



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 12/14/2023 Permit Number: 115855

Location Description: 2035 WESTERN SKIES DR
SPRING BRANCH, TX 78070

Subdivision: Cypress Lake Garden
Unit: Line Camp Section
Lot: 18
Block: 134
Acreage: 0.0000

Type of System: Aerobic
Drip Irrigation

Issued to: Jorge Perez Perez

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

 Assistant
OS0034792

ENVIRONMENTAL HEALTH INSPECTOR

OS0038255

ENVIRONMENTAL HEALTH COORDINATOR

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: 115855
Issued This Date: 03/03/2023
This permit is hereby given to: Jorge Perez Perez

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

2035 WESTERN SKIES DR
SPRING BRANCH, TX 78070

Subdivision: Cypress Lake Garden
Unit: Line Camp Section
Lot: 18
Block: 134
Acreage: 0.0000

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Drip Irrigation

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

Call (830) 608-2090 to schedule inspections.



ON-SITE SEWAGE FACILITY APPLICATION

Date 02-12-2023

Permit Number 115-853

1. APPLICANT / AGENT INFORMATION

Owner Name JORGE PEREZ PEREZ
Mailing Address 2035 WESTERN SKIES DR
City, State, Zip SPRING BRANCH, TX 78070
Phone # 210-857-5068
Email PEREZCRIS33@YAHOO.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 GARDEN LINE CAMP SECTION Unit _____ Lot 18 Block 134
Survey Name / Abstract Number _____ Acreage _____
Address 2035 WESTERN SKIES DR City SPRING BRANCH State TX Zip 78070

3. TYPE OF DEVELOPMENT

Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) MOBILE HOUSE

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1,200 Sq Ft

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: \$ 65,000 (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.

Jorge Perez
Signature of Owner

02-12-2023
Date

Planning Materials & Site Evaluation as Required Completed By Thalia Rivas R.S. 5067

System Description Aerobic Treatment Unit with Drip 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) 1400sf/700Inft

Gallons Per Day (As Per TCEQ Table III) 240 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

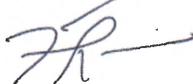
(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to Construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

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

02-12-2023

Date

2 / CB



202306005406 02/22/2023 09:25:11 AM 1/1

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF COMAL
STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, 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 18 Block 134 Subdivision CYPRESS LAKE GARDEN LINE CAMP SECTION Unit/Phase/Section _____

If not in Subdivision: _____ Acres _____ Survey _____

The property is owned by (insert owner's full name): JORGE PEREZ PEREZ

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.

Jorge Perez
Owner Name

Jorge Perez
Owner Signature

Owner Name

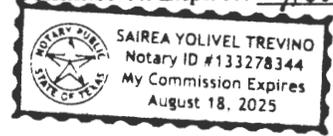
Owner Signature

This instrument was acknowledged before me on: 11th Day of February, 2023

SAIREA Y. TREVIÑO
Notary's Printed Name

Sairea Y. Treviño
Notary Public, State of Texas

Commission Expires: Aug 18, 2025



Affix Notary Stamp Above

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
02/22/2023 09:25:11 AM
LAURA 1 Page(s)
202306005406



Bobbie Koepf

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

Phone: (830) 312-8776

sherrie@gatcotreatment.com office@aerobicsolutions.net

To: Jorge Perez Perez
2035 Western Skies Drive
Spring Branch, TX 78070

Contract Period

Customer ID: 1262

Start Date:

Main Phone: (210) 857-5068

End Date:

Cell Phones:

Alternate Cell:

Email: perezcris33@yahoo.com

Gatco DBA Aerobic Maintenance Solutions

Subdivision: Cypress Lakes Gardens

3 visits per year - one every 4 months

Site: 2035 Western Skies Drive, Spring Branch, TX 78070

County: Comal

Installer: Thalia Rivas

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 party and the local regulatory Agency written notice 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 or 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. Upon receiving a written notification of services needed from the Contractor, it becomes the Client's responsibility to contact the Contractor to authorize the service.
6. Contractor will not be responsible for any warranty work; Client must contact the Installer for Warranty Problems.
7. Not allow the backwash from water treatment of water conditioning equipment to enter the OSSF.
8. Maintain site drainage to prevent adverse effects on OSSF.

9. 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 \$68.50 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 30 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. All cost of collection incurred by contractor in collection of any unpaid debt. By signing this contract, the Client is authorizing the Contractor to remove any parts which were installed but not paid for at the end of 30 days. The Client is still responsible for any labor costs associated with the installation and removal of said parts. 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: Jorge Perez Perez Signature: Jorge Perez Date: 02-16-23

Client Phone number Home 210-857-5068 Work _____ Cell 210-857-5068

Email Address Perezcris33@yahoo.com

Any Gate or Combo code for inspections _____

Contractor **Aerobic Maintenance Solutions LLC:**

MP Signature: _____ Date 2/17/2023
MP NUMBER _____

James H. Siciliano
MP 0000996

Date Printed: 2/15/2023

2/15/2023

OSSF SOIL EVALUATION REPORT INFORMATION

DATE: 02-12-2023

APPLICANT INFORMATION:

Name: JORGE PEREZ PEREZ
 Address: 2035 WESTERN SKIES DR
 City: SPRING BRANCH
 Zip Code: 78070 Phone: (210)-857-5068

SITE EVALUATOR INFORMATION:

Name: THALIA RIVAS
 Address: 30804 RICE RD.
 City: BULVERDE State: TEXAS
 Zip Code: 78163 Phone: 210-385-3487
 Email: RS.TR@OSSFDESIGNS.COM
 License #: 050036382

PROPERTY LOCATION:

Lot 18 Unit: _____ Block: 134
 Street Address: 2035 WESTERN SKIES DR
 City: SPRING BRANCH Zip: 78070
 Subdivision: CYPRESS LAKE GARDEN

LINE CAMP SECTION

Depth	Texture Class	Soil Texture	Structure	Drainage	Restrictive Horizon	Observation
Soil Boring #1 <u>0-1"</u>	CLAY LOAM	III	BLOCKY	< 30% GRAVEL	LIMESTONE @ 1"	BROWN LIMESTONE @ 1"
Soil Boring #2 <u>0-6"</u>	CLAY LOAM	III	BLOCKY	< 30% GRAVEL	LIMESTONE @ 6"	BROWN LIMESTONE @ 6"

TOPOGRAPHY: Slope within proposed disposal area: 4-8 %

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).

