



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 12/07/2023

Permit Number: 116822

Location Description: 988 SCARLETT RIDGE DR
CITY OF BULVERDE, TX 78163

Subdivision: Belle Oaks Ranch
Unit: 5
Lot: 56
Block: 7
Acreage: 0.0000

Type of System: Aerobic
Surface Irrigation

Issued to: Elijah Valley, Jr & Cheri Valley

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.

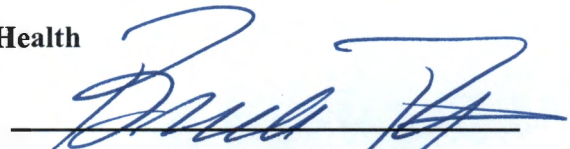
This license to operate is valid for an indefinite period. The holder may transfer it to a succeeding owner, provided the facility has not been remodeled and is functioning properly.

Licensing Authority

Comal County Environmental Health


ENVIRONMENTAL HEALTH INSPECTOR

OS0038255


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: 116822
Issued This Date: 11/14/2023
This permit is hereby given to: Elijah Valley, Jr & Cheri Valley

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

988 SCARLETT RIDGE DR
CITY OF BULVERDE, TX 78163

Subdivision: Belle Oaks Ranch
Unit: 5
Lot: 56
Block: 7
Acreage: 0.0000

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

RECEIVED

By Kathy Griffin at 10:03 am, Oct 23, 2023



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

--	--

Date Received

Initials

116822

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.

Cheri Valley ESQ LLC
Signature of Applicant

10-21-2023

10-21-2023
Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

INCOMPLETE APPLICATION	
___ (Missing Items Circled, Application Refused)	



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

Date 9/01/2023Permit Number 116822

1. APPLICANT / AGENT INFORMATION

Owner Name Elijah Valley, Jr./Cheri ValleyAgent Name Brian Erxleben, R.S.Mailing Address 7405 Veridian ViewAgent Address 562 S. Hwy 123 Bypass #128City, State, Zip San Antonio, Texas 78253City, State, Zip Sequin, Texas 78155Phone # 210-420-8123Phone # 830-660-9133Email cmartinez8024@gvec.netEmail bandverx@gmail.com2. LOCATION Cheri Valley @ 7@gmail.comSubdivision Name Belle Oaks RanchUnit 5Lot 56Block 7

Survey Name / Abstract Number _____

Acreage _____

Address 988 Scarlett Ridge DriveCity BulverdeState Texas Zip 78163

3. TYPE OF DEVELOPMENT

☒ Single Family ResidentialType of Construction (House, Mobile, RV, Etc.) HouseNumber of Bedrooms 4Indicate Sq Ft of Living Area 3784☐ 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: \$ 750,000 (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

Cheri Valley
Signature of Owner

EJL Valley Jr

10-21-2023
Date

10-21-2023



ON-SITE SEWAGE FACILITY APPLICATION

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

System Description Aerobic Treatment/Surface Application

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

Tank Size(s) (Gallons) 600 gpd

Absorption/Application Area (Sq Ft) 5652

Gallons Per Day (As Per TCEQ Table III) 360

(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

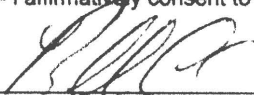
(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to Construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

Is this property within an incorporated city? ☒ Yes ☐ No

If yes, indicate the city: Bulverde

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

8-1-23
Date

2/c



THE COUNTY OF COMAL *
STATE OF TEXAS *

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

I

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

II

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

UNIT 5 BLOCK 7 LOT 56 SUBDIVISION *Belle Oaks Ranch*

IF NOT IN SUBDIVISION: ACRES SURVEY

The property is owned by *Elijah Valley, Jr. & Cheri Valley*.

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

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

WITNESS MY HAND ON THIS 21 DAY OF October, 2023.

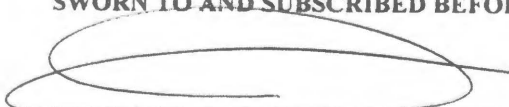
Cheri Valley
OWNER/AGENT NAME (SIGNATURE)

Elijah Valley Jr.
OWNER/AGENT NAME (SIGNATURE)

Cheri Valley
OWNER/AGENT NAME (PRINTED)

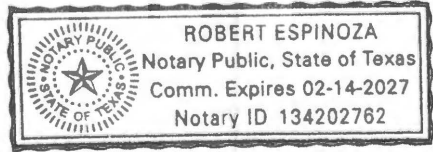
Elijah Valley Jr.
OWNER/AGENT NAME (PRINTED)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 21 DAY OF October, 2023


Notary Public, State of Texas

Notary's Printed Name: *Robert Espinoza*

Commission Expires: *2/14/27*





This page has been added to comply with the statutory requirements 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.

