

From: [Ritzen, Brenda](#)
To: ["Greg Johnson"](#)
Cc: info@agsaflyers.com; [Massie, Cassandra S](#)
Subject: RE: 30240 COUGAR BEND - VLADIMIR VLADEV #93747
Date: Thursday, August 29, 2024 10:22:00 AM
Attachments: [image001.png](#)
[Pages from 93747.pdf](#)

Greg,

Based upon the information you have provided it appears that the Gymnastics Gym will still operate within permit limits. This email along with the attached information will become part of the existing file for Permit 93747.

Thank you,



Brenda Ritzen
Environmental Health Coordinator
195 David Jonas Dr.
New Braunfels, TX 78132
DR:OS00007722
830-608-2090
www.cceo.org

From: Greg Johnson <gregjohnsonpe@yahoo.com>
Sent: Thursday, August 29, 2024 9:23 AM
To: Ritzen, Brenda <rabbjr@co.comal.tx.us>
Cc: info@agsaflyers.com
Subject: Re: 30240 COUGAR BEND - VLADIMIR VLADEV #93747

This email originated from outside of the organization.

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

- Comal IT

REVISED CALC SHEET TO SHOW NO SHOWERS.
THX,
GREG

Send for Greg W. Johnson, P.E., R.S.)

170 Hollow Oak

From: [Acrobatic Gymnastics Of San Antonio](#)
To: [Ritzen, Brenda](#)
Cc: [Greg Johnson](#)
Subject: Re: 30240 COUGAR BEND - VLADIMIR VLADEV #93747
Date: Monday, August 26, 2024 10:14:55 AM

This email originated from outside of the organization.

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

- Comal IT

Hello Greg and Brenda,

Plumbing that was omitted.

Personal Shower, washer / dryer area and Floor drains in garage area.

Thank you!

Vladimir Vladev
USAGymnastics
HALL OF FAME

On Aug 26, 2024, at 9:37 AM, Ritzen, Brenda <rabbjr@co.comal.tx.us> wrote:

Greg,

Are there showers within the facility?

Thank you,

<image001.png>

From: Greg Johnson <gregjohnsonpe@yahoo.com>
Sent: Saturday, August 24, 2024 8:25 AM
To: Ritzen, Brenda <rabbjr@co.comal.tx.us>
Cc: info@agsaflyers.com
Subject: 30240 COUGAR BEND - VLADIMIR VLADEV #93747

This email originated from outside of the organization.

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

- Comal IT

From: [Ritzen, Brenda](#)
To: [Greg Johnson](#)
Cc: info@agsaflyers.com
Subject: RE: 30240 COUGAR BEND - VLADIMIR VLADEV #93747
Date: Monday, August 26, 2024 9:37:00 AM
Attachments: [image001.png](#)

Greg,

Are there showers within the facility?

Thank you,



Brenda Ritzen
Environmental Health Coordinator
195 David Jonas Dr.
New Braunfels, TX 78132
DR:OS00007722
830-608-2090
www.cceo.org

From: Greg Johnson <gregjohnsonpe@yahoo.com>
Sent: Saturday, August 24, 2024 8:25 AM
To: Ritzen, Brenda <rabbjr@co.comal.tx.us>
Cc: info@agsaflyers.com
Subject: 30240 COUGAR BEND - VLADIMIR VLADEV #93747

This email originated from outside of the organization.

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

- Comal IT

Attached is the for the revised ownership and usage of the property.
The septic does not require a modification, and the expected flow rate is within the existing design parameters.
Please update the existing permit file.
Thanks,
Greg

Send for Greg W. Johnson, P.E., R.S.)

170 Hollow Oak



ON-SITE SEWAGE FACILITY APPLICATION

REVISED AS DR
TX 78132
(830) 608-2000
9:34 am, Aug 26, 2024

Date August 19, 2024

Permit Number #93747

1. APPLICANT / AGENT INFORMATION

Owner Name VLADIMIR VLADEV
Mailing Address 30240 COUGAR BEND
City, State, Zip BULVERDE, TX 78163
Phone # 210-488-3678
Email info@agsaflyers.com

Agent Name GREG JOHNSON, P.E.
Agent Address 170 HOLLOW OAK
City, State, Zip NEW BRAUNFELS, TEXAS 78132
Phone # 830-905-2778
Email gregjohnsonpe@yahoo.com

2. LOCATION

Subdivision Name BULVERDE HILLS Unit 4 Lot 2 Block 21

Survey Name / Abstract Number _____ Acreage _____

Address 30240 COUGAR BEND City BULVERDE State TX Zip 78163

3. TYPE OF DEVELOPMENT

☐ Single Family Residential

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

Number of Bedrooms _____

Indicate Sq Ft of Living Area _____

☒ 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 GYMNASTICS GYM

Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants UP TO 40 PPL ONE HOUR PER DAY

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: \$ EXISTING (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 Collection

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.

[Signature]
Signature of Owner

08/20/24
Date

**REVISED**

9:34 am, Aug 26, 2024

WASTEWATER TREATMENT SYSTEM MAINTENANCE CONTRACT

Customer

Residential

Initial Contract

Vladimir Vladov



Site Address

Agency

30240 Cougar Bend, Bulverde, TX 78163

Comal County

Email

Phone

Permit Number

vladimiracro@yahoo.com

(210) 744-2057

93747

System Details

Treatment: Aerobic Surface Application / System: Block Creek Concrete Products, Inc. 600 Max GPD

AGREEMENT

I. General:

This work for hire agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Luna Environmental, LLC (hereinafter referred to as "Contractor"), located at 4222 FM 482 New Braunfels, Texas 78132. By this agreement, Contractor agrees to render services, as described herein, and Client agrees to fulfill his/her/their responsibilities under the agreement as described herein.

II. Dates & Fees:

This agreement provides maintenance from **7/22/2024** to **7/22/2025** for a total fee of **\$350.00**

III. Services by Contractor:

1. Inspect and perform routine maintenance on the On-Site Sewage Facility ("OSSF") in compliance with code, regulations, and/or rules of the Texas Commission on Environmental Quality ("TCEQ") and county in which the OSSF is located and the manufacturer's requirements, at a frequency of approximately once every four (4) months for residential properties, or once every one (1) month for commercial properties.
2. Inspection, adjustment, and servicing of the mechanical, electrical, and other components to ensure proper functioning. This includes inspecting control panels, air pumps, air filters, diffusers, floats, and spray heads.
3. Effluent Inspection will include the following: effluent quality (color, turbidity, overflow, and odor), testing effluent chlorine and pH levels, when necessary, alarm function, filters, operation of effluent pump and chlorinator. Unless otherwise agreed to, Contractor does not provide chlorine. BOD and TSS annually on commercial accounts, additional charges apply.
4. Notify Client of any repairs needed to keep OSSF in proper working condition and up to regulatory standards. Items under warranty may be repaired while the technician is on-site. Additional charges may apply for labor and service calls. Repair quotes of non-warranty items must be approved by Client before work is performed.
5. Report to the appropriate regulatory authority and to Client, as required by the State of Texas' on-site rules and, if required, TCEQ or County rules. All findings must be reported to the appropriate regulatory authority within 14 days.
6. Visit site within 48 hours of a service request.
7. Provide Customer Support line at 855-560-9909.

REVISED

9:34 am, Aug 26, 2024

IV. Client Responsibilities:

1. Maintain Chlorinator and proper chlorine supply, unless otherwise specified.
2. Provide all necessary lawn or yard maintenance and remove all obstructions, including dogs and other animals as needed to allow the OSSF to function properly and the Contractor easy and safe access to all parts of
3. Immediately notify Contractor of any alarms or system problems.
4. Have tanks pumped out as directed by manufacturer, typically every 3 years.
5. Be available by text, phone, or in person when the Contractor is on site in case of required repair approvals or questions.
6. Maintain site drainage to prevent adverse effects on OSSF.
7. Promptly pay Contractor's bills, fees, and invoices in full.

V. Access By Contractor:

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 repairs and services described herein.

VI. Termination of This Agreement:

Either party may terminate this agreement with 30 days' written notice in the event of the other party's substantive failure to perform in accordance with this agreement without fault of the terminating party. If this agreement is terminated, the Contractor will notify the appropriate regulatory authority.

VII. Limitation 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 of liability. In no event shall the Contractor's liability for the direct damages exceed payments by the Client under this agreement.

VIII. Payment Terms:

The fee for this agreement only covers the services described herein. This fee does not cover equipment or labor for non-warranty repairs, labor for warranty repairs, or service charges resulting from unscheduled, Client requested trips to the Client's OSSF. Payments not received within 30 days from the date of invoicing will be subject to a \$30.00 late penalty and or a 1.5% monthly carrying charge, whichever is greater. By signing this contract, the Client authorizes the Contractor to remove any parts which were installed but not paid for at the end of 30 days. The Client is still responsible for any labor costs associated with the installation and removal of said parts. All invoices are due upon receipt by Client.

IX. Severability:

If any provision of this agreement shall be held to be invalid or unenforceable for any reason the remaining provisions shall continue to be held valid and enforceable. If a court finds that any provision of this agreement is invalid or unenforceable, by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

Vladimir Vladev

Signed by:

Customer Name

Vladimir Vladev

CED460DAA8874DD...

Customer Signature

Luna Environmental / Wes Magley

Maintenance Provider Name

Wes Magley

License # MP0002679

Maintenance Provider Signature

Additional Comments / Special Terms

REVISED

9:35 am, Aug 26, 2024

93747

**ON-SITE SEWERAGE FACILITY
SOIL EVALUATION REPORT INFORMATION**Date Soil Survey Performed: September 29, 2011Site Location: BULVERDE HILLS, UNIT 4, BLOCK 21, LOT 2Proposed Excavation Depth: 18"**RECEIVED**

NOV 09 2011

COUNTY ENGINEER

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.

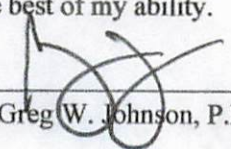
For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

SOIL BORING NUMBER <u>1</u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0						
1						
2						
3	IV	CLAY				BROWN
4	III	SILTY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 42"	TAN
5						

SOIL BORING NUMBER <u>2</u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0						
1						
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.


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

Date

09/29/2011

OSSF SOIL EVALUATION REPORT INFORMATION

#93747

Date: August 19, 2024

Applicant Information:

Name: VLADEV HOLDINGS, LLC.
Address: 30240 COUGAR BEND
City: BULVERDE State: TEXAS
Zip Code: 78163 Phone: (210) 488-3678

Site Evaluator Information:

Name: Greg W. Johnson, P.E., R.S., S.E. 11561
Address: 170 Hollow Oak
City: New Braunfels State: Texas
Zip Code: 78132 Phone & Fax (830)905-2778

Property Location:

Lot 2 Unit 4 Blk 21 Subd. BULVERDE HILLS
Street Address: 30240 COUGAR BEND
City: BULVERDE Zip Code: 78163
Additional Info.: _____

Installer Information:

Name: _____
Company: _____
Address: _____
City: _____ State: _____
Zip Code: _____ Phone: _____

Topography: Slope within proposed disposal area: 1 %

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

REVISED

10:07 am, Aug 29, 2024

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial GYMNASTICS - UP TO 40 PEOPLE AT 6 GPD EACH = 240 GPR USING A DESIGN RATE OF 280
Q = 280 GPD _____ GPD

Residential Water conserving fixtures to be utilized? Yes X No _____

Number of Bedrooms the septic system is sized for: _____ Total sq. ft. living area _____

Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction for water conserving fixtures)

Q = (____ +1)*75-(20%)= 280

Trash Tank Size 353 Gal.

NOTE: THERE IS NO SHOWERS ON SITE.

TCEQ Approved Aerobic Plant Size 600 G.P.D.

Req'd Application Area = $Q/R_i = \frac{280}{0.064} = 4375$ sq. ft.

Application Area Utilized = 4592 sq. ft.

Pump Requirement 12 Gpm @ 41 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)

Dosing Cycle: _____ ON DEMAND or X TIMED TO DOSE IN PREDAWN HOURS

Pump Tank Size = 768 Gal. 14.5 Gal/inch.

Reserve Requirement = 94 Gal. 1/3 day flow.

Alarms: Audible & Visual High Water Alarm & Visual 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 BEING A REGISTERED PROFESSIONAL ENGINEER AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY (EFFECTIVE DECEMBER 29, 2016)

GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

08/19/24
DATE



FIRM #2585

9:35 am, Aug 26, 2024



OWNER: VLADEV HOLDINGS, LLC.		DRAWN BY: EJS III	
STREET ADDRESS: 30240 COUGAR BEND			
LEGAL DESC: BULVERDE HILLS		UNIT/SECTION/PHASE: 4	BLOCK: 21
		LOT: 2	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=40'	DATE: 8/19/2024	REVISED:

VOID

REVISED

9:35 am, Aug 26, 2024

Date: August 19, 2024

Applicant Information:

Name: VLADEV HOLDINGS, LLC.
 Address: 30240 COUGAR BEND
 City: BULVERDE State: TEXAS
 Zip Code: 78163 Phone: (210) 488-3678

Site Evaluator Information:

Name: Greg W. Johnson, P.E., R.S., S.E. 11561
 Address: 170 Hollow Oak
 City: New Braunfels State: Texas
 Zip Code: 78132 Phone & Fax (830)905-2778

Property Location:

Lot 2 Unit 4 Blk 21 Subd. BULVERDE HILLS
 Street Address: 30240 COUGAR BEND
 City: BULVERDE Zip Code: 78163
 Additional Info.: _____

Installer Information:

Name: _____
 Company: _____
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone _____

Topography: Slope within proposed disposal area: 1 %

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

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial GYMNASTICS - UP TO 40 PEOPLE AT 6 GPD EACH = 240 GPR USING A DESIGN RATE OF 280
Q = 280 GPD GPD

Residential Water conserving fixtures to be utilized No
 Number of Bedrooms the septic system is sized for 3 Total sq. ft. living area _____

Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction for water conserving fixtures)

Q = (3 +1)*75-(20%)= 280

Trash Tank Size 353 Gal.

TCEQ Approved Aerobic Plant Size 600 G.P.D.

Req'd Application Area = Q/Ri = 280 / 0.064 = 4375 sq. ft.

Application Area Utilized = 4592 sq. ft.

Pump Requirement 12 Gpm @ 41 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)

Dosing Cycle: ON DEMAND or X TIMED TO DOSE IN PREDAWN HOURS

Pump Tank Size = 768 Gal. 14.5 Gal/inch.

Reserve Requirement = 94 Gal. 1/3 day flow.

Alarms: Audible & Visual High Water Alarm & Visual 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

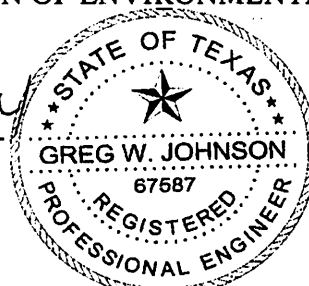
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

EXPOSED ROCK WILL BE COVERED WITH SOIL .

