staller 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)(E) 285.32(b)(1)(E) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

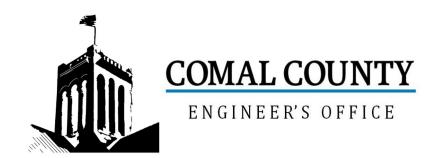
**Inspector Notes:** 

N-	December 41	A may	Citotiana	Net	1 at 1	2 m d 1	7 mal 1
No.	Description SEPTIC TANK Tank(s) Clearly	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	Marked SEPTIC TANK IsingleTank, 2Compartments Provided withBaffle SEPTIC TANK Inlet Flowline Greater than3" and "T" Provided on Inlet and OutletSEPTIC TANK Septic Tank(s) MeetMinimum Requirements		285.32(b)(1) (E)285.91(2)285.32(b)(1) (F)285.32(b)(1)(E) (iii)285.32(b)(1)(E)(ii) (I)285.32(b)(1)(E) (i)285.32(b)(1)(E) (i)285.32(b)(1)(C) (ii)285.32(b)(1)(C) (ii)285.32(b)(1)(C) (ii)285.32(b)(1) (B)285.32(b)(1) (A)285.32(b)(1)(E)(iv)				
1	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
	SEPTIC TANK Secondary restraint system providedSEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
	SEPTIC TANK Tank Volume Installed						
12							
	PUMP TANK Volume Installed						
1	AEROBIC TREATMENT UNIT Size Installed						
14							
	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number						
15	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)				
18			203.33(a)(2)				

No.	o. Description Answer Citations Notes 1st Insp. 2nd Insp. 3rd Insp.								
	DISPOSAL SYSTEM Drip Irrigation	Allowei	Citations	Notes	13t 1113p.	Ziiu iiisp.	Sid ilisp.		
	DIST COAL STOTENT DITP ITTIGATION		20E 22(a)(2)(A) (E)						
			285.33(c)(3)(A)-(F)						
19	DISPOSAL SYSTEM Soil								
20	Substitution		285.33(d)(4)						
20	DISPOSAL SYSTEM Pumped								
	Effluent		285.33(a)(4) 285.33(a)(3)						
			285.33(a)(1)						
21			285.33(a)(2)						
	DISPOSAL SYSTEM Gravelless Pipe								
	·		285.33(a)(3)						
			285.33(a)(2)						
			285.33(a)(4)						
22			285.33(a)(1)						
22	DISPOSAL SYSTEM Mound		205 22/ 1/51						
			285.33(a)(3) 285.33(a)(1)						
			285.33(a)(1) 285.33(a)(2)						
23			285.33(a)(4)						
23	DISPOSAL SYSTEM Other								
	(describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)						
24			263.33(C)(4)						
	DRAINFIELD Absorptive Drainline 3" PVC								
	or 4" PVC								
25									
	DRAINFIELD Area Installed								
26	DRAINFIELD Level to within 1 inch								
	per 25 feet and within 3 inches								
	over entire excavation		285.33(b)(1)(A)(v)						
27									
	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth								
	DRAINFIELD Excavation Separation								
	DRAINFIELD Depth of Porous Media								
	DRAINFIELD Type of Porous Media								
28	DDAINEIEID E								
	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)						
29			(-/\-/\-/						
	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End								
	Plates w/Splash Plate, Inspection								
	Port & Closed End Plates in Place		285.33(c)(2)						
	(per manufacturers spec.)								
30									
	LOW PRESSURE DISPOSAL								
	SYSTEM Adequate Trench Length								
	& Width, and Adequate Separation Distance between		285.33(d)(1)(C)(i)						
	Trenches								
31									

	OSSI IIISPECTION SHEET								
No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.		
	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)						
	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								
	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								
	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried								

	<u>-</u>								
No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.		
	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?		285.33(d)(2)(G)(iii)(II) 285.33(d)(2)(G)(iii)(III) 285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iii)(I)						
	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed		285.33(d)(2)(G) (i)285.33(d)(2) (A)285.33(d)(2)(F)						
	APPLICATION AREA Area Installed								
	PUMP TANK Meets Minimum Reserve Capacity Requirements								
	PUMP TANK Material Type & Manufacturer								
	PUMP TANK Type/Size of Pump Installed								



# Permit of Authorization to Construct an On-Site Sewage Facility Permit Valid For One Year From Date Issued

Permit Number: 116837

Issued This Date: 11/17/2023

This permit is hereby given to: Jesus Prieto Flores

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

1267 WESTERN SKIES DR SPRING BRANCH, TX 78070

Subdivision: Cypress Lake Gardens

Unit: Longhorn Section

Lot: 17 Block: 139

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**

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

APPLICANT / AGENT INFORMATION   SUSUS PRIETO FLORES   Agent Name   Thalia Rivas	Date 10-12-2023			Permit Number	er_ RE	VISED
Owner Name JESUS PRIETO FLORES Agent Name Thalia Rivas  Mailing Address 1267 WESTERN SKIES DR Agent Address PO BOX 768  City, State, Zip SPRING BRANCH, TX 78070 City, State, Zip Spring Branch, Tx 78070  Phone # (210)-284-3584 Phone # 210-385-3487  Email Reversely Re	1. APPLICANT / AG	ENT INFORMATION			8:17	am, Feb 05, 2024
City, State, Zip SPRING BRANCH, TX 78070 Phone # (210)-284-3584 Phone # 210-385-3487 Email Email Rs. tr@ossfdesigns.com  2. LOCATION 2. LOCATION 2. LOCATION 2. Suddivision Name CYPRESS LAKE GARDENS, LONGHORN SECTION Unit Lot 17 Block 139 Survey Name / Abstract Number Acreage Address 1267 WESTERN SKIES DR City PRING BRANCH State TX Zip 78070  3. TYPE OF DEVELOPMENT 3. Single Family Residential Type of Construction (House, Mobile, RV, Etc.) MOBILE HOME & Family Detached Dwelling Number of Bedrooms 2 + 4 Indicate Sq Ft of Living Area 1036sf +1298sf 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: \$80,000 (Structure Only) Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement? Tyes No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement) Source of Water Dublic 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 1 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 state/soil evaluation and inspection of private sewage facilities I altimatively consent to the oncinity province for my e-mail address associated with this permit application, as applicable.			Agent Name	Thalia Rivas		
City, State, Zip SPRING BRANCH, TX 78070 Phone # (210)-284-3584 Phone # 210-385-3487 Email Email Rs. tr@ossfdesigns.com  2. LOCATION 2. LOCATION 2. LOCATION 2. Suddivision Name CYPRESS LAKE GARDENS, LONGHORN SECTION Unit Lot 17 Block 139 Survey Name / Abstract Number Acreage Address 1267 WESTERN SKIES DR City PRING BRANCH State TX Zip 78070  3. TYPE OF DEVELOPMENT 3. Single Family Residential Type of Construction (House, Mobile, RV, Etc.) MOBILE HOME & Family Detached Dwelling Number of Bedrooms 2 + 4 Indicate Sq Ft of Living Area 1036sf +1298sf 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: \$80,000 (Structure Only) Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement? Tyes No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement) Source of Water Dublic 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 1 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 state/soil evaluation and inspection of private sewage facilities I altimatively consent to the oncinity province for my e-mail address associated with this permit application, as applicable.	Mailing Address 1267	7 WESTERN SKIES DR	Agent Address	PO BOX 768		
Phone # (210)-284-3584			City, State, Zip	Spring Branch,	Tx 78070	
2. LOCATION  Subdivision Name CYPRESS LAKE GARDENS, LONGHORN SECTION Unit Lot17 Block 139  Survey Name / Abstract Number Acreage  Address 1287 WESTERN SKIES DR City PRING BRANCH State TX Zip 78070  3. TYPE OF DEVELOPMENT  Single Family Residential  Type of Construction (House, Mobile, RV, Etc.) MOBILE HOME & Family Detached Dwelling  Number of Bedrooms 2 + 4  Indicate Sq Ft of Living Area 1036sf+1296sf  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: \$80,000 (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.  - Inderstand 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 releases of my e-mail address associated with this permit application, a applicable.			Phone #	210-385-3487		
Subdivision Name CYPRESS LAKE GARDENS, LONGHORN SECTION Unit Lot 17 Block 139  Survey Name / Abstract Number	Email		Email	Rs.tr@ossfdesigr	is.com	
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01-20-24	by the Comal County	Flood Damage Prevention Order. t to the online posting/public release of my e-m				

