

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: _____

OSSF Installer #: _____

1st Inspection Date: _____

2nd Inspection Date: _____

3rd Inspection Date: _____

Inspector Name: _____

Inspector Name: _____

Inspector Name: _____

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

Inspector Notes:

**Comal County Environmental Health
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No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1) (E)285.91(2)285.32(b)(1) (F)285.32(b)(1)(E) (iii)285.32(b)(1)(E)(ii) (II)285.32(b)(1)(E)(ii) (I)285.32(b)(1)(E) (i)285.32(b)(1) (D)285.32(b)(1)(C) (ii)285.32(b)(1)(C) (i)285.32(b)(1) (B)285.32(b)(1) (A)285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed						
15	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)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

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

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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.						
36	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump						
37	PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions						
38	PUMP TANK Secondary restraint system provided						
39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						

**Comal County Environmental Health
OSSF Inspection Sheet**

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



COMAL COUNTY

ENGINEER'S OFFICE

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

Permit Number: 112443
Issued This Date: 04/20/2021
This permit is hereby given to: Crystal & Carlos Perez

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

1079 NIGHTINGALE
SPRING BRANCH, TX 78070

Subdivision: Rebecca Creek Park
Unit: First Filing
Lot: 2
Block: 5
Acreage: 0.0000

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

RECEIVED

By KG at 11:16 am, Apr 16, 2021



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

--	--

Date Received

Initials

112443

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 must accompany the completed application.

OSSF Permit

- Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate
- Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer
- Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials shall consist of a scaled design and all system specifications.
- Required Permit Fee - 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.

~~X~~
Signature of Applicant

4-15-21
Date

___ COMPLETE APPLICATION
Check No. _____ Receipt No. _____

INCOMPLETE APPLICATION (Missing Items Circled, Application Refused)
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*** COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH ***
APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

REVISED

9:02 am, Dec 04, 2023

Date 12-1-2023

Permit # _____

Owner Name Crystal & Carlos Perez
Mailing Address 17059 Hwy 46, Lot 31
City, State, Zip Spring Branch, Texas 78070
Phone # 210-639-3168
Email crystalrangel94@yahoo.com

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

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

Subdivision Name Rebecca Creek Park Unit 1 Lot 2 Block 5

Acreage/Legal _____

Street Name/Address 1079 Nightingale City Spring Branch Zip 78070

Type of Development:

Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1500

Non-Single Family Residential

(Planning materials must show adequate land area for doubling the required land needed for treatment units and disposal area)

Type of Facility _____

Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants _____

Restaurants, Lounges, Theaters - Indicate Number of Seats _____

Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds _____

Travel Trailer/RV Parks - Indicate Number of Spaces _____

Miscellaneous _____

Estimated Cost of Construction: \$ 90,000 (Structure Only)

Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement?

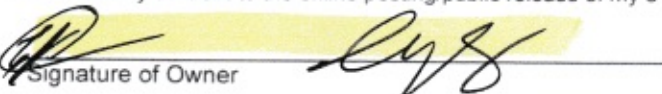
Yes No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

Source of Water Public Private Well

Are Water Saving Devices Being Utilized Within the Residence? Yes No

By signing this application, I certify that:

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


Signature of Owner

12-3-23
Date

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

Planning Materials & Site Evaluation as Required Completed By Brian Exleben, R.S. 3637

System Description Aerobic Treatment/Surface Application

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

Tank Size(s) (Gallons) 500 gpd Absorption/Application Area (Sq Ft) 3963

Gallons Per Day (As Per TCEQ Table III) 240

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

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

(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))

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

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

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

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

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

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

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

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

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

Is this property within an incorporated city? Yes No

If yes, indicate the city: _____

By signing this application, I certify that:

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

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


Signature of Designer

2-20-21
Date

Page 2 of 2

2/cb



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THE COUNTY OF COMAL *
STATE OF TEXAS *

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

I

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

II

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

UNIT BLOCK 5 LOT 2 SUBDIVISION *Rebecca Creek Park, First Filling*
IF NOT IN SUBDIVISION: ACRES SURVEY

The property is owned by *Crystal & Carlos Perez*.

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

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

WITNESS MY HAND ON THIS 8 DAY OF April, 2021.

[Signature]
OWNER/AGENT NAME (SIGNATURE)

[Signature]
OWNER/AGENT NAME (SIGNATURE)

Crystal Perez
OWNER/AGENT NAME (PRINTED)

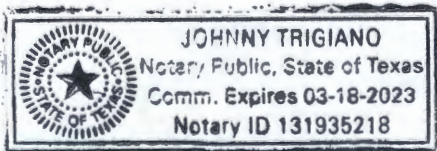
Carlos Perez
OWNER/AGENT NAME (PRINTED)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 8 DAY OF April, 2021

[Signature]
Notary Public, State of Texas

Notary's Printed Name: *Johnny Trigliano*

Commission Expires: *3-10-23*





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

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

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
04/08/2021 03:10:30 PM
LAURA 2 Page(s)
202106018844



Bobbie Koepf

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Phone: (830) 312-8776

Date: 4/15/2021

AerobicSolutions.net office@aerobicsolutions.net

To: Crystal & Carlos Perez
1079 Nightingale
Spring Branch, TX 78070

Contract Period

Start Date: 4/15/2021
End Date: 4/15/2023

Email: crystalrangel94@yahoo.com

Phone: (210) 639-3168 Subdivision: Rebecca Creek Farms
Site: 1079 Nightingale, Spring Branch, TX 78070
County: Comal
Installer: Self
Agency: Comal County Environmental Health
Mfg/Brand: -AERIS-

Aerobic Maintenance Solution LLC

3 visits per year - one every 4 months

Map Key: ID: 923

Agreement

1. General: This work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Aerobic Maintenance Solutions LLC (hereinafter referred to as Contractor), located at 4222 FM 482 New Braunfels, Texas 78132, (830-312-8776). By this agreement, Contractor agrees to render services, as described herein, and Client agrees to fulfill his/her/ their responsibilities under the agreement as described herein.

