



Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate

On-site Sewage Treatment and Disposal Facility

Date Issued: 7/18/2001

Permit Number: 82418

Location Description: 663 Flightline Drive, Bulverde, TX 78163
Lot 11, Block 5, Kestrel Air Park Unit 1 Subdivision

Type of System: Aerobic Treatment with Surface Irrigation Discharge

License issued to: Floyd & Brenda Wilkes

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 Natural Resource Conservation Commission.

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 satisfactory manner.

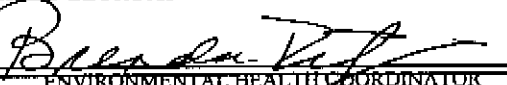
Inspection and licensing of a facility indicates only that the facility meets certain minimum requirements. It does not impede any governmental entity in taking the proper steps to prevent or control pollution, to abate nuisance, or to protect the public health.

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


ENVIRONMENTAL HEALTH COORDINATOR

82418

*** COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH ***

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

PRINT CLEARLY COMPLETING ALL INFORMATION

DATE: June 27, 2001 PERMIT: 82418

PROPERTY OWNERS NAME: FLOYD E. & BRENDA WILKES
ADDRESS: c/o 3030 OAK HOLLOW
NEW BRAUNFELS, TX 78132
PHONE: 830-609-9090

RECEIVED
JUN 28 2001
COUNTY ENGINEER

DESCRIPTION OF PROPERTY:
SUBDIVISION: KESTREL AIR PARK UNIT: 1 LOT: 11 BLOCK: 5 ACREAGE:
STREET ADDRESS: 663 FLIGHTLINE DRIVE CITY: BULVERDE ZIP CODE: 78163

LOT MUST BE MARKED ON A SITE AND LOCATION MAP ALONG WITH PROOF OF OWNERSHIP ATTACHED WITH THIS APPLICATION.

IS PROPERTY LOCATED OVER THE EDWARDS RECHARGE ZONE? NO IF YES, SITE EVALUATION & PLANNING MATERIALS MUST BE COMPLETED BY A REGISTERED SANITARIAN OR PROFESSIONAL ENGINEER.

TYPE OF DEVELOPMENT:
X SINGLE FAMILY RESIDENCE 2490 TOTAL SQ. FT. OF DWELLING 240 GALLONS PER DAY
COMMERCIAL TYPE OF BUSINESS/INSTITUTION
NUMBER OF OCCUPANTS GALLONS PER DAY

SITES GENERATING MORE THAN 5000 GALLONS PER DAY ARE REQUIRED TO OBTAIN PERMITTING THROUGH THE TEXAS NATURAL RESOURCE CONSERVATION COMMISSION.

SOURCE OF WATER: PUBLIC X PRIVATE

PLANNING MATERIALS & SITE EVALUATION AS REQUIRED COMPLETED BY GREG W. JOHNSON, P.E.

SYSTEM DESCRIPTION PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

SIZE OF SEPTIC SYSTEM REQUIRED BASED ON PLANNING MATERIALS & SITE EVALUATION
TANK SIZE(S) NORWECO 500 GPD GALLONS ABSORPTION/APPLICATION AREA 3926 SQ. FT.

ARE WATER SAVING DEVICES BEING UTILIZED? X YES NO

INSTALLERS NAME: T.L. WILLIAMS

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 OR APPOINTED AGENT

170 HOLLOW OAK, NEW BRAUNFELS, TX 78132 (830)905-2778
IF SIGNED BY AGENT GIVE ADDRESS & PHONE NUMBER

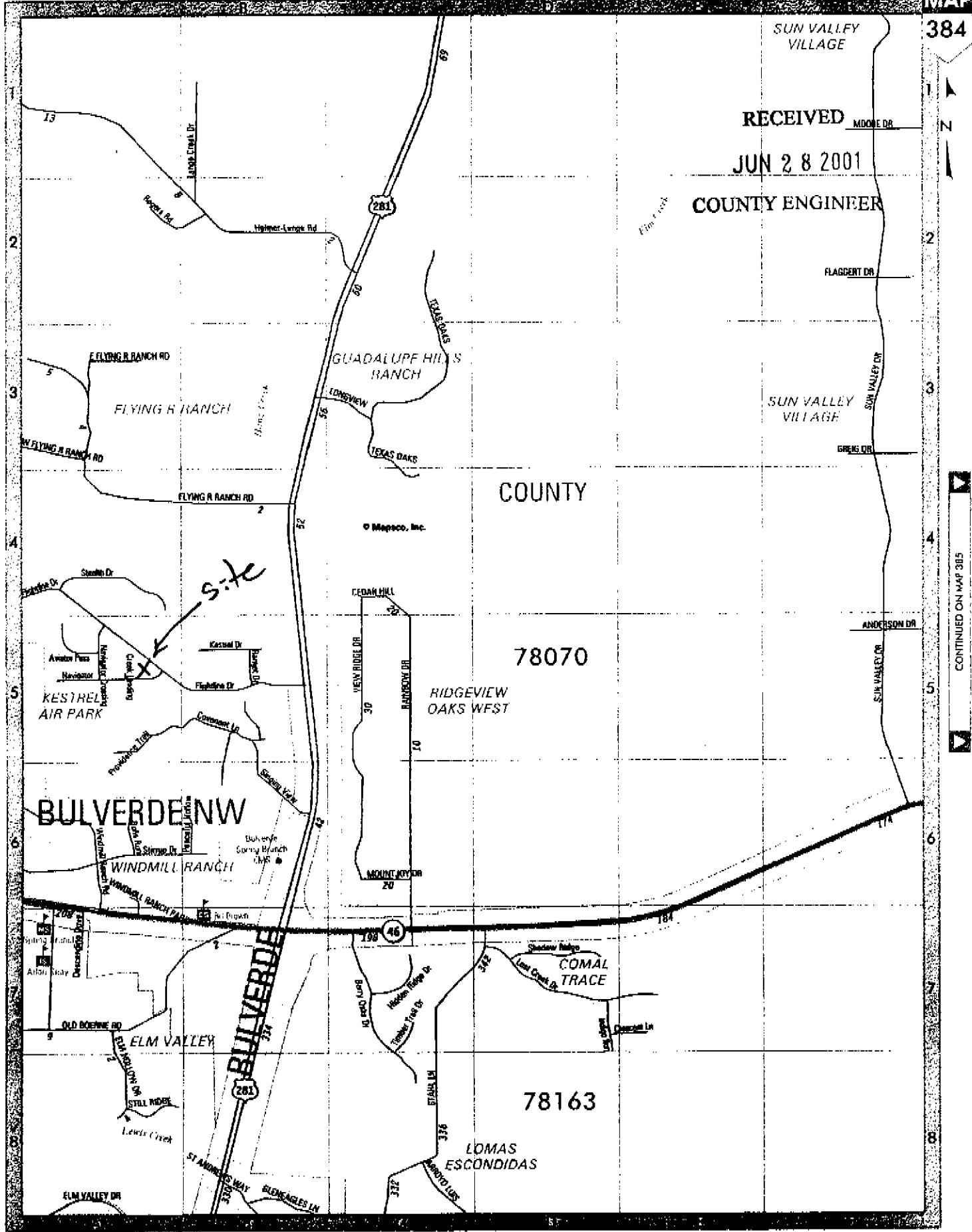
Scale: One inch equals 2200 ft.

CONTINUED ON MAP 352

82418

MAP

384



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COUNTY

78070

RIDGEVIEW OAKS WEST

BULVERDENW

WINDMILL RANCH

78163

LOMAS ESCONDIDAS

CONTINUED ON MAP 385

SCALE IN MILES

CONTINUED ON MAP 418

SCALE IN FEET



OSSF SOIL EVALUATION REPORT INFORMATION

Date: June 27, 2001

Applicant Information:

Name: FLOYD E. & BRENDA WILKES
 Address: c/o 3030 OAK HOLLOW
 City: NEW BRAUNFELS State: TX
 Zip Code: 78132 Phone: 830-609-9090

Site Evaluator Information:

Name: Greg W. Johnson, P.E., R.S., S.E. 4042
 Address: 170 Hollow Oak
 City: New Braunfels State: Texas
 Zip Code: 78132 Phone & Fax (830)905-2778

Property Location:

Lot 11 Unit 1 Blk 5 Subd. KESTREL AIR PARK
 Street Address: 663 FLIGHTLINE DRIVE
 City: BULVERDE Zip Code: 78163
 Additional Info.: _____

Installer Information:

Name: TONY WILLIAMS
 Company: T.L. WILLIAMS
 Address: 3030 OAK HOLLOW
 City: NEW BRAUNFELS State: TX
 Zip Code: 78132 Phone 830-609-9090

Topography: Slope within proposed disposal area: 5 %
 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

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VOID

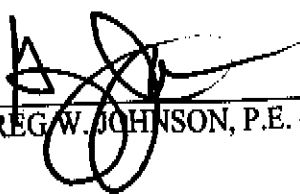
VOID

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = _____ GPD
 Residential Water conserving fixtures to be utilized? Yes X No _____
 Number of Bedrooms the septic system is sized for: 3 Total sq. ft. living area 2490
 $Q \text{ gal/day} = (\text{Bedrooms} + 1) * 75 \text{ GPD} - (20\% \text{ reduction for water conserving fixtures})$
 $Q = (3 + 1) * 75 - (20\%) = 240$
 Trash Tank Size 400 Gal.
 TNRCC Approved Aerobic Plant Size 500 G.P.D.
 $\text{Req'd Application Area} = Q/R_i = \frac{240}{0.064} = 3750 \text{ sq. ft.}$
 Application Area Utilized = 3926 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 = 825 Gal. 13.5-19 Gal/inch.
 Reserve Requirement = 80 Gal. 1/3 day flow.
 Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction
 Tablet 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.

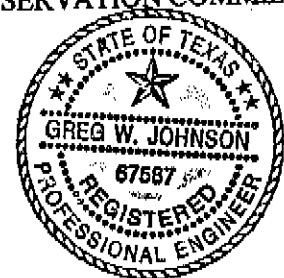
I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 (REGARDING RECHARGE FEATURES), TEXAS NATURAL RESOURCES CONSERVATION COMMISSION (EFFECTIVE FEBRUARY 4, 1997).



 GREG W. JOHNSON, P.E. 67587 - S.E. 4042

6/27/01

 DATE



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

8 2 4 1 8

Date Soil Survey Performed: June 26, 2001

Site Location: KESTREL AIR PARK, BLOCK 5, LOT 11

Proposed Excavation Depth: N/A

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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.

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SOIL BORING NUMBER _____ SURFACE EVALUATION						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0	TYPE III	CLAY		NONE	L.S. @ 12"	BROWN CLAY LOAM OVER LAYERED L.S.
TO 12"						
1						
2						
3						
4						
5						

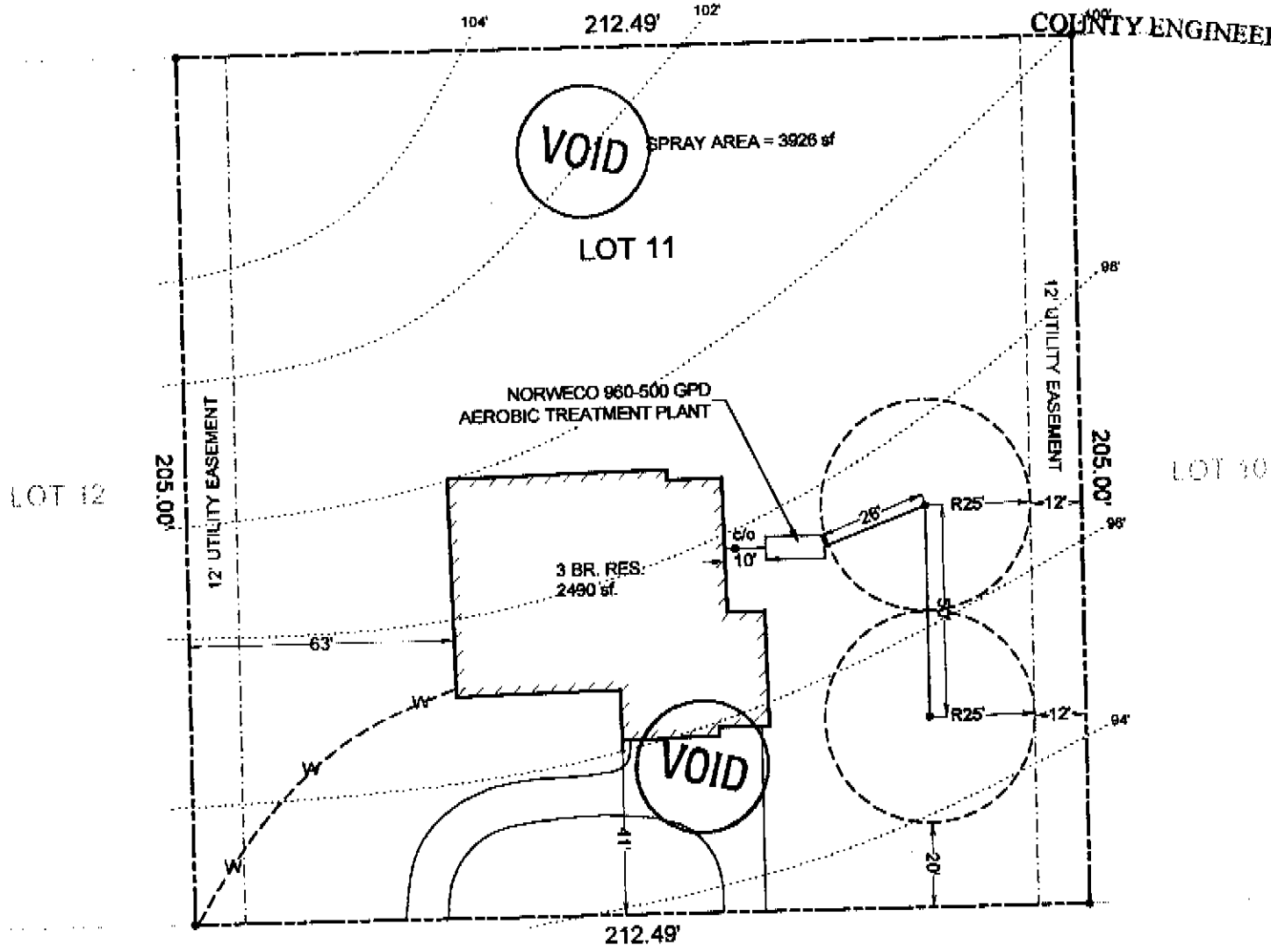
SOIL BORING NUMBER _____ SURFACE EVALUATION						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0	SAME	AS	ABOVE			
1						
2						
3						
4						
5						

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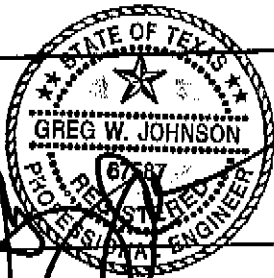
COUNTY ENGINEER



FLIGHTLINE DRIVE

53-Final 7/18/01 MT

Covered, Final Ready
For L.T.O.



