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 1st Insp. 2nd Insp. 3rd Insp. Notes SITE AND SOIL CONDITIONS & 285.31(a) SETBACK DISTANCES Site and Soil 285.30(b)(1)(A)(iv) Conditions Consistent with Submitted Planning Materials 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i) SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback 285.91(10) Distances 285.30(b)(4) Meet Minimum Standards 285.31(d) SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, 285.32(a)(1) SDR 26) 3 SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per 285.32(a)(3) Foot SEWER PIPE Two Way Sanitary -Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 285.32(a)(5) degree bends) PRETREATMENT Installed (if required) TCEQ Approved List 285.32(b)(1)(G) PRETREATMENT Septic Tank(s) 285.32(b)(1)(E)(iii) Meet Minimum Requirements 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) 6 PRETREATMENT Grease Interceptors if required for 285.34(d) commercial

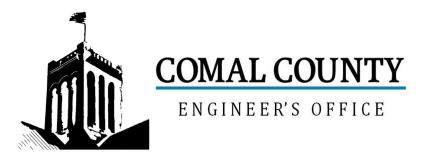
**Inspector Notes:** 

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If SingleTank, 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)(ii) (I)285.32(b)(1)(E) (i)285.32(b)(1)(C) (ii)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)				
	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)				
11	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						
	PUMP TANK Volume Installed						
	AEROBIC TREATMENT UNIT Size Installed						
14	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)				

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
	DISPOSAL SYSTEM Drip Irrigation						
			285.33(c)(3)(A)-(F)				
19							
	DISPOSAL SYSTEM Soil		205 22(4)(4)				
20	Substitution		285.33(d)(4)				
	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(4)				
			285.33(a)(3) 285.33(a)(1)				
24			285.33(a)(1) 285.33(a)(2)				
21	DISPOSAL SYSTEM Gravelless Pipe						
			285.33(a)(3)				
			285.33(a)(2)				
			285.33(a)(4) 285.33(a)(1)				
22							
	DISPOSAL SYSTEM Mound		285.33(a)(3)				
			285.33(a)(1)				
			285.33(a)(2) 285.33(a)(4)				
23	DISPOSAL SYSTEM Other						
	(describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)				
24			265.55(0)(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							
	DRAINFIELD Pipe and Gravel -		205 22/5//4//5/				
29	Geotextile Fabric in Place		285.33(b)(1)(E)				
	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		285.33(d)(1)(C)(i)				
	Separation Distance between						
31	Trenches						

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.						
	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						
	PUMP TANK Secondary restraint system provided						
	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						

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)(iv) 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)				
	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						
	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	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:	117131
Issued This Date:	02/13/2024
This permit is hereby given to:	COLTON & SARAH CURTIS