II. Effective Dates: If this is an Initial Contract, contract will be for two years and begins when the License To Operate (LTO) has been issued. A 30 day written notice is required if there is a cancellation before the year of the agreement is up. The written notice will be sent to the local regulatory Agency and any of the agreement unused funds is non-refundable.

Contractor or Client, if choosing to terminate the contract, must give the other and the local regulatory Agency written notice after Thirty (30) Days prior to the ending of the Contract.

IV. Services by Contractor: Contractor will provide the following services (Referred to as the "Services").

1. In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three times per year. Contractor **does not** provide chlorine. Client is solely responsible for maintaining the chlorine in the chlorinator at all times.
2. Contractor will provide a weather proof tag on the control panel containing company name, phone number and inspection dates.
3. Contractor will do inspections 3 times a year, every 4 months.
4. Contractor will report all findings to the appropriate regulatory and authority and to the Client, as required by both the State's On-Site rules and the local Agency's rules. All findings must be reported to local Agency's within 14 days, email is acceptable.
5. The contractor's inspection will include the following; Effluent Quality (Color, Turbidity, overflow and Odor), Alarm Function Filters, Operation of Effluent Pump and Chlorine Availability in the Chlorinator, (BOD and TSS Annually on Commercial Accounts, Client is responsible for charges for test)
6. Contractor will respond to client calls and complaints, regarding visual or audible alarms, suspicious conditions and or problems that might confront the Client within 48 hours, excluding weekend and holidays. The Contractor will maintain a 24 hour answering service at 830-312-8776. The unscheduled responses may be billed to the client at going rate.

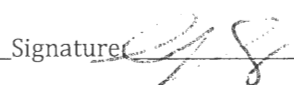
V. Clients Responsibilities:

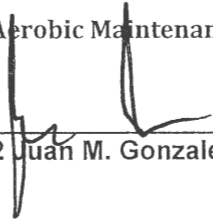
1. Maintain Chlorinator and Proper Chlorine supply, if OSSF is equipped with.
2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
3. Immediately notify the Contractor of any alarms of problems with, including failure of the OSSF.
4. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor at Clients own expense.
5. Contractor will not be responsible for any warranty work; Client must contact the Installer for Warranty Problems.
6. Not allow the backwash from water treatment of water conditioning equipment to enter the OSSF.
7. Maintain site drainage to prevent adverse effects on OSSF.
8. Promptly and fully pay Contractor's Bills, Fees or invoices as described herein.

VI. Contractor will schedule with client, dates to perform the above described Services of repairs. If Contractor is not able to access the site on the date of appointment, a charge of \$75.00 will be billed if the inspection for repairs is not able to be completed and are required to be scheduled on another date. The contractor requires access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of evaluation of system and equipment as required by the manufacturer and /or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client an additional service at a rate of \$50.00 per hour plus materials billed at list process. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement only covers the Services described herein. This fee does not cover equipment or labor supplied for non-warranty repairs or for charges for unscheduled Client, request trips to the Client's site of pumping of the OSSF. Payments not received within 10 days from the date will be subject to a \$30.00 late penalty and or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees. And all cost of collection incurred by contractor in collection of any unpaid debt. Invoice due when service is completed. Contract fee is \$_____.

VIII. Severability: If any provision of this agreement shall be held to be invalid or unenforceable for any reason the remaining provisions shall continue to be held valid and enforceable. If a court finds that any provision of the agreement is invalid or unenforceable, by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed and enforced as so limited.

Client
 Print Name Crystal Perez Signature  Date: 4-15-21
 Client Phone number Home _____ Work _____ Cell 210-639-3168
 Email Address Crystalrange194@yahoo.com
 Any Gate or Combo code for inspections -

Contractor **Aerobic Maintenance Solutions LLC:**
 Signature:  Date 4-15-21
 MP0000872 Juan M. Gonzales Jr

OSSF SOIL EVALUATION REPORT INFORMATION
COMAL COUNTY

DATE: 3-30-21

Applicant Information:

Name: Crystal & Carlos Perez
Address: 17059 Hwy 46, Lot 31
City: Spring Branch State: Texas Zip: 78070
Ph: (210) 639-3168 Fax:

Site Evaluator Information:

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

Property Location:

Lot: 2 Block: 5
Subdivision: Rebecca Creek, Unit 1
Street/Road Address: 1079 Nightingale
City: Spring Branch State: TX Zip: 78070
Additional:

Installer Information:

Name: Owner
Company:
Address:
City: State: Zip:
Ph: Fax:

SCHEMATIC of LOT of TRACT

Show:

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

Lot Size: 0.5279 acres

SITE DRAWING

SEE SITE PLAN

FEATURES OF SITE AREA

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

Site Evaluator:

NAME: BRIAN ERXLEBEN Signature:  License No: 11458

**COMAL COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
OSSF SOIL EVALUATION FORM**

Owners Name: Crystal & Carlos Perez
 Physical Address: 1079 Nightingale Spring Branch, Texas 78070
 Name of Site Evaluator: Brian Exleber, S.E. #11458
 Date Performed: 3-30-21 Proposed Excavation Depth: NA

Requirements:

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

SOIL BORING NUMBER <u>1 & 2</u>						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0						Aerobic Spray
1 <u>12"</u>	<u>Type 3 Rock</u>	<u>Clay loam</u>	<u>No gravel</u>	<u>None</u>	<u>None</u> <u>Yes</u>	
2						
3						
4						
5						

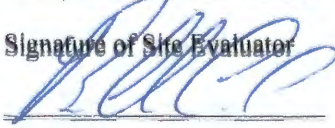
SOIL BORING NUMBER _____						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0						
1						
2						
3						
4						
5						

FEATURES OF SITE AREA

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

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

Signature of Site Evaluator



Date

3-30-21

REVISED

8:06 am, Dec 01, 2023

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

OSSF DESIGN

Owner: **Crystal & Carlos Perez**
Location: **1079 Nightingale Spring Branch, Texas 78070**
Phone: **(210) 639-3168**
Date: **12-1-23**

Development: **Residence with water saving devices** Bedrooms: **3** Sq. Ft: **1500**

Q: **240 gpd** Soil: **N/A** R_i: **0.064 gall/ft²/day**

System Type: **Aerobic/Surface Application (Aeris Model 500N-750PT)**

Minimum Required ATU Treatment Capacity: **500 gpd**

Trash Tank: 389 gall Aerobic Tank: 500 gpd Pump Tank: 628 gall

Supply Line: **Sch 40, 1" purple (~180')** Check Valve Required: **No**

Minimum Application Area (A): 3750 ft² (A = Q/R_i)

Sprinklers: **K-Rain Proplus Low Angle**

Number	Nozzle	PSI	Pattern	Radius	Area/head	GPM/head	R _i
S1	#3	30	180°	29 ft	1321 ft²	3.0	0.057
S2	#3	30	180°	29 ft	1321 ft²	3.0	0.057
S3	#3	30	180°	29 ft	1321 ft²	3.0	0.057

Overlap Area: 0 Actual Application Area: **3963 ft²** GPM: **9.0 GPM**

TDH Calculations:

$$\text{Friction Head (H}_f\text{)} = \frac{1.2(10.4397)(L)(Q)^{1.85}}{(C)^{1.85}(D)^{4.8655}} = 15 \text{ ft}$$

L = Length of equivalent pipe length (D) in feet

C = Hazen – Williams flow coefficient (150 for schedule 40)

Q = Flow rate, gpm

D = Internal pipe diameter, inches

Pressure Head (H_p) = 70 ft (2.31)(psi) Elevation Head (H_e) = 5 ft

TDH = **90 ft** (H_f + H_p + H_e)

Pump Requirements: **9.0 GPM @ 90 ft TDH** Pump Used: **Blaster 20EB05 ½ HP**

- **Timer set to spray between 12:00 AM & 5:00 AM**
- **Liquid chlorinator**



REVISED

8:06 am, Dec 01, 2023

AS-BUILT DESIGN

12-1-23



LOT 2, BLOCK 5
 REBECCA CREEK PARK, UNIT 1
 0.5279 ACRES

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

NOTES:

1. Install a 2-way cleanout in a 3" sch 40 tightline from the house to the ATU, minimum slope 1/8 in/ft.
2. ATU is a minimum 500 gpd.
3. Supply line to the sprinklers is purple 1" sch 40.
4. S1-3 are K-Rain Proplus low angle sprinklers with #3 nozzles operating @ 30 psi, 180° pattern, 29' radius. Adequate space is not available to provide a 20' setback between the spray area and the property line. A variance is requested to locate the spray area 10' from the property line. A battery backup shall be installed in the control panel to insure that the timer does not lose power and that the system sprays only between the hours of 12:00 AM & 5:00 AM providing the equivalent protection of a 20' separation between the spray area and the property line.
5. There shall be no obstruction within 10' of the sprinkler heads.
6. Audible & visual alarms, external disconnect within site of the pump tank, pump & alarms on separate breakers and external wiring in conduit are required.
7. Timer set to spray between 12:00 AM & 5:00 AM.
8. Liquid chlorinator.
9. Any excavations and/or exposed rock in the disposal area shall be covered with topsoil and seasonal grasses shall be seeded over the disposal area in order to minimize run-off & erosion.

