



# ENGINEER'S OFFICE

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

| Issued This Date:     | 12/04/2020  | 1  | Permit Number: | 110250 |
|-----------------------|---|--|----------------|--------|
| Location Description: | 1208 AXIS RE<br>NEW BRAUN                           | DG<br>FELS, TX 78132                       |                |        |
|                       | Subdivision:<br>Unit:<br>Lot:<br>Block:<br>Acreage: | Vintage Oaks at the Vineyard<br>23<br>1905 |                |        |
| Type of System:       | Aerobic<br>Surface Irrigation                       | on   |                |        |
| Issued to:            | Douglas Nelsor                                      | h Hollowell & Thomas Ray Purser            | r              |        |

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

Licensing Authority **Comal County Environmental Health** 

VIRONMENTAL HEALTH INSPECTOR

OS0032485

ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

| h | nstaller Name: <u>MJ. Sept</u><br>1st Inspection Date:   | lic/   | Mike Long & Joe A   | COSSF Installe                                | r #:OS00     | 23596          |               |            |            | 2/4/20                          |
|---|--|--------|---|---|--------------|----------------|---------------|------------|------------|---------------------------------|
|   | 1st Inspection Date:   | 15/2   | 2nd Inspection Da   | ate: <u>10-27-2020</u>                        | ):           | Brd Inspection |               |            | 0          | final                           |
|   | Inspector Name: Mike   | -      | Inspector Name:_  |   |              | Inspector      |               |            |            | <b>A</b> . 1                    |
|   | Permit#: 110250  |        |   | Address: Vi                                   | <u>stage</u> | Oaks /         | 120           | <u>8 A</u> | xis /      | Ridge PA                        |
|   | Description<br>SITE AND SOIL CONDITIONS &<br>SETBACK DISTANCES Site and Soil<br>Conditions Consistent with<br>Submitted Planning Materials | Anwser | Citations<br>285.31(a)<br>285.30(b)(1)(A)(iv)<br>285.30(b)(1)(A)(v)<br>285.30(b)(1)(A)(iii)<br>285.30(b)(1)(A)(ii)<br>285.30(b)(1)(A)(i)  |   |              |                | ist   <br>6/5 |            | 2nd Insp.  | 3rd insp.                       |
|   | SITE AND SOIL CONDITIONS &<br>SETBACK DISTANCES Setback<br>Distances<br>Meet Minimum Standards   | /      | 285.91(10)<br>285.30(b)(4)<br>285.31(d)   |   |              |                |               |            |            |                                 |
|   | SEWER PIPE Proper Type Pipe<br>from Structure to Disposal System<br>(Cast Iron, Ductile Iron, Sch. 40,<br>SDR 26)                          | /      | 285.32(a)(1)  |   |              |                |               |            | <u> </u>   |                                 |
|   | SEWER PIPE Slope from the Sewer<br>to the Tank at least 1/8 Inch Per<br>Foot   | /      | 285.32(a)(3)  |   |              |                |               |            |            |                                 |
|   | SEWER PIPE Two Way Sanitary -<br>Type Cleanout Properly Installed<br>(Add. C/O Every 100' &/or 90<br>degree bends)                         | /      | 285.32(a)(5)  |   |              |                |               |            |            |                                 |
|   | PRETREATMENT Installed (if<br>required) TCEQ Approved List<br>PRETREATMENT Septic Tank(s)<br>Meet Minimum Requirements                     |        | 285.32(b)(1)(G)285.32(b)(1)<br>(E)(iii)<br>285.32(b)(1)(E)(iv)<br>285.32(b)(1)(F)<br>285.32(b)(1)(F)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(E)<br>285.32(b)(1)(E)<br>285.32(b)(1)(E)(ii)(II)<br>285.32(b)(1)(E)(ii)(II)<br>285.32(b)(1)(E)(ii)(II)<br>285.32(b)(1)(E)(ii)(II) |   |              |                |               |            |            |                                 |
|   | PRETREATMENT Grease<br>Interceptors if required for<br>commercial  |        | 285.34(d)   |   |              | <u></u>        |               |            | . <u>.</u> |                                 |
| - | MT-6/5/20<br>Tank set on   |        |   | <b>10-27-2020 B</b><br>Operational<br>Covered | MO           |                | - •           | area no    | -          | M<br>sign. adjus<br>arge rock j |

Need reinspection fee

12/4/20 JC operational and covered.

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| No. | Description                          | Anwser   | Citations                             | Notes  | and Second    | 1st Insp. 🦟 | 2nd Insp. | 3rd Insp. |
|-----|--------------------------------------|----------|---------------------------------------|--------|---------------|-------------|-----------|-----------|
|     | SEPTIC TANK Tank(s) Clearly          |          | 285.32(b)(1)(E)                       |        |               |             |           |           |
|     | Marked SEPTIC TANK If                |          | 285.91(2)                             |        |               |             |           |           |
|     | SingleTank, 2                        |          | 285.32(b)(1)(F)                       |        |               |             |           |           |
|     | Compartments Provided with           |          | 285.32(b)(1)(E)(iii)                  |        |               |             |           |           |
|     | Baffle SEPTIC TANK Inlet Flowline    |          | 285.32(b)(1)(E)(ii)(II)               |        |               |             |           |           |
|     | Greater than                         |          | 285.32(b)(1)(E)(ii)(I)                |        |               |             |           |           |
|     | 3" and " T " Provided on Inlet and   |          | 285.32(b)(1)(E)(i)                    |        |               |             |           |           |
|     | Outlet                               |          | 285.32(b)(1)(D)                       |        |               |             |           |           |
|     | SEPTIC TANK Septic Tank(s) Meet      |          | 285.32(b)(1)(C)(ii)                   |        |               |             |           |           |
|     | Minimum Requirements                 |          | 285.32(b)(1)(C)(i)                    |        |               |             |           |           |
|     | •                                    |          | 285.32(b)(1)(B)                       |        |               |             |           |           |
|     |                                      |          | 285.32(b)(1)(A)                       |        |               |             |           |           |
|     |                                      |          | 285.32(b)(1)(E)(iv)                   |        |               |             |           |           |
| 8   |                                      |          |                                       |        |               |             |           | ĺ         |
| -   | ALL TANKS Installed on 4" Sand       |          | 205 22(4)(1)(5)                       |        |               |             |           |           |
|     | Cushion/ Proper Backfill Used        |          | 285.32(b)(1)(F)                       |        |               |             |           |           |
|     |                                      |          | 285.32(b)(1)(G)                       |        |               | -           |           |           |
| 9   |                                      |          | 285.34(b)                             |        |               |             |           |           |
|     | SEPTIC TANK Inspection / Clean       |          |                                       |        |               |             |           |           |
|     | Out Port & Risers Provided on        |          |                                       |        |               |             |           |           |
|     | Tanks Buried Greater than 12"        |          | 285.38(d)                             |        |               |             |           |           |
|     | Sealed and Capped                    |          |                                       |        |               | -           |           |           |
| 10  |                                      |          | · · · · · · · · · · · · · · · · · · · |        |               |             |           |           |
|     | SEPTIC TANK Secondary restraint      |          |                                       |        |               |             |           |           |
|     | system provided                      |          |                                       |        |               |             |           |           |
|     | SEPTIC TANK Riser permanently        |          |                                       |        |               |             |           |           |
|     | fastened to lid or cast into tank    |          |                                       |        |               |             |           |           |
|     | SEPTIC TANK Riser cap protected      |          | 285.38(d)                             |        |               |             |           |           |
|     | against unauthorized intrusions      |          | 285.38(e)                             |        |               |             |           | ļ         |
| 11  |                                      | <u> </u> |                                       |        |               |             |           |           |
|     | SEPTIC TANK Tank Volume<br>Installed |          |                                       |        |               |             |           |           |
| 12  |                                      |          |                                       |        |               |             |           |           |
|     | PUMP TANK Volume Installed           |          |                                       |        |               |             |           |           |
| 13  | AEROBIC TREATMENT UNIT Size          |          |                                       |        |               |             |           |           |
|     | Installed                            | 1        |                                       | 600    |               | 6/5/2       | 0         |           |
|     |                                      |          |                                       |        |               | 41-10       |           |           |
| 14  | AEROBIC TREATMENT UNIT               |          |                                       |        |               |             |           |           |
|     | Manufacturer                         |          |                                       | PROFIO |               |             | 1         |           |
|     | AEROBIC TREATMENT UNIT               | 1        | Carl Carlos Carlos                    |        |               | 1 100       |           |           |
|     | Model                                |          |                                       |        |               |             |           |           |
|     | Number                               |          |                                       |        |               |             |           |           |
| 15  |                                      |          | 285.55(a)(4)                          |        | antanta Milan |             |           |           |
|     | DISPOSAL SYSTEM Absorptive           |          | 285.33(a)(1)                          |        |               |             |           |           |
|     |                                      | 1        | 285.33(a)(2)                          |        |               |             |           |           |
|     |                                      |          | 285.33(a)(3)                          |        |               |             |           |           |
| 16  | DISPOSAL SYSTEM Leaching             |          | 285.33(a)(1)                          |        |               |             |           |           |
| 1   | Chamber                              |          | 285.33(a)(3)                          |        |               |             |           |           |
|     |                                      |          | 285.33(a)(4)                          |        |               |             |           |           |
| 1-  |                                      |          | 285.33(a)(2)                          |        |               |             |           |           |
| 17  | DISPOSAL SYSTEM Evapo-               |          |                                       |        |               |             | -         |           |
|     | transpirative                        |          | 285.33(a)(4)                          |        |               |             |           |           |
| 1   |                                      |          | 285.33(a)(1)<br>285.33(a)(2)          |        |               |             |           |           |
|     |                                      |          |                                       |        |               |             |           |           |