Created 7/27/15

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
10/23/2023 09:12:11 AM
MARY 2 Page(s)
202306033592



Bobbie Koepp

WAYNE A. ZWICKE
460 FRITZ ZWICKE ROAD
NEW BERLIN, TEXAS 78155
(210) 414-0044
TCEQ LICENSE MP0001911

AEROBIC MAINTENANCE / SERVICE CONTRACT

To: Elijah Valley, Jr./Cheri Valley
988 Scarlett Ridge Drive
Bulverde, Texas 78163
210-420-8123
County: Comal
Agency: Environmental Health
Manufacturer: AA600W-4075

Start Date: Date license to operate is issued

End Date: 2 years from start date

Permit No.:

Installer: Bronson Fuller

Installed:

Maintenance Co: WAZ

This contract will provide for all required inspections, reporting and tracking of your Aerobic Treatment Unit (ATU). This policy will cover the following:

1. 3 inspections per year (at least one during every four month period). Inspections will include the following:

- A. An effluent quality inspection consisting of a visual check for color and examination for odor.
- B. Adjustment and servicing of any mechanical and electrical components that are out of order. (Does not include repairs/replacement of defective components.)
- C. Periodic sampling of settled solids in the aeration chamber.
- D. If any improper operation is observed, which can not be corrected at the time of inspection, the Owner will be notified on the inspection report of the condition. It is the Owner's responsibility to contact the Maintenance Company to schedule repairs.

2. Response time for repairs is forty-eight (48) hours or less. Payment in full must be made at the time service is rendered. If the Owner defaults in payment the contract will be terminated.

3. The Owner is responsible for maintaining a chlorine residual of 1 mg/L in the pump chamber at all times. If the Owner fails in their responsibility to add chlorine they are in violation of law.

4. The Owner is responsible for the eradication of fire ants.

IMPORTANT: This Service Contract does not cover the cost of service calls, labor or materials which are required due to misuse or abuse of the system; failure to maintain electrical power to the system; replacement of sprinklers that are broken, leaking, stopped up or otherwise malfunctioning; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non-biodegradable materials, solvents, grease, oil, paint, etc.; pumping out of the tank as required; or any usage contrary to the requirements listed in the system owner's manual. Should an additional trip be required due to restricted access to the septic system due to locked gates, dogs, etc. an additional service call charge of \$85 will be required. By signing this contract the Owner agrees to the terms of said contract and grants permission to the Maintenance Company for unrestricted access to the Owner's property to perform work.

Owner: Elijah Valley Jr
Date: 10-21-2023

Service Provider: Wayne A. Zwicke
Date: _____

COMAL COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

OSSF SOIL EVALUATION FORM

Owners Name: Elijah Valley, Jr./Cheri Valley
 Physical Address: 2151 Old Lehmann Road Seguin, Texas 78155 **988 Scarlett Ridge Drive Bulverde Texas 78163**
 Name of Site Evaluator: Brian Erxleben, S.E. #11458
 Date Performed: 8-31-23 Proposed Excavation Depth: NA

Requirements:

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

SOIL BORING NUMBER <u>1 & 2</u>						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III- blocky, platy or massive)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	Type 4 ROCK	Clay	N/A	None	None	Aerobic Spray
1						
2						
3						
4						
5						

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

FEATURES OF SITE AREA

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

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

Signature of Site Evaluator

Date



8-1-23

OSSF SOIL EVALUATION REPORT INFORMATION
COMAL COUNTY

DATE: 9-1-23

Applicant Information:

Name: Elijah Valley, Jr./Cheri Valley
Address: 7405 Veridian View
City: San Antonio State: Texas Zip: 78253
Ph: (210) 420-8123 Fax:

Site Evaluator Information:

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

Property Location:

Lot: 56 Block: 7
Subdivision: Belle Oaks Ranch, Phase 5
Street/Road Address: 988 Scarlett Ridge Drive
City: Bulverde State: TX Zip: 78163
Additional:

Installer Information:

Name: Bronson Fuller, OS0031091
Company:
Address: 1914 Standish Street
City: Floresville State: Texas Zip: 78114
Ph: (830) 391-3384 Fax:

SCHEMATIC of LOT of TRACT

Show:

North arrow, adjacent streets, property lines, dimensions, location of buildings, easements, swimming pools, water lines, and other structures where known.

Location of existing or proposed water wells within 150 feet of property.

Indicate slope or provide contour lines from the structure to the farthest location for the proposed soil absorption or irrigation area.

Location of soil boring or dug pits (show with respect to a known reference point).

Location of drainage ways, water impoundment areas, cut or fills bank, sharp slopes and breaks.

Lot Size: 1.01 acres

SITE DRAWING

SEE SITE PLAN

FEATURES OF SITE AREA

Presence of 100 year flood zone

YES X NO

Presence of upper water shed

YES NO X

Existing or proposed water well in nearby area

YES X NO

Organized sewage service available to lot

YES NO X

Presence of adjacent ponds, streams, water impoundments YES X NO

Site Evaluator:

NAME: BRIAN ERXLEBEN

Signature: 

License No: 11458

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

OSSF DESIGN

Owner: **Elijah Valley, Jr./Cheri Valley**
Location: **988 Scarlett Ridge Drive Bulverde, Texas 78163**
Phone: **(210) 420-8123**
Date: **9-1-23**

Development: **Residence with water saving devices** Bedrooms: **4** Sq. Ft: **3784**

Q: **360 gpd** Soil: **Type 4** R_i: **0.064 gall/ft²/day**

System Type: **Aerobic/Surface Application (Aqua Aire AA600W-4075)**

Trash Tank: 400 gall Aerobic Tank: 600 gpd Pump Tank: 750 gall

Supply Line: **Sch 40, 1" purple (~240')** Check Valve Required: **No**

Minimum Application Area (A): 5625 ft² (A = Q/R_i)

