



Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 10/24/2018 Permit Number: 107941

Location Description: 552 COPPER CREST NEW BRAUNFELS, TX 78132

Subdivision: Copper Ridge
Unit: 5
Lot: 13
Block: J
Acreage:

Type of System: Aerobic Surface Irrigation

Issued to: Daniel Dean & Cathy Jo Fischer

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

James F. Connor
ENVIRONMENTAL HEALTH INSPECTOR

OS0032485

Sandra Ann Hernandez
ENVIRONMENTAL HEALTH COORDINATOR

OS 0025599

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Swoyer OSSF Installer #: _____
 1st Inspection Date: 10/18/18 2nd Inspection Date: _____ 3rd Inspection Date: 10-24-18 final
 Inspector Name: Mike T. Inspector Name: _____ Inspector Name: Coma
 Permit#: 107941 Address: Copper Ridge 1552 Copper Crest 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) | | 10/18/18 | | |
| 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) | | | | |

MT-10/18/18
 Tank set, leveled
 operational ✓
 ready for cover

Covered 10-24-18

**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)(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)(iii)(I) | | 10/10/18 / | | |
| 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) | | | | 10-24-18 |
| 42 | APPLICATION AREA Area Installed | ✓ | | 5654 SF | | | |
| 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: Swayer OSSF Installer #: _____

1st Inspection Date: 10/18/18 2nd Inspection Date: _____ 3rd Inspection Date: _____

Inspector Name: Mike T. Inspector Name: _____ Inspector Name: _____

Permit#: 107941 Address: Copper Ridge 1552 Copper Crest 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) | | 10/18/18 | | |
| 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)(III) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(I) | | | | |
| 7 | PRETREATMENT Grease Interceptors if required for commercial | | 285.34(d) | | | | |

MT- 10/18/18

Tank set, leveled
operational ✓
Ready For Cover

**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) | | | | |
| 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 | ✓ | | 800 | 10/18/18 | | |
| 15 | AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number | ✓ | | Maxxair | 10/18/18 | | |
| 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) | | | | |


**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**

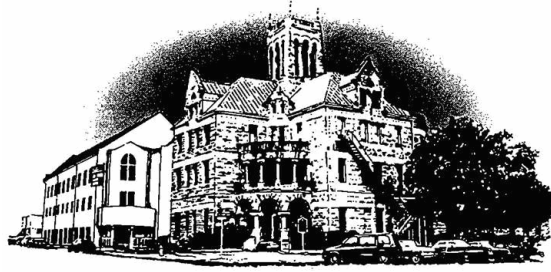
| No. | Description | Answer | Citations | Notes | 1st Insp. | 2nd Insp. | 3rd Insp. |
|-----|--|--------|--|-------|-----------|-----------|-----------|
| 32 | <p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0%</p> <p>EFFLUENT 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) | | 10/18/15 | | |
| 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> | | | | | | |
| 37 | <p>PUMP TANK Inspection/Clean Out Port & 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

| | | | | | | | |
|----|---|---|--|--|----------|--|--|
| 39 | PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried |  | | | 10/18/18 | | |
|----|---|---|--|--|----------|--|--|

**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) | | 10/18/18 | | |
| 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: 107941
Issued This Date: 08/15/2018
This permit is hereby given to: Daniel Dean & Cathy Jo Fischer

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

552 COPPER CREST
NEW BRAUNFELS, TX 78132

Subdivision: Copper Ridge
Unit: 5
Lot: 13
Block: J
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 |

RECEIVED
AUG 08 2018
COUNTY ENGINEER

| |
|---------------|
| 107941 |
| Permit Number |

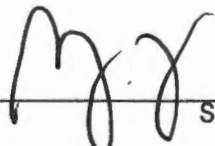
Instructions:

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

Date

| | |
|----------------------|-------------------|
| COMPLETE APPLICATION | |
| Check No. _____ | Receipt No. _____ |

| |
|--|
| INCOMPLETE APPLICATION |
| (Missing Items Circled, Application Refused) |

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

Date August 8, 2018

Permit # 107941

Owner Name DANIEL DEAN FISCHER & CATHY JO FISCHER

Agent Name GREG W. JOHNSON, P.E.

Mailing Address c/o 23011 FM 306

Agent Address 170 HOLLOW OAK

City, State, Zip CANYON LAKE TEXAS 78133

City, State, Zip NEW BRAUNFELS, TX 78132

Phone# 830-935-4936

Phone # (830) 905-2778

Email ashley@paulswoyerseptics.com

Email gregjohnsonpe@yahoo.com

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

Method: [] Mail [X] Email

Subdivision Name COPPER RIDGE Unit/Phase/Section PHASE 5 Lot 13 Block J

Acreage/Legal

Street Name/Address 552 COPPER CREST City NEW BRAUNFELS Zip 78132

Type of Development:

[X] Single Family Residential

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

Number of Bedrooms 5

Indicate Sq Ft of Living Area 4200

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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: \$ 550,000 (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 August 8, 2018

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

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

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

COUNTY ENGINEER

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

Tank Size(s) (Gallons) MAXX AIR M800 Absorption/Application Area (Sq Ft) 5654

Gallons Per Day (As Per TCEQ Table III) 360

(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

August 8, 2018
Date

Yes

AFFIDAVIT



201806031337 08/08/2018 01:40:13 PM 1/1

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 (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.

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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):

5 UNIT/PHASE SECTION J BLOCK 13 LOT COPPER RIDGE SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY _____

The property is owned by (insert owner's full name): DANIEL DEAN FISCHER & CATHY JO FISCHER

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 10 DAY OF July, 2018

[Signature]
Owner(s) signature(s)

Daniel Fischer
Cathy Jo Fischer
Owner (s) Printed name (s)

Daniel and Cathy Fischer SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 10th DAY OF July, 2018

[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
08/08/2018 01:40:13 PM
TERRI 1 Page(s)
201806031337



Bobbie Koepf





PAUL SWOYER SEPTIC SUPPLY & SERVICE
23011 FM 306
CANYON LAKE, TX 78133

MP#0001708
CHRISTOPHER RYAN SEIDENSTICKER

PROPERTY LEGAL DESCRIPTION:

COPPER RIDGE, PHASE 5, BLOCK J, LOT 13

Customer: DANIEL DEAN & CATHY JO FISCHER

Site Address: 552 COPPER CREST

City/State: NEW BRAUNFELS, TX Zip: 78132

County: COMAL Permit#: RECEIVED

Phone Number: AUG 08 2018

E-mail: COUNTY ENGINEER

I. General: This On-Site Sewage Facility Service Agreement (hereinafter referred to as "Agreement") is entered into by and between DANIEL DEAN & CATHY JO FISCHER (hereinafter referred to as "Client") and PS Supply & Service LLC. (hereinafter referred to as "Contractor"). By this agreement, Contractor agrees to render services, as described herein (the "Services"), and the client agrees to fulfill his/her/their responsibilities under this agreement herein.