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| No | and the second   | Anwser | Citations  | <br>Notes  |                     | 1st Insp. | 2nd Insp.        | 3rd Insp. |
|----|--|--------|--|--|---------------------|-----------|------------------|-----------|
|    | DISPOSAL SYSTEM Drip Irrigation  |        | 285.33(c)(3)(A)-(F)  |  |                     |           |                  |           |
|    |  |        |  |  |                     |           |                  |           |
| 19 |  |        |  |  |                     |           |                  |           |
| 20 | DISPOSAL SYSTEM Soil<br>Substitution   |        | 285.33(d)(4)   | <br>   |                     |           | <u> </u>         |           |
| 21 | DISPOSAL SYSTEM Pumped<br>Effluent   |        | 285.33(a)(3)<br>285.33(a)(1)<br>285.33(a)(2)                                 |  |                     |           |                  |           |
|    | DISPOSAL SYSTEM Gravelless Pipe  |        | 285.33(a)(3)<br>285.33(a)(2)<br>285.33(a)(4)<br>285.33(a)(1)                 | <br>nny <u>nne andrasta</u> konana <u>i s</u> e se |                     |           | <b></b>          |           |
| 22 | DISPOSAL SYSTEM Mound  |        | 285.33(a)(3)<br>285.33(a)(1)<br>285.33(a)(2)<br>285.33(a)(2)<br>285.33(a)(4) |  |                     |           |                  |           |
| 23 | DISPOSAL SYSTEM Other<br>(describe) (Approved Design)  |        | 285.33(d)(6)<br>285.33(c)(4)   |  |                     |           | <u> </u>         |           |
| 25 | DRAINFIELD Absorptive Drainline<br>3" PVC<br>or 4" PVC   |        |  |  |                     |           |                  |           |
| 26 | DRAINFIELD Area Installed  |        |  |  |                     |           |                  |           |
| 20 | DRAINFIELD Level to within 1 inch<br>per 25 feet and within 3 inches<br>over entire excavation   |        | 285.33(b)(1)(A){v)   |  |                     |           |                  |           |
|    | DRAINFIELD Excavation Width<br>DRAINFIELD Excavation Depth<br>DRAINFIELD Excavation<br>Separation DRAINFIELD Depth of<br>Porous Media<br>DRAINFIELD Type of Porous Media |        |  |  |                     |           |                  |           |
|    |  |        |  |  |                     |           |                  |           |
| 28 | DRAINFIELD Pipe and Gravel -<br>Geotextile Fabric in Place   |        | 285.33(b)(1)(E)  |  |                     |           |                  |           |
|    | DRAINFIELD Leaching Chambers<br>DRAINFIELD Chambers - Open End<br>Plates w/Splash Plate, Inspection<br>Port & Closed End Plates in Place<br>(per manufacturers spec.)    |        | 285.33(c)(2)   |  |                     |           |                  |           |
| 30 | LOW PRESSURE DISPOSAL<br>SYSTEM Adequate Trench Length<br>& Width, and Adequate<br>Separation Distance between<br>Trenches   |        | 285.33(d)(1)(C)(i)   | - 1.939 <u>/</u>   | - <del>1</del> 1934 |           | 2<br>2<br>2<br>2 | <u>.</u>  |

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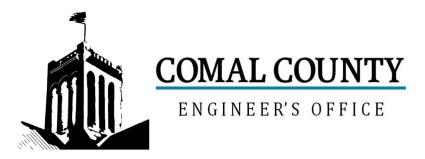
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| No. | Description  | Anwser | Citations   | <b>.</b> | Notes | 1st Insp. | 2nd Insp. | 3rd Insp. |
|-----|--|--------|---|----------|-------|-----------|-----------|-----------|
|     | EFFLUENT DISPOSAL SYSTEM Utilized<br>Only by Single Family Dwelling<br>EFFLUENT DISPOSAL SYSTEM<br>Topographic Slopes<br>< 2.0% EFFLUENT DISPOSAL SYSTEM<br>Adequate Length of Drain Field (1000<br>Linear ft. for 2 bedrooms or Less<br>& an additional 400 ft. for each<br>additional bedroom )<br>EFFLUENT DISPOSAL SYSTEM Lateral<br>Depth of 18 inches to 3 ft. & Vertical<br>Separation of 1ft on bottom and 2 ft. to<br>restrictive horizon and ground water<br>respectfully<br>EFFLUENT DISPOSAL SYSTEM Lateral<br>Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes<br>(3/16 - 1/4" dia. Hole Size ) 5 ft. Apart |        | 285.33(b)(3)(A)<br>285.33(b)(3)(A)<br>285.33(b)(3)(B)<br>285.91(13)<br>285.33(b)(3)(D)<br>285.33(b)(3)(F) |          |       |           |           |           |
|     | AEROBIC TREATMENT UNIT IS<br>Aerobic Unit Installed According<br>to Approved Guidelines.   | /      | 285.32(c)(1)  |          |       | 6/5/20    |           |           |
| 34  | AEROBIC TREATMENT UNIT<br>Inspection/Clean Out Port &<br>Risers Provided<br>AEROBIC TREATMENT UNIT<br>Secondary restraint system<br>provided AEROBIC TREATMENT<br>UNIT Riser permanently fastened<br>to lid or cast into tank<br>AEROBIC TREATMENT UNIT Riser<br>cap protected against<br>unauthorized intrusions  |        |   |          |       |           |           |           |
|     | AEROBIC TREATMENT UNIT<br>Chlorinator Properly Installed with<br>Chlorine Tablets in Place.  |        |   |          |       |           |           |           |
|     | PUMP TANK Is the Pump Tank an<br>approved concrete tank or other<br>acceptable materials &<br>construction<br>PUMP TANK Sampling Port<br>Provided in the Treated Effluent<br>Line<br>PUMP TANK Check Valve and/or<br>Anti- Siphon Device Present When<br>Required<br>PUMP TANK Audible and Visual<br>High Water Alarm Installed on   |        |   |          |       |           |           |           |
| 36  |  |        |   |          |       |           |           |           |
| 37  | PUMP TANK Secondary restraint  |        |   |          |       |           |           |           |
|     | system provided<br>PUMP TANK Electrical<br>Connections in Approved Junction<br>Boxes / Wiring Buried   |        |   |          |       |           |           |           |

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|     |  |        | OSSF II  | nspection                           | n Sheet |           |           |           |
|-----|--|--------|--|-------------------------------------|---------|-----------|-----------|-----------|
| No. | Description  | Anwser | Citations  |                                     | Notes   | 1st Insp. | 2nd Insp. | 3rd Insp. |
|     | APPLICATION AREA Distribution<br>Pipe, Fitting, Sprinkler Heads &<br>Valve Covers Color Coded Purple?  |        | 285.33(d)(2)(G)(iii)(II)285.3<br>3(d)(2)(G)(iii)(III)285.33(d)(<br>2)(G)(v)<br>285.33(d)(2)(G)(iii)<br>285.33(d)(2)(G)(iv)<br>285.33(d)(2)(G)(i)<br>285.33(d)(2)(G)(ii)<br>285.33(d)(2)(G)(iii)(I) |                                     |         |           | 10-27-20  |           |
| 40  |  |        |  |                                     |         |           |           |           |
| 41  | APPLICATION AREA Low Angle<br>Nozzles Used / Pressure is as<br>required<br>APPLICATION AREA Acceptable<br>Area, nothing within 10 ft of<br>sprinkler heads?<br>APPLICATION AREA The<br>Landscape Plan is as Designed | x      | 285.33(d)(2)(G)(i)<br>285.33(d)(2)(A)<br>285.33(d)(2)(F)   |                                     |         |           |           |           |
| 42  | APPLICATION AREA Area installed  | x      |  |                                     |         |           | x         |           |
| 43  | PUMP TANK Meets Minimum<br>Reserve Capacity Requirements   |        |  | anna nad 1965 1992 a ta sa na na na |         |           |           | •         |
| 44  | PUMP TANK Material Type & Manufacturer   |        |  |                                     |         |           |           |           |
| 45  | PUMP TANK Type/Size of Pump<br>Installed   |        |  |                                     |         |           |           |           |



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

| Permit Number:                  | 110250                                       |
|---------------------------------|--|
| Issued This Date:               | 01/21/2020                                   |
| This permit is hereby given to: | Douglas Nelson Hollowell & Thomas Ray Purser |

