

COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date:	12/06/2023		Permit Number:	114214
Location Description:	1365 OVERBR SPRING BRAN			
	Subdivision: Unit: Lot: Block: Acreage:	Cypress Cove, Section 1 - 113 - 0.2000		
Type of System:	Aerobic Drip Irrigation			
Issued to:	iTexas Builders	LLC		

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

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

Alterations to this permit including, but not limited to:

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

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

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

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

Licensing Authority

VIRONMENTAL HEALTH INSPECTOR

OS0032485

Comal County Environmental Health ENVIRONMENTAL HEALTH COORDINAT()R

050007722

Installer Name:	OSSF Installer #:	
		12/6/23 JC covered, field good
1st Inspection Date:	2nd Inspection Date:	3rd Inspection Date:
Inspector Name:	Inspector Name:	Inspector Name:

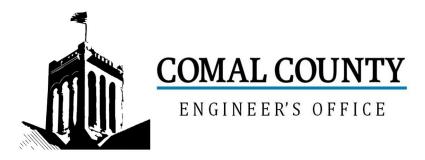
Permit#: Address: No. Citations 1st Insp. 2nd Insp. 3rd Insp. Answer Notes Description SITE AND SOIL CONDITIONS & 285.31(a) SETBACK DISTANCES Site and Soil 285.30(b)(1)(A)(iv) Conditions Consistent with 285.30(b)(1)(A)(v) Submitted Planning Materials 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i) 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:	114214
Issued This Date:	03/22/2022
This permit is hereby given to:	iTexas Builders LLC

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

1365 OVERBROOK LN SPRING BRANCH, TX 78070

Subdivision:	Cypress Cove, Section 1
Unit:	-
Lot:	113
Block:	-
Acreage:	0.2000

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 11:22 am, Mar 18, 2022



OSSF DEVELOPMENT APPLICATION CHECKLIST

Staf	f will comple	te shaded items
		114214
Date Received	Initials	Permit Number

Instructions:

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

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

Copy of Recorded Deed

Surface Application/Aerobic Treatment System

Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public

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

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

		Λ	$\left(\right)$	[
	Signatu	e of Applicar	IL I	
	COMPLE	TE APPLIC	ATIC	N Í
Check No		Receipt No	». <u> </u>	

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INCOMPLETE APPLICATION — (Missing Items Circled, Application Refeused)