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

# 2610 VALLEY BRANCH NEW BRAUNFELS, TX 78132

Subdivision:	OAK VALLEY ESTATES
Unit:	0
Lot:	21
Block:	0
Acreage:	5.1700

## APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

	COUNTY ON-SITE SEWA	GE FACILITY APPLIC	ATION	195 DAVID JONAS DR NEW BRAUNFELS, TX 7813 (830) 608-2090 <u>WWW.CCEO.ORG</u>
Date Ja			Permit Number_	117131
1. APPLICANT /	AGENT INFORMATION			
Owner Name	COLTON CURTIS & SARAH CURTI	S Agent Name	GREG J	OHNSON, P.E.
- Mailing Address	349 E. GARZA STREET	Agent Address		
2.7.7	NEW BRAUNFELS TEXAS 78130			IFELS TEXAS 78132
Phone #	830-708-5193	Phone #	830	-905-2778
- Email	sarah.hull22@gmail.com	Email	gregjohnso	onpe@yahoo.com
2. LOCATION	<u> </u>			
Subdivision Nam	e OAK VALLEY ESTA	ATES Unit	Lot	21 Block
				creage
Address	2610 VALLEY BRANCH			TX Zip 78132
3. TYPE OF DEV				
Single Fam	ily Residential			
	nstruction (House, Mobile, RV, Etc.)	HOUSE		
Number of		noose		
	Ft of Living Area 3600			
	Family Residential			
	aterials must show adequate land area for do	ubling the required land needed	for treatment units	and dispessions)
	and a set of an adoquate faile area for an			
	cility		for treatment units	and disposal area)
Type of Fa				and disposal area)
Type of Fac Offices, Fac	ctories, Churches, Schools, Parks, Etc	Indicate Number Of Occupa	nts	
Type of Fai Offices, Fai Restaurant	ctories, Churches, Schools, Parks, Etc s, Lounges, Theaters - Indicate Number	Indicate Number Of Occupa	nts	
Type of Far Offices, Far Restaurant Hotel, Mote	ctories, Churches, Schools, Parks, Etc s, Lounges, Theaters - Indicate Number el, Hospital, Nursing Home - Indicate Num	Indicate Number Of Occupa of Seats nber of Beds	nts	
Type of Fac Offices, Fa Restaurant Hotel, Mote Travel Trail	ctories, Churches, Schools, Parks, Etc s, Lounges, Theaters - Indicate Number el, Hospital, Nursing Home - Indicate Num ler/RV Parks - Indicate Number of Space	Indicate Number Of Occupa of Seats nber of Beds s	nts	
Type of Fac Offices, Fa Restaurant Hotel, Mote Travel Trail	ctories, Churches, Schools, Parks, Etc s, Lounges, Theaters - Indicate Number el, Hospital, Nursing Home - Indicate Num	Indicate Number Of Occupa of Seats nber of Beds s	nts	
Type of Fau Offices, Fau Restaurant Hotel, Mote Travel Trail Miscellaned	ctories, Churches, Schools, Parks, Etc s, Lounges, Theaters - Indicate Number of el, Hospital, Nursing Home - Indicate Num ler/RV Parks - Indicate Number of Space bus	Indicate Number Of Occupa of Seats nber of Beds s	nts	
Type of Fac Offices, Fac Restaurant Hotel, Mote Travel Trail Miscellaned	ctories, Churches, Schools, Parks, Etc s, Lounges, Theaters - Indicate Number of el, Hospital, Nursing Home - Indicate Num ler/RV Parks - Indicate Number of Space ous of Construction: \$700,000	Indicate Number Of Occupa of Seats nber of Beds s (Structure Only)	nts	
Type of Fac Offices, Fac Restaurant Hotel, Mote Travel Trail Miscellaned Estimated Cost Is any portion of	ctories, Churches, Schools, Parks, Etc s, Lounges, Theaters - Indicate Number of el, Hospital, Nursing Home - Indicate Num ler/RV Parks - Indicate Number of Space ous of Construction: \$700,000 of the proposed OSSF located in the Unit	Indicate Number Of Occupa of Seats nber of Beds s (Structure Only) ed States Army Corps of Eng	nts	flowage easement?
Type of Fac Offices, Fac Restaurant Hotel, Mote Travel Trail Miscellaned Estimated Cost Is any portion of	ctories, Churches, Schools, Parks, Etc s, Lounges, Theaters - Indicate Number of el, Hospital, Nursing Home - Indicate Num ler/RV Parks - Indicate Number of Space ous	Indicate Number Of Occupa of Seats	nts	flowage easement?
Type of Fac Offices, Fac Restaurant Hotel, Mote Travel Trail Miscellaned Estimated Cost Is any portion of	ctories, Churches, Schools, Parks, Etc s, Lounges, Theaters - Indicate Number of el, Hospital, Nursing Home - Indicate Num ler/RV Parks - Indicate Number of Space ous of Construction: \$700,000 of the proposed OSSF located in the Unit	Indicate Number Of Occupa of Seats	nts	flowage easement?
Type of Fai Offices, Fai Restaurant Hotel, Mote Travel Trail Miscellaned Estimated Cost Is any portion of Source of Wate 4. SIGNATURE C	ctories, Churches, Schools, Parks, Etc s, Lounges, Theaters - Indicate Number of el, Hospital, Nursing Home - Indicate Num ler/RV Parks - Indicate Number of Space ous	Indicate Number Of Occupa of Seats	nts	flowage easement?
Type of Fau Offices, Fau Restaurant Hotel, Mote Travel Trail Miscellaned Estimated Cost Is any portion of Source of Wate 4. SIGNATURE C By signing this appli The completed applicats. I certify that	ctories, Churches, Schools, Parks, Etc s, Lounges, Theaters - Indicate Number of el, Hospital, Nursing Home - Indicate Num ler/RV Parks - Indicate Number of Space ous	Indicate Number Of Occupa of Seats	nts gineers (USACE) f ents within the USACE	flowage easement?
Type of Far Offices, Far Restaurant Hotel, Mote Travel Trail Miscellaned Estimated Cost Is any portion of Yes X I Source of Wate A. SIGNATURE O By signing this appli The completed applicates. I certify that property. Authorization is he site/soil evaluation I understand that a	ctories, Churches, Schools, Parks, Etc s, Lounges, Theaters - Indicate Number of el, Hospital, Nursing Home - Indicate Num ler/RV Parks - Indicate Number of Space ous	Indicate Number Of Occupa of Seats	nts gineers (USACE) f ents within the USACE formation and does o make the permitted e above described p	flowage easement? E flowage easement) not conceal any material d improvements on said property for the purpose of
Type of Fau Offices, Fau Restaurant Hotel, Mote Travel Trail Miscellaned Estimated Cost Is any portion of Yes Yes I Source of Wate 4. SIGNATURE O By signing this appli The completed appliacts. I certify that property. Authorization is he site/soil evaluation I understand that a by the Comal/Cou	ctories, Churches, Schools, Parks, Etc s, Lounges, Theaters - Indicate Number of el, Hospital, Nursing Home - Indicate Num ler/RV Parks - Indicate Number of Space ous of Construction: \$ 700,000 of the proposed OSSF located in the Unit No (If yes, owner must provide approval from USA r Public Private Well Rain OF OWNER lication, I certify that: plication and all additional information submitt I am the property owner or I possess the app ereby given to the permitting authority and des n and inspection of private sewage facilities a permit of authorization to construct will not b in VE food Damage Prevention Order	Indicate Number Of Occupa of Seats	nts gineers (USACE) f ents within the USACE formation and does o make the permitted e above described p ministrator has perfo	flowage easement? E flowage easement) not conceal any material d improvements on said property for the purpose of prmed the reviews required
Type of Fau Offices, Fau Restaurant Hotel, Mote Travel Trail Miscellaned Estimated Cost Is any portion of Yes Yes I Source of Wate A. SIGNATURE C By signing this appli The completed appliacts. I certify that property. Authorization is he site/soil evaluation I understand that a by the Comal/Cou	ctories, Churches, Schools, Parks, Etc s, Lounges, Theaters - Indicate Number of el, Hospital, Nursing Home - Indicate Num ler/RV Parks - Indicate Number of Space ous	Indicate Number Of Occupa of Seats	nts gineers (USACE) f ents within the USACE formation and does o make the permitted e above described p ministrator has perfo	flowage easement? E flowage easement) not conceal any material d improvements on said property for the purpose of prmed the reviews required on, as applicable.