OWNER: FLOYD E. & BRENDA WILKES		DRAWN BY: nam	
STREET ADDRESS: 663 FLIGHTLINE DRIVE			
LEGAL DESC: KESTREL AIR PARK	UNIT/SECTION: 1	BLOCK: 5	LOT: 11
PREPARED BY: GREG W. JOHNSON, P.E.	SCALE: 1"=40'	DATE: 06/27/2001	REVISIONS:

OSSF PERMIT INFORMATION SHEET

Date of Permit Application	Permit Number	Date of Permit Approval	Date of Flood Plain Approval
6/28/01	82418	7-10-01	7-2-01

LOCATION Kestrel Air Park rd, L-11, B-5

SYSTEM TYPE/DESCRIPTION: _____

INFORMATION FROM PRELIMINARY INSPECTION

DATE OF PRELIMINARY INSPECTION: 7-2-01 *looks good*

DESIGN MEETS TNRC REQUIREMENTS: ✓

AFFIDAVIT RECEIVED: 7-6-01

LIST DEFICIENCIES IN PLANNING MATERIALS WHICH DO NOT MEET TNRC RULES:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

INSTALLATION INSPECTION INFORMATION:

INSPECTED BY: H. Young

DATE OF S-1: 7-17-01 NOTES/RESULTS: Tanks level, operational

DATE OF S-2: _____ NOTES/RESULTS: _____

DATE OF S-3: _____ NOTES/RESULTS: _____

DATE OF FINAL INSPECTION: _____ (SYSTEM COMPLETE)

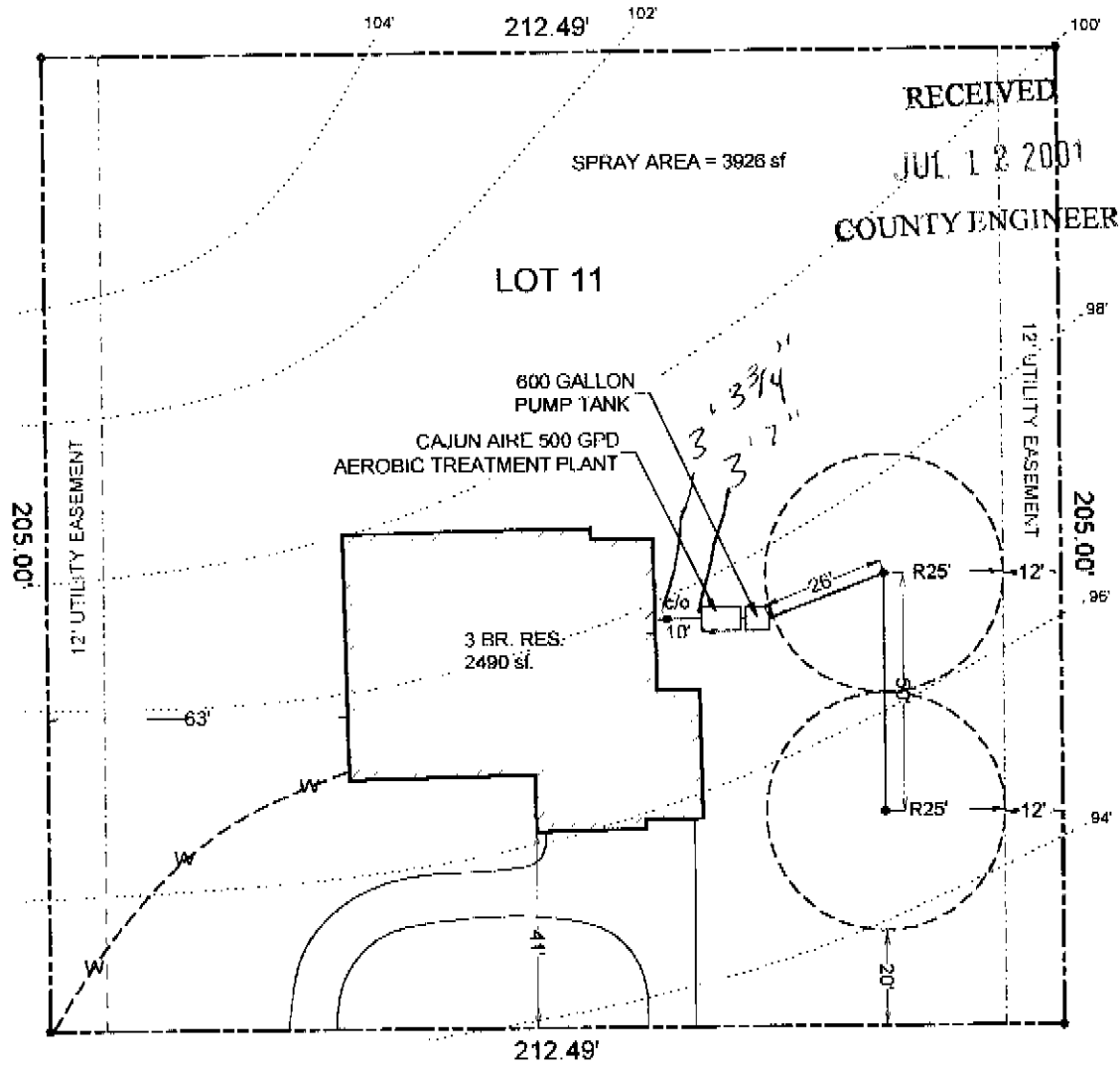
INSTALLER: _____ TANK: (SIZE & NAME) _____

_____ SQ. FT. ABSORPTION/APPLICATION AREA

SERVICE AGREEMENT RECEIVED: _____ (START DATE)

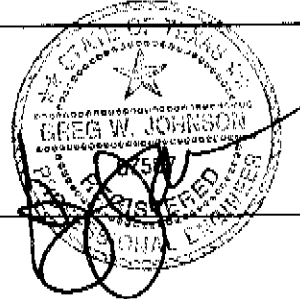
DATE ENTERED IN SUMMARY SHEET: 7/24/01

DATE ENTERED IN (CASST) AEROBIC DATABASE: _____



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 COUNTY ENGINEER

FLIGHTLINE DRIVE



OWNER:	FLOYD E. & BRENDA WILKES			DRAWN BY:	nam
STREET ADDRESS:	663 FLIGHTLINE DRIVE				
LEGAL DESC:	KESTREL AIR PARK	UNIT/SECTION:	1	BLOCK:	5
PREPARED BY:	GREG W. JOHNSON, P.E.	SCALE:	1"=40'	DATE:	06/27/2001
				REVISD:	07/06/2001

System Profile

Printed: Wednesday, July 18, 2001

System is installed at:

663 Flightline Drive
Bulverde, TX 78163
Comal County

Permit Number: 82418
System Name: Primary
Brand Name:
Model:
Serial Number:

Lot: 11 Blk: 5 Subdiv: Kestrel Air Park Unit 1

Owner Information:

Floyd & Brenda Wilkes
c/o 3030 Oak Hollow
New Braunfels, TX 78132
Home Phone: (830)609-9090

The original contract for installation was written on _____

System is Under Warranty

This system was installed by: _____

The installation date was 7/18/01.

This system is to be inspected every 4 months.

The most recent inspection for this system occurred on _____

The next scheduled inspection for this system is due on _____

Permitting Agency:

Comal County Environmental Health
195 David Jones Drive
New Braunfels, TX 78132-3760
Contact: Brenda Ritzen, Environ Health Coordinator
Phone: (830) 608-2090

Installation Company Info:

Williams Construction
HCR 3 Box 5A
New Braunfels, TX 78132
Operator: Tony Williams
Phone: (830) 609-9090

Maintenance Company Info:**Most Recent Visits and Results**

<u>Date Comp.</u>	<u>Visit Type</u>	<u>Description of Repairs</u>

Property Notes:

Pre- 07/03/01, S1-07/17/01 , S3 - 07/18/01 final.

System Notes:

norweco 500gpd w/ 2 sprayheads @ 3926 sf. appl. area .

82418

*** COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH ***

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

PRINT CLEARLY COMPLETING ALL INFORMATION

DATE: June 27, 2001

PERMIT: 82418

PROPERTY OWNERS NAME: FLOYD E. & BRENDA WILKES

RECEIVED

ADDRESS: c/o 3030 OAK HOLLOW NEW BRAUNFELS, TX 78132

JUN 28 2001

PHONE: 830-609-9090

COUNTY ENGINEER

DESCRIPTION OF PROPERTY:

SUBDIVISION: KESTREL AIR PARK UNIT: 1 LOT: 11 BLOCK: 5 ACREAGE:

STREET ADDRESS: 663 FLIGHTLINE DRIVE CITY: BULVERDE ZIP CODE: 78163

LOT MUST BE MARKED ON A SITE AND LOCATION MAP ALONG WITH PROOF OF OWNERSHIP ATTACHED WITH THIS APPLICATION.

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TYPE OF DEVELOPMENT:

X SINGLE FAMILY RESIDENCE 2490 TOTAL SQ. FT. OF DWELLING 240 GALLONS PER DAY

COMMERCIAL TYPE OF BUSINESS/INSTITUTION NUMBER OF OCCUPANTS GALLONS PER DAY

SITES GENERATING MORE THAN 5000 GALLONS PER DAY ARE REQUIRED TO OBTAIN PERMITTING THROUGH THE TEXAS NATURAL RESOURCE CONSERVATION COMMISSION.

SOURCE OF WATER: PUBLIC X PRIVATE

PLANNING MATERIALS & SITE EVALUATION AS REQUIRED COMPLETED BY GREG W. JOHNSON, P.E.

SYSTEM DESCRIPTION PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

SIZE OF SEPTIC SYSTEM REQUIRED BASED ON PLANNING MATERIALS & SITE EVALUATION

TANK SIZE(S) NORWECO 500 GPD GALLONS ABSORPTION/APPLICATION AREA 3926 SQ. FT.

ARE WATER SAVING DEVICES BEING UTILIZED? X YES NO

INSTALLERS NAME: T.L. WILLIAMS

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 OR APPOINTED AGENT

170 HOLLOW OAK, NEW BRAUNFELS, TX 78132 (830)905-2778 IF SIGNED BY AGENT GIVE ADDRESS & PHONE NUMBER

COMAL COUNTY FLOOD PLAIN DEVELOPMENT PERMIT APPLICATION

PERMIT NO. 82478

82478

DATE: June 27, 2001

APPLICANT: FLOYD E. & BRENDA WILKES PHONE #: 830-609-9090

MAILING ADDRESS: c/o 3030 OAK HOLLOW
NEW BRAUNFELS, TX 78132

LEGAL DESCRIPTION OF PROPERTY LOCATION: (ATTACH RECORDED DOCUMENT & VICINITY MAP) _____
KESTREL AIR PARK, BLOCK 5, LOT 11 MAP #384 A-5

NATURE OF PROPOSED CONSTRUCTION:

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JUN 28 2001

COUNTY ENGINEER

RESIDENTIAL _____ NON-RESIDENTIAL _____ PLACEMENT OF FILL _____
_____ ALTERATION OF NATURAL WATERWAY OR WATER COURSE _____
_____ OTHER (SPECIFY) _____

<u>COST OF NEW CONSTRUCTION</u>	<u>COST OF SUBSTANTIAL IMPROVEMENTS</u>
<input checked="" type="checkbox"/> HOUSE \$ <u>125,000</u>	_____ RESIDENTIAL \$ _____
_____ MOBILE \$ _____	_____ NON-RESIDENTIAL \$ _____
_____ COMMERCIAL \$ _____	_____ COMMERCIAL \$ _____
_____ OTHER \$ _____	_____ OTHER \$ _____

APPLICANT WILL PROVIDE PLANS AND SPECIFICATIONS OF THE PROPOSED CONSTRUCTION

****FOR OFFICE USE ONLY****

ARE PROPOSED BUILDINGS LOCATED IN A SPECIAL FLOOD HAZARD AREA? NO
IS A WATER POLLUTION ABATEMENT PLAN REQUIRED? YES _____ NO

EXEMPTION CERTIFICATE

THE ABOVE NAMED APPLICANT HAS APPLIED FOR A DEVELOPMENT PERMIT.
THE APPLICATION HAS BEEN REVIEWED BY THE COUNTY ADMINISTRATOR AND IT IS HIS DETERMINATION THAT THE PROPOSED DEVELOPMENT IS NOT WITHIN AN IDENTIFIED FLOOD PLAIN OF COMAL COUNTY.
THIS CERTIFICATE EXEMPTS THE APPLICANT FROM DEVELOPMENT STANDARDS REQUIRED BY COMAL COUNTY FLOOD PLAIN MANAGEMENT REGULATIONS. WORK IS HEREBY AUTHORIZED TO PROCEED ON THE ABOVE.
THE COUNTY ADMINISTRATOR HAS REVIEWED THE PLANS AND SPECIFICATIONS OF THE PROPOSED DEVELOPMENT AND DESIRES TO MAKE THE FOLLOWING RECOMMENDATIONS FOR DEVELOPMENT OR DESIGN ALTERATIONS:

WARNING

THE FLOOD HAZARD BOUNDARY MAPS AND OTHER FLOOD DATA USED BY THE COUNTY ADMINISTRATOR IN EVALUATING FLOOD HAZARDS TO PROPOSED DEVELOPMENTS ARE CONSIDERED REASONABLE AND ACCURATE FOR REGULATORY PURPOSES AND ARE BASED ON THE BEST SCIENTIFIC AND ENGINEERING DATA. ON RARE OCCASIONS, GREATER FLOODS CAN AND WILL OCCUR AND FLOOD HEIGHTS MAY BE INCREASED BY MAN-MADE OR NATURAL CAUSES. THIS EXEMPTION CERTIFICATE DOES NOT IMPLY THAT DEVELOPMENTS OUTSIDE THE IDENTIFIED AREAS OF SPECIAL FLOOD HAZARD WILL BE FREE FROM FLOODING OR FLOOD DAMAGE. ISSUANCE OF THIS EXEMPTION CERTIFICATE SHALL NOT CREATE LIABILITY ON THE PART OF COMAL COUNTY IN THE EVENT OF FLOODING OR FLOOD DAMAGE DOES OCCUR.

[Signature]
ACKNOWLEDGMENT OF WARNING BY APPLICANT/AGENT

[Signature]
COUNTY ADMINISTRATOR

DATE: 6/27/01

DATE: 7-201



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: 82418

Issued this date: July 16, 2001

This Permit is hereby given to: Floyd & Brenda Wilkes

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

663 Flightline Drive, Bulverde, TX 78163
Lot 11, Block 5, Kestrel Air Park Unit 1 Subdivision

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic Treatment with Surface Irrigation Discharge

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 Natural Resource Conservation Commission (TNRCC). Installation and inspection must comply with current TNRCC and Comal County requirements.

Call (830) 608-2090 to schedule inspections.

16

Doc# 200106019729 *PE82418*

AFFIDAVIT TO THE PUBLIC

RECEIVED

JUL 19 2001

ENVIRONMENTAL HEALTH

THE COUNTY OF COMAL
STATE OF TEXAS

Before me, the undersigned authority, on this day personally appeared Floyd E. Wilkes, who after being duly sworn,

(PRINT PROPERTY OWNER(S) NAME(S))

upon oath states that he/she is the owner of record of that certain tract or parcel of land lying and being situated in COMAL County, Texas, and being more particularly described as follows:

Lot 11, Block 5, KESTREL AIR PARK Subdivision,
COMAL County, Texas

The undersigned further states that he/she will, upon sale or transfer of the above-described property, request a transfer of the permit to operate such surface application system to the buyer or transferee. Any buyer or transferee is hereby notified that a maintenance contract with an approved maintenance company will be required for use of the septic system.

Floyd E. Wilkes
Property Owner Signature

Property Owner Signature

This instrument was acknowledged before me on this the 19 day of JUNE, 2001.

Valerie Williams
Notary Public in and for the State of Texas

Notary's Printed Name: VALERIE WILLIAMS

My Commission Expires: April 6, 2002



STATE OF TEXAS
COUNTY OF COMAL

This is to certify that this document was FILED and RECORDED in the Official Public Records of Comal County, Texas on the date and time stamped thereon.

Doc# 200106019729
Pages 1
06/19/2001 02:09:18 PM
Filed & Recorded in
Official Records of
COMAL COUNTY
JOY STREATER
COUNTY CLERK
Fees \$9.00

Joy Streater
COUNTY CLERK

Doc# 200106019729



Doc# 200106019729

AFFIDAVIT TO THE PUBLIC

RECEIVED

JUL 06 2001

ENVIRONMENTAL HEALTH

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Floyd E. Wilkes
Property Owner Signature

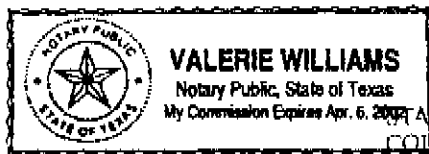
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Valerie Williams
Notary Public in and for the State of Texas

Notary's Printed Name: VALERIE WILLIAMS

My Commission Expires: April 6, 2002



STATE OF TEXAS
COUNTY OF COMAL

This is to certify that this document was FILED and RECORDED in the Official Public Records of Comal County, Texas on the date and time stamped thereon.



