



COMAL COUNTY
ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: **10/25/2019** Permit Number: **108042**

Location Description: 361 PAINTBRUSH PATH
NEW BRAUNFELS, TX 78132

Subdivision: Riverforest
Unit: 1
Lot: 45
Block: A
Acreage:

Type of System: Aerobic
Surface Irrigation

Issued to: Michael W. Mott

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

 **OS8497**
ENVIRONMENTAL HEALTH INSPECTOR

 **OS007722**
ENVIRONMENTAL HEALTH COORDINATOR

0500000243

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Bates OSSF Installer #: ~~0500000243~~

1st Inspection Date: 5.1.19 2nd Inspection Date: 6-20-19 **FAIL** 3rd Inspection Date: 10/25/19

Inspector Name: Andrew B. Inspector Name: Connor Inspector Name: Mike T.

Permit #: 108042 Address: 361 Fairbairn Path

Item	Code	Notes	1st Insp.	2nd Insp.	3rd Insp.
1. SEWER PIPE CONNECTIONS & JOINTS: Check size and Soil Conditions consistent with Subsurface Plumbing Materials	285.30(a)(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)		✓		10/25/19
2. SEWER PIPE CONNECTIONS & JOINTS: Check depth and Slope of Subsurface Plumbing Materials	285.31(10) 285.30(b)(4) 285.33(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 specified) TCEQ Approved List PRETREATMENT Paper Tank(s) Meet Minimum Requirements	285.32(b)(1)(G) 285.32(b)(1)(F)(iii) 285.32(b)(1)(F)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(i) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(ii) 285.32(b)(1)(E)(i)				
7. PRETREATMENT Grease Interceptors if required for commercial	285.34(d)				

5.1.19
Tank level, set, op.
no leaks. Cover all.

6-20-19 JC Cover rocks spray area
tested M.B.
MT-10/25/19
Rocks covered
in spray.

**Comal County Environmental Health
OSSF Inspection Sheet**

	Answer	Citation	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)(iv)(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		<i>Clear</i>			
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number		<i>Solar Air</i>			
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)(4) 285.33(a)(1) 285.33(a)(2)				

**Comal County Environmental Health
OSSF Inspection Sheet**

	Item	Plumber	Chapters	Notes	1st Insp.	2nd Insp.	3rd Insp.
19			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 Disposal		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 Modulated		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 is 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 manufacturer's 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**

	Inspection	Answer	Challenges	Notes	Est Insp.	2nd Insp.	Final 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>		285.33(b)(1)					10/25/19
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>							
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>							
39	<p>PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried</p>							

**Comal County Environmental Health
OSSF Inspection Sheet**

	Access	Closures	Notes	Sat Temp.	Wind Temp.	Wind Speed
40 APPLICATION AREA Low Angle Weather Wind / Pressure is as recorded APPLICATION AREA Acceptable Area within 10 ft of applicator nozzle? APPLICATION AREA The Landscape Plan is as Designed	✓	285.33(d)(1)(G)(I) 285.33(d)(2)(G)(I) 285.33(d)(2)(G)(II) 285.33(d)(2)(G)(III) 285.33(d)(2)(G)(IV) 285.33(d)(2)(G)(V) 285.33(d)(2)(G)(VI) 285.33(d)(2)(G)(VII) 285.33(d)(2)(G)(VIII)	Remove trees within 10 ft.	✓		10/20/14
41 APPLICATION AREA Area Installed	✓	285.33(d)(1)(G)(I) 285.33(d)(2)(G)(I) 285.33(d)(2)(G)(F)		✓		
42 PUMP TANK Meets Minimum Reserve Capacity Requirements						
43 PUMP TANK Material Type & Manufacturer						
44 PUMP TANK Type/Size of Pump Installed						

*Cover rocks spray area
tested Mike*

0500000243

Mike
Randy

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Batum OSSF Installer #: ~~0500000243~~

1st Inspection Date: 5.1.19 2nd Inspection Date: 6-20-19 FAIL 3rd Inspection Date: _____

Inspector Name: Andrea B. Inspector Name: Connor Inspector Name: _____

Permit#: 108042 Address: 361 Paintbrush Path

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)		✓		
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)				

5.1.19
Tank level, set, op.
no leaks. Check all.

6-20-19 JC
Cover rocks spray areas
tested M.B.

**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			<i>Clear</i>			
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number			<i>Solar Air</i>			
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)(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)(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)				
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.
	<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>				
32	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.		285.32(c)(1)				
33	AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided						
34	AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions						
35	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place						
36	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump						
37	PUMP TANK Inspection/Clean Out Port & Risers Provided						
38	PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions						
39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?		285.33(d)(2)(G)(iii)(ii)285.33(d)(2)(G)(iii)(iii)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(i)				
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed		285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)	Remove trees within 10 ft.			
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						

*Cover rocks spray area
texted Mike*

Mike
~~Randy~~

Comal County Environmental Health
 OSSF Inspection Sheet

050000243

Installer Name: Batal OSSF Installer #: ~~050000243~~

1st Inspection Date: 5.1.19 2nd Inspection Date: _____ 3rd Inspection Date: _____





Inspector Name: Alexia B. Inspector Name: _____ Inspector Name: _____

Permit#: 108042 Address: 361 Paintbrush Path

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)		/		
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)				

5.1.19
 Tank level, set, op.
 no leaks. Check all.

**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			<i>Clear</i>			
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number			<i>Solar Air</i>			
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**

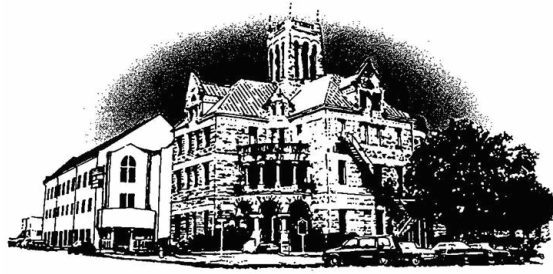
No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
19	DISPOSAL SYSTEM Drip Irrigation		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
22	DISPOSAL 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)				
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)				
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>						
39	<p>PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried</p>						