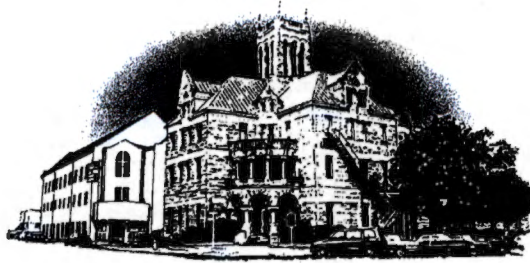
I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY (EFFECTIVE DECEMBER 29, 2016)

GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

08/19/24
 DATE



FIRM #2585



Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 08/09/2013

Permit Number: 93747

Location Description: 30240 COUGAR BEND
BULVERDE, TX 78163

Subdivision: Bulverde Hills
Unit: 4
Lot: 2
Block: 21
Acreage:

Type of System: Aerobic
Surface Irrigation

Issued to: Comal County Emergency Service District #5

This license is authorization for the owner to operate and maintain a private facility at the location described in accordance to the rules and regulations for on-site sewerage facilities of Comal County, Texas, and the Texas Commission on Environmental Quality.

The license grants permission to operate the facility. It does not guarantee successful operation. It is the responsibility of the owner to maintain and operate the facility in a satisfactory manner.

Inspection and licensing of a facility indicates only that the facility meets certain minimum requirements. It does not impede any governmental entity in taking the proper steps to prevent or control pollution, to abate nuisance, or to protect the public health.

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

Licensing Authority

Comal County Environmental Health

ENVIRONMENTAL HEALTH INSPECTOR

OS0023773

ENVIRONMENTAL HEALTH COORDINATOR

OS 0025599

REVISED

12:57 pm, Jul 12, 2013

Regulatory Authority

Comal

JAJ Construction Services, LLC
Aerobic Services Division
Jeff Jay – MP0001423
1013 Hwy 46 East
Boerne, TX 78006
Phone (830) 336-3821
Fax (830) 336-3841

RECEIVED

By rabbjr at 12:57 pm, Jul 12, 2013

Permit / License Number

93747

Customer **Comal County ESD #5**
 Site Address **30240 Cougar Bend**
 City, State, Zip **Buhrle, TX 78163**
 Mailing Address **30240 Cougar Bend**
 County **Comal** Map #
 Email Address [REDACTED]
 Phone # **830-980-3883**

WASTEWATER TREATMENT FACILITY MONITORING AGREEMENT

The effective date, if this is an initial maintenance contract, shall be the date the license to operate is issued.

- I. **General:** This Work for Hire Agreement (herein after referred to as "Agreement") is entered into by and between **Comal County ESD #5** (hereinafter referred to as "Customer") and JAJ Construction Services, LLC. By this Agreement JAJ Construction Services, LLC and its employees (hereinafter inclusively referred to as "Contractor") agree to render services at the site address stated above, as described herein, and the Customer agrees to fulfill his/her/their responsibilities, as described herein. The designed flow rate for this system is a maximum of **304** gallons per day.
- II. **Effective Dates:** This Agreement commences on **8/10** and ends on _____ for a total of **two (2) years** (initial Agreement) or **one (1) year** (there after). If this is an initial Agreement (new installation), the Customer will notify the Contractor within two (2) business days of the system's first use to establish the date of commencement. If no notification is received by Contractor within ninety (90) days after completion of installation or where county authority mandates, the date of commencement will be the date the "License to operate" (Notice of Approval) was issued by the permitting authority. This Agreement may or may not commence at the same time as any warranty period of installed equipment, but in no case shall it extend the specified warranty.
- III. **Renewal:** This Agreement shall automatically renew each at the same terms, conditions, and costs, unless either party gives notice of termination a minimum of thirty (30) days prior to end of first Agreement period. See Section IV.
- IV. **Termination of Agreement:** This Agreement may be terminated by either party with thirty (30) days written notice for any reason, including for example, substantial failure to perform to accordance with its terms, without fault or liability of the terminating party. If this Agreement is so terminated, Contractor will be paid at the rate of \$75.00 per hour for any work performed and for which compensation has not been received. After the deduction of all outstanding charges, any remaining monies from prepayment for services will be refunded to Customer within thirty (30) days. Either party terminating this Agreement for any reason, including non-renewal, shall notify in writing the equipment manufacturer and the appropriate regulatory agency a minimum of thirty (30) days prior to the date of such termination. Nonpayment of any kind shall be considered breach of contract and a termination of contract.
- V. **Services:** Contractor will
- Inspect and perform routine upkeep on the On-Site Sewage Facility (hereinafter referred to as OSSF) as recommended by the treatment system manufacturer, and required by state and/or local regulation, for a total of three (3) visits to site per year.
 - Provide a written record of visits to the site by means of an inspection tag attached to or contained in the control panel.
 - Repair or replace, if Contractor has necessary materials at site, any component of the OSSF to be failing or inoperative during the course of a routine monitoring visit. If such services are not covered by warranty, and services costs are \$100.00 or less, Customer hereby authorizes Contractor to perform the service and bill Customer for said service. When service costs are greater than \$100.00, or if Contractor does not have necessary supplies at the site, Contractor will notify Customer of required service(s) and associated cost(s). Customer must notify Contractor of arrangements to affect repair of system within two (2) business days after said notification.
 - Provide sample collection and laboratory testing of TSS and BOD on a yearly basis (commercial systems only).
 - Forward copies of this Agreement and all reports to the regulatory agency and the Customer.
 - Visit site in response to Customer's request for unscheduled service within forty-eight (48) hours of the date of notification (weekends and holidays excluded) of said request. Unless otherwise covered by warranty, costs for such unscheduled responses will be billed to Customer.
- VI. **Disinfection:** ☐ Not Required ☒ Required. The responsibility to maintain the disinfection device(s) and provide any necessary chemicals is that of the Customer **DP** (Initial).
- VII. **Electric Monitoring:** Electronic Monitoring is not included in this Agreement.
- VIII. **Performance of Agreement:** Commencement of performance by Contractor under this Agreement is contingent on the following conditions:
- If this is an Initial Agreement (new installation).
 - Contractor's receipt of a fully executed original copy or facsimile of this Agreement and all documentation requested by Contractor.
 - Contractor's receipt of payment of the wastewater-monitoring fee in accordance with the terms as described in Section XIV of this Agreement.
 - If this is not an Initial Agreement (existing system).
 - Contractor's receipt of a fully executed original copy or facsimile of this Agreement and all documentation requested by Contractor.
 - Contractor's receipt of payment of the wastewater-monitoring fee in accordance with the terms as described in Section XIV of this Agreement.
 - If the above conditions are not met, Contractor is not obligated to perform any portion of this Agreement.

REVISED

12:57 pm, Jul 12, 2013

RECEIVED

By rabbjr at 12:57 pm, Jul 12, 2013

IX. Customer's Responsibilities: The Customer is responsible for each and all of the following:

- a. Provide all necessary yard or lawn maintenance and removal of all obstacles including, but not limited to, dogs and other animals, vehicles, trees, brush, trash, or debris as needed to allow the OSSF to function properly, and to allow Contractor safe and easy access to all parts of the OSSF.
- b. Protect equipment from physical damage including, but not limited to, that damage caused by insects.
- c. Maintain a current license to operate, and abide by the conditions and limitation of that license, and all requirements for and OSSF from the State and or local regulatory agency, whichever are more stringent, as well as proprietary system's manufacturer recommendations.
- d. Notify Contractor immediately of any and all alarms, and/or any and all problems with, including failure of the OSSF.
- e. Provide, upon request by Contractor, water usage records for evaluation by Contractor as to the performance of the OSSF.
- f. Allow for samples at both the inlet and outlet of the OSSF to be obtained by Contractor for the purpose of evaluation on the OSSF's performance. If these samples are taken to a laboratory for testing, with the exception of the service provided under Section V sub-section 'd' above. Customer agrees to pay Contractor for sample collection and transportation, portal to portal, at a rate of \$35.00 per hour plus the associated fees for laboratory testing.
- g. Prevent the backwash or flushing of water treatment or conditioning equipment from entering the OSSF.
- h. Prevent the condensation from air conditioning or refrigeration units, or the drains of icemakers, from hydraulically overloading the aerobic treatment units. Drain lines may discharge into the surface application pump tank if approved by system designer.
- i. Provide for pumping and cleaning of tanks and treatment units, when and as recommended by Contractor, at Customer's expense.
- j. Maintain site drainage to prevent adverse effects on the OSSF.
- k. Pay promptly and fully all Contractor's fees, bills, or invoices as described herein.

X. Access by Contractor: Contractor is hereby granted an easement to the OSSF for the purpose of performing services described herein. Contractor may enter the property during Contractor's normal business hours and/or other reasonable hours without prior notice to Customer to perform the services and/or repairs described herein. Contractor shall have access to the OSSF electrical and physical components. Tanks and treatment units shall be accessible by means of man ways or risers and removable covers, for the purpose of evaluation as required by State and/or local rules and the proprietary system manufacturer. If not an initial Agreement (new installation) and this access is not in place or provided for by the Customer, the cost for the labor of excavation, and possibly other labor and material costs will be required. These costs shall be billed to Customer as an additional service at a rate of \$35.00 per hour, plus materials at list price. Excavated soil shall be replaced as best as Contractor can at the time such service is performed and under no circumstances is Contractor responsible for damages to sod, grass, roots, landscaping, or any unmarked underground items (telephone, television, or electrical cable, water, air, or gas lines, etc.), or for the uneven settling of the soil.

XI. Limit of Liability: Contractor shall not be held liable for any incidental consequential, or special damages, or for economic loss due to expense, or for loss of profit or income, or loss of use to Customer, whether in contract tort or any other theory. In no event shall Contractor be liable to an amount exceeding the total Fee for Services amount paid by Customer under this Agreement.

XII. Severability: If any provision of the "Proposal and Contract" 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 the "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.

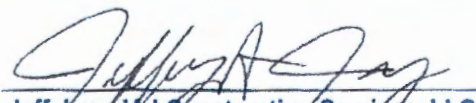
XIII. Fee for Services: The fee does not include any equipment, material, or labor necessary for non-warranty repairs or for unscheduled inspections or Customer requested visits to the site.

XIV. Payment: Full amount due upon signature (Required of new Customer). Payment of invoice(s) for any other service or repair provided by Contractor is due upon receipt of invoice. Invoices are mailed on the date of invoice. All payments not received within thirty (30) days from the invoice date will be subject to a \$29.00 late penalty and a 1.5% per month carrying charge, as well as any reasonable attorney's fees, and all collection and court costs incurred by Contractor in collection of unpaid debt(s). Contractor may terminate contract at any time for nonpayment for services. Any check returned to Contractor for any reason will be assessed a \$30.00 return check fee.

XV. Application or Transfer of Payment: The fees paid for this Agreement may transfer to the subsequent property owner(s); however this Agreement is not transferable. Customer will advise subsequent property owner(s) of the State requirement that they sign a replacement Agreement authorizing Contractor to perform the herein described Services, and accepting Customer's Responsibilities. This replacement Agreement must be signed and received in Contractor's office within ten (10) business days of date of transfer of property ownership. Contractor will apply all funds received from Customer first to any past due obligation arising from this Agreement including late fees or penalties, return check fees, and/or charges for services or repairs not paid within thirty (30) days of invoice date. Any remaining monies shall be applied to the funding of the replacement Agreement. The consumption of funds in this manner may cause a reduction in the termination date of effective coverage per this Agreement. See Section IV.

XVI. Entire Agreement: This Agreement contains the entire Agreement of the parties and there are no other conditions in any other Agreement, oral or written.

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


 Jeff Jay, JAJ Construction Services, LLC
 MP0001423


 Customer Signature

7/3/13
 Date

1 copy JAJ Construction Services, LLC

1 copy Customer

1 copy Regulatory Authority

BULLVERDE HILL UNIT 4 Block 21 LOT 2

PAGE 2 of 2

OSSF/FLOOD PLAIN DEVELOPMENT
APPLICATION CHECKLIST

Staff will complete shaded items

Date Received

Initials

Permit Number

93747

RECEIVED

NOV 09 2011

COUNTY ENGINEER

Instructions:

Place a check mark next to all items that apply. For items that do not apply, place "N/A". This OSSF Permit Application Completion Form must accompany 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
- ☒ Surface Application/Aerobic Treatment System
- ☒ N/A Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public

Floodplain Development Permit

- ☒ MA Completed Application
- ☒ Boundary Map Indicating Location of Proposed Improvements
- ☒ Copy of Recorded Deed
- ☐ Required Permit Fee

☐ COMPLETE APPLICATION☐ INCOMPLETE APPLICATION
(Missing Items Circled, Application Refused)

Comal County OSSF Inspection Sheet

Permit#: 93747 Location: 30240 Cougar Bend BURKE
 Installer Name: JU (if more than one installer is used list them according to inspection)
 1st Inspection: 8/13/35 2nd Inspection: 5/1/35 Final Inspection: 5/1/35
 (inspector initials & date) (inspector initials & date) (inspector initials & date)
 Are additional inspections required: _____

Re-inspection fee owed: _____ Re-inspection fee paid: _____

Existing soil conditions:

Site/soil conditions match soil evaluation: _____ Notes: _____

System Description:

Aerobic with spray: _____ Aerobic with drip emitters: _____ Low Pressure Dosing: _____ Absorptive drainfield: _____
 Evapotranspirative (ET) system: _____ Gravel-less drainfield piping: _____ Leaching chambers: _____
 Soil substitution drainfield: _____ other: _____

Tank Inspection:

Tank set level & watertight: _____ Inlet/Outlet: _____ Tank Size or GPD: 500 Manuf./Brand: MURPHY
 Model#: _____ Pump Tank Size: _____ Alarms/Audible & Visual: _____ Operational: _____
 Is timer required/provided?: _____ Chlorination required/provided?: _____
 Notes: _____

Maintenance Tag for Aerobic: (JAJ)

System installation:

Pipe check/house to tank: _____ Clean-out at structure/every 50 ft./@90's: _____ Pipe check/tank to drainfield: _____
 (1/8"-ft., SDR 26 or Sch. 40)
 Trenches/Excavations: Width/Depth: _____ Trenches/Excavations Level: _____ Pipe & Gravel: _____
 Slope within drainfield/spray area: _____ Leaching Chambers: _____ GeoTex: _____
 Spray irrigation purple pipe: _____ Spray irrigation area checked: _____
 Notes: _____

