

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

Issued This Date:	03/31/2021		Permit Number:	112052
Location Description:	194 STACIE A	ANN DR		
	Subdivision:	Lake of the Hills		
	Unit:	-		
	Lot:	24		
	Block:	22		
	Acreage:	0.0000		
Type of System:	Aerobic			
	Drip Irrigation			
Issued to:	Victoria Flores			

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

ENVRONMENTAL HEALTH INSPECTOR

OS0035625

Licensing Authority Comal County Environmental Health

DINATOR ENVIRONMENTAL HE

OS0007722

Installer Name:	OSSF Installer #:	OSSF Installer #:		
1st Inspection Date:	2nd Inspection Date:	3rd Inspection Date:		
Inspector Name:	Inspector Name:	Inspector Name:		

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

**Inspector Notes:** 

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If SingleTank, 2Compartments Provided withBaffle SEPTIC TANK Inlet Flowline Greater than3" and " T " Provided on Inlet and OutletSEPTIC TANK Septic Tank(s) MeetMinimum 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) (I)285.32(b)(1)(E)(ii) (I)285.32(b)(1)(E) (i)285.32(b)(1)(C) (ii)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)				
	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
	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 providedSEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
	SEPTIC TANK Tank Volume						
	Installed						
12	PUMP TANK Volume Installed						
	AEROBIC TREATMENT UNIT Size Installed						
14	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number						
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)				
	DISPOSAL SYSTEM Drip Irrigation		285.33(c)(3)(A)-(F)				
18							

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)				
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.						
	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						
	PUMP TANK Secondary restraint system provided						
	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
	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)(iv) 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)				
	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						
	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						



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

Permit Number:	112052
Issued This Date:	03/09/2021
This permit is hereby given to:	Victoria Flores

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

194 STACIE ANN DR

Subdivision:	Lake of the Hills
Unit:	-
Lot:	24
Block:	22
Acreage:	0.0000

## 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.

Permit 112052 is for Lake of the Hills, Lot 24, Block 22 at 194 Stacie Ann Dr.

The Affidavit and the Appraisal district say part of Lot 24. This is because part of the lot is in Comal County and part in Blanco County. Robert says we can accept this as is.

Kathy

#### \* \* \* COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH \* \* \* <u>APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN</u> <u>ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE</u>

Date 1-28-24 Permit #	2057
Owner Name Victoria Flores Agent Name Better Texas	s Contracting
Mailing Address 194 Stacie Ann Dr. Agent Address P.D. Box 21	22
City, State, Zip Spring Branch, Tx 78070 City, State, Zip BeHon, Tx.	710513
Phone # 512-963-242) Phone # 254-423-	4923
	ontractingaqueil
All correspondence should be sent to: Owner Agent Both Method: Ma	1 3 0
Subdivision Name Lake of the Hills Unit Lot 24	Block 22
Acreage/Legal . 210.3	energen en e
Street Name/Address 194 Stacie Ann Dr. City Spring Branch	zip 78070
Type of Development:	
Single Family Residential	
Type of Construction (House, Mobile, RV, Etc.) Mobile Home	3
Number of Bedrooms	RECE
Indicate Sq Ft of Living Area 1860	RECEIVED
Non-Single Family Residential (Planning materials must show adequate land area for doubling the required land needed for treatment units and di Type of Facility Offices Factories Churches Schools Parks Etc. Indicate Number Of Occupants	FEB 0 8 2021
(Planning materials must show adequate land area for doubling the required land needed for treatment units and di	isposta area)
Type of Facility	ENGINEE
Offices, Factories, Churches, Schools, Parks, Etc Indicate Number Of Occupants	ER
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: \$ (Structure Only)	
Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flor	wage easement?
Yes No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE for	flowage casement)
Source of Water D Public Private Well	
Are Water Saving Devices Being Utilized Within the Residence? 2 Yes D No	
<ul> <li>By signing this application, I certify that:</li> <li>The completed application and all additional information submitted does not contain any false information and does n facts. I certify that I am the property owner or I possess the appropriate land rights necessary to make the permitted is property.</li> <li>Authorization is hereby given to the permitting authority and designated agents to enter upon the above described prosters.</li> </ul>	improvements on said
<ul> <li>I understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has perfor by the Comal County Flood Damage Prevention Order.</li> <li>I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application</li> </ul>	
Signature of owner Date	
195 David Jona Dr. New Braunfels Texas 78132-3760 (830) 608-2000 Eav (830) 608-2078	Page 1 of 2