II. Effective Dates: This agreement commences on the date of License to Operate is issued for Three (3) years.

Date of License to Operate: Last Date of Service:

III. Services by Contractor: Contractor will provide the following Services:

- 1. Inspect and perform routine maintenance on the On-Site Sewage Facility ("OSSF") in compliance with the code, regulations, and/or rules of the Texas Commission on Environmental Quality ("TCEQ") and county in which the OSSF is located (the "County") and the manufacturer's requirements, at a frequency of approximately once every four (4) months.
- 2. 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.
- 3. Notify Client and repair any components of the OSSF that are found to be in need of repair during the inspection. If warranty, you just do it. If not, Client will be responsible. Repairs will be made so brought up to compliance and bill forward.
- 4. Visit site in response to Client's request for unscheduled service within two business days from the date of Contractor's actual receipt of Client's request. Unscheduled service visits are not included in the fee agreement herein and will be billed to the client in addition to fees under this Agreement.
- 5. Provide notification of arrival to site to the Client or to site personnel. Additionally, Contractor will leave written notification of the visit at the site or with site personnel upon completion of inspection, and forward such notice to the appropriate regulatory authority within fourteen (14) days.

IV. Payment(s): Client shall pay to Contractor _____, for the Services describe herein (the "Inspection and Routine Maintenance Fee"), excepting those described in Section III (4), or Section IX, herein. The Fee does not include equipment, parts or labor supplied for anything beyond routine inspection and routine maintenance. Payments for such additional services are due at the time services are provided or rendered. Payments not received within thirty (30) days from the due date will be subject the greater of a \$20.00 late penalty or 1.5% carrying charge on the original balance for each month or portion thereof a balance in past due. If for any reason such charges are found to be usurious by a court of competent jurisdiction, such charges shall be reduced to the maximum allowable by law. By signing this contract, Client authorizes Contractor to remove any parts installed, but not paid in full at the end of the thirty (30) days. Client agrees to pay for any labor cost associated with the installation and the reasonable cost of removal of said parts.

Client:

Contractor:

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V. Client's Responsibilities: Client is responsible for each and all of the following:

1. To maintain chlorinator and provide proper chlorine supply, if OSSF is so equipped.
2. To provide all necessary yard or lawn maintenance and removal of obstacles as needed to allow the OSSF to function properly and to allow Contractor ready access to all parts of the OSSF.
3. To maintain a current license to operate, and abide by the conditions and limitations of that license and all requirements for on-site sewage facilities from the State and local regulatory agency.
4. To maintain the OSSF in accordance with manufacturer's recommendations.
5. To immediately notify Contractor and Agency of any and all problems with, the OSSF, including failure thereof.
6. Upon receipt of any written notification of required services from Contractor, to contact Contractor and authorize the required service. If Client elects a different contractor to perform the required service, Client is responsible for ensuring the substitute contractor holds the proper license (Installer II) and is certified by the manufacturer. Additionally, Client shall be responsible for ensuring proper notification is given to the appropriate regulatory authority, as required by the State and/or local regulatory authority rules.
7. To provide Contractor with water usage records, upon request, for evaluation by Contractor of the OSSF performance.
8. To pay required sampling charges for samples collected for testing (e.g. Biological Oxygen Demand/Total Suspended Solids ("BOD/TSS")) that may be required on the OSSF.
9. To prevent backwash from water treatment or water conditioning equipment to enter the OSSF.
10. To provide, at Client's expense, for pumping of tanks as needed.
11. To maintain site drainage sufficient to prevent adverse effects on the OSSF.
12. To promptly and fully pay Contractor's bills, fees, or invoices as described herein.

VI. Access by Contractor: Client agrees to allow Contractor, or personnel authorized by the Contractor, to enter the property at reasonable times without prior notice for the purpose of performing the Services described herein. Such entry shall include access to the OSSF electrical and physical components, including tanks, by means of manways or risers for the purpose of evaluations required by the manufacturer, and/or regulatory authority rules. If such manways or risers are not in place, Client shall allow and be responsible for payment of required excavation, including labor and materials, necessary to allow access to the OSSF or any required components. Such excavation shall be billed at the rate of \$75.00 per hour for labor, plus materials billed at list price. Contractor shall make only those efforts reasonable under the circumstances to replace excavated soil.

VII. Application or Transfer of Payment: The fees paid for this agreement may transfer to any subsequent owner(s) of the property on which the OSSF is located. The subsequent owner(s) must sign a similar agreement authorizing Contractor to perform the above-described Services, and accepting Client's responsibilities. The replacement Agreement must be signed and received within 30 days of transfer of ownership. Contractor will apply all funds received from Client first to any past due obligations arising from this Agreement including late charges, return check charges, and charges for repairs or services not paid within 30 days of invoicing. The consumption of the payment in this manner may lead to termination of the agreement by Contractor

VIII. Termination of Agreement: This agreement may be terminated by either party with 30 days written notice. If this agreement is so terminated by Client, Contractor shall be paid at the rate of \$75.00 per hour for any worked performed or required, but not yet paid. If terminated by Contractor, all amounts outstanding shall be due within thirty days of termination. The party terminating will immediately notify the other party, the equipment manufacturer, and the regulatory agency of the termination.

IX. Limitation of Liability: In no event shall 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 direct damages exceed payments by the Client under this Agreement.

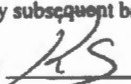
X. Severability and Reformation: If any provision in this Agreement shall be held to be invalid or unenforceable for any reason, it shall be reformed to the minimum extent necessary to effect the intent of the Parties. If any provision is such that it cannot reasonably be reformed, it shall be struck from this Agreement and the remaining provisions shall continue to be valid and enforceable.

XI. Performance of Agreement: Commencement of performance by Contractor under this agreement is contingent on the following conditions: (1) Contractor receiving a fully executed original copy of this agreement. (2) Contractor receiving payment in full of the fee(s) described herein. If the above conditions are not met, then Contractor is from any obligation to perform any portion of this agreement.

XII. Modification. This Agreement may not be changed or modified except by an instrument in writing, signed by both Contractor and Client.