Page 1 of 2 Revised January 2021

#### OAK VALLEY ESTATES, LOT 21

# \* \* \* COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH \* \* \*

#### APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

Planning Materials & Site Evaluation as Required Completed By GREG W. JOHNSON, P.E.
System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION
Size of Septic System Required Based on Planning Materials & Soil Evaluation
Tank Size(s) (Gallons)       SOLAR AIR SA600LP       Absorption/Application Area (Sq Ft)       5654
Gailons Per Day (As Per TCEQ Table III) 360 (Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ)
Is the property located over the Edwards Recharge Zone? Yes No (If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.)) Is there an existing TCEQ approved WPAP for the property? Yes No
(if yes, the R. S. or P. E. shall certify that the OSSF design complies with all provisions of the existing WPAP.)
If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP? Yes No (If yes, the R.S. or P. E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A Permit to Construct will not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional office.)
Is the property located over the Edwards Contributing Zone? Yes No
(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 X No (if yes, the P.E. or R.S. 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 X No
If yes, indicate the city:
FIRM #2585
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

January 14, 2024

Page 2 of 2 Revised July 2018

195 David Jonas Dr., New Braunfels, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078

Date

#### AFFIDAVIT

#### THE COUNTY OF COMAL STATE OF TEXAS

#### CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

T

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 commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting anthonity. This recorded affidavit is not a representation or warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

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):

-	UNIT/PHASE/SECTION	BLOCK	_ <u>21</u> LOT	OAK VALLEY ESTATES	SUBDIVISION
if N(	ot in subdivision: _	ACREAGE			SURVEY

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

**COLTON CURTIS & SARAH CURTIS** 

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 acrobic 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.

TTNESS BY HAND(S) ON THIS 16th DAY OF January Sarah 41 Curtis Cutiz Colton Owner(s) signature(s)

COLTON & SARAH CURTIS

Owner (s) Printed name (s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 1/4 DAY OF

20 24 Karn **A Notary Public Signature** 



Filed and Recorded **Official Public Records Bobbie Koepp, County Clerk Comal County, Texas** 01/29/2024 08:06:25 AM MARY 1 Pages(s) 202406002503

Bobbie Koepp



#### OAK VALLEY ESTATES, LOT 21

SITE ADDRESS	INSTALLER	DATE
2610 VALLEY BRANCH DRIVE	SCOTT SCHEINDER	JANUARY 15, 2024

#### **Routine Maintenance and Inspection Agreement**

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between
<u>COLTON & SARAH CURTIS</u> (referred to as "Client") and Aerobic Services of South Texas (Thomas W.
Hampton MP349) (hereinafter referred to as "Contractor") located at 15188 FM 306 Canyon Lake, Texas 78133 (830)
964-2365. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client
agrees to fulfill the terms of this Agreement as described herein.

This contract will provide for all required inspections, testing and service for your Aerobic Treatment System. The policy will include the following:

1. 3 inspections a year/services calls (at least one every 4 months), for a total of 6 over the **two year period** including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting the control panel, air pumps, air filters, diffuser operation. Any alarm situation affecting the proper function of the Aerobic process will be addressed within a 48-hour time frame. Repair work on non-warranty parts will include price for parts & labor. The prices will be quoted before work is performed.

**2.** An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and pH will be taken and reported as necessary.

**3.** If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.

4. The customer is responsible for the chlorine; it must be filled before or during the service visit.

**5**. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, and County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy. BOD and TSS testing is covered by this contract.

The Homeowners Manual must be strictly followed or warranties are subject to invalidation. Pumping of sludge build-up is not covered by this policy and will result in additional charges.

#### ACCESS BY CONTRACTOR

The Contractor or anyone authorized by the Contractor may enter the property at reasonable times without prior notice for the purpose of the above described Services. The contractor may access the System components including the tanks by means of excavation for the purpose of evaluations if necessary. Soil Is to be replaced with the excavated material as best as possible.

#### Termination of Agreement

Either party may terminate this agreement within ten days with a written notice in the event of substantial failure to perform in accordance with its terms by the other party without fault of the terminating party. If this Agreement is so terminated, the Contractor will immediately notify the appropriate health authority of the termination.



#### Limit of Liability

In no event shall the Contractor be liable for indirect, consequential, incidental or punitive damages, whether in contract tort or any other theory. In no event shall the Contractor's liability for direct damages exceed the price for the services described in this Agreement.

#### **Dispute Resolution**

If a dispute between the Client and the Contractor arises that cannot be settled in good faith negotiations then the parties shall choose a mutually acceptable arbitrator and shall share the cost of the arbitration services equally.

#### Entire Agreement

This Agreement contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement either oral or written.

#### 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 valid and enforceable. If a court finds that any provision of this agreement is invalid or unenforceable, but that 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.

HOME OWNER

COLTON & SARAH CURTIS NAME / ENTITY

sarah.hull22@gmail.com EMAIL

830-708-5193 PHON RIGNATURE

EFFECTIVE DATE

EXPIRED DATE\_\_\_\_\_

INSTALLED\_\_\_\_\_

Model #

Blower/Panel Serial #

SERVICE PROVIDER

Aerobic Services of South Texas Inc.

15188 FM 306, Canvon Lake TX 78133

(\$30) 964 - 2365

Tom Hampton

Signature of Service Provider and License # [Thomas Hampton, OS0024597 / MP0000349]

The effective date of this infitial maintenance contract shall be the date license to operate is issued.

### ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: January 12, 2024

Site Location: \_

**OAK VALLEY ESTATES, LOT 21** 

Proposed Excavation Depth: \_\_\_\_\_N/A

**Requirements:** 

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

soi	SOIL BORING NUMBER SURFACE EVALUATION									
	Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations			
0 1 2 3 4 5	8" 24"	IV IV	CLAY CLAY	. <b>N/A</b>	NONE OBSERVED	LIMESTONE @ 24"	STONY BROWN RED BROWN			

Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	SAME		AS		ABOVE	
2						
3						
4						
5						

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

01/12/24

Greg W. Johnson, P.E. 67587-F2585, S.E. 11561

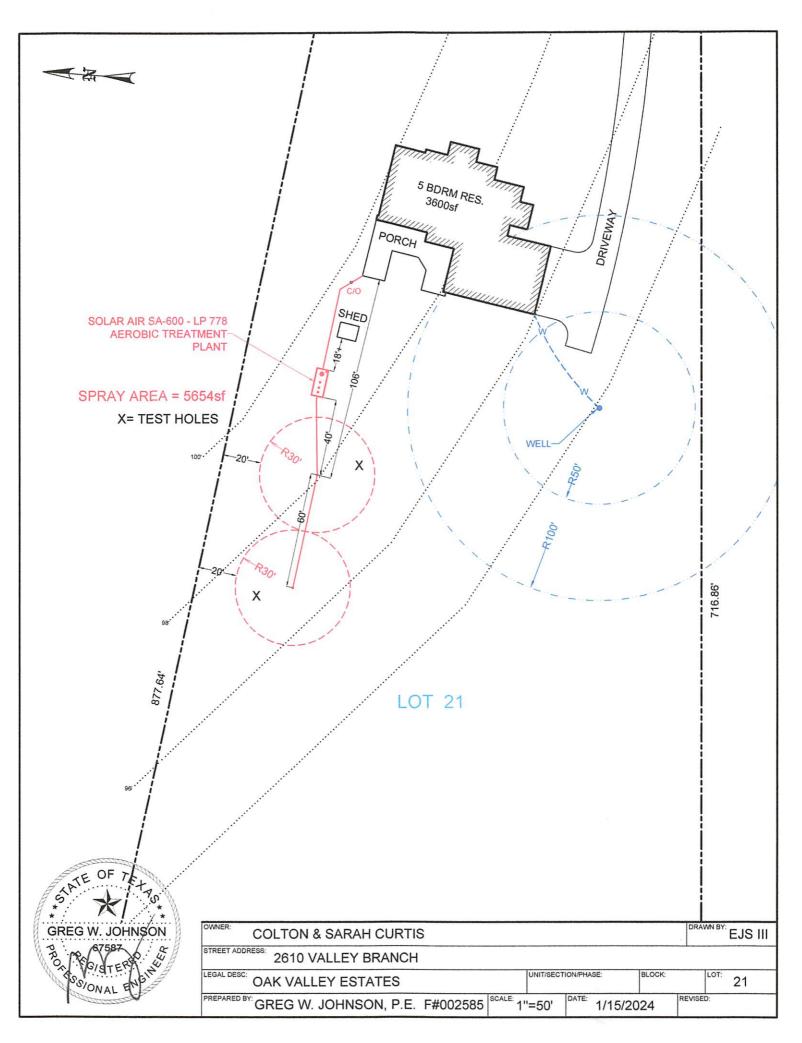
Date

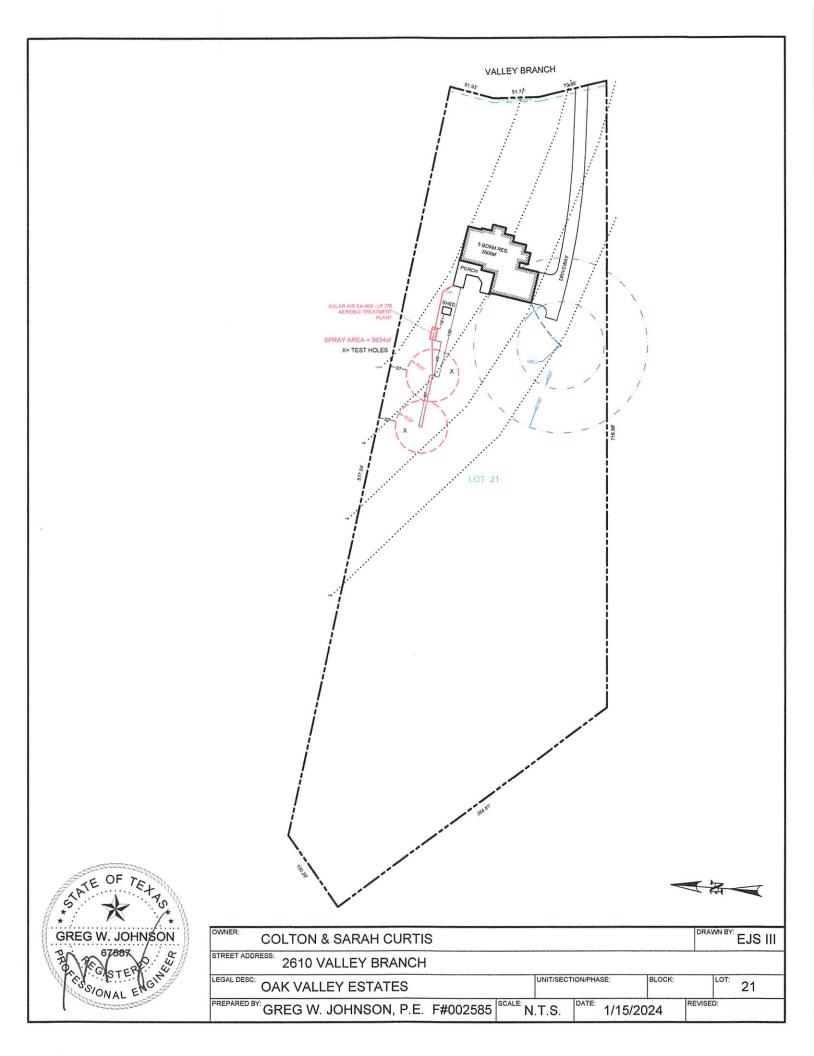
# **OSSF SOIL EVALUATION REPORT INFORMATION**

