



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 04/12/2024

Permit Number: 116837

Location Description: 1267 WESTERN SKIES DR
SPRING BRANCH, TX 78070

Subdivision: Cypress Lake Gardens
Unit: Longhorn Section
Lot: 17
Block: 139
Acreage: 0.0000

Type of System: Aerobic
Drip Irrigation

Issued to: Jesus Prieto Flores

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

Assistant: OS0034792

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: 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

Date 10-12-2023

Permit Number

REVISED

8:17 am, Feb 05, 2024

1. APPLICANT / AGENT INFORMATION

Owner Name JESUS PRIETO FLORES
Mailing Address 1267 WESTERN SKIES DR
City, State, Zip SPRING BRANCH, TX 78070
Phone # (210)-284-3584
Email _____

Agent Name Thalia Rivas
Agent Address PO BOX 768
City, State, Zip Spring Branch, Tx 78070
Phone # 210-385-3487
Email Rs.tr@ossfdesigns.com

2. LOCATION

Subdivision 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

☒ 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.
- 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.

Jesus P. P.
Signature of Owner

01-20-24

Date



ON-SITE SEWAGE FACILITY APPLICATION

REVISED
9:15 am, Feb 26, 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) 2936sf/1468lnft

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 ☒ No

(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))

Is there an existing TCEQ approved WPAP for the property? ☐ Yes ☒ No

(If yes, the R.S. or P.E. shall certify that the OSSF design complies with all provisions of the existing WPAP.)

If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP? ☐ Yes ☒ No

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

Is the property located over the Edwards Contributing Zone? ☒ Yes ☐ No

Is there an existing TCEQ approval CZP for the property? ☐ Yes ☒ No

(If yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP.)

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

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

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

If yes, indicate the city: _____

By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.

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

Signature of Designer

02-22-24

Date



CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

I

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), 5.012 and 5.013, gives the TCEQ primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The TCEQ, under the authority of the TWC and the Texas Health and Safety Code, requires owners to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ that the appropriate OSSF was installed.

II

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

Lot 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. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

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

Jesus Prieto Flores
Owner Name

JESUS PF.
Owner Signature

Owner Name

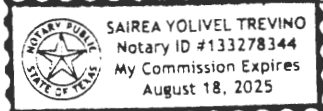
Owner Signature

This instrument was acknowledged before me on: 18th Day of October, 20 23.

SAIREA Y. TREVIÑO
Notary's Printed Name

Sairea Y. Trevino
Notary Public, State of Texas

Commission Expires: Aug 18, 2025



Affix Notary Stamp Above

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
10/25/2023 11:14:56 AM
LAURA 1 Page(s)
202306033916



Bobbie Koepf

Luna Environmental
4222 FM 482
New Braunfels, TX 78132

REVISED

8:26 am, Nov 17, 2023

Phone: (830) 312-8776

Date Printed: 11/8/2023

sherrie@lunaenvironmental.com

Customer ID: 11395

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

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

County: Comal

Subdivision: Cypress Lake

Main Phone

(210) 284-3584

Last Emailed 10/20/2023

Installed by: Jose Cruz

Contract with: Luna Environmental

Treatment Type: Aerobic / Disposal: Drip Emitters

MFG: / Brand: / S#:

Disinfectant:

Contract Period

through

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, Turbidity, overflow and Odor), Alarm Function Filters, Operation of Effluent Pump and Chlorine Availability in the Chlorinator, (BOD and TSS Annually on Commercial Accounts, Client is responsible for charges for test)
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 *Jesus P Flores*

Print Name: James H Sickles Signature: *James H Sickles* MP-License # 0000996

REVISED

8:26 am, Nov 17, 2023

FEMA Flood Map Service Center: Search By Address

Navigation

Search

MSC Home (/portal/)

MSC Search by Address
(/portal/search)

MSC Search All Products
(/portal/advanceSearch)

▼ MSC Products and Tools
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Hazus
(/portal/resources/hazus)

LOMC Batch Files
(/portal/resources/lomc)

Product Availability
(/portal/productAvailability)

MSC Frequently Asked
Questions (FAQs)
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MSC Email Subscriptions
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Contact MSC Help
(/portal/resources/contact)

Enter an address, place, or coordinates: ?

1267 WESTERN SKIES DR SPRING BRANCH, TX 7807

Search

Whether you are in a high risk zone or not, you may need [flood insurance \(https://www.fema.gov/national-flood-insurance-program\)](https://www.fema.gov/national-flood-insurance-program) 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 \(https://www.fema.gov/what-mitigation\)](https://www.fema.gov/what-mitigation) to reduce flood risk damage.

Search Results—Products for COMAL COUNTY UNINCORPORATED AREAS

Show ALL Products » (https://)

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

DYNAMIC MAP



MAP IMAGE



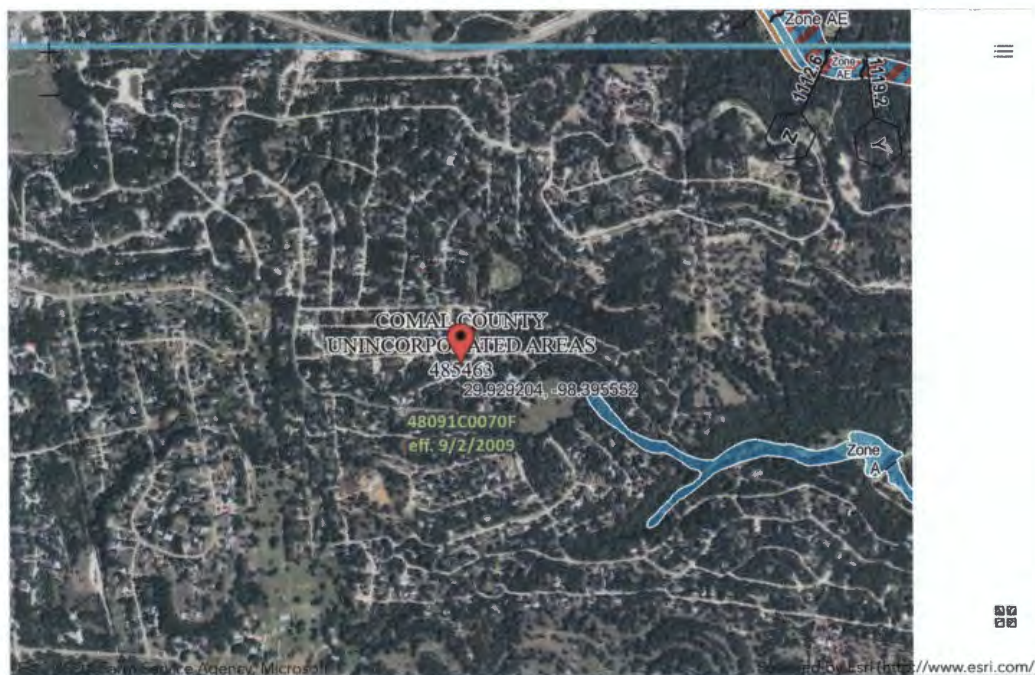
Changes to this FIRM ?