Revised: September 2019

COMAL COUNTY ENGINEER'S OFFICE ON-SITE SEWAG	GE FACILITY APPLIC	ATION	NEW BR	DAVID JONAS DR AUNFELS, TX 7813 330) 608-2090 VW.CCEO.ORG
Date		Permit I	Number 114	214
1. APPLICANT / AGENT INFORMATION				
Owner Name iTexas Builders LLC	Agent Name	Doug Dov	vlearn R.S.	
Mailing Address 600 Sandour Suite 400	Agent Address	703 Oak I	Drive	
City, State, Zip San Antonio, TX 78216	City, State, Zip	Blanco, T	X 78606	
Phone #	Phone #	210-240-2	2101	
Email er@ersatllc.com	Email	txseptic@	gmail.com	
2. LOCATION				
Subdivision Name Cypress Cove, Section 1	U	nit	Lot 113	Block
Survey Name / Abstract Number			Acreage	.2038
Address 1365 Overbrook Ln	City Spring Branc	n	State TX	Zip 78070
3. TYPE OF DEVELOPMENT				
✗ Single Family Residential				
Type of Construction (House, Mobile, RV, Etc.) Hou	Ise			
Number of Bedrooms 3				
Indicate Sq Ft of Living Area				
Non-Single Family Residential				
(Planning materials must show adequate land area for do	ubling the required land noor	lad for track		
Type of Facility	abiling the required land heet	ieu ior trea	ument units and dis	posal area)
Offices, Factories, Churches, Schools, Parks, Etc	Indicate Number Of Occu			
Restaurants, Lounges, Theaters - Indicate Number				
Hotel, Motel, Hospital, Nursing Home - Indicate Number				
Travel Trailer/RV Parks - Indicate Number of Space Miscellaneous	S			
Miscellaneous		a da ang ang ang ang ang ang ang ang ang an		
Estimated Cost of Construction: \$ 100,000	(Structure Only)		-	
Is any portion of the proposed OSSF located in the Unit	(Structure Only) ed States Army Corps of I	Engineers	(USACE) flowag	e easement?
Is any portion of the proposed OSSF ^I located in the Unit Yes 🗶 No (If yes, owner must provide approval from US	(Structure Only) ed States Army Corps of I	Engineers vements with	(USACE) flowag	e easement?
Is any portion of the proposed OSSF ¹ located in the Unit Yes X No (If yes, owner must provide approval from US Source of Water X Public Private Well	(Structure Only) ed States Army Corps of I	Engineers vements with	(USACE) flowag	e easement? ge easement)
Is any portion of the proposed OSSF ¹ located in the Unite Yes X No (If yes, owner must provide approval from US Source of Water X Public Private Well 4. SIGNATURE OF OWNER	(Structure Only) ed States Army Corps of I	Engineers vements with	(USACE) flowag	e easement? ge easement)
Is any portion of the proposed OSSF ¹ located in the Unite Yes X No (If yes, owner must provide approval from US Source of Water X Public Private Well 4. SIGNATURE OF OWNER By signing this application, I certify that:	(Structure Only) ed States Army Corps of E ACE for proposed OSSF impro-	vements with	nin the USACE flowa	ge easement)
Is any portion of the proposed OSSF ^I located in the Unite Yes X No (If yes, owner must provide approval from US Source of Water X Public Private Well 4. SIGNATURE OF OWNER By signing this application, I certify that: - The completed application and all additional information submitt	(Structure Only) ed States Army Corps of E ACE for proposed OSSF impro-	vements with	nin the USACE flowa	ge easement)
Is any portion of the proposed OSSF ^I located in the Unite Yes X No (If yes, owner must provide approval from US Source of Water X Public Private Well 4. SIGNATURE OF OWNER By signing this application, I certify that: - The completed application and all additional information submitt facts. I certify that I am the property owner or I possess the app property.	(Structure Only) ed States Army Corps of B ACE for proposed OSSF impro- ed does not contain any fals ropriate land rights necessar	vements with e informati y to make	nin the USACE flowar on and does not co the permitted impr	ge easement) Dinceal any materia
Is any portion of the proposed OSSF ^I located in the Unite Yes X No (If yes, owner must provide approval from US Source of Water X Public Private Well 4. SIGNATURE OF OWNER By signing this application, I certify that: - The completed application and all additional information submitted facts. I certify that I am the property owner or I possess the app property. - Authorization is hereby given to the permitting authority and des site/soil evaluation and inspection of private sources facility	(Structure Only) ed States Army Corps of B ACE for proposed OSSF impro- ed does not contain any fals ropriate land rights necessar ignated agents to enter upor	vements with e informati ry to make n the above	nin the USACE flowa on and does not co the permitted impr e described proper	ge easement) Onceal any materi ovements on said ty for the purpose
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Is any portion of the proposed OSSF located in the Unite Yes X No (If yes, owner must provide approval from US Source of Water X Public Private Well 4. SIGNATURE OF OWNER By signing this application, I certify that: - The completed application and all additional information submitt facts. I certify that I am the property owner or I possess the app property. - Authorization is hereby given to the permitting authority and des site/soil evaluation and inspection of private sewage facilities - I understand that a permit of authorization to opnstruct will not b by the Comal County Eldod Damage Browtheting O	(Structure Only) ed States Army Corps of B ACE for proposed OSSF impro- ed does not contain any fals ropriate land rights necessar ignated agents to enter upon e issued until the Floodplain	e informati y to make the above Administra	on and does not co the permitted impr e described proper	ge easement) onceal any materi ovements on said ty for the purpose the reviews requi
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* * * 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>

Planning Materials & Site Evaluation as Required Completed	Ву
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 obta	ain 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 Sa	nitarian (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 w	ith 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 be issued for the proposed OSSF until the proposed WPAP has been seen to be a seen to b	with all provisions of the proposed WPAP. A Permit to Construct will not 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 w	ith all provisions of the existing CZP.)
If there is no existing CZP, does the proposed development ac	tivity require a TCEQ approved CZP? 🔲 Yes 🔲 No
(If yes, the R.S. or P.E. shall certify that the OSSF design will comply issued for the proposed OSSF until the CZP has been approved by the transmission of the proposed of the proposed by the transmission of the proposed	with all provisions of the proposed CZP. A Permit to Construct will not be ne 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.

. 5.

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

and 6h

Signature of Designer

Date





202206010998 03/08/2022 10 13 12 AM 1/1

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.

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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):

CYPRESS COVE SECTION 1, LOT 113

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

ITEXAS BUILDERS LLC

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 6 DAY OF March 2022

Owner(s) signature(s)

(PRINTED NAME)

H March 2022 SWORN TO AND SUBSCRIBED BEFORE ME ON THIS C DAY OF m

Notary Public, State of Texas Notary S Printed Name: <u>LINDA</u> ADAMS My Commission Expires: <u>9-25-22</u>



Filed and Recorded Official Public Records Bobbie Koepp, County Clerk Comal County, Texas 03/08/2022 10:13:12 AM LAURA 1 Page(s) 202206010998

Baker Septic Service, LLC 15375 Cranes Mill Rd., Canyon Lake, TX 78133 830-899-2971