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

Revised February 2020

#### \* \* \* 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 Christine Nixon, PE
System Description Aerobic Drip
Size of Septic System Required Based on Planning Materials & Soil Evaluation
Tank Size(s) (Gallons)       500 Gallons       Absorption/Application Area (Sq Ft)       3000 sq ft
Gallons Per Day (As Per TCEQ Table III) <u>300 gpd</u> (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 Yes (If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP? Yes (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 X 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 X 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 X 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. $\frac{1/26/21}{2}$
Signature of Designer Date Page 2 of 2

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

Revised July 2018





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#### AFFIDAVIT TO THE PUBLIC

#### 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.

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 commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission of the autability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code \$285,01(12) will be installed on the property described as (insert legal description); \_\_\_\_

Ar  $\boldsymbol{a}$ ncie 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 200 DAY OF 1.26.21 signalure(8)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 26 DAY OF

Has Reinstols

Filed and Recorded Notery Public Official Public Records Bobbie Koepp, County Clerk Comal County, Texas 02/08/2021 10:56:23 AM CHRISTY 1 Page(s) 202106007253

Gage D Reynolds My Commission Exp 06/16/2022 ID No. 131865210 Better Fexas Contracting PD BD4 1122 Belton, TX. 76513

## Better Texas Contracting P.O Box 2122 Belton, TX 76513 Phone: (254) 563-6181

bettertexascontracting@gmail.com

To:	Victoria Flores					
	194 Stacie Ann Dr					
	Spring Branch, TX 78070					

Customer ID	Contract Period
4514	Start Date:
·J	End Date:

Phone:	(512	) 963-2421	Sub	division:	
Site:	194	Stacie Ann	Dr, Spri	ng Branch,	TX 78070
County:					
Installer:					
Agency:	Lee				
Mfg/Brand:					

Better Texas Contracting 3 visits per year - one every 4 months

Better Texas Contracting, LLC in consideration of pre-payment of service contract, owner will receive one inspection every 4 months during the service period on the Aerobic system above. Contract will start on the day the license to operate is issued.

This is to Certify that the above RESIDENTIAL sewage system has an INITIAL 2 year inspections agreement per Texas Commission on Environmental Quality (TCEQ) standards for on site sewage facilities as required.

Inspection reports by the above service company will be filed with the authorized agency as required by the TCEQ regulations. A weather proof tag or label will be attached to the controller showing the month that each inspection was made. Items on the inspection report generally include aerators, filters, irrigations pump, alarms, air compressor, disinfection device, chlorine supply, sludge levels, spray field vegetation, sprinkler or drip backwash. The owner is responsible for keeping disinfectant properly labeled for wastewater disinfection in the chlorinator as well as the cost of the disinfectant.

IMPORTANT: This service agreement does not cover the cost of service calls, repairs, labor, materials, and pumping which are the result of misuse or regular maintenance. Additional service as needed including replacement components, laboratory test work, and pumping of the unit will be done upon authorization from the customer and at an additional charge.

Jason Reynolds (MP 313) Po Box 2122 Belton Tx 76513, who is a maintenance provider, will be responsible for fulfilling the requirements of this contract, as well as responding to any complaints and addressing any concerns by the owner of the system. We will visit your site within 48 hours of you notifying us of a problem. If any improper operation is observed, which cannot be corrected at time of inspection, the user shall be notified in writing of the conditions.

Home Owner Name: Vil	Ctoria Flores,	Date: 2-210-21
Home Owner Signature:	ictoria 1	<b></b>
Phone:		) Email:
Company Representative:	$\longrightarrow$ $\mathcal{N}$	Date: 2-210-21
Jason Reynolds (MP 313)		

Date Printed: 2/25/2021



January 11, 2021

Victoria Lynn Flores 135 Deer Oak St Canyon Lake, TX 78133

**Re: Assigned Address** 

To Whom It May Concern:

Please be advised the request for a physical address on the property referenced below has been approved. The address assigned to the property is:

Property ID	Legal Description	Assigned Address
	LAKE OF THE HILLS ESTATES, BLOCK 22, LOT 24 PT	194 STACIE ANN DR
Comal PID	(BLANCO PID 12075, TOTAL ACRES 0.265),	SPRING BRANCH,
33762	ACRES 0.0689	TX 78070

Please display this address where it is visible from the road with 6" or larger reflective numbers so emergency personnel can easily locate the property should there be an emergency. Check with your local post office to verify the correct city and zip code before using the assigned address for mailing purposes. If you receive mail at a post office box, your mailing address will not change. In this case the address listed above will be used for location CE/VED FEB 0 8 2021 COUNTY ENGINEER purposes only.

If you have questions or need further assistance, please let us know.