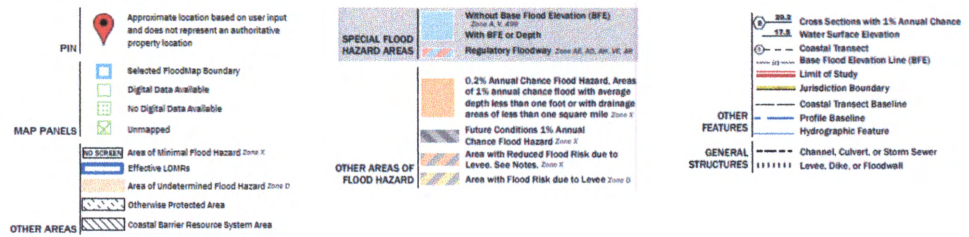
- Revisions (0)
- Amendments (7)
- Revalidations (0)

([https://msc.fema.gov/portal/downloadProduct?
\(https://msc.fema.gov/portal/firmette?ID=FINAL_PRODUCT&productSubTypeID=FIRM_PANEL&productID=48091C0070F&latitude=29.929204&longitude=-98.395552\)](https://msc.fema.gov/portal/downloadProduct?productID=48091C0070F&ID=FINAL_PRODUCT&productSubTypeID=FIRM_PANEL&productID=48091C0070F&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.

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(<https://www.oig.dhs.gov/hotline>)

 Official website of the Department of Homeland Security

OSSF SOIL EVALUATION REPORT INFORMATION

DATE: 09-25-23

APPLICANT INFORMATION:

Name: JESUS P FLORES
Address: 1267 WESTERN SKIES DR.
City: SPRING BRANCH TX
Zip Code: 78070 Phone: 210-284-3584

PROPERTY LOCATION:

Lot 17 Unit: Block: 139
Street Address: 1267 WESTERN SKIES DR.
City: SPRING BRANCH TX Zip: 78070
Subdivision: CYPRESS LAKE GARDENS /
LONGHORN SECTION

SITE EVALUATOR INFORMATION:

Name: THALIA RIVAS
Address: PO BOX 768
City: Spring Branch State: TEXAS
Zip Code: 78070 Phone: 210-385-3487
Email: RS.TR@OSSFDESIGNS.COM
License #: 050036382

Depth	Texture Class	Soil Texture	Structure	Drainage	Restrictive Horizon	Observation
Soil Boring #1 <u>0"</u> <u> </u> <u> </u>	SURFACE ROCK @ 0"				SURFACE ROCK @ 0"	SURFACE ROCK @ 0"
Soil Boring #2 <u>0-3"</u> <u> </u> <u> </u>	CLAY LOAM	III	BLOCKY	< 30% GRAVEL	ROCK @ 3"	ROCK @ 3"

TOPOGRAPHY: Slope within proposed disposal area: 6 %

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

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

Thalia Rivas
Thalia Rivas R.S 5067 – S.E. 36382

09-25-23
Date



**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-treatment 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 must 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 Req'd)

REVISED

9:21 am, Feb 28, 2024

Application Rate: $R_a = 0.20$ gal/sf

Total absorption area: $Q/R_a = 480/0.20 = 2400$ 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)



Thalia Rivas R.S. No. 5067

P.O. Box 768

Spring Branch Tx 78070

Rs.tr@ossfdesigns.com

02-28-24



REVISED

8:17 am, Feb 05, 2024

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 $\frac{1}{8}$ " FALL PER FOOT OF PIPE.

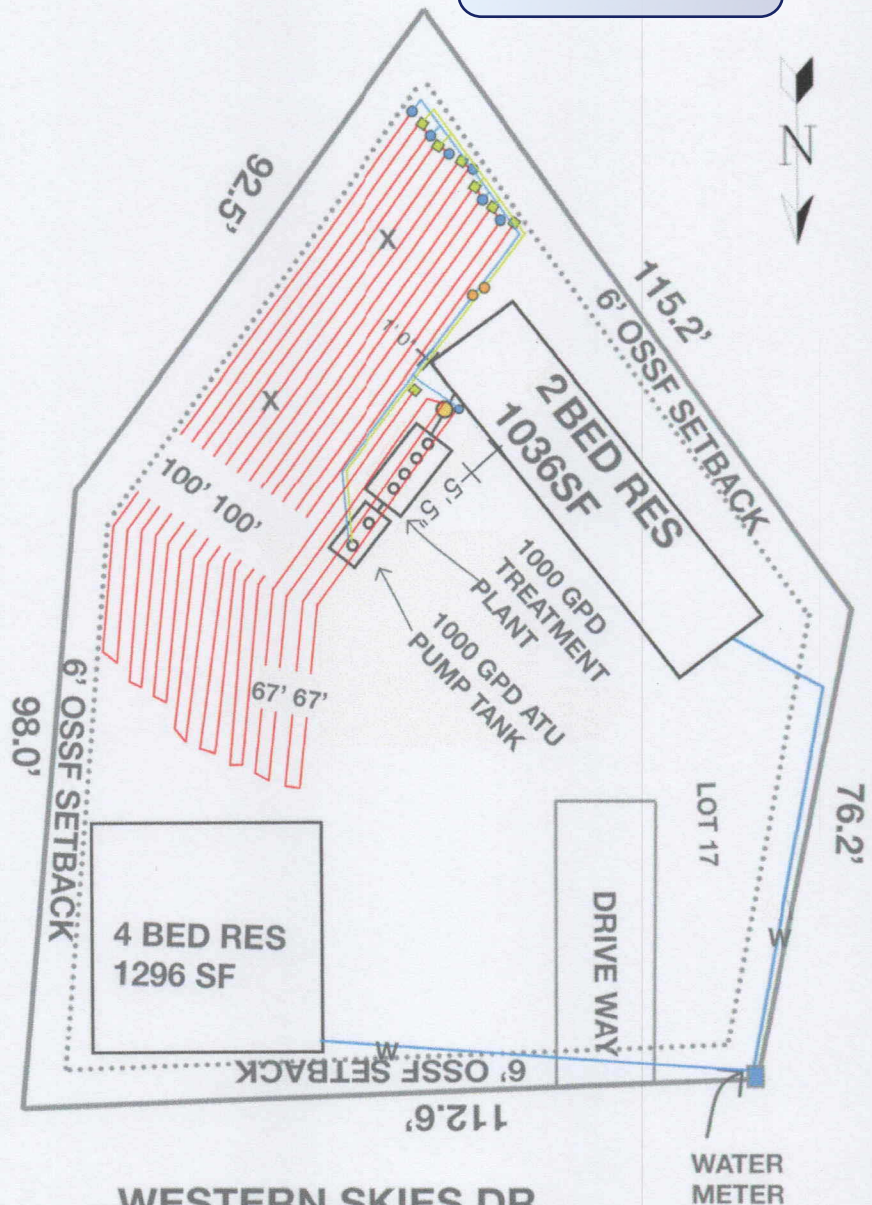
USE TWO WAY CLEAN OUT SCH 40 OR SDR 26 FROM BUILDING TO TREATMENT UNIT.

