                                                                                                                                                |
| (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: \$ 350,000 (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 VOID  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                                                                                                                                                             |
| <ul> <li>I understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required<br/>by the Comal County Flood Damage Prevention Order.</li> </ul> |
| - I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.                                                                                  |
| 12 10                                                                                                                                                                                                                        |
| Signature of Owner Date Page 1 of 2                                                                                                                                                                                          |
|                                                                                                                                                                                                                              |

195 David Jonas Dr., New Braunfels, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078



735 LANTANA TRACE

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

**ON-SITE SEWAGE** 

| Planning Materials & Site Evaluation as Required Completed by                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| System Description Acrobic with Spray Distribution                                                                                                                                                                                                               |
| Size of Septic System Required Based on Planning Materials & Soil Evaluation                                                                                                                                                                                     |
| Tank Size(s) (Gallons) 600 GPD Unit Absorption/Application Area (Sq Ft) 48 23.04                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                  |
| Callotto For Day (Fior of Forest Table III)                                                                                                                                                                                                                      |
| (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                                                                                                                                                                                                  |
| (If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.)) MAY 2 2 2019                                                                                                                                |
| Is there an existing TCEQ approved WPAP for the property?   Yes   No  COUNTY ENGINEER                                                                                                                                                                            |
| (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? X 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:                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                  |
| HOYT SEIDENSTICKER                                                                                                                                                                                                                                               |
| VOID 3588                                                                                                                                                                                                                                                        |
| 11/1/200                                                                                                                                                                                                                                                         |
| By signing this application, I certify that:  - The information provided above is true and correct to the best of my knowledge.                                                                                                                                  |

Signature of Designer

Date

Page 2 of 2

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

5/21/2019 1:12 PM Aerobic wit Distribution

# ON-SITE SEWAGE FACILITY

|          | NOTE OF A   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|----------|-------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| th Spray | DES VO      | <b>IN</b> | ERIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| n System | JOEL and De | boral     | SPRING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|          |             |           | and the state of t |  |

| House Information                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Number of Bedrooms:                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Sq. footage (Approx.):                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3083                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |
| Water Supply:                                                                                                                                                                                                                                                                                                                                                                                                                                                        | public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
| Supply Line from House                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| Length of supply line (approx. ft):                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| Type of supply line:                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SCH 40 PVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |
| Size of Supply line (in):                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3 or 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
| Supply Line For Spray Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                     | System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
| Length of supply line (approx. ft):                                                                                                                                                                                                                                                                                                                                                                                                                                  | 237                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| Type of supply line:                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| e of supply line (in):                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | v a a 2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MAY 22 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |
| Disposal Area per this System                                                                                                                                                                                                                                                                                                                                                                                                                                        | COUNTY ENGINEER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1607.68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1607.68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
| $\pi (32)^2/2 =$                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1607.68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| Total irrigated area (sq. ft.):                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4823.04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| All design criteria is in accordance with TCEQ, Title 30, TAC Chapter 285, Subchapter D, On-Site Sewage Facilities (Effective December 27, 2012). The above design was based on the best available information and should function properly under normal operating conditions.  All changes or modifications made to designer.  Hoyt Seidensticker, R.S. No. 3588  Date  Land Stewardship Services, LLC, 27115 Bent Trail, Boerne, Texas 78006  Cell (210) 414-6603, |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Number of Bedrooms:  Sq. footage (Approx.):  Water Supply:  Supply Line from House  Length of supply line (approx. ft):  Type of supply line (in):  Supply Line For Spray Irrigation  Length of supply line (approx. ft):  Type of supply line:  Type of supply line:  te of supply line (in):  Disposal Area per this System  ank  π (32)²/2 =  π (32)²/2 =  π (32)²/2 =  Total irrigated area (sq. ft.):  30, TAC Chapter 285, Subchapter  The above design was based on the entry under normal operating condition  proved by the below signed design was based on the entry under normal operating condition  5-2 -  9  Date |  |  |  |  |  |

