

Comal County
OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 04/04/2019 Permit Number: 108043

Location Description: 1022 JURASSIC LN
SPRING BRANCH, TX 78070
Subdivision: The Crossing at Spring Creek
Unit: 1
Lot: 41
Block:
Acreage:

Type of System: Aerobic
Surface Irrigation

Issued to: Timothy & Deborah Sinks

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


ENVIRONMENTAL HEALTH INSPECTOR OS8497


ENVIRONMENTAL HEALTH COORDINATOR OS0025599

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: T. Ovila OSSF Installer #: _____

1st Inspection Date: 12-19-18 2nd Inspection Date: _____ 3rd Inspection Date: 4/4/19

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

Permit#: 108043 Address: Crossing @ Spring Creek 1022 Jurassic Lane

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)		/		4/4/19
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	/	285.91(10) 285.30(b)(4) 285.31(d)		/		
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	/	285.32(a)(1)		/		
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	/	285.32(a)(3)		/		
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	/	285.32(a)(5)		/		
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(I)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

tank set level no leaks operational cover

MT- 4/4/19

-Covered-

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(I) 285.32(b)(1)(E)(i) 285.32(b)(1)(D) 285.32(b)(1)(C)(iii) 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)		✓		4/4/19
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed	✓			✓		4/4/19
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		Munster 6006A	✓		1
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)	<i>aerobic spray</i>	✓		4/4/19
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)				

**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)		/		4/4/19
33	AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided	/			/		
	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	/			/		
34	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.	/					
35	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						
36	PUMP TANK Inspection/Clean Out Port & Risers Provided						
	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						
37	PUMP TANK Secondary restraint system provided						
38	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried	/			/		
39							

**Comal County Environmental Health
OSSF Inspection Sheet**

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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 Environmental Health OSSF Inspection Sheet

Installer Name: T. Ovila OSSF Installer #: _____

1st Inspection Date: 12-19-18 2nd Inspection Date: _____ 3rd Inspection Date: _____

Inspector Name: Common Inspector Name: _____ Inspector Name: _____

Permit#: 108043 Address: Crossing @ Spring Creek 1022 Jurassic Lane

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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)		/		
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tank set level no leaks operational cover

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15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		<i>Munster 600 GA</i>	✓		
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**Comal County Environmental Health
OSSF Inspection Sheet**

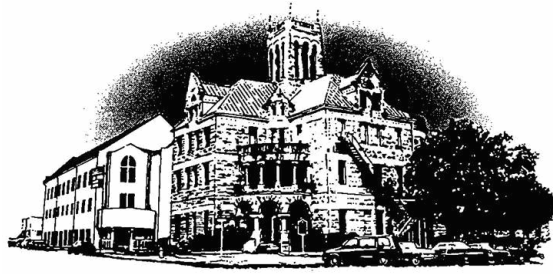
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36	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump						
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OSSF Inspection Sheet**

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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: 108043
Issued This Date: 09/07/2018
This permit is hereby given to: Timothy & Deborah Sinks

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

1022 JURASSIC LN
SPRING BRANCH, TX 78070

Subdivision: The Crossing at Spring Creek
Unit: 1
Lot: 41
Block:
Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

items Date Received	initials

RECEIVED

AUG 29 2018

COUNTY ENGINEER

108093
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

08/27/18

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 27, 2018

Permit # 108093

Owner Name TIMOTHY & DEBORAH M SINKS
Mailing Address 21615 ROAN BLUFF
City, State, Zip SAN ANTONIO TEXAS 78259
Phone# 210-508-5282
Email debbiesinks@ymail.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 THE CROSSING AT SPRING CREEK Unit/Phase/Section 1 Lot 41 Block

Acreage/Legal

Street Name/Address 1022 JURASSIC LANE City SPRING BRANCH Zip 78070

Type of Development:

[X] Single Family Residential

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

AUG 29 2018

Number of Bedrooms 4

Indicate Sq Ft of Living Area 3083

COUNTY ENGINEER

[] 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: \$ 450,000 (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 08/20/18

*** 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) NUWATER B-550-PC Absorption/Application Area (Sq Ft) 4825

Gallons Per Day (As Per TCEQ Table III) 300

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

RECEIVED

Is the property located over the Edwards Recharge Zone? [] Yes [X] No

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

AUG 29 2018

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

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

COUNTY ENGINEER

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? [X] Yes [] No

Is there an existing TCEQ approval CZP for the property? [X] 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 [X] 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 (Handwritten Signature)

Date August 27, 2018

5

AFFIDAVIT



201806033557 08/27/2018 11:55:21 AM 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 primary 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.

RECEIVED

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):

AUG 29 2018

1 UNIT PHASE/SECTION _____ BLOCK 41 LOT THE CROSSING AT SPRING CREEK SUBDIVISION COUNTY ENGINEER

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY

The property is owned by (insert owner's full name): TIMOTHY SINKS & DEBORAH M. SINKS

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 20 DAY OF August, 2018

Deborah M Sinks
Timothy Sinks
Owner(s) signature(s)

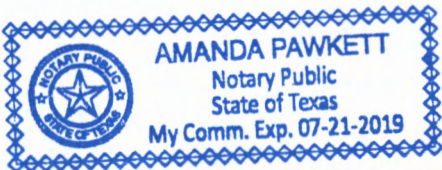
DEBORAH M SINKS
Timothy A. Sinks
Owner (s) Printed name (s)

Timothy Sinks & Deborah M. Sinks SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 18 DAY OF August, 2018

Amanda Pawkett
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
08/27/2018 11:55:21 AM
TERRI 1 Page(s)
201806033557



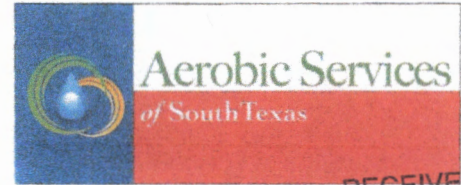
(Notary Seal Here)



Bobbie Koepf

D.R.
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

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between ^{COUNTY ENGINEER} TIMOTHY & DEBORAH M. SINKS (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: THE CROSSING AT SPRING CREEK, UNIT 1, LOT 41

AUG 29 2018

Property Address: 1022 JURASSIC LANE

COUNTY ENGINEER

HOME OWNER

SERVICE PROVIDER

TIMOTHY & DEBORAH M. SINKS

Aerobic Services of South Texas Inc.

Name
1022 JURASSIC LANE

Name
15188 FM 306

Address
SPRING BRANCH, TX 78070

Address
Canyon Lake, Texas 78133

City, State
210-508-5282

City, State
(830) 964 - 2365

Phone
[Signature]

Phone
OS0024597/MP349
Thomas Hampton

Signature of Home Owner

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.

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

February 11, 2018

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

RE- SEPTIC DESIGN
1022 JURASSIC LANE
THE CROSSING AT SPRING CREEK, UNIT 1, LOT 41
SPRING BRANCH, TX 78070
SINKS RESIDENCE

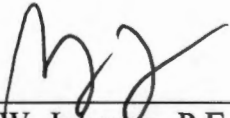
RECEIVED
AUG 29 2018
COUNTY ENGINEER

Ms. Brenda Ritzen/Sandra Hernandez,

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

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).

