



Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 06/19/2019 Permit Number: 107912

Location Description: 349 OAK SHORES DR
CANYON LAKE, TX 78133
Subdivision: Oak Shores Estates
Unit: 83
Lot:
Block:
Acreage:

Type of System: Aerobic
Surface Irrigation

Issued to: Derl & Katherine Adams

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 Taylor OS8497
ENVIRONMENTAL HEALTH INSPECTOR

OS0007722
ENVIRONMENTAL HEALTH COORDINATOR

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Sawyer OSSF Installer #: OS 0026238
 1st Inspection Date: 5-31-19 2nd Inspection Date: _____ 3rd Inspection Date: 6/19/19
 Inspector Name: Connor Inspector Name: _____ Inspector Name: MIKE T.
 Permit#: 107912 CODE 1256 Address: Oak Shores Estates 349 Oak Shores

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)		/		6/19/19 ↑
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)		/		
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 no leaks operational cover

*MT- 6/19/19
covered.*

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If 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)		/		6/19/19
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	/			/		6/19/19
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	/		Max Air M-600	/		
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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OSSF Inspection Sheet**

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20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)	/	285.33(d)(6) 285.33(c)(4)	<i>aerobic spray</i>	/		<i>6/19/19</i>
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**

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32	<p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0%</p> <p>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom)</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & 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)		/		6/19/19
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port & 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 & 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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38	<p>PUMP TANK Secondary restraint system provided</p>						
39	<p>PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried</p>	/			/		6/19/19

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42	APPLICATION AREA Area Installed	/			/		
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44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Sowyer OSSF Installer #: OS 0026238

1st Inspection Date: 5-31-19 2nd Inspection Date: _____ 3rd Inspection Date: _____

Inspector Name: Connor Inspector Name: _____ Inspector Name: _____

Permit#: 107912 CODE 1256 Address: Oak Shores Estates 349 Oak Shores

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44	PUMP TANK Material Type & Manufacturer						
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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: 107912
Issued This Date: 08/13/2018
This permit is hereby given to: Derl & Katherine Adams

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

349 OAK SHORES DR
CANYON LAKE, TX 78133

Subdivision: Oak Shores Estates
Unit: 83
Lot:
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.

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

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

Date July 25, 2018

Permit # 107912

Owner Name DERL C & KATHERINE E ADAMS
Mailing Address 2104 O'CALLAHAN
City, State, Zip AUSTIN TEXAS 78748
Phone# Derl 361-222-4656
Email derladams@yahoo.com

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

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

Method: [] Mail [X] Email

Subdivision Name OAK SHORE 5 ESTATES Unit/Phase/Section Lot 83 Block
Acreage/Legal
Street Name/Address 349 OAK SHORES City CANYON LAKE Zip 78133

Type of Development:

RECEIVED

[X] Single Family Residential

AUG 01 2018

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

Number of Bedrooms 4

COUNTY ENGINEER

Indicate Sq Ft of Living Area 2534

[] 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: \$ 350,000 (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

By signing this application, I certify that:

- the completed application and all additional information submitted does not contain any false information and does not conceal any material facts.
-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.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

Signature of Owner

Date 7-30-18

#107912

COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH * * *

REVISED
11:21 am, May 29, 2019

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) MAXX AIR M600 Absorption/Application Area (Sq Ft) 5036

Gallons Per Day (As Per TCEQ Table III) 300

(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

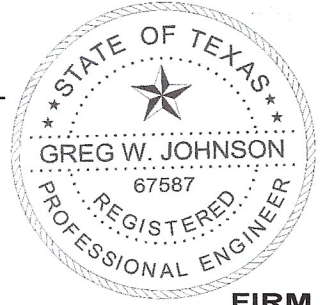
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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

By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable

[Signature]
Signature of Designer

May 29, 2019
Date

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

RECEIVED

AUG 01 2018

COUNTY ENGINEER

July 31, 2018

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

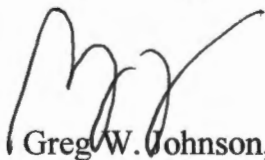
RE: Septic Design -
349 OAK SHORES
OAK SHORES ESTATES, LOT 83
CANYON LAKE, TX 78133
ADAMS RESIDENCE

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



AFFIDAVIT

**THE COUNTY OF COMAL
STATE OF TEXAS**



201806029877 08/01/2018 11:49:41 AM 1/1

Yes

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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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.

AUG 01 2018

I

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

COUNTY ENGINEER

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):

UNIT/PHASE/SECTION _____ BLOCK 83 LOT _____ OAK SHORES ESTATES _____ SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY

The property is owned by (insert owner's full name): DERL C. ADAMS & KATHERINE E. ADAMS

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 30 DAY OF JULY, 2018

Derl C. Adams
Owner(s) signature(s)

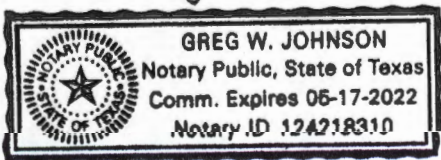
DERL C. ADAMS
Owner (s) Printed name (s)

DERL C. ADAMS

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 30 DAY OF

JULY, 2018

Greg W. Johnson
Notary Public Signature



(Notary Seal Here)

THIS _____ OSES ONLY

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
08/01/2018 11:49:41 AM
TERRI 1 Page(s)
201806029877



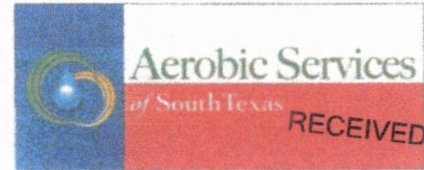
Bobbie Koepf

Brite

Johnson

8-1-18

15188 FM 306
Canyon Lake, TX 78133
Phone (830)964-2365 Fax (830) 964-2659



AUG 01 2018

Routine Maintenance and Inspection Agreement

COUNTY ENGINEER

General

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between DERL C. & KATHERINE E. ADAMS (referred to as "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP 349) (hereinafter referred to as "Contractor") located at 15188 FM 306, Texas 78133 (830) 964-2365. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein.

