



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 01/22/2020 Permit Number: 109734

Location Description: 142 VISTA VIEW PLACE
SPRING BRANCH, TX 78070

Subdivision: Mystic Shores
Unit: 20
Lot: 2229
Block:
Acreage:

Type of System: Aerobic
Surface Irrigation

Issued to: Christine A. Cavazos & Ricardo A. Cavazos

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

ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: J.B Septic OSSF Installer #: OS0018531

1st Inspection Date: 01-21-2020 2nd Inspection Date: _____ 3rd Inspection Date: 01-21-2020

Inspector Name: B.Olvera Inspector Name: _____ Inspector Name: B. Olvera

Permit#: 109734 Address: 142 Vista View Place / Mystic Shores

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	01-21-20	285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)		01-21-20		01-22-20
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards		285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)		285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot		285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)		285.32(a)(5)				
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G)285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(I)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

01-21-2020 BMO

01-22-2020 BMO

Covered

Tank Set Level No Leaks
Operational
Ready for Cover
Sleeved between detached garage
and House

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If 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) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(I) 285.32(b)(1)(E)(i) 285.32(b)(1)(D) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(i) 285.32(b)(1)(B) 285.32(b)(1)(A) 285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used	01-21-20	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)		01-21-20		01-22-20
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed			600			
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number			Clearstream			
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

**Comal County Environmental Health
OSSF Inspection Sheet**

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

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0% EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom) EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart		285.33(b)(3)(A) 285.33(b)(3)(A) 285.33(b)(3)(B) 285.91(13) 285.33(b)(3)(D) 285.33(b)(3)(F)				
33	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.	01-21-20	285.32(c)(1)		01-21-20		01-21-20
34	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 Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions						
38	PUMP TANK Secondary restraint system provided						
39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						

**Comal County Environmental Health
OSSF Inspection Sheet**

Final

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?	01-21-20	285.33(d)(2)(G)(iii)(I)285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)		01-21-20		01-21-20
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed		285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)				
42	APPLICATION AREA Area Installed						
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						



COMAL COUNTY

ENGINEER'S OFFICE

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

Permit Number: 109734
Issued This Date: 09/30/2019
This permit is hereby given to: Christine A. Cavazos & Ricardo A. Cavazos

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

142 VISTA VIEW PLACE
SPRING BRANCH, TX 78070

Subdivision: Mystic Shores
Unit: 20
Lot: 2229
Block:
Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

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

Date _____

Permit # 109734

Owner Name Christine A. Cavazos & Ricardo A. Cavazos
 Mailing Address P.O. Box 691048
 City, State, Zip San Antonio, Texas 78269
 Phone # 210-882-9728
 Email christine_cavazos@yahoo.com

Agent Name JB Septic Systems, Inc.
 Agent Address P.O. Box 1609
 City, State, Zip Helotes, Texas 78023
 Phone # 830-931-0292
 Email info@jbsepticssystemsinccom

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

Subdivision Name Mystic Shores Unit Twenty (20) Lot 2229 Block _____

Acreage/Legal _____

Street Name/Address 142 Vista View City Spring Branch Zip 78070

Type of Development:

Single Family Residential
 Type of Construction (House, Mobile, RV, Etc.) House
 Number of Bedrooms 4
 Indicate Sq Ft of Living Area 2,824

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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 Residence? Yes No

By signing this application, I certify that:

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

Ricardo A. Cavazos / Christine A. Cavazos
 Signature of Owner

9-11-19
 Date

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

Planning Materials & Site Evaluation as Required Completed By Jim W. Blake, Sr. # 2289

System Description Aerobic Treatment with Spray Irrigation

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

Tank Size(s) (Gallons) 400/600/700 Absorption/Application Area (Sq Ft) 4,923

Gallons Per Day (As Per TCEQ Table III) 300

(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.))

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

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

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

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

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

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

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

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

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

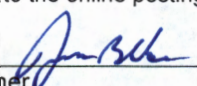
Is this property within an incorporated city? Yes No

If yes, indicate the city: _____

By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.

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

Signature of Designer 

Date 9-17-19

Page 2 of 2

J. B. Septic Systems, Inc.

Jim W. Blake, Sr., RS 2289
P. O. Box 1609
Helotes, TX 78023

Telephone (830) 931-0292
Fax (830) 931-0409

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COUNTY ENGINEER

July 17, 2019

Comal County Environmental Office
195 David Jonas Drive
New Braunfels, TX 78132-3760

RE: Lot 2229, Mystic Shores, Unit Twenty (20)
(142 Vista View Place)

To Whom It May Concern:

I hereby certify that the On-Site Sewage Facility (OSSF) design for the above referenced property complies with all provisions of the proposed Contributing Zone Plan (CZP), as approved by the Texas Commission on Environmental Quality (TCEQ).

Please contact me at the number listed above if you should have any desire to discuss this matter.

Sincerely,



Jim W. Blake, Sr.
JB Septic Systems, Inc.



1/c

AFFIDAVIT TO THE PUBLIC

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The County of Comal §
State of Texas §

SEP 20 2019

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

COUNTY ENGINEER

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

I

The Texas Health & Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (commission) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety Code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

II

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code § 285.91(12) will be installed on the property described as Lot 2229, Mystic Shores, Unit Twenty (20), an addition in Comal County, Texas, according to the map or plat recorded in Document No. 200706008309, Map and Plat Records of Comal County, Texas.

The property is owned by Christine A. Cavazos and Ricardo A. Cavazos

This OSSF must be covered by a continuous maintenance contract for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the Comal County Engineer's Office.

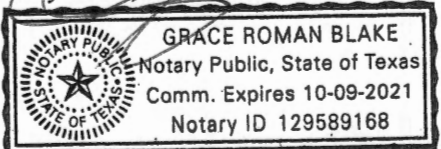
WITNESS BY HAND(S) ON THIS 11th Day of September, 2019.

Christine A. Cavazos

Ricardo A. Cavazos

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 11th
DAY OF September, 2019

Notary Public, State of Texas



Notary/s Printed Name: Grace Roman Blake
My Commission Expires: 10-09-21

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
09/20/2019 01:38:04 PM
JESSICA 1 Page(s)
201906033577



**J.B. Septic Systems, Inc.
Two-Year Initial Service Policy**

System Owner:
Christine A. & Ricardo A. Cavazos

Brand Name: Clearstream Wastewater System
System Name: Primary
Serial Number: _____
Model Number: _____
Permit Number: _____
Effective: _____ thru _____

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COUNTY ENGINEER

Site Legal Description: 142 Vista View Place, Lot 229, Unit Twenty (20)
Mystic Shores, Comal County

J. B. Septic Maintenance, Inc. will inspect and service your Clearstream Aerobic Treatment Plant once every four months for a period of two years. The service policy starts the date the "License To Operate" is issued by the permitting authority. This initial two year Service Policy will be at no additional charge to the property owner as required by State guidelines.

Before this initial two-year service policy expires, JB Septic Maintenance, Inc will notify you. Upon renewal of the contract, a copy of the new contract shall be submitted to the permitting authority. If the property owner or maintenance company desire to discontinue the maintenance contract, the maintenance company shall notify, in writing, the permitting authority at least 30 days prior to the date service will cease.

Testing and Reporting

J.B. Septic Maintenance, Inc. shall test and report on this system as required by rule on the following:

1. An Inspection/Service Call every 4 months, which includes inspections, adjustment, and servicing of the mechanical and electrical component parts as necessary to ensure proper function.
2. An effluent quality inspection every 4 months, consisting of a visual check for color, turbidity, scum overflow, and an examination for odors.
3. A sample shall be pulled from the aeration tank every 4 months to determine if there is an excess of solids in the treatment plant. If the test results determine a need for solids removal, the user will be notified and the system will be pumped upon owner authorization.
4. If any improper operation is observed which cannot be corrected at the time, the user shall be notified immediately in writing of the conditions and the estimated date of correction.
5. If required, a chlorine residual test will be taken at each visit. (BOD and TSS annually on commercial only.) If a grab test is required, the Owner will be responsible for the cost of the grab test.