Separation Distances

Prop. Lines: _____ Water lines: _____ Water Wells: _____ Bldgs/Driveway/Improvements: _____ Creeks/Rivers/Ponds: _____
 Drainage Easements/Sharp Slopes: _____ If over Recharge Zone check for recharge features: _____ Are there water
 lines crossing tightlines/or within 10 feet of system?: _____ Have they been properly sleeved: _____ Are there sewer
 lines crossing under driveways, sidewalks, or within 5 ft. of surface improvements: _____ Have the sewer lines been
 properly sleeved?: _____
 Notes: _____

Final Inspection:

Tank(s) Backfilled: _____
 System Backfilled: _____ ET Systems Class II backfill & vegetative cover for transpiration in place: _____
 Surface application area properly landscaped/vegetation acceptable: _____
 Notes: _____

Size of Installed Drainfield/Spray Area: _____

_____ Check here to confirm that service agreement has been received, entered and activated in CASST.

OSSF PERMIT INFORMATION SHEET

Date of Permit Application	Permit Number	Date of OSSF Approval	Date of Flood Plain Approval
11/9/11	93747	7-12-13	NA

LOCATION: Bulverde Hills U.4 L.2 B.21

IF A FLOOD PLAIN PERMIT IS NOT RECEIVED GIVE REASON:

Property is located in the City of Bulverde

IS A BUILDING PERMIT REQUIRED? Yes RECEIVED? 7/12/13

PRELIMINARY INSPECTION DATE IF APPLICABLE: _____

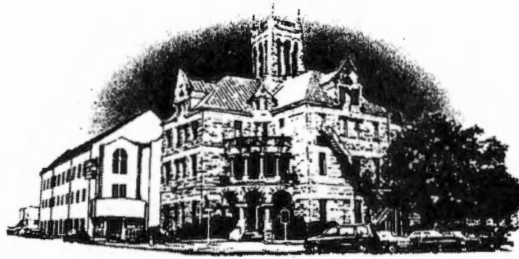
PLANNING MATERIALS REVIEWED BY: TRD

LIST DEFICIENCIES IN PLANNING MATERIALS THAT DO NOT MEET TCEQ RULES/CHECK OFF WHEN APPROVED: _____

- ✓ 1- Indicate why 40 gpd per fireman instead of 60 gpd. per fireman.
- 2- Signature needed on design. ^{1st page of} (if existing)
- 3- Bldg permit from Bulverde ^{or letter} indicating one is not required.

INSPECTOR COPY

NOTES TO INSPECTOR



Comal County

OFFICE OF COMAL COUNTY ENGINEER

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

Permit Number: 93747
Issued This Date: 07/12/2013
This permit is hereby given to: Comal County Emergency Service District #5

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

30240 COUGAR BEND
BULVERDE, TX 78163

Subdivision: Bulverde Hills
Unit: 4
Lot: 2
Block: 21
Acreage:

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 OFFICE OF ENVIRONMENTAL HEALTH

REVISED

8:01 am, Aug 12, 2011

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATEDate September 30, 2011

Permit #

93747

Owner Name COMAL COUNTY - EMERGENCY SERVICE DISTRICT #5Agent Name GREG W. JOHNSON, P.E. - 67587 *Mailing Address 30240 COUGAR BENDAgent Address 170 HOLLOW OAK *City, State, Zip BULVERDE, TEXAS 78163City, State, Zip NEW BRAUNFELS, TEXAS 78132 *Phone # (830) 317-1717Phone # (830) 905-2778 *All correspondence should be sent to: ☐ Owner ☒ Agent ☐ BothSubdivision Name BULVERDE HILLSUnit 4 Lot 2 Block 21

Acreage/Legal

Street Name/Address 30240 COUGAR BEND City BULVERDE ZipIs 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.

Type of Development: Sites generating more than 5000 gallons per day are required to obtain permitting through the Texas Commission on Environmental Quality.

☐ Single Family Residential Type of Construction (House, Mobile, RV, Etc.)

of Bedrooms Indicate SqFt of Living Area Gallons Per Day (As Per TCEQ Table 111)

☒ Commercial Type of Facility EMERGENCY SERVICE DISTRICT #5 Gallons Per Day (As Per TCEQ Table 111) 8, + 280Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants 2 OFFICE WORKERS @ 4 GPD + 7 FIREMEN @ 40 GPD

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

Source of Water ☒ Public ☐ Private WellPlanning Materials & Site Evaluation as Required Completed By GREG W. JOHNSON, P.E. - 67587-F2585 *System Description PROPRIETARY AEROBIC SPRAY

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

Tank Size(s) (Gallons) 1500 GAL. THREE COMP. SEPTIC TANK WITH DUAL PUMPS Absorption/Application Area (SqFt) 4580 'sfAre Water Saving Devices Being Utilized Within the Residence? ☒ Yes ☐ No

I certify that the completed application and all additional information submitted does not contain any false information and does not conceal any material facts. 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 also understand that a permit of authorization to construct will not be issued until the floodplain administrator has approved and released the development permit for this property.

Signature of Owner M. J. Martin, Director, CCESD5

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

RECEIVED

JUL 15 2013

COUNTY ENGINEER

AFFIDAVIT

THE COUNTY OF COMAL
STATE OF TEXAS

201306029702 07/15/2013 12:23:31 PM 1/1

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

#93747

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.

I

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the 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 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):

4 UNIT/PHASE/SECTION 21 BLOCK 2 LOT BULVERDE HILLS SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY _____

COMAL COUNTY, TEXAS - EMERGENCY SERVICES
DISTRICT #5

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

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

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

WITNESS BY HAND(S) ON THIS 12 DAY OF JULY, 20 13

X

DUSTIN BEAUDOIN

Owner(s) signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 12th DAY OF JULY, 20 13

Judy Sisk Millspaugh
Notary Public, State of Texas

Notary's Printed Name: Judy Sisk Millspaugh

My Commission Expires: 9-14-13



Filed and Recorded
Official Public Records
Joy Streater, County Clerk
Comal County, Texas
07/15/2013 12:23:31 PM
KATHY 1 Page(s)
201306029702



Joy Streater

OSSF SOIL EVALUATION REPORT INFORMATIONDate: July 12, 2013**Applicant Information:**

Name: Comal County, Texas, Emergency Services District #5
 Address: 30240 Cougar Bend
 City: Bulverde State: TEXAS
 Zip Code: 78163 Phone: 830-317-1717

Site Evaluator Information:

Name: Greg W. Johnson, P.E., R.S., S.E. 11561
 Address: 170 Hollow Oak
 City: New Braunfels State: Texas
 Zip Code: 78132 Phone & Fax (830)905-2778

Property Location:

Lot 2 Unit 4 Blk 21 Subd. Bulverde Hills
 Street Address: 30240 Cougar Bend
 City: Bulverde Zip Code: 78163
 Additional Info.: _____

Installer Information:

Name: _____
 Company: _____
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone _____

Topography: Slope within proposed disposal area: 1 %

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

Design Calculations for Aerobic Treatment with Spray Irrigation:**Commercial**Q = 288 GPD 2 office @4 gpd & 7 fireman @ 40 gpdResidential Water conserving fixtures to be utilized? Yes X No _____

Number of Bedrooms the septic system is sized for: _____ Total sq. ft. living area _____

Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction for water conserving fixtures)

Q = (_____ +1)*75-(20%)= 288

Trash Tank Size _____ Gal.

TCEQ Approved Aerobic Plant Size 600 G.P.D.Req'd Application Area = Q/Ri = 288 / 0.064 = 4500 sq. ft.Application Area Utilized = 4580 sq. ft.Pump Requirement 12 Gpm @ 41 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)Dosing Cycle: _____ ON DEMAND or X TIMED TO DOSE IN PREDAWN HOURSPump Tank Size = 753 Gal. 14.5 Gal/inch.Reserve Requirement = 96 Gal. 1/3 day flow.

Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction

With Chlorinator

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.

I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER
 AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40
 (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY
 (EFFECTIVE SEPTEMBER 11,2008)


 GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

07/12/2013
 DATE


ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

93747

Date Soil Survey Performed: September 29, 2011

Site Location: BULVERDE HILLS, UNIT 4, BLOCK 21, LOT 2

Proposed Excavation Depth: 18"

RECEIVED

NOV 09 2011

COUNTY ENGINEER

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.

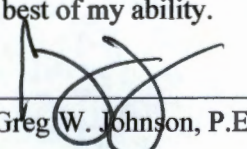
For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

SOIL BORING NUMBER <u>1</u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	IV	CLAY	N/A	NONE OBSERVED	LIMESTONE @ 42"	BROWN TAN
1						
2						
3						
4						
5	III	SILTY LOAM				

SOIL BORING NUMBER <u>2</u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	SAME		AS		ABOVE	
1						
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.


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

Date

09/29/2011

OSSF SOIL EVALUATION REPORT INFORMATION

93747

Date: September 30, 2011

Applicant Information:

Name: COMAL COUNTY - EMERGENCY SERVICE DISTRICT #5
Address: 30240 COUGAR BEND
City: BULVERDE State: TEXAS
Zip Code: 78163 Phone: (830) 317-1717

Site Evaluator Information:

Name: Greg W. Johnson, P.E., R.S., S.E. 11561
Address: 170 Hollow Oak
City: New Braunfels State: Texas
Zip Code: 78132 Phone & Fax (830)905-2778

Property Location:

Lot 2 Unit 4 Blk 21 Subd. BULVERDE HILLS, UNIT 4, BLOCK 21, LOT 2
Street Address: 30240 COUGAR BEND
City: BULVERDE Zip Code: 78163
Additional Info.: _____

Installer Information:

Name: _____
Company: _____
Address: _____
City: _____ State: _____
Zip Code: _____ Phone _____

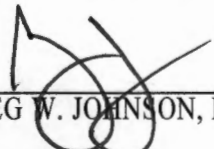
Topography: Slope within proposed disposal area: 1 %
Presence of 100 yr. Flood Zone: YES _____ NO X
Existing or proposed water well in nearby area. YES _____ NO X
Presence of adjacent ponds, streams, water impoundments YES _____ NO X
Presence of upper water shed YES _____ NO X
Organized sewage service available to lot YES _____ NO X

RECEIVED

NOV 09 2011

COUNTY ENGINEER

I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY (EFFECTIVE SEPTEMBER 11, 2008).


GREG W. JOHNSON, P.E. 67587 - S.E. 11561

09/30/2011
DATE

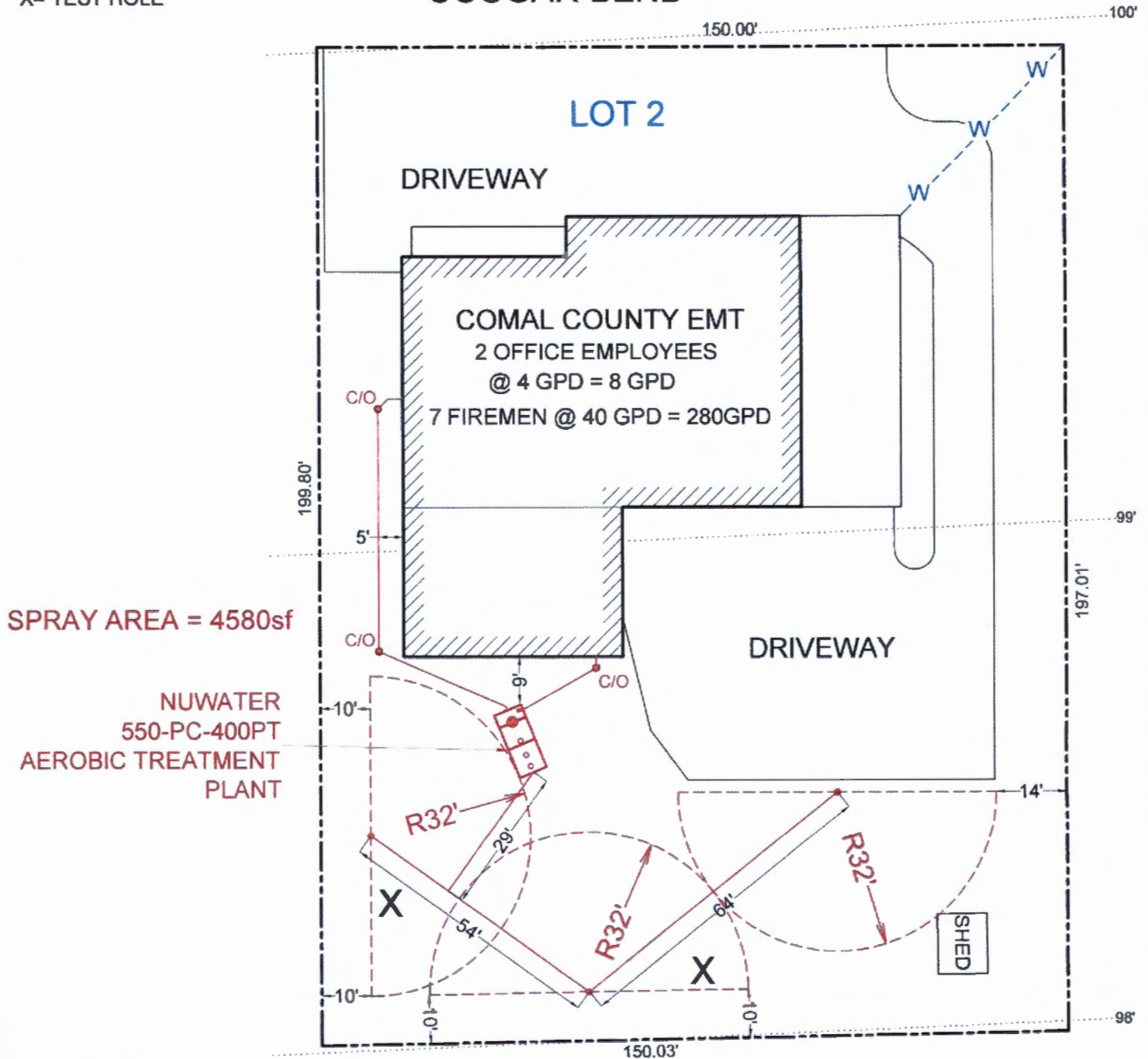


REVISED

8:01 am, Aug 12, 2013

*USE TWO WAY
CLEAN OUTS
**USE SCH-40 OR
SDR-26 TO TANK

X= TEST HOLE

COUGAR BEND

OWNER: COMAL COUNTY - EMERGENCY SERVICE DISTRICT #5				DRAWN BY:	
STREET ADDRESS: 30240 COUGAR BEND					
LEGAL DESC: BULVERDE HILLS			UNIT/SECTION: 4	BLOCK: 21	LOT: 2
PREPARED BY: GREG W. JOHNSON, P.E. F#002585		SCALE: 1"=30'	DATE: 9/30/2011		REVISED: 7/1/2013

REVISED

12:57 pm, Jul 12, 2013

RECEIVED

By rabbjr at 12:56 pm, Jul 12, 2013

TANK NOTES:

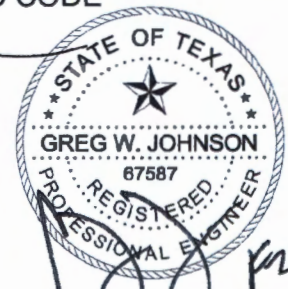
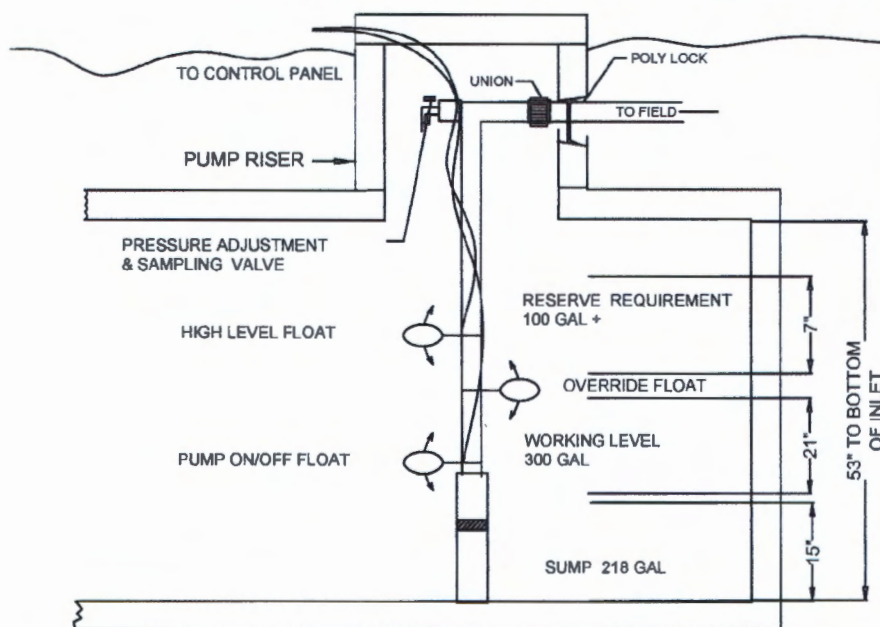
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

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

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

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



Handwritten: 1/10/2013
Handwritten: FWSB

**TYPICAL PUMP TANK CONFIGURATION
NU-WATER 550PC -400PT 768 GAL PUMP TANK**

93747



CITY OF BULVERDE

RELEASE FOR SEPTIC

RECEIVED

JUL 12 2013

ER

**Comal County Environmental Health
195 David Jonas Drive
New Braunfels, Texas 78132**

Date: 7-12-13

Attn: BRENDA

Fax: 830-608-2078

**RE: 30240 COUGAR BEND
COMAL COUNTY – EMERGENCY SERVICES DISTRICT #5**

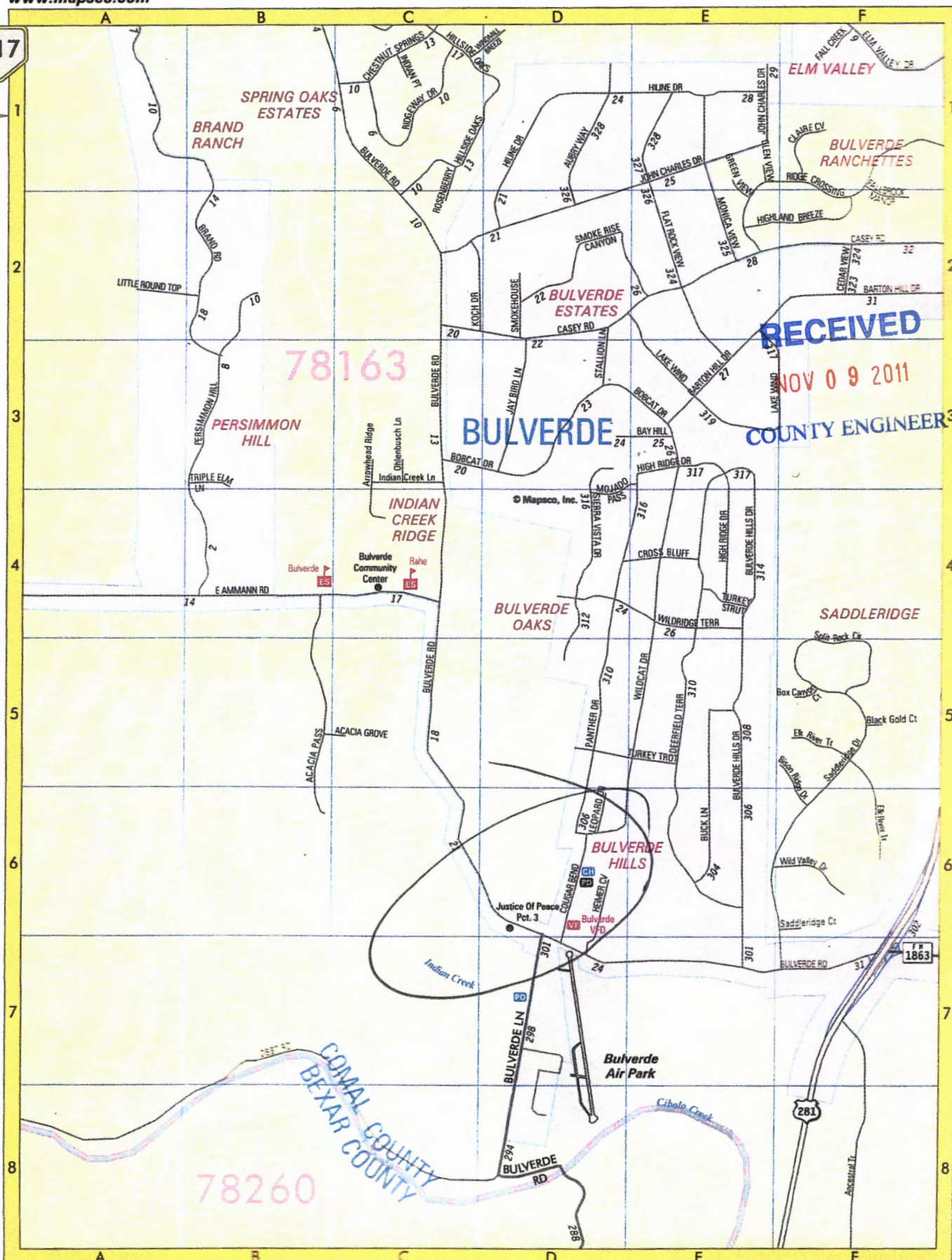
The above property located at 30240 COUGAR BEND does not need a building permit to repair and/or replace the septic system provided no auxiliary buildings (other than the residence) are connected into the system.

Sincerely,

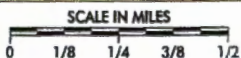
Dranda Dennis

**Dranda Dennis
City of Bulverde**

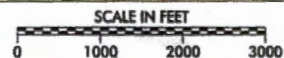
417



CONTINUED ON MAP 416



CONTINUED IN SAN ANTONIO MAPSCO ON MAP 451



Ritzen, Brenda

From: Ritzen, Brenda
Sent: Wednesday, November 23, 2011 11:03 AM
To: 'Greg Johnson'
Subject: Permit 93747

Re: Comal County Emergency Services District #5
Bulverde Hills Unit 4 Lot 2 Block 21

Dear Greg,

The following information is still needed for the referenced permit submittal:

1. Submit a copy of the approved building permit from the City of Bulverde.

Thank you for your attention in this matter.

Ritzen, Brenda

From: Greg Johnson [REDACTED]
Sent: Friday, July 12, 2013 12:32 PM
To: Ritzen, Brenda
Subject: 30240 Cougar Bend - Comal County Texas, ESD#5 #93747
Attachments: 30240 COUGAR BEND - CC- ESD#5 #93747.pdf

The fire department desire to install a spray system.

Attached is the revision.

The affidavit is being recorded and the Bulverde approval is in process.

Thanks,

Greg

Send for Greg W. Johnson, P.E., R.S.)
170 Hollow Oak
New Braunfels, TX 78130

Office/Fax (830) 905-2778

Email: [REDACTED]

Ritzen, Brenda

From: Ritzen, Brenda
Sent: Friday, July 12, 2013 1:04 PM
To: 'Greg Johnson'
Subject: RE: 30240 Cougar Bend - Comal County Texas, ESD#5 #93747
Attachments: Permit 93747.pdf

Greg,

I received a copy of the approval from the City of Bulverde this morning so I issued the Permit to Construct. We will await a copy of the recorded Affidavit to the Public before this revision will be approved.

Thank you,

Brenda Ritzen, OS0007722
Environmental Health Coordinator
Comal County Engineers Office
195 David Jonas Drive
New Braunfels, Texas 78132
830-608-2090
www.cceo.org

From: Greg Johnson [REDACTED]
Sent: Friday, July 12, 2013 12:32 PM
To: Ritzen, Brenda
Subject: 30240 Cougar Bend - Comal County Texas, ESD#5 #93747

The fire department desire to install a spray system.

Attached is the revision.

The affidavit is being recorded and the Bulverde approval is in process.

Thanks,

Greg

Send for Greg W. Johnson, P.E., R.S.)
170 Hollow Oak
New Braunfels, TX 78130

Office/Fax (830) 905-2778

Email: [REDACTED]

Ritzen, Brenda

From: Greg Johnson [REDACTED]
Sent: Wednesday, November 23, 2011 6:32 AM
To: Ritzen, Brenda
Subject: Re: Permit 93747
Attachments: 30240 Cougar Bend #93747.pdf

RECEIVED
NOV 23 2011
COUNTY ENGINEER

Attached is the design specs with page numbering.

I believe a construction site, RV park, boarding school volume of 40 gpd, more accurately describes the wastewater than a hotel/motel bed.

Thanks,

Greg

Send for Greg W. Johnson, P.E., R.S.)
170 Hollow Oak
New Braunfels, TX 78130

Office/Fax (830) 905-2778

Email: [REDACTED]

From: "Ritzen, Brenda" [REDACTED]
To: [REDACTED]
Sent: Friday, November 18, 2011 4:22 PM
Subject: Permit 93747

Re: Comal County Emergency Services District #5
Bulverde Hills Unit 4 Lot 2 Block 21

Dear Greg,

The following information is needed before the permit to construct for the referenced permit submittal can be issued:

1. Indicate why 40 gpd per fireman was used instead of 60 gpd per fireman.
2. Signature needed on 1st page of design specs.
3. Submit a copy of the approved building permit from the City of Bulverde, or a release for septic letter from the City if existing construction.

Thank you,

Brenda Ritzen
Environmental Health Coordinator
Comal County Engineers Office
195 David Jonas Drive
New Braunfels, Texas 78132-3706
830-608-2090
www.cceo.org

REVISED

12:56 pm, Jul 12, 2013

RECEIVED

By rabbjr at 12:56 pm, Jul 12, 2013

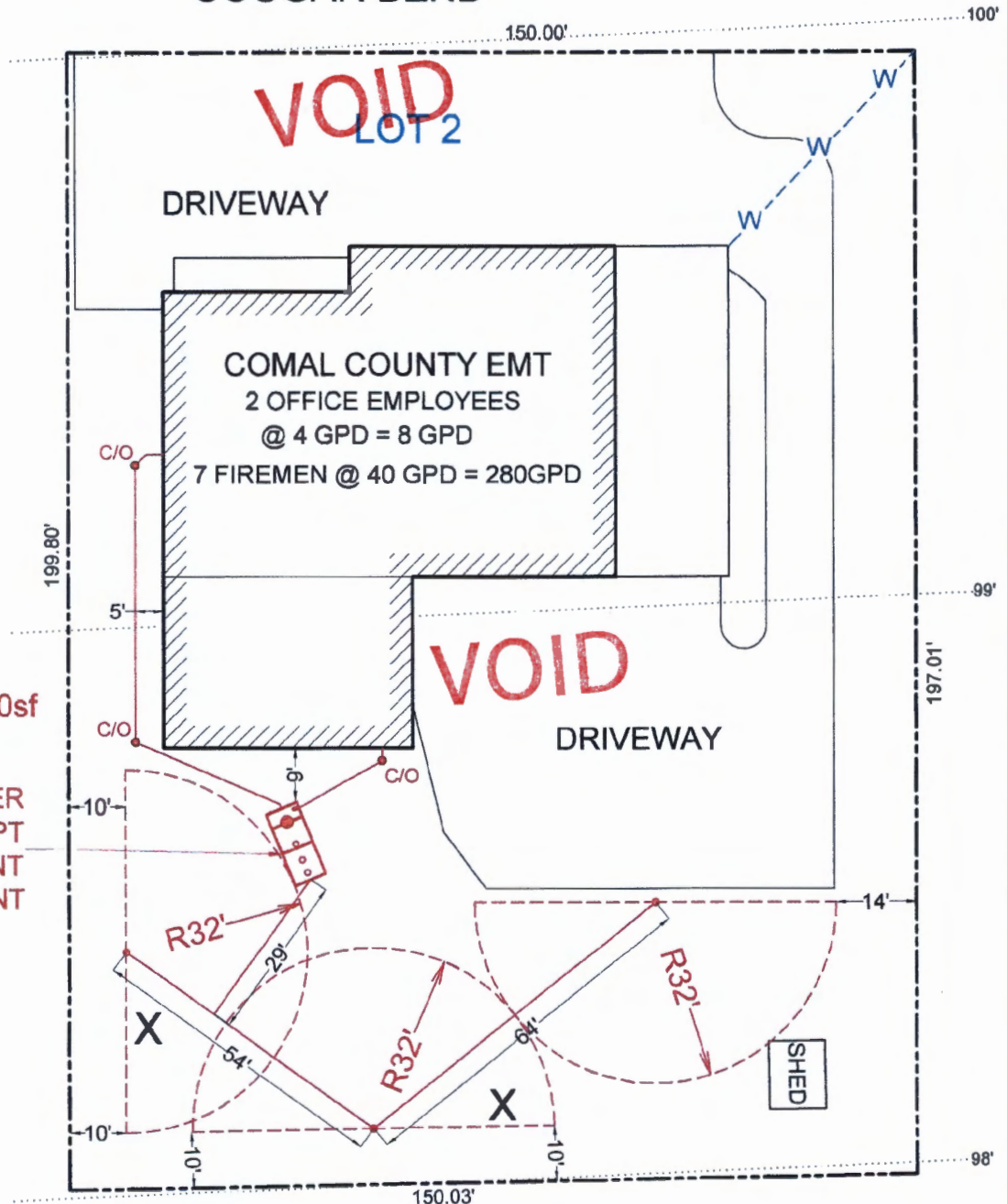
*USE TWO WAY
CLEAN OUTS
**USE SCH-40 OR
SDR-26 TO TANK

X= TEST HOLE

COUGAR BEND

SPRAY AREA = 4580sf

NUWATER
550-PC-400PT
AEROBIC TREATMENT
PLANT



OWNER:	COMAL COUNTY - EMERGENCY SERVICE DISTRICT #5				DRAWN BY:
STREET ADDRESS:	30240 COUGAR BEND				
LEGAL DESC:	BULVERDE HILLS	UNIT/SECTION:	4	BLOCK:	21
				LOT:	2
PREPARED BY:	GREG W. JOHNSON, P.E. F#002585	SCALE:	1"=30'	DATE:	9/30/2011
				REVISED:	7/1/2013

REVISED

12:56 pm, Jul 12, 2013

RECEIVED

By rabbjr at 12:56 pm, Jul 12, 2013

OSSF SOIL EVALUATION REPORT INFORMATIONDate: July 12, 2013**Applicant Information:**

Name: Comal County, Texas, Emergency Services District #5
 Address: 30240 Cougar Bend
 City: Bulverde State: TEXAS
 Zip Code: 78163 Phone: 830-317-1717

Site Evaluator Information:

Name: Greg W. Johnson, P.E., R.S., S.E. 11561
 Address: 170 Hollow Oak
 City: New Braunfels State: Texas
 Zip Code: 78132 Phone & Fax (830)905-2778

Property Location:

Lot 2 Unit 4 Blk 21 Subd. Bulverde Hills
 Street Address: 30240 Cougar Bend
 City: Bulverde Zip Code: 78163
 Additional Info.: _____

Installer Information:

Name: _____
 Company: _____
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone _____

Topography: Slope within proposed disposal area: 1 %Presence of 100 yr. Flood Zone: YES _____ NO XExisting or proposed water well in nearby area. YES _____ NO XPresence of adjacent ponds, streams, water impoundments YES _____ NO XPresence of upper water shed YES _____ NO XOrganized sewage service available to lot YES _____ NO X**VOID****Design Calculations for Aerobic Treatment with Spray Irrigation:****Commercial**Q = 288 GPD 2 office @4 gpd & 7 fireman @ 40 gpd**Residential** Water conserving fixtures to be utilized? Yes X No _____

Number of Bedrooms the septic system is sized for: _____ Total sq. ft. living area _____

Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction for water conserving fixtures)

Q = (____ +1)*75-(20%)= 288

Trash Tank Size _____ Gal.

TCEQ Approved Aerobic Plant Size 600 G.P.D.Req'd Application Area = Q/Ri = 288 / 0.064 = 4500 sq. ft.Application Area Utilized = 4580 sq. ft.Pump Requirement 12 Gpm @ 41 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)Dosing Cycle: _____ ON DEMAND or X TIMED TO DOSE IN PREDAWN HOURSPump Tank Size = 753 Gal. 14.5 Gal/inch.Reserve Requirement = 96 Gal. 1/3 day flow.

Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction

With Chlorinator

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.

I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER
 AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40
 (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY
 (EFFECTIVE SEPTEMBER 11,2008)

GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

07/12/2013
DATE

REVISED

12:56 pm, Jul 12, 2013

COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH

RECEIVED

By rabbjr at 12:55 pm, Jul 12, 2013

APPLICATION FOR PERMIT FOR AUTHORIZATION
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATEDate September 30, 2011

Permit #

93747Owner Name COMAL COUNTY - EMERGENCY SERVICE DISTRICT #5Agent Name GREG W. JOHNSON, P.E. - 67587 *Mailing Address 30240 COUGAR BENDAgent Address 170 HOLLOW OAK *City, State, Zip BULVERDE, TEXAS 78163City, State, Zip NEW BRAUNFELS, TEXAS 78132 *Phone # (830) 317-1717Phone # (830) 905-2778 *All correspondence should be sent to: ☐ Owner ☒ Agent ☐ BothSubdivision Name BULVERDE HILLSUnit 4 Lot 2 Block 21

Acreage/Legal

Street Name/Address 30240 COUGAR BEND City BULVERDE ZipIs 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.

Type of Development: Sites generating more than 5000 gallons per day are required to obtain permitting through the Texas Commission on Environmental Quality.

☐ Single Family Residential Type of Construction (House, Mobile, RV, Etc.)

of Bedrooms Indicate SqFt of Living Area Gallons Per Day (As Per TCEQ Table 111)

☒ Commercial Type of Facility EMERGENCY SERVICE DISTRICT #5 Gallons Per Day (As Per TCEQ Table 111) 8, + 280Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants 2 OFFICE WORKERS @ 4 GPD + 7 FIREMEN @ 40 GPD

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

Source of Water ☒ Public ☐ Private WellPlanning Materials & Site Evaluation as Required Completed By GREG W. JOHNSON, P.E. - 67587-F2585 *System Description PROPRIETARY AEROBIC SPRAW

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

Tank Size(s) (Gallons) 1500 GAL. THREE COMP. SEPTIC TANK WITH DUAL PUMPS Absorption/Application Area (SqFt) 4580 'sfAre Water Saving Devices Being Utilized Within the Residence? ☒ Yes ☐ No

I certify that the completed application and all additional information submitted does not contain any false information and does not conceal any material facts. 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 also understand that a permit of authorization to construct will not be issued until the floodplain administrator has approved and released the development permit for this property.

Signature of Owner Malcolm Martin, Director, CCEJSD5

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

COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH

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

Date September 30, 2011

93747
Permit # _____

Owner Name COMAL COUNTY - EMERGENCY SERVICE DISTRICT #5

Agent Name GREG W. JOHNSON, P.E. - 67587 *

Mailing Address 30240 COUGAR BEND

Agent Address 170 HOLLOW OAK *

City, State, Zip BULVERDE, TEXAS 78163

City, State, Zip NEW BRAUNFELS, TEXAS 78132 *

Phone # (830) 317-1717

Phone # (830) 905-2778 * **RECEIVED**

NOV 09 2011

COUNTY ENGINEER

All correspondence should be sent to: ☐ Owner ☒ Agent ☐ Both

Subdivision Name BULVERDE HILLS

Unit 4 Lot 2 Block 21

Acreage/Legal _____

Street Name/Address 30240 COUGAR BEND City BULVERDE Zip 78163

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.

Type of Development: Sites generating more than 5000 gallons per day are required to obtain permitting through the Texas Commission on Environmental Quality.

☐ Single Family Residential Type of Construction (House, Mobile, RV, Etc.) _____

of Bedrooms Indicate SqFt of Living Area _____ Gallons Per Day (As Per TCEQ Table 111) _____

☒ Commercial Type of Facility EMERGENCY SERVICE DISTRICT #5 Gallons Per Day (As Per TCEQ Table 111) 24 + 280

Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants 2 OFFICE WORKERS @ 12 GPD + 7 FIREMEN @ 40 GPD

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 _____

Source of Water ☒ Public ☐ Private Well

Planning Materials & Site Evaluation as Required Completed By GREG W. JOHNSON, P.E. - 67587-F2585 *

System Description NON-STANDARD; SEPTIC TANK AND LOW PRESSURE DOSING

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

Tank Size(s) (Gallons) 1500 GAL. THREE COMP. SEPTIC TANK WITH DUAL PUMPS Absorption/Application Area (SqFt) 3042sf

Are Water Saving Devices Being Utilized Within the Residence? ☒ Yes ☐ No

I certify that the completed application and all additional information submitted does not contain any false information and does not conceal any material facts. 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 also understand that a permit of authorization to construct will not be issued until the floodplain administrator has approved and released the development permit for this property.

Molly Martin, Director CCESD5
Signature of Owner

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

VOID

LOW PRESSURE PIPE SYSTEM
COMAL COUNTY - EMERGENCY SERVICE DISTRICT #5
30240 COUGAR BEND
BULVERDE, TEXAS 78163

RECEIVED
NOV 23 2011
COUNTY ENGINEER

SITE DESCRIPTION:

Located in Bulverde Hills Unit 4, Lot 2, Block 21 at 30240 Cougar Bend, the proposed system will serve a firestation with 2 office workers and 7 fireman. The building is situated in an area with Type IV soil as described in the attached Soil Evaluation Report and slopes approximately one percent (1%). The property has native grasses. A low pressure dosing system was chosen as the most appropriate system to serve these conditions.

PROPOSED SYSTEM:

A 3 inch SCH-40 pipe discharges from the building into a 1500 gallon three compartment with the first two compartment being a 1000 gallon septic tank with standard inlet and outlet flow tees, flow continues to a 500 gallon pump tank containing two submersible effluent pumps activated by a mercury float switch. A high level audible and visual alarm will activate should the pumps fail. Distribution is through a 2" SCH-40 manifold to a field with 1" SCH-40 perforated lateral lines spaced ~3' on center as per the attached schematic. A ball valve on the manifold at the pump tank will regulate field head pressure. Trench width is 6"-12" and depth should be 14-22" with 12" of gravel with a minimum of 8" of gravel below the distribution pipe. Gravel size should be 3/8" to 1" or pea gravel. A clay dam should be added in each trench at the manifold and another twenty feet from the manifold to prevent movement of effluent within the field. A geotextile fabric is required between the gravel and sandy loam cap. Cap field with four inches of loamy soil (Type II or III). The field area must be seeded with grass or heavily seeded to prevent erosion and to maximize transpiration.

DESIGN SPECIFICATIONS:

Daily waste flow:= 2 office @ 12 gpd + 7 fireman @ 40 gpd=304 gpd Table III Chapter 285
Septic tank size: 1000 gal 2 Compartment Septic Tank (First 2 compartments of 1500 gal)
Pump tank size: 500 Gal (final compartment of 1500 gal 3 compartment tank)
Reserve capacity after High Level: 102 gal. (1/3 day usage)
Application Rate: 10 sf/gal
Total absorption area: 3040 sf. $A=Q/Ra=(304 \text{ gpd}/0.1)$ (Actual 3042 sf).
Total length of manifold: 70' of 2" SCH-40
Total linear feet in laterals: 1014' of 1" SCH-40 PVC (507' per field)
Number and length of laterals: (26)39' (13 per field)
Manifold Placement: End
Hole size: 5/32" in bottom

VOID

RECEIVED
NOV 23 2011
COUNTY ENGINEER

Hole spacing: 5'

of Holes per field : 91 x 2 fields

Flow Rate per Hole: 0.41 gpm.

Check Valve Required

Elevation Head (pump to end of manifold): 2'

Friction Head: $(F = 1.2 * 2.62 * (70/100)) = 2.2'$

Pressure Head: 2' **Head Setting at top trench**

Total Head: $Th = Eh + Ph + Fh$ $Th = 2' + 2' + 2.2' = 6.2'$

Pump requirement: $(0.41 \text{ gpm} * 91 \text{ holes}) = 37.3 \text{ GPM @ } 6.2' \text{ Head}$

Dosing volume: $V \text{ dose} = V \text{ manifold} + 5(V \text{ laterals})$

$V \text{ dose} = (.162 * 70') + 5(.041 * 507') \times 2 = 230.6 \text{ gal.}$

Pump Tank Calculations: 500 Gal Buchanan Septic Tanks or equivalent. (13.88 gal/in.)

Volume below working level = $8" * 13.88 \text{ gal/in} = 111 \text{ gal}$

Working level = $230.6 \text{ gal} / 13.88 \text{ gal/in} = 17"$

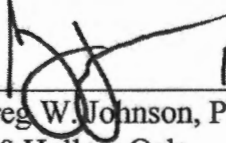
Reserve Requirement = $1/3 \text{ day} \sim 102 \text{ gal./13.88 gal/in.} = 5"$

**Note: All wiring must be in conduit*

PIPE AND FITTINGS:

All pipes and fittings in this pressure dosing system shall be schedule 40 PVC. All joints shall be sealed with approved solvent-type PVC cement. The manifold shall be 2" in diameter and the lateral lines shall be 1" in diameter. Holes of proper size and spacing shall be placed so they face down when installed. Begin holes at half the above listed hole spacing from the manifold. Lateral lines shall be below the level of manifold and turn up with a removable cap below the finished grade. Two submersible pumps capable of providing at least 37.3 GPM @ 6.2' head, such as the Goulds 0.4hp Model 3871 EPO411A, shall be utilized for pumping effluent.

Designed in accordance with Chapter 285, Subchapter D, §285.30, Texas Commission on Environmental Quality (Effective September 11, 2008).

 11/23/2011
Greg W. Johnson, P.E. No. 67587 / F#2585
170 Hollow Oak
New Braunfels, Texas 78132
830/905-2778



INSTALL 3042sf OF
L.P.D. FIELD USING
1014' OF 1" SCH-40
PVC

*USE TWO WAY
CLEAN OUTS
**USE SCH-40 OR
SDR-26 TO TANK

X= TEST HOLE

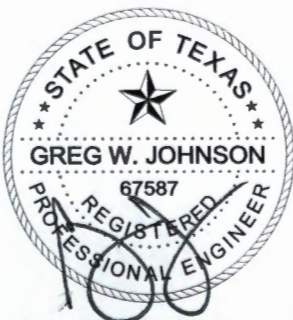
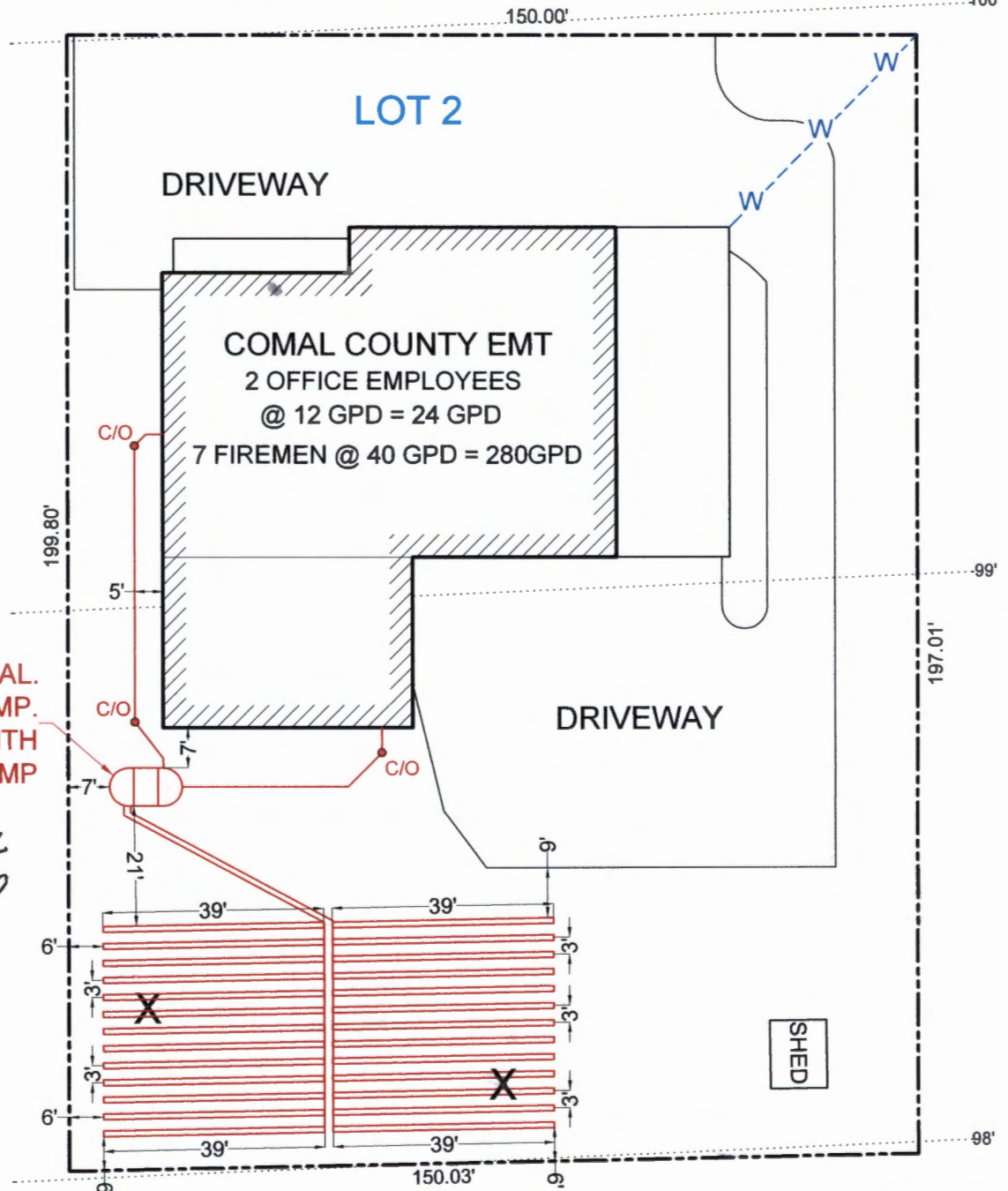
VOID

COUGAR BEND

93747
RECEIVED

NOV 09 2011

COUNTY ENGINEER

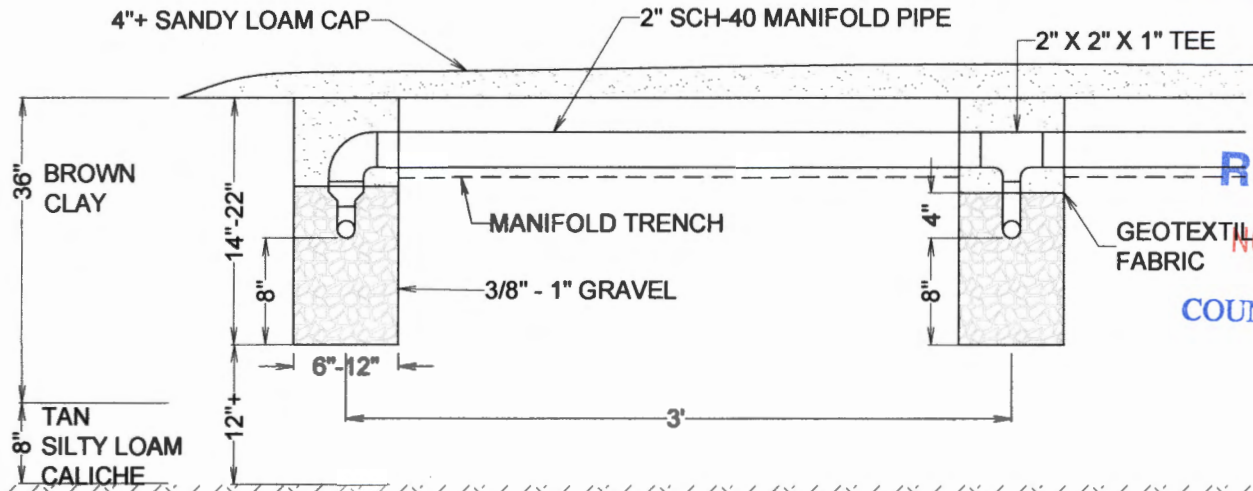
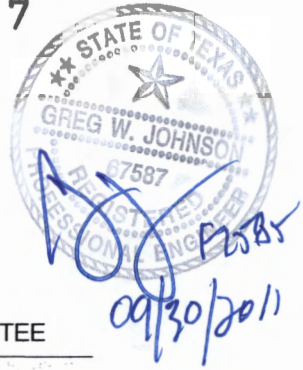


OWNER: COMAL COUNTY - EMERGENCY SERVICE DISTRICT #5		DRAWN BY:	
STREET ADDRESS: 30240 COUGAR BEND			
LEGAL DESC: BULVERDE HILLS	UNIT/SECTION: 4	BLOCK: 21	LOT: 2
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=30'	DATE: 9/30/2011	REVISED:

93747

TRENCH DETAIL

VOID

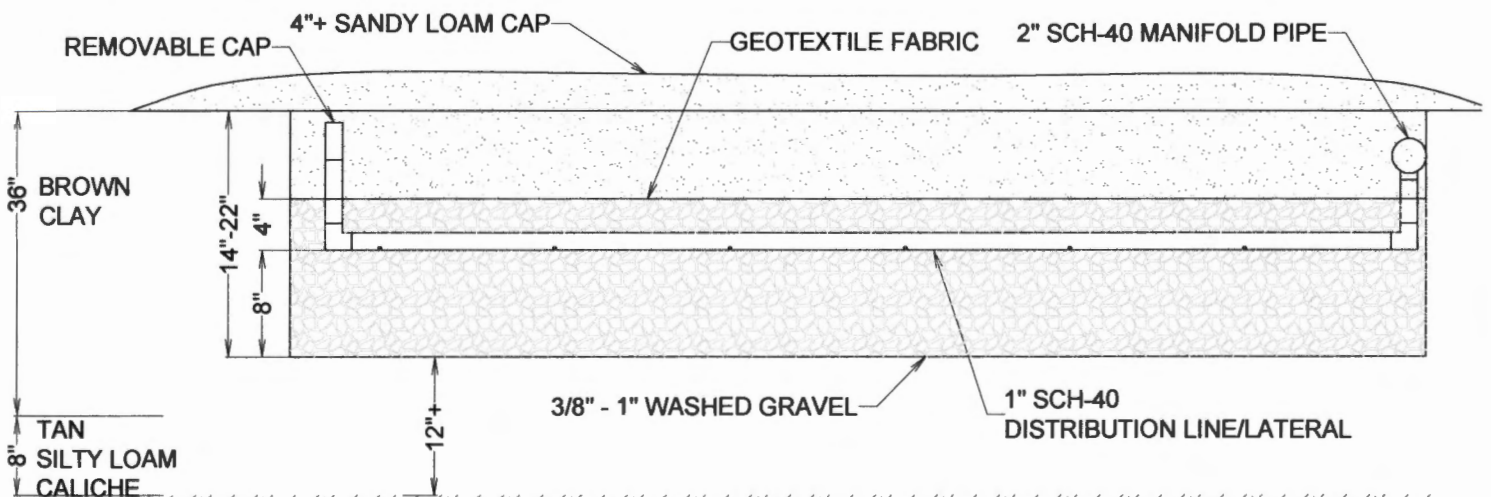


RECEIVED

NOV 09 2011

COUNTY ENGINEER

MASSIVE LIMESTONE



MASSIVE LIMESTONE

VOID

93747

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

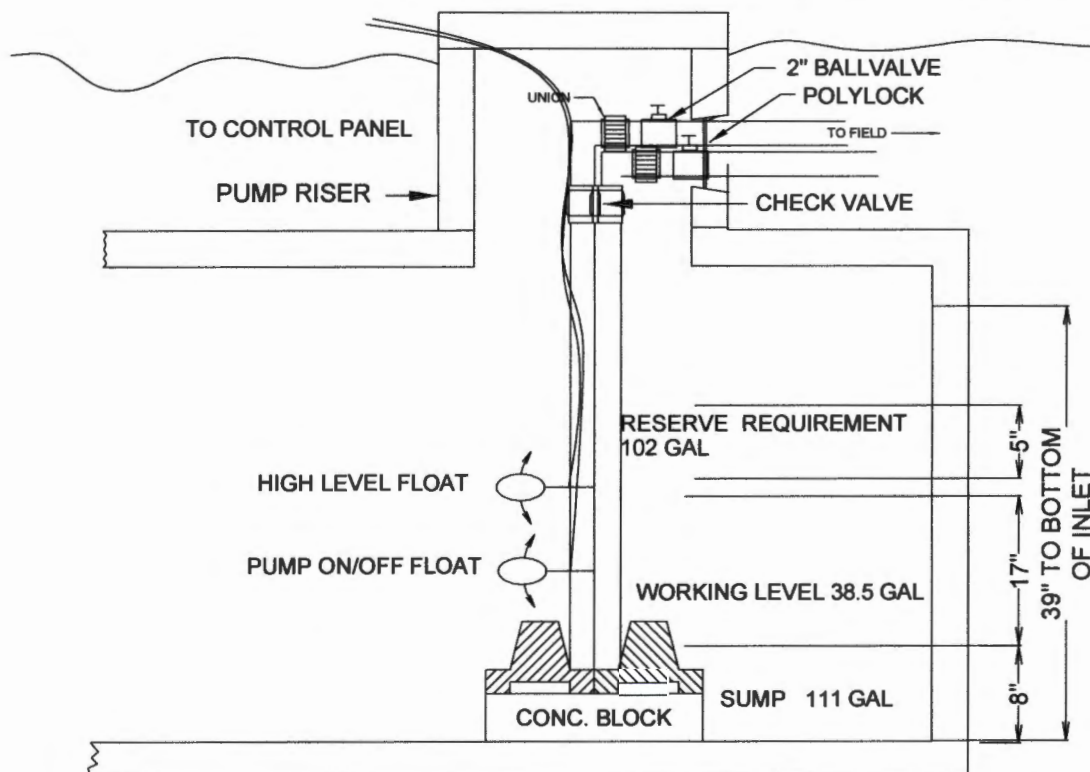
Tanks must be left uncovered and full of water for inspection by the permitting authority.

RECEIVED

NOV 09 2011

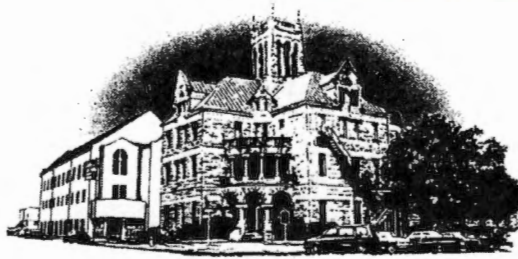
COUNTY ENGINEER

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



TYPICAL PUMP TANK CONFIGURATION
500 GAL BUCHANAN 3RD COMP. OF 1500 GAL 3 COMP.

VOID



Comal County

OFFICE OF COMAL COUNTY ENGINEER

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

Permit Number: 93747

Issued This Date: 07/12/2013

This permit is hereby given to: Comal County Emergency Service District #5

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

30240 COUGAR BEND
BULVERDE, TX 78163

Subdivision: Bulverde Hills

Unit: 4

Lot: 2

Block: 21

Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Septic Tank
Low Pressure Dosing

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.

LOW PRESSURE PIPE SYSTEM
COMAL COUNTY - EMERGENCY SERVICE DISTRICT #5
30240 COUGAR BEND
BULVERDE, TEXAS 78163

RECEIVED

NOV 09 2011

COUNTY ENGINEER

SITE DESCRIPTION:

Located in Bulverde Hills Unit 4, Lot 2, Block 21 at 30240 Cougar Bend, the proposed system will serve a firestation with 2 office workers and 7 fireman. The building is situated in an area with Type IV soil as described in the attached Soil Evaluation Report and slopes approximately one percent (1%). The property has native grasses. A low pressure dosing system was chosen as the most appropriate system to serve these conditions.

PROPOSED SYSTEM:

A 3 inch SCH-40 pipe discharges from the building into a 1500 gallon three compartment with the first two compartment being a 1000 gallon septic tank with standard inlet and outlet flow tees, flow continues to a 500 gallon pump tank containing two submersible effluent pumps activated by a mercury float switch. A high level audible and visual alarm will activate should the pumps fail. Distribution is through a 2" SCH-40 manifold to a field with 1" SCH-40 perforated lateral lines spaced ~3' on center as per the attached schematic. A ball valve on the manifold at the pump tank will regulate field head pressure. Trench width is 6"-12" and depth should be 14-22" with 12" of gravel with a minimum of 8" of gravel below the distribution pipe. Gravel size should be 3/8" to 1" or pea gravel. A clay dam should be added in each trench at the manifold and another twenty feet from the manifold to prevent movement of effluent within the field. A geotextile fabric is required between the gravel and sandy loam cap. Cap field with four inches of loamy soil (Type II or III). The field area must be seeded with grass or heavily seeded to prevent erosion and to maximize transpiration.

DESIGN SPECIFICATIONS:

Daily waste flow: = 2 office @ 12 gpd + 7 fireman @ 40 gpd Table III Chapter 285
Septic tank size: 1000 gal 2 Compartment Septic Tank (First 2 compartments of 1500 gal)
Pump tank size: 500 Gal (final compartment of 1500 gal 3 compartment tank)
Reserve capacity after High Level: 102 gal. (1/3 day usage)
Application Rate: 10 sf/gal
Total absorption area: 3040 sf. $A=Q/Ra=(304 \text{ gpd}/0.1)$ (Actual 3042 sf).
Total length of manifold: 70' of 2" SCH-40
Total linear feet in laterals: 1014' of 1" SCH-40 PVC (507' per field)
Number and length of laterals: (26)39' (13 per field)
Manifold Placement: End
Hole size: 5/32" in bottom
Hole spacing: 5'
of Holes per field : 91 x 2 fields

Flow Rate per Hole: 0.41 gpm.

Check Valve Required

Elevation Head (pump to end of manifold): 2'

Friction Head: $(F = 1.2 * 2.62 * (70/100')) = 2.2'$

Pressure Head: 2' **Head Setting at top trench**

Total Head: $Th = Eh + Ph + Fh$ $Th = 2' + 2' + 2.2' = 6.2'$

Pump requirement: $(0.41 \text{ gpm} * 91 \text{ holes}) = 37.3 \text{ GPM @ } 6.2' \text{ Head}$

Dosing volume: $V \text{ dose} = V \text{ manifold} + 5(V \text{ laterals})$

$V \text{ dose} = (.162 * 70') + 5(.041 * 507') \times 2 = 230.6 \text{ gal.}$

Pump Tank Calculations: 500 Gal Buchanan Septic Tanks or equivalent. (13.88 gal/in.)