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



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'



REVISED

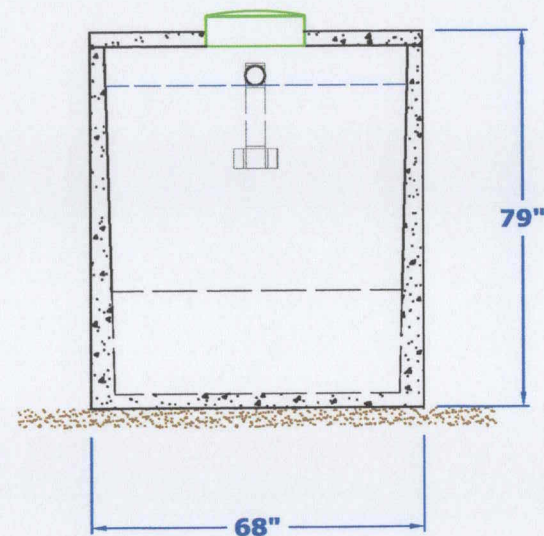
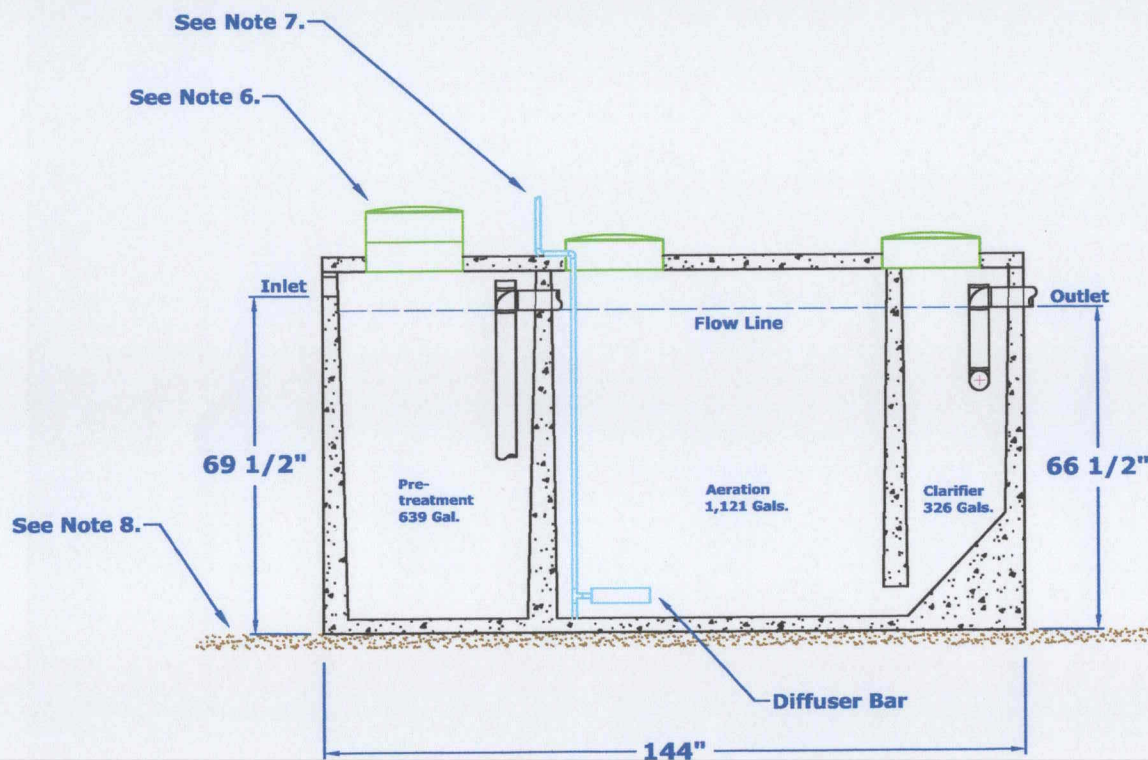
8:17 am, Feb 05, 2024

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.
6. 20" Ø access riser w/ lid (Typical 3). Optional extension risers available.
7. 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.