Date



### ON-SITE SEWAGE FACILITY APPLICATION

195 DAVID JONAS DR NEW BRAUNFELS, TX 78132 (830) 608-2090

REVISED

Yes

Planning Materials & Site Evaluation as Required Completed By THALIA RIVAS R.S 5067 9:15 am, Feb 26, 2024 System Description AEROBIC TREATMENT UNIT WITH DRIP IRRIGATION Size of Septic System Required Based on Planning Materials & Soil Evaluation 1000GPD Treatment Plant Tank Size(s) (Gallons) 1000GPD ATU Pump Tank Absorption/Application Area (Sq Ft) 2936sf/1468Inft Gallons Per Day (As Per TCEQ Table III) 180gpd + 300gpd = 480gpd (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  $| \times |$  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 X 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? 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? X Yes Is there an existing TCEQ approval CZP for the property? Yes (If yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP.)

(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

By signing this application, I certify that:

Is this property within an incorporated city?

If yes, indicate the city:

- 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.

02-22-24 Date Signature of Designer

If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP?

issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)



STATE OF TEXAS

Affix Notary Stamp Above



202306033916 10/25/2023 11:14:56 AM 1/1

### **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.

1

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.

11	
An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code 2 property described as (insert legal description):	85.91(12) will be installed on the
Lot 17 Block 139 Subdivision CYPRESS LAKE GARDENS, LONGHORN SECTION	Unit/Phase/Section
If not in Subdivision:Acres	Survey
The property is owned by (insert owner's full name): JESUS PRIETO FLORES	
This OSSF must be covered by a continuous maintenance contract for the first two years, policy, the owner of an aerobic treatment system for a single family residence shall either within 30 days or maintain the system personally.	
Upon sale or transfer of the above-described property, the permit for the OSSF shall be to owner. A copy of the planning materials for the OSSF can be obtained from the Comal Company of the Prieto Flores Series Prieto Flores Owner Signature.	County Engineer's Office.
Owner Name Owner Signatur	re
This instrument was acknowledged before me on: 18th Day of Octuber, SAIRTA 9. TREVINO	20 <u>23</u> .
Notary's Printed Name  Notary Public, State of Texas	
Filed and Recorded  SAIREA YOLIVEL TREVINO Notary ID #133278344 My Commission Expires August 18, 2025  Filed and Recorded Official Public Records Bobbie Koepp, County Cl	

obbie Koepp

Luna Environmental 4222 FM 482 New Braunfels, TX 78132



Phone: (830) 312-8776

sherrie@lunaenvironmental.com

Customer ID: 11395

Site: 1267 Western Skies Dr, Spring Branch, TX 78070

County: Comal Subdivision: Cypress Lake <u>Main Phone</u> (210) 284-3584

Last Emailed 10/20/2023

To: Jesus Prieto Flores

1267 Western Skies Dr Spring Branch, TX 78070

Installed by: Jose Cruz

Date Printed: 11/8/2023

Contract with: Luna Environmental
Treatment Type: Aerobic / Disposal: Drip Emitters

MFG: / Brand: / S#:

Disinfectant:

Contract Period

#### **NO PERMIT ON FILE**

Agency: Comal County Environmental Health
3 visits per year - one every 4 months
System Max Allowance: 840 gallons per day

#### Agreement

I. General: This work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Luna Environmental, 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 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.
- 4. The contractor's inspection will include the following; Effluent Quality (Color, Turbity, 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)
- 5. Contractor will respond to client calls and complaints, regarding visual or audible alarms, suspicious conditions and or problems that might confront the Client within 48 hours, excluding weekend and holidays. The Contractor will maintain a 24 hour answering service at 830-312-8776. The unscheduled responses may be billed to the client at going rate.

#### V. Clients Responsibilities:

- 1. Maintain Chlorinator and Proper Chlorine supply, if OSSF is equipped with.
- 2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
- 3. Immediately notify the Contractor of any alarms of problems with, including failure of the OSSF.
- 4. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor at Clients own expense.
- 5. 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 \$75.00 per hour plus materials billed at list process. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement only covers the Services described herein. This fee does not cover equipment or labor supplied for non-warranty repairs or for charges for unscheduled Client, request trips to the Client's site of pumping of the OSSF. Payments not received within 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 \$

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

Jesus Prieto Flores Signature Tew

Print Name: James H Sickles\_ Signature: <u>James H Sickles</u> <u>MP-License # 0000996</u>

REVISED 8:26 am, Nov 17, 2023



Navigation

Search

MSC Home (/portal/)

MSC Search by Address (/portal/search)

MSC Search All Products (/portal/advanceSearch)

 MSC Products and Tools (/portal/resources/productsandtools)

Hazus (/portal/resources/hazus)

LOMC Batch Files (/portal/resources/lomc)

Product Availability (/portal/productAvailability)

MSC Frequently Asked Questions (FAQs) (/portal/resources/faq)

MSC Email Subscriptions (/portal/subscriptionHome)

Contact MSC Help (/portal/resources/contact)

# FEMA Flood Map Service Center: Search By Address

Enter an address, place, or coordinates: (2)

1267 WESTERN SKIES DR SPRING BRANCH, TX 7807

Search

Whether you are in a high risk zone or not, you may need <u>flood insurance (https://www.fema.gov/national-flood-insurance-program</u>) because most homeowners insurance doesn't cover flood damage. If you live in an area with low or moderate flood risk, you are 5 times more likely to experience flood than a fire in your home over the next 30 years. For many, a National Flood Insurance Program's flood insurance policy could cost less than \$400 per year. Call your insurance agent today and protect what you've built.

Learn more about steps you can take (https://www.fema.gov/what-mitigation) to reduce flood risk damage.