Volume below working level = $8" * 13.88 \text{ gal/in} = 111 \text{ gal}$

Working level = $230.6 \text{ gal} / 13.88 \text{ gal/in} = 17"$

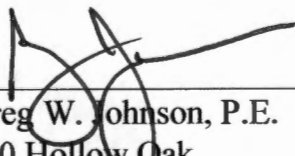
Reserve Requirement = $1/3 \text{ day} \sim 102 \text{ gal.} / 13.88 \text{ gal/in.} = 5"$

****Note: All wiring must be in conduit***

PIPE AND FITTINGS:

All pipes and fittings in this pressure dosing system shall be schedule 40 PVC. All joints shall be sealed with approved solvent-type PVC cement. The manifold shall be 2" in diameter and the lateral lines shall be 1" in diameter. Holes of proper size and spacing shall be placed so they face down when installed. Begin holes at half the above listed hole spacing from the manifold. Lateral lines shall be below the level of manifold and turn up with a removable cap below the finished grade. Two submersible pumps capable of providing at least 37.3 GPM @ 6.2' head, such as the Goulds 0.4hp Model 3871 EPO411A, shall be utilized for pumping effluent.

Designed in accordance with Chapter 285, Subchapter D, §285.30, Texas Commission on Environmental Quality (Effective September 11, 2008).


Greg W. Johnson, P.E. No. 67587 / F#2585
170 Hollow Oak
New Braunfels, Texas 78132
830/905-2778



RECEIVED

NOV 09 2011

COUNTY ENGINEER

93747



201106022613 06/30/2011 01:37:39 PM 1/3

3
C/L

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY AND ALL 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.

RECEIVED

NOV 09 2011

COUNTY ENGINEER

SPECIAL WARRANTY DEED**Date:** January 1, 2011**Grantor:** BULVERDE AREA VOLUNTEER FIRE DEPARTMENT, a Texas Non-Profit Corporation**Grantor's Mailing Address (including county):**30240 Cougar Bend
Bulverde, Comal County, Texas 78163**Grantee:** COMAL COUNTY, TEXAS, EMERGENCY SERVICES DISTRICT NO. 5**Grantee's Mailing Address (including county):**30240 Cougar Bend
Bulverde, Texas 78163**Consideration:**

Ten dollars and other good and valuable consideration.

Property (including any improvements):**Tract 1:**

All that certain tract or parcel of land lying and being situated in Comal County, Texas, being known and designated as Lot 2, Block 21, BULVERDE HILLS, UNIT IV, in Comal County, Texas, according to map or plat recorded in Volume 2, Page 91, Comal County, Texas Map and Plat Records.

Tract 2:

All that certain tract or parcel of land lying and being situated in Comal County, Texas, being known and designated as Lot 727, OAK VILLAGE NORTH UNIT NO. III, a Subdivision in Comal County, Texas, according to map or plat recorded in Volume 3, Pages 83-86, Comal County, Texas Map and Plat Records.

Exceptions to Conveyance and Warranty:

All validly existing easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded and validly existing restrictions, reservations, covenants, conditions, oil and gas leases, mineral and royalty interests outstanding in persons other than Grantor, and other instruments of record, that affect the Property.

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 wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, when the claim is by, through or under Grantor, but not otherwise, except as to the exceptions to conveyance and warranty.

RECEIVED

NOV 09 2011

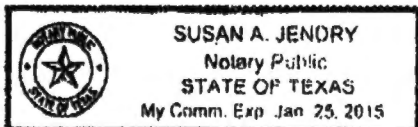
When the context requires, singular nouns and pronouns include the plural.

COUNTY ENGINEER

EXECUTED this 18 day of May, 2011.

GRANTOR:

BULVERDE AREA VOLUNTEER FIRE
DEPARTMENT, a Texas Non-Profit Corporation



By: Steve Jendry
Name: Steve Jendry
Title: President

Aerobic Septic System Inspection Report

To be completed by a representative of:

JAJ Construction Services LLC

Brand

1013 Hwy 46 E
Boerne, TX 78006
Phone: (830) 336-3821
Fax: (830) 336-3841

830-317-1717

Installation Date: 8/6/2013

Under Warranty

Permit Number: 93747

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

1. Required frequency of visits is every 4 months.

Date of inspection visit: 12/2/13

2. System inspected:

Owner: Comal County Fire Dept.

System Name: Primary

Property Address: 30240 Cougar Bend

Serial Num:

City, State, Zip Code: Bulverde, TX 78163

Brand Name: NuWater / Enviro-Flo

Model Num:

inspected by:

Jeff Jay (Signature) RW

Inspected Item

Operational

Inoperative

Not Applicable

Aerators

☒☐☐

Filters

☒☐☐

Irrigation Pumps

☒☐☐

Recirculation Pumps

☐☐☒

Disinfection Device

☒☐☐

Chlorine Supply

☒☐☐

Electrical Circuits

☒☐☐

Distribution System

☒☐☐

Sprayfield Vegetation/Seeding

☒☐☐

Other Item (Specify)

☐☐☐

RECEIVED

MAY 28 2014

COUNTY ENGINEER

3. Repairs to system (list all components replaced):

4. Tests required and results:

Test

Required

Check if YES

Results

mg/l, mpn/100 ml, or trace

Test

Method

BOD (Grab)

☐

TSS (Grab)

☐

Cl₂ (Grab)

☒

Fecal Coliform

☐

Ph or Other

☐

11

DRD

5. Comments:

TANK LIDS ON AND SECURED

Aerobic Septic System Inspection Report

Submitted by:

JAJ Construction Services LLC

1013 Hwy 46 E
Boerne, TX 78006
Phone: (830) 336-3821
Fax: (830) 336-3841
Contact: Jeff Jay

RECEIVED

DEC 11 2014

COUNTY ENGINEER

Installation Date: 8/6/2013

Scheduled Report

Permit Number: 93747

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

1. Required frequency of visits is every 4 months. Date of inspection visit: 11/3/2014

2. System inspected:

Owner: Bulverde Fire Dept

System Name: Primary

Property Address: 30240 Cougar Bend

Serial Num:

City, State, Zip Code: Bulverde, TX 78163

Brand Name: NuWater / Enviro-Flo

Inspected by: Jeff Jay

Model Num:

(Signature)

Inspected Item

Operational

Inoperative

Not Applicable

Aerators



Filters



Irrigation Pumps



Recirculation Pumps



Disinfection Device



Chlorine Supply



Electrical Circuits



Distribution System



Sprayfield Vegetation/Seedir



Other Item (Specify)



3. Repairs to system (list all components replaced):

4. Tests required and results:

Test	Required Check if YES	Results mg/l, mpn/100 ml, or trace	Test Method
BOD (Grab)	<input type="checkbox"/>		
TSS (Grab)	<input type="checkbox"/>		
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	.1	DPD
Fecal Coliform	<input type="checkbox"/>		

5. Comments:

All lids secured

Aerobic Septic System Inspection Report

Submitted by:

JAJ Construction Services LLC

1013 Hwy 46 E
Boerne, TX 78006
Phone: (830) 336-3821
Fax: (830) 336-3841
Contact: Jeff Jay

Installation Date: 8/6/2013

Scheduled Report

Permit Number: 93747

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

1. Required frequency of visits is every 4 months. Date of inspection visit: 1/12/2015

2. System inspected:

Owner: Bulverde Fire Dept

System Name: Primary

Property Address: 30240 Cougar Bend

Serial Num:

City, State., ZipCode: Bulverde, TX 78163

Brand Name: NuWater / Enviro-Flo

Inspected by: Jeff Jay

Model Num:

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disinfection Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine Supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprayfield Vegetation/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Signature)

RECEIVED

FEB 03 2015

COUNTY ENGINEER

3. Repairs to system (list all components replaced):

4. Tests required and results:

Test	Required Check if YES	Results mg/l, mpn/100 ml, or trace	Test Method
BOD (Grab)	<input type="checkbox"/>		
TSS (Grab)	<input type="checkbox"/>		
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	.1	DPD
Fecal Coliform	<input type="checkbox"/>		

5. Comments:

All lids secured

Aerobic Septic System Inspection Report

Submitted by:

JAJ Construction Services LLC

1013 Hwy 46 E
Boerne, TX 78006
Phone: (830) 336-3821
Fax: (830) 336-3841
Contact: Jeff Jay

RECEIVED

MAY 06 2015

COUNTY ENGINEER

Installation Date: 8/6/2013

Scheduled Report

Permit Number: 93747

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

1. Required frequency of visits is every 4 months. Date of inspection visit: 4/21/2015

2. System inspected:

Owner: Bulverde Fire Dept

System Name: Primary

Property Address: 30240 Cougar Bend

Serial Num:

City, State., ZipCode: Bulverde, TX 78163

Brand Name: NuWater / Enviro-Flo

Inspected by: Jeff Jay

Model Num:

(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disinfection Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine Supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprayfield Vegetation/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)		<input type="checkbox"/>	

3. Repairs to system (list all components replaced):

4. Tests required and results:

Test	Required Check if YES	Results mg/l, mpn/100 ml, or trace	Test Method
BOD (Grab)	<input type="checkbox"/>		
TSS (Grab)	<input type="checkbox"/>		
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	.1	DPD
Fecal Coliform	<input type="checkbox"/>		

5. Comments:

All lids secured

Countryside Construction, Inc.
300 Chapman Parkway, Canyon Lake, TX. 78133
Phone: 830-899-2615 or 1-888-379-3721 Fax: 830-899-6662

Septic System Service Agreement

In consideration of payment for this service contract, we will abide by and agree to its terms and conditions:

Name: Bootz & Dollarhide Investments, LLC **Address: 30240 COUGAR BEND**
Sub-Div./County: BULVERDE HILLS – COMAL **BULVERDE, TX. 78163**
Permit #: 93747 SPRAY Model #: NU WATER - 500 Serial #:
Phone: 409-679-3484 (DARRAN DOLLARHIDE)

(X) One Year Service Agreement
(X) Analysis

Legal Description: **LOT 2, BULVERDE HILLS- COMAL**

For **\$295.00 PLUS \$75.00 ANALYSIS**, this non-refundable contract will be in effect
FROM: 01/15/2021 TO: 01/15/2022 and **Countryside Construction, Inc. will provide the following:**

- An inspection every (4) four months which will include: Servicing of the mechanical & electrical components as necessary to insure system is functioning as engineer designed, pulling and cleaning the Norweco Brand aerator shaft, cleaning compressor air filters of other brands, check chlorine, conduct solids test to determine if system should be pumped, back flushing tubing for drip irrigation fields and checking sprinklers on above ground systems.
- 1) **The property owner is responsible for "purchasing and keeping chlorine" in the chlorinator, (if applicable).**
If the chlorine test reveals "No Chlorine" in the system, the property owner may incur an additional cost.
- 2) If any improper operation is observed (which cannot be corrected at that time) the property owner will be notified immediately of the conditions and the estimated cost.
- 3) **ANY PARTS, WARRANTY OR NON-WARRANTY, FREIGHT CHARGES, LABOR OR SERVICE CALLS NOT PAID IN FULL AT THE END OF (30) DAYS SHALL REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND AUTHORIZES CONTRACTOR TO REMOVE AND REPOSSESS ANY PARTS INSTALLED. CLIENT FURTHER AGREES TO PAY ANY LABOR COST OF THE INSTALLATION AND REASONABLE COST OF REMOVAL OF SAID PARTS.**
- 4) **THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZES COUNTRYSIDE CONSTRUCTION TO ENTER THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.**

Countryside Construction, Inc., **will warranty installation** of the septic system to be according to state and county regulations and the designs approved by the county. **HOMEOWNER WILL BE RESPONSIBLE FOR SERVICE CALLS, LABOR AND SHIPPING COSTS ON ANY "WARRANTIED PARTS" EXCHANGED DURING WARRANTY.** All other components will be according to manufacturer's warranties.

Important: As Countryside Construction, Inc. **cannot control what or how much effluent** goes into this septic system, we **cannot warranty** how the system will function. Refer to manufacturers or installer's instructions, for suggestions on septic operation. If necessary, between inspections, it is the property owner's responsibility to clean the micron filters on drip irrigation systems. This service agreement **does not** cover the cost of "**service calls, labor or materials** that are required or **parts out of warranty**, the failure to maintain electrical power to the system, **sprinklers that are broken**, leaking, stopped-up or otherwise mal-functioning; or sewage flows exceeding the hydraulic/organic design capabilities and the input of non-biodegradable materials (solvents, grease, oil, paints, etc.), or any usage contrary to the requirements as advised by authorized service representative. Laboratory test work is available at an additional cost. Chlorine, filters, or parts that are out of warranty are available at a reasonable cost.

This contract **does not** include the **pumping of a tank** or of any **compartment of a tank, or settlement of soil on or around any part of the system regardless of reason:**

Violations of the warranty also include: disconnecting the alarm, restricting ventilation to the aerator, overloading the system above its rated capacity; or flooding by external means. Rodent, insect or fire ant damage or any other form of unusual abuse is a violation. A renewal service contract **should be "activated" (30) thirty days before expiration** of existing contract. We will contact property owner prior to expiration of existing contract.

Served by: Countryside Construction Inc.

Walker Chapman – Installer's Licensee #OS0002929-OSSF

Maintenance Provider Licensee #MP0000035

(X) Darrah Dollarhide Print Name (X) DARRAN DOLLARHIDE Date: 1-20-21
Property Owner's Signature

(X) Walker Chapman Date: 1-22-21 Authorized Service Representative (revised 08/13/2020)

PAID \$370.⁰⁰
1.22.21
1126

Countryside Construction, Inc.
300 Chapman Parkway, Canyon Lake, TX. 78133
Phone: 830-899-2615 or 1-888-379-3721 Fax: 830-899-6662

Septic System Service Agreement

In consideration of payment for this service contract, we will abide by and agree to its terms and conditions:

Name: Bootz & Dollarhide Investments, LLC **Address:** 30240 COUGAR BEND
Sub-Div./County: BULVERDE HILLS – COMAL **BULVERDE, TX. 78163**
Permit #: 93747 **SPRAY Model #:** NU WATER - 500 **Serial #:**
Phone: 409-679-3484 (DARRAN DOLLARHIDE)

(X) One Year Service Agreement
(X) Analysis

Legal Description: LOT 2, BULVERDE HILLS- COMAL

For **\$295.00 PLUS \$75.00 ANALYSIS**, this non-refundable contract will be in effect
FROM: 01/15/2021 TO: 01/15/2022 and Countryside Construction, Inc. will provide the following:

- An inspection every (4) four months which will include: Servicing of the mechanical & electrical components as necessary to insure system is functioning as engineer designed, pulling and cleaning the Norweco Brand aerator shaft, cleaning compressor air filters of other brands, check chlorine, conduct solids test to determine if system should be pumped, back flushing tubing for drip irrigation fields and checking sprinklers on above ground systems.
- 1) **The property owner is responsible for "purchasing and keeping chlorine" in the chlorinator, (if applicable).**
If the chlorine test reveals "No Chlorine" in the system, the property owner may incur an additional cost.
- 2) If any improper operation is observed (which cannot be corrected at that time) the property owner will be notified immediately of the conditions and the estimated cost.
- 3) **ANY PARTS, WARRANTY OR NON-WARRANTY, FREIGHT CHARGES, LABOR OR SERVICE CALLS NOT PAID IN FULL AT THE END OF (30) DAYS SHALL REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND AUTHORIZES CONTRACTOR TO REMOVE AND REPOSSESS ANY PARTS INSTALLED. CLIENT FURTHER AGREES TO PAY ANY LABOR COST OF THE INSTALLATION AND REASONABLE COST OF REMOVAL OF SAID PARTS.**
- 4) **THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZES COUNTRYSIDE CONSTRUCTION TO ENTER THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.**

Countryside Construction, Inc., will warranty installation of the septic system to be according to state and county regulations and the designs approved by the county. **HOMEOWNER WILL BE RESPONSIBLE FOR SERVICE CALLS, LABOR AND SHIPPING COSTS ON ANY "WARRANTIED PARTS" EXCHANGED DURING WARRANTY.** All other components will be according to manufacturer's warranties.