The owner is responsible for keeping chlorine (Bleach) in the chlorinator as well as the cost of the chlorine.

J.B. Septic Maintenance, Inc. has been certified by the manufacturer of your system, and will be responsible for fulfilling the requirements of this Maintenance Contract, as well as responding to any alarms and/or addressing any concerns by the owner.

VIOLATIONS OF WARRANTY including shutting off the electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, or introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.

This Policy Does Not Include;

1. **Cost of Pumping Sludge From Unit If Necessary.**
2. **Cost of System Repair Due to Damage or Parts Failure Due to Neglect.**
3. **Cost of Replacement of "Normal Wear & Tear" Items During Routine Maintenance Visits.**

The Maintenance Company and the Owner agree to abide by the service policy as stated above.

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MAINTENANCE COMPANY:

J.B. Septic Maintenance, Inc.
P.O. Box 1609
Helotes, Texas 78023
(830) 931-0292
(210) 414-6289

MANUFACTURER:

Clearstream Wastewater Systems, Inc.
P.O. Box 7568
Beaumont, Texas 77726-7568
(409) 755-1500

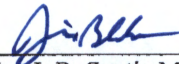
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Installation Company:

J.B. Septic Systems, Inc.
P.O. Box 1609
Helotes, Texas 78023

Permitting Authority:

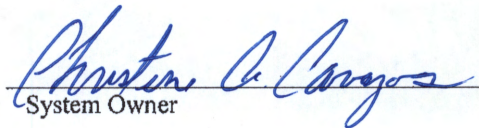
Comal County Office of Environment Health
195 David Jonas Drive
New Braunfels, TX 78132-3760
(830) 608-2094



Jim Blake, Sr., J. B. Septic Maintenance, Inc.



System Owner



System Owner

Service Company Operator License Number: MP 0000892

J. B. Septic Systems, Inc.

Jim Blake Sr.
Registered Sanitarian
P.O. Box 1609
Helotes, Texas 78023

Telephone (830) 931-0292
Fax (830) 931-0409

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SITE EVALUATION

SEP 20 2019

LOCATION: Lot 2229, Mystic Shores, Unit Twenty (20) COUNTY ENGINEER
(142 Vista View Place), Comal County

I. USDA County Soils Survey Classification: (BtD) Brackett – Rock Outcrop

II. Soil Analysis Sample: Two soil borings located in the proposed absorption area.
(Method and Location)

III. Soil Profile: 0 – 10" clay soil underlain by lenses of limestone.
(Describe sample)

IV. Soil Texture Classification:
 Soil Class Ia Soil Class Ib Soil Class II Soil Class III X Soil Class IV

V. Soil Structure: Blocky

VI. Restrictive Horizons (Note any dense clay sub-soils, rock or fractured rock, depth of groundwater etc.): Rock.

VII. Topography: 1-2% slope

VIII. Flood Hazard: No.

IX. Overall Site Suitability: Suitable for Aerobic Treatment with Spray Irrigation.

X. Recharge Zone: No.

Jim Blake
Signature

July 17, 2019
Date

OS0010832
Registration #



J.B. Septic Systems, Inc.

Jim Blake Sr.
Registered Sanitarian
P.O. Box 1609
Helotes, Texas 78023

Telephone (830) 931-0292
Fax (830) 931-0409

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COUNTY ENGINEER

ON-SITE SEWAGE FACILITY DESIGN

FOR: Christine A. & Ricardo A. Cavazos
P.O. Box 691048
San Antonio, Texas 78269

LOCATION: 142 Vista View Place
Lot 2229, Unit Twenty (20)
Mystic Shores
Comal County

DEVELOPMENT: Proposed Four-bedroom residence with 2,824 sq. ft. living area.

ESTIMATE OF WATER CONSUMPTION: 300 gallons per day is the daily water usage.

SEWAGE FACILITY DESCRIPTION: Clearstream Aerobic Treatment System with timer, chlorinator, sprinkler pump, and sprinkler heads covering a surface application area of 4,923 square feet. The timer is set for spray between midnight and 5:00 A.M.

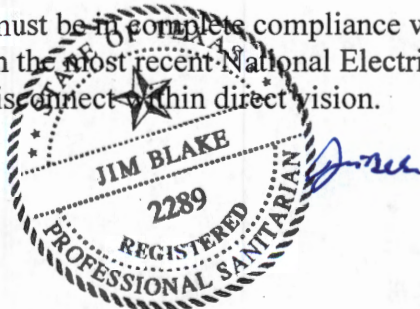
CALCULATION:

$$\begin{array}{l} \text{Application Area} \\ \text{Required} = \frac{\text{Flow}}{\text{Soil Appl. Rate}} = \frac{300 \text{ Gals./Day}}{.064 \text{ Gals./Sq.Ft./Day}} = 4,688 \text{ Sq. Ft.} \end{array}$$

ACTUAL APPLICATION AREA TO BE COVERED:

$$\begin{array}{l} (\text{Radius of Sprinkler Head}) \times (\text{Radius of Sprinkler Head}) \times 3.14 = \text{Sq. Ft.} \\ \text{Two full circle sprinkler heads, each with a 28 foot radius} = 4,923 \text{ Sq. Ft.} \\ \text{Total} = 4,923 \text{ Sq. Ft.} \end{array}$$

ELECTRICAL WIRING – All wiring must be in complete compliance with 30 Texas Administrative Code 285.34(c) and with the most recent National Electric Code. All electrical components should have an electrical disconnect within direct vision.



AEROBIC TREATMENT SYSTEM COMPONENTS AND REQUIREMENTS:

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1. Minimum 400 gallon **Pre-Treatment Tank**.
2. **Aerobic Treatment Unit** – 600 gallon TCEQ approved unit.
3. **Liquid Chlorinator** – Only E.P.A. approved chlorine (Bleach) for use with wastewater shall be used. **IT IS THE** owner's responsibility to ensure that it is functioning properly and has chlorine **IN IT AT ALL TIMES**.
4. 700 gallon **Pump Tank** with a minimum ½ horsepower, 18 GPM well pump (Clearstream P-20 pump or approved equivalent.)
5. **Sprinkler heads** must be impact or gear driven rotary design with a maximum inlet pressure of 40 PSI. Only low angle (13 degree trajectory) nozzles shall be used. All sprinkler heads shall be self-draining type so as to prevent in-line freezing. The exact location of sprinkler heads shall be coordinated between the installer and the property owner so that spray patterns shall not be blocked by trees, etc; a minimum of 10 feet shall be required between any sprinkler head and the base of a tree.
6. **SURFACE APPLICATION AREA** - The area to be sprayed shall have enough topsoil in place to cover the force lines and to support the growth of vegetation. This vegetation shall consist of grasses, evergreen shrubs, bushes, trees or landscaped beds containing mixed flora. Exposed surface rock in the application area shall be removed or covered with soil and seeded or grassed laid. Sloped land is acceptable if properly landscaped and terraced to minimize run-off. Distribution pipes and sprinkler heads must provide uniform distribution of treated effluent. The application rate must be adjusted so as to not produce run-off. Owners shall not allow driveways, fences, storage buildings, or other structures to be constructed over the treatment or disposal systems. Land that is used for growing food, gardens, orchards, or crops that may be used for human consumption, as well as unseeded bare ground, shall not be used for surface application. Exposed surface rock in the application area shall be removed or covered with soil and seeded or grassed laid.
7. **AFFIDAVIT** (signed and notarized) included with this design should be a permanent part of the real property deed. TCEQ requires that it give proper notification to future owners of the continuous maintenance and administrative requirements of this OSSF system.
8. **MAINTENANCE CONTRACT:**
At the time of system installation, the contractor will submit to the authorized agent, (County Inspector) a copy of the 2-Year Service Policy as required by the TCEQ. Maintenance Company will file a detailed report of the dates and findings of these inspections to the Authorized Agent. This will ensure periodic inspections (at least every 4 months) for system compliance with effluent standards. Correct testing/evaluation of the unit will include periodic measuring of residual chlorine levels and/or fecal coliform analysis, as required by TCEQ. Sludge accumulation will be monitored and the system owner will be notified when tanks require pumping.