5/21/2019 1:12 PM Aerobic with Spray Distribution System

# ON-SITE SEWAGE FACILITY

#### **Head Pressure**

Elevation Head: Pressure Head: 92

Friction Head: 9.48

Total head: 105.5

Sprinkler Head Information

K-Rain sprinkler head PROPLUS,

low angle nozzle

No. 3 @40psi

GPM:

SEIDENSTICKER

3.1 3

Number of sprinkler heads:

Gallons per minute:

A class 1 aerobic wastewater treatment unit, chlorination and spray distribution system will be designed for this location. Wastewater from the residence will flow to a pretreatment/trash tank, then to the treatment unit. Treated effluent will be disinfected by a NG 300 V Chlorine DispenserED Unit in the pump tank, before being disposed of through above ground sprinkler heads. MAY 22 2019 All warning systems shall be installed with the aerobic unit

flat terrain (with less than or equal to 15% ENGINEER Land acceptable for surface application shall acceptable if it is properly slope). Sloped land (with greater than 15% landscaped and terraced to minimize runo There shall be nothing in the surface application area within ten feet of the sprinkler which would interfere with the uniform application of the effluent.

Areas that rock is exposed must be covered with a suitable amount of material acceptable to the inspecting authority. Areas that are bare or have been disturbed must be seeded or sodded with a mixture of rye and bermuda grasses or other grass species prior to system operation.

A maintenance contract for the entire system must be established at time of installation with someone holding a license to maintain the installed aerobic system.

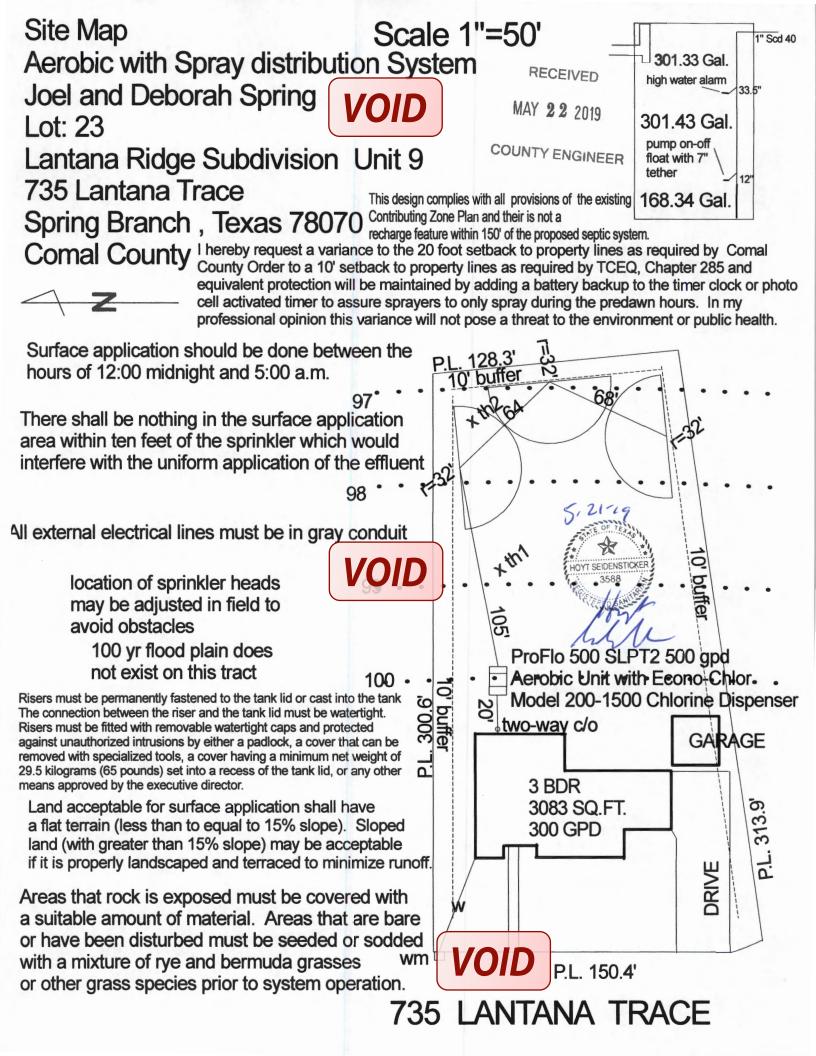
At every inspection a Total Chlorine Residual test must be conducted and must be a minimum acceptable test of .1 mg/l residual in Pump Tank.