Joy Streater
COUNTY CLERK

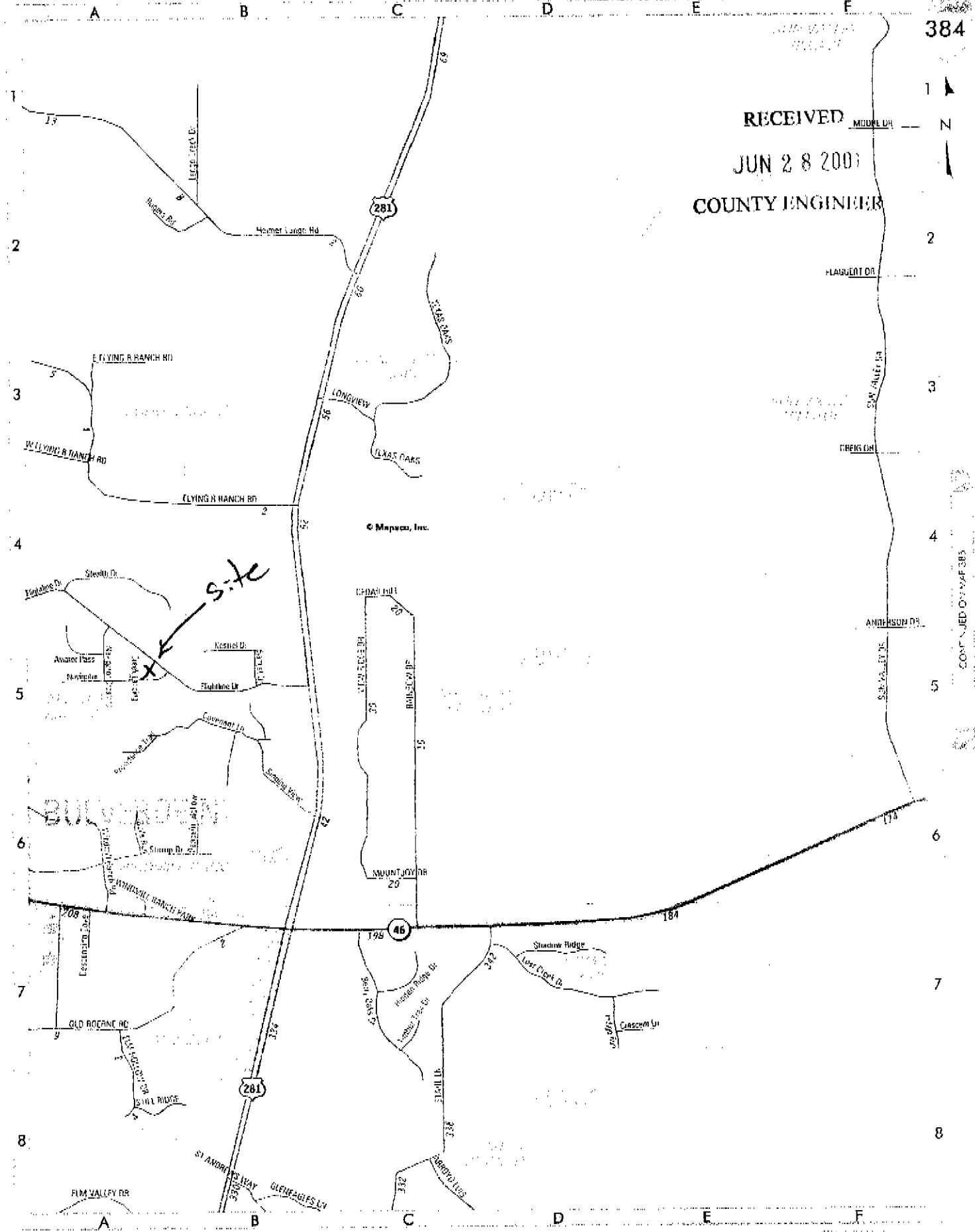
Doc# 200106019729
Pages 1
06/19/2001 02:09:18 PM
Filed & Recorded in
Official Records of
COMAL COUNTY
JOY STREATER
COUNTY CLERK
Fees \$9.00

Doc# 200106019729

Scale: One inch equals 2200 ft.

CONTINUED ON MAP 357

87278



384

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JUN 28 2001

COUNTY ENGINEER



1
2
3
4
5
6
7
8

CONTINUED ON MAP 383

CONTINUED ON MAP 418

OSSE SOIL EVALUATION REPORT INFORMATION

REVISION

Date: June 27, 2001

Applicant Information:

Name: FLOYD E. & BRENDA WILKES
Address: c/o 3030 OAK HOLLOW
City: NEW BRAUNFELS State: TX
Zip Code: 78132 Phone: 830-609-9090

Site Evaluator Information:

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Zip Code: 78132 Phone & Fax (830)905-2778

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Installer Information:

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Company: T.L. WILLIAMS
Address: 3030 OAK HOLLOW
City: NEW BRAUNFELS State: TX
Zip Code: 78132 Phone 830-609-9090

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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

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JUL 12 2001

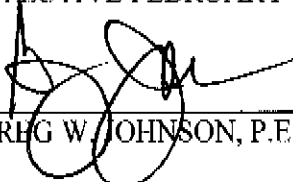
COUNTY ENGINEER

Design Calculations for Aerobic Treatment with Spray Irrigation:

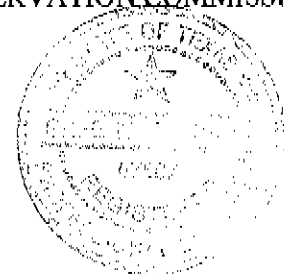
Commercial

Q = _____ GPD
Residential Water conserving fixtures to be utilized? Yes No _____
Number of Bedrooms the septic system is sized for: 3 Total sq. ft. living area 2490
Q gal/day = (Bedrooms + 1) * 75 GPD - (20% reduction for water conserving fixtures)
Q = (3 + 1) * 75 - (20%) = 240
Trash Tank Size 325 Gal.
TNRCC Approved Aerobic Plant Size 500 G.P.D.
Req'd Application Area = Q/Ri = 240 / 0.064 = 3750 sq. ft.
Application Area Utilized = 3926 sq. ft.
Pump Requirement 12 Gpm @ 41 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)
Dosing Cycle: ON DEMAND or TIMED TO DOSE IN PREDAWN HOURS
Pump Tank Size = 600 Gal. 11.3 Gal/inch.
Reserve Requirement = 80 Gal. 1/3 day flow.
Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction
Tablet 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 NATURAL RESOURCES CONSERVATION COMMISSION (EFFECTIVE FEBRUARY 4, 1997).


GREG W. JOHNSON, P.E. 67587 - S.E. 4042

7/6/01
DATE



ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: June 26, 2001

Site Location: KESTREL AIR PARK, BLOCK 5, LOT 11

Proposed Excavation Depth: N/A

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JUN 28 2001

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.

COUNTY ENGINEER

SOIL BORING NUMBER		SURFACE EVALUATION				
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0	TO 12"	TYPE III		NONE	L.S. @ 12"	BROWN CLAY LOAM OVER LAYERED L.S.
1						
2						
3						
4						
5						

SOIL BORING NUMBER		SURFACE EVALUATION				
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0	SAME	AS	ABOVE			
1						
2						
3						
4						
5						

OSSE SOIL EVALUATION REPORT INFORMATION

Date: June 27, 2001

Applicant Information:

Name: FLOYD E. & BRENDA WILKES
Address: c/o 3030 OAK HOLLOW
City: NEW BRAUNFELS State: TX
Zip Code: 78132 Phone: 830-609-9090

Site Evaluator Information:

Name: Greg W. Johnson, P.E., R.S., S.E. 4042
Address: 170 Hollow Oak
City: New Braunfels State: Texas
Zip Code: 78132 Phone & Fax (830)905-2778

Property Location:

Lot 11 Unit 1 Blk 5 Subd. KESTREL AIR PARK
Street Address: 663 FLIGHTLINE DRIVE
City: BULVERDE Zip Code: 78163
Additional Info.: _____

Installer Information:

Name: TONY WILLIAMS
Company: T.L. WILLIAMS
Address: 3030 OAK HOLLOW
City: NEW BRAUNFELS State: TX
Zip Code: 78132 Phone 830-609-9090

Topography: Slope within proposed disposal area: 5 %

Presence of 100 yr. Flood Zone: _____
Existing or proposed water well in nearby area: _____
Presence of adjacent ponds, streams, water impoundments: _____
Presence of upper water shed: _____
Organized sewage service available to lot: _____

YES _____ NO X
YES _____ NO X
YES _____ NO X
YES _____ NO X
YES _____ NO X

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COUNTY ENGINEER

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

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

Number of Bedrooms the septic system is sized for: 3 Total sq. ft. living area 2490

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

Q = (3 +1)*75-(20%)= 240

Trash Tank Size 400 Gal.

TNRCC Approved Aerobic Plant Size 500 G.P.D.

Req'd Application Area = Q/Ri = 240 / 0.064 = 3750 sq. ft.

Application Area Utilized = 3926 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 = 825 Gal. 13.5-19 Gal/inch.

Reserve Requirement = 80 Gal. 1/3 day flow.

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

Tablet Chlorinator

SCII-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 NATURAL RESOURCES CONSERVATION COMMISSION (EFFECTIVE FEBRUARY 4,1997).


GREG W. JOHNSON, P.E. 67587 - S.E. 4042

6/27/01
DATE

PH#82418

BJ'S AEROBIC SERVICE CO

1252 VISTA BONITA
New BRAUNFELS TEXAS 78130
830-624-1363

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JUL 19 2001

Aerobic Maintenance/Service Contract

ENVIRONMENTAL HEALTH

In consideration of prepayment of this Service contract cost indicated below, this authorizes BJ's service company agrees to the following:

Initial 2 yr. Warranty Continuing Service Agreement

During the service period specified, make regularly scheduled inspection calls each (4) four months on the system at the following address:

NAME: Floyd E. Wilkes
ADDRESS: 663 Flightline on Lot 11, BIK5 Kestral Air Park Sub.d
CITY: Cornal County
STATE: Texas
PHONE: _____

Inspection calls will include:

- A: An effluent quality inspection consisting of a visual check for color and an examination for odor.
- B: Adjustment and servicing of any mechanical and electrical components that are out of order.
- C: Periodic sampling of the settled solids in the aeration chamber.
- D: If any improper condition is observed, which cannot be corrected at inspection time, the user will be notified in writing of the conditions and the estimated date of corrections.
- E: Additional service, if any: _____

The cost of this service contract will be \$- 5.00 and is effective from 7/01 to 7/03.

Additional service (as ordered by customer), additional chlorine (after startup dosage), replacement of any or all filters, replacement of "out of warranty" or no warranty components (alarms, compressors, etc.), laboratory test work, pumping of aerobic unit or pre-treatment tank (pumping done upon written authority from customer) is available at additional cost and payable at time service is rendered, or unless otherwise stated on invoice.

IMPORTANT: This warranty/service agreement does not cover the cost of service calls, labor or materials which are required due to "mis-use or abuse" of the system; failure to maintain electrical power to system; sprinklers that are broken, leaking, stopped up or otherwise malfunctioning; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non-biodegradable materials, solvents, grease, oil, paint, etc.; or any usage contrary to the requirements listed in the owners manual or as advised by authorized service representative

A schedule of charges or parts and additional service may be check by phoning the number above

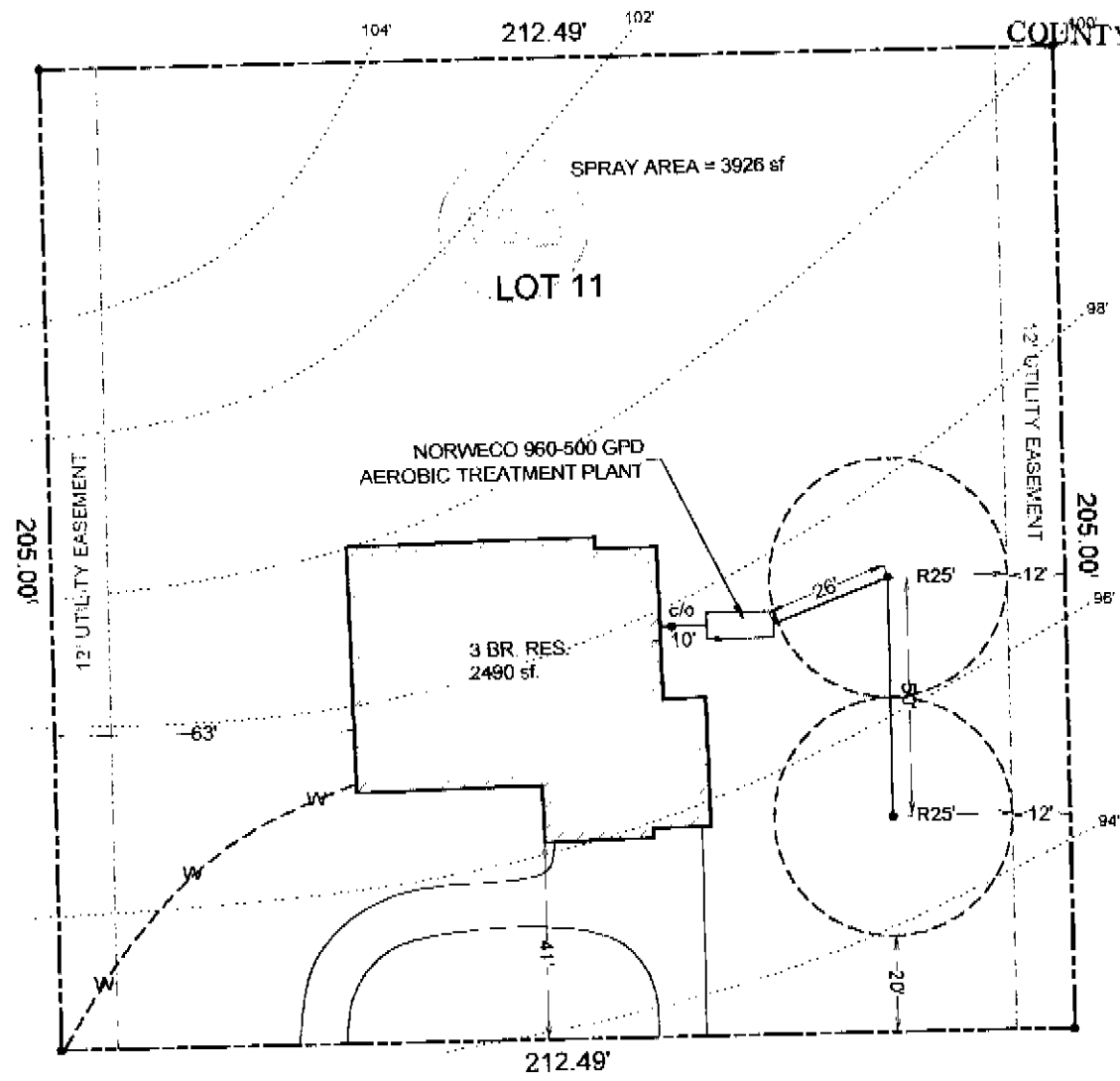
(x) [Signature] date: _____ (x) [Signature] date: _____
 Authorized Service Representative Owner Signature

82-5

RECEIVED

JUN 28 2001

COUNTY ENGINEER



FLIGHTLINE DRIVE



OWNER FLOYD E. & BRENDA WILKES		DRAWN BY: nam	
STREET ADDRESS: 663 FLIGHTLINE DRIVE			
LEGAL DISC: KESTREL AIR PARK	UNIT/SECTION: 1	BLOCK: 5	LOT: 11
PREPARED BY: GREG W. JOHNSON, P.E.	SCALE: 1"=40'	DATE: 06/27/2001	REVISED:

New Braunfels Title Co.
G.F. # 50969 o/c

RECORDED BY:
TICOR TITLE AGENCY

GF NO. 981017538B

\$ 13.00

NB# 50,969

WARRANTY DEED WITH VENDOR'S LIEN

Date: November 16, 1998

DDCH 9806028077

3/11
Grantor: KNOWLTON PROPERTIES, LTD.,
a Texas limited partnership,
formerly KNOWLTON PARTNERSHIP

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JUN 28 2003

Grantor's Mailing Address (including county):

COUNTY ENGINEER

KNOWLTON PROPERTIES, LTD.
18225 FM 2252
San Antonio, Texas 78266
Comal County

Grantee: FLOYD E. WILKES and wife, BRENDA WILKES

Grantee's Mailing Address (including county):

FLOYD E. WILKES
BRENDA WILKES
2714 Pebble Breeze
San Antonio, Texas 78232
Bexar County

Consideration:

TEN AND NO/100 DOLLARS and other good and valuable consideration and the further consideration of a note of even date that is in the principal amount of TWENTY FIVE THOUSAND FOUR HUNDRED FIFTY AND NO/100 DOLLARS (\$25,450.00) and is executed by Grantee, payable to the order of STATE BANK & TRUST OF SEGUIN, TEXAS Bank ("Lender"). The note is secured by a vendor's lien retained for the benefit of and transferred to Lender in this deed and by a deed of trust of even date, from Grantee to JOE H. BURNS, Trustee.

Property (including any improvements):

Being all that certain tract or parcel of land lying within Comal County, Texas, known and designated as Lot 11, Block 5, KESTREL AIR PARK, according to the map or plat thereof, recorded in Volume 12, Pages 314-316 of the Map and Plat Records of Comal County, Texas.