TR

Thalia Rivas R.S 5067 – S.E. 36382

02-12-2023

Date



Drip Tubing System

DESIGNED FOR:

JORGE PEREZ PEREZ

2035 WESTERN SKIES DR.

SPRING BRANCH, TX 78070

SITE DESCRIPTION

Located in Lot 18, Block 134, Cypress Lake Gardens, Line Camp Section also known as 2035 Western Skies Dr. Spring Branch, Tx 78070. This septic will serve a three bedroom residence (1200 sqft) in area with Type III soil and limestone as described in the Soil Evaluation Report. Property has approximately 4 - 8% slope. An aerobic treatment plant utilizing drip irrigation was chosen as the most appropriate system to serve the conditions on this lot.

PROPOSED SYSTEM

A 3inch SCH-40 pipe discharges from the residence into a Pro Flo 600GPD aerobic treatment plant containing a 447gal. pretreatment chamber and a 747gal. aeration chamber. The effluent after processing gravity feeds into the pump chamber. The pump chamber contains 0.5 HP FPS submersible well pump. The well pump is activated by mercury floats and a timer set to cycle eight times per day with a ten minute run time. A high level audible and visual alarm will activate should the pump fail. Distribution is through a self flushing 100 micron Arkal Disc filter then through a 1" SCH-40 manifold to a 1400sqft drip tubing field, with Netifim Bioline drip lines set approximately two feet apart with 0.61 gps emitters set every two feet, as per the attached schematic. A pressure regulator Model PMR30MF or a pressure gauge and a ball valve will be installed in the pump tank on the manifold to the field will maintain pressure at 25- 40psi. A 1" SCH-40 return line is installed to continuously flush the system by cycling a 1" ball valve. Solids caught in the disk filter are flushed each cycle back to the trash tank. 1" PVC vacuum breakers installed at the highest point on each manifold will prevent siphoning of effluent from higher to lower parts of the field. Prior to trenching the site must be scarified and built up with 12" of Type II or Type III soil. Drip tubing will be laid ad the entire field area will be capped with 6" of sandy loam (Type II – NOT SAND). The field area will be seeded or sodded with a hearty grass such as Bermuda, St. Augustine, etc. prior to system startup. It is the responsibility of contractor or home owner to maintain vegetation. **Tank must have a grade riser on each opening with watertight caps that must be at least 65# or have a padlock or can only be removed with tools. A secondary plug, cap, or suitable restraint must be provided below riser cap to prevent tank entry should the cap be damaged or removed, in compliance with Chapter §285.38.**

DESIGN SPECIFICATIONS:

REVISED

8:03 am, Apr 10, 2023

Q = 240 gallons per day – 3 bedroom residence (Table III)
Pretreatment tank size: 447 Gal
Plant Size: Pro Flo 600gpd (TCEQ Approved)
Pump tank size: 768 Gal
Reserve capacity after High Level: 80 gal. (>1/3 day usage)
Application Rate: Ra = 0.2 gal/sqft
Total absorption area: $Q/Ra = 240\text{gpd}/0.20 = 1200\text{sqft}$ (Actual 1400sqft)
Total linear feet drip tubing: 700' Minimum 600' = $1200\text{sqft}/2$ Netifim Bioline drip tubing .61 GPH
Total number of emitters: 350 emitters
Pump: 0.5 HP FPS E- Series 20FE05P4-2W115 submersible pump or equivalent.
Dosing volume: 50-70 gal.

PIPE AND FITTINGS:

All pipes and fittings in this drip tubing system shall be schedule 40 PVC. All joints shall be sealed with approved solvent- type PVC cement. Clipper type cutters are recommended to prevent PVC burrs during cutting of pipes causing possible plugging.

Designed in accordance with Chapter 285, Subchapter D, §285.30 and §285.40 Texas Commission On Environmental Quality. (Effective December 29, 2016)



04-09-23

Thalia Rivas, R.S. No. 5067
30804 Rice Rd.
Bulverde, Texas 78163
210-385-3487



INSTALL 1400SF OF FIELD TUBING USING 700' OF DRIP TUBING. THERE SHALL BE NO PARKING, DRIVING, OR STORAGE ON THE SEPTIC FIELD AT ANY TIME FOR ANY REASON.

THE SLOPE OF THE PIPE FROM THE BUILDING TO 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.

INSTALL VACUUM BREAKERS AT HIGHEST POINT OF SUPPLY AND RETURN LINE.