XIII. Waiver. Except as otherwise noted in this Agreement, the waiver by other party of a breach of any provision of this Agreement shall not operate or be construed as a continuing waiver or as a consent to or waiver of any subsequent breach hereof.

Client: 

Contractor: 

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XIV. **Headings.** The Article and Section headings in this Agreement are for the convenience of reference only and do not constitute a part of this Agreement and shall not be deemed to limit or affect any of the provisions hereof.

XV. **GOVERNING LAW AND CHOICE OF VENUE.** EACH OF THE PARTIES HERETO HEREBY CONSENTS TO THE EXCLUSIVE JURISDICTION OF THE COURTS OF THE STATE OF TEXAS, COUNTY OF COMAL, AND TO THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF TEXAS – SAN ANTONIO DIVISION, AS WELL AS TO THE JURISDICTION OF ALL COURTS TO WHICH AN APPEAL MAY BE TAKEN FROM SUCH COURTS, FOR THE PURPOSE OF ANY SUIT, ACTION, OR OTHER PROCEEDING ARISING OUT OF, OR IN CONNECTION WITH, THIS AGREEMENT OR ANY OF THE TRANSACTIONS CONTEMPLATED HEREBY, INCLUDING, WITHOUT LIMITATION, ANY PROCEEDING RELATING TO ANCILLARY MEASURES IN AID OF ARBITRATION, PROVISIONAL REMEDIES AND INTERIM RELIEF, OR ANY PROCEEDING TO ENFORCE ANY ARBITRAL DECISION OR AWARD. EACH PARTY HERETO EXPRESSLY WAIVES ANY AND ALL RIGHTS TO BRING ANY SUIT, ACTION, OR OTHER PROCEEDING IN OR BEFORE ANY COURT OR TRIBUNAL OTHER THAN COURTS OF THE STATE OF TEXAS, COUNTY OF COMAL, AND COVENANTS THAT IT SHALL NOT SEEK IN ANY MANNER TO PROSECUTE OR DEFEND ANY DISPUTE OTHER THAN AS SET FORTH IN THIS ARTICLE XVI OR TO CHALLENGE OR SET ASIDE ANY DECISION, AWARD, OR JUDGMENT OBTAINED IN ACCORDANCE WITH THE PROVISIONS HEREOF. EACH OF THE PARTIES HERETO HEREBY EXPRESSLY WAIVES ANY AND ALL OBJECTIONS IT MAY HAVE TO VENUE, INCLUDING, WITHOUT LIMITATION, THE INCONVENIENCE OF SUCH FORUM, IN ANY OF SUCH COURTS.

XVI. **JURY TRIAL WAIVER.** THE PARTIES HEREBY UNCONDITIONALLY WAIVE THEIR RIGHT TO A JURY TRIAL OF ANY AND ALL CLAIMS OR CAUSES OF ACTION ARISING FROM OR RELATING TO THEIR RELATIONSHIP. THE PARTIES ACKNOWLEDGE THAT A RIGHT TO A JURY IS A CONSTITUTIONAL RIGHT, THAT THEY HAVE HAD AN OPPORTUNITY TO CONSULT WITH INDEPENDENT COUNSEL, AND THAT THIS JURY WAIVER HAS BEEN ENTERED INTO KNOWINGLY AND VOLUNTARILY BY ALL PARTIES TO THIS AGREEMENT. IN THE EVENT OF LITIGATION, THIS AGREEMENT MAY BE FILED AS A WRITTEN CONSENT TO A TRIAL BY THE COURT.

Approved by Contractor: _____

MP#0001708

CHRISTOPHER RYAN SEIDENSTICKER

Approved by Client: _____

XVII. **Reservation of Rights.** Contractor reserves all rights not specifically granted herein.

XVIII. **Counterparts.** This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original but all of which together will constitute one and the same instrument.

XIX. **Counsel.** Contractor has previously recommended that Client engage counsel to assist him/her/it in reviewing this Agreement and all other matters relating to it. Contractor and Client shall each bear his/her/its own costs and expenses in connection with the negotiation and documentation of this Agreement.

XX. **Entire Agreement:** This agreement contains the entire agreement of the parties, and there are no promises or conditions in any other agreement, oral or written. The Parties expressly disclaim reliance on any prior statements, oral or written, by either party not expressly provided for herein.

Client: _____

Contractor: _____

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

July 5, 2018

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

RE- SEPTIC DESIGN
552 COPPER CREST
COPPER RIDGE, PHASE 5, BLOCK J, LOT 13
NEW BRAUNFELS, TX 78132
FISCHER RESIDENCE

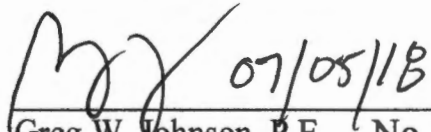
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Ms. Brenda Ritzen/Sandra Hernandez,

The referenced property is located within the Edwards Aquifer Recharge Zone. This OSSF design will comply with requirements in the WPAP.

Temporary erosion and sedimentation controls should be utilized as necessary prior to construction. If any sensitive feature (caves, solution cavities, sink holes, etc.) is discovered during construction, activities must be suspended immediately and the applicant or his agent must immediately notify the TCEQ Regional Office. After that operations can only proceed after the Executive Director approves required additional engineered impact plans.

Designed in accordance with Chapter 285, Subchapter D, §285.40, 285.41, & 285.42, Texas Commission on Environmental Quality (Effective December 27, 2012).


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



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

Date Soil Survey Performed: July 03, 2018

Site Location: COPPER RIDGE, PHASE 5, BLOCK "J", LOT 13

Proposed Excavation Depth: N/A

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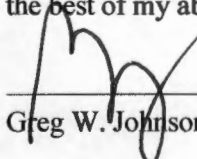
Requirements:

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.

| SOIL BORING NUMBER | | SURFACE EVALUATION | | | | |
|--------------------|---------------|--------------------|-----------------|---------------------------------|---------------------|--------------|
| Depth (Feet) | Texture Class | Soil Texture | Gravel Analysis | Drainage (Mottles/ Water Table) | Restrictive Horizon | Observations |
| 0 | IV | CLAY | N/A | NONE OBSERVED | LIMESTONE @ 4" | 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

07/03/18

Date

OSSF SOIL EVALUATION REPORT INFORMATION

Date: July 05, 2018

Applicant Information:

Name: DANIEL DEAN & CATHY JO FISCHER
Address: c/o 23011 F.M. 306
City: CANYON LAKE State: TEXAS
Zip Code: 78133 Phone: (830) 935-4936

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 13 Unit 5 Blk J Subd. COPPER RIDGE
Street Address: 552 COPPER CREST
City: NEW BRAUNFELS Zip Code: 78132
Additional Info.: _____

Installer Information:

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

Topography: Slope within proposed disposal area: 4 %
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 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: 5 Total sq. ft. living area 4200

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

Q = (5 +1)*75-(20%)= 360

Trash Tank Size 431 Gal.