All design criteria is in accordance with TCEQ, Title 30, TAC Chapter 285, Subchapter D, On-Site Sewage Facilities (Effective December 27, 2012). The above design was based on the best available information and should function properly under normal operating conditions. All changes or modifications made to design proved by the below signed designer.

Hoyt Seidensticker, R.S. No. 3588

Land Stewardship Services, LLC, 27115 Bent Trail, Boerne, Texas 78006

Cell (210) 414-6603,



#### Hernandez, Sandra

From: Hernandez, Sandra

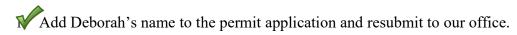
**Sent:** Tuesday, May 28, 2019 4:11 PM

To: 'bbaillio01@gmail.com'
Subject: 109184 deficiency comment

RE: Lantana Ridge, Unit 9. Lot 23

#### Dear property owner,

We received planning materials for the referenced permit application on May 22, 2019 and found those planning materials to be deficient. In order to continue processing this permit, we need the following information:



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

#### Thank you,

Sandra Ann Hernandez Environmental Health Asst. Comal County Engineer's Office cceo.org 830-608-2090 (Ext. 3156)

\* COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH PERMIT FOR AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE Date Permit # Agent Name Owner Name Agent Address Mailing Address City, State, Zip City, State, Zip Phone # Phone # Email Email All correspondence should be sent to: Owner Agent Both Subdivision Name Acreage/Legal Street Name/Address Type of Development: RECEIVED Single Family Residential MAY 22 2019 Type of Construction (House, Mobile, RV, Etc.) Number of Bedrooms COUNTY ENGINEER Indicate Sq Ft of Living Area Non-Single Family Residential (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: \$ 350,000 (Structure Only) Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement? Yes V 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 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 - 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... odplain Administrator has performed the reviews required - I understand that a permit of authorization to construct will not by the Comal County Flood Damage Prevention Order. ciated with this permit application, as applicable. - I affirmatively consent to the online posting/public release of m

195 David Jonas Dr., New Braunfels, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078

Signature of Owner

Revised April 2019

Page 1 of 2

CHICAGO TITLE GF# 4300 111802145- RS

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.

#### **General Warranty Deed**

Date: October 30, 2018

Grantor: KAMP KANE INVESTMENTS, INC., a Texas corporation

**Grantor's Mailing Address:** 

18618 Tuscany Stone, Suite 210 San Antonio, TX 18238 Beyar County

Grantee:

JOEL SPRING and DEBORAH L. SPRING

RECEIL

Grantee's Mailing Address:

28903 Gracies Sky San Antonio, TX 18260 Beyar County

COUNT

#### Consideration:

Cash and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged.

Property (including any improvements):

Lot 23, Lantana Ridge Unit Nine, situated in Comal County, Texas, according to the plat thereof recorded in Document No. 201706036839, Map and Plat Records, Comal County, Texas.

Reservations from and Exceptions to Conveyance and Warranty

Validly existing easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded and validly existing instruments, other than conveyances of the surface fee estate, that affect the Property; and taxes for 2018, which Grantee assumes and agrees to pay, and subsequent assessments for that and prior years due to change in land usage, ownership, or both, the payment of which Grantee assumes.

