



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 12/14/2021 Permit Number: 113440

Location Description: 179 CRESTVIEW LN
SPRING BRANCH, TX 78070

Subdivision: Lake of the Hills Estates
Unit: -
Lot: 159
Block: 22
Acreage: 0.2500

Type of System: Aerobic
Drip Irrigation

Issued to: Omar Abad Gamboa

This license is authorization for the owner to operate and maintain a private facility at the location described in accordance to the rules and regulations for on-site sewerage facilities of Comal County, Texas, and the Texas Commission on Environmental Quality.

The license grants permission to operate the facility. It does not guarantee successful operation. It is the responsibility of the owner to maintain and operate the facility in a satisfactory manner.

Alterations to this permit including, but not limited to:

- Increase in the square feet of living area
- Increase in the number of bedrooms
- A change of use (i.e. residential to commercial)
- Relocation of system components (including the relocation of spray heads)
- Installation of landscaping
- Adding new structures to the system

may require a new permit. **It is the responsibility of the owner to apply for a new permit, if applicable.**

Inspection and licensing of a facility indicates only that the facility meets certain minimum requirements. It does not impede any governmental entity in taking the proper steps to prevent or control pollution, to abate nuisance, or to protect the public health.

This license to operate is valid for an indefinite period. The holder may transfer it to a succeeding owner, provided the

Licensing Authority
Comal County Environmental Health

Cory Miller OS0036769

ENVIRONMENTAL HEALTH INSPECTOR

[Signature]
ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

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
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1) (E)285.91(2)285.32(b)(1) (F)285.32(b)(1)(E) (iii)285.32(b)(1)(E)(ii) (II)285.32(b)(1)(E)(ii) (I)285.32(b)(1)(E) (i)285.32(b)(1) (D)285.32(b)(1)(C) (ii)285.32(b)(1)(C) (i)285.32(b)(1) (B)285.32(b)(1) (A)285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
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)				

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
19	DISPOSAL SYSTEM Drip Irrigation		285.33(c)(3)(A)-(F)				
20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(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)				

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0% EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom) EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart		285.33(b)(3)(A) 285.33(b)(3)(A) 285.33(b)(3) (B)285.91(13) 285.33(b)(3)(D) 285.33(b)(3)(F)				
33	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.		285.32(c)(1)				
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: 113440
Issued This Date: 10/19/2021
This permit is hereby given to: Omar Abad Gamboa

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

179 CRESTVIEW LN
SPRING BRANCH, TX 78070

Subdivision: Lake of the Hills Estates
Unit: -
Lot: 159
Block: 22
Acreage: 0.2500

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.

RECEIVED

By KG at 8:28 am, Oct 19, 2021



COMAL COUNTY
ENGINEER'S OFFICE

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

		113440
Date Received	Initials	Permit Number

Instructions:

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

Signature of Applicant

9-7-21

Date

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

INCOMPLETE APPLICATION (Missing Items Circled, Application Refeused)

Revised: September 2019

RECEIVED

By KG at 8:28 am, Oct 19, 2021



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

195 DAVID JONAS DR
NEW BRAUNFELS, TX 78132
(830) 608-2090
WWW.CCEO.ORG

Date 9-7-21

Permit Number 113440

1. APPLICANT / AGENT INFORMATION

Owner Name OMAR ABAD GAMBOA
Mailing Address 523 SARATOGA DR
City, State, Zip SAN ANTONIO TX 78213
Phone # 210 392 5268
Email OGAMBOA11979@gmail.com

Agent Name DOUG DOW/EARN R.S.
Agent Address 703 OAK DRIVE
City, State, Zip BLANCO, TX 78606
Phone # 210 240 2101
Email Txseptic@gmail.com

2. LOCATION

Subdivision Name LAKE OF THE HILLS ESTATES Unit _____ Lot 159 Block 22
Survey Name / Abstract Number _____ Acreage 0.2464
Address 179 CRESTVIEW City SPRING BRANCH State TX Zip 78070

3. TYPE OF DEVELOPMENT

Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) HOUSE
Number of Bedrooms 3
Indicate Sq Ft of Living Area 1570

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: \$ 289,000 (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

4. SIGNATURE OF OWNER

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.

Omar Gamboa
Signature of Owner

9-7-21
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 _____

System Description _____

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

Tank Size(s) (Gallons) _____ Absorption/Application Area (Sq Ft) _____

Gallons Per Day (As Per TCEQ Table III) _____

(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

Date

Page 2 of 2

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COUNTY OF COMAL
STATE OF TEXAS

AFFIDAVIT TO THE PUBLIC

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality (TCEQ) Rules for On-Site Sewage Facilities (OSSFs), 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 (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, give 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 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 of the suitability 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 § 285.91 (12) will be installed on the property described as (insert legal description): LOT 159, Block 22 of LAKE OF THE HILLS ESTATES

The property is owned by (Insert owner's full name): OMAR ABAD GAMBOA

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 OSSF may be obtained from Comal County Engineer's Office.