Sincerely,

Daw

Holly Braun GIS Technician - Address Coordinator

Cc:

- Comal Appraisal District
- Bexar Metro 9-1-1
- United States Postal Service
- ✤ PEC





# Comal CAD

Property Search > 33762 GUERRA XAVIER for Fox Yord 2020 Year 2020

## Property

Account					
Property ID:	33762		Legal Descriptior	<ul> <li>LAKE OF THE HILLS ESTATI 22, LOT 24 PT (BLANCO PI TOTAL ACRES 0.265), ACR</li> </ul>	ID 12075,
Geographic ID:	300325149000		Zoning:		
Type:	Real		Agent Code:		
Property Use Code:					
Property Use Description:					
Location					
Address:	194 STACIE ANN SPRING BRANCH		Mapsco:		
Neighborhood:	LAKE OF THE HIL	LS EST	Map ID:	2E	
Neighborhood CD:	318E101				
Owner					
Name:	GUERRA XAVIER		Owner ID:	930266	e e e e e e e e e e e e e e e e e e e
Mailing Address:	PO BOX 451398 LAREDO, TX 780	45-0034	% Ownership:	100.000000000%	RECEIVED
Values			Exemptions:	CC	RECEIVED FEB 08 2021 DUNTY ENGINEER
(+) Improvement Homes	site Value:	+	\$0		- <i>ER</i>
(+) Improvement Non-H	omesite Value:	+	\$0		
(+) Land Homesite Value		+	\$0		
(+) Land Non-Homesite		+	\$10,670	Ag / Timber Use Value	
(+) Agricultural Market	/aluation:	+	\$0	\$0	
(+) Timber Market Valua		+	\$0	\$0	
(=) Market Value:			\$10,670		
(–) Ag or Timber Use Va	lue Reduction:	-	\$0		
(=) Appraised Value:		=	\$10,670		
(–) HS Cap:		-	\$0		
		55.05 65 <b>10</b> 40 <b>6 6</b>			

## BURRIER ENGINEERING P.L.L.C. Reg. No. F-5694 **STAN BURRIER, P.E.** P.O. BOX 1406, KYLE, TX 78640 (512) 632-3855

## January 6, 2021



#### SITE DESCRIPTION / EVALUATION

The site is located in Comal County, 194 Stacie Ann. TX 77412. The owner is Victoria Flores. The site is considered unsuitable for a standard sub-surface septic system (see attached site evaluation). A drip irrigation is being designed. The sizing was determined as specified in the Texas Commission on Environmental Quality On-Site Sewage Facility-Chapter 285.33 © (2) (D). The proper performance of the OSSF cannot be guaranteed even though all provision of the standards have been generally complied with. The on-site sewage facility irrigation area is relatively flat. The lot is located outside the regulatory 100 year floodplain. Vegetation at the proposed site consists of natural grasses and no recharge features are located within the area. The system is being designed for a four bedroom home less than 3500 square feet. Therefore, the design Q = 300 gpd. Water saving devices will be utilized, and a private water well is being provided.

#### SYSTEM DESCRIPTION

RECEIVED The on-site sewage facility will utilize a proprietary treatment plant with drip irrigation disposal. A true will be set to dose 75 gallons four times per day. Additionally, the floats will be adjusted according to the attached pump tank cross section (off at 5 inches, on at 11 inches, and alarm at 34 inches). Wastewater attached pump tank cross section (off at 5 inches, on at 11 inches, and alarm at 34 inches). Wastewater attached pump tank cross section (off at 5 inches, on at 11 inches, and alarm at 34 inches). Wastewater attached pump tank cross section (off at 5 inches, on at 11 inches, and alarm at 34 inches). Wastewater attached pump tank cross section (off at 5 inches, on at 11 inches, and alarm at 34 inches). Wastewater attached pump tank cross section (off at 5 inches, on at 11 inches, and alarm at 34 inches). Wastewater attached pump tank cross section (off at 5 inches, on at 11 inches, and alarm at 34 inches). Wastewater attached pump tank cross section (off at 5 inches, on at 11 inches, and alarm at 34 inches). Wastewater attached pump tank cross section (off at 5 inches, on at 11 inches, and alarm at 34 inches). Wastewater attached pump tank cross section (off at 5 inches, on at 11 inches, and alarm at 34 inches). Wastewater attached pump tank cross section (off at 5 inches, on at 11 inches, and alarm at 34 inches). Wastewater attached pump tank cross section (off at 5 inches, on at 11 inches, and alarm at 34 inches). Wastewater attached pump tank cross section (off at 5 inches, on at 11 inches, and alarm at 34 inches). Wastewater attached pump tank cross section (off at 5 inches, on at 11 inches, and alarm at 34 inches). Wastewater attached pump tank cross section (off at 5 inches, on at 11 inches, and alarm at 34 inches). of the existing soil must be scarified (any large rocks greater than 6" in diameter must be removed during scarification and replaced with suitable soil). After scarification, the drip lines will be placed on the scarified soil and then covered with 8" of soil (Ty III) A spin filter will be installed in the pressure lines that is 140 mesh or greater. A pressure regulator (set at 46.4 psi) with bypass will be installed in the supply line (see diagram). The drip emitter line must be flushed periodically. This is accomplished by opening the return line from the drip field to the pre-treatment tank. In this process, the velocity of water moving through the tubing must be at least 2 feet per second. To prevent plugging of the emitters, it is recommended that field lushing take place on a regular basis. Field flushing should be done at least several times per year. This will clean out the emitter lines, and will help prevent emitter blockage. slime buildup, and inorganic scale buildup. THE FLUSH RETURN SHOULD RETURN TO THE TRASH TANK. All drip line connections to manifolds should have at least 18" of PVC (see detail). When running dipper lines that take turns, loops or series of loops back to the return flush line before making a connection, make a transition to solid tubing that will resist kinking and will not emit effluent in the turns (see detail).