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

GRANTEE IS TAKING THE PROPERTY IN AN ARM'S-LENGTH AGREEMENT BETWEEN THE PARTIES. THE CONSIDERATION WAS BARGAINED ON THE BASIS OF AN "AS IS" TRANSACTION AND REFLECTS THE AGREEMENT OF THE PARTIES THAT THERE ARE NO REPRESENTATIONS OR EXPRESS OR IMPLIED WARRANTIES.

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

| GRAN | TOR: |  |
|------|------|--|
|------|------|--|

KAMP KANE INVESTMENTS, INC., a Texas corporation

By: Z PHILLIP E. LÆTZ, II

Vice President Its:

RECEIVED

STATE OF TEXAS

COUNTY OF BEXAR

MAY 22 2019

This instrument was acknowledged before me on Octo PHILLIP E. LIETZ, II, Vice President of KAMP KANE INVESTMENTS, INC., a Texas corporation on behalf of said corporation.

ROBERT P JORDAN **Notary Public** STATE OF TEXAS omm. Exp. 11/22/2019 10# 12881020-6

Notary Public, State of Yexas My commission expires:

AFTER RECORDING RETURN TO: JOEL SPRING and DEBBIE SPRING

28903 Gracies Sky San Hotonio GF: 4300111802145

Filed and Recorded Official Public Records Bobbie Koepp, County Clerk Comal County, Texas 10/31/2018 03:18:09 PM LAURA 2 Pages(s) 201806042486



| OSSF DEVELOPMENT APPLICATION CHECKLIST                                                                                                                 | Staff will complete shaded                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
|                                                                                                                                                        | items Date Received Initi                   |
|                                                                                                                                                        | Permit Number                               |
| Instructions:                                                                                                                                          |                                             |
| Place a check mark next to all items that apply. For items that do not apply, p Application Checklist <u>must</u> accompany the completed application. | lace "N/A". This OSSF Development           |
| OSSF Permit                                                                                                                                            |                                             |
| Completed Application for Permit for Authorization to Construct Operate                                                                                | an On-Site Sewage Facility and License to   |
| Site/Soil Evaluation Completed by a Certified Site Evaluator or a                                                                                      | a Professional Engineer                     |
| Planning Materials of the OSSF as Required by the TCEQ Rules shall consist of a scaled design and all system specifications.                           | s for OSSF Chapter 285. Planning Materials  |
| Required Permit Fee - See Attached Fee Schedule                                                                                                        |                                             |
| Copy of Recorded Deed                                                                                                                                  | RECEIVED                                    |
|                                                                                                                                                        | MAY 22 2019                                 |
| Surface Application/Aerobic Treatment System                                                                                                           | C                                           |
| Recorded Certification of OSSF Requiring Maintenance/A                                                                                                 | ffidavit to the Public                      |
| Signed Maintenance Contract with Effective Date as Issue                                                                                               | ance of License to Operate                  |
| I affirm that I have provided all information required for my OSSF Develoconstitutes a completed OSSF Development Application.                         | pment Application and that this application |
| Signature of Applicant                                                                                                                                 | 5.13.19<br>Date                             |
| COMPLETE APPLICATION                                                                                                                                   | INCOMPLETE APPLICATION                      |
| Check No Receipt No (Miss                                                                                                                              | sing Items Circled, Application Refused)    |

Phone: (210) 875-3625

www.mjseptic.com

mjseptic@mjseptic.com

To: Joel & Deborah Spring 735 Lantana Trace Spring Branch, TX 78070

Printed:11/15/2019 Site: 735 Lantana Trace Spring Branch, TX 78070

Permit #: 109184

Customer ID: 5289

Agency: Comal County Environmental Health

Contract Dates: 7/25/2019 - 7/25/2021

County: Comal

Scheduled Date: 11/25/2019

Sub: Lantana Ridge Mfg / Brand: Pro Flo Aerobic Systems, LP - Pro Flo Aerobic Systems, LP Inspection 1 of 6