This contract will provide for all required inspections, testing and service for your Aerobic Treatment System. The policy will include the following:

1. 3 inspections a year/services calls (at least one every 4 months), for a total of 6 over the **two year period** including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, diffuser operation, Any alarm situation affecting the proper function of the Aerobic process will be address within a 48-hour time Frame. Repair work on non-warranty parts will include price for parts & labor. The prices will be quoted before work is performed.
2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and pH will be taken and reported as necessary.
3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
4. The customer is responsible for the chlorine tablets; they must be filled before or during the service visit.
5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, and County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

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

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 the above described Services. The contractor may access the System components including the tanks by means of excavation for the purpose of evaluations if necessary. Soil Is to be replaced with the excavated material as best as possible.

Termination of Agreement

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

Limit 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. In no event shall the Contractor's liability for direct damages exceed the price for the services described in this Agreement.

Dispute Resolution

If a dispute between the Client and the Designer arises that cannot be settled in good faith negotiations then the parties shall choose a mutually acceptable arbitrator and shall share the cost of the arbitration services equally.

Entire Agreement

This Agreement contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement either oral or written.

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

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Legal Description: OAK SHORES ESTATES, LOT 83

COUNTY ENGINEER

Property Address: 349 OAK SHORES

HOME OWNER

DERL C. & KATHERINE E. ADAMS

Name

349 OAK SHORES

Address

CANYON LAKE, TX 78133

City, State

361-222-4656

Phone

Derl C. Adams
Signature of Home Owner

SERVICE PROVIDER

Aerobic Services of South Texas Inc.

Name

15188 FM 306

Address

Canyon Lake, Texas 78133

City, State

(830) 964 - 2365

Phone

Thomas Hampton OS0024597/MP349
Signature of Service Provider and License #

EFFECTIVE DATE _____ EXPIRED DATE _____ INSTALLED _____

Model # _____

Blower/Panel Serial # _____

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

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

Date Soil Survey Performed: July 30, 2018

Site Location: OAK SHORE ESTATES, LOT 83

Proposed Excavation Depth: N/A

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Requirements:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area.

Locations of soil boring or dug pits must be shown on the site drawing.

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

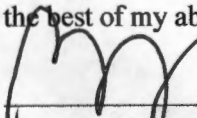
Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

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SOIL BORING NUMBER		SURFACE EVALUATION				
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 6"	BROWN
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	SAME		AS		ABOVE	
1						
2						
3						
4						
5						

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



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

07/30/18
Date

OSSF SOIL EVALUATION REPORT INFORMATION

REVISED

11:21 am, May 29, 2019

Date: May 29, 2019

Applicant Information:

Name: DERL C. & KATHERINE E. ADAMS
Address: 2104 O'CALLAHAN
City: AUSTIN State: TX
Zip Code: 78748 Phone: 361-222-5646

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 83 Unit Blk Subd. OAK SHORES ESTATES
Street Address: 349 OAK SHORES
City: CANYON LAKE Zip Code: 78133
Additional Info.:

Installer Information:

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

Topography: Slope within proposed disposal area: 4-10 %

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

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = GPD

Residential Water conserving fixtures to be utilized? Yes X No

Number of Bedrooms the septic system is sized for: 4 Total sq. ft. living area 2534

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

Q = (4 +1)*75-(20%)= 300

Trash Tank Size 353 Gal.

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

Req'd Application Area = Q/Ri = 300 / 0.064 = 4688 sq. ft.

Application Area Utilized = 5036 sq. ft.

Pump Requirement 12 Gpm @ 40 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)

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

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

Reserve Requirement = 100 Gal. 1/3 day flow.

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

With Chlorinator

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

Two way cleanout

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

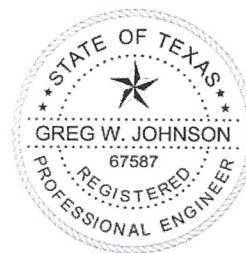
1" Sch-40 PVC discharge manifold

APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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