The installer will provide the owner with an owner's manual containing the maintenance and operation instructions.

REVISED 9:32 am, Mar 09, 2021

## CALCULATIONS AND SPECIFICATIONS

daily usage rate where Q = Required Drip Area (SA) = Q / Ri 1. effluent loading rate in Ri = dai/sq ft./day

S.A. = 300 / 0.1 Therefore: S.A. = 3000 sq. ft

- Septic Tank Minimum Liquid Capacity 2.
  - Note: The trash tank and pump tank must comply with the applicable structural requirements from TCEQ OSSF Rules Sect. 285.32 and 285.34 (b)
    - Since Q = 300 gal / day

Required Septic Tank Volume = 1000 gallons Aerobic Treatment Capacity = 480 gpd

System will consist of:

400 gal. Single compartment pretreatment tank 621 gallon per day Pro Flo 500 SLPT2 Aeration Chamber tank

- + 224 gallon per day Pro Flo 500 SLPT2 Clarifier Tank
- =1245 gal. liquid capacity

Risers to grade required on all tank compartments

NOTE: The control panel shall be a 50B0223-PFT with a Grasslin timer set to dose 60 gallons four times per day.

771 gallon single compartment pump tank; capacity is available for at least 1 day's flow above the alarm-on level. There will be a reserve capacity of more than 300 gallons. See pump tank cross section for float settings. A 140 mesh filter will be installed.

Flow Rates

Emitter spacing---2 ft centers

Emitter line required 3000 sq ft / 2 ft spacing = 1500 ft.

Number of emitters = 3000 sq ft / (4 sq ft / emitter) = 750 emitters

Emitter flow rate = 0.6 Gal / Hr

Total flow = 750 emitters x 0.6 gal / emitter / hr = 450 gal / hr 450 gph / 60 min / hr = 7.5 gpm

It has been established that proper scouring and flushing of any pipe system will require at least 1.6 gallons per minute flow at the outflow end of any pipe. Therefore, we should require a flow of at least 1.6 gallons per minute out of each dipper line connection that has been made to the return flush manifold pipe. The field will have 4 loops, 378 LF each (see site plan).

Flow rates and pump sizing: 4 connections x 1.6 gpm = 6.4 gpm Total flow = 7.5 gpm + 6.4 gpm = 13.9 gpm

> Head Calculation Supply Line Loss- 2.2 psi / 100 ft of 1 in. X 75 ft = 1.7 psi

> > Return Flush Line- 2.2 psi / 100 ft of 1 in. X 75 ft = 1.7 psi

Page 2 of 4

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 Pressure required at the inlet of the drip tubing:
 40.0 psi

 Elevation from the pump to the highest drip tubing inlet: = 4 ft / 2.3psi/ft =
 1.7 psi

 Supply line loss 0.4psi/100ft x 75 ft =
 1.7 psi

 Return line loss =
 1.7 psi

 100 micron filter
 1.7 psi

 Amiad 2" T Super filter
 <0.28 psi</td>

Total 45.4 psi 45.4 psi x 2.3 ft/psi = 104 ft of head

Pump Requirement = 13.9 gpm @ 104 ft Pump - Sta Rite Model 20DOMO5121 draw down to 5 inches

#### TANKS

The risers to all tanks must be permanently fastened to the tank lid or cast into the tank. The connection between the riser and the tank lid must be water tight and the risers must be fitted with a removable water tight cap and protected against unauthorized intrusions. Acceptable protection measures include a padlock, a cover that can be removed with tools, a cover having a minimum weight of 65 pounds sit into a recess of the tank lid or any other means approve by TCEQ. A secondary provision such as a plug, net or mesh in the riser is also required.