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?		285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(iii)(III)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)				
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed		285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)	Renew trees min 10 ft.			
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: 108042
Issued This Date: 09/06/2018
This permit is hereby given to: Michael W. Mott

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

361 PAINTBRUSH PATH
NEW BRAUNFELS, TX 78132

Subdivision: Riverforest
Unit: 1
Lot: 45
Block: A
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

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COUNTY ENGINEER

108042
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

08/21/18
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 16, 2018

Permit # 108042

Owner Name MICHAEL W MOTT
Mailing Address 1925 OLD FM 306 # 1620
City, State, Zip NEW BRAUNFELS TEXAS 78130
Phone# 502-294-2400
Email mwmott50@gmail.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 RIVERFOREST Unit/Phase/Section 1 Lot 45 Block A

Acreage/Legal

Street Name/Address 361 PAINTBRUSH PATH City NEW BRAUNFELS Zip 78132

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Type of Development:

[X] Single Family Residential

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

Number of Bedrooms 5

Indicate Sq Ft of Living Area 4000

[] 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: \$ 650,000 (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.

X Signature of Owner

Date 8/26/18

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

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) SOLAR AIR SA600LP 778PT Absorption/Application Area (Sq Ft) 6433

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)

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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.)) COUNTY ENGINEER

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

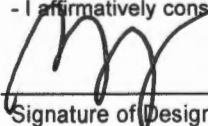
If yes, indicate the city: _____



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 of Designer

August 22, 2018
Date

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

August 22, 2018

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

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RE- SEPTIC DESIGN
361 PAINTBRUSH PATH
RIVERFOREST, UNIT 1, BLOCK A, LOT 45
NEW BRAUNFELS, TX 78132
MOTT RESIDENCE

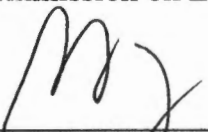
COMMUNICATIONS SECTION

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 29, 2016).

 08/22/18

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



AFFIDAVIT



201806033559 08/27/2018 11:55:23 AM 1/1

**THE COUNTY OF COMAL
STATE OF TEXAS**

VCS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

RECEIVED

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 29 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.

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):

1 UNIT/PHASE/SECTION A BLOCK 45 LOT RIVERFOREST SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY _____

The property is owned by (insert owner's full name): MICHAEL W. MOTT

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 22 DAY OF AUGUST, 2018

X [Signature]
Owner(s) signature(s)

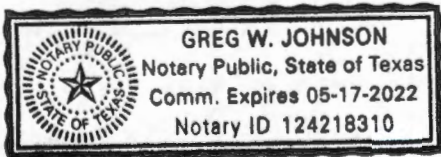
MICHAEL W. MOTT
Owner (s) Printed name (s)

MICHAEL W. MOTT
AUGUST, 2018

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 22 DAY OF

[Signature]
Notary Public Signature

THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY



(Notary Seal Here)

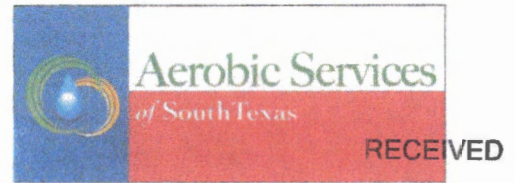
Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
08/27/2018 11:55:23 AM
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Bobbie Koepf

Batey
Johnson
8-27-18

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



AUG 29 2018

Routine Maintenance and Inspection Agreement

General

COUNTY ENGINEER

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between MICHAEL W. MOTT (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.

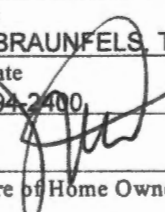
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Legal Description: RIVERFOREST, UNIT 1, BLOCK A, LOT 45

Property Address: 361 PAINTBRUSH PATH

HOME OWNER

SERVICE PROVIDER COUNTY ENGINEER

MICHAEL W. MOTT
Name
361 PAINTBRUSH PATH
Address
NEW BRAUNFELS, TX 78132
City, State
502-294-2400
Phone

Signature of Home Owner

Aerobic Services of South Texas Inc.
Name
15188 FM 306
Address
Canyon Lake, Texas 78133
City, State
(830) 964-2365
Phone
OS0024597/MP349
Thomas Hampton
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: August 21, 2018

Site Location: RIVERFOREST, UNIT 1, BLOCK "A", LOT 45

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.

COUNTY ENGINEER

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

08/21/18
Date

OSSF SOIL EVALUATION REPORT INFORMATION

Date: August 22, 2018

Applicant Information:

Name: MICHAEL W. MOTT
Address: 1925 OLD F.M. 306 APT. 1620
City: NEW BRAUNFELS State: TEXAS
Zip Code: 78130 Phone: (502) 294-2400

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 45 Unit 1 Blk A Subd. RIVERFOREST
Street Address: 361 PAINTBRUSH PATH
City: NEW BRAUNFELS Zip Code: 78132
Additional Info.: _____

Installer Information:

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

Topography: Slope within proposed disposal area: 6 %
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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COUNTY ENGINEER

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = _____ GPD _____

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

Number of Bedrooms the septic system is sized for: 5 Total sq. ft. living area 4000

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

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

Trash Tank Size 376 Gal.

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

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

Application Area Utilized = 6433 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 = 778 Gal. 18.75 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.