(210) 382-0474

Treatment Type: Aerobic

Disposal: Surface Application

Service Type: Scheduled Inspection

Visit Date: 11/12/2019

▼ This counts as a type of "Scheduled Inspection"

Entered By: Adela Shapiro

Method: Other Technician: Manuel Guerrero Copy emailed to Customer Customer Emailed: 11/13/2019

Maint, Provider: Michael J. Long

Copy emailed to the Agency Agency Emailed: 11/15/2019

Aerators: Operational

Sludge Levels

Time In: 1:57pm

Filters: Operational

For Tank 1: 0-1

Irrigation Pumps: Operational Disinfection Device: Operational Chlorine Supply: Operational Chlorine Residual: 0.1mg/L

Tank Lid / Riser: Secured

Electric Circuits: Operational Distribution System: Operational

Sprayfield Veg: Operational

Odor: Good

Alarm: Operational

Comments

**✓** Service Completed

- Technician Secured the Tank Lid and/or Riser prior to leaving location.

- \*Septic tank cleaning is recommended between 10 and 12 inches of sludge in the pump tank (tank 1) or unless otherwise recommended by technician for other reasons such as full trash tank, etc.\*

- \*This inspection report is not valid for any real estate transactions\* - Copy emailed to the customer on 11/13/2019.

Insp ID #:28574

Provider: Michael J. Long

License #: MP0001294

Expires: 8/31/2022

Phone: (210) 875-3625

www.mjseptic.com

Sub: Lantana Ridge

mjseptic@mjseptic.com

To: Joel & Deborah Spring 735 Lantana Trace Spring Branch, TX 78070

Printed:3/19/2020 Site: 735 Lantana Trace Spring Branch, TX 78070

(210) 382-0474

Permit #: 109184

Customer ID: 5289

Agency: Comal County Environmental Health

Contract Dates: 7/25/2019 - 7/25/2021

County: Comal

Scheduled Date: 3/25/2020

Inspection 2 of 6

Mfg / Brand: Pro Flo Aerobic Systems, LP - Pro Flo Aerobic Systems, LP

Treatment Type: Aerobic

Disposal: Surface Application

▼ This counts as a type of "Scheduled Inspection"

Service Type: Scheduled Inspection Time In: 1:25p

Entered By: Dolores Castaneda

Visit Date: 3/13/2020 Method: Other

Copy emailed to Customer

Technician: Manuel Guerrero

Customer Emailed: 3/16/2020 Copy emailed to the Agency Agency Emailed: 3/19/2020

Maint. Provider: Michael J. Long

Sludge Levels

Filters: Operational

Aerators: Operational

For Tank 1: 0-1

Irrigation Pumps: Operational Disinfection Device: Operational Chlorine Supply: Operational

Chlorine Residual: 0.1mg/L

Chlorinator: Op

Tank Lid / Riser: Secured

Electric Circuits: Operational Distribution System: Operational ✓ Problem Indicated

Sprayfield Veg: Operational

Alarm: Operational

#### Comments

Service Completed

- Technician Secured the Tank Lid and/or Riser prior to leaving location.

- \*Septic tank cleaning is recommended between 10 and 12 inches of sludge in the pump tank (tank 1) or unless otherwise recommended by technician for other reasons such as full trash tank, etc.\*

- \*This inspection report is not valid for any real estate transactions\*

- Technician noted that there was a problem or issue with this Scheduled Inspection

- Please treat for ants, they will mound inside/around the air compressor and will ruin the electrical and void any warranties. - Copy emailed to the customer on 3/16/2020.