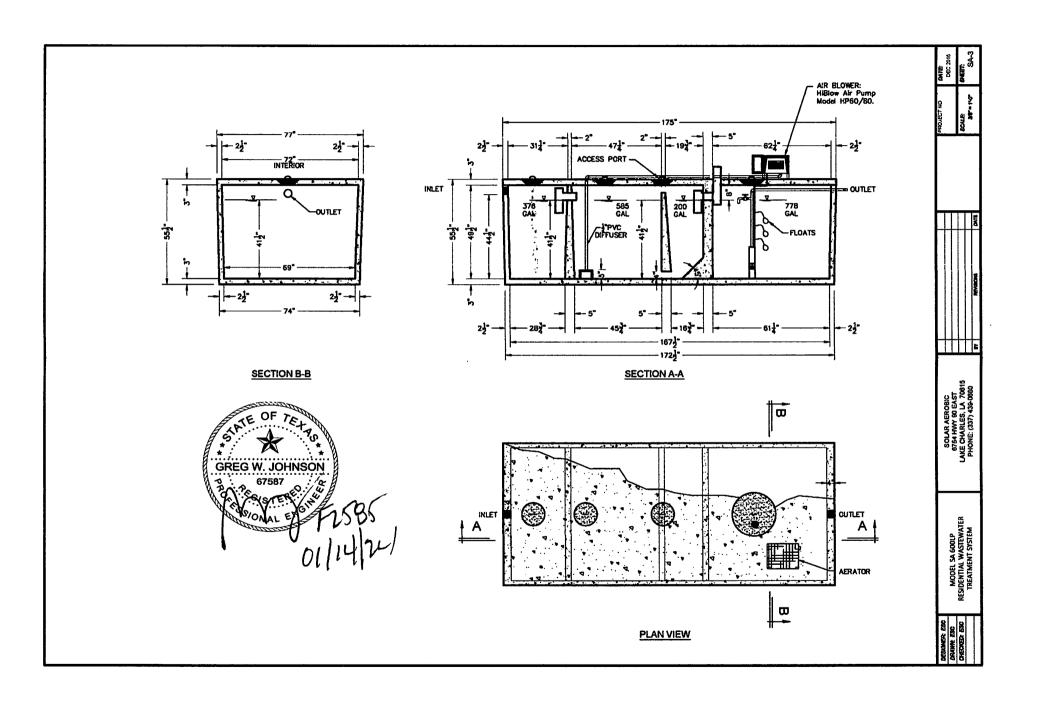
Date: January 15, 2024

# **Applicant Information:**

	Site Evaluator Information:
Name: COLTON & SARAH CURTIS	Name: Greg W. Johnson, P.E., R.S., S.E. 11561
Address: 349 EAST GARZA STREET	Address: 170 Hollow Oak
City: NEW BRAUNFELS State: TEXAS	City: <u>New Braunfels</u> State: <u>Texas</u>
Zip Code: 78130 Phone: (830) 708-5193	Zip Code: <u>78132</u> Phone & Fax <u>(830)905-2778</u>
Property Location:	
Lot 21 Unit Blk Subd. OAK VALLEY ESTA	TES Installer Information:
Street Address: 2610 VALLEY BRANCH	
City: NEW BRAUNFELS Zip Code: 7813	2 Company:
	Audress:
Additional Info.:	City: State:
	Zip Code: Phone
<b><u>Topography:</u></b> Slope within proposed disposal area:	4 %
Presence of 100 yr. Flood Zone:	YES NO X
Existing or proposed water well in nearby area.	YES X NO >100'
Presence of adjacent ponds, streams, water impoundments	
Presence of upper water shed	YES NO X
Organized sewage service available to lot	YES NO X
Design Calculations for Aerobic Treatment with Sp	
Commercial	Tay IIIIgation.
Q = GPD <u>Residential</u> Water conserving fixtures to be utilized? Y	Vac V No
<u>Residential</u> water conserving fixtures to be utilized?	5 Total sq. ft. living area $3600$
Number of Bedrooms the septic system is sized for:	
Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction	1 for water conserving fixtures)
Q = (5 + 1)*75-(20%) = 360	
Trash Tank Size <u>376</u> Gal.	
TCEQ Approved Aerobic Plant Size <u>600</u>	G.P.D.
	.064 = 5625 sq. ft.
Application Area Utilized = $5654$ sq. ft.	
Pump Requirement <u>12</u> Gpm @ <u>41</u> Psi (Re	edjacket 0.5 HP 18 G.P.M. series or equivalent)
Dosing Cycle:ON DEMAND or	TIMED TO DOSE IN PREDAWN HOURS
$Pump Tank Size = \underline{778} Gal. \underline{18.75} G$	
Reserve Requirement = $120$ Gal. 1/3 day flow	
Alarms: Audible & Visual High Water Alarm & Visua	I Air Pump malfunction
With Chlorinator NSF/TCEQ APPROVED	
SCH-40 or SDR-26 3" or 4" sewer line to tank	
Two way cleanout Pop-up rotary sprinkler heads w/ purple non-potable lids	
1" Sch-40 PVC discharge manifold	
APPLICATION AREA SHOULD BE SEEDED AND	MAINTAINED WITH VEGETATION.
EXPOSED ROCK WILL BE COVERED WITH SOIL.	
I HAVE PERFORMED A THOROUGH INVESTIGATION	N BEING A REGISTERED PROFESSIONAL ENGINEER
AND SITE EVALUATOR IN ACCORDANCE WITH CHA	
(REGARDING RECHARGE FEATURES), TEXAS CO	
(EFFECTIVE DECEMBER 29, 2016)	Surger OF The
h a	I ala / TRIE TANK
	115124
	DATE GREG W. JOHNSON
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561	DATE GREG W. SOTILOGIA
	P. P. C. C. C. L. L.
	<b>FIRM #2585</b>
	UNAL CONTRACT