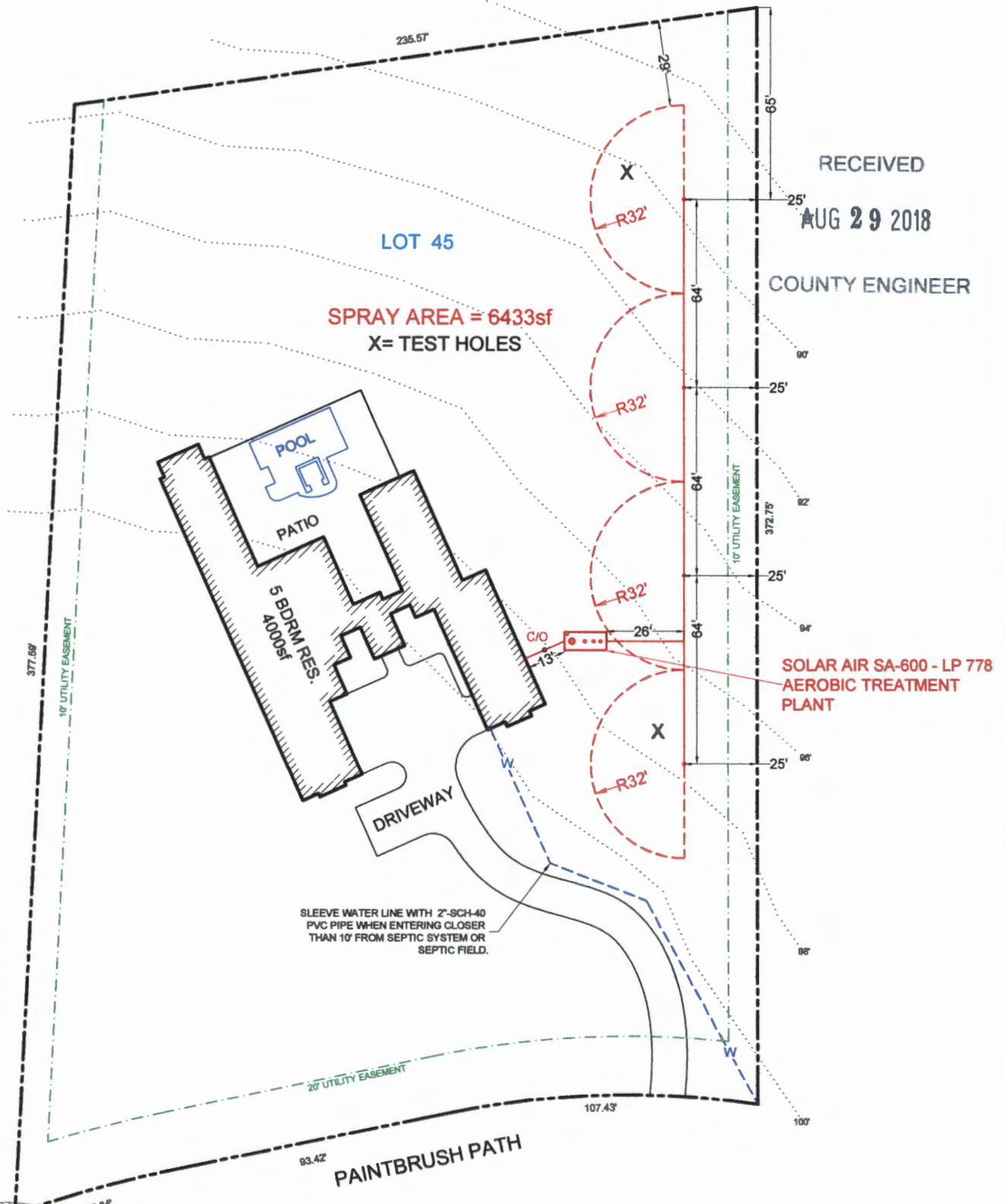
I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY (EFFECTIVE DECEMBER 29, 2016)


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

08/22/18
DATE



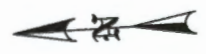
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AUG 29 2018
COUNTY ENGINEER



OWNER: MICHAEL W. MOTT		DRAWN BY: EJS III		
STREET ADDRESS: 361 PAINTBRUSH PATH				
LEGAL DESC: RIVERFOREST	UNIT/SECTION/PHASE: 1	BLOCK: A	LOT: 45	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 8/22/2018	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.

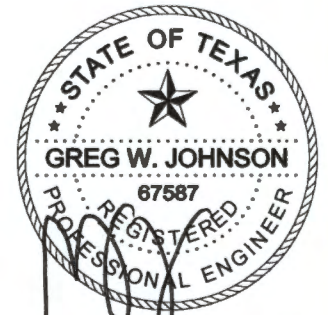
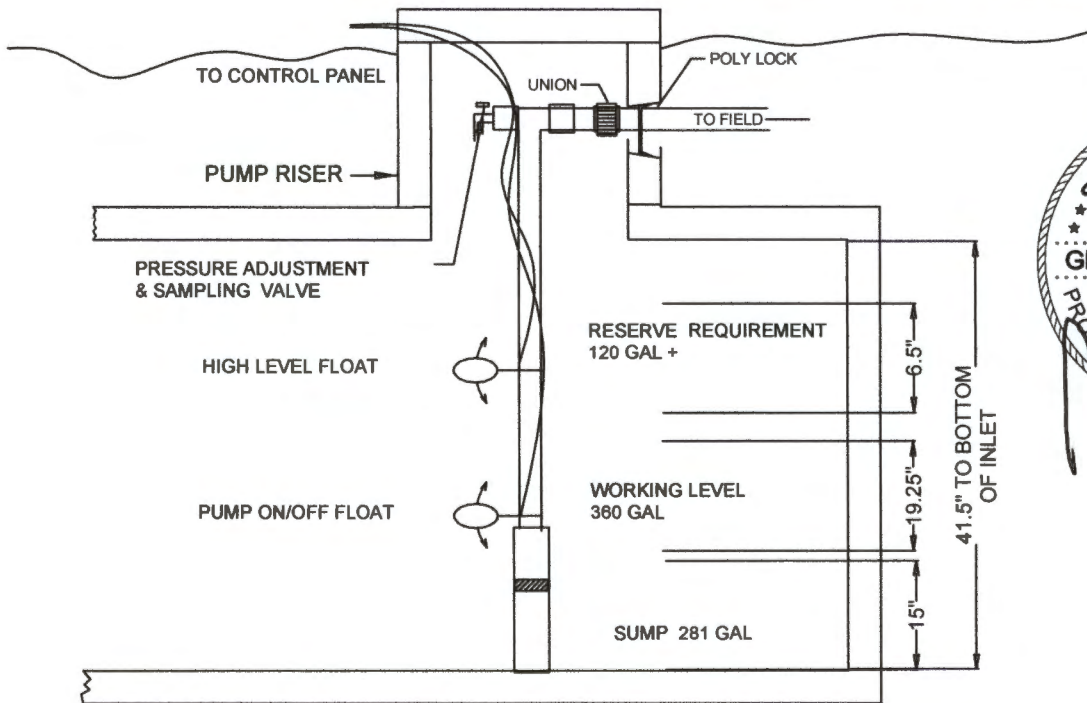
A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