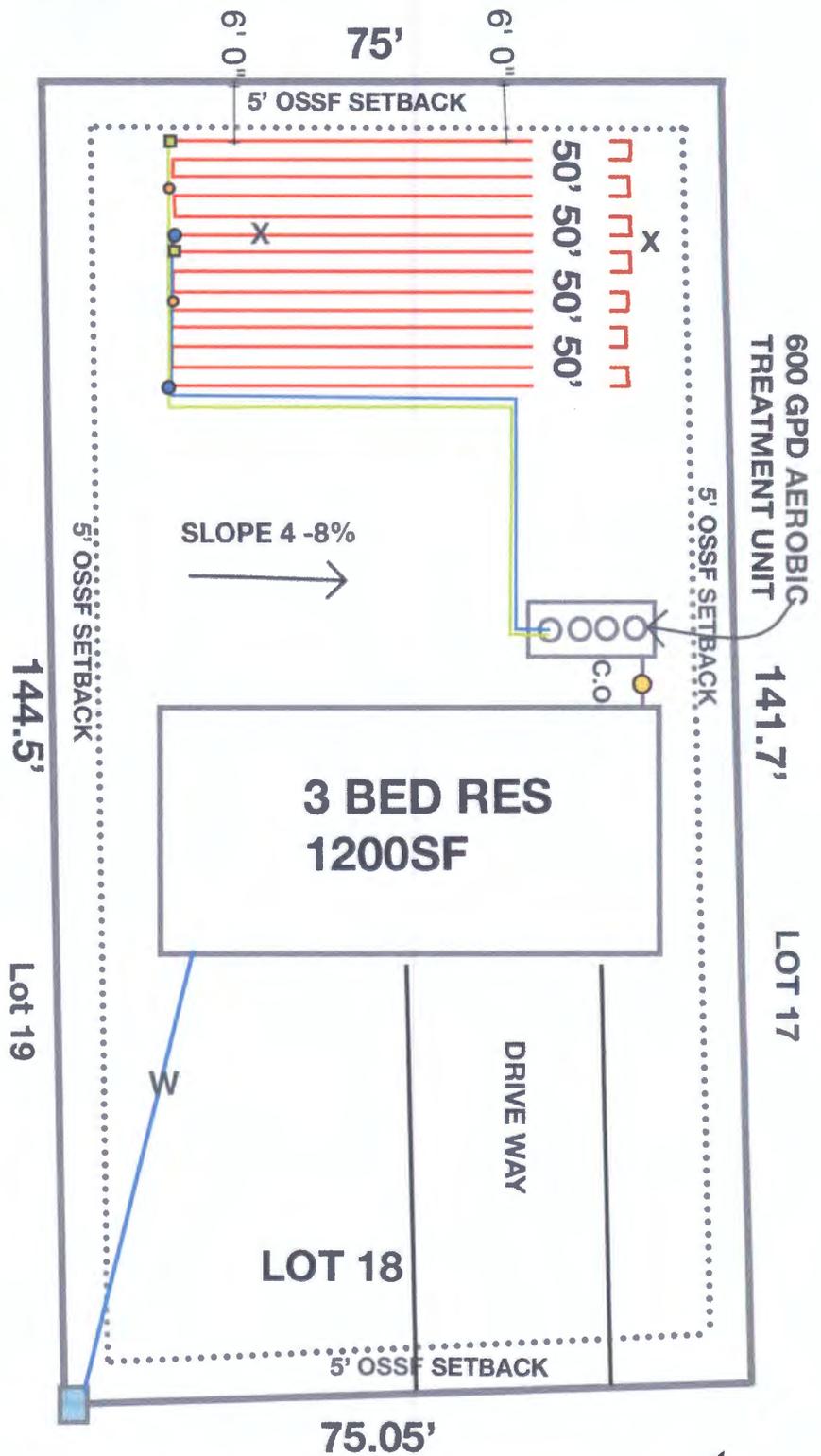
SITE MUST BE SCARIFIED AND BUILT UP WITH 12" OF TYPE II OR III SOIL. DRIP TUBING WILL BE CAPPED WITH 6" OF SANDY LOAM (TYPE II NOT SAND)

DRIP TUBING SHALL BE PLACED 1' AWAY FROM 5' OSSF SETBACK.

INSTALL:
14 ROWS @ 50' EACH

700' OF DRIP TUBING SPACED 2' APART

- LEGEND:**
 X = TEST HOLES
 W = WATERLINE
 ● = CLEAN OUT
 ● = SUPPLY LINE
 ■ = RETURN LINE
 ● = VACUUM BREAKERS



WESTERN SKIES DR.



OWNER: JORGE PEREZ PEREZ
 LEGAL DESCRIPTION: LOT 18, BLOCK 134 CYPRESS LAKE GARDEN, LIKE CAMP SECTION
 ADDRESS: 2035 WESTERN SKIES DR. SPRING BRANCH TX 78070
 PREPARED BY: THALIA RIVAS R.S 5067 SCALE: 1"= 20'

REVISED

8:04 am, Apr 10, 2023

TANK NOTES:

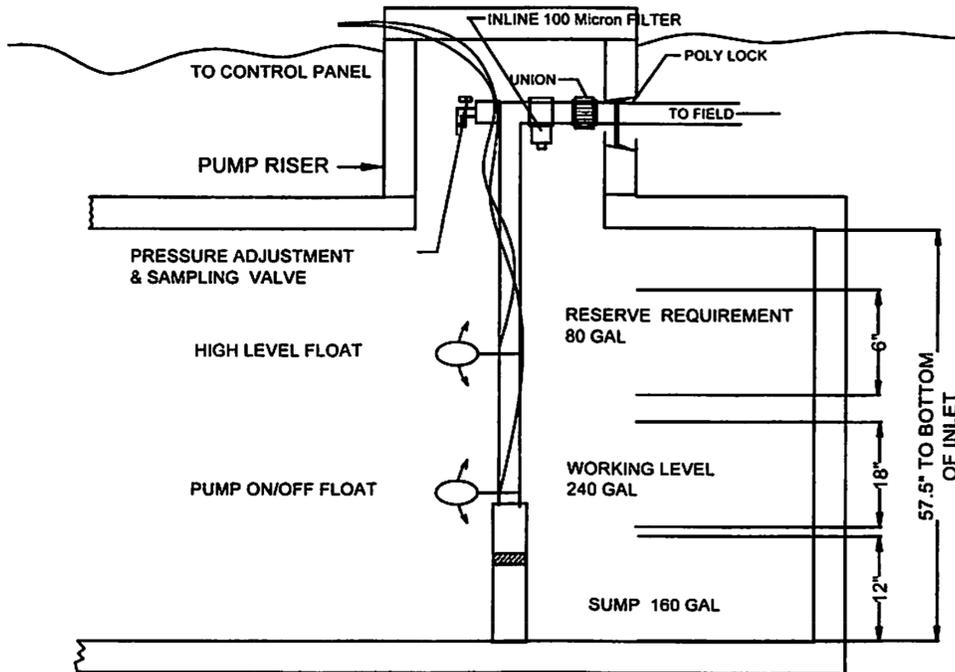
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

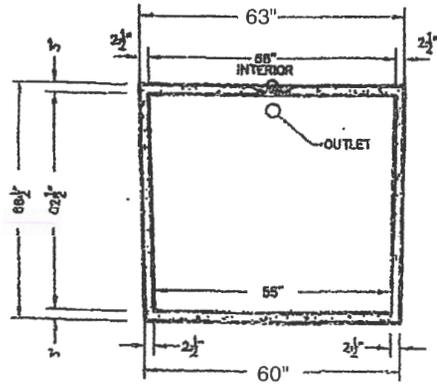
A two way sanitary tee is required between residence and tank.

