



# COMAL COUNTY

## ENGINEER'S OFFICE

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

Issued This Date: **01/22/2020** Permit Number: **109758**

Location Description: 410 WINCHESTER RD  
SPRING BRANCH, TX 78070

Subdivision: Comal Hills  
Unit: 2  
Lot: 10  
Block: 10  
Acreage:

Type of System: Aerobic  
Drip Irrigation

Issued to: Ana & Jose Recendiz

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.

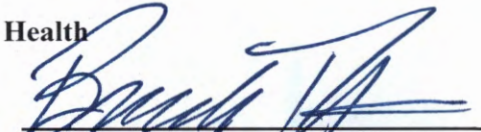
This license to operate is valid for an indefinite period. The holder may transfer it to a succeeding owner, provided the facility has not been remodeled and is functioning properly.

Licensing Authority

Comal County Environmental Health

  
ENVIRONMENTAL HEALTH INSPECTOR

OS0034792

  
ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

## Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Rusty Ready      OSSF Installer #: OS 0030229  
 1st Inspection Date: 10-31-2019      2nd Inspection Date: 01-22-2020      3rd Inspection Date: 11-19-19  
 Inspector Name: B. Olvera      Inspector Name: B. Olvera      Inspector Name: B. Olvera  
 Permit#: 109758      Address: 410 Winchester Rd / Comal Hills

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	/	285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)		10-31-19	11-19-19	01-21-20
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)				

10-31-19 BMO

Tank set level & leaks  
Check C/O connections on next  
Cover tank except 2 cleanouts

11-19-19 BMO

operational ✓  
Ready for  
cover

01-22-2020 BMO

Covered

**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(I) 285.32(b)(1)(E)(i) 285.32(b)(1)(D) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(i) 285.32(b)(1)(B) 285.32(b)(1)(A) 285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used	✓	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)		31 10-25	11-19-9	01-21-20
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			500			
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number			Areis Areoblocks			
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)(1) 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)			11-14-19	01-21-20
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.		285.32(c)(1)			11-19-19	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?		285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(iii)(III)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(I) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)			11-19-19	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 Environmental Health OSSF Inspection Sheet

Installer Name: Rusty Reedy OSSF Installer #: OS 0030229

1st Inspection Date: 10-31-2019 2nd Inspection Date: \_\_\_\_\_ 3rd Inspection Date: \_\_\_\_\_

Inspector Name: B. Oliver Inspector Name: \_\_\_\_\_ Inspector Name: \_\_\_\_\_

Permit#: 109758 Address: 410 Winchester Rd / Comal Hill

No.	Description	Answer	Citations	Notac	1st Insp.	2nd Insp.	3rd Insp.
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7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

10-31-19 BMD

Tank set level blocks  
Check C/O connections on next  
Cover tank except 2 cleanouts



**Comal County Environmental Health  
OSSF Inspection Sheet**

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9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used	✓	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)		31 10- <del>27</del> 16		
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
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**Comal County Environmental Health  
OSSF Inspection Sheet**

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35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.</p>						
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials &amp; construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>						
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**Comal County Environmental Health  
OSSF Inspection Sheet**

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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: 109758  
Issued This Date: 10/03/2019  
This permit is hereby given to: Ana & Jose Recendiz

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

410 WINCHESTER RD  
SPRING BRANCH, TX 78070

Subdivision: Comal Hills  
Unit: 2  
Lot: 10  
Block: 10  
Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic  
Drip 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 9-17-2019

Permit # 109758

Owner Name Ana & Jose Recendiz  
Mailing Address 550 Short Circuit  
City, State, Zip Bulverde, Texas 78163  
Phone # 210-290-1325  
Email reedyrusty@yahoo.com

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

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

Subdivision Name Comal Hills Unit 2 Lot 10 Block 10  
Acreage/Legal \_\_\_\_\_  
Street Name/Address 410 Winchester Road City Spring Branch Zip 78070

**Type of Development:**

Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1160

RECEIVED

SEP 24 2019

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 \_\_\_\_\_

COUNTY ENGINEER

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: \$ 120,000 (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.

X Ana Recendiz  
Signature of Owner

09/24/2019  
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 Brian Erxleben, R.S. 3637

System Description Mounded Aerobic Drip

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

Tank Size(s) (Gallons) 500 gpd minimum Absorption/Application Area (Sq Ft) 2000

Gallons Per Day (As Per TCEQ Table III) 240

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

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.))

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

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

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

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

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

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

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

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

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

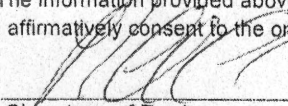
Is this property within an incorporated city?  Yes  No

If yes, indicate the city: \_\_\_\_\_

By signing this application, I certify that:

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

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

  
\_\_\_\_\_  
Signature of Designer

9-17-19  
\_\_\_\_\_  
Date

Page 2 of 2



a/c



THE COUNTY OF COMAL \*  
STATE OF TEXAS \*

**CERTIFICATION OF OSSF REQUIRING MAINTENANCE**

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

**I**

The Texas Health and Safety Code, Chapter 366, authorizes the Texas Commission on Environmental Quality (commission) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the TCEQ primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety Code, requires owners to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission that the appropriate OSSF was installed.