# Search Results—Products for COMAL COUNTY UNINCORPORATED AREAS

Show ALL Products » (https://i

The flood map for the selected area is number 48091C0070F, effective on 9/2/2009

### **DYNAMIC MAP**



### **MAP IMAGE**



### Changes to this FIRM @



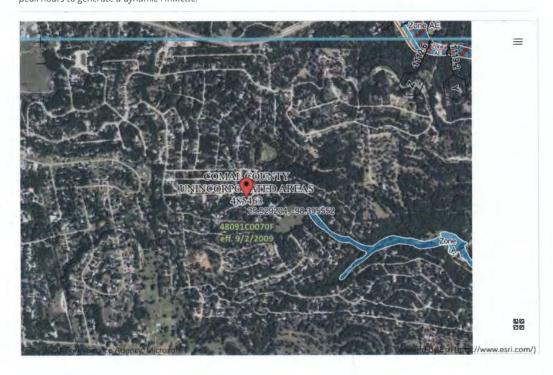
Revalidations (0)

(https://msc.fema.gov/portal/downloadProduct?

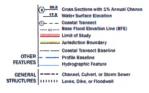
(https://msc.fema.gov/portal/firmette2iD=FINAL\_PRODUCT&productSubTypeID=FIRM\_PANEL&productID=48091 latitude=29.929204&longitude=-98.395552)

You can choose a new flood map or move the location pin by selecting a different location on the locator map below or by entering a new location in the search field above. It may take a minute or more during peak hours to generate a dynamic FIRMette.

Go To NFHL Viewer » (https









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Official website of the Department of Homeland Security

### OSSF SOIL EVALUATION REPORT INFORMATION

DATE:	09-25-23					
APPLICANT INFO	ORMATION:		SITE EV	ALUATOR INFOR	MATION:	
Name:	JESUS P FLORES	S	Name:	THALIA RIVAS		
	WESTERN SKIES		Address:	PO BOX 768		_
City: SPR	ING BRANCH TX		City: Sp	ring Branch S	tate: TFXAS	_
Zip Code: 78070	O Phone: 210-	284-3584	Zip Code	e: <u>78070</u> P	hone: <u>210–385–34</u>	87
			Email: RS	TR@OSSFDESIGNS.	COM	_
PROPERTY LOC	ATION:		License #	: 050036382		
Lot17_ Unit:_	Block:	139				
Street Address: 12	67 WESTERN SKIE	S DR.				
City: SPRING BE	RANCH TX Zip:	78070				
Subdivision: CY	PRESS LAKE GARI LONGHORN SECT	DENS / ION				
Depth	Texture Class	Soil Texture	Structure	Drainage	Restrictive Horizon	Observation
Soil Boring #1	SURFACE ROCK @ 0"				SURFACE ROCK @ 0"	SURFACE ROCK @ 0"
Soil Boring #2	CLAY LOAM	III	BLOCKY	< 30% GRAVEL	ROCK @ 3"	ROCK @ 3"
Presence of 100yr. Existing or propos Presence of adjace Presence of upper	ed water well in near ent ponds, streams,	arby area. water impoundmen	YES	NO X NO X NO X NO X NO X	-	
EVALUATOR IN A	CCORDANCE WITH	CHAPTER 285, SU	BCHAPTER D, §28	ED PROFESSIONAL 5.30, & §285.40 (REGA CTIVE DECEMBER 2	RDING RECHARG	

09-25-23

Date

Thalia Rivas R.S 5067 – S.E. 36382



### AEROBIC TREATMENT DRIP TUBING SYSTEM

DESIGNED FOR: JESUS PRIETO FLORES 1267 WESTERN SKIES DR. SPRING BRANCH TX 78070

### SITE DESCRIPTION:

Located Lot 17, Block 139 in Cypress Lake Gardens, Longhorn Section also known 1267 Western Skies Dr. Spring Branch Tx 78070. Property has Type III soil and rock as described in the Soil Evaluation Report. Some cedar trees were found throughout this property. An Aerobic Treatment Plant utilizing Drip Irrigation was chosen as the most appropriate system to serve the condition on this lot.

### PROPOSED SYSTEM:

A 3OR 4-inch SCH-40 pipe discharges from the residence into a Nu Water B 1000 Aerobic Treatment Plan and Nu Water 1000GPD Aerobic Treatment Unit Pump Tank. Aerobic plant capacity consist of a 639gal Pre-treatement chamber, 1,121 gal aeration chamber, and a 1000 gallon pump chamber. The pump is activated by a time controller allowing the distribution ten times per day with a 6 minute run time with float setting at 560 gallons. A high level audible and visual alarm will activate should the pump fail. Distribution is trough a self flushing 100 micron Arkal disk filter then through a 1" SCH-40 manifold to a 2400sf drip tubing field, with Netifim Bioline drip lines set approximately two feet apart with 0.61gph emitters set every 2', as per attached schematic. A pressure regulator Model PMR30MF installed in the pump tank on the manifold to the field will maintain pressure from 25 to 40psi. A 1" SCH-40 return line is installed to continuously flush the system by cycling a 1" ball valve into the pump tank. Solids caught in the disc filter are flushed each cycle back to the trash tank. 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 installing drip the site must be scarified and built up with 12" of Type II or Type III soil. Drip tubing will be laid and will be capped with 6" of sandy loam (Type II - NOT SAND). The field area will be seeded or sodded with a hearty greasy such as Bermuda, St. Augustine, etc. prior to system startup. Tanks myst have at grade risers 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:**

Daily waste flow: 2 Bedroom Residence (1036 sf. Living Area) @ 180 GPD & a 4 Bedroom Detached Family Dwelling (1296sf living area) @ 300GPD (Table III) Total of 480GPD

Pre- Treatment Chamber size: 639 Gal

Plant Size:Nu-Water 1000Gal Aerobic Treatment Plant and 1000GPD Aerobic Treatment

Unit Pump Tank (Assembled) (TCEQ Approved)

Pump tank size: 1000Gal

Reserve capacity after High Level: 195 Gal (1/3 day Reg'd)



Application Rate: Ra = 0.20 gal/sf

Total absorption area: Q/Ra 480/0.20 = 2400sf (Actual 2936sf.)

Total linear feet drip tubing: 1468' Minimum 1200' = 1200s.f./2 Netifim Bioline drip

tubing .61 GPH

Total number of emitters: 734 emitters

Pump requirement: (0.5 HP Franklin C1-Series -20XC1-05P4-2W115) or equivalent

### PIPE AND FITTING:

All pipes and fittings in this drip tubing system shall be 1" 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.

02-28-24

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

Thalia Rivas R.S. No. 5067

P.O. Box 768

Spring Branch Tx 78070 Rs.tr@ossfdesigns.com INSTALL 2936SF OF FIELD TUBING USING 1468LNFT 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 THE TREATMENT UNIT 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 STRUCTURES.

INSTALL: 12 ROWS @ 100' EACH 4 ROWS @ 67' EACH 1468' OF DRIP TUBING SPACED 2' APART

8:17 am, Feb 05, 2024 1000 GPD 98.0 SETBACK DRIVE WAY 4 BED RES 1296 SF 6 OSSE SETBACK 112.6 WATER METER WESTERN SKIES DR.