Sprinklers: **K-Rain Super Pro 10003-RCW**

Number	Nozzle	PSI	Pattern	Radius	Area/head	GPM/head	R _i
S1	#3	30	180°	30 ft	1413 ft ²	3.0	0.064
S2	#3	30	180°	30 ft	1413 ft ²	3.0	0.064
S3	#3	30	180°	30 ft	1413 ft ²	3.0	0.064
S4	#3	30	180°	30 ft	1413 ft ²	3.0	0.064

Overlap Area: 0 **Actual Application Area: 5652 ft²** GPM: **12.0 GPM**

TDH Calculations:

$$\text{Friction Head}(H_f) = \frac{1.2(10.4397)(L)(Q)^{1.85}}{(C)^{1.85}(D)^{4.8655}} = 25 \text{ ft}$$

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

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

Q = Flow rate, gpm

D = Internal pipe diameter, inches

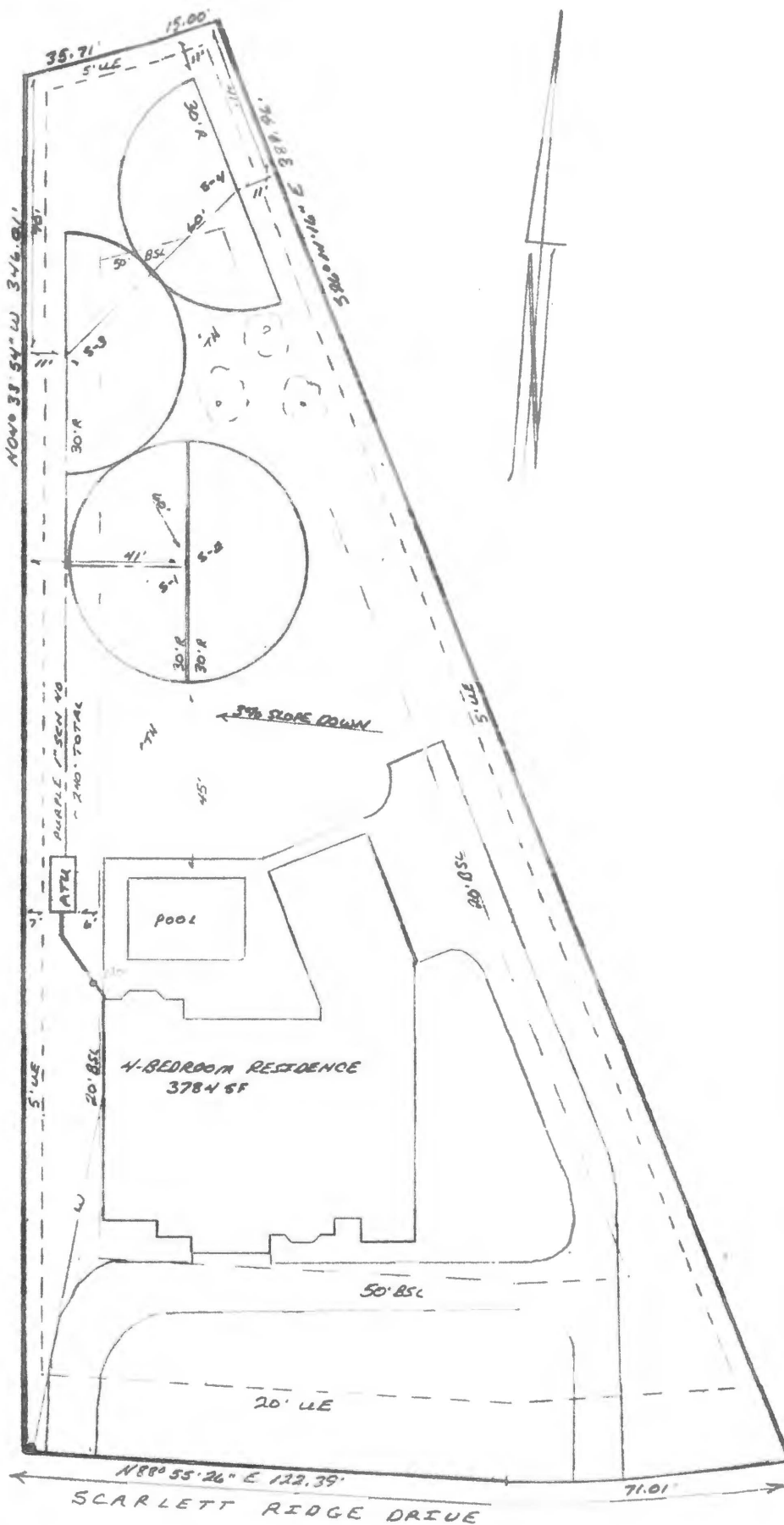
Pressure Head (H_p) = 70 ft (2.31)(psi) Elevation Head (H_e) = 5 ft

TDH = **100 ft** (H_f + H_p + H_e)

Pump Requirements: **12.0 GPM @ 100 ft TDH** Pump Used: **Blaster Model 12EB-05**

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





LOT 56, BLOCK 7
 BELLE OAKS RANCH, UNIT 5
 1.01 ACRES

LOT IS LOCATED OUTSIDE OF THE 100-YEAR FLOODPLAIN AND WITHIN THE CONTRIBUTING ZONE. DESIGN COMPLIES WITH ALL OF THE PROVISIONS OF THE CZP FOR THE SUBDIVISION.