Reservations From and Exceptions to Conveyance and Warranty:

1. Restrictive Covenants and By-laws as set forth in instruments recorded under Clerk's File Nos. 9806018978, 9806020209, 9906020210, 9806022625, 9806022626, 9806024803, 9806024804 and 9806026373 of the Official Public Records of Comal County, Texas, and Volume 12, Pages 314-316 of the Map and Plat Records of Comal County, Texas;
2. Any titles or rights asserted by anyone, including, but not limited to, persons, the public, corporations, governments or other entities:
 - (a) To lands comprising the shores or beds of navigable or perennial rivers and streams; and,

- (b) To statutory water rights, including riparian rights except as otherwise expressly conveyed;
3. Standby Fees, Taxes and Assessments, by any taxing authority for the year 1998 and subsequent years, and subsequent taxes and assessments by any taxing authority for prior years due to change in land usage or ownership;
 4. The Vendor's Lien herein retained and assigned;
 5. Visible and apparent easements, if any, affecting any portion of the above described real property;
 6. Building setback line twenty-five (25) feet wide along the front property line and twelve (12) feet wide along side property lines of the subject property as set forth in instrument recorded under Clerk's File No. 9806018978 of the Official Public Records of Comal County, Texas, and as reflected by the plat recorded in Volume 12, Pages 314-316 of the Map and Plat Records of Comal County, Texas;
 7. Utility easement twenty (20) feet wide along the front property line and twelve (12) feet wide along side property lines of the subject property as reserved in instrument recorded under Clerk's File No. 9806018978 of the Official Public Records of Comal County, Texas, and as reflected by the plat recorded in Volume 12, Pages 314-316 of the Map and Plat Records of Comal County, Texas;
 8. Maintenance assessment payable to Kestrel Air Park Unit 1 Owners Association as set forth in instruments recorded under Clerk's File Nos. 9806018978 and 9806020209 of the Official Public Records of Comal County, Texas, said lien being subordinated to the lien of any first mortgage or Deed of Trust;
 9. Establishment and designation of Architectural Control Committee as evidenced by instrument recorded under Clerk's File No. 9806020210 of the Official Public Records of Comal County, Texas.

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

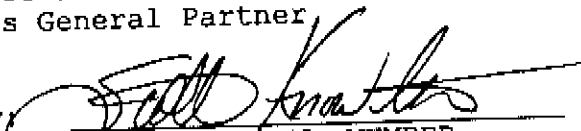
The vendor's lien against and superior title to the property are retained until each note described is fully paid according to its terms, at which time this deed shall become absolute.

Lender, at Grantee's request, having paid in cash to Grantor that portion of the purchase price of the property that is evidenced by the note described, the vendor's lien and superior

title to the property are retained for the benefit of Lender and are transferred to Lender without recourse on Grantor.

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

KNOWLTON PROPERTIES, LTD.
formerly KNOWLTON PARTNERSHIP
BY: KNOWLTON MANAGEMENT COMPANY, LLC
a Texas limited liability company,
its General Partner

By: 
SCOTT KNOWLTON, MEMBER

ACKNOWLEDGMENT

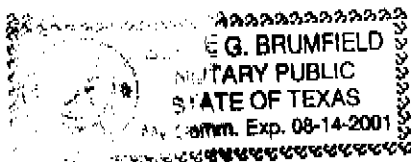
STATE OF TEXAS


§

COUNTY OF COMAL

§

This instrument was acknowledged before me on November 18, 1998, by SCOTT KNOWLTON, member of KNOWLTON MANAGEMENT, LLC, a Texas limited liability company, general partner of KNOWLTON PROPERTIES, LTD., a Texas limited partnership, formerly KNOWLTON PARTNERSHIP, on behalf of KNOWLTON MANAGEMENT, LLC and KNOWLTON PROPERTIES, LTD.




Notary Public, State of Texas

AFTER RECORDING RETURN TO:

Mr. and Mrs. Floyd E. Wilkes
2714 Pebble Breeze
San Antonio, Texas 78232

Doc# 9806028077
Pages: 3
Date : 11-23-1998
Time : 04:07:18 P.M.
Filed & Recorded in
Official Records
of COMAL County, TX.
JOY STREATER
COUNTY CLERK
Rec. \$ 13.00

DOC# 9806028077

BJ'S AEROBIC MAINTENANCE SERVICE COMPANY
CERTIFIED CLASS D WASTEWATER OPERATOR

B. JOHNSON
1252 VISTA BONITA
NEW BRAUNFELS, TX 78130

PHONE (830) 624-1363
FAX (830) 624-1363
EMAIL BJPAERO@AOL.COM

RECEIVED

FLOYD WILKES
663 Flightline Dr
Bulverde, TX

APR 16 2002

COUNTY ENGINEER

**Aerobic System Maintenance
 Testing & Reporting Record**

1. Required frequency of visits is 3 times per year or every 4 months
 7-03

Contract Start Date 7/1/01

Actual Visit: Day of Week	Month	Date	Year
#1. _____	11	1	01
#2. _____	4	8	02
#3. _____			
(if needed) #4. _____			

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. The third copy is sent to the system owner along with an invoice for service by the maintenance company

Authorized Agent:
& Permit #: 82418

2. System Inspection:	Date #1	Date #2	Date #3	Date #4
	Operational Yes or No	Operational Yes or No	Operational Yes or No	Operational Yes or No
Inspected Item				
Chlorine Supply	✓	✓		
Aerators	✓	✓		
Air Filters	✓	✓		
Air Pump	✓	✓		
Irrigation Pump	✓	✓		
Disinfection Device	✓	✓		
Electrical Circuits	✓	✓		
Distribution System	✓	✓		
Spray Field Vegetation	✓	✓		
As Noted				

Inspector

Date #1 _____
 Signature *[Signature]*
 Print *BJ Johnson*

Date #2 _____
 Signature *[Signature]*
 Print _____

Date #3 _____
 Signature _____
 Print _____

Date #4 _____
 Signature _____
 Print _____

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

Date #1. *OK*

Date #2. *OK*

Date #3. _____

Date #4. _____

4. Circle Test Performed: (one is required)	mg/L	mpa/100ml	or trace	Results	Test Method
Date #1. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u>			Fecal Coliform	<i>1 mg/L</i>	<i>HTH</i>
Date #1. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u>			Fecal Coliform	<i>1 mg/L</i>	<i>()</i>
Date #1. BOD (Grab) TSS (Grab) CL2 (Grab)			Fecal Coliform		
Date #1. BOD (Grab) TSS (Grab) CL2 (Grab)			Fecal Coliform		

5. General Comments or Recommendations:

Date #1. _____

Date #2. _____

Date #3. _____

Date #4. _____

BJ's Aerobic Maintenance Service Company
Certified Class D Wastewater Operator

B. Johnson
1252 Vista Bonita
New Braunfels, TX 78130

Phone (830) 624-1363
Fax (830) 624-1363
email bjpaero@aol.com

82418

Aerobic Maintenance/Service Contract
Pete Johnson, Certified Maintenance Provider

In consideration of prepayment of this Service Contract cost indicated below, this Contract authorizes BJ's Aerobic Service Co. to provide the following:

() Initial 2 year Warranty

Continuing Service Agreement

During the service period specified, make regular inspection call and report each (4) months from the date of installation or the date of this Service Contract as required by T.N.R.C.C. regulations on the system at the following address:

Name: FLOYD E. WILKES
Address: 663 FLIGHTLINE DR
City/State/Zip: SPRING BRANCH, TX
Phone:

Inspection calls will include:

Permit # 82418

- A: An effluent quality inspection consisting of a visual check for color and examination for odor.
- B: Adjustment and servicing of any mechanical and electrical components that are out of order.
- C: Periodic sampling of settled solids in the aeration chamber.
- D: If any improper condition is observed which cannot be corrected at inspection time, the user will be notified in writing of the condition(s) and the estimated date of correction(s).
- E: Complaint response time is (48) forty-eight hours or less.

The cost of this Service Contract will be \$ 200.⁰⁰ and is effective from 7/1/03 to 7/1/04

Additional service (as ordered by customer), additional chlorine (after startup dosage). Replacement of any or all filters, replacement of "out of warranty" or no warranty components (alarms, compressors, etc.), laboratory test work, pumping of aerobic unit or pre-treatment tank (pumping done upon written authorization from by customer) is available at an additional cost and payable at the time the service is rendered, or unless otherwise stated on invoice.

IMPORTANT: This Warranty/Service Contract does not cover the cost of service calls, labor or materials which are required due to "mis-use or abuse" of the system; failure to maintain electrical power to the system; sprinklers that are broken; leaking, stopped up or otherwise malfunctioning; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non-biodegradable materials, solvents, grease, oil, paint, etc.; or any usage contrary to the requirements listed in the system owners manual or as advised by Authorized Service Representative.

Owner is responsible to maintain chlorine in chlorinator at all times.

A schedule of charges or parts and additional service is available by calling the phone number above.

Agreed and Accepted

Authorized Service Representative

Date

Owner signature

Date

Floyd E Wilkes 26 Jun 03

BJ's Aerobic Maintenance Service Company
 Certified Class D Wastewater Operator

B. Johnson
 1252 Vista Bonita
 New Braunfels, TX 78130

Phone (830) 624-1363
 Fax (830) 624-1363
 email bjpaero@aol.com

RECEIVED

Floyd Wilkes
667 Flightline Dr

SEP 02 2004

COUNTY ENGINEER

**Aerobic System Maintenance
 Testing & Reporting Record**

1. Required frequency of visits is 3 times per year or every 4 months

Contract Start Date	7 / 1 / 04		
Actual Visit: Day of Week	Month	Date	Year
#1.	7	1	04
#2.			
#3.			
(if needed) #4.			

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. The third copy is sent to the system owner along with an invoice for service by the maintenance company.

Authorized Agent: *Pete Johnson*
& Permit #: *82418*

Inspected Item	Date #1	Date #2	Date #3	Date #4
	Operational Yes or No	Operational Yes or No	Operational Yes or No	Operational Yes or No
Chlorine Supply:	✓			
Aerators:	✓			
Air Filters:	✓			
Air Pump:	✓			
Irrigation Pump:	✓			
Disinfection Device:	✓			
Electrical Circuits:	✓			
Distribution System:	✓			
Spray Field Vegetation:	✓			
As Noted:				

Inspector	
Date #1	<i>[Signature]</i>
Signature	
Print	
Date #2	
Signature	
Print	
Date #3	
Signature	
Print	
Date #4	
Signature	
Print	

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

Date #1. *Cleaned filters - CF Pump OK*
 Date #2. _____
 Date #3. _____
 Date #4. _____

4. Circle Test Performed: (one is required)	mg/L,	mpa/100ml,	or trace	Results	Test
Method					
Date #1.	BOD (Grab)	TSS (Grab)	<u>CL2 (Grab)</u>	Fecal Coliform	<i>2 sample</i> <i>High</i>
Date #2.	BOD (Grab)	TSS (Grab)	CL2 (Grab)	Fecal Coliform	
Date #3.	BOD (Grab)	TSS (Grab)	CL2 (Grab)	Fecal Coliform	

5. General Comments or Recommendations:

Date #1. _____
 Date #2. _____
 Date #3. _____
 Date #4. _____

BJ's Aerobic Maintenance Service Company
 Certified Class D Wastewater Operator

B. Johnson
 1252 Vista Bonita
 New Braunfels, TX 78130

Phone (830) 624-1363
 Fax (830) 624-1363
 email bjpaero@aol.com

Floyd Wilkes
667 Flightline Dr
Bellville, TX

RECEIVED
 SEP 02 2003

**Aerobic System Maintenance
 Testing & Reporting Record**

COUNTY ENGINEER

1. Required frequency of visits is 3 times per year or every 4 months

Contract Start Date 7/26/02

Actual Visit: Day of Week	Month	Date	Year
#1.	9	1	03
#2.	8	29	03
#3.	12	1	03
(if needed) #4.			

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. The third copy is sent to the system owner along with an invoice for service by the maintenance company.

Authorized Agent: *Pete Johnson*
& Permit #: *82418*

2. System Inspection:	Date #1	Date #2	Date #3	Date #4
	Operational Yes or No	Operational Yes or No	Operational Yes or No	Operational Yes or No
Inspected Item				
Chlorine Supply:	✓	✓	✓	
Aerators:	✓	✓	✓	
Air Filters:	✓	✓	✓	
Air Pump:	✓	✓	✓	
Irrigation Pump:	✓	✓	✓	
Disinfection Device:	✓	✓	✓	
Electrical Circuits:	✓	✓	✓	
Distribution System:	✓	✓	✓	
Spray Field Vegetation:	✓	✓	✓	
As Noted:				

Inspector

Date #1 *[Signature]*
 Signature _____
 Print _____

Date #2 *[Signature]*
 Signature _____
 Print _____

Date #3 *[Signature]*
 Signature _____
 Print _____

Date #4 _____
 Signature _____
 Print _____

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

Date #1. OK

Date #2. OK

Date #3. OK

Date #4. _____

4. Circle Test Performed: (one is required) mg/L, mpa/100ml, or trace

Method	Results	Test
Date #1. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u> Fecal Coliform	<i>1 mg/L</i>	<i>None</i>
Date #2. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u> Fecal Coliform	<i>1 mg/L</i>	<i>None</i>
Date #3. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u> Fecal Coliform	<i>1 mg/L</i>	<i>None</i>

5. General Comments or Recommendations:

Date #1. _____

Date #2. _____

Date #3. _____

Date #4. _____

BJ's AEROBIC MAINTENANCE SERVICE COMPANY
CERTIFIED CLASS D WASTEWATER OPERATOR

B. JOHNSON
1252 VISTA BONITA
NEW BRAUNFELS, TX 78130

PHONE (830) 624-1363
FAX (830) 624-1363
EMAIL BJFAERO@AOL.COM

RECEIVED

FLOYD WILKES
 663 Flightline Dr
 Bulverde, TX

SEP 08 2001

COUNTY ENGINEER

**Aerobic System Maintenance
 Testing & Reporting Record**

1. Required frequency of visits is 3 times per year or every 4 months

7-03

Contract Start Date	7	1	01
Actual Visit: Day of Week	Month	Date	Year
#1.	11	1	01
#2.	4	8	02
#3.	8	29	02
(if needed) #4.	12	7	02

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. The third copy is sent to the system owner along with an invoice for service by the maintenance company.

Authorized Agent: *PEL Johnson*

& Permit #: 8 2418

2. System Inspection:

Inspected Item	Date #1		Date #2		Date #3		Date #4	
	Operational Yes or No	Operational Yes or No	Operational Yes or No	Operational Yes or No	Operational Yes or No	Operational Yes or No	Operational Yes or No	
Chlorine Supply:	✓	✓	✓	✓	✓	✓	✓	
Aerators:	✓	✓	✓	✓	✓	✓	✓	
Air Filters:	✓	✓	✓	✓	✓	✓	✓	
Air Pump:	✓	✓	✓	✓	✓	✓	✓	
Irrigation Pump:	✓	✓	✓	✓	✓	✓	✓	
Disinfection Device:	✓	✓	✓	✓	✓	✓	✓	
Electrical Circuits:	✓	✓	✓	✓	✓	✓	✓	
Distribution System:	✓	✓	✓	✓	✓	✓	✓	
Spray Field Vegetation:	✓	✓	✓	✓	✓	✓	✓	
As Noted:								

Inspector	
Date #1	<i>PEL Johnson</i>
Signature	<i>PEL Johnson</i>
Print	PEL JOHNSON
Date #2	<i>PEL Johnson</i>
Signature	<i>PEL Johnson</i>
Print	PEL JOHNSON
Date #3	<i>PEL Johnson</i>
Signature	<i>PEL Johnson</i>
Print	PEL JOHNSON
Date #4	<i>PEL Johnson</i>
Signature	<i>PEL Johnson</i>
Print	PEL JOHNSON

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

Date #1.	OK
Date #2.	OK
Date #3.	OK
Date #4.	OK

4. Circle Test Performed: (one is required)	mg/L	mpa/100ml	or trace	Results	Test Method
Date #1. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u> Fecal Coliform				1.0 mg/l	MPN
Date #1. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u> Fecal Coliform				1.0 mg/l	"
Date #1. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u> Fecal Coliform				1.0 mg/l	"
Date #1. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u> Fecal Coliform				1.0 mg/l	"

5. General Comments or Recommendations:

Date #1.	
Date #2.	
Date #3.	
Date #4.	

BJ&S Aerobic Maintenance Service Company
Certified Class D Wastewater Operator

Stacey Neuman
19020 FM 1957
San Antonio TX 78253

830-931-5957-phone

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NOV 10 2005

COUNTY ENGINEER

Aerobic Maintenance/Service Contract
Stacey Neuman, Certified Maintenance Provider
Pete Johnson, Certified Maintenance Provider

Aerobic Maintenance Service Co. to provide the following:
In consideration of prepayment of this Service Contract cost indicated below, this Contract authorizes BJ&S
() Initial 2 year Warranty
(X) Continuing Service Agreement

During this period specified, make regular inspection calls and report each (4) months from the date of installation or the date of this Service Contract as required by T.C.E.Q. regulations on the system at the following address:

NAME: Floyd Wilkes
ADDRESS: 6603 Flightline Dr
CITY/STATE/ZIP: Spring Branch 78070
PHONE: 830 438 8529

82418

Inspection calls will include:

- A: An effluent quality inspection consisting of a visual check for color and examination for odor.
- B: Adjustment and servicing of any mechanical and electrical components that are out of order.
- C: Periodic sampling of settled soils in the aeration chamber.
- D: If any improper condition is observed which can not be corrected at inspection time, the user will be notified in writing of the condition(s) and the estimated date of corrections.