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

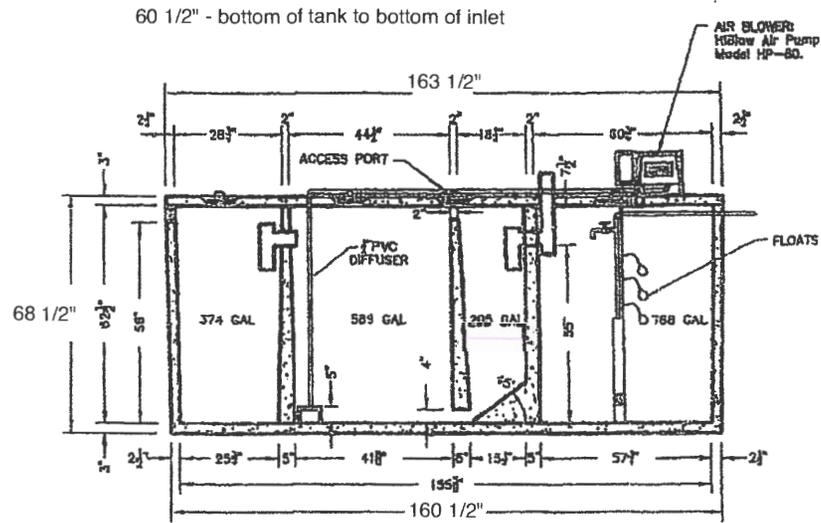
ALL WIRING MUST BE IN COMPLIANCE WITH
THE MOST RECENT NATIONAL ELECTRIC CODE



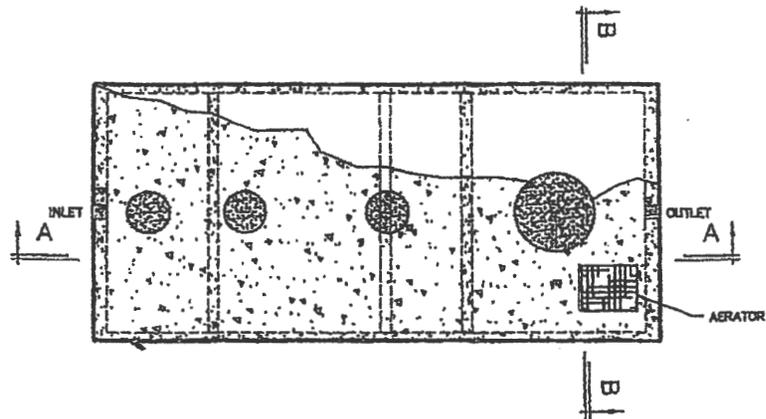
TYPICAL PUMP TANK CONFIGURATION PRO-FLO 600 GPD