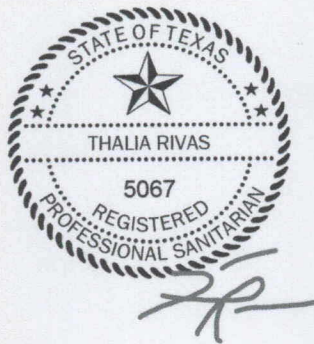
Dwg. #: ADV-B1000-2



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

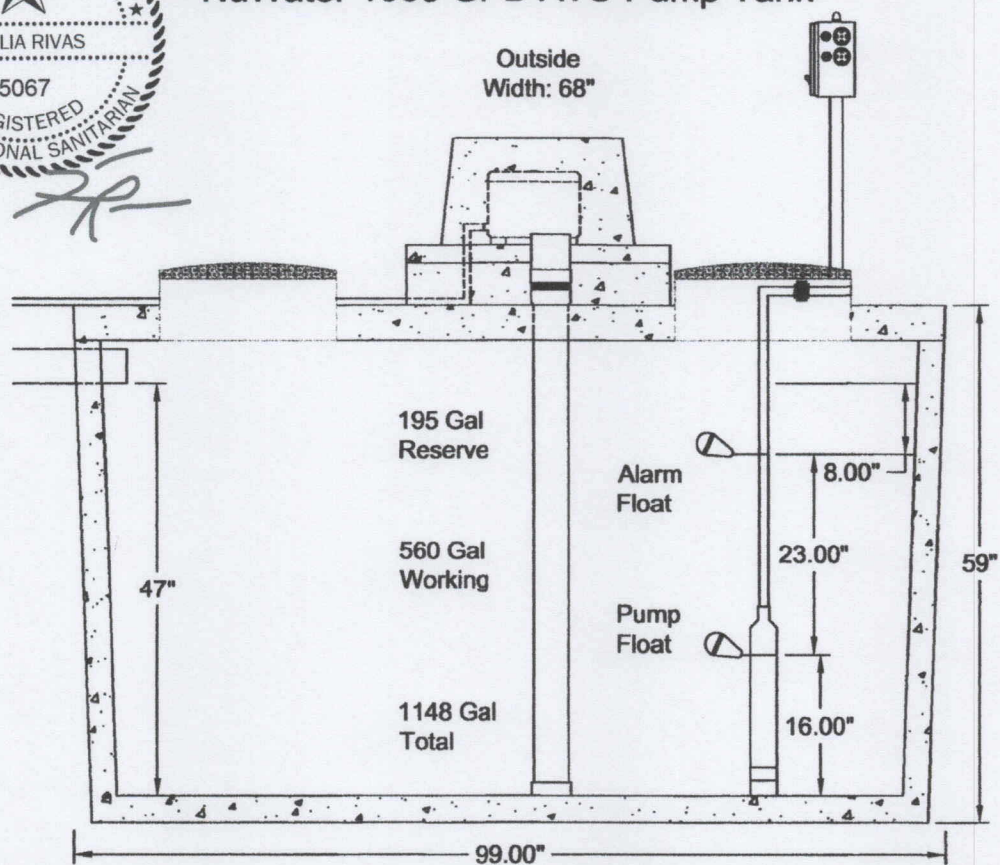
REVISED

8:17 am, Feb 05, 2024



NuWater 1000 GPD ATU Pump Tank

Outside
Width: 68"



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: [image001.png](#)
[Pdf Design Specs.pdf](#)
[Page from 116837.pdf](#)
[image001.png](#)

Thalia,

Your revision must be signed. Also, the 2nd 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.

**AEROBIC TREATMENT
DRIP IRRIGATION 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-treatment 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 must have at grade risers on each open end. All risers must have tight caps that must be at least 65# or have a padlock or can only be removed with a key. 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 Req'd)

VOIDApplication Rate: $R_a = 0.20 \text{ gal/sf}$ Total absorption area: $Q/R_a = 4800/0.20 = 2400 \text{sf}$ (Actual 2936sf.)

Total linear feet drip tubing: 1468' Minimum 1200' = 1200sf./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: [Ritzen, Brenda](#)
To: [Thalia Rivas](#); [Olvera, Brandon](#)
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.

Do not click links or open attachments unless you recognize the sender and know the content is safe.

- Comal IT

Hello,

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

VOID

**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 through 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 pump tank. Check valves 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 grass such as Bermuda, St. Augustine, etc. prior to system startup.

Tanks must 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 Req'd)

Application Rate: $R_a = 0.20$ gal/sf

Total absorption area: $Q/R_a = 240 \text{ GPD}/0.20 = 1200\text{sf}$ (Actual 2400sf.)

VOID

Date 10-12-2023

Permit Number 116837

1. APPLICANT / AGENT INFORMATION

Owner Name JESUS PRIETO FLORES
Mailing Address 1267 WESTERN SKIES DR
City, State, Zip SPRING BRANCH, TX 78070
Phone # (210)-284-3584
Email _____

Agent Name Thalia Rivas
Agent Address PO BOX 768
City, State, Zip Spring Branch, Tx 78070
Phone # 210-385-3487
Email Rs.tr@ossfdesigns.com

2. LOCATION

Subdivision 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

☒ Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1036 SQFT

☐ 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 _____

VOID

Estimated Cost of Construction: \$ 18,000 (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.

Jesus Prieto Flores
Signature of Owner

10-18-2023

Date



VOID

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/1468lft

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 ☒ No

(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))

Is there an existing TCEQ approved WPAP for the property? ☐ Yes ☒ No

(If yes, the R.S. or P.E. shall certify that the OSSF design complies with all provisions of the existing WPAP.)

If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP? ☐ Yes ☒ No

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

Is the property located over the Edwards Contributing Zone? ☒ Yes ☐ No

Is there an existing TCEQ approval CZP for the property? ☐ Yes ☒ No

(If yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP.)

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

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

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

If yes, indicate the city: _____

By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

01-20-24

Signature of Designer

Date

VOID

Total linear feet drip tubing: 1200' Minimum 600' = 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

Thalia Rivas R.S. No. 5067

P.O. Box 768

Spring Branch Tx 78070

Rs.tr@ossfdesigns.com



VOID

VOID

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.