NOTE: SEE ATTACHMENT for water treatment equipment and appliances installation requirements. The back flush or discharge from water treatment equipment may be discharged into an On-Site Sewage Facility as provided in this attachment. Effective April 28, 2004.

REMARKS: The contractor may make minor field adjustments to the system with approval of the county regulatory agency. The referenced site has been evaluated and the on-site sewerage facility has been designed generally following the requirements given by the Texas Commission on Environmental Quality and Comal County. The site evaluation and design are based upon technical information available today. The proper performance of any on-site sewerage facility cannot be guaranteed even though all provisions of the regulations have been met.

CERTIFICATION: I hereby certify that this sewage facility design submitted conforms to the Texas Commission on Environmental Quality and Comal County requirements, and with proper use, maintenance, and under normal climatic conditions can be expected to function without creating a nuisance.

DATE: July 17, 2019

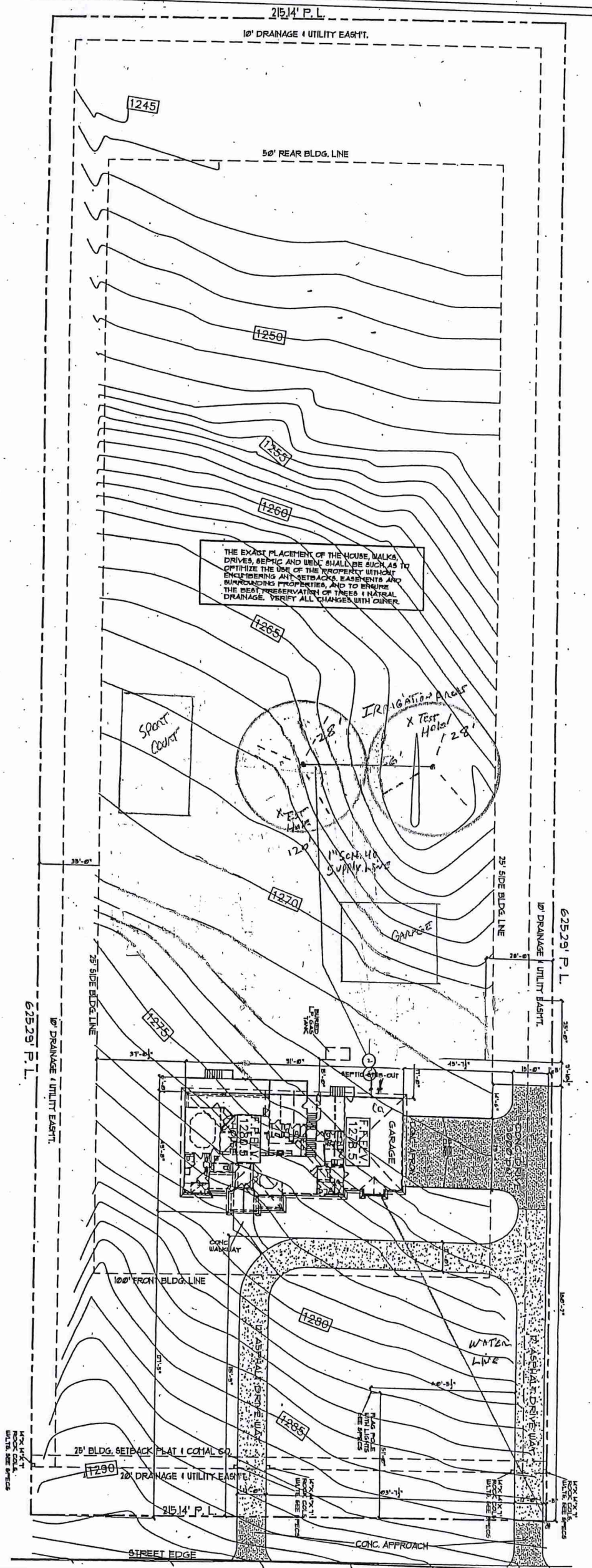


Jim Blake, Professional Sanitarian #2289



REVISED

4:12 pm, Jan 17, 2020



- OSSF Tanks:
- 1,400 Gal. Trash Tank
 - 2,600 GPD ATU
 - 700 Gal Pump Tank



1-15-2020
 REVISION
 Added A Circular Drive AND
 A SPORTS COURT

SITE PLAN
 142 VISTA VIEW PLACE
 LOT 2229
 MYSTIC SHORES UNIT 20
 COMAL CO.

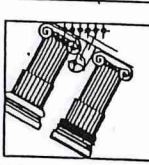
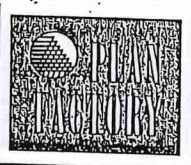
SCALE: 1/8" = 1'-0"



DATE DRAWN: DECEMBER 21, 2018
 DRAWN BY: ANTONIO ESCOBEDO
 CHECKED BY: ANTONIO ESCOBEDO
 PLOT DATE: AUGUST 26, 2018
 SHEET: 1 OF 1 SHEETS

SITEPLAN

142 VISTA VIEW PLACE
 CAVAZOS
 RESIDENCE



DESIGNS BY:
ANTONIO ESCOBEDO
 11825 IH-10 WEST, SUITE 208
 SAN ANTONIO, TEXAS 78230-1040
 (210) 691-2944

THIS PLAN IS THE SOLE PROPERTY OF PLAN FACTORY
 ALL RIGHTS RESERVED
 NO PART OF THIS PLAN MAY BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF PLAN FACTORY.
 THE USER OF THIS PLAN AGREES TO HOLD PLAN FACTORY HARMLESS FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, ARISING OUT OF OR RESULTING FROM THE USE OF THIS PLAN, WHETHER SUCH CLAIMS, DAMAGES, LOSSES AND EXPENSES ARE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF PLAN FACTORY OR ANY OF ITS EMPLOYEES, AGENTS, OR CONTRACTORS.
 PLAN FACTORY DOES NOT WARRANT THE ACCURACY OR COMPLETENESS OF THIS PLAN, AND IT IS THE RESPONSIBILITY OF THE USER TO VERIFY THE ACCURACY AND COMPLETENESS OF THIS PLAN BEFORE USING IT.

