



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: **08/10/2022** Permit Number: **114917**

Location Description: 2511 CYPRESS GARDENS BLVD
SPRING BRANCH, TX 78070

Subdivision: Cypress Lake Gardens, Western Skies
Unit: n/a
Lot: 5
Block: 104
Acreage: 0.0000

Type of System: Aerobic
Surface Irrigation

Issued to: Johnny Wilson and Jenny Wilson

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
Comal County Environmental Health

OS0037176

ENVIRONMENTAL HEALTH INSPECTOR

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: 114917
Issued This Date: 07/29/2022
This permit is hereby given to: Johnny Wilson and Jenny Wilson

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

2511 CYPRESS GARDENS BLVD
SPRING BRANCH, TX 78070

Subdivision: Cypress Lake Gardens, Western Skies
Unit: n/a
Lot: 5
Block: 104
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.



ON-SITE SEWAGE FACILITY APPLICATION

Date 07-18-22

Permit Number 114917

1. APPLICANT / AGENT INFORMATION

Owner Name Johnny Wilson & Jenny Wilson
Mailing Address 521 Swing Horse Circle
City, State, Zip Spring Branch Tx 78070
Phone # 210-409-8640
Email Satxjw@aol.com

Agent Name Thalia Rivas
Agent Address 30804 Rice Rd.
City, State, Zip Bulverde Tx 78163
Phone # 210-385-3487
Email Rs.tr@ossfdesigns.com

2. LOCATION

Subdivision Name CYPRESS LAKE GARDENS, WESTERN SKIES SECTION Unit _____ Lot 5 Block 104
Survey Name / Abstract Number _____ Acreage _____
Address 2511 Cypress Gardens Blvd City Spring Branch State Tx Zip 78070

3. TYPE OF DEVELOPMENT

Single Family Residential
Type of Construction (House, Mobile, RV, Etc.) Mobile Home
Number of Bedrooms 2
Indicate Sq Ft of Living Area 1088sqft

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: \$ 15,000 (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.

Signature of Owner

07-18-22
Date

Planning Materials & Site Evaluation as Required Completed By Thalia Rivas

System Description Aerobic Treatment System with Spray Irrigation

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

Tank Size(s) (Gallons) 600 GPD Aerobic Treatment Unit Absorption/Application Area (Sq Ft) 2812.5sqft

Gallons Per Day (As Per TCEQ Table III) 180 GPD

(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 

07-18-22

Date

YCB



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 (TCEQ) 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 TCEQ, 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 TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ that the appropriate OSSF was installed.

II

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

Lot 5 Block 104 Subdivision CYPRESS LAKE GARDENS, WESTERN SKIES SECTION Unit/Phase/Section _____

If not in Subdivision: _____ Acres _____ Survey _____

The property is owned by (insert owner's full name): JOHNNY WILSON AND JENNY WILSON

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

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the Comal County Engineer's Office.

Johnny Wilson
Owner Name

[Signature]
Owner Signature

Jenny Wilson
Owner Name

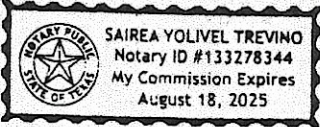
[Signature]
Owner Signature

This instrument was acknowledged before me on: 19th Day of July, 2022.

Sairea Y. Trevino
Notary's Printed Name

[Signature]
Notary Public, State of Texas

Commission Expires: Aug 18th 2025



Affix Notary Stamp Above

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
07/20/2022 03:00:01 PM
LAURA 1 Page(s)
202206033139

Bobbie Koepf

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

Phone: (830) 312-8776

AerobicSolutions.net office@aerobicsolutions.net

To: Johnny & Jenny Wilson
2511 Cypress Gardens Blvd
Spring Branch, TX 78070

Contract Period

Start Date:

End Date:

Customer ID: 1150

Main Phone: (210) 409-8640

Cell Phones:

Alternate Cell:

Email: satxjw@aol.com

Aerobic Maintenance Solution LLC

3 visits per year - one every 4 months

Site: 2511 Cypress Gardens Blvd, Spring Branch, TX 78070

County: Comal

Installer: Self

Agency: Comal County Environmental Health

Mfg/Brand: --

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 \$450.00

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: Johnny Wilson Signature: [Signature] Date: 07/20/22

Client Phone number Home _____ Work _____ Cell 210-409-8640

Email Address Satxjw@aol.com

Any Gate or Combo code for inspections _____

Contractor Aerobic Maintenance Solutions Inc.

MP Signature: [Signature] Date 7/20/2022
MP NUMBER MP 0000996

Date Printed: 7/19/2022

Thalia A. Rivas, R.S.
30804 Rice Rd
Bulverde, Texas 78163
210-385-3487

July 18th, 2022

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

Re- Septic Design
2511 CYPRESS GARDENS BLVD
CYPRESS LAKE GARDENS, WESTERN SKIES
SECTION, BLOCK 104, LOT 5
SPRING BRANCH, TX 78070

Ms. Ritzen,

Due to the lack of available application area it is necessary to have the setback from the property line to the spray at ten feet as required by TCEQ Chapter 285 rules Table X. I hereby request a variance to the twenty foot setback to property lines as required by Comal County Order and equivalent protection will be maintained by including a battery backup to the timer clock to assure sprayers to only spray during the predawn hours. In my professional opinion this variance will not pose a threat to the environment or public health.

If I can be of further assistance please contact me.

Sincerely,



Thalia A. Rivas, R.S. #5067

7-18-22

Date



OSSF SOIL EVALUATION REPORT INFORMATION

DATE: 07-15-22

APPLICANT INFORMATION:

Name: Johnny Wilson & Jenny Wilson
Address: 521 Swing Horse Circle
City: Spring Branch
Zip Code: 78070 Phone: 210-409-8640

SITE EVALUATOR INFORMATION:

Name: Thalia Rivas
Address: 30804 Rice Rd.
City: Bulverde State: Tx
Zip Code: 78163 Phone: 210-385-3487

PROPERTY LOCATION:

Lot 5 Unit: _____ Block: 104
Street Address: 2511 Cypress Gardens Blvd
City: Spring Branch Zip: 78070
Additional Info.: _____

INSTALLER INFORMATION:

Name: _____
Company: _____
Address: _____
City: _____ State: _____
Zip Code: _____ Phone: _____

TOPOGRAPHY: Slope within proposed disposal area: 2 %

Presence of 100yr. Flood Zone	YES _____	NO <u>X</u>
Existing or proposed water well in nearby area.	YES _____	NO <u>X</u>
Presence of adjacent ponds, streams, water impoundments	YES _____	NO <u>X</u>
Presence of upper water shed	YES _____	NO <u>X</u>
Organized sewage service available to lot	YES _____	NO <u>X</u>

I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL SANITARIAN AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY (EFFECTIVE DECEMBER 29, 2016).