NOTES:

1. Install a 2-way cleanout in a 4" sch 40 tightline from the house to the ATU, minimum slope 1/8 in/ft.
2. ATU is an AA600W-4075.
3. Supply line to the sprinklers is purple 1" sch 40.
4. S1-4 are K-Rain Proplus low angle sprinklers with #3 nozzles operating @ 30 psi, 180° pattern, 30' radius. Adequate space is not available to provide a 20' setback between the spray area and the property line. A variance is requested to locate the spray area 10' from the property line. A battery backup shall be installed in the control panel to insure that the timer does not lose power and that the system sprays only between the hours of 12:00 AM & 5:00 AM providing the equivalent protection of a 20' separation between the spray area and the property line.
5. There shall be no obstruction within 10' of the sprinkler heads.
6. Audible & visual alarms, external disconnect within site of the pump tank, pump & alarms on separate breakers and external wiring in conduit are required.
7. Timer set to spray between 12:00 AM & 5:00 AM.
8. Liquid chlorinator.
9. Any excavations and/or exposed rock in the disposal area shall be covered with topsoil and seasonal grasses shall be seeded over the disposal area in order to minimize run-off & erosion.

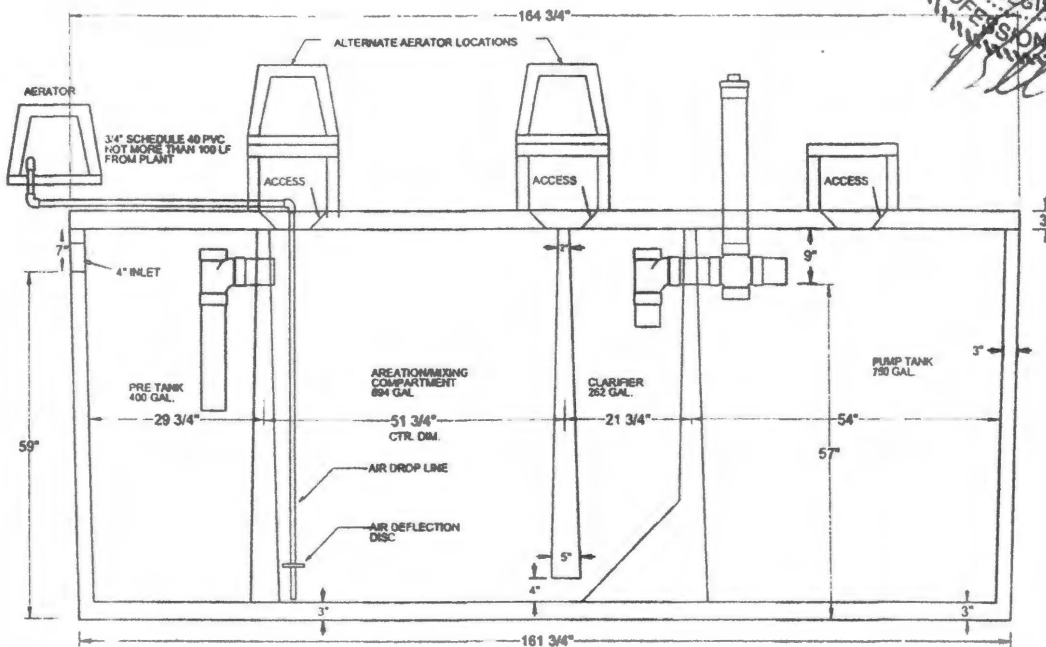
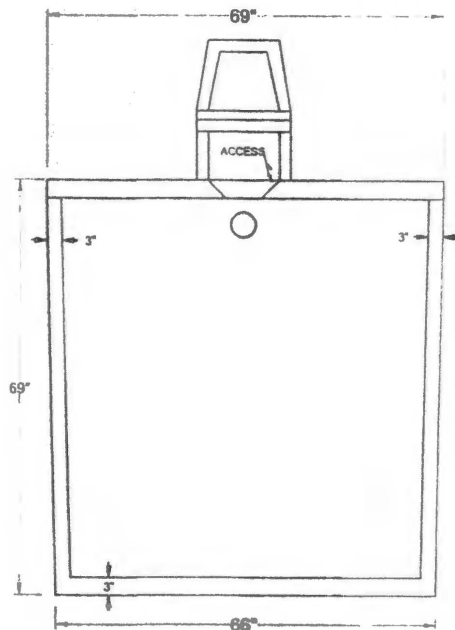
SITE PLAN & OSSF DESIGN:

ELIJAH VALLEY, JR/CHERI VALLEY
 988 SCARLETT RIDGE DRIVE
 BULVERDE, TEXAS 78163

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

DATE: 9-1-23

SCALE: 1" = 40'



ALL DIMENSIONS IN INCHES

Reinforcement Notes:

BOTTOM: 6x6 W2.9xW2.9 (8 gage) with 3/8" rods at 12" OC each way turned 12" into sidewalls

TOP: 6x6, W2.9xW2.9 (8 Gage) Welded Wire Fabric with 3/8" at 12" OC each way

SIDEWALLS: 6x6, W1.4xW1.4 (10 gage) Welded Wire Fabric with 3/8" rods at 20" OC horizontally.