#### CONSTRUCTION / INSTALLATION

Installer shall follow all manufacturers' instructions for installation of treatment plant, wiring, and aeration All required setbacks are to be followed by the installer. After tank holes are dug, a minimum of four inches of sand, sandy loam clay, or pea gravel, free of rock shall be placed in the holes. Tanks may them be placed in the holes, which shall be left open until inspection, then backfilled with sand, sandy loam clay, or pea gravel, free of rock.

#### ELECTRICAL

All electrical wiring shall be in accordance with the most recent edition of the National electric Code. Connections shall be in approved junction boxes and all external power wiring shall be in approved electrical conduit, buried and terminated at a main circuit breaker panel or sub-panel.

#### LANDSCAPING

The drip irrigation area must be contoured to a uniform slope such that the drip tubing may be placed to avoid any sharp slopes. After contouring, the ground must be scarified and a thin layer of Ty III soil shall be placed over natural ground and then the drip lines may be placed on this Ty III soil. Areas that are bare or have been disturbed must be seeded or sodded with a mix of rye and bermuda grasses prior to system operation. It is highly recommended that a good stand of vegetation be established prior to system operation.

#### INSPECTION

One open pit inspection will be performed when the system components are in place and operational. Comal County may require more inspections. Installer will give 48 hours notice to the designer for inspections.

#### MAINTENANCE REQUIREMENTS

Permit approval requires the applicant to furnish to the regulatory authority a valid maintenance contract with a maintenance company. The maintenance company will verify that the system is operating properly and that they will provide on-going maintenance of the installation. The initial maintenance contract must be valid for a minimum of two years. A maintenance contract will authorize the maintenance company to maintain and repair the system as needed. Again, a copy of the signed maintenance contract between the property owner and an approved maintenance company shall be provided to the permitting authority prior to final permit approval.

The owner shall continuously maintain a signed written contract with a valid maintenance company and shall submit a copy of the contract to the permitting authority at least 30 days prior to the date service will cease

If a maintenance company discontinues business, the property owner shall, within 30 days of the termination date, contract with another approved maintenance company and provide the permitting authority with a copy of the newly signed maintenance contract.

#### AFFIDAVIT

Prior to issuance of a permit, a certified copy of an affidavit, which has been duly recorded at the Comal County Clerk's office and filed in reference to the real property deed on which the aerobic system with drip emitters is to be installed, must be submitted. Such an affidavit shall state that the property shall not be transferred to a new owner without:

- the new owner being advised that the property contains an aerobic treatment system with 1 sub-surface drip emitters for wastewater disposal;
- sub-surface drip emitters to the previous owner of the property being the permit vill be issued in accordance with Sect. 285.20(5) of the TCEQ OSSF Rules. i.e.; the permit will be issued in the name of the owner of the OSSF. Permits shall be transferred to the new owner AFCE/VE the permit issued to in accordance with Sect. 285.20(5) or the reserved in the name of the owner of the OSSF. Permits shall be transferred and OSSF permit under this automatically upon legal sale of the OSSF. The transfer of an OSSF permit under this section shall occur upon actual transfer of the property on which the OSSF is located unless the ownership of the OSSF has been severed from the property: the new owner submitting a valid signed maintenance contract to the permitting outpority. The new owner submitting a valid signed maintenance contract to the permitting outpority. The NGINEER 2
- 3.

#### TESTING AND REPORTING

The maintenance company shall inspect each permitted system as directed by the testing and reporting schedule shown in Sect 285.91 (4) of the TCEQ OSSF Rules, or as may be required by the Comal County. The maintenance company shall report any responses to homeowner complaints, and the results of its maintenance findings to the Comal County within ten days of the specified reporting frequency.

The frequency of testing and type of tests required are shown in Sect. 285.91 (4) of the TCEQ OSSF Rules.

#### LICENSE TO OPERATE

Contact the Comal County for information



## COMAL COUNTY ENVIRONMENTAL HEALTH DEPARTMENT OSSF SOIL EVALUATION FORM

Owners Name	Victoria Flores	
Physical Address:	194 Stacie Ann Drive	
Name of Site Evaluator	Christine Nixon	
Date Performed:	January 5, 2021	Proposed Excavation Depth: 36" max

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.