WITNESS BY HAND(S) ON THIS 7 DAY OF September, 2021

[Signature]
Owner(s) signature(s)

OMAR GAMBOA
(PRINTED NAME)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 7th DAY OF September 2021

[Signature]
Notary Public, State of Texas
Notary's Printed Name: PEGGY RAMIREZ ARIAS
My Commission Expires: 2/24/24



Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
09/07/2021 01:56:18 PM
LAURA 1 Page(s)
202106047044



Bobbie Koepf

Countryside Construction, Inc.
300 Chapman Parkway, Canyon Lake, TX. 78133
Phone: 830-899-2615 or 1-888-379-3721 Fax: 830-899-6662
Septic System Service Agreement

In consideration of payment for this service contract, we will abide by and agree to its terms and conditions:

Name: OMAR A GAMBON Address: 179 Crestview
Sub-Div./County: LAKE OF THE HILLS ESTATE City, State, Zip Code SPRING BRANCH TX 78070
Permit #: _____ TYPE, Model# & SIZE: _____ Serial #: _____
Phone: 210 392 5268

(X) Initial Two Year Service & Two Year Limited Warranty

Legal Description: Lot# 159 Subdivision LAKE OF THE HILLS County COMAL

The effective date of the initial maintenance contract shall be the date the License to Operate is issued.
This contract will be in effect FROM: LTO TO: 2 YEARS AFTER LTO
Countryside Construction, Inc. will provide the following:

- An inspection every (4) four months which will include: Servicing of the mechanical & electrical components as necessary to insure system is functioning as engineer designed, pulling and cleaning the Norweco Brand aerator shaft, cleaning compressor air filters of other brands, check chlorine, conduct solids test to determine if system should be pumped, back flushing tubing for drip irrigation fields and checking sprinklers on above ground systems.
- The property owner is responsible for "purchasing and keeping chlorine" in the chlorinator, (if applicable). If the chlorine test reveals "No Chlorine" in the system, the property owner may incur an additional cost.
 - If any improper operation is observed (which cannot be corrected at that time) the property owner will be notified immediately of the conditions and the estimated cost.
 - ANY PARTS, WARRANTY OR NON-WARRANTY, FREIGHT CHARGES, LABOR OR SERVICE CALLS NOT PAID IN FULL AT THE END OF (30) DAYS SHALL REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND AUTHORIZES CONTRACTOR TO REMOVE AND REPOSSESS ANY PARTS INSTALLED. CLIENT FURTHER AGREES TO PAY ANY LABOR COST OF THE INSTALLATION AND REASONABLE COST OF REMOVAL OF SAID PARTS.**
 - THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZES COUNTRYSIDE CONSTRUCTION TO ENTER THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.**

Countryside Construction, Inc., will warranty installation of the septic system to be according to state and county regulations and the designs approved by the county. **HOMEOWNER WILL BE RESPONSIBLE FOR SERVICE CALLS, LABOR AND SHIPPING COSTS ON ANY "WARRANTIED PARTS" EXCHANGED DURING WARRANTY.** All other components will be according to manufacturer's warranties.

Important: As Countryside Construction, Inc. cannot control what or how much effluent goes into this septic system, we cannot warranty how the system will function. Refer to manufacturers or installer's instructions, for suggestions on septic operation. If necessary, between inspections, it is the property owner's responsibility to clean the micron filters on drip irrigation systems. This service agreement does not cover the cost of "service calls, labor or materials that are required or parts out of warranty, the failure to maintain electrical power to the system, sprinklers that are broken, leaking, stopped-up or otherwise mal-functioning; or sewage flows exceeding the hydraulic/organic design capabilities and the input of non-biodegradable materials (solvents, grease, oil, paints, etc.), or any usage contrary to the requirements as advised by authorized service representative. Laboratory test work is available at an additional cost. Chlorine, filters, or parts that are out of warranty are available at a reasonable cost.

This contract does not include the pumping of a tank or of any compartment of a tank, or settlement of soil on or around any part of the system regardless of reason:

Violations of the warranty also include: disconnecting the alarm, restricting ventilation to the aerator, overloading the system above its rated capacity; or flooding by external means. Rodent, insect or fire ant damage or any other form of unusual abuse is a violation. A renewal service contract should be "activated" (30) thirty days before expiration of existing contract. We will contact property owner prior to expiration of existing contract.

Served by: Countryside Construction Inc.

Walker Chapman - Installer's Licensee #OS0002929-OSSF

Maintenance Provider Licensee #MP0000035

(X) Omar Gambon Print Name (X) OMAR GAMBON Date: 9-7-21
Property Owner Signature

(X) Walker Chapman Date: _____ Authorized Service Representative (revised 08/13/2020)

Date: 9/6/21

Applicant Information:

Name: Omar Abad Gamboa

Address: 523 Saratoga Drive

City, State & Zip Code: San Antonio, TX 78213

Phone: 210-392-5268

Email: ogamboa11979@gmail.com

Site Evaluator Information:

Name: Douglas R. Dowlearn

Company: D.A.D. Services, Inc.

Address: 703 Oak Drive

City, State & Zip: Blanco, TX 78606

Phone: (210)240-2101 Fax: (866)260-7687

Email: txseptic@gmail.com

Property Location:

Legal: Lake of the Hills Estates, Lot 159, Block 22

Street/Road Address: 179 Crestview Lane

City: Spring Branch Zip: 78070

Additional Info: Comal County

Installer Information:

Name:

Company:

Address:

City, State & Zip:

Phone: Fax:

Depth	Texture Class	Soil Texture	Structure (For Class III - blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observation
Soil Boring #1 60"	III	0-12" Clay Loam 12"+ Limestone	Blocky	<30% Gravel	12"+ Limestone	None
Soil Boring #2 60"		Same as above				

DESIGN SPECIFICATIONS

Application Rate (RA): 0.2

OSSF is designed for: 3 BR (1570 sq. ft.)

