Comal County Environmental Health
OSSF Inspection Sheet

Installer Name: Winters **OSSF Installer #:** OS0039711

1st Inspection Date: 8/19/25 **2nd Inspection Date:** 8/20/25 **3rd Inspection Date:**

Inspector Name: Corey Allen **Inspector Name:** Corey Allen **Inspector Name:**

Permit#: 118908 **Address:** 7903 Pronghorn

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	X	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)		X		
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	X	285.91(10) 285.30(b)(4) 285.31(d)		X		
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	X	285.32(a)(1)		X		
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	X	285.32(a)(3)		X		
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	X	285.32(a)(5)		X		
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: **8/19/25 CA: Tank level no leaks operational remove mulch firewood and remove or cover surface rocks within spray and seed**
8/20/25 CA: Seeded and covered

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 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) (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	X	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)		X		
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 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)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed	X		600	X		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	X X		AquaKlear	X X		
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)	x	285.33(d)(6) 285.33(c)(4)	Surface Application	x		
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.	X	285.32(c)(1)		X		
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	X X X			X X X		
35	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.	X			X		
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	X			X		

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?	X	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)		X		
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	X X X	285.33(d)(2)(G) (i)285.33(d)(2) (A)285.33(d)(2)(F)		X		
42	APPLICATION AREA Area Installed	X					
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:	118908
Issued This Date:	08/15/2025
This permit is hereby given to:	Mark & Melinda Bates

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

7903 PRONGHORN DR
SPRING BRANCH, TX 78070

Subdivision:	Deer River
Unit:	phase 2
Lot:	198
Block:	0
Acreage:	0.0000

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System:	Aerobic
	Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

COMAL COUNTY
ENGINEER'S OFFICE

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

		118908
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] Melonda Bates — 6/27/25
Signature of Applicant — Date

___ COMPLETE APPLICATION Check No. ________ Receipt No.__________	___ INCOMPLETE APPLICATION (Missing Items Circled, Application Refeused)

RECEIVED
By Kathy Griffin at 11:06 am, Aug 06, 2025

COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

Date _____ Permit Number 118908

1. APPLICANT / AGENT INFORMATION

Owner Name	Mark and Melinda Bates	Agent Name	David Winters Septics LLC.
Mailing Address	200 VZ County Road 3518	Agent Address	P.O Box 195
City, State, Zip	Wills Point, Van Zandt County, TX 75169	City, State, Zip	Spring Branch, TX 78070
Phone #	972-533-3038	Phone #	830-935-2477
Email	operations@yramosconstruction.com	Email	Wintersseptics@gvtc.com

2. LOCATION

Subdivision Name Deer River Phase 2 Lot 198 Block _____

Survey Name / Abstract Number _____ Acreage _____

Address 7903 Pronghorn Dr. City Spring Branch State TX Zip 78070

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) Mobille

Number of Bedrooms 3

Indicate Sq Ft of Living Area 2280

☐ 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: $ 200,000 (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 ☐ Rainwater

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.

Mark B Melinda Bates 6/27/25

Signature of Owner Date

COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

Planning Materials & Site Evaluation as Required Completed By Garrett R. Winters R.S #5213

System Description Aerobic System W/ Spray

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

Tank Size(s) (Gallons) 600GPD Absorption/Application Area (Sq Ft) 3926

Gallons Per Day (As Per TCEQ Table III) 240

(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.)

Is there at least one acre per single family dwelling as per 285.40(c)(1)? ◉ Yes ◯ No

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

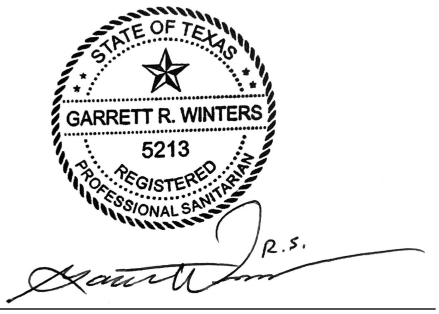
(If yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP.)

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

6/16/2025
Date

Revised March 2024

COUNTY OF COMAL
STATE OF TEXAS

AFFIDAVIT TO THE PUBLIC

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality (TCEQ) Rules for On-Site Sewage Facilities (OSSFs), 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, give 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 owners to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

II

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

Lot 198, of DEER RIVER, PHASE 2, a subdivision in Comal County, Texas

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

Mark E Bates and Melinda Bates

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 OSSF may be obtained from **Comal County Engineer's Office.**

WITNESS BY HAND(S) ON THIS 27th **DAY OF** June, 2025

Owner(s) signature(s) (PRINTED NAME) Mark Bates Melinda Caldwell Bates

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 27th **DAY OF** June, 2025

Notary Public, State of Texas
Notary's Printed Name: Roxianne M Maurelli
My Commission Expires: Aug 6, 2026

ROXIANNE M. MAURELLI
My Notary ID # 124231893
Expires August 6, 2026

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
06/30/2025 03:27:21 PM
PRISCILLA 2 Pages(s)
202506019951

DAVID WINTERS SEPTICS, LLC
PO BOX 195
SPRING BRANCH, TX 78070
830-935-2477 OFFICE
830-935-2477 FAX
wintersseptics@gvtc.com

Routine Maintenance and Inspection Agreement

This Work-for-Hire Agreement (hereafter referred to as this "Agreement") is entered into, by, and between Mark and Melinda Bates (referred to as "Client") and David Winters Septic's, LLC, Inc. (hereafter referred to as "Contractor") located at 7903 Pronghorn Dr. Date beginning on Issue Date of License to Operate and contract ending 2 years from Issue Date of License to Operate
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 agreement will provide for all required inspections, testing, and service for your Aerobic Treatment System. The policy will include the following:

1. Three (3) inspections per year/service calls (at least one every four months), for a total of six (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 control panel, air pumps, air filters, diffuser operation, and replacing or repairing any component not found to be functioning correctly. Any alarm situations affecting the proper function of the Aerobic process will be addressed within a 48-hour time frame. This contract does not include labor on warranty and non-warranty parts.

2. An effluent quality inspection consisting of a visual check of 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 on your inspection report.

4. The Client is responsible for the chlorine tablets and/or liquid chlorine; they 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 not be covered by this policy.

At the conclusion of the initial service policy, our company will make available, for purchase on an annual basis, a continuing service policy cover NORMAL inspection, maintenance and repair.

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

This agreement does not cover any labor or parts for items which must be replaced due to acts of God, i.e., lightning strikes, high winds, flooding, freezing.

This agreement DOES NOT COVER materials or parts which must be replaced due to misuse or abuse of the system. These include but are not limited to: Sewage flows exceeding the recommended daily hydraulic design capabilities, Disposal of Non-Biodegradable materials, such as chemicals, grease or oil, sanitary napkins, tampons, baby wipes, disposable diapers, Clogs in the line between the house and the tank.

This agreement DOES NOT COVER LABOR OR PARTS for out- of- warranty items.

Service calls made outside of the regular maintenance schedule are subject to a **$75.00 SERVICE CALL FEE** due at the time of service.

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 service described above.

PAYMENT AGREEMENT

The client will pay compensation to the contractor for the services in the amount of First 2 years included with new install. This compensation shall be payable in one lump sum payment upon acceptance of this agreement. Payments not received within 30 days of the above described due date will be subject to a $25.00 late penalty.