Depth (Feet)	Texture Class	Gravel Analysis	Structure (For Class III- blocky, platy or massive	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0 1 2 3 4 5	1-4" 4" – below Rock	<30%	Clay			No indication of ground water

Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III- blocky, platy or massive	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations PL	ECE
_	1-3" Black clay 3" – below Rock	<30%	Clay			FEB No indication of grown NTY water	
-							

### FEATURES OF SITE AREA

Presence of 100 year flood zone Presence of adjacent ponds, streams, water impoundments Existing or proposed water well in nearby area Organized sewage available to lot or tract Recharge features within 150 feet

NO x
NO x
NOX
NOX
NOx

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

Signature of Site Evaluator

January 5, 2021

Date





Good Afternoon,

In order to continue processing this permit we need the following:



Indicate the number of bedrooms and square footage of the structure on the design. The Maintenance Contract must include a statement that the effective start date shall be the date that the License to Operate is issued.

Indicate the reserve capacity of the tank.

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

Thank you,



Allyse N. Gros, OS0035605

Environmental Health Asst.

Comal County Engineer's Office

195 David Jonas Dr New Braunfels, TX 78132 830-608-2090 <u>www.cceo.org</u>

From: Better Texas Contracting <bettertexascontracting@gmail.com>
Sent: Wednesday, February 24, 2021 1:19 PM
To: Gros,Allyse <grosal@co.comal.tx.us>
Subject: Re: Permit 112052 Deficiency Comment

# This email originated from outside of the organization.

Do not click links or open attachments unless you recognize the sender and know the content is safe.

Comal IT

I set up an online account and submitted it that was also but I wanted to send this to you. Please let me know if you need anything else. Thank You ! Better Texas Contracting

From:	Gros, Allyse
To:	"bettertexascontracting@gmail.com"
Subject:	Permit 112052 Deficiency Comment
Date:	Wednesday, February 10, 2021 10:15:00 AM

RE: 194 Stacie Ann Drive, Lake of the Hills Block 22, Lot 24

Property Owner & Agent,

We received planning materials for the referenced permit application on February 8, 2021 and found those planning materials to be deficient. In order to continue processing this permit, we need the following:

Identify the Comal/Blanco County boundary on the design to confirm permitting jurisdiction.

Submit a copy of the affidavit that has been recorded at the Comal County Clerk's Office.

Indicate the separation distance from the tank to the structure.

Provide a north arrow on the design.

- Indicate the number of bedrooms and square footage of the structure on the application.
- Show the location of the test holes on the design.
- The Maintenance Contract must include a statement that the effective start date shall be the date that the License to Operate is issued.
- Indicate the reserve capacity of the tank.
- Sign and stamp the drip field cross section and the tank detail.
- 10. Revise accordingly and resubmit.

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

Thank you,



Allyse N. Gros, OS0035605

Environmental Health Asst.

Comal County Engineer's Office

195 David Jonas Dr New Braunfels, TX 78132 830-608-2090 www.cceo.org



#### AFFIDAVIT TO THE PUBLIC

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 Cornal County, Texas.

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 commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the tor implements and output the commission of the substitute of the OSSF, nor does it constitute any guarantee Country is the commission that the approximation of the substitute of the OSSF, nor does it constitute any guarantee Country ENGINEER

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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 Cornal County Engineer's Office.

WITNESS BY HANDIS) ON THIS 210 DAY OF JA	purescy 2021
Midninge	1.26.21
	26 DAY OF
Sance 4 20 VOID Notary Public, State of Texas	
Notary Public, State of Texas	Gage D Reynolds My Commission Expires 00/10/2022 10 No. 131085210









FIO 500 SLPT<sup>2</sup> System Diagram



bettertexascontracting@gmail.com

To: Victoria Flores **194 Stacie Ann Dr** Spring Branch, TX 78070 Customer ID

**Contract Period** 

4514

Start Date: End Date:

Phone: (512) 963-2421 Subdivision: Site: 194 Stacie Ann Dr, Spring Branch, TX 78070 County: Installer: Agency: Lee Mfg/Brand: --

Better Texas Contracting 3 visits per year - one every 4 months

Better Texas Contracting, LLC in consideration of pre-payment of service contract, owner will receive one inspection every 4 months during the service period on the Aerobic system above.

This is to Certify that the above RESIDENTIAL sewage system has an INITIAL 2 year inspections agreement per Texas Commission on Environmental Quality (TCEQ) standards for on site sewage facilities as required.