INTERIOR WALLS: 6x6, W1.4xW1.4 (10 Gage) Welded Wire Fabric

DESCRIPTION: MODEL AA600W-4075

Treatment Capacity: 600 GPD

BOD Loading: 1.50 #/DAY

DWG REF: D-TA-XXX

REV: 0

DATE: 10/10/06

SCALE: FULL

ENG: JKC

ECOLOGICAL TANKS, INC

2247 HWY 151 NORTH
DOWNSVILLE, LA 71234
318-644-0397 OFFICE
318-644-7257 FAX

NO PART OF THIS DRAWING MAY BE REPRODUCED, STORED IN ANY RETRIEVAL SYSTEM, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC, MECHANICAL, PHOTOCOPYING, RECORDING OR OTHERWISE WITHOUT THE PRIOR WRITTEN PERMISSION OF ECOLOGICAL TANKS, INC.

MINIMUM REQUIRED CAPACITIES, $Q \leq 360$ GPD

13.16 GALL/IN

HIGH WATER ALARM ON - INLET: 131 GALL (10")

PUMP ON - HIGH WATER ALARM: 368 GALL (28")

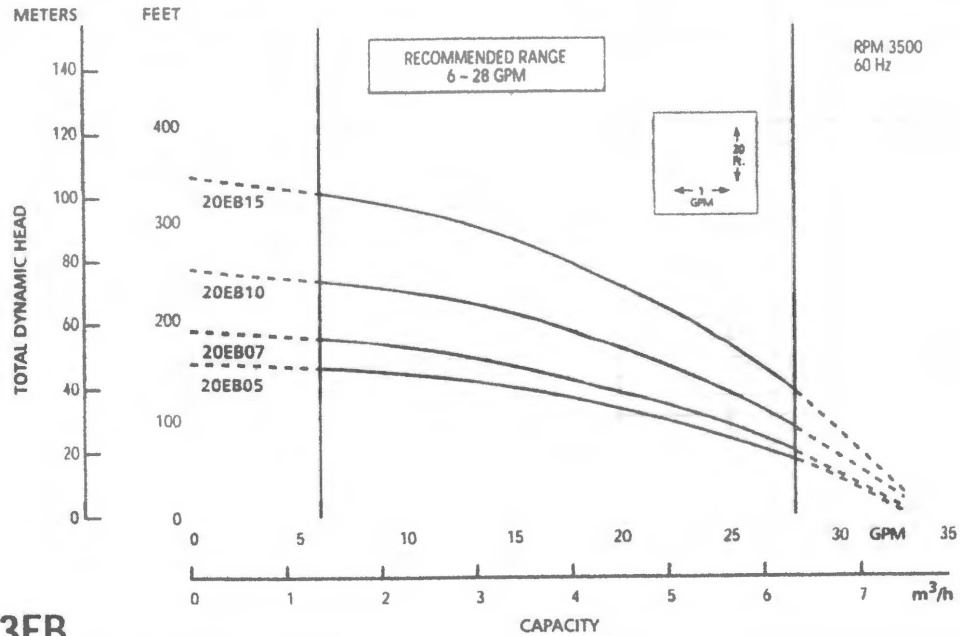
PUMP OFF - PUMP ON: 118 GALL (9")

TANK BOTTOM - PUMP OFF: 133 GALL (10")

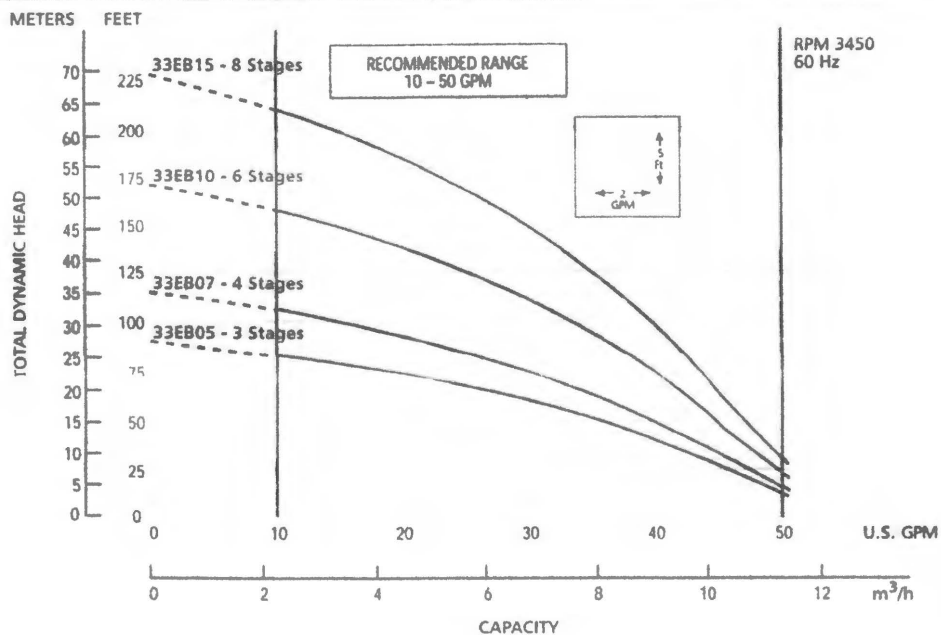


Model 20EB

FILTERED EFFLUENT BLASTER.