240 gallons per day

An aerobic treatment/drip irrigation disposal system is to be utilized based on the site evaluation.

1200 sq. ft. disposal area required

600 gallon/day aerobic tank required

Calculations: Absorption Area: $Q/RA = 240/0.2 = 1200$ Sq. Ft.

FEATURES OF SITE AREA

Presence of 100-year flood zone: NO

Existing or proposed water well in nearby area: NO

Presence of adjacent ponds, streams, water impoundments: NO

Presence of upper water shed: NO

Organized sewage service available to lot: NO

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability. The site evaluation and OSSF design are subject to approval by the TCEQ or the local authorized agent. The planning materials and the OSSF design should not be considered final until a permit to construct has been issued.

Site Evaluator:

NAME: Douglas R. Dowlearn, R.S.

Signature:

License No. OS9902 - Exp. 6/30/2023

TDH: #2432 - Exp. 2/28/2023

D.A.D SERVICES, INC.
DOUG DOWLEARN
703 OAK DRIVE, BLANCO, TX 78606
Designed for:
Omar Abad Gamboa

The installation site is on lot 159, block 22 of the Lake of the Hills Estates Subdivision in Comal County, TX. The proposed OSSF will treat the wastewater from a 3 Bedroom (1570 sq. ft.) residence. The proposed method of wastewater treatment is aerobic treatment with drip irrigation. This method was chosen because of unsuitable soil conditions.

PROPOSED SYSTEM:

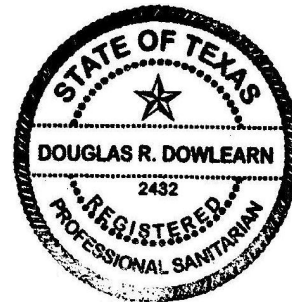
A 4" PVC pipe will discharge from the residence to a pre-treatment tank, which flows into a 600 gpd aerobic treatment plant. The pump is activated by a time controller allowing the distribution 8 times per day with a 10 minute run time with float switches set to pump 240 gallons per day. A high level audible and visual alarm will activate should the pump fail. Distribution from the pump is through a self flushing 100 mesh spin filter then through a 1" SCH-40 manifold to a 600 L.F. drip tubing field, with drip lines set approximately two feet apart with 0.61 gph emitters set every two feet, as per the attached schematic. A hose bib will be installed in the pump tank on the supply manifold to the drip field. A 1" SCH-40 return line with a pressure gauge is installed to periodically flush the system and will maintain pressure between 20 to 40 psi. Solids caught in the spin filter are flushed each cycle back to the pre-treatment tank. Vacuum breakers installed at the highest point on each manifold will prevent siphoning of effluent from higher to lower parts of the field. The placement of the drip tubing will be on soil that has been scarified. The tubing will be covered with 6" of Class II soil.

DESIGN SPECIFICATIONS:

Daily Waste Flow: 240 gpd
Application rate: 0.2
Application area required: $240/.2 = 1200$ ft. sq.
Application area utilized: 1200 sq. ft.
Pump tank reserve capacity: 120 gal minimum

SYSTEM COMPONENTS:

SCH 40 PVC sewer line
1" purple PVC supply line
600 gpd aerobic treatment plant with timed controls
Pump tank
Pretreatment tank



Douglas R. Dowlearn

LANDSCAPING:

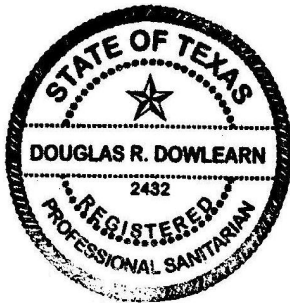
The native vegetation in the distribution area should consist of low level shrubs, plains grass, bluestem or bermuda. The entire area of the drip disposal must be covered with a ground cover such as grass seed or sod prior to the final inspection. The placement of the drip tubing will be on soil that has been scarified. The tubing will be covered with 6" of Class II soil. In the event the natural cover is disturbed, a suitable ground cover must be installed on all excavated areas.

REVISED

2:48 pm, Oct 22, 2021

OMAR ABAD GAMBOA
179 CRESTVIEW LANE
SPRING BRANCH, TX 78070
LAKE OF THE HILLS ESTATES
LOT 159, BLOCK 22
COMAL COUNTY/.2464 ACRES