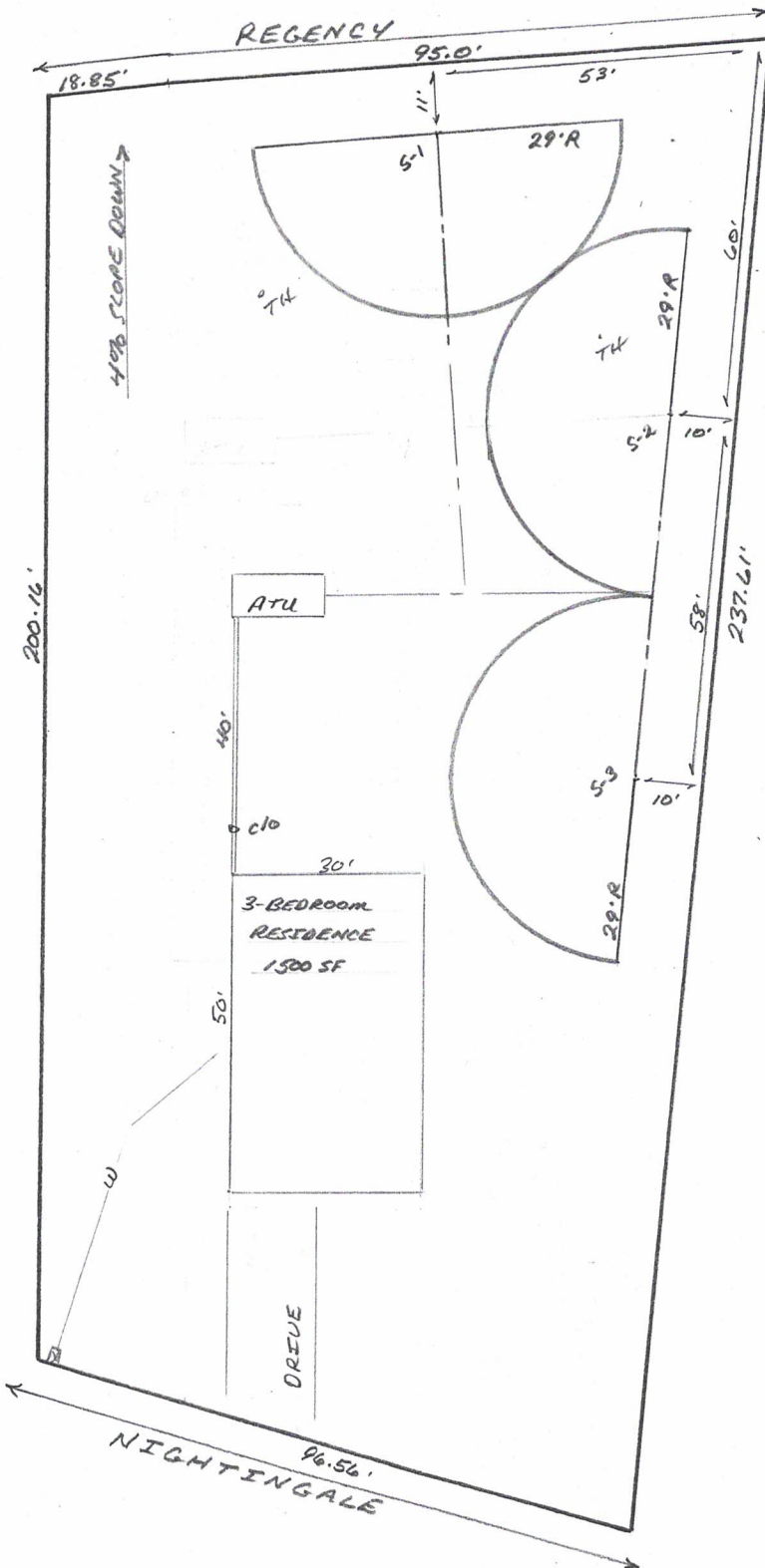
AS-BUILT DESIGN:

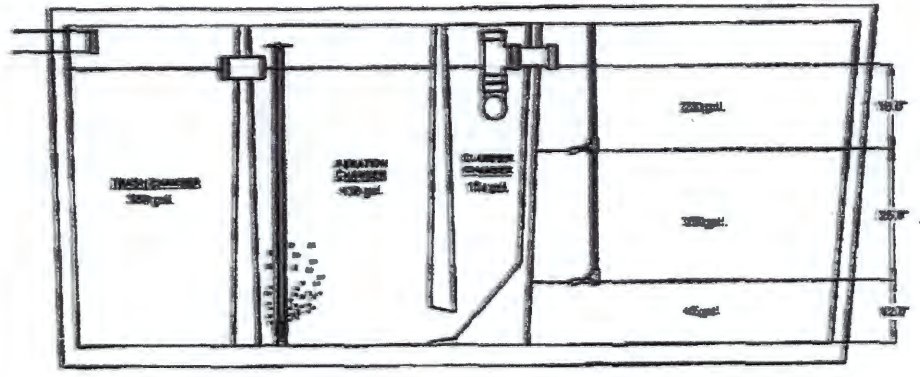
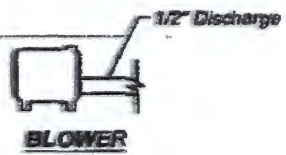
CRYSTAL & CARLOS PEREZ
 1079 NIGHTINGALE
 SPRING BRANCH, TEXAS 78070

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

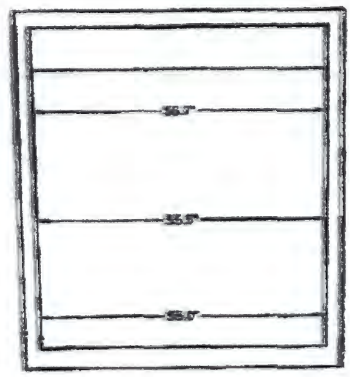
DATE: 12-1-23

SCALE: 1" = 30'





SIDE SECTION VIEW
SCALE: 1"=30"



END SECTION VIEW
SCALE: 1"=30"



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

<p>Title:</p> <p>Model 500N - 750PT Night Time Pumping</p>	<p>Company Name:</p> <p>Aeris Aerobics</p>	<p>Date:</p> <p>5-8-2015</p>
---	---	-------------------------------------

SPRINKLER INSTALLATION

7 INSTALL AND BURY

Thread the sprinkler onto the pipe. Bury the sprinkler flush to grade.