SECTION B-B



SECTION A-A



PLAN VIEW

DESIGNER	DATE	SCALE

MODEL SA600-768PPT
SEWER TREATMENT SYSTEM

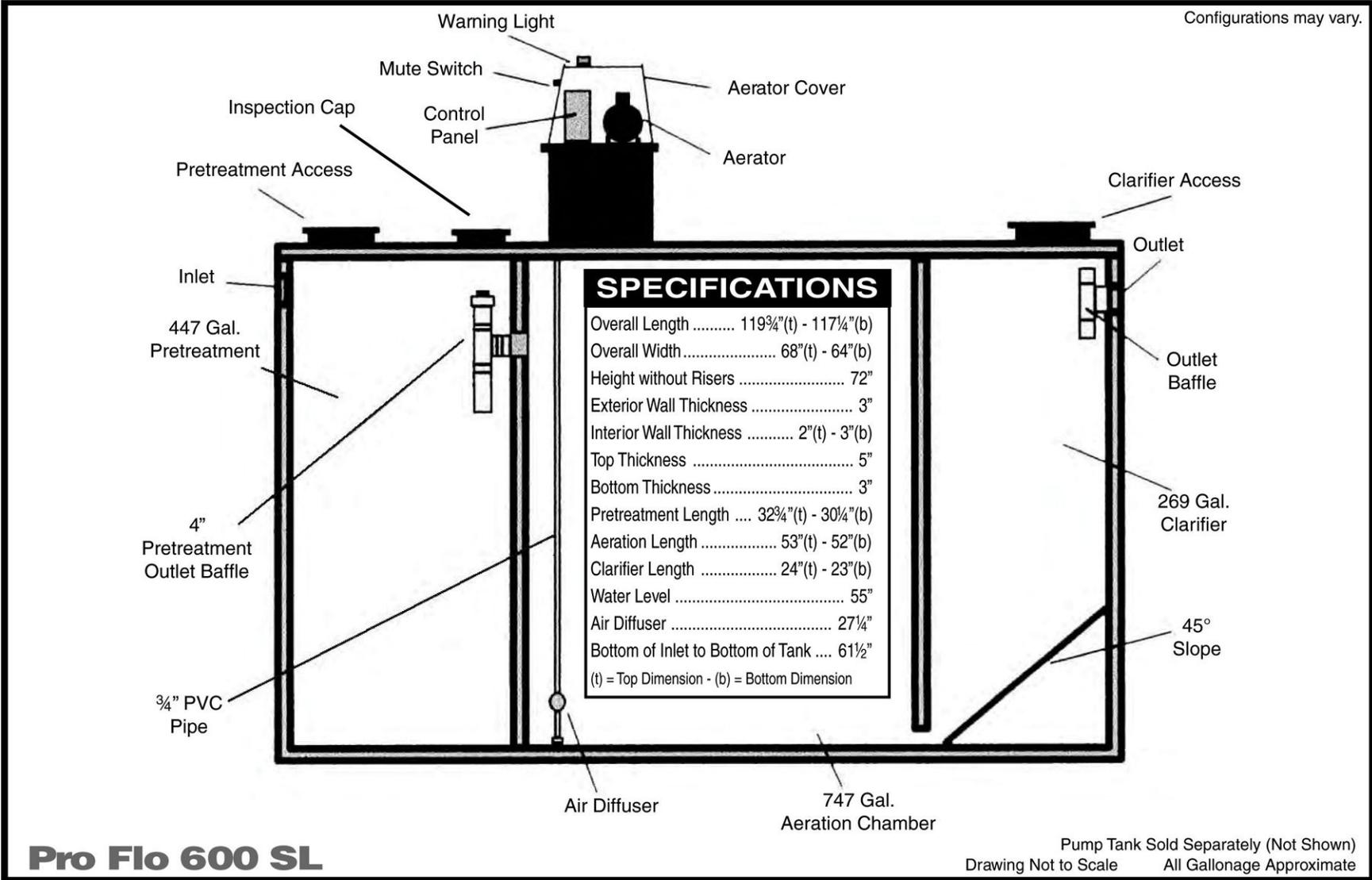
SOLAR AEROBIC
6754 HWY 90 EAST
LAKE CHARLES, LA 70615
PHONE: (337) 439-0680

TREATMENT PLANT

SA-3

DATE: / /

REVISED
8:02 am, Apr 10, 2023



Pro Flo 600 SL System Diagram

Pro Flo 600 SL

Pump Tank Sold Separately (Not Shown)
Drawing Not to Scale All Gallonage Approximate

From: [Ritzen, Brenda](#)
To: ["Thalia Rivas"; Olvera,Brandon](#)
Subject: RE: REVISIONS: 2035 Western Skies Permit #115855
Date: Monday, April 10, 2023 8:05:00 AM
Attachments: [image001.png](#)

Thalia,

The permit file has been updated.

Thank you,



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

From: Thalia Rivas <rs.tr@ossfdesigns.com>
Sent: Sunday, April 9, 2023 2:18 PM
To: Olvera,Brandon <Olverb@co.comal.tx.us>; Ritzen, Brenda <rabbjr@co.comal.tx.us>
Subject: REVISIONS: 2035 Western Skies Permit #115855

This email originated from outside of the organization.
Do not click links or open attachments unless you recognize the sender and know the content is safe.

- Comal IT

Hello,
Attached are revisions for 2035 Western Skies Dr. Permit #115855. If you have any questions please let me know.

--

Drip Tubing System
DESIGN
VOID
JORGE PEREZ PEREZ
2035 WESTERN SKIES DR.
SPRING BRANCH, TX 78070

SITE DESCRIPTION

Located in Lot 18, Block 134, Cypress Lake Gardens, Line Camp Section also known as 2035 Western Skies Dr. Spring Branch, Tx 78070. This septic will serve a three bedroom residence (1200 sqft) in area with Type III soil and limestone as described in the Soil Evaluation Report. Property has approximately 4 - 8% slope. An aerobic treatment plant utilizing drip irrigation was chosen as the most appropriate system to serve the conditions on this lot.

PROPOSED SYSTEM

A 3inch SCH-40 pipe discharges from the residence into a Solar Aerobics SA 600GPD aerobic treatment plant containing a 374gal. pretreatment chamber and a 768 gal. pump chamber. The effluent after processing gravity feeds into the pump chamber. The pump chamber contains 0.5 HP FPS submersible well pump. The well pump is activated by mercury floats and a timer set to cycle eight times per day with a ten minute run time. A high level audible and visual alarm will activate should the pump fail. Distribution is through a self flushing 100 micron Arkal Disc filter then through a 1" SCH-40 manifold to a 1400sqft drip tubing field, with Netifim Bioline drip lines set approximately two feet apart with 0.61 gps emitters set every two feet, as per the attached schematic. A pressure regulator Model PMR30MF installed in the pump tank on the manifold to the field will maintain pressure at 25- 40psi. A 1" SCH-40 return line is installed to continuously flush the system by cycling a 1" ball valve. Solids caught in the disk filter are flushed each cycle back to the trash tank. 1" PVC vacuum breakers installed at the highest point on each manifold will prevent siphoning of effluent from higher to lower parts of the field. Prior to trenching the site must be scarified and built up with 12" of Type II or Type III soil. Drip tubing will be laid ad the entire field area will be capped with 6" of sandy loam (Type II – NOT SAND). The field area will be seeded or sodded with a hearty grass such as Bermuda, St. Augustine, etc. prior to system startup. It is the responsibility of contractor or home owner to maintain vegetation. **Tank must have a grade riser on each opening with watertight caps that must be at least 65# or have a padlock or can only be removed with tools. A secondary plug, cap, or suitable restraint must be provided below riser cap to prevent tank entry should the cap be damaged or removed, in compliance with Chapter §285.38.**

DESIGN SPECIFICATIONS:

VOID

Q = 240 gallons per day – 3 bedroom residence
Pretreatment tank size: 374 Gal
Plant Size: SA 600gpd (TCEQ Approved)
Pump tank size: 768 Gal
Reserve capacity after High Level: 80 gal. (>1/3 day usage)
Application Rate: Ra = 0.2 gal/sqft
Total absorption area: $Q/Ra = 240\text{gpd}/0.20 = 1200\text{sqft}$ (Actual 1400sqft)
Total linear feet drip tubing: 700' Minimum 600' = $1200\text{sqft}/2$ Netifim Bioline drip tubing .61 GPH
Total number of emitters: 350 emitters
Pump: 0.5 HP FPS E- Series 20FE05P4-2W115 submersible pump or equivalent.
Dosing volume: 50-70 gal.

PIPE AND FITTINGS:

All pipes and fittings in this drip tubing system shall be schedule 40 PVC. All joints shall be sealed with approved solvent- type PVC cement. Clipper type cutters are recommended to prevent PVC burrs during cutting of pipes causing possible plugging.