**II**

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

**UNIT 2      BLOCK 10      LOT 10      SUBDIVISION *Comal Hills***  
**IF NOT IN SUBDIVISION:      ACRES      SURVEY**

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The property is owned by Ana & Jose Recendiz.

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

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

WITNESS MY HAND ON THIS 24 DAY OF September, 2019.

Ana Recendiz  
OWNER/AGENT NAME (SIGNATURE)

Ana Recendiz  
OWNER/AGENT NAME (PRINTED)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 24 DAY OF September 2019



[Signature]  
Notary Public, State of Texas  
Notary's Printed Name: Johnny Trigliano  
Commission Expires: 3-18-23



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

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

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
09/25/2019 09:23:40 AM  
JESSICA 2 Page(s)  
201906034015



*Bobbie Koepf*





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## MAINTENANCE AGREEMENT

Regular and continuing maintenance is the single most important key to the long-term safe and successful operation of surface application systems utilizing aerobic treatment plants. The **OWNER** of an aerobic wastewater treatment system is a **VITAL KEY** to its success or failure and thereby they must accept their responsibilities of its upkeep and maintenance. Professional Contract Services hereby enters this maintenance contract to assist the Owner in keeping his/her aerobic system operating properly and safely; and, to keep the owner in compliance with the Texas Commission of Environmental Quality (TCEQ) regulations. (Title 30 Texas Administrative Code, Chapter 285).

**INSPECTION OF ITEMS:** Items to be inspected include aerators, alarms, chlorine supply and disinfection system, diffusers, distribution systems, drip emitters, sludge volume, chlorine residual, electrical circuitry, filters and pumps.

**FREQUENCY OF MAINTENANCE INSPECTION:** Professional Contract Services will perform maintenance inspections to the owner's aerobic wastewater treatment system three (3) times a year at approximately four (4) month intervals. On each report the owner receives, it will indicate when their next scheduled maintenance inspection will occur.

**REPORTS:** A report will be generated during each visit with the original submitted to the required regulatory agency, one (1) copy left with the owner of the system and one (1) copy maintained in our files. The report will indicate the date the inspection was performed, name of the owner and address, the items inspected, sampling test results for Chlorine Residual comments, recommendations, and/or repairs performed.

**SAMPLING:** A Chlorine Residual sample will be conducted during each maintenance inspection visit. Results will be recorded on each report. For commercial systems only, each year, one (1) Biological Oxygen Demand (BOD) and one (1) Total Suspended Solids (TSS) sample will be taken for laboratory analysis. The owner is responsible for the laboratory cost for these tests. The test results will be submitted to the required regulatory agency.

**REPAIRS:** The owner of the aerobic wastewater treatment system is responsible for any cost associated with the repair or replacement of the system's components. Any repair and/or replacement costs will be discussed with the accepted by owner prior to any work performed by Professional Contract Services. PCS will respond to non-scheduled services within 24 hours. There is additional fee for non-scheduled visits and/or service calls.

**FEES:** The annual cost of a Residential Maintenance Contract is: \$\_\_\_\_\_ ; commercial systems maintenance contracts are: \$\_\_\_\_\_ per year. Payment is due at the time of contract signing. Failure to make payment within ten (10) days of date of contract constitutes a breach of contract, and the appropriate regulatory agency will be notified of the cancellation of contract. This maintenance agreement does not cover the cost of customer-requested service calls, materials or labor that are due to system or component failure.

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Non-scheduled visits and/or service calls requested by the owner during the work week will be an additional charge. A travel charge of \$35.00 flat rate and a labor rate of \$65.00/hour will apply. A minimum of one (1) hour labor will be charged on all service calls. Emergency weekend or night service calls will be billed at \$80.00/hour, plus the flat travel charge of \$35.00, (minimum one hour labor charge). **Invoices are due upon completion of the work performed and/or receipt of invoices.** **DISPUTE RESOLUTION:** The contract is governed by the laws of the State of Texas without regard to conflicts of law's provisions. Venue for any dispute arising hereunder shall be Comal County, Texas.

**OWNER'S RESPONSIBILITIES:**

- The owner of the Aerobic Treatment Unit must maintain sufficient chlorine (tablets or liquid) in the disinfection system at all times.
- The owner must maintain an area free of overgrowth or vegetation around the Aerobic Treatment Unit and sprinklers.
- Make your property accessible (gate unlocked or key/combination provided), and dogs restrained during Service Technician visits.
- The owner must follow the manufacturer's recommendations for the system's proper operation, including restricting the disposal of non-biodegradable material, chemicals, solvents, thinners, fuels, grease, oils, etc. that can effect the systems performance and/or pollute the environment.
- The owner must have their system repaired or components replaced immediately by a Certified Provider as needed.
- The owner must have their Aerobic Treatment Unit pumped out by a licensed waster hauler when their system exceeds 65% sludge volume.
- PCS will advise you when this is necessary by conducting a free annual 30 minute settleometer test.
- The owner should keep fire ants away from the Aerobic Treatment unit and its components. Any damage caused by fire ants is not covered under any warranty. PCS reserves the right to refuse service to systems infested by fire ants. A \$35.00 travel charge shall be made for return visits, due to fire and infestation or animals not restrained.