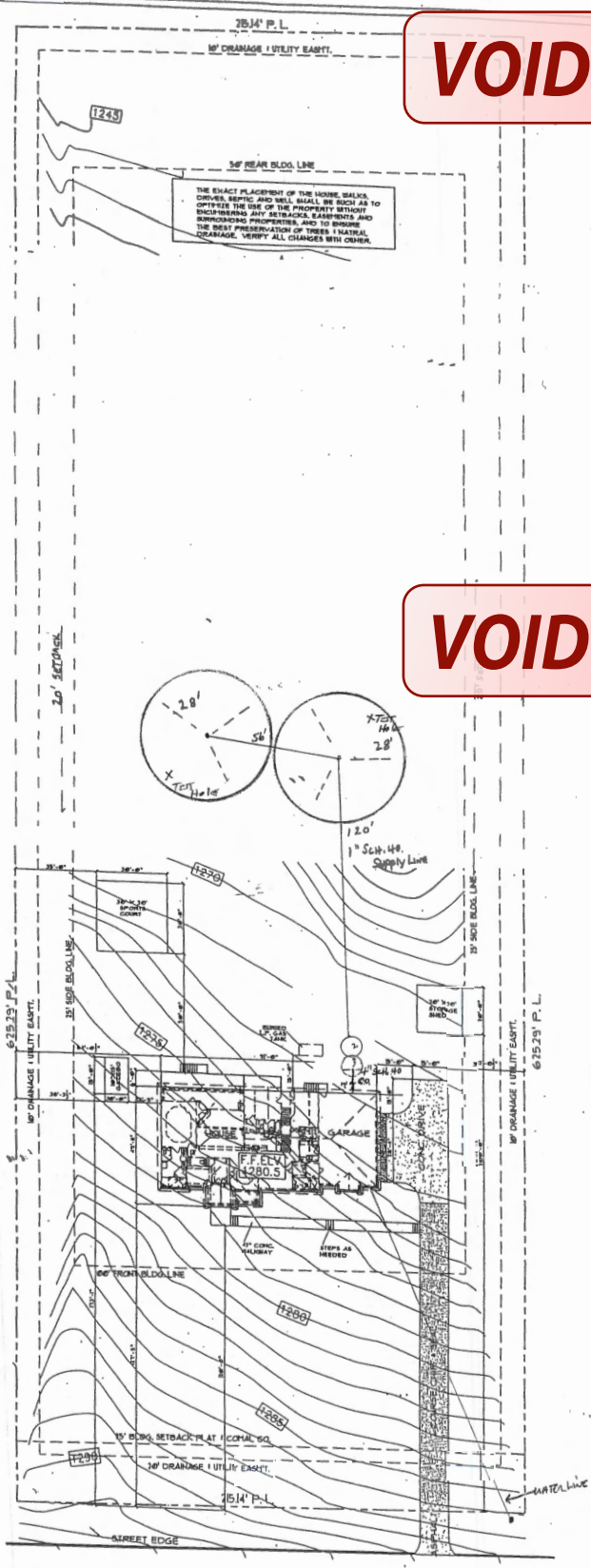
VOID

VOID

- OSSF TANKS:
1. 400 Gal. TRASH TANK
 2. 600 GPD ATU
 3. 700 Gal. Pump Tank



VOID



VISTA VIEW PLACE

SITE PLAN

142 VISTA VIEW PLACE
 LOT 2229
 MYSTIC SHORES UNIT 20
 COMAL CO.

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STATE MANDATED REGULATION CONCERNING AEROBIC SYSTEMS

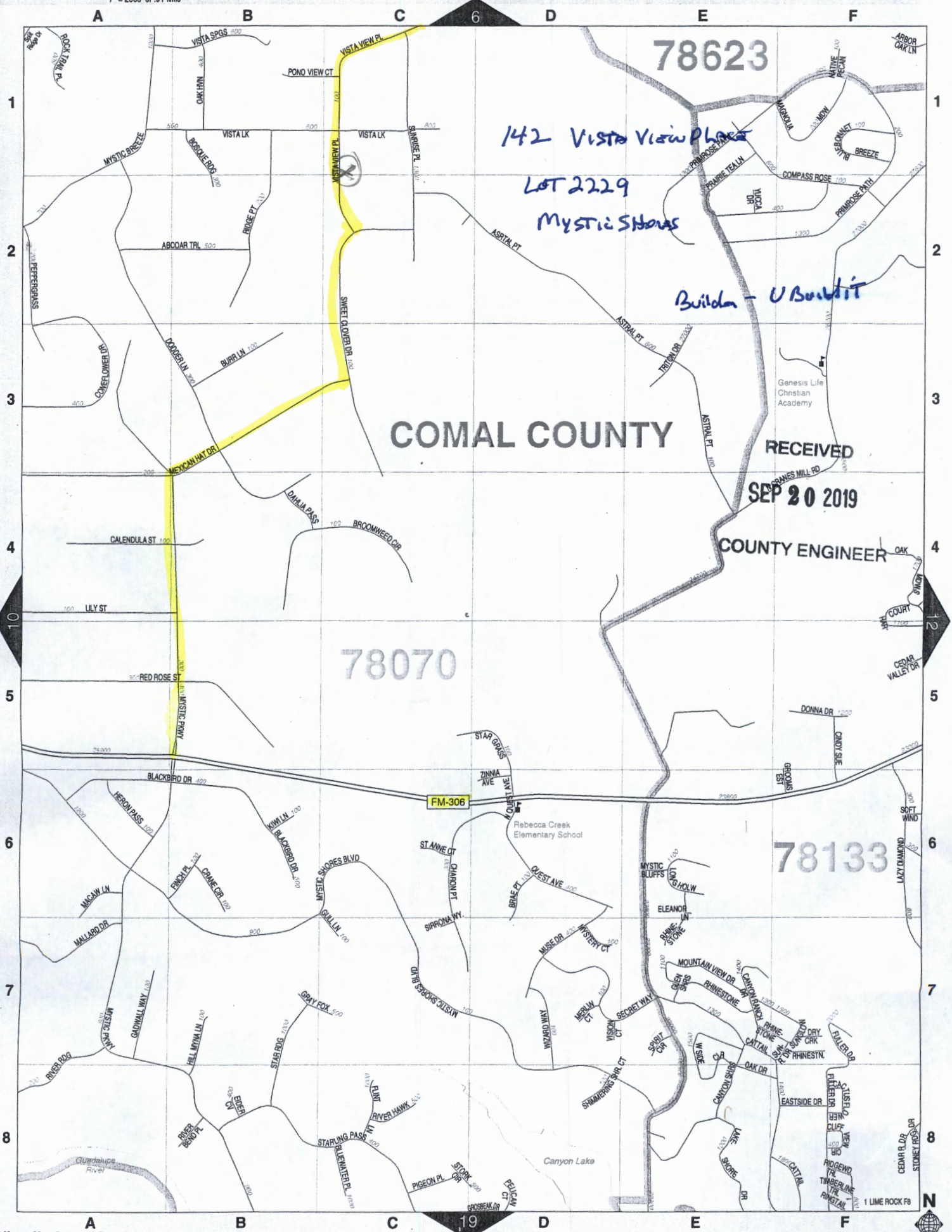
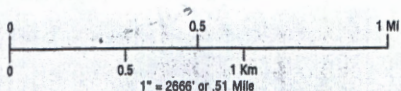
NAME: Christine A. & Ricardo A. Cavazos
LOCATION: 142 Vista View Place, Spring Branch, TX 78070
DATE: July 17, 2019

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COUNTY ENGINEER

As part of the installation of this system, the Texas Commission On Environmental Quality requires the following:

1. The property owner and the aerobic system maintenance contractor shall enter into a 2 year (minimum) full service maintenance contract in which the company will provide periodic inspections for system compliance with effluent standards. This contract will authorize the maintenance company to operate, maintain, and repair the system as needed. The costs of this service will be paid by the system's owner and may be included with the installation of the system. (See the attached Service Policy.)
2. The property owner shall submit an affidavit to the County Clerk's Office to be added to the Real Property Deed on which the surface application system is installed. (See the attached AFFIDAVIT TO THE PUBLIC.)
3. The maintenance company shall inspect this system as directed in the Service Policy and shall keep accurate records of their findings. These records shall be submitted to the County at the end of the first 2-year service life of the system.