Septic System Service Agreement

In consider	ration of payment for this service contract, we will ab	side by and agree to its terms and conditions.
Name:	ration of payment for this service contract, we will at	Address:
	n/ County:	
Permit #		City, State, Zip:
	Wodel #	Serial #
Phone:		
	I Two Year Service Agreement	() One Year Service Agreement
	o Year Limited Warranty	
RENEWAL_	KOP CODE OF CODE AND A CODE OF	ANALYSIS
Legal Descr		
The Effectiv	e date of this initial maintenance contract shall be the dat	e the License to Operate is issued.
For Stust	Solution that will be in effect FROM $L/T/0 - 2/$	$\gamma/\gamma S$ and will provide the following:
1.	An inspection/service call every (4) four months which v	
	mechanical & electrical components as necessary to insu	
2.	An effluent quality inspection consisting of a visual check	
3.	THE PROPERTY OWNER IS RESPONSIBLE FOR PURCHASI	
		RINE" IN THE SYSTEM, THE PROPERTY OWNER MAY INCURE
	AN ADDITIONAL COST.	
4.		corrected at that time) the property owner will be notified
	immediately of the conditions and the estimated cost.	
5.	The response time to a complaint by the property owner	regarding operation of the system, shall be within 48 hours,
		needed, will be provided with no cost to property owner.
6.		CHARGES, LABOR OR SERVICE CALLS DUE NOT PAID FOR
	REMAIN THE PROPERTY OF BAKER SEPTIC SERVICE, LLC	AND COULD RESULT IN REPOSSESSION OF PARTS BY BAKER
	SEPTIC SERVICE, LLC.	
7.	THE SIGING OF THIS SERVICE AGREEMENT QUTHORIZES	BAKER SEPTIC SERVICE, LLC TO ENTER THE PROPETY TO
	EXECUTE ALL TERMS OF THIS CONTRACT.	
BAKER SEPT	IC SERVICE, LLC, WILL WARRANTY INSTALLAION of the se	ptic system according to state and county regulations and the
designs appi	roved by the county. HOMEOWNER WILL BE RESPONSIBE	FOR SERVICE CALL, LABOR, AND SHIPPING COSTS ON ANY
"WARRANTI	ED PARTS" EXCHANGED DURING WARRANTY. All other co	omponent will be according to manufacturer's warranties.
IMPORTANT	: As Baker Septic Service, LLC cannot control what or how	v much effluent goes into this septic system, we cannot
warranty ho	w the system will function. Refer to manufacturers or inst	allers instructions for suggestions on septic operation. This
service agree	ement <u>does not</u> cover the cost of service call, labor or ma	terials 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 exceed	ling the hydraulic/organic design capabilities and the input	t of non-biodegradable materials (solvent, grease, oil, paints,
etc.), or any	usage contrary to the requirements as advised by authoriz	ed service representative. Laboratory test work is available at
an additiona	l coast. 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 compa	rtment of a tank, or settlement of soil on or around any part
of the syster	n regardless of reason:	
Violations of	f the warranty also include: Disconnecting the alarm, rest	ricting ventilation to the aerator, over loading the system
above its rate	ed 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.

(x) Ernesto Rivera		Baker Septic Service, LLC Provider	Date:	3/18/2022
Property Owner Signature			the full to full to	annon an ann às an ann an
(N) William Bake	Date:	//9. Authorized Service Repr	esentative	

Contraction of the second	aunty - county	s)	Honorable Bobbie K 150 N. S New Bra (83	al County TX Koepp , Comal County eguin, Suite 1037 nunfels, TX 78130 0) 221-1230 pt for Services	Clerk			
Cashier	LAUR	A					Batch	# 832611
Customer Name	17902	CROSSWELL KA LA CANTERA PK NTONIO, TX 782		S BUILDERS LLC	Date:	03/08/2022	Time:	10:13:13AM
Date		Instrument No	Document Type	Transaction Type G	F Number			Pg/Am
Date 3/8/2022 10:13:	I3AM	Instrument No 202206010998	Document Type AFFIDAVIT	Transaction Type G	F Number			Pg/Am
	I3AM			Transaction Type G	F Number Total:			
	I3AM			Transaction Type G				1
			AFFIDAVIT Fee Total:	Transaction Type G				1 \$26.00

Date: 3/12/2022 **Site Evaluator Information:** Applicant Information: Name: Douglas R. Dowlearn Name: iTexas Builders LLC **Company:** D.A.D. Services, Inc. Address: 600 Sandour Suite 400 Address: 703 Oak Drive City, State & Zip Code: San Antonio, TX 78216 City, State & Zip: Blanco, TX 78606 Phone: (210)240-2101 Fax: (866)260-7687 Phone: Email: **Email:** txseptic@gmail.com

Property Location: Subdivision: Cypress Cove, Section 1 Lot: 113 Street/Road Address: 1365 Overbrook Ln **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		Same as above				

60"

DESIGN SPECIFICATIONS

Application Rate (RA): 0.2 OSSF is designed for: 3 BR 1833 Sq. Ft. 240 Gallons per day required An aerobic treatment/drip disposal system is to be utilized based on the site evaluation. 1200 sq. ft. disposal area required 500 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:

marcher.