* = TEST HOLES



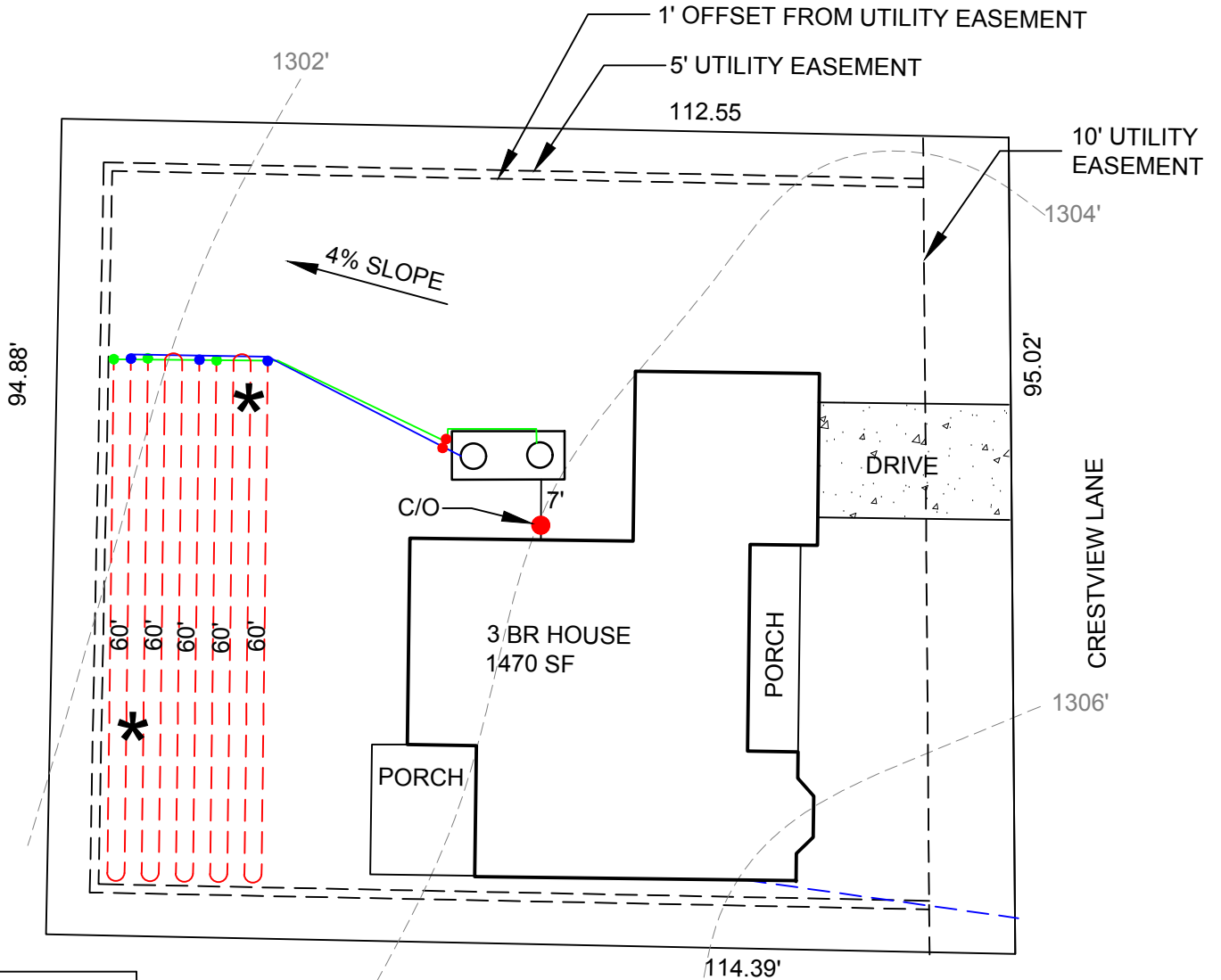
Douglas R. Dowlearn



SCALE 1" = 20'

KEY

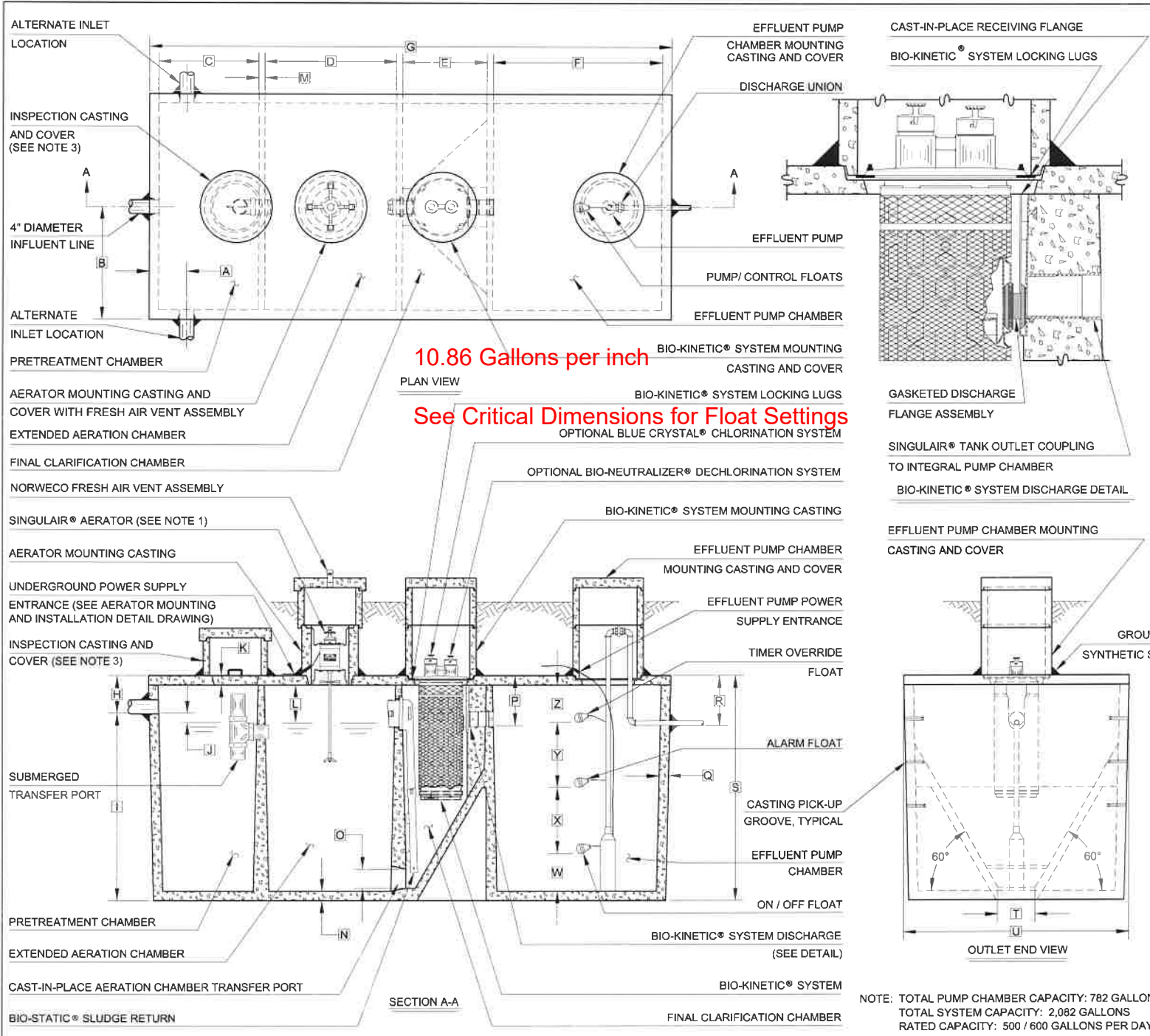
	- 1" VACUUM BREAKER
	- SUPPLY LINE
	- FLUSH LINE
	- SUPPLY LINE CONNECTION
	- FLUSH LINE CONNECTION
	- PROPOSED WATER LINE
	- 5' OSSF OFFSET
	- 600 GPD AEROBIC TREATMENT UNIT



