

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

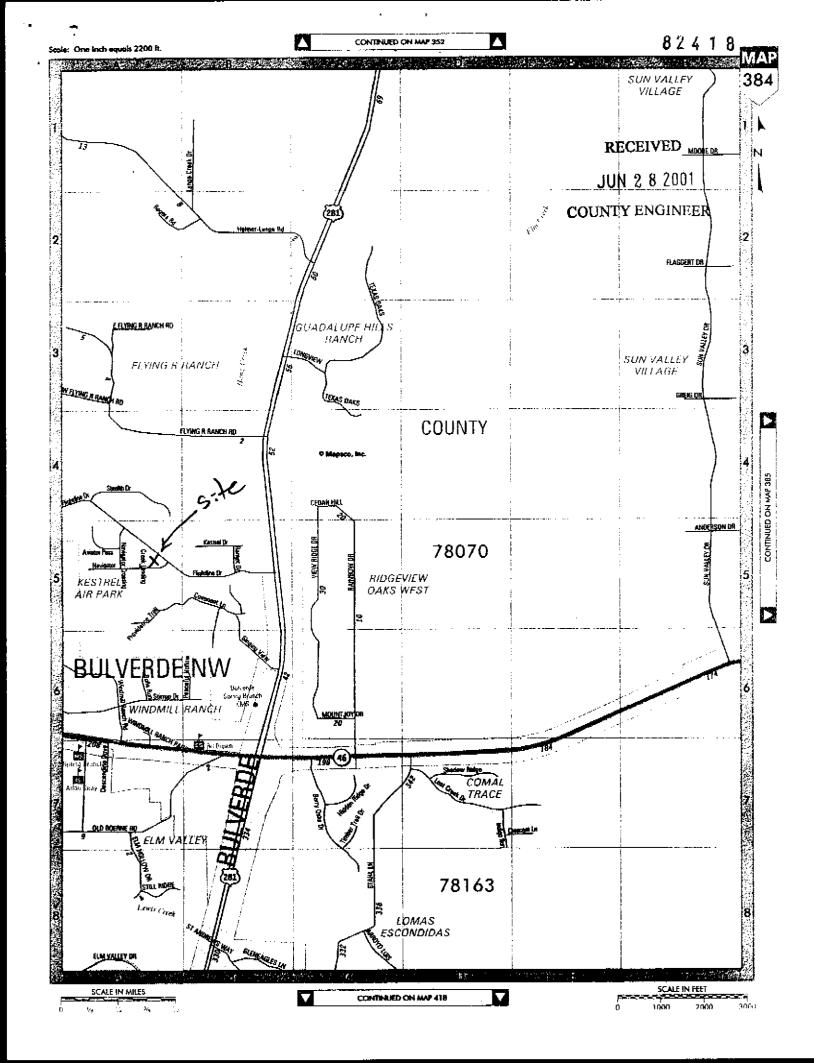
82418

* * * 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

			PERMIT:	8 2 4 1 8
DATE: June 27, 2001				· ····
ROPERTY OWNERS NAM	E: FLOYD E. & BRENDA WILKE	<u> </u>		RECEIVED
ADDRESS:				HIN O O 2001
	NEW BRAUNFELS, TX 78132			JUN 2 8 2001
				COUNTY ENGINEER
PHONE:	830-609-9090			
DESCRIPTION OF PROPER	RTY:			F
SUBDIVISION:	KESTREL AIR PARK	UNIT:1	LOT: 11 BLOCI	C:5 ACREAGE:
OTDEET ADDRESS	663 FLIGHTLINE DRIVE	CITY:	BULVERDE	ZIP CODE:78103
. AT MIST DE MADEUT	ON A SITE AND LOCATION MAP.	ALONG WITH PROO	F OF OWNERSHIP ATTACI	ED WITH THIS APPLICATION.
	OVER THE EDWARDS RECHARGE Z	ONE? NO	IF YES, SITE EVALUATION	& PLANNING MATERIALS MUST BE
TYPE OF DEVELOPMENT	Γ:			GALLONS PER DAY
X SINGLE FA	T: AMILY RESIDENCE 2490	TOTAL SQR. FT. (OF DWELLING	
COMMERC	CIAL TYPE OF BUSINESS/IN	(STITOTION		
	NUMBER OF	OCCUPANTS	GALLONS PER D.	AY
SITES GENERA PERMITTING	ATING MORE THAN 5000 GALLONS F THROUGH THE TEXAS NATURAL RE	ER DAY ARE REQUIR SOURCE CONSERVAT	BD TO OBTAIN TION COMMISSION.	
SOURCH OF WATER:	PUBLIC X P	RIVATE		
************	PUDLIC		GREG W. JOHNSO)	N, P.E.
PLANNING MATERIALS	S & SITE EVALUATION AS REQUIRE	COMPLETED BY	TO A THAT AND SI	N, P.E.
	PROPRIETARY;			M NOD Nados
SIZE OF SEPTIC SYSTE	M REQUIRED BASED ON PLANNING	materials & site e	VALUATION	202/
	RWECO 500 GPDGALLONS		N/APPLICATION AREA	3926 SQR FT.
ARE WATER SAVING D	DEVICES BEING UTILIZED? X		10	
INSTALLERS NAME: T .	L. WILLIAMS	********	*********	PROPERTY CONTAIN ANY FALS
INFORMATION AND L	E COMPLETED APPLICATION AND	D ALL ADDITIONAL AL FACTS. AUTHORIZ SCRIBED PROPERTY D THAT A PERMIT O ED AND RELEASED	INFORMATION SUBMITS LATION IS HEREBY GIVEN FOR THE PURPOSE OF SITS F AUTHORIZATION TO CO THE DEVELOPMENT PER	TO THE PERMITTING AUTHORITY AN E/SOIL EVALUATION AND INSPECTION INSPECTION IN THE STRUCT WILL NOT BE ISSUED UNTRAIT FOR THIS PROPERTY.
SIGNATURE OF OWNE	ER OR APPOINTED AGENT	IF	SIGNED BY AGENT GIVE A	AUNFELS. TX 78132 (830)905-2778 DDRESS& PHONE NUMBER
	195 DAVID JONAS DRIVE, NEW B	raunfels, Texas 7	8132-3760 - (830-608-2094 F <i>A</i>	X (830)608-2009



OSSF SOIL EVALUATION REPORT INFORMATION

Date: June 27, 2001	
A Seemt Information:	e Evaluator Information:
TO THE ASSETS OF DEPARTMENT AND RES	Jame: Greg W. Johnson, P.E., R.S., S.E. 4042
2.43-200 C/O 3030 OAK HULLOW 2.5	ddress: 170 Hollow Oak
AND MEW REALINFELD MAIC. 121	City: New Braunfels State: Texas ip Code: 78132 Phone & Fax (830)905-2778
Zip Code: 78132 Phone: 830-609-9090 Z	ip Code: 78132 Phone & Lax 40501205 = 2750
	Installer Information:
Property Location:	Installer Information: Name: TONY WILLIAMS Company: T.L. WILLIAMS Address: 3030 OAK HOLLOW TX
Lot 11 Unit 1 Blk 5 Subd. KESTREL AIR PARK	Company: T.L. WILLIAMS
Street Address: 663 FLIGHTLINE DRIVE City: BULVERDE Zip Code: 78163	Address: 3030 OAK HOLLOW
City: BULVERDE Zip Code. 10.10	City. NEW BRAUNFELS State.
Additional Info.:	Zip Code: 78132 Phone 830-609-9090
at the second disposal area:	5 %
Topography: Slope within proposed disposal area:	YES NOX
Presence of 1 00 yr. Flood Zone:	YES NO X RECEIVED
Existing or proposed water well in nearby area. Presence of adjacent ponds, streams, water impoundments	YES NO X
Presence of adjacent points, sucams, water shed	YES NO_X
	YES NO X
· · · · · · · · · · · · · · · · · · ·	COUNTY ENGINEER
Design Calculations for Aerobic Treatment with Spra	y Irrigation:
Commercial Commercial	(VOID)
Q = GPD Residential Water conserving fixtures to be utilized? Yes	s <u>X</u> No
Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction f	or water conserving fixtures)
Q = (3 + 1)*75-(20%)= 240	
$T_{\text{nucl}} = \frac{1}{3} \frac{T_{\text{nucl}}}{T_{\text{nucl}}} \frac{S_{\text{nucl}}}{S_{\text{nucl}}} = \frac{400}{3}$ (ia).	
TNPCC Approved Acrobic Plant Size G.	.P.D.
Doold Application Area = $U/K1 = \frac{240}{100}$	64 = <u>3750</u> sq. ft.
Application Area Utilized = 3926 sq. 1t. Pump Requirement 12 Gpm @ 41 Psi (Red	jacket 0.5 HP 18 G.P.M. series or equivalent)
Design Cycle: ON DEMAND or X_T.	IMED TO DOSE IN PREDAWN HOURS
Pump Requirement 12 Gpm @ 41 Psi (Red Dosing Cycle: ON DEMAND or X T. Pump Tank Size = 825 Gal. 13.5-19 Ga	l/inch.
\mathbf{r}_{i} \mathbf{r}_{i}	
Alarms: Audible & Visual High Water Alarm & Visual	Air Pump malfunction
Tablet Chloringtor	
SCH-40 or SDR-26 3" or 4" sewer line to tank	
Tara may alaanaut	
Pop-up rotary sprinkler heads w/ purple non-potable hus	
	ATMTAINED WITH VEGETATION.
1" Sch-40 PVC discharge manifold APPLICATION AREA SHOULD BE SEEDED AND M	AINTAINED WITH VEGETTER
I HAVE PERFORMED A THOROUGH INVESTIGATION	BEING A REGISTERED PROFESSIONAL ENGINEER
I HAVE PERFORMED A THOROUGH INVESTIGATION AND SITE EVALUATOR IN ACCORDANCE WITH CHA	APTER 285, SUBCHAPTER D, §285.30, & §285.40
AND SITE EVALUATOR IN ACCORDANCE WITH CHA (REGARDING RECHARGE FEATURES), TEXAS NATU	RAL RESOURCES CONSERVATION COMMISSION
(EFFECTIVE FEBRUARY 4,1997).	TE OF TEAT
(ETTECTIVE I BOXOTAGE STORY)	
N Da lal	21/0/ GREG W JOHNSON
7	DATE CONTROL OF STREET
GREG/W. JOHNSON, P.E. 67587 - S.E. 4042	DATE NO.
(V)	TO STEP OF
~~	WAL EST