This contract is valid from: \_\_\_\_\_ through \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Serial Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rusty Reedy

\_\_\_\_\_  
TCEQ License # MP0002172





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Maintenance Agreement

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This contract is valid from: receive LTO for two yrs through \_\_\_\_\_

Owner's Name: Ana Recendiz

Site Address: 410 Winchester Road Spring branch tx 78070

Mailing Address: 550 Short Circuit Bulverde tx 78163

Telephone: 210-290-1325 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Ana Recendiz  
Signature of Owner

Date

Rusty Reedy  
Rusty Reedy TCEQ License # MP0002172



**OSSF SOIL EVALUATION REPORT INFORMATION**  
**COMAL COUNTY**

**DATE: 9-17-19**

**Applicant Information:**

Name: Ana & Jose Recendiz  
Address: 550 Short Circuit  
City: Bulverde State: Texas Zip: 78163  
Ph: (210) 290-1325 Fax:

**Site Evaluator Information:**

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

**Property Location:**

Lot: 10 Block: 10  
Subdivision: Comal Hills U-2  
Street/Road Address: 410 Winchester Road  
City: Spring Branch State: TX Zip: 78070  
Additional:

**Installer Information:**

Name: Rusty Reedy, OS0030229  
Company:  
Address: 555 Cool Springs Drive  
City: Spring Branch State: TX Zip: 78070  
Ph: (940) 452-4992 Fax:

**SCHEMATIC of LOT of TRACT**

Show:

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

Lot Size: 0.2377 acres

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**SITE DRAWING**

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**SEE SITE PLAN**

**FEATURES OF SITE AREA**

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

Site Evaluator:

NAME: BRIAN ERXLEBEN Signature:  License No: 11458

## COMAL COUNTY ENVIRONMENTAL HEALTH DEPARTMENT OSSF SOIL EVALUATION FORM

Owners Name: Ana & Jose Recendiz  
 Physical Address: 410 Winchester Road Spring Branch, Texas 78070  
 Name of Site Evaluator: Brian Erxleben, S.E. #11458  
 Date Performed: 8-4-19 Proposed Excavation Depth: Mounded Drip

**Requirements:**

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

SOIL BORING NUMBER <u>1 &amp; 2</u>						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0	<b>Rock</b>	<b>Rock</b>	<b>N/A</b>	<b>None</b>	<b>Yes</b>	<b>Mounded drip, 12" imported soil between rock and drip lines.</b>     <div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED SEP 24 2019</div>
1						
2						
3						
4						
5						

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

### FEATURES OF SITE AREA

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

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

Signature of Site Evaluator

Date  
9-17-19



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

**OSSF DESIGN**

Owner: **Ana & Jose Recendiz**  
Location: **410 Winchester Road Spring Branch, Texas 78070**  
Phone: **(210) 290-1325**  
Date: **8-5-19**

Development: **Residence with water saving devices** Bedrooms: **3** Sq. Ft: **1160**

Q: **240 gpd** Soil: **Type 3**  $R_a$ : **0.20 gall/ft<sup>2</sup>/day**

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System Type: **Aerobic Treatment & Disinfection/Drip Disposal**

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ATU: **Minimum 500 gpd** Dripline: **Netafim Bioline 0.62**

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Dripline Spacing: **2'** Emitter Spacing: **24"** Emitter Flow Rate (F): **0.62 gph**

Total Absorption Area Required (A): **1200 ft<sup>2</sup>** ( $Q/R_a$ ) Total Length Dripline Required (L): **600 ft** (A/2)

Total Length Dripline Designed: **1000 ft** Total Absorption Area Designed: **2000 ft<sup>2</sup>** (L)(2 ft)

Total Number Emitters (E): **500** (L/2) Dripline Flow Rate: **5.17 gpm** (E)(F)/(60 min/hr)

Dosing Duration: **7 min** (6 -15 min) Dosing Volume: **36.2 gall** (Duration)(Dripline Flow Rate)

Doses Per Day: **8** (Q/Dosing Volume) Dosing Interval: **2 hrs** (18/Doses per day + 1)

Supply Line: **Sch 40, 1" purple (~40')** Flush Line: **Sch 40, 1" purple (~40')**