REVISED

LEGEND:

X = TEST HOLES

W = WATER LINE

= CLEAN OUT
= SUPPLY LINE

= RETURN LINE

= VACUUM BREAKERS

.... = SET BACK LINE

AEROBIC UNIT MUST BE INSTALLED A MINIMUM OF 18" DEEP TO ALLOW A MINIMUM OF 12" OF SOIL BETWEEN TOP OF TANK AND DRIP TUBING LINE



**OWNER: JESUS PRIETO FLORES** 

LEGAL DESCRIPTION: LOT 17, BLOCK 139, CYPRESS LAKE

GARDENS, LONGHORN SECTION

ADDRESS: 1267 WESTERN SKIES DR. SPRING BRANCH TX 78070 PREPARED BY: THALIA RIVAS R.S 5067 SCALE: 1"= 30"



8:17 am, Feb 05, 2024

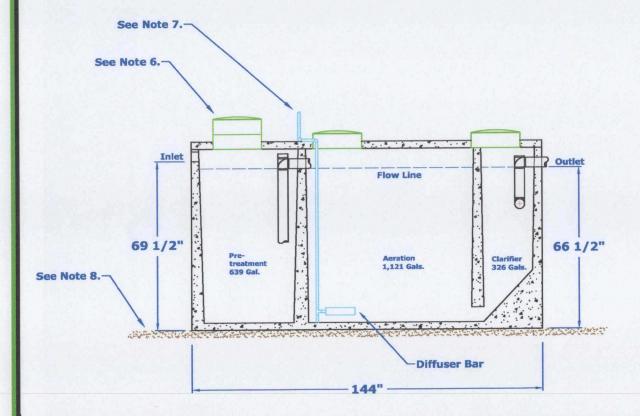


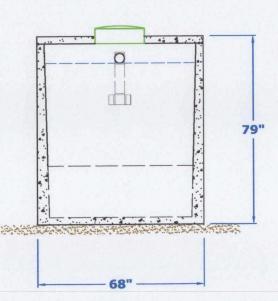
### **GENERAL NOTES:**

- 1. Plant structure material to be precast concrete and steel.
- 2. Maximum burial depth is 30" from slab top to grade.
- 3. Weight = 16,600 lbs.
- 4. Treatment capacity is 1,000 GPD.
- 5. BOD Loading = 3.00 lbs. per day.
- 20" Ø acess riser w/ lid (Typical 3). Optional extension risers available.
- 1" Sch. 40 PVC Air Line to Bio-Robic B-1000 Air Compressor (Max. 50 Lft from Plant).
- 8. 4" min. compacted sand or gravel pad by Contractor

### **MINIMUM EXCAVATION DIMENSIONS:**

Width: 80" Length: 156"





## NuWater B-1000 Aerobic Treatment Plant (Assembled)

Model: B-1000

July, 2012 By: A.S.

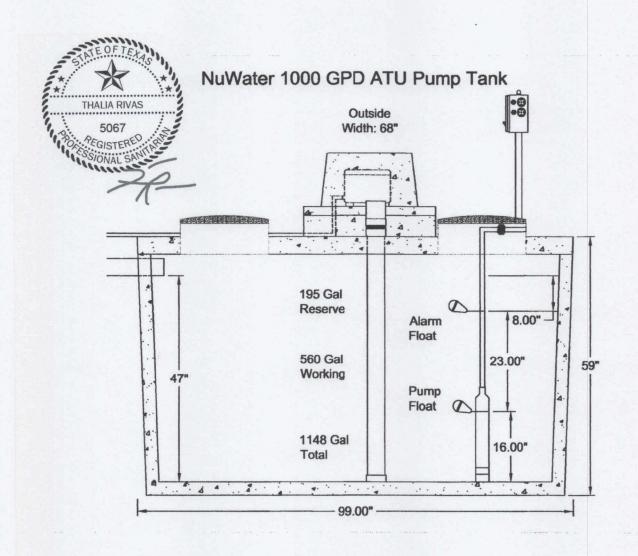
#### Scale:

 All Dimensions subject to allowable specification tolerances.

Dwg. #: ADV-B1000-2



Advantage Wastewater Solutions IIc. 444 A Old Hwy No 9 Comfort, TX 78013 830-995-3189 fax 830-995-4051



From: Ritzen, Brenda
To: Thalia Rivas

**Subject:** FW: REVISIONS PERMIT 116837 ADDRESS: 1267 WESTERN SKIES DR.

**Date:** Tuesday, February 13, 2024 8:39:00 AM

Attachments: <u>image001.png</u>

Pdf Design Specs.pdf Page from 116837.pdf image001.png

Thalia,

Your revision must be signed. Also, the 2<sup>nd</sup> page of the permit application has a typo on the amount of application area (attached).

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:** Monday, February 12, 2024 6:26 PM **To:** Ritzen, Brenda <rabbjr@co.comal.tx.us>

Subject: Re: REVISIONS PERMIT 116837 ADDRESS: 1267 WESTERN SKIES DR.

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Comal IT

Hello,

Attached are revisions. If you have any questions please let me know. Thank You.





DESIGNED FOR: JESUS PRIETO FLORES 1267 WESTERN SKIES DR. SPRING BRANCH TX 78070

### **SITE DESCRIPTION:**

Located Lot 17, Block 139 in Cypress Lake Gardens, Longhorn Section also known 1267 Western Skies Dr. Spring Branch Tx 78070. Property has Type III soil and rock as described in the Soil Evaluation Report. Some cedar trees were found throughout this property. An Aerobic Treatment Plant utilizing Drip Irrigation was chosen as the most appropriate system to serve the condition on this lot.

### **PROPOSED SYSTEM:**

A 3OR 4-inch SCH-40 pipe discharges from the residence into a Nu Water B 1000 Aerobic Treatment Plan and Nu Water 1000GPD Aerobic Treatment Unit Pump Tank. Aerobic plant capacity consist of a 639gal Pre-treatement chamber, 1,121 gal aeration chamber, and a 1000 gallon pump chamber. The pump is activated by a time controller allowing the distribution ten times per day with a 6 minute run time with float setting at 560 gallons. A high level audible and visual alarm will activate should the pump fail. Distribution is trough a self flushing 100 micron Arkal disk filter then through a 1" SCH-40 manifold to a 2400sf drip tubing field, with Netifim Bioline drip lines set approximately two feet apart with 0.61 gph emitters set every 2', as per attached schematic. A pressure regulator Model PMR30MF installed in the pump tank on the manifold to the field will maintain pressure from 25 to 40psi. A 1" SCH-40 return line is installed to continuously flush the system by cycling a 1" ball valve into the pump tank. Solids caught in the disc filter are flushed each cycle back to the trash tank. 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 installing drip the site must be scarified and built up with 12" of Type II or Type III soil. Drip tubing will be laid and will be capped with 6" of sandy loam (Type II - NOT SAND). The field area will be seeded or , St. Augustine, etc. prior to system startup. sodded with a hearty greasy such as Bo Tanks myst have at grade risers on each open ight caps that must be at least 65# or have a padlock or can only be removed with to 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:**

Daily waste flow: 2 Bedroom Residence (1036 sf. Living Area) @ 180 GPD & a 4 Bedroom Detached Family Dwelling (1296sf living area) @ 300GPD (Table III) Total of 480GPD

Pre- Treatment Chamber size: 639 Gal

Plant Size: Nu-Water 1000Gal Aerobic Treatment Plant and 1000GPD Aerobic Treatment

Unit Pump Tank (Assembled) (TCEQ Approved)

Pump tank size: 1000Gal

Reserve capacity after High Level: 195 Gal (1/3 day Req'd)



Application Rate: Ra = 0.20 ga

Total absorption area: Q/Ra  $48\sqrt{0.20} = 2400$ sf (Actual 2936sf.)