THALIA RIVAS R.S 5067 – S.E. 36382

07-15-22

Date



OSSF SOIL EVALUATION

Date Performed: 07-15-2022

Property Location: 2511 Cypress Gardens Blvd. Spring Branch Tx 78070 Proposed Excavation Depth: 5'

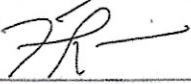
Name of Site Evaluator: Thalia Rivas Registration #: OS0036382

Requirements: At least two soil excavations must be performed on the site at opposite ends of the proposed disposal area. Locations of soil boring or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated. Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

Soil Boring Number					
Depth (feet)	Textural Class	Structure (if applicable)	Drainage (Mottles/Water Tables)	Restrictive Horizon	Observations
0					
0-2"	IV	CLAY	N/A	ROCK @ 2"	ROCK @ 2"
1					
2"- 60"	ROCK	ROCK			
2					
3					
4					
5					

Soil Boring Number					
Depth (feet)	Textural Class	Structure (if applicable)	Drainage (Mottles/Water Tables)	Restrictive Horizon	Observations
0					
0-2"	IV	CLAY	N/A	ROCK @ 2"	ROCK @ 2"
1					
2"- 60"	ROCK	ROCK			
2					
3					
4					
5					

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



Signature of Site Evaluator

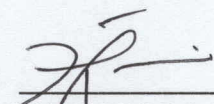
07-15-22

Date

AEROBIC TREATMENT – SPRAY IRRIGATION**VEGETATION PLAN / LANDSCAPING:**

- Land acceptable for surface application shall have a flat terrain with less than or equal to 15%. Sloped land with greater than 15% may be acceptable if it is properly landscaped and terraced to minimize run off. There shall be nothing in the surface application area within 10 feet of the sprinkler which would interfere with the uniform application of the effluent.
- Areas that have exposed rock, rocks should be removed or must be covered with suitable amount of soil or mulch.
- Areas that are bare or have been disturbed must be seeded or sodded with a mixture of rye and bermuda grasses or other grass species prior to system operation.
- Spray area that goes over ATU, ATU must be covered with 12" of suitable soil and soil must be seeded or sodded with Bermuda grasses or other grass species prior to system operation.
- Disturbance of any natural landscape over spray application area during installation phase shall be re-established with the same vegetation prior to system start-up.
- Evergreen bushes with shallow root systems may be planted in the disposal area to assist in water uptake.
- Application area should be maintained with vegetation at all times.

All design criteria is in accordance with TCEQ, Title 30, TAC Chapter 285, Subchapter D, On-Site Sewage Facilities (Effective December 26,2012). The above vegetation protection/ remediation plan complies with and meets the requirements of TCEQ, Title 30, TAC Chapter 285, Subchapter D, On- Site Sewage Facility (Effective December 26, 2012).



THALIA RIVAS R.S 5067

07-28-22

DATE



DESIGN REPORT FOR ON-SITE SEWAGE FACILITY

OWNER/LOCATION: Johnny Wilson & Jenny Wilson
2511 Cypress Gardens Blvd. Spring Branch Tx 78070

SITE DESCRIPTION AND EVALUATION: OSSF System will serve a 2 bed residence 1088sqft.
Property has about 2% slope with type IV soil and Rock as described in soil evaluation report.

WASTEWATER DESIGN FLOW: This system is for a Aerobic Treatment System with Spray Irrigation,
 with the projected wastewater flow of 180 gpd per TCEQ.

DESIGN SPECIFICATIONS AND APPLICATION:

Soil Class	=	<u>IV Soil and Rock</u>
Daily water usage	=	<u>180 GPD</u>
Long term application rate	=	<u>0.064 Application Rate</u>
Area required	=	<u>Install: 2834.14sqft</u>
Total required length of standard lateral lines	=	<u>N/A</u>
Leaching chamber total length of lines	=	<u>N/A</u>

CALCULATIONS: $A = Q / Ra$
 Minimum 2812sqft = 180GPD / 0.064
 Total Lid Surface Area: 4.86sqft
 1 - 5"R = .5sqft
 2 - 10"R = 2.18sqft

Install:
 1 - 28'R - 180° = 1230sqft
 1 - 25'R - 180° = 981sqft
 1 - 20'R - 180° = 628sqft