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

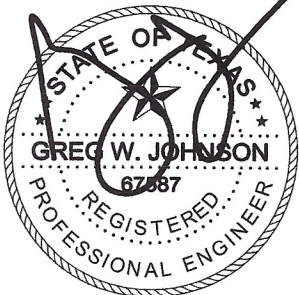
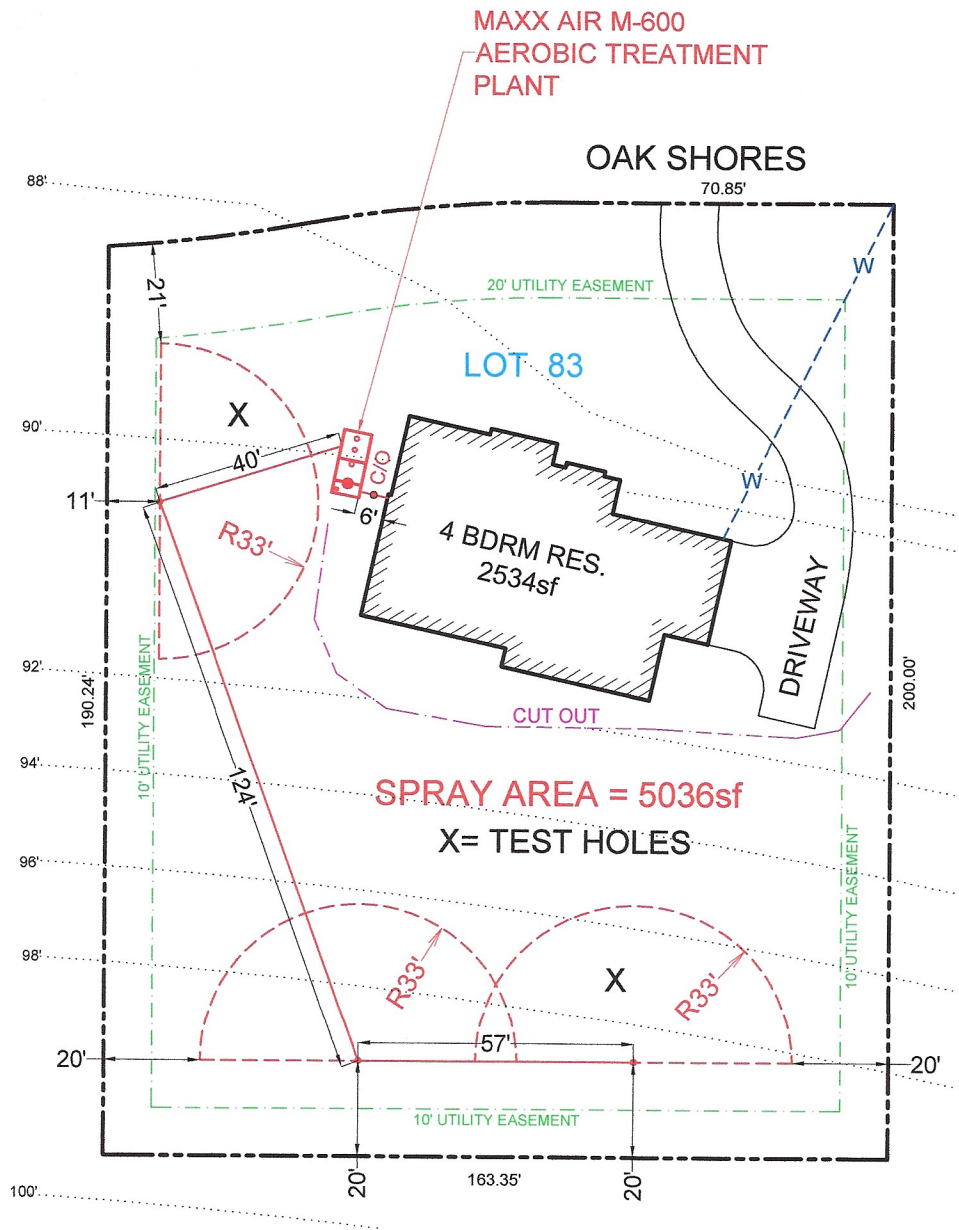
05/29/19
DATE



REVISED

11:21 am, May 29, 2019

#107912



OWNER: DERL C. & KATHRINE E. ADAMS		DRAWN BY: EJS III		
STREET ADDRESS: 349 OAK SHORES				
LEGAL DESC: OAK SHORES ESTATES		UNIT/SECTION/PHASE:	BLOCK:	LOT: 83
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=40'	DATE: 7/31/2018	REVISED: 5/29/2019	

REVISED

11:21 am, May 29, 2019

TANK NOTES:

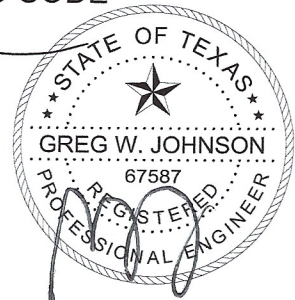
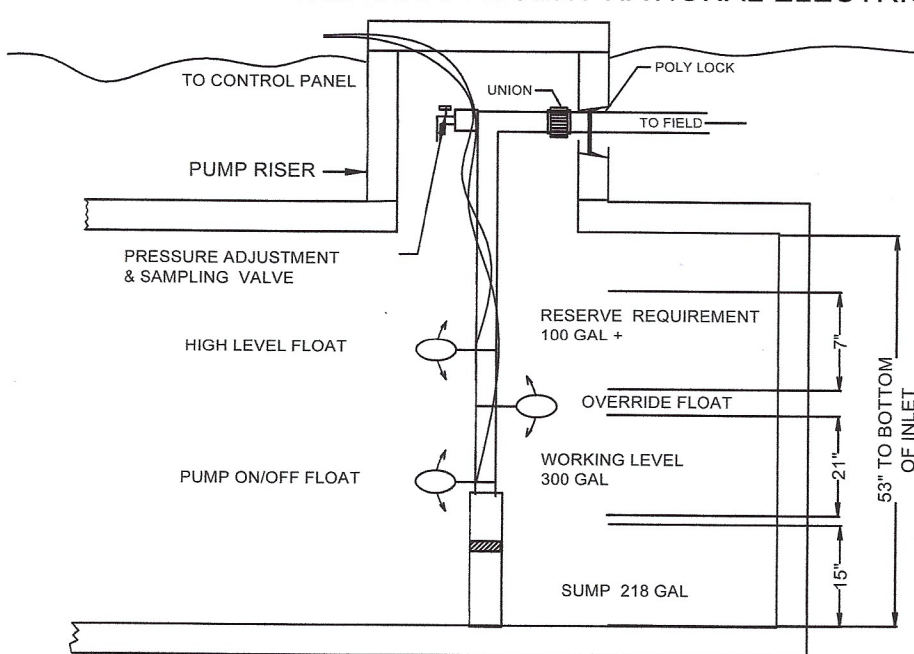
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

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

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

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



F-2585

S/29/19

**TYPICAL PUMP TANK CONFIGURATION
MAXX AIR M600 768 GAL PUMP TANK**

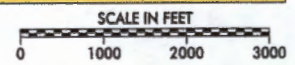
355



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CONTINUED ON MAP 356



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

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



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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION AUG 01 2018

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

Tank Size(s) (Gallons) SOLAR AIR SA600-768PT Absorption/Application Area (Sq Ft) 5036 COUNTY ENGINEER

Gallons Per Day (As Per TCEQ Table III) 300

(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? 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



By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable

Signature of Designer _____

Date _____

OSSF SOIL EVALUATION REPORT INFORMATION

Date: July 31, 2018

Applicant Information:

VOID

Name: DERL C. & KATHRINE E. ADAMS
Address: 2104 O'CALLAHAN
City: AUSTIN State: TEXAS
Zip Code: 78748 Phone: (361) 222-5646

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 83 Unit Blk Subd. OAK SHORE ESTATES
Street Address: 349 OAK SHORES
City: CANYON LAKE Zip Code: 78133
Additional Info.:

Installer Information:

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

Topography: Slope within proposed disposal area: 4 to 10 %

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

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Design Calculations for Aerobic Treatment Plant Sizing:

Commercial

Q = GPD

Residential Water conserving fixtures to be utilized? Yes X No

Number of Bedrooms the septic system is sized for: 4 Total sq. ft. living area 2534

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

Q = (4 +1)*75-(20%)= 300

Trash Tank Size 374 Gal.