TCEQ Approved Aerobic Plant Size 800 G.P.D.

Req'd Application Area = Q/Ri = 360 / 0.064 = 5625 sq. ft.

Application Area Utilized = 5654 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 = 854 Gal. 16.1 Gal/inch.

Reserve Requirement = 120 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)

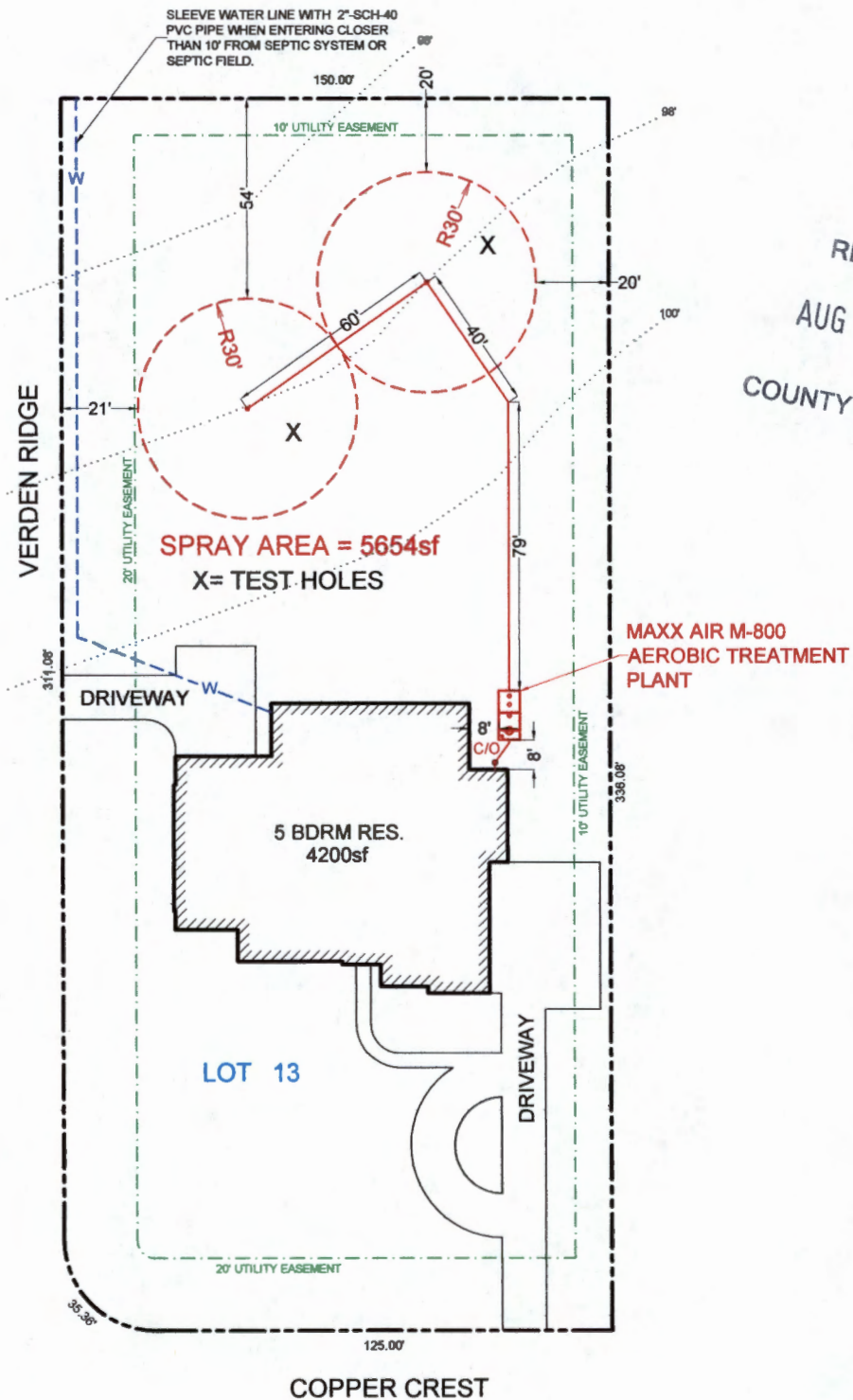

GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

07/05/18
DATE



FIRM #2585

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| | | | |
|---|-----------------------|-------------------|----------|
| OWNER: DANIEL DEAN & CATHY JO FISCHER | | DRAWN BY: EJS III | |
| STREET ADDRESS: 552 COPPER CREST | | | |
| LEGAL DESC: COPPER RIDGE | UNIT/SECTION/PHASE: 5 | BLOCK: J | LOT: 13 |
| PREPARED BY: GREG W. JOHNSON, P.E. F#002585 | SCALE: 1"=50' | DATE: 7/5/2018 | REVISED: |

TANK NOTES:

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

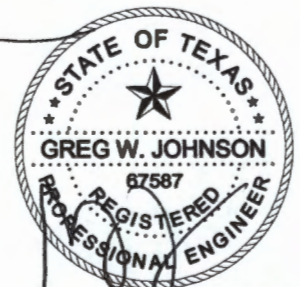
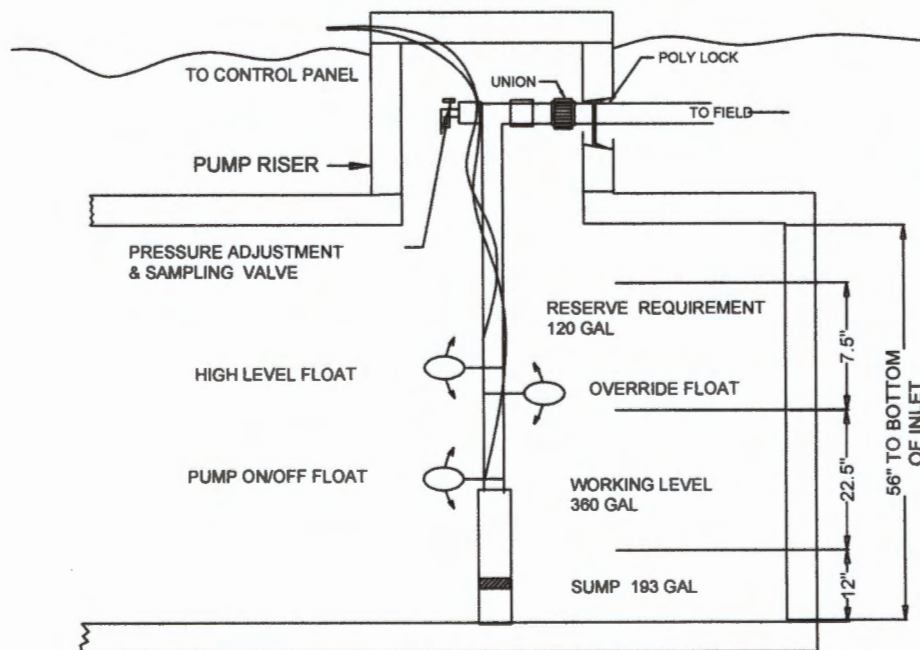
Tightlines to the tank shall be SCH-40 PVC.