Total Spray Area Install: 2834.14sqft
 2839sqft - 4.86sqft(lids) = 2834.14

TANK CAPACITY: 600 GPD Clear Streams NC3T



THE SLOPE OF THE PIPE FROM THE BUILDING TO THE TREATMENT SYSTEM SHALL BE NO LESS THAN 1/8" FALL PER FOOT OF PIPE

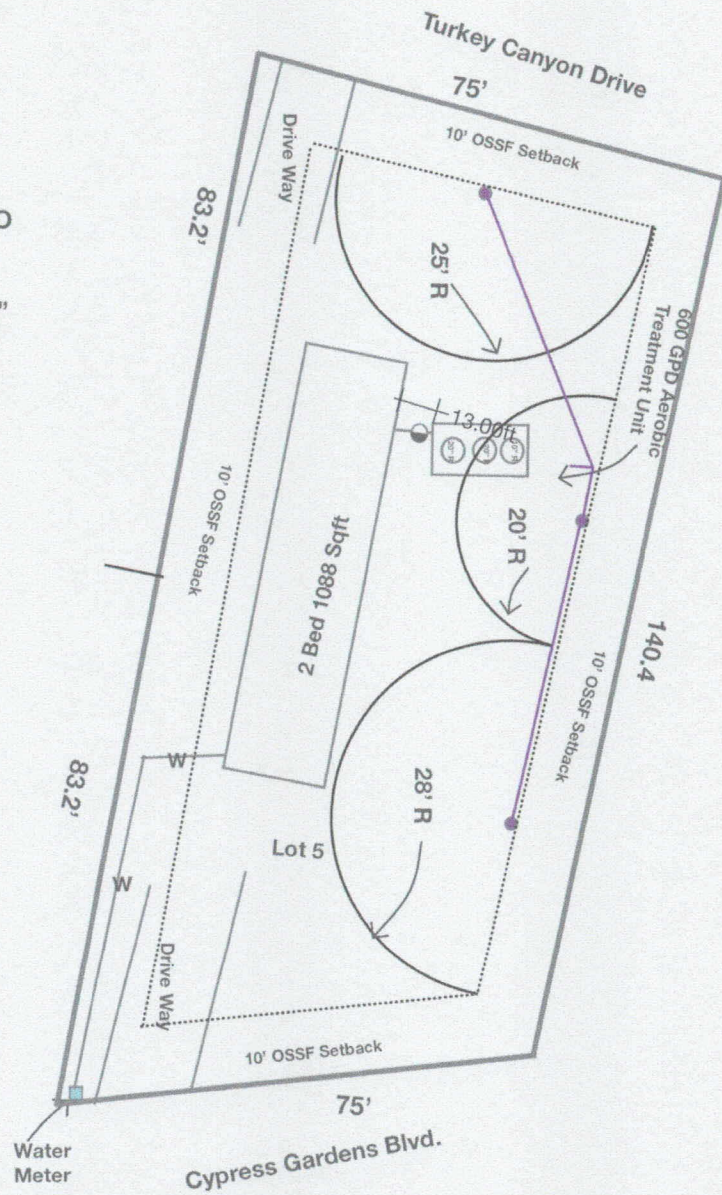
USE TWO WAY CLEAN OUT SCH 40 OR SDR 26 FROM BUILDING TO TREATMENT UNIT

ATU MUST BE COVERED WITH 12" OF SUITABLE SOIL AND AREA MUST BE SEEDED OR SODDED WITH BERMUDA GRASSES OR OTHER GRASS SPECIES PRIOR TO START-UP

SPRAY AREA = 2834.14SQFT

INSTALL:
1- 28'R 180°
1- 20' R 180°
1- 25'R 180°

LEGEND
X = TEST HOLES
W = WATER LINE
● = CLEANOUT



[Handwritten signature]

OWNER: JOHNNY WILSON AND JENNY WILSON
LEGAL DESCRIPTION: LOT 5, BLOCK 104, CYPRESS LAKE GARDENS SUBD. WESTERN SKIES SECTION
ADDRESS: 2511 CYPRESS GARDENS BLVD. SPRING BRANCH TX 78070
PREPARED BY: THALIA RIVAS R.S 5067 SCALE: 1" = 30'

TANK NOTES:

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

Tightlines to the tank shall be SCH-40 PVC.

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

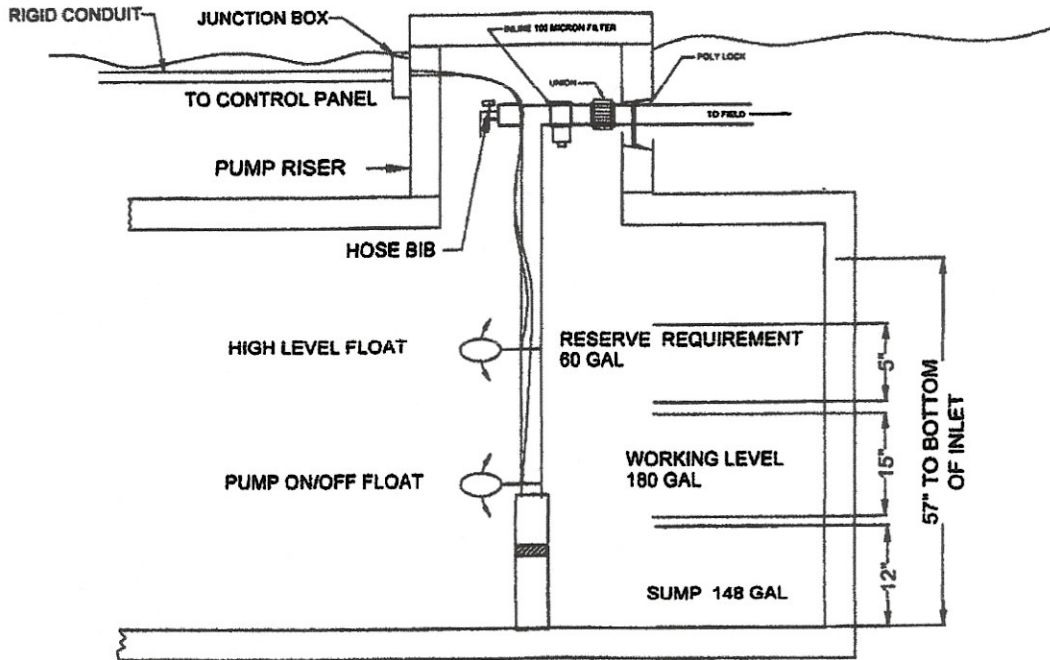
A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

Tanks must be left uncovered and full of water for inspection by the permitting authority.