E: Complaint response time is (48) fortyeight hours or less.

The cost of this Service Contract will be \$ 200 and is effective from 07/05 to 07/06.

Additional service (as ordered by the customer) additional chlorine (after start up dosage). Replacement of any or all filters replacement of "out of warranty" or no warranty components (alarms, compressors, etc.), laboratory test work, pumping of aerobic unit or pre-treatment tank (pumping done upon written authorization from by customer) is available at an additional and payable at the time the service is rendered, or unless otherwise stated on invoice.

IMPORTANT: This Warranty/Service Contract does not cover the cost of service calls, labor or materials which are required due to "mis-use or abuse" of the system; failure to maintain electrical power to the system; sprinklers that are broken; leaking, stopped up or otherwise malfunctioning; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non-biodegradable materials, solvents, grease, oil; or any usage contrary to the requirements listed in the system owners manual or as advised by Authorized Service Representative.

******OWNER IS RESPONSIBLE TO MAINTAIN CHLORINE AT ALL TIMES.******

A SCHEDULE OF CHARGES OR PARTS AND ADDITIONAL SERVICE IS AVAILABLE BY CALLING THE PHONE NUMBER ABOVE.

Agreed and Accepted

P. Johnson
Authorized Service Rep. 7-7-05
Date

Floyd Wilkes
Home Owner 7/12/05
Date

BJ's Aerobic Maintenance Service Company
Certified Class D Wastewater Operator

B. Johnson
1252 Vista Bonita
New Braunfels, TX 78130

Phone (830) 624-1363
Fax (830) 624-1363
email bjpaero@aol.com

Aerobic Maintenance/Service Contract
Pete Johnson, Certified Maintenance Provider

In consideration of prepayment of this Service Contract cost indicated below, this Contract authorizes BJ's Aerobic Service Co. to provide the following:

() Initial 2 year Warranty

Continuing Service Agreement

During the service period specified, make regular inspection call and report each (4) months from the date of installation or the date of this Service Contract as required by T.N.R.C.C. regulations on the system at the following address:

X Name: *Floyd Wilkes*
X Address: *663 Flightline Dr*
X City/State/Zip: *Spring Branch, TX 78070*
X Phone: *210-391-6980*

P# 82418

RECEIVED

OCT 11 2006

Inspection calls will include:

- A: An effluent quality inspection consisting of a visual check for color and examination for odor.
- B: Adjustment and servicing of any mechanical and electrical components that are out of order. ENVIRONMENTAL HEALTH
- C: Periodic sampling of settled soils in the aeration chamber.
- D: If any improper condition is observed which cannot be corrected at inspection time, the user will be notified in writing of the condition(s) and the estimated date of correction(s).
- E: Complaint response time is (48) forty-eight hours or less.

The cost of this Service Contract will be \$ 200.⁰⁰ and is effective from Jul 06 to Jul 07

Additional service (as ordered by customer), additional chlorine (after startup dosage). Replacement of any or all filters, replacement of "out of warranty" or no warranty components (alarms, compressors, etc.), laboratory test work, pumping of aerobic unit or pre-treatment tank (pumping done upon written authorization from by customer) is available at an additional cost and payable at the time the service is rendered, or unless otherwise stated on invoice.

IMPORTANT: This Warranty/Service Contract does not cover the cost of service calls, labor or materials which are required due to "mis-use or abuse" of the system; failure to maintain electrical power to the system; sprinklers that are broken; leaking, stopped up or otherwise malfunctioning; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non-biodegradable materials, solvents, grease, oil, paint, etc.; or any usage contrary to the requirements listed in the system owners manual or as advised by Authorized Service Representative.


Owner is responsible to maintain chlorine in chlorinator at all times.

A schedule of charges or parts and additional service is available by calling the phone number above.

Agreed and Accepted


Authorized Service Representative

8-2-06
Date


Owner signature

8-2-06
Date

BJS Aerobic Maintenance Service Company
 Certified Class D Wastewater Operator

B. Johnson
 1252 Vista Bonita
 New Braunfels, TX 78130

Phone (830) 624-1363
 Fax (830) 624-1363
 email bjpaero@aol.com

Floyd Wilkes
 663 Flight Line Dr
 Spring Branch 78070
 210391 6980

Aerobic System Maintenance Testing & Reporting Record

1. Required frequency of visits is 3 times per year or every 4 months

Contract Start Date	7	5	06
Actual Visit: Day of Week	Month	Date	Year
#1.	7	5	06
#2.			
#3.			
(if needed) #4.			

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. The third copy is sent to the system owner along with an invoice for service by the maintenance company.

Authorized Agent: Tefe Johnson
 & Permit #: 82418

2. System Inspection:

Inspected Item	Date #1	Date #2	Date #3	Date #4
	Operational Yes or No	Operational Yes or No	Operational Yes or No	Operational Yes or No
Chlorine Supply:	/			
Aerators:	/			
Air Filters:	/			
Air Pump:	/			
Irrigation Pump:	/			
Disinfection Device:	/			
Electrical Circuits:	/			
Distribution System:	/			
Spray Field Vegetation:	/			
As Noted:				

Inspector

Date #1 [Signature]
 Signature
 Print

Date #2 RECEIVED
 Signature
 Print

Date #3 OCT 11 2006
 Signature
 Print

Date #4 ENVIRONMENTAL HEALTH
 Signature
 Print

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

Date #1. OK

Date #2. _____

Date #3. _____

Date #4. _____

4. Circle Test Performed: (one is required)

Method	mg/L	mpa/100ml	or trace	Results	Test
Date #1. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u> Fecal Coliform				<u>mg/L</u>	<u>Apch</u>
Date #2. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform				_____	_____
Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform				_____	_____
Date #4. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform				_____	_____

5. General Comments or Recommendations:

Date #1. _____

Date #2. _____

Date #3. _____

Date #4. _____

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

MC0000360

830-237-5760
Fax: (830-626-3127)

To: Floyd & Brenda Wilkes
663 Flightline Drive
Spring Branch, TX 78070

Permit No: 82418

3 inspections per year - one every 4 months

Site: 663 Flightline Drive

Date installed: July 2001

County: Comal

RECEIVED
SEP 04 2007
COUNTY ENGINEER

MAINTENANCE CONTRACT PERIOD: Start Date: 8/28/2007 End Date: 8/27/2008

Installer: Tony Williams
Agency: Comal County Environmental Health

Maintenance Co.: Comal Aerobic Management Systems
Manufacturer: Cajun Aire

AGREEMENT

I. General: This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between Client's Floyd & Brenda Wilkes (hereinafter referred to as "Client") residing or doing business at 663 Flightline Drive, Bulverde, TX 78163 and Comal Aerobic Management Systems (hereinafter referred to as Contractor), located at 1038 Krona Court, New Braunfels, TX 78132, (830)237-5760. By this agreement, Contractor agrees to render services, as agreed described herein, and Client agrees to fulfill his/her/their responsibilities under the agreement as described herein.

II. Effective Dates: This agreement commences on 8/28/2007 and runs for 1 year(s) thereafter. If this is an initial agreement, Contractor relies on Client to notify Contractor of the date of first use. Contractor must receive such notification within two (2) business days of the systems first use. If no notification is given to the Contractor within 90 days after the equipment is installed, Contractor will assume commencement of the agreement being the day the equipment was installed.

III. Renewal Terms: This agreement shall automatically renew for an additional 1 year(s) on the same terms as this Agreement unless either party gives written notice of the termination or if the Client fails to submit payment for such renewal. Contractor or Client, if choosing to terminate the Contract, must give the other, the local regulatory Agency and the equipment manufacture written notice at least 30 days prior to the end of the Contract. State law requires that aerobic maintenance contracts are to be renewed at least 30 days prior the ending of said Contract. Contractor will notify the Client 60 days prior to the Contracts ending. Client understands that state and local laws require Client to maintain a service contract in force at all time for the system.

IV. Services by Contractor: Contractor will provide the following services (hereafter referred to as the "Services").

1. In compliance with Agency, Comal County Environmental Health and Manufacture's Cajun Aire requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three (3) times per year. Contractor does not provide chlorine. **Client is solely responsible for maintaining chlorine in the chlorinator at all times.**

2. Contractor will provide a weather proof tag on the control panel containing company name, phone numbers and inspection dates.

3. Contractor will report all findings to the appropriate regulatory authority and to the Client, as required by both the State's on-site rules and the local Agency's rules. All findings must be reported to the local Agency within 14 days.

4. The Contractor's inspection will include the following: EFFLUENT QUALITY (color, turbidity, overflow and odor), ALARM FUNCTION, DISTRIBUTION SYSTEM, MECHANICAL OPERATION OF AERATION PUMP, CLEANING OF AERATION FILTERS, OPERATION OF EFFLUENT PUMP AND CHLORINE AVAILABILITY IN THE CHLORINATOR. (BOD & TSS annually on Commercial Accounts, Client is responsible for charges)
5. Contractor will respond to Client complaints, calls regarding visual or audible alarms, suspicious conditions or any problems that might confront the Client within 48 hours, excluding weekends and holidays. The Contractor will maintain a 24 hour answering service at 830-237-5760. These unscheduled responses may be billed to the Client.

SEP 04 2007

V. Client's Responsibilities:

1. **Maintain chlorinator and proper chlorine supply**, if OSSF is equipped with one. COUNTY ENGINEER
2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
3. Maintain a current license to operate, abide by conditions and limitations of that license and all requirements for an OSSF from State and the local agency as well as manufacturer's recommendations.
4. Immediately notify the Contractor of any alarms or problems with, including the failure of the OSSF.
5. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor, at Client's own expense.
6. Contractor will not be responsible for any warranty work; Client must contact the Installer for warranty problems. Contractor will repair warranty items if the installer cannot complete the repairs, however Client will be responsible for all charges. **Contractor does provide warranties on work and parts provided by CAMS.**
7. Not allow the backwash from water treatment or water conditioning equipment to enter the OSSF.
8. Maintain site drainage to prevent adverse effects on OSSF.
9. Promptly and fully pay Contractor's bills, fees or invoices as described herein.

VI. Site Location: Services are to be performed at the property at 663 Flightline Drive.

VII. Access by Contractor: Contractor is hereby granted an easement to the OSSF for the purpose of performing Services. Contractor may enter the property at reasonable times without prior notice for the purpose of performing the above described Services or repairs. Contractor will require access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of elevation required by the manufacturer and/or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client as additional service at the rate of \$50.00 per hour plus materials billed at list price. Excavated soil is to be replaced as best as reasonably possible.

Gate Code: _____ **Map:** 384A4

VIII. Payments: The fee for this agreement, \$200.00 only covers the Services described herein. This fee does not cover equipment or labor supplied for non warranty repairs or for charges for unscheduled Client requested trips to the Client's site. Payments for such additional services are due when services are provided or rendered. Payments not received within 10 days from due date will be subject to a \$20.00 late penalty and/or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees and all costs of collection incurred by Contractor in collection of any unpaid debt(s).

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, but 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.

Clients
 Printed Name: Floyd & Brenda Wilkes Signature: [Signature] Date: 8/27/2007

Client Phone Numbers: Home: 830-438-8529 Work _____ Cell: 210-391-6080

Contractor: Comal Aerobic Management Systems Signature: [Signature] Date: 8/27/2007
 MC0000360 James H. Sickles Jr. MP0000996

Comal Aerobic Management Systems MC0000360
1038 Krona Court
New Braunfels, TX 78132

830-237-5760
FAX 830-626-3127

TO: Floyd & Brenda Wilkes
663 Flightline Drive
Spring Branch, TX 78070
830-438-8529

Permit No.: 82418

3 inspections per year-one every 4 months

SITE: 663 Flightline Drive

County: Comal
Manufacturer: Cajun Aire
Gate Code:
Map: 38~~4~~ A4

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SEP 04 2007
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Inspection Type: Scheduled

Item:	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor Filter:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
OK System Light:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray Field Vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler/Drip Backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IT'S RECOMMENDED THAT THE SEPTIC SYSTEM BE PUMPED EVERY 3 YEARS

Test Results and Observations:

Chlorine Residual: = > 1 HACH

PSI: 2.7

CFM: 2.1

Repairs Made: Y N Add Chlorine: Y N

Repairs and Comments:

Had 4.7 PSI of backpressure & 1 CFM airflow.
Flushed diffuser, now have 2.7 PSI of backpressure and 2.1 CFM airflow.
Part times to dose in predawn hours. Will pump entire system
on 8/28/07 because of high sludge levels in ATU and pump
tanks. Added customer's chlorine

Inspector: Jim Seales

Date: 8/27/07

Comal Aerobic Management Systems MC0000360
1038 Krona Court
New Braunfels, TX 78132

830-237-5760
FAX 830-626-3127

TO: Floyd & Brenda Wilkes
663 Flightline Drive
Spring Branch, TX 78070
830-438-8529

Permit No.: 82418

3 inspections per year-one every 4 months

SITE: 663 Flightline Drive

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DEC 12 2007
COUNTY ENGINEER

County: Comal
Manufacturer: Cajun Aire
Gate Code: #1704
Map: 384 A4

Inspection Type:

Scheduled

Item:	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor Filter:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
OK System Light:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray Field Vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler/Drip Backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IT'S RECOMMENDED THAT THE SEPTIC SYSTEM BE PUMPED EVERY 3 YEARS

Test Results and Observations:

Chlorine Residual: 7.2 HACH

PSI: 2.8

CFM: 2.4

Repairs Made: N Add Chlorine: Y N

Repairs and Comments: Found 4.1 PSI of backpressure and 1.4 CFM
airflow. Flushed digester, now have 2.8 PSI of backpressure and
2.4 CFM airflow. Next time look to correct line.

Inspector:

Jim Seckels

Date:

12/7/07

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

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APR 18 2008

COUNTY ENGINEER

3/31/2008

Phone: (830) 237-5760

Fax: (830) 626-3127

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

PermitNo: 82418
Brand/Mfg.: - Cajun Aire
System S/N:
Aerator S/N:

Contract: 8/28/2007 - 8/27/2008

Inspections per year:

Service Due: 4/28/2008

Other:

Agency: Comal County Environmental Health

Phone: (830) 438-8529

County: Comal

Cell: (210) 391-6080

Subdivision:

Work:

Inspection Type: Scheduled Inspection # 3 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor Filter:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Alarm System Light:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and Observations:

Residual Chlorine: = > 1 ppm HACl

CFM: 2.0 PSI: 3.5

Repairs made: Y Add Chlorine: N

Repairs and Comments: Only 1 tablet left in chlorinator, added 3 tablets. Water quality is excellent, thank you for keeping chlorine in your system.

Inspector:

Jim Sedels

Date:

4/16/08

Area: 002/ 384 A4

GPS: ./. .

ID = 74

#1704

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AUG 25 2008

COUNTY ENGINEER

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

Phone: (830) 237-5760
Fax: (830) 626-3127

Date: 7/2/2008

Permit Number: 82418

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

Installed:

Contract Period

Start Date: 8/28/2008
End Date: 8/27/2009

Phone: (830) 438-8529 Subdivision:
Site: 663 Flightline Dr. Spring Branch, TX 78070
County: Comal
Installer:
Agency: Comal County Environmental Health
MFG: Cajun Aire

Comal Aerobic Management Systems
3 inspections/yr - one every 4 months

Map Key: 384 A4

AGREEMENT

I. General: This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Comal Aerobic Management Systems (hereinafter referred to as Contractor), located at 1038 Krona Court, New Braunfels, TX 78132, (830)237-5760. By this agreement, Contractor agrees to render services, as agreed described herein, and Client agrees to fulfill his/her/their responsibilities under the agreement as described herein.

II. Effective Dates: This agreement runs for 1 year after the Start Date above. If this is an initial agreement, Contractor relies on Client to notify Contractor of the date of first use. Contractor must receive such notification within two (2) business days of the systems first use. If no notification is given to the Contractor within 90 days after the equipment is installed, Contractor will assume commencement of the agreement being the day the equipment was installed.

III. Renewal Terms: This agreement shall automatically renew for an additional 1 year on the same terms as this Agreement unless either party gives written notice of the termination or if the Client fails to submit payment for such renewal. Contractor or Client, if choosing to terminate the Contract, must give the other and the local regulatory Agency written notice at least 30 days prior to the end of the Contract.