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

1208 AXIS RDG NEW BRAUNFELS, TX 78132

Subdivision:Vintage Oaks at the VineyardUnit:23Lot:1905Block: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 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 Decen  | nber 13, 2019   |   | Permit #   | 11025D  |  |  |  |
|---|---|---|--|---|--|--|--|
|   | DOUGLAS NELSON HOLLOWELL &  | _   |  |   |  |  |  |
| Owner Name  | THOMAS RAY PURSER   | Agent Name  | GREG W.  | JOHNSON, P.E.                                 |  |  |  |
| Mailing Address   | c/o 27552 OLD BLANCO ROAD   | Agent Address   | 170 HOLLOW OAK<br>NEW BRAUNFELS, TX 78132  |   |  |  |  |
| City, State, Zip  | SAN ANTONIO TEXAS 78260   | City, State, Zip                                      |  |   |  |  |  |
| Phone#  | 830-438-4520  | Phone #   | (830   | ) 905-2778                                    |  |  |  |
| Email   | rachel@wrc-homes.com  | Email   | gregjohnso   | onpe@yahoo.com                                |  |  |  |
| All correspondence  | should be sent to: Owner Agent  | Both  | Method: Mail   | Email   |  |  |  |
| Subdivision Name  | VINTAGE OAKS AT THE VINEYARD Unit/Ph  | ase/Section 23  | Lot 1905   | Block   |  |  |  |
| Acreage/Legal   |   |   |  |   |  |  |  |
| Street Name/Addre   | ess 1208 AXIS RIDGE   | City NE   | W BRAUNFELS  | Zip78132                                      |  |  |  |
| Type of Developm  | ent:  |   |  |   |  |  |  |
| Single Family R   | esidential  |   |  |   |  |  |  |
| Type of Cons  | struction (House, Mobile, RV, Etc.)   | HOUSE   |  |   |  |  |  |
| Number of B   | edrooms 5   |   |  |   |  |  |  |
| Indicate Sq F   | Ft of Living Area 4013  |   |  |   |  |  |  |
| Type of Facil<br>Offices, Fact  | lis must show adequate land area for doubling t<br>lity<br>ories, Churches, Schools, Parks, Etc Ind<br>, Lounges, Theaters - Indicate Number of S   | licate Number Of O                                    | ccupants   |   |  |  |  |
| Hotel, Motel,   | Hospital, Nursing Home - Indicate Numbe   | r of Beds   | Section and the section of the secti |   |  |  |  |
| Travel Traile   | r/RV Parks - Indicate Number of Spaces _  |   |  | A   |  |  |  |
| Miscellaneou  | IS  |   |  |   |  |  |  |
| Estimated Cost of   | Construction: \$ 550,000 (Struc   | ture Only)  |  |   |  |  |  |
| <u></u>   | e proposed OSSF located in the United St<br>f yes, owner must provide approval from USACE fo  |   |  |   |  |  |  |
|   | Public Private Well Devices Being Utilized Within the Residence   | xe? 🛛 Yes 🗌 N   | 0  |   |  |  |  |
| <ul> <li>Authorization is hereb<br/>site/soil evaluation an</li> <li>I also understand that<br/>by the Cornal County</li> </ul> | ation and all additional information submitted does n<br>by given to the permitting authority and designated ag<br>ind inspection of private sewage facilities.<br>It a permit of authorization to construct will not be issu<br>Flood Damage Prevention Order. | gents to enter upon the a<br>ued until the Floodplain | above described propert<br>Administrator has perfor  | y for the purpose of med the reviews required |  |  |  |
|   | t to the online posting/public release of my e-mail ad  | uress associated with th                              | 20)  | applicable.                                   |  |  |  |
| Thomask   | an Pare   | 1/2/  | 20   |   |  |  |  |
| Signature of Owner  | 0   | Date  |  | Page I of                                     |  |  |  |

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

Page I of 2 Revised April 2019

| HIO250 VINTAGE OAKS AT THE  | VIN <b>REVISED</b><br>8:08 am, Dec 04, 2020 |
|---|---|
| * * * COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH<br><u>APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN</u><br><u>ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE</u>   | * *   |
| Planning Materials & Site Evaluation as Required Completed By GREG W. JOHNSON, P.E.   |   |
| System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIC   | GATION                                      |
| Size of Septic System Required Based on Planning Materials & Soil Evaluation  |   |
| Tank Size(s) (Gallons)PRO-FLO MODEL 5060Absorption/Application Area (Sq Ft)   | 5683  |
| Gallons Per Day (As Per TCEQ Table III) 360<br>(Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ)   | 2   |
| Is the property located over the Edwards Recharge Zone? X Yes No<br>(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<br>(If yes, the R.S. or P. E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A<br>not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional off | Pormit to Construct will                    |
| Is the property located over the Edwards Contributing Zone? 🗌 Yes 🛛 No  |   |
| Is there an existing TCEQ approval CZP for the property? Yes X No<br>(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? [<br>(if yes, the P.E. or R.S. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Perr<br>not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)  | Yes No<br>nit to construct will)            |
| Is this property within an incorporated city? Yes No  |   |
| If yes, indicate the city:  | M #2585                                     |
| By signing this application, I certify that:<br>- The information provided above is true and correct to the best of my knowledge.<br>- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application  | i, as applicable                            |

Signature of Designer

.

December 14, 2019

Page 2 of 2 Revised July 2018

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

Date

# Greg W. Johnson, P.E. 170 Hollow Oak New Braunfels, Texas 78132 830/905-2778

December 14, 2019

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

RE-SEPTIC DESIGN 1208 AXIS RIDGE VINTAGE OAKS AT THE VINEYARD, UNIT 23, LOT 1905 NEW BRAUNFELS, TX 78132 HOLLOWELL / PURSER RESIDENCE

Ms. Brenda Ritzen/Sandra Hernandez,

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

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

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

12/14/19

Greg W. Johnson, P.E. No. 67587 / F#2585 170 Hollow Oak New Braunfels, Texas 78132 - 830/905-2778



#### AFFIDAVIT



#### 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 (OSSF's), 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 (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pleces 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 (insert legal description):

23 UNIT/PHASE/SECTION BLOCK 1905 LOT VINTAGE OAKS AT THE VINEYARD SUBDIVISION

IF NOT IN SUBDIVISION: \_\_\_\_\_\_ ACREAGE

SURVEY

The property is owned by (insert owner's full name):

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 5th DAY OF JANUARY HOLLOWEZU DOYGL wner(s) signature(s) Owner (s) Printed name (s Hollowell & Thomas Purser SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 5 DAY OF 2020 THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY Filed and Recorded icia N ficial Public Records Notary Public Signature Bobbie Koepp, County Clerk Comal County, Texas RACHEL ALICIA MILLER 16/2020 10:53:50 AM My Notary ID # 131448165 1 Page(s) Expires February 13, 2022 006002002 obbie Koepp (Notary Seal Here)

#### **MJ Central Texas Septic, LLC**

**DBA MJ Septic** 

27552 Old Blanco Road San Antonio, Texas 78260 (210) 875-3625 \* (210) 889-4606 mjseptic@satx.rr.com (email) www.mjseptic.com

### Aerobic Installation \* Aerobic Maintenance Contracts Real Estate Inspections \* Cleaning/Pumping

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

PROPERTY ADDRESS: 1208 AXIS RIDGE - VINTAGE OAKS AT THE VINEYARD, UNIT 23, LOT 1905

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

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

- The annual fee on your contract includes the following: an inspection every four months (three times annually) which include inspecting the mechanical, electrical and
  other applicable components to ensure proper function. The annual fee does not include any parts, cleaning/pumping, chlorine/bleach (tablets or liquid), additional
  service calls or additional testing that may be required by any regulating authority. If for any reason, we are unable to obtain access to your property or system to perform
  a service check, you may be charged a \$75 service call for re-scheduling. It is very important that we have all proper gate codes, combination locks etc. to inspect your
  system.
- Repairs I: If repairs or replacement of parts is needed during routine inspection, we will try to contact the homeowner for approval if we are able to repair onsite. If we
  are unable to repair/replace parts onsite, client will be notified via email and/or USPS that repairs/replacement of parts is needed. All MAJOR part replacements come
  with a 2-year warranty (see notes below). There will be a \$75 warranty credit fee assessed on all parts. Warranted items will only be honored when a valid maintenance
  contract is in effect with MJ Septic. If the contract has a lapse, ALL WARRANTED items are VOIDED.
- Repairs II: For ATU's under initial installation warranty (2 years from initial installation date) if warranted items are required to be replaced within 30 days of installation,
  part will be replaced with no fees, after 30 days there will be a \$75 warranty credit fee assessed on all parts. Warranted items will only be honored when a valid
  maintenance contract is in effect with MU Septic.
- Additional Service Calls/Charges: If a service call is required by homeowner/renter between regular inspections, a service call fee of \$75 (not including parts and/or cleaning/pumping) will be assessed. We may waive this fee at our discretion. These calls include but are not limited to the following: red light alarms, high water alarms, chlorinator checks, leaky airlines, timer adjustments, spray head adjustments and system power failure.
- Chlorine: The property owner is responsible for maintaining the chlorine supply. TCEQ regulation requires proper chlorination. For liquid chlorinators, homeowners are
  to add 2-3 gallons of liquid chlorine/bleach per month. (If the chlorinator is completely empty, DO NOT add more than 3 ½ gallons of liquid chlorine/bleach at a time) For
  tablet chlorinators, homeowners can purchase Calcium Hypochlorite tablets at their local Home Depot or Lowe's.
  DO NOT USE POOL TABLETS (this can cause a volatile reaction)
- Cleaning/Pumping: The cleaning/pumping of your ATU is not included in your maintenance contract. We always recommend pumping between 10-12" of sludge.
   \*A typical/average household will need to have their system pumped every 2-5 years; this all depends on usage and will vary per household\*
- Transfer of Property/Ownership: The fee of this maintenance contract is non-refundable, however is fully transferrable to the new owner(s). If this policy is sold within
  the contract period, the signing party is responsible for all repairs unless the new homeowner(s) information is provided before repairs are made and transfer contract is
  signed (by new homeowner) and returned to us. The new homeowner(s) will be required to meet for a walk-through orientation with one of our technicians during their
  first visit of their transfer contract. RENTAL HOMES: The PROPERTY OWNER is responsible for all fees associated with this contract. Renters will be required to have a
  walk-through orientation during their first visit to ensure proper usage, etc.
- Altering the system: Do not allow alteration to any part of the system or sprinkler head locations. Alterations would put the system out of compliance and would cause
  the property owner additional expense to bring the system back into compliance. Any use of another company to make repairs to the system will violate any warranties
  and be considered as a breach of this maintenance contract. If client chooses to purchase and use their own parts, MJ Septic will not install nor work on these parts.
- Violations of Warranty: Violations of the warranty include but are not limited to the following: turning off your system at any time, disconnecting the alarm; restricting
  airflow to the Air Compressor, overloading the system above its daily rated capacity, introducing excessive amounts of harmful matter (including harsh chemicals, cleaners,
  antibiotics, etc.) into the system or any other harmful usage of your OSSF/ATU. Refusing to Clean/Pump Out Septic when recommended and/or replacing necessary parts
  as needed. Necessary treatment of ants. Homeowner must keep grass, weeds and plants trimmed and clear of tank access points, control panel, Air Compressor, etc.
  Moving sprinkler lines without proper documentation, etc. Building over septic tank, lids, etc.
- Terms of Payment: Payment is due in full for the maintenance contract at time of signing. Payment for parts, repairs, cleaning/pumping, service calls, etc. are due prior to or at time of service, unless otherwise specifically noted. If payment is not received within ten (10) business days of service date, a 1.5% finance charge will be assessed per month. If payment is delinquent, your next service check/maintenance contract may be cancelled. If payment is more than 90 days past due, contract will be cancelled and we will send to collections.