Insp ID #:30736

Provider: Michael J. Long

License #: MP0001294

Expires: 8/31/2022

Phone: (210) 875-3625

www.mjseptic.com

mjseptic@mjseptic.com

To: Joel & Deborah Spring 735 Lantana Trace Spring Branch, TX 78070

Printed:7/17/2020 Site: 735 Lantana Trace Spring Branch, TX 78070

(210) 382-0474

Permit #: 109184

Agency: Comal County Environmental Health

County: Comal

Sub: Lantana Ridge

Mfg / Brand: Pro Flo Aerobic Systems, LP - Pro Flo Aerobic Systems, LP

Treatment Type: Aerobic

Disposal: Surface Application

Customer ID: 5289

Contract Dates: 7/25/2019 - 7/25/2021

Scheduled Date: 7/25/2020

Inspection 3 of 6

Service Type: Scheduled Inspection

Visit Date: 7/13/2020

Time In: 2:16pm

Method: Other

Technician: Manuel Guerrero Maint. Provider: Michael J. Long

Aerators: Operational

Sludge Levels Filters: Operational For Tank 1: 2

Irrigation Pumps: Operational Disinfection Device: Operational Chlorine Supply: Operational Chlorine Residual: 0.1mg/L

▼ This counts as a type of "Scheduled Inspection"

Entered By: Adela Shapiro

Copy emailed to Customer Customer Emailed: 7/13/2020 Copy emailed to the Agency Agency Emailed: 7/17/2020

Tank Lid / Riser: Secured

Electric Circuits: Operational Distribution System: Operational

Sprayfield Veg: Operational

Odor: Good

Alarm: Operational

Comments

Technician Secured the Tank Lid and/or Riser prior to leaving location.

**✓** Service Completed

- \*Septic tank cleaning is recommended between 10 and 12 inches of sludge in the pump tank (tank 1) or unless otherwise recommended by technician for other reasons such as full trash tank, etc.\*

- \*This inspection report is not valid for any real estate transactions\* - Copy emailed to the customer on 7/13/2020.

Insp ID #:32777

Provider: Michael J. Long

Phone: (210) 875-3625

mjseptic@mjseptic.com www.mjseptic.com

To: Joel & Deborah Spring 735 Lantana Trace Spring Branch, TX 78070

Printed: 11/20/2020 Site: 735 Lantana Trace Spring Branch, TX 78070

(210) 382-0474

Permit #: 109184

Customer ID: 5289

Agency: Comal County Environmental Health

Contract Dates: 7/25/2019 - 7/25/2021

County: Comal

Sub: Lantana Ridge Mfg / Brand: Pro Flo Aerobic Systems, LP - Pro Flo Aerobic Systems, LP

Inspection 4 of 6 Scheduled Date: 11/25/2020

Treatment Type: Aerobic

Disposal: Surface Application

▼ This counts as a type of "Scheduled Inspection"

#### Service Type: Scheduled Inspection

Entered By: Ashley Nicole Larcom

Visit Date: 11/16/2020

Copy emailed to Customer

Method: Other

Customer Emailed: 11/17/2020

Technician: Manuel Guerrero Maint. Provider: Michael J. Long

✓ Copy emailed to the Agency Agency Emailed: 11/20/2020

Aerators: Operational

Sludge Levels

Time In: 5:30pm

Filters: Operational

For Tank 1: 0-1

Irrigation Pumps: Operational Disinfection Device: Operational

Chlorine Supply: Operational

Chlorine Residual: 0.1mg/L

Tank Lid / Riser: Secured

Electric Circuits: Operational Distribution System: Operational

Sprayfield Veg: Operational

Odor: Good

Alarm: Operational

#### Comments

✓ Service Completed

- Technician Secured the Tank Lid and/or Riser prior to leaving location.

- \*Septic tank cleaning is recommended between 10 and 12 inches of sludge in the pump tank (tank 1) or unless otherwise recommended by technician for other reasons such as full trash tank, etc.\*

- \*This inspection report is not valid for any real estate transactions\* - Copy emailed to the customer on 11/17/2020.