Total linear feet drip tubing: 1468' Minimum 1200' = 1200s.f./2 Netifim Bioline drip

tubing .61 GPH

Total number of emitters: 734 emitters

Pump requirement: (0.5 HP Franklin C1-Series -20XC1-05P4-2W115) or equivalent

### **PIPE AND FITTING:**

All pipes and fittings in this drip tubing system shall be 1" 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)

02-12-24

Thalia Rivas R.S. No. 5067

P.O. Box 768

Spring Branch Tx 78070 Rs.tr@ossfdesigns.com



From: <u>Ritzen, Brenda</u>

To: <u>Thalia Rivas</u>; <u>Olvera, Brandon</u>

**Subject:** RE: REVISIONS PERMIT 116837 ADDRESS: 1267 WESTERN SKIES DR.

**Date:** Monday, February 5, 2024 8:30:00 AM

Attachments: Page from 116837.pdf

image001.png

### Thalia.

The attached page must also be updated to match your revised design.

### 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, February 4, 2024 9:15 PM

To: Olvera, Brandon < Olverb@co.comal.tx.us>; Ritzen, Brenda < rabbjr@co.comal.tx.us>

Subject: REVISIONS PERMIT 116837 ADDRESS: 1267 WESTERN SKIES DR.

# This email originated from outside of the organization.

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is safe.

- Comal II

#### Hello.

Attached are revisions for permit 116837 address: 1267 Western Skies Dr. Spring Branch Tx 78070. If you have any questions please let me know. Thank You



### AEROBIC TREATMENT DRIP TUBING SYSTEM

DESIGNED FOR: JESUS PRIETO FLORES 1267 WESTERN SKIES DR. SPRING BRANCH TX 78070

### SITE DESCRIPTION:

Located Lot 17, Block 139 in Cypress Lake Gardens, Longhorn Section also known 1267 Western Skies Dr. Spring Branch Tx 78070. Property has Type III soil and rock as described in the Soil Evaluation Report. Some cedar trees were found throughout this property. An Aerobic Treatment Plant utilizing Drip Irrigation was chosen as the most appropriate system to serve the condition on this lot.

### **PROPOSED SYSTEM:**

A 3OR 4-inch SCH-40 pipe discharges from the residence into a Aeris Aerobics 840GPD aerobic plant a 552 gal trash chamber, 601 gal aeration chamber, and a 763 gallon pump chamber. The pump is activated by a time controller allowing the distribution ten times per day with a 6 minute run time with float setting at 480 gallons. A high level audible and visual alarm will activate should the pump fail. Distribution is trough a self flushing 100 micron Arkal disk filter then through a 1" SCH-40 manifold to a 2400sf drip tubing field, with Netifim Bioline drip lines set approximately two feet apart with 0.61gph emitters set every 2', as per attached schematic. A pressure regulator Model PMR30MF installed in the pump tank on the manifold to the field will maintain pressure from 25 to 40psi. A 1" SCH-40 return line is installed to continuously flush the system by cycling a 1" ball valve into the pump tank of t kers installed at the highest point on each manifold will prevent siphoning of effluent from higher to lower parts of the field. Prior to installing drip the site must be scarified and built up with 12" of Type II or Type III soil. Drip tubing will be laid and will be capped with 6" of sandy loam (Type II -NOT SAND). The field area will be seeded or sodded with a hearty greasy such as Bermuda, St. Augustine, etc. prior to system startup.

Tanks myst have at grade risers 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:**

Daily waste flow: 3 Bedroom Residence (1036 sf. Living Area) @ 240 GPD (Table III)

Trash tank size: 552 Gal

Plant Size: Aeris Aerobics 840 GPD Aerobic Treatment Plant (Assembled) (TCEQ

Approved)

Pump tank size: 763 Gal

Reserve capacity after High Level: 160 Gal (1/3 day Reg'd)

Application Rate: Ra = 0.20 gal/sf

Total absorption area: Q/Ra = 240 GPD/0.20 = 1200sf (Actual 2400sf.)



Date 10-12-2023



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

116837

Permit Number

	/ AGENT INFORMATION  JESUS PRIETO FLORES	Agent Name	Thalia Rivas	•	
Owner Name	s 1267 WESTERN SKIES DR	Agent Address			
	SPRING BRANCH, TX 78070	City, State, Zip			
	(210)-284-3584	Phone #	210-385-34		
Phone #	(210)-204-3304	Email		designs.com	
Email		Lillali	113.11@03311	20019110.00111	
2. LOCATION Subdivision Na	me CYPRESS LAKE GARDENS, LONGHORN SEC	TION L	Jnit	Lot17	Block 139
	Abstract Number			Acreag	
•	VESTERN SKIES DR	City PRING BRAN	СН	State TX	Zip 78070
3. TYPE OF DE	EVELOPMENT				
	amily Residential				
	Construction (House, Mobile, RV, Etc.) MOBILE F	HOME			
•	of Bedrooms 3				
	Sq Ft of Living Area 1036 SQFT				
	le Family Residential				
	materials must show adequate land area for doubling	the required land nee	ded for treat	ment units and d	isnosal area)
Type of F		The required fand free	ded for treat	ment units and u	sposar area)
	Factories, Churches, Schools, Parks, Etc Indic	ate Number Of Occ	unants		
			ираптэ		
	ants, Lounges, Theaters - Indicate Number of Se				
	otel, Hospital, Nursing Home - Indicate Number	) beds			
	railer/RV Parks - Indicate Number of Space				
Miscellar	neous				
		(Ot a star of Orales)			
	ost of Construction: \$ 18,000	(Structure Only)		(110405) 5	10
Is any portion	n of the proposed OSSF located in the United S				
Yes X	No (If yes, owner must provide approval from USACE	for proposed OSSF impr	ovements with	in the USACE flow	age easement)
Source of Wa	ater 🔀 Public 🔲 Private Well				
4. SIGNATURE	OF OWNER				
By signing this a	pplication, I certify that: application and all additional information submitted d	oos not contain any fa	leo informativ	on and door not	annoal any mat

- The completed application and all additional information submitted does not contain any false information and does not conceal any material facts. I certify that I am the property owner or I possess the appropriate land rights necessary to make the permitted improvements on said property.
- Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities...
- I understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.





Signature of Designer



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

REVISED

8:17 am, Feb 05, 2024

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 1000GPD Treatment Plant Tank Size(s) (Gallons) 1000GPD ATU Pump Tank Absorption/Application Area (Sq Ft) 2396sf/1468Inft Gallons Per Day (As Per TCEQ Table III) 180gpd + 300gpd = 480gpd (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 X 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 X 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? (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? X Yes Is there an existing TCEQ approval CZP for the property? of the existing CZP.) (If yes, the P.E. or R.S. shall certify that the OSSF design complied If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? Yes X 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? 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. 01-20-24

Date

VOID

Total linear feet drip tubing: 100° Minimum 00° = 1200s.f./2 Netifim Bioline drip

tubing .61 GPH

Total number of emitters: 600 emitters

Pump requirement: (0.5 HP Franklin C1-Series -20XC1-05P4-2W115) or equivalent

### **PIPE AND FITTING:**

All pipes and fittings in this drip tubing system shall be 1" 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)

10-11-23

Thana Rivas R.S. No. 5067

P.O. Box 768

Spring Branch Tx 78070 Rs.tr@ossfdesigns.com





INSTALL 2400SF OF FIELD TUBING USING 1200LNFT 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 THE TREATMENT UNIT 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.