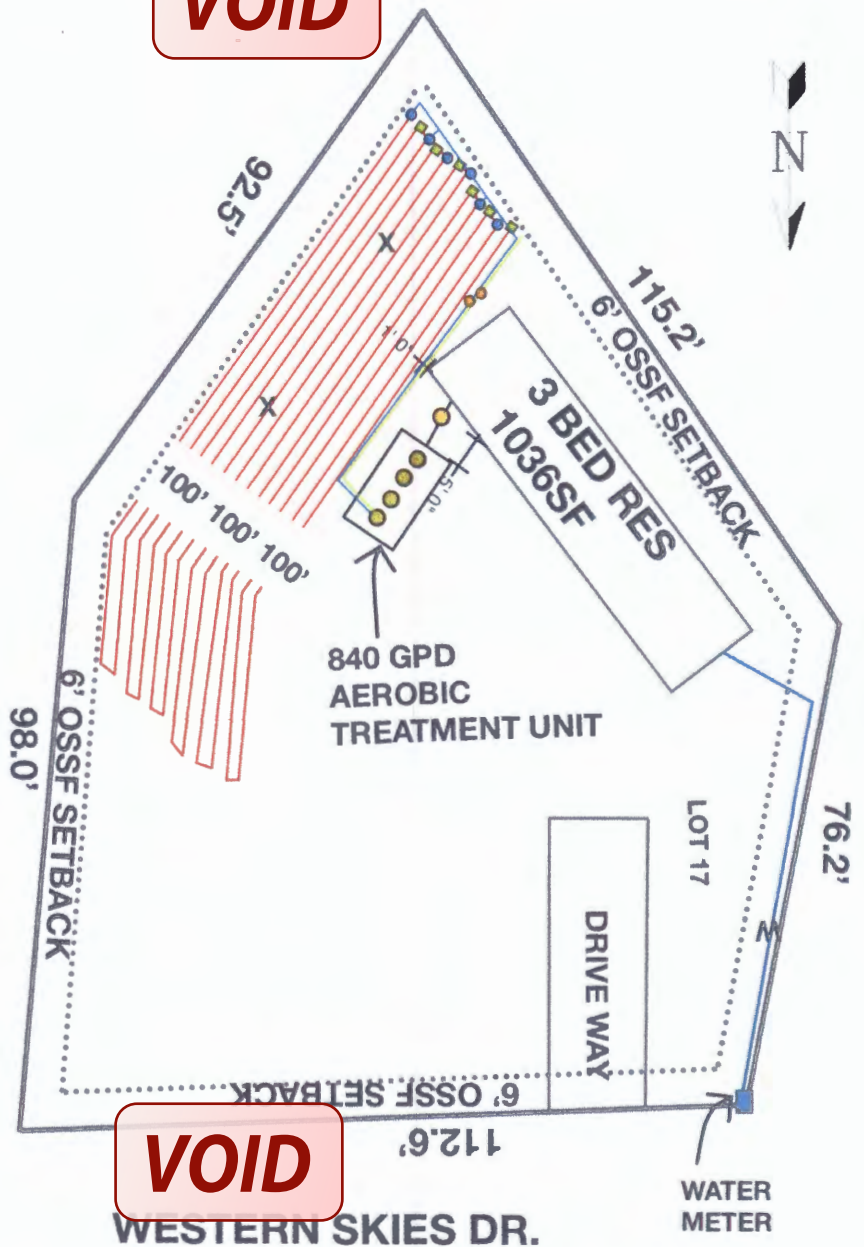
INSTALL VACUUM BREAKERS AT HIGHEST POINT OF SUPPLY AND RETURN LINE.

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



VOID

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'



VOID

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? ☒ Yes ☐ No

Is there an existing TCEQ approval CZP for the property? ☐ Yes ☒ No

(If yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP.)

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

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

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

If yes, indicate the city: _____

By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.

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

Signature of Designer

10-11-23

Date

VOID

RECEIVED

Brenda Ritzen at 8:41 am, Nov 08, 2023

TANK NOTES:

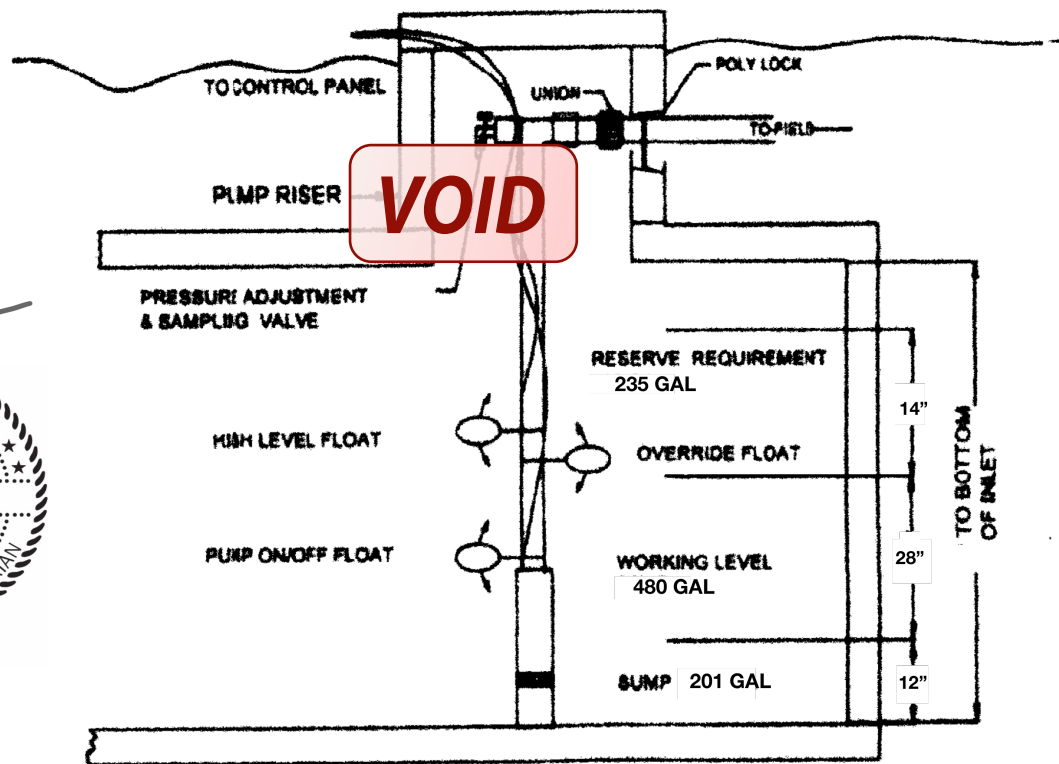
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