IV. Services by Contractor: Contractor will provide the following services (referred to as the "Services").

1. In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three (3) times per year. Contractor does not provide chlorine. Client is solely responsible for maintaining chlorine in the chlorinator at all times.
2. Contractor will provide a weather proof tag on the control panel containing company name, phone numbers and inspection dates.
3. Contractor will report all findings to the appropriate regulatory authority and to the Client, as required by both the State's on-site rules and the local Agency's rules. All findings must be reported to the local Agency within 14 days.
4. The Contractor's inspection will include the following; EFFLUENT QUALITY (color, turbidity, overflow and odor), ALARM FUNCTION, DISTRIBUTION SYSTEM, MECHANICAL OPERATION OF AERATION PUMP, CLEANING OF AERATION FILTERS, OPERATION OF EFFLUENT PUMP AND CHLORINE AVAILABILITY IN THE CHLORINATOR. (BOD & TSS annually on Commercial Accounts, Client is responsible for charges)
5. Contractor will respond to Client complaints, calls regarding visual or audible alarms, suspicious conditions or any problems that might confront the Client within 48 hours, excluding weekends and holidays. The Contractor will maintain a 24 hour answering service at 830-237-5760. These unscheduled responses may be billed to the Client.

RECEIVED

AUG 25 2008

COUNTY ENGINEER

V. Client's Responsibilities:

1. Maintain chlorinator and proper chlorine supply, if OSSF is equipped with one.
2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
3. Maintain a current license to operate, abide by conditions and limitations of that license and all requirements for an OSSF from State and the local agency as well as manufacturer's recommendations.
4. Immediately notify the Contractor of any alarms or problems with, including the failure of the OSSF.
5. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor, at Client's own expense.
6. Contractor will not be responsible for any warranty work; Client must contact the Installer for warranty problems. Contractor will repair warranty items if the installer cannot complete the repairs, however Client will be responsible for all charges. Contractor does provide warranties on work and parts provided by CAMS.
7. Not allow the backwash from water treatment or water conditioning equipment to enter the OSSF.
8. Maintain site drainage to prevent adverse effects on OSSF.
9. Promptly and fully pay Contractor's bills, fees or invoices as described herein.

~~VI. Access by Contractor: Contractor is hereby granted an easement to the OSSF for the purpose of performing~~ Services. Contractor may enter the property at reasonable times without prior notice for the purpose of performing the above described Services or repairs. Contractor will require access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of elevation required by the manufacturer and/or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client as additional service at the rate of \$50.00 per hour plus materials billed at list price. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement, only covers the Services described herein. This fee does not cover equipment or labor supplied for non warranty repairs or for charges for unscheduled Client requested trips to the Client's site. Payments for such additional services are due when services are provided or rendered. Payments not received within 10 days from due date will be subject to a \$20.00 late penalty and/or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees and all costs of collection incurred by Contractor in collection of any unpaid debt(s).

VIII. Severability: If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be held valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but 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.

Clients

Printed Name: FLOYD WILKES Signature: *Floyd Wilkes* Date: 8-23-08

Client Phone Numbers: Home: 830 4388529 Work: _____ Cell: 210 391 6980

Contractor: Comal Aerobic Management Systems Signature: *James H. Sickles Jr.* Date: 8/25/08
 MC0000360 James H. Sickles Jr. MP0000996

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

RECEIVED

8/23/2008

(830) 237-5760 COLONY ENGINEER

Mr. Floyd Wilkes

663 Flightline Dr.
Spring Branch, TX 78070

Cell Phone: (210) 391-6080

Home: (830) 438-8529

ID: 74

Inspections per year: 3

GPD: 0

Commercial:

Work:

Other:

Appointment?

Mfg: Cajun Aire

Brand:

S/N:

S/N:

Permit: 82418

Site: 663 Flightline Dr. Spring Branch, TX 78070

Agency: Comal County Environmental Health

County: Comal

Subdivision:

Service Due: 8/28/2008

Contract expires: 8/27/2009

Inspection Type: Scheduled Inspection # 1 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor Filter:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Alarm System Light:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and Observations:

Residual Chlorine: => 1ppm HACH

CFM: 2.4 PSI: 2.6

Repairs made: N Add Chlorine: N

Repairs and Comments:

#1704 Found 4.5 PSI of backpressure and 1.2 CFM airflow. Fluidal diffusers, now have 2.6 PSI of backpressure and 2.4 CFM airflow. Water quality is good, will become excellent in 5-7 days with more O² going into water. Thank you for keeping chlorine in system. Retired primary pump float. Added chlorine to system.

Inspector: Jim Stebbins

Date: 8/26/08

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

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DEC 10 2008

COUNTY ENGINEER

11/28/2008 Phone: (830) 237-5760
Fax: (830) 626-3127

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

PermitNo: 82418
Brand/Mfg.: Cajun Aire - Cajun Aire
System S/N:
Aerator S/N:

Contract: 8/28/2008 - 8/27/2009
Inspections per year: 3
Service Due: 12/28/2008
Other:

Agency: Comal County Environmental Health
County: Comal

Phone: (830) 438-8529
Cell: (210) 391-6080

Subdivision:

Work:

Inspection Type: Scheduled Inspection # 2 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor Filter:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Alarm System Light:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and Observations:

Residual Chlorine: = 71ppm HAC4

CFM: 2.4 PSI: 2.8

Repairs made: N Add Chlorine: Y / N

Repairs and Comments: Found 5.0 PSI of backpressure and 1.2 CFM airflow.

Flashed diffuser, now have 2.8 PSI of backpressure and 2.4 CFM airflow.

Water quality is good, will improve to excellent in 5-7 days.

Added chlorine to the system. Everything is good at this

time.

Inspector: Jim Seells

Date: 12/8/08

Area: 002 / 384 A4

GPS: . / .

ID = 74

RECEIVED

APR 08 2009

COUNTY ENGINEER

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

3/31/2009 Phone: (830) 237-5760
Fax: (830) 626-3127

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

PermitNo: 82418
Brand/Mfg.: Cajun Aire - Cajun Aire
System S/N:
Aerator S/N:

Contract: 8/28/2008 - 8/27/2009
Inspections per year: 3
Service Due: 4/28/2009
Other:

Agency: Comal County Environmental Health
County: Comal

Phone: (830) 438-8529
Cell: (210) 391-6080

Subdivision:

Work:

Inspection Type: Scheduled Inspection # 3 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor Filter:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Alarm System Light:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and Observations:

Residual Chlorine: = 21 ppm HACH

CFM: 2.6 PSI: 3.0

Repairs made: N Add Chlorine: Y /

Repairs and Comments: Flushed diffuser to get above readings. Water quality is excellent. Replaced burned out light bulb in HVA. Everything is good at this time.

Inspector:

Jim Seales

Date:

4/7/09

Area: 002 / 384 A4

GPS: . / .

ID = 74

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

RECEIVED

AUG 20 2009

COUNTY ENGINEER

7/31/2009 Phone: (830) 237-5760
Fax: (830) 626-3127

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

PermitNo: 82418
Brand/Mfg.: Cajun Aire - Cajun Aire
System S/N:
Aerator S/N:

Contract: 8/28/2009 - 8/27/2010
Inspections per year: 3
Service Due: 8/28/2009
Other:

Agency: Comal County Environmental Health

Phone: (830) 438-8529

County: Comal

Cell: (210) 391-6080

Subdivision:

Work:

Inspection Type: Scheduled Inspection # 1 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor Filter:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Alarm System Light:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and Observations:

Residual Chlorine: 2.7 ppm HACl

CFM: 2.2 PSI: 3-5

Repairs made: Y/ Add Chlorine: Y/

Repairs and Comments: Water quality is excellent. Everything is good at this time. Thank you for looking in your systems.

Inspector:

Jim Seible

Date:

8/18/09

Area: 002 / 384 A4

GPS: . . .

ID = 74

**Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132**

**RECEIVED
AUG 20 2009
COUNTY ENGINEER**

Date: 7/17/2009

Phone: (830) 237-5760
Fax: (830) 626-3127

**To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070**

Permit Number: 82418

Installed:

Contract Period

**Start Date: 8/28/2009
End Date: 8/27/2010**

Phone: (830) 438-8529 Subdivision:
Site: 663 Flightline Dr. Spring Branch, TX 78070
County: Comal
Installer:
Agency: Comal County Environmental Health
MFG: Cajun Aire

Comal Aerobic Management Systems
3 inspections/yr - one every 4 months

Map Key: 384 A4

AGREEMENT

I. General: This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Comal Aerobic Management Systems (hereinafter referred to as Contractor), located at 1038 Krona Court, New Braunfels, TX 78132, (830)237-5760. By this agreement, Contractor agrees to render services, as agreed described herein, and Client agrees to fulfill his/her/their responsibilities under the agreement as described herein.

II. Effective Dates: This agreement runs for 1 year after the Start Date above. If this is an initial agreement, Contractor relies on Client to notify Contractor of the date of first use. Contractor must receive such notification within two (2) business days of the systems first use. If no notification is given to the Contractor within 90 days after the equipment is installed, Contractor will assume commencement of the agreement being the day the equipment was installed.

III. Renewal Terms: This agreement shall renew for an additional 1 year on the same terms as this Agreement unless either party gives written notice of the termination or if the Client fails to submit payment for such renewal. Contractor or Client, if choosing to terminate the Contract, must give the other and the local regulatory Agency written notice at least 30 days prior to the end of the Contract.

IV. Services by Contractor: Contractor will provide the following services (referred to as the "Services").

1. In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three (3) times per year. Contractor does not provide chlorine. Client is solely responsible for maintaining chlorine in the chlorinator at all times.
2. Contractor will provide a weather proof tag on the control panel containing company name, phone numbers and inspection dates.
3. Contractor will report all findings to the appropriate regulatory authority and to the Client, as required by both the State's on-site rules and the local Agency's rules. All findings must be reported to the local Agency within 14 days.
4. The Contractor's inspection will include the following; EFFLUENT QUALITY (color, turbidity, overflow and odor), ALARM FUNCTION, DISTRIBUTION SYSTEM, MECHANICAL OPERATION OF AERATION PUMP, CLEANING OF AERATION FILTERS, OPERATION OF EFFLUENT PUMP AND CHLORINE AVAILABILITY IN THE CHLORINATOR. (BOD & TSS annually on Commercial Accounts, Client is responsible for charges)
5. Contractor will respond to Client complaints, calls regarding visual or audible alarms, suspicious conditions or any problems that might confront the Client within 48 hours, excluding weekends and holidays. The Contractor will maintain a 24 hour answering service at 830-237-5760. These unscheduled responses may be billed to the Client.

V. Client's Responsibilities:

1. Maintain chlorinator and proper chlorine supply, if OSSF is equipped with one.
2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
3. Maintain a current license to operate, abide by conditions and limitations of that license and all requirements for an OSSF from State and the local agency as well as manufacturer's recommendations.
4. Immediately notify the Contractor of any alarms or problems with, including the failure of the OSSF.
5. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor, at Client's own expense.
6. Contractor will not be responsible for any warranty work; Client must contact the Installer for warranty problems. Contractor will repair warranty items if the installer cannot complete the repairs, however Client will be responsible for all charges. Contractor does provide warranties on work and parts provided by CAMS.
7. Not allow the backwash from water treatment or water conditioning equipment to enter the OSSF.
8. Maintain site drainage to prevent adverse effects on OSSF.
9. Promptly and fully pay Contractor's bills, fees or invoices as described herein.

VI. Access by Contractor: Contractor is hereby granted an easement to the OSSF for the purpose of performing Services. Contractor may enter the property at reasonable times without prior notice for the purpose of performing the above described Services or repairs. Contractor will require access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of elevation required by the manufacturer and/or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client as additional service at the rate of \$50.00 per hour plus materials billed at list price. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement, only covers the Services described herein. This fee does not cover equipment or labor supplied for non warranty repairs or for charges for unscheduled Client requested trips to the Client's site. Payments for such additional services are due when services are provided or rendered. Payments not received within 10 days from due date will be subject to a \$20.00 late penalty and/or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees and all costs of collection incurred by Contractor in collection of any unpaid debt(s). Due date of invoices is 30 days after invoice date.

VIII. Severability: If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be held valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but 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.

Clients
 Printed Name: Floyd Wilkes Signature: Floyd Wilkes Date: 8-16-09
 Client Phone Numbers: Home: 830 436 5529 Work: _____ Cell: 210 391 6980
 Contractor: Comal Aerobic Management Systems Signature: James H. Sickles Jr. Date: 8/18/09
 MC0000360 James H. Sickles Jr. MP0000996

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

11/24/2009 Phone: (830) 237-5760
Fax: (830) 626-3127

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

PermitNo: 82418
Brand/Mfg.: Cajun Aire - Cajun Aire
System S/N:
Aerator S/N:

Contract: 8/28/2009 - 8/27/2010
Inspections per year: 3
Service Due: 12/28/2009
Other:

Agency: Comal County Environmental Health
County: Comal
Subdivision:

Phone: (830) 438-8529
Cell: (210) 391-6080
Work:

Inspection Type: Scheduled Inspection # 2 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor Filter:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Alarm System Light:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and Observations:
Arriving Residual Chlorine (Grab): 1.5 mg/L
Leaving Residual Chlorine (Grab): 1.5 mg/L

CFM: 2.8 PSI: 2.8

Repairs made: N Add Chlorine: Y N

Repairs and Comments:
Flushed diffuser to get above readings. Water quality is still excellent. Set time on timer to correct time. Cleaned chlorinator tube. All is good at this time.

Inspector: Jim Seadle

Date: 12/19/09
Area: 002 384 A4
GPS: ./.
ID = 74

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APR 12 2010

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

COUNTY ENGINEER

3/31/2010 Phone: (830) 237-5760
Fax: (830) 626-3127

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

PermitNo: 82418
Brand/Mfg.: Cajun Aire - Cajun Aire
System S/N:
Aerator S/N:

Contract: 8/28/2009 - 8/27/2010
Inspections per year: 3
Service Due: 4/28/2010
Other:

Agency: Comal County Environmental Health
County: Comal
Subdivision:

Phone: (830) 438-8529
Cell: (210) 391-6080
Work:

Inspection Type: Scheduled Inspection # 3 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<u>✓</u>	_____	_____
Air Compressor Filter:	<u>✓</u>	_____	_____
Air Compressor:	<u>✓</u>	_____	_____
Irrigation Pump:	<u>✓</u>	_____	_____
Disinfection device:	<u>✓</u>	_____	_____
Chlorine supply:	<u>✓</u>	_____	_____
Alarm System Light:	<u>✓</u>	_____	_____
Spray field vegetation:	<u>✓</u>	_____	_____
Sprinkler / Drip backwash:	<u>✓</u>	_____	_____

Test Results and Observations:

Arriving Residual Chlorine (Grab): 4.1 mg/L
Leaving Residual Chlorine (Grab): 1.1 mg/L

CFM: 2.6 PSI: 3.4

Repairs made: Y Add Chlorine: Y

Repairs and Comments:

Water quality is good.
Cleaned compressor filter
System functioning properly at this time.

Inspector: Jim Lichles

Date: 4/5/10

Area: 002 / 384 A4
GPS: . / .

ID = 74

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

7/27/2010 Phone: (830) 237-5760
Fax: (830) 626-3127

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

PermitNo: 82418
Brand/Mfg.: Cajun Aire - Cajun Aire
System S/N:
Aerator S/N:

Contract: 8/28/2010 - 8/27/2011
Inspections per year: 3
Service Due: 8/28/2010
Other:

Agency: Comal County Environmental Health
County: Comal
Subdivision:

Phone: (830) 438-8529
Cell: (210) 391-6080
Work:

Inspection Type: Scheduled Inspection # 1 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<u>Y</u>	<u>---</u>	<u>---</u>
Air Compressor Filter:	<u>Y</u>	<u>---</u>	<u>---</u>
Air Compressor:	<u>Y</u>	<u>---</u>	<u>---</u>
Irrigation Pump:	<u>Y</u>	<u>---</u>	<u>---</u>
Disinfection device:	<u>Y</u>	<u>---</u>	<u>---</u>
Chlorine supply:	<u>Y</u>	<u>---</u>	<u>---</u>
Alarm System Light:	<u>Y</u>	<u>---</u>	<u>---</u>
Spray field vegetation:	<u>Y</u>	<u>---</u>	<u>---</u>
Sprinkler / Drip backwash:	<u>Y</u>	<u>---</u>	<u>---</u>

Test Results and Observations:

Arriving Residual Chlorine (Grab): 1.0 mg/L
Leaving Residual Chlorine (Grab): 1.0 mg/L

CFM: 2.8 PSI: 3.0

Repairs made: Y Add Chlorine: Y

Repairs and Comments:

Water quality is good.
Acidized air drops to increase air flow
System is functioning properly at this time

Inspector: Jim Seale

Date: 8/5/10

Area: 002 / 384 A4
GPS: . / .