License No. 0S9902 - 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: iTexas Builders, LLC

The installation site is at Section 1, Lot 113 of the Cypress Cove Subdivision in Comal County, TX. The proposed OSSF will treat the wastewater from a 3 bedroom (1833 sqft) residence. The proposed method of wastewater management is aerobic treatment with drip irrigation. This method was chosen because of unsuitable soil conditions.

PROPOSED SYSTEM:

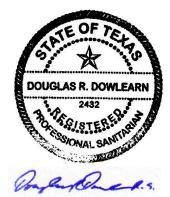
A 4" PVC pipe will discharge from the residence to a pre-treatment tank, which flows into a 500 gpd aerobic treatment plant, and then into a 770 gallon pumptank with a single 20 gpm submersible pump. The pump is activated by a time controller allowing the distribution 8 times per day with a 10-minute 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 and then through a 1" SCH-40 manifold to 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 or Class III 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: 80 gal minimum

SYSTEM COMPONENTS:

SCH 40 PVC sewer line Pretreatment tank 500 gpd aerobic treatment plant with timed controls 770 gallon Pump tank 1" purple PVC supply line



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 or Class III soil. In the event the natural cover is disturbed, a suitable ground cover must be installed on all excavated areas.

REVISED 8:11 am, Jun 21, 2022

NOTES:

 CLEANOUT WITHIN 3' OF STRUCTURE.
 PVC CONNECTING THE STRUCTURE TO THE TANK MUST HAVE AT MINIMUM 1/8" FALL PER 1'.

- USE 3" OR 4" SCH 40 SEWER PIPE TO CONNECT STRUCTURE TO TANK.

- 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.

- INSTALL 1" VACUUM BREAKERS AT HIGHEST POINTS ON SUPPLY AND FLUSH LINES. iTEXAS BUILDERS, LLC 1365 OVERBROOK LANE SPRING BRANCH, TX. 78070 CYPRESS COVE SECTION 1, LOT 112 COMAL COUNTY / 0.2038 ACRES