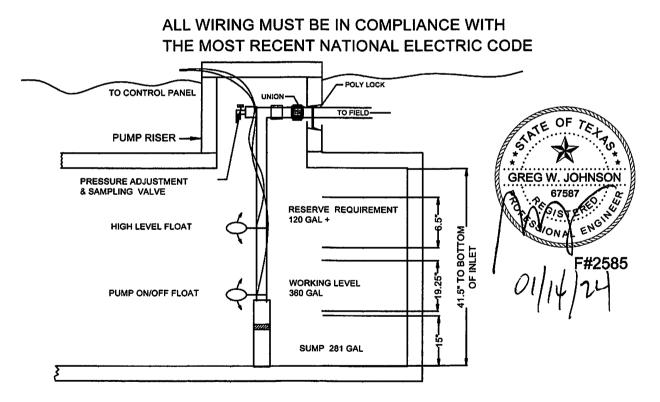
TANK NOTES:

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

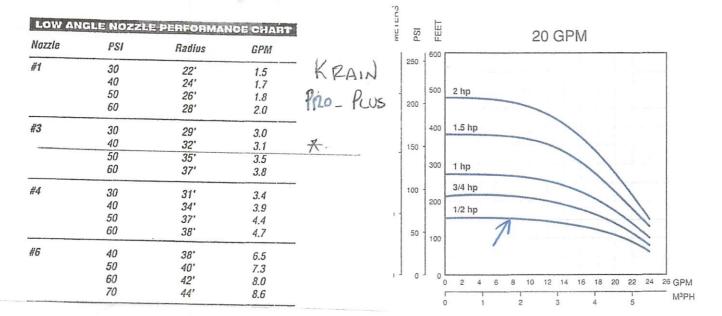


# TYPICAL PUMP TANK CONFIGURATION SOLAR-AIR SA-600 LP 778 GAL PUMP TANK

E-Series

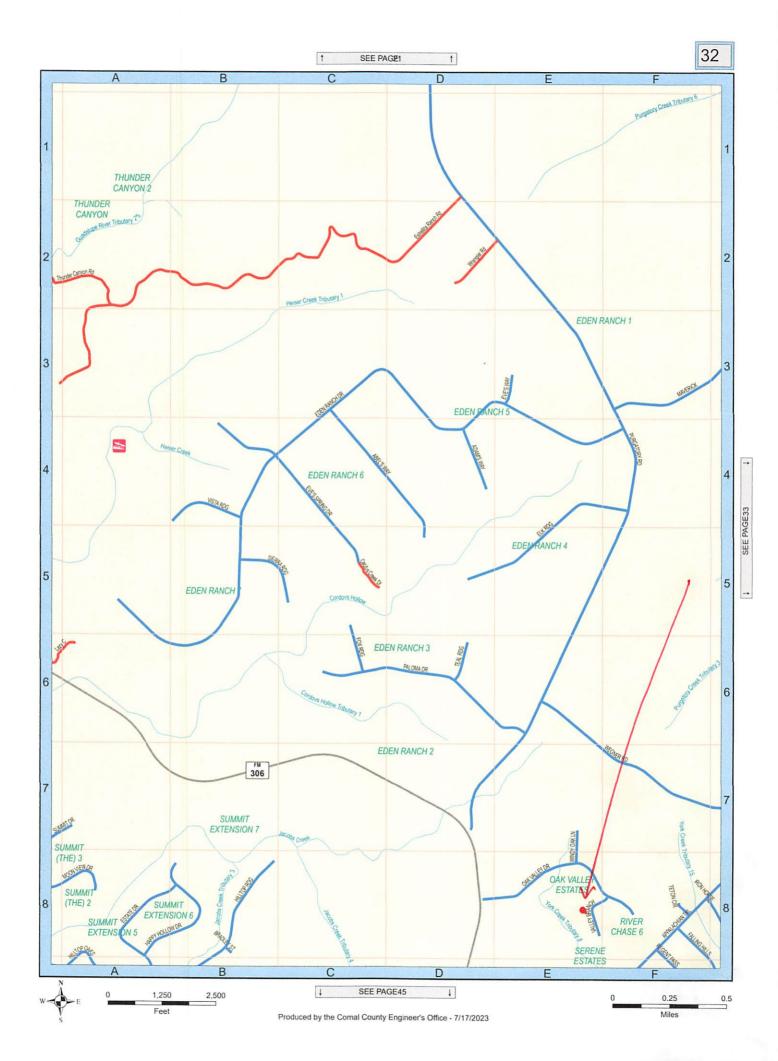
# Environmental Series Pumps

# **Thermoplastic Performance**



# **Thermoplastic Units Ordering Information**

	1/2 - 1.5 H	IP Single-Phase	Units			
Order No.	Model	GPM	HP	Volt	Wire	Wt.
94741005	10FE05P4-2W115	10	1/2	115	2	24
94741010	10FE05P4-2W230	10	1/2	230	2	24
94741015	10FE07P4-2W230	10	3/4	230	2	28
94741020	10FE1P4-2W230	10	Malante 1	230	2	31
94741025	10FE15P4-2W230	10	1.5	230	2	46
94742005	20FE05P4-2W115	20	1/2	115	2	25
94742010	20FE05P4-2W230	20	1/2	230	2	25
94742015	20FE07P4-2W230	20	3/4	230	2	28
94742020	20FE1P4-2W230	20	1	230	2	31
94742025	20FE15P4-2W230	20	1.5	230	2	40
	Thermoplast	ic 1/2 - 2 HP Pu	mp Ends			
Order No.	Model	GPM	HP	Volt	Wire	Wt.
94751005	10FE05P4-PE	10	1/2	N/A	N/A	6
94751010	10FE07P4-PE	10	3/4	N/A	N/A	7
94751015	10FE1P4-PE	10	1	N/A	N/A	8
94751020	10FE15P4-PE	10	1.5	N/A	N/A	12
94752005	20FE05P4-PE	20	1/2	N/A	N/A	6
94752010	20FE07P4-PE	20	3/4	N/A	N/A	7
94752015	20FE1P4-PE	20	1	N/A	N/A	8
94752020	20FE15P4-PE	20	1.5	N/A	N/A	10
94752025	20FE2P4-PE	20	2	N/A	N/A	11



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#### SPECIAL WARRANTY DEED WITH VENDOR'S LIEN

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

Date: February 16, 2022

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Grantor: Camino Nuevo, LLC, a Texas limited liability company.

Granter's Mailing Address: c/o: 2610 Valley Branch, New Braunfels, TX 78132

Grantee: Colton Curtis and Sarah Curtis

Grantee's Mailing Address: 349 East Garga Street New Brown Kels TX 79130

CONSIDERATION: Cash and a note of even date executed by Grantee, payable to the order of First Commercial Bank, N.A. (the "Lender") in the principal amount of TWO HUNDRED EIGHT THOUSAND and No/100ths DOLLARS (\$208,000.60). The note is secured by a vendor's lien retained and transferred to Lender in this deed and by a deed of trust of even date from Grantee to  $\frac{1/21}{212}$  A. Long., Trustee for Lender.