ID = 74

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

RECEIVED

AUG 05 2010

COUNTY ENGINEER

Phone: (830) 237-5760

Fax: (830) 626-3127

Date: 7/1/2010

Permit Number: 82418

Installed:

To: **Mr. Floyd Wilkes**
663 Flightline Dr.
Spring Branch, TX 78070

Contract Period

Start Date: 8/28/2010

End Date: 8/27/2011

Phone: (830) 438-8529 Subdivision:
 Site: 663 Flightline Dr. Spring Branch, TX 78070
 County: Comal
 Installer:
 Agency: Comal County Environmental Health
 MFG: Cajun Aire

Comal Aerobic Management Systems
 3 inspections/yr - one every 4 months

Map Key: 384 A4

AGREEMENT

I. General: This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Comal Aerobic Management Systems (hereinafter referred to as Contractor), located at 1038 Krona Court, New Braunfels, TX 78132, (830)237-5760. By this agreement, Contractor agrees to render services, as agreed described herein, and Client agrees to fulfill his/her/their responsibilities under the agreement as described herein.

II. Effective Dates: This agreement runs for 1 year after the Start Date above. If this is an initial agreement, Contractor relies on Client to notify Contractor of the date of first use. Contractor must receive such notification within two (2) business days of the systems first use. If no notification is given to the Contractor within 90 days after the equipment is installed, Contractor will assume commencement of the agreement being the day the equipment was installed.

III. Renewal Terms: This agreement shall renew for an additional 1 year on the same terms as this Agreement unless either party gives written notice of the termination or if the Client fails to submit payment for such renewal. Contractor or Client, if choosing to terminate the Contract, must give the other and the local regulatory Agency written notice at least 30 days prior to the end of the Contract.

IV. Services by Contractor: Contractor will provide the following services (referred to as the "Services").

1. In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three (3) times per year. Contractor does not provide chlorine. Client is solely responsible for maintaining chlorine in the chlorinator at all times.
2. Contractor will provide a weather proof tag on the control panel containing company name, phone numbers and inspection dates.
3. Contractor will report all findings to the appropriate regulatory authority and to the Client, as required by both the State's on-site rules and the local Agency's rules. All findings must be reported to the local Agency within 14 days.
4. The Contractor's inspection will include the following; EFFLUENT QUALITY (color, turbidity, overflow and odor), ALARM FUNCTION, DISTRIBUTION SYSTEM, MECHANICAL OPERATION OF AERATION PUMP, CLEANING OF AERATION FILTERS, OPERATION OF EFFLUENT PUMP AND CHLORINE AVAILABILITY IN THE CHLORINATOR. (BOD & TSS annually on Commercial Accounts, Client is responsible for charges)
5. Contractor will respond to Client complaints, calls regarding visual or audible alarms, suspicious conditions or any problems that might confront the Client within 48 hours, excluding weekends and holidays. The Contractor will maintain a 24 hour answering service at 830-237-5760. These unscheduled responses may be billed to the Client.

RECEIVED

AUG 05 2010

COUNTY ENGINEER

V. Client's Responsibilities:

1. Maintain chlorinator and proper chlorine supply, if OSSF is equipped with one.
2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
3. Maintain a current license to operate, abide by conditions and limitations of that license and all requirements for an OSSF from State and the local agency as well as manufacturer's recommendations.
4. Immediately notify the Contractor of any alarms or problems with, including the failure of the OSSF.
5. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor, at Client's own expense.
6. Contractor will not be responsible for any warranty work; Client must contact the Installer for warranty problems. Contractor will repair warranty items if the installer cannot complete the repairs, however Client will be responsible for all charges. Contractor does provide warranties on work and parts provided by CAMS.
7. Not allow the backwash from water treatment or water conditioning equipment to enter the OSSF.
8. Maintain site drainage to prevent adverse effects on OSSF.
9. Promptly and fully pay Contractor's bills, fees or invoices as described herein.

VI. Access by Contractor: Contractor is hereby granted an easement to the OSSF for the purpose of performing Services. Contractor may enter the property at reasonable times without prior notice for the purpose of performing the above described Services or repairs. Contractor will require access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of elevation required by the manufacturer and/or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client as additional service at the rate of \$50.00 per hour plus materials billed at list price. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement, only covers the Services described herein. This fee does not cover equipment or labor supplied for non warranty repairs or for charges for unscheduled Client requested trips to the Client's site. Payments for such additional services are due when services are provided or rendered. Payments not received within 10 days from due date will be subject to a \$20.00 late penalty and/or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees and all costs of collection incurred by Contractor in collection of any unpaid debt(s). Invoice due when service is completed. Contract Fee: \$ 225.00

VIII. Severability: If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be held valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but 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.

Clients

Printed Name: Floyd Wilkes Signature: Floyd Wilkes Date: 7-30-2010

Client Phone Numbers: Home: 830 438 8529 Work: _____ Cell: 210 391 6980

Contractor: Comal Aerobic Management Systems Signature: James H. Sickles Jr. Date: 7/31/10
MC0000360 James H. Sickles Jr. MP0000996

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

11/25/2010 Phone: (830) 237-5760
Fax: (830) 626-3127

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

PermitNo: 82418
Brand/Mfg.: Cajun Aire - Cajun Aire
System S/N:
Aerator S/N:

Contract: 8/28/2010 - 8/27/2011
Inspections per year: 3
Service Due: 12/28/2010
Other:

Agency: Comal County Environmental Health
County: Comal
Subdivision:

Phone: (830) 438-8529
Cell: (210) 391-6080
Work:

Inspection Type: Scheduled Inspection # 2 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<u>✓</u>	_____	_____
Air Compressor Filter:	<u>✓</u>	_____	_____
Air Compressor:	<u>✓</u>	_____	_____
Irrigation Pump:	<u>✓</u>	_____	_____
Disinfection device:	<u>✓</u>	_____	_____
Chlorine supply:	<u>✓</u>	_____	_____
Alarm System Light:	<u>✓</u>	_____	_____
Spray field vegetation:	<u>✓</u>	_____	_____
Sprinkler / Drip backwash:	<u>✓</u>	_____	_____

Test Results and Observations:
Arriving Residual Chlorine (Grab): 1.0 mg/L
Leaving Residual Chlorine (Grab): 1.0 mg/L

CFM: 2.4 PSI: 3.2

Repairs made: Y N Add Chlorine: Y N

Repairs and Comments:

Water quality is good.
Repaired air compressor
System is functioning properly at this time

Inspector: Jim Seibles

Date: 12/8/10

Area: 002 / 384 A4

GPS: . / .

ID = 74

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

4/1/2011 Phone: (830) 237-5760
Fax: (830) 626-3127

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

PermitNo: 82418
Brand/Mfg.: Cajun Aire - Cajun Aire
System S/N:
Aerator S/N:

Contract: 8/28/2010 - 8/27/2011
Inspections per year: 3
Service Due: 4/28/2011
Other:

Agency: Comal County Environmental Health
County: Comal
Subdivision:

Phone: (830) 438-8529
Cell: (210) 391-6080
Work:

Inspection Type: Scheduled Inspection # 3 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor Filter:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Alarm System Light:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and Observations:

Arriving Residual Chlorine (Grab): 1.0 mg/L
Leaving Residual Chlorine (Grab): 1.0 mg/L

CFM: 2.5 PSI: 3.1

Repairs made: Y/ Add Chlorine: Y/

Repairs and Comments:

Water quality is good.
System is operating properly at this time.

Inspector:

Jim Seib

Date:

4/5/11

Area: 002 / 384 A4

GPS: ./. .

ID = 74

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

Phone: (830) 237-5760

Fax: (830) 626-3127

Date: 7/11/2011

Permit Number: 82418

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

Installed:

Contract Period**Start Date: 8/28/2011****End Date: 8/27/2012**

Phone: (830) 438-8529 Subdivision:
Site: 663 Flightline Dr. Spring Branch, TX 78070
County: Comal
Installer:
Agency: Comal County Environmental Health
MFG: Cajun Aire

Comal Aerobic Management Systems
3 inspections/yr - one every 4 months

Map Key: 384 A4

AGREEMENT

I. General: This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Comal Aerobic Management Systems (hereinafter referred to as Contractor), located at 1038 Krona Court, New Braunfels, TX 78132, (830)237-5760. By this agreement, Contractor agrees to render services, as agreed described herein, and Client agrees to fulfill his/her/their responsibilities under the agreement as described herein.

II. Effective Dates: This agreement runs for 1 year after the Start Date above. If this is an initial agreement, Contractor relies on Client to notify Contractor of the date of first use. Contractor must receive such notification within two (2) business days of the systems first use. If no notification is given to the Contractor within 90 days after the equipment is installed, Contractor will assume commencement of the agreement being the day the equipment was installed.

III. Renewal Terms: This agreement shall renew for an additional 1 year on the same terms as this Agreement unless either party gives written notice of the termination or if the Client fails to submit payment for such renewal. Contractor or Client, if choosing to terminate the Contract, must give the other and the local regulatory Agency written notice at least 30 days prior to the end of the Contract.

IV. Services by Contractor: Contractor will provide the following services (referred to as the "Services").

1. In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three (3) times per year. Contractor does not provide chlorine. Client is solely responsible for maintaining chlorine in the chlorinator at all times.
2. Contractor will provide a weather proof tag on the control panel containing company name, phone numbers and inspection dates.
3. Contractor will report all findings to the appropriate regulatory authority and to the Client, as required by both the State's on-site rules and the local Agency's rules. All findings must be reported to the local Agency within 14 days.
4. The Contractor's inspection will include the following; EFFLUENT QUALITY (color, turbidity, overflow and odor), ALARM FUNCTION, DISTRIBUTION SYSTEM, MECHANICAL OPERATION OF AERATION PUMP, CLEANING OF AERATION FILTERS, OPERATION OF EFFLUENT PUMP AND CHLORINE AVAILABILITY IN THE CHLORINATOR. (BOD & TSS annually on Commercial Accounts, Client is responsible for charges)
5. Contractor will respond to Client complaints, calls regarding visual or audible alarms, suspicious conditions or any problems that might confront the Client within 48 hours, excluding weekends and holidays. The Contractor will maintain a 24 hour answering service at 830-237-5760. These unscheduled responses may be billed to the Client.

V. Client's Responsibilities:

1. Maintain chlorinator and proper chlorine supply, if OSSF is equipped with one.
2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
3. Maintain a current license to operate, abide by conditions and limitations of that license and all requirements for an OSSF from State and the local agency as well as manufacturer's recommendations.
4. Immediately notify the Contractor of any alarms or problems with, including the failure of the OSSF.
5. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor, at Client's own expense.
6. Contractor will not be responsible for any warranty work; Client must contact the Installer for warranty problems. Contractor will repair warranty items if the installer cannot complete the repairs, however Client will be responsible for all charges. Contractor does provide warranties on work and parts provided by CAMS.
7. Not allow the backwash from water treatment or water conditioning equipment to enter the OSSF.
8. Maintain site drainage to prevent adverse effects on OSSF.
9. Promptly and fully pay Contractor's bills, fees or invoices as described herein.

VI. Access by Contractor: Contractor is hereby granted an easement to the OSSF for the purpose of performing Services. Contractor may enter the property at reasonable times without prior notice for the purpose of performing the above described Services or repairs. Contractor will require access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of elevation required by the manufacturer and/or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client as additional service at the rate of \$50.00 per hour plus materials billed at list price. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement, only covers the Services described herein. This fee does not cover equipment or labor supplied for non warranty repairs or for charges for unscheduled Client requested trips to the Client's site. Payments for such additional services are due when services are provided or rendered. Payments not received within 10 days from due date will be subject to a \$20.00 late penalty and/or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees and all costs of collection incurred by Contractor in collection of any unpaid debt(s). Invoice due when service is completed. Contract Fee: \$ 225.00

VIII. Severability: If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be held valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but 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.

Clients

Printed Name: Floyd Wilkes Signature: Floyd Wilkes Date: 8/10/2011

Client Phone Numbers: Home: 830 438 8529 Work: _____ Cell: 210 391 6980

Contractor: Comal Aerobic Management Systems Signature: James H. Sickles Jr. Date: 8/12/2011
 MC0000360 James H. Sickles Jr. MP0000096

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

7/28/2011

Phone: (830) 237-5760

Fax: (830) 626-3127

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

PermitNo: 82418
Brand/Mfg.: Cajun Aire - Cajun Aire
System S/N:
Aerator S/N:

Contract: 8/28/2011 - 8/27/2012

Inspections per year: 3

Service Due: 8/28/2011

Other:

Agency: Comal County Environmental Health

County: Comal

Phone: (830) 438-8529

Cell: (210) 391-6080

Subdivision:

Work:

Inspection Type: Scheduled Inspection # 1 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u> </u>	<u> </u>
Air Compressor Filter:	<u>/</u>	<u> </u>	<u> </u>
Air Compressor:	<u>/</u>	<u> </u>	<u> </u>
Irrigation Pump:	<u>/</u>	<u> </u>	<u> </u>
Disinfection device:	<u>/</u>	<u> </u>	<u> </u>
Chlorine supply:	<u>/</u>	<u> </u>	<u> </u>
Alarm System Light:	<u>/</u>	<u> </u>	<u> </u>
Spray field vegetation:	<u>/</u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u>/</u>	<u> </u>	<u> </u>

Test Results and Observations:

Arriving Residual Chlorine (Grab): 0.10 mg/L

Leaving Residual Chlorine (Grab): 0.10 mg/L

CFM: 2.6 PSI: 30

Repairs made: Y N Add Chlorine: Y N

Repairs and Comments:

Water quality is good.

System is functioning properly at this time.

Inspector: _____

Date: 8/10/11

Area: 002 / 384 A4

GPS: . / .

ID = 74

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

11/29/2011

Phone: (830) 237-5760

Fax: (830) 626-3127

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

PermitNo: 82418
Brand/Mfg.: Cajun Aire - Cajun Aire
System S/N:
Aerator S/N:

Contract: 8/28/2011 - 8/27/2012

Inspections per year: 3

Service Due: 12/28/2011

Other:

Agency: Comal County Environmental Health

County: Comal

Phone: (830) 438-8529

Cell: (210) 391-6080

Subdivision:

Work:

Inspection Type: Scheduled Inspection # 2 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor Filter:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Alarm System Light:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and Observations:

Arriving Residual Chlorine (Grab): 0.15 mg/L

Leaving Residual Chlorine (Grab): 0.15 mg/L

CFM: 2.2 PSI: 3.2

Repairs made: Y Add Chlorine: Y

Repairs and Comments:

Water quality is good -
System is functioning properly at this time -

Inspector:

Jim Seales

Date:

12/27/11

Area: 002 / 384 A4

GPS: . / .

ID = 74

**Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132**

4/1/2012 Phone: (830) 237-5760
Fax: (830) 626-3127

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

PermitNo: 82418
Brand/Mfg.: Cajun Aire - Cajun Aire
System S/N:
Aerator S/N:

Contract: 8/28/2011 - 8/27/2012
Inspections per year: 3
Service Due: 4/28/2012
Other:

Agency: Comal County Environmental Health
County: Comal

Phone: (830) 438-8529
Cell: (210) 391-6080

Subdivision:

Work:

Inspection Type: Scheduled Inspection # 3 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor Filter:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Alarm System Light:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and Observations:

Arriving Residual Chlorine (Grab): 0.15 mg/L
Leaving Residual Chlorine (Grab): 0.15 mg/L

CFM: 2.2 PSI: 3.5

Repairs made: Y/N Add Chlorine: Y/N

Repairs and Comments:

Water quality is good
System is functioning properly at this time.

Inspector:

Jim Sechler

Date:

4/17/12

Area: 002 / 384 A4

GPS: . / .

ID = 74

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

7/30/2012 Phone: (830) 237-5760
Fax: (830) 626-3127

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

PermitNo: 82418
Brand/Mfg.: Cajun Aire - Cajun Aire
System S/N:
Aerator S/N:

Contract: 8/28/2012 - 8/27/2013
Inspections per year: 3
Service Duc: 8/28/2012
Other:

Agency: Comal County Environmental Health
County: Comal
Subdivision:

Phone: (830) 438-8529
Cell: (210) 391-6080
Work:

Inspection Type: Scheduled Inspection # 1 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	_____	_____
Air Compressor Filter:	<u>/</u>	_____	_____
Air Compressor:	<u>/</u>	_____	_____
Irrigation Pump:	<u>/</u>	_____	_____
Disinfection device:	<u>/</u>	_____	_____
Chlorine supply:	<u>/</u>	_____	_____
Alarm System Light:	<u>/</u>	_____	_____
Spray field vegetation:	<u>/</u>	_____	_____
Sprinkler / Drip backwash:	<u>/</u>	_____	_____

Test Results and Observations:
Arriving Residual Chlorine (Grab): 0.18 mg/L
Leaving Residual Chlorine (Grab): 0.10 mg/L

CFM: 2.6 PSI: 3.0

Repairs made: Y N Add Chlorine: Y N

Repairs and Comments:

Water quality is good
Flushed air drops.
System is functioning properly at this time.

Inspector: Jim Lechle

Date: 8/15/12
Area: 002 / 384 A4
GPS: . / .