POINTING THE LEFT START

8 TURN THE CAN

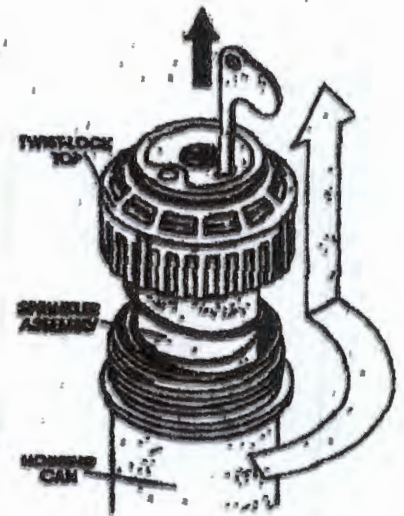
You can orient the LEFT START position (the point where the sprinkler will begin spraying) by simply turning the entire sprinkler housing can on the pipe. Visually point the nozzle retention screw where you want it to begin spraying.

OR TURN THE LOWER PORTION OF THE RISER

Pull the riser up with your KEY. Grab the LOWER portion of the riser and rotate it to orient the nozzle to the desired LEFT starting position. IMPORTANT: DO NOT GRAB THE TOP PORTION OF THE RISER.

9 INSPECTING THE FILTER

Unscrew the top and lift complete sprinkler assembly out of the housing can. The filter is on the bottom of the sprinkler assembly and can easily be pulled out, cleaned and re-installed.



STANDARD NOZZLE PERFORMANCE CHART

Nozzle	PSI	Radius	GPM
#1	30	22'	1.9
	40	25'	1.5
	50	30'	1.4
	60	36'	1.9
#2	30	36'	2.1
	40	39'	2.5
	50	40'	3.0
	60	41'	3.1
#3	30	41'	2.8
	40	42'	3.3
	50	45'	3.8
	60	46'	4.2
#4	30	49'	3.9
	40	48'	4.5
	50	47'	5.4
	60	52'	5.8
#5	40	49'	6.8
	50	51'	7.9
	60	54'	7.9
	70	55'	8.1
#6	40	47'	8.0
	50	51'	8.9
	60	59'	8.8
	70	55'	10.8

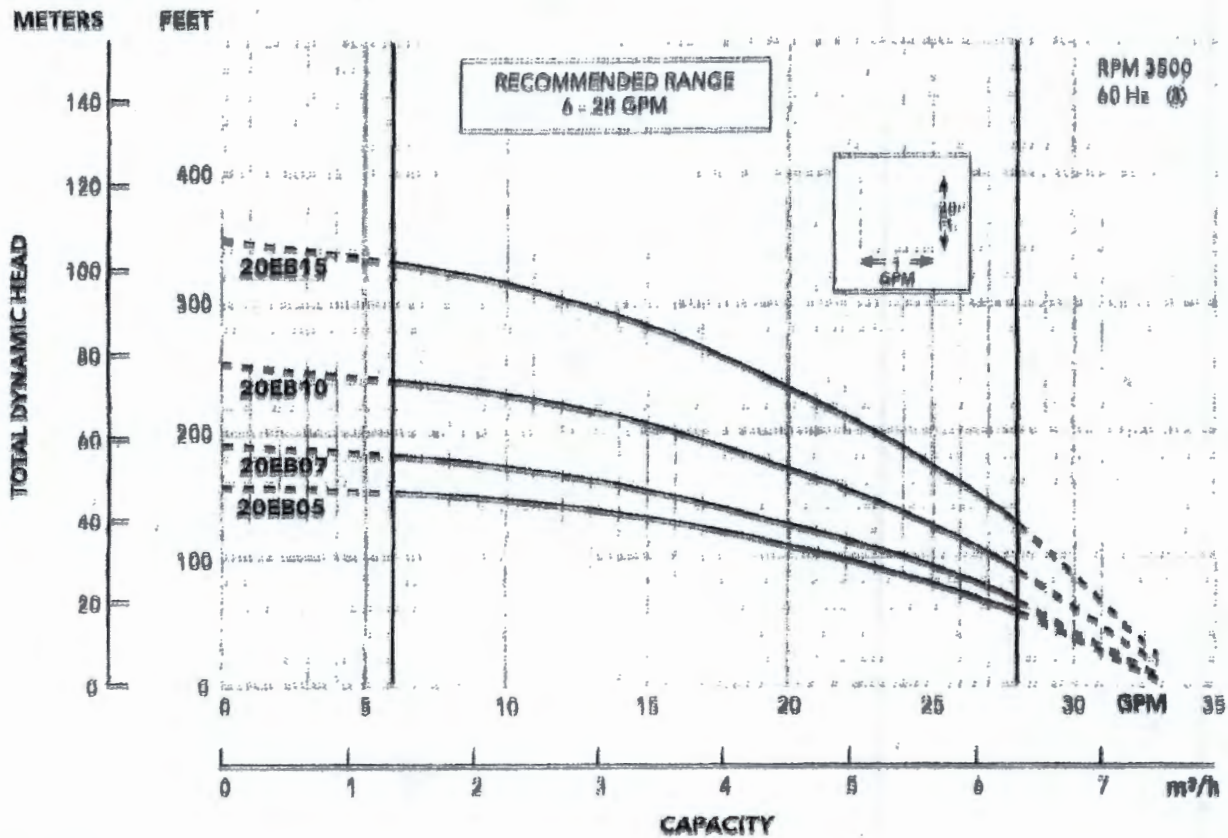
LOW ANGLE NOZZLE PERFORMANCE CHART

Nozzle	PSI	Radius	GPM
#1	30	22'	1.5
	40	24'	1.7
	50	26'	1.8
	60	28'	2.0
#2	30	29'	2.0
	40	32'	2.1
	50	35'	2.5
	60	37'	2.8
#3	30	31'	2.4
	40	34'	2.9
	50	37'	4.4
	60	38'	4.7
#5	40	35'	6.8
	50	40'	7.3
	60	42'	8.0
	70	44'	8.6