Model 33EB

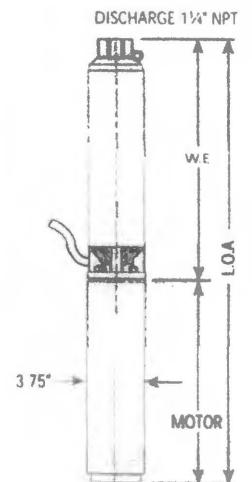


DIMENSIONS AND WEIGHTS

Order Number	HP	Phase	Stages	Length (Inches)			Weight (lbs.)		
				W.E. ①	Motor	L.O.A. ②	W.E.	Motor	Total
20EB0522, 20EB0521	1/2	1	5	9.6	9.5	19.1	3	18	21
20EB0722	3/4	1	6	11.3	10.7	22.0	4	20	24
20EB1022	1	1	8	13.0	11.8	24.8	5	23	28
20EB1522	1 1/2	1	11	15.5	15.1	30.6	6	31	37
33EB0522, 33EB0521	1/2	1	3	11.0	9.5	20.5	4	18	22
33EB0722	3/4	1	4	12.2	10.7	22.9	5	20	25
33EB1022	1	1	6	14.7	11.8	26.4	6	23	29
33EB1522	1 1/2	1	8	17.1	15.1	32.2	7	31	38

① W.E. = water end or pump without motor

② L.O.A. = length of assembly - complete pump - water end and motor.



	30	40	50	60	414	4.1	33	10.1	1.8	6.8	0.4	0.32	0.37	8	9
#1.5	30	207	2.1	30	10.7	1.8	6.8	0.4	0.32	0.37	8	9			
	40	276	2.8	35	10.7	2.2	8.3	0.5	0.36	0.40	9	10			
	50	345	3.4	36	11.0	2.6	9.8	0.6	0.39	0.45	10	11			
	60	414	4.1	38	11.6	2.2	8.3	0.5	0.36	0.40	9	10			
#2	30	207	2.1	35	10.7	2.2	8.3	0.5	0.36	0.40	9	10			
	40	276	2.8	35	10.7	2.2	8.3	0.5	0.36	0.40	9	10			
	50	345	3.4	36	11.0	2.6	9.8	0.6	0.39	0.45	10	11			
	60	414	4.1	38	11.6	2.2	8.3	0.5	0.36	0.40	9	10			
#2.5	30	207	2.1	37	11.3	2.5	8.5	0.6	0.35	0.41	9	10			
Pre-installed	40	276	2.8	38	11.6	3.0	11.4	0.7	0.40	0.46	10	12			
	50	345	3.4	40	12.2	3.4	12.9	0.8	0.41	0.47	10	12			
	60	414	4.1	40	12.2	3.4	12.9	0.8	0.41	0.47	10	12			
#3	30	207	2.1	36	11.0	3.0	11.4	0.7	0.45	0.51	11	13			
	40	276	2.8	37	11.3	3.4	12.9	0.8	0.48	0.56	12	14			
	50	345	3.4	38	11.6	4.0	16.1	0.9	0.53	0.62	13	16			
	60	414	4.1	41	12.5	4.4	16.7	1.0	0.50	0.58	13	15			
#4	30	207	2.1	37	11.3	4.0	16.1	0.9	0.55	0.65	14	16			
	40	276	2.8	38	11.6	4.5	17.0	1.0	0.57	0.69	14	17			
	50	345	3.4	39	11.9	5.0	18.7	1.2	0.60	0.70	15	18			
	60	414	4.1	40	12.2	5.5	20.2	1.3	0.67	0.78	17	20			
#5	30	207	2.1	37	11.3	4.8	18.2	1.1	0.68	0.78	17	20			
	40	276	2.8	38	11.6	5.6	21.2	1.3	0.75	0.86	19	22			
	50	345	3.4	41	12.5	6.5	24.6	1.5	0.74	0.86	19	22			
	60	414	4.1	43	13.1	7.2	27.3	1.6	0.75	0.87	19	22			
#6	30	207	2.1	39	11.9	5.0	18.7	1.2	0.72	0.83	18	21			
	40	276	2.8	41	12.5	5.5	20.7	1.3	0.76	0.90	20	23			
	50	345	3.4	42	12.8	7.0	25.4	1.7	0.82	0.93	21	24			
	60	414	4.1	44	13.4	8.4	31.8	1.9	0.84	0.96	21	24			
#8	30	207	2.1	38	11.6	7.9	29.9	1.8	1.05	1.22	27	31			
	40	276	2.8	44	13.4	9.2	34.8	2.1	0.92	1.06	23	27			
	50	345	3.4	45	13.7	10.4	39.4	2.4	0.99	1.14	25	29			
	60	414	4.1	46	14.0	11.1	42.0	2.5	1.01	1.17	26	30			