 02/11/18

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



REVISED

1:41 pm, Sep 07, 2018

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

November 7, 2018

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

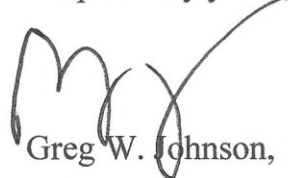
RE: Septic Design - #108043
1022 JURASSIC LANE
THE CROSSING AT SPRING CREEK, UNIT 1, LOT 41
SPRING BRANCH, TX 78070
SINKS RESIDENCE

Ms. Ritzen/Hernandez,

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

If I can be of further assistance please contact me.

Respectfully yours,



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



ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: February 09, 2018

Site Location: The CROSSING at SPRING CREEK, UNIT 1, LOT 41

Proposed Excavation Depth: N/A

Requirements:

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

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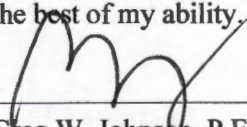
AUG 29 2018

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 @ 2"	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

02/09/18
Date

OSSF SOIL EVALUATION REPORT INFORMATION

Date: February 12, 2018

Applicant Information:

Name: TIMOTHY & DEBORAH M. SINKS
Address: 21615 ROAN BLUFF
City: SAN ANTONIO State: TEXAS
Zip Code: 78259 Phone: (210) 508-5282

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 41 Unit 1 Blk ____ Subd. The CROSSING at SPRING CREEK
Street Address: 1022 JURASSIC LANE
City: SPRING BRANCH Zip Code: 78070
Additional Info.: _____

Installer Information:

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

Topography: Slope within proposed disposal area: 1 to 2 %

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

AUG 29 2018

COUNTY ENGINEER

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = _____ GPD _____

Residential Water conserving fixtures to be utilized? Yes No _____

Number of Bedrooms the septic system is sized for: 4 Total sq. ft. living area 3083

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

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

Trash Tank Size 353 Gal.

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

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

Application Area Utilized = 4825 sq. ft.

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

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

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

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

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

With Chlorinator 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 27, 2012)


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

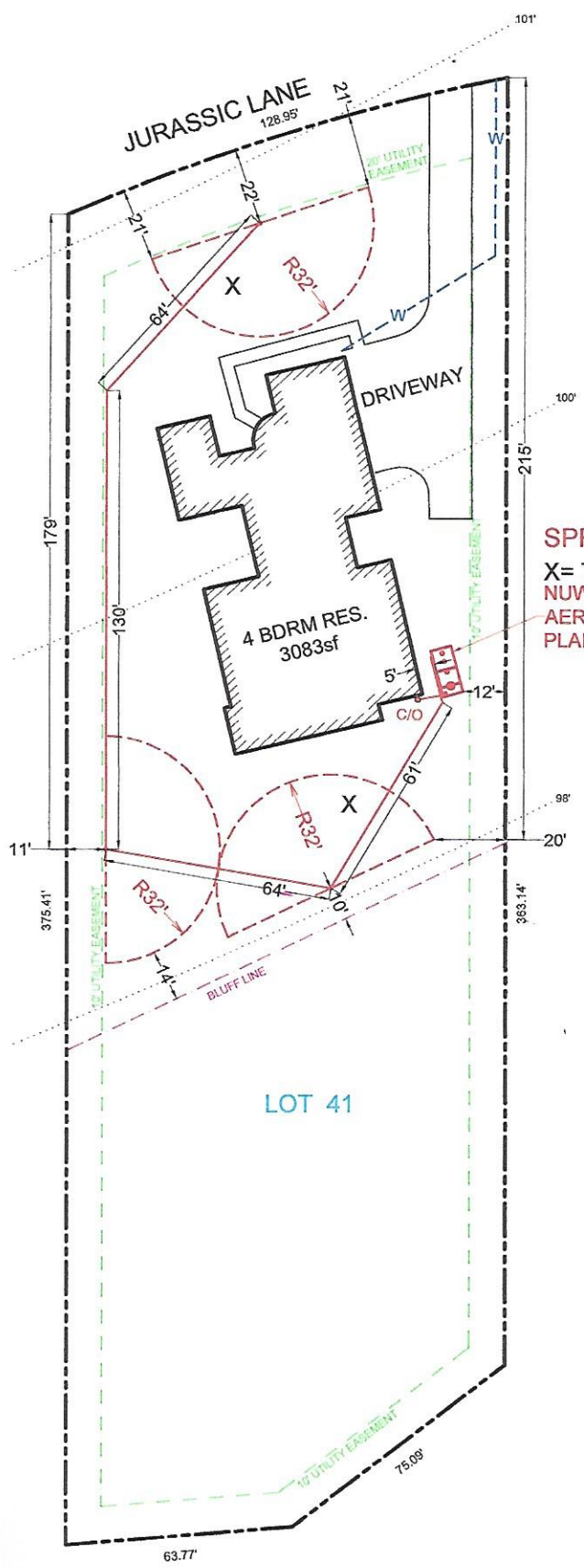
02/12/18
DATE



FIRM #2585

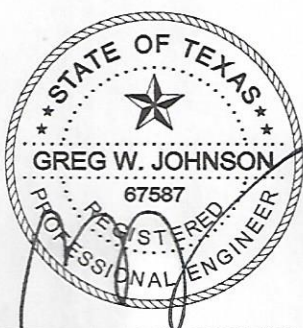
#108043

REVISED
8:38 am, Oct 10, 2018



SPRAY AREA = 4825sf
 X= TEST HOLES
 NUWATER B 550 PC
 AEROBIC TREATMENT PLANT

LOT 41



OWNER: TIMOTHY & DEBORAH M. SINKS		DRAWN BY: EJS III	
STREET ADDRESS: 1022 JURASSIC LANE			
LEGAL DESC: The CROSSING at SPRING CREEK	UNIT/SECTION/PHASE: 1	BLOCK:	LOT: 41
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 2/12/2018	REVISED: 10/8/2018

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.

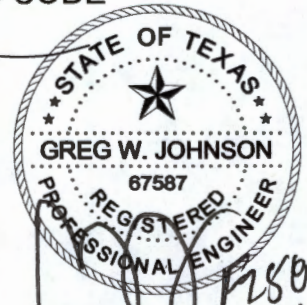
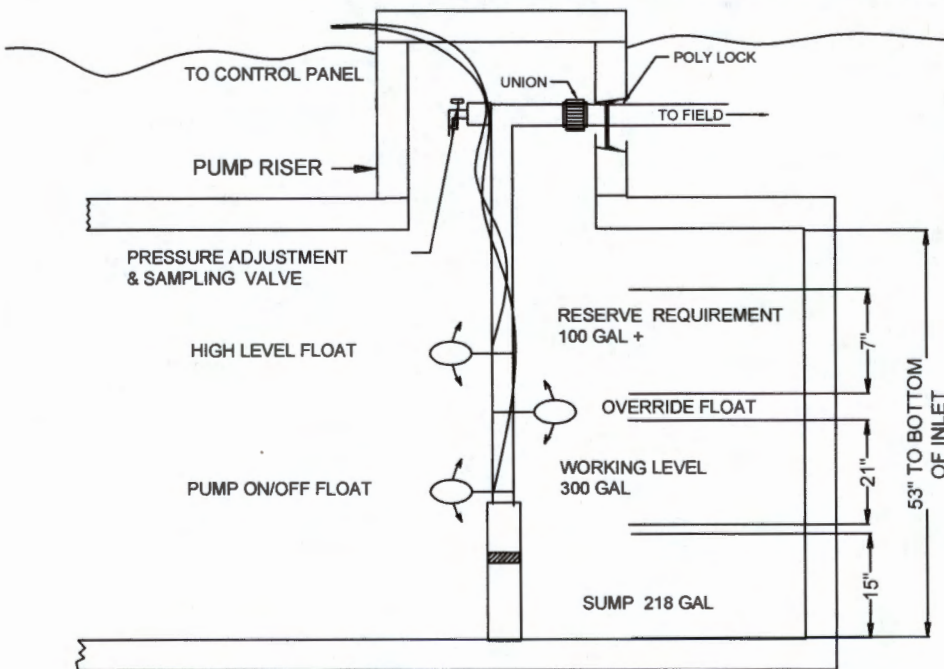
A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