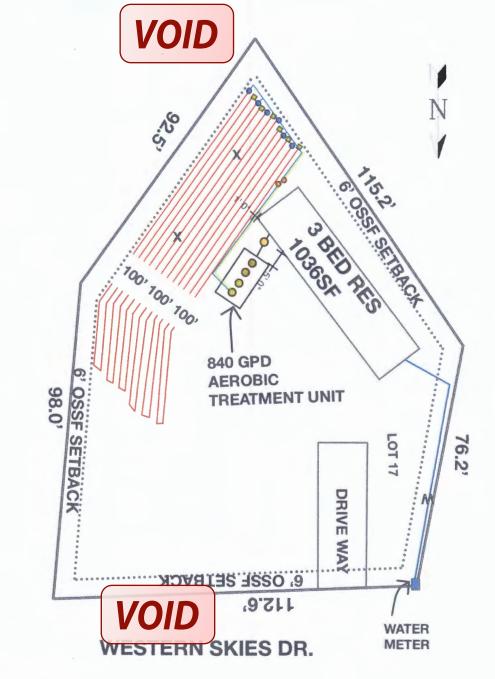
INSTALL VACUUM
BREAKERS AT HIGHEST
POINT OF SUPPLY AND
RETURN LINE.

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 STRUCTURES.

INSTALL: 12 ROWS @ 100' EACH

1200' OF DRIP TUBING SPACED 2' APART



LEGEND:

X = TEST HOLES

W = WATER LINE

= CLEAN OUT

= SUPPLY LINE

= RETURN LINE

= VACUUM BREAKERS

.... = SET BACK LINE



OWNER: JESUS PRIETO FLORES

LEGAL DESCRIPTION: LOT 17, BLOCK 139, CYPRESS LAKE

**GARDENS, LONGHORN SECTION** 

ADDRESS: 1267 WESTERN SKIES DR. SPRING BRANCH TX 78070 PREPARED BY: THALIA RIVAS R.S 5067 SCALE: 1"= 30"





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

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) 840GPD Aerobic Treatment Unit  Absorption/Application Area (Sq Ft) 2400sf/1200Inft
Gallons Per Day (As Per TCEQ Table III) 240GPD  (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? X 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 desi
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.
10-11-23
Signature of Designer Date



## **TANK NOTES:**

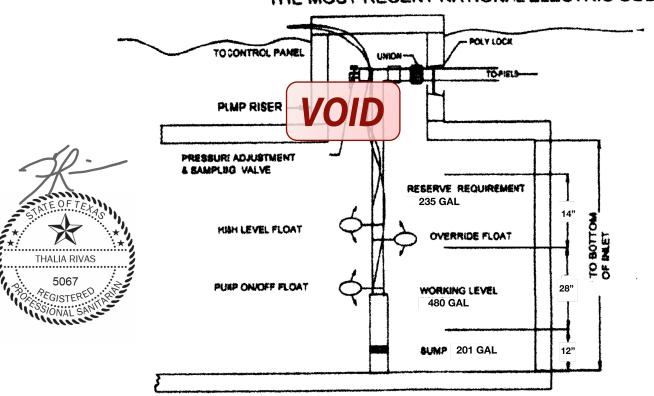
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

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

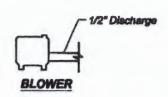
A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

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

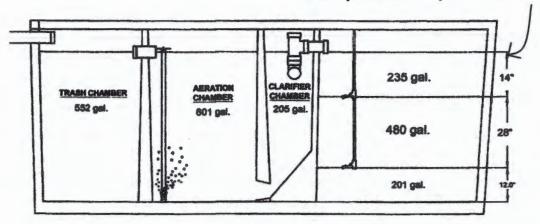


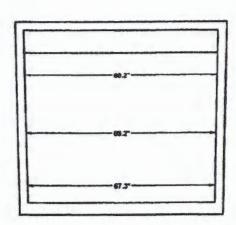
TYPICAL PUMP TANK CONFIGURATION AERIS AEROBICS 840 PUMP TANK





### **Pump Tank Requirements**





SIDE SECTION VIEW

SCALE: 1'= 38 "





2 - 250 mm Max flow per diffuser = 55 liters/minute



Title:

Model D-840 Night Time Pumping Company Name:

**Aeris Aerobics** 

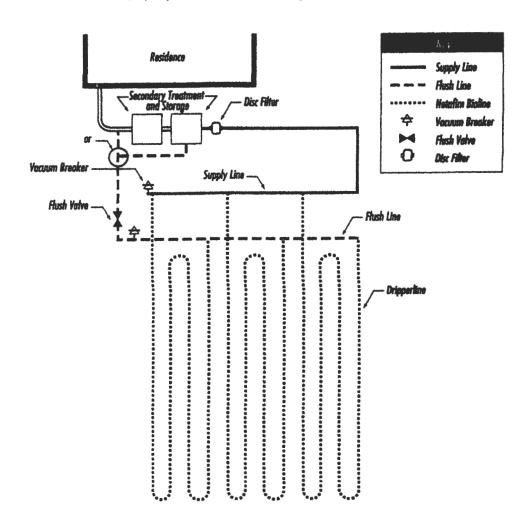
Date:

## **SAMPLE DESIGNS**

### SINGLE TRENCH LAYOUT

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

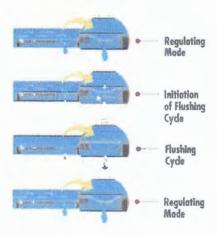
- · Locate supply and flush manifold in same trench
- · Dripperlines are looped at the end opposite the supply and flush manifolds
- The longest Bioline length should not exceed 400 ft. Drip fields 200 ft. in length might loop the Bioline once; drip dispersal fields under 100 ft. might be looped twice,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



## NETAFIM

## Bioline Dripperline

## Pressure Compensating Dripperline for Wastewater



BioLine's Self-Cleaning, Pressure Compensating Dripper is a fully selfcontained 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 roised 0.27" above wall of tubing to prevent sediment from entering dripper.
  - Drippers impregnated with Vinyzene to prevent buildup of microbial stime.
  - Unique self-flushing mechanism passes small particles before they can build up.

### Cross Section of Bioline Oripportine



SECHFILTED

#### 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

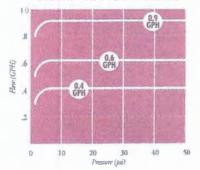
Inside diameter: .570\*

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**

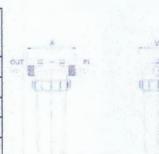
## Catalog No. 1102 0\_\_\_\_

### **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) 25.0 mm – nominal diameter	1" NPT (male)
	33.6 mm - pipe diameter (O, D.)	
Maximum pressure	10 atm	145 psi
Maximum flow rate	8 m³/h (1.7 l/sec)	35 gpm
General filtration area	500 cm <sup>2</sup>	77.5 in <sup>2</sup>
Filtration volume	600 cm <sup>3</sup>	37 in <sup>3</sup>
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

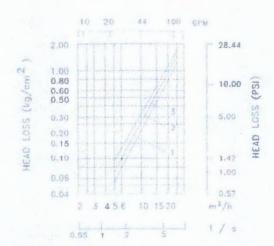


### **Filtration Grades**

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





### PMR-MF

### PRESSURE-MASTER REGULATOR - MEDIUM FLOW

### Specifications

The pressure regulator shall be capable of operating at a constant, factory preset, non-adjustable outlet pressure of 6, 10, 12, 15, 20, 25, 30, 35, 40, 50, or 60 PSI (0.41, 0.69, 0.83, 1.03, 1.38, 1.72, 2.07, 2.41, 2.76, 3.45, or 4.14 bar) with a flow range between:

- 4 16 GPM (909 3634 L/hr) for 6 10 PSI models or
- 2 20 GPM (454 4542 L/hr) for 12 60 PSI models.

