



Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 05/30/2019 Permit Number: 107840

Location Description: 184 BRIAN CANYON LAKE, TX 78133
Subdivision: Tom Creek Hills
Unit: 2
Lot: 48
Block:
Acreage:

Type of System: Aerobic Surface Irrigation

Issued to: Mark & Robin Blandford

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

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

Alterations to this permit including, but not limited to:

- Increase in the square feet of living area
- Increase in the number of bedrooms
- A change of use (i.e. residential to commercial)
- Relocation of system components (including the relocation of spray heads)
- Installation of landscaping
- Adding new structures to the system

may require a new permit. It is the responsibility of the owner to apply for a new permit, if applicable.

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

Michael Tays OS8497
ENVIRONMENTAL HEALTH INSPECTOR

ENVIRONMENTAL HEALTH COORDINATOR OS0007722

## Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Home Owner      OSSF Installer #: \_\_\_\_\_  
 1st Inspection Date: 8/16/18      2nd Inspection Date: \_\_\_\_\_      3rd Inspection Date: 5/30/19  
 Inspector Name: Mike T.      Inspector Name: \_\_\_\_\_      Inspector Name: Mike T.  
 Permit#: 107840      Address: Tom Creek Hills / 184 Brian Dr

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	✓	285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)	no water in Tank & tank off 1" - 1 1/2" no power.			5/30/19
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	✓	285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	✓	285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	✓	285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)		285.32(a)(5)	revision - distance between tank & house			
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(i) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(i)				
7	PRETREATMENT Grease Interceptors If required for commercial		285.34(d)				

tank set level operational revision needed show distance from property line to sprayheads. Distance from tank to house. MT-5/30/19  
 covered & operational ✓



**Comal County Environmental Health  
OSSF Inspection Sheet**

	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK IF Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(III) 285.32(b)(1)(E)(II)(II) 285.32(b)(1)(E)(II)(I) 285.32(b)(1)(E)(I) 285.32(b)(1)(D) 285.32(b)(1)(C)(II) 285.32(b)(1)(C)(I) 285.32(b)(1)(B) 285.32(b)(1)(A) 285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used	✓	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)		8-29-18		
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed	✓		600	8-28-18		5/30/19
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		NuWater	"		
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

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19	DISPOSAL SYSTEM Drip Irrigation		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(4) 285.33(a)(3) 285.33(a)(1)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)	✓	285.33(d)(6) 285.33(c)(4)	<i>aerobic spray</i>	8-29-18		5/30/19
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(I)				



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No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	<p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes &lt; 2.0%</p> <p>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field ( 1000 Linear ft. for 2 bedrooms or Less &amp; an additional 400 ft. for each additional bedroom )</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. &amp; Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) &amp; Pipe Holes ( 3/16 - 1/4" dia. Hole Size ) 5 ft. Apart</p>		<p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(B)</p> <p>285.91(13)</p> <p>285.33(b)(3)(D)</p> <p>285.33(b)(3)(F)</p>				
33	<p>AEROBIC TREATMENT UNIT is Aerobic Unit Installed According to Approved Guidelines.</p>	✓	285.52(c)(1)		8-29-18		5/30/19
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port &amp; Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank</p> <p>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>			"		
35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.</p>	✓			"		
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials &amp; construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>						
37	<p>PUMP TANK Inspection/Clean Out Port &amp; Risers Provided</p> <p>PUMP TANK Secondary restraint system provided</p> <p>PUMP TANK Riser permanently fastened to lid or cast into tank</p> <p>PUMP TANK Riser cap protected against unauthorized intrusions</p>						
38	<p>PUMP TANK Secondary restraint system provided</p>						

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OSSF Inspection Sheet

PUMP TANK Electrical [Redacted] [Redacted]	✓			8-29-8	5/30/19
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OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?	✓	285.33(d)(2)(G)(III)(I) 285.33(d)(2)(G)(III)(II) 285.33(d)(2)(G)(v) 285.33(d)(2)(G)(III) 285.33(d)(2)(G)(IV) 285.33(d)(2)(G)(I) 285.33(d)(2)(G)(II) 285.33(d)(2)(G)(VII)(I)			8-29-8	5/30/19
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed	✓ ✓	285.33(d)(2)(G)(I) 285.33(d)(2)(A) 285.33(d)(2)(F)			8-29-18	
42	APPLICATION AREA Area Installed	✓		4241 SJ			
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						



## Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Home Owner      OSSF Installer #: \_\_\_\_\_  
 1st Inspection Date: 8/16/18      2nd Inspection Date: \_\_\_\_\_      3rd Inspection Date: \_\_\_\_\_  
 Inspector Name: Mike T.      Inspector Name: \_\_\_\_\_      Inspector Name: \_\_\_\_\_  
 Permit#: 107840      Address: Tom Creek Hills / 184 Brian Dr

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	✓	285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)	no water in Tank & tank off 1" - 1 1/2" no power.			
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	✓	285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	✓	285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	✓	285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)		285.32(a)(5)	revision - distance between tank & house			
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(I) 285.32(b)(1)(C)(II) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(II)(II) 285.32(b)(1)(E)(I) 285.32(b)(1)(E)(ii)(I)				
7	PRETREATMENT Grease Interceptors If required for commercial		285.34(d)				

tank set level operational revision needed show distance from property line to spray heads. Distance from tank to house.



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9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used	✓	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)		8-29-18		
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed	✓			8-28-18		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓			11		
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
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23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)	✓	285.33(d)(6) 285.33(c)(4)	<i>aerobic spray</i>	8-29-18		
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
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32							
33	<p>AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.</p>	✓	285.32(c)(1)		8-29-18		
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port &amp; Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank</p> <p>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>			4		
35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly installed with Chlorine Tablets in Place.</p>	✓			4		
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials &amp; construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>						
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Installer Name: Home Owned OSSF Installer #: \_\_\_\_\_

1st Inspection Date: 8/16/18 2nd Inspection Date: \_\_\_\_\_ 3rd Inspection Date: \_\_\_\_\_

Inspector Name: Mike T. Inspector Name: \_\_\_\_\_ Inspector Name: \_\_\_\_\_

Permit#: 107840 Address: Tom Creek Hills / 184 Brian Dr.

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OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	<p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes &lt; 2.0%</p> <p>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field ( 1000 Linear ft. for 2 bedrooms or Less &amp; an additional 400 ft. for each additional bedroom )</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. &amp; Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) &amp; Pipe Holes ( 3/16 - 1/4" dia. Hole Size ) 5 ft. Apart</p>		<p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(B)</p> <p>285.91(13)</p> <p>285.33(b)(3)(D)</p> <p>285.33(b)(3)(F)</p>				
33	<p>AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.</p>		285.32(c)(1)				
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port &amp; Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank</p> <p>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions</p>						
35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.</p>						
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials &amp; construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>						
37	<p>PUMP TANK Inspection/Clean Out Port &amp; Risers Provided</p> <p>PUMP TANK Secondary restraint system provided</p> <p>PUMP TANK Riser permanently fastened to lid or cast into tank</p> <p>PUMP TANK Riser cap protected against unauthorized intrusions</p>						
38	<p>PUMP TANK Secondary restraint system provided</p>						



**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
19	DISPOSAL SYSTEM Drip Irrigation		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(4) 285.33(a)(3) 285.33(a)(1)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)				
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)				

Comal County Environmental Health  
OSSF Inspection Sheet

39	PUMP TANK Electrical Notes: Wiring Buried					
----	--	--	--	--	--	--



**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?		285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(iii)(III)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)				
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed		285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)				
42	APPLICATION AREA Area Installed						
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						



# 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: 107840  
Issued This Date: 07/30/2018  
This permit is hereby given to: Mark & Robin Blandford

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

184 BRIAN  
CANYON LAKE, TX 78133

Subdivision: Tom Creek Hills  
Unit: 2  
Lot: 48  
Block:  
Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic  
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.



OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

items Date Received	initials

107840	
Permit Number	

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Instructions:

Place a check mark next to all items that apply. For items that do not apply, place "N/A". This OSSF Development Application Checklist must accompany the completed application.

OSSF Permit

Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate

Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer

Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials shall consist of a scaled design and all system specifications.

Required Permit Fee

Copy of Recorded Deed

Surface Application/Aerobic Treatment System

Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public

Signed Maintenance Contract with Effective Date as Issuance of License to Operate

I affirm that I have provided all information required for my OSSF Development Application and that this application constitutes a completed OSSF Development Application.

  
\_\_\_\_\_  
Signature of Applicant

07/17/18  
\_\_\_\_\_  
Date

COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

INCOMPLETE APPLICATION	
(Missing Items Circled, Application Refused)	

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

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

Date June 1, 2018

Permit # 107840

Owner Name MARK & ROBIN BLANDFORD Agent Name GREG W. JOHNSON, P.E.
Mailing Address 8010 WAYWORD TRAIL Agent Address 170 HOLLOW OAK
City, State, Zip SAN ANTONIO TEXAS 78244 City, State, Zip NEW BRAUNFELS, TX 78132
Phone# 210-602-7181 Phone # (830) 905-2778
Email [redacted] Email gregjohnsonpe@yahoo.com

All correspondence should be sent to: [ ] Owner [X] Agent [ ] Both Method: [ ] Mail [X] Email

Subdivision Name TOM CREEK HILLS Unit/Phase/Section 2 Lot 48 Block
Acreage/Legal
Street Name/Address 184 BRIAN City CANYON LAKE Zip 78133

Type of Development:

[X] Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1500

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[ ] Commercial or Institutional Facility

(Planning materials must show adequate land area for doubling the required land needed for treatment units and disposal area)

Type of Facility
Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants
Restaurants, Lounges, Theaters - Indicate Number of Seats
Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds
Travel Trailer/RV Parks - Indicate Number of Spaces
Miscellaneous

Estimated Cost of Construction: \$ 185,000 (Structure Only)

Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement?