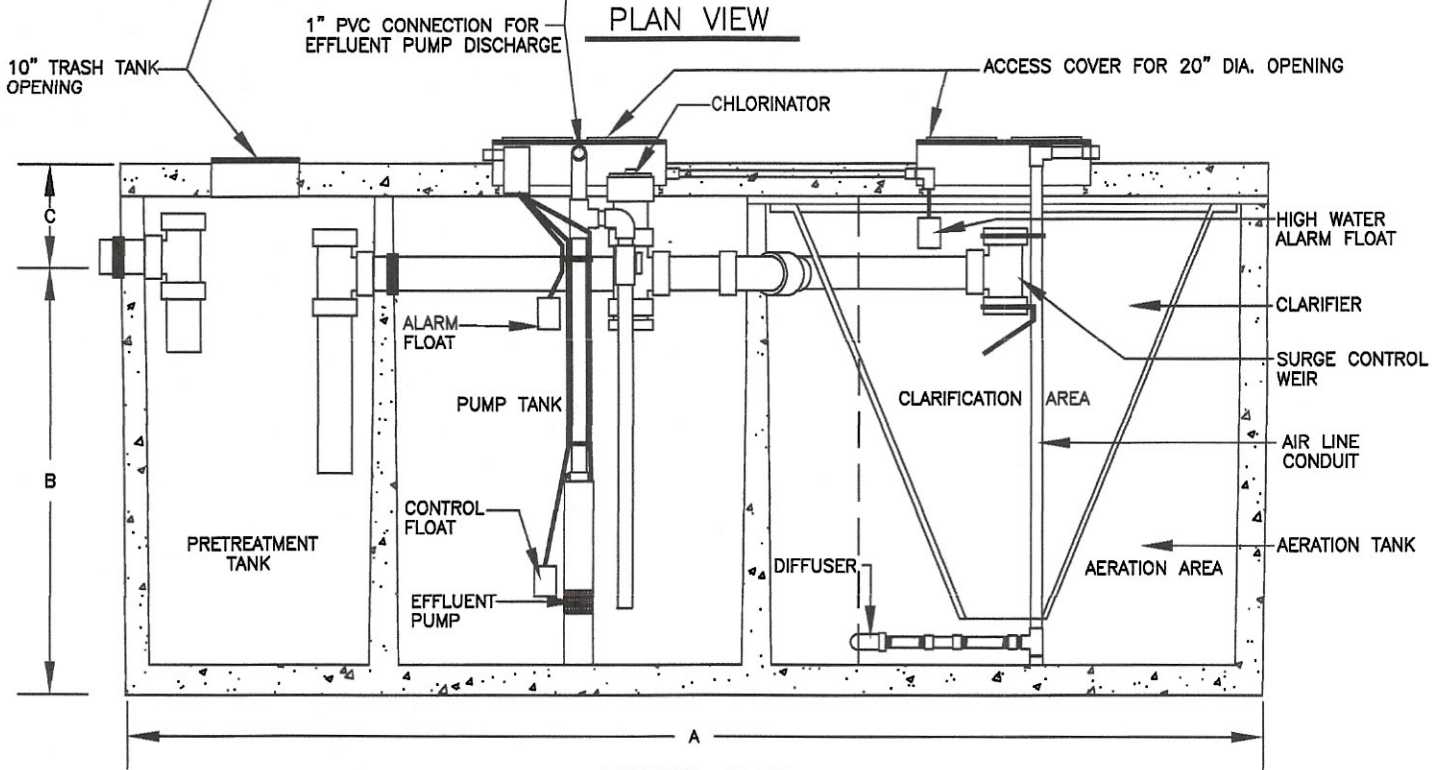
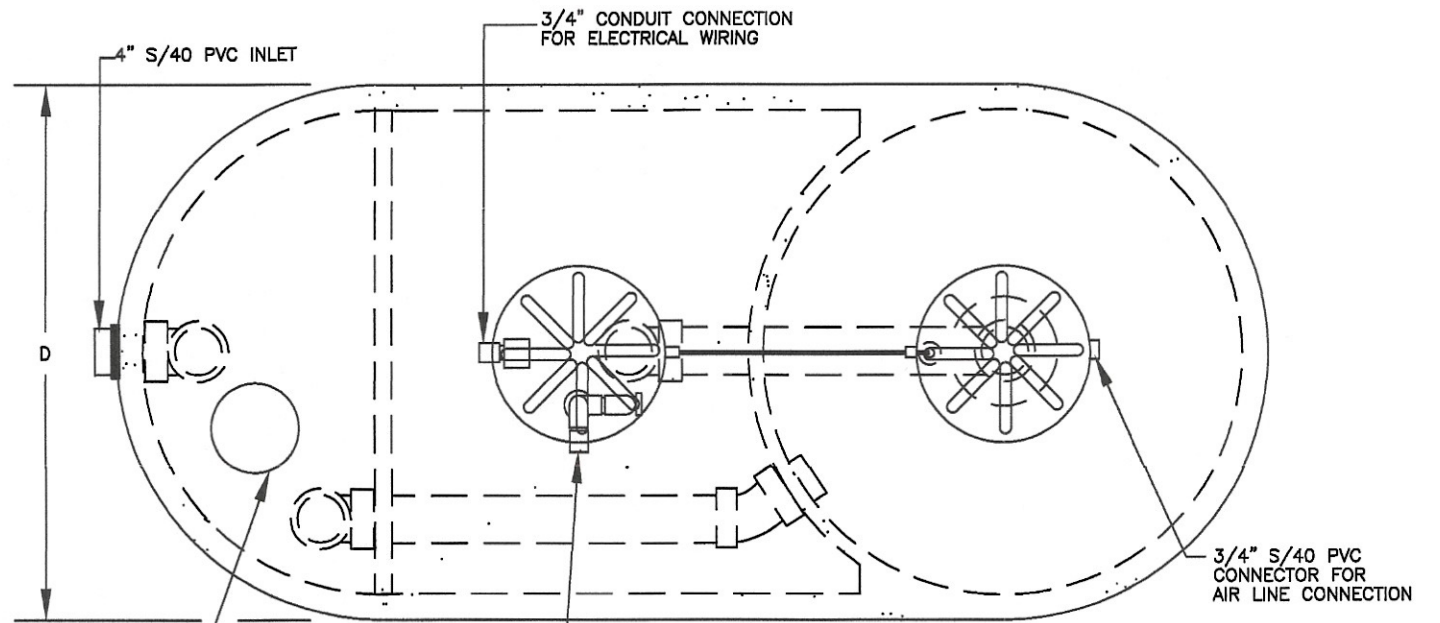
A handwritten signature in black ink, appearing to read "Thalia Rivas", located to the right of the professional seal.

ALL WIRING MUST BE IN COMPLIANCE WITH THE MOST RECENT NATIONAL ELECTRIC CODE



**TYPICAL PUMP TANK CONFIGURATION
CLEARSTREAM 600NC3T W/ 700 GAL PUMP TANK**

DESIGN DRAWINGS



MODEL NC3
SECTION

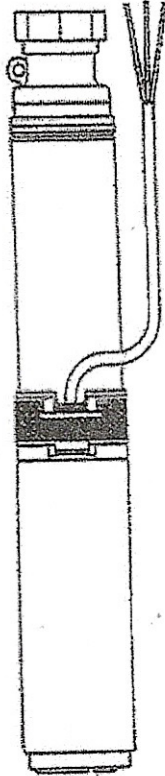
DIMENSIONAL DATA

MODEL	A	B	C	D
500NC3-500	12'-2"	60"	12"	75"
500NC3-750	13'-5"	60"	12"	75"
600NC3	12'-7"	60"	12"	82"

Little GIANT

P. O. Box 12010
Oklahoma City, OK 73157-2010
405.947.2511 • Fax: 405.947.8720
www.LittleGiantPump.com
CustomerService-WTS@lga.com

OWNER'S MANUAL



BEFORE INSTALLING PUMP, BE SURE TO READ THIS OWNER'S MANUAL CAREFULLY.


Fill the pump with water before starting or the pump will be damaged. The motor on this pump is guaranteed by the manufacturer, and in the event of failure it must be returned to an authorized service station for repairs. The motor warranty is void if repairs are not made by an authorized repair station.


INSPECT THE SHIPMENT


Examine the pump when it is received to be sure there has been no damage in shipping. Should any be evident, report it immediately to the dealer from whom the pump was purchased. Please check the pump package to see that it includes pump, motor, and motor leads (if your pump purchase includes a motor).


Make certain that your available voltage corresponds to that of your motor.

READ AND FOLLOW SAFETY INSTRUCTIONS

 This is the safety alert symbol. When you see this symbol on your pump or in this manual, look for one of the following signal words and be alert to the potential for personal injury.

 warns about hazards that will cause serious personal injury, death, or major property damage if ignored.

 warns about hazards that can cause serious personal injury, death, or major property damage if ignored.