The pressure regulator shall maintain the nominal pressure at a minimum of 5 PSI (0,34 bar) above model inlet pressure and a maximum of 80 PSI (5.52 bar) above nominal model pressure\*, Refer to the PRU performance curve to establish specific outlet pressures based on relative inlet pressure and flow rate. Always install downstream from all shut off valves. Recommended for outdoor use only. Not NSF certified.

All pressure regulator models shall be equipped with one of these inlet-x-outlet configurations:

inlet	Outlet
%-inch Female National Pipe Thread (FNPT)	%-inch Female National Pipe Thread (FNPT)
1-inch Female National Pipe Thread (FNPT)	1-inch Female National Pipe Thread (FNPT)
1-inch Female British Standard Pipe Thread (FBSPT)	1-inch Female British Standard Pipe Thread (FBSPT)

The upper housing, lower housing, and internal molded parts shall be of engineering-grade thermoplastics with internal elastomeric seals and a reinforced elastomeric diaphragm. Regulation shall be accomplished by a fixed stainless steel compression spring, which shall be enclosed in a chamber isolated from the normal water passage.

Outlet pressure and flow shall be clearly marked on each regulator.

The pressure regulator shall carry a two-year manufacturer's warranty on materials, workmanship, and performance. Each pressure regulator shall be water tested for accuracy before departing the manufacturing facility.

The pressure regulator shall be manufactured by Senninger Irrigation in Clermont, Florida, Senninger is a Hunter Industries Company.

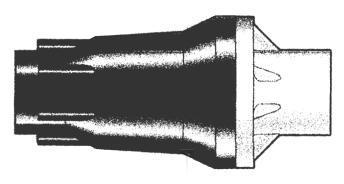
### Physical

### 3/4" FNPT x 3/4" FNPT model (shown on right)

Overall Length 5.2 inches (13.1 cm) Overall Width 2.5 inches (6.4 cm)

1" FNPT x 1" FNPT model 1" FBSPT x 1" FBSPT model





Please consult factory for applications outside of recommended guidelines.



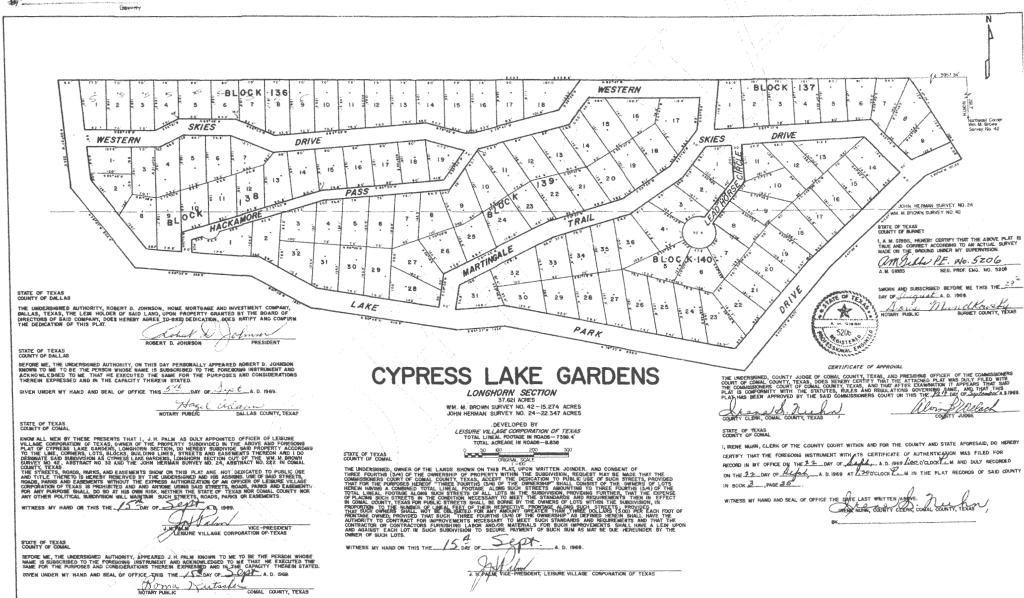
## PMR-MF

### PRESSURE-MASTER REGULATOR - MEDIUM FLOW

### **Model Numbers**

Model #	Flow Range	Preset Operating Pressure	Maximum Inlet Pressure
PMR-6 MF	4 - 16 GPM	6 PSI	80 psi
	(909 - 3634 L/hr)	(0.41 bar)	(5.51 bar)
PMR-10 MF	4 - 16 GPM	10 PSI	90 psi
	(909 - 3634 L/hr)	(0.69 bar)	(6.20 bar)
PMR-12 MF	2 - 20 GPM	12 PSI	90 psi
	(454 - 4542 L/hr)	(0.83 bar)	(6.20 bar)
PMR-15 MF	2 - 20 GPM	15 PSI	95 psi
	(454 - 4542 L/hr)	(1.03 bar)	(6.55 bar)
PMR-20 MF	2 - 20 GPM	20 PSI	100 psi
	(454 - 4542 L/hr)	(1.38 bar)	(6.89 bar)
PMR-25 MF	2 - 20 GPM	25 PSI	105 psi
	(454 - 4542 L/hr)	(1.72 bar)	(7.24 bar)
PMR-30 MF	2 - 20 GPM	30 PSI	110 psi
	(454 - 4542 L/hr)	(2.07 bar)	(7.58 bar)
PMR-35 MF	2 - 20 GPM	35 PSI	115 psi
	(454 - 4542 L/hr)	(2.41 bar)	(7.93 bar)
PMR-40 MF	2 - 20 GPM	40 PSI	120 psi
	(454 - 4542 L/hr)	(2.76 bar)	(8.27 bar)
PMR-50 MF	2 - 20 GPM	50 PSI	130 psi
	(454 - 4542 L/hr)	(3.45 bar)	(8.96 bar)
PMR-60 MF	2 - 20 GPM	60 PSI	140 psi
	(454 - 4542 L/hr)	(4.14 bar)	(9.65 bar)

FILED POR RECORD
THIS 20 Supply 69
The Same South of the Same Sout



From: Ritzen, Brenda
To: Thalia Rivas
Subject: Permit 116837

**Date:** Tuesday, November 7, 2023 3:59:00 PM

Attachments: <u>image001.png</u>

Re: Jesus Prieto Flores

Cypress Lake Gardens Longhorn Section Lot 17 Block 139
Application for Permit for Authorization to Construct an On-Site
Sewage Facility (OSSF)

### Owner / Agent :

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

- The 2 year initial maintenance contract must be signed by both the owner and the maintenance provider.
- Submit a pump tank detail which identifies the location and height of all pump tank settings and identifies the minimum reserve capacity provided.
- A preliminary inspection has been scheduled for tomorrow. Once complete additional comments may be necessary.
- 4. Revise as needed and resubmit.