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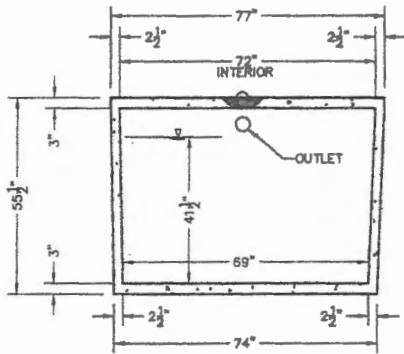
COUNTY ENGINEER

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

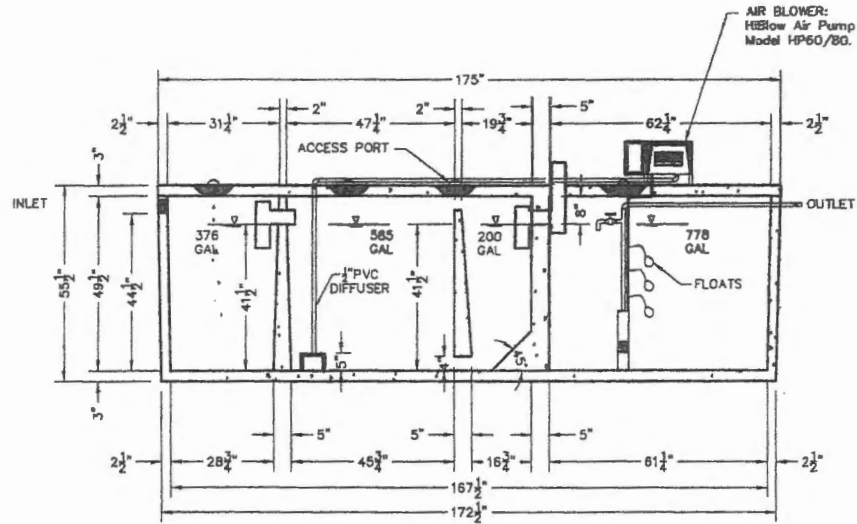


F#2585
08/22/18

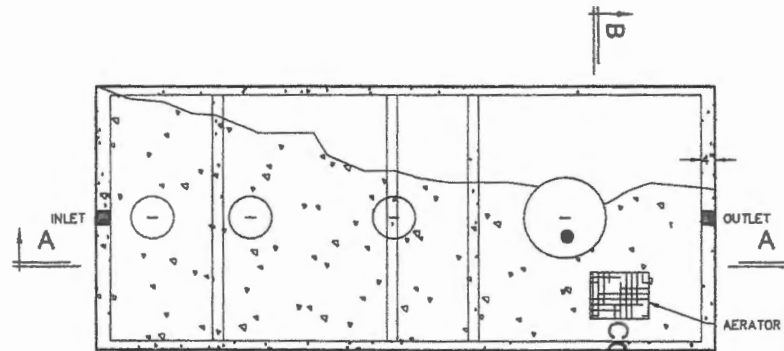
TYPICAL PUMP TANK CONFIGURATION SOLAR-AIR SA-600 LP 778 GAL PUMP TANK



SECTION B-B



SECTION A-A



PLAN VIEW



*08/21/18
FZSB*

COUNTY ENGINEER

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AUG 29 2018

DESIGNER: EMD	PROJECT NO.	DATE: DEC 2018
DRAWN: ESC	SCALE: 3/8" = 1'-0"	SHEET: SA-3
CHECKED: EMD	BY	DATE
SOLAR AEROBIC 6754 HWY 90 EAST LAKE CHARLES, LA 70615 PHONE: (504) 488-0080		
MODEL BASED SEWER TREATMENT SYSTEM		



424



RECEIVED
AUG 29 2018
COUNTY ENGINEER

78132 MOUNTAIN LAUREL ESTATES

RIVER PLACE AT GRUENE

GRUENE RIVER ON THE GUADALUPE

RIVER OREST

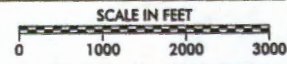
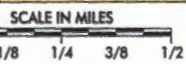
RIADA

PREISS HEIGHTS

Gruene

NEW BRAUNFELS

78130



New Braunfels Title Co.
G.F.# 087252 SF

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.

RECEIVED

AUG 29 2018

GENERAL WARRANTY DEED

THE STATE OF TEXAS

§

KNOW ALL MEN BY THESE PRESENTS:

COUNTY ENGINEER

COUNTY OF COMAL

§

THAT PETER TIAN and wife, JIE ZHOU, hereinafter called Grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) cash and other good and valuable consideration in hand paid by MICHAEL W. MOTT, a single person, hereinafter called Grantee, the receipt and sufficiency of which is hereby acknowledged;

HAS GRANTED, SOLD and CONVEYED, and by these presents does GRANT, SELL and CONVEY unto the said Grantee the following described property situated in Comal County, Texas, to-wit:

Lot 45, Block "A", RIVERFOREST UNIT ONE, a subdivision in Comal County, Texas according to the map or plat thereof, recorded in Volume 12, Page 370, of the Map and Plat Records of Comal County, Texas.