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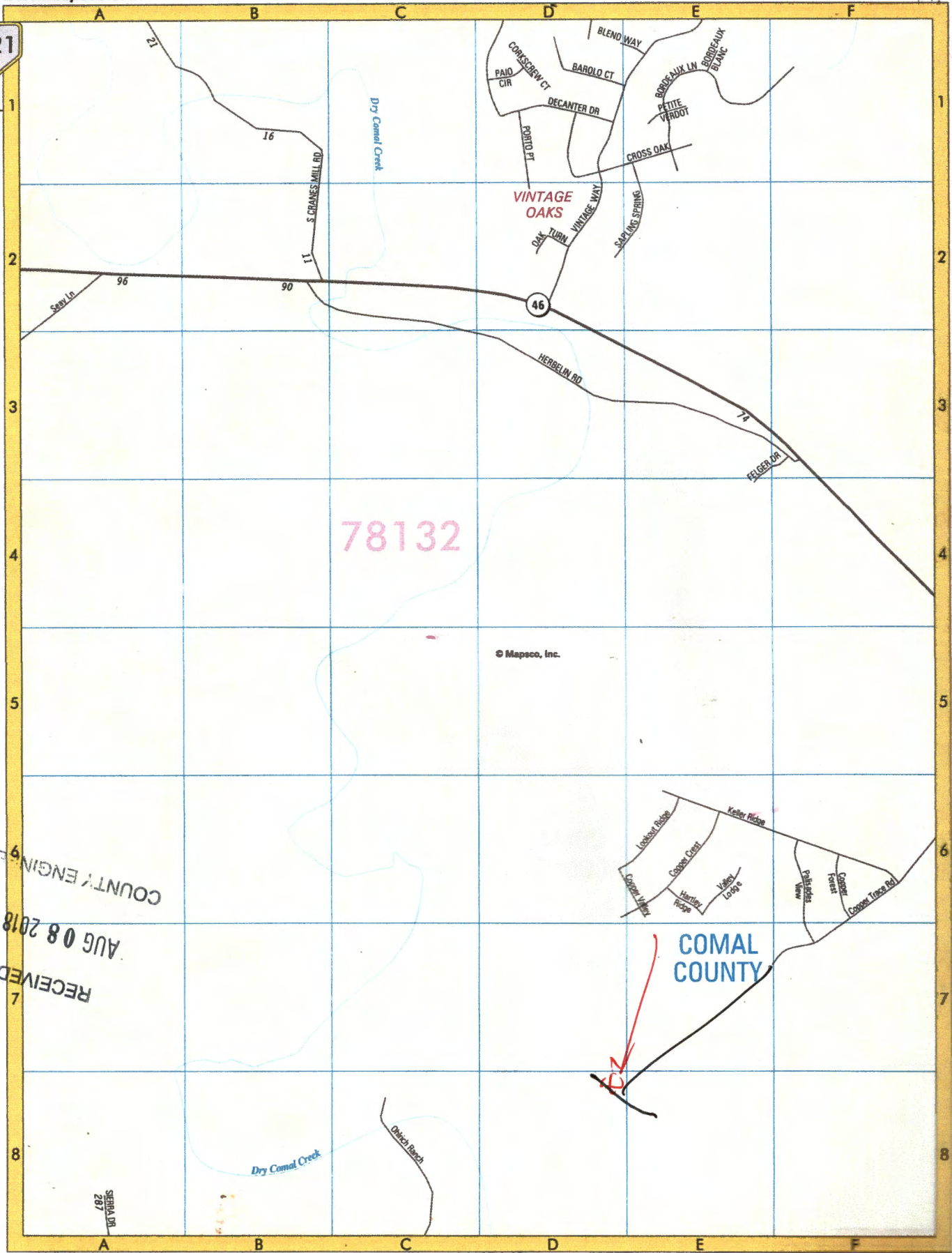
ALL WIRING MUST BE IN COMPLIANCE WITH
THE MOST RECENT NATIONAL ELECTRIC CODE



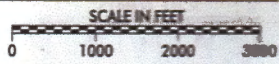
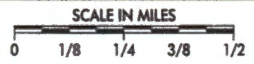
F-2585

07/05/18

TYPICAL PUMP TANK CONFIGURATION
MAXX AIR-M800 PUMP TANK



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3/TC

FILED BY ATC
SPRING BRANCH

GF # 4013004539



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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.

SPECIAL WARRANTY DEED FROM SOUTHERLAND COMMUNITIES NB LAND PROPERTIES, LTD. TO DANIEL DEAN FISCHER AND CATHY JO FISCHER.

THE STATE OF TEXAS *

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF COMAL *

That SOUTHERLAND COMMUNITIES NB LAND PROPERTIES, LTD., a Texas limited partnership, acting herein through its General Partner, SC NB LAND PROPERTIES, LLC, a Texas limited liability company, 110 River Crossing Blvd., Suite 100, Spring Branch, Comal County, Texas 78070, hereinafter called Grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other valuable consideration to it in hand paid by DANIEL DEAN FISCHER and wife, CATHY JO FISCHER whose address is 1622 Gladewater Drive, Allen, Collin County, Texas 75013, hereinafter called Grantee, receipt of which is hereby acknowledged and confessed; has GRANTED, SOLD and CONVEYED, and by these presents does GRANT, SELL and CONVEY, unto the said Grantee, the following described property, to-wit:

Lot 13, Block J, COPPER RIDGE, PHASE 5, an Addition to the City of New Braunfels, Comal County, Texas, according to the map or plat thereof recorded in Document No. 201506033914, of the Map and Plat Records of Comal County, Texas.