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

Req'd Application Area = Q/Ri = 300 / 0.064 = 4688 sq. ft.

Application Area Utilized = 5036 sq. ft.

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

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

Pump Tank Size = 768 Gal. 14.4 Gal/inch.

Reserve Requirement = 100 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)

Signature of Greg W. Johnson, P.E. F#002585 - S.E. 11561

VOID

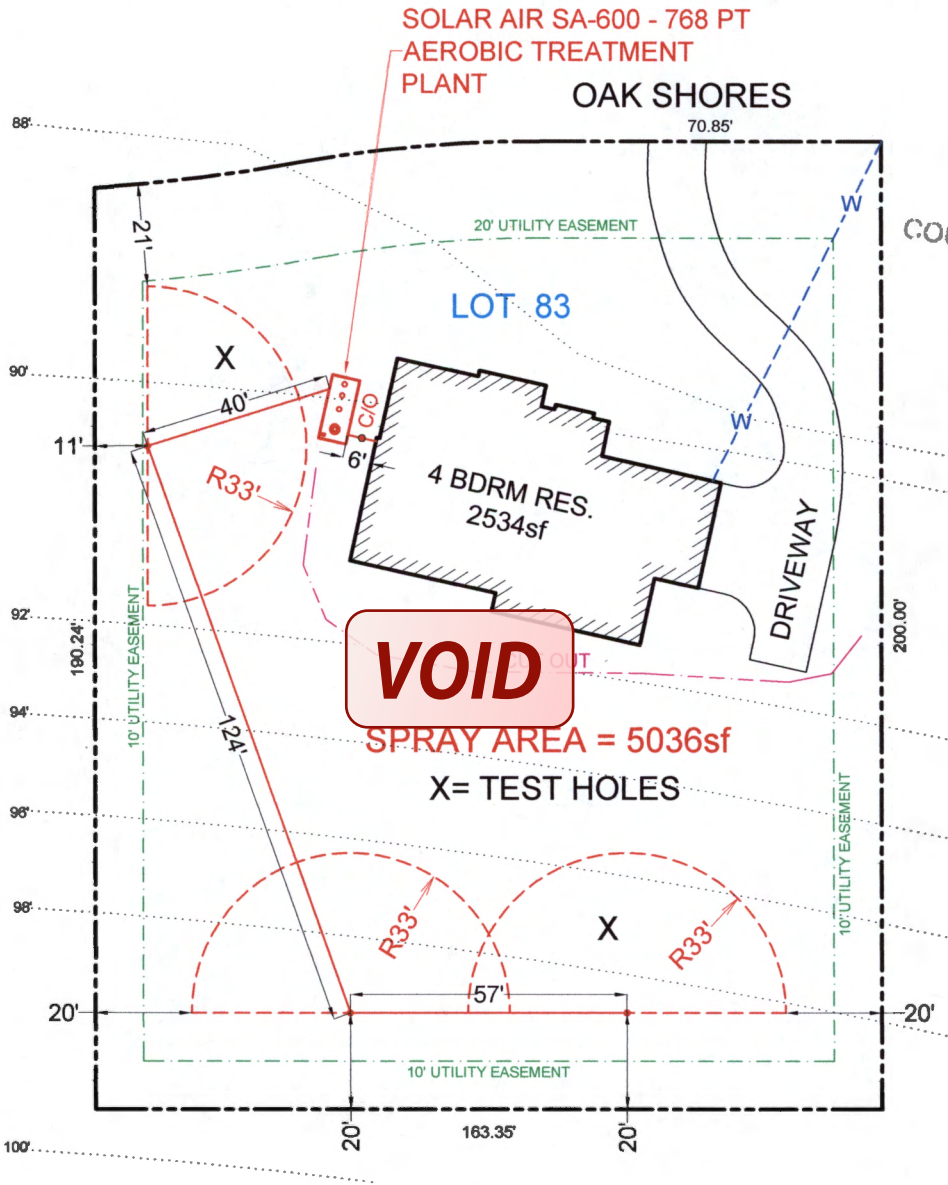
DATE 8/13/18



FIRM #2585

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OWNER: DERL C. & KATHRINE E. ADAMS		DRAWN BY: EJS III	
STREET ADDRESS: 349 OAK SHORES			
LEGAL DESC: OAK SHORES E	UNIT/SECTION/PHASE:	BLOCK:	LOT: 83
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=40'	DATE: 7/31/2018	REVISED:

VOID

VOID

TANK NOTES:

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

Tightlines to the tank shall be SCH-40 PVC

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

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

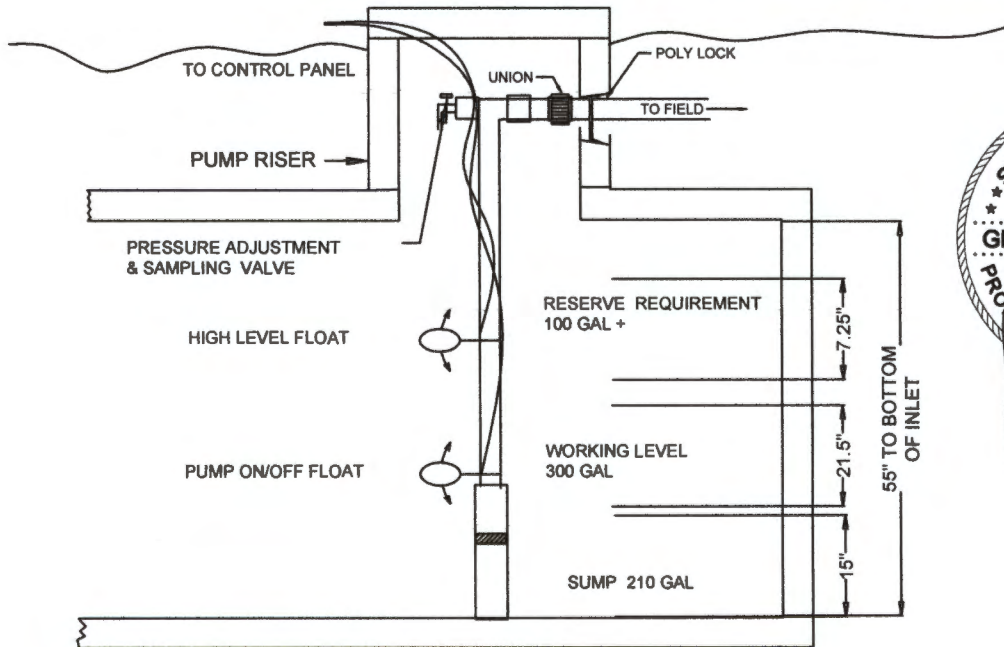
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VOID

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



07/30/18

**TYPICAL PUMP TANK CONFIGURATION
SOLAR-AIR SA-600 768 GAL PUMP TANK**

VOID

NOTICE OF CONFIDENTIALITY RIGHTS. IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OR ALL OF THE FOLLOWING INFORMATION FROM ANY INSTRUMENT THAT TRANSFERS AN INTEREST IN REAL PROPERTY BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

GENERAL WARRANTY DEED

STATE OF TEXAS

§
§
§

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF COMAL

Date: August 16, 2017

Grantor: LANCE MCKENZIE

Grantor's Mailing Address:

27915 Geneva Hills Lane
Spring, Texas 77386
Montgomery County

Grantee: DERL C. ADAMS and KATHERINE E. ADAMS

Grantee's Mailing Address:

2104 O'Callahan Drive
Austin, Texas 78748
Travis County

Consideration:

TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable consideration.

Property (including any improvements):

Lot 83, Oak Shores Estates Subdivision, Comal County, Texas, according to the map or plat thereof recorded in Volume 12, Page 306-310 of the Map and Plat Records of Comal County, Texas.

Reservations from Conveyance: None.

Exceptions to Conveyance and Warranty:

This conveyance is made and accepted subject to conditions, restrictions, reservations, declarations, exceptions, easement grants, set-backs, assessments, maintenance and/or association charges and ordinances, affecting the property conveyed, if any, appearing in the public records; and all leases, grants, exceptions or reservations of coal, lignite, oil, gas and other minerals, if any, together with all rights, privileges, and immunities relating thereto, appearing in the Public Records; and standby fees, taxes, and assessments by any taxing authority for the year 2017 and subsequent years, and subsequent taxes and assessments by any taxing authority for prior years due to change in land usage or ownership.

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Grantee, by its acceptance hereof, agrees to be solely responsible for payment of all ad valorem taxes pertaining to the Property for the calendar year 2017 and subsequent years.

Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, GRANTS, SELLS, AND CONVEYS to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to WARRANT AND FOREVER DEFEND all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

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

[signature(s) on following page(s)]

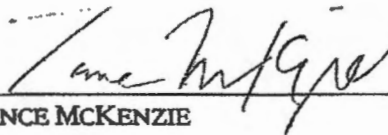
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Executed effective as of the date first set forth herein.

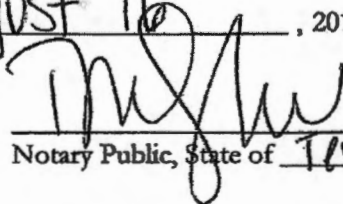
GRANTOR:

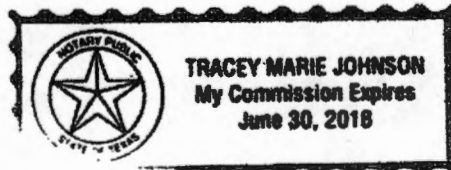

LANCE MCKENZIE

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AUG 01 2018
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STATE OF Texas §
COUNTY OF Harris §

This instrument was acknowledged before me on August 16, 2017, by LANCE MCKENZIE, an individual.


Notary Public, State of Texas



AFTER RECORDING RETURN TO:

DERL C. ADAMS and KATHERINE E. ADAMS
2104 O'Callahan Drive
Austin, Texas 78748

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
08/18/2017 11:12:55 AM
TERRI 3 Pages(s)
201706038691



Bobbie Koepf

PS Septic Supply & Service
23011 FM 306
Canyon Lake, TX 78133

(830) 850-0080
 Fax: (830) 935-4932

Permit #: 107912

To: Derl Adams
349 OAK SHORES DRIVE
CANYON LAKE, TX 78133

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

Site: 349 OAK SHORES DRIVE, CANYON LAKE
 Agency: Comal County
 County:
 Subdivision: Oak Shores Estates

Installed
 Phone:
 Cell:
 Work:

Contract 6/19/2019 - 6/19/2022
 Inspections per year: 3
 Service Due: 10/19/2019
 Alt Phone:
 Warranty Ending:

Inspection Type: _____ Inspection # _____ of _____ for the contract year

Item	Operational	Inoperative	N/A
Aerator:	_____	_____	_____ ✓
Irrigation pump:	_____ ✓	_____	_____
Air compressor:	_____ ✓	_____	_____
Disinfection device:	_____ ✓	_____	_____
Chlorine supply:	_____ ✓	_____	_____
Spray field vegetation:	_____ ✓	_____	_____
Sprinkler / Drip backwash:	_____ ✓	_____	_____
Photocell Test:	_____	_____	_____ ✓
Autodialer:	_____	_____	_____ ✓
Water Meter Reading: _____ CFM: _____ PSI: _____			