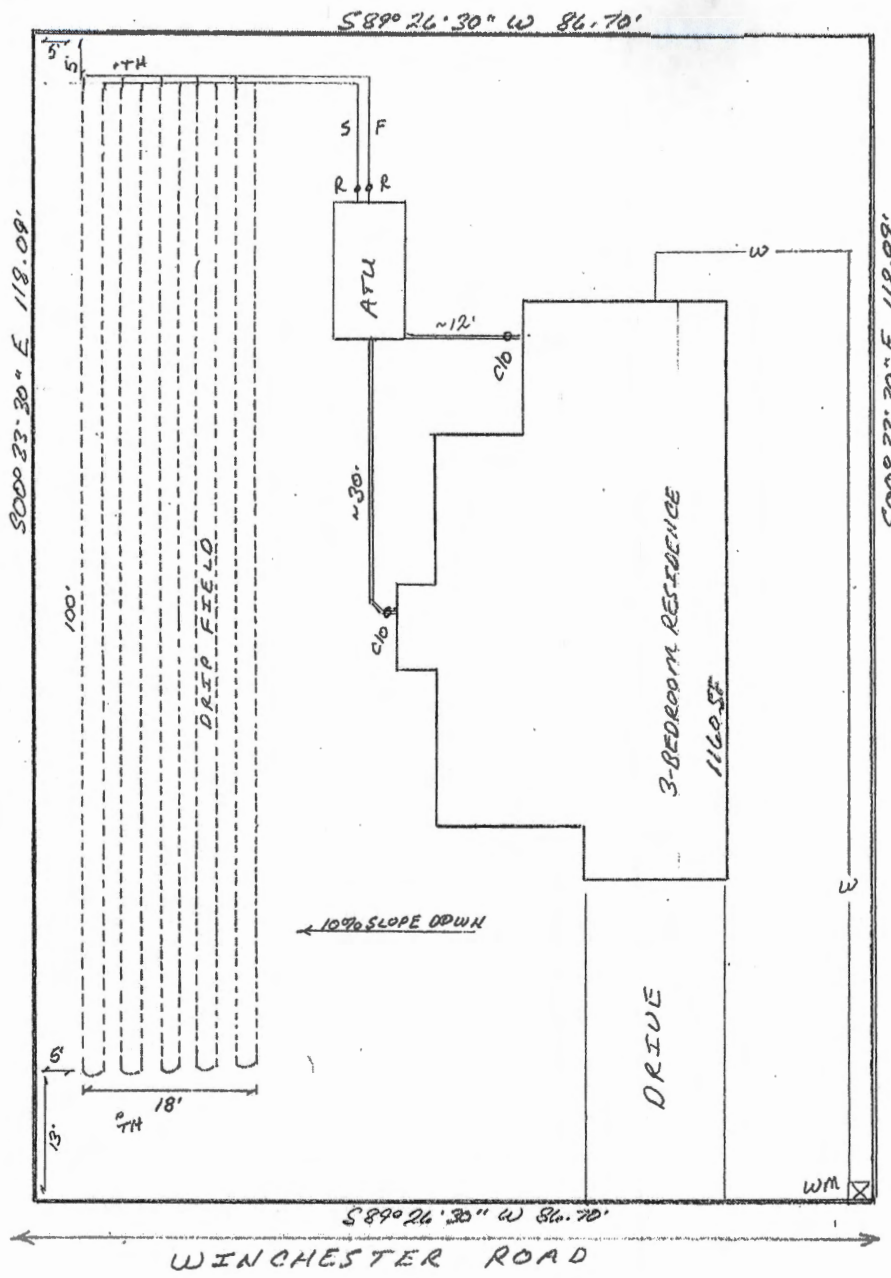
Filter: **100-130 micron disc filter, manual flush** Flush Valve: **1" Ball Valve**

Disinfection: **Required**

Pump Used: **0.50 HP 20 gpm high head submersible**



#109758



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NOTES:

1. This system is designed for a maximum of 240 gall of wastewater per day. Exceeding this volume may result in system failure.
2. System designed as a mounded aerobic drip system with disinfection. Replacement soil shall be type 2 and the drainfield shall be sized on the absorption rate for the native type 3 soil.
3. Install a minimum 500 gpd ATU. Audible and visual high water alarms, external disconnect within site of the pump tank, pump and alarms on separate breakers and external wiring in conduit required.
4. Install a 2-way cleanout in two 3" sch 40 tightlines from the house to the tank, minimum slope 1/8 in/ft. The native soil shall be scarified and a minimum of 12" of type 2 sandy loam soil shall be placed over the dripfield area and a minimum of 2' beyond the edges.
5. Install 1000' of Netafim 0.62 gph dripline on top of the imported soil, 2' apart. No single lateral shall exceed 400' in length. All loops in the dripline shall be flexible PVC.
6. Supply (S) and flush (F) lines shall be 1" purple sch 40. A 100-130 micron disc filter shall be installed in the supply line inside the pump chamber. A 1" ball valve shall be installed on the flush line and shall be located in the tank or in a valve box. This valve shall be used to open the flush line periodically to flush the drip lines.
7. Disinfection is required and the flush line shall terminate in the pump chamber.
8. A vacuum relief valve (R) shall be installed on both the supply and flush lines at their highest points. The valves shall be located in valve boxes filled with pea gravel.
9. Cover the dripfield with a minimum of 6" type 2 soil. Drainfield shall be sodded in grass.
10. The pump shall operate on a timer set to run for a 7 minute duration every 2 hours.
11. Vehicles should not be driven over the drainfield and impervious materials and irrigation systems shall not be installed over the drainfield.