Grantor reserves unto itself, its successors and assigns, in perpetuity, all groundwater, being all underground water, percolating water, artesian water and other waters from any and all reservoirs, formations, depths and horizons beneath the surface of the earth, and any and all rights related thereto, in, on, under and that may

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be produced from the Property, including the right to capture and produce such water.

This reservation includes, but is not limited to, existing production or existing leases and includes the production, the lease and all benefits accruing therefrom, including all benefits from historical production, use or usage of groundwater associated with any portion of the Property. Grantor waives and expressly conveys to Grantee all rights of ingress, egress and regress in and to the surface of the Property relating to the reserved water rights.

TO HAVE AND TO HOLD the above described premises, together with all and singular the rights and appurtenances thereto in anywise belonging, unto the said Grantee, Grantee's heirs and assigns forever; and Grantor does hereby bind itself, its successors and assigns to WARRANT AND FOREVER DEFEND all and singular the said premises unto the said Grantee, Grantee's heirs and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof by, through or under Grantor, but not otherwise. Taxes for the current year have been prorated as of the date of closing.

THIS CONVEYANCE IS MADE AND ACCEPTED SUBJECT to taxes for the current year and all restrictions, covenants, conditions, easements, reservations and other instruments that affect the property and to all zoning laws, regulations and ordinances of municipal and/or other governmental authorities that affect the property.

These exceptions do not constitute an acknowledgement of the existence or viability of any of the foregoing, nor a ratification, adoption or revival of any expired or terminated interest.

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EXECUTED on the date of the acknowledgment, but EFFECTIVE as of the

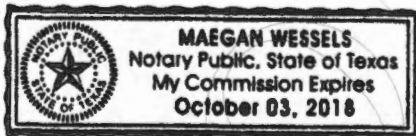
30 day of December, 2015.

SOUTHERLAND COMMUNITIES NB LAND PROPERTIES, LTD., a Texas limited partnership, by SC NB LAND PROPERTIES, LLC, a Texas limited liability company, General Partner

By: [Signature]
CHARLES D. PATTERSON, Vice President

THE STATE OF TEXAS
COUNTY OF Comal

This instrument was acknowledged before me on this the 4th day of January, 2016, by CHARLES D. PATTERSON, Vice President, of SC NB LAND PROPERTIES, LLC, a Texas limited liability company, as General Partner for SOUTHERLAND COMMUNITIES NB LAND PROPERTIES, LTD., a Texas limited partnership, in the capacity therein stated, on behalf of said Company.



[Signature]
NOTARY PUBLIC, STATE OF TEXAS
Notary's Name Printed: Maegan Wesells
My Commission Expires: Oct 3, 2018

AFTER RECORDING RETURN TO:
ALAMO TITLE COMPANY
GF#4013004539

PREPARED IN THE LAW OFFICE OF:
KRISTEN QUINNEY PORTER, LLC
P. O. Box 312643
New Braunfels, Texas 2643

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
01/08/2016 09:33:23 AM
CASHTHREE 3 Page(s)
201606001218

Bobbie Koepf

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

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

To: Cheryl Fischer
552 COPPER CREST
New Braunfels, TX 78132

Printed: 2/27/2019
Site: 552 COPPER CREST
New Braunfels, TX 78132

Permit #: **107941**

Customer ID: 676

Agency: Comal County

Contract Dates: 10/24/2018 - 10/24/2021

County:

Sub: Copper Ridge

Scheduled Date: 2/24/2019

Inspection 1 of 9

Mfg / Brand: - MAXX AIR

Treatment Type: Aerobic

Disposal: Surface Application

GPS Coordinates - Latitude: 29.740870 Longitude: -98.265585

Service Type: Scheduled Inspection

This counts as a type of "Scheduled Inspection"

Visit Date: 2/27/2019

Entered By: Noelle Sjodin

Method: Grab

Technician: Ryan Seidensticker

Copy emailed to the Agency
Agency Emailed: 2/27/2019

Maint. Provider: Ryan Seidensticker

Sludge Levels

For Tank 1: 18

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Supply: Operational

Chlorine Residual: .01

Air Filter: Good

Tank Lid / Riser: Secured

Electric Circuits: Operational

Distribution System: Operational

Sprayfield Veg: Operational

Color: Good

Odor: Good

Alarm: Operational

Comments

Service Completed

Scum on pretreatment: 0" - Technician Secured the Tank Lid and/or Riser prior to leaving location. - The Agency was emailed a PDF Copy on 2/27/2019. - The Agency was emailed a PDF Copy on 2/27/2019.

Insp ID #:946

Provider: Christopher Ryan Seidensticker
PS Septic Supply & Service

Technician: Christopher Ryan Seidensticker
PS Septic Supply & Service

License #: MP0001708

License #: MP0001708

Expires: 9/1/2023

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

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

Permit #: 107941

To: Cheryl Fischer
552 COPPER CREST
New Braunfels, TX 78132

Tech. Not Assigned
 Brand/Mfg MAXX AIR
 System S/N
 Aerator and S/N.

Contract 10/24/2018 - 10/24/2021
 Inspections per year: 3
 Service Due: 6/24/2019
 Alt Phone:
 Warranty Ending

Site: 552 COPPER CREST, New Braunfels
 Agency: Comal County
 County:
 Subdivision: Copper Ridge

Installed:
 Phone:
 Cell: (972) 467-7910
 Work:

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 6 ✓
 2 0 ✓
 3 0 ✓

Test Results and observations: (As Required)

Fecal Coliform: _____
 Chlorine Residual: _____ .32 ✓
 Test Method: _____ CLAS
 BOD: _____
 TSS: _____
 Commercial Lab: _____
 Date Submitted: _____

Repairs made: Y / N

Repairs and Comments:

Swim 0 ✓

Inspector: _____ Date: _____

Area: / 0
 GPS: 29.740870 -98.2655 ID = 676

Printed 6/11/2019

552 COPPER CREST, New Braunfels

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

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

Permit #: 107941

To: Cheryl Fischer
552 COPPER CREST
New Braunfels, TX 78132

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

Contract: 10/24/2018 - 10/24/2021
 Inspections per year: 3
 Service Due: 10/24/2019
 Alt Phone:
 Warranty Ending:

Site: 552 COPPER CREST, New Braunfels
 Agency: Comal County
 County:
 Subdivision: Copper Ridge