Insp ID #:34874

Provider: Michael J. Long

Phone: (210) 875-3625

www.mjseptic.com

mjseptic@mjseptic.com

To: Joel & Deborah Spring 735 Lantana Trace Spring Branch, TX 78070

Printed:4/5/2021 Site: 735 Lantana Trace Spring Branch, TX 78070

(210) 382-0474

Permit #: 109184

Customer ID: 5289

Agency: Comal County Environmental Health

Contract Dates: 7/25/2019 - 7/25/2021

Entered By: Brianna Perez

County: Comal

Scheduled Date: 3/25/2021

Inspection 5 of 6

▼ This counts as a type of "Scheduled Inspection"

Copy emailed to Customer

Customer Emailed: 3/2/2021 Copy emailed to the Agency

Agency Emailed: 4/5/2021

Mfg / Brand: Pro Flo Aerobic Systems, LP - Pro Flo Aerobic Systems, LP

Treatment Type: Aerobic

Disposal: Surface Application

Service Type: Scheduled Inspection

Sub: Lantana Ridge

Visit Date: 3/1/2021

Time In: 3:53

Method: Other

Technician: Manuel Guerrero Maint. Provider: Michael J. Long

Aerators: Operational

Sludge Levels

Filters: Operational

For Tank 1: 0-1

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Supply: Operational Chlorine Residual: 0.1mg/L

Tank Lid / Riser: Secured

Electric Circuits: Operational Distribution System: Operational

Sprayfield Veg: Operational

Alarm: Operational

Comments

Service Completed

Insp ID #:36640

Provider: Michael J. Long

<sup>- \*</sup>Septic tank cleaning is recommended between 10 and 12 inches of sludge in the pump tank (tank 1) or unless otherwise recommended by technician for other reasons such as full trash tank, etc.\* - \*This inspection report is not valid for any real estate transactions\* - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Copy emailed to the customer on 3/2/2021.

Phone: (210) 875-3625

www.mjseptic.com mjseptic@mjseptic.com

To: Joel & Deborah Spring 735 Lantana Trace Spring Branch, TX 78070 Printed:7/30/2021 Site: 735 Lantana Trace Spring Branch, TX 78070

▼ This counts as a type of "Scheduled Inspection"

Copy emailed to Customer

Customer Emailed: 7/26/2021

✓ Copy emailed to the Agency Agency Emailed: 7/30/2021

Entered By: Hailey Long

(210) 382-0474

Permit #: **109184** Customer ID: 5289

Agency: Comal County Environmental Health

Contract Dates: 7/25/2019 - 7/25/2021

County: Comal Sub: Lantana Ridge Scheduled Date: 7/25/2021 Inspection 6 of 6

Mfg / Brand: Pro Flo Aerobic Systems, LP - Pro Flo Aerobic Systems, LP

Treatment Type: Aerobic

Disposal: Surface Application

Service Type: Scheduled Inspection

Visit Date: 7/16/2021 Time In: 4:15 pm

Method: Other

**Technician:** Manuel Guerrero **Maint. Provider:** Michael J. Long

Aerators: Operational Sludge Levels
Filters: Operational For Tank 1: 4"

Irrigation Pumps: Operational
Disinfection Device: Operational
Chlorine Supply: Operational
Chlorine Residual: 0.1mg/L

Chlorinator: Op

Tank Lid / Riser: Secured

Electric Circuits: Operational
Distribution System: Operational
Sprayfield Veg: Operational

Alarm: Operational

Comments 

✓ Service Completed

- \*\*\*This was your FINAL inspection for your current contract, please call (210) 875-3625 to renew your contract, to stay in compliance\*\*\*

-\*Septic tank cleaning is recommended between 10 and 12 inches of sludge in the pump tank (tank 1) or unless otherwise recommended by technician for other reasons such as full trash tank, etc.\* - \*This inspection report is not valid for any real estate transactions\* - Tech reset your timer. - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Copy emailed to the customer on 7/26/2021.

Insp ID #:39191

Provider: Michael J. Long