LOT 10, BLOCK 10  
COMAL HILLS, UNIT 2  
0.2377 ACRES

LOT IS LOCATED OUTSIDE OF THE 100-YEAR FLOODPLAIN AND WITHIN THE CONTRIBUTING ZONE. THERE IS NO EXISTING CZP FOR THE SUBDIVISION. DEVELOPMENT IS A SINGLE FAMILY DWELLING WITH <20% IMPERVIOUS COVER AND A CZP IS NOT REQUIRED.

SITE PLAN & OSSF DESIGN:

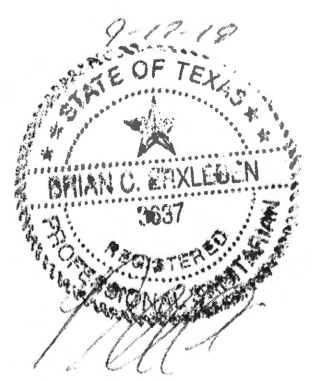
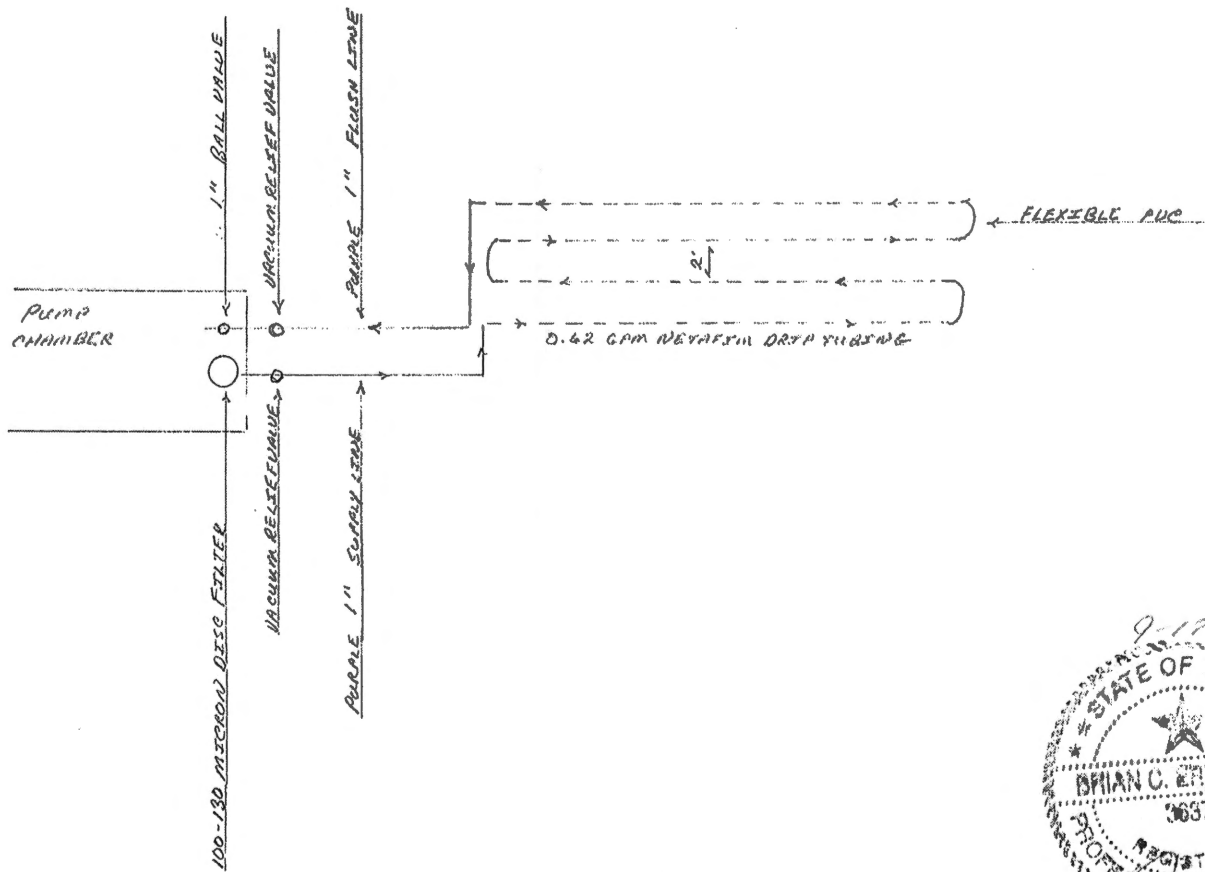
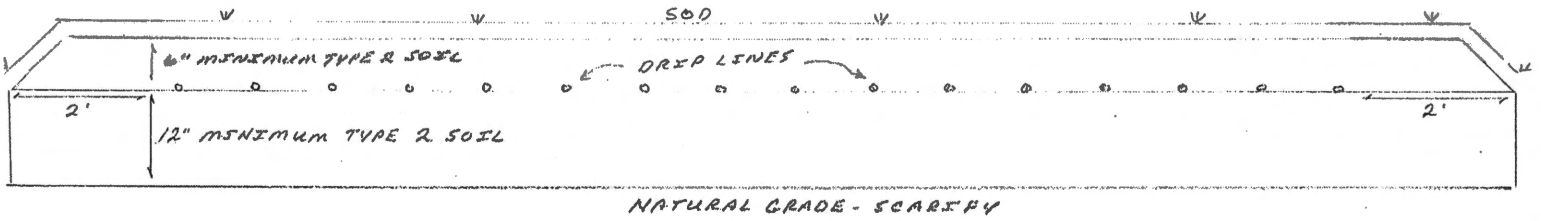
ANA & JOSE RECENZIZ 410 WINCHESTER ROAD SPRING BRANCH, TEXAS 78070	
BRIAN C. ERIXLEDEN, R.S. 562 S. HWY 123 BYPASS #128 SEGUIN, TEXAS 78155 (830) 660-9133	DATE: 9-5-19
SCALE: 1" = 20'	