#### CIRCLE ONE CHOICE BELOW

#### Contract Verified (office use only)

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

| Acceptance of Mainter  | nance Contract: The al | ove prices, specification | ns, and conditions are satisfac | tory and are hereb  | y accepted. MJ Septic is a | thorized to enter  | property to perform |
|------------------------|------------------------|---------------------------|---------------------------------|---------------------|----------------------------|--------------------|---------------------|
| routine maintenance in | spections as agreed. I | have read and agree to t  |                                 | delines stated abov | ve and have also read and  | agree to comply wi | ith the Maintenance |
| Tips/Owner Guide.      | Douglan n              | fullowice                 | DOUGLAS                         | N HOLLOW            | ER DOUGI                   | NETX30             | AOL.COM             |
| Assessed by Signature  | the mal ho             | Rut                       | Doug LAS<br>ted Name: Thomas    | low Pray            | FRank Hovst                | ONIAN/62           | DYALDO              |
|                        |                        |                           |                                 |                     |                            |                    |                     |
| Phone Numbers: (Hom    | e) 832-203             | 8156 (Mr. Cell)_          | 281 7889358                     | (Mas. Cell)         | 281 460 7792               | (Work)             |                     |

Subdivision: VINTAGE OAKS AT THE VINEYARD, UNIT 23, LOT 1905 # of Occupants in Home: \_\_\_\_\_\_ Gate Codes/Combination Locks, etc. \_\_\_\_\_\_ (MJ Septic will assess a \$75 service fee if we are not notified of gate code changes, biting dogs, etc.)

Date: 1/2/20

Biting Dogs:

MJ Central Texas Septic, LLC Authorized Signature: Stephanie E. Perey

## **ON-SITE SEWERAGE FACILITY** SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: December 13, 2019

#### Site Location: VINTAGE OAKS at the VINEYARD, UNIT 23, LOT 1905

Proposed Excavation Depth: \_\_\_\_\_N/A

**Requirements:** 

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil boring or dug pits must be shown on the 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. Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

#### SOIL BORING NUMBER \_\_\_\_\_ SURFACE EVALUATION Drainage Restrictive Observations Depth Texture Soil Gravel Analysis Horizon (Feet) Class Texture (Mottles/ Water Table) 0 4" IV CLAY N/A NONE LIMESTONE BROWN 1 **OBSERVED** @ 4" 2 3 4 5

| SOIL BORING     | NUMBER SURE      | FACE EVALUAT    | ION                |                                       |                        |              |
|-----------------|------------------|-----------------|--------------------|---------------------------------------|------------------------|--------------|
| Depth<br>(Feet) | Texture<br>Class | Soil<br>Texture | Gravel<br>Analysis | Drainage<br>(Mottles/<br>Water Table) | Restrictive<br>Horizon | Observations |
| 0               | SAME             |                 | AS                 |                                       | ABOVE                  |              |
| 3               | -                |                 |                    |                                       |                        |              |
| 4               |                  |                 |                    |                                       |                        |              |
| 5               | -                |                 |                    |                                       |                        |              |

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

12/13/19

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

Date

# **OSSF SOIL EVALUATION REPORT INFORMATION**

**REVISED** 8:09 am, Dec 04, 2020

# Date: December 16, 2019

# **Applicant Information:**

| D<br>Name: | OUGLAS NEI                | SON HOL |       | LL & THOMAS |
|------------|---------------------------|---------|-------|-------------|
| Address:   | c/o 27552 OLD BLANCO ROAD |         |       |             |
| City:      | SAN ANTO                  | VIO S   | tate: | TEXAS       |
| Zip Code:  | 78260                     | Phone:  | (83   | 0) 438-4520 |

# Site Evaluator Information:

| Name: Greg W. Johnson, P.E. | , R.S., S.E. 11561 |
|-----------------------------|--------------------|
| Address: 170 Hollow Oak     |                    |
| City: New Braunfels         | State: Texas       |
| Zip Code: 78132 Phone &     |                    |

Company:\_\_\_\_\_

\_\_\_\_\_ State:

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

# **Property Location:**

| roperty Location:          |                              | <b>Installer Information:</b> |
|----------------------------|------------------------------|-------------------------------|
| Lot 1905 Unit 23 Blk Subd. | VINTAGE OAKS at the VINEYARD |                               |
|                            | AXIS RIDGE                   | Company:                      |
| City: NEW BRAUNFELS        | Zip Code: 78132              | Address:                      |
| Additional Info.:          |                              | City:                         |

|   |   | Zip ( | Code: | Phone           |   |  |
|---|---|-------|-------|-----------------|---|--|
| <b>Topography:</b> Slope within proposed disposal area: | 6 | %     |       | Well-conclusion | 5 |  |
| Presence of 100 yr. Flood Zone:                         | Y | ES    | NO X  |                 |   |  |
| Existing or proposed water well in nearby area.         | Y | ES    | NO X  |                 |   |  |
| Presence of adjacent ponds, streams, water impoundments | Y | 'ES   | NOX   |                 |   |  |
| Presence of upper water shed                            | Y | 'ES   | NO X  |                 |   |  |
| Organized sewage service available to lot               | Y | 'ES   | NOX   |                 |   |  |

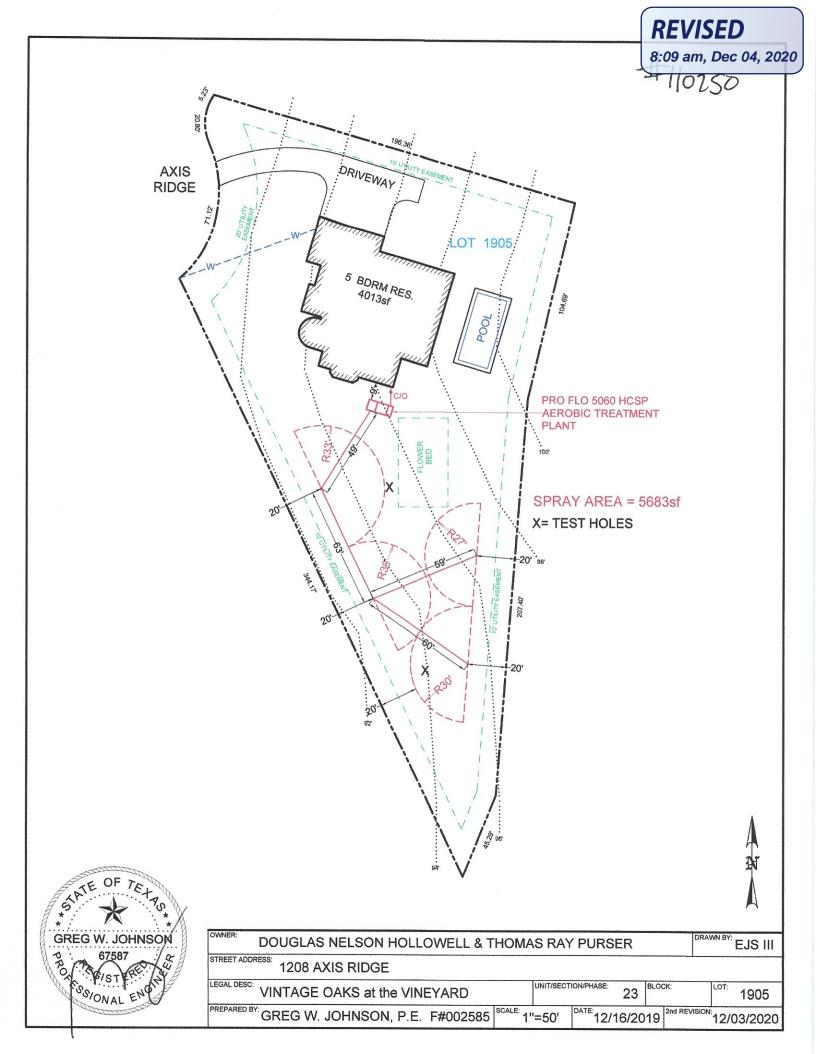
# Design Calculations for Aerobic Treatment with Spray Irrigation:

| Commercial  |
|---|
| Q = GPD   |
| Residential Water conserving fixtures to be utilized? Yes X No  |
| Number of Bedrooms the septic system is sized for: <u>5</u> Total sq. ft. living area <u>4013</u>   |
| Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction for water conserving fixtures)  |
| Q = (5 +1)*75-(20%) = 360   |
| Trash Tank Size 397 Gal.  |
| TCEQ Approved Aerobic Plant Size G.P.D.   |
| Req'd Application Area = $Q/Ri = 360$ / 0.064 = 5625 sq. ft.  |
| Application Area Utilized = 5683 sq. ft.  |
| Pump Requirement <u>12</u> Gpm @ <u>41</u> Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)  |
| Dosing Cycle: ON DEMAND or X TIMED TO DOSE IN PREDAWN HOURS   |
| Pump Tank Size = $768$ Gal. 13.3 Gal/inch.  |
| Reserve Requirement = $120$ Gal. 1/3 day flow.  |
| Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction   |
| With Chlorinator NSF/TCEQ APPROVED  |
| SCH-40 or SDR-26 3" or 4" sewer line to tank  |
| Two way cleanout  |
| Pop-up rotary sprinkler heads w/ purple non-potable lids  |
| 1" Sch-40 PVC discharge manifold  |
| APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.   |
| I UAVE DEDEODMED A THODOHOU DUBOTICATION DEDUCATION   |
| I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER  |
| AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40<br>(REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF FUNDROUND THE ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 |
| (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY  |

(EFFECTIVE DECEMBER 29, 2016)

GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

GREG W. JOHNSON DATE RORESSIONAL



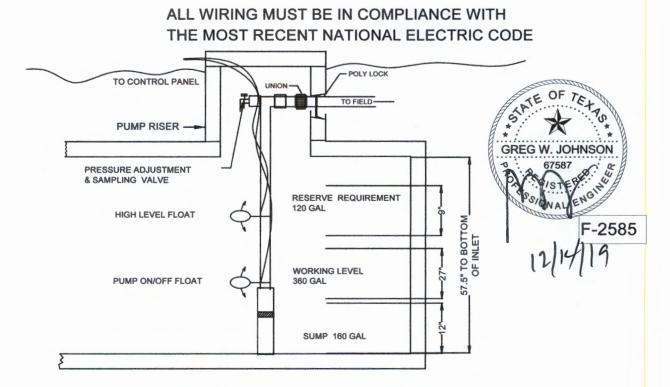
TANK NOTES:

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

Tightlines to the tank shall be SCH-40 PVC.