78623

142 Vista View Place
Lot 2229
Mystic Shores

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COMAL COUNTY

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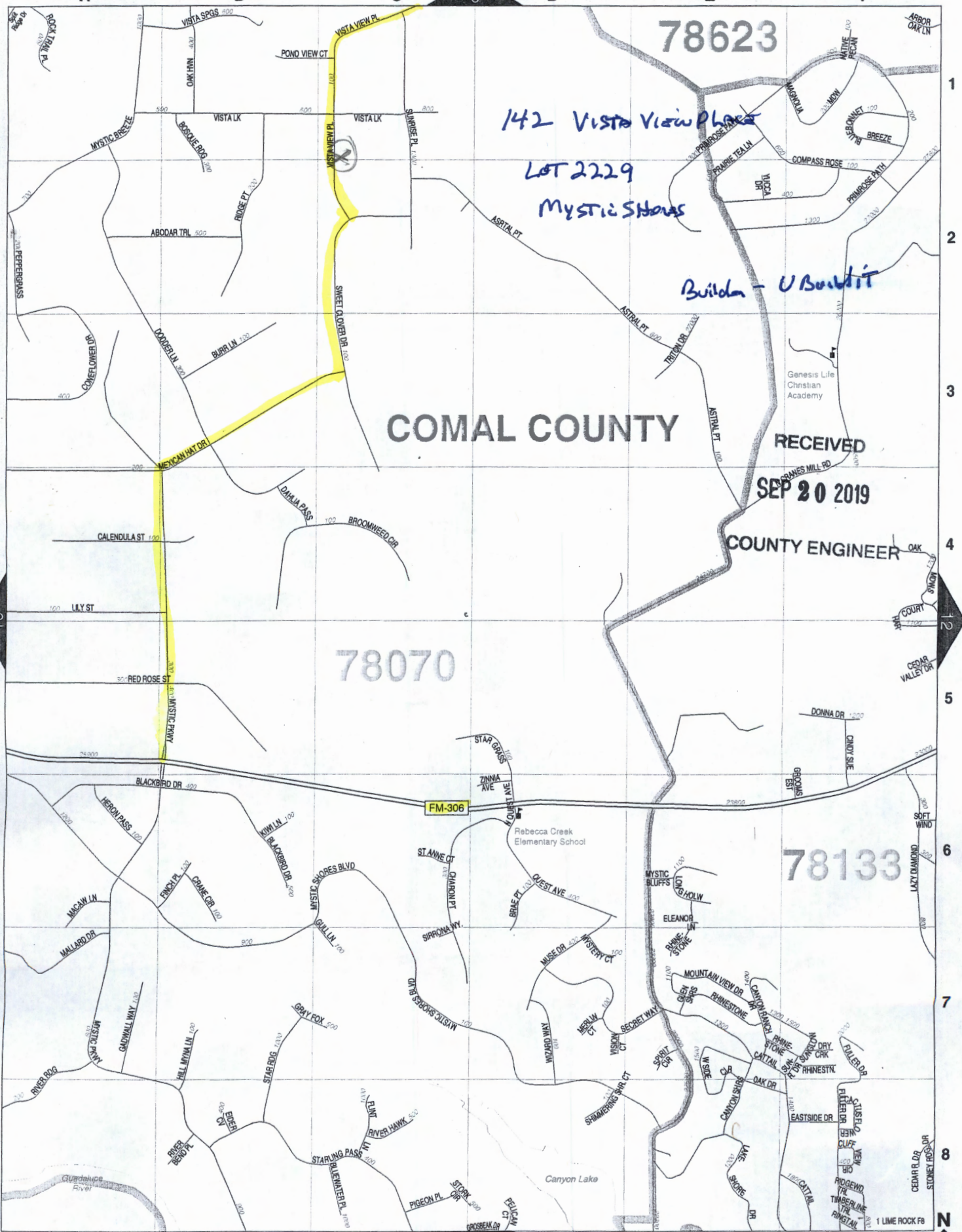
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FM-306

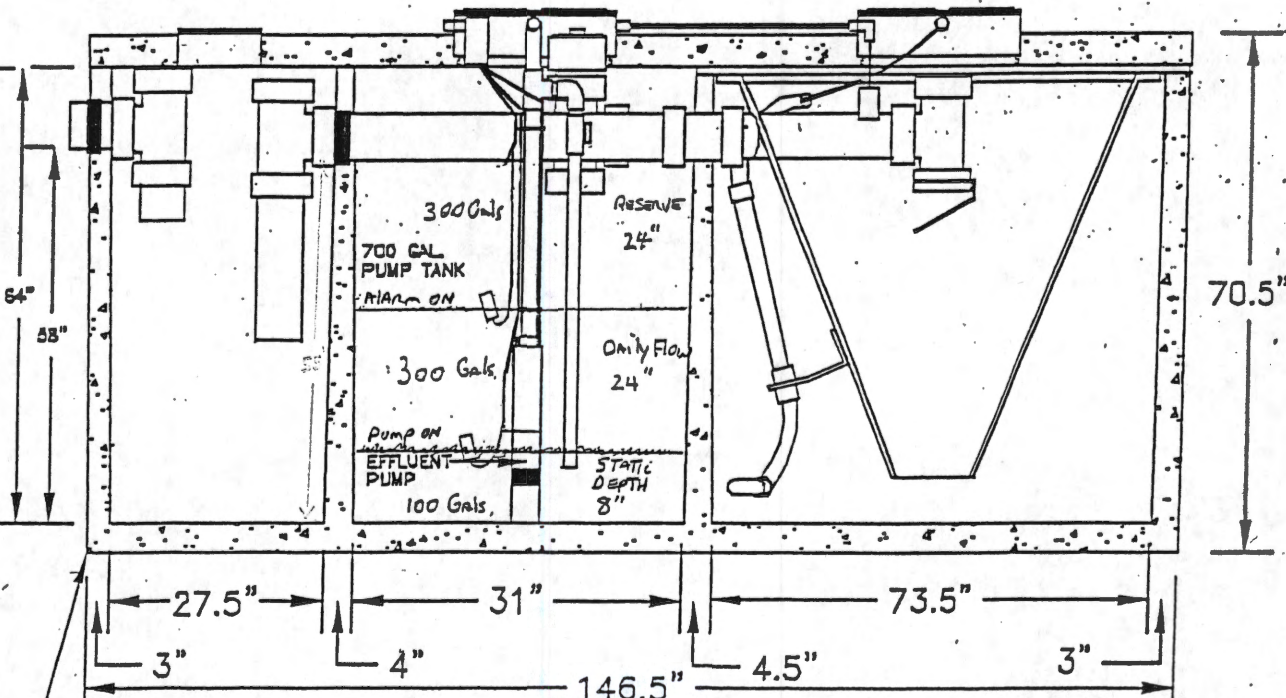
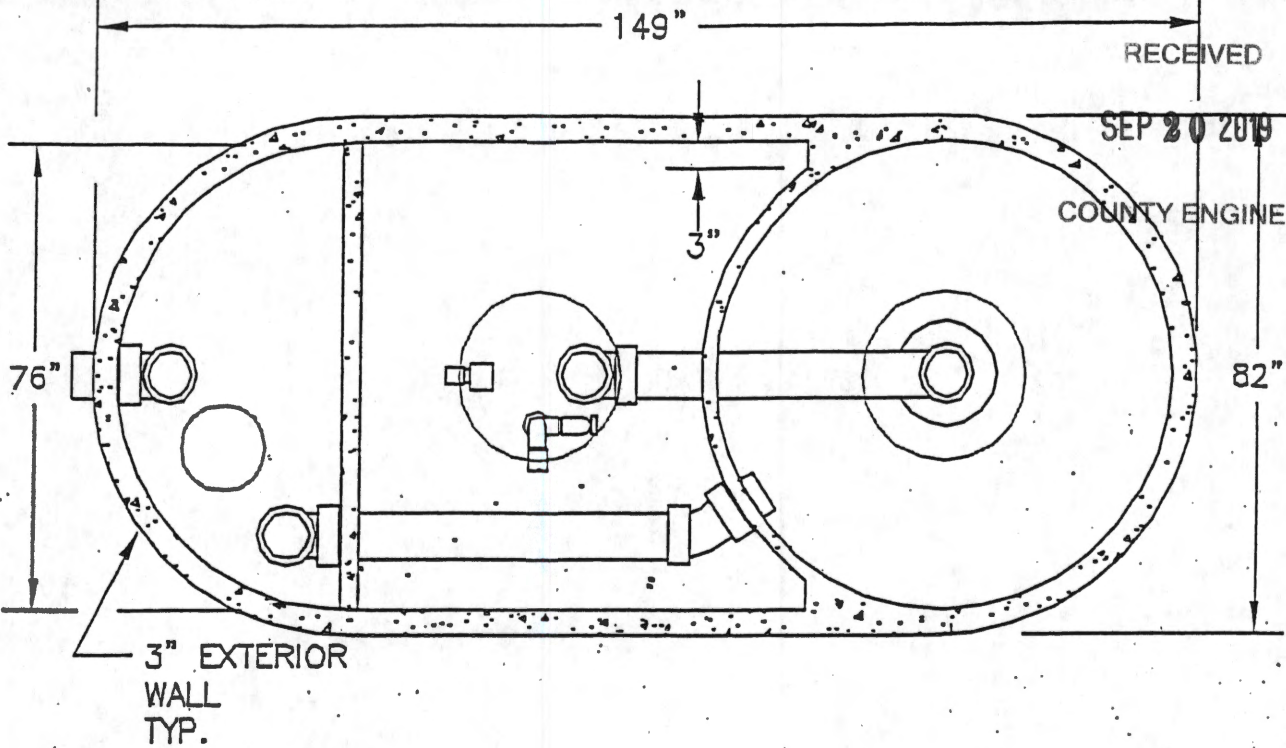
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1.25" TAPER ON ALL EXTERIOR & INTERIOR WALLS

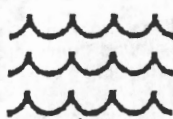


CLEARSTREAM®
WASTEWATER SYSTEMS, INC.
 P.O. Box 7588 Beaumont, Texas 77729-7588

MODEL 600NC3T
600 G.P.D. TREATMENT SYSTEM

DRAWN: CWP	CHKD: JM	DATE: 07/04	REV: 0	REV. DATE:	NUMBER: 10000385
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CLEARSTREAM®
WASTEWATER SYSTEMS, INC.