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AUG 29 2018

COUNTY ENGINEER

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

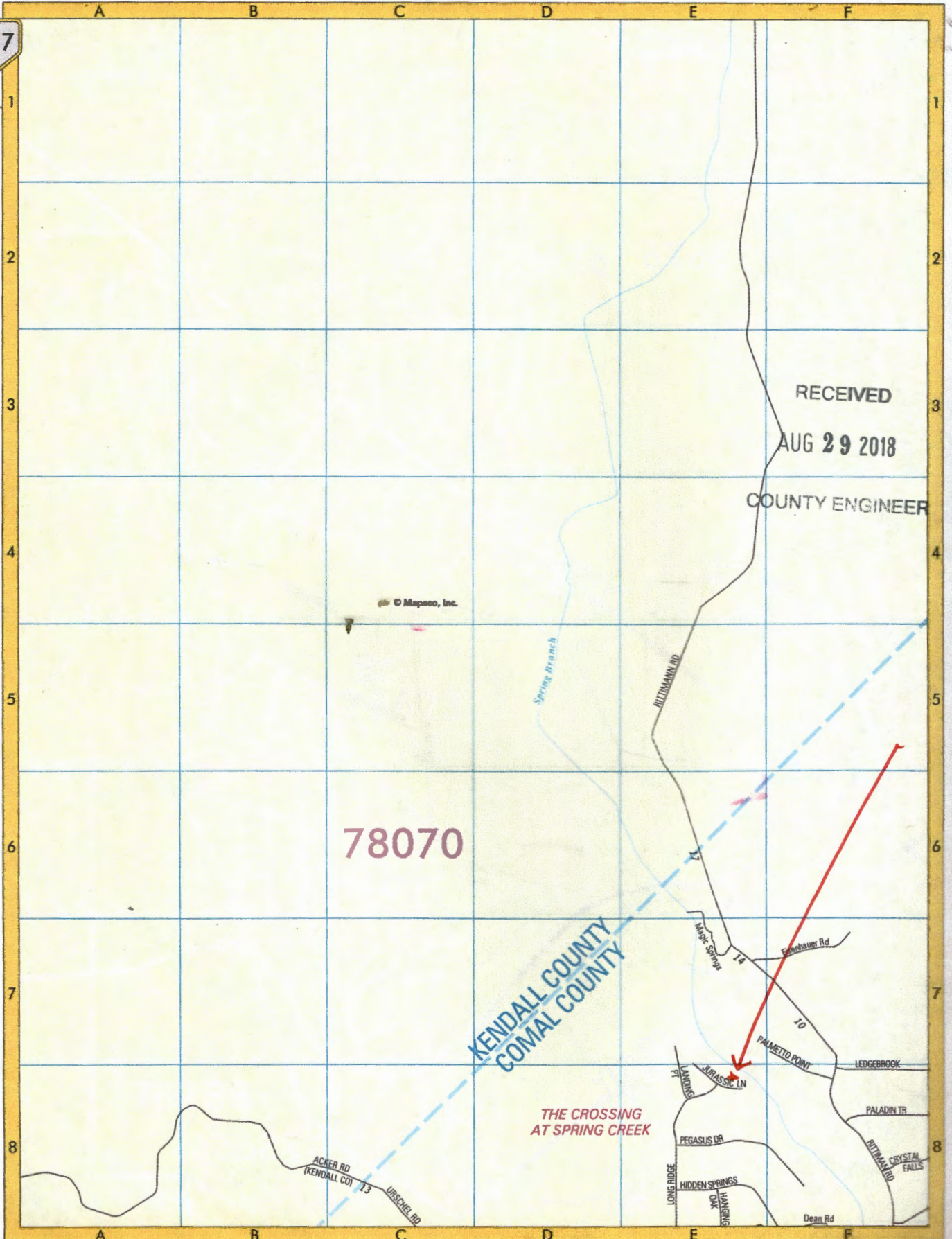


**TYPICAL PUMP TANK CONFIGURATION
NU-WATER 550PC -400PT 768 GAL PUMP TANK**

317



NOT MAPPED

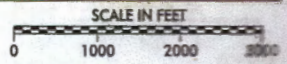
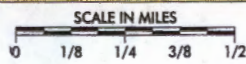