600 L.F. OF DRIP TUBING SPACED 2' APART.
10 ROWS @ 60 L.F. EACH

NOTES:

- USE 3" OR 4" SCH 40 SEWER PIPE TO CONNECT STRUCTURE TO TANK.
- CLEANOUT WITHIN 3' OF STRUCTURE.
- INSTALL 1" VACUUM BREAKERS AT HIGHEST POINTS ON SUPPLY AND FLUSH LINES.
- TANK TO BE > 5' FROM STRUCTURES. THIS WILL PROVIDE EQUIVALENT PROTECTION FOR THE SETBACK REQUIREMENTS OF TAC 285.
- TANK WILL BE WATER TIGHT AND MANUFACTURED ACCORDING TO ASTM DESIGNATION: C 1227.



10.86 Gallons per inch

See Critical Dimensions for Float Settings

- GENERAL NOTES:**
- ① SINGULAIR® AERATOR, AS TESTED AND ACCEPTED BY NSF.
 - ② FALL THROUGH SINGULAIR® PLANT FROM INLET INVERT TO OUTLET INVERT IS FOUR INCHES. INLET INVERT IS TWELVE INCHES BELOW TANK TOP.
 - ③ ON DEEPER INSTALLATIONS, PRECAST RISERS MUST BE USED TO EXTEND AERATOR MOUNTING CASTING AND BIO-KINETIC® SYSTEM MOUNTING CASTING TO GRADE. INSPECTION COVER ON PRETREATMENT CHAMBER MUST BE DEVELOPED TO WITHIN TWELVE INCHES OF GRADE.
 - ④ TANK REINFORCED PER ACI STD. 318-05.
 - ⑤ REMOVABLE COVERS ON RISERS WEIGH IN EXCESS OF SEVENTY-FIVE POUNDS EACH TO PREVENT UNAUTHORIZED ACCESS.
 - ⑥ CONTACT THE LOCAL, LICENSED SINGULAIR® DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.



Douglas R. Dowlearn

CRITICAL DIMENSIONS

A	1'-0"	N	0'-3"
B	3'-0"	O	0'-6"
C	2'-8"	P	1'-4"
D	3'-6"	Q	0'-3"
E	2'-3"	R	1'-4"
F	4'-6"	S	6'-0"
G	13'-11"	T	1'-0"
H	1'-0"	U	6'-0"
I	5'-0"	V	
J	0'-3"	W	1'-0" (168 GAL.)
K	0'-3"	X	1'-9" (302 GAL.)
L	1'-0"	Y	1'-9" (312 GAL.)
M	0'-2"	Z	1'-0" (183 GAL.)

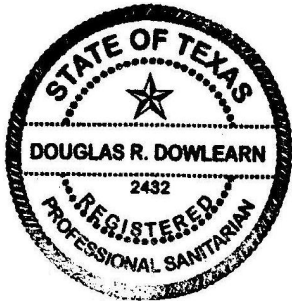
**NOTE: TOTAL PUMP CHAMBER CAPACITY: 782 GALLONS
TOTAL SYSTEM CAPACITY: 2,082 GALLONS
RATED CAPACITY: 500 / 600 GALLONS PER DAY**

U.S. AND FOREIGN PATENTS PENDING	norweco	6-8-09	E
	SINGULAIR® BIO-KINETIC® WASTEWATER TREATMENT SYSTEM WITH INTEGRAL EFFLUENT PUMP CHAMBER	BDS	JMM
		5-30-03	NTS
© MMX			PC-S-9906