[ ] Yes [X] No

(if yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

Source of Water [X] Public [ ] Private Well

Are Water Saving Devices Being Utilized Within the Residence? [X] Yes [ ] No

I certify that the completed application and all additional information submitted does not contain any false information and does not conceal any material facts. Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities. I also understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.

Signature of Owner [Handwritten Signature]

Date 6-21-2018



#107840

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

**REVISED**

8:14 am, Sep 07, 2018

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

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) AERIES D500M Absorption/Application Area (Sq Ft) 4069

Gallons Per Day (As Per TCEQ Table III) 240

(Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ)

Is the property located over the Edwards Recharge Zone?  Yes  No

(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))

Is there an existing TCEQ approved WPAP for the property?  Yes  No

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

If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP?  Yes  No

(if yes, the R.S. or P. E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A Permit to Construct will not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional office.)

Is the property located over the Edwards Contributing Zone?  Yes  No

Is there an existing TCEQ approval CZP for the property?  Yes  No

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

If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP?  Yes  No

(if yes, the P.E. or R.S. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

Is this property within an incorporated city?  Yes  No

If yes, indicate the city: \_\_\_\_\_



**FIRM #2585**

I certify that the information provided above is true and correct to the best of my knowledge.

*[Handwritten Signature]*

Signature of Designer

June 20, 2018

Date

**AFFIDAVIT**



201806028017 07/17/2018 01:21:35 PM 1/1

*Yes*

**THE COUNTY OF COMAL  
STATE OF TEXAS**

**CERTIFICATION OF OSSF REQUIRING MAINTENANCE**

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

**I**

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSF's). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety code, requires owner's to provide notice to the public that certain types of OSSF's are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

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**II**

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

2 UNIT/PHASE/SECTION \_\_\_\_\_ BLOCK 48 LOT \_\_\_\_\_ TOM CREEK HILLS SUBDIVISION

IF NOT IN SUBDIVISION: \_\_\_\_\_ ACREAGE \_\_\_\_\_ SURVEY

The property is owned by (insert owner's full name): MARK BLANDFORD & ROBIN BLANDFORD

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

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

WITNESS BY HAND(S) ON THIS 1 DAY OF July, 2018

[Signature]  
Owner(s) signature(s)

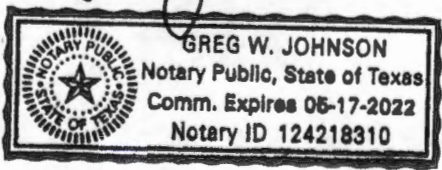
MARK BLANDFORD  
Owner (s) Printed name (s)

MARK BLANDFORD  
July, 2018

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 1 DAY OF

[Signature]  
Notary Public Signature

THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY



Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
07/17/2018 01:21:35 PM  
TERRI 1 Page(s)  
201806028017

Bobbie Koepf

(Notary Seal Here)



**RECEIVED**

By Sandra Hernandez at 8:47 am, Jul 30, 2018

Aerobic Maintenance Solution LLC  
P O Box 311899  
New Braunfels, TX 78131

Date:

To: MARK & ROBIN BLANDFORD  
8010 WAYWORD TRAIL  
SAN ANTONIO, TX 78244

Phone: 210-602-7181      Subdivision: TOM CREEK HILLS, UNIT 2, LOT 48  
Site: 184 BRIAN  
County: COMAL  
Installer: COMAL COUNTY  
Agency: COMAL COUNTY  
Map/Brand: / AERIES D500M

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Phone: (830) 312-8776  
AerobicSolutions.net      office@aerobicsolutions.net  
COUNTY ENGINEER

Contract Period

Start Date:
End Date:

Aerobic Maintenance Solution LLC  
3 visits per year - one every 4 months  
Map Key: 354 E8      ID:

**Agreement**

I. General: This work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Aerobic Maintenance Solutions LLC (hereinafter referred to as Contractor), located at 4222 FM 482 New Braunfels, Texas 78132, (830-312-8776). By this agreement, Contractor agrees to render services, as described herein, and Client agrees to fulfill his/her/ their responsibilities under the agreement as described herein.

II. Effective Dates: this agreement runs for One Year after the start date above. If this is an Initial Contract begins when Letter To Operate (LTO) has been issued. A 30 day written notice is required if there is a cancelation before the year of the agreement is up. The written notice will be sent to the local regulatory Agency and any of the agreement unused funds is non-refundable.

III. Renewal Terms: This agreement shall renew for an additional One 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 after Thirty (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 times per year. Contractor **does not** provide chlorine. Client is solely responsible for maintaining the chlorine in the chlorinator at all times.
2. Contractor will provide a weather proof tag on the control panel containing company name, phone number and inspection dates.
3. Contractor will do inspections 3 times a year, every 4 months.
4. Contractor will report all findings to the appropriate regulatory and authority and to the Client, as required by both the Sate's On-Site rules and the local Agency's rules. All findings must be reported to local Agency's within 14 days, email is acceptable.
5. The contractor's inspection will include the following: Effluent Quality (Color, Turbidity, overflow and Odor), Alarm Function Filters, Operation of Effluent Pump and Chlorine Availability in the Chlorinator, (BOD and TSS Annually on Commercial Accounts, Client is responsible for charges for test)
6. Contractor will respond to client calls and of complaints, regarding visual or audible alarms, suspicious conditions or and problems that might confront the Client within 48 hours, excluding weekend and holidays. The

**RECEIVED**

By Sandra Hernandez at 8:47 am, Jul 30, 2018

Contractor will maintain a 24 hour answering service at 830-312-8776. The unscheduled responses may be billed to the Client at going rate.

**V. Clients Responsibilities:**

1. Maintain Chlorinator and Proper Chlorine supply, if OSSF is equipped with.
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. Immediately notify the Contractor of any alarms or problems with, including failure of the OSSF.
4. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor at Client's own expense.
5. Contractor will not be responsible for any warranty work. Client must contact the Installer for Warranty Problems.
6. Not allow the backwash from water treatment or water conditioning equipment to enter the OSSF.
7. Maintain site drainage to prevent adverse effects on OSSF.
8. Promptly and fully pay Contractor's Bills, Fees or invoices as described herein.

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VI. Contractor will schedule with client, dates to perform the above described Services of repairs. If Contractor is not able to access the site on the date of appointment, a charge of \$75.00 will be billed if the inspection or repairs of not able to be completed and are required to be scheduled on another date. The contractor requires access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of evaluation of system and equipment as 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 an additional service at a rate of \$50.00 per hour plus materials billed at list process. 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 request trips to the Client's site of pumping of the OSSF. Payments not received within 10 days from the date will be subject to a \$30.00 late penalty and or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees. And all cost of collection incurred by contractor in collection of any unpaid debt. Invoice due when service is completed. Contract fee is \$\_\_\_\_\_.

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 the agreement is invalid or unenforceable, by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed and enforced as so limited.

Client Name: MARK & KAREN BLANDFORD Signature: [Signature] Date: \_\_\_\_\_  
 Client Phone number Home \_\_\_\_\_ Work \_\_\_\_\_ Cell: 210-802-7181  
 Email Address: markb78244@yahoo.com  
 Any Gate or Combo code for inspections: \_\_\_\_\_  
 Contractor: Aerobic Maintenance Solutions LLC Date: 7/17/2018 6:40:00 AM PDT  
 Signature: [Signature] Date: \_\_\_\_\_  
 AP0000996 James H. Suckles

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

Owner initial [Signature]

Maintenance provider initial [Signature]



**Aerobic Maintenance Solution LLC**  
**P O Box 311899**  
**New Braunfels, TX 78131**

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Phone: (830) 312-8776

Date:

AerobicSolutions.net office@AerobicSolutions.net  
COUNTY ENGINEER

To: **MARK & ROBIN BLANDFORD**  
**8010 WAYWORD TRAIL**  
**SAN ANTONIO, TX 78244**

Contract Period

Start Date:  
End Date:

Phone: 210-602-7181    Subdivision: **TOM CREEK HILLS, UNIT 2, LOT 48**  
Site: 184 BRIAN  
County: **COMAL**  
Installer:  
Agency: **COMAL COUNTY**  
Mfg/Brand: / **AERIES D500M**

Aerobic Maintenance Solution LLC  
3 visits per year - one every 4 months

Map Key: **354 E8**    ID:

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Client

Print Name: MARK & ROBIN BLANDFORD Signature: *Mark Blandford* Date: \_\_\_\_\_

Client Phone number Home \_\_\_\_\_ Work \_\_\_\_\_ Cell 210-602-7181

Email Address markbx78244@yahoo.com

Any Gate or Combo code for inspections \_\_\_\_\_

Contractor Aerobic Maintenance Solutions LLC. 7/17/2018 6:40:00 AM PDT

Signature: *James H. Sickles* Date: \_\_\_\_\_

MP000996 James H. Sickles

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COUNTY ENGINEER



## ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: June 19, 2018

Site Location: TOM CREEK HILLS, UNIT 2, LOT 48

Proposed Excavation Depth: N/A

**Requirements:**

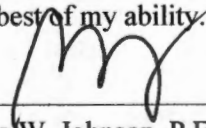
At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil boring or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation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

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COURTNEY ENGINEER

SOIL BORING NUMBER		SURFACE EVALUATION				
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	<b>III</b>	<b>CLAY LOAM</b>	<b>N/A</b>	<b>NONE OBSERVED</b>	<b>LIMESTONE @ 12"</b>	<b>BROWN</b>
1						
2						
3						
4						
5						

SOIL BORING NUMBER		SURFACE EVALUATION				
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	<b>SAME</b>		<b>AS</b>		<b>ABOVE</b>	
1						
2						
3						
4						
5						

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

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

06/19/18  
 \_\_\_\_\_  
 Date

OSSF SOIL EVALUATION REPORT INFORMATION

REVISED
8:14 am, Sep 07, 2018

Date: June 20, 2018

Applicant Information:

Name: MARK & ROBIN BLANDFORD
Address: 8010 WAYWORD TRAIL
City: SAN ANTONIO State: TEXAS
Zip Code: 78244 Phone: (210) 602-7181

Site Evaluator Information:

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

Property Location:

Lot 48 Unit 2 Blk Subd. TOM CREEK HILLS
Street Address: 184 BRIAN
City: CANYON LAKE Zip Code: 78133
Additional Info.:

Installer Information:

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

Topography: Slope within proposed disposal area: 8 to 15 %

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

NOTE: WELL HAS BEEN CAPPED

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = GPD

Residential Water conserving fixtures to be utilized? Yes X No

Number of Bedrooms the septic system is sized for: 3 Total sq. ft. living area 1500

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

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

Trash Tank Size 568 Gal.