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

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

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



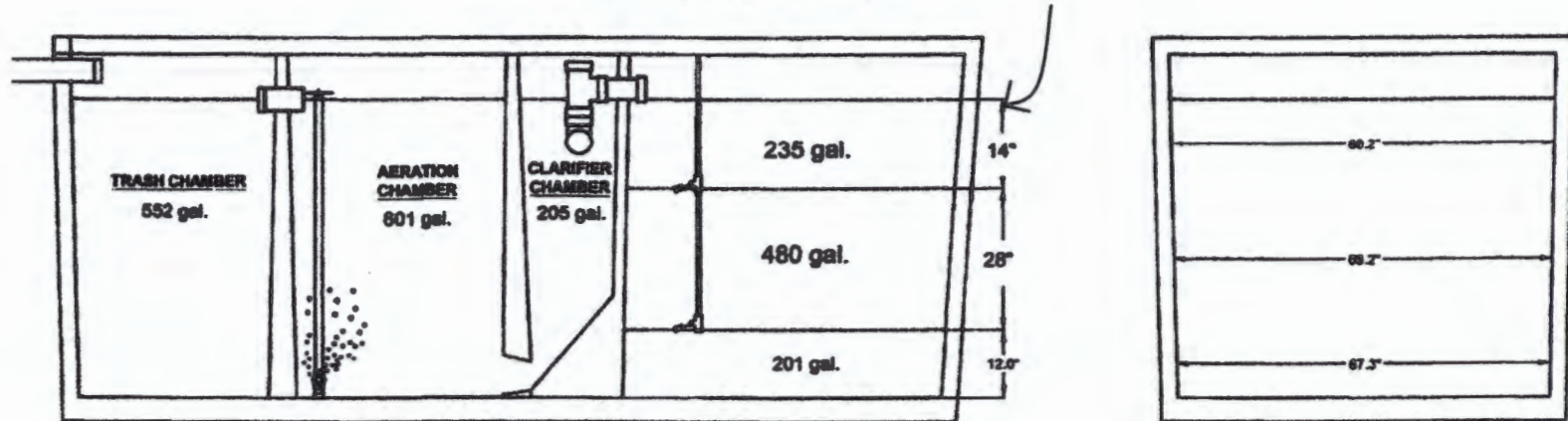
**TYPICAL PUMP TANK CONFIGURATION
AERIS AEROBICS 840 PUMP TANK**



VOID



Pump Tank Requirements



SIDE SECTION VIEW
SCALE: 1" = 30"

END SECTION VIEW
SCALE: 1" = 30"



VOID



Title:

**Model D-840
Night Time Pumping**

Company Name:

Aeris Aerobics

Date:

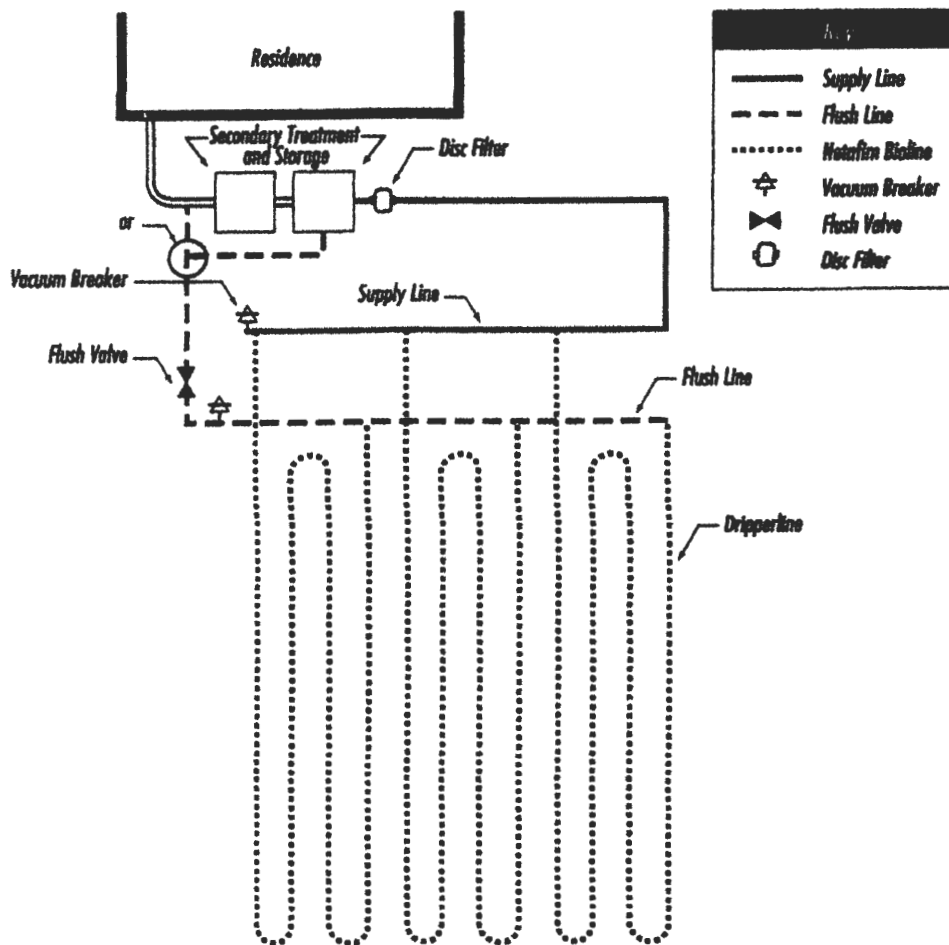
NETAFIM WASTEWATER DISPERSAL SYSTEM DESIGN GUIDE

SAMPLE DESIGNS

SINGLE TRENCH LAYOUT

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

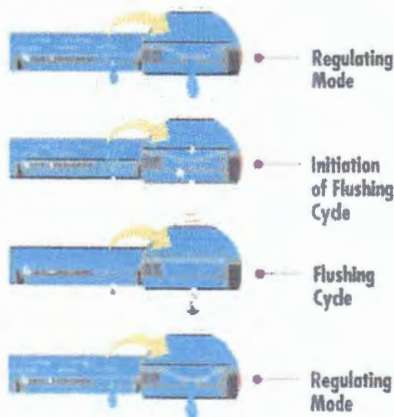
- Locate supply and flush manifold in same trench
- Dripperlines are looped at the end opposite the supply and flush manifolds
- The longest Bioline length should not exceed 400 ft. Drip fields 200 ft. in length might loop the Bioline once; drip dispersal fields under 100 ft. might be looped twice, as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