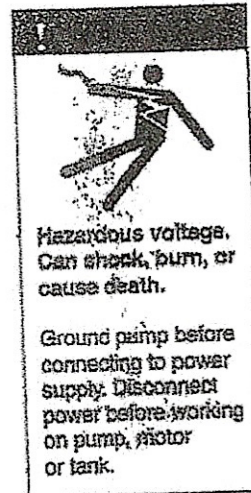
 warns about hazards that will or can cause minor personal injury or major property damage if ignored.


The label **NOTICE** indicates special instructions, which are important but not related to hazards.


Carefully read and follow all safety instructions in this manual and on pump.


Keep safety labels in good condition.


Replace missing or damaged safety labels.



 Wire motor for correct voltage. See Electrical Information section of this manual and motor nameplate.

 Ground motor before connecting to power supply.

 Meet National Electrical Code, Canadian Electrical Code, and local codes for all wiring.

 Follow wiring instructions in this manual when connecting motor to power lines.



108256101 Rev.2 5/12

Pump Specifications

PROPLUS™ GEAR DRIVEN SPRINKLER SETTING INSTRUCTIONS

NOTE: The ProPlus is factory preset with a 90° arc setting, and includes a pre-installed #2.5 nozzle.

CHANGING A NOZZLE

1► REMOVING THE NOZZLE RETENTION SCREW

Use your K-Key or a small flat blade screwdriver to remove the nozzle retention screw by turning counter-clockwise to remove and clockwise to re-install.

2► PULL UP THE RISER

Insert the K-Key in the keyhole on the top of the nozzle turret and turn the key 1/4 turn to insure that the key does not slip out of the keyhole when you pull it up. Firmly pull up the entire spring-loaded riser to access the nozzle socket. Hold the riser assembly up with one hand.

3► REMOVING THE NOZZLE

With the nozzle retention screw removed, insert the K-Key into the slot directly under the nozzle "prongs" at the top of the nozzle. Now, turn the key 1/4 turn to "hook" the nozzle and pull the nozzle out.

4► INSTALLING A NOZZLE

Press the desired nozzle into the nozzle socket. Make sure the nozzle number is visible and the nozzle "prongs" are up. Then, re-install the nozzle retention screw. **NOTE:** The nozzle retention screw is also a break-up screw and used to adjust the distance of the spray.

SETTING THE ARC ADJUSTMENT

1► FINDING THE LEFT START POSITION

Place your finger on the top center of the nozzle turret. Rotate the turret to the right until it stops and then back to the left until it stops. Notice the position of the nozzle arrow. This is the "Left Start" position. The sprinkler will begin spraying from this position and rotate clockwise until it reaches the right Adjustable Stop-Return Point.

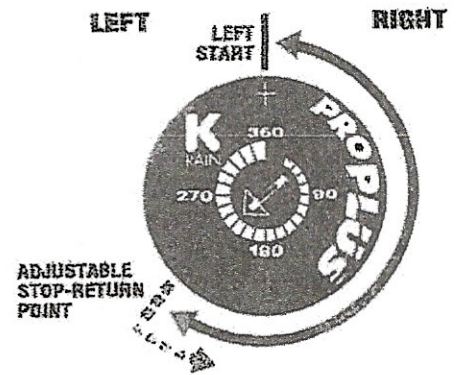
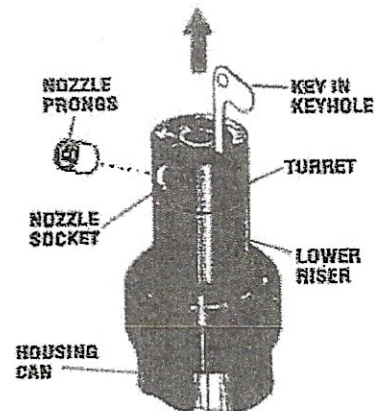
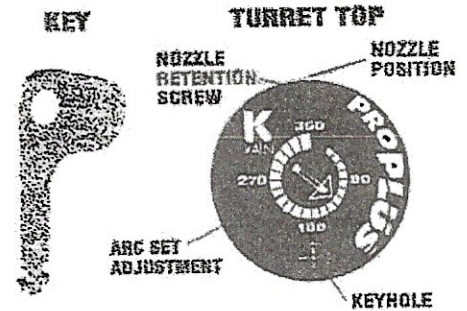
2► ORIENTING THE LEFT START POSITION

Insert the K-Key in the keyhole on the top of the nozzle turret and turn the key 1/4 turn to insure that the key does not slip out of the keyhole when you pull it up. Being careful not to allow the nozzle turret to turn, firmly pull up the entire spring-loaded riser. Hold the lower riser assembly up with one hand. Now turn only the lower riser clockwise or counter-clockwise until the nozzle arrow is pointing where you want the sprinkler to begin spraying.

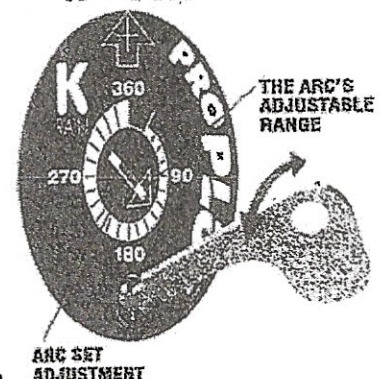
3► CHANGING THE ARC

Insert the K-Key or a small flat blade screwdriver into the Arc Set Adjustment slot. Turn clockwise to increase the arc or counter-clockwise to decrease the arc.

WHEN SET AT 360°, THE PROPLUS WILL ROTATE CONTINUOUSLY IN A CLOCKWISE DIRECTION.



**ARC SELECTION:
40° TO 360°**



from Specification
Crean

PROPLUS™ GEAR DRIVEN SPRINKLER SETTING INSTRUCTIONS

SPRINKLER INSTALLATION

1 ▶ INSTALL AND BURY

Do not use pipe dope. Thread the sprinkler on the pipe. Bury the sprinkler flush to grade. **NOTE:** Gear driven sprinklers and pop-up sprays should not be installed on the same watering zone.