This conveyance is made subject to, all and singular, the restrictions, conditions, easements and covenants, if any, applicable to and enforceable against the above described property as reflected by the records of the County Clerk of Comal County, Texas.

Taxes for the current year have been prorated and are thereafter assumed by Grantee.

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, executors, administrators, successors, or assigns forever.

Grantor does hereby bind Grantor, Grantor's heirs, executors, administrators, and successors to warrant and forever defend, all and singular, the said premises unto the said Grantee, Grantee's heirs, executors, administrators, successors, and assigns against

any person whomsoever claiming or to claim the same or any part thereof by through or under me but not otherwise.

DATED this the 24 day of July, 2018.

RECEIVED

AUG 29 2018

Peter Tian
PETER TIAN

COUNTY ENGINEER

Jie Zhou
JIE ZHOU

STATE OF TEXAS
COUNTY OF Harris

This instrument was acknowledged before me on this the 24 day of July, 2018, by PETER TIAN and wife, JIE ZHOU.

Jessica T Mai
Notary Public in and for the State of Texas

Grantee's Mailing Address:

1925 Old FM 306 Apt 16120
NEW Braunfels TX 78130



9374.DEEDS
New Braunfels Title Co (SF)
GF 87252NBT

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
07/26/2018 10:55:26 AM
LAURA 2 Pages(s)
201806029105



Bobbie Koepp

South Texas Wastewater Treatment
PO Box 1284
Boerne, TX 78006

Phone: (830) 249-8098

bruce@stwastewater.com

To: Michael W & Janet H Sheffey
2323 Occidente
New Braunfels, TX 78132

Printed: 10/30/2019
Site: 2323 Occidente
New Braunfels, TX 78132

Permit #: **108052**

Customer ID: 6948

Agency: Comal County Environmental

Contract Dates: 2/21/2019 - 2/21/2021

County: Comal

Sub: Vintage Oaks @ the Vineyard 16

Scheduled Date: 10/21/2019

Inspection 2 of 6

Mfg / Brand: Jet, Inc. - J-750- 2 yr

Aerator: J-750

Installed: 2/21/2019

Treatment Type: Aerobic

Aerator S/N: JAN1900075

Warranty End: 2/21/2020

Disposal: Surface Application

Service Type: Scheduled Inspection

This counts as a type of "Scheduled Inspection"

Visit Date: 10/28/2019

Time In: 4:27

Out: 4:49

Entered By: Lynn

Method: Grab

Technician: Todd Caron - MT0001158

Maint. Provider: R. Bruce Cobabe

Aerators: Operational

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Supply: Operational

Chlorine Residual: 2.5

Added Chlorine Amount: 12

Tank Lid / Riser: Secured

Electric Circuits: Operational

Distribution System: Operational

Sprayfield Veg: Operational

Alarm: Operational

Comments

Serviced

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

Service Completed

Insp ID #485 929

Provider: R. Bruce Cobabe
R. Bruce Cobabe



License #: MP0000572

Expires: 11/30/2020

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

Phone: (830) 312-8776

Printed: 1/28/2020

AerobicSolutions.net
Permit #: 108042

To: Michael Mott
361 Paintbrush Path
New Braunfels, TX 78132

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

Contract: 10/25/2019 - 10/25/2021

Inspections per year: 3

Service Due: 2/25/2020

Alt Phone:

Site: 361 Paintbrush Path, New Braunfels

Agency: Comal County Environmental Health

County: Comal

Subdivision: Riverforest

Phone: (502) 294-2400

Cell:

Work:

SCHEDULED

Inspection Type: INSPECTION Inspection # 1 of 6 for the contract year
BRAND OF SEPTIC SYSTEM _____

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

Test Results and observations: (As Required)

Chlorine Residual: P.4

Test Method: Grub

BOD: _____

TSS: _____

Tank Lids Secured YES

Repairs made: Y N

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

Repairs and Comments: Set timer

Inspector: [Signature]

Date: 2-28-20

Area: / 0

GPS:

ID = 631

Appointment

361 Paintbrush Path, New Braunfels

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

Phone: (830) 312-8776

Printed: 5/29/2020

AerobicSolutions.net
Permit #: 108042

To: **Michael Mott**
361 Paintbrush Path
New Braunfels, TX 78132

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

Contract: 10/25/2019 - 10/25/2021
inspections per year: 3
Service Due: 6/25/2020
Alt Phone:

Site: 361 Paintbrush Path, New Braunfels
Agency: Comal County Environmental Health
County: Comal
Subdivision: Riverforest

Phone: (502) 294-2400
Cell:
Work:

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

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

Test Results and observations: (As Required)

Chlorine Residual: 0.4
Test Method: grab
BOD: _____
TSS: _____
Tank Lids Secured: Yes
Repairs made: Y/N
Sludge Levels: Tank 1: N/A Tank 2: 2-1 Tank 3: 2-1

Repairs and Comments: Good

Inspector: _____ Date: 7-2-20

GATE CODE 1135

Area: /0
GPS: ID = 631

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

Phone: (830) 312-8776

Printed: 10/27/2020

AerobicSolutions.net

Permit #: 108042

To: **Michael Mott**
361 Paintbrush Path
New Braunfels, TX 78132

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

Contract: 10/25/2019 - 10/25/2021
Inspections per year: 3
Service Due: 11/15/2020
Alt Phone:

Site: 361 Paintbrush Path, New Braunfels
Agency: Comal County, Environmental Health
County: Comal
Subdivision: Riverforest

Phone: (502) 294-2400
Cell:
Work:

**SCHEDULED
INSPECTION**

Inspection Type: _____ Inspection # 3 of 6 for the contract year
BRAND OF SEPTIC SYSTEM _____

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

Test Results and observations: (As Required)

Chlorine Residual: _____ 0.2

Test Method: _____ Grab

BOD: _____

TSS: _____

Tank Lids Secured _____ YES

Repairs made: Y/N (N)