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COUNTY ENGINEER

OWNER'S MANUAL

SERIES P20 4" SUBMERSIBLE PUMP

Two Wire, 1/2 HP, 115 Volt, 60 Hz

Installation • Operation

LIMITED WARRANTY

Clearstream warrants to the original consumer of the products listed below, that they will be free from defects in material and workmanship for the Warranty Period from the date of installation as noted.

Product	Warranty Period
4" Submersible Pump	2 year

Our warranty will not apply to any product that has been subject to negligence, misapplication, improper installation or maintenance.

Buyer's only remedy and Clearstream's only duty is to repair or replace defective products (at Clearstream's choice). Buyer agrees to pay all labor and shipping charges associated with this warranty and to request warranty service through the installing dealer as soon as a problem is discovered. If warranty service is requested after the Warranty Period has ended, it will not be honored.

CLEARSTREAM SHALL NOT BE LIABLE FOR ANY CONSEQUENTIAL, INCIDENTAL, OR CONTINGENT DAMAGES WHATSOEVER.

THE FOREGOING WARRANTIES ARE EXCLUSIVE AND IN LIEU OF ALL OTHER EXPRESS WARRANTIES. IMPLIED WARRANTIES, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, SHALL NOT EXTEND BEYOND THE WARRANTY PERIOD PROVIDED HEREIN.

Certain states do not permit the exclusion or limitation of incidental or consequential damages or the placing of limitations on the duration of an implied warranty, therefore, the limitations or exclusions herein may not apply. This warranty sets forth specific legal rights and obligations, however, additional rights may exist, which may vary from state to state.

Supersedes all previous publications.

Clearstream, P.O. Box 9337, Beaumont, TX 77709

CLEARSTREAM

P.O. Box 9337, Beaumont, TX 77709

open. Start pump. *Slowly* open valve until the desired flow rate is reached. Final setting *must* be within pump's recommended operating range.

OPERATION

1. The pump must be submerged at all times during normal operation. Do not run pump dry.

2. Make sure that the float switches are set so that the pump stops before the pump runs dry or breaks suction. If necessary, adjust float switches to achieve this.

3. The motor bearings are lubricated internally. No maintenance required or possible on the pump or the motor.

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Table 1: Recommended Fusing Data
115 Volt/60 Hz/1 Phase 2-Wire Cable

COUNTY ENGINEER

HP	Voltz/Hz/ Phase	Motor Winding Resistance Ohms	Max Load Amps	Locked Rotor Amps	Fuse Size Standard/ Dual Element
1/2	115/60/1	1.0-1.3	12.0	64.8	30/15

Table 2: Power Supply Wire (Cable) Length In Feet
1 Phase, 2 Wire Cable, 60 Hz (Copper Wire Size - Service to motor)

Volts	HP	14 AWG	12 AWG	10 AWG	8 AWG	6 AWG	4 AWG	3 AWG	2 AWG	1 AWG	0 AWG
115	1/2	100	160	250	390	620	960	1190	1450	1780	2160

1. Maximum wire lengths shown maintain motor voltage at 95% of service entrance voltage, running at maximum nameplate amperes. If service entrance voltage will be at least motor nameplate voltage under normal load conditions, 50% additional length

is permissible for all sizes.

2. Sizes given are for copper wire. For aluminum wire go two sizes larger (i.e., if table lists #12 copper wire, use #10 aluminum wire.)

Motor Insulation Resistance Readings

*Normal Ohm/Megohm readings for all motors, between all leads and ground. Set ohmmeter to 100K scale.

Condition of Motor and Leads	Ohm Value	Megohm Value
New motor, without power cable	20,000,000 (or more)	20.0
Used motor, which can be reinstalled in tank	10,000,000 (or more)	10.0
Motor in Tank - Readings are Power Cable plus Motor		
New Motor	2,000,000 (or more)	2.0
Motor in reasonably good condition	500,000 to 2,000,000	0.5-2.0
Motor which may be damaged or have damaged power cable <i>Do not pull motor for these reasons</i>	20,000 to 500,000	0.02-0.5
Motor definitely damaged or with damaged power cable <i>Pull motor and repair</i>	10,000 to 20,000	0.01-0.02
Failed motor or power cable — <i>Pull motor and repair</i>	Less than 10,000	0-0.01

Important Electrical Grounding Information

⚠ WARNING Hazardous voltage. Can shock, burn, or kill. To reduce the risk of electrical shock during pump operation, ground and bond the pump and motor as follows:

- A. To reduce risk of electrical shock from metal parts of the assembly other than the pump, bond together all metal parts accessible at the tank top (including metal discharge pipe, metal tank top, and the like). Use a metal bonding conductor at least as large as the power cable conductors running down the well to the pump's motor.
- B. Clamp or weld (or both if necessary) this bonding conductor to the grounding means provided with the pump, which will be the equip-

ment-grounding terminal, the grounding conductor on the pump housing, or an equipment-grounding lead. The equipment-grounding lead, when provided, will be the conductor having green insulation; it may also have one or more yellow stripes.

- C. Ground the pump, motor, and any metallic conduit that carries power cable conductors. Ground these back to the service by connecting a copper conductor from the pump, motor, and conduit to the grounding screw provided within the supply-connection box wiring compartment. This conductor must be at least as large as the circuit conductors supplying the pump.

Save these instructions.

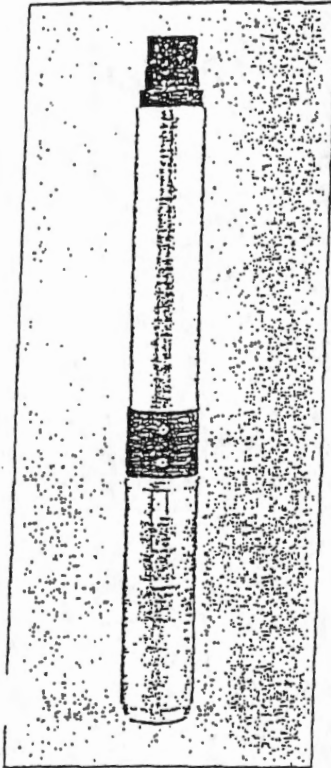
SEP 20 2019

COUNTY ENGINEER



P20

Submersible Effluent Pump



GENERAL DESCRIPTION

The P20 multistage submersible effluent pump constructed from precision-engineered, corrosion-resistant materials, is an industry leader in high pressure effluent removal. The floating stack design resists abrasion wear and reduces motor bearing thrust loading. These pumps feature the patented Signa-Seal™ design, which provides dry running capability in the event of a system failure. This patented Signa-Seal design has no industry equal.

APPLICATIONS

Designed for pumping filtered effluent.

SPECIFICATIONS

Shell: stainless steel

Discharge: fiberglass-reinforced thermoplastic

Discharge bearing: Nylatron®

Intermediate bearing: (on larger units) polycarbonate, nitrile rubber, and stainless steel

Impellers: Delrin®

Diffusers: Lexan®

Suction caps: Lexan® with stainless steel insert

Thrust pads: proprietary spec.

Shaft and coupling: stainless steel

Intake: fiberglass-reinforced thermoplastic

Intake screen: polypropylene

Cable guard: stainless steel

Agency Listings: UL 778

FEATURES

Patented Staging System – Our proven Signa-Seal™ staging system incorporates a harder-than-sand ceramic wear surface that when incorporated with our floating stack design, greatly reduces problems with abrasives, sand lock-up and running dry.