Bioline® Dripperline

Pressure Compensating Dripperline for Wastewater



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

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



Product Advantages

The Proven Performer

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

Quality Manufacturing with Specifications Designed to Meet Your Needs

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

Long-Term Reliability

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



Root Safe

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



Applications

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

Specifications

Wall thickness (mil): 45*

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

Common spacings: 12", 18", 24"*

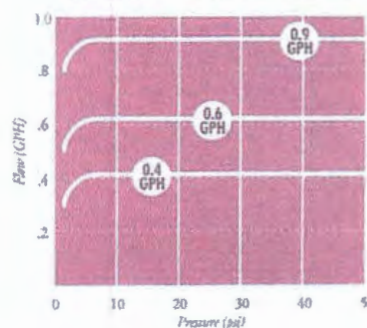
Recommended filtration: 120 mesh

Inside diameter: .570"

Color: Purple tubing indicates non-potable source

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

BIOLINE Flow Rate vs. Pressure



NETAFIM USA

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

Arkal 1" Super Filter

Catalog No. 1102 0 _ _ _

Features

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

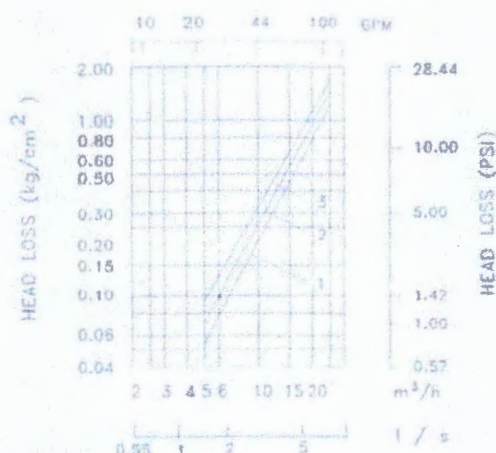
Technical Data

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

Filtration Grades

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

Head Loss Chart





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

¾-inch Female National Pipe Thread (FNPT)

1-inch Female National Pipe Thread (FNPT)

1-inch Female British Standard Pipe Thread (FBSPT)

Outlet

¾-inch Female National Pipe Thread (FNPT)

1-inch Female National Pipe Thread (FNPT)

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

¾" FNPT x ¾" FNPT model (shown on right)

Overall Length 5.2 inches (13.1 cm)

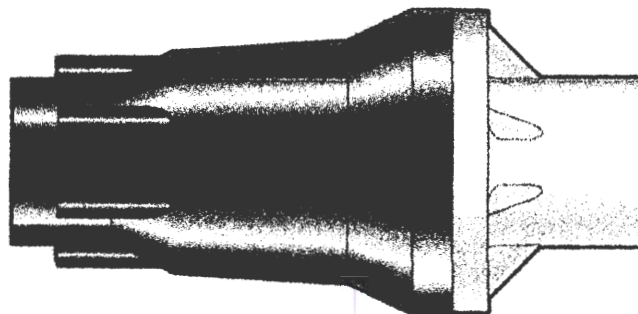
Overall Width 2.5 inches (6.4 cm)

1" FNPT x 1" FNPT model

1" FBSPT x 1" FBSPT model

Overall Length 5.8 inches (14.6 cm)

Overall Width 2.5 inches (6.4 cm)



* Please consult factory for applications outside of recommended guidelines.



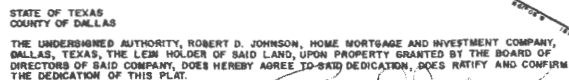
PMR-MF

PRESSURE-MASTER REGULATOR - MEDIUM FLOW

Model Numbers

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

PMR-MF is a medium flow pressure master regulator. It is designed for use in a wide range of applications. It is available in a variety of models to meet your needs.



BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED ROBERT D. JOHNSON KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE EXECUTED THE SAME FOR THE PURPOSES AND CONSIDERATIONS THEREIN EXPRESSED AND IN THE CAPACITY THEREIN STATED.

Hazel Adams
NOTARY PUBLIC DALLAS COUNTY, TEXAS

KNOW ALL MEN BY THESE PRESENTS THAT J. H. HAYES AS DULY APPOINTED OFFICER OF LEISURE WILLAGE CORPORATION OF TEXAS, OWNER OF THE PROPERTY SUBDIVIDED IN THE ABOVE AND FOREGOING MAP OF CYPRESS LAKE, COUNTY OF DALLAS, STATE OF TEXAS, DO HEREBY CERTIFY AND WARRANT TO THE PUBLIC THAT THE CORNERS, LOTS, BLOCKS, BUILDING LOTS, ALLEYS, STREETS AND EASEMENTS THEREON AND I DO DESIGNATE SAID SUBDIVISION AS CYPRESS LAKE GARDENS, LONDRONER SECTION OUT OF THE W. M. BROWN TRACT, LOTS 1-10, BLOCK 1, CYPRESS LAKE, COUNTY OF DALLAS, STATE OF TEXAS.

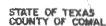
THE ROADS, PARKS, AND EASEMENTS SHOW ON THIS PLAT ARE, NOT DEDICATED TO PUBLIC USE AND TITLE THEREIN IS HEREBY RESERVED BY THE UNDERSIGNED AND HIS ASSIGNS; USE OF SAID STREETS, PARKS, AND EASEMENTS SHALL BE AT THE DISCRETION OF THE LEISURE WILLAGE CORPORATION OF TEXAS IS PROHIBITED AND ANYONE USING SAID STREETS, ROADS, PARKS AND EASEMENTS, FOR ANY PURPOSE SHALL DO SO AT HIS OWN RISK, NEITHER THE STATE OF TEXAS NOR COUNTY NOR ANY POLITICAL SUBDIVISION SHALL BE RESPONSIBLE FOR INJURIES TO PERSONS OR PROPERTIES.