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AUG 29 2018
COUNTY ENGINEER

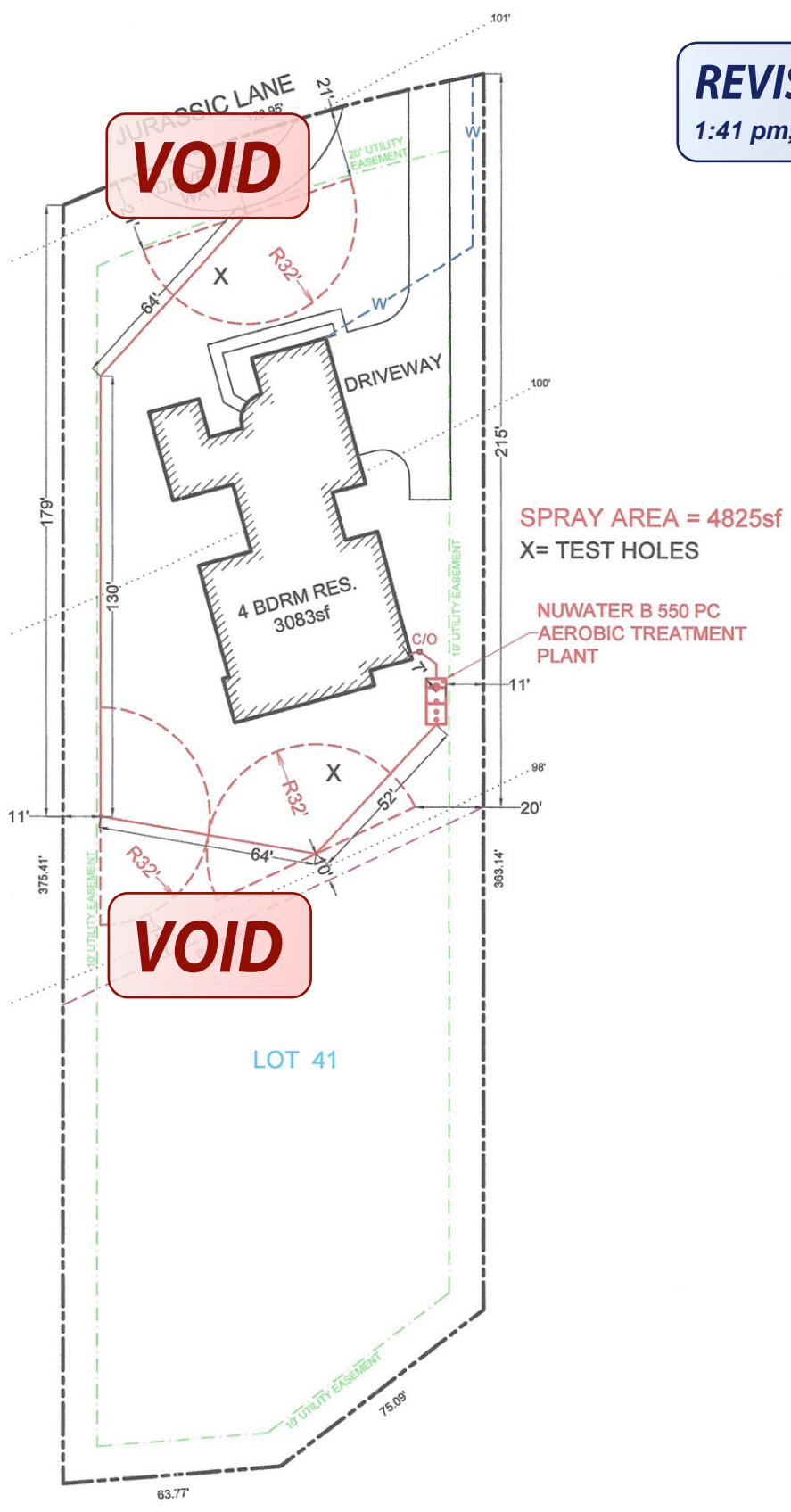
78070

KENDALL COUNTY
COMAL COUNTY

THE CROSSING
AT SPRING CREEK

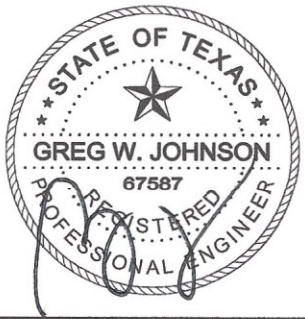


REVISED
1:41 pm, Sep 07, 2018



SPRAY AREA = 4825sf
X= TEST HOLES
NUWATER B 550 PC
AEROBIC TREATMENT
PLANT

LOT 41





OWNER: TIMOTHY & DEBORAH M. SINKS		DRAWN BY: EJS III	
STREET ADDRESS: 1022 JURASSIC LANE			
LEGAL DESC: The CROSSING at SPRING CREEK	UNIT/SECTION/PHASE: 1	BLOCK:	LOT: 41
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 2/12/2018	REVISED: 9/7/2018

From: Ritzen, Brenda
To: ["Greg Johnson"](#)
Subject: Permit 108043
Date: Wednesday, September 05, 2018 1:45:00 PM

Re: Timothy & Deborah M. Sinks
The Crossing at Spring Creek Unit 1 Lot 41
Application for Permit for Authorization to Construct an On-Site Sewage Facility

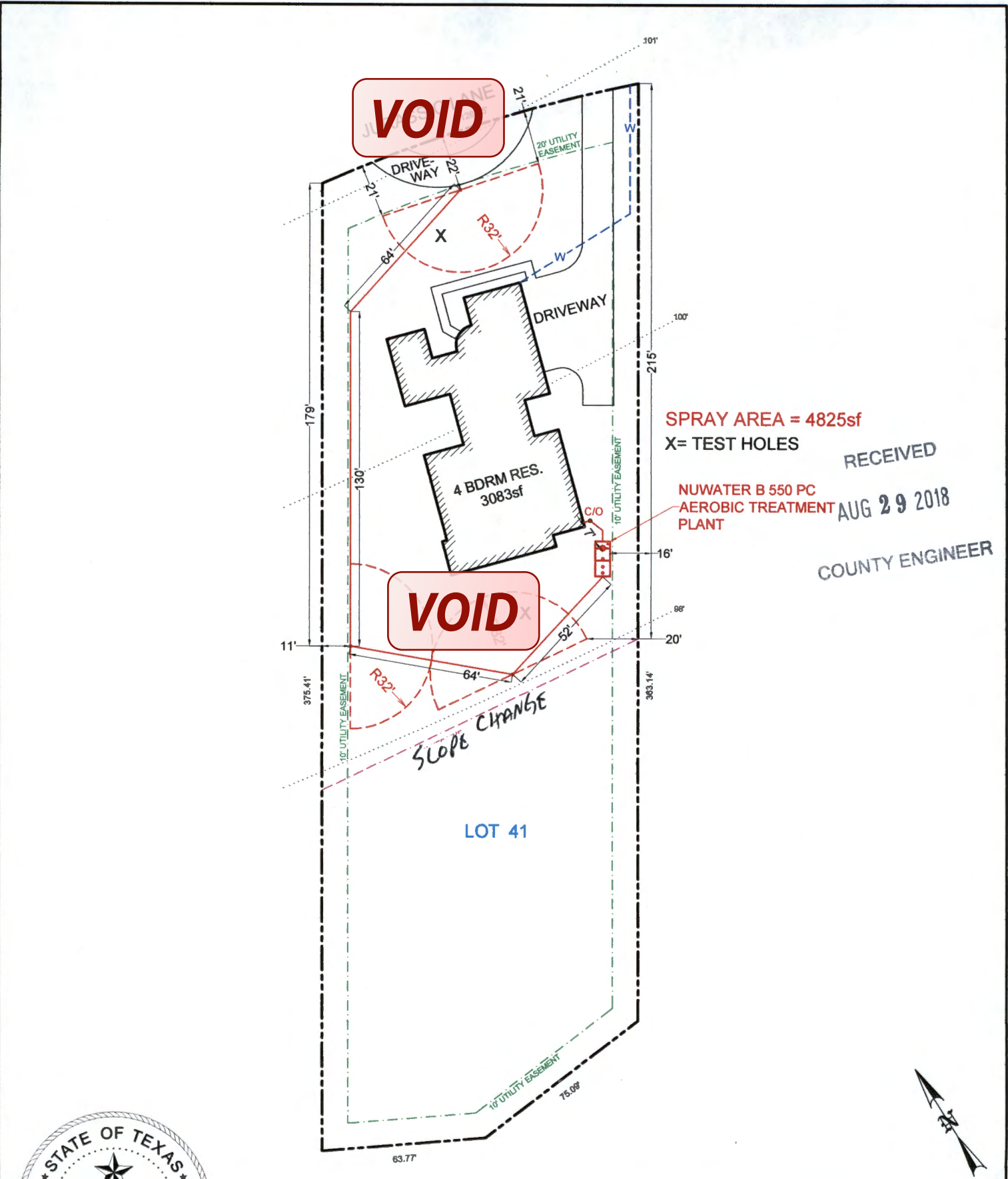
Greg,

The following information is needed before I can continue processing the referenced permit submittal:

1.  Maintain required 10 ft. setback from the property lines.
2.  Indicate the separation distance from the edge of the spray to the slope change.
3. Revise as needed and resubmit.