Sludge Levels: Tank 1: N/A Tank 2: 0" Tank 3: 5"

Repairs and Comments:

Inspector: _____ Date: 11-19-20

GATE CODE 1135

Area: / 0
GPS: ID = 631

361 Paintbrush Path, New Braunfels

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

Phone: (830) 312-8776

Printed: 3/1/2021

AerobicSolutions.net
Permit #: 108042

To: **Michael Mott**
361 Paintbrush Path
New Braunfels, TX 78132

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

Site: 361 Paintbrush Path, New Braunfels

Contract: 10/25/2019 - 10/25/2021
Inspections per year: 3
Service Due: 3/15/2021
Alt Phone:

Agency: Comal County Environmental Health
County: Comal
Subdivision: Riverforest

Phone: (502) 294-2400
Cell:
Work:

**SCHEDULED
INSPECTION**

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

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

Test Results and observations: (As Required)

Chlorine Residual: _____

Test Method: Grab

BOD: _____

TSS: _____

Tank Lids Secured Yes

Repairs made: Y/N _____

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

Repairs and Comments:

Inspector: [Signature]

Date: 5/20/21

GATE CODE 1135

Area: / 0
GPS:

ID = 631

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

Phone: (830) 312-8776

Printed: 8/25/2021

AerobicSolutions.net
Permit #: 108042

To: Michael Mott
361 Paintbrush Path
New Braunfels, TX 78132

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

Contract: 10/25/2019 - 10/25/2021
 Inspections per year: 3
 Service Due: 9/15/2021
 Alt Phone:

Site: 361 Paintbrush Path, New Braunfels
 Agency: Comal County Environmental Health
 County: Comal
 Subdivision: Riverforest

Phone: (502) 294-2400
 Cell:
 Work:

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

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

Test Results and observations: (As Required)

Chlorine Residual: 0.5

Test Method: grab

BOD: _____

TSS: _____

Tank Lids Secured yes

Repairs made: 0/1

Sludge Levels: Tank 1: N/A Tank 2: 2"-4" Tank 3: 3"-4"

Repairs and Comments:

replaced flow valve inside chlorinator.

Inspector: Logan Date: 10/5

GATE CODE 1135

3162

Area: / 0
 GPS:

ID = 631

361 Paintbrush Path, New Braunfels

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

Phone: (830) 312-8776

Printed: 8/25/2021

AerobicSolutions.net
Permit #: 108042

To: **Michael Mott**
361 Paintbrush Path
New Braunfels, TX 78132

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

Contract: 10/25/2019 - 10/25/2021
 Inspections per year: 3
 Service Due: 9/15/2021
 Alt Phone:

Site: 361 Paintbrush Path, New Braunfels
 Agency: Comal County Environmental Health
 County: Comal
 Subdivision: Riverforest

Phone: (502) 294-2400
 Cell:
 Work:

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

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

Test Results and observations: (As Required)

Chlorine Residual: 0.5

Test Method: grab

BOD: _____

TSS: _____

Tank Lids Secured yes

Repairs made: 0/1

Sludge Levels: Tank 1: N/A Tank 2: 2"-4" Tank 3: 3"-4"

Repairs and Comments:

replaced flow valve inside chlorinator.

Inspector: Logan Date: 10/5

GATE CODE 1135

3162

Area: / 0
 GPS:

ID = 631

361 Paintbrush Path, New Braunfels

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

Phone: (830) 312-8776

AerobicSolutions.net office@aerobicsolutions.net

Customer ID

631

Contract Period

Start Date: 2/28/2022

End Date: 2/28/2023

(502) 294-2400

Email: mwmott50@gmail.com

Permit #: 108042

To: **Michael Mott**
361 Paintbrush Path
New Braunfels, TX 78132

Site: 361 Paintbrush Path, New Braunfels, TX 78132

County: Comal

Installer: Mike Batey

Agency: Comal County Environmental Health

Mfg/Brand: -SOLAR AIRE-

Aerobic Maintenance Solution LLC

3 visits per year - one every 4 months

Agreement

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

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

Contractor or Client, if choosing to terminate the contract, must give the other and the local regulatory Agency written notice after Thirty (30) Days prior to the ending of the Contract.

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

1. In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three times per year. Contractor **does not** provide chlorine. Client is solely responsible for maintaining the chlorine in the chlorinator at all times.
2. Contractor will provide a weather proof tag on the control panel containing company name, phone number and inspection dates.
3. Contractor will do inspections 3 times a year, every 4 months.
4. Contractor will report all findings to the appropriate regulatory and authority and to the Client, as required by both the State's On-Site rules and the local Agency's rules. All findings must be reported to local Agency's within 14 days, email is acceptable.
5. The contractor's inspection will include the following; Effluent Quality (Color, Turbidity, overflow and Odor), Alarm Function Filters, Operation of Effluent Pump and Chlorine Availability in the Chlorinator, (BOD and TSS Annually on Commercial Accounts, Client is responsible for charges for test)
6. Contractor will respond to client calls and complaints, regarding visual or audible alarms, suspicious conditions and or problems that might confront the Client within 48 hours, excluding weekend and holidays. The Contractor will maintain a 24 hour answering service at 830-312-8776. The unscheduled responses may be billed to the client at govt rate.