1. 13"
 2. 0"
 3. 4"

Test Results and observations: (As Required)

Fecal Coliform: _____
 Chlorine Residual: _____
 Test Method: Diap
 BOD: _____
 TSS: _____
 Commercial Lab: _____
 Date Submitted: _____

Repairs made: Y / N

Repairs and Comments: Scum 1/4

Inspector: _____

Date: _____

29879023
 98280397

gate: 1256

Area: / 0
 GPS:

ID = 1132

Printed: 10/21/2019

C

349 OAK SHORES DRIVE, CANYON LAKE

PS Septic Supply & Service
23011 FM 306
Canyon Lake, TX 78133

(830) 850-0080
 Fax: (830) 935-4932

Permit #: 107912

To: Derl Adams
349 OAK SHORES DRIVE
CANYON LAKE, TX 78133

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

Site: 349 OAK SHORES DRIVE, CANYON LAKE

Agency: Comal County
 County:

Subdivision: Oak Shores Estates

Installed:
 Phone:
 Cell:
 Work:

Contract: 6/19/2019 - 6/19/2022
 Inspections per year: 3
 Service Due: 2/19/2020
 Alt Phone:
 Warranty Ending:

Inspection Type: _____ Inspection # _____ of _____ for the contract year

Item	Operational	Inoperative	N/A	
Aerator:	_____	_____	_____	
Irrigation pump:	_____	_____	_____	1-28
Air compressor:	_____	_____	_____	
Disinfection device:	_____	_____	_____	
Chlorine supply:	_____	_____	_____	2-12
Spray field vegetation:	_____	_____	_____	
Sprinkler / Drip backwash:	_____	_____	_____	
Photocell Test:	_____	_____	_____	
Autodialer:	_____	_____	_____	3-2
Water Meter Reading: _____	CFM: _____	PSI: _____		

Test Results and observations: (As Required)

Fecal Coliform: _____
 Chlorine Residual: _____
 Test Method: _____
 BOD: _____
 TSS: _____
 Commercial Lab: _____
 Date Submitted: _____

Repairs made: Y/N

Repairs and Comments: slum = 3"

Inspector: _____ Date: _____

gate: 1256

Area: / 0
 GPS: 29.879023 -98.2503 ID = 1132

Printed 2/21/2020

349 OAK SHORES DRIVE, CANYON LAKE

PS Septic Supply & Service
23011 FM 306
Canyon Lake, TX 78133

(830) 850-0080
 Fax: (830) 935-4932

Permit #: 107912

To: Derl Adams
349 OAK SHORES DRIVE
CANYON LAKE, TX 78133

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

Site 349 OAK SHORES DRIVE, CANYON LAKE

Agency: Comal County
 County:

Subdivision: Oak Shores Estates

Installed
 Phone
 Cell
 Work

Contract 6/19/2019 - 6/19/2022
 Inspections per year: 3
 Service Due: 6/19/2020
 Alt Phone
 Warranty Ending

Inspection Type _____ Inspection # _____ of _____ for the contract year

Item	Operational	Inoperative	N/A
Aerator:	_____	_____	_____
Irrigation pump:	_____	_____	_____
Air compressor:	_____	_____	_____
Disinfection device:	_____	_____	_____
Chlorine supply:	_____	_____	_____
Spray field vegetation:	_____	_____	_____
Sprinkler / Drip backwash:	_____	_____	_____
Photocell Test	_____	_____	_____
Autodialer	_____	_____	_____
Water Meter Reading: _____ CFM: _____ PSI: _____			

1 - 24
 2 - 8
 3 - 3

Test Results and observations: (As Required)

Fecal Coliform: _____
 Chlorine Residual: _____
 Test Method: _____
 BOD: _____
 TSS: _____
 Commercial Lab: _____
 Date Submitted: _____

Repairs made: Y / N

Repairs and Comments: sum 4

Inspector: _____ Date: _____

gale: 1256

Area: / 0
 GPS: 29.879023 -98.2503 ID = 1.132

Printed 6/28/2020

349 OAK SHORES DRIVE, CANYON LAKE

PS Septic Supply & Service
23011 FM 306
Canyon Lake, TX 78133

Phone: (830) 850-0080
Fax: (830) 935-4932

To: Deryl Adams
349 OAK SHORES DRIVE
CANYON LAKE, TX 78133

Printed: 10/27/2020
Site: 349 OAK SHORES DRIVE
CANYON LAKE, TX 78133
(361) 222-5646

Permit #: **107912**

Agency: Comal County

County:

Mfg / Brand: -

Treatment Type: Aerobic

Disposal: Surface Application

Sub: Oak Shores Estates

GPS Coordinates - Latitude: 29.879023 Longitude: -98.250397

Customer ID: 1132

Contract Dates: 6/19/2019 - 6/19/2022

Scheduled Date: 10/19/2020

Inspection 4 of 9

Service Type: Scheduled Inspection

Visit Date: 10/26/2020

Method: Grab

Technician: Ryan Seidensticker

Maint. Provider: Ryan Seidensticker

This counts as a type of "Scheduled Inspection"

Entered By: _

Aerators: Operational

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Supply: Operational

Chlorine Residual: 0.2mg/L

Sludge Levels

For Tank 1: 23

For Tank 2: 15

Tank Lid / Riser: Secured

Sprinkler Drip Backwash: Good

Electric Circuits: Operational

Distribution System: Operational

Sprayfield Veg: Operational

Color: Good

Odor: Good

Alarm: Operational

Comments

Scum on pretreatment:1" - Technician Secured the Tank Lid and/or Riser prior to leaving location.