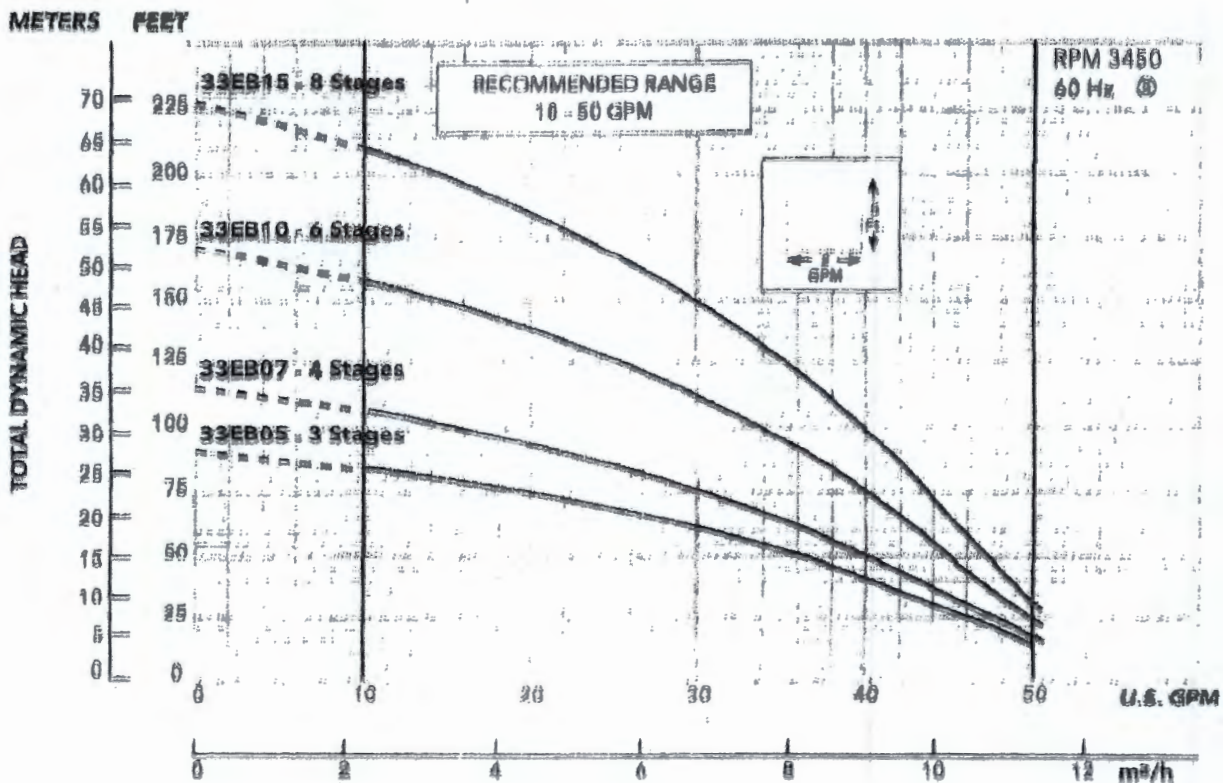
DATA REPRESENTS TEST RESULTS IN ZERO WIND. ADJUST FOR LOCAL CONDITIONS. RADIUS MAY BE REDUCED WITH NOZZLE RETENTION SCREW.

© 1998 K-Rain Mfg. Corp.

MODEL 20EB



MODEL 33EB



From: [Ritzen, Brenda](#)
To: ["Crystal Rangel"; Brian and Vickie Erxleben](#)
Subject: RE: 1079 Nightingale As-Built Design
Date: Monday, December 4, 2023 9:04:00 AM
Attachments: [image001.png](#)

Crystal,

The permit file has been updated.

Thank you,



Brenda Ritzen
Environmental Health Coordinator
195 David Jonas Dr.
New Braunfels, TX 78132
DR:OS00007722
830-608-2090
www.cceo.org

From: Crystal Rangel <crystalrangel94@yahoo.com>
Sent: Monday, December 4, 2023 8:05 AM
To: Brian and Vickie Erxleben <bandverx@gmail.com>; Ritzen, Brenda <rabbjr@co.comal.tx.us>
Subject: Re: 1079 Nightingale As-Built Design

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

Good morning,
Carlos and I have signed the application attached below.

Thank you

On Friday, December 1, 2023, 8:11:33 AM CST, Ritzen, Brenda <rabbjr@co.comal.tx.us> wrote:

Brian,

I have updated the planning materials in the permit file. I will await the signed permit application before updating

From: [Ritzen, Brenda](#)
To: [Brian and Vickie Erxleben; crystalrangel94@yahoo.com](#)
Subject: RE: 1079 Nightingale As-Built Design
Date: Friday, December 1, 2023 8:10:00 AM
Attachments: [image001.png](#)

Brian,

I have updated the planning materials in the permit file. I will await the signed permit application before updating the existing application within the permit file.