Inspection reports by the above service company regulations. A weather proof tag or label will be made. Items on the inspection report generally in



authorized agency as required by the TCEQ oller showing the month that each inspection was s, irrigations pump, alarms, air compressor,

disinfection device, chlorine supply, sludge levels, spray new vegetation, sprinkler or drip backwash. The owner is responsible for keeping disinfectant properly labeled for wastewater disinfection in the chlorinator as well

RECEIVEL FEB 08 2021 as the cost of the disinfectant. IMPORTANT: This service agreement does not cover the cost of service calls, repairs, labor, materials, and pumping, <sup>CU21</sup> which are the result of misuse or regular maintenance. Additional service as needed including replacement components, <sup>ENGINEER</sup>

Jason Reynolds (MP 313) Po Box 2122 Belton Tx 76513, who is a maintenance provider, will be responsible for fulfilling the requirements of this contract, as well as responding to any complaints and addressing any concerns by the owner of the system. We will visit your site within 48 hours of you notifying us of a problem. If any improper operation is observed, which cannot be corrected at time of inspection, the user shall be notified in writing of the conditions.

Home Owner Name: VICTORAR	FLORGA /	Date: 1.26.21
Home Owner Signature	Maria	K
Phone: 512963942	ZI /	Email: V.F.101369@gmail.com
Company Representative: Jason Reynolds (MP 313)	A C	Date: 2-1-21
l		Data Printed: 1/25/2021
	VOID	

# **RECEIVED** By Allyse Gros at 2:22 pm, Feb 24, 2021



bettertexascontracting@gmail.com

To: Victoria Flores 194 Stacle Ann Dr Spring Branch, TX 78070

Customer ID	Contract Period			
4514	Start Date:	2-1-21 2-1-23		
· · · · · · · · · · · · · · · · · · ·	End Date:	2-1-23		

Phone: (512) 983-2421 Subdivision: Site: 194 Stacie Ann Dr, Spring Branch, TX 78070 County: Installer: Agency: Lee Mg/Brand: --

Better Texes Contracting 3 visits per year - one every 4 months

Better Texas Contracting, LLC in consideration of pre-payment of service contract, owner will receive one inspection every 4 months during the service period on the Aerobic system above.

This is to Certify that the above RESIDENTIAL sewage system has an INITIAL 2 year inspections agreement per Texas Commission on Environmental Quality (TCEQ) standards for on site sewage facilities as required.

Inspection reports by the above service company v	<b>rill le/low/inc</b> a	uthorized agency as required by the TCEQ
Inspection reports by the above service company w regulations. A weather proof tag or label will be att	ach valo y a sorarol	er showing the month that each inspection was
made. items on the inspection report generally incl	ude aerators, filters	inigations nume alarms air compressor
disinfection device, chlorine supply, sludge levels, s	spray field vegetation	n sorinkier of drin beckwach
The owner is responsible for keeping disinfectant p	roperly labeled for y	Astewater disinfection in the chlorinetor as well
as the cost of the disinfectant.		

IMPORTANT: This service agreement does not cover the cost of service calls, repairs, labor, materials, and pumping which are the result of misuse or regular maintenance. Additional service as needed including replacement components, laboratory test work, and pumping of the unit will be done upon authorization from the customer and at an additional charge.

Jason Reynolds (MP 313) Po Box 2122 Belton Tx 76513, who is a maintenance provider, will be responsible for fulfilling the requirements of this contract, as well as responding to any complaints and addressing any concerns by the owner of the system. We will visit your site within 48 hours of you notifying us of a problem. If any improper operation is observed, which cannot be corrected at time of inspection, the user shall be notified in writing of the conditions.

Home Owner Name: VICT	RAFLO	Date:	26.71
	VIALA	UN IS	
Phone: 512-963	7421	Email: <u>V. (-</u>	loB69@Amail.com
Company Representative:	A	Date: 2-/-	21_
Jason Reynolds (MP 313)			1
	v		Data Printed: 1/25/2021
		VOID	
		VUID	

#### **CALCULATIONS AND SPECIFICATIONS** 25

1.

Required Drip Area (SA) = where Q = RI = S.A. = 300

daily usage rate effluent loading rate in gal/sq. ft./day

Therefore:

S.A. = 3000 sq. ft

2. Septic Tank Minimum Liquid Capacity

Note: The trash tank and pump tank must comply with the applicable structural requirements from TCEQ OSSF Rules Sect. 285.32 and 285.34 (b)

Since Q = 300 gal / day

Required Septic Tank Volume = 1000 gallons

Aerobic Treatment Capacity = 480 gpd

System will consist of:

- 400 gal. Single compartment pretreatment tank
- 621 gallon per day Pro Flo 500 SLPT2 Aeration Chamber tank
- + 224 gallon per day Pro Flo 500 SLPT2 Clarifier Tank
- =1245 gal. liquid capacity

Risers to grade required on all tank compartments

NOTE: The control panel shall be a 50B0223-PFT with a Grasslin timer set to dose 60 gallons four times per day.