J. M. PALM VICE-PRESIDENT
LEISURE VILLAGE CORPORATION OF TEXAS

BEFORE ME, THE UNDERSIGNED AUTHORITY, APPEARED J. H. PALM KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE EXECUTED THE SAME FOR THE PURPOSES AND CONSIDERATIONS THEREIN EXPRESSED AND IN THE CAPACITY THEREIN STATED. GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS THE 15 DAY OF Sept A. D. 1969.

Roma Kutscher
NOTARY PUBLIC COMAL COUNTY, TEXAS

DEVELOPED BY
LEISURE VILLAGE CORPORATION OF TEXAS
TOTAL LINEAL FOOTAGE IN ROADS-7390.4'
TOTAL ACREAGE IN ROADS-8.839



THE UNDERSIGNED, OWNER OF THE LANDS SHOWN ON THIS PLAT, HEREBY, UPON WRITTEN JOINDER, AND CONSENT OF THREE FOURTHS (3/4) OF THE OWNERSHIP OF PROPERTY WITHIN THE SUBDIVISION, REQUEST MAY BE MADE THAT THE TRAFFIC LIGHTS BE REMOVED FROM THE INTERSECTION OF THE SUBDIVISION WITH THE HIGHWAY, AND PROVIDED THAT FOR THE PURPOSES HEREOF, "THREE FOURTHS (3/4) OF THE OWNERSHIP" SHALL CONSIDER THE OWNERS OF LOTS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816,

J. H. PALM, VICE-PRESIDENT, LEISURE VILLAGE CORPORATION OF TEXAS

THE UNDERSIGNED, COUNTY JUDGE OF COMAL COUNTY, TEXAS, AND PRESIDING OFFICER OF THE COMMISSIONERS COURT OF COMAL COUNTY, TEXAS, DOES HEREBY CERTIFY THAT THE ATTACHED PLAN WAS DULY FILED WITH THE COMMISSIONERS COURT OF COMAL COUNTY, TEXAS, AND THAT AFTER EXAMINATION IT APPEARS THAT THE SAID PLAN IS IN CONFORMITY WITH THE STATUTES, RULES AND REGULATIONS GOVERNING SAME, AND THAT THE SAID PLAN HAS BEEN APPROVED BY THE SAID COMMISSIONERS COURT ON THIS THE 12TH DAY OF September A.D. 1969.

PLAT HAS BEEN APPROVED BY THE SAID COMAL COUNTY CLERK.

James S. Neuman
COUNTY CLERK, COMAL COUNTY, TEXAS

STATE OF TEXAS
COUNTY OF COMAL

I, BRENE NUNN, CLERK OF THE COUNTY COURT WITHIN AND FOR THE COUNTY AND STATE AFORESAID, DO HEREBY CERTIFY THAT THE FOREGOING INSTRUMENT WITH ITS CERTIFICATE OF AUTHENTICATION WAS FILED FOR RECORD IN MY OFFICE ON THE 22 DAY OF Sept. A.D. 1969 AT 1:00 O'CLOCK P.M. AND DULY RECORDED ON THE 22 DAY OF Sept. A.D. 1969 AT 2:00 O'CLOCK P.M. IN THE PLAT RECORDS OF SAID COUNTY IN BOOK 3, PAGE 25.

WITNESS MY HAND AND SEAL OF OFFICE THE DATE LAST WRITTEN ABOVE.
 IRENE NUHN, COUNTY CLERK, CONAL COUNTY, TEXAS

1000

From: [Ritzen, Brenda](#)
To: [Thalia Rivas](#)
Subject: Permit 116837
Date: Tuesday, November 7, 2023 3:59:00 PM
Attachments: [image001.png](#)

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

VOID

Phone: (830) 312-8776

Date Printed: 10/20/2023

sherrie@lunaenvironmental.com

Customer ID: 11395

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

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

County: Comal
Subdivision: Cypress Lake
Main Phone
(210) 284-3584

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

Contract Period

through

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

V. Clients Responsibilities:

1. Maintain Chlorinator and Proper Chlorine supply, if OSSF is equipped with.
2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
3. Immediately notify the Contractor of any alarms or problems with, including failure of the OSSF.
4. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor at Clients own expense.
5. Upon receiving a written notification of services needed from the Contractor, it becomes the Client's responsibility to contact the Contractor to authorize the service.

VOID

6. Contractor will not be responsible for any warranty problems. It must contact the Installer for Warranty Problems.
7. Not allow the backwash from water treatment or 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 \$ 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: JESUS PRIETO FLORES Date: 10-20-23

Client Phone number Home 210-284-3584 Work 210-284-3584 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):

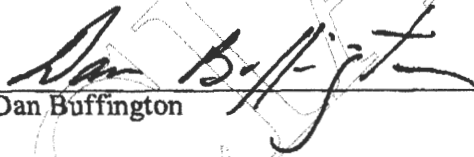
Lot 17, Block 139, CYPRESS LAKE GARDENS, LONGHORN SECTION, a subdivision, according to the map or plat thereof recorded in Volume 3, Page 24, of the Map and Plat Records of Comal County, Texas.

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

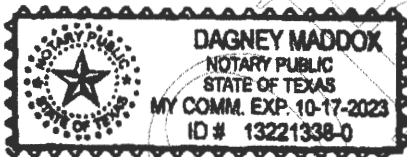
ACKNOWLEDGMENT

STATE OF TEXAS

COUNTY OF Comal

§
§
§

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




Notary Public, State of Texas

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

AFTER RECORDING RETURN TO:
Jesus Prieto Flores

196 Limestone Circle
Spring Branch, TX 78070

Filed and Recorded
Official Public Records
Bobbie Kroepp, County Clerk
Comal County, Texas
03/10/2023 02:36:02 PM
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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



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

		116837
Date Received	Initials	Permit Number

Instructions:

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

OSSF Permit

- ☒ Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate
- ☒ Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer
- ☒ Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials shall consist of a scaled design and all system specifications.
- ☒ Required Permit Fee - See Attached Fee Schedule
- ☒ Copy of Recorded Deed
- ☒ Surface Application/Aerobic Treatment System
 - ☒ Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public
 - ☒ Signed Maintenance Contract with Effective Date as Issuance of License to Operate

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



Signature of Applicant

10-18-2023

Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

INCOMPLETE APPLICATION ___ (Missing Items Circled, Application Refused)
--