Low Angle Performance Data

NOZZLE	PRESSURE			RADIUS		FLOW RATE			PRECIP in/hr		PRECIP mm/hr	
	PSI	kPa	Bars	ft.	M.	GPM	L/M	M ³ /H	■	▲	■	▲
#1.0	30	207	2.1	26	7.9	1.1	4.2	0.2	0.31	0.30	8	9
	40	276	2.8	30	9.1	1.3	4.9	0.3	0.28	0.32	7	8
	50	345	3.4	30	9.1	1.4	5.3	0.3	0.30	0.35	8	9
	60	414	4.1	30	9.1	1.6	6.1	0.4	0.34	0.40	9	10
#1.5	30	207	2.1	27	8.2	1.4	5.3	0.3	0.37	0.43	9	11
	40	276	2.8	28	8.5	1.7	6.4	0.4	0.42	0.48	11	12
	50	345	3.4	31	9.4	1.9	7.2	0.4	0.48	0.54	10	11
	60	414	4.1	30	9.1	2.1	7.9	0.5	0.48	0.56	11	13
#2	30	207	2.1	30	9.1	2.1	7.9	0.5	0.45	0.52	11	13
	40	276	2.8	31	9.4	2.4	9.1	0.5	0.48	0.56	12	14
	50	345	3.4	33	10.1	2.8	10.6	0.6	0.50	0.57	12	14
	60	414	4.1	31	9.4	3.1	11.7	0.7	0.52	0.72	16	18
#2.5	30	207	2.1	32	9.8	3.0	11.4	0.7	0.58	0.65	14	16
	40	276	2.8	34	10.4	3.5	13.2	0.8	0.58	0.67	15	17
	50	345	3.4	35	10.7	3.9	14.6	0.9	0.61	0.71	15	18
	60	414	4.1	35	10.7	4.3	16.3	1.0	0.65	0.78	17	20

*All precipitation rates calculated for 180° operation. For the precipitation rate for 360° operation, divide by 2.

• Superior™ Interactive User Manual

AVAILABLE MODELS-SHOP NOW

- 10003 SuperPro™
- 10003-CV SuperPro™ w/Check Valve
- 10003-HP-CV SuperPro™ High Pop w/Check Valve
- 10003-RCW SuperPro™ w/Reclaimed Water Use
- 10003-SH SuperPro™ w/Shrub Head

REPLACEMENT PARTS-SHOP NOW

- P1000902 Key
- P51210 Check Disk
- P51112 Filter Basket
- P51399 Nozzle Rack

SITEMAP

Home News Login
Support Videos Mobile Apps

NEWSLETTER

Subscribe to our newsletter.

email address

SUBSCRIBE

Olvera,Brandon

From: Olvera,Brandon
Sent: Friday, November 3, 2023 12:09 PM
To: cmartinez8024@gvec.net; cheri.valley07@gmail.com
Cc: 'Brian Erxleben 660-9133'
Subject: 116822

RE: 988 Scarlett Ridge Dr.


Belle Oaks Ranch 5

Lot 56

Block 7

Property Owner & Agent,

We received planning materials for the referenced permit application and found those planning materials to be deficient. To continue processing this permit, we need the following:

-  Submit a copy of the approved building permit or written verification from the City of Bulverde that a building permit is not needed for the improvements on the referenced property.
- 2. Revise accordingly and resubmit.

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

Thank You,

Note: Beginning January 1, 2024 our reinspection fees will be changing to \$150.00. Permit fee includes 3 inspections, \$150 each additional inspection

Brandon Olvera | Designated Representative OS0034792 | Comal County | www.cceo.org

195 David Jonas Dr, New Braunfels, TX-78132 | t: 830-608-2090 | f: 830-608-2078 | e: olverb@co.comal.tx.us

**RECEIVED**

By Brandon Olvera at 10:24 am, Nov 14, 2023

CITY OF BULVERDE
New Single Family (Residential) Permit

PERMIT# 2022-515

DATE ISSUED

10/10/2022
10/14/2022

PROJECT ADDRESS: 988 Scarlett Ridge Drive Bulverde, TX 78163

LOCATION NAME: NSFR

SUBDIVISION: Belle Oaks

OWNER: Elijah & Cheri Valley

CONTRACTOR: CDM Custom Home Design & Construction, Inc - Conrad Martinez

ADDRESS: 176 Copper Ridge Drive

CITY, STATE, ZIP: La Vernia, TX 78121

PHONE: (210) 487-9215

EMAIL ADDRESS: cmartinez8024@ziplinkmail.com

CONTACT NAME: Conrad Martinez

ALT PHONE: (210) 487-9215

SQ FT: 0.00

PROJECT VALUATION: 0.00

PLAN REVIEW BY:

NOTES: Angle flood lights downward.

Pool by separate permit.

Electrical layout per NEC 210.52/IRC 3901 (plug spacing).

Install Smoke/CO detectors per IRC 314/315.

Provide electrical layout for game room above the garage.

Contractor to verify bedroom and game room windows meet emergency egress requirements.