Installed:
 Phone:
 Cell: (972) 467-7910
 Work:

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

| Item | Operational | Inoperative | N/A | | |
|--|-------------|-------------|-------|---|----|
| Aerator: | _____ | _____ | ✓ | 1 | 18 |
| Irrigation pump: | ✓ | _____ | _____ | 2 | 6 |
| Air compressor: | ✓ | _____ | _____ | | |
| Disinfection device: | _____ | _____ | _____ | | |
| Chlorine supply: | ✓ | _____ | _____ | 3 | 4 |
| Spray field vegetation: | ✓ | _____ | _____ | | |
| Sprinkler / Drip backwash: | ✓ | _____ | _____ | | |
| Photocell Test: | _____ | _____ | ✓ | | |
| Autodialer: | _____ | _____ | ✓ | | |
| Water Meter Reading: _____ CFM: _____ PSI: _____ | | | | | |

Test Results and observations: (As Required)

Fecal Coliform: _____
 Chlorine Residual: _____ 17
 Test Method: _____ CRMB
 BOD: _____
 TSS: _____
 Commercial Lab: _____
 Date Submitted: _____

Repairs made: Y / N

Repairs and Comments:

Swim 1'

Inspector: _____ Date: _____

Area: / 0
 GPS: 29.740870 -98.2655 ID = 676

Printed: 10/15/2019

552 COPPER CREST, New Braunfels

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

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

Permit #: 107941

To: Cheryl Fischer
552 COPPER CREST
New Braunfels, TX 78132

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

Contract: 10/24/2018 - 10/24/2021

Site: 552 COPPER CREST, New Braunfels
 Agency: Comal County
 County:
 Subdivision: Copper Ridge

Installed:
 Phone:
 Cell: (972) 467-7910
 Work:

Inspections per year: 3
 Service Due: 2/24/2020
 Alt Phone:
 Warranty Ending:

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

| Item | Operational | Inoperative | N/A | | | |
|----------------------------|-------------------------------------|--------------------------|-------------------------------------|----|----|--------|
| Aerator: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #1 | 6" | 0 Scan |
| Irrigation pump: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Air compressor: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #2 | 1" | |
| Disinfection device: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Chlorine supply: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #3 | 0" | |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| Autodialer: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Water Meter Reading: | CFM: _____ | PSI: _____ | | | | |

Test Results and observations: (As Required)

Fecal Coliform: _____
 Chlorine Residual: 0.12
 Test Method: dip
 BOD: _____
 TSS: _____
 Commercial Lab: _____
 Date Submitted: _____

Repairs made: Y / W

Repairs and Comments:

Inspector: _____ Date: _____

ES

Area: / 0
 GPS: 29.740870 -98.2655 ID = 676

Printed: 2/10/2020

552 COPPER CREST, New Braunfels

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

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

Permit #: 107941

To: **Cheryl Fischer**
552 COPPER CREST
New Braunfels, TX 78132

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

Contract: 10/24/2018 - 10/24/2021
 Inspections per year: 3
 Service Due: 2/24/2020
 Alt Phone:
 Warranty Ending:

Site: 552 COPPER CREST, New Braunfels
 Agency: Comal County
 County:
 Subdivision: Copper Ridge

Installed:
 Phone:
 Cell: (972) 467-7910
 Work:

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

| Item | Operational | Inoperative | N/A | | | |
|----------------------------|-------------------------------------|--------------------------|-------------------------------------|----|----|--------|
| Aerator: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #1 | 6" | 0 Scan |
| Irrigation pump: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Air compressor: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #2 | 1" | |
| Disinfection device: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Chlorine supply: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #3 | 0" | |
| 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"/> | | | |
| Autodialer: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Water Meter Reading: | CFM: _____ | PSI: _____ | | | | |

Test Results and observations: (As Required)

Fecal Coliform: _____
 Chlorine Residual: 0.12
 Test Method: dip
 BOD: _____
 TSS: _____
 Commercial Lab: _____
 Date Submitted: _____

Repairs made: Y /

Repairs and Comments:

Inspector: _____ Date: _____

ES

Area: / 0
 GPS: 29.740870 -98 2655 ID = 676

Printed 2/10/2020

552 COPPER CREST, New Braunfels

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

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

Permit #: 107941

To: Cheryl Fischer
552 COPPER CREST
New Braunfels, TX 78132

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

Site 552 COPPER CREST, New Braunfels
 Agency Comal County
 County:
 Subdivision: Copper Ridge

Installed
 Phone:
 Cell. (972) 467-7910
 Work:

Contract: 10/24/2018 - 10/24/2021
 Inspections per year: 3
 Service Due 6/24/2020
 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: _____ | _____ |

skelge 1 - 12"
 2 - 0"
 3 - 0"

Test Results and observations: (As Required)

Fecal Coliform: _____
 Chlorine Residual: _____ *.01* _____
 Test Method: _____
 BOD: _____
 TSS: _____
 Commercial Lab: _____
 Date Submitted: _____

Repairs made: Y / N

Repairs and Comments: _____
Scum 1

Inspector: _____

Date: _____

Area: / 0
 GPS: 29.740870 -98.2655 ID = 676

Printed 6/24/2020

552 COPPER CREST, New Braunfels

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

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

To: Cheryl Fischer
552 COPPER CREST
New Braunfels, TX 78132

Printed: 10/16/2020
Site: 552 COPPER CREST
New Braunfels, TX 78132

Permit #: **107941**

Agency: Comal County
County:

Sub: Copper Ridge

Customer ID: 676

Contract Dates: 10/24/2018 - 10/24/2021

Scheduled Date: 10/24/2020

Inspection 6 of 9

Mfg / Brand: - MAXX AIR

Treatment Type: Aerobic

Disposal: Surface Application

GPS Coordinates - Latitude: 29.740870 Longitude: -98.265585

Service Type: Scheduled Inspection

Visit Date: 10/16/2020

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: 0.3

Sludge Levels

For Tank 1: 0

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: 1/2" - Technician Secured the Tank Lid and/or Riser prior to leaving location.