Service Completed

Owner signature: _____

Insp ID #:6321

Provider: *Christopher Ryan Seidensticker*
PS Septic Supply & Service

Technician: *Christopher Ryan Seidensticker*
PS Septic Supply & Service

License Info: MP0001708 Expires:

License Info: MP0001708 Expires: 9/1/2023

PS Septic Supply & Service
23011 FM 306
Canyon Lake, TX 78133

Phone: (830) 850-0080
Fax: (830) 935-4932

To: Deryl Adams
349 OAK SHORES DRIVE
CANYON LAKE, TX 78133

Printed: 3/5/2021
Site: 349 OAK SHORES DRIVE
CANYON LAKE, TX 78133
(361) 222-5646

Permit #: **107912**

Agency: Comal County

County:

Mfg / Brand: -

Treatment Type: Aerobic

Disposal: Surface Application

Sub: Oak Shores Estates

GPS Coordinates - Latitude: 29.879023 Longitude: -98.250397

Customer ID: 1132

Contract Dates: 6/19/2019 - 6/19/2022

Scheduled Date 2/19/2021

Inspection 5 of 9

Service Type: Scheduled Inspection

Visit Date: 3/4/2021

Method: Grab

Technician: Landon Gronvold

Maint. Provider: Ryan Seidensticker

Aerators: Operational

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Supply: Operational

Chlorine Residual: 0.4

Sludge Levels

For Tank 1: 24

For Tank 2: 24

This counts as a type of "Scheduled Inspection"

Entered By: _

Tank Lid / Riser: Secured

Sprinkler Drip Backwash: Good

Electric Circuits: Operational

Distribution System: Operational

Sprayfield Veg: Operational

Color: Good

Odor: Good

Alarm: Operational

Comments

Scum on pretreatment:1" - Technician Secured the Tank Lid and/or Riser prior to leaving location.

Service Completed

Owner signature: _____

Insp ID #:8286

Provider: Christopher Ryan Seidensticker
PS Septic Supply & Service

License Info: MP0001708 Expires:

License Info: MT0001995 Expires: 10/31/2021

PS Septic Supply & Service
23011 FM 306
Canyon Lake, TX 78133

Phone: (830) 850-0080
Fax: (830) 935-4932

To: Deryl Adams
349 OAK SHORES DRIVE
CANYON LAKE, TX 78133

Printed:10/20/2021
Site: 349 OAK SHORES DRIVE
CANYON LAKE, TX 78133
(361) 222-5646

Permit #: **107912**

Agency: Comal County

County:

Mfg / Brand: -

Treatment Type: Aerobic

Disposal: Surface Application

Sub: Oak Shores Estates

Customer ID: 1132

Contract Dates: 6/19/2019 - 6/19/2022

Scheduled Date: 10/19/2021

Inspection 7 of 9

GPS Coordinates - Latitude: 29.879023 Longitude: -98.250397

Service Type: Scheduled Inspection

This counts as a type of "Scheduled Inspection"

Visit Date: 10/20/2021

Entered By: _

Method: Grab

Technician: Not Assigned

Maint. Provider: Ryan Seidensticker

Aerators: Operational

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Supply: Operational

Chlorine Residual: 0.1mg/L

Sludge Levels

For Tank 1: 16

For Tank 2: 13

For Tank 3: 2

Electric Circuits: Operational

Distribution System: Operational

Sprayfield Veg: Operational

Tank Lid / Riser: Secured

Insp. Port / Plug: Secured

Alarm: Operational

Comments

Service Completed

Scum on pretreatment 1" - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Inspection Port Plug was noted as Secured prior to leaving.

Insp ID #:12441

Provider: *Christopher Ryan Seidensticker*
PS Septic Supply & Service

License Info: MP0001708 Expires:

PS Septic Supply & Service
23011 FM 306
Canyon Lake, TX 78133

Phone: (830) 850-0080
Fax: (830) 935-4932

To: Deryl Adams
349 OAK SHORES DRIVE
CANYON LAKE, TX 78133

Printed:6/6/2022
Site: 349 OAK SHORES DRIVE
CANYON LAKE, TX 78133
(361) 222-5646

Permit #: **107912** Customer ID: 1132
Agency: Comal County Contract Dates: 6/19/2019 - 6/19/2022
County: Sub: Oak Shores Estates Scheduled Date: 6/19/2022 Inspection 9 of 9
Mfg / Brand: -
Treatment Type: Aerobic
Disposal: Surface Application GPS Coordinates - Latitude: 29.879178 Longitude: -98.280544

Service Type: Scheduled Inspection

This counts as a type of "Scheduled Inspection"

Visit Date: 6/3/2022

Entered By: Michelle Irvin

Method: Grab

Technician: Not Assigned

Maint. Provider: Ryan Seidensticker

Aerators: Operational

Sludge Levels

Filters: Operational

For Tank 1: 24

Irrigation Pumps: Operational

For Tank 2: 24

Disinfection Device: Operational

For Tank 3: 6

Chlorine Supply: Operational

Chlorine Residual: n/a

Tank Lid / Riser: Secured

Sprinkler Drip Backwash: Good

Electric Circuits: Operational

Distribution System: Operational

Sprayfield Veg: Operational

Color: Good

Odor: Good

Alarm: Operational

Comments

Service Completed

Scum = 1"

recommend pumping - Technician Secured the Tank Lid and/or Riser prior to leaving location.

Insp ID #:18350

Provider: *Christopher Ryan Seidensticker*
PS Septic Supply & Service

License Info: MP0001708 Expires:

PS Septic Supply & Service
23011 FM 306
Canyon Lake, TX 78133

Phone: (830) 850-0080
Fax: (830) 935-4932

Printed:10/7/2022 Insp ID #:21602

Permit #: **107912**

To: Deryl Adams
349 OAK SHORES DRIVE
CANYON LAKE, TX 78133

Main Phone: (361) 222-5646
Work:
Cell Phone:
Alt Cell:

Agency: Comal County
County:
Mfg / Brand: - MAXX AIR
Treatment Type: Aerobic
Disposal: Surface Application

Sub: Oak Shores Estates

Customer ID: 1132
Contract Dates: 6/19/2022 - 6/19/2024

Scheduled Date: 10/19/2022 Inspection 1 of 6
Installed: 6/19/2019
Warranty End: 6/19/2022
GPS Coordinates: Latitude: 29.879178 Longitude: -98.280544