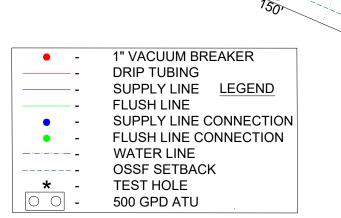
> ³ BEDROOM 1883 SQFT RESIDENCE

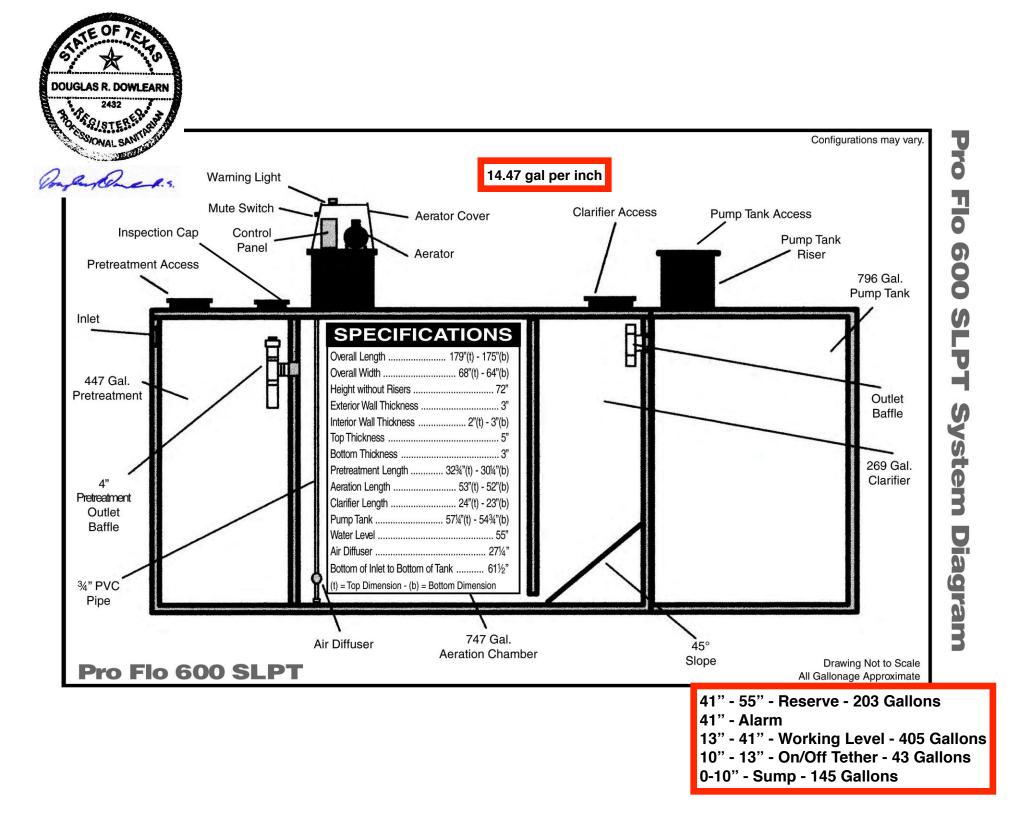


DVERBROOK LANE



600 L.F. OF DRIP TUBING SPACED 2' APART. LENGTH OF ROWS FROM HIGHEST TO LOWEST ELEVATION, RESPECTIVELY: RUN 1: 298 L.F. 10', 9', 9', 9', 9', 9', 9', 8.5', 8.5', 8.5', 8.5', 8.5', 14.5', 14.5', 14.5', 14.5', 14.5', 14.5', 14.5', 14.5', 14.5', 14.5', 14.5', 14.5', 14.5', 14.5', 14.5', RUN 2: 302 L.F. 14.5', 15.5', 21', 21', 21', 21', 21', 21', 21', 21', 21', 15', 10', 10', 6', 6'.





NOTES:

 CLEANOUT WITHIN 3' OF STRUCTURE.
 PVC CONNECTING THE STRUCTURE TO THE TANK MUST HAVE AT MINIMUM 1/8" FALL PER 1'.
 USE 3" OR 4" SCH 40 SEWER PIPE TO

CONNECT STRUCTURE TO TANK.

- 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.

- INSTALL 1" VACUUM BREAKERS AT HIGHEST POINTS ON SUPPLY AND FLUSH LINES. iTEXAS BUILDERS, LLC 1365 OVERBROOK LANE SPRING BRANCH, TX. 78070 CYPRESS COVE SECTION 1, LOT 113 COMAL COUNTY / 0.2038 ACRES



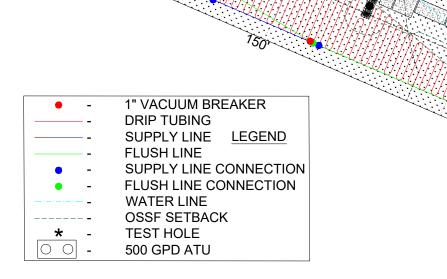
DVERBROOK LANE

600 L.F. OF DRIP TUBING SPACED 2' APART. LENGTH OF ROWS FROM HIGHEST TO LOWEST ELEVATION, RESPECTIVELY: RUN 1: 16.5', 15.5', 15.5', 15.5', 15.5',

15.5', 15.5', 15.5', 15.5', 15.5', 15.5', 15.5', 15.5', 15.5', 15.5', 15.5', 19', 20'

RUN 2:

20', 19', 19', 19', 11.5', 11.5', 16', 16', 15', 15', 14', 14', 12.5', 12.5', 11', 11', 10', 10', 8.5', 8.5', 7.5', 7.5', 6', 6', 5', 6'



VOID

Olvera, Brandon

From:	Olvera,Brandon
Sent:	Monday, March 21, 2022 3:52 PM
То:	'Lauren Dowlearn'; 'er@ersatllc.com'
Subject:	114214

RE: 1365 Overbrook Ln. Cypress Cove Section 1 Lot 113

Property Owner & Agent,

We received planning materials for the referenced permit application on 03-18-2022 and found those planning materials to be deficient. In order to continue processing this permit, we need the following:

Indicate the waterline on the design
Mark clearly the drip tubing on the design
Revise accordingly and resubmit.

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

Thank you,

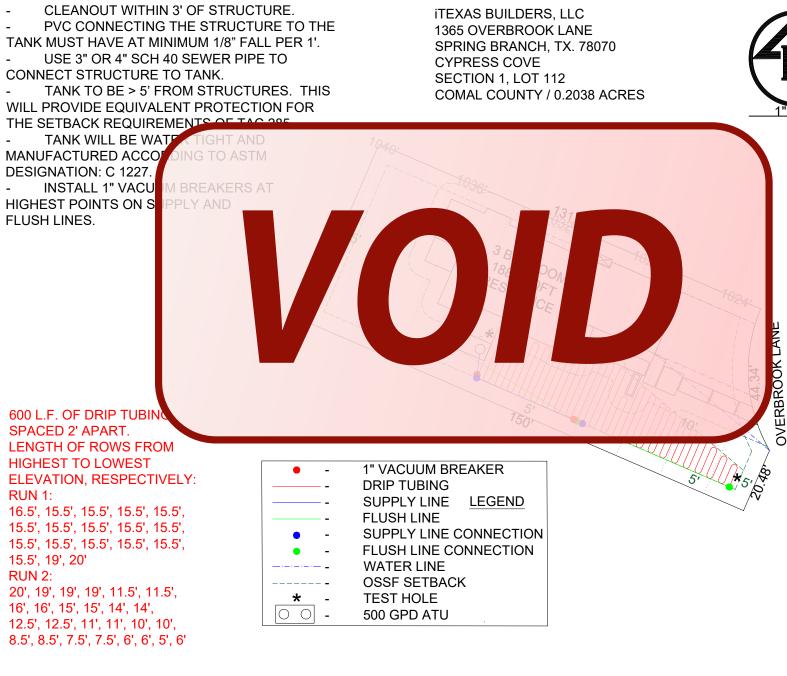


Brandon Olvera Environmental Health Inspector 195 David Jonas Dr. New Braunfels, TX 78132 DR:OS0034792