Thank you,

Brenda Ritzen, OS0007722
Environmental Health Coordinator
Comal County Engineers Office
195 David Jonas Drive
New Braunfels, Texas 78132
830-608-2090
www.cceo.org

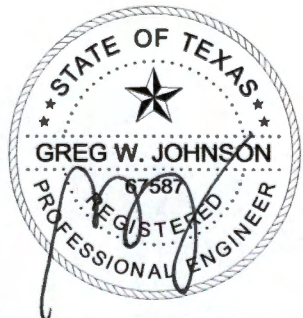


SPRAY AREA = 4825sf

X= TEST HOLES

NUWATER B 550 PC
AEROBIC TREATMENT
PLANT

RECEIVED
AUG 29 2018
COUNTY ENGINEER



OWNER: TIMOTHY & DEBORAH M. SINKS		DRAWN BY: EJS III	
STREET ADDRESS: 1022 JURASSIC LANE			
LEGAL DESC: The CROSSING at SPRING CREEK	UNIT/SECTION/PHASE: 1	BLOCK:	LOT: 41
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 2/12/2018	REVISED:



TTT/KSW 44056002 NE

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

GENERAL WARRANTY DEED

STATE OF TEXAS

§

KNOW ALL MEN BY THESE PRESENTS:

RECEIVED

COUNTY OF COMAL

§

AUG 29 2018

THAT VICKI L. RIEDEL, a single person, hereinafter called Grantor, for and in

consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) cash and other good COUNTY ENGINEER

and valuable consideration in hand paid by **TIMOTHY SINKS** and wife, **DEBORAH M.**

SINKS, 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 all of our undivided interest in and to the following described property situated in Comal County, Texas, to-wit:

Lot 41 of THE CROSSING AT SPRING CREEK UNIT ONE, a subdivision in Comal County, Texas, according to plat recorded in **Volume 15**, page(s) **246-254** 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.

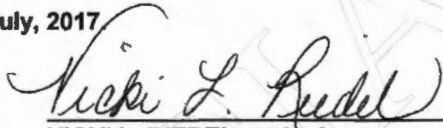
Taxes for the current year have been prorated and are thereafter assumed by Grantee.

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.

RECEIVED
AUG 29 2018
COUNTY ENGINEER

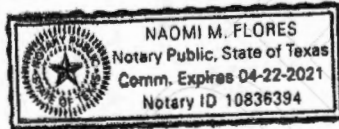
DATED this the 28 day of July, 2017

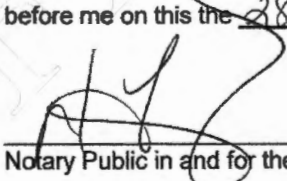

VICKI L. RIEDEL, a single person

STATE OF TEXAS
COUNTY OF COMAL

§
§

This instrument was acknowledged before me on this the 28 day of July, 2017, by VICKI L. RIEDEL, a single person.




Notary Public in and for the State of Texas

GRANTEE'S MAILING ADDRESS:

21615 Roan Bluff
San Antonio, TX 78259

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
08/01/2017 10:47:30 AM
LAURA 2 Pages(s)
201706036058

8437.deeds
Trinity Title Co. (NF)
GF #4656nb





Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



ENTERED

Phone: (830) 964-2365
 Fax: (830) 964-2659
 www.aerobicservices.com
Permit #: 108043

Printed: 6/25/2019

To: Timothy & Deborah Sinks
1022 Jurassic Lane
Spring Branch, TX 78070

Tech: Not Assigned
 Brand/Mfg.: Nu-W B 550PC -
 System S/N:
 Aerator and S/N:

Contract: 4/4/2019 - 4/4/2021
 Inspections per year: 3
 Service Due: 8/4/2019
 Alt Phone: 1

Agency: Comal County Environmental Health
 County: Comal
 Subdivision: The Crossing @ Spring Creek

Phone: (210) 508-5282
 Cell:
 Work:

Inspection Type: 3. Regular

Item	Operational	Inoperative	N/A
Aerator:	<u>1</u>	<u> </u>	<u> </u>
Irrigation pump:	<u>1</u>	<u> </u>	<u> </u>
Air compressor:	<u>1</u>	<u> </u>	<u> </u>
Disinfection device:	<u>1</u>	<u> </u>	<u> </u>
Chlorine supply:	<u>1</u>	<u> </u>	<u> </u>
Spray field vegetation:	<u>1</u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u>1</u>	<u> </u>	<u> </u>
Controls/ Electric Circuits	<u>1</u>	<u> </u>	<u> </u>

Air Pressure 50

Test Results and observations: (As Required)

Chlorine Residual: 3.00
 Test Method: 1.00
 BOD:
 TSS:

Mixed Liquor Aeration 3
 Sludge Levels Clarifier 12
 Pump 4

Access Ports Secured YES / NO
 Repairs made: YES / NO 1

Repairs and Comments:

Inspector: Tom Hampton VP
 MP349/OS24597

Date: 8-27-19

Area: / 0
 GPS: ID = 61115125

1022 Jurassic Lane, Spring Branch

RECEIVED
 SEP 03 2019

COUNTY ENGINEER

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



Phone: (830) 964-2365
 Fax: (830) 964-2659
 www.aerobicservices.com
Permit #: 108043

Printed: 9/24/2019

ENTERED

To: Timothy & Deborah Sinks
1022 Jurassic Lane
Spring Branch, TX 78070

Tech: Not Assigned
 Brand/Mfg.: Nu-W B 550PC -
 System S/N:
 Aerator and S/N:

Contract: 4/4/2019 - 4/4/2021
 Inspections per year: 3
 Service Due: **12/4/2019**

Agency: Comal County Environmental Health
 County: Comal
 Subdivision: The Crossing @ Spring Creek

Phone: (210) 508-5282
 Cell:
 Work:

Alt Phone: 2

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u> </u>	<u> </u>	<u> </u>
Irrigation pump:	<u> </u>	<u> </u>	<u> </u>
Air compressor:	<u> </u>	<u> </u>	<u> </u>
Disinfection device:	<u> </u>	<u> </u>	<u> </u>
Chlorine supply:	<u> </u>	<u> </u>	<u> </u>
Spray field vegetation:	<u> </u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u> </u>	<u> </u>	<u> </u>
Controls/ Electric Circuits	<u> </u>	<u> </u>	<u> </u>

Air Pressure 60

Test Results and observations: (As Required)
 Chlorine Residual: 1.08
 Test Method: 1920
 BOD: _____
 TSS: _____
 Access Ports Secured YES / NO
 Repairs made: YES / NO

Mixed Liquor Aeration 0
 Sludge Levels Clarifier 0
 Pump 0

Repairs and Comments:

RECEIVED

JAN 13 2020

Inspector: Dorota
 Tom Hampton VP
 MP349/OS24597

Date: 1-3-20

COUNTY ENGINEER

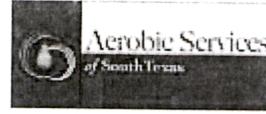
Area: / 0
 GPS: ID = 61115125

1022 Jurassic Lane, Spring Branch

MAILED

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133

ENTERED



Phone: (830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com
Permit #: 108043

Printed: 9/22/2020

To: Timothy & Deborah Sinks
1022 Jurassic Lane
Spring Branch, TX 78070

Tech: Not Assigned
Brand/Mfg.: Nu-W B 550PC -
System S/N:
Aerator and S/N:

Contract: 4/4/2019 - 4/4/2021
Inspections per year: 3
Service Due: 12/4/2020
Alt Phone: 5

Agency: Comal County Environmental Health
County: Comal
Subdivision: The Crossing @ Spring Creek

Phone: (210) 508-5282
Cell:
Work:

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u> </u>	<u> </u>
Irrigation pump:	<u>/</u>	<u> </u>	<u> </u>
Air compressor:	<u>/</u>	<u> </u>	<u> </u>
Disinfection device:	<u>/</u>	<u> </u>	<u> </u>
Chlorine supply:	<u>/</u>	<u> </u>	<u> </u>
Spray field vegetation:	<u>/</u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u>/</u>	<u> </u>	<u> </u>
Controls/ Electric Circuits	<u>/</u>	<u> </u>	<u> </u>

Air Pressure 60

Test Results and observations: (As Required)

Chlorine Residual: 1.79

Test Method: dpo

BOD:

TSS:

Access Ports Secured YES / NO

Repairs made: YES / NO

Mixed Liquor Aeration 0
Sludge Levels Clarifier 30
Pump 4

Repairs and Comments:

cleaned two spray nozzles also primed off pump

Inspector: TomK
Tom Hampton VP
MP349/OS24597

Date: 12-21-20

Area: / 0
GPS:

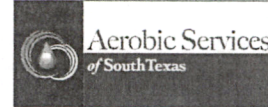
ID = 61115125

1022 Jurassic Lane, Spring Branch

ENTERED

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133

ENTERED



Phone: (830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com
Permit #: 108043

Printed: 4/6/2020

To: Timothy & Deborah Sinks
1022 Jurassic Lane
Spring Branch, TX 78070

Tech: Not Assigned
Brand/Mfg.: Nu-W B 550PC -
System S/N:
Aerator and S/N

Contract: 4/4/2019 - 4/4/2021
Inspections per year 3
Service Due: 4/4/2020
Alt Phone: 3

Agency: Comal County Environmental Health
County: Comal
Subdivision: The Crossing @ Spring Creek

Phone: (210) 508-5282
Cell:
Work:

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u>✓</u>	<u> </u>	<u> </u>
Irrigation pump:	<u>✓</u>	<u> </u>	<u> </u>
Air compressor:	<u>✓</u>	<u> </u>	<u> </u>
Disinfection device:	<u>✓</u>	<u> </u>	<u> </u>
Chlorine supply:	<u>✓</u>	<u> </u>	<u> </u>
Spray field vegetation:	<u>✓</u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u>✓</u>	<u> </u>	<u> </u>
Controls/ Electric Circuits	<u>✓</u>	<u> </u>	<u> </u>

Air Pressure 108

Test Results and observations: (As Required)

Chlorine Residual: 0.71
Test Method: DPO
BOD:
TSS:

Mixed Liquor
Aeration 0
Sludge Levels
Clarifier 0
Pump 1

Access Ports Secured YES / NO
Repairs made: YES / NO

Repairs and Comments: Cleared pump screen

Inspector: Ricky
Tom Hampton VP
MP349/OS24597

Date: 5/14/20

Area: / 0
GPS: ID = 61115125

1022 Jurassic Lane, Spring Branch

RECEIVED

JUN 02 2020

COUNTY ENGINEER

MAILED

**Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133**



Phone: (830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com

Date: 2/4/2021

Contract Period

Start Date: 4/4/2021
End Date: 4/4/2022

BR

**To: Timothy & Deborah Sinks
1022 Jurassic Lane
Spring Branch, TX 78070**

ENTERED

Permit #: 108043

Phone: (210) 508-5282 Subdivision: The Crossing @ Spring Creek
Site: 1022 Jurassic Lane, Spring Branch, TX 78070
County: Comal
Installer: Hill Country Excavation
Agency: Comal County Environmental Health
Mfg/Brand: / Nu-W B 550PC

3 visits per year - one every 4 months
300 gallons per day
Aerobic Services of South Texas
Map Key: ID: 61115125

**ROUTINE MAINTENANCE AND INSPECTION AGREEMENT
RENEWAL CONTRACT**

General

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between the client named above (referred to as to "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP349) (hereinafter referred to as "Contractor") located at 15188 FM 306 Canyon Lake, 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 3 over the one 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 addressed 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 client is responsible for chlorine; Must be filled before or during the service visit.
5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, 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 Contractor 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.

OWNER

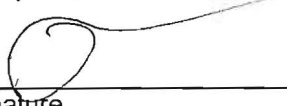

Signature

Timothy Sines
Printed

210-508-5282 / 2-4-2021
Phone/ Date

SERVICE PROVIDER

Aerobic Services of South Texas Inc.
15188 FM 306
Canyon Lake, Tx 78133


Signature
Tom Hampton VP

License# OS0024597 / MP 349

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



Phone: (830) 964-2365
 Fax: (830) 964-2659
 www.aerobicservices.com
Permit #: 108043

Printed: 3/30/2021

To: Timothy & Deborah Sinks
1022 Jurassic Lane
Spring Branch, TX 78070

Tech: Not Assigned
 Brand/Mfg.: Nu-W B 550PC -
 System S/N:
 Aerator and S/N:

Contract: 4/4/2021 - 4/4/2022
 Inspections per year: 3
 Service Due: 4/4/2021
 Alt Phone:

Agency: Comal County Environmental Health
 County: Comal
 Subdivision: The Crossing @ Spring Creek

Phone: (210) 508-5282
 Cell:
 Work:

(Handwritten initials/signature)

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u> </u>	<u> </u>
Irrigation pump:	<u>/</u>	<u> </u>	<u> </u>
Air compressor:	<u>/</u>	<u> </u>	<u> </u>
Disinfection device:	<u>/</u>	<u> </u>	<u> </u>
Chlorine supply:	<u>/</u>	<u> </u>	<u> </u>
Spray field vegetation:	<u>/</u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u>/</u>	<u> </u>	<u> </u>
Controls/ Electric Circuits	<u>/</u>	<u> </u>	<u> </u>

Air Pressure 60

Test Results and observations: (As Required)
 Chlorine Residual: 0.78
 Test Method: DP
 BOD: _____
 TSS: _____
 Access Ports Secured YES / NO
 Repairs made: YES / NO

Mixed Liquor
 Aeration 12
 Sludge Levels
 Clarifier 12
 Pump 2

Repairs and Comments:

Inspector: Tom Hampton
 Tom Hampton VP
 MP349/OS24597

Date: 4/29/21

Area: / 0
 GPS: ID = 61115125

1022 Jurassic Lane, Spring Branch

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133

ENTERED

MAILED

Phone: (830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com
Permit #: 108043

Printed: 6/17/2021

To: Timothy & Deborah Sinks
1022 Jurassic Lane
Spring Branch, TX 78070

Tech: Not Assigned
Brand/Mfg.: Nu-W B 550PC -
System S/N:
Aerator and S/N:

Agency: Comal County Environmental Health
County: Comal
Subdivision: The Crossing @ Spring Creek

Phone: (210) 508-5282
Cell:
Work:
Contract: 4/4/2021 - 4/4/2022
Inspections per year: 3
Service Due: 8/4/2021
Alt Phone: ①

Inspection Type: SCH

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Controls/ Electric Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Air Pressure 138

Test Results and observations: (As Required)
Chlorine Residual: 0.10
Test Method: _____
BOD: _____
TSS: _____
Access Ports Secured YES / NO
Repairs made: YES / NO

Mixed Liquor Aeration 6"
Sludge Levels Clarifier 28"
Pump 1"

Repairs and Comments:

Inspector: Tom Hampton
Tom Hampton VP
MP349/OS24597

Date: 6-9-21

Area: / 0
GPS: ID = 61115125

1022 Jurassic Lane, Spring Branch

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



Phone: (830) 964-2365
 Fax: (830) 964-2659
 www.aerobicservices.com
Permit #: 108043

Printed: 10/13/2021

ENTERED

To: Timothy & Deborah Sinks
1022 Jurassic Lane
Spring Branch, TX 78070

Tech: Not Assigned
 Brand/Mfg.: Nu-W B 550PC -
 System S/N:
 Aerator S/N:

MAILED

Phone: (210) 508-5282
 Cell:
 Work:

Contract: 4/4/2021 - 4/4/2022
 Inspections per year: 3
 Service Due: 12/4/2021
 Alt Phone: 2

Agency: Comal County Environmental Health
 County: Comal
 Subdivision: The Crossing @ Spring Creek

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u> </u>	<u> </u>
Irrigation pump:	<u>/</u>	<u> </u>	<u> </u>
Air compressor:	<u>/</u>	<u> </u>	<u> </u>
Disinfection device:	<u>/</u>	<u> </u>	<u> </u>
Chlorine supply:	<u>/</u>	<u> </u>	<u> </u>
Spray field vegetation:	<u>/</u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u>/</u>	<u> </u>	<u> </u>
Controls/ Electric Circuits	<u>/</u>	<u> </u>	<u> </u>

Air Pressure 60

Test Results and observations: (As Required)
 Chlorine Residual: 0.70
 Test Method: DP
 BOD: _____
 TSS: _____
 Access Ports Secured YES/NO
 Repairs made: YES/NO

Mixed Liquor Aeration 0
 Sludge Levels Clarifier 12
 Pump 1

Repairs and Comments:

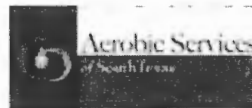
Inspector: D. Dutton
 Tom Hampton VP
 MP349/OS24597

Date: 1/13/22

Area: / 0
 GPS: ID = 61115125

1022 Jurassic Lane, Spring Branch

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



Phone: (830) 964-2365
 Fax: (830) 964-2659
 www.aerobicservices.com
Permit #: 108043

Printed: 3/23/2022

To: Timothy & Deborah Sinks
1022 Jurassic Lane
Spring Branch, TX 78070

Tech: Not Assigned
 Brand/Mfg.: Nu-W B 550PC -
 System S/N:
 Aerator and S/N:

Contract: 4/4/2022 - 4/4/2023
 Inspections per year: 3
 Service Due: **4/4/2022**
 Alt Phone: **3**

Agency: Comal County Environmental Health
 County: Comal
 Subdivision: The Crossing @ Spring Creek

Phone: (210) 508-5282
 Cell:
 Work:

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u> </u>	<u> </u>
Irrigation pump:	<u>/</u>	<u> </u>	<u> </u>
Air compressor:	<u>/</u>	<u> </u>	<u> </u>
Disinfection device:	<u>/</u>	<u> </u>	<u> </u>
Chlorine supply:	<u>/</u>	<u> </u>	<u> </u>
Spray field vegetation:	<u>/</u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u>/</u>	<u> </u>	<u> </u>
Controls/ Electric Circuits	<u>/</u>	<u> </u>	<u> </u>

Air Pressure 56

Test Results and observations: (As Required)
 Chlorine Residual: 0.02
 Test Method: TAD
 BOD: _____
 TSS: _____
 Access Ports Secured YES / NO
 Repairs made: YES / NO

Mixed Liquor Aeration 40
 Sludge Levels Clarifier 36
 Pump 4 light

Repairs and Comments:

Inspector: Seth
 Tom Hampton VP
 MP349/OS24597

Date: 4-1-22

Area: / 0
 GPS: ID = 61115125

1022 Jurassic Lane, Spring Branch

ROUTINE MAINTENANCE AND INSPECTION AGREEMENT



Timothy & Deborah Sinks
1022 Jurassic Lane
Spring Branch, TX 78070
P: (210) 508-5282

COUNTY: Comal

PERMIT: 108043

AGREEMENT LENGTH: 12 mos.

DESCRIPTION	TERM	AMOUNT	TAX	TOTAL
Residential Service Contract	04/04/23 - '24	370.00		370.00

GENERAL

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between the client named above (referred to as to "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP349) (hereinafter referred to as "Contractor") located at 15188 FM 306 Canyon Lake, Texas 78133. 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 per year (1 every 4 months), for a total of 3 over the one 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 addressed 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 client is responsible for chlorine. Must be filled before or during the service visit.
5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, 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 Contractor 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

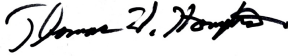
This Agreement contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement either oral or written.

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.

SERVICE PROVIDER

Aerobic Services of South Texas Inc.
15188 FM 306
Canyon Lake, Tx 78133



Signature

Tom Hampton VP

License# OS0024597 / MP 349

PLEASE REMIT	370.00
--------------	--------



Customer Signature

*****To pay online, proceed to the "Billing" section in your Cusotmer Portal**

**IF MAILING YOUR RENEWAL: PLEASE RETURN THIS PORTION ALONG WITH YOUR PAYMENT
For Service at: 1022 Jurassic Lane, Spring Branch, TX 78070**



Timothy & Deborah Sinks

PERMIT: 108043

COUNTY: Comal

TERM: 04/04/23 - '24

AGREEMENT LENGTH: 12 mos.

PLEASE REMIT	370.00
--------------	--------

Residential Service Contract

Signed on: Monday, 02/06/2023

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



(830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com

To: Timothy & Deborah Sinks
1022 Jurassic Lane
Spring Branch, TX 78070
 Agency: Comal
 County: Comal
 Permit No: 108043

Tech: Chris Bausch
 Phone: (210) 508-5282 Date: 2022-08-15
 Alt Ph: _____ Service Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A	
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Pressure: 60
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"/>	
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Test Results and observations: (As Required)

Chlorine Residual: 0.19
 Test Method: Dpd
 BOD: _____
 TSS: _____

Mixed Liquor
 Aeration: 42

Sludge Levels

Clarifier: 36
 Pump: 2

Access Ports Secured: Yes / NO
 Repairs Made: Yes / NO

Repairs and Comments:

Inspector: _____ Date: 2022-08-15

Tom Hampton VP
 MP349/OS24597

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



(830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com

To: Timothy & Deborah Sinks
1022 Jurassic Lane
Spring Branch, TX 78070
Agency: Comal
County: Comal
Permit No: 108043

Tech: Chris Bausch
Phone: (210) 508-5282 Date: 2022-12-05
Alt Ph: _____ Service Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A	
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Pressure: 62
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"/>	
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Test Results and observations: (As Required)

Chlorine Residual: 0.00
Test Method: Dpd
BOD: _____
TSS: _____
Access Ports Secured: Yes / NO
Repairs Made: Yes / NO

Mixed Liquor Aeration: 52
Sludge Levels
Clarifier: 56
Pump: 3

Repairs and Comments:
Add bleach. Treat for ants around compressor.