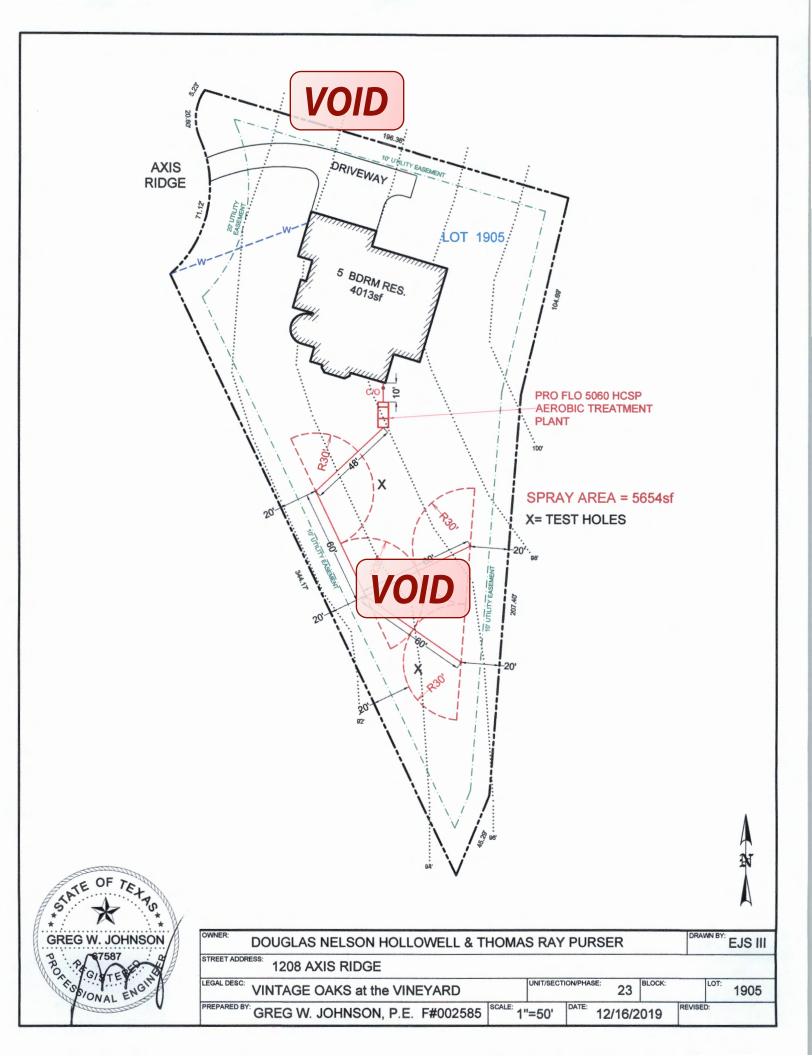
A two way sanitary tee is required between residence and tank.

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



# TYPICAL PUMP TANK CONFIGURATION PRO-FLO 768 GAL PUMP TANK





VINTAGE OAKS AT THE VINEYARD, UNIT 23, LOT 1905

| * * * 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 GLEG W. JOHNSON, P.E.  |
| System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION   |
| Size of Septic System Required Based on Planning Materials & Soil Evaluation   |
| Tank Size(s) (Gallons)       PRO-FLO MODEL 5060       Absorption/Application Area (Sq Ft)       5654   |
| Gallons Per Day (As Per TCEQ Table III) 360  |
| (Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ)   |
| 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 of the require a TCEQ approved WPAP? Yes No  |
| (If yes, the R.S. or P. E. shall certify that the OSSF design where the provisions of the proposed WPAP. A Permit to Construct will not be issued for the proposed OSSF until the proposed VPAP has been approved by the appropriate regional office.) |
| Is the property located over the Edwards Contributing Zone? 	Ves 	Xes  |
|  |
| Is there an existing TCEQ approval CZP for the property? Yes X No<br>(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 P.E. or R.S. 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:   |
|  |
| GREG W. JOHNSON  |
|  |
| GREG W. JOHNSON<br>B. ACTOR OF<br>CONSTERED<br>SSIONAL ENGINE  |
| GREG W. JOHNSON  |
| WOID         By signing this application, I certify that:  |
| VOID   |