O: 830-608-2090 | C: 830-832-9442 olverb@co.comal.tx.us

REVISED 9:03 am, Mar 22, 2022

NOTES:



DOUGLAS R. DOWLEARN 2432 R. J. STERFER

201906031239 09/04/2019 01:27:23 PM 1/2

General Warranty Deed

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.

Grantor: ERSAT LLC

Grantor's Mailing Address: 20215 Standish Road, San Antonio, Texas 78258

Grantee: iTexas Builders, LLC

Grantee's Mailing Address: 600 Sandou Suite 400, San Antonio, Texas 78216

Consideration: the sum of TEN DOLLARS (\$10.00) cash, and other good and valuable consideration

Property (including any improvements):

Lots 112 and 113, Cypress Cove, Section 1, an Addition in Comal County, Texas, according to the Map or Plat thereof recorded in Volume 1, Page 45, Map and Plat Records of Comal County, Texas.

Reservations from Conveyance: None

Exceptions to Conveyance and Warranty:

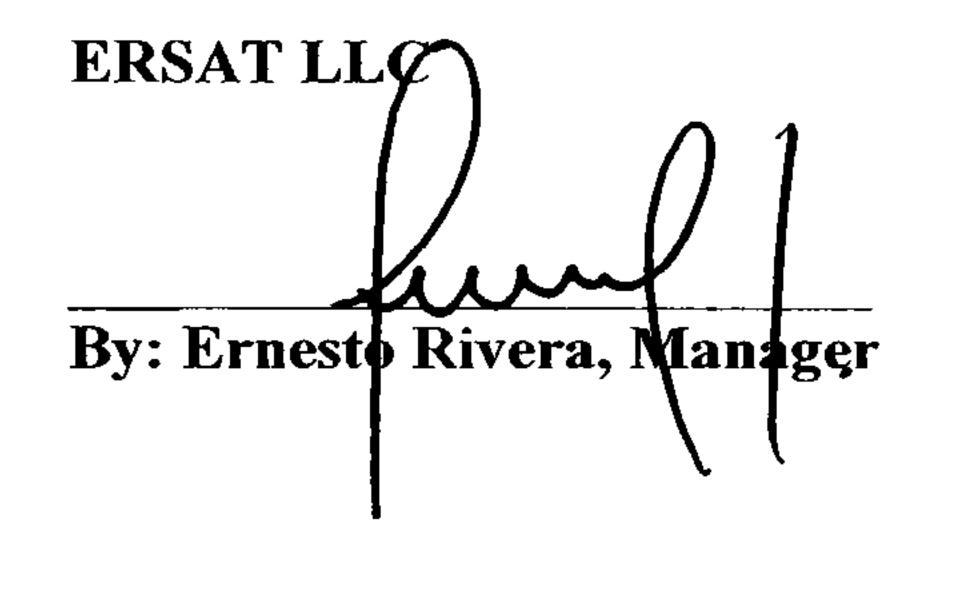
This conveyance, however, is made and accepted subject to any and all restrictions, encumbrances, easements, covenants and conditions, if any, relating to the hereinabove described property as the same are filed for record in the County Clerk's Office of Comal County, Texas.

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, except as to the

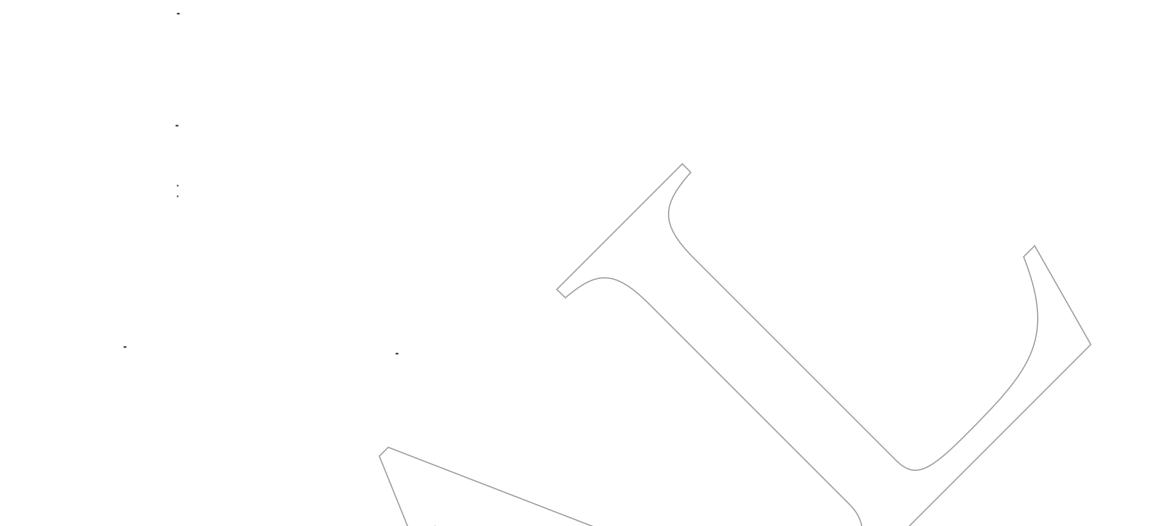
Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