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	RECEIVED
Proposed Excavation Depth:N/A	JUN 2 8 2001
Requirements: At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal a	COUNTY ENGINEER

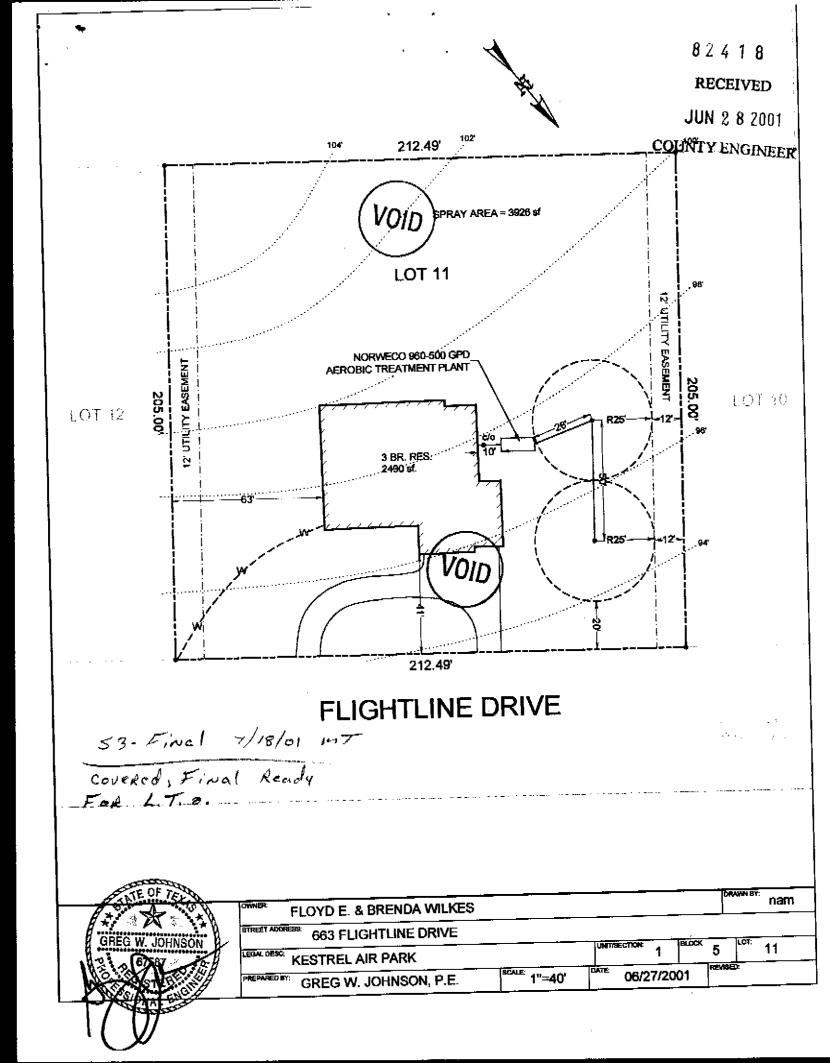
Locations of soil boring or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the

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.

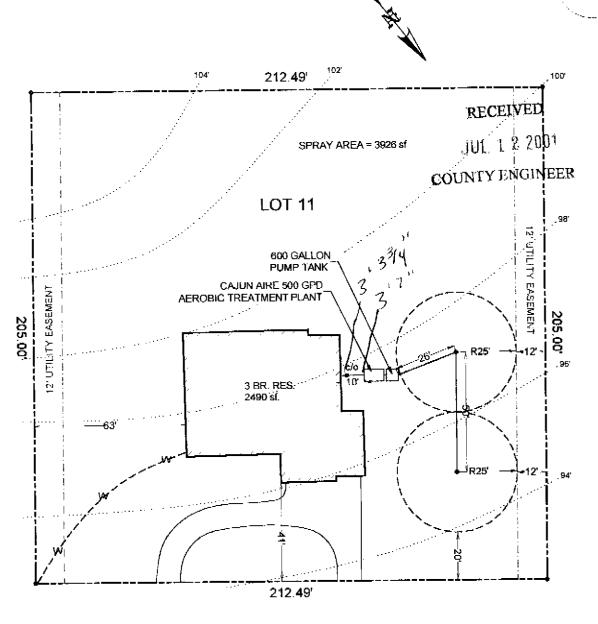
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III- blocky, platy or massive	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
TO 12"	TYPE III	CLAY		NONE	L.S. @ 12"	BROWN CLAY LOAM OVER LAYERED L.S
2						LATEREDE
3						
5			,			

Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III- blocky, platy or massive	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
2	SAME	AS	ABOVE			
4]]]					



OSSF PERMIT INFORMATION SHEET

Date of Permit	Permit Number	Date of Permit	Date of Flood Plain
a 12 at a		Approval	Approval
W128/01	82418	7-10-01	7-2-01
		n-1, 1-11,7	
SYSTEM TYPE/DE	SCRIPTION:	•	
INFORMATION FR	OM PRELIMINARY	INSPECTION ,	note and
DATE OF PRELIM	MARY INSPECTION	INSPECTION :	MCJack
AFFIDAVIT RECE	IVED: <u> </u>	<u> </u>	እ እየ ለጥ እ ለመወጥ ተ እመረገር
LIST DEFICIENCIE	ES IN PLANNING MA	ATERIALS WHICH DO	NOT MEET TNRCC
RULES:			
1		<u> </u>	
2			
3			
	<u></u>		
			<u> </u>
6. <u> </u>			
7			
8			<u> </u>
INSTALLATION II	<u>ISPECTION INFORM</u>	<u>IATION</u> :	
INSPECTED BY:_	H-Yours	. <u>. </u>	
DATE OF S-1:	7-01 NOTES/F	RESULTS: <u>Tanks /</u>	evel, operational
DATE OF S-2:	NOTES/I	RESULTS:	
DATE OF S-3:	NOTES/	RESULTS:	
DATE OF FINAL I	NSPECTION:	RESULTS:(SYSTE	M COMPLETE)
INSTALLER:		TANK:(SIZE & NAM	AE)
	SQ. FT. ABS	ORPTION/APPLICATI	ON AREA
SERVICE AGREEI	MENT RECEIVED:		(START DATE)
DATE ENTERED I	N SUMMARY SHEE	T: 7/24/01	
DATE ENTERED I	N (CASST) AEROBIO	C DATABASE:	



FLIGHTLINE DRIVE

and the state of t				
A Succession of the succession	FLOYD E. & BRENDA WILKES			nam
The second section of the section of	STREET ADDRESS: 663 FLIGHTLINE DRIVE			
CHEG W TOHNSON	LEGAL DESC: KESTREL AIR PARK	·	UNIT/SECTION: 1 BLOCK	5 ^{(of} 11
	GREG W. JOHNSON, P.E.	5CALL 1"=40'	DATE: 06/27/2001	07/06/2001
Table 1				-

System Profile

Printed: Wednesday, July 18, 2001

System is installed at:

663 Flightline Drive Bulverde, TX 78163 Permit Number: 82418 System Name: Primary

Comal County

Brand Name: Model:

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

Scrial Number:

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 occured 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

Description of Repairs Date Comp. Visit Type

Property Notes:

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

System Notes:

norweco 500gpd w/ 2 sprayheads (a) 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

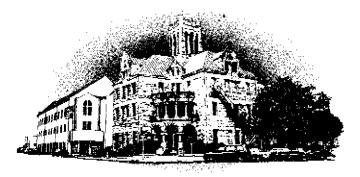
PRINT CLEARLY COMPLETING ALL INFORMATION

		PERMIT
DATE: June 27, 2001	_	
PROPERTY OWNERS NAME	FLOYD E. & BRENDA WILKES	RECEIVED
ADDRESS:	c/o 3030 OAK HOLLOW	
	NEW BRAUNFELS, TX 78132	JUN 2 8 2001
		COUNTY ENGINEER
PHONE:	830-609-9090	_
DESCRIPTION OF PROPER	TY:	£
SUBDIVISION:	KESTREL AIR PARK UNIT: 1 LOT:	:11BLOCK:5ACREAGE:
STREET ADDRESS:	663 FLIGHTLINE DRIVE CITY: BI	BULVERDE ZIP CODE: 78163
LOT MUST BE MARKED	ON A SITE AND LOCATION MAP ALONG WITH PROOF OF OV	WNERSHIP ATTACHED WITH THIS APPLICATION.
	OVER THE EDWARDS RECHARGE ZONE? NO IF YES TERED SANITARIAN OR PROFESSIONAL ENGINEER.	S. SITE EVALUATION & PLANNING MATERIALS MUST BE
TYPE OF DEVELOPMENT:	:	
V CINCLEFAN	MILV RESIDENCE 2490 TOTAL SQR. FT. OF DWE	ELLING 240 GALLONS PER DAY
COMMERCI	IAL TYPE OF BUSINESS/INSTITUTION	
	NUMBER OF OCCUPANTS	
PERMITTING T	TING MORE THAN 5000 GALLONS PER DAY ARE REQUIRED TO C HROUGH THE TEXAS NATURAL RESOURCE CONSERVATION CO	OBTAIN
SOURCE OF WATER:	PUBLIC X PRIVATE	
******	P() 5 _	**************************************
PLANNING MATERIALS	& SITE EVALUATION AS REQUIRED COMPLETED BY GF	REG W. JOHNSON, F.E.
SYSTEM DESCRIPTION I	PROPRIETARY; AEROBIC TREA	ATMENT AND SURFACE IRRIGATION
SIZE OF SEPTIC SYSTEM	A REQUIRED BASED ON PLANNING MATERIALS & SITE EVALUA	ATION 2027
TANK SIZE(S)NOR	WECO 500 GPD GALLONS ABSORPTION/APPL	JCATION AREA 3926 SQR. FT.
	EVICES BEING UTILIZED? X YES NO	
INSTALLERS NAME T.I	L. WILLIAMS	************
I CERTIFY THAT THE INFORMATION AND DO DESIGNATED AGENTS	COMPLETED APPLICATION AND ALL ADDITIONAL INFOR OES NOT CONCEAL ANY MATERIAL FACTS, AUTHORIZATION OTO ENTER UPON THE ABOVE DESCRIBED PROPERTY FOR THE FACILITIES, I ALSO UNDERSTAND THAT A PERMIT OF AUTH IDMINISTRATOR HAS APPROVED AND RELEASED THE DI	RMATION SUBMITTED DOES RMATTON AUTHORITY AND IS HEREBY GIVEN TO THE PERMITTING AUTHORITY AND HE PURPOSE OF SITE/SOIL EVALUATION AND INSPECTION HORIZATION TO CONSTRUCT WILL NOT BE ISSUED UNTIL DEVELOPMENT PERMIT FOR THIS PROPERTY.
SIGNATURE OF OWNER	COR APPOINTED AGENT	D BY AGENT GIVE ADDRESS& PHONE NUMBER