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

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

Application Area Utilized = 4069 sq. ft.

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

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

Pump Tank Size = 763 Gal. 14.4 Gal/inch.

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

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

With Chlorinator NSF/TCEQ APPROVED

SCH-40 or SDR-26 3" or 4" sewer line to tank

Two way cleanout

Pop-up rotary sprinkler heads w/ purple non-potable lids

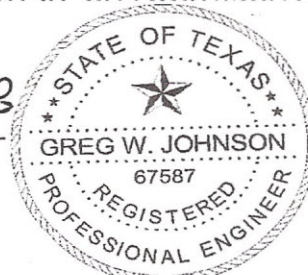
1" Sch-40 PVC discharge manifold

APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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

Handwritten signature of Greg W. Johnson
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

06/20/18
DATE



FIRM #2585



**RECEIVED**

By Sandra Hernandez at 8:42 am, Jul 30, 2018

Greg W. Johnson, P.E.  
170 Hollow Oak  
New Braunfels, Texas 78132  
830/905-2778

July 27, 2018

Comal County Office of Environmental Health  
195 David Jonas Drive  
New Braunfels, Texas 78132-3760

RE: Septic Design - #107840  
184 BRIAN  
TOM CREEK HILLS, UNIT 2, LOT 48  
CANYON LAKE, TX 78133  
BLANDFORD RESIDENCE

Ms. Ritzen/Hernandez,

Due to the lack of available application area it is necessary to have the setback from the property line to the spray at ten feet as required by TCEQ Chapter 285 rules Table X. I hereby request a variance to the twenty foot setback to property lines as required by Comal County Order and equivalent protection will be maintained by including a battery backup to the timer clock to assure sprayers to only spray during the predawn hours. In my professional opinion this variance will not pose a threat to the environment or public health.

If I can be of further assistance please contact me.

Respectfully yours,



Greg W. Johnson, P.E., F#2585



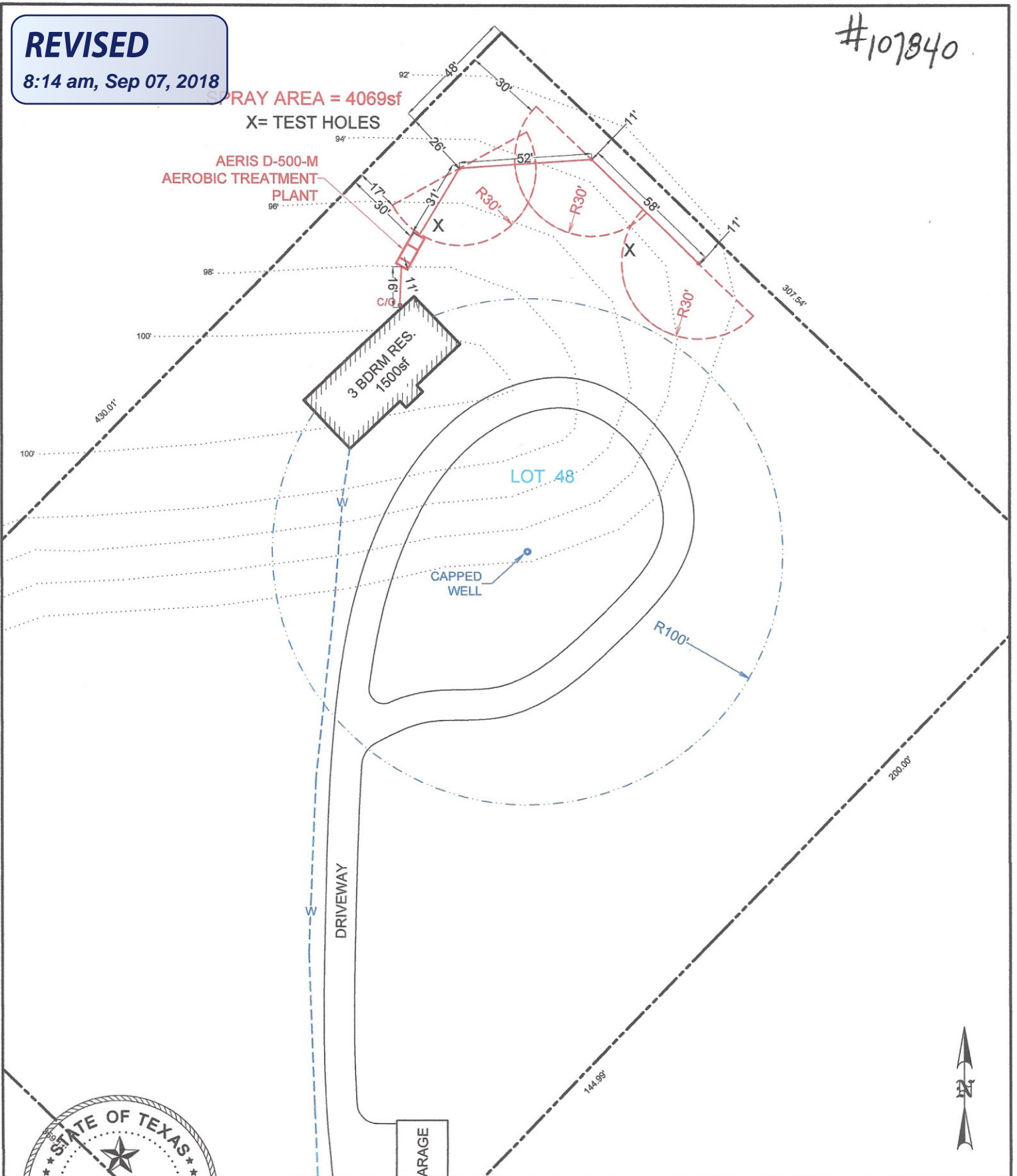




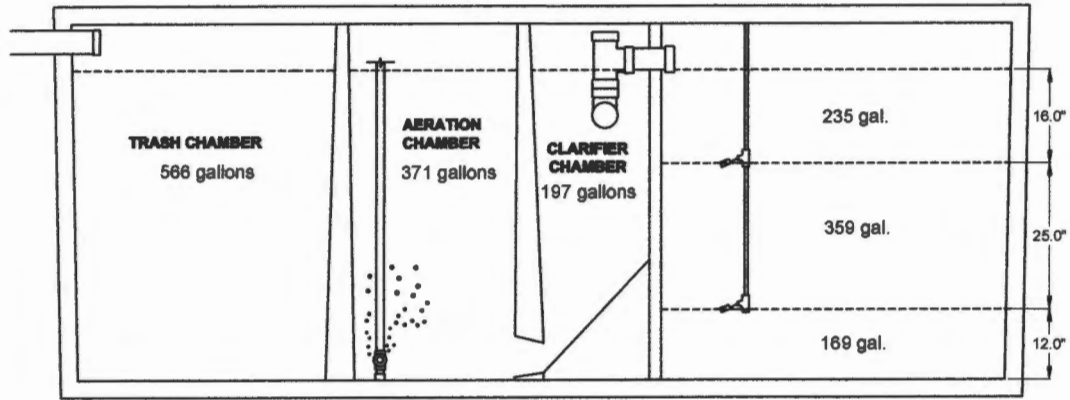
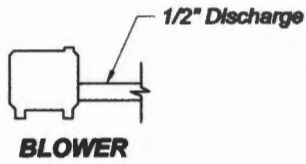
**REVISED**

8:14 am, Sep 07, 2018

#107840

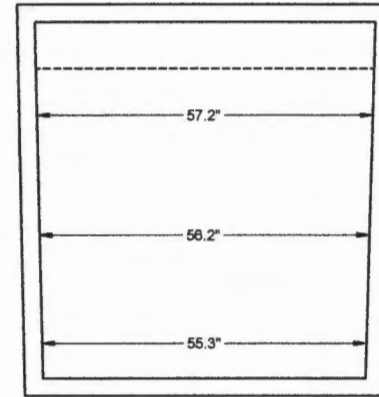


OWNER: MARK & ROBIN BLANDFORD		DRAWN BY: EJS III	
STREET ADDRESS: 184 BRIAN			
LEGAL DESC: TOM CREEK HILLS	UNIT/SECTION/PHASE: 2	BLOCK:	LOT: 48
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 6/20/2018	REVISED: 9/7/2018



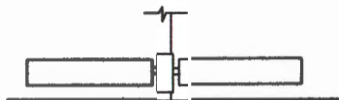
**SIDE SECTION VIEW**

SCALE: 1" = 3/8"



**END SECTION VIEW**

SCALE: 1" = 3/8"



**DIFFUSER DETAIL**

2 - 250 mm  
Max flow per diffuser  
= 55 liters/minute



*Handwritten signature*  
F-2585  
06/20/18

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JUL 17 2018  
COUNTY ENGINEER

Title: **Model D-500-M  
Night Time Pumping**

Company Name: **Aeris Aerobics**

Date: **5-6-2015**





CONTINUED ON MAP 353

SCALE IN MILES  
0 1/8 1/4 3/8 1/2

SCALE IN FEET  
0 1000 2000 3000



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

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

VOID

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) AERIES D500M Absorption/Application Area (Sq Ft) 4241

Gallons Per Day (As Per TCEQ Table III) 240

(Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ)

RECEIVED

JUL 17 2018

Is the property located over the Edwards Recharge Zone? Yes No

(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.)