Designed in accordance with Chapter 285, Subchapter D, §285.30 and §285.40 Texas Commission On Environmental Quality. (Effective December 29, 2016)



02-14-23

Thalia Rivas, R.S. No. 5067
30804 Rice Rd.
Bulverde, Texas 78163
210-385-3487



TANK NOTES: **VOID**

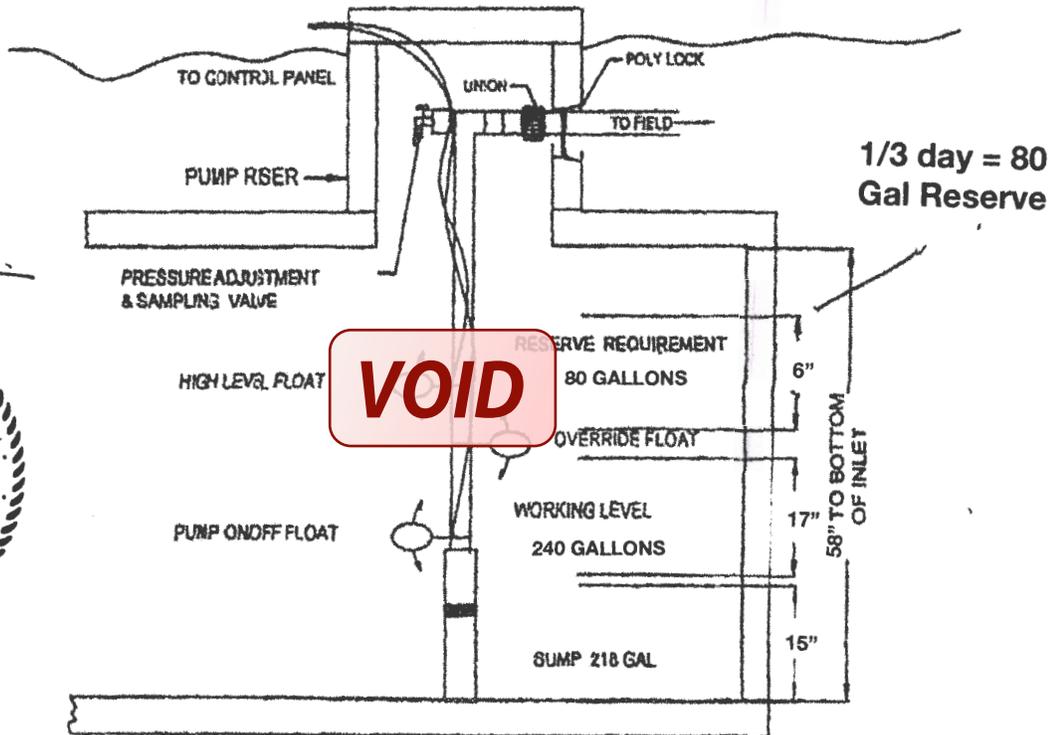
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

A two way 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

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



TYPICAL PUMP TANK CONFIGURATION SA 600

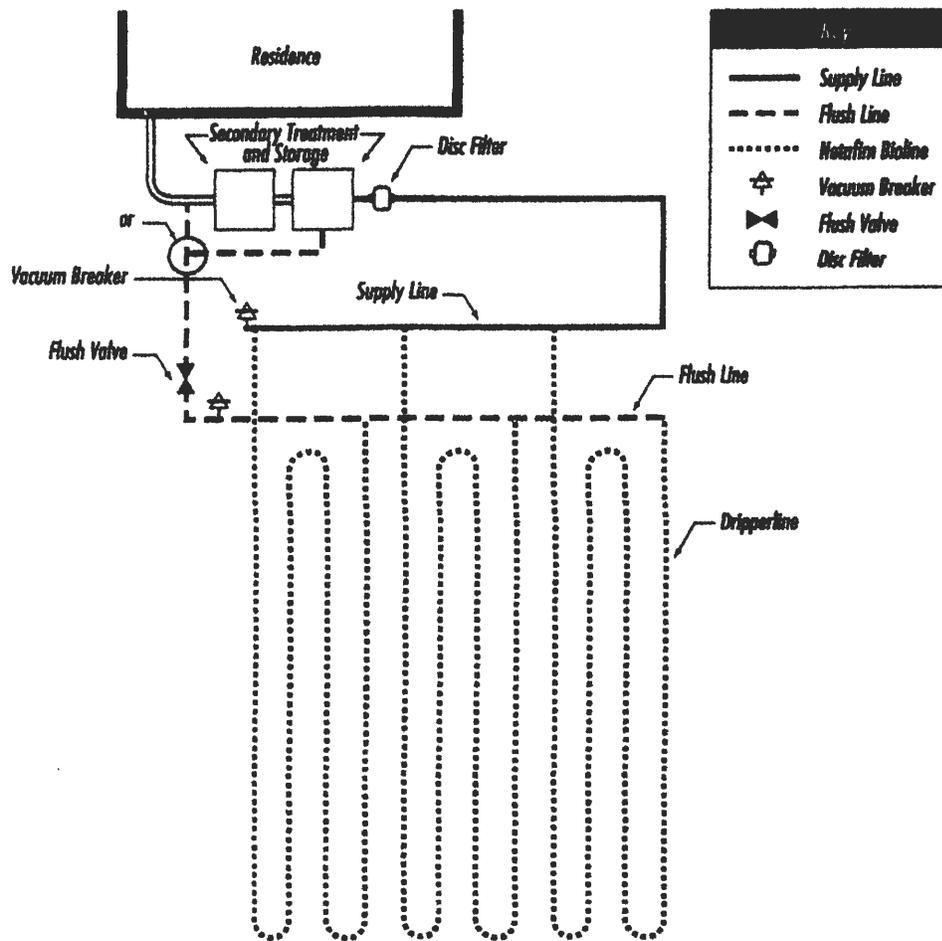
NETAFIM WASTEWATER DISPERSAL SYSTEM DESIGN GUIDE

SAMPLE DESIGNS

SINGLE TRENCH LAYOUT

Rectangular field with supply and flush manifold on same side and in same trench;