V. Clients Responsibilities:

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

VI. Contractor will schedule with client, dates to perform the above described Services of repairs. If Contractor is not able to access the site on the date of appointment, a charge of \$75.00 will be billed if the inspection for repairs is not able to be completed and are required to be scheduled on another date. The contractor requires access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of evaluation of system and equipment as required by the manufacturer and /or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client an additional service at a rate of \$50.00 per hour plus materials billed at list process. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement only covers the Services described herein. This fee does not cover equipment or labor supplied for non-warranty repairs or for charges for unscheduled Client, request trips to the Client's site of pumping of the OSSF. Payments not received within 10 days from the date will be subject to a \$30.00 late penalty and or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees. And all cost of collection incurred by contractor in collection of any unpaid debt. Invoice due when service is completed. Contract fee is \$ 215.00

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

Client
 Print Name: Michael Mott Signature: [Signature] Date: 3/10/22
 Client Phone number Home _____ Work _____ Cell 502-294-2400
 Email Address mmott50@gmail.com
 Any Gate or Combo code for inspections 3162

Contractor Aerobic Maintenance Solutions LLC:

MP Signature: James H. Seibler Date: 3/18/2022
 MP NUMBER MP 0000996

Date Printed: 3/17/2022

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

Phone: (830) 312-8776

Printed: 5/26/2022

AerobicSolutions.net
Permit #: 108042

To: **Michael Mott**
361 Paintbrush Path
New Braunfels, TX 78132

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

Site: 361 Paintbrush Path, New Braunfels

Contract: 2/28/2022 - 2/28/2023

Agency: Comal County Environmental Health
 County: Comal

Phone: (502) 294-2400

Inspections per year: 3

Service Due: 6/28/2022

Subdivision: Riverforest

**SCHEDULED
 INSPECTION**

Cell:
 Work:

Alt Phone:

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

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

Test Results and observations: (As Required)

Chlorine Residual: 0.5

Test Method: grab

BOD: _____

TSS: _____

Tank Lids Secured YES

Repairs made: Y/N

Sludge Levels: Tank 1: N/A Tank 2: 4 Tank 3: 4

Repairs and Comments:

Inspector: Legan Date: 6/10

GATE CODE 3162

Area: / 0
 GPS:

ID = 631

361 Paintbrush Path, New Braunfels

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

Phone: (830) 312-8776

sherie@gatcotreatment.com office@aerobicsolutions.net

Permit #: 108042

To: Michael Mott
361 Paintbrush Path
New Braunfels, TX 78132

Contract Period

Start Date: 2/18/2023

End Date: 2/18/2024

Customer ID: 631

Main Phone: (502) 294-2400

Cell Phones:

Alternate Cell:

Email: mwmott50@gmail.com

Aerobic Maintenance Solution LLC

Subdivision: Riverforest

3 visits per year - one every 4 months

Site: 361 Paintbrush Path, New Braunfels, TX 78132

County: Comal

Installer: Mike Batey

Agency: Comal County Environmental Health

Mfg/Brand: -SOLAR AIRE-

Agreement

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2. Contractor will provide a weather proof tag on the control panel containing company name, phone number and inspection dates.
3. Contractor will do inspections 3 times a year, every 4 months.
4. Contractor will report all findings to the appropriate regulatory and authority and to the Client, as required by both the State's On-Site rules and the local Agency's rules. All findings must be reported to local Agency's within 14 days, email is acceptable.
5. The contractor's inspection will include the following; Effluent Quality (Color, Turbidity, overflow and Odor), Alarm Function Filters, Operation of Effluent Pump and Chlorine Availability in the Chlorinator, (BOD and TSS Annually on Commercial Accounts, Client is responsible for charges for test)
6. Contractor will respond to client calls and complaints, regarding visual or audible alarms, suspicious conditions and or problems that might confront the Client within 48 hours, excluding weekend and holidays. The Contractor will maintain a 24 hour answering service at 830-312-8776. The unscheduled responses may be billed to the client at going rate.

V. Clients Responsibilities:

1. Maintain Chlorinator and Proper Chlorine supply, if OSSF is equipped with.
2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
3. Immediately notify the Contractor of any alarms of problems with, including failure of the OSSF.
4. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor at Clients own expense.
5. Upon receiving a written notification of services needed from the Contractor, it becomes the Client's responsibility to contact the Contractor to authorize the service.
6. Contractor will not be responsible for any warranty work; Client must contact the Installer for Warranty Problems.
7. Not allow the backwash from water treatment of water conditioning equipment to enter the OSSF.
8. Maintain site drainage to prevent adverse effects on OSSF.

9. Promptly and fully pay Contractor's Bills, Fees or invoices as described herein.

VI. Contractor will schedule with client, dates to perform the above described Services of repairs. If Contractor is not able to access the site on the date of appointment, a charge of \$75.00 will be billed if the inspection for repairs is not able to be completed and are required to be scheduled on another date. The contractor requires access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of evaluation of system and equipment as required by the manufacturer and /or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client an additional service at a rate of \$68.50 per hour plus materials billed at list process. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement only covers the Services described herein. This fee does not cover equipment or labor supplied for non-warranty repairs or for charges for unscheduled Client, request trips to the Client's site of pumping of the OSSF. Payments not received within 30 days from the date will be subject to a \$30.00 late penalty and or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees. All cost of collection incurred by contractor in collection of any unpaid debt. By signing this contract, the Client is authorizing the Contractor to remove any parts which were installed but not paid for at the end of 30 days. The Client is still responsible for any labor costs associated with the installation and removal of said parts. Invoice due when service is completed. Contract fee is \$ 275.00.

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

Client
Print Name: Michael Mott Signature: [Signature] Date: 2/19/23

Client Phone number Home — Work — Cell 502-294-2400

Email Address MWMott50@gmail.com

Any Gate or Combo code for inspections 3162

Contractor Aerobic Maintenance Solutions LLC
MP Signature: James H. Sichel Date 2/25/2023
MP NUMBER MP 0000996

Date Printed: 2/18/2023

2/18/2023

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

Printed: 1/30/2023

Phone: (830) 312-8776

sherrie@gatcotreatment.com
Permit #: 108042

To: Michael Mott
361 Paintbrush Path
New Braunfels, TX 78132

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

Contract: 2/28/2022 - 2/28/2023
 Inspections per year: 3
 Service Due: **2/28/2023**
 Alt Cell:

Site: 361 Paintbrush Path, New Braunfels

Agency: Comal County Environmental Health

County: Comal

Subdivision: Riverforest

Main Phone: (502) 294-2400

Cell:

Work:

SCHEDULED INSPECTION

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

Item	Operational	Inoperative	N/A
Control Panel:	<input checked="" type="checkbox"/>	_____	_____
Irrigation pump:	<input checked="" type="checkbox"/>	_____	_____
Aerator / Air Compressor:	<input checked="" type="checkbox"/>	_____	_____
Disinfection device:	<input checked="" type="checkbox"/>	_____	_____
Vegetation field:	<input checked="" type="checkbox"/>	_____	_____
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	_____	_____

Test Results and observations: (As Required)

Air Pressure: CFM / (PS)	Spray: <u>1.6</u>	Air Pressure: CFM / PSI	Drip: _____
Cleaned Air Filter:	<u>0</u> / N	Cleaned Air Filter:	Y / N
Chlorine Residual:	<u>.4</u>	Water Pressure: N/A	_____
Test Method: <u>Grab</u> / BOD / TSS		System Flushed:	Y / N
Color/Odor: <u>Clear/odorless</u>		Color/Odor:	_____
		Drip Filter Cleaned:	Y / N

Tank Lids Secured: / N Repairs Made: Y / Pump Filter Cleaned: Y / Pumping Required: Y /

Sludge Levels: Tank 2: 0" Tank 3: 2"

Repairs and Comments: Reset timer. Replaced service tag.

Inspector: Wes Magley

Date: 2/17/23 2:30pm

GATE CODE 3162

Area: / 0
 GPS:

ID = 631

Printed: 1/30/2023

CALL FIRST

361 Paintbrush Path, New Braunfels, TX 78132

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

Printed: 09/30/2022

Phone: (830) 312-8776

sherrie@gatcotreatment.com

Permit #: 108042

To: **Michael Mott**
361 Paintbrush Path
New Braunfels, TX 78132

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

Contract: 02/28/2022 - 02/28/2023

Inspections per year: 3

Service Due: 10/28/2022

Alt Cell:

Site: 361 Paintbrush Path, New Braunfels

Agency: Comal County Environmental Health

County: Comal

Subdivision: Riverforest

Main Phone: (502) 294-2400

Cell:

Work:

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

Item	Operational	Inoperative	N/A
Aerator:	_____	_____	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	_____	_____
Air compressor:	<input checked="" type="checkbox"/>	_____	_____
Disinfection device:	<input checked="" type="checkbox"/>	_____	_____
Chlorine supply:	<input checked="" type="checkbox"/>	_____	_____
Spray field vegetation:	<input checked="" type="checkbox"/>	_____	_____
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	_____	_____
Photocell Test:	_____	_____	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>83</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.2

Test Method: grab

BOD: _____

TSS: _____

Tank Lids Secured yes

Repairs made: Replaced Spray Head

Sludge Levels: 0/100 Tank 1: N/A Tank 2: 4 Tank 3: 4

Repairs and Comments: _____

Inspector: Legan Date: 10/4

GATE CODE 3162

Area: / 0

GPS:

ID = 631

Printed: 09/30/2022

CALL FIRST

361 Paintbrush Path, New Braunfels, TX 78132

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

Phone: (830) 312-8776

Printed: 1/25/2022

AerobicSolutions.net
Permit #: 108042

To: Michael Mott
361 Paintbrush Path
New Braunfels, TX 78132

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

Site: 361 Paintbrush Path, New Braunfels
 Agency: Comal County Environmental Health
 County: Comal
 Subdivision: Riverforest

Contract: 10/25/2019 - 2/28/2022
 Inspections per year: 3
 Service Due: 2/21/2022
 Alt Phone:

Phone: (502) 294-2400
 Cell:
 Work:

**SCHEDULED
 INSPECTION**

Inspection Type: _____ Inspection # 6 of 6 for the contract year
 BRAND OF SEPTIC SYSTEM _____

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

Test Results and observations: (As Required)

Chlorine Residual: 0.5

Test Method: gab

BOD: _____

TSS: _____

Tank Lids Secured: yes

Repairs made: Y/N

Sludge Levels: Tank 1: N/A Tank 2: 6-7 Tank 3: 2-3

Repairs and Comments:

Inspector: Legan

Date: 2/25

GATE CODE 3162

Area: / 0
 GPS:

ID = 631

Luna Environmental

4222 FM 482
New Braunfels, TX 78132

(830) 312-8776

sherrie@lunaenvironmental.com

Printed:8/8/2023

Permit: 108042

Site: 361 Paintbrush Path, New Braunfels, TX 78132

Main Phone: 5022942400

Michael Mott
361 Paintbrush Path
New Braunfels, TX 78132

Agency: Comal County Environmental Health
County: Comal
Subdivision: Riverforest

System Info: MFG: Brand: SOLAR AIRE

Customer ID: 631

Treatment Type: Aerobic

Disposal Type: Surface Application

Insp ID: 31060

Visit Details

Visit Date: 8/3/2023

Entered By: Nicole Loria

GPS Lat: 29.75155 GPS Long: -98.11679

Scheduled Date: 6/17/2023

Contract Starts: 2/18/2023

Customer Emailed: 8/8/2023

Entered On: 8/8/2023

Contract Ends: 2/18/2024

Visit Results

Service Type: Scheduled Inspection

Count: Inspection 1 of 3

Method: Grab

License #

Expires

Provider: Luna Environmental, LLC

Service Completed

Aerators: Operational

Sludge Level Tank 1: 3

Filters: Operational

Sludge Level Tank 2: N/A

Irrigation Pumps: Operational

Sludge Level Tank 3: N/A

Disinfection Device: Operational

Chlorine Supply: Operational

Chlorine Residual: .4

Tank Lid / Riser: Secured

Insp. Port / Plug: Secured

Electric Circuits: Operational

Distribution System: Operational

Drip/Sprayfield Veg: Operational

Alarm: Operational

PSI Pressure: 2.0

Comments

- Scum on pretreatment 1 - Reset Timer - 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 8/8/2023.