BB 2708

PERMIT TYPE**AMOUNT DUE**New Single-Family
Residential

\$0.00

TOTAL:

\$3324.44

NOTES: Schedule by 2pm for next day inspections**NOTICE**

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS STARTED. SEPARATE PERMITS FOR ELECTRICAL, PLUMBING, MECHANICAL, AND PAVING ARE REQUIRED. ALL PERMITS REQUIRE FINAL INSPECTION.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISION OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

(SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

CONRAD MARTINEZ

PRINTED NAME

CDM Custom Home Design & Construction, Inc

PRINTED COMPANY NAME

ISSUED BY

CITY OF BULVERDE

30360 Cougar Bend, Bulverde Texas 78163
830.438.3612 / 830.980.8832 metro / 830.438.4339 faxwww.bulverdetx.gov

Corridor Title Co. GR# 004498MB

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 with Vendor's Lien

THE STATE OF TEXAS

§

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF COMAL

§

Executed on date of acknowledgement to be Effective: February 8, 2021

Grantor: SOUTHERLAND BELLE OAKS II, LLC, a Delaware limited liability company acting herein through AMERICAN LAND PARTNERS, INC., its Manager

Grantor's Mailing Address: 110 River Crossing Blvd., Suite 100, Spring Branch, Comal County, Texas 78070

Grantee: ELIJAH S. VALLEY, JR. and spouse, CHERI LYNN VALLEY

Grantee's Mailing Address: 8406 Cedar Meadows, San Antonio, Bexar County, Texas 78254

Consideration: A note executed by Grantee and payable to the order of TEXAS ASSOCIATION OF PROFESSIONALS FCU, in the principal amount of ONE HUNDRED THIRTY THOUSAND FOUR HUNDRED TEN AND NO/100 DOLLARS (\$130,410.00). The note is secured by a first and superior vendor's lien and superior title retained in this deed in favor of TEXAS ASSOCIATION OF PROFESSIONALS FCU, and by a first-lien deed of trust from Grantee to ERIC A. GARDNER, Trustee.

TEXAS ASSOCIATION OF PROFESSIONALS FCU, at Grantee's request, has paid in cash to Grantor that portion of the purchase price of the Property that is evidenced by the note. The first and superior vendor's lien against and superior title to the Property are retained for the benefit TEXAS ASSOCIATION OF PROFESSIONALS FCU, and are transferred to TEXAS ASSOCIATION OF PROFESSIONALS FCU, without recourse against Grantor.

Property (including any improvements): Lot 56, Block 7, BELLE OAKS RANCH, PHASE V, a subdivision in Comal County, Texas, according to the map or plat thereof recorded in Document No. 202006057670, Map and Plat Records of Comal County, Texas.

Reservations from Conveyance: None.

Exceptions to Conveyance and Warranty: All restrictions, covenants, conditions, easements, reservations and other instruments that affect the property and to all zoning laws, regulations and ordinances of municipal and/or other governmental authorities that affect the property, and taxes for the current year, which Grantee assumes and agrees to pay.

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

The vendor's lien against and superior title to the Property are retained until each note described is fully paid according to its terms, at which time this deed will become absolute.

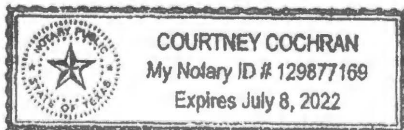
When the context requires, singular nouns and pronouns include the plural.

SOUTHERLAND BELLE OAKS II, LLC
A Delaware Limited Liability Company
By: American Land Partners, Inc.,
A Delaware Limited Liability Company,
Manager

By: _____
Printed Name: Tam Patterson
Authorized Agent

STATE OF TEXAS §
COUNTY OF Comal §

This instrument was acknowledged before me on the 8 day of February, 2021, by Tam Patterson, Authorized Agent of American Land Partners, Inc., Manager of Southerland Belle Oaks II, LLC, a Delaware Limited Liability Company, in the capacity therein stated.



C. Cochran
Notary Public, State of Texas

AFTER RECORDING RETURN TO:
Corridor Title Company
GF No. 20-4478-NB

PREPARED IN THE LAW OFFICE OF:
Kristen Quinney Porter
P.O. Box 312643
New Braunfels, Texas 78131-2643

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
02/08/2021 04:34:16 PM
CHRISTY 2 Pages(s)



Bobbie Koepp

WAYNE A. ZWICKE
460 FRITZ ZWICKE ROAD
NEW BERLIN, TEXAS 78155
(210) 414-0044
TCEQ LICENSE MP0001911

ATU TESTING AND REPORTING RECORD

A testing and reporting record shall be completed, signed and dated after each inspection. One copy is sent to the local permitting authority. The second copy is sent to the system owner along with an invoice for services by the maintenance company. The third copy is to be retained by the maintenance company.

1. Actual date of visit 7/31/2024
2. Owner High Valley Tr
Property Address 988 Scarlett Ridge Drive, Bulverde
Permit Number 116022
Inspector Wayne A. Zwicke (Signature) Conal
Need permit #

Unit	S/N	Operational	Inoperative
Inspected Item			
Aerators		✓	
Filters		✓	
Irrigation Pumps		✓	
Recirculation Pumps		✓	
Disinfection Device		✓	
Chlorine Supply		* Low	
Electrical Circuits		OK	
Distribution System		✓	
Sprayfield Vegetation/Seeding		✓	
Secured Access Port Covers		✓	
Other as noted			

3. Repairs to system (list all components replaced) Replaced three
defective sprayheads and one 1" PVE
Male adapter

Test	Required		Results	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)				
CL2 (Grab)				
Fecal Coliform				

5. General comments or recommendations Tested the pump, alarm,
floats and spray heads. Reset the timer.
Replaced the filter on the aerator.
* Chlorine level must be maintained. Thank you!