CB

Inspector: _____ Date: 2022-12-05

Tom Hampton VP
MP349/OS24597

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



(830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com

To: Timothy & Deborah Sinks
1022 Jurassic Lane
Spring Branch, TX 78070
Agency: Comal Co.
County: Comal
Permit No: 108043

Tech: Nyssa
Phone: (210) 508-5282 Date: 2023-04-12
Alt Ph: _____ Service Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A	
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Pressure: 70
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"/>	
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Test Results and observations: (As Required)

Chlorine Residual: _____
Test Method: _____
BOD: _____
TSS: _____

Mixed Liquor
Aeration: 48

Sludge Levels

Clarifier: 36
Pump: 4

Access Ports Secured: Yes / NO
Repairs Made: Yes / NO

Repairs and Comments:

A handwritten signature in black ink, appearing to be "TH".

Inspector: _____ Date: 2023-04-12

Tom Hampton VP
MP349/OS24597

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



Canyon Lake: (830) 964-2365
Bastrop: (512) 303-6922
 info@aerobicservices.com
 bastrop@aerobicservices.com
MP349 / OS24597
www.aerobicservices.com

To: Timothy & Deborah Sinks
1022 Jurassic Lane
Spring Branch, TX 78070
 Agency: Comal County Enviromental Health
 County: Comal
 Permit No: 108043

Tech: Nyssa
 Phone: (210) 508-5282 Date: 2023-09-07
 Alt Ph: _____ Service
 Due: _____

Inspection Type: _____

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Air Pressure: 70

Test Results and Observations: (As Required)

Chlorine Residual: 0.17
 Test Method: _____
 BOD: _____
 TSS: _____

Mixed Liquor
 Aeration: 56

Sludge Levels

Clarifier: Fog
 Pump: 2

Access Ports Secured: Yes / NO
 Repairs Made: Yes / NO

Repairs and Comments:

Sprinkler not rotating h/o requested I change it out

Inspector: _____

Date: 2023-09-07

Tom Hampton, VP
 MP349/OS24597

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



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Bastrop: (512) 303-6922
 info@aerobicservices.com
 bastrop@aerobicservices.com
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To: Timothy & Deborah Sinks
1022 Jurassic Lane
Spring Branch, TX 78070
 Agency: Comal
 County: Comal
 Permit No: 108043

Tech: Nick
 Phone: (210) 508-5282 Date: 2023-12-20
 Alt Ph: (210) 508-4151 Service
 Due: _____

Inspection Type: _____

<u>Item</u>	<u>Operational</u>	<u>Inoperative</u>	<u>N/A</u>
Aerator:	[X]	[]	[]
Irrigation pump:	[X]	[]	[]
Air compressor:	[X]	[]	[]
Disinfection device:	[X]	[]	[]
Chlorine supply:	[X]	[]	[]
Spray field vegetation:	[X]	[]	[]
Sprinkler / Drip backwash:	[X]	[]	[]
Controls / Electric Circuits:	[X]	[]	[]

Air Pressure: 62

Test Results and Observations: (As Required)

Chlorine Residual: 0.15

Test Method: Dpd

BOD: _____

TSS: _____

Access Ports Secured: Yes [X] / NO []

Repairs Made: Yes [] / NO []

Mixed Liquor

Aeration: 48

Sludge Levels

Clarifier: Fog

Pump: 2

Repairs and Comments:

System is fully operational, thank you have a happy holiday!

Inspector: _____

Date: 2023-12-20

Tom Hampton, VP
 MP349/OS24597

Aerobic Services
15188 FM 306
Canyon Lake, TX 78133



Canyon Lake: (830) 964-2365
Bastrop: (512) 303-6922
info@aerobicservices.com
bastrop@aerobicservices.com
MP349 / OS24597
www.aerobicservices.com

To: Timothy & Deborah Sinks
1022 Jurassic Lane
Spring Branch, TX 78070
Agency: Comal County Environmental Organization
County: Comal
Permit No: 108043

Tech: Marc
Phone: (210) 508-5282 Date: 2024-04-24
Alt Ph: (210) 508-4151 Service
Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	Not Present	
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Pressure: 60
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air Compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pump Screen:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chlorinator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spray Field Vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Filters:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprinkler / Drip Backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Test Results and Observations: (As Required)

Chlorine Residual (ppm): 0.10
Test Method: Dpd
BOD: _____
TSS: _____
Tank Lids Secured: Yes / NO
Pump Out Needed: Yes / NO
Repairs Made Yes / NO

Mixed Liquor: all measurements in inches

Aeration: 52

Sludge Levels

Clarifier: 54

Pump: 4

Repairs and Comments:

Did full inspection. No issues found.

Inspector: _____

Date: 2024-04-24

Tom Hampton, VP
MP349/OS24597

Aerobic Services
15188 FM 306
Canyon Lake, TX 78133



Canyon Lake: (830) 964-2365
Bastrop: (512) 303-6922
info@aerobicservices.com
bastrop@aerobicservices.com
MP349 / OS24597
www.aerobicservices.com

To: Timothy & Deborah Sinks
1022 Jurassic Lane
Spring Branch, TX 78070
Agency: Comal
County: Comal
Permit No: 108043

Tech: Seth
Phone: (210) 508-5282 Date: 2024-09-19
Alt Ph: (210) 508-4151 Service
Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	Not Present	
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Pressure: 54
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air Compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pump Screen:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chlorinator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spray Field Vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Filters:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprinkler / Drip Backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Test Results and Observations: (As Required)

Chlorine Residual (ppm): 0.10
Test Method: Dpd
BOD: _____
TSS: _____
Tank Lids Secured: Yes / NO
Pump Out Needed: Yes / NO
Repairs Made Yes / NO

Mixed Liquor: all measurements in inches

Aeration: 42

Sludge Levels

Clarifier: 24

Pump: 8

Repairs and Comments:

Inspector: _____

Date: 2024-09-19

Tom Hampton, VP
MP349/OS24597

ROUTINE MAINTENANCE AND INSPECTION AGREEMENT



Timothy & Deborah Sinks
1022 Jurassic Lane
Spring Branch, TX 78070
P: (210) 508-5282

COUNTY: Comal

PERMIT: 108043

AGREEMENT LENGTH: 12 mos.

DESCRIPTION	TERM	AMOUNT	TAX	TOTAL
Residential Service Contract	04/04/24 - '25	370.00		370.00

GENERAL

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between the client named above (referred to as to "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP349) (hereinafter referred to as "Contractor") located at 15188 FM 306 Canyon Lake, Texas 78133. 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:

- 3 inspections per year (1 every 4 months), for a total of 3 over the one 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 addressed 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.
- 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.
- 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.
- The client is responsible for chlorine. Must be filled before or during the service visit.
- Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

The property owner's 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 Contractor 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

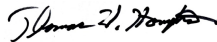
This Agreement contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement either oral or written.

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.

SERVICE PROVIDER

Aerobic Services of South Texas LLC
15188 FM 306
Canyon Lake, TX 78133



Signature

Tom Hampton VP

License # OS0024597 / MP 349

PLEASE REMIT	370.00
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Customer Signature

*****To pay online, proceed to the "Billing" section in your Customer Portal**

**IF MAILING YOUR RENEWAL: PLEASE RETURN THIS PORTION ALONG WITH YOUR PAYMENT
For Service at: 1022 Jurassic Lane, Spring Branch, TX 78070**

Signed on: Thursday, 02/01/2024



Timothy & Deborah Sinks

PERMIT: 108043

COUNTY: Comal

TERM: 04/04/24 - '25

AGREEMENT LENGTH: 12 mos.

PLEASE REMIT	370.00
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