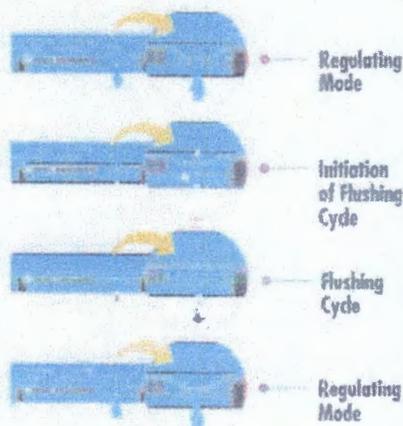
- Locate supply and flush manifold in same trench
- Dripperlines are looped at the end opposite the supply and flush manifolds
- The longest Bioline length should not exceed 400 ft. Drip fields 200 ft. in length might loop the Bioline once; drip dispersal fields under 100 ft. might be looped twice, as illustrated



NETAFIM

Bioline Dripperline

Pressure Compensating Dripperline for Wastewater



Bioline's Self-Cleaning, Pressure Compensating Dripper is a fully self-contained unit molded to the interior wall of the dripper tubing.

As shown at left, Bioline is continuously self-cleaning during operation, not just at the beginning and end of a cycle. The result is dependable, clog free operation, year after year.



Product Advantages

The Proven Performer

- Tens of millions of feet used in wastewater today.
- Bioline is permitted in every state allowing drip disposal.
- Backed by the largest, most quality-driven manufacturer of drip products in the U.S.
- Preferred choice of major wastewater designers and regulators.
- Proven track record of success for many years of hard use in wastewater applications.

Quality Manufacturing with Specifications Designed to Meet Your Needs

- Pressure compensating drippers assure the highest application uniformity - even on sloped or rolling terrain.
- Excellent uniformity with runs of 400 feet or more - reducing installation costs.
- Highest quality-control standards in the industry: Cv of 0.25 (coefficient of manufacturer's variation).
- A selection of flows and spacings to satisfy the designer's demand for almost any application rate.

Long-Term Reliability

- Protection against plugging:
 - Dripper inlet raised 0.27" above wall of tubing to prevent sediment from entering dripper.
 - Drippers impregnated with Vinyzene to prevent buildup of microbial slime.
 - Unique self-flushing mechanism passes small particles before they can build up.

Cross Section of Bioline Dripperline



Root Safe

- A physical barrier on each Bioline dripper helps prevent root intrusion.
- Protection never wears out - never depletes - releases nothing to the environment.
- Working reliably for up to 15 years in subsurface wastewater installations.
- Additional security of chemical root inhibition with Techfilter - supplies Trifluralin to the entire system, effectively inhibiting root growth to the dripper outlets.



Applications

- For domestic strength wastewater disposal.
- Installed following a treatment process.
- Can be successfully used on straight septic effluent with proper design, filtration and operation.
- Suitable for reuse applications using municipally treated effluent designated for irrigation water.

Specifications

Wall thickness (mil): .45"

Nominal flow rates (GPH): .4, .6, .9"

Common spacings: 12", 18", 24"

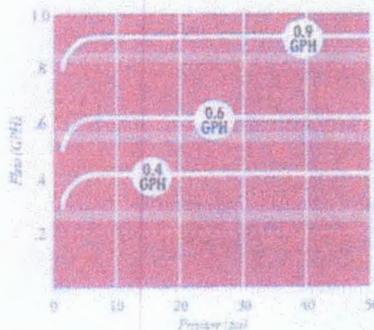
Recommended filtration: 120 mesh

Inside diameter: .570"

Color: Purple tubing indicates non-potable source

*Additional flows, spacings, and pipe sizes available by request. Please contact Netafim USA Customer Service for details.

BIOLINE Flow Rate vs. Pressure



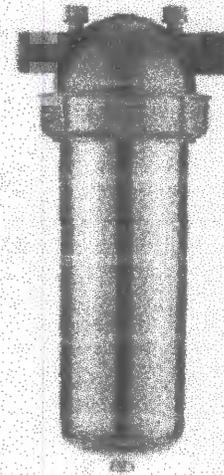
NETAFIM USA
5470 E. Home Ave. • Fresno, CA 93727
888.638.2346 • 559.453.6800
FAX 800.695.4753
www.netafimusa.com

Arkal 1" Super Filter

Catalog No. 1102 0

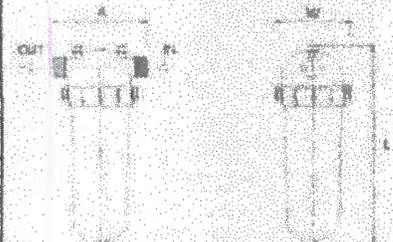
Features

- A "T" shaped filter with two 1" male threads.
- A "T" volume filter for in-line installation on 1" pipelines.
- The filter prevents clogging due to its enlarged filtering area that collects sediments and particles.
- Manufactured entirely from fiber reinforced plastic.
- A cylindrical column of grooved discs constitutes the filter element.
- Spring keeps the discs compressed.
- Screw-on filter cover.
- Filter discs are available in various filtration grades.