### Thank you,



### **Brenda Ritzen**

Environmental Health Coordinator 195 David Jonas Dr. New Braunfels, TX 78132 DR:OS00007722 830-608-2090 www.cceo.org Luna Environmental 4222 FM 482 New Braunfels, TX 78132



Date Printed: 10/20/2023

Phone: (830) 312-8776

sherrie@lunaenvironmental.com

Customer ID: 11395

Site: 1267 Western Skies Dr, Spring Branch, TX 78070

County: Comal Subdivision: Cypress Lake

Main Phone (210) 284-3584

To: Jesus Prieto Flores 1267 Western Skies Dr Spring Branch, TX 78070

Installed by: Jose Cruz
Contract with: Luna Environmental
Treatment Type: Aerobic / Disposal: Drip Emitters
MFG: / Brand: / S#:
Disinfectant:

Contract Period

### **NO PERMIT ON FILE**

Agency: Comal County Environmental Health
3 visits per year - one every 4 months
System Max Allowance: 840 gallons per day

### Agreement

1. General: This work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Luna Environmental, 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.

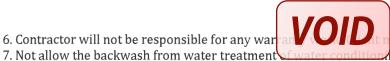
Contractor or Client, if choosing to terminate the contract, must give the other party and the local regulatory Agency written notice Thirty (30) Days prior to the ending of the Contract.

- 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, Turbity, Overflow and Odor), Alarm Function Filters, Operation of Effluent Pump and Chlorine Availability in the Chlorinator, (BOD and TSS Annually on Commercial Accounts, Client is responsible for charges for test)
  - 6. Contractor will respond to client calls and complaints, regarding visual or audible alarms, suspicious conditions and or problems that might confront the Client within 48 hours, excluding weekend and holidays. The Contractor will maintain a 24 hour answering service at 830-312-8776. The unscheduled responses may be billed to the client at going rate.

### V. Clients Responsibilities:

- 1. Maintain Chlorinator and Proper Chlorine supply, if OSSF is equipped with.
- 2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
- 3. Immediately notify the Contractor of any alarms of problems with, including failure of the OSSF.
- 4. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor at Clients own expense.
- 5. 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 war



ust contact the Installer for Warranty Problems.

ng 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 \$75.00 per hour plus materials billed at list process. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement only covers the Services described herein. This fee does not cover equipment or labor supplied for non-warranty repairs or for charges for unscheduled Client, request trips to the Client's site of pumping of the OSSF. Payments not received within 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\_

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: _JESUS PRIETO FLORES	Signature: <u>JESUS PF</u>	RIETO FLORES Date: 10-20-23	
Client Phone number Home _210-284-3584	Work <u>210-284-3584</u>	Cell 210-284-3584	
Email Address	•		
Any Gate or Combo code for inspections			
Contractor Luna Environmental LLC:			

MP-License # 0000996 JAMES H SICKLES





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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.

### WARRANTY DEED

Date:

February 20, 2023

Grantor:

Dan Buffington

Grantor's Mailing Address:

14546 Brook Hollow # 120 San Antonio TX 78232

Grantee:

Jesus Prieto Flores

Grantee's Mailing Address:

196 Limestone Circle Spring Branch TX 78070

Consideration: TEN AND NO/100 DOLLARS and other good and valuable consideration.

Property (including any improvements):

Lot 17, Block 139, CYPRESS LAKE GARDENS, LONGHORN SECTION, a subdivision, according to the map or plat thereof recorded in Volume 3, Page 24, of the Map and Plat Records of Comal County, Texas.

Reservations From and Exceptions to Conveyance and Warranty: This conveyance, however, is made and accepted subject to the following matters, to the extent same are in effect at this time: any and all restrictions, covenants, assessments, reservations, outstanding mineral interests held by third parties, conditions, and easements, if any, relating to the hereinabove described property, but only to the extent they are still in effect and shown of record in the hereinabove mentioned County and State or to the extent that they are apparent upon reasonable inspection of the property; and to all zoning laws, regulations and ordinances of municipal and/or other governmental authorities, if any, but only to the extent they are still in effect and relating to the hereinabove described property. Ad valorem taxes on said property for the current year, having been prorated, the payment thereof is assumed by Grantee.

The Contract between Grantor as the Seller and Grantee as the Buyer, if any, may contain limitations as to warranty or other agreed matters; to the extent that the Contract provides for any such limitations or other agreed matters to survive the closing and this conveyance, then such limitations or other agreed matters are hereby deemed incorporated by reference. The warranty of title contained in this Deed is hereby expressly excluded from the limitations or other agreed matters referenced in this paragraph.

Grantor, for the consideration, receipt of which is acknowledged, and subject to the reservations from and 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 wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors or assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to conveyance and warranty.

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

Dan Buffington

**ACKNOWLEDGMENT** 

STATE OF TEXAS

COUNTY OF Comal

This instrument was acknowledged before me on this the 22 day of February 2023, by

Dan Buffington.

DAGNEY MADDOX
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 10-17-2023
ID # 13221338-0

PREPARED IN THE OFFICE OF: Law Office of Kenneth R. Cooper 14607 San Pedro, Suite 130 San Antonio, TX 78232-4356 Notary Public, State of Texas

AFTER RECORDING RETURN TO:

Jesus Prieto Flores

196 limestome Circle

Spring Branch, TX 78070

Filed and Recorded
Official Public Records
Bobbie Knepp, County Clerk
Comal County, Texas
03/10/2023 02:36:02 PM
LOUISA 2 Page(s)
202306827522

## **Document # 98693**

## SUBDIVISION PLAT FILING

NAME OF SUBDIVISION:

Cypress Lake Gardens Longhorn Section

MAP AND

PLAT:

Volume:

3

Page:

25

Recorded Date: September 22, 1969



# OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

116837

		Date Received	Initials	Permit Number
Plac	structions: ace a check mark next to all items that apply. For items th ecklist <u>must</u> accompany the completed application.	at do not apply, place	e "N/A". This OS	SSF Development Application
oss	SSF Permit			
$\times$	Completed Application for Permit for Authorization to C	construct an On-Site	Sewage Facility	and License to Operate
$\times$	Site/Soil Evaluation Completed by a Certified Site Eval	uator or a Profession	al Engineer	
$\times$	Planning Materials of the OSSF as Required by the TO of a scaled design and all system specifications.	EQ Rules for OSSF	Chapter 285. P	lanning Materials shall consis
$\times$	Required Permit Fee - See Attached Fee Schedule			
$\times$	Copy of Recorded Deed			
$\times$	Surface Application/Aerobic Treatment System			
	Recorded Certification of OSSF Requiring Mainte	enance/Affidavit to th	e Public	
	Signed Maintenance Contract with Effective Date	e as Issuance of Lice	nse to Operate	
	ffirm that I have provided all information required for nstitutes a completed OSSF Development Application		nent Applicatio	n and that this application
	Signature of Applicant		10-18 Da	
	COMPLETE APPLICATION  Check No Receipt No	(Mis		TE APPLICATION ed, Application Refeused)
				Revised: September 2019