# DRIP FIELD DETAIL SHEET

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ANA & JOSE RECENDIZ 410 WINCHESTER ROAD SPRING BRANCH, TEXAS 78070	
BRIAN C. ERXLEBEN, R.S. 562 S. HWY 123 BYPASS #128 SEGUIN, TEXAS 78155 (830) 660-9133	DATE: 8-5-19  SCALE: 1" = 1'



# TOTAL DYNAMIC HEAD (TDH) CALCULATIONS

Total Flow = 5.17 gpm

Operational Pressure = **25 psi**

Dripline Length = 1000 ft

Supply Line 1 in Sch 40 = 50'

Head Loss Friction – Laterals:  $(0.78 \text{ ft}/100 \text{ ft})(1000 \text{ ft}) = \mathbf{8 \text{ psi}}$

Head Loss Friction – Supply: **2 psi**

Head Loss Friction – Filter = **1 psi**

Head Loss Friction – Fittings: **1 psi**

Head Loss – Elevation: **4 ft**

$\text{TDH} = (2.31 \text{ ft}/\text{psi})(25 \text{ psi} + 8 \text{ psi} + 2 \text{ psi} + 1 \text{ psi} + 1 \text{ psi}) + 4 \text{ ft} = \mathbf{90 \text{ ft}}$

**PUMP REQUIREMENT = 5.17 GPM @ 88 FT TDH**

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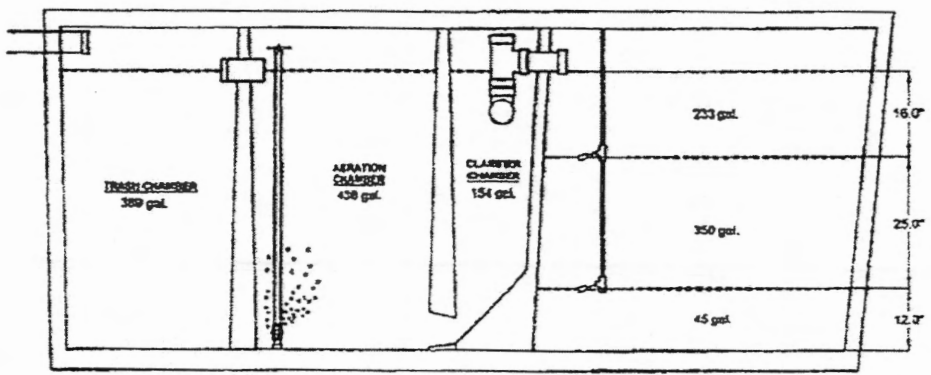
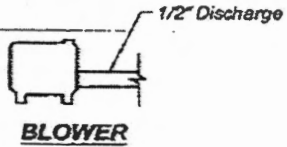
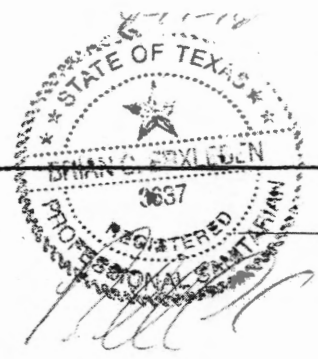


ANA & JOSE RECENDIZ  
410 WINCHESTER ROAD  
SPRING BRANCH, TEXAS 78070

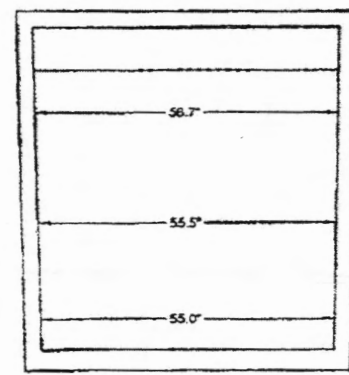
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562 S. HWY 123 BYPASS #128  
SEGUIN, TEXAS 78155  
(830) 660-9133

DATE: 9-17-19

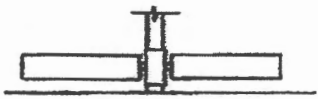
SCALE: 1" = 1'



**SIDE SECTION VIEW**  
SCALE: 1" = 3/8"



**END SECTION VIEW**  
SCALE: 1" = 3/8"



**DIFFUSER DETAIL**  
2 - 250 mm  
Maximum flow per diffuser  
= 55 liters / minute

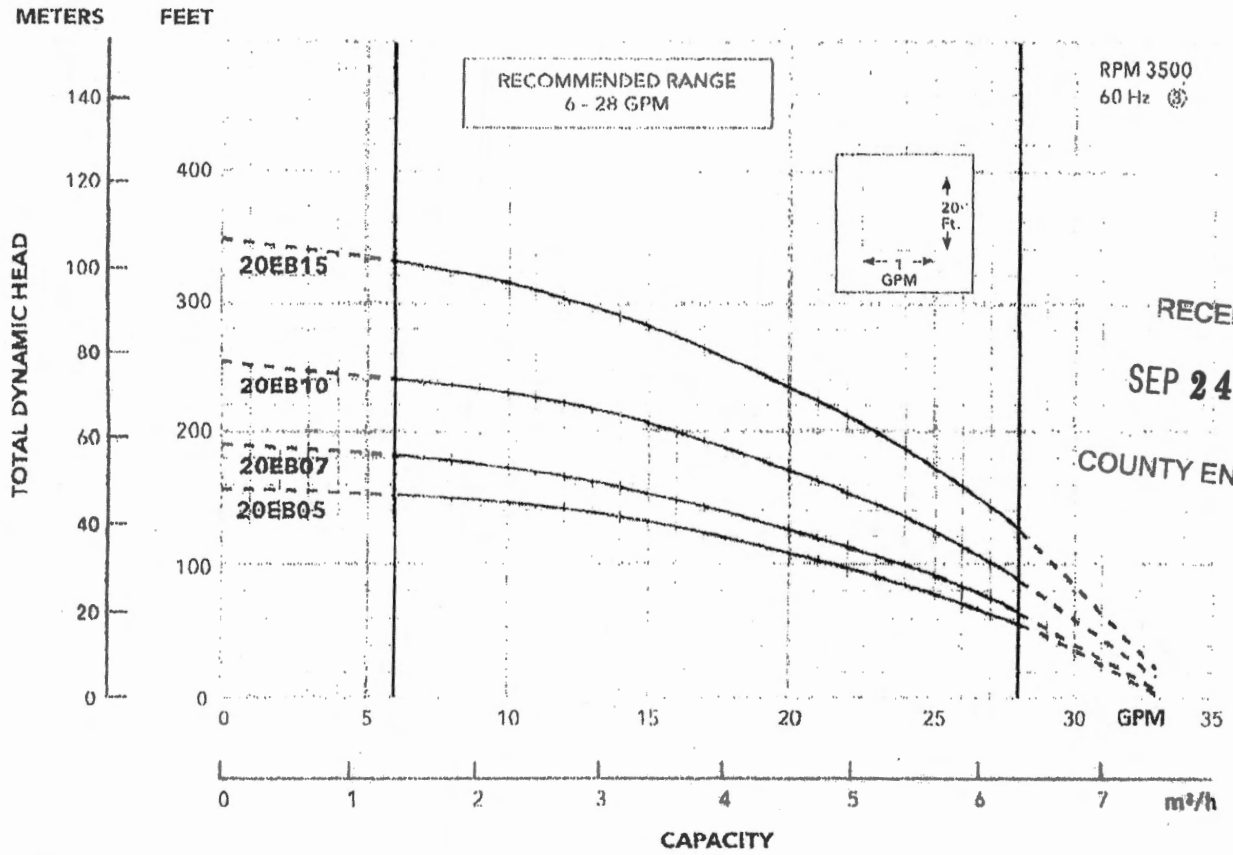
Title: **Model 500N - 750PT  
Night Time Pumping**

Company Name: **Aeris Aerobics**

Date: **5-8-2015**

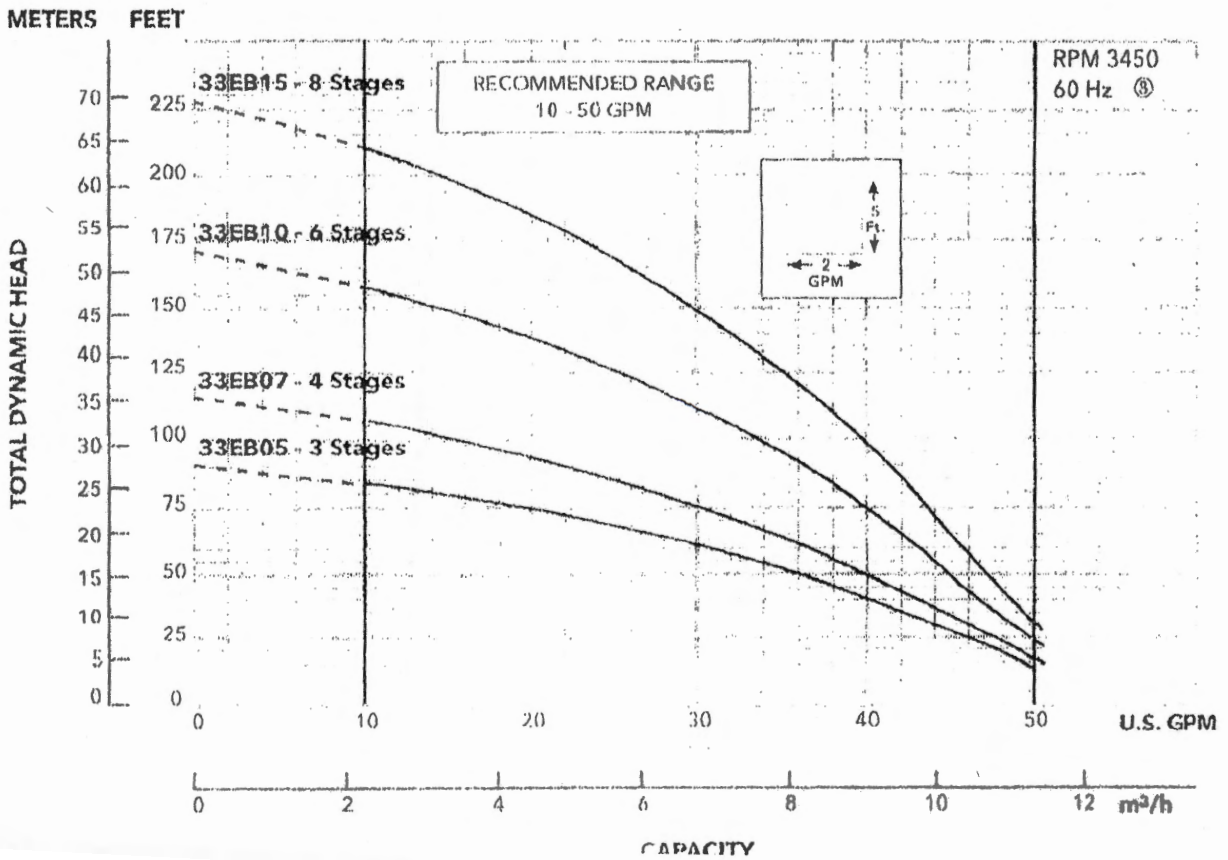
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### MODEL 20EB



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### MODEL 33EB





OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

items Date Received	Initials

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Permit Number <b>SEP 24 2019</b>

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Instructions:

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

OSSF Permit

Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate

Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer

Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials shall consist of a scaled design and all system specifications.

Required Permit Fee \$310.<sup>00</sup>

Copy of Recorded Deed

Surface Application/Aerobic Treatment System

Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public

Signed Maintenance Contract with Effective Date as Issuance of License to Operate

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

X Ana Pecendiz  
Signature of Applicant

\_\_\_\_\_  
Date

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

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

1/e



WARRANTY DEED

Know all men by these presents that **Jesus Trejo and Rosa Angela Trejo**, known as the grantors, who's mailing address is **403 E glenview DR San Antonio Texas 78201**, sold the following property located at **410 Winchester RD Spring Branch Texas 78070**, who's Leal Description is: **LOT 10, UNIT 2, BLOCK 10, COMAL HILLS SUBDIVISION, COMAL COUNTY, TEXAS**, was sold to **Ana Recendiz and Jose Recendiz**, known as the grantee. **Jesus and Rosa Angela Trejo** do certify that the property is free from all liens.

550 Short Circuit  
Bulverde TX 78163

The property was sold upon the following term and conditions,

**1. Purchase Price:** Shall be \$5,000.00 (Five thousand Dollars) to be paid in its entirety in cash at the time of closing.

**2. Real Estate Taxes, assessments, and Adjustments:** Real Estate Taxes accused against the property shall be prorated through the date of closing the sale and Grantee shall pay all taxes allocated to the property through the date of acceptance of this offer to purchase.

**3. Title of Property:** Title of property shall be transferred to grantee and Grantee will be responsible in submitting any and all required documentation with the county clerks office and or state to transfer existing tile to Grantees name and register as the New Owners of this property. Grantee shall be given possession of the property on May 17, 2016 on "AS IS"basis and Grantee excepts this terms.

**4. General Terms:** It is agreed upon that this agreement to purchase the real estate includes the entire agreement of purchaser and seller. This agreement shall be binding and enforced in accordance with the laws of the state of Texas.

**5. Acceptance and Closing:** Date of acceptance and closing was mutually executed on **May 17th, 2016**

STATE OF: Texas

COUNTY OF: Bexar

Rosa A. Trejo Rosa A. Trejo

Jesus Trejo Jesus Trejo

Sworn to and Subscribed before me This 30 day of August, 2016.

Notary Public: [Signature]

My Commission Expires: 7/14/18

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County Texas  
08/31/2016 04:32:41 PM  
CHRISTY 1 Page(s)  
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Bobbie Koepf