PROPERTY (including any improvements): Lot 21, OAK VALLEY ESTATES, situated in Comal County, Texas, according to the map or plat thereof, recorded in Volume 5, Page 354, Map and Plat Records, Comal County, Texas, and locally known as 2610 Valley Branch, New Braunfels, TX 78132.

#### **RESERVATIONS FROM CONVEYANCE:** None,

EXCEPTIONS TO CONVEYANCE AND WARRANTY: LIENS DESCRIBED AS PART OF THE CONSIDERATION AND ANY OTHER LIENS DESCRIBED IN THIS DEED AS BEING EITHER ASSUMED OR SUBJECT TO WHICH TITLE IS TAKEN; VALIDLY EXISTING BASEMENTS, RIGHTS-OF-WAY, AND PRESCRIPTIVE RIGHTS, WHETHER OF RECORD OR NOT, ALL PRESENTLY RECORDED AND VALIDLY EXISTING INSTRUMENTS, OTHER THAN CONVEYANCES OF THE SURFACE FEE ESTATE, THAT AFFECT THE PROPERTY; AND TAXES FOR THE CURRENT YEAR, WHICH GRANTEE ASSUMES AND AGREES TO PAY.

GRANTOR, FOR THE CONSIDERATION AND SUBJECT TO THE RESERVATIONS FROM CONVEYANCE AND THE EXCEPTIONS TO CONVEYANCE AND WARRANTY, GRANTS, SELLS, AND CONVEYS TO GRANTEE THE PROPERTY, TOGETHER WITH ALL AND SINGULAR THE RIGHTS AND APPURTBYANCES THERETO IN ANY WAY BELONGING, TO HAVE AND TO HOLD IT TO GRANTEE AND GRANTEE'S HEIRS, SUCCESSORS, AND ASSIGNS, FOREVEL, GRANTOR BINDS GRANTOR AND GRANTOR'S HEIRS, SUCCESSORS TO WARRANT AND FOREVER DEFEND ALL AND SINGULAR THE PROPERTY TO GRANTEE'S HEIRS, SUCCESSORS, AND ASSIGNS AGAINST EVERY PERSON WHOMSOEVER LAWFULLY CLAIMING OR TO CLAIM THE SAME, OR ANY PART THEREOP, BY, THEOUGH OR UNDER GRANTOR, BUT NOT OTHERWISE, EXCEPT AS TO THE RESERVATIONS FROM CONVEYANCE AND THE EXCEPTIONS TO CONVEYANCE AND WARRANTY.

BY ACCEPTING THIS DEED, GRANTEE ACKNOWLEDGES THAT GRANTOR HAS NOT MADE AND DOES NOT MAKE ANY REPRESENTATIONS AS TO THE PHYSICAL CONDITION, OR ANY OTHER MATTER AFFECTING OR RELATED TO THE FROPERTY OR ANY IMPROVEMENTS THEREON (OTHER THAN WARRANTIES OF TITLE AS PROVIDED AND LIMITED HEREIN, GRANTEE EXPRESSLY AGREES THAT TO THE MAXIMUM EXTENT PERMITTED BY LAW THAT PROPERTY AND ANY IMPROVEMENTS THEREON ARE CONVEYED AS IS AND "WITH ALL PAULTS", AND GRANTOR HAS DISCLAIMED, ANY AND ALL REPRESENTATIONS, WARRANTIES, OF ANY KIND, ORAL OR WRITTEN, EXPRESS OR IMPLIED, (EXCEPT AS TO TITLE AS HEREAFTER PROVIDED AND LIMITED CONCERNING THE PROPERTY AND ANY IMPROVEMENTS THEREON, INCLUDING WITHOUT LIMITATION, THE VALUE, CONDITION, MERCHANTABILITY, HABITABILITY, MARKETABILITY, PROFITABILITY, SUITABILITY OR FITNESS FOR A PARTICULAR USE OR PURPOSE OF THE PROPERTY.