195 DAVID JONAS DRIVE, NEW BRAUNFELS, TEXAS 78132-3760 - (830-608-2094 FAX (830)608-2009

COMAL COUNTY FLOOD PLAIN DEVELOPMENT PERMIT APPLICATION

PERMIT NO. 874 8 8% $_{2}$ ($_{3}$ DATE: ___June 27, 2001 FLOYD E. & BRENDA WILKES ___ PHONE #: ___ APPLICANT: ____ c/o 3030 OAK HOLLOW MATLING ADDRESS: _____ NEW BRAUNFELS, TX 78132 LEGAL DESCRIPTION OF PROPERTY LOCATION: (ATTACH RECORDED DOCUMENT & VICINITY MAP) MAP #384 A-5 KESTREL AIR PARK, BLOCK 5, LOT 11 RECEIVED NATURE OF PROPOSED CONSTRUCTION: NON-RESIDENTIAL PLACEMENT OF FILL JUN 2-8-2001 RESIDENTIAL __ALTERATION OF NATURAL WATERWAY OR WATER COURSE COUNTY ENGINEER ___OTHER (SPECIFY) ____ COST OF SUBSTANTIAL IMPROVEMENTS COST OF NEW CONSTRUCTION ___ RESIDENTIAL \$_____ X_HOUSE \$____125,000 NON-RESIDENTIAL \$_____ ___MOBILE \$_____ COMMERCIAL \$_____ ___COMMERCIAL \$_____ __OTHER \$_ OTHER S. APPLICANT WILL PROVIDE PLANS AND SPECIFICATIONS OF THE PROPOSED CONSTRUCTION ****FOR OFFICE USE ONLY**** ARE PROPOSED BUILDINGS LOCATED IN A SPECIAL FLOOD HAZARD AREA? IS A WATER POLLUTION ABATEMENT PLAN REQUIRED? EXEMPTION CERTIFICATE THE ABOVE NAMED APPLICANT HAS APPLIED FOR A DEVKLOPMENT 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: 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 OF WARNING, BY APPLICANT/AGENT DATE: DATE:



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 MIMNIMUM 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.

DOC# 200106019729 P#82418

AFFIDAVIT TO THE PUBLIC

RECEIVED

JUL 19 200

EMMURCHARACENE TH

COMPT	-tantional MIVE
HE COUNTY OF COMAL	
FATE OF TEXAS	
Before me, the undersigned	authority, on this day personally , who after being duly sworn,
PRINT PROPERTY OWNER(5) NAME(, who after being duty sworn,
oon oath states that he/she is the ov	wner of record of that certain tract or
rcel of land lying and being situated	
xas, and being more particularly de	
Lot 11, Block 5, KESTRE	EL AIR PARK Subdivision,
COMAL County, Texas	
	e/she will, upon sale or transfer of the transfer of the permit to operate such
ove-described property, request a t rface application system to the l insferee is hereby notified that a ma	transfer of the permit to operate such buyer or transferee. Any buyer or aintenance contract with an approved
ove-described property, request a turface application system to the lansferee is hereby notified that a ma	transfer of the permit to operate such buyer or transferee. Any buyer or aintenance contract with an approved
pove-described property, request a tourface application system to the transferee is hereby notified that a material and aintenance company will be required.	transfer of the permit to operate such buyer or transferee. Any buyer or aintenance contract with an approved
ove-described property, request a tarface application system to the lansferee is hereby notified that a maintenance company will be required to the system of the system o	transfer of the permit to operate such buyer or transferee. Any buyer or aintenance contract with an approved if for use of the septic system. Property Owner Signature
pove-described property, request a trustace application system to the lansferee is hereby notified that a mataintenance company will be required to the language of the langua	transfer of the permit to operate such buyer or transferee. Any buyer or aintenance contract with an approved if for use of the septic system. Property Owner Signature
pove-described property, request a tourface application system to the lansferee is hereby notified that a magaintenance company will be required to the language of the langua	transfer of the permit to operate such buyer or transferee. Any buyer or aintenance contract with an approved if for use of the septic system. Property Owner Signature
bove-described property, request a turface application system to the language is hereby notified that a manaintenance company will be required	transfer of the permit to operate such buyer or transferee. Any buyer or aintenance contract with an approved of for use of the septic system. Property Owner Signature e on this the 1 9 day of

VALERIE WILLIAMS Notary Public, State of Texas My Commission Expires Apr. 6, 2002 AFE 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.

Dock 200106019729 # Pages 1 0b/19/2001 02:09:18 PM Filed & Recorded in Official Records of CDMAL COUNTY JUY STREATER COUNTY CLERK COUNTY CLERK Fees \$9.00

Doc# 200106019729

AFFIDAVIT TO THE PUBLIC

RECEIVED

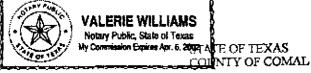
JUL 06 2001

ENVIRONMENTAL HEALTH

THE COUNTY OF COMAL STATE OF TEXAS

T. L. WILLIAMS

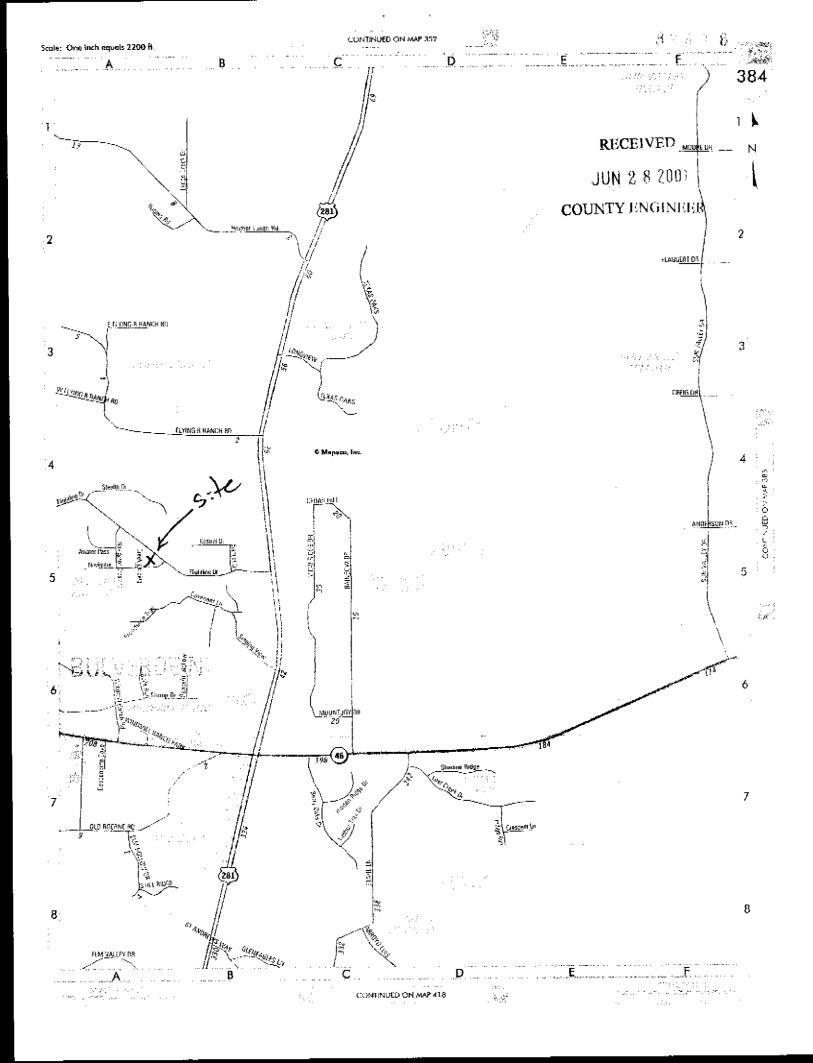
parcel of land lying and being situa Texas, and being more particularly Lot 11, Block 5, KES	described	l as foi		
COMAL County, Texas		·····		
1		-		
above-described property, request surface application system to the transferee is hereby notified that a	a transfer e buyer d maintena	of the or tran	permit to sferee. / ntract with	operate such Any buyer or han approved
above-described property, request surface application system to the transferee is hereby notified that a maintenance company will be requi	a transfer e buyer o maintenal red for us	of the or tran nce co e of th	permit to sferee. / ntract with	operate such Any buyer or h an approved ystem.
The undersigned further states that above-described property, request surface application system to the transferee is hereby notified that a maintenance company will be required by the company will be required. Property Owner Signature This instrument was acknowledged before	a transfer buyer of maintenal red for us F	of the or tranne co e of the	permit to esferee. A ntract with e septic sy y Owner S	operate such Any buyer or h an approved ystem. Signature
above-described property, request surface application system to the transferee is hereby notified that a maintenance company will be required. Property Owner Signature	a transfer buyer of maintenal red for us p me on this	of the or tranne co e of the	permit to esferee. A ntract with e septic sy y Owner S	operate such Any buyer or h an approved ystem. Signature



This is to certify that this document was FH.FD 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