Technical Data

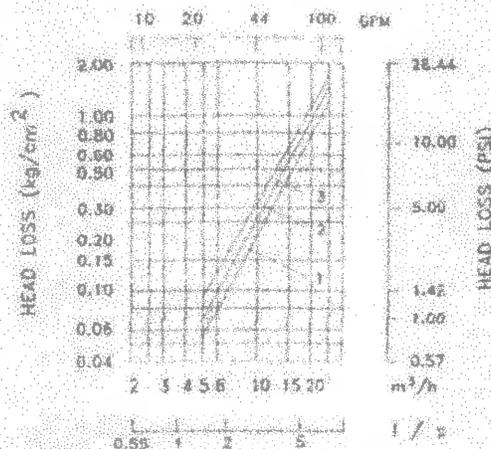
Inlet/outlet diameter	1" BSPT (male)	1" NPT (male)
	25.0 mm – nominal diameter 33.6 mm – pipe diameter (O. D.)	
Maximum pressure	10 atm	145 psi
Maximum flow rate	8 m ³ /h (1.7 l/sec)	35 gpm
General filtration area	500 cm ²	77.5 in ²
Filtration volume	600 cm ³	37 in ³
Filter length L	340 mm	13 13/32"
Filter width W	130 mm	5 3/32"
Distance between end connections A	158 mm	6 7/32"
Weight	1.420 kg	3.13 lbs.
Maximum temperature	70° C	158 °F
pH	5-11	5-11



Filtration Grades

- Blue (400 micron / 40 mesh)
- Yellow (200 micron / 80 mesh)
- Red (130 micron / 120 mesh)
- Black (100 micron / 140 mesh)
- Green (55 micron)

Head Loss Chart



2/cb



202106036507 07/08/2021 01:28:07 PM 1/2

Recording Requested BY:

Jose Del Carmen Tellez Robles

1408 Quail Hill DR

Spring Branch Tx 78070

When recorded mail to:

Jorge Perez Perez

2035 Western Skies Dr

Spring Branch TX 78070

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OR ALL OF THE FOLLOWING INFORMATION FROM ANY INSTRUMENT THAT TRANSFERS AN INTEREST IN REAL PROPERTY BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

Special Warranty Deed

For good and valuable consideration of Ten Dollars (\$10.00), the receipt and sufficiency of which is hereby acknowledged that, **JOSE DEL CARMEN TELLEZ ROBLES and YAZMIN GUADALUPE CUEVAS RAZO (GRANTOR)**, does hereby convey to **Jorge Perez Perez (GRANTEES)**, Sole Ownership, the following described real property situated in Comal (COUNTY), Texas (STATE):

Lot Number Eighteen (18), Block 134, CYPRESS LAKE GARDEN LINE CAMP SECTION, Comal County, Texas.

SUBJECT TO: Easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded instruments that affect the property; existing taxes/liens associated with said property, covenants, conditions and restrictions. And the GRANTOR binds itself and its successors to warrant the title against its acts and none other, subject to the matters above set forth.

Signature Page to Follow

Dated: July 6, 2021

7-5-2021

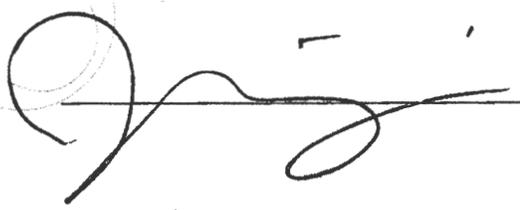
BY: Jose d. Carmen Tellez Robles

Jose Del Carmen Tellez Robles

~~Yazmin Guadalupe Cuevas Razo~~ JT

STATE OF TEXAS)) S.S. COUNTY OF Comal) On July 6, 2021, before me, the undersigned Notary Public, personally appeared Jose Del Carmen Tellez Robles and Yazmin Guadalupe Cuevas Razo, personally, known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and that by his signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.



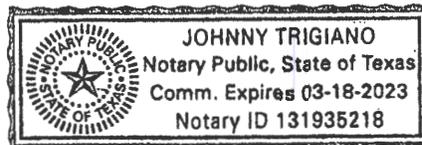
Notary Public, State of TEXAS

7/5/21

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
07/08/2021 01:26:07 PM
NANCY 2 Page(s)
202106036507



Bobbie Koepf



Document # 105599

SUBDIVISION PLAT FILING

**NAME OF
SUBDIVISION:**

Cypress Lake Gardens Line Camp Section

**MAP AND
PLAT:**

Volume: 3

Page: 66

Recorded Date: December 3, 1970

RECEIVED

By Kathy Griffin at 10:22 am, Feb 22, 2023



COMAL COUNTY

ENGINEER'S OFFICE

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

--	--

Date Received

Initials

115855

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.

Jorge Perez

Signature of Applicant

02-12-2023

Date

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

<input type="checkbox"/> INCOMPLETE APPLICATION (Missing Items Circled, Application Refeused)

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

Phone: (830) 312-8776

sherrie@gatcotreatment.com office@aerobicsolutions.net

To: Jorge Perez Perez
2035 Western Skies Drive
Spring Branch, TX 78070

Contract Period	
Start Date:	Customer ID: 1262 Main Phone: (210) 857-5068 Cell Phones: Alternate Cell: Email: perezcris33@yahoo.com Gatco DBA Aerobic Maintenance Solutions Subdivision: Cypress Lakes Gardens 3 visits per year - one every 4 months
End Date:	

Site: 2035 Western Skies Drive, Spring Branch, TX 78070
County: Comal
Installer: Thalia Rivas
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 party and the local regulatory Agency written notice 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 or 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. Upon receiving a written notification of services needed from the Contractor, it becomes the Client's responsibility to contact the Contractor to authorize the service.
6. Contractor will not be responsible for any warranty work; Client must contact the Installer for Warranty Problems.
7. Not allow the backwash from water treatment of water conditioning equipment to enter the OSSF.
8. Maintain site drainage to prevent adverse effects on OSSF.

9. 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 \$68.50 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 30 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. All cost of collection incurred by contractor in collection of any unpaid debt. By signing this contract, the Client is authorizing the Contractor to remove any parts which were installed but not paid for at the end of 30 days. The Client is still responsible for any labor costs associated with the installation and removal of said parts. 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: Jorge Perez Perez Signature: Jorge Perez Date: 02-16-23

Client Phone number Home 210-857-5068 Work _____ Cell 210-857-5068

Email Address Perezcris33@yahoo.com

Any Gate or Combo code for inspections _____

Contractor **Aerobic Maintenance Solutions LLC:**

MP Signature: _____ Date 2/17/2023
MP NUMBER _____

2/15/2023

James H. Sichel
MP 0000996

Date Printed: 2/15/2023