Signature of Designer

December 14, 2019

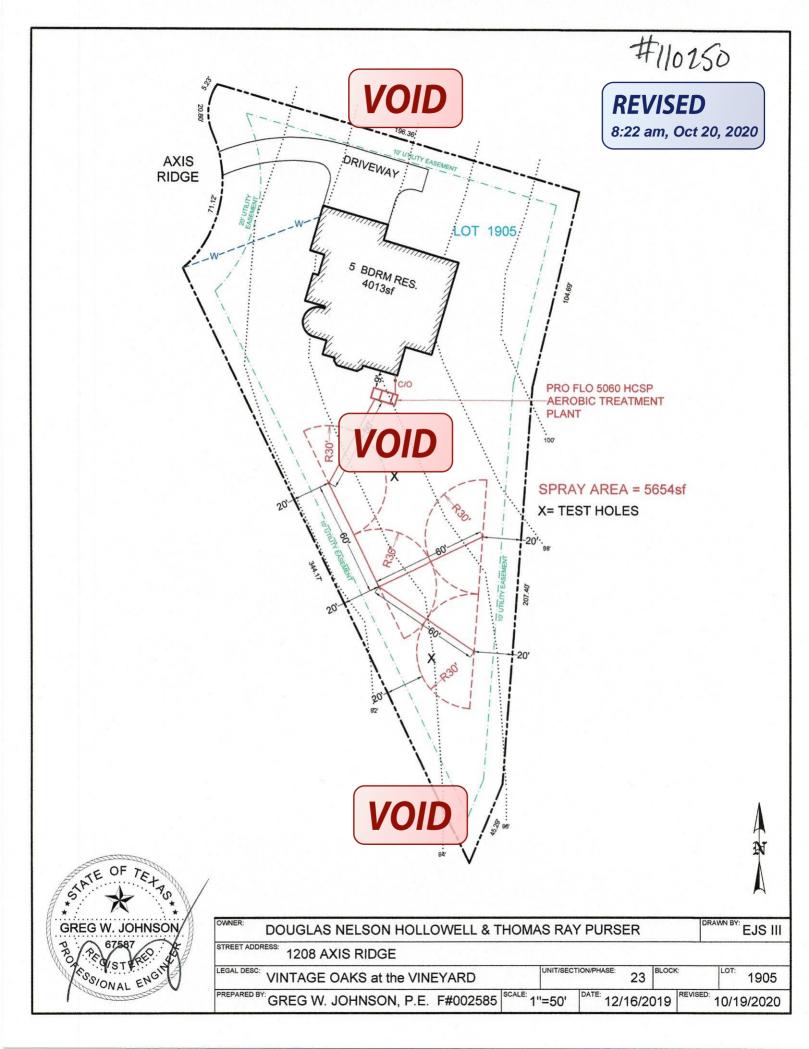
Page 2 of 2 Revised July 2018

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

Date

# OSSESOIL EVALUATION REPORT INFORMATION

| OSSF SOIL EVALUATION REPORT INFORMATION  |
|--|
| Date: December 16, 2019  |
| Applicant Information:   |
| DOUGLAS NELSON HOLLOWELL & THOMAS OF Datator Information:  |
| Name:RAY PURSER Name: Greg W. Johnson, P.E., R.S., S.E. 11561  |
| Address:C/0 27552 OLD BLANCO ROAD Address: 170 Hollow Oak  |
| City: SAN ANTONIO State: TEXAS City: New Braunfels State: Texas  |
| Zip Code: 78260 Phone: (830) 438-4520 Zip Code: 78132 Phone & Fax (830)905-2778  |
|  |
| Property Location: Installer Information:  |
| Lot 1905 Unit 23 Blk Subd. VINTAGE OAKS at the VINEYARD Name:  |
| Street Address: 1208 AXIS RIDGE Company:   |
| City: NEW BRAUNFELS Zip Code: 78132 Address:   |
| City:       NEW BRAUNFELS       Zip Code:       78132       Address:         Additional Info.:       City:       State:  |
| Zip Code: Phone  |
| <b>Topography:</b> Slope within proposed disposal area:6%  |
| Presence of 100 yr. Flood Zone: YESNO_X  |
| Existing or proposed water well in nearby area. YESNO_X  |
| Presence of adjacent ponds, streams, water impoundments YES NO X   |
| Presence of upper water shed YES NO X  |
| Organized sewage service available to lot YESNO_X  |
|  |
| Design Calculations for Aerobic Treatment with Spray Irrigation:   |
| Commercial VOID  |
|  |
| Residential Water conserving fixtures to be utilized? Yes No   |
| Number of Bedrooms the septic system is sized for: <u>5</u> Total sq. ft. living area <u>4013</u>  |
| Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction for water conserving fixtures)   |
| Q = (5 + 1)*75-(20%) = 360   |
| Trash Tank Size <u>397</u> Gal.  |
| TCEQ Approved Aerobic Plant Size <u>600</u> G.P.D.   |
| Req'd Application Area = $Q/Ri = 360$ / 0.064 = 5625 sq. ft.   |
| Application Area Utilized = $5654$ sq. ft.   |
| Pump Requirement <u>12</u> Gpm @ <u>41</u> Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)   |
| Dosing Cycle:ON DEMAND orTIMED TO DOSE IN PREDAWN HOURS  |
| Pump Tank Size = $768$ Gal. $13.3$ Gal/inch.   |
| Reserve Requirement = $120$ Gal. 1/3 day flow.   |
| Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction  |
| With Chlorinator NSF/TCEQ APPROVED<br>SCH-40 or SDR-26 3" or 4" sewer line to tank   |
| Two way cleanout   |
| Pop-up rotary sprinkler heads w/ purple non-potable lids   |
| 1" Sch-40 PVC discharge manifold   |
| APPLICATION AREA SHOULD BE SEEDED AND A DEALED WITH VEGETATION.  |
| VOID   |
| I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER   |
| AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40  |
| (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY   |
| (EFFECTIVE DECEMBER 29, 2016)  |
| A Start Training the Training t |
| 12/16/19/*/ ×  |
| GREG W. JOHNSON P.E. F#002585 - S.E. 11561 DATE GREG W. JOHNSON  |
| B . P. 67587 D. 4  |
| <b>G G S T E R M #2585</b>   |
| 0'SIONAL EN  |
| 100000   |



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# FILED BY PRESIDIO TITLE

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NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OR ALL OF THE FOLLOWING INFORMATION FROM ANY INSTRUMENT THAT TRANSFERS AN INTEREST IN REAL PROPERTY BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

#### SPECIAL WARRANTY DEED

THE STATE OF TEXAS

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF COMAL

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

GRANTEE: DOUGLAS NELSON HOLLOWELL and THOMAS RAY PURSER 827 East 26th Street Houston, Texas 77009

500

§

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

Lot 1905, VINTAGE OAKS AT THE VINEYARD, UNIT 23, Comal County, Texas, according to plat thereof recorded in Document #201906007202, Map and Plat Records of Comal County, Texas (the "Property").

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

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

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

Subject to the Declaration of Conditions, Covenants and Restrictions 1. for Vintage Oaks at the Vineyard, recorded at Clerk's Document #200706000771 (Master), annexed by Document #201906007292, amended or supplemented by Document #201106044284 (First #201206032310 Amendment), Document (Affidavit), Document #201406032083 (Second Amendment); Document #201406037322 (Working Capital Assessment), Document #201606000890 (Third Amendment), Document #201706014965 (Revised Fourth Amendment), Document #201706028668 (Fourth Amendment), Document Policy), #201706050096 (Assessment Document #201706050099 (Fireworks Policy): Document #201706050125 (Amended Working Capital), Document #201806013767 (Correction of Fourth to Fifth) and the Assignment of Declarant Rights filed at Document #201206016339, Official Real Property Records, Comal County, Texas.

2. Subject to those items, restrictions, building setback lines, easements and Notes shown on the plat recorded in Document #201906007202, Official Map and Plat Records of Comal County, Texas as well as those setbacks included/described in the Declaration of Conditions, Covenants and Restrictions for Vintage Oaks at the Vineyard and contained in the Architectural and Site Guidelines for Vintage Oaks recorded at Document #201606020343 and those guidelines for The Grove recorded at Document #201706008119; and as amended in Document #201606034595, and supplemented by Document #201706050104, all in the Official Public Records, Comal County, Texas:

- a. Subject to a building setback line from the front and rear property lines.
- Subject to a 10-foot side property line building setback except on corner lots wherein the street-side corner shall have a 25-foot setback;
- c. Subject to a 10-foot wide Public Utility and Drainage easement adjacent to all non-street lot lines.
- d. Subject to Public Utility Easement, 20 feet from the front property line and 10 feet from the side and rear property lines.

3. Channel Easement to the State of Texas recorded in Volume 143, Page 204, Official Public Records of Comal County, Texas.

4. Edwards Aquifer Protection Plan recorded in Document #200806028296, Official Public Records of Comal County, Texas.

5. Terms and provisions of Special Warranty Deed recorded under Document No. 201706048422, Official Public Records of Comal County, Texas, including, but not limited to, mineral reservation and easements, as affected by Partial Release of Easement Areas recorded in Document No. 201806024856, Official Public Records of Comal County, Texas.

6. Covenants, conditions and restrictions affecting the 250.092 acre tract provided in instrument recorded in Document No. 201706048423, Official Public Records of Comal County, Texas.

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

SPECIAL WARRANTY DEED - LOT 1905, VINTAGE OAKS AT THE VINEYARD, UNIT 23 - PAGE -2 OF 3-

EXECUTED on the Zle day of March , 2019.

SOUTHSTAR AT VINTAGE OAKS, LLC

By:

Thad Rutherford, Senior Vice President-Operations

#### ACKNOWLEDGMENT

50

§

STATE OF TEXAS

COUNTY OF THAYS

This Special Warranty Deed was acknowledged before me on the <u>26</u> day of <u>Monch</u>, 2019, by Thad Rutherford, Senior Vice President-Operations of SOUTHSTAR AT VINTAGE OAKS, LLC, Grantor in the above instrument on behalf of said entity.

MIA BEJDA My Notary ID # 126793371 Expires January 22, 2020

NOTARY PUBLIC! STATE OF TEXAS

SPECIAL WARRANTY DEED - LOT 1905, VINTAGE OAKS AT THE VINEYARD, UNIT 23 - PAGE -3 OF 3-

EXECUTED on the 26 day of \_ Marcu 2019.

SOUTHSTAR AT VINTAGE OAKS, LLC

Thad Rutherford, Senior Vice President-Operations

#### ACKNOWLEDGMENT

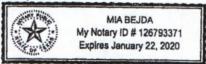
§

By:

STATE OF TEXAS

ŝ COUNTY OF THANS §

This Special Warranty Deed was acknowledged before me on the <u>26</u> day of <u>Monda</u>, 2019, by Thad Rutherford, Senior Vice President-Operations of SOUTHSTAR AT VINTAGE OAKS, LLC, Grantor in the above instrument on behalf of said entity.



NOTARY PUBLIC STATE OF TEXAS

Filed and Recorded Official Public Records Bobbie Koepp, County Clerk Comal County, Texas 03/26/2019 02:47:17 PM JESSICA 3 Pages(s) 201906010010

Bobbie Keepp

SPECIAL WARRANTY DEED - LOT 1905, VINTAGE OAKS AT THE VINEYARD, UNIT 23 - PAGE -3 OF 3-



# OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

Date Received Initials

Permit Number

Instructions:

Place a check mark next to all items that apply. For items that do not apply, place "N/A". This OSSF Development Application Checklist <u>must</u> 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 - See Attached Fee Schedule

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.

Signature of Applicant

\_\_\_\_ COMPLETE APPLICATION
Check No. \_\_\_\_\_ Receipt No. \_\_\_\_\_

01/16/2020 Date

INCOMPLETE APPLICATION – (Missing Items Circled, Application Refeused)

Revised: September 2019

# **MJ Septic, LLC**

27552 Old Blanco Road San Antonio, TX 78260

Phone: (210) 875-3625

www.mjseptic.com mjseptic@mjseptic.com

#### To: Douglas Hollowell & Thomas Purser 1208 Axis Ridge New Braunfels, TX 78132

Printed:4/30/2021 Site: 1208 Axis Ridge New Braunfels, TX 78132 (281) 788-9358

| Permit #: <b>110250</b>  |   | Customer ID: 5661                     |   |  |
|--|---|---------------------------------------|---|--|
| Agency: Comal County Environmental Health<br>County: Comal Sub: Vintage Oaks   |   | Contract Dates: 12/4/2020 - 12/4/2022 |   |  |
|  |   | Scheduled Date: 4/4/202               | 21 Inspection 1 of  |  |
| Mfg / Brand: Pro Flo Aerobic Systems, L  | P - Pro Flo Aerobic Systems, LP               |                                       | Installed: 12/4/2020  |  |
| Treatment Type: Aerobic<br>Disposal: Surface Application   |   | Aerator S/N: 1119012033               | Warranty End: 12/4/2022   |  |
| Service Type: Scheduled Ins  | pection                                       | ✓ This counts as a t                  | ype of "Scheduled Inspection"   |  |
| Visit Date: 4/21/2021<br>Method: Grate<br>Technician: Manuel Guerrero  | Time In: <u>3:50PM</u>                        | Cop<br>Custo                          | herine Jefferson<br>by emailed to Customer<br>omer Emailed: 4/30/2021<br>by emailed to the Agency |  |
| Maint. Provider: Michael J. Long   |   | Agency Emailed: 4/30/2021             |   |  |
| Aerators: <u>Operational</u><br>Filters: <u>Operational</u><br>Irrigation Pumps: <u>Operational</u><br>Disinfection Device: <u>Operational</u><br>Chlorine Supply: <u>Operational</u><br>Chlorine Residual: <u>0.1mg/L</u> | <u>Sludge Levels</u><br>For Tank 1: <u>0"</u> |                                       |   |  |
| Chlorinator: Op  |   |                                       |   |  |
|  | Tank Lid / Riser: Secur                       | ed                                    |   |  |
| Electric Circuits: <u>Operational</u><br>Distribution System: <u>Operational</u><br>Sprayfield Veg: <u>Operational</u>   |   |                                       |   |  |
| Alarm: Operational   |   |                                       | Service Completed   |  |

#### Comments

- Tech reset your timer. - Technician Secured the Tank Lid and/or Riser prior to leaving location. - \*Septic tank cleaning is recommended between 10 and 12 inches of sludge in the pump tank (tank 1) or unless otherwise recommended by technician for other reasons such as full trash tank, etc.\* - \*This inspection report is not valid for any real estate transactions\* - Copy emailed to the customer on 4/30/2021.