The vendor's lien against and superior title to the Property are retained until each note described is fully paid according to its terms, at which time this deed will become absolute. First Commercial Bank, N.A. agent/nominee, at Grantce's request, has paid in each to Grantor that portion of the purchase price of the Property that is evidenced by the note. The first and superior vendor's lien against and superior title to the Property are retained for the benefit of First Commercial Bank, N.A. agent/nominee and are transferred to First Commercial Bank, N.A. agent/nominee with recourse against Grantce.

WHEN THE CONTEXT REQUIRES, SINGULAR NOUNS AND PRONOUNS INCLUDE THE PLURAL.

Grantee's Initials <u>CC</u>, <u>SC</u> Page 1 of 5

Grantor(s):

Kylstwestbrook, as Manager of Camino Nuevo, LLC

#### ACKNOWLEDGMENT

(C) (C) (C)

STATE OF TEXAS

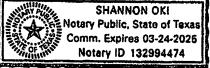
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#### COUNTY OF BEXAR

This instrument was acknowledged before me on the Heth day of February 2022, by Kyle Westbrook, as Manager of Camino Nuevo, LLC.

Notary Public, State of Texas



#### Grantee's Acceptance of Deed (to be recorded with Special Warranty Deed in the Real Property Records)

Grantee acknowledges that prior to the conveyance of the Property it has made a physical inspection and has satisfied itself as to the condition of Property. Additionally, Grantee further acknowledges that Grantor may have limited knowledge of the Property site and may not have made a personal visit to the Property prior to listing the Property for sale. Grantor is an investment entity who purchases property in volume and often has limited or no knowledge of the site other than what is available in the public records, through third parties and from the internet. Therefore, Grantee acknowledges that Grantor asserts it has disclosed the condition of the property to the best of its abilities based on its limited knowledge of the site. Grantee additionally acknowledges that it has received the Seller's Property Disclosure if it is required by the Texas Property Code, has performed its own inspection of the site prior to the date of the sale, and should Grantee determine any characteristic of the property differs from that of what the Sellers Property Disclosure states or any other assertion by Seller or information contained in Seller's marketing material regarding the Property, Grantee shall unconditionally waive the right to make any and all claims against Grantor, and Grantor's shareholders, owners, directors, agents, officers, partners (both general and limited), members, managers, other beneficial owners, parents and subsidiaries, employees, agents, representatives, legal representatives, heirs, successors, and assigns, and each of them, of any from all claims, demands ,causes of action, damages, costs, expenses, actual attorney fees, losses and/or liabilities in law or in equity, of every kind and nature whatsoever arising out of, relating to or in connection with, all statements within the Seller's Property Disclosure as they relate to the physical, abstract, and intrinsic characteristics of the Property. Grantee acknowledges and accepts that at the time of conveyance of the property from Grantor to Grantee that the current year property tax liability has been pro-rated based on the most recent certified tax roll assessment and that Grantee is responsible for the whole current year tax liability when it becomes due by the property taxing authorities. Additionally, Grantee and Grantor together agree that the sole responsibility of any and all prior or current years roll back tax or supplemental liability assessed or identified by the authorities who have jurisdiction to levy any and all taxes against the property shall transfer to the Grantee on the date of the conveyance of the property from Grantor to Grantee.

Grantee accepts the attached deed and consents to its form and substance. Grantee acknowledges that the terms of the deed conform with Grantee's intent and that they will control in the event of any conflict with the contract that Grantee signed regarding the Property described in the deed. Grantee waives and releases all claims against Grantor, including fraud and fraudulent inducement against Grantor and all persons and entities associated with Grantor.

Grantee's Initials <u>(C</u>, <u>SC</u> Page 3 of 5

Grantee(9): By: Colton Curtis

As: Buyers official capacity

#### ACKNOWLEDGMENT

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STATE OF TEXAS COUNTY OF BRACE

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This instrument was acknowledged before me on the 18 day of February 2022, by Colton Curtis.

ROBERT ANTHONY SALAS SR Notary IO #124295155 My Commission Expires June 10, 2023

Notary Public, State of Texas

Grantop's Initials CC, SC Page 4 of 5

Grantee(s By: Sarah Curtis

As: Buyers official capacity

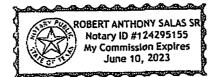
ACKNOWLEDGMENT §

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STATE OF TEXAS COUNTY OF BOXA

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This instrument was acknowledged before me on the 12 day of February 2022, by Sarah Curtis.

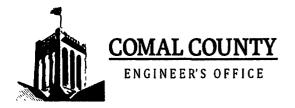


Notary Public, State of Texas

 Filed and Recorded Official Public Records Bobbie Koepp, County Clerk Comal County, Texas 02/18/2022 11:35:36 AM TERRI 5 Pages(s) 202206007981

Babbie Keepp

Grantee's Initials (C., SC Page 5 of 5



# OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

Initials

117131

Date Received

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 <u>must</u> accompany the completed application.

OSSF	= Permit
$\mathbf{X}$	Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate
$\mathbf{X}$	Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer
$\mathbf{X}$	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.
$\mathbf{X}$	Required Permit Fee - See Attached Fee Schedule
$\mathbf{X}$	Copy of Recorded Deed
$\mathbf{X}$	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

1/29/2024

Date

\_\_\_\_ COMPLETE APPLICATION
Check No. \_\_\_\_\_ Receipt No.\_\_\_\_\_

INCOMPLETE APPLICATION — (Missing Items Circled, Application Refeused)

**Revised: September 2019**