Thank you,



Brenda Ritzen
Environmental Health Coordinator
195 David Jonas Dr.
New Braunfels, TX 78132
DR:OS00007722
830-608-2090
www.cceo.org

From: Brian and Vickie Erxleben <bandverx@gmail.com>
Sent: Friday, December 1, 2023 7:36 AM
To: Ritzen, Brenda <rabbjr@co.comal.tx.us>; crystalrangel94@yahoo.com
Subject: 1079 Nightingale As-Built Design

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

Brenda:

This is a revision changing the MH to a residence. Home location changed slightly. Crystal, you and Carlos need to sign the bottom of the revised application and then send it to Brenda please.

Thanks:

Brian

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

VOID

Date 3/30/2021

Permit # 112443

Owner Name Crystal & Carlos Perez
Mailing Address 17069 Hwy 46, Lot 31
City, State, Zip Spring Branch, Texas 78070
Phone # 210-639-3168
Email crystalrangel94@yahoo.com

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

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

Subdivision Name Rebecca Creek Park Unit 1 Lot 2 Block 5

Acreeage/Legal _____

Street Name/Address 1079 Nightingale City Spring Branch Zip 78070

Type of Development:

Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1440

Non-Single Family Residential

(Planning materials must show adequate land area for doubling the required land needed for treatment units and disposal area)

Type of Facility _____

Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants _____

Restaurants, Lounges, Theaters - Indicate Number of Seats _____

Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds _____

Travel Trailer/RV Parks - Indicate Number of Spaces _____

Miscellaneous _____

VOID

Estimated Cost of Construction: \$ 90,000 (Structure Only)

Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement?


Yes No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

Source of Water Public Private Well

Are Water Saving Devices Being Utilized Within the Residence? Yes No

By signing this application, I certify that:

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

X 
Signature of Owner

4-15-21
Date

VOID

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

OSSF DESIGN

Owner: Crystal & Carlos Perez
Location: 1079 Nightingale Spring Branch, Texas 78070
Phone: (210) 639-3168
Date: 3-30-21

Development: MH with water saving devices Bedrooms: 3 Sq. Ft: 1440

Q: 240 gpd Soil: N/A R_i: 0.064 gall/ft²/day

System Type: Aerobic/Surface Application (Aeris Model 500N-750PT)

Minimum Required ATU Treatment Capacity: 500 gpd

Trash Tank: 389 gall Aerobic Tank: 500 gpd Pump Tank: 628 gall

Supply Line: Sch 40, 1" purple (~180') Check Valve Required: No

Minimum Application Area (A): 3750 ft² (A = **VOID**)

Sprinklers: K-Rain Proplus Low Angle

Number	Nozzle	PSI	Pattern	Radius	Area/head	GPM/head	R _i
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Overlap Area: 0 Actual Application Area: 3963 ft² GPM: 9.0 GPM

TDH Calculations:

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L = Length of equivalent pipe length (D) in feet

C = Hazen - Williams flow coefficient (150 for schedule 40)

Q = Flow rate, gpm

D = Internal pipe diameter, inches

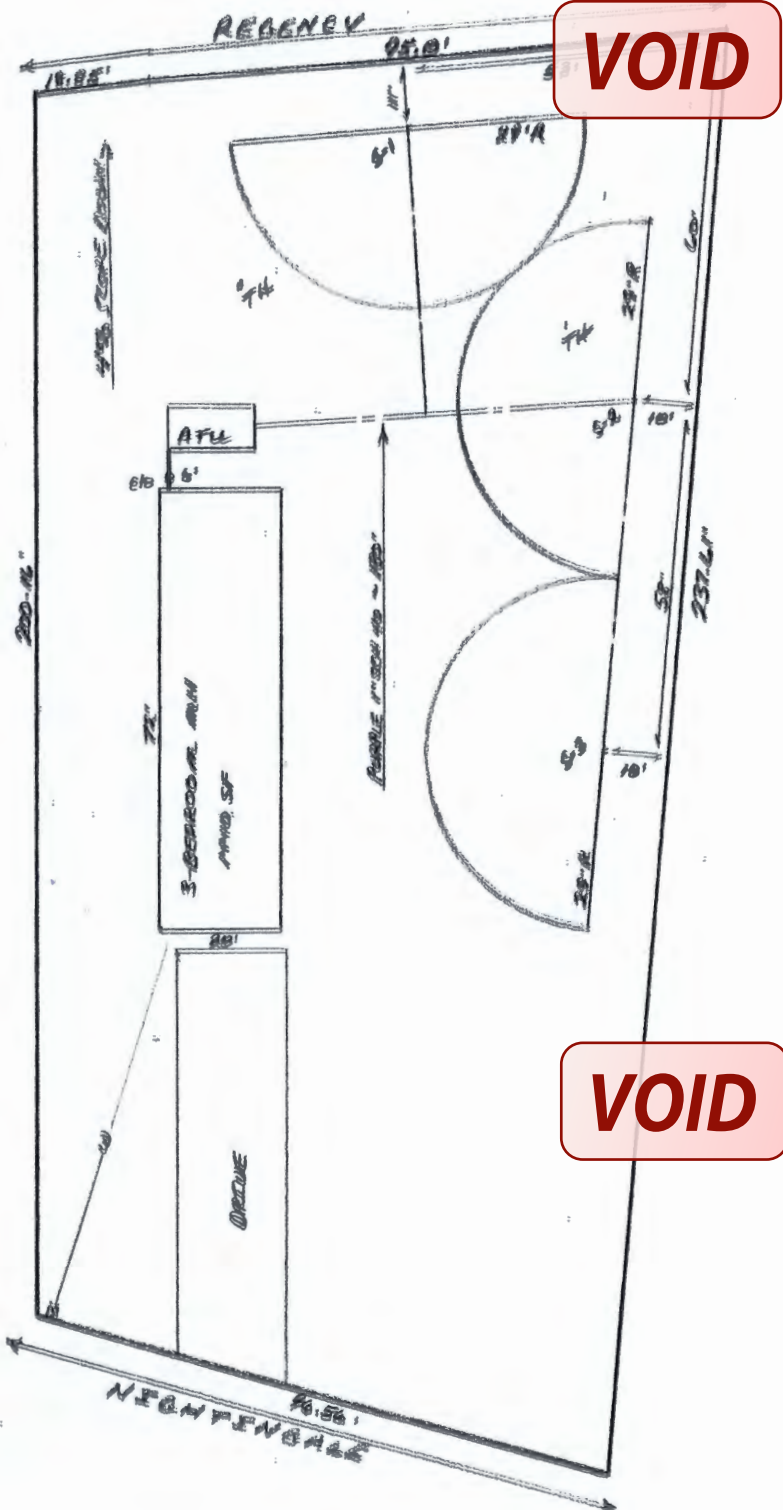
Pressure Head (H_p) = 70 ft (2.31)(psi) Elevation Head (H_e) = 5 ft