VOID BOA
 ANE
 TX 78070
 LAKE OF THE HILLS ESTATES
 LOT 159, BLOCK 22
 COMAL COUNTY/.2464 ACRES
 * = TEST HOLES

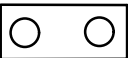


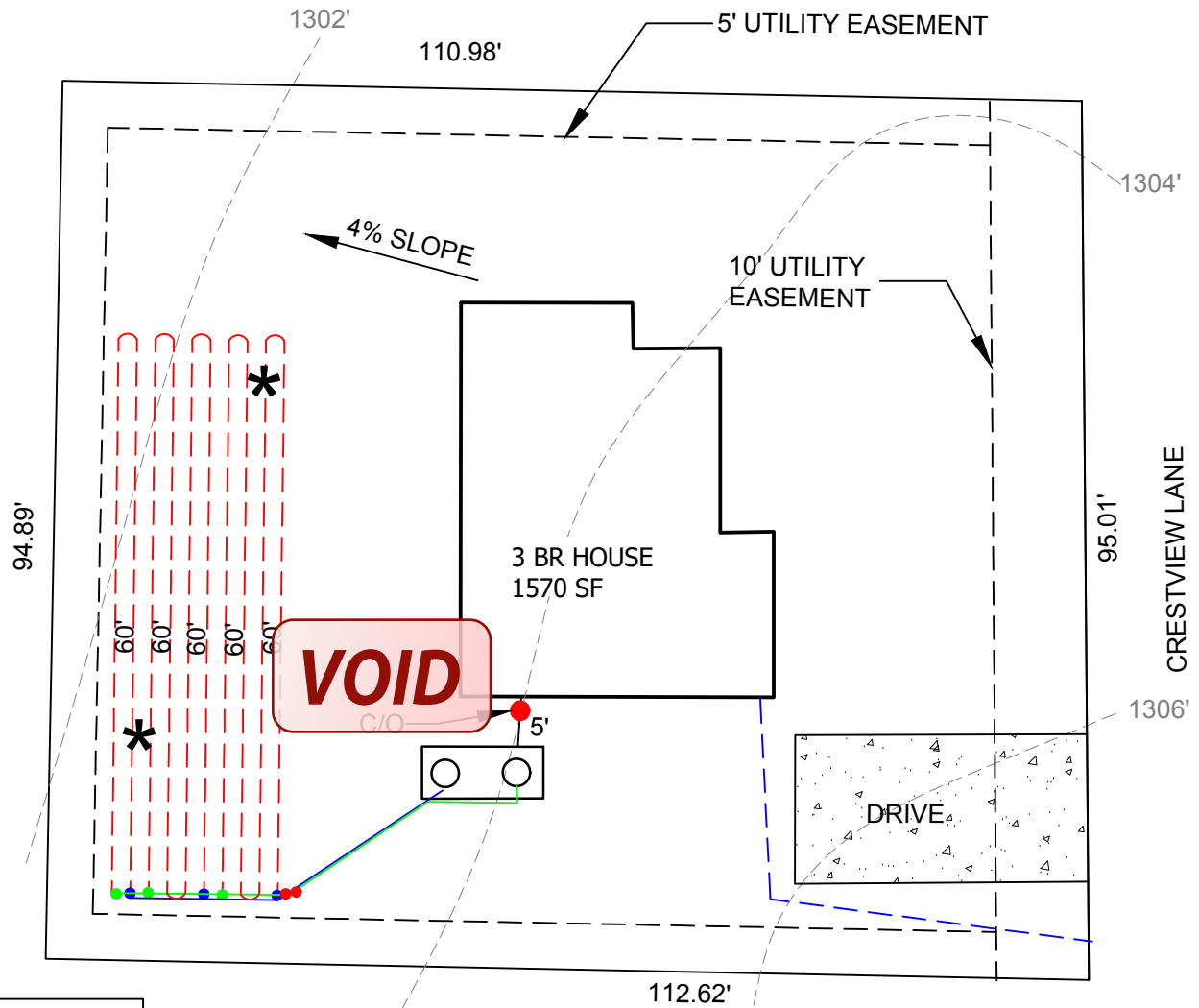
SCALE 1" = 20'



Douglas R. Dowlearn

KEY

- - 1" VACUUM BREAKER
- - SUPPLY LINE
- - FLUSH LINE
- - SUPPLY LINE CONNECTION
- - FLUSH LINE CONNECTION
- - - - PROPOSED WATER LINE
- - - - 5' OSSF OFFSET
-  - 600 GPD AEROBIC TREATMENT UNIT



600 L.F. OF DRIP TUBING SPACED 2' APART.
 10 ROWS @ 60 L.F. EACH

NOTES:

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- CLEANOUT WITHIN 3' OF STRUCTURE.
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- TANK TO BE > 5' FROM STRUCTURES. THIS WILL PROVIDE EQUIVALENT PROTECTION FOR THE SETBACK REQUIREMENTS OF TAC 285.
- TANK WILL BE WATER TIGHT AND MANUFACTURED ACCORDING TO ASTM D 1585 SECTION: C 1227.

VOID

zhm



202006024925 06/29/2020 09:58:17 AM 1/2

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.

General Warranty Deed

Date: June 16, 2020

Grantor: Juan Marcos Estrada Avila

Grantor's Mailing Address:

Grantee: Omar Abad Gamboa

Grantee's Mailing Address:

523 Saratoga Dr.
San Antonio, 78213

Consideration:

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

Property (including any improvements):

Being Lot 159, Block 22 of Lake of the Hills Estates, Inc., a subdivision in the County of Comal, State of Texas, according to a map or plat of said subdivision recorded in Volume 4, Pages 70-71 of the Map and Plat Records of Comal County, Texas.

Reservations from Conveyance:

None

Exceptions to Conveyance and Warranty:

Validly existing 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 taxes for 2020, which Grantee assumes and agrees to pay, and subsequent assessments for that 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 all of Grantor's undivided interest in and to 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, 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.