771 gallon single compartment pump tank, capacity is available for at least 1 day's flow above the alarm-on level. See pump tank cross section for float settings. A 140 mesh filter will b



Flow Rates

Emitter spacing---2 ft centers

BELL RECEIVED FEB 08 2021 COUNTY ENGINEER

Emitter line required 3000 sq ft / 2 ft spacing = 1500 ft.

Number of emitters = 3000 sq ft / (4 sq ft / emitter) = 750 emitters

Emitter flow rate = 0.6 Gal / Hr

Total flow = 750 emitters x 0.6 gal / emitter / hr = 450 gal / hr 450 gph / 60 min / hr = 7.5 gpm

It has been established that proper scouring and flushing of any pipe system will require at least 1.6 gallons per minute flow at the outflow end of any pipe. Therefore, we should require a flow of at least 1.6 gallons per minute out of each dipper line connection that has been made to the return flush manifold pipe. The field will have 4 loops, 378 LF each (see site plan).

Flow rates and pump sizing:

4 connections x 1.6 gpm = 6.4 gpm Total flow = 7.5 gpm + 6.4 gpm = 13.9 gpm



Page 2 of 4



POOR QUALITY

202006047016 10/23/2020 08:10:05 AM 1/2

1R 11210 GF# SSTC

Loan No: 145382936 Borrower: VICTORIA FLORES Data ID: 191

#### WARRANTY DEED WITH VENDOR'S LIEN

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.

Date: October 21, 2020

Grantor: XAVIER GUERRA

OTRAISE: VICTORIA FLORES, A SINGLE WOMAN

Grantee's Mailing Address (including county):

194 STACIE ANN DRIVE SPRING BRANCH, TX 78070 COMAL AND BLANCO COUNTY

Consideration:

TEN AND NO/100 DOLLARS (\$10.00) and other valuable consideration and note of even date executed by Granteb payable to the order of AMCAP MORTGAGE, LTD. ("Lender"), in the amount of \$206,672.00 the note being secured in whole or in part by vandor's lien and superior title retained in favor of Lender in this deed and also secured by a deed of trust of even date from Grantee to MICHAEL BURNS, ATTORNEY AT LAW, Trustee.

Property (including any improvements):

BEING KNOWN AND DESIGNATED AS LOT 24, BLOCK 22, LAKE OF THE HILLS ESTATES SUBDIVISION, A SUBDIVISION IN THE COUNTIES OF BLANCO AND COMAL, STATE OF TEXAS, ACCORDING TO A MAP OR PLAT OF SAID SUBDIVISION RECORDED IN VOLUME 1, PAGE 55-56, MAP AND PLAT RECORDS OF BLANCO COUNTY, TEXAS AND ALSO IN VOLUME 4, PAGES 70-71, MAP AND PLAT RECORDS OF COMAL COUNTY, TEXAS. Loan No: 145382936

Data ID: 191

Grantor, for the consideration and subject to the reservations from and exceptions to conveyance and warranty, grants, sells, and conveys to Grantee the property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns, as the case may be, forever. Grantor binds Grantor and Grantor's heirs, executors, administrators, successors and assigns, as the case may be, to warrant and forever defend all and singular the property to Grantee and Grantee's beirs, executors, administrators, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from, and exceptions to conveyance and warranty.

The vehdor's lien against and superior life to the property are retained until each note described is fully paid according to its terms, at which time this deed shall become absolute. The vendor's lien and superior title are transferred to Londer without recourse on Grantor.

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

**OUEBR** State of TEXAS County of COMAL WEDD 8 This instrument was acknowledged before me on the 2 St day of 2020 by XAVIER OUERRA Notary Public h rinted Name) My commission expires: GRACE ANNETTE SOTO Notary Public STATE OF TEXAS ID# 132556508 My Comm. Exp. July 07, 2024 Filed and Recorded

Filed and Recorded Official Public Records Bobbic Koepp, County Clerk Comal County, Texas 10/23/2020 08:10:05 AM TERRI 2 Pages(s) 202006047016





## OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

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 COLL RECEIVED FEB 0 8 2021 COLL COL
Surface Application/Aerobic Treatment System Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public
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.

gnature of Applicant

COMPLETE APPLICATION

Check No. \_\_\_\_ Receipt No.

ceint No.



Revised: September 2019