Discharge – Fiberglass-reinforced thermoplastic material for durability in aggressive water. Octagon-shaped to fit pipe wrench.

Discharge Bearing – Exclusive self-lubricating Nylatron® bearing resists wear from sand.

Intake – Fiberglass-reinforced thermoplastic material for durability in aggressive water.

Shaft – Positive drive from hexagonal heavy-duty 300 grade stainless steel.

Coupling – Stainless steel press fit to pump shaft. Couples to all standard NEMA motors.

Shell – Highest grade, heavy-walled corrosion-resistant stainless steel. Threaded for easy servicing.

Hardware – All screws, washers and nuts are corrosion-resistant 300 grade stainless steel.

Check Valve – Durable internal check valve.

Cable Guard – Corrosion-resistant stainless steel guard protects motor leads. Tapered ends prevent pump from catching on well.

Corrosion-proof intake screen


Franklin Electric Motor – 100% corrosion-resistant stainless steel construction. Constant lubrication through water-filled design. Hermetically-sealed stator assures moisture-free windings. Built-in surge arrester provided on 1/2 HP through 1-1/2 HP, single-phase pumps for added protection. All thrust absorbed by durable Kingsbury-type thrust bearing. Replaceable motor lead assembly. NEMA standard motors, 2- and 3-wire.

ORDERING INFORMATION

Model No.	HP	Max. Load Amps	Volts	Phase/Cycles	Cord Length
P20	1/2	12	115	1/60	100'

PERFORMANCE

Discharge Pressure PSI	57	52	44	33	19
Gallons Per Minute	10	15	20	25	30

 This product is Listed to UL Standards for Safety by Underwriters Laboratories Inc. (UL).

© Nylatron is a registered trademark of Polymer Corp.

© Lexan is a registered trademark of General Electric Co.

© Delrin is a registered trademark of E.I. DuPont de Nemours and Co.

Specifications are subject to change without notice.



— NOTE —

We have a wide range of sump/sewage/effluent pumps to offer. If you need a catalog showing other available units, please contact your Clearstream representative.

PROPLUS® GEAR DRIVEN SPRINKLER SETTING INSTRUCTIONS

NOTE: All of our sprinklers are preset for you with a 90° arc setting, and include a pre-installed #2.5 nozzle.

CHANGING A NOZZLE

1 USE YOUR K-KEY

After you remove the nozzle retention screw with your K-Key, insert the K-Key into the keyhole on the top of the turret. Then, turn the K-Key 1/4 turn so it doesn't slip out of the hole when you pull it up.

2 PULL UP THE RISER

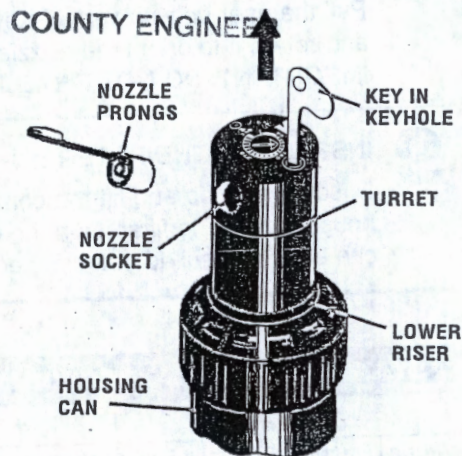
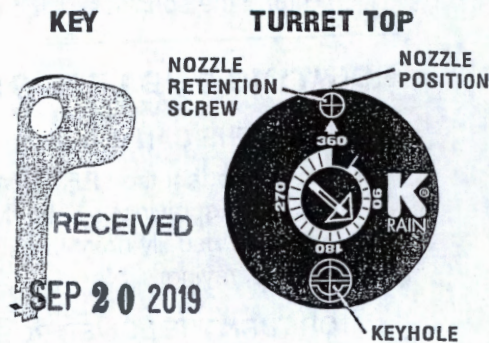
Firmly pull the entire spring loaded riser up with the K-Key to access the nozzle socket. Hold the riser up with one hand.

3 REMOVE THE NOZZLE

With the nozzle retention screw removed, insert the K-Key into the slot directly under the nozzle "prongs" at the top of the nozzle. Now, pivot your K-Key 1/4 of a turn to "hook" the nozzle and pull the nozzle out.

4 INSTALL A NOZZLE

Press the desired nozzle into the nozzle socket. Make sure the nozzle number is visible and the nozzle "prongs" are up. Then, re-install the nozzle retention screw. **NOTE:** The nozzle retention screw is also a break-up screw and adjusts the distance of the spray.

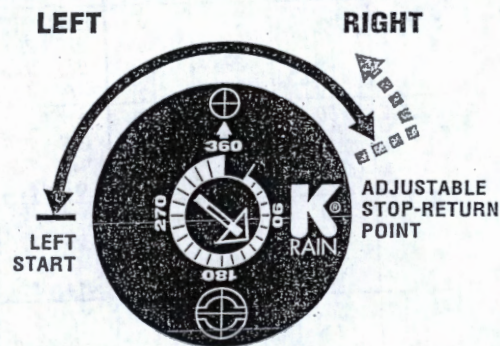


PROPLUS IS ADJUSTABLE AND CONTINUOUS 360° ALL IN ONE MODEL

SETTING THE ARC ADJUSTMENT (PRESET AT 90°)

5 FIND THE LEFT START POSITION

First, rotate the turret with your fingers around to the RIGHT (clockwise) until it stops. Then, rotate the turret around to the LEFT until it stops again. This is the LEFT START position. The sprinkler will begin spraying from this point and will rotate clockwise.



6 TO CHANGE THE ARC SETTING BEFORE INSTALLATION

Follow step 5 above to find the LEFT START as a reference point. To INCREASE THE ARC, insert the K-Key into the arc indication ARROW SLOT at the center of the turret. While holding the turret with your fingers, turn the K-Key CLOCKWISE until the arc INDICATION ARROW POINTS TO the RIGHT STOPPING POINT.

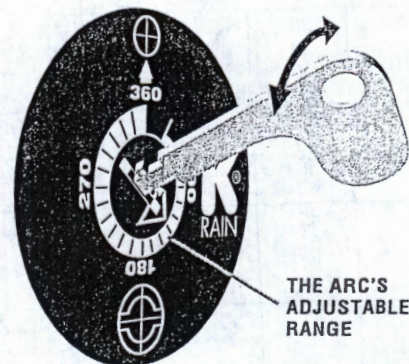
WHEN SET AT 360°, PROPLUS WILL ROTATE CONTINUOUSLY IN A CLOCKWISE DIRECTION.

To DECREASE THE ARC, hold the turret steady and turn the K-Key COUNTERCLOCKWISE to the desired setting.

WITH THE SPRINKLER RUNNING

Follow step 2, hand-spinning the turret gently in the direction it is spraying. Once you have found the LEFT START as a reference point, following the directions to INCREASE THE ARC or DECREASE THE ARC as shown above.

ARC SELECTION: 35° TO 360°



§285.37. On-Site Sewage Facilities and Water Treatment Equipment and Appliances

(a) Water treatment equipment is defined as an appliance, which includes water softeners and reverse osmosis systems, used to:

- (1) alter the mineral content of water;
- (2) alter the microbiological content of water;
- (3) alter other substances found in water; or
- (4) purify water.

(b) Back flush or discharge from water treatment equipment installed on or after September 1, 2003, may be discharged into an on-site sewage facility (OSSF) as provided in this subsection.

(1) Water softener.

(A) The water softener must regenerate using a demand-initiated regeneration (DIR) control device. The water softener must be clearly labeled as being equipped with a DIR control device as follows:

- (i) the label shall be affixed to the outside of the water softener so the label can be easily inspected and read; and
- (ii) the label shall provide the name of the company that installed the water softener.

(B) A water softener may be connected to an OSSF with a non-standard or proprietary treatment system only as described in §285.32(c) and (d) of this title (relating to Criteria for Sewage Treatment Systems) if the water softener drain line:

- (i) bypasses the treatment system; and
- (ii) connects directly to a pump tank if the OSSF has a pump tank or directly to the pipe between the treatment system and the disposal system if no pump tank exists.