Important: As Countryside Construction, Inc. cannot control what or how much effluent goes into this septic system, we cannot warranty how the system will function. Refer to manufacturers or installer's instructions, for suggestions on septic operation. If necessary, between inspections, it is the property owner's responsibility to clean the micron filters on drip irrigation systems. This service agreement does not cover the cost of "service calls, labor or materials that are required or parts out of warranty, the failure to maintain electrical power to the system, sprinklers that are broken, leaking, stopped-up or otherwise mal-functioning; or sewage flows exceeding the hydraulic/organic design capabilities and the input of non-biodegradable materials (solvents, grease, oil, paints, etc.), or any usage contrary to the requirements as advised by authorized service representative. Laboratory test work is available at an additional cost. Chlorine, filters, or parts that are out of warranty are available at a reasonable cost.

This contract does not include the pumping of a tank or of any compartment of a tank, or settlement of soil on or around any part of the system regardless of reason:

Violations of the warranty also include: disconnecting the alarm, restricting ventilation to the aerator, overloading the system above its rated capacity; or flooding by external means. Rodent, insect or fire ant damage or any other form of unusual abuse is a violation. A renewal service contract should be "**activated**" (30) **thirty days before expiration** of existing contract. We will contact property owner prior to expiration of existing contract.

Served by: Countryside Construction Inc.

Walker Chapman – Installer's Licensee #OS0002929-OSSF

Maintenance Provider Licensee #MP0000035

(X) Darrah Dollarhide Print Name (X) DARRAN DOLLARHIDE Date: 1-20-21
Property Owner Signature

(X) Walker Chapman Date: 1-22-21 Authorized Service Representative (revised 08/13/2020)

PAID
1.22.21
1126

\$370.00

COUNTRYSIDE CONSTRUCTION, INC.
300 CHAPMAN PARKWAY
CANYON LAKE, TX 78133

Phone: 830-899-2615
Fax: 830-899-6662

NEW CUSTOMER ANALYSIS

This Testing and Reporting Record shall be completed, signed and dated after each inspection

1. Inspection Date: 1/15/2021 Installed: 7/1/2013 Service Expires: 1/15/2022

BILLING ADDRESS:
Bootz & Dollarhide Investments, LLC
30240 COUGAR BEND
BULVERDE, TX. 78163

PHYSICAL ADDRESS:
30240 COUGAR BEND
BULVERDE, TX. 78163

TELEPHONE: 409-679-3484 DARRAN
ALT. PHONE: «ALTERNATE»

LOT: 2 PERMIT#: 93747
COUNTY: COMAL
SN:
MAPSCO: N/A

SUBDIVISION: BULVERDE HILLS Manufacturer: NU WATER- 500

NOTE: CALL IN ADVANCE - DO COMPLETE ANALYSIS OF SYSTEM

TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
3CFM/Compressors PSI		
Record Pressure Reading	3psi	
Filters		
Irrigation Pumps		
Recirculation Pumps	N/A	
Disinfection Device		
Chlorine Supply		
Electrical Circuits		
Distribution System		
Sprayfield Vegetation		
Back Flush Drip Field, if applicable	N/A	
Other as Noted		
Access Posts are Secured		

2. Action taken or Repairs or
Needed repairs to system (list all
components replaced):

Cleaned filter on Compressor

Checked Chlorine. Checked
pump, floats and sprinklers.

Set Hunk.

SYSTEM OPERATING AS DESIGNED? Y/N

(Yes)

No

3. Tests required and results:

	Required		Results	Test
	Yes	No	mg/l mpn/100ml or Trace	Method
BOD (Grab)				
TSS (Grab)			Clear	Grab
Cl (Grab)			1.0	GTO
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Kyle

13-KYLE

Date of completion: 1-26-21 Start Job Time: 1:25 Stop Job Time: 1:45

Maintenance Provider: Waterline Services

COUNTRYSIDE CONSTRUCTION, INC.
300 CHAPMAN PARKWAY
CANYON LAKE, TX 78133

Phone: 830-899-2615
Fax: 830-899-6662

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: MAY 15, 2021 Installed: 8/9/2013 Service Expires: 1/15/2022

BILLING ADDRESS:

* BOOTZ & DOLLARHIDE INVESTMENTS, LLC
30240 COUGAR BEND
BULVERDE, TX 78163

PHYSICAL ADDRESS:

30240 COUGAR BEND
BULVERDE, TX 78163

TELEPHONE: 49-679-3484 (DARRAN
DOLLARHIDE)

LOT: LT 2,

PERMIT#: 93747

ALT. PHONE:

COUNTY: COMAL

SUBDIVISION: BULVERDE HILLS

MFG: NUWATER-600

SN:

MAPSCO: N/A

NOTES:

TYPE OF SYSTEM: SPRAY

Inspected Item: Operational Inoperative

Aerators		
SCFM/Compressors PSI (Record Pressure Reading)	2.0	
Filters	-	
Irrigation Pumps	-	
Recirculation Pumps	NA	
Disinfection Device	-	
Chlorine Supply	-	
Electrical Circuits	-	
Distribution System	-	
Sprayfield Vegetation	-	
Back Flush Drip Field, if applicable	NA	
Other as Noted		

2. Action taken or Repairs or
Needed repairs to system (list all
components replaced):

Cleaned out filter

CKD Pump, floats

Alarm, Sprayers

CKD Chlorine

SYSTEM OPERATING AS DESIGNED? Y/N

Access Posts are Secured

(Yes)

No

3. Tests required and results:

	Required		Results mg/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)				
Cl (Grab)			1.0	0.10
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: DARRAN

4

Date of completion: 5-27-21 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: WICKEN LUMBER

COUNTRYSIDE CONSTRUCTION, INC.
300 CHAPMAN PARKWAY
CANYON LAKE, TX 78133

Phone: 830-899-2515
Fax: 830-899-6552

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: SEPTEMBER 15, 2021 Installed: 8/9/2013 Service Expires: 1/15/2022

BILLING ADDRESS:

* BOOTZ & DOLLARHIDE INVESTMENTS, LLC
30240 COUGAR BEND
BULVERDE, TX 78163

PHYSICAL ADDRESS:

30240 COUGAR BEND
BULVERDE, TX 78163

TELEPHONE: 49-679-3484 (DARRAN
DOLLARHIDE)

LOT: LT 2,

PERMIT#: 93747

ALT. PHONE:

COUNTY: COMAL

EN:

SUBDIVISION: BULVERDE HILLS

MFG: NUWATER-600

MAFSCO:

N/A

NOTES:

TYPE OF SYSTEM: SPRAY

Inspected Item: Operational Inoperative

Aerators		
SCFM/Compressors PSI (Record Pressure Reading)	2.0	
Filters	—	
Irrigation Pumps	—	
Recirculation Pumps	NA	
Disinfection Device	—	
Chlorine Supply	—	
Electrical Circuits	—	
Distribution System	—	
Sprayfield Vegetation	—	
Back Flush Drip Field, if applicable	NA	
Other as Noted		

2. Action taken or Repairs or
Needed repairs to system (list all
components replaced):

Cleaned air filter
CKD Pump floats
Alarm & sprayers
CKD chlorine

SYSTEM OPERATING AS DESIGNED? ☒ YES

Access Posts are Secured

No

3. Tests required and results:

	Required		Results mg/l mpn/100ml or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)				
CL (Grab)	✓	✓	1.0	OTO
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Walker

4

Date of completion: 11-18-21 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walker Chapman

COUNTRYSIDE CONSTRUCTION, INC.
300 CHAPMAN PARKWAY
CANYON LAKE, TX 78133

Phone: 830-899-2615
Fax: 830-899-6662

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: JANUARY 15, 2022 Installed: 8/9/2013 Service Expires: 1/15/2022

BILLING ADDRESS:

* BOOTZ & DOLLARHIDE INVESTMENTS, LLC
30240 COUGAR BEND
BULVERDE, TX 78163

PHYSICAL ADDRESS:

30240 COUGAR BEND
BULVERDE, TX 78163

TELEPHONE: 49-679-3484 (DARRAN
DOLLARHIDE)

LOT: LT 2,

PERMIT#: 93747

ALT. PHONE:

COUNTY: COMAL

SUBDIVISION: BULVERDE HILLS

MFG: NUWATER-600

SN:

MAPSCO: N/A

NOTES:

TYPE OF SYSTEM: SPRAY

Inspected Item: Operational Inoperative

Aerators		
SCFM/Compressors PSI (Record Pressure Reading)	3.0	
Filters	\	
Irrigation Pumps	\	
Recirculation Pumps	N/A	
Disinfection Device	\	
Chlorine Supply	\	
Electrical Circuits	\	
Distribution System	\	
Sprayfield Vegetation	\	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

2. Action taken or Repairs or
Needed repairs to system (list all
components replaced):

Cleaned Compressor
filter

CKD Chlorine

CKD pump, floats,
alarms, and sprayers

SYSTEM OPERATING AS DESIGNED? (Y/N)

Access Posts are Secured

(yes)

No

3. Tests required and results:

	Required		Results mg/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)				
Cl (Grab)				
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Greg

8 Greg

Date of completion: 3/10/22 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walker Chapman



WASTEWATER TREATMENT SYSTEM MAINTENANCE CONTRACT

Customer

Vladimir Vladev

Residential



Initial Contract



Site Address

30240 Cougar Bend, Bulverde, TX 78163

Agency

Comal County

Email

vladimiracro@yahoo.com

Phone

(210) 744-2057

Permit Number

93747

System Details

Treatment: Aerobic Surface Application / System: Block Creek Concrete Products, Inc. 600 Max GPD

AGREEMENT

I. General:

This work for hire agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Luna Environmental, LLC (hereinafter referred to as "Contractor"), located at 4222 FM 482 New Braunfels, Texas 78132. By this agreement, Contractor agrees to render services, as described herein, and Client agrees to fulfill his/her/their responsibilities under the agreement as described herein.

II. Dates & Fees:

This agreement provides maintenance from **7/22/2024** to **7/22/2025** for a total fee of **\$350.00**

III. Services by Contractor:

1. Inspect and perform routine maintenance on the On-Site Sewage Facility ("OSSF") in compliance with code, regulations, and/or rules of the Texas Commission on Environmental Quality ("TCEQ") and county in which the OSSF is located and the manufacturer's requirements, at a frequency of approximately once every four (4) months for residential properties, or once every one (1) month for commercial properties.
2. Inspection, adjustment, and servicing of the mechanical, electrical, and other components to ensure proper functioning. This includes inspecting control panels, air pumps, air filters, diffusers, floats, and spray heads.
3. Effluent Inspection will include the following: effluent quality (color, turbidity, overflow, and odor), testing effluent chlorine and pH levels, when necessary, alarm function, filters, operation of effluent pump and chlorinator. Unless otherwise agreed to, Contractor does not provide chlorine. BOD and TSS annually on commercial accounts, additional charges apply.
4. Notify Client of any repairs needed to keep OSSF in proper working condition and up to regulatory standards. Items under warranty may be repaired while the technician is on-site. Additional charges may apply for labor and service calls. Repair quotes of non-warranty items must be approved by Client before work is performed.
5. Report to the appropriate regulatory authority and to Client, as required by the State of Texas' on-site rules and, if required, TCEQ or County rules. All findings must be reported to the appropriate regulatory authority within 14 days.
6. Visit site within 48 hours of a service request.
7. Provide Customer Support line at 855-560-9909.

IV. Client Responsibilities:

1. Maintain Chlorinator and proper chlorine supply, unless otherwise specified.
2. Provide all necessary lawn or yard maintenance and remove all obstructions, including dogs and other animals as needed to allow the OSSF to function properly and the Contractor easy and safe access to all parts of
3. Immediately notify Contractor of any alarms or system problems.
4. Have tanks pumped out as directed by manufacturer, typically every 3 years.
5. Be available by text, phone, or in person when the Contractor is on site in case of required repair approvals or questions.
6. Maintain site drainage to prevent adverse effects on OSSF.
7. Promptly pay Contractor's bills, fees, and invoices in full.

V. Access By Contractor:

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 repairs and services described herein.

VI. Termination of This Agreement:

Either party may terminate this agreement with 30 days' written notice in the event of the other party's substantive failure to perform in accordance with this agreement without fault of the terminating party. If this agreement is terminated, the Contractor will notify the appropriate regulatory authority.

VII. Limitation 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 of liability. In no event shall the Contractor's liability for the direct damages exceed payments by the Client under this agreement.

VIII. Payment Terms:

The fee for this agreement only covers the services described herein. This fee does not cover equipment or labor for non-warranty repairs, labor for warranty repairs, or service charges resulting from unscheduled, Client requested trips to the Client's OSSF. Payments not received within 30 days from the date of invoicing will be subject to a \$30.00 late penalty and or a 1.5% monthly carrying charge, whichever is greater. By signing this contract, the Client authorizes the Contractor to remove any parts which were installed but not paid for at the end of 30 days. The Client is still responsible for any labor costs associated with the installation and removal of said parts. All invoices are due upon receipt by Client.

IX. Severability:

If any provision of this agreement shall be held to be invalid or unenforceable for any reason the remaining provisions shall continue to be held valid and enforceable. If a court finds that any provision of this agreement is invalid or unenforceable, by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

Vladimir Vladev

Signed by:

Customer Name

Vladimir Vladev

CED469DAA8874DD...

Customer Signature

Luna Environmental / Wes Magley

Maintenance Provider Name

Wes Magley

License # MP0002679

Maintenance Provider Signature

Additional Comments / Special Terms