TERMINATION OF THIS AGREEMENT

Either party may terminate this agreement within 10 days of written notice in the event of substantial failure to perform in accordance with its terms by other party without fault of the terminating party. If this agreement is terminated, the contractor will immediately notify the appropriate health authority.

LIMIT OF LIABILTY

The Contractor will not be liable for indirect, consequential, incidental or punitive damages, whether in contract 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.

Permit # __ _____

The effective date of this initial maintenance agreement shall be the date the license to operate is issued.

Client

Mark and Melinda Bates
Name

7903 Pronghorn Dr.
Address

Spring Branch TX 78070
City/State/Zip Code

972-533-3038
Phone

melinda@fisteel.com
Email address

Signature of Client Melinda Bates

Contractor

David Winters Septics LLC.

1550 Oak Meadows

Canyon Lake, Texas 78133

Office- 830-935-2477 Email-Wintersseptics@gvtc.com

By: David Winters

Signature of Contractor

Maintenance Provider #-MP0001686

OSSF Soil & Site Evaluation

Page 1 (Soil & Site Evaluation) **Date Performed:** 6 / 16 / 2025

Property Owner: BATES MARK E & MELINDA

Site Location: 7903 PRONGHORN DR. SPRING BRANCH, TX 78070 Proposed Excavation Depth: 1FT

REQUIREMENTS:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil borings 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 disposal field excavation depth. For surface disposal, the surface horizon must be evaluated. Describe each soil horizon and identify any restrictive features on this form. Indicate depths where features appear.

Soil Boring Number:					
Depth (Feet)	**Texture Class**	**Gravel Analysis (If Applicable)**	**Drainage (Mottles/ Water Table)**	**Restrictive Horizon**	**Observations**
1 FT.	III	<30%	None Observed	SURFACE ROCK	CLAY LOAM/EXPOSED ROCK
2 FT.					
3 FT.					
4 FT.					
5 FT.					

Soil Boring Number:					
Depth (Feet)	**Texture Class**	**Gravel Analysis (If Applicable)**	**Drainage (Mottles/ Water Table)**	**Restrictive Horizon**	**Observations**
1 FT.					
2 FT.		SAME AS	TH1		
3 FT.					
4 FT.					
5 FT.					

FEATURES OF SITE AREA

Presence of 100 year flood zone ☐ Yes ☑ No

Presence of upper water shed ☐ Yes ☑ No

Presence of adjacent ponds, streams, water impoundments ☐ Yes ☑ No

Existing or proposed water well in nearby area (within 150 feet) ☐ Yes ☑ No

Ground Slope 8 %

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

P.E.

(Signature of person performing evaluation) 06/16/25 (Date) OS#0037882 Registration Number and Type

OSSF Soil & Site Evaluation

Page 1 (Soil & Site Evaluation) **Date Performed:** 6 / 16 / 2025

Property Owner: BATES MARK E & MELINDA

Site Location: 7903 PRONGHORN DR. SPRING BRANCH, TX 78070 Proposed Excavation Depth: 1FT

REQUIREMENTS:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil borings 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 disposal field excavation depth. For surface disposal, the surface horizon must be evaluated. Describe each soil horizon and identify any restrictive features on this form. Indicate depths where features appear.

Soil Boring Number:					
Depth (Feet)	**Texture Class**	**Gravel Analysis (If Applicable)**	**Drainage (Mottles/ Water Table)**	**Restrictive Horizon**	**Observations**
1 FT.	III	<30%	None Observed	SURFACE ROCK	CLAY LOAM/EXPOSED ROCK
2 FT.					
3 FT.					
4 FT.					
5 FT.					

Soil Boring Number:					
Depth (Feet)	**Texture Class**	**Gravel Analysis (If Applicable)**	**Drainage (Mottles/ Water Table)**	**Restrictive Horizon**	**Observations**
1 FT.					
2 FT.		SAME AS	TH1		
3 FT.					
4 FT.					
5 FT.					

FEATURES OF SITE AREA

Presence of 100 year flood zone ☐ Yes ☑ No

Presence of upper water shed ☐ Yes ☑ No

Presence of adjacent ponds, streams, water impoundments ☐ Yes ☑ No

Existing or proposed water well in nearby area (within 150 feet) ☐ Yes ☑ No

Ground Slope 8 %

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

P.E.

(Signature of person performing evaluation) 06/16/25 (Date) OS#0037882 Registration Number and Type

GW Septic Designs

On-Site Sewage Facility Application and Design

Prepared By:
Garrett R. Winters
Registered Professional Sanitarian
R.S# 5213

Contact Information
Phone: (210) 854-2673
Email: Gwinterssseptics@gmail.com

Owner/Site Location

Owner/Builder: BATES MARK E & MELINDA
Address: 7903 PRONGHORN DR. SPRING BRANCH, TX 78070
Subdivision: DEER RIVER PHASE 2
Lot: 198
DATE: 6/16/2025

LOT DESCRIPTION

The proposed method of wastewater treatment is aerobic treatment with spray irrigation. The sizing of the OSSF was determined as specified in the Texas Commission on Environmental Quality (TCEQ) CHAPTER 285.33 (C)(2). Water saving devices are assumed for the septic system design. This site is not within the 100-Year flood plain (see site plan). Water to the property will be serviced by Public Water Supply.

This design was performed in conformance with Chapter 285 of the Texas Commission on Environmental Quality. I have performed a thorough site visit of the proposed lot as a Professional Registered Sanitarian and Site Evaluator in accordance with Chapter 285, Subchapter D, regarding Recharge Features, of the Texas Commission on Environmental Quality.

System Summary

- 600gpd Aerobic treatment unit
- Manual 24HR control timer
- 20gpm submersible effluent pump
- SCH40 PVC Sewer pipe
- 1" purple PVC SCH40 supply line
- Liquid Chlorinator (EZ Tank)
- 2 K-Rain Gear Driven Pop-up Sprinklers not to exceed 40PSI.
- Sprinklers: *See Site Plan Page*
- Visual and audio alarms monitoring high water and aerator failure placed in a noticeable location.

Wastewater Design Flow

Structure: 2,280SF Single Family Residence
Bedrooms: 3
Wastewater Usage Rate: 240GPD
Application Rate: 0.064
Application Area Required: 3,750sf
Actual Application Area: 3,926sf

System Components

Pretreatment Tank: 500gal
Pump Tank: 800gal
Aeration Tank: 600gpd
Pump: C1 Series Mid suction Or equivalent
Pump tank reserve minimum: 80gal

Potable Water Lines

Potable water lines must be at a minimum distance of 10 feet from OSSF components. If a water line is within 10 feet, it must be sleeved with 2" SCH40 PVC Pipe in order to provide equivalent protection of a 10' separation in compliance with TAC chapter 290, Subchapter D, Rules for Public Drinking Water Systems.

Landscaping

The native vegetation in the distribution area should consist of low-level shrubs, plains grass, bluestem, or Bermuda. The entire application area must maintain a ground cover after construction. Exposed rock will be covered when in the application area with fine soil such as sandy loam.
If the slope in the drain field area is greater than 15% or is complex, the area is unsuitable for the disposal method, suitable fill shall be brought into the field area to meet this requirement. Surface application systems may apply treated and disinfected effluent upon areas with existing vegetation. If any ground within the proposed surface application area does not have vegetation, that bare area shall be seeded or covered with sod before system start-up. The vegetation shall be capable of growth before the system start-up.

Installation

A 3” or 4” solid-wall SCH40 or SDR 26 PVC pipe with a minimum downward slope of 1/8 inch per foot will be installed between the tank and house. A 2-way cleanout must be included in the line between the house and tank. All piping from house-to-tank and tank-to-drain field must be bedded with class Ib, II, or III soils containing less than 30% gravel. The bottom of the excavation for the tank shall be level and free of large rocks/debris, the tanks shall then be bedded with a 4” layer of sand, sandy loam, 3/4 dust or pea gravel. All openings in the tank are to be sealed to prevent the escape of wastewater. For all OSSF’s permitted on OR after September 1, 2023, inspection and cleanout ports shall risers over the port openings which extend to a minimum of two inches above grade.
A secondary plug, cap, or other suitable restraint system shall be provided below the riser cap to prevent tank entry if the cap is unknowingly damaged or removed. A secondary plug, cap, or other suitable restraint system shall be provided below the riser cap to prevent tank entry if the cap is unknowingly damaged or removed. Risers must be fitted with removable watertight caps and protected against unauthorized intrusions. Acceptable protective measures include: a padlock and a cover that can be removed with tools.

Electrical Components

All electrical wiring shall conform to the requirements of the National Electric Code (1999) or under any other standards approved by the executive director. Additionally, all external wiring shall be installed in approved, rigid, non-metallic gray code electrical conduit. The conduit shall be buried according to the requirements in the National Electric Code and terminated at a main circuit breaker panel or sub-panel. Connections shall be in approved junction boxes. All electrical components shall have an electrical disconnect within direct vision from the place where the electrical device is being serviced. Electrical disconnects must be weatherproof (approved for outdoor use) and have maintenance lockout provisions.

Maintenance Requirements

The homeowner is primarily responsible for maintaining a properly functioning aerobic treatment system. The installer is responsible for furnishing the homeowner with the installation manual and instructing the homeowner on proper use for this type of OSSF. The following provisions are required by the homeowner:

- A maintenance contract must be maintained for the first 2 years by a licensed maintenance contractor.
- A constant supply of chlorine must be provided to the OSSF system.
- The owner must prohibit the discharge of grease into the OSSF system.
- Keep the spray area mowed and tank area free of ants and weeds.
- Maintain all faucets and toilets inside the home free of leaks.
- Maintaining the pretreatment tanks by pumping them out every 3-5 years to avoid sludge buildup.

Maintenance Contract

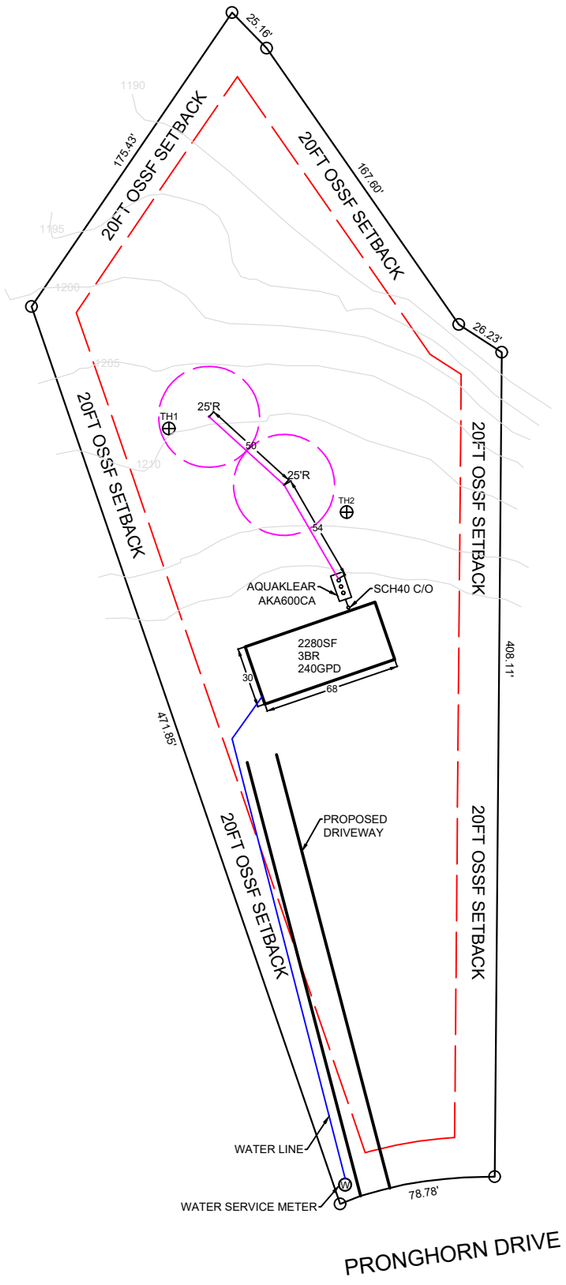
For any OSSF with a pump, the installer shall provide the Designated Representative with proof of an executed two-year full-service maintenance contract as required by the TCEQ. The maintenance company will verify that the system is operating properly and that they will provide on-going maintenance of the installation. The initial contract will be for a minimum of 2 years. A maintenance contract will authorize the Maintenance Company to maintain and repair the system as needed. The owner must continuously maintain a signed written contract with a valid maintenance company and shall submit a copy of the contract to the permitting authority at least 30 days prior to the date service will cease.

Affidavit

Prior to issuance of a permit, a certified copy of an affidavit must be submitted to the County Clerk's office. The affidavit is a recorded file in reference to the real property deed on which the surface application is installed on the property. The permit issued to the previous owner of the property being transferred to the new owner in accordance with §285.20(5) of the TCEQ OSSF Rules. The permit will be issued in the name of the owner of the OSSF. Permits shall be transferred to the new owner automatically upon legal sale of the OSSF. The transfer of an OSSF permit under this section shall occur upon actual transfer of the property on which the OSSF is located unless the ownership of the OSSF has been severed from the property.

The following design is intended to follow and meet the TCEQ 30 TAC 285 OSSF Regulations. The performance of this system cannot be guaranteed even though all provisions of 30 TAC 285 have been met or exceeded

FLOOD PLAIN: AFTER CAREFUL EXAMINATION AND STUDY OF AVAILABLE DATA (INCLUDING FEMA PANEL ZONE X (AREA OF MINIMAL FLOOD HAZARD) I HAVE DETERMINED, TO THE BEST OF MY ABILITY, THAT NEITHER THE HOUSE NOR THE SEPTIC IS LOCATED WITHIN THE 100 YEAR FLOOD PLAIN.



OSSF INFORMATION

- STRUCTURE: 2,280SF SINGLE FAMILY RESIDENCE
- BEDROOMS: 3
- DAILY WASTEFLOW: 240GPD
- TANK MANUFACTURER: AQUAKLEAR AKA600CA
- MINIMUM SPRINKLER COVERAGE: 3,750SF
- ACTUAL COVERAGE AREA: 3,926SF

NOTES

- TANK IS TO PLACED AT LEAST 5' FROM STRUCTURES
- ALL POTABLE WATER LINES SHALL BE A MINIMUM OF 10' FROM ANY PART OF THE OSSF
- SEWER LINE WILL BE SCH 80 PVC OR SLEEVED WITH SCH 40 PIPE WHERE IT IS WITHIN 5' OF OR CROSSES UNDER DRIVEWAYS, STRUCTURES, AND SURFACE IMPROVEMENTS TO PROVIDE EQUIVALENT PROTECTION UNDER SETBACK REQUIREMENTS OF TAC 285.
- A MINIMUM OF 1/4" PER FOOT OF FALL IS REQUIRED FROM STRUCTURE TO ATU
- SPRINKLER HEADS MAY NOT SPRAY WITHIN 10' OF TREES. UNDER NO CIRCUMSTANCE SHALL FOOD CROPS BE PLANTED IN THE SPRAY AREA
- SPRAY RADIUS SHALL MAINTAIN AT LEAST 100' FROM PRIVATE WELLS, 150' FROM PUBLIC WELLS. (TANKS 50' MIN)
- SYSTEM SHALL INCLUDE BOTH AUDIBLE AND VISUAL ALARMS TO INDICATE HIGH WATER AND AIR FAILURE
- THE AMOUNT OF WASTEWATER FLOW OF THE STRUCTURE(S) ON THIS DESIGN SHALL NOT SURPASS THE PERMITTED FLOW RATE
- ANY SURFACE ROCKS SHALL BE COVERED WITH SOIL THAT IS CAPABLE OF GROWTH
- NO SURFACE IMPROVEMENTS ARE TO BE WITHIN THE SPRAY AREA
- THIS DESIGN MEETS ALL REQUIREMENTS OF THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY OSSF REGULATIONS
- THIS SITE PLAN IS EXPRESSLY INTENDED FOR ON-SITE SEWAGE FACILITY (OSSF) USE ONLY AND SHOULD NOT BE UTILIZED OR CONSTRUED FOR SURVEYING PURPOSES. ITS PURPOSE IS TO ACCURATELY REPRESENT THE LAYOUT AND DESIGN OF THE SEWAGE SYSTEM WITHIN THE SPECIFIED PROPERTY BOUNDARIES FOR REGULATORY AND OPERATIONAL COMPLIANCE.

PREPARED BY: GARRETT R. WINTERS
R.S #5213

OWNER: BATES MARK E & MELINDA

ADDRESS: 7903 PRONGHORN DR.
SPRING BRANCH, TX 78070
Subdivision: DEER RIVER PHASE 2,
LOT: 198

DATE	DESCRIPTION	REV#

GW Designs

SCALE:1"- 75'

DATE: 6/16/2025

STATE OF TEXAS
GARRETT R. WINTERS
5213
REGISTERED
PROFESSIONAL SANITARIAN
R.S.

STATE OF TEXAS
GARRETT R. WINTERS
5213
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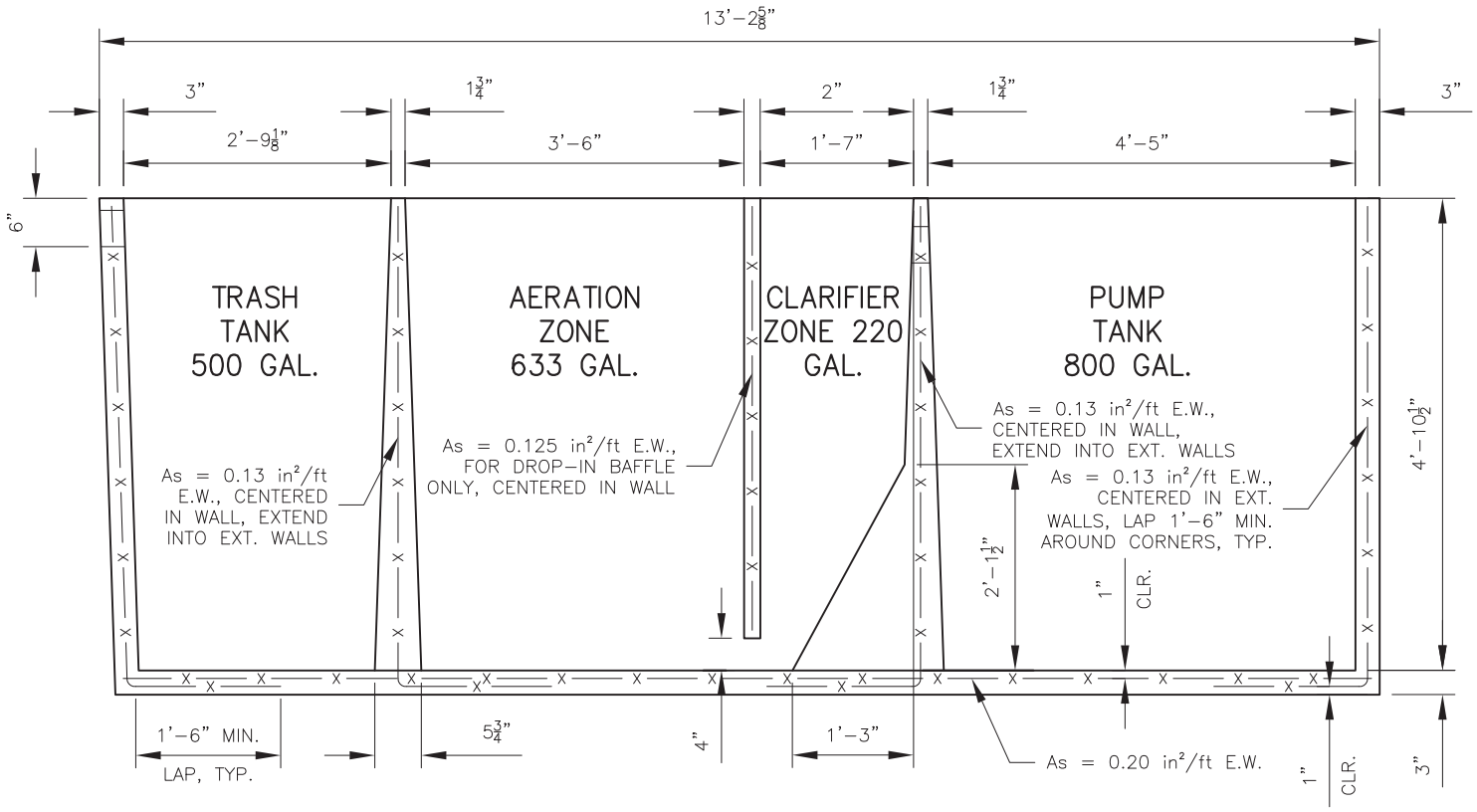
R.S.



REINFORCING SECTION

PUMP FLOAT SETTINGS FOR: 240GPD

Volume	800.0	gallons
Water Depth	50.5	inches
Volume / Vertical Inch	**15.84**	**gal/in**

Min. Reserve Volume	**1/3**	**of Q**	**80**	**gal/day**

Pump OFF	10	inches =	158.4	gallons
Pump ON	12	inches =	31.7	gallons
High Water ALARM	36	inches =	380.2	gallons
RESERVE	**50.5**	**inches =**	**229.7**	**gallons**

STATE OF TEXAS
GARRETT R. WINTERS
5213
REGISTERED
PROFESSIONAL SANITARIAN
P.E.

REV.NO.	DATE	REVISION

PREPARED FOR:

DAVID WINTERS SEPTIC
P.O. BOX 195
SPRINF BRANCH, TX 78070

PREPARED BY:

DELTA
SPECIALTY PRECAST CONCRETE ENGINEERS
860 HOOPER ROAD, ENDWELL, NY 13760-1564
PHONE(607)231-6600 FAX(607)231-6650

DATE: 09/20/2021
SCALE: N.T.S.
SHEET TITLE: REINFORCING SECTION
DRWN BY: CCFH
CKD BY:
PROJECT: AQUAKLEAR WASTEWATER TREATMENT SYSTEM MODEL AKA600CA
CONTRACTOR:
DWG. I.D. RS-02
DELTA PROJ. NO.: 2021.750.001
SHT. NO. 2 OF 2

PROPLUS™

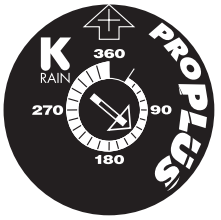
Packed with features that ensure reliability, saving the installer time and money on every job.

- **Revolutionary Patented Easy Arc Set –** Simplified arc set allows for wet or dry adjustment in seconds.
- **5" Riser –** Perfect for grasses with thick thatch.
- **3/4" Inlet –** Replaces all standard rotors.
- **2N1 Adjustable or Continuous Rotation –** Provides a full range adjustment from 40° to a continuous full circle.
- **Patented Arc Set Degree Markings –** Clearly indicates the current watering pattern and simplifies arc set adjustment.
- **Arc Memory Clutch –** Prevents internal gear damage and returns rotor to its prior setting automatically if nozzle turret is forced past its stop.
- **Time Proven Patented Reversing Mechanism –** Assures continuous reverse and return…over a 20 year history.
- **Ratcheting Riser –** Allows for easy adjustment of your left starting position with a simple turn of the riser.
- **Rubber Cover –** Seals out dirt, increases product durability.
- **Wide Selection of Nozzles –** Including standard and low angle, provides flexibility in system design.
- **Optional Check Valve –** Prevents low head drainage.

K-Rain Manufacturing Corp.
1640 Australian Avenue
Riviera Beach, FL 33404 USA
+1 561 844-1002
FAX: +1 561 842-9493
1.800.735.7246 | www.krain.com

Easy Arc Setting

Arc Selection 40° to Continuous 360°
Adjust From Left Start



Models

11003	ProPlus
11003-HP	ProPlus 12" High Pop
11003-SH	ProPlus Shrub Head

OTHER OPTIONS: ADD TO PART NUMBER

-CV	Check Valve
-LA	Low Angle Nozzle
-NN	No Nozzle
-RCW	ProPlus for Reclaimed Water w/Low Angle Nozzle

How to Specify

Model Number	Description
11003	**-RCW**

Specifications

- Inlet: 3/4" Threaded NPT
- Arc Adjustment Range: 40° to Continuous 360°
- Flow Range: .5 - 10.0 GPM
- Pressure Rating: 20 - 70 PSI
- Precipitation Rate: .06 to .50 Inches Per Hour (Depending on Spacing and Nozzle Used)
- Overall Height (Popped Down): 7 1/2" (17" for High Pop Model)
- Recommended Spacing: 28' to 44'
- Radius: 22' to 50'
- Nozzle Trajectory: 26°
- Low Angle Nozzle Trajectory: 12°
- Standard and Low Angle Nozzle: Included
- Riser Height: 5"

Performance Data

NOZZLE	PRESSURE			RADIUS		FLOW RATE			PRECIP in/hr		PRECIP mm/hr	
	PSI	kPa	Bars	Ft.	M.	GPM	L/M	M³/H	■	▲	■	▲
#0.5	30	207	2.1	28	8.5	0.5	1.9	0.11	0.12	0.14	3	4
	40	276	2.8	29	8.8	0.6	2.3	0.14	0.14	0.16	3	4
	50	345	3.5	29	8.8	0.7	2.7	0.16	0.16	0.19	4	5
	60	414	4.1	30	9.1	0.8	3.0	0.18	0.17	0.20	4	5
#0.75	30	207	2.1	29	8.8	0.7	2.7	0.16	0.16	0.19	4	5
	40	275	2.8	30	9.1	0.8	3.0	0.18	0.17	0.20	4	5
	50	344	3.4	31	9.4	0.9	3.4	0.20	0.18	0.21	5	5
	60	413	4.1	32	9.8	1.0	3.8	0.23	0.19	0.22	5	6
#1.0	30	207	2.1	32	9.8	1.3	4.9	0.30	0.24	0.28	6	7
	40	275	2.8	33	10.1	1.5	5.7	0.34	0.27	0.31	7	8
	50	344	3.4	34	10.4	1.6	6.1	0.36	0.27	0.31	7	8
	60	413	4.1	35	10.7	1.8	6.8	0.41	0.28	0.33	7	8
#2.0	30	207	2.1	37	11.3	2.4	9.1	0.55	0.34	0.39	9	10
	40	275	2.8	40	12.2	2.5	9.5	0.57	0.30	0.35	8	9
	50	344	3.4	42	12.8	3.0	11.4	0.68	0.33	0.38	8	10
	60	413	4.1	43	13.1	3.3	11.4	0.68	0.34	0.36	8	9
2.5 Pre-installed	30	207	2.1	38	11.6	2.5	9.5	0.57	0.33	0.38	8	10
	40	275	2.8	39	11.9	2.8	10.6	0.64	0.35	0.41	9	10
	50	344	3.4	40	12.2	3.2	12.1	0.73	0.39	0.44	10	11
	60	413	4.1	41	12.5	3.5	13.3	0.80	0.40	0.46	10	12
#3.0	30	207	2.1	38	11.6	3.6	13.6	0.82	0.48	0.55	12	14
	40	275	2.8	39	11.9	4.2	15.9	0.96	0.53	0.61	14	16
	50	344	3.4	41	12.5	4.6	17.4	1.05	0.53	0.61	13	15
	60	413	4.1	42	12.8	5.0	19.0	1.14	0.55	0.63	14	16
#4.0	30	207	2.1	43	13.1	4.4	16.7	1.00	0.46	0.53	12	13
	40	275	2.8	44	13.4	5.1	19.3	1.16	0.51	0.59	13	15
	50	344	3.4	46	14.0	5.6	21.2	1.27	0.51	0.59	13	15
	60	413	4.1	49	14.9	5.9	22.4	1.34	0.47	0.55	12	14
#6.0	40	276	2.8	45	13.7	5.9	22.4	1.34	0.56	0.65	14	16
	50	344	3.4	46	14.0	6.0	22.7	1.36	0.55	0.63	14	16
	60	413	4.1	48	14.6	6.3	23.9	1.43	0.53	0.61	13	15
	70	482	4.8	49	14.9	6.7	25.4	1.52	0.54	0.62	14	16
#8.0	40	276	2.8	42	12.8	8.0	30.3	1.82	0.87	1.01	22	26
	50	344	3.4	45	13.7	8.5	32.2	1.93	0.81	0.93	21	24
	60	413	4.1	49	14.9	9.5	36.0	2.16	0.76	0.88	19	22
	70	482	4.8	50	15.2	10.0	37.9	2.27	0.77	0.89	20	23

Low Angle Performance Data

NOZZLE	PRESSURE			RADIUS		FLOW RATE			PRECIP in/hr		PRECIP mm/hr	
	PSI	kPa	Bars	Ft.	M.	GPM	L/M	M³/H	■	▲	■	▲
#1.0	30	207	2.1	22	6.7	1.2	4.5	.27	0.48	0.55	12	14
	40	276	2.8	24	7.3	1.7	6.4	.39	0.57	0.66	14	17
	50	345	3.4	26	7.9	1.8	6.8	.41	0.51	0.59	13	15
	60	414	4.1	28	8.5	2.0	7.6	.45	0.49	0.57	12	14
#3.0	30	207	2.1	29	8.8	3.0	11.4	.68	0.69	0.79	17	20
	40	276	2.8	32	9.8	3.1	11.7	.70	0.58	0.67	15	17
	50	345	3.4	35	10.7	3.5	13.2	.80	0.55	0.64	14	16
	60	414	4.1	37	11.3	3.8	14.4	.86	0.53	0.62	14	16
#4.0	30	207	2.1	31	9.4	3.4	12.9	.77	0.68	0.79	17	20
	40	276	2.8	34	10.4	3.9	14.8	.89	0.65	0.75	17	19
	50	345	3.4	37	11.3	4.4	16.7	1.00	0.62	0.71	16	18
	60	414	4.1	38	11.6	4.7	17.8	1.07	0.63	0.72	16	18
#6.0	40	275	2.8	38	11.6	6.5	24.6	1.48	0.87	1.00	22	25
	50	344	3.4	40	12.2	7.3	27.7	1.66	0.88	1.01	22	26
	60	413	4.1	42	12.8	8.0	30.3	1.82	0.87	1.01	22	26
	70	482	4.8	44	13.4	8.6	32.6	1.96	0.86	0.99	22	25

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

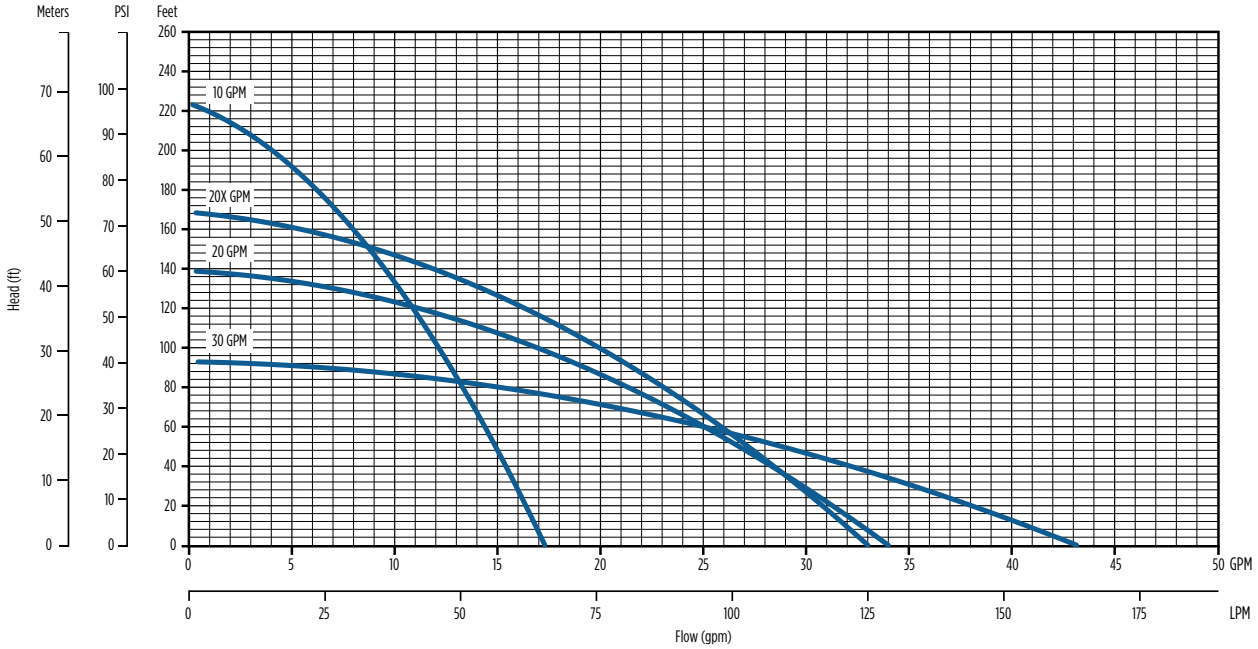
11020002 Rev. 02

C1 SERIES
CISTERN PUMPS

Designed for use in gray water and filtered effluent service applications, the C1 Series cistern pump provides high performance and long life in less than ideal water conditions. Able to pass solids up to 1/8" without having a negative effect on the internal hydraulic components, the pump features a unique bottom suction design allowing for maximum fluid drawdown without compromising durability or overall life, and it does not require the use of a flow induction sleeve. Intended specifically for use in a cistern or tank, C1 Series pumps are suitable for use in agricultural, residential, and commercial installations.

Franklin Electric

C1 SERIES FAMILY CURVE



FEATURES

- Supplied with a removable 5" base for secure and reliable mounting
- Bottom suction design
- Robust thermoplastic discharge head design resists breakage during installation and operation
- Standard backflow prevention through a built-in, but removable, check valve.
- Single shell housing design provides a compact unit while ensuring cool and quiet operation
- Hydraulic components molded from high quality engineered thermoplastics
- Optimized hydraulic design allows for increased performance and decreased power usage
- All metal components are made of high grade stainless steel for corrosion resistance
- Available with a high quality 115 V or 230 V, 1/2 hp motor
- Fluid flows of 10, 20, and 30 gpm, with a max shut-off pressure of over 100 psi
- Heavy-duty 300 V 10 foot SJOOW jacketed lead

APPLICATIONS

- Gray water pumping
- Filtered effluent service water pumping
- Water reclamation projects such as pumping from rain catchment basins
- Aeration and other foundation or pond applications
- Agriculture and livestock water pumping

ORDERING INFORMATION

GPM	HP	Volts	Stage	Model No.	Order No.	Length (in)	Weight (lbs)
10	1/2	115	6	10C1-05P4-2W115	90301005	26	17
		230	6	10C1-05P4-2W230	90301010	26	17
20		115	4	20C1-05P4-2W115	90302005	25	16
		230	4	20C1-05P4-2W230	90302010	25	16
20X		115	5	20XC1-05P4-2W115	90302015	26	17
		230	5	20XC1-05P4-2W230	90302020	26	17
30		115	3	30C1-05P4-2W115	90303005	25	16
		230	3	30C1-05P4-2W230	90303010	25	16

NOTE: All units have 10 foot long SJOOW leads

LBC Manufacturing

"EZ-Tank"

GRAVITY FLOW Liquid Bleach Chlorinator

US Patent Pending

LBC Manufacturing
P.O. Box 454
Fayetteville, TEXAS 78940
(979) 826-0139 off.

www.liquidchlorinator.com

THIS PRODUCT WAS EVALUATED AS A CHLORINE DISINFECTION DEVICE AND MEETS OR EXCEEDS THE APPLICABLE REQUIREMENTS OF STANDARD 46

RECOMMENDED INSTALLATION INSTRUCTIONS

**** LBC Manufacturing recommends installation by TCEQ licensed and trained installers. ****

1. Locate the Aerobic System Holding/Pump tank

2. Remove the green access lid mounting screws and remove green access lid.

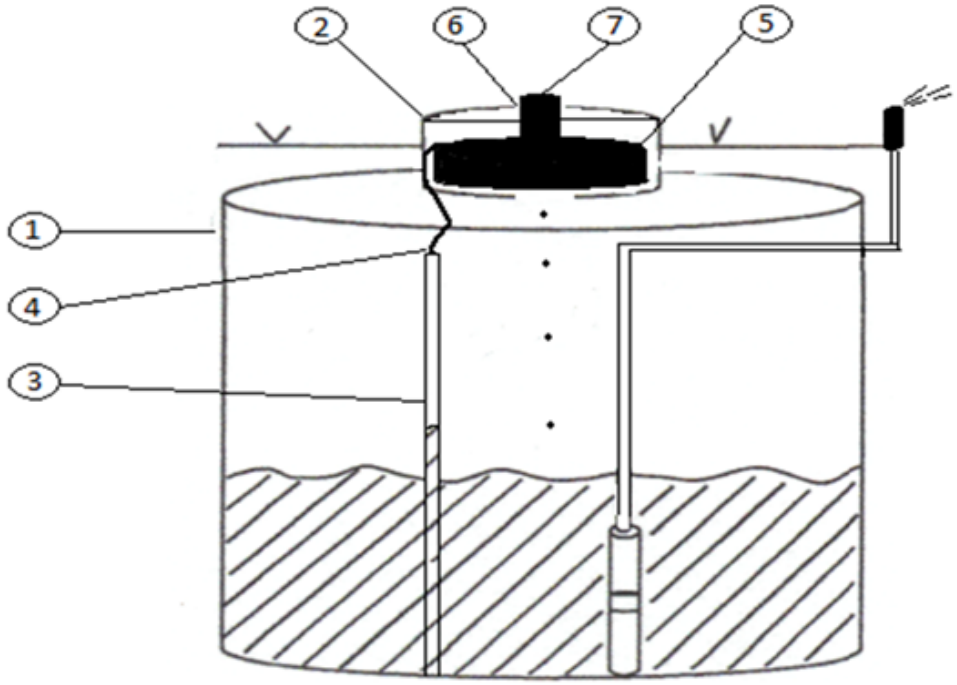
3. Install vertical sensing pipe into Holding/Pump tank. Ensure sensing pipe is resting on the bottom of the Holding/Pump tank. Cut the sensing pipe off below the top of the Holding/Pump tank lid, and secure the sensing pipe to remain vertical in the Holding/Pump tank

4. Using PVC Cleaner and PVC glue, attach the barb fitting adapter (supplied on the end of EZ-Tanks vinyl tubing) to the sensing pipe.

5. Place the EZ-Tank reservoir inside the holding tank access riser. (EZ-Tank reservoir rests on the secondary safety lid inside the holding tank access riser. If the holding tank access riser does not have a secondary safety lid, replace with new access riser that accommodates the secondary safety lid to code.)

6. Next, drill 4.25 inch hole in center of holding tank access lid. (this allows the fill lid to be accessed without having to reopen the holding tank lid) Next, Re-Install holding tank access lid and replace mounting and safety screws.

7. Open EZ-Tank gasketed fill lid. Fill with 6% -10% sodium hypochlorite. Once filled, Replace the gasketed fill lid ensuring a firm secure seal. (If the fill lid is not tightened securely, a vacuum will not form and reservoir will empty sodium hypochlorite contents into Holding/Pump tank prematurely.)



CHLORINE DISINFECTION DEVICE PERFORMANCE

The LBC MFG “EZ-Tank” is a proven disinfection device that meets the applicable requirements of NSF standard 46 for Chlorine disinfection devices. The EZ-Tank is listed as a certified chlorine disinfection device for secondary treated effluent. Certification requires the device to be used with 6-10% sodium hypochlorite (household bleach) The EZ-Tank Disinfection device is a gravity flow product that applies disinfectant to a holding tank as the water level rises thus giving the ultimate amount of contact time for the disinfectant to work.

THE LIQUID CHLORINATION PROCESS

LBC Manufacturing designed and built the “EZ-Tank” to provide years of trouble-free service. It is constructed from durable Polyethylene material which can withstand the corrosive nature of Sodium Hypochlorite (Household Bleach). It has been tested to NSF/ANSI Std 46 and has proven to function more consistently, at a lower operating cost, than any other disinfection method.

The basic function of the Liquid Bleach Chlorinator is to introduce disinfectant to the effluent water in the Holding/Pump tank as the effluent enters. The longer the contact time the disinfectant has to interact with pathogens, the better it disinfects. The ideal method is maximum contact time for minimal pathogen survival.

LIQUID CHLORINATOR OPERATION AND MAINTENANCE

It is the Owner's *Responsibility* to operate and maintain the Liquid Chlorinator to the best of their ability.

If Service is required, refer to the Data/Service Plate located on the Fill Lid of the Liquid Chlorinator.

The Liquid Chlorinator uses 6-10% Sodium Hypochlorite (Household Bleach). Do not use any other products and or chemicals other than specified. Always maintain a constant supply of disinfectant / Bleach in the Chlorinator Housing at all times. The rate of disinfectant/Bleach usage will vary with individual homeowner water usage. If disinfectant usage increases or decreases, call the service provider.
If flood waters, ants, chemicals etc.. other than Sodium Hypochlorite, enters the Chlorinator Housing, call for service.

******Alwavs use Personal Protective Equipment when Filling or Servicing the Chlorinator*******

MONTHLY : Open the Chlorinator Fill Lid and Visually Inspect the liquid level the chlorine reservoir. Maintain a constant supply of Sodium Hypochlorite (Household Bleach) in the Chlorinator Housing and reservoir at all times. Check Sprinkler discharge for Chlorine redidual. If Service is required, refer to the Data/Service Plate located on the Fill Lid of the chlorinator reservoir

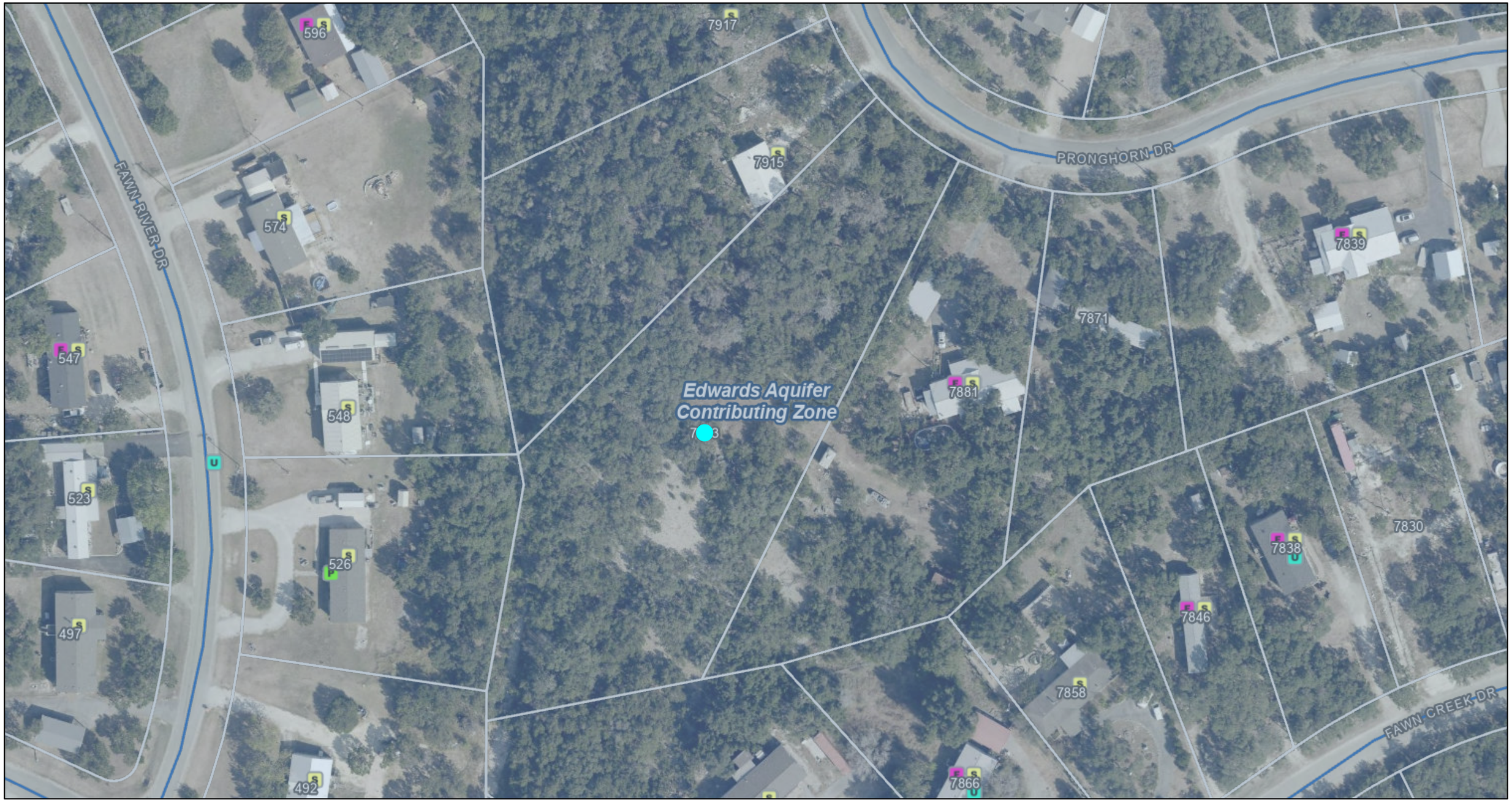
PERIODICALLY: Open the Chlorinator Fill Lid and Visually Inspect the Chlorinator for debris such as dirt, grass clippings etc. Check Sprinkler discharge for Chlorine residual. If Service is required, refer to the Data/Service Plate located on the Fill Lid of the Chlorinator reservoir.

YEARLY: Visually inspect the Chlorinator Housing for any damage from lawnmowers, etc. Remove dirt/ant build up , grass, etc. from Chlorinator Housing Fill Lid. Check Sprinkler discharge for Chlorine residual.
If Service is required, refer to the Data/Service Plate located on the Fill Lid of the Chlorinator reservoir

FOR INTERMITTENT PERIODS OR EXTENDED PERIODS OF NON-USE

The EZ Tank is designed to function under normal use or Intermittent periods of use. If periods of non use exceed 6 months , drain Chlorinator Housing and refill with 6-10% Sodium Hypochlorite. If Service is required, refer to the Data/Service Plate located on the Fill Lid of the Chlorinator reservoir.

Comal County Web Map



6/16/2025, 11:40:19 AM

1:1,060

0 0.01 0.02 0.04 mi

0 0.02 0.04 0.07 km

TCEQ Contributing Zone

Addresses

Streets

Parcels

Scaled County Boundary

Permits

S Septic

P Piprow/Driveway

F Floodplain

U Utility

County Maintained Roads

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.

GENERAL WARRANTY DEED

Date: November 21, 2022

Grantor and Mailing Address:
Launa Morosan-Penza, Trustee of the LAUNA MOROSAN-PENZA REVOCABLE TRUST, established under agreement dated July 5, 2011
2224 Canada Dr.
Glendale, Los Angeles County, CA 91208

Grantee and Mailing Address:
Mark E. Bates and Melinda Bates a.k.a. Melinda S. Caldwell
200 VZ County Road 3518
Wills Point, Van Zandt County, TX 75169

Consideration: Ten Dollars ($10.00) and a note executed by Grantee and payable to the order of The City National Bank of Sulphur Springs("***Lender***") of even date herewith (the "***Note***"), and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged. The Note is secured by a first and superior vendor's lien and superior title retained in this deed in favor of Lender and by a first-lien deed of trust from Grantee to Don Sapaugh, Trustee.

Property (including any improvements):

Lot 198, of DEER RIVER, PHASE 2, a subdivision of Comal County, Texas, as shown on a map or plat of said subdivision as recorded in Volume 8, Pages 359-361 of the map and Plat Records of Comal County, Texas.

Exceptions to Conveyance and Warranty: Any and all easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded restrictions, reservations, covenants, conditions, oil and gas leases, mineral severances, and other instruments, other than liens and conveyances, that affect the Property; rights of adjoining owners in any walls and fences situated on a common boundary; any discrepancies, conflicts or shortages in area or boundary lines; any encroachments or overlapping of improvements; and taxes for the current year and subsequent years, which Grantee assumes and agrees to pay any subsequent assessments for the current year and prior years due change in land usage, ownership, or both, the payment of which Grantee assumes.

Grantor, for the Consideration and subject to the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and

appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's successors and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's successors and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Exceptions to Conveyance and Warranty.

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

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

GRANTOR:

Launa Morosan-Penza, Trustee of the LAUNA MOROSAN-PENZA REVOCABLE TRUST, established under agreement dated July 5, 2011

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles)

On November 21, 2022 before me, Keith McGruder, Notary Public,
(insert name and title of the officer)

personally appeared Launa Morosan-Penza, Trustee of the LAUNA MOROSAN-PENZA REVOCABLE TRUST, established under agreement dated July 5, 2011, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Keith McGruder
Signature (Seal)

ANM1 KEITH McGRUDER
COMM# 2293123
Notary Public - California
Los Angeles County
My comm. Expires July 12, 2023 ANM1

After Recording Return To:

Texas Lone Star Title LLC
c/o Law Office of Jason M. Rammel, P.C.
17130 Highway 46 W, Suite 5
Spring Branch, Texas 78070

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
11/22/2022 12:02:50 PM
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Bobbie Koepp