VOID

Is there an existing TCEQ approved WPAP for the property? Yes No

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

If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP? Yes No

(If yes, the R.S. or P. E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A Permit to Construct will not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional office.)

Is the property located over the Edwards Contributing Zone? Yes No

Is there an existing TCEQ approval CZP for the property? Yes No

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

If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? Yes No

(if yes, the P.E. or R.S. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

Is this property within an incorporated city? Yes No

If yes, indicate the city:



FIRM #2585

VOID

I certify that the information provided above is true and correct to the best of my knowledge.

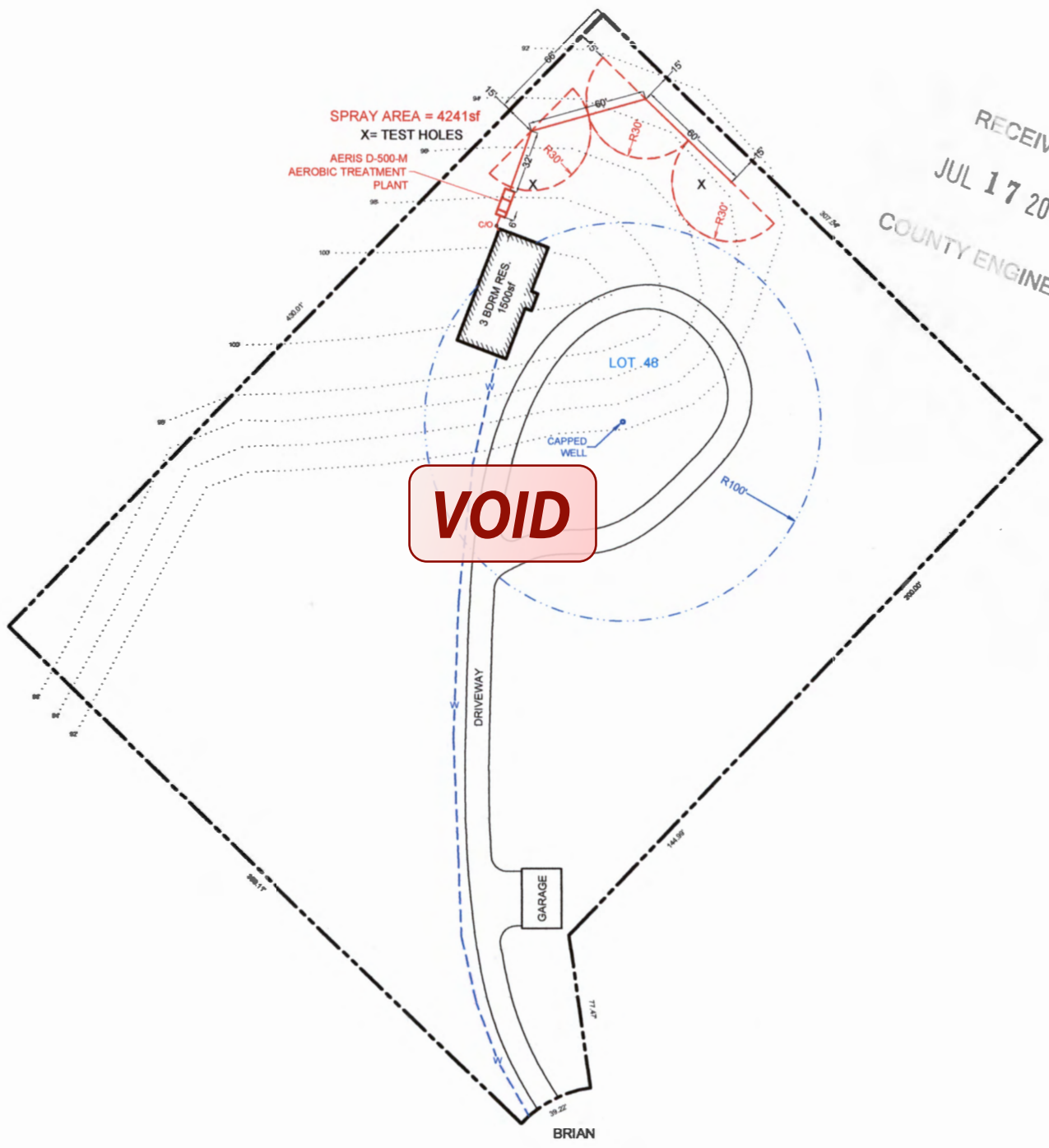
Signature of Designer

Date June 20, 2018





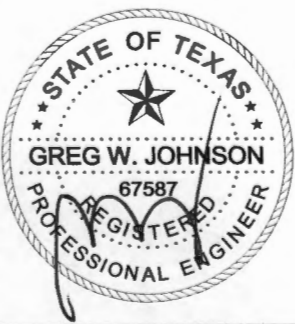
**VOID**



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JUL 17 2018  
COUNTY ENGINEER

**VOID**

**VOID**



OWNER: MARK & ROBIN BLANDFORD		DRAWN BY: EJS III	
STREET ADDRESS: 184 BRIAN			
LEGAL DESC: TOM CREEK HILLS	UNIT/SECTION/PHASE: 2	BLOCK:	LOT: 48
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=80'	DATE: 6/20/2018	RE/ISED: 7/11/2018





**VOID**

SPRAY AREA = 4241sf

X= TEST HOLES

AERIS D-500-M  
AEROBIC TREATMENT  
PLANT

3 BDRM RES.  
1500sf

LOT 48

**VOID**

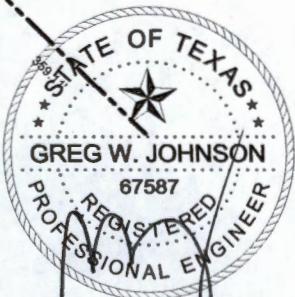
CAPPED  
WELL

R100'

RECEIVED  
JUL 17 2018  
COUNTY ENGINEER

DRIVEWAY

ARAGE



OWNER:	MARK & ROBIN BLANDEFORD	DRAWN BY:	EJS III
STREET ADDRESS:	184 BRIAN		
LEGAL DESC:	TOM CREEK HILLS	UNIT/SECTION/PHASE:	2
		BLOCK:	
		LOT:	48
PREPARED BY:	GREG W. JOHNSON, P.E. F#002585	SCALE:	1"=50'
		DATE:	6/20/2018
		REVISED:	7/11/2018

**VOID**

**From:** [Hernandez, Sandra](#)  
**To:** ["Greg Johnson"](#)  
**Subject:** 107840 deficiency comments  
**Date:** Friday, July 27, 2018 10:41:11 AM  
**Attachments:** [Pages from 107838-3.pdf](#)

---

RE: Tom Creek Hills, Unit 2, Lot 48

Greg,

We received planning materials for the referenced permit application on July 17, 2018 and found those planning materials to be deficient. In order to continue processing this permit, we need the following information:

- ✓ Rules and regulations require a minimum 20 foot separation distance from the edge of spray areas to property lines.
- ✓ Have the homeowner and maintenance provider initial the stamped area on the maintenance contract.
3. Revise accordingly and resubmit to our office.

If you have any questions, you can email me or call the office.

Thank you,

*Sandra Ann Hernandez*  
*Environmental Health Assistant*  
*Comal County Engineers Office*  
*New Braunfels, Texas 78132*  
*830-608-2090 Office*  
*830-608-2078 Fax*  
[www.cceo.org](http://www.cceo.org)



FILED BY ATC  
TUSCANY STONE

GF # 4000411702103 DJ

**WARRANTY DEED**

Date: January 5, 2018

Grantor: TOM J. SHERIDAN PROPERTIES, LTD., a Texas limited partnership,  
successor in interest by conversion of TOM J. SHERIDAN PROPERTIES, INC.

Grantor's Mailing Address: 14015 Toepperwein Road, #2  
San Antonio, Bexar County, Texas 78233

Grantee: MARK BLANDFORD and spouse, ROBIN BLANDFORD

Grantee's Mailing Address: 8010 Wayword Trail  
San Antonio, Bexar County, Texas 78244

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JUL 17 2018  
COUNTY ENGINEER

Consideration: TEN DOLLARS AND 00 CENTS (\$10.00) and other valuable consideration to the undersigned paid by the Grantee herein named, the receipt of which is hereby acknowledged.

Property (including any improvements): BEING known as Lot 48, TOM CREEK HILLS SUBDIVISION, UNIT 2, a Subdivision in Comal County, Texas, according to the plat recorded in Volume 12, Page 329-330, Plat and Official Public Records, Comal County, Texas.

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

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, executors, administrators, successors or assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to conveyance and warranty.

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

Tom J. Sheridan Properties, Ltd., a Limited Partnership,  
successor in interest by conversion of Tom J. Sheridan Properties, Inc.

By: Sheridan Investments, LLC, its General Partner, a Texas limited liability company

By: *Cynthia S. Joyce*  
Cynthia S. Joyce/President

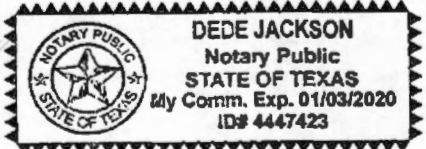
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JUL 17 2018  
COUNTY ENGINEER

STATE OF TEXAS §

COUNTY OF BEXAR §

This instrument was acknowledged before me on the 5 day of January, 2018 by  
CYNTHIA S. JOYCE, President of Sheridan Investments, LLC, its General Partner, on behalf of  
Tom J. Sheridan Properties, Ltd.

*DeDe Jackson*  
Notary Public, State of Texas



After recording, return to:



UNOFFICIAL

RECEIVED  
JUL 17 2018  
COUNTY ENGINEER

**Filed and Recorded**  
**Official Public Records**  
**Bobbie Koepf, County Clerk**  
**Comal County, Texas**  
**01/08/2018 02:50:16 PM**  
**TERRI 3 Pages(s)**  
**201806001326**



*Bobbie Koepf*

**Aerobic Maintenance Solution LLC**  
P O Box 311899  
New Braunfels, TX 78131

Printed: 5/28/2019

Phone: (830) 312-8776

AerobicSolutions.net

Permit #: 107840

To: **Mark & Robin Blandford**  
8010 Wayword Trail  
San Antonio, TX 78244

Tech: Not Assigned  
Brand/Mfg.: AERIS -  
System S/N:  
Aerator and S/N:

Contract: 8/15/2019 - 8/15/2021  
Inspections per year: 3  
Service Due: 8/15/2019  
Alt Phone:

Site: 184 Brian, Canyon Lake  
Agency: Comal County Environmental Health  
County: Comal  
Subdivision: Tom Creek Hills

Phone: (210) 602-7181  
Cell:  
Work:

**SCHEDULED**  
**INSPECTION**

Inspection Type: \_\_\_\_\_ Inspection # 1 of 3 for the contract year  
BRAND OF SEPTIC SYSTEM \_\_\_\_\_

Item	Operational	Inoperative	N/A
Aerator:	_____	_____	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	_____	_____
Air compressor:	<input checked="" type="checkbox"/>	_____	_____
Disinfection device:	<input checked="" type="checkbox"/>	_____	_____
Chlorine supply:	<input checked="" type="checkbox"/>	_____	_____
Spray field vegetation:	<input checked="" type="checkbox"/>	_____	_____
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	_____	_____
Photocell Test:	_____	_____	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>3</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.8  
Test Method: Color  
BOD: \_\_\_\_\_  
TSS: \_\_\_\_\_  
Tank Lids Secured: YES  
Repairs made: Y/N  
Sludge Levels: Tank 1: N/A Tank 2: 0 Tank 3: 0

Repairs and Comments:

1958 Brian Lake  
\_\_\_\_\_  
\_\_\_\_\_

Inspector: [Signature] Date: 6/19/19

CALL A DAY BEFORE INSPECTION IS TO BE DONE.

Area: / 0  
GPS: ID = 413

Appointment

184 Brian, Canyon Lake



**Aerobic Maintenance Solution LLC**  
P O Box 311899  
New Braunfels, TX 78131

Phone: (830) 312-8776

Printed: 9/27/2019

AerobicSolutions.net  
Permit #: 107840

To: Mark & Robin Blandford  
8010 Wayword Trail  
San Antonio, TX 78244

Tech: Not Assigned  
Brand/Mfg.: AERIS -  
System S/N:  
Aerator and S/N:

Contract: 7/17/2018 - 7/17/2020  
Inspections per year: 2  
Service Due: 10/15/2019  
Alt Phone:

Site: 184 Brian Canyon Lake

Agency: Comal County Environmental Health  
County: Comal  
Subdivision: Tom Creek Hills

Phone: (210) 602-7181  
Cell:  
Work:

Inspection Type: SCHEDULED INSPECTION Inspection # 2 of 6 for the contract year  
BRAND OF SEPTIC SYSTEM \_\_\_\_\_

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocell Test:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>4</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.4

Test Method: Grab

BOD: \_\_\_\_\_

TSS: \_\_\_\_\_

Tank Lids Secured YES

Repairs made: Y  N

Sludge Levels: Tank 1: N/A Tank 2: 0 Tank 3: 0

Repairs and Comments:

\_\_\_\_\_  
\_\_\_\_\_  
Good

Inspector: [Signature]

Date: 10-3-19

CALL A DAY BEFORE INSPECTION IS TO BE DONE...  
GATE CODE 1958

Area: / 0  
GPS: ID = 413

Appointment

184 Brian Canyon Lake

**Aerobic Maintenance Solution LLC**  
**P O Box 311899**  
**New Braunfels, TX 78131**

Phone: (830) 312-8776

Printed: 5/29/2020

AerobicSolutions.net

Permit #: 107840

**To: Mark & Robin Blandford**  
**8010 Wayword Trail**  
**San Antonio, TX 78244**

Tech: Not Assigned  
Brand/Mfg.: AERIS -  
System S/N:  
Aerator and S/N:

Site: 184 Brian, Canyon Lake

Agency: Comal County Environmental Health  
County: Comal  
Subdivision: Tom Creek Hills

Phone: (210) 602-7181  
Cell:  
Work:

Contract: 7/17/2018 - 7/17/2020  
Inspections per year: 3  
Service Due: 6/15/2020  
Alt Phone:

Inspection Type: SCHEDULED INSPECTION Inspection # 4 of 6 for the contract year  
BRAND OF SEPTIC SYSTEM \_\_\_\_\_

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	_____	_____
Irrigation pump:	<u>/</u>	_____	_____
Air compressor:	<u>/</u>	_____	_____
Disinfection device:	<u>/</u>	_____	_____
Chlorine supply:	<u>/</u>	_____	_____
Spray field vegetation:	<u>/</u>	_____	_____
Sprinkler / Drip backwash:	<u>/</u>	_____	_____
Photocell Test:	_____	_____	<u>/</u>
Air Compressor Reading: CFM: _____ PSI: <u>4</u>			

Test Results and observations: (As Required)

Chlorine Residual: 6.4

Test Method: \_\_\_\_\_

BOD: \_\_\_\_\_

TSS: \_\_\_\_\_

Tank Lids Secured yes

Repairs made: Y/N (N)

Sludge Levels: Tank 1: N/A Tank 2: 2-1" Tank 3: 0-1"

Repairs and Comments: Good

Inspector: [Signature]

Date: 6-19-20

CALL A DAY BEFORE INSPECTION IS TO BE DONE.  
GATE CODE 1958

Area: / 0  
GPS: ID = 413

184 Brian, Canyon Lake



**Aerobic Maintenance Solution LLC**  
P O Box 311899  
New Braunfels, TX 78131

Phone: (830) 312-8776

Printed: 1/28/2020

AerobicSolutions.net  
Permit #: 107840

To: **Mark & Robin Blandford**  
8010 Wayword Trail  
San Antonio, TX 78244

Tech: Not Assigned  
Brand/Mfg.: AERIS -  
System S/N:  
Aerator and S/N:

Site: 184 Brian, Canyon Lake  
Agency: Comal County Environmental Health  
County: Comal  
Subdivision: Tom Creek Hills

Contract: 7/17/2018 - 7/17/2020  
Inspections per year: 3  
Service Due: 2/15/2020  
Alt Phone:

Phone: (210) 602-7181  
Cell:  
Work:

Inspection Type: **SCHEDULED INSPECTION** Inspection # 3 of 4 for the contract year  
BRAND OF SEPTIC SYSTEM \_\_\_\_\_

Item	Operational	Inoperative	N/A
Aerator:	_____	_____	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	_____	_____
Air compressor:	<input checked="" type="checkbox"/>	_____	_____
Disinfection device:	<input checked="" type="checkbox"/>	_____	_____
Chlorine supply:	<input checked="" type="checkbox"/>	_____	_____
Spray field vegetation:	<input checked="" type="checkbox"/>	_____	_____
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	_____	_____
Photocell Test:	_____	_____	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>5</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.2

Test Method: bab

BOD: \_\_\_\_\_

TSS: \_\_\_\_\_

Tank Lids Secured YES

Repairs made: Y (N) \_\_\_\_\_  
Sludge Levels: Tank 1: N/A Tank 2: 0 Tank 3: 0

Repairs and Comments:

Good  
Inspector: [Signature]

Date: 2-21-20

CALL A DAY BEFORE INSPECTION IS TO BE DONE.  
GATE CODE 1958

Area: / 0  
GPS: ID = 413

Appointment

184 Brian, Canyon Lake

**Aerobic Maintenance Solution LLC**  
P O Box 311899  
New Braunfels, TX 78131

Phone: (830) 312-8776

Printed: 9/29/2020

AerobicSolutions.net

Permit #: 107840

To: ~~Mark & Robin Blandford~~  
8010 Wayword Trail  
San Antonio, TX 78244

Tech: Not Assigned  
Brand/Mfg.: AERIS -  
System S/N:  
Aerator and S/N:

Site: 184 Brian, Canyon Lake

Contract: 7/17/2018 - 7/17/2022

Agency: Comal County Environmental Health

Phone: (210) 602-7181

Inspections per year: 3

County: Comal

Cell:

Service Due: 10/15/2020

Subdivision: Tom Creek Hills

Work:

Alt Phone:

**SCHEDULED**

Inspection Type: INSPECTION Inspection # 5 of 6 for the contract year  
~~BRAND OF SEPTIC SYSTEM~~

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocell Test:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>50</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.5

Test Method: DPD

BOD: \_\_\_\_\_

TSS: \_\_\_\_\_

Tank Lids Secured: Yes

Repairs made: Y N

Sludge Levels: Tank 1: N/A Tank 2: 0 Tank 3: 0

Repairs and Comments:

*[Handwritten signatures]*

Inspector: \_\_\_\_\_

Date: 10-7-20

CALL A DAY BEFORE INSPECTION IS TO BE DONE.  
GATE CODE 1958

Area: / 0  
GPS: \_\_\_\_\_

ID = 413

184 Brian, Canyon Lake



**Aerobic Maintenance Solution LLC**  
**P O Box 311899**  
**New Braunfels, TX 78131**

Phone: (830) 312-8776

Printed: 1/26/2021

AerobicSolutions.net  
Permit #: 107840

To: **Mark & Robin Blandford**  
**8010 Wayword Trail**  
**San Antonio, TX 78244**

Tech: Not Assigned  
Brand/Mfg.: AERIS -  
System S/N:  
Aerator and S/N:

Contract: 7/17/2018 - 3/1/2021  
Inspections per year: 3  
Service Due: 2/15/2021  
Alt Phone:

Site: 184 Brian, Canyon Lake

Agency: Comal County Environmental Health  
County: Comal  
Subdivision: Tom Creek Hills

Phone: (210) 602-7181  
Cell:  
Work:

Inspection Type: SCHEDULED INSPECTION Inspection # 60 of 60 for the contract year  
BRAND OF SEPTIC SYSTEM \_\_\_\_\_

Item	Operational	Inoperative	N/A
Aerator:	_____	_____	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	_____	_____
Air compressor:	<input checked="" type="checkbox"/>	_____	_____
Disinfection device:	<input checked="" type="checkbox"/>	_____	_____
Chlorine supply:	<input checked="" type="checkbox"/>	_____	_____
Spray field vegetation:	<input checked="" type="checkbox"/>	_____	_____
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	_____	_____
Photocell Test:	_____	_____	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>4</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.5  
Test Method: Grab  
BOD: \_\_\_\_\_  
TSS: \_\_\_\_\_  
Tank Lids Secured: YES  
Repairs made: Y/N  
Sludge Levels: Tank 1: N/A Tank 2: 0 Tank 3: 0

Repairs and Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector: [Signature] Date: 2-8-21

CALL A DAY BEFORE INSPECTION IS TO BE DONE.  
GATE CODE 1958

Area: / 0  
GPS: ID = 413

**Aerobic Maintenance Solution LLC**  
P O Box 311899  
New Braunfels, TX 78131

Phone: (830) 312-8776

Printed: 1/26/2021

AerobicSolutions.net  
Permit #: 107840

To: **Mark & Robin Blandford**  
8010 Wayword Trail  
San Antonio, TX 78244

Tech: Not Assigned  
Brand/Mfg.: AERIS -  
System S/N:  
Aerator and S/N:

Site: 184 Brian, Canyon Lake

Contract: 7/17/2018 - 3/1/2021  
Inspections per year: 3  
Service Due: 2/15/2021  
Alt Phone:

Agency: Comal County Environmental Health  
County: Comal  
Subdivision: Tom Creek Hills

Phone: (210) 602-7181  
Cell:  
Work:

Inspection Type: SCHEDULED INSPECTION Inspection # 60 of 60 for the contract year  
BRAND OF SEPTIC SYSTEM \_\_\_\_\_

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocell Test:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>4</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.5  
Test Method: Grab  
BOD: \_\_\_\_\_  
TSS: \_\_\_\_\_  
Tank Lids Secured: YES  
Repairs made: Y/N  
Sludge Levels: Tank 1: N/A Tank 2: 0 Tank 3: 0

Repairs and Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector: [Signature] Date: 2-8-21

CALL A DAY BEFORE INSPECTION IS TO BE DONE.  
GATE CODE 1958

Area: / 0  
GPS: ID = 413

184 Brian, Canyon Lake

**Aerobic Maintenance Solution LLC**  
**P O Box 311899**  
**New Braunfels, TX 78131**

Phone: (830) 312-8776

Date: 3/5/2021

AerobicSolutions.net office@aerobicsolutions.net

**Permit #: 107840**

Contract Period

**Start Date: 3/5/2021**

**End Date: 3/5/2022**

Email: marktx78244@yahoo.com

**To: Mark & Robin Blandford**  
**8010 Wayword Trail**  
**San Antonio, TX 78244**

Phone: (210) 602-7181 Subdivision: Tom Creek Hills

Site: 184 Brian, Canyon Lake, TX 78133

County: Comal

Installer:

Agency: Comal County Environmental Health

Mfg/Brand: -AERIS-

Aerobic Maintenance Solution LLC

3 visits per year - one every 4 months

Map Key:

ID: 413

#### Agreement

1. General: This work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Aerobic Maintenance Solutions LLC (hereinafter referred to as Contractor), located at 4222 FM 482 New Braunfels, Texas 78132, (830-312-8776). By this agreement, Contractor agrees to render services, as described herein, and Client agrees to fulfill his/her/ their responsibilities under the agreement as described herein.

II. Effective Dates: If this is an Initial Contract, contract will be for two years and begins when the License To Operate (LTO) has been issued. A 30 day written notice is required if there is a cancellation before the year of the agreement is up. The written notice will be sent to the local regulatory Agency and any of the agreement unused funds is non-refundable.

Contractor or Client, if choosing to terminate the contract, must give the other and the local regulatory Agency written notice after Thirty (30) Days prior to the ending 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 times per year. Contractor **does not** provide chlorine. Client is solely responsible for maintaining the chlorine in the chlorinator at all times.
2. Contractor will provide a weather proof tag on the control panel containing company name, phone number and inspection dates.
3. Contractor will do inspections 3 times a year, every 4 months.
4. Contractor will report all findings to the appropriate regulatory and 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 local Agency's within 14 days, email is acceptable.
5. The contractor's inspection will include the following; Effluent Quality (Color, Turbidity, overflow and Odor), Alarm Function Filters, Operation of Effluent Pump and Chlorine Availability in the Chlorinator, (BOD and TSS Annually on Commercial Accounts, Client is responsible for charges for test)
6. Contractor will respond to client calls and complaints, regarding visual or audible alarms, suspicious conditions and or problems that might confront the Client within 48 hours, excluding weekend and holidays. The Contractor will maintain a 24 hour answering service at 830-312-8776. The unscheduled responses may be billed to the client at going rate.

V. Clients Responsibilities:



1. Maintain Chlorinator and Proper Chlorine supply, if OSSF is equipped with.
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. Immediately notify the Contractor of any alarms of problems with, including failure of the OSSF.
4. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor at Clients own expense.
5. Contractor will not be responsible for any warranty work; Client must contact the Installer for Warranty Problems.
6. Not allow the backwash from water treatment of water conditioning equipment to enter the OSSF.
7. Maintain site drainage to prevent adverse effects on OSSF.
8. Promptly and fully pay Contractor's Bills, Fees or invoices as described herein.

VI. Contractor will schedule with client, dates to perform the above described Services of repairs. If Contractor is not able to access the site on the date of appointment, a charge of \$75.00 will be billed if the inspection for repairs is not able to be completed and are required to be scheduled on another date. The contractor requires access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of evaluation of system and equipment as 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 an additional service at a rate of \$50.00 per hour plus materials billed at list process. 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, request trips to the Client's site of pumping of the OSSF. Payments not received within 10 days from the date will be subject to a \$30.00 late penalty and or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees. And all cost of collection incurred by contractor in collection of any unpaid debt. Invoice due when service is completed. Contract fee is \$275.00

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 the agreement is invalid or unenforceable, by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed and enforced as so limited.

Client  
 Print Name: MARK BIAWFOUR Signature: [Signature] Date: 3-25-2021  
 Client Phone number Home \_\_\_\_\_ Work \_\_\_\_\_ Cell 210-602-7181  
 Email Address MARKTX78244@YAHOO.COM  
 Any Gate or Combo code for inspections \_\_\_\_\_

Contractor **Aerobic Maintenance Solutions LLC:**  
 Signature: [Signature] Date 3-26-21  
 MP0000872 Juan M. Gonzales Jr

**Aerobic Maintenance Solution LLC**  
P O Box 311899  
New Braunfels, TX 78131

Phone: (830) 312-8776

Printed: 5/28/2021

AerobicSolutions.net  
Permit #: 107840

To: Mark & Robin Blandford  
8010 Wayword Trail  
San Antonio, TX 78244

Tech: Not Assigned  
Brand/Mfg.: AERIS -  
System S/N:  
Aerator and S/N:

Contract: 3/5/2021 - 3/5/2022  
Inspections per year: 3

Site: 184 Brian Canyon Lake  
Agency: Comal County Environmental Health  
County: Comal  
Subdivision: Tom Creek Hills

Phone: (210) 602-7181  
Cell:  
Work:

Service Due: 6/15/2021  
Alt Phone:

Inspection Type: SCHEDULED Inspection # 1 of 3 for the contract year  
BRAND OF SEPTIC SYSTEM \_\_\_\_\_

Item	Operational	Inoperative	N/A
Aerator:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocell Test:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>4</u>			

Test Results and observations: (As Required)

Chlorine Residual: \_\_\_\_\_  
Test Method: Grab  
BOD: \_\_\_\_\_  
TSS: \_\_\_\_\_  
Tank Lids Secured Yes  
Repairs made: Y/N (N)  
Sludge Levels: Tank 1: N/A Tank 2: 0" Tank 3: 0"

Repairs and Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector: Jim Dukes Date: 6/14/21

CALL A DAY BEFORE INSPECTION IS TO BE DONE.  
GATE CODE 1958

Area: /0  
GPS: ID = 413

184 Brian Canyon Lake

**Aerobic Maintenance Solution LLC**  
**P O Box 311899**  
**New Braunfels, TX 78131**

Phone: (830) 312-8776

Printed: 9/24/2021

AerobicSolutions.net  
**Permit #: 107840**

**To: Mark & Robin Blandford**  
**8010 Wayword Trail**  
**San Antonio, TX 78244**

Tech: Not Assigned  
 Brand/Mfg.: AERIS -  
 System S/N:  
 Aerator and S/N:

Site: 184 Brian, Canyon Lake

Contract: 3/5/2021 - 3/5/2022

Agency: Comal County Environmental Health  
 County: Comal

Phone: (210) 602-7181

Inspections per year: 3

Service Due: 10/15/2021

Subdivision: Tom Creek Hills

Cell:

Alt Phone:

Work:

**SCHEDULED**

Inspection Type: INSPECTION Inspection # 2 of 3 for the contract year  
 BRAND OF SEPTIC SYSTEM \_\_\_\_\_

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocell Test:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>3</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.5

Test Method: g/ab

BOD: \_\_\_\_\_

TSS: \_\_\_\_\_

Tank Lids Secured yes

Repairs made: Y/N

Sludge Levels: Tank 1: N/A Tank 2: 2" Tank 3: 0"

Repairs and Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Inspector: Legan

Date: 11/16

**CALL A DAY BEFORE INSPECTION IS TO BE DONE.**  
**GATE CODE 1958**

Area: / 0  
 GPS:

ID = 413

184 Brian, Canyon Lake



**Aerobic Maintenance Solution LLC**  
**P O Box 311899**  
**New Braunfels, TX 78131**

Phone: (830) 312-8776

Printed: 2/23/2022

AerobicSolutions.net  
**Permit #: 107840**

**To: Mark & Robin Blandford**  
**8010 Wayword Trail**  
**San Antonio, TX 78244**

Tech: Not Assigned  
 Brand/Mfg.: AERIS -  
 System S/N:  
 Aerator and S/N:

Site: 184 Brian, Canyon Lake

Contract: 3/5/2021 - 3/5/2022  
 Inspections per year: 3  
 Service Due: 3/15/2022  
 Alt Phone:

Agency: Comal County Environmental Health  
 County: Comal

Phone: (210) 602-7181  
 Cell:  
 Work:

Subdivision: Tom Creek Hills

**SCHEDULED**

Inspection Type: **INSPECTION** Inspection # 3 of 3 for the contract year  
 BRAND OF SEPTIC SYSTEM \_\_\_\_\_

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocell Test:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>3</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.5

Test Method: g/ab

BOD: \_\_\_\_\_

TSS: \_\_\_\_\_

Tank Lids Secured Yes

Repairs made: Y/N

Sludge Levels: Tank 1: N/A Tank 2: 1 Tank 3: 0

Repairs and Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Inspector: Logan

Date: 3/3/22

**CALL A DAY BEFORE INSPECTION IS TO BE DONE.**  
**GATE CODE 1958**

Area: /0  
 GPS:

ID = 413

184 Brian, Canyon Lake

**Aerobic Maintenance Solution LLC**  
**P O Box 311899**  
**New Braunfels, TX 78131**

Phone: (830) 312-8776

AerobicSolutions.net office@aerobicsolutions.net

Customer ID

413

Contract Period

Start Date: 3/11/2022

End Date: 3/11/2023

(210) 602-7181

Email: marktx78244@yahoo.com

Permit #: 107840

To: **Mark & Robin Blandford**  
**8010 Wayword Trail**  
**San Antonio, TX 78244**

Site: 184 Brian, Canyon Lake, TX 78133

County: Comal

Installer:

Agency: Comal County Environmental Health

Mfg/Brand: -AERIS-

Aerobic Maintenance Solution LLC

3 visits per year - one every 4 months

Agreement

1. General: This work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Aerobic Maintenance Solutions LLC (hereinafter referred to as Contractor), located at 4222 FM 482 New Braunfels, Texas 78132, (830-312-8776). By this agreement, Contractor agrees to render services, as described herein, and Client agrees to fulfill his/her/ their responsibilities under the agreement as described herein.

II. Effective Dates: If this is an Initial Contract, contract will be for two years and begins when the License To Operate (LTO) has been issued. A 30 day written notice is required if there is a cancellation before the year of the agreement is up. The written notice will be sent to the local regulatory Agency and any of the agreement unused funds is non-refundable.

Contractor or Client, if choosing to terminate the contract, must give the other and the local regulatory Agency written notice after Thirty (30) Days prior to the ending 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 times per year. Contractor **does not** provide chlorine. Client is solely responsible for maintaining the chlorine in the chlorinator at all times.
2. Contractor will provide a weather proof tag on the control panel containing company name, phone number and inspection dates.
3. Contractor will do inspections 3 times a year, every 4 months.
4. Contractor will report all findings to the appropriate regulatory and 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 local Agency's within 14 days, email is acceptable.
5. The contractor's inspection will include the following; Effluent Quality (Color, Turbidity, overflow and Odor), Alarm Function Filters, Operation of Effluent Pump and Chlorine Availability in the Chlorinator, (BOD and TSS Annually on Commercial Accounts, Client is responsible for charges for test)
6. Contractor will respond to client calls and complaints, regarding visual or audible alarms, suspicious conditions and or problems that might confront the Client within 48 hours, excluding weekend and holidays. The Contractor will maintain a 24 hour answering service at 830-312-8776. The unscheduled responses may be billed to the client at going rate.

V. Clients Responsibilities:

1. Maintain Chlorinator and Proper Chlorine supply, if OSSF is equipped with.
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. Immediately notify the Contractor of any alarms of problems with, including failure of the OSSF.
4. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor at Clients own expense.
5. Contractor will not be responsible for any warranty work; Client must contact the Installer for Warranty Problems.
6. Not allow the backwash from water treatment of water conditioning equipment to enter the OSSF.
7. Maintain site drainage to prevent adverse effects on OSSF.
8. Promptly and fully pay Contractor's Bills, Fees or invoices as described herein.

VI. Contractor will schedule with client, dates to perform the above described Services of repairs. If Contractor is not able to access the site on the date of appointment, a charge of \$75.00 will be billed if the inspection for repairs is not able to be completed and are required to be scheduled on another date. The contractor requires access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of evaluation of system and equipment as 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 an additional service at a rate of \$50.00 per hour plus materials billed at list process. 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, request trips to the Client's site of pumping of the OSSF. Payments not received within 10 days from the date will be subject to a \$30.00 late penalty and or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees. And all cost of collection incurred by contractor in collection of any unpaid debt. Invoice due when service is completed. Contract fee is \$ 275.00

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 the agreement is invalid or unenforceable, by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed and enforced as so limited.

Client  
 Print Name: MARA BLANDINO Signature: [Signature] Date: 3-15-2022  
 Client Phone number Home 210-602-7181 Work \_\_\_\_\_ Cell 210-602-7181  
 Email Address MARA TX 78240 & YAHOO.COM  
 Any Gate or Combo code for inspections 5860

Contractor **Aerobic Maintenance Solutions LLC:**

MP Signature: [Signature] Date 3-15-2022  
 MP NUMBER \_\_\_\_\_  
James H. Siciles  
MP 0000996  
4/1/2022

Date Printed: 3/31/2022



**Aerobic Maintenance Solution LLC**  
**P O Box 311899**  
**New Braunfels, TX 78131**

Phone: (830) 312-8776

Printed: 6/28/2022

AerobicSolutions.net  
**Permit #: 107840**

To: **Mark & Robin Blandford**  
**8010 Wayword Trail**  
**San Antonio, TX 78244**

Tech: Not Assigned  
 Brand/Mfg.: AERIS -  
 System S/N:  
 Aerator and S/N:

Contract: 3/11/2022 - 3/11/2023  
 Inspections per year: 3  
 Service Due: **7/31/2022**  
 Alt Cell:

Site: 184 Brian, Canyon Lake

Agency: Comal County Environmental Health  
 County: Comal  
 Subdivision: Tom Creek Hills

Phone: (210) 602-7181  
 Cell:  
 Work:

**SCHEDULED  
 INSPECTION**

Inspection Type: \_\_\_\_\_ Inspection # 1 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	_____	_____	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	_____	_____
Air compressor:	<input checked="" type="checkbox"/>	_____	_____
Disinfection device:	<input checked="" type="checkbox"/>	_____	_____
Chlorine supply:	<input checked="" type="checkbox"/>	_____	_____
Spray field vegetation:	<input checked="" type="checkbox"/>	_____	_____
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	_____	_____
Photocell Test:	_____	_____	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>3</u>			

Test Results and observations: (As Required)

Chlorine Residual: \_\_\_\_\_ 0.5  
 Test Method: \_\_\_\_\_ grab  
 BOD: \_\_\_\_\_  
 TSS: \_\_\_\_\_  
 Tank Lids Secured \_\_\_\_\_ Yes  
 Repairs made: Y/N  
 Sludge Levels: Tank 1: N/A Tank 2: 2 Tank 3: 1

Repairs and Comments: \_\_\_\_\_

Inspector: Logan Date: 7/28

CALL A DAY BEFORE INSPECTION IS TO BE  
 DONE. GATE CODE 5860

Area: / 0  
 GPS: ID = 413

184 Brian, Canyon Lake

Last Visit: 6/19/2019

**Gatco DBA Aerobic Maintenance Solutions**  
**P O Box 311899**  
**New Braunfels, TX 78131**

Phone: (830) 312-8776

sherrie@lunaenviromental.com

**Permit #: 107840**

**To: Dennis Hauze**  
**184 Brian**  
**Canyon Lake, TX 78133**

**Contract Period**

**Start Date: 4/6/2023**  
**End Date: 4/6/2024**

Customer ID: 413

Main Phone: (801) 200-2367

Cell Phones:

Alternate Cell:

Email: drhauze@gmail.com

Aerobic Maintenance Solution LLC

Subdivision: Tom Creek Hills

3 visits per year - one every 4 months

Site: 184 Brian, Canyon Lake, TX 78133

County: Comal

Installer:

Agency: Comal County Environmental Health

Mfg/Brand: -AERIS-

**Agreement**

1. General: This work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Aerobic Maintenance Solutions LLC (hereinafter referred to as Contractor), located at 4222 FM 482 New Braunfels, Texas 78132, (830-312-8776). By this agreement, Contractor agrees to render services, as described herein, and Client agrees to fulfill his/her/ their responsibilities under the agreement as described herein.

II. Effective Dates: **If this is an Initial Contract, contract will be for two years and begins when the License To Operate (LTO) has been issued.** A 30 day written notice is required if there is a cancellation before the year of the agreement is up. The written notice will be sent to the local regulatory Agency and any of the agreement unused funds is non-refundable.

Contractor or Client, if choosing to terminate the contract, must give the other party and the local regulatory Agency written notice Thirty (30) Days prior to the ending 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 times per year. Contractor **does not** provide chlorine. Client is solely responsible for maintaining the chlorine in the chlorinator at all times.
2. Contractor will provide a weather proof tag on the control panel containing company name, phone number and inspection dates.
3. Contractor will do inspections 3 times a year, every 4 months.
4. Contractor will report all findings to the appropriate regulatory and 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 local Agency's within 14 days, email is acceptable.
5. The contractor's inspection will include the following; Effluent Quality (Color, Turbity, overflow and Odor), Alarm Function Filters, Operation of Effluent Pump and Chlorine Availability in the Chlorinator, (BOD and TSS Annually on Commercial Accounts, Client is responsible for charges for test)
6. Contractor will respond to client calls and complaints, regarding visual or audible alarms, suspicious conditions and or problems that might confront the Client within 48 hours, excluding weekend and holidays. The Contractor will maintain a 24 hour answering service at 830-312-8776. The unscheduled responses may be billed to the client at going rate.

V. Clients Responsibilities:

1. Maintain Chlorinator and Proper Chlorine supply, if OSSF is equipped with.
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. Immediately notify the Contractor of any alarms or problems with, including failure of the OSSF.
4. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor at Clients own expense.
5. Upon receiving a written notification of services needed from the Contractor, it becomes the Client's responsibility to contact the Contractor to authorize the service.
6. Contractor will not be responsible for any warranty work; Client must contact the Installer for Warranty Problems.
7. Not allow the backwash from water treatment of 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. Contractor will schedule with client, dates to perform the above described Services of repairs. If Contractor is not able to access the site on the date of appointment, a charge of \$75.00 will be billed if the inspection for repairs is not able to be completed and are required to be scheduled on another date. The contractor requires access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of evaluation of system and equipment as 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 an additional service at a rate of \$68.50 per hour plus materials billed at list process. 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, request trips to the Client's site of pumping of the OSSF. Payments not received within 30 days from the date will be subject to a \$30.00 late penalty and or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees. All cost of collection incurred by contractor in collection of any unpaid debt. By signing this contract, the Client is authorizing the Contractor to remove any parts which were installed but not paid for at the end of 30 days. The Client is still responsible for any labor costs associated with the installation and removal of said parts. Invoice due when service is completed. Contract fee is \$ 275.00

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 the agreement is invalid or unenforceable, by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed and enforced as so limited.

Client

Print Name: Dennis R Hauze Signature: *Dennis R Hauze* Date: 04/07/2023

Client Phone number Home \_\_\_\_\_ Work \_\_\_\_\_ Cell 801-200-2367

Email Address [drhauze@gmail.com](mailto:drhauze@gmail.com)

Any Gate or Combo code for inspections 5860

Contractor **Aerobic Maintenance Solutions, LLC:**

MP Signature: *James H. Richler* Date 4/22/2023  
MP NUMBER MP 0000996

4/6/2023

Date Printed: 4/6/2023



**Gatco DBA Aerobic Maintenance Solutions**  
**P O Box 311899**  
**New Braunfels, TX 78131**

Printed: 10/25/2022

Phone: (830) 312-8776

sherrie@gatcotreatment.com  
**Permit #: 107840**

To: **Mark & Robin Blandford**  
**8010 Wayword Trail**  
**San Antonio, TX 78244**

Tech: Not Assigned  
 Brand/Mfg.: AERIS -  
 System S/N:  
 Aerator and S/N:

Contract: 03/11/2022 - 03/11/2023  
 Inspections per year: 3  
 Service Due: 11/29/2022  
 Alt Cell:

Site: 184 Brian, Canyon Lake

Agency: Comal County Environmental Health  
 County: Comal  
 Subdivision: Tom Creek Hills

Main Phone: (210) 602-7181  
 Cell:  
 Work:

Inspection Type: SCHEDULED INSPECTION Inspection # 2 of 3 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Control Panel:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Irrigation pump:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Air compressor:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Disinfection device:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Chlorine supply:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Spray field vegetation:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Sprinkler / Drip backwash:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Photocell Test:	<u>✓</u>	<u>_____</u>	<u>✓</u>

Test Results and observations: (As Required)

Air Pressure: CFM / PSI 3  
 Chlorine Residual: .4 Test Method: Grab / BOD / TSS  
 Color/Odor: Good  
 Tank Lids Secured: Y / N Repairs Made: Y / N Pumping Required: Y / N

Sludge Levels: Tank 2: 6" Tank 3: 2"

Repairs and Comments: Reset timer. Cleaned compressor filter.

Inspector: Wes Moly Date: 11/9/22 2:00pm

**CALL A DAY BEFORE INSPECTION IS TO BE DONE. GATE CODE 5860**

Area: / 0  
 GPS:

ID = 413

Printed: 10/25/2022

**CALL FIRST**

184 Brian, Canyon Lake, TX 78133

# Luna Environmental

4222 FM 482  
New Braunfels, TX 78132

(830) 312-8776

sherrie@lunaenvironmental.com

Printed:10/5/2023

**Permit: 107840**

Site: 184 Brian, Canyon Lake, TX 78133

Main Phone: 8012002367

**Dennis Hauze**  
184 Brian  
Canyon Lake, TX 78133

Agency: Comal County Environmental Health  
County: Comal  
Subdivision: Tom Creek Hills

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System Info: MFG:            Brand: AERIS Customer ID: 413  
Treatment Type: Aerobic Disposal Type: Surface Application Insp ID: 33886

## Visit Details

**Visit Date:** 10/2/2023

Entered By: Nicole Loria

GPS Lat: 29.84555 GPS Long: -98.30069 <----->

Scheduled Date: 8/5/2023

Contract Starts: 4/6/2023

Customer Emailed: 10/5/2023

Entered On: 10/5/2023

Contract Ends: 4/6/2024

## Visit Results

### Service Type: Scheduled Inspection

Count: Inspection 1 of 3

Method: Grab

License #

Expires

Technician: Marcos Martinez

MT0002620

9/30/2026

Provider: Luna Environmental, LLC

Service Completed

Aerators: Operational

Sludge Level Tank 1: 24

Filters: Operational

Sludge Level Tank 2: N/A

Irrigation Pumps: Operational

Sludge Level Tank 3: 24

Disinfection Device: Operational

Chlorine Supply: Operational

Chlorine Residual: .1

Tank Lid / Riser: Secured

Insp. Port / Plug: Secured

Electric Circuits: Operational

Distribution System: Operational

Drip/Sprayfield Veg: Operational

Alarm: Operational

## Comments

- Scum on pretreatment 0 - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Inspection Port Plug was noted as Secured prior to leaving. - Please add bleach to system-only regular bleach not gel or splashless - Copy emailed to the customer on 10/5/2023.



# WASTEWATER TREATMENT SYSTEM MAINTENANCE CONTRACT

Customer	Residential	Initial Contract
Dennis Hauze	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site Address	Agency	
184 Brian, Canyon Lake, TX 78133	Comal County	
Email	Phone	Permit Number
drhauze@gmail.com	(801) 200-2367	107840
System Details		
Treatment: Aerobic Surface Application / System: AERIS		

## AGREEMENT

### I. General:

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

### II. Dates & Fees:

This agreement provides maintenance from **4/6/2024** to **4/6/2025** for a total fee of **\$325.00**

### III. Services by Contractor:

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



**IV. Client Responsibilities:**

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

**V. Access By Contractor:**

Access By Contractor: The contractor or anyone authorized by the contractor may enter the property at reasonable times without prior notice for the purpose of repairs and services described herein.

**VI. Termination of This Agreement:**

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

**VII. Limitation of Liability:**

In no event shall the Contractor be liable for indirect, consequential, incidental, or punitive damages, whether in contract, tort, or any other theory of liability. In no event shall the Contractor's liability for the direct damages exceed payments by the Client under this agreement.

**VIII. Payment Terms:**

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

**IX. Severability:**

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

Dennis Hauze

Luna Environmental / Ryan Seidensticker

DocuSigned by: Customer Name

Maintenance Provider Name

*Dennis Hauze*

*Ryan Seidensticker*

License # MP0001708

954341F67D76472...

Customer Signature

Maintenance Provider Signature

Additional Comments / Special Terms