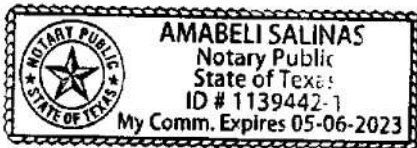
Juan Marcos Estrada Avila

Juan Marcos Estrada Avila

STATE OF TEXAS)

COUNTY OF BEXAR)

This instrument was acknowledged before me on June 16th, 2020, by Juan Marcos Estrada Avila.



Amabeli Salinas

Notary Public, State of Texas

My commission expires: 5/6/2023

PREPARED IN THE OFFICE OF:

David L. Ricker
P. O. Box 1571
Boerne, Texas 78006
Tel: (210) 737-6097
Fax: (210) 690-363

AFTER RECORDING RETURN TO:

Omar Abad Gamboa
523 Saratoga Dr.
San Antonio, 78213

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
06/29/2020 09:58:17 AM
CHRISTY 2 Page(s)
202006024925



Bobbie Koepf

→ Mission Title
16350 Blended Rd #111
SAN ANTONIO, TX. 78232

COUNTRYSIDE CONSTRUCTION, INC.
 300 CHAPMAN PARKWAY
 CANYON LAKE, TX 76133

Phone: 830-899-2615
 Fax: 830-899-6662

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: APRIL 14, 2022 Installed: 12/14/2021 Service Expires: 12/14/2023

BILLING ADDRESS:
 OMAR GAMBOA
 179 CRESTVIEW LN
 SPRING BRANCH TX 78070

PHYSICAL ADDRESS:
 179 CRESTVIEW LN
 SPRING BRANCH, TX 78070

TELEPHONE: 210-392-5268
 ALT. PHONE:

LOT: LT 159, PERMIT#: 113440
 COUNTY: COMAL
 SN: 20120057
 MAPSCO: N/A

SUBDIVISION: LAKE OF THE HILLS Manufacturer: CLEARSTREAM-
 600

NOTES:
 TYPE OF SYSTEM: DRIP

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI Record Pressure Reading	3psi	
Filters	-	
Irrigation Pumps	-	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	N/A	
Back Flush Drip Field, if applicable	/	
Other as Noted		

2. Action taken or Repairs or
 Needed repairs to system (list all
 components replaced):

Cleaned filter on Compressor.
Cleaned Micron filter, Checked
pump, floats + Dripfield. Set
Timer.

SYSTEM OPERATING AS DESIGNED? Y/N

Access Posts are Secured Yes No

3. Tests required and results:

	Required		Results mg/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/	Clear	Grab
Cl (Grab)	/		110	OTO
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: [Signature]

13

Date of completion: 4.14.22 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walker Chapman

COUNTRYSIDE CONSTRUCTION, INC.
 300 CHAPMAN PARKWAY
 CANYON LAKE, TX 78133

Phone: 830-899-2615
 Fax: 830-899-6662

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: December 14, 2022 Installed: 12/14/2021 Service Expires: 12/14/2023

BILLING ADDRESS:
 OMAR GAMBOA
 179 CRESTVIEW LN
 SPRING BRANCH TX 78070

PHYSICAL ADDRESS:
 179 CRESTVIEW LN
 SPRING BRANCH, TX 78070

TELEPHONE: 210-392-5268

LOT: LT 159,

PERMIT#: 113440

ALT. PHONE:

COUNTY: COMAL

GATE CODE:

SN: 20120057

SUBDIVISION: LAKE OF THE HILLS MFG: CLEARSTREAM-600

MAPSCO: N/A

NOTES:

TYPE OF SYSTEM: DRIP

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI	2.5	
Record Pressure Reading		
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	N/A	
Back Flush Drip Field, if applicable	/	
Other as Noted		

2. Action taken or Repairs or Needed repairs to system (list all components replaced):

CHECKED PUMP,

ALARMS, FILTERS,

FIELD, COMPRESSOR,

FLOATS,

SYSTEM OPERATING AS DESIGNED? YES

Access Posts are Secured

Yes

No

3. Tests required and results:

	Required		Results mg/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/		
Cl (Grab)	/			
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas

11

Date of completion: 12/1/22 Start Job Time: _____

Stop Job Time: _____

Maintenance Provider: Walker Chapman

COUNTRYSIDE CONSTRUCTION, INC.
 300 CHAPMAN PARKWAY
 CANYON LAKE, TX 78133

Phone: 830-899-2615
 Fax: 830-899-6662

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: APRIL 14, 2023 Installed: 12/14/2021 Service Expires: 12/14/2023

BILLING ADDRESS:
 OMAR GAMBOA
 179 CRESTVIEW LN
 SPRING BRANCH TX 78070

PHYSICAL ADDRESS:
 179 CRESTVIEW LN
 SPRING BRANCH, TX 78070

TELEPHONE: 210-392-5268

LOT: LT 159,

PERMIT#: 113440

ALT. PHONE:

COUNTY: COMAL

GATE CODE:

SN: 20120057

SUBDIVISION: LAKE OF THE HILLS MFG: CLEARSTREAM-600

MAPSCO: N/A

NOTES:

TYPE OF SYSTEM: DRIP

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI		
Record Pressure Reading	3.0	
Filters	/	
Irrigation Pumps		
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	N/A	
Back Flush Drip Field, if applicable	/	
Other as Noted		
Access Posts are Secured		