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

EXECUTED this 4 day of September, 2019.







THE STATE OF Texas COUNTY OF Coma The foregoing instrument was acknowledged before me on the $\frac{4^{+1}}{4^{-1}}$ day of Schember, 2019 by Ernesto Rivera, Manager of ERSAT LLC. BRENDA TIM Notary Public State of Texas ID # 13027762-6 My Comm. Expires 06-29-2023 NOTARY PUBLIC, STATE OF -ell-AFTER RECORDING, RETURN/TO: PREPARED IN THE LAW OFFICE OF Shaddock & Associates, P. C. Capital Title of Texas 2400 N. Dallas Parkway, Ste. 560 18534 Forty Six Parkway, Suite 4 Plano, Texas 75093

Document prepared without the benefit of any examination of title, the accuracy and sufficiency of the legal description of the property, ascertaining status of any liens and other claims against or affecting the property, status of tax payments, or the existence, location and status of easements, restrictions, covenants, encroachments or overlapping of improvements or review of Filed and Recorded any recorded documents that affect the property. **Official Public Records**

Spring Branch, TX 78070 P: (830) 980-6000 / F: (855) 275-5302

Comal County, Texas 09/04/2019 01:27:23 PM **TERRI 2 Pages(s)** 201906031239

Bobbie Koepp, County Clerk



Testing and Reporting Record

This Testing and Repor	ting Recor	rd shall be c	ompleted, signed, a	and dated at time of	inspection.	
Inspection Due Date: 12/14/2	3 Ins	talled:	Ser	vice expires:		~
Billing Address: I TEXAS BUILDERS, L				ivsical Address:)UER BROOK BRANCH, TX		
Telephone: Alt. Phone: Subdivision: CYPRESS COVE NOTES: TYPE OF SYSTEM: PRO FLO DR			Lot: //3	Perr Cou SN:	nit # 1/4214 nty: CoMAL	
Inspected Item:		ational	Inoperative			
Aerators SCFM/ Compressors PSI (Record Pressure Reading) Filters Irrigation Pumps Disinfection Device Chlorine Supply Electrical Circuits Distribution System Sprayfield Vegetation Back Flush Drip Field, if applicabl Other as Noted Access Lids are Secured		2.6 PS1 30 PS1 	No	System (list all or <u>CK FLOATS &</u> <u>CK DISC F</u> <u>CK PSI ON</u> <u>CLEAN</u> <u>CK ELEC</u> <u>SYSTEM</u>	ILTER COMPRESS 2	2-2-
TESTS REQUIRED AND RESULTS:	Dee	utinal	De	sults	Teet	
	YES	uired NO		00mi or Trace	Test Method	
BOD (Grab) TSS (Grab) C1 (Grab)	110		070 DRIP	р Э	SEUDGE JUDGE	
Fecal Coliform						
				<u>(</u> -		
Copies of this report have been for Maintenance Technician: MARTIN Date of Completion: 12.14.2 Maintenance Provider:	3	Start Jo	b Time: 2:30	<u>PM</u> Stop Job Tin	ne: 3:00 PM	ж (м.
				-		

Testing an	d Reporting	Record
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This Testing and	Reporting (ecord chall I		
Inspection Due Date: 4,11-	74		12.6.23 Service expires	ime of inspection.
Billing Adduce	-	Installed:	12.6123 Service expires	\$2.6.75
Billing Address: E- MAIL			Dhycical Adda	· Automation ()
Line			Physical Addr 1365 OVERBLOOK	ess: CN
			SPRING BRANCH,	
			I TEXAS BAILD	Dec AIC
Telephone:				
Alt. Phone:				Permit # //4214
				County: COMAL
Subdivision: CYPRESS Cove	EWNIT	1		SN:
NOTES:				
TYPE OF SYSTEM: AND TO DA	erp Sys	TEM		
Inspected Item:	Ope	rational	Inoperative	
Aerators SCFM/ Compressors	PSI	2	Action taken	, Repairs or Needed repairs
(Record Pressure Reading)	V	ANTS	system (list a	Il components replaced):
Filters	V		CKFLOATS	EALARMS
Irrigation Pumps	1	······		FILTEN
Disinfection Device				MARESSOR FILTER
Chlorine Supply			CACIEL	
Electrical Circuits	1/		EK ELE	<u>C</u>
Distribution System	V			
Sprayfield Vegetation	V		Hower IN	TT DOCUPIED
Back Flush Drip Field, if applica	ble V		SUSTEM	
Other as Noted			-2421 5114	OPERATIONAL
Access Lids are Secured	(1	es	No	
ESTS REQUIRED AND RESULTS:				
	Rec	uired		
	YES	NO	Results Mg/1mpn/100mi or Trace	Test
BOD (Grab)			mg/ impl/ toom or trace	Method
TSS (Grab)	~		03	SLUDSE
C1 (Grab)		./		JASGE
Fecal Coliform			DRIP	
	<u> </u>			
	e .	1	A SP	
Copies of this report have been	torwarded	d to the fo	llowing: CUSTOMER COU	NTY
Maintenance Technician: MAR	TIN PASO	AREUA	MT 8002069	
Date of Completion: $41/12^{4}$	1	_ Start Jo	b Time: <u>Z, 30 PM</u> Stop Job ⁻	Time: <u>3:00PM</u>
Maintenance Provider:	·11.	Ru	1, MP002099 20	
and the second se	ut en te den et en de te	ana an		

Testing and Reporting Record

		156666556	silali pe c	ompleted, signed,	and dated at time	of inspection.	
Inspection Due Date: 8.15					rvice expires:		
Billing Address: E - MAN					hysical Address: DVEZBROOK BRANCH; BRANCH;		
Telephone: Alt. Phone: Subdivision: <i>CyPRESS Covi</i> NOTES:	e un	217/		Lot: //3		rmit#114214 unty: CoMAL :	
TYPE OF SYSTEM: PROFLO DI	RIP :	Syst	EM				
Inspected Item:		perat		Inoperative			11-11-31550-13550-0000000000000000000000
Aerators SCFM/ Compressors F (Record Pressure Reading) Filters Irrigation Pumps Disinfection Device Chlorine Supply Electrical Circuits Distribution System Sprayfield Vegetation Back Flush Drip Field, if applica Other as Noted Access Lids are Secured IESTS REQUIRED AND RESULTS:	h h h ble	V 2, V		S MOWED No	System (list all CK FLOMTS CK DISC) BACKFLUS CK FSI DI CLEMW CK ELEC	H U COMPRESSOR FILTER	1): E
TESTS REQUIRED AND RESULTS:	ſ	Requi	od	Pa	sults	Toot	
	YES		NO	Mg/1mpn/10		Test Method	
BOD (Grab)							
TSS (Grab)	V	/		0		Scurbe Jurge	
C1 (Grab)			V	DRIP	•		
Fecal Coliform							
			Abalal	· Pues	COMER & COL 2064'		

Testing and Reporting Record

This Testing and Reporting Record shall be completed, signed, and dated at time of inspection.

Inspection Due Date: 12-4-24	Installed: /2-6-23	Service expires: 12-6-25
Billing Address: SAME		Physical Address:

IBLS OVERBROOK LN SPRING BRANCH, TX 78070 I TEXAS BUILDERS LLC

Lot: 113

Permit # 114214 County: Comp L SN:

Telephone: 210-409-7379 **Alt. Phone**:

Subdivision: CYPRESS COUE UNIT 1 NOTES:

TYPE OF SYSTEM: PRO FLO DRIP SYSTEM

Inspected Item:

Operational Inoperative

Aerators SCFM/ Compressors PSI		, , ,
(Record Pressure Reading)	, v	1.0
Filters		
Irrigation Pumps		
Disinfection Device		
Chlorine Supply	-	
Electrical Circuits	V	
Distribution System	V	
Sprayfield Vegetation	~	
Back Flush Drip Field, if applicable		
Other as Noted		
Access Lids are Secured	(Yes)	No

Action taken, Repairs or Needed repairs to system (list all components replaced):
CHECKED FLOATS, BACKFLUSHED
SYSTEM CLEANED DISCH
COMPRESSOR FLLTERS, CHECKED PSION COMPRESSOR
CHECKED ELEC.
SYSTEM OPERATIONAL

TESTS REQUIRED AND RESULTS:

	Required		Results	Test
	YES	NO	Mg/1mpn/100mi or Trace	Method
BOD (Grab)				
TSS (Grab)	V		0%	SLUDGE JUDGE
C1 (Grab)		V	DRIP	
Fecal Coliform				
-				
Copies of this report have been	forwarded	to the fo	lowing: CHSTOMER & C	OUNTY
Vaintenance Technician: DAU			1435	
Date of Completion: 12-4-			o Time: 11:00 Stop Job T	ime: 11:30

Maintenance Provider: Nilliam Biker MPOW 2099 70