ID = 74

**Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132**

Phone: (830) 237-5760

Fax: (830) 626-3127

Date: 7/12/2012

Permit Number: 82418

**To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070**

Installed:

Contract Period

Start Date: 8/28/2012

End Date: 8/27/2013

Phone: (830) 438-8529 Subdivision:
Site: 663 Flightline Dr. Spring Branch, TX 78070
County: Comal
Installer:
Agency: Comal County Environmental Health
MFG: Cajun Aire

Comal Aerobic Management Systems
3 inspections/yr - one every 4 months

Map Key: 384 A4

AGREEMENT

I. General: This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Comal Aerobic Management Systems (hereinafter referred to as Contractor), located at 1038 Krona Court, New Braunfels, TX 78132, (830)237-5760. By this agreement, Contractor agrees to render services, as agreed described herein, and Client agrees to fulfill his/her/their responsibilities under the agreement as described herein.

II. Effective Dates: This agreement runs for 1 year after the Start Date above. If this is an initial agreement, Contractor relies on Client to notify Contractor of the date of first use. Contractor must receive such notification within two (2) business days of the systems first use. If no notification is given to the Contractor within 90 days after the equipment is installed, Contractor will assume commencement of the agreement being the day the equipment was installed.

III. Renewal Terms: This agreement shall renew for an additional 1 year on the same terms as this Agreement unless either party gives written notice of the termination or if the Client fails to submit payment for such renewal. Contractor or Client, if choosing to terminate the Contract, must give the other and the local regulatory Agency written notice at least 30 days prior to the end of the Contract.

IV. Services by Contractor: Contractor will provide the following services (referred to as the "Services").

1. In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three (3) times per year. Contractor does not provide chlorine. Client is solely responsible for maintaining chlorine in the chlorinator at all times.
2. Contractor will provide a weather proof tag on the control panel containing company name, phone numbers and inspection dates.
3. Contractor will report all findings to the appropriate regulatory authority and to the Client, as required by both the State's on-site rules and the local Agency's rules. All findings must be reported to the local Agency within 14 days.
4. The Contractor's inspection will include the following; **EFFLUENT QUALITY** (color, turbidity, overflow and odor), **ALARM FUNCTION**, **DISTRIBUTION SYSTEM**, **MECHANICAL OPERATION OF AERATION PUMP**, **CLEANING OF AERATION FILTERS**, **OPERATION OF EFFLUENT PUMP AND CHLORINE AVAILABILITY IN THE CHLORINATOR**. (BOD & TSS annually on Commercial Accounts, Client is responsible for charges)
5. Contractor will respond to Client complaints, calls regarding visual or audible alarms, suspicious conditions or any problems that might confront the Client within 48 hours, excluding weekends and holidays. The Contractor will maintain a 24 hour answering service at 830-237-5760. These unscheduled responses may be billed to the Client.

V. Client's Responsibilities:

1. Maintain chlorinator and proper chlorine supply, if OSSF is equipped with one.
2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
3. Maintain a current license to operate, abide by conditions and limitations of that license and all requirements for an OSSF from State and the local agency as well as manufacturer's recommendations.
4. Immediately notify the Contractor of any alarms or problems with, including the failure of the OSSF.
5. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor, at Client's own expense.
6. Contractor will not be responsible for any warranty work; Client must contact the Installer for warranty problems. Contractor will repair warranty items if the installer cannot complete the repairs, however Client will be responsible for all charges. Contractor does provide warranties on work and parts provided by CAMS.
7. Not allow the backwash from water treatment or water conditioning equipment to enter the OSSF.
8. Maintain site drainage to prevent adverse effects on OSSF.
9. Promptly and fully pay Contractor's bills, fees or invoices as described herein.

VI. Access by Contractor: Contractor is hereby granted an easement to the OSSF for the purpose of performing Services. Contractor may enter the property at reasonable times without prior notice for the purpose of performing the above described Services or repairs. Contractor will require access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of elevation required by the manufacturer and/or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client as additional service at the rate of \$50.00 per hour plus materials billed at list price. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement, only covers the Services described herein. This fee does not cover equipment or labor supplied for non warranty repairs or for charges for unscheduled Client requested trips to the Client's site. Payments for such additional services are due when services are provided or rendered. Payments not received within 10 days from due date will be subject to a \$20.00 late penalty and/or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees and all costs of collection incurred by Contractor in collection of any unpaid debt(s). Invoice due when service is completed. Contract Fee: \$ 225.00

VIII. Severability: If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be held valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but 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.

Clients

Printed Name: Floyd Wilkes Signature: Floyd Wilkes Date: 7-15-2012

Client Phone Numbers: Home: 830 438 8529 Work: _____ Cell: 210 391 6980

Contractor: Comal Aerobic Management Systems Signature: James H. Sickles Jr. Date: 8/20/2012
 MC0000360 James H. Sickles Jr. MP0000996

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

12/1/2012 Phone: (830) 237-5760
Fax: (830) 626-3127

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

PermitNo: 82418
Brand/Mfg.: Cajun Aire - Cajun Aire
System S/N:
Aerator S/N:

Contract: 8/28/2012 - 8/27/2013
Inspections per year: 3
Service Due: 12/28/2012
Other:

Agency: Comal County Environmental Health
County: Comal

Phone: (830) 438-8529
Cell: (210) 391-6080

Subdivision:

Work:

Inspection Type: Scheduled Inspection # 2 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor Filter:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Alarm System Light:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and Observations:

Arriving Residual Chlorine (Grab): 0.15 mg/L
Leaving Residual Chlorine (Grab): 0.15 mg/L

CFM: 2.6 PSI: 3.0

Repairs made: Y/ Add Chlorine: Y/

Repairs and Comments:

Water quality is good.

System is functioning properly at this time.

3 in sludge in P-tank

Inspector:

Jim Lechle

Date:

12/11/12

Area: 002 / 384 A4

GPS: . / .

ID = 74

**Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132**

3/31/2013 Phone: (830) 237-5760
Fax: (830) 626-3127

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

PermitNo: 82418
Brand/Mfg.: Cajun Aire - Cajun Aire
System S/N:
Aerator S/N:

Contract: 8/28/2012 - 8/27/2013
Inspections per year: 3
Service Due: 4/28/2013
Other:

Agency: Comal County Environmental Health
County: Comal

Phone: (830) 438-8529
Cell: (210) 391-6080

Subdivision:

Work:

Inspection Type: Scheduled Inspection # 3 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	_____	_____
Air Compressor Filter:	<u>/</u>	_____	_____
Air Compressor:	<u>/</u>	_____	_____
Irrigation Pump:	<u>/</u>	_____	_____
Disinfection device:	<u>/</u>	_____	_____
Chlorine supply:	<u>/</u>	_____	_____
Alarm System Light:	<u>/</u>	_____	_____
Spray field vegetation:	<u>/</u>	_____	_____
Sprinkler / Drip backwash:	<u>/</u>	_____	_____

Test Results and Observations:

Arriving Residual Chlorine (Grab): 0.10 mg/L

Leaving Residual Chlorine (Grab): 0.10 mg/L

CFM: 2.2 PSI: 3.5

Repairs made: Y N Add Chlorine: Y N

Repairs and Comments:

Water quality is good.
System is functioning properly at this time.

Inspector: Jim Locke

Date: 4/15/13

Area: 002 / 384 A4

GPS: ./. .

ID = 74

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

Phone: (830) 237-5760

Fax: (830) 626-3127

Date: 7/1/2013

Permit Number: 82418

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

Installed:

Contract Period

Start Date: 8/28/2013

End Date: 8/27/2014

Phone: (830) 438-8529 Subdivision:
Site: 663 Flightline Dr. Spring Branch, TX 78070
County: Comal
Installer:
Agency: Comal County Environmental Health
MFG: Cajun Aire

Comal Aerobic Management Systems
3 inspections/yr - one every 4 months

Map Key: 384 A4

AGREEMENT

I. General: This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Comal Aerobic Management Systems (hereinafter referred to as Contractor), located at 1038 Krona Court, New Braunfels, TX 78132, (830)237-5760. By this agreement, Contractor agrees to render services, as agreed described herein, and Client agrees to fulfill his/her/their responsibilities under the agreement as described herein.

II. Effective Dates: This agreement runs for 1 year after the Start Date above. If this is an initial agreement, Contractor relies on Client to notify Contractor of the date of first use. Contractor must receive such notification within two (2) business days of the systems first use. If no notification is given to the Contractor within 90 days after the equipment is installed, Contractor will assume commencement of the agreement being the day the equipment was installed.

III. Renewal Terms: This agreement shall renew for an additional 1 year on the same terms as this Agreement unless either party gives written notice of the termination or if the Client fails to submit payment for such renewal. Contractor or Client, if choosing to terminate the Contract, must give the other and the local regulatory Agency written notice at least 30 days prior to the end of the Contract.

IV. Services by Contractor: Contractor will provide the following services (referred to as the "Services").

1. In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three (3) times per year. Contractor does not provide chlorine. Client is solely responsible for maintaining chlorine in the chlorinator at all times.
2. Contractor will provide a weather proof tag on the control panel containing company name, phone numbers and inspection dates.
3. Contractor will report all findings to the appropriate regulatory authority and to the Client, as required by both the State's on-site rules and the local Agency's rules. All findings must be reported to the local Agency within 14 days.
4. The Contractor's inspection will include the following; EFFLUENT QUALITY (color, turbidity, overflow and odor), ALARM FUNCTION, DISTRIBUTION SYSTEM, MECHANICAL OPERATION OF AERATION PUMP, CLEANING OF AERATION FILTERS, OPERATION OF EFFLUENT PUMP AND CHLORINE AVAILABILITY IN THE CHLORINATOR. (BOD & TSS annually on Commercial Accounts, Client is responsible for charges)
5. Contractor will respond to Client complaints, calls regarding visual or audible alarms, suspicious conditions or any problems that might confront the Client within 48 hours, excluding weekends and holidays. The Contractor will maintain a 24 hour answering service at 830-237-5760. These unscheduled responses may be billed to the Client.

V. Client's Responsibilities:

1. Maintain chlorinator and proper chlorine supply, if OSSF is equipped with one.
2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
3. Maintain a current license to operate, abide by conditions and limitations of that license and all requirements for an OSSF from State and the local agency as well as manufacturer's recommendations.
4. Immediately notify the Contractor of any alarms or problems with, including the failure of the OSSF.
5. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor, at Client's own expense.
6. Contractor will not be responsible for any warranty work; Client must contact the Installer for warranty problems. Contractor will repair warranty items if the installer cannot complete the repairs, however Client will be responsible for all charges. Contractor does provide warranties on work and parts provided by CAMS.
7. Not allow the backwash from water treatment or water conditioning equipment to enter the OSSF.
8. Maintain site drainage to prevent adverse effects on OSSF.
9. Promptly and fully pay Contractor's bills, fees or invoices as described herein.

VI. Access by Contractor: Contractor is hereby granted an easement to the OSSF for the purpose of performing Services. Contractor may enter the property at reasonable times without prior notice for the purpose of performing the above described Services or repairs. Contractor will require access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of elevation required by the manufacturer and/or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client as additional service at the rate of \$50.00 per hour plus materials billed at list price. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement, only covers the Services described herein. This fee does not cover equipment or labor supplied for non warranty repairs or for charges for unscheduled Client requested trips to the Client's site. Payments for such additional services are due when services are provided or rendered. Payments not received within 10 days from due date will be subject to a \$20.00 late penalty and/or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees and all costs of collection incurred by Contractor in collection of any unpaid debt(s). Invoice due when service is completed. Contract Fee: \$725.00

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

Client's
 Printed Name: Floyd Wilkes Signature: Floyd Wilkes Date: 8/13/2013

Client Phone Numbers: Home: 8304388529 Work: _____ Cell: 210 391 6980

Contractor: Comal Aerobic Management Systems Signature: James H. Sickles Jr. Date: 8/15/2013
 MC0000360 James H. Sickles Jr. MP0000996

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

7/30/2013 Phone: (830) 237-5760
 Fax: (830) 626-3127

To: Mr. Floyd Wilkes
 663 Flightline Dr.
 Spring Branch, TX 78070

PermitNo: 82418
 Brand/Mfg.: Cajun Aire - Cajun Aire
 System S/N:
 Aerator S/N:

Contract: 8/28/2013 - 8/27/2014
 Inspections per year: 3
 Service Due: 8/28/2013
 Other:

Agency: Comal County Environmental Health
 County: Comal

Phone: (830) 438-8529
 Cell: (210) 391-6080

Subdivision:

Work:

Inspection Type: Scheduled Inspection # 1 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u> </u>	<u> </u>
Air Compressor Filter:	<u>/</u>	<u> </u>	<u> </u>
Air Compressor:	<u>/</u>	<u> </u>	<u> </u>
Irrigation Pump:	<u>/</u>	<u> </u>	<u> </u>
Disinfection device:	<u>/</u>	<u> </u>	<u> </u>
Chlorine supply:	<u>/</u>	<u> </u>	<u> </u>
Alarm System Light:	<u>/</u>	<u> </u>	<u> </u>
Spray field vegetation:	<u>/</u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u>/</u>	<u> </u>	<u> </u>

Test Results and Observations:

Arriving Residual Chlorine (Grab): 0.10 mg/L
 Leaving Residual Chlorine (Grab): 0.10 mg/L

CFM: 2.5 PSI: 3.3

Repairs made: Y Add Chlorine: Y
 Repairs and Comments:

Water quality is good. Checked for roots -
none apparent.
System is functioning properly at this time.

Inspector: Jim Dicks Date: 8/19/13
 Area: 002 / 384 A4
 GPS: . / .

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

11/17/2013 Phone: (830) 237-5760
Fax: (830) 626-3127

To: Mr. Floyd Wilkes
663 Flightline Dr.
Spring Branch, TX 78070

PermitNo: 82418
Brand/Mfg.: Cajun Aire - Cajun Aire
System S/N:
Aerator S/N:

Contract: 8/28/2013 - 8/27/2014
Inspections per year: 3
Service Due: 12/28/2013
Other:

Agency: Comal County Environmental Health
County: Comal
Subdivision:

Phone: (830) 438-8529
Cell: (210) 391-6080
Work:

Inspection Type: Scheduled Inspection # 2 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	—	—
Air Compressor Filter:	<u>/</u>	—	—
Air Compressor:	<u>/</u>	—	—
Irrigation Pump:	<u>/</u>	—	—
Disinfection device:	<u>/</u>	—	—
Chlorine supply:	<u>/</u>	—	—
Alarm System Light:	<u>/</u>	—	—
Spray field vegetation:	<u>/</u>	—	—
Sprinkler / Drip backwash:	<u>/</u>	—	—

Test Results and Observations:

Arriving Residual Chlorine (Grab): 0.10 mg/L
Leaving Residual Chlorine (Grab): 0.10 mg/L

CFM: 2.6 PSI: 3.4
Repairs made: Y Add Chlorine: Y

Inspection Ports Secured After Inspection HS

Repairs and Comments: Water quality is good.
4 inches sludge in pump tanks - will
watch for possible need of pump out in
next 4-8 months.
System is functioning properly at this time.

Inspector: Jim Kohler Date: 12/16/13

Comal Aerobic Management Systems
1038 Krona Court
New Braunfels, TX 78132

3/31/2014 Phone: (830) 237-5760
 Fax: (830) 626-3127

To: Mr. Floyd Wilkes
 663 Flightline Dr.
 Spring Branch, TX 78070

PermitNo: 82418
 Brand/Mfg.: Cajun Aire - Cajun Aire
 System S/N:
 Aerator S/N:

Contract: 8/28/2013 - 8/27/2014
 Inspections per year: 3
 Service Due: 4/28/2014
 Other:

Agency: Comal County Environmental Health
 County: Comal
 Subdivision:

Phone: (830) 438-8529
 Cell: (210) 391-6080
 Work:

Inspection Type: Scheduled Inspection # 3 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	_____	_____	_____
Air Compressor Filter:	_____	_____	_____
Air Compressor:	_____	_____	_____
Irrigation Pump:	_____	_____	_____
Disinfection device:	_____	_____	_____
Chlorine supply:	_____	_____	_____
Alarm System Light:	_____	_____	_____
Spray field vegetation:	_____	_____	_____
Sprinkler / Drip backwash:	_____	_____	_____

Test Results and Observations:
 Arriving Residual Chlorine (Grab): 0.10 mg/L
 Leaving Residual Chlorine (Grab): 0.10 mg/L

CFM: 2.6 PSI: 3.0
 Repairs made: Y Add Chlorine: Y

Inspection Ports Secured After Inspection L5

Repairs and Comments: Water quality is good.
System is functioning properly at this time.
Flushed air drops, checked for roots
+ dipped tanks.

Inspector: Jim Liddle Date: 4/10/14
 Area: 002 / 384 A4
 GPS: ./. ID = 74