(C) An owner may continue to use a water softener that discharges to an OSSF and does not meet the requirements of subparagraph (A) of this paragraph if the water softener was installed before September 1, 2003. An owner must replace any water softener installed before September 1, 2003, with a water softener that meets the requirements of subparagraphs (A) and (B) of this paragraph at such time as:

- (i) an owner replaces the existing water softener; or
- (ii) an owner or installer installs, alters, constructs, or repairs an OSSF for the structure or property served by the existing water softener.

(2) Reverse osmosis system.

(A) Point-of-use (under sink unit) reverse osmosis systems. The back flush from a point-of-use reverse osmosis system may be discharged into an OSSF without including calculations of the back flush water volume in the OSSF planning materials.

(B) Point-of-entry (whole house unit) reverse osmosis systems. The back flush from a point-of-entry reverse osmosis system may be discharged into an OSSF if:

- (i) the owner can demonstrate that the point-of-entry reverse osmosis system does not cause hydraulic overloading of the OSSF; or
- (ii) the water volume from the point-of-entry reverse osmosis system is accounted for (added to the usage rate in §285.91(3) of this title (relating to Tables)) by providing calculations of the increase in wastewater volume with the OSSF planning materials.

(3) Water treatment equipment other than water softeners and reverse osmosis systems. If an owner uses water treatment equipment other than water softeners or reverse osmosis systems, the back flush from the water treatment equipment may be discharged into an OSSF if the water volume is added to the OSSF usage rate in §285.91(3) of this title. This water volume calculation must be provided with the OSSF planning materials.

(c) Discharges from all water treatment equipment shall enter the OSSF system through an airgap or an airgap device as required in the Uniform Plumbing Code (2000).

Adopted April 7, 2004

Effective April 28, 2004

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COUNTY ENGINEER

Capital Title
GF# 19-408627-BV

General Warranty Deed

Notice of confidentiality rights: If you are a natural person, you may remove or strike any RECEIVED
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 SEP 20 2019
your driver's license number.

Date: March 31st, 2019

COUNTY ENGINEER

Grantor: Danny S. Batts and Sherrill A. Batts, husband and wife

Grantor's Mailing Address: 436 Quarter Mare, Cibolo, TX 78108

Grantee: **Christine A. Cavazos and Ricardo A. Cavazos**

Grantee's Mailing Address: PO Box 691048, San Antonio, TX 78269

Consideration: the sum of TEN DOLLARS (\$10.00) cash, and other good and valuable consideration

Property (including any improvements):

Lot 2229, MYSTIC SHORES, UNIT TWENTY (20), an Addition in Comal County, Texas, according to the Map or Plat recorded in Document No. 200706008309, Map and Plat Records of Comal County, Texas.

Reservations from Conveyance: None

Exceptions to Conveyance and Warranty:

This conveyance is made and accepted subject to all restrictions, encumbrances, easements, covenants, and conditions relating to the Property filed for record in Comal County, Texas.

Grantor, for the Consideration, and subject to the Reservations from 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 to Grantee and Grantee's successors and assigns forever. Grantor binds Grantor and Grantor's successors and assigns to warranty and forever defend all and singular the Property to Grantee and Grantee's 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.

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

EXECUTED this 20th day of March, 2019.

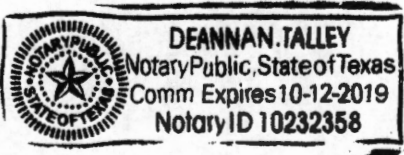
Danny S. Batts
Danny S. Batts

Sherrill A. Batts
Sherrill A. Batts

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SEP 20 2019
COUNTY ENGINEER

THE STATE OF TEXAS §
 §
COUNTY OF COMAL §

Before me, a Notary Public, the foregoing instrument was acknowledged on 20th day of March, 2019 by Danny S. Batts and Sherrill A. Batts who personally appeared before me, and who is known to me through PROUD to be the person(s) who executed it for the purposes and consideration expressed therein, and in the capacity stated.



[Signature]
NOTARY PUBLIC, STATE OF
TEXAS

AFTER RECORDING, RETURN TO:
PO Box 691048
SAI TX 78269

PREPARED IN THE LAW OFFICE OF
Shaddock & Associates, P. C.
2400 N. Dallas Parkway, Ste. 560
Plano, Texas 75093

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Comal County, Texas
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Bobbie Koepf

Aerobic Septic System Inspection Report

Submitted by:

J. B. Septic Maintenance, Inc.

Contact: Jim Blake

Installation Date: 4/13/2020

Scheduled Report

Permit Number: 109734

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every 4 months. Date of inspection visit: 10/2/2020

2. System inspected: Owner: Christine & Ricar Cavazos

System Name: Primary Property Address: 142 Vista View Place

Serial Num: 25112-06 NC- 3T City, State, Zip Code: Spring Branch, TX 78070

Brand Name: Clearstream Inspected by: Pete Prado

Model Num: 600 NC3T

Pete Prado
(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disinfection Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine Supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprayfield Vegetation/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to system (list all components replaced):

4. Tests required and results:

<u>Test</u>	<u>Required</u> <small>Check if YES</small>	<u>Results</u> <small>mg/l, mpn/100 ml, or trace</small>	<u>Test Method</u>
BOD (Grab)	<input type="checkbox"/>		
TSS (Grab)	<input type="checkbox"/>		
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	0.2mg/L	DPD
Fecal Coliform	<input type="checkbox"/>		

5. Comments:

PT= 0"
 ATU= 10%
 TT= 2" Lids Secure at Departure.

Aerobic Septic System Inspection Report

Submitted by:

J. B. Septic Maintenance, Inc.

Contact: Jim Blake

Installation Date: 4/13/2020

Scheduled Report

Permit Number: 109734

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every 4 months. Date of inspection visit: 1/25/2021

2. System inspected:

Owner: Christine & Ricar Cavazos

System Name: Primary

Property Address: 142 Vista View Place


Serial Num: 25112-06 NC- 3I

City, State., Zip Code: Spring Branch, TX 78070

Brand Name: Clearstream

Inspected by: Pete Prado

Model Num: 600 NC3T



(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disinfection Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine Supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprayfield Vegetation/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to system (list all components replaced):

4. Tests required and results:

<u>Test</u>	<u>Required</u> <small>Check if YES</small>	<u>Results</u> <small>mg/l, mpn/100 ml, or trace</small>	<u>Test Method</u>
BOD (Grab)	<input type="checkbox"/>	_____	_____
TSS (Grab)	<input type="checkbox"/>	_____	_____
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	0.2mg/L	DPD
Fecal Coliform	<input type="checkbox"/>	_____	_____

5. Comments:

PT= 1"
 ATU= 10 %
 TT= 4 " Lids secure at departure.

Aerobic Septic System Inspection Report

Submitted by:

J. B. Septic Maintenance, Inc.

Contact: Jim Blake

Installation Date: 4/13/2020

Scheduled Report

Permit Number: 109734

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every months. Date of inspection visit: 7/7/2021

2. System inspected: Owner: Christine & Ricar Cavazos


System Name: Primary Property Address: 142 Vista View Place

Serial Num: 25112-06 NC- 3T City, State., ZipCode: Spring Branch, TX 78070

Brand Name: Clearstream

Inspected by: Isaac Prado

Model Num: 600 NC3T



(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disinfection Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine Supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprayfield Vegetation/Seeding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to system (list all components replaced):

4. Tests required and results:

<u>Test</u>	<u>Required</u> <small>Check if YES</small>	<u>Results</u> <small>mg/l, mpn/100 ml, or trace</small>	<u>Test Method</u>
BOD (Grab)	<input type="checkbox"/>		
TSS (Grab)	<input type="checkbox"/>		
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	0.2mg/L	DPD
Fecal Coliform	<input type="checkbox"/>		

5. Comments:

PT= 4"
 ATU= 15 %
 TT= 5" Lids secure at departure.