Insp ID #:37620

Provider: Michael J. Long License Info: MP0001294 Expires: 8/31/2022

#### **MJ Septic, LLC** 1328 W Borgfeld

San Antonio, TX 78260

#### Phone: (210) 875-3625

www.mjseptic.com

mjseptic@mjseptic.com

#### To: Douglas Hollowell & Thomas Purser 1208 Axis Ridge New Braunfels, TX 78132

#### Permit #: 110250

Agency: Comal County Environmental Health County: Comal Sub: Vintage Oaks Mfg / Brand: Pro Flo Aerobic Systems, LP - Pro Flo Aerobic Systems, LP Treatment Type: Aerobic **Disposal: Surface Application** 

#### Service Type: Scheduled Inspection

Time In: 3:44PM

### Visit Date: 8/19/2021 Method: Other

Technician: Manuel Guerrero

Maint. Provider: Michael J. Long

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

Chlorinator: Op

Tank Lid / Riser: Secured

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

Alarm: Operational

#### Comments

- Tech reset your timer. - Technician Secured the Tank Lid and/or Riser prior to leaving location. - \*Septic tank cleaning is recommended between 10 and 12 inches of sludge in the pump tank (tank 1) or unless otherwise recommended by technician for other reasons such as full trash tank, etc.\* - \*This inspection report is not valid for any real estate transactions\* - Copy emailed to the customer on 8/20/2021.

Insp ID #:39777

Provider: Michael J. Long License Info: MP0001294 Expires: 8/31/2022

Customer ID: 5661 Contract Dates: 12/4/2020 - 12/4/2022 Scheduled Date: 8/4/2021 Inspection 2 of 6 Installed: 12/4/2020 Warranty End: 12/4/2022

Printed:9/2/2021 Site: 1208 Axis Ridge

(281) 788-9358

New Braunfels, TX 78132

This counts as a type of "Scheduled Inspection" Entered By: Catherine Jefferson Copy emailed to Customer Customer Emailed: 8/20/2021 Copy emailed to the Agency Agency Emailed: 9/2/2021

Service Completed

# Sludge Levels For Tank 1: 1"

Aerator S/N: 1119012033

#### Phone: (210) 875-3625

www.mjseptic.com mjseptic@mjseptic.com

#### To: Douglas Hollowell & Thomas Purser 1208 Axis Ridge New Braunfels, TX 78132

Printed:12/17/2021 Site: 1208 Axis Ridge New Braunfels, TX 78132 (281) 788-9358

| Permit #: <b>110250</b>  |                                 | Customer ID: 5661       |                                |
|--|---------------------------------|-------------------------|--------------------------------|
| Agency: Comal County Environmental Heal                                  | th                              | Contract Dates: 12/4/2  | 020 - 12/4/2022                |
| <b>o</b> ,   | Sub: Vintage Oaks               | Scheduled Date: 12/4/2  | 021 Inspection 3 of 0          |
| Mfg / Brand: Pro Flo Aerobic Systems, L                                  | P - Pro Flo Aerobic Systems, LP |                         | Installed: 12/4/2020           |
| Treatment Type: Aerobic  |                                 | Aerator S/N: 1119012033 | Warranty End: 12/4/2022        |
| Disposal: Surface Application  |                                 |                         |                                |
| Service Type: Scheduled Ins  | pection                         | This counts as a t      | type of "Scheduled Inspection" |
| Visit Date: <u>12/16/2021</u>  | Time In: 937 AM                 | Entered By: Tra         |                                |
| Method: Other  |                                 | Ľ.                      | py emailed to Customer         |
|  |                                 |                         | omer Emailed: 12/17/2021       |
| Technician: Manuel Guerrero  |                                 |                         | py emailed to the Agency       |
| Maint. Provider: Michael J. Long   |                                 | AQ                      | gency Emailed: 12/17/2021      |
| Aerators: Operational  | Sludge Levels                   |                         |                                |
| Filters: Operational   | For Tank 1: <u>6"</u>           |                         |                                |
| Irrigation Pumps: Operational  |                                 |                         |                                |
| Disinfection Device: Operational   |                                 |                         |                                |
| Chlorine Supply: <u>Operational</u><br>Chlorine Residual: <u>0.1mg/L</u> |                                 |                         |                                |
| Chiofine Residual. <u>0. mg/L</u>  |                                 |                         |                                |
| Chlorinator: Op  |                                 |                         |                                |
|  | Tank Lid / Riser: Secure        | <u>d</u>                |                                |
| Electric Circuits: Operational   |                                 | ✓ Problem               |                                |
| Distribution System: Operational   |                                 | Indicated               |                                |
| Sprayfield Veg: Operational  |                                 |                         |                                |
| Alarm: Operational   |                                 |                         |                                |

#### Comments

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

- Please treat for ants, they will mound inside/around the air compressor and will ruin the electrical and void any warranties.

- Technician Secured the Tank Lid and/or Riser prior to leaving location. - \*Septic tank cleaning is recommended between 10 and 12 inches of sludge in the pump tank (tank 1) or unless otherwise recommended by technician for other reasons such as full trash tank, etc.\* - \*This inspection report is not valid for any real estate transactions\* - Copy emailed to the customer on 12/17/2021.

Insp ID #:41932

Provider: Michael J. Long License Info: MP0001294 Expires: 8/31/2022 Service Completed

#### Phone: (210) 875-3625

www.mjseptic.com mjseptic@mjseptic.com

#### To: Douglas Hollowell & Thomas Purser 1208 Axis Ridge New Braunfels, TX 78132

Printed:4/22/2022 Site: 1208 Axis Ridge New Braunfels, TX 78132 (281) 788-9358

| Permit #: <b>110250</b>                                  |                                  | Customer ID: 5661<br>Contract Dates: 12/4/2020 - 12/4/2022 |                               |  |  |
|--|----------------------------------|--|-------------------------------|--|--|
| Agency: Comal County Environmental Hea                   | lth                              |  |                               |  |  |
|  | Sub: Vintage Oaks                | Scheduled Date: 4/4/202                                    | 22 Inspection 4 of 6          |  |  |
| Mfg / Brand: Pro Flo Aerobic Systems, I                  | _P - Pro Flo Aerobic Systems, LP |  | Installed: 12/4/2020          |  |  |
| Treatment Type: Aerobic<br>Disposal: Surface Application |                                  | Aerator S/N: 1119012033                                    | Warranty End: 12/4/2022       |  |  |
| Service Type: Scheduled Ins                              | spection                         | This counts as a t   | ype of "Scheduled Inspection" |  |  |
| Visit Date: 4/20/2022                                    | Time In: 356 pm                  | Entered By: Tra  |                               |  |  |
|  | nine in. <u>350 pin</u>          |  | Copy emailed to Customer      |  |  |
| Method: <u>Other</u>                                     |                                  |  | omer Emailed: 4/21/2022       |  |  |
| Technician: Deaundrae Ross                               |                                  |  | by emailed to the Agency      |  |  |
| Maint. Provider: Michael J. Long                         |                                  | Ag   | ency Emailed: 4/22/2022       |  |  |
| Aerators: Operational                                    | Sludge Levels                    |  |                               |  |  |
| Filters: Operational                                     | For Tank 1: <u>5"</u>            |  |                               |  |  |
| Irrigation Pumps: Operational                            |                                  |  |                               |  |  |
| Disinfection Device: Operational                         |                                  |  |                               |  |  |
| Chlorine Supply: Operational                             |                                  |  |                               |  |  |
| Chlorine Residual: <u>0.1mg/L</u>                        |                                  |  |                               |  |  |
| Chlorinator: Op  |                                  |  |                               |  |  |
|  | Tank Lid / Riser: Secur          | ed   |                               |  |  |
| Electric Circuits: Operational                           |                                  |  |                               |  |  |
| Distribution System: Operational                         |                                  |  |                               |  |  |
| Sprayfield Veg: Operational                              |                                  |  |                               |  |  |

Alarm: Operational

#### Comments

✓ Service Completed

- Tech reset your timer. - Technician Secured the Tank Lid and/or Riser prior to leaving location. - \*Septic tank cleaning is recommended between 10 and 12 inches of sludge in the pump tank (tank 1) or unless otherwise recommended by technician for other reasons such as full trash tank, etc.\* - \*This inspection report is not valid for any real estate transactions\* - Copy emailed to the customer on 4/21/2022.

Insp ID #:44204

Provider: Michael J. Long License Info: MP0001294 Expires: 8/31/2022

#### Phone: (210) 875-3625

www.mjseptic.com mjseptic@mjseptic.com

#### To: Douglas Hollowell & Thomas Purser 1208 Axis Ridge New Braunfels, TX 78132

Printed:9/9/2022 Site: 1208 Axis Ridge New Braunfels, TX 78132 (281) 788-9358

| Permit #: <b>110250</b>    |  | C          |
|----------------------------|--|------------|
| Agency: Comal County Envir | onmental Health                              | Cor        |
| County: Comal              | Sub: Vintage Oaks                            | Sche       |
| Mfg / Brand: Pro Flo Aero  | bic Systems, LP - Pro Flo Aerobic Systems, I | _P         |
| Treatment Type: Aerobic    |  | Aerator S/ |
| Disposal: Surface App      | lication                                     |            |

### Service Type: <u>Scheduled Inspection</u>

Time In: <u>1:57 pm</u>

#### Method: Other

Visit Date: 8/22/2022

Technician: Manuel Guerrero Maint. Provider: Michael J. Long Aerators: <u>Operational</u> Filters: <u>Operational</u> Irrigation Pumps: <u>Operational</u> Disinfection Device: <u>Operational</u> Chlorine Supply: <u>Operational</u> Chlorine Residual: 0.1mg/L

Sludge Levels For Tank 1: 5" 
 Customer ID:
 5661

 Contract Dates:
 12/4/2020 - 12/4/2022

 Scheduled Date:
 8/4/2022
 Inspection 5 of 6

 Installed:
 12/4/2020

 erator S/N:
 1119012033
 Warranty End:
 12/4/2022

✓ This counts as a type of "Scheduled Inspection" Entered By: <u>Audrey Miller</u>

Copy emailed to Customer
 Customer Emailed: 8/23/2022
 Copy emailed to the Agency
 Agency Emailed: 9/9/2022

Electric Circuits: Operational Distribution System: Operational

Chlorinator: Op

Sprayfield Veg: Operational

#### Alarm: Operational

#### Comments

- Tech reset your timer.