Service Type: Scheduled Inspection

This counts as a type of "Scheduled Inspection"

Visit Date: 10/7/2022

Entered By: Nicole Loria

Method: Grab

Copy emailed to Customer

Customer Emailed: 10/7/2022

Technician: Not Assigned

Maint. Provider: Ryan Seidensticker

Aerators: Operational

Sludge Levels

Filters: Operational

For Tank 1: 1

Irrigation Pumps: Operational

For Tank 2: N/A

Disinfection Device: Operational

For Tank 3: 24

Chlorine Supply: Operational

For Tank 4: 14

Chlorine Residual: .3

Electric Circuits: Operational

Tank Lid / Riser: Secured

Distribution System: Operational

Insp. Port / Plug: Secured

Sprayfield Veg: Operational

Alarm: Operational

Comments

Service Completed

- Scum on pretreatment 24 - Observed Fire Ant Mound that were active, ants can cause damage to the system and should be kept away- compressor needs to be raised - Recommend installing risers-this helps to prevent debris from falling into tanks when lids are to close to ground grade-call office for a quote - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Inspection Port Plug was noted as Secured prior to leaving. - Copy emailed to the customer on 10/7/2022.

Site: 349 OAK SHORES DRIVE, CANYON LAKE, TX 78133

Provider: *Christopher Ryan Seidensticker*
PS Septic Supply & Service

License Info: MP0001708 Expires:

Luna Environmental

4222 FM 482
New Braunfels, TX 78132

(830) 312-8776

sherrie@lunaenvironmental.com

Printed:8/13/2023

Permit: 107912

Site: 349 OAK SHORES DRIVE, CANYON LAKE, TX 78133

Main Phone: 3612225646

Deryl Adams

349 OAK SHORES DRIVE
CANYON LAKE, TX 78133

Agency: Comal County

County: Comal County

Subdivision: Oak Shores Estates

System Info: MFG: Brand: MAXX AIR Customer ID: 2531
Treatment Type: Aerobic Disposal Type: Surface Application Insp ID: 31224
Installed: 6/19/2019 Warranty Expiration: 6/19/2022
Visit Details <----->
Visit Date: 8/9/2023 Entered By: Nicole Loria GPS Lat: 29.879178 GPS Long: -98.280544
Scheduled Date: 6/19/2023 Contract Starts: 6/19/2022 Customer Emailed: 8/13/2023
Entered On: 8/13/2023 Contract Ends: 6/19/2024

Visit Results

Service Type: Scheduled Inspection
Count: Inspection 3 of 6

Method: <u>Grab</u>	License #	Expires
Technician: <u>Ronnie Ransom</u>	<u>0002564</u>	<u>8/31/2026</u>
Provider: <u>Luna Environmental, LLC</u>		

Service Completed

Aerators: <u>Operational</u>	Sludge Level Tank 1: <u>20</u>
Filters: <u>Operational</u>	Sludge Level Tank 2: <u>N/A</u>
Irrigation Pumps: <u>Operational</u>	
Disinfection Device: <u>Operational</u>	
Chlorine Supply: <u>Operational</u>	
Chlorine Residual: <u>.1</u>	

Electric Circuits: <u>Operational</u>	Tank Lid / Riser: <u>Secured</u>
Distribution System: <u>Operational</u>	Insp. Port / Plug: <u>Secured</u>
Drip/Sprayfield Veg: <u>Operational</u>	

Alarm: Operational PSI Pressure: 2.0

Comments

- Scum on pretreatment - Please add bleach to system-only regular bleach not gel or splashless - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Inspection Port Plug was noted as Secured prior to leaving. - Copy emailed to the customer on 8/13/2023.

Luna Environmental

4222 FM 482

New Braunfels, TX 78132

(830) 312-8776

sherrie@lunaenvironmental.com

Printed:11/4/2023

Permit: 107912

Site: 349 OAK SHORES DRIVE, CANYON LAKE, TX 78133

Main Phone: 3612225646

Deryl Adams

349 OAK SHORES DRIVE

CANYON LAKE, TX 78133

Agency: Comal County

County: Comal County

Subdivision: Oak Shores Estates

System Info: MFG: Brand: MAXX AIR Customer ID: 2531
Treatment Type: Aerobic Disposal Type: Surface Application Insp ID: 35134
Installed: 6/19/2019 Warranty Expiration: 6/19/2022
Visit Details <----->
Visit Date: 10/24/2023 Entered By: Nicole Loria GPS Lat: 29.879178 GPS Long: -98.280544
Scheduled Date: 10/19/2023 Contract Starts: 6/19/2022 Customer Emailed: 11/4/2023
Entered On: 11/4/2023 Contract Ends: 6/19/2024

Visit Results

Service Type: Scheduled Inspection
Count: Inspection 4 of 6

Method: <u>Grab</u>	License #	Expires	
Technician: <u>Luke Campbell</u>	<u>MT0002614</u>	<u>9/30/2026</u>	
Provider: <u>Luna Environmental, LLC</u>			<input checked="" type="checkbox"/> Service Completed

Aerators: <u>Operational</u>	Sludge Level Tank 1: <u>24</u>
Filters: <u>Operational</u>	Sludge Level Tank 2: <u>N/A</u>
Irrigation Pumps: <u>Operational</u>	
Disinfection Device: <u>Operational</u>	Sludge Level Tank 4: <u>3</u>
Chlorine Supply: <u>Operational</u>	
Chlorine Residual: <u>.01</u>	

Electric Circuits: <u>Operational</u>	Tank Lid / Riser: <u>Secured</u>
Distribution System: <u>Operational</u>	Insp. Port / Plug: <u>Secured</u>
Drip/Sprayfield Veg: <u>Operational</u>	

Alarm: <u>Operational</u>	PSI Pressure: <u>2.7</u>
----------------------------------	---------------------------------

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. - Copy emailed to the customer on 11/4/2023.