2. Action taken or Repairs or Needed repairs to system (list all components replaced):

Checked pump.
 Alarms, FILTER
 Closed return valves
 (cracked) compressor

SYSTEM OPERATING AS DESIGNED Y/N

(Yes)

No

3. Tests required and results:

	Required		Results mg/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/		
Cl (Grab)	/			
Fecal Coliform				

Treated
 for
 ANTS,

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas

11

Date of completion: 5/5/23 Start Job Time: _____

Stop Job Time: _____

Maintenance Provider: walker clumpner

COUNTRYSIDE CONSTRUCTION, INC.
 300 CHAPMAN PARKWAY
 CANYON LAKE, TX 78133

Phone: 830-899-2615
 Fax: 830-899-6662

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: AUGUST 14, 2023 Installed: 12/14/2021 Service Expires: 12/14/2023

BILLING ADDRESS:
 OMAR GAMBOA
 179 CRESTVIEW LN
 SPRING BRANCH TX 78070

PHYSICAL ADDRESS:
 179 CRESTVIEW LN
 SPRING BRANCH, TX 78070

TELEPHONE: 210-392-5268
 ALT. PHONE:
 GATE CODE:
 SUBDIVISION: LAKE OF THE HILLS MFG: CLEARSTREAM-600

LOT: LT 159, PERMIT#: 113440
 COUNTY: COMAL
 SN: 20120057
 MAPSCO: N/A

NOTES:
 TYPE OF SYSTEM: DRIP

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI	2.0PSI	
Record Pressure Reading		
Filters	/	
Irrigation Pumps		
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	✓	
Other as Noted		
Access Posts are Secured		

2. Action taken or Repairs or Needed repairs to system (list all components replaced):

ump and alarm test good
All Plants work ~~good~~ Backflow
works good, Compressor filter
cleaned. Disc filter cleaned

SYSTEM OPERATING AS DESIGNED? Y/N

Yes No

3. Tests required and results:

	Required		Results mg/l mpn/100ml or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/		
Cl (Grab)		/		
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Cayenne

10

Date of completion: 9-18-23 Start Job Time: _____

Stop Job Time: _____

Maintenance Provider: Wackn Chapman

COUNTRYSIDE CONSTRUCTION, INC.
 300 CHAPMAN PARKWAY
 CANYON LAKE, TX 78133

Phone: 830-899-2615
 Fax: 830-899-6662

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: DECEMBER 14, 2023 Installed: 12/14/2021 Service Expires: 12/14/2023

BILLING ADDRESS:
 OMAR GAMBOA
 179 CRESTVIEW LN
 SPRING BRANCH TX 78070

PHYSICAL ADDRESS:
 179 CRESTVIEW LN
 SPRING BRANCH, TX 78070

TELEPHONE: 210-392-5268
 ALT. PHONE:
 GATE CODE:
 SUBDIVISION: LAKE OF THE HILLS MFG: CLEARSTREAM-600

LOT: LT 159, PERMIT#: 113440
 COUNTY: COMAL
 SN: 20120057
 MAPSCO: N/A

NOTES:
 TYPE OF SYSTEM: DRIP

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI		
Record Pressure Reading	3PSI	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	N/A	
Back Flush Drip Field, if applicable	N/A ✓	
Other as Noted		
Access Posts are Secured		

2. Action taken or Repairs or Needed repairs to system (list all components replaced):
 Cleaned filter on Compressor.
 Cleaned Micron filter. Checked pump, floats and Dripfield. Set time.

SYSTEM OPERATING AS DESIGNED? Y/N

Yes

No

3. Tests required and results:

	Required		Results ng/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/	clear	Grab
Cl (Grab)	/		0.0	OTO
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Wjh

10

Date of completion: 12.26.23 Start Job Time: 11:0 Stop Job Time:

Maintenance Provider: Waken Chpman

COUNTRYSIDE CONSTRUCTION, INC.
 300 CHAPMAN PARKWAY
 CANYON LAKE, TX 78133

Phone: 830-899-2615
 Fax: 830-899-6662

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: DECEMBER 14, 2023 Installed: 12/14/2021 Service Expires: 12/14/2023

BILLING ADDRESS:
 OMAR GAMBOA
 179 CRESTVIEW LN
 SPRING BRANCH TX 78070

PHYSICAL ADDRESS:
 179 CRESTVIEW LN
 SPRING BRANCH, TX 78070

TELEPHONE: 210-392-5268
 ALT. PHONE:
 GATE CODE:
 SUBDIVISION: LAKE OF THE HILLS MFG: CLEARSTREAM-600

LOT: LT 159, PERMIT#: 113440
 COUNTY: COMAL
 SN: 20120057
 MAPSCO: N/A

NOTES:
 TYPE OF SYSTEM: DRIP

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI		
Record Pressure Reading	3PSI	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	N/A	
Back Flush Drip Field, if applicable	N/A ✓	
Other as Noted		
Access Posts are Secured		

2. Action taken or Repairs or Needed repairs to system (list all components replaced):
 Cleaned filter on Compressor.
 Cleaned Micron filter. Checked pump, floats and Dripfield. Set timer.

SYSTEM OPERATING AS DESIGNED? Y/N

Yes

No

3. Tests required and results:

	Required		Results ng/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/	clear	Grab
Cl (Grab)	/		0.0	OTO
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Wjh

10

Date of completion: 12.26.23 Start Job Time: 11:0 Stop Job Time:

Maintenance Provider: Waken Chpman