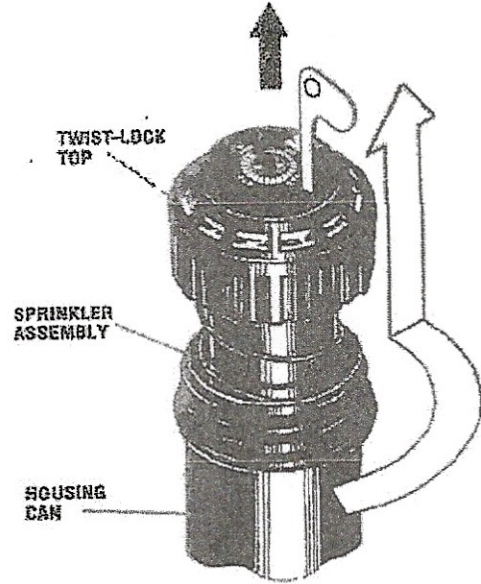
2 ▶ INSPECTING THE FILTER

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

3 ▶ WINTERIZATION TIPS

When using an air compressor to remove water from the system please note the following:

- 1) Do not exceed 30 PSI.
- 2) Always introduce air into the system gradually to avoid air pressure surges. Sudden release of compressed air into the sprinkler can cause damage.
- 3) Each zone should run no longer than 1 minute on air. Sprinklers turn 10 to 12 times faster on air than on water. Over spinning rotors on air can cause damage to the internal components.



STANDARD NOZZLE PERFORMANCE

Nozzle	U.S.		Flow GPM	METRIC		Flow L/M	MPH
	Pressure PSI	Radius ft.		Pressure KPa	Radius Meters		
#2.5 Factory Installed Nozzle	30	38'	2.5	206	2.04	11.6	9.46
	40	39'	2.8	275	2.72	11.9	10.60
	50	40'	3.2	345	3.40	12.2	12.11
	60	41'	3.6	413	4.08	12.5	13.25
#0.5	30	28'	0.5	206	2.0	8.5	1.89
	40	29'	0.6	275	3.0	8.8	2.27
	50	29'	0.7	345	3.5	9.1	2.65
	60	30'	0.8	413	4.0	9.1	3.03
#0.75	30	29'	0.7	206	2.0	8.8	2.65
	40	30'	0.8	275	3.0	9.1	3.03
	50	31'	0.9	345	3.5	9.4	3.41
	60	32'	1.0	413	4.0	9.6	3.79
#1	30	32'	1.3	206	2.0	9.8	4.92
	40	33'	1.5	275	3.0	10.1	5.68
	50	34'	1.6	345	3.5	10.4	6.05
	60	35'	1.8	413	4.0	10.7	6.81
#2	30	37'	2.4	206	2.0	11.8	9.08
	40	40'	2.5	275	3.0	12.2	9.46
	50	42'	3.0	345	3.5	12.8	11.35
	60	43'	3.3	413	4.0	13.1	12.49
#3	30	38'	3.6	206	2.0	11.6	13.63
	40	39'	4.2	275	3.0	11.9	15.69
	50	41'	4.6	345	3.5	12.5	17.41
	60	42'	5.0	413	4.0	12.8	18.92
#4	30	43'	4.4	206	2.0	13.1	16.65
	40	44'	5.1	275	3.0	13.4	19.30
	50	46'	5.6	345	3.5	14.0	21.19
	60	49'	5.9	413	4.0	14.9	22.93
#6	40	45'	5.9	206	2.0	13.7	22.33
	50	46'	6.0	275	3.5	14.0	22.71
	60	48'	6.3	345	4.0	14.6	23.85
	70	49'	6.7	413	5.0	14.9	25.35
#8	40	42'	8.0	206	3.0	12.8	30.26
	50	45'	8.5	275	3.5	13.7	32.12
	60	48'	9.5	345	4.0	14.8	35.95
	70	50'	10.0	413	5.0	16.3	37.86

LOW-ANGLE NOZZLE PERFORMANCE

Nozzle	U.S.		Flow GPM	METRIC		Flow L/M	MPH
	Pressure PSI	Radius ft.		Pressure KPa	Radius Meters		
#1	30	22'	1.2	207	2.04	6.71	4.54
	40	24'	1.7	275	2.72	7.82	5.43
	50	26'	1.8	344	3.40	7.92	6.80
	60	28'	2.0	413	4.08	8.53	7.56
#2	30	29'	1.0	207	2.04	8.83	11.34
	40	32'	1.1	275	2.72	9.75	11.72
	50	35'	1.2	344	3.40	10.67	12.23
	60	37'	1.3	413	4.08	11.58	13.36
#4	30	31'	3.4	207	2.04	9.45	12.85
	40	34'	3.9	275	2.72	10.36	14.74
	50	37'	4.4	344	3.40	11.28	16.63
	60	38'	4.7	413	4.08	11.58	17.77
#5	40	38'	6.5	275	2.72	11.58	24.57
	50	40'	7.3	344	3.40	12.49	27.59
	60	42'	8.0	413	4.08	13.40	30.24
	70	44'	8.6	482	4.76	13.41	32.51

Data represents test results in zero wind for ProPlus. Adjust for local conditions. Radius may be reduced with nozzle retention screw.



K-RAIN MANUFACTURING CORP.
1640 Australian Avenue
Riviera Beach, FL 33404 USA
PH: 1-561-844-1002 / 1-800-735-7246
FAX: 1-561-842-8493
WEB: <http://www.krain.com>

© K-RAIN Manufacturing Corp. L-88321

ump specification / spray

From: [Ritzen, Brenda](#)
To: "sabxjw@aol.com"; "Thalia Rivas"
Subject: Permit 114917
Date: Wednesday, July 27, 2022 4:29:00 PM
Attachments: [image001.png](#)

Re: Johnny & Jenny Wilson
Cypress Lake Gardens Western Skies Section Lot 5 Block 104
Application for Permit for Authorization to Construct an On-Site Sewage Facility (OSSF)

Owner / Agent :

The following information is needed before I can continue processing the referenced permit submittal:

- ✓ Submit a vegetation plan for the spray areas, including over the ATU, that is compliant with 285. The ATU lid areas must be subtracted from your total spray area.
- ✓ 2. Designer signature needed on design.
- 3. Revise as needed and resubmit.

Thank you,



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

DESIGN REPORT FOR ON-SITE SEWAGE FACILITY

VOID

OWNER/LOCATION: _____

Johnny Wilson & Jenny Wilson

2511 Cypress Gardens Blvd. Spring Branch Tx 78070

SITE DESCRIPTION AND EVALUATION: _____

OSSF System will serve a 2 bed residence 1088sqft.

Property has about 2% slope with type IV soil and Rock as described in soil evaluation report.

WASTEWATER DESIGN FLOW: This system is for a _____

Aerobic Treatment System with Spray Irrigation

with the projected wastewater flow of _____ 180 _____ gpd per TCEQ.

DESIGN SPECIFICATIONS AND APPLICABLE

VOID

Soil Class

IV Soil and Rock

Daily water usage

180 GPD

Long term application rate

0.064 Application Rate

Area required

Install: 2839sqft

Total required length of standard lateral lines

N/A

Leaching chamber total length of lines

N/A

CALCULATIONS:

$$A = Q / R_a$$

$$\text{Minimum } 2812\text{sqft} = 180\text{GPD} / 0.064$$

Install: 2839sqft

$$1 - 28'R - 180^\circ = 1230\text{sqft}$$

$$1 - 25'R - 180^\circ = 981\text{sqft}$$

$$1 - 20'R - 180^\circ = 628\text{sqft}$$

TANK CAPACITY: _____

600 GPD Clear Streams NC3T

VEGETATION PLAN: _____

All exposed rock must be covered in soil or mulch.



VOID

THE SLOPE OF THE PIPE FROM THE BUILDING TO THE TREATMENT SYSTEM SHALL BE NO LESS THAN 1/8" FALL PER FOOT OF PIPE

USE TWO WAY CLEAN OUT SCH 40 OR SDR 26 FROM BUILDING TO TREATMENT UNIT

AEROBIC UNIT MUST BE COVERED IN SOIL OR MULCH

SPRAY AREA = 2839SQFT

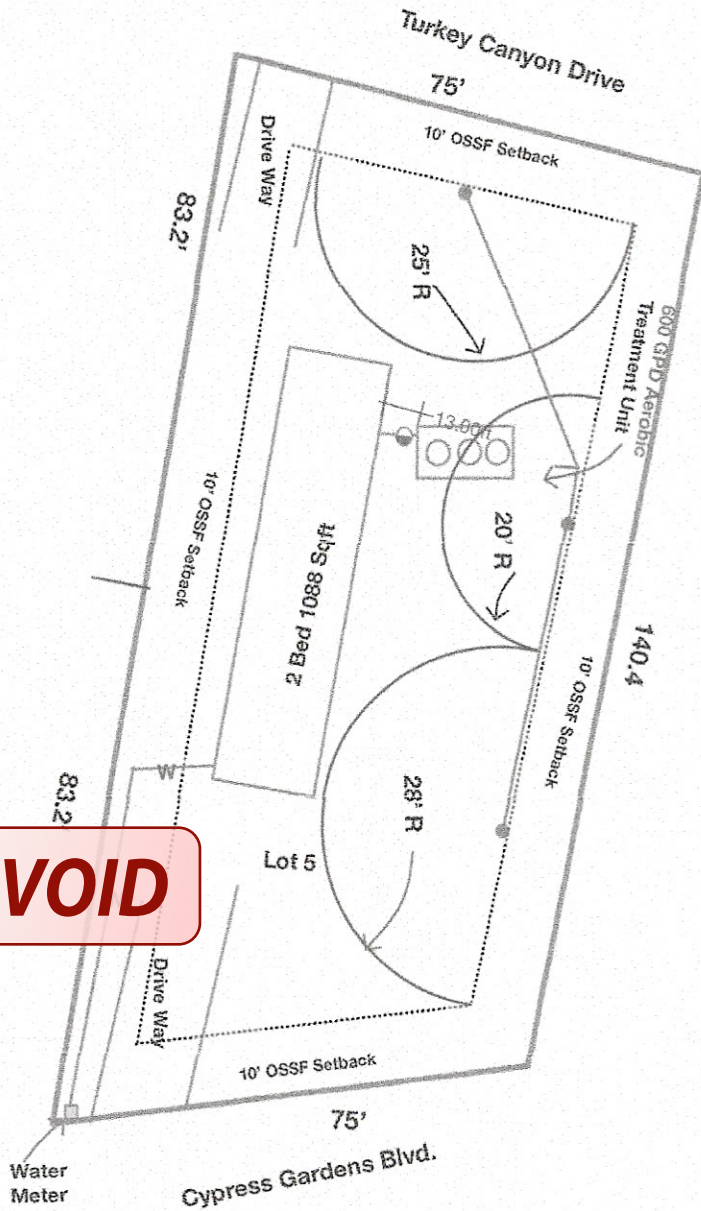
INSTALL:

- 1- 28'R 180°
- 1- 20' R 180°
- 1 - 25'R 180°

LEGEND

- X = TEST HOLES
- W = WATER LINE
- ⊙ = CLEANOUT

VOID



OWNER: JOHNNY WILSON AND JENNY WILSON
 LEGAL DESCRIPTION: LOT 5, BLOCK 104, CYPRESS LAKE GARDENS SUBD. WESTERN SKIES SECTION
 ADDRESS: 2511 CYPRESS GARDENS BLVD. SPRING BRANCH TX 78070
 PREPARED BY: THALIA RIVAS R.S 5067 SCALE: 1" = 30'

3/CB



202206007867 02/17/2022 03:57:58 PM 1/3

GENERAL WARRANTY DEED

STATE OF TEXAS {
 { **KNOW ALL MEN BY THESE PRESENTS**
COMAL COUNTY {

That for and in consideration of the sum of TEN AND NO/100 (\$10.00) Dollars and other goods and valuable consideration, cash in hand paid, the receipt and sufficiency to

Grantor: BRENDA M HESTER, a Widow

Grantor's Mailing Address: 6318 CYPRESS CRK, County of Bexar, City of SAN ANTONIO, State of Texas 78239

(hereinafter known as the "Grantor(s)") hereby grants, sells, and conveys to
Grantee: JOHNNY WILSON and wife, JENNY WILSON,

Grantee's Mailing Address: 521 Swing Horse Circle, County of COMAL, City of Spring Branch, State of TEXAS, 78070

joint Tenancy with right of Survivorship (hereinafter known as the ("Grantee(s)")) the following *described property, situated in COMAL County, Texas

Property

LOT 5 in BLOCK 104, CYPRESS LAKE GARDENS SUBDIVISION, WESTERN SKIES SECTION, according to the map or plat thereof, recorded in Volume 3, Page 18 of the Deed and Plat Records of Comal County, Texas, and being the same property conveyed by deed dated April 17, 2009, from MINNIE M. SCHOENFIELD, a widow to BRENDA M HESTER, a Widow of the deed of records of Comal County, Texas

TO HAVE AND TO HOLD, the tract or parcel of land above described together with all and singular the rights, privileges, tenements, appurtenances, and improvements unto the said Grantees, their heirs and assigns forever.

And said Grantors, for said Grantors, their heirs, successors, executors and administrators, covenants with Grantees, and with their heirs and assigns, that Grantors are lawfully seized in fee simple of the said Property; that said Property is free and clear from all Liens and Encumbrances, except as hereinabove set forth, and except for taxes due for the current and subsequent years, and except for any Restrictions pertaining to the Property of record of said County; and that Grantors will, and their heirs, executors and administrators shall, warrant and defend the same to said Grantees, and their heirs and assigns, forever against the lawful claims of all persons.

IN WITNESS WHEREOF, Grantor has executed and delivered this General Warranty Deed under seal as of the day and year first above written.

Brenda M. Hester

Grantor's Signature

BRENDA M HESTER
Grantor's Name

6318 CYPRESS CRK
Address

SAN ANTONIO, TX 78239-2701
City, State & Zip

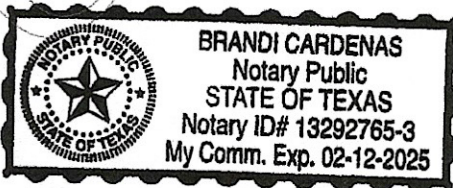
STATE OF TEXAS)

COUNTY OF Bexar

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Brenda M. Hester whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they, executed the same voluntarily on the day the same bears date.

Given under my hand this 17 day of Feb., 2022.

Brandi Cardenas
Notary Public



My Commission Expires: 02/12/2025



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.

UNOFFICIAL

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
02/17/2022 03:57:58 PM
LAURA 3 Page(s)
202206007867



Bobbie Koepf



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

[Shaded box for Date Received] [Shaded box for Initials]

Date Received Initials

[Shaded box containing 114917]

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

07-18-22

Date

COMPLETE APPLICATION
Check No. _____ Receipt No. _____

INCOMPLETE APPLICATION
(Missing Items Circled, Application Refeused)

Gatco DBA Aerobic Maintenance Solutions
P O Box 311899
New Braunfels, TX 78131

Printed: 11/29/2022

Phone: (830) 312-8776

sherrie@gatcotreatment.com
Permit #: 114917

To: **Johnny & Jenny Wilson**
2511 Cypress Gardens Blvd
Spring Branch, TX 78070

Tech: Not Assigned
 Brand/Mfg.: - **Clearstream 500N3 500**
 System S/N: **18401-555**
 Aerator and S/N:

Contract: 08/10/2022 - 08/10/2024
 Inspections per year: 3
 Service Due: **12/10/2022**
 Alt Cell:

Site: **2511 Cypress Gardens Blvd, Spring Branch**

Agency: Comal County Environmental Health
 County: Comal

Main Phone: (210) 409-8640

Cell:
 Work:

Subdivision:

Inspection Type: **SCHEDULED INSPECTION** Inspection # **1** of **6** for the contract year

Item	Operational	Inoperative	N/A
Control Panel:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerator / Air Compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetation field:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and observations: (As Required)

Air Pressure: CFM / PSI	Spray: <u>2</u>	Air Pressure: CFM / PSI	Drip: _____
Cleaned Air Filter: Y / N	Y / N	Cleaned Air Filter: _____	Y / N
Chlorine Residual: <u>.2</u>	Grab BOD / TSS	Water Pressure: N/A	_____
Test Method: _____	<u>Clear / colorless</u>	System Flushed: _____	Y / N
Color/Odor: _____		Color/Odor: _____	_____
		Drip Filter Cleaned: _____	Y / N

Tank Lids Secured: **Y** / N Repairs Made: **Y** / **N** Pump Filter Cleaned: **Y** / **N** Pumping Required: **Y** / **N**

Sludge Levels: Tank 2: 0" Tank 3: 0"

Repairs and Comments: Reset timer

Inspector: Was Nagley

Date: 12/15/22 12:30pm

Call first

Area: / 0
 GPS:

ID = 1150

Printed: 11/29/2022

CALL FIRST

2511 Cypress Gardens Blvd, Spring Branch, TX
 78070

Luna Environmental

4222 FM 482

New Braunfels, TX 78132

(830) 312-8776

sherrie@lunaenvironmental.com

Printed:10/10/2023

Permit: 114917

Site: 2511 Cypress Gardens Blvd, Spring Branch, TX 78070

Main Phone: 2104098640

Johnny & Jenny Wilson

2511 Cypress Gardens Blvd

Spring Branch, TX 78070

Agency: Comal County Environmental Health

County: Comal

System Info: MFG: Brand: CLEARSTREAM

Customer ID: 1150

Treatment Type: Aerobic

Disposal Type: Surface Application

Aerator S/N: 500 C3-500

Insp ID: 34194

System S/N: 18401-555

Visit Details

Visit Date: 10/4/2023

Entered By: Nicole Loria

GPS Lat: 29.92350 GPS Long: -98.38190 <----->

Scheduled Date: 8/10/2023

Contract Starts: 8/10/2022

Customer Emailed: 10/10/2023

Entered On: 10/10/2023

Contract Ends: 8/10/2024

Visit Results

Service Type: Scheduled Inspection

Count: Inspection 3 of 6

Method: Grab

License #

Expires

Technician: Not Assigned

Provider: Luna Environmental, LLC

Service Completed

Comments

called left voicemail

emailed 10/9-no response - Inspection not completed please call office to reschedule. - Copy emailed to the customer on 10/10/2023.

Luna Environmental
4222 FM 482
New Braunfels, TX 78132

(830) 312-8776

sherrie@lunaenviromental.com

Printed:6/7/2023

Insp ID #:28876

Permit #: **114917**

To: Johnny & Jenny Wilson
2511 Cypress Gardens Blvd
Spring Branch, TX 78070

Main Phone: (210) 409-8640

Work:

Cell Phone:

Alt Cell:

Customer ID: 1150

Contract Dates: 8/10/2022 - 8/10/2024

Scheduled Date: 4/10/2023

Inspection 2 of 6

Site: 2511 Cypress Gardens Blvd, Spring Branch, TX 78070

Agency: Comal County Environmental Health

County: Comal

Mfg / Brand: - CLEARSTREAM

Treatment Type: Aerobic

System S/N: 18401-555

Aerator S/N: 500 C3-500

Disposal: Surface Application

GPS Coordinates: Latitude: 29.92350 Longitude: -98.38190

Service Type: Scheduled Inspection

This counts as a type of "Scheduled Inspection"

Entered By: Julie Feibleman

Visit Date: 6/6/2023

Method: Grab

Technician: Andrew Bryan

Maint. Provider: Luna Environmental, LLC

Aerators: Operational

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Supply: Operational

Chlorine Residual: N/A

Sludge Levels

For Tank 1: NA

For Tank 2: NA

For Tank 3: NA

For Tank 4: NA

Electric Circuits: Operational

Distribution System: Operational

Sprayfield Veg: Operational

Alarm: Operational

Comments

Service Completed

- Scum on pretreatment- Customer will call to reschedule inspection. - Inspection Port Plug was noted as N/A prior to leaving.

Site: 2511 Cypress Gardens Blvd, Spring Branch, TX 78070

Originally Entered On: 6/6/2023