OSSF SOIL EVALUATION REPORT INFORMATION

OSSF SOIL EVALUATION	(REVISE)
Date: June 27, 2001	
	Site Evaluator Information:
Name: FLOYD E. & BRENDA WILKES	Name: Greg W. Johnson, P.E., R.S., S.E. 4042
Address:c/o 3030 OAK HOLLOW	Address: 170 Hollow Oak
City: NEW BRAUNFELS State: TX	City: New Braunfels State: Texas
Zip Code: 78132 Phone: 830-609-9090	Zip Code: 78132 Phone & Fax (830)905-2778
Property Location:	Installer Information:
Lot 11 Unit 1 Blk 5 Subd. KESTREL AIR PARE	Name: TONY WILLIAMS
Street Address: 663 FLIGHTLINE DRIVE	Company: T.L. WILLIAMS
City: BULVERDE Zip Code: 78163	Address: 3030 OAK HOLLOW
Additional Info.:	City: NEW BRAUNFELS State: TX
	Zip Code: 78132 Phone 830-609-9090
Topography: Slope within proposed disposal area:	5 %
Presence of I 00 yr. Flood Zone:	YES NO X
Existing or proposed water well in nearby area.	YES NO X RECEIVED
Presence of adjacent ponds, streams, water impoundments	YES NO X
Presence of upper water shed	YES NO \overline{X} JUL 1 2 2001
Organized sewage service available to lot	YESNO_X COUNTY ENGINEER
Design Calculations for Aerobic Treatment with Spr	ay Irrigation:
<u>Commercial</u>	
Q =GPD	
Residential Water conserving fixtures to be utilized? Y	es <u>X</u> No
Number of Bedrooms the septic system is sized for:	Total sq. ft. living area 2490
Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction	for water conserving fixtures)
$\vec{Q} = (3 +1)*75-(20\%)=$ 240	
Trash Tank Size325 Gal.	<u></u>
TNRCC Approved Aerobic Plant Size 500	i.P.D.
	064 = 3750 sq. ft.
Application Area Utilized = 3926 sq. ft.	<u> </u>
Pump Requirement 12 Gpm @ 41 Psi (Rec	diacket 0.5 HP 18 G.P.M. series or equivalent)
Dosing Cycle: ON DEMAND or X T	TIMED TO DOSE IN PREDAWN HOURS
	al/inch.
Reserve Requirement = 80 Gal. 1/3 day flow.	
Alarms: Audible & Visual High Water Alarm & Visual	
Tablet Chlorinator	All I timp maintenent
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 M	AINTAINED WITH VEGETATION.
ATT EIGHT TO TAKE A TO TO OBE DE OBEDED TO TO	THE TOTAL TO
I HAVE PERFORMED A THOROUGH INVESTIGATION	BEING A REGISTERED PROFESSIONAL ENGINEER
AND SITE EVALUATOR IN ACCORDANCE WITH CHA	
(REGARDING RECHARGE FEATURES), TEXAS NATU	RAL RESOURCES CONSERVATION COMMISSION
(EFFECTIVE FEBRUARY 4,1997).	
1 .	
$A \sim M_{\rm M} \sim 1$	(/0)
	(Strate English Control of the Cont
GRHG W OHNSON, P.E. 67587 - S.E. 4042	PATE

ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed:	June 26, 2001	
Site Location:	KESTREL AIR PARK, BLOCK 5, LOT 11	RECEIVED
Proposed Excavation Depth:	N/A	JUN 2-8-2001
Requirements: At least two soil excava Locations of soil boring	ations must be performed on the site, at opposite ends of the proposed of or dug pits must be shown on the site drawing.	COUNTY ENGINEER disposal area.

Locations of soil boring or dug pits must be shown on the site traveller. I have the least two feet below the
For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the
the surface horizon must be evaluated.
Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.
Describe each soft horizon and identify any

Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III- blocky, platy or massive	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
TO 12"	түре ш	CLAY		NONE	L.S. @ 12"	BROWN CLAY LOAN OVER LAYERED L.
		İ				

Depth (Feet)	1 411 1 Talling		Structure (For Class III- blocky, platy or massive	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
2	SAME	AS	ABOVE			
4 5	-					

OSSF SOIL EVALUATION REPORT INFORMATION

OSSF SOIL IN ABOUTE	
Date: June 27, 2001	Evaluator Information:
tantiant information:	ame: Greg W. Johnson, P.E., R.S., S.E. 4042
Name: FLOYD E, & BRENDA WILKES	idaaaaa 170 Hollow Oak
Address: c/o 3030 OAK HOLLOW	Night Drawe Cale State: 1exas
AND MEMORIAL MEDICAL AND THE STATE OF THE ST	p Code: 78132 Phone & Fax (830)905-2778
Zip Code: 78132 Phone: 830-609-9090 Zip	p Code. 18132 1
	Installer Information:
Property Location: Lot 11 Unit 1 Blk 5 Subd. KESTREL AIR PARK 663 FLIGHTLINE DRIVE	Name: TONY WILLIAMS
Lot 11 Unit 1 Blk 5 Subd. RESTREE ARCHITECTURE DRIVE	Company: T.L. WILLIAMS
Street Address: 663 FLIGHTLINE DRIVE City: BULVERDE Zip Code: 78163	Installer Information: Name: TONY WILLIAMS Company: T.L. WILLIAMS Address: 3030 OAK HOLLOW
City: NIP Code.	City NEW BRAUNTLES State.
Additional Info.:	Zip Code: 78132 Phone 830-609-9090
of it arranged disposal area 5	
Topography: Slope within proposed disposal area:5	YES NO X
Presence of I 00 yr. Flood Zone:	YES NO X RECEIVED
Existing or proposed water well in nearby arear Presence of adjacent ponds, streams, water impoundments	YES NOX
Presence of adjacent ponds, sucaris, water may	YES NO X JUN 2 8 2001
Presence of upper water shed	VES NO X
Organized sewage service available to lot	COUNTY ENGINEER
Design Calculations for Acrobic Treatment with Spray	Irrigation:
Design Calculations for Actions Tyres.	
Commercial	
Q = GPD Residential Water conserving fixtures to be utilized? Yes	XNo
	107-1-1
Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction for	or water conscrying fixtures)
Q gal/day = (Bedrooms +1) * /5 GPD - (20%) reduction to	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
() =	
. n. 1 72 1. 01 a.a. 400 - U.S.I	p n
TNRCC Approved Acrobic Plant Size 500 G.I	$4 = 3750 _ sq. ft.$
Reg'd Application Area - Q/KI =	<u> </u>
Application Area Utilized =sq. ii.	noket 0.5 HP 18 G.P.M. series or equivalent)
Pump Requirement 12 Gpm (a) 41 FSI (Red)	MED TO DOSE IN PREDAWN HOURS
	MLD.
Pump Tank Size = 825 Gal. 15.5 17 Gal	/HICH.
' YO (+91 1/3 09V 110W)	
Alarms: Audible & Visual High Water Alarm & Visual	Air Fump manunetton
Tablet Chloringtor	
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 M.	AINTAINED WITH VEGETATION.
APPLICATION AREA SHOOTH BY SEPRED AND THE	PAGENTURE
1 HAVE PERFORMED A THOROUGH INVESTIGATION	BEING A REGISTERED PROFESSIONAL ENGINEER
I HAVE PERFORMED A THOROUGH INVESTIGATION AND SITE EVALUATOR IN ACCORDANCE WITH CHA	APTER 285, SUBCHAPTER D, §285.30, & §285.40
AND SITE EVALUATOR IN ACCORDANCE WITH CHA (REGARDING RECHARGE FEATURES), TEXAS NATUS	RAL RESOURCES CONSERVATION COMMISSION
(EFFECTIVE FEBRUARY 4,1997).	
(ETTIAL) VE LIBROTATI (AVIIV)	
$\sim h \sim 1.1$	21/0/
GREG W. JOHNSON, P.E. 67587 - S.E. 4042	DATE
	L

P#82418

BJ'S AEROBIC SERVICE CO

NEW BRAUNFELS TEXAS 78130 ME 18 MG

Aerobic Maintenance/Service Contract

LNV#FORMI NTAL III ALTI:

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

(X) 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	V 1 10: 0 11 1
ADDRESS:	663 Flightline er Lot 11. BIKS	Kestral (Un tark Sub.A
CITY:	Comal County	
STATE:	Texa5	
PHONE:	-	

Inspection calls will include:

- A: An effluent quality inspection consisting of a visual check for color and an examination for
- 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 $\frac{5}{2} = \frac{6}{2} = \frac{1}{2}$ and is effective from $\frac{7}{0}$ to $\frac{7}{0}$

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 serobic 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 hydranlic/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) date: ______date: ______date: _______date: ________

(x) Januare date:

8 1 ij RECEIVED JUN 2 8 2001 COPNTY ENGINEER 212.49" SPRAY AREA = 3926 af LOT 11 12" WILLITY EASEMENT NORWECO 960-500 GPD AEROBIC TREATMENT PLANT 12: UTIL TY EASEMENT 205.00 205,00 3 BR, RES: 2490 st. 212.49 FLIGHTLINE DRIVE

CWNLR FLOYD E. & BRENDA WILKES

STRELLI ADDRESS: 663 FLIGHTLINE DRIVE

TEGAL DUSC KESTREL AIR PARK

PREPAREUTIV GREG W. JOHNSON, P.E. SCALE 1"=40" OATE: 06/27/2001 RLVISED.

New Braunfels Title Co. G.F. # 50969 % RECORDED BY: TICOR TITLE AGENCY GF NO. 9810175386 \$ 13.00 NB# 50,969

WARRANTY DEED WITH VENDOR'S LIEN

Date:

November 16, 1998

Grantor: KNOWLTON PROPERTIES, LTD.,

a Texas limited partnership,

formerly KNOWLTON PARTNERSHIP

DOC# 9806028077

RECEIVED

JUN 2 8 2000

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 980602 6373 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;
- 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,

Page 1 of 3 Pages

WARRANTY DEED WITH VENDOR'S LIEN DUC# 9806028077

- (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;
- 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

DOC# 9806028077

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

KNOW KNOWLTON, MEMBER

ACKNOWLEDGMENT

STATE OF TEXAS

S

COUNTY OF COMAL

5

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.



State of Texas

AFTER RECORDING RETURN TO:

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

> Doc# 9806028077 Dock 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

BJ'S AFROBIC MAINTENANCE SERVICE COMPANY CERTIFIED CLASS D WASTEWARR OPERATOR

B. JOHNSON 1252 VISTA BONITA NEW BRAUNFELS, T)

Date #4

NEW BRAUNFELS, TX 78120CEIVED

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

Floys cos 663 Flog Bulue LDe. 1. Required frequency 7-03	htline P	CO		INEER This Testing at dated after case	nd Repo	Testing & Report shall be coion. One copy s	n Maintenance porting Record c completed, signed and that be retained by the
Contract Start Date Actual Visit: Day of V #1. #2. #3. (dinesded) #4.		7 / Date 7 / J 8 /	Year 07 02	permitting aut along with an i Authorized	hority. invoice :	The third copy is so for service by the ma	by is sent to the local out to the system owner intenance company
2. System Inspection:	Date #7	Date #2	Date #3	Date	#4		spector
Inspected Item Chlorine Supply Aeratore. Air Filters: Air Pump: Irrigation Pump: Disinfection Device: Electrical Circuits: Distribution System: Spray Field Vegetation: As Noted: 3. Repairs to System: (Operational Yes or No	Operational Yes or No	Operative Yes or 1			Date #2 Signature Print Date #3 Signature Print Date #4	Joffnson
Date #1.	ust an componed	ats (opraced)					
Date #2. OF						The state of the s	and and the state of the state
Date #3.			THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS.				and the programmer as the real control of the company of the real
Date #4.				· · · · · · · · · · · · · · · · · · ·			The company of the state of the
4. Circle Tesi Perform	ed (one is recuit	ed) mg/L,	mpa/100ml,	or trace		Duente	**************************************
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	·	,	.2 (Grab)	Fecal Colifor		At him was recommended to the first	**************************************
5. General Comments							
T 41%					4		######################################
Date #3	الله			· ·			AND THE RESERVE OF THE RES

B. Johnson 1252 Vista Bonita New Braunfels, TX 78130

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

\$2418

Aerobic Maintenance/Service Contract Pete Johnson, Certified Maintenance Provider

In consideration of pronoumont of this continuous and the continuous a		
In consideration of prepayment of this Service Contract cost indicated below, provide the following:	this	Contract authorizon Dillo Annalia o in a
provide the following:	4 110	Contract authorizes by a velopic service Co. to
•		

() Initial 2 year Warranty

X 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:

Pexmit # 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 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, or and is effective from 2/1/03 to 2/1/09	4
Additional service (as ordered by customer	additional ablarias (after startum to a second	

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 maifunctioning; 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

A. Wash and O. S. T.		Had E welke	26 Jun 03
Authorized Service Representative	Date	Owner signature	Date

B. Johnson 1252 Vista Bonita New Braunfels, TX 78130 Phone Fax email (830) 624-1363 (830) 624-1363 bjpaero@aol.com

email RECEIVED

Floyo Wilkes 667 Flightline Dr

COUNTY ENGINEER

Aerobic System Maintenance Testing & Reporting Record

1. Required frequency of months Contract Start Date Actual Visit: Day of W #1. #2. #3. (if needed) #4.	/eek Mo	411	y 4 G Y Year OH	dated a mainte permitt along v	fter each inspect nance company ing authority. I with an invoice prized Agen	orting Record shall be stion. One copy shall. The second copy is the third copy is sent for service by the maint: Perfe John 18: 8 2418	sent to the local to the system owner ntenance company.
2. System Inspection:	Date #1	Date #2	Date #	3	Date #4) In	spector
Inspected Item Chlorine Supply: Aerators: Air Filters: Air Pump: Irrigation Pump: Disinfection Device: Electrical Circuits: Distribution System: Spray Field Vegetation: As Noted: 3. Repairs to System: (Date #1.		Operational Yes or No	Operation Yes or	No	Operational Yes or No	Date #1 Signature Print Date #2 Signature Print Date #3 Signature Print Date #4	
				7/			
Date #2.							
Date #3.							
Date #4							
4. Circle Test Performe	ed: (one is requir	ed) mg/L,	mpa/100m	ıl, c	or trace	Results	Test
Method			-			- //	11.1
	`		.2 (Grab)		l Coliform	Zanfl	MACA
Date.#2 BOD		-	.2 (Grab)		l Coliform		
Date.#3 BOD	(Grab) TS	S (Grab) CL	.2 (Grab)	Feca	l Coliform		
5. General Comments	- Dagamagada	÷ 0.70					
Date #1.							
Date #2.							
Date #3.							
Date #4.			 				

B. Johnson 1252 Vista Bonita New Braunfels, TX 78130			Pho Far em	ι (8	330) 624-1363 330) 624-1363 jpaero@aol.com	
Floys W 667 Flice Bulvecoe,	ilkes hfline Da	e	RECEIV	2007	Aerobic System Testing & Repo	
1. Required frequency months Contract Start Date Actual Visit: Day of \(\frac{\pi_1}{2} \) #2. #3. (if needed) #4.	Week Mo	7 1 26 onth Date	This dated main perm	Testing and Report after each inspectenance company itting authority. It with an invoice thorized Agen	orting Record shall be ction. One copy shall be. The second copy is five third copy is sent for service by the maint: Fele Jo ha. #: 82418	be retained by the sent to the local to the system owner ntenance company.
2. System Inspection: Inspected Item Chlorine Supply: Aerators: Air Filters: Air Pump: Irrigation Pump: Disinfection Device: Electrical Circuits: Distribution System: Spray Field Vegetation: As Noted: 3. Repairs to System: Date #1.		Date #2 Operational Yes or No	Date #3 Operational Yes or No	Date #4 Operational Yes or No	Date #4 Signature Print Date #2 Signature Print Date #3 Signature Print Date #4 Signature Print	spector
Date #4. 4. Circle Test Perform	ed: (one is requir	ed) mg/L,	mpa/100ml,	or trace	Results	Tast
Method Date #1. BOI Date.#2 BOI	O (Grab) TSS	G (Grab) CI	2 (Grab) Fed 2 (Grab) Fed	cal Coliform cal Coliform cal Coliform	1 my/l	Mach
5. General Comments 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

Date #4.

PHONE FAX (830) 624-1363 (830) 624-1363

EMAIL BJPAERO@AOL..COM

RECEIVED

Floyo W. 663 Fligh	IKES htline D	·		6 200		n Maintenance porting Record
BulveLpe	~		COUNTY I	ENGINEER	resting & Re	porting record
1. Required frequency 7-03 Contract Start Date Actual Visit: Day of V #1. #2. #3. (if needed) #4.	Veek Mo	onth Date	Year p	ated after each in naintenance compermitting authoriting authoriting	nspection. One copy pany. The second copy is sice for service by the ment:	SOL
2. System Inspection:	Date #1	Date #2	Date #3	Date #4	Ir	nspector
Inspected Item Chlorine Supply: Aerators: Air Filters: Air Pump: Irrigation Pump: Disinfection Device: Electrical Circuits: Distribution System: Spray Field Vegetation: As Noted: 3. Repairs to System: Date #1. O C Date #2. O C Date #3. O C	Operational Yes or No (list all compone	Operational Yes or No The second of the sec	Operations Yes or N			JOHNSON Jen
4. Circle Test Perform	ed: (one is requi	red) mg/L	mpa/100ml,	or trace	Results	Test Method
Date #1. BOI Date #1. BOI Date #1. BOI	O (Grab) TS O (Grab) TS O (Grab) TS	S (Grab) CL S (Grab) CL S (Grab) CL	2 (Grab) 2 (Grab) 2 (Grab) 2 (Grab)	Fecal Coliform Fecal Coliform Fecal Coliform	Img ll Img ll Img/l	HTH
5. General Comments Date #1. Date #2. Date #3.						

RECEIVED

Stacey Neuman 19020 FM 1957 San Antonio TX 78253

830-931-5957-phone

NOV 1 0 2005

COUNTY ENGINEER

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

Aerobic Maintenance Service Co. to In consideration of prepayment of thi ()Initial 2 year Warranty	s Service Contract cost indicated below, this Contract authorizes BJ&S
During this period specified, make re- the date of this Service Contract as re- NAM ADDR	gular inspection calls and report each (4) months from the date of installation or E: Floud Wikes RESS: (263 Floud)
Inspection calls will include: A: An effluent quality inspection consists: B: Adjustment and servicing a	VE: 830 43 8 85 29 sting of a visual check for color and
D: If any improper condition in	the aeration chamber. d which can not be corrected at increase.

E: Complaint response time is (48) fourty0eight hours or less.

The cost of the this Service Contract will be \$ 200 and is effective from 0105 to 0106.

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

Authorized Service Rep. Date

Home Owner

Date

B. Johnson 1252 Vista Bonita New Braunfels, TX 78130 Phone (830) 624-1363 (830) 624-1363 Fax 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

(A) 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 DC X City/State/Zip: Spring Branch, TX 78070 P# 82418 Phone: 210-391-6980 RECEIV

RECEIVED

Inspection calls will include:

OCT 11 2006

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 Julo 6 to Julo 7

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

Myd E Wille 8-2-06
Owner signature

B. Johnson 1252 Vista Bonita New Braunfels, TX 78130

Phone Fax email

(830) 624-1363 (830) 624-1363 bjpaero@acl.com

663 Flight Like	DL	
SPLMC BLANCE	78070	
37	210391	698

I. Required frequency months Contract Start Date Actual Visit: Day of V #1. #2. #3. Grandel) #4.	Vook Ma	, -	Year slong	term each mape tonusce company ining authority. with an invoice horized Ages	ottom. One copy shi y. The second copy The third copy is sa for service by the m	nt to the system owner mintenance company.
2. System Inspection:	Date #1	Date #2	Date #3	Date #4	7	
Inspected liens Caloriae Supply:	Operational Yea or No	Operational Yes of No	Operational Yes or No	Operational Yes or No	Date #1	Inspector
Aergeors: Air Filmes:					Date 22	35050
Air Pump:	-	1	<u> </u>		Signeture	RECEIVED
Irrigation Pump:	-	+	+	+	Print	OT 1.1 0000
Disinfection Device:		+		+	Dute #3 ()	CT 11 2006
Electrical Circuits:		 	+	+	Print	
Distribution System:		 	+	+	Date #4 ENVIE	RONMENTAL HEALTH
Spray Field Vegetation:	-	1		+	Signature	
As Noted:	-		 	 	Print	
3. Repairs to System: (Onte #1	C					
4. Circle Test Performe	d: (one is require	nd) mg/L,	mps/100ml,	or trace	Recults	Test
- Aug	(Grab) TSS	(Grab) CL	(Grab) Feca	d Coliform	1 - 1	Mach
	340000000000000000000000000000000000000			d Coliform	(mg)	7111-9
						-
		0252 15 12 LANGE	NAME OF STREET	I Coliform		****
		The second secon	(Grah) Fecs	l Coliform		
5. General Comments of Date #1.		***************************************				Politic de la companya del la companya de la compan
Date #2.						
Date #3						
Data #4	(

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

MC0000360

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

Floyd & Brenda Wilkes Permit No: 82418

663 Flightline Drive Spring Branch, TX 78070

3 inspections per year - one every 4 months

RECEIVED

Site: 663 Flightline Drive

14 days.

Date installed: July 2001

SEP 0 4 2007

County: Comal

MAINTENANCE CONTRACT PERIOD: Start Date: 8/28/2007 End Date: 8/27/2008 Installer: Tony Williams Maintenance Co.: Comal Aerobic Management Systems Agency: Comal County Environmental Health 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 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

- 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:

SEP 0 4 2007

- 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
- 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 purp	ose
of performing the above described Services or repairs. Contractor will require access to the OSSF electrical	I 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 la	bor

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. _ Map: <u>38€ A4</u> Gate Code:

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 limite	a.
Clients Printed Name: Floyd & Brenda Wilkes	Signature:	Solvelle	Date: 8/27/2007
Client Phone Numbers: Home: 830-438-8529		711 11	210-391-6080
Contractor: Comal Aerobic Management Systems MC0000360	Signature:	monthicle f	Date: 8/27/2007
Weddood	James H. Glykie	es or. IVIT 0000300	

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 A4

Inspector:

RECEIVED	
SEP 0 4 2007	
COUNTY ENGINEER	

Inspection Type: Item: Operational Inoperative N/A Aerator: Air Compressor Filter: Air Compressor: Irrigation Pump: Disinfection Device: Chlorine Supply: **OK System Light:** Spray Field Vegetation: Sprinkler/Drip Backwash: IT'S RECOMMENDED THAT THE SEPTIC SYSTEM BE PUMPED EVERY 3 YEARS Test Results and Observations: Chlorine Residual: => / HACH PSI: 2.7 CFM: 2-1 Add Chlorine: (Y) N

Date:

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

RECEIVED

SITE: 663 Flightline Drive

DEC 1 2 2007

COUNTY ENGINEER

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

Inspection Type:

Item:	Operational	Inoperative	N/A
Aerator: Air Compressor Filter: Air Compressor: Irrigation Pump: Disinfection Device: Chlorine Supply: OK System Light: Spray Field Vegetation: Sprinkler/Drip Backwash:			
IT'S RECOMMENDED TH Test Results and Observa Chlorine Residual: 三フ	tions:	STEM BE PUMPED	EVERY 3 YEARS
PSI: 2.8			
CFM: 24			
Repairs Made: ON A Repairs and Comments: August Fluido 3.4 CFM auglow	Hound 41 PSI Harry grow Nort times	of backfronce	backfrom and
Inspector:	Sedle		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

PermitNo: 82418 To: Mr. Floyd Wilkes Brand/Mfg.: - Cajun Aire System S/N: 663 Flightline Dr. Spring Branch, TX 78070 Aerator S/N: Contract: 8/28/2007 - 8/27/2008 Inspections per year: Phone: (830) 438-8529 Service Due: 4/28/2008 Agency: Comal County Environmental Health Cell: (210) 391-6080 Other: County: Comal Work: Subdivision: Inspection # 3 of 3 for the contract year Inspection Type: Inoperative N/A Item Aerator: Air Compressor Filter: Air Compressor: Irragation Pump: Disinfection device: Chlorine supply: Alarm System Light: Spray field vegetation: Sprinkler / Drip backwash: Test Results and Observations: Residual CIhlorine: = > (ppm HACH) _ PSI: 3,5 CFM: 2,0 Repairs made: Y Add Chlorine: N Repairs and Comments

Date:

#1704

GPS: ./.

Area: 002/384 A4

1D = 74

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AUG 2 5 2008

COUNTY ENGINEER

Phone: (830) 237-5760

Fax: (830) 626-3127

Permit Number: 82418

Installed:

To: Mr. Floyd Wilkes

Date: 7/2/2008

1038 Krona Court

New Braunfels, TX 78132

663 Flightline Dr.

Phone: (830) 438-8529

Spring Branch, TX 78070

Contract Period

Start Date:

End Date:

8/28/2008 8/27/2009

Site: 663 Flightline Dr. Spring Branch, TX 78070

Subdivision:

Comal Aerobic Management Systems

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.

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- 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)
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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. 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.

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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	01/2 /11
Printed Name: FLOYD WILKES Signature:	Hele 1116 Date: 8-23-08
Client Phone Numbers: Home: 830 4388529 Wo	rk: Cell: 210 39/6980
Contractor: Comal Aerobic Management Systems Sign MC0000360 Jam	ature: 400/14 1886 / Date: 8/25/08 les H Sickles Jr. MP0000996

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8/23/2008			(830) 237-5760	COLINGIALISME
Mr. Florid William				Permit: 82418
Mr. Floyd Wilkes	C.U.Dhana	(21A) 201 40 9 0	ID:	74
663 Flightline Dr.		(210) 391-6080	Inspections per year	3 GPD: 0
Spring Branch, TX 78070	. Home:	(830) 438-8529	Appointment?	Commercial:
Work:		Other:	Mfg: Cajur	Aire
Site: 663 Flightline Dr. Spring Branch, TX 78070			Brand:	
Agency: Comal County Environmental Health			S/N:	
County: Comal			S/N:	
Subdivision:		No. of the last of		
Service Due: 8/28/2008 Contract expires: 8/27/2	2009	- 11		
Inspection Type: Choluled Inspection	on#of	3 for the contra	ct year	
Item Operational	Inoperative	N/A		
Aerator:				
Air Compressor Filter:				
Air Compressor:				
Irragation Pump:				
Disinfection device:				
Chlorine supply:				
Alarin System Light:				
Spray field vegetation:				
Sprinkler / Drip backwash:				
Test Results and Observations: Residual Cl\hlorine: = > ppm HACH				
CFM: 2. (PSI: 2.6				
Repairs made: N Add Chlorine: N	. 1			m on na
Repairs and Comments: Found 4.5 PSI	Den chi	umer and	1.2 CFM au	flow. Thulas
1.0	All. M	Proceeding Ma	0 2.4 Fm	i Down Alles
Enjusing, New Year 6.0 P)	o xour	tonice ov	0.4 0.10	72
Ruding is good will become	yfecellon	1 in 5-7 a	ayo with	nero o gony
into water. Thank How how	Lading (Vorus in A	yrlen. Fell	ed Bringy
Trend Clout. Ostred salvin	a lo My	nten.		
Inspector: IM SALA	Date:	8/26/0	28	
- Juni pous.		- 1 - 1		
7				

Area/Map: 002 / 384 A4

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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

Agency: Comal County Environmental Health County: Comal

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

Work:

Other:

Subdivision: Inspection Type:

Inspection # of 5 for the contract year

Item	Operational	Inoperative	N/A
Aerator:			
Air Compressor Filter:	<u> </u>		
Air Compressor:			
Irragation Pump:			
Disinfection device:	V		
Chlorine supply:	V		
Alarm System Light:	V		
Spray field vegetation:	- V		
Sprinkler / Drip backwash:			
Springer, 2.19 customent.			

Test Results and Observations: Residual CI\hlorine: = 71ppm HACH

CFM: 2-4 PSI: 2-8

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

Repairs and Comments:

ound 5.0 PSI of backfronux and 1.2 CFM auflow.

n, now have 2.8PSI of backfronux and 2.4 CFM auflow.

Date: Inspector: Área: 002 / 384 A4 GPS: ./.

D = 74

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

APR 0 8 2009

COUNTY ENGINEER

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

Agency: Comal County Environmental Health Phone: (830) 438-8529 Cell: (210) 391-6080 Other: County: Comal Subdivision: Work: Inspection # 3 of 3for the contract year Inspection Type: N/A Operational Inoperative Item Aerator: Air Compressor Filter: Air Compressor: Irragation Pump: Disinfection device: Chlorine supply: Alarm System Light: Spray field vegetation:

Test Results and Observations:
Residual Cl\hlorine: = 71 ppm HAEH

CFM: 2.6 PSI: 3.0

Sprinkler / Drip backwash:

Repairs made: (i) N Add Chlorine: Y/O
Repairs and Comments: Flunds diffuse to get above readings. Water quality

— is Upcellent, Popular Durned out light blub in Hu A. Everything

— in good at this time.

Inspector:

Date:

Area: 002 / 384 A4

GPS: ./.

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AUG 2 0 2009

COUNTY ENGINEE

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

Agency: Comal County Env County: Comal Subdivision: Inspection Type:	a. 0 A	ction# / of 3	Phone: (830) 438-8529 Ccll: (210) 391-6080 Work: for the contract year	Service Due: 8/28/2009 Other:
Item Aerator: Air Compressor Filter: Air Compressor: Irragation Pump: Disinfection device: Chlorine supply: Alarm System Light: Spray field vegetation: Sprinkler / Drip backwash:	Operational	Inoperative	N/A N/A	
Test Results and Observation Residual Cl\hlorine: \(\) \(\) PSI: \(\) Repairs made: \(\) Add Repairs and Comments: \(\) good at thus	<u>PPM</u> HACH Chloring: V/60	,	ellert, Eve Gor hagling i	ything is
Inspector:	r Deelle,	Date:	8/18/09 Arca: 002 / 384 A4	

GPS: . /.

1D = 74

Subdivision:

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AUG 2 0 2009

COUNTY ENGINEER

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

Phone: (830) 237-5760

Fax: (830) 626-3127

Permit Number: 82418

Installed

To: Mr. Floyd Wilkes 663 Flightline Dr.

Date: 7/17/2009

Spring Branch, TX 78070

Contract Period

Start Date:

8/28/2009

End Date:

8/27/2010

County:-Comal

Installer:

Agency: Comal County Environmental Health

Site: 663 Flightline Dr. Spring Branch, TX 78070

MFG: Cajun Aire

Phone: (830) 438-8529

3 inspections/yr - one every 4 months

Comal Aerobic Management Systems

Map Key: 384 A4

AGREEMENT

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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.

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- 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.

Printed Name: Floyd Wilkesignature. Hoyd Wilk Date: 8-16-09
Client Phone Numbers: Home: 430 436 5529Work: Cell; 210 391 6980 Contractor: Comal Aerobic Management Systems Signature: MWWW.Desp. Date: 8/18/09 MC0000360 James H. Bickles Jr. MP0000996
Contractor: Comal Aerobic Management Systems Signature:
MC0000360 James H. Sickles Jr. MP0000996
()

RECEIVED

EPR 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 780	70		Brand System	nitNo: 82418 /Mfg.: Cajun A n S/N: or S/N:	aire - Cajun Aire
Agency: Comal County Envi County: Comal Subdivision:			Phone: (830) 438 Cell: (210) 391 Work:	Contrac In 3-8529 S -6080 O	et: 8/28/2009 - 8/27/2010 spections per year: 3 ervice Due: 4/28/2010 ther:
Inspection Type:	Inspec	ction # _ 3 of _ 3	for the contract y	ear	
At Acrator: Air Compressor Filter: Air Compressor: Irragation Pump: Disinfection device: Chlorine supply: Alarm System Light: Spray field vegetation: Sprinkler / Drip backwash: Test Results and Observations Arriving Residual Chlorine (G	rab): / mg/		N/A		
Repairs and Comments:	quality	, is 400	d		
- Clean	of com	i is 900. overson f	ilte		
Systen	aferres	Louing	properl	y alth	tis time.
Inspector:	édles	Date:	Area: 002/3	84 A4	

GPS: ./.

7/27/2010

Phone: (830) 237-5760

Fax: (830) 626-3127

To: Mr. Floyd Wilkes 663 Flightline Dr.

PermitNo: 82418

Brand/Mfg.: Cajun Aire - Cajun Aire System S/N:

Spring Branch, 1A	78070		Aerator S/N:	
			(Contract: 8/28/2010 - 8/27/2011 Inspections per year: 3
Agency: Comal County E	nyironmental Health		Phone: (830) 438-8529	Service Due: 8/28/2010
County: Comal Subdivision:			Cell: (210) 391-6080 Work:	Other:
Inspection Type:	MiduleAnena	ction# of	3 for the contract year	
inspection Type.		OLIOII # OX	for the contract year	
Item	Operational	Inoperative	N/A	
Aerator:				
Air Compressor Filter:		-		
Air Compressor:				
Irragation Pump: Disinfection device:	-0-			
Chlorine supply:			tre (TM)	
Alarm System Light:	~			
Spray field vegetation:		P17		
Sprinkler / Drip backwash:				
Spiniklet / Drip backwash.				
Test Results and Observation				
Arriving Residual Chlorine	(Grab): / , / mg	g/L		
Leaving Residual Chlorine	(Grab): // // mg	y/L		
CFM: 2. PSI:	3,0			
Repairs made: Y Ad Repairs and Comments:	ld Chlorine: Y			
thate	y quali-	Ly is good	£	
- Acid	lized mi	r diops to	in a surrelle	i flow
-			1	11116
SHIDT	en is	unction	ing superly	at this Time
_	1			, ,
	<i>V</i>			
	()			
	V//Y		-//	
Inspector:	XIXIA.	Date:	8/5/11	
mspector.			Area: 002 / 384 A4	
()			GPS: ./.	ID = 74

Comal Aerobic Management Systems

RECEIVED

MIS 05 2010

COUNTY ENGINEE

Phone: (830) 237-5760

Fax: (830) 626-3127

Pennit Number: 82418

Installed:

Date: 7/1/2010

To: Mr. Floyd Wilkes 663 Flightline Dr.

Phone: (830) 438-8529

1038 Krona Court

New Braunfels, TX 78132

Spring Branch, TX 78070

Contract Period

Start Date: 8/28/2010

3 inspections/yr - one every 4 months

8/27/2011

End Date:

Comal Aerobic Management Systems

County: Comal

Installer:

Agency: Comal County Environmental Health

Site: 663 Flightline Dr. Spring Branch, TX 78070

Subdivision:

MFG: Cajun Aire

Map Key: 384 A4

AGREEMENT

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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.

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- 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.
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- 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.

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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.
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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.

Printed Name: Fleyd Wilkes Signature: The Wilh Date: 7-36-26	10
Client Phone Numbers: Home: 836 438 8529 Work: Cell: 216 391 698	C
Client Phone Numbers: Home: 836 4368529 Work: Cell: 216 391 698 Contractor: Comal Aerobic Management Systems Signature: Management Systems Signature: Management Mc0000360 Date: 7/3/// MC0000360 James H Sickles Jr. MP0000996	0

> 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

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

Work:

Other:

County: Comal

Agency: Comal County Environmental Health

Subdivision:

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

Item	Operational	Inoperative	N/A	
Aerator:	- War			
Air Compressor Filter:				
Air Compressor:	- Lamore .			
Irragation Pump:	1			
Disinfection device:				
Chlorine supply:	0/1			
Alarm System Light:				
Spray field vegetation:	7/			
Sprinkler / Drip backwash:	J			
Test Results and Observation Arriving Residual Chlorine (C Leaving Residual Chlorine (C	Grab):mg/I			
CFM: 2.4 PSI: 3	7,2			
Repairs made (Y) N Add Repairs and Comments:		` 4-0	D	
_ Myller	quality	1 NO (4800	7	
- Repair	dair	ampres	1881	
Aysten	istem	Louis	a sinserlera	Attis time
			g. 1881 15 sweety a	
_				
Inspector:	Sechles	Date: _/	2/6/10 Krea: 002/ 384 A4	
V			CDC. /	TD - 64

Inspector:

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 PermitNo: 82418 663 Flightline Dr. Brand/Mfg.: Cajun Aire - Cajun Aire Spring Branch, TX 78070 System S/N: Acrator S/N: Contract: 8/28/2010 - 8/27/2011 Inspections per year: 3 Agency: Comal County Environmental Health Phone: (830) 438-8529 Service Due: 4/28/2011 County: Comal Cell: (210) 391-6080 Other: Subdivision: Work: Inspection # 3 of 3 for the contract year Inspection Type: Operational N/A Item Inoperative Aerator: Air Compressor Filter: Air Compressor: Irragation Pump: Disinfection device: Chlorine supply: Alarm System Light: Spray field vegetation: Sprinkler / Drip backwash: Test Results and Observations: Arriving Residual Chlorine (Grab): Leaving Residual Chlorine (Grab): 1.0 mg/L Repairs made: Y/N/Add Chlorine: Y/N/ Repairs and Comments:

Date:

Area: 002 / 384 A4

ID = 74

GPS: ./.

Phone: (830) 237-5760

Fax: (830) 626-3127

Permit Number: \$2418

installed:

To: Mr. Floyd Wilkes 663 Flightline Dr.

Spring Branch, TX 78070

Contract Period

Start Date:

8/28/2011

End Date:

8/27/2012

Comal Aerobic Management Systems

3 inspections/yr - one every 4 months

Map Key: 384 A4

Phone: (830) 438-8529

Site: 663 Flightline Dr. Spring Branch, TX 78070

Subdivision:

County: Comal

Date: 7/11/2011

Installer:

Agency: Comal County Environmental Health

MFG: Cajun Aire

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.

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- 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.
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- 8. Maintain site drainage to prevent adverse effects on OSSF.
- 9. Promptly and fully pay Contractor's bills, fees or invoices as described herein.

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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.

Printed Name: Floyd Wilkes Signature: West Wilke Date: 8/10/2011	
Client Phone Numbers: Home: 830 4388529 Work: Cell: 240 39/6986 Contractor: Comal Aerobic Management Systems Signature: MC0000360 James H. Sickles Jr. MP0000996	2
Contractor: Comal Aerobic Management Systems Signature: Date: 8/12/20	11
MC0000360 James H. Sickles Jr. MP0000996	•

7/28/2011

Phone: (830) 237-5760

Fax: (830) 626-3127

To: Mr. Floyd Wilkes 663 Flightline Dr.

Subdivision:

Spring Branch, TX 78070

PermitNo: 82418

Brand/Mfg.: Cajun Aire - Cajun Aire System S/N:

Aerator S/N:

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

Agency: Comal County Epyironmental Health Phone: (830) 438-8529 County: Comal Cell: (210) 391-6080

Work:

Inspection Type:	<i>LOUULG</i> inspe	ction#of	5 for the contract	year	
Item	Operational	Inoperative	N/A		
Aerator:					
Air Compressor Filter:					
Air Compressor:					
Irragation Pump:					
Disinfection device:					
Chlorine supply:				l	
Alarm System Light:					
Spray field vegetation:	7				
Sprinkler / Drip backwash:					
Test Results and Observation	ns: A 10				
Arriving Residual Chlorine (Grab): (1. / Um	z/L			
Leaving Residual Chlorine (Grab): 77.77 mg	/L			
CFM: 2.6 PSI:	30	_		·	
Repairs made: Y Add	Chlorine: Y N				
Repairs and Comments:	. —				
Water	realite	, is 900 i	d		
- Luft	- /	A	·	O. a.A	the to
- GALWO	1 spun	Or som	me progs	my	Of the sur
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_					
			Odra Lin		

	11/2	19/ 20 11	Phone: (830) 237-5760 Fax: (830) 626-3127
To: Mr. Floyd Wilkes 663 Flightline Dr. Spring Branch, TX 78070	PermitNo: Brand/Mfg.: System S/N: Aerator S/N:		- Cajun Aire
Agency: Comal County Environmental Health County: Comal Subdivision: Inspection Type: Of	Phone: (830) 438-8529 Cell: (210) 391-6080 Work: for the contract year	Inspe	/28/2011 - 8/27/2012 etions per year: 3 ce Due: 12/28/2011 ::
Acrator: Air Compressor Filter: Air Compressor: Irragation Pump: Disinfection device: Chlorine supply: Alarm System Light: Spray field vegetation: Sprinkler / Drip backwash: Test Results and Observations: Arriving Residual Chlorine (Grab): Leaving Residual Chlorine (Grab): CFM: Z PSI: Repairs made: Y N Add Chlorine: Y Repairs and Comments:	N/A		
Systemiosunctioning;	eroperly at	this	time-
Inspector: Date:	2/27/1/ Area: 002 / 384 A4		,

GPS: ./.

4/1/2012 Phone: (830) 237-5760 Fax: (830) 626-3127 PermitNo: 82418 To: Mr. Floyd Wilkes Brand/Mfg.: Cajun Aire - Cajun Aire 663 Flightline Dr. System S/N: Spring Branch, TX 78070 Aerator S/N: Contract: 8/28/2011 - 8/27/2012 Inspections per year: 3 Agency: Comal County Environmental Health Phone: (830) 438-8529 Service Due: 4/28/2012 County: Comal Cell: (210) 391-6080 Other: Subdivision: Work: Inspection # 3 of 3 for the contract year Inspection Type: Operational Inoperative N/A Aerator: Air Compressor Filter: Air Compressor: Irragation Pump: Disinfection device: Chlorine supply: Alarm System Light: Spray field vegetation: Sprinkler / Drip backwash: Test Results and Observations: Arriving Residual Chlorine (Grab): 0.15 mg/L Leaving Residual Chlorine (Grab): 0.15 mg/L .dd Chlorine: Y 🛭 🕻 Repairs made: Y/N Repairs and Comments:

GPS: ./.

1D = 74

ID = 74

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

Phone: (830) 237-5760 7/30/2012 Fax: (830) 626-3127 PermitNo: 82418 To: Mr. Floyd Wilkes Brand/Mfg.: Cajun Aire - Cajun Aire 663 Flightline Dr. System S/N: Spring Branch, TX 78070 Aerator S/N: Contract: 8/28/2012 - 8/27/2013 Inspections per year: 3 Agency: Comal County Environmental Health Phone: (830) 438-8529 Service Duc: 8/28/2012 County: Comal Cell: (210) 391-6080 Other: Subdivision: Work: Inspection Type Inspection # for the contract year Item Operational Inoperative N/A Aerator: Air Compressor Filter: Air Compressor: Irragation Pump: Disinfection device: Chlorine supply: Alarm System Light: Spray field vegetation: Sprinkler / Drip backwash: Test Results and Observations: Arriving Residual Chlorine (Grab): 0.11 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 Cophments: Date: 2 GPS: . / ,

Phone: (830) 237-5760

Fax: (830) 626-3127

Permit Number: 82418

Installed:

To: Mr. Floyd Wilkes 663 Flightline Dr.

Date: 7/12/2012

Spring Branch, TX 78070

Contract Period

Start Date:

8/28/2012

End Date:

8/27/2013

Comal Aerobic Management Systems

3 inspections/yr - one every 4 months

Map Key: 384 A4

Phone: (830) 438-8529 Subdivision: Site: 663 Flightline Dr. Spring Branch, TX 78070

County: Comal

Installer:

Agency: Comal County Environmental Health

MFG: Cajun Aire

AGREEMENT

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- 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: # 2-25.00

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 Signatur	ure: Flyd & halles Date: 7-15-2012
Client Phone Numbers: Home: <u>830 438899</u>	9 Work: Cell: 210 3 9/ 19 8 0 s Signature: Date: Date: 8/ 20/ 20/ 7 James H. Sickles Jr. MP0000996
Contractor: Comal Aerobic Management Systems	s Signature: 100 100 Date: 8/20/2017
MC0000360	James H Sickles Jr. MP00009996

ID = 74

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			PermitNo:	82418	
663 Flightline Dr. Spring Branch, TX 78070			Brand/Mfg.: System S/N: Aerator S/N:		rire - Cajun Aire
				Contrac In	t: 8/28/2012 - 8/27/2013 spections per year: 3
Agency: Comal County Environmental Health County: Comal		Cell:	(830) 438-8529 (210) 391-6080		ervice Due: 12/28/2012 ther:
Subdivision: Inspection Type: Inspection	$_{\text{on}}$ $= 2_{\text{of}}$ $= 3$	for the c	contract year		11.30
Item Operational	Inoperative	N/A			
Aerator: Air Compressor Filter:		_			
Air Compressor: Irragation Pump:					
Disinfection device: Chlorine supply:					
Alarm System Light: Spray field vegetation:			-		
Sprinkler / Drip backwash:					
Test Results and Observations: Arriving Residual Chlorine (Grab): mg/L Leaving Residual Chlorine (Grab): mg/L					
CFM: 2.6 PSI: 7.0					
Repairs made: Y Add Chlorine: Y Repairs and Complents:				•	
Waster quality	is grod.				
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- System sofu	uck)ou	rs p	xopuly	ar t	Mistaul,
				- 5	six budge à
-				/	There
		- (/		
Inspector:	Date:	2/11/	12 a: 002 / 384 A4	- :	

Phone: (830) 237-5760 3/31/2013 Fax: (830) 626-3127 PermitNo: 82418 To: Mr. Floyd Wilkes Brand/Mfg.: Cajun Aire - Cajun Aire 663 Flightline Dr. System S/N: Spring Branch, TX 78070 Aerator S/N: Contract: 8/28/2012 - 8/27/2013 Inspections per year: 3 Agency: Comal County Environmental Health Phone: (830) 438-8529 Service Due: 4/28/2013 County: Cornal Cell: (210) 391-6080 Other: Subdivision: Work: for the contract year spection # Inspection Type Item Inoperative N/A Aerator: Air Compressor Filter: Air Compressor: Irragation Pump: Disinfection device: Chlorine supply: Alarm System Light: Spray field vegetation: Sprinkler / Drip backwash: Test Results and Observations: Arriving Residual Chlorine (Grab): Leaving Residual Chlorine (Grab): U · / Ung/L Repairs made: Y Add Chlorine: Repairs and Comme Inspector:

GPS: ./.

Phone: (830) 237-5760

Fax: (830) 626-3127

Permit Number: 82418

Installed:

To: Mr. Floyd Wilkes 663 Flightline Dr.

Date: 7/1/2013

Spring Branch, TX 78070

Subdivision:

Phone: (830) 438-8529 Site: 663 Flightline Dr. Spring Branch, TX 78070.

County: Comal

Installer:

Agency: Comal County Environmental Health

MFG: Cajun Aire

Contract Period

Start Date:

8/28/2013

End Date:

8/27/2014

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
- 2. Contractor will provide a weather proof tag on the control panel containing company name, phone numbers and inspection dates.
- 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.
- 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: #735.00

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.

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Printed Name: Floyd Wilkes Signature: 24	nd Wille Date: 8/3/2013
Client Phone Numbers: Home: 833 438 8529 Work:	Cell: 210 39/6980
Contractor: Comal Aerobic Management Systems Signature: MC0000360 James H. S	MWW / WWW. Date: 8/5/2013
MC0000360 James H. S	ickles Jr. MP0000996

7/30/2013 Phone: (830) 237-5760 Fax: (830) 626-3127 PermitNo: 82418 To: Mr. Floyd Wilkes Brand/Mfg.: Cajun Aire - Cajun Aire 663 Flightline Dr. System S/N: Spring Branch, TX 78070 Acrator S/N: Contract: 8/28/2013 - 8/27/2014 Inspections per year: 3 Agency: Comal County Environmental Health Phone: (830) 438-8529 Service Due: 8/28/2013 Cell: (210) 391-6080 Other: County: Comal Work: Subdivision: for the contract year Inspection Type: Inoperative N/A Operational Item Aerator: Air Compressor Filter: Air Compressor: Irragation Pump: Disinfection device: Chlorine supply: Alarm System Light: Spray field vegetation: Sprinkler / Drip backwash: Test Results and Observations: Arriving Residual Chlorine (Grab) 10 mg/L Leaving Residual Chlorine (Grab): O. // mg/L Repairs made: Y Add Chlorine: Y/N) Repairs and Comr Area: 002 / 384 A4

GPS: ./.

		11/13	7/2013 Phone	(830) 237-5760
				(830) 626-3127
		PermitNo:	82418	
o: Mr. Floyd Wilkes			Cajun Aire - Caju	n Aire
663 Flightline Dr.		System S/N:		
Spring Branch, TX 78070		Acrator S/N:		
			Contract: 8/28/20 Inspections	
Agency: Comal County Environmental H	ealth	Phone: (830) 438-8529		: 12/28/2013
County: Comal		Cell: (210) 391-6080	Other:	
Subdivision:		Work:		
Inmestion Times Lake I die Gol	Inspection # of	for the contract year		
Inspection Type: ACMUNIC	Inspection #or	101 and 001111 and 7022		
Item Operation	al Inoperative	N/A		
Aerator:				
Air Compressor Filter:				
Air Compressor:		*		
Irragation Pump:				
Disinfection device:				
Chlorine supply:				
Alarm System Light:				
Spray field vegetation:				
Sprinkler / Drip backwash:				
				
Test Results and Observations:	111 -			
Arriving Residual Chlorine (Grab):	mg/L			
Leaving Residual Chlorine (Grab):	mg/L			
CFM: 2, 6 PSI: 3, 4				
Repairs made: Y Add Chlorine:	v ph			
Repairs made. I (1) Add Chlorine.				
Inspection Ports Secured After Inspection	HS			
inspection Forts secured After hispection	1 7 1 2			
Repairs and	0.0-	- 1		
Comments: Witte	wolltre	1 500c.	į	
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Inspector: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Date:	~//4//		
X		/ Area: 002 / 384 A4		
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3/31/2014

Phone: (830) 237-5760

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

				Fax: (830) 626-3127
To: Mr. Floyd Wilkes			PermitNo:	82418
			Brand/Mfg.:	Cajun Aire - Cajun Aire
663 Flightline Dr. Spring Branch, TX 780'	70		System S/N: Aerator S/N:	
			Notator Str.	Contract: 8/28/2013 - 8/27/2014 Inspections per year: 3
Agency: Comal County Envir	onmental Health		Phone: (830) 438-8529 Cell: (210) 391-6080	Service Due: 4/28/2014
County: Comal	4 4		Work:	Oute.
Subdivision:	1 1.0	22		
Inspection Type:	Inspe	ction#of	for the contract year	
Item	Operational	Inoperative	N/A	
Aerator:		-		
Air Compressor Filter:		all the same of th		
Air Compressor:				
Irragation Pump:		-		
Disinfection device:				
Chlorine supply:				
Alarm System Light:				
Spray field vegetation:				
Sprinkler / Drip backwash:	;			
Test Results and Observations: Arriving Residual Chlorine (Gr Leaving Residual Chlorine (Gr	rab): 0. 10 mg	ýL /L		
CFM: 2.6 PSI: 3 Repairs made: Y N Add C	.0			
Inspection Ports Secured After	Inspection L.	5		
Repairs and Comments:	atera	uslity	is good.	0
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Inspector:	MUS	Date: 4	Area: 002 / 384 A4	
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