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

- \*Septic tank cleaning is recommended between 10 and 12 inches of sludge in the pump tank (tank 1) or unless otherwise

Tank Lid / Riser: Secured

recommended by technician for other reasons such as full trash tank, etc.\*

- \*This inspection report is not valid for any real estate transactions\* - Copy emailed to the customer on 8/23/2022.

Insp ID #:46573

Provider: Michael J. Long License Info: MP0001294 Expires: 8/31/2022 Service Completed

#### Phone: (210) 875-3625

www.mjseptic.com

mjseptic@mjseptic.com

#### To: Douglas Hollowell & Thomas Purser 1208 Axis Ridae New Braunfels, TX 78132

Printed:1/20/2023 Site: 1208 Axis Rdg Canyon Lake, TX 78132 (281) 788-9358

#### Permit #: 110250 Agency: Comal County Environmental Health County: Comal Sub: Vintage Oaks Mfg / Brand: Pro Flo Aerobic Systems, LP - Pro Flo Aerobic Systems, LP Treatment Type: Aerobic А **Disposal: Surface Application**

# Service Type: Scheduled Inspection

Time In: 10:09 am

#### Method: Other

Visit Date: 12/14/2022

Technician: Manuel Guerrero Maint. Provider: Michael J. Long Aerators: Operational Filters: Operational Irrigation Pumps: Operational Disinfection Device: Operational Chlorine Supply: Operational

For Tank 1: 8"

Sludge Levels

| Customer ID:         | 5661                  |                   |
|----------------------|-----------------------|-------------------|
| Contract Dates:      | 12/4/2022 - 12/4/2025 |                   |
| Scheduled Date:      | 12/4/2022             | Inspection 6 of 6 |
|                      | Installe              | d: 12/4/2020      |
| erator S/N: 11190120 | 033 Warranty Er       | nd: 12/4/2022     |
|                      |                       |                   |

✓ This counts as a type of "Scheduled Inspection" Entered By: Audrey Miller

Copy emailed to Customer Customer Emailed: 12/15/2022 Copy emailed to the Agency Agency Emailed: 1/20/2023

Chlorinator: Op

Chlorine Residual: 0.1mg/L

Tank Lid / Riser: Secured

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

#### Alarm: Operational

#### Comments

- Tech reset your timer.

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

- \*Septic tank cleaning is recommended between 10 and 12 inches of sludge in the pump tank (tank 1) or unless otherwise

recommended by technician for other reasons such as full trash tank, etc.\*

- \*This inspection report is not valid for any real estate transactions\* - Copy emailed to the customer on 12/15/2022.

Insp ID #:49042

Provider: Michael J. Long License Info: MP0001294 Expires: 8/31/2025 ✓ Service Completed

#### Phone: (210) 875-3625

www.mjseptic.com mjseptic@mjseptic.com

#### To: Douglas Hollowell & Thomas Purser 1208 Axis Ridge New Braunfels, TX 78132

Printed:7/28/2023 Site: 1208 Axis Rdg Canyon Lake, TX 78132 (281) 788-9358

| Permit #: <b>110250</b>  |                         | Customer ID: 5661   |   |                          |  |  |
|--|-------------------------|---------------------|---|--------------------------|--|--|
| Agency: Comal County Environmental Health                              |                         |                     | Contract Dates: 12/4/2022 - 12/4/2025           |                          |  |  |
| <b>o i</b>   | Sub: Vintage Oaks       |                     | Scheduled Date: 4/4/20                          | 23 Inspection 1 of 9     |  |  |
| Mfg / Brand: Pro Flo Aerobic Systems, LP - Pro Flo Aerobic Systems, LP |                         |                     |   | Installed: 12/4/2020     |  |  |
| Treatment Type: Aerobic  |                         | Ae                  | rator S/N: 1119012033                           | Warranty End: 12/4/2022  |  |  |
| Disposal: Surface Application  |                         |                     |   |                          |  |  |
| Service Type: Scheduled Inspection                                     |                         |                     | This counts as a type of "Scheduled Inspection" |                          |  |  |
| Visit Date: 4/17/2023  | -                       | Out: E:41 pm        | Entered By: Bri                                 | <u>anna Perez</u>        |  |  |
|  | Time In: <u>5:29 pm</u> | Out: <u>5:41 pm</u> | L Co  | py emailed to Customer   |  |  |
| Method: <u>Other</u>   |                         |                     | Cus   | tomer Emailed: 4/18/2023 |  |  |
| Technician: Steve Chavarria  |                         |                     | 🖌 Co  | py emailed to the Agency |  |  |
| Maint. Provider: Michael J. Long                                       |                         |                     | A   | gency Emailed: 7/28/2023 |  |  |
| Aerators: Operational  | Sludge Levels           |                     |   |                          |  |  |
| Filters: Operational   | For Tank 1: <u>7'</u>   | -                   |   |                          |  |  |
| Irrigation Pumps: Operational  |                         |                     |   |                          |  |  |
| Disinfection Device: Operational                                       |                         |                     |   |                          |  |  |
| Chlorine Supply: Operational   |                         |                     |   |                          |  |  |

Tank Lid / Riser: Secured

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

Chlorine Residual: 0.1mg/L

Alarm: Operational

#### Comments

✓ Service Completed

- Tech reset your timer. - Technician Secured the Tank Lid and/or Riser prior to leaving location. - \*Septic tank cleaning is recommended between 10 and 12 inches of sludge in the pump tank (tank 1) or unless otherwise recommended by technician for other reasons such as full trash tank, etc.\* - \*This inspection report is not valid for any real estate transactions\* - Copy emailed to the customer on 4/18/2023.

Insp ID #:51627

Provider: Michael J. Long

License Info: MP0001294 Expires: 8/31/2025

#### Phone: (210) 875-3625

www.mjseptic.com mjseptic@mjseptic.com

#### To: Douglas Hollowell & Thomas Purser 1208 Axis Ridge New Braunfels, TX 78132

Printed:9/8/2023 Site: 1208 Axis Rdg Canyon Lake, TX 78132 (281) 788-9358

| Permit #: <b>110250</b>  | Customer ID: 5661       |                  |                                       |   |  |  |
|--|-------------------------|------------------|---------------------------------------|---|--|--|
| Agency: Comal County Environmental Health                              |                         |                  | Contract Dates: 12/4/2022 - 12/4/2025 |   |  |  |
| <b>o i</b>   | Sub: Vintage Oaks       |                  | Scheduled Date: 8/4/20                | 23 Inspection 2 of 9                            |  |  |
| Mfg / Brand: Pro Flo Aerobic Systems, LP - Pro Flo Aerobic Systems, LP |                         |                  |                                       | Installed: 12/4/2020                            |  |  |
| Treatment Type: Aerobic  |                         | /                | Aerator S/N: 1119012033               | Warranty End: 12/4/2022                         |  |  |
| Disposal: Surface Application  |                         |                  |                                       |   |  |  |
| Service Type: Scheduled Inspection                                     |                         |                  | ✓ This counts as a                    | This counts as a type of "Scheduled Inspection" |  |  |
| Visit Date: 8/17/2023  | -                       | Out: 0.40        | Entered By: Bri                       | <u>anna Perez</u>                               |  |  |
|  | Time In: <u>2:52 pm</u> | Out: <u>2:42</u> | om 🗸 Co                               | py emailed to Customer                          |  |  |
| Method: <u>Other</u>   |                         |                  | Cus                                   | tomer Emailed: 8/23/2023                        |  |  |
| Technician: Steve Chavarria  |                         |                  | ✓ Co                                  | py emailed to the Agency                        |  |  |
| Maint. Provider: Michael J. Long                                       |                         |                  | A                                     | gency Emailed: 9/8/2023                         |  |  |
| Aerators: Operational  | Sludge Levels           |                  |                                       |   |  |  |
| Filters: Operational   | For Tank 1:             | <u>8"</u>        |                                       |   |  |  |
| Irrigation Pumps: Operational  |                         |                  |                                       |   |  |  |
| Disinfection Device: Operational                                       |                         |                  |                                       |   |  |  |
| Chlorine Supply: Operational   |                         |                  |                                       |   |  |  |

Chlorine Residual: 0.1mg/L

Tank Lid / Riser: Secured

Electric Circuits: <u>Operational</u> Distribution System: <u>Operational</u> Sprayfield Veg: <u>Operational</u>

Alarm: Operational

#### Comments

✓ Service Completed

- Tech reset your timer. - Technician Secured the Tank Lid and/or Riser prior to leaving location. - \*Septic tank cleaning is recommended between 10 and 12 inches of sludge in the pump tank (tank 1) or unless otherwise recommended by technician for other reasons such as full trash tank, etc.\* - \*This inspection report is not valid for any real estate transactions\* - Copy emailed to the customer on 8/23/2023.

Insp ID #:54315

Provider: Michael J. Long

License Info: MP0001294 Expires: 8/31/2025