TDH = 90 ft (H_f + H_p + H_e)

Pump Requirements: 9.0 GPM @ 90 ft TDH Pump Used: Blaster 20EB05 1/4 HP

- Timer set to spray between 12:00 AM & 5:00 AM
- Liquid chlorinator





LOT 2, BLOCK 5
 REBECCA CREEK PARK, UNIT 1
 0.5279 ACRES

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

NOTES:

1. Install a 2-way cleanout in a 3" sch 40 tightline from the house to the ATU, minimum slope 1/8 in/R.
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3. Supply line to the sprinklers is purple 1" sch 40.
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8. Liquid chlorinator.
9. Any excavations and/or exposed rock in the disposal area shall be covered with topsoil and seasonal grasses shall be seeded over the disposal area in order to minimize run-off & erosion.

VOID

SITE PLAN & OSSF DESIGN:

CRYSTAL & CARLOS PEREZ 1079 NIGHTINGALE SPRING BRANCH, TEXAS 78070	
BRIAN C. ERXLEBEN, R.S. 562 S. HWY 123 BYPASS #128 SEGUIN, TEXAS 78155 (830) 660-9133	DATE: 3-30-21 SCALE: 1" = 30'

FILED BY ATC
COLONNADE

GP# 4000062002149 ~~SS~~

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

GP#SAT-06-4000062002149-88

Date:

12/17, 2020

Grantor:

CRAIG RYAN MEYER

Grantor's Mailing Address:

2124 Dry Tortugas Trl
Austin, TX 78747

Grantee:

CRYSTAL PEREZ and CARLOS PEREZ

Grantee's Mailing Address:

17059 Hwy 46, Lot 31
Spring Branch, Texas 78070

Consideration:

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

Property (including any improvements):

LOT 2, BLOCK 5, REBECCA CREEK PARK SUBDIVISION, FIRST FILING, A SUBDIVISION IN COMAL COUNTY, TEXAS, ACCORDING TO THE MAP OR PLAT THEREOF RECORDED IN VOLUME 1, PAGE 26, MAP AND PLAT RECORDS OF COMAL COUNTY, TEXAS.

Reservations from Conveyance:

None.


Exceptions to Conveyance and Warranty:

To the extent they validly exist, restrictive covenants common to the platted subdivision in which the Property is located; standby fees, taxes, and assessments for the year 2020, which Grantee assumes and agrees to pay, easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded and validly existing instruments, other than conveyances of the surface fee estate, that affect the Property; and subsequent assessments for

that year and prior years due to change in land usage, ownership, or both, the payment of which Grantee assumes.

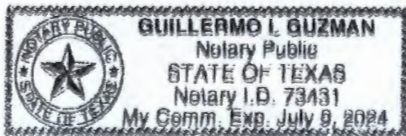
Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof when the claim is by, through, or under Grantor, but not otherwise, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

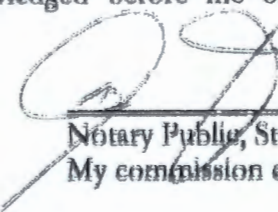
When the context requires, singular nouns and pronouns include the plural.


CRAIG RYAN MEYER

STATE OF TEXAS)
COUNTY OF FRANKLIN)

This instrument was acknowledged before me on 17 Dec 2020 2020, by Craig Ryan Meyer.




Notary Public, State of Texas
My commission expires: 7/9/2024

AFTER RECORDING RETURN TO:

CRYSTAL PEREZ AND CARLOS PEREZ
17059 HWY 46, LOT 31
SPRING BRANCH, TX 78070

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
12/21/2020 08:59:57 AM
LAURA 2 Pages(s)
202006057814

 Bobbie Koepf