Service Completed

Owner signature: _____

Insp ID #: 6220

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: Cheryl Fischer
552 COPPER CREST
New Braunfels, TX 78132

Printed: 3/8/2021
Site: 552 COPPER CREST
New Braunfels, TX 78132

Permit #: **107941**

Agency: Comal County

County:

Mfg / Brand: - MAXX AIR

Treatment Type: Aerobic

Disposal: Surface Application

Sub: Copper Ridge

Customer ID: 676

Contract Dates: 10/24/2018 - 10/24/2021

Scheduled Date 2/24/2021

Inspection 7 of 9

GPS Coordinates - Latitude: 29.740870 Longitude: -98.265585

Service Type: Scheduled Inspection

This counts as a type of "Scheduled Inspection"

Visit Date: 3/5/2021

Entered By: _

Method: Grab

Technician: Nick Zigalo

Maint. Provider: Ryan Seidensticker

Aerators: Operational

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Supply: Operational

Chlorine Residual: 0.04

Sludge Levels

For Tank 1: 9

For Tank 3: 1

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:0" - Technician Secured the Tank Lid and/or Riser prior to leaving location.

Service Completed

Owner signature: _____

Insp ID #: 8306

Provider: Christopher Ryan Seidensticker
PS Septic Supply & Service

License Info: MP0001708 Expires:

License Info: MT0002016 Expires: 12/31/2023

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

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

To: Cheryl Fischer
552 COPPER CREST
New Braunfels, TX 78132

Printed: 6/1/2021
Site: 552 COPPER CREST
New Braunfels, TX 78132

Permit #: **107941**

Agency: Comal County

County:

Mfg / Brand: - MAXX AIR

Treatment Type: Aerobic

Disposal: Surface Application

Sub: Copper Ridge

Customer ID: 676

Contract Dates: 10/24/2018 - 10/24/2021

Scheduled Date 6/24/2021

Inspection 8 of 9

GPS Coordinates - Latitude: 29.740870 Longitude: -98.265585

Service Type: Scheduled Inspection

Visit Date: 5/28/2021

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: 0.10

Sludge Levels

For Tank 1: 10

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: N/A D.G - Technician Secured the Tank Lid and/or Riser prior to leaving location.

Service Completed

Owner signature: _____

Insp ID #: 9958

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: Cheryl Fischer
552 COPPER CREST
New Braunfels, TX 78132

Printed:10/14/2021
Site: 552 COPPER CREST
New Braunfels, TX 78132

Permit #: **107941** Customer ID: 676
Agency: Comal County Contract Dates: 10/24/2018 - 10/24/2021
County: Sub: Copper Ridge Scheduled Date: 10/24/2021 Inspection 9 of 9
Mfg / Brand: - MAXX AIR
Treatment Type: Aerobic
Disposal: Surface Application GPS Coordinates - Latitude: 29.740870 Longitude: -98.265585

Service Type: Scheduled Inspection

This counts as a type of "Scheduled Inspection"

Visit Date: 10/14/2021

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: 0.16mg/L

Sludge Levels
For Tank 1: 11
For Tank 2: 5
For Tank 3: 1

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

Insp ID #:12284

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: Cathy Fischer
552 COPPER CREST
New Braunfels, TX 78132

Printed:3/11/2022
Site: 552 Copper Crest
New Braunfels, TX 78132

Permit #: **107941** Customer ID: 676
Agency: Comal County Contract Dates: 11/9/2021 - 11/9/2022
County: Sub: Copper Ridge Scheduled Date: 3/9/2022 Inspection 1 of 3
Mfg / Brand: - MAXX AIR
Treatment Type: Aerobic
Disposal: Surface Application GPS Coordinates - Latitude: 29.740870 Longitude: -98.265585

Service Type: Scheduled Inspection

This counts as a type of "Scheduled Inspection"

Visit Date: 3/11/2022

Entered By: _

Method: Grab

Copy emailed to Customer
Customer Emailed: 3/11/2022

Technician: Not Assigned

Maint. Provider: Ryan Seidensticker

Chlorine Residual: NA

Comments

Service Completed

unable to reach homeowner to complete inspection, please contact our office to schedule an inspection - Copy emailed to the customer on 3/11/2022.

Insp ID #:16119

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: Cathy Fischer
552 COPPER CREST
New Braunfels, TX 78132

Printed:7/15/2022
Site: 552 Copper Crest
New Braunfels, TX 78132

Permit #: **107941** Customer ID: 676
Agency: Comal County Contract Dates: 11/9/2021 - 11/9/2022
County: Sub: Copper Ridge Scheduled Date: 11/9/2022 Inspection 3 of 3
Mfg / Brand: - MAXX AIR
Treatment Type: Aerobic
Disposal: Surface Application GPS Coordinates - Latitude: 29.740870 Longitude: -98.265585

Service Type: Scheduled Inspection

This counts as a type of "Scheduled Inspection"

Visit Date: 7/14/2022

Entered By: Michelle Irvin

Method: Grab

Technician: Not Assigned

Maint. Provider: Ryan Seidensticker

Aerators: Operational
Filters: Operational
Irrigation Pumps: Operational
Disinfection Device: Operational
Chlorine Supply: Operational
Chlorine Residual: .21

Sludge Levels
For Tank 1: 6
For Tank 3: 4

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 = 0" - Technician Secured the Tank Lid and/or Riser prior to leaving location.

Service Completed

Insp ID #:19473

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: 11/7/2022 Insp ID #: 22589

Permit #: **107941**

To: Cathy Fischer
552 Copper Crest
New Braunfels, TX 78132

Main Phone:
Work:
Cell Phone: (972) 467-7910
Alt Cell:

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

Customer ID: 676
Contract Dates: 11/9/2021 - 11/9/2022
Scheduled Date: 11/9/2022 Inspection 4 of 3
Installed: 10/24/2018
Warranty End: 10/24/2021
GPS Coordinates: Latitude: 29.740870 Longitude: -98.265585

Service Type: Scheduled Inspection

This counts as a type of "Scheduled Inspection"

Visit Date: 11/4/2022

Entered By: Ashley Spitzenberger

Method: Grab

Copy emailed to Customer

Customer Emailed: 11/7/2022

Technician: Not Assigned

Maint. Provider: Ryan Seidensticker

Aerators: Operational

Sludge Levels

Filters: Operational

For Tank 1: 10

Irrigation Pumps: Operational

For Tank 2: NA

Disinfection Device: Operational

Chlorine Supply: Operational

Chlorine Residual: .01

Electric Circuits: Operational

Tank Lid / Riser: Secured

Distribution System: Operational

Insp. Port / Plug: Secured

Sprayfield Veg: Operational

Alarm: Operational

Service Completed

Comments

- Scum on pretreatment 1 - Red switch secure - 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 11/7/2022.

Site: 552 Copper Crest, New Braunfels, TX 78132

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

License Info: MP0001708 Expires: