



Comal County
OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: **12/27/2018** Permit Number: **108080**

Location Description: 1612 WHITE RIVER
CANYON LAKE, TX 78133

Subdivision: Rebecca Creek Ranches
Unit: 2
Lot: 95
Block:
Acreage:

Type of System: Aerobic
Surface Irrigation

Issued to: David Scott Smith, Jr. & Caitlin K. Smith

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.

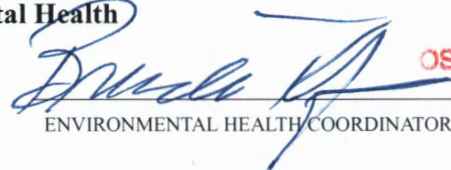
This license to operate is valid for an indefinite period. The holder may transfer it to a succeeding owner, provided the facility has not been remodeled and is functioning properly.

Licensing Authority

Comal County Environmental Health


ENVIRONMENTAL HEALTH INSPECTOR

OS0032485


ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: J.B. Septic OSSF Installer #: 050003914
 1st Inspection Date: 12/17/18 2nd Inspection Date: _____ 3rd Inspection Date: 12-27-18 final
 Inspector Name: Mike T. Inspector Name: _____ Inspector Name: Connor
 Permit#: 108080 Address: Rebecca Creek Ranches / 1612 White River Dr

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	✓	285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)		12/17/18		
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	✓	285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	✓	285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	✓	285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	✓	285.32(a)(5)				
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(ii) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(i)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

MT- 12/17/18
 Tank set leveled
 operational ✓
 Ready For Cover

Covered 12-27-18 JC

**Comal County Environmental Health
OSSF Inspection Sheet**

final

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)		12/17/18		✓
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed	✓ ✓ ✓	285.33(d)(2)(G)(I) 285.33(d)(2)(A) 285.33(d)(2)(F)				✓
42	APPLICATION AREA Area Installed	✓					✓
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: J.B. Septic OSSF Installer #: _____

1st Inspection Date: 12/17/18 2nd Inspection Date: _____ 3rd Inspection Date: _____

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

Permit#: 108080 Address: Rebecca Creek Ranches / 1612 White River Dr

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	✓	285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)		12/17/18		
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	✓	285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	✓	285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	✓	285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	✓	285.32(a)(5)				
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G)285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(I)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

MT- 12/17/18
Tank set leveled
operational ✓
Ready For Cover

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(I) 285.32(b)(1)(E)(i) 285.32(b)(1)(D) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(i) 285.32(b)(1)(B) 285.32(b)(1)(A) 285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed	✓		600	7/2/17/18		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		Chorstream	↑		
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) 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**

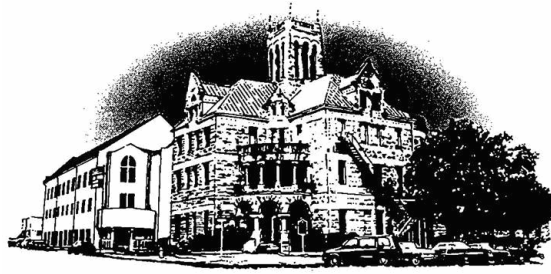
No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	<p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0%</p> <p>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & 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)		12/17/18		
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank</p> <p>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions</p>	✓					
35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.</p>	✓					
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>						
37	<p>PUMP TANK Inspection/Clean Out Port & Risers Provided</p> <p>PUMP TANK Secondary restraint system provided</p> <p>PUMP TANK Riser permanently fastened to lid or cast into tank</p> <p>PUMP TANK Riser cap protected against unauthorized intrusions</p>						
38	<p>PUMP TANK Secondary restraint system provided</p>						

Comal County Environmental Health
OSSF Inspection Sheet

39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried	✓			12/17/18		
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**Comal County Environmental Health
OSSF Inspection Sheet**

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40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?	<input checked="" type="checkbox"/>	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)		12/17/18		
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42	APPLICATION AREA Area Installed						
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44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						



Comal County

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: 108080
Issued This Date: 09/17/2018
This permit is hereby given to: David Scott Smith, Jr. & Caitlin K. Smith

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

1612 WHITE RIVER
CANYON LAKE, TX 78133

Subdivision: Rebecca Creek Ranches
Unit: 2
Lot: 95
Block:
Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

*** COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH ***
 APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN
 ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

Date _____ Permit # _____
 Owner Name David Scott Smith, Jr. and Caitlin K. Smith,
husband and wife Agent Name JB Septic Systems, Inc
 Mailing Address 818 N Ave B Agent Address P.O. Box 1609
 City, State, Zip Shiner, Texas 77984 City, State, Zip Helotes, Texas 78023
 Phone # 254-709-4281; 210-478-6165 Phone # 830-931-0292
 Email caitlinksmith@yahoo.com Email info@jbsepticssystemsincc.com

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

Subdivision Name Rebecca Creek Ranches Unit 2 Lot 95 Block _____
 Acreage/Legal _____
 Street Name/Address 1612 White River City Canyon Lake Zip 78133

Type of Development:

Single Family Residential
 Type of Construction (House, Mobile, RV, Etc.) House
 Number of Bedrooms 4
 Indicate Sq Ft of Living Area 3,114

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: \$ _____ (Structure Only)

Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement?
 Yes No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

Source of Water Public Private Well SW

Are Water Saving Devices Being Utilized Within the Residence? 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 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.

Caitlin K Smith David Scott Smith Jr 8/18/18
 Signature of Owner Date

* * * 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 Jim W. Blake, Sr. #2289

System Description Aerobic Treatment with Spray Irrigation

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

Tank Size(s) (Gallons) 400/600/700 Absorption/Application Area (Sq Ft) 4,923

Gallons Per Day (As Per TCEQ Table III) 300

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

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

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

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

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

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

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

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

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

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

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

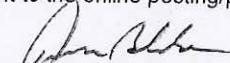
(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to Construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

Is this property within an incorporated city? Yes No

If yes, indicate the city: _____

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

8-30-18
Date

J. B. Septic Systems, Inc.

Jim W. Blake, Sr., RS 2289
P. O. Box 1609
Helotes, TX 78023

Telephone (830) 931-0292
Fax (830) 931-0409

August 10, 2018

Comal County Environmental Office
195 David Jonas Drive
New Braunfels, TX 78132-3760

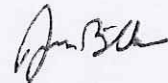
RE: Lot 95, Rebecca Creek Ranches, Unit 2
(1612 White River)

To Whom It May Concern:

I hereby certify that the On-Site Sewage Facility (OSSF) design for the above referenced property complies with all provisions of the proposed Contributing Zone Plan (CZP), as approved by the Texas Commission on Environmental Quality (TCEQ).

Please contact me at the number listed above if you should have any desire to discuss this matter.

Sincerely,



Jim W. Blake, Sr.
JB Septic Systems, Inc.

AFFIDAVIT TO THE PUBLIC

The County of Comal §
State of Texas §



201806035192 09/05/2018 12:49:19 PM 1/2

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 & Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (commission) 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 Lot 95, Rebecca Creek Ranches, Unit 2, an addition in Comal Count, Texas, according to the map or plat recorded in Map Document No. 200706045654, Map and Plat Records of Comal County, Texas.

The property is owned by David Scott Smith, Jr. and Caitlin K. Smith, husband and wife

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.

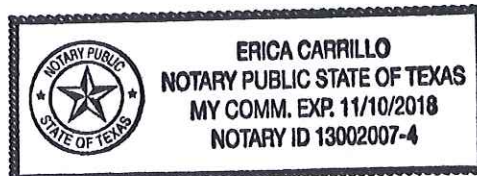
WITNESS BY HAND(S) ON THIS 18th Day of August, 2018.

David Scott Smith, Jr.
David Scott Smith, Jr.

Caitlin K. Smith
Caitlin K. Smith

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 18th
DAY OF August, 2018

Erica Carrillo
Notary Public, State of Texas



Notary/s Printed Name: Erica Carrillo
My Commission Expires: _____



This page has been added to comply with the statutory requirement that the clerk shall stamp the recording information at the bottom of the last page.

This page becomes part of the document identified by the file clerk number affixed on preceding pages.

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
09/05/2018 12:49:19 PM
CHRISTY 2 Page(s)
201806035192



Bobbie Koepf

**J.B. Septic Systems, Inc.
Two-Year Initial Service Policy**

System Owner:
David S. & Caitlin K. Smith

Brand Name: Clearstream Wastewater System
System Name: Primary
Serial Number: _____
Model Number: _____
Permit Number: _____
Effective: _____ thru _____

Site Legal Description: 1612 White River, Lot 95, Unit 2
Rebecca Creek Ranches, Comal County

J. B. Septic Maintenance, Inc. will inspect and service your Clearstream Aerobic Treatment Plant once every four months for a period of two years. The service policy starts the date the "License To Operate" is issued by the permitting authority. This initial two year Service Policy will be at no additional charge to the property owner as required by State guidelines.

Before this initial two-year service policy expires, JB Septic Maintenance, Inc will notify you. Upon renewal of the contract, a copy of the new contract shall be submitted to the permitting authority. If the property owner or maintenance company desire to discontinue the maintenance contract, the maintenance company shall notify, in writing, the permitting authority at least 30 days prior to the date service will cease.

Testing and Reporting

J.B. Septic Maintenance, Inc. shall test and report on this system as required by rule on the following:

1. An Inspection/Service Call every 4 months, which includes inspections, adjustment, and servicing of the mechanical and electrical component parts as necessary to ensure proper function.
2. An effluent quality inspection every 4 months, consisting of a visual check for color, turbidity, scum overflow, and an examination for odors.
3. A sample shall be pulled from the aeration tank every 4 months to determine if there is an excess of solids in the treatment plant. If the test results determine a need for solids removal, the user will be notified and the system will be pumped upon owner authorization.
4. If any improper operation is observed which cannot be corrected at the time, the user shall be notified immediately in writing of the conditions and the estimated date of correction.
5. If required, a chlorine residual test will be taken at each visit. (BOD and TSS annually on commercial only.) If a grab test is required, the Owner will be responsible for the cost of the grab test.

The owner is responsible for keeping chlorine (Bleach) in the chlorinator as well as the cost of the chlorine.

J.B. Septic Maintenance, Inc. has been certified by the manufacturer of your system, and will be responsible for fulfilling the requirements of this Maintenance Contract, as well as responding to any alarms and/or addressing any concerns by the owner.

VIOLATIONS OF WARRANTY including shutting off the electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, or introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.

This Policy Does Not Include;

1. Cost of Pumping Sludge From Unit If Necessary.
2. Cost of System Repair Due to Damage or Parts Failure Due to Neglect.
3. Cost of Replacement of "Normal Wear & Tear" Items During Routine Maintenance Visits.

The Maintenance Company and the Owner agree to abide by the service policy as stated above.

MAINTENANCE COMPANY:

J.B. Septic Maintenance, Inc.
P.O. Box 1609
Helotes, Texas 78023
(830) 931-0292
(210) 414-6289

MANUFACTURER:


Clearstream Wastewater Systems, Inc.
P.O. Box 7568
Beaumont, Texas 77726-7568
(409) 755-1500

Installation Company:

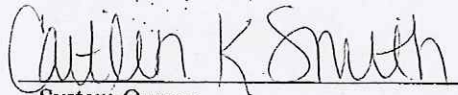
J.B. Septic Systems, Inc.
P.O. Box 1609
Helotes, Texas 78023

Permitting Authority:


Comal County Office of Environment Health
195 David Jonas Drive
New Braunfels, TX 78132-3760
(830) 608-2094



Jim Blake, Sr., J. B. Septic Maintenance, Inc.



Caitlin K. Smith
System Owner



David Smith
System Owner

Service Company Operator License Number: MP 0000892

J. B. Septic Systems, Inc.

Jim Blake Sr.
Registered Sanitarian
P.O. Box 1609
Helotes, Texas 78023

Telephone (830) 931-0292
Fax (830) 931-0409

SITE EVALUATION

LOCATION: Lot 95, Rebecca Creek Ranches, Unit 2
(1612 White River), Comal County

I. USDA County Soils Survey Classification: (BtD) Brackett – Rock Outcrop

II. Soil Analysis Sample: Two soil borings located in the proposed absorption area.
(Method and Location)

III. Soil Profile: 0 – 10" clay soil underlain by lenses of limestone.
(Describe sample)

IV. Soil Texture Classification:
 Soil Class Ia Soil Class Ib Soil Class II Soil Class III X Soil Class IV

V. Soil Structure: Blocky

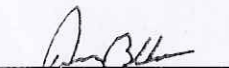
VI. Restrictive Horizons (Note any dense clay sub-soils, rock or fractured rock, depth of groundwater etc.): Rock.

VII. Topography: 1-2% slope

VIII. Flood Hazard: No.

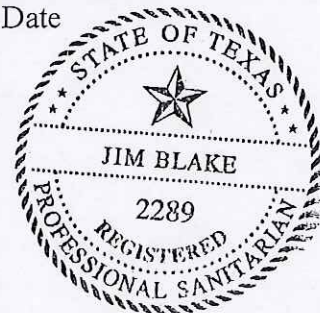
IX. Overall Site Suitability: Suitable for Aerobic Treatment with Spray Irrigation.

X. Recharge Zone: No.


Signature

August 13, 2018
Date

OS0010832
Registration #



J.B. Septic Systems, Inc.

Jim Blake Sr.
Registered Sanitarian
P.O. Box 1609
Helotes, Texas 78023

Telephone (830) 931-0292
Fax (830) 931-0409

ON-SITE SEWAGE FACILITY DESIGN

FOR: David S. Jr. & Caitlin K. Smith
818 N Ave B
Shiner, TX 77984

LOCATION: 1612 White River
Lot 95, Unit 2
Rebecca Creek Ranches
Comal County

DEVELOPMENT: Proposed Four-bedroom residence with 3,114 sq. ft. living area.

ESTIMATE OF WATER CONSUMPTION: **300** gallons per day is the daily water usage.

SEWAGE FACILITY DESCRIPTION: Clearstream Aerobic Treatment System with timer, chlorinator, sprinkler pump, and sprinkler heads covering a surface application area of 4,923 square feet. The timer is set for spray between midnight and 5:00 A.M.

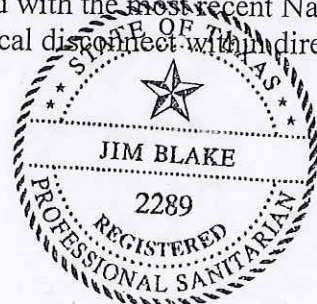
CALCULATION:

$$\begin{array}{l} \text{Application Area} \\ \text{Required} = \frac{\text{Flow}}{\text{Soil Appl. Rate}} = \frac{300 \text{ Gals./Day}}{.064 \text{ Gals./Sq.Ft./Day}} = 4,688 \text{ Sq. Ft.} \end{array}$$

ACTUAL APPLICATION AREA TO BE COVERED:

$$\begin{array}{l} (\text{Radius of Sprinkler Head}) \times (\text{Radius of Sprinkler Head}) \times 3.14 = \text{Sq. Ft.} \\ \text{Two full circle sprinkler heads, each with a 28 foot radius} = \underline{4,923 \text{ Sq. Ft.}} \\ \text{Total} = 4,923 \text{ Sq. Ft.} \end{array}$$

ELECTRICAL WIRING – All wiring must be in complete compliance with 30 Texas Administrative Code 285.34(c) and with the most recent National Electric Code. All electrical components should have an electrical disconnect within direct vision.



AEROBIC TREATMENT SYSTEM COMPONENTS AND REQUIREMENTS:

1. Minimum 400 gallon **Pre-Treatment Tank**.
2. **Aerobic Treatment Unit** – 600 gallon TCEQ approved unit.
3. **Liquid Chlorinator** – Only E.P.A. approved chlorine (Bleach) for use with wastewater shall be used. It is the owner's responsibility to ensure that it is functioning properly and has chlorine **IN IT AT ALL TIMES**.
4. 700 gallon **Pump Tank** with a minimum ½ horsepower, 18 GPM well pump (Clearstream P-20 pump or approved equivalent.)
5. **Sprinkler heads** must be impact or gear driven rotary design with a maximum inlet pressure of 40 PSI. Only low angle (13 degree trajectory) nozzles shall be used. All sprinkler heads shall be self-draining type so as to prevent in-line freezing. The exact location of sprinkler heads shall be coordinated between the installer and the property owner so that spray patterns shall not be blocked by trees, etc; a minimum of 10 feet shall be required between any sprinkler head and the base of a tree.
6. **SURFACE APPLICATION AREA** - The area to be sprayed shall have enough topsoil in place to cover the force lines and to support the growth of vegetation. This vegetation shall consist of grasses, evergreen shrubs, bushes, trees or landscaped beds containing mixed flora. Exposed surface rock in the application area shall be removed or covered with soil and seeded or grassed laid. Sloped land is acceptable if properly landscaped and terraced to minimize run-off. Distribution pipes and sprinkler heads must provide uniform distribution of treated effluent. The application rate must be adjusted so as to not produce run-off. Owners shall not allow driveways, fences, storage buildings, or other structures to be constructed over the treatment or disposal systems. Land that is used for growing food, gardens, orchards, or crops that may be used for human consumption, as well as unseeded bare ground, shall not be used for surface application. Exposed surface rock in the application area shall be removed or covered with soil and seeded or grassed laid.
7. **AFFIDAVIT** (signed and notarized) included with this design should be a permanent part of the real property deed. TCEQ requires that it give proper notification to future owners of the continuous maintenance and administrative requirements of this OSSF system.
8. **MAINTENANCE CONTRACT:**
At the time of system installation, the contractor will submit to the authorized agent, (County Inspector) a copy of the 2-Year Service Policy as required by the TCEQ. Maintenance Company will file a detailed report of the dates and findings of these inspections to the Authorized Agent. This will ensure periodic inspections (at least every 4 months) for system compliance with effluent standards. Correct testing/evaluation of the unit will include periodic measuring of residual chlorine levels and/or fecal coliform analysis, as required by TCEQ. Sludge accumulation will be monitored and the system owner will be notified when tanks require pumping.

NOTE: SEE ATTACHMENT for water treatment equipment and appliances installation requirements. The back flush or discharge from water treatment equipment may be discharged into an On-Site Sewage Facility as provided in this attachment. Effective April 28, 2004.

REMARKS: The contractor may make minor field adjustments to the system with approval of the county regulatory agency. The referenced site has been evaluated and the on-site sewerage facility has been designed generally following the requirements given by the Texas Commission on Environmental Quality and Comal County. The site evaluation and design are based upon technical information available today. The proper performance of any on-site sewerage facility cannot be guaranteed even though all provisions of the regulations have been met.

CERTIFICATION: I hereby certify that this sewage facility design submitted conforms to the Texas Commission on Environmental Quality and Comal County requirements, and with proper use, maintenance, and under normal climatic conditions can be expected to function without creating a nuisance.

DATE: August 13, 2018

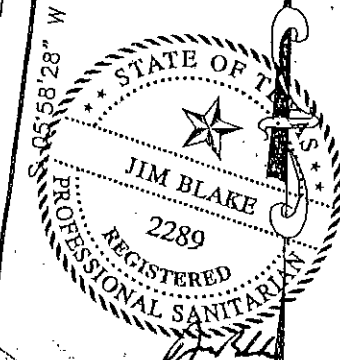
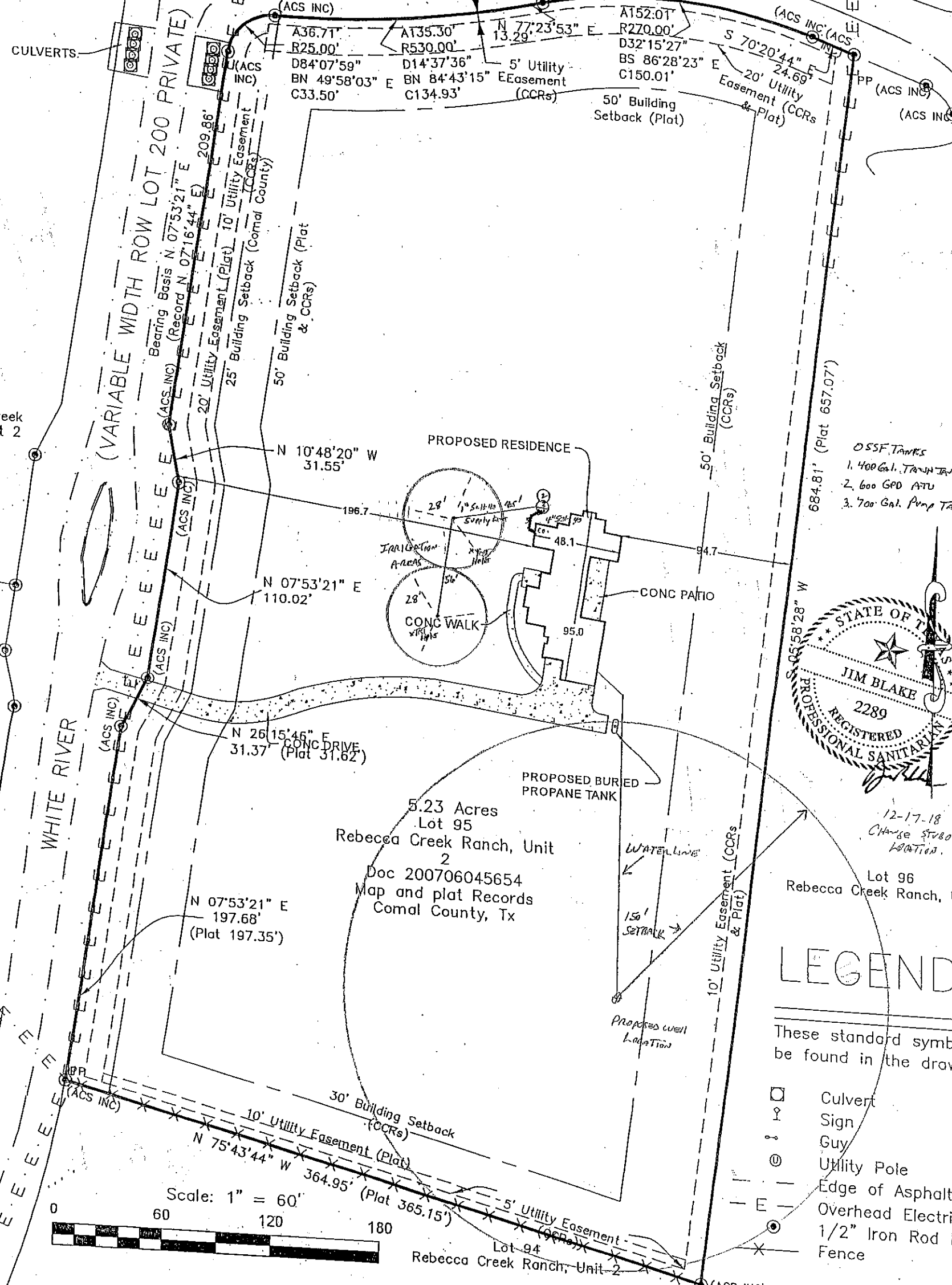

Jim Blake, Professional Sanitarian #2289



REVISED

8:25 am, Dec 17, 2018

RIVERS PEAK
(LOT 200 PRIVATE 60' R.O.W.)



LEGEND

These standard symbols will be found in the drawing.

- Culvert
- Sign
- Guy
- Utility Pole
- Edge of Asphalt
- Overhead Electric
- 1/2" Iron Rod Found
- Fence

PREPARED FOR:
CAITLIN & DAVID SMITH, JR.
1004 WHITE RIVER
CANYON LAKE, TEXAS

PLOT PLAN OF LOT 95, REBECCA CREEK RANCHES, UNIT 2, ACCORDING TO PLAT RECORDED IN DOCUMENT NUMBER 200706045654, MAP AND PLAT RECORDS, COMAL COUNTY, TEXAS.

SEPTEMBER 13, 2018

Flood Statement: According to the Flood Insurance Rate Map (FIRM) No. 48091C0230F, dated September 2, 2009, this property is located in Zone X: Areas determined to be outside the 0.2% annual chance floodplain.

Rickman Land Surveying

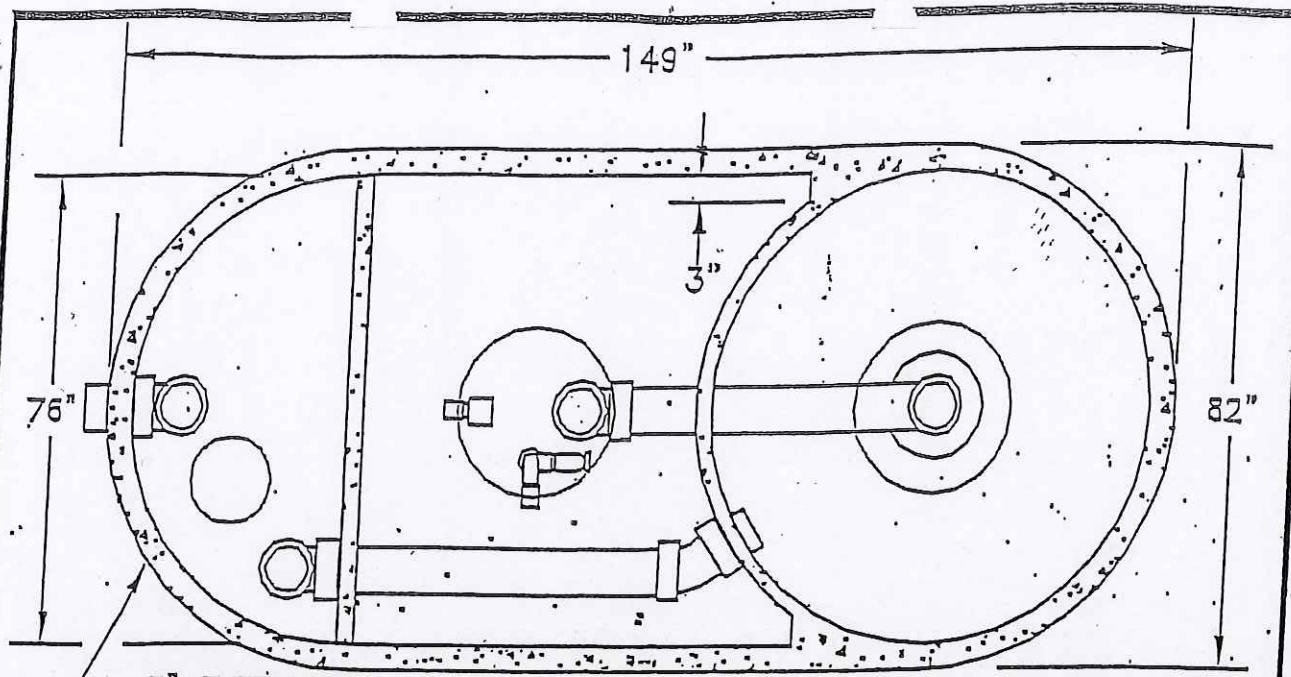
419 Big Bend Canyon Lake, Texas 78133 Phone (830) 935-2457
www.rickmanlandsurveying.com TBPLS Firm No. 101919-00

STATE MANDATED REGULATION CONCERNING AEROBIC SYSTEMS

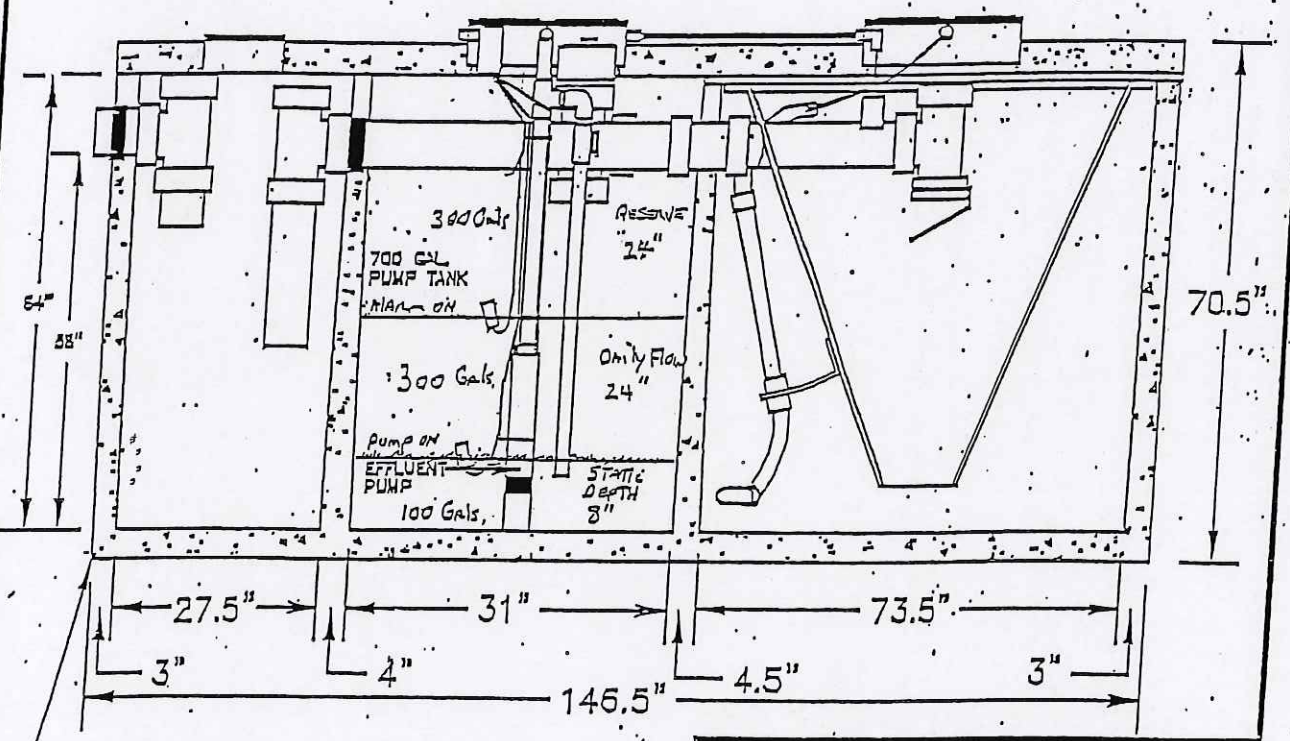
NAME: David S. & Caitlin K. Smith
LOCATION: 1612 White River, Canyon Lake, TX 78133
DATE: August 13, 2018

As part of the installation of this system, the Texas Commission On Environmental Quality requires the following:

1. The property owner and the aerobic system maintenance contractor shall enter into a 2 year (minimum) full service maintenance contract in which the company will provide periodic inspections for system compliance with effluent standards. This contract will authorize the maintenance company to operate, maintain, and repair the system as needed. The costs of this service will be paid by the system's owner and may be included with the installation of the system. (See the attached Service Policy.)
2. The property owner shall submit an affidavit to the County Clerk's Office to be added to the Real Property Deed on which the surface application system is installed. (See the attached AFFIDAVIT TO THE PUBLIC.)
3. The maintenance company shall inspect this system as directed in the Service Policy and shall keep accurate records of their findings. These records shall be submitted to the County at the end of the first 2-year service life of the system.



3" EXTERIOR WALL TYP.



1.25" TAPER ON ALL EXTERIOR & INTERIOR WALLS

55" 12.72 Gals./INCH

CLEARSTREAM
 WASTEWATER SYSTEMS, INC.
 P.O. Box 7588 Document, Texas 77725-7588

MODEL 600NC3T
 600 G.P.D. TREATMENT SYSTEM

DRAWN: JIM BLANK	CHKD: JIM	DATE: 07/04	REV: 0	REV. DATE:	NUMBER: 10000385
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OWNER'S MANUAL

SERIES P20 4" SUBMERSIBLE PUMP

Two Wire, 1/2 HP, 115 Volt, 60 Hz

Installation • Operation

LIMITED WARRANTY

Clearstream warrants to the original consumer of the products listed below, that they will be free from defects in material and workmanship for the Warranty Period from the date of installation as noted.

Product	Warranty Period
4" Submersible Pump	2 year

Our warranty will not apply to any product that has been subject to negligence, misapplication, improper installation or maintenance.

Buyer's only remedy and Clearstream's only duty is to repair or replace defective products (at Clearstream's choice). Buyer agrees to pay all labor and shipping charges associated with this warranty and to request warranty service through the installing dealer as soon as a problem is discovered. If warranty service is requested after the Warranty Period has ended, it will not be honored.

CLEARSTREAM SHALL NOT BE LIABLE FOR ANY CONSEQUENTIAL, INCIDENTAL, OR CONTINGENT DAMAGES WHATSOEVER.

THE FOREGOING WARRANTIES ARE EXCLUSIVE AND IN LIEU OF ALL OTHER EXPRESS WARRANTIES. IMPLIED WARRANTIES, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, SHALL NOT EXTEND BEYOND THE WARRANTY PERIOD PROVIDED HEREIN.

Certain states do not permit the exclusion or limitation of incidental or consequential damages or the placing of limitations on the duration of an implied warranty, therefore, the limitations or exclusions herein may not apply. This warranty sets forth specific legal rights and obligations, however, additional rights may exist, which may vary from state to state.

Supersedes all previous publications.

Clearstream, P.O. Box 9337, Beaumont, TX 77709

CLEARSTREAM
P.O. Box 9337, Beaumont, TX 77709

open. Start pump. *Slowly* open valve until the desired flow rate is reached. Final setting *must* be within pump's recommended operating range.

2. Make sure that the float switches are set so that the pump stops before the pump runs dry or breaks suction. If necessary, adjust float switches to achieve this.

3. The motor bearings are lubricated internally. No maintenance is required or possible on the pump or the motor.

OPERATION

1. The pump must be submerged at all times during normal operation. Do not run pump dry.

Table 1: Recommended Fusing Data
115 Volt/60 Hz/1 Phase 2-Wire Cable

HP	Voltz/Hz/ Phase	Motor Winding Resistance Ohms	Max Load Amps	Locked Rotor Amps	Fuse Size Standard/ Dual Element
1/2	115/60/1	1.0-1.3	12.0	64.8	30/15

Table 2: Power Supply Wire (Cable) Length in Feet
1 Phase, 2 Wire Cable, 60 Hz (Copper Wire Size - Service to motor)

Volts	HP	14 AWG	12 AWG	10 AWG	8 AWG	6 AWG	4 AWG	3 AWG	2 AWG	1 AWG	0 AWG
115	1/2	100	160	250	390	620	960	1190	1460	1780	2160

1. Maximum wire lengths shown maintain motor voltage at 95% of service entrance voltage, running at maximum nameplate amperes. If service entrance voltage will be at least motor nameplate voltage under normal load conditions, 50% additional length

is permissible for all sizes.

2. Sizes given are for copper wire. For aluminum wire go two sizes larger (i.e., if table lists #12 copper wire, use #10 aluminum wire.)

Motor Insulation Resistance Readings

*Normal Ohm/Megohm readings for all motors, between all leads and ground. Set ohmmeter to 100K scale.

Condition of Motor and Leads	Ohm Value	Megohm Value
New motor, without power cable	20,000,000 (or more)	20.0
Used motor, which can be reinstalled in tank	10,000,000 (or more)	10.0
Motor in Tank - Readings are Power Cable plus Motor		
New Motor	2,000,000 (or more)	2.0
Motor in reasonably good condition	500,000 to 2,000,000	0.5-2.0
Motor which may be damaged or have damaged power cable <i>Do not pull motor for these reasons</i>	20,000 to 500,000	0.02-0.5
Motor definitely damaged or with damaged power cable <i>Pull motor and repair</i>	10,000 to 20,000	0.01-0.02
Failed motor or power cable — <i>Pull motor and repair</i>	Less than 10,000	0-0.01

Important Electrical Grounding Information

WARNING

Hazardous voltage. Can shock, burn, or kill. To reduce the risk of electrical shock during pump operation, ground and bond the pump and motor as follows:

- To reduce risk of electrical shock from metal parts of the assembly other than the pump, bond together all metal parts accessible at the tank top (including metal discharge pipe, metal tank top, and the like). Use a metal bonding conductor at least as large as the power cable conductors running down the well to the pump's motor.
- Clamp or weld (or both if necessary) this bonding conductor to the grounding means provided with the pump, which will be the equip-

ment-grounding terminal, the grounding conductor on the pump housing, or an equipment-grounding lead. The equipment-grounding lead, when provided, will be the conductor having green insulation; it may also have one or more yellow stripes.

- Ground the pump, motor, and any metallic conduit that carries power cable conductors. Ground these back to the service by connecting a copper conductor from the pump, motor, and conduit to the grounding screw provided within the supply-connection box wiring compartment. This conductor must be at least as large as the circuit conductors supplying the pump.

Save these instructions.

TABLE OF CONTENTS

Warranty.....	1
Safety Instructions.....	2
General.....	2
Electrical.....	2-3
Operation.....	3
Troubleshooting Guide.....	4

Carefully read and follow all safety instructions in this manual or on pump.

A This is the safety alert symbol. When you see this symbol on your pump or in this manual, look for one of the following signal words and be alert to the potential for personal injury!

A DANGER DANGER warns about hazards that will cause serious personal injury, death or major property damage if ignored.

A WARNING WARNING warns about hazards that can cause serious personal injury, death or major property damage if ignored.

A CAUTION CAUTION warns about hazards that will or can cause minor personal injury or property damage if ignored.

The word NOTICE indicates special instructions which are important but not related to hazards.

To avoid serious or fatal personal injury and possible property damage, carefully read and follow the safety instructions.

- A WARNING** Under certain conditions, submersible pumps can develop extremely high pressure. Install a pressure relief valve capable of passing entire pump flow at 75 PSI.
Hazardous pressure

A Do not allow pump, piping, or any other system component containing water to freeze. Freezing may damage system, leading to injury or flooding. Allowing pump or system components to freeze will void warranty.

- A WARNING** Can shock, burn or cause death. To avoid dangerous or fatal electric shock hazard, use pump only in an effluent system. DO NOT install pump in an open body of water (a lake, swimming pool, etc.).
Hazardous voltage

A Install, ground and wire pump according to local and Canadian Electrical Code or National Electrical Code requirements that apply.

A Disconnect electrical power supply before installing or servicing pump.

A Make sure motor nameplate voltage and frequency match line voltage and frequency of power supply.

1. Install pump according to all plumbing, pump and well code requirements.
2. Install an all leg disconnect switch in the power supply near the pump.
3. Two-wire motors are equipped with automatic thermal overload protection which will open the circuit and stop the motor when a thermal overload (excessive heating) exists. When motor cools, overload will reset and motor will restart automatically. This can cause the motor to start unexpectedly and without warning.

GENERAL

Inspect pump and motor for delivery damage. Report any damage immediately to shipping carrier or to Clearstream immediately.

Have any installation, repair, or service work done by your Clearstream dealer.

Never run pump dry.

During system operation, pump must be submerged at all times.

Pipe joint compound can cause cracking in plastics. Use only teflon tape when sealing joints in plastic pipe or connecting pipe to thermoplastic pumps.

Warranty is void in the following conditions:

- Water is highly corrosive.

- If entrained gas or air present in water being pumped reduce the flow and cause cavitation (which can damage the pump).
- Pump has been operated with discharge valve closed (severe internal damage will result).

ELECTRICAL

WIRING/GROUNDING

A WARNING Can shock, burn, or cause death. Permanently ground pump, motor and control box before connecting power supply to motor.
Hazardous voltage

Ground pump and motor in accordance with all codes and ordinances that apply. All wiring must meet National Electrical Code and Canadian Electrical Code (whichever applies). Use copper ground wire at least as large as wires carrying current to motor.

Motor is supplied with copper ground wire. Splice to copper conductor that matches motor wire size specified in Table 2. Use only copper wire for connections to pump.

Permanently ground pump and motor before connecting power cable to power supply. Connect ground wire to approved ground first, then connect to equipment being installed.

Do not ground to a gas supply line.

Float switches or any other approved motor control must match motor input in full load amperes.

For more information, contact your local code officials.

INSTALLATION WIRING INSTRUCTIONS

Single Phase, 2 Wire

2-Wire pumps have two power supply wires (Red/Black) and one ground wire (Green).

1. Fasten power supply wire leads securely to pump discharge section; leave 4-5" of slack in leads at this point. Securely fasten leads to plastic pipe within 6" of the pump discharge section.
2. Ground wire must be as large as wires supplying current to motor. Consult current National Electrical Code or Canadian Electrical Code (as applicable) and local codes for grounding information.
3. Use only submersible power supply wires supplied by pump manufacturer. When installing pump, secure supply wires to discharge pipe with Scotch #33 electrical tape. DO NOT damage pump wires.

NOTICE: To avoid dropping pump or damaging wires or splices, NEVER allow pump wires to support weight of pump.

EFFLUENT APPLICATIONS

Pumps designed and tested for effluent applications must meet the following:

A WARNING Risk of electrical shock. Do not remove cord and strain relief. Do not connect conduit to pump.

1. Only qualified personnel should install the pump and associated control equipment.
2. Vent sewage tank according to local code.
3. Do not install pump in any location classified as hazardous by National Electrical Code, ANSI/NFPA 70-1984.
4. These pumps are intended for permanent connection only. Provide strain relief at control box for power supply cord connection to box. All control components must be UL listed and suitable for end use application.

PUMP INSTALLATION

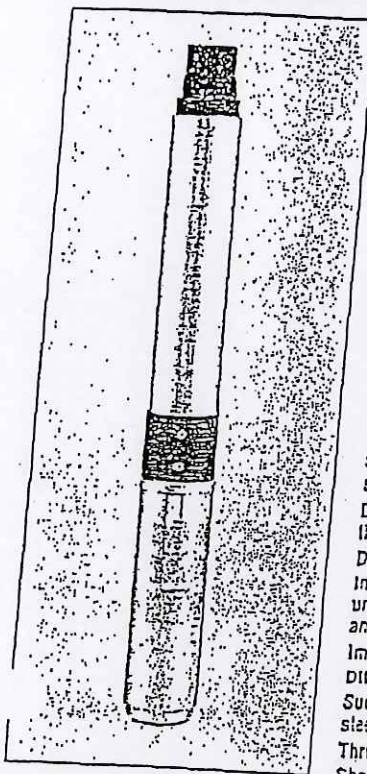
1. Make sure that pump and motor are free to rotate by turning the shaft by hand.
2. To prevent dropping pump, lower it by the drop pipe, not by the cables. The electrical cables will not hold the pump weight.
3. Discharge outlet is 1-1/4" NPT threaded.

NOTICE: Pump discharge is left-hand thread into pump shell. If installing external check valve, hold discharge with pipe wrench to prevent loosening discharge in shell.

4. If pump is to be operated with an open discharge, a discharge valve must be installed. Before startup, open this valve about 1/3

P20

Submersible Effluent Pump



GENERAL DESCRIPTION

The P20 multistage submersible effluent pump constructed from precision-engineered, corrosion-resistant materials, is an industry leader in high pressure effluent removal. The floating stack design resists abrasion wear and reduces motor bearing thrust loading. These pumps feature the patented Signa-Seal™ design, which provides dry running capability in the event of a system failure. This patented Signa-Seal design has no industry equal.

APPLICATIONS

Designed for pumping filtered effluent.

SPECIFICATIONS

Shell: stainless steel
 Discharge: fiberglass-reinforced thermoplastic
 Discharge bearing: Nylatron®
 Intermediate bearing: (on larger units) polycarbonate, nitrile rubber, and stainless steel
 Impellers: Delrin®
 Diffusers: Lexan®
 Suction caps: Lexan® with stainless steel insert
 Thrust pads: proprietary spec.
 Shaft and coupling: stainless steel
 Intake: fiberglass-reinforced thermoplastic
 Intake screen: polypropylene
 Cable guard: stainless steel
 Agency Listings: UL 778

FEATURES

- Patented Staging System — Our proven Signa-Seal™ staging system incorporates a harder-than-sand ceramic wear surface that when incorporated with our floating stack design, greatly reduces problems with abrasives, sand lock-up and running dry.
- Discharge — Fiberglass-reinforced thermoplastic material for durability in aggressive water. Octagon-shaped to fit pipe wrench.
- Discharge Bearing — Exclusive self-lubricating Nylatron® bearing resists wear from sand.
- Intake — Fiberglass-reinforced thermoplastic material for durability in aggressive water.
- Shaft — Positive drive from hexagonal heavy-duty 300 grade stainless steel.
- Coupling — Stainless steel press fit to pump shaft. Couples to all standard NEMA motors.
- Shell — Highest grade, heavy-walled corrosion-resistant stainless steel. Threaded for easy servicing.
- Hardware — All screws, washers and nuts are corrosion-resistant 300 grade stainless steel.
- Check Valve — Durable internal check valve.
- Cable Guard — Corrosion-resistant stainless steel guard protects motor leads. Tapered ends prevent pump from catching on well.
- Corrosion-proof intake screen
- Franklin Electric Motor — 100% corrosion-resistant stainless steel construction. Constant lubrication through water-filled design. Hermetically-sealed stator assures moisture-free windings. Built-in surge arrester provided on 1/2 HP through 1-1/2 HP, single-phase pumps for added protection. All thrust absorbed by durable Kingsbury-type thrust bearing. Replaceable motor lead assembly. NEMA standard motors, 2- and 3-wire.

ORDERING INFORMATION

Model No.	HP	Max. Load Amps	Volts	Phase/Cycles	Cord Length
P20	1/2	12	115	1/60	100'

PERFORMANCE

Discharge Pressure PSI	57	52	44	33	19
Gallons Per Minute	10	15	20	25	30



This product is listed to UL Standards for Safety by Underwriters Laboratories Inc. (UL).

© Nylatron is a registered trademark of Polymer Corp.

© Lexan is a registered trademark of General Electric Co.

© Delrin is a registered trademark of E.I. DuPont de Nemours and Co.

Specifications are subject to change without notice.

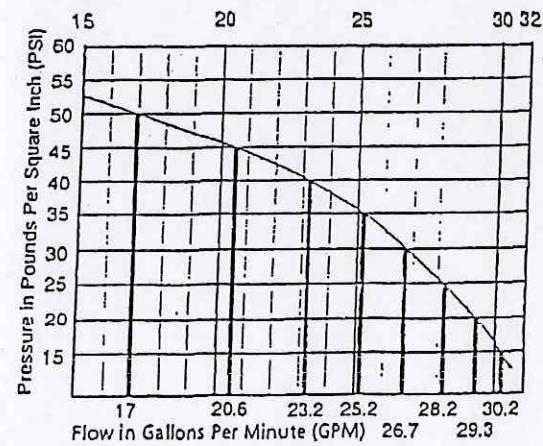


— NOTE —

We have a wide range of sump/sewage/effluent pumps to offer. If you need a catalog showing other available units, please contact your Clearstream representative.

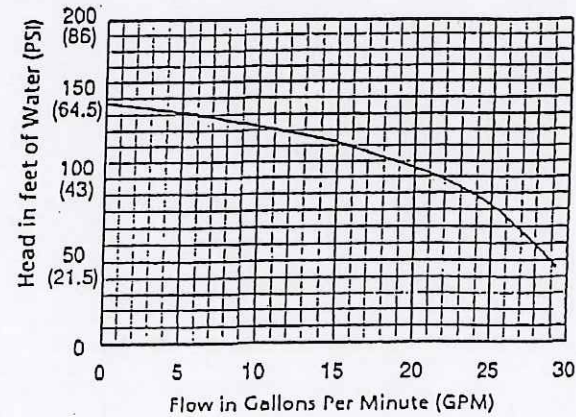
TROUBLESHOOTING GUIDE

PROBLEM	CHECK	CORRECTIVE ACTION
Motor will not start but fuses do not blow No voltage.	No voltage at control box or disconnect switch. Electrical cable bad. Control box incorrectly wired.	Replace blown fuses or bad cable. Consult licensed electrician or serviceman. Reconnect control box correctly (see Wiring Installation Diagrams).
Fuses blow or overload protector trips when motor starts Wrong size fuse or wrong size time delay fuse. Wire size too small. Low or high voltage.	Check fuse size against chart, Page 2. Check wire size against chart, Page 3. Check that line voltage is within $\pm 10\%$ of nameplate rated voltage while motor is running.	Install correct fuse or time delay fuse. Install correct size wire. If voltage variation is greater than $\pm 10\%$, call power company or local hydro authority to adjust voltage.
Power supply wire leads not correctly connected to control box. Broken wire in control box. Pump or motor stuck or binding.	Check control box wiring diagram against incoming power hookup. Check power supply wire color coding. Examine all connections and wiring in control box. Check for locked shaft in pump.	Reconnect leads to match wiring diagram in control box cover. Reconnect power supply wires so wire color code matches motor lead color code. Disconnect power and repair or replace faulty wire. If necessary, pull pump (make all possible above ground checks first). If pump is locked, replace it. Clean tank of all sand or lime, or solids before reinstalling pump.
Power supply wires or motor leads grounded, shorted, or open.	Consult licensed electrician or qualified serviceman.	Have a qualified serviceman or electrician make necessary cable repairs.
Fuses blow or overload protector trips when motor is running Low or high voltage.	Check that line voltage is within $\pm 10\%$ of rated nameplate voltage while motor is running.	If voltage variation is more than $\pm 10\%$, call power company to adjust voltage.
High ambient (atmospheric) temperature. Wire size too small.	Check temperature of tank. Check wire size against chart, Page 3.	Protect tank from direct sunlight. Install correct wire size.
Pump starts too frequently Leaks in system. Level switch. Check valves leaking.	Check plumbing for leaks. Check for defective switch or switch out of adjustment. Make sure check valves are not leaking back.	Re-adjust or replace level switch. Replace check valves if necessary.
Little or no water delivered Check valve stuck or installed backwards Low voltage.	Examine valve. Check voltage at control box with pump running. Check incoming wire size and power supply wire size against chart, Page 3.	If stuck, free valve; if installed backwards, reverse it. Install larger wire from meter to control box. Install larger wire from control box to pump. If necessary, have power company raise supply voltage.
Plugged intake screen. Check valve at pump discharge stuck. Worn impellers and diffusers. Pump doesn't develop enough pressure ("head"). Plugged impellers	Pull pump and check condition of screen. Pull pump and examine check valve. Make sure system is clear of obstructions and pump is in solid water and operating normally. Check pump curve against operating conditions. Pull pump and examine impellers	Clean or replace as necessary. Free check valve. Replace pump. Replace pump with "higher head" pump. Clean impellers or replace pump stack.



Performance in GPM at Various Sprinkler Pressures in PSI

PSI	15	20	25	30	35	40	45	50
GPM	30.2	29.3	28.2	26.7	25.2	23.2	20.6	17



Performance in Feet of Head at Gallons per Minute

GPM	0	5	10	15	20	25
Ft/Hd	147	140	132	122	112	81

PROPLUS® GEAR DRIVEN SPRINKLER SETTING INSTRUCTIONS

NOTE: All of our sprinklers are preset for you with a 90° arc setting, and include a pre-installed #2.5 nozzle.

CHANGING A NOZZLE

1 USE YOUR K-KEY

After you remove the nozzle retention screw with your K-Key, insert the K-Key into the keyhole on the top of the turret. Then, turn the K-Key 1/4 turn so it doesn't slip out of the hole when you pull it up.

2 PULL UP THE RISER

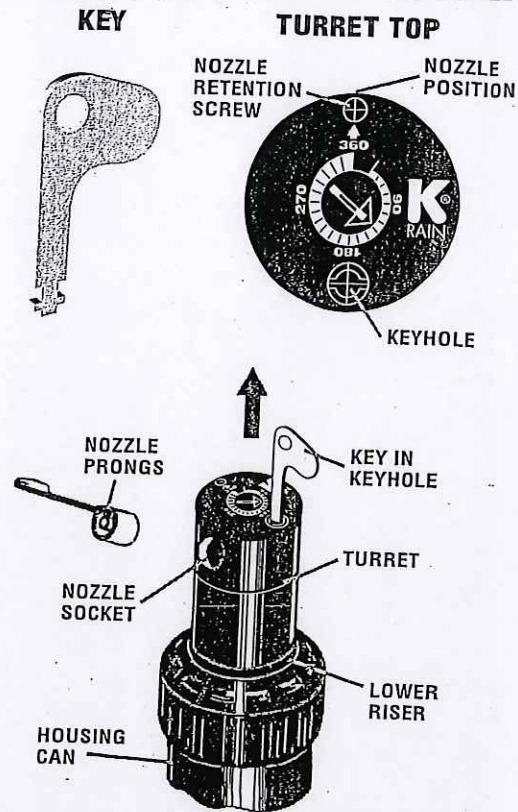
Firmly pull the entire spring loaded riser up with the K-Key to access the nozzle socket. Hold the riser up with one hand.

3 REMOVE THE NOZZLE

With the nozzle retention screw removed, insert the K-Key into the slot directly under the nozzle "prongs" at the top of the nozzle. Now, pivot your K-Key 1/4 of a turn to "hook" the nozzle and pull the nozzle out.

4 INSTALL A NOZZLE

Press the desired nozzle into the nozzle socket. Make sure the nozzle number is visible and the nozzle "prongs" are up. Then, re-install the nozzle retention screw. **NOTE:** The nozzle retention screw is also a break-up screw and adjusts the distance of the spray.

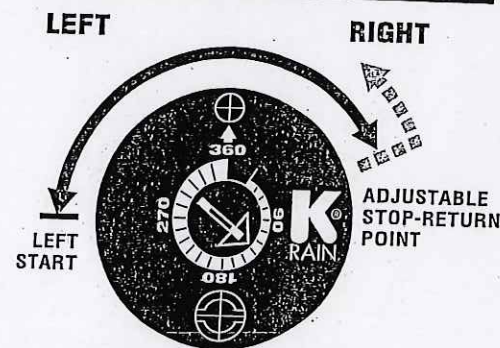


PROPLUS IS ADJUSTABLE AND CONTINUOUS 360° ALL IN ONE MODEL

SETTING THE ARC ADJUSTMENT (PRESET AT 90°)

5 FIND THE LEFT START POSITION

First, rotate the turret with your fingers around to the RIGHT (clockwise) until it stops. Then, rotate the turret around to the LEFT until it stops again. This is the LEFT START position. The sprinkler will begin spraying from this point and will rotate clockwise.



6 TO CHANGE THE ARC SETTING BEFORE INSTALLATION

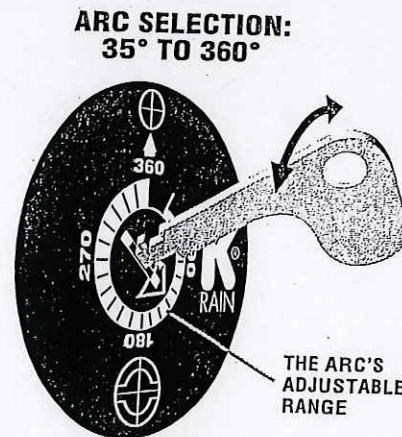
Follow step 5 above to find the LEFT START as a reference point. To INCREASE THE ARC, insert the K-Key into the arc indication ARROW SLOT at the center of the turret. While holding the turret with your fingers, turn the K-Key CLOCKWISE until the arc INDICATION ARROW POINTS TO the RIGHT STOPPING POINT.

WHEN SET AT 360°, PROPLUS WILL ROTATE CONTINUOUSLY IN A CLOCKWISE DIRECTION.

To DECREASE THE ARC, hold the turret steady and turn the K-Key COUNTERCLOCKWISE to the desired setting.

WITH THE SPRINKLER RUNNING

Follow step 2, hand-spinning the turret gently in the direction it is spraying. Once you have found the LEFT START as a reference point, following the directions to INCREASE THE ARC or DECREASE THE ARC as shown above.



SPRINKLER INSTALLATION

7 INSTALL AND BURY

Thread the sprinkler on the pipe. Bury the sprinkler flush to grade.

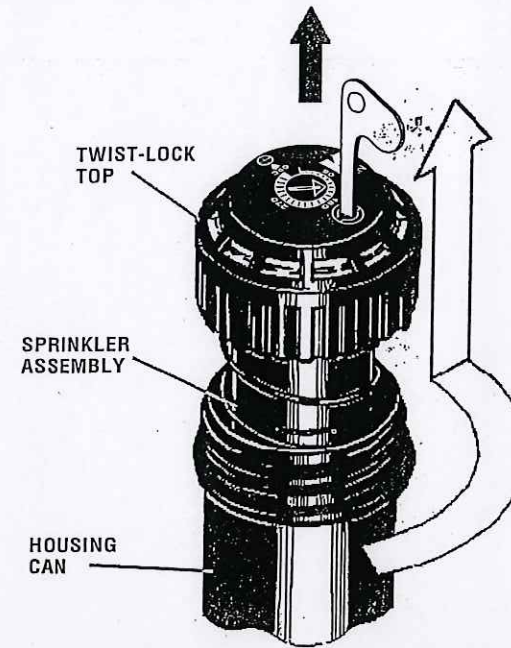
POINTING THE LEFT START

8 TURN THE CAN

You can orient the LEFT START position (the point where the sprinkler will begin spraying) by simply turning the entire sprinkler housing can on the pipe. Visually point the slot/arrow where you want the sprinkler to begin spraying.

OR TURN THE LOWER PORTION OF THE RISER

Pull the riser up with your K-Key. Grab the LOWER portion of the riser, and rotate it to orient the nozzle to the desired LEFT starting position. **IMPORTANT: DO NOT GRAB THE TOP PORTION OF THE RISER.**



9 INSPECTING THE FILTER

Unscrew the top and lift the complete sprinkler assembly out of the housing can. The filter is on the bottom of the sprinkler assembly and can easily be pulled out, cleaned and re-installed.

STANDARD NOZZLE PERFORMANCE CHART

Nozzle	US			METRIC			Flow LM	Flow M ³ /H
	Pressure PSI	Radius Ft.	Flow GPM	Pressure KPa	Radius Meters	Flow Bars		
#0.5	30	28'	.5	207	2.07	8.5	1.89	.11
	40	29'	.6	276	2.76	8.8	2.27	.14
	50	29'	.7	345	3.45	8.8	2.65	.16
	60	30'	.8	414	4.14	9.1	3.03	.18
#0.75	30	29'	.7	207	2.07	8.8	2.65	.16
	40	30'	.8	276	2.76	9.1	3.03	.18
	50	31'	.9	345	3.45	9.4	3.41	.20
	60	32'	1.0	414	4.14	9.8	3.79	.23
#1	30	32'	1.0	207	2.07	10.1	3.79	.23
	40	33'	1.3	276	2.76	10.7	4.92	.30
	50	34'	1.4	345	3.45	10.6	5.30	.32
	60	35'	1.5	414	4.14	11.6	5.68	.34
#2	30	37'	2.1	207	2.07	11.6	7.95	.48
	40	40'	2.5	276	2.76	11.9	9.46	.57
	50	42'	3.0	345	3.45	12.2	11.36	.68
	60	43'	3.1	414	4.14	12.5	11.73	.70
#2.5	30	38'	2.5	207	2.07	11.6	9.46	.57
	40	39'	2.8	276	2.76	11.9	10.60	.64
	50	40'	3.2	345	3.45	12.2	12.11	.73
	60	41'	3.5	414	4.14	12.5	13.25	.79
#3	30	38'	2.8	207	2.07	12.5	10.60	.64
	40	39'	3.3	276	2.76	12.8	12.49	.75
	50	41'	3.6	345	3.45	13.7	13.63	.82
	60	42'	4.2	414	4.14	14.0	15.90	.95
#4	30	43'	3.9	207	2.07	13.1	14.76	.89
	40	44'	4.5	276	2.76	13.7	17.03	1.02
	50	46'	5.4	345	3.45	14.3	20.44	1.23
	60	49'	5.8	414	4.14	15.9	21.95	1.32
#6	40	45'	6.2	276	2.76	14.9	23.47	1.41
	50	46'	7.0	345	3.45	15.5	26.50	1.59
	60	48'	7.9	414	4.14	16.5	29.90	1.79
	70	49'	8.1	483	4.83	16.8	30.66	1.84
#8	40	42'	8.0	276	2.76	14.3	30.28	1.82
	50	45'	8.9	345	3.45	15.5	33.69	2.02
	60	49'	9.6	414	4.14	16.2	37.09	2.23
	70	50'	10.6	483	4.83	16.8	40.12	2.41

LOW ANGLE NOZZLE PERFORMANCE CHART

Nozzle	US			METRIC			Flow LM	Flow M ³ /H
	Pressure PSI	Radius Ft.	Flow GPM	Pressure KPa	Radius Meters	Flow Bars		
#1	30	22'	1.5	207	2.07	6.71	5.68	.34
	40	24'	1.7	276	2.76	7.32	6.43	.39
	50	26'	1.8	345	3.45	7.92	6.81	.41
	60	28'	2.0	414	4.14	8.53	7.57	.45
#3	30	29'	3.0	207	2.07	8.84	11.36	.68
	40	32'	3.1	276	2.76	9.75	11.73	.70
	50	35'	3.5	345	3.45	10.67	13.25	.79
	60	37'	3.8	414	4.14	11.28	14.38	.86
#4	30	31'	3.4	207	2.07	9.45	12.87	.77
	40	34'	3.9	276	2.76	10.36	14.76	.89
	50	37'	4.4	345	3.45	11.28	16.65	1.00
	60	38'	4.7	414	4.14	11.58	17.79	1.07
#6	40	38'	6.5	276	2.76	11.58	24.60	1.48
	50	40'	7.3	345	3.45	12.19	27.63	1.66
	60	42'	8.0	414	4.14	12.80	32.28	1.82
	70	44'	8.6	483	4.83	13.41	32.55	1.95

DATA REPRESENTS TEST RESULTS IN ZERO WIND FOR PROPLUS. ADJUST FOR LOCAL CONDITIONS. RADIUS MAY BE REDUCED WITH NOZZLE RETENTION SCREW.

§285.37. On-Site Sewage Facilities and Water Treatment Equipment and Appliances

(a) Water treatment equipment is defined as an appliance, which includes water softeners and reverse osmosis systems, used to:

- (1) alter the mineral content of water;
- (2) alter the microbiological content of water;
- (3) alter other substances found in water; or
- (4) purify water.

(b) Back flush or discharge from water treatment equipment installed on or after September 1, 2003, may be discharged into an on-site sewage facility (OSSF) as provided in this subsection.

(1) Water softener.

(A) The water softener must regenerate using a demand-initiated regeneration (DIR) control device. The water softener must be clearly labeled as being equipped with a DIR control device as follows:

- (i) the label shall be affixed to the outside of the water softener so the label can be easily inspected and read; and
- (ii) the label shall provide the name of the company that installed the water softener.

(B) A water softener may be connected to an OSSF with a non-standard or proprietary treatment system only as described in §285.32(c) and (d) of this title (relating to Criteria for Sewage Treatment Systems) if the water softener drain line:

- (i) bypasses the treatment system; and
- (ii) connects directly to a pump tank if the OSSF has a pump tank or directly to the pipe between the treatment system and the disposal system if no pump tank exists.

(C) An owner may continue to use a water softener that discharges to an OSSF and does not meet the requirements of subparagraph (A) of this paragraph if the water softener was installed before September 1, 2003. An owner must replace any water softener installed before September 1, 2003, with a water softener that meets the requirements of subparagraphs (A) and (B) of this paragraph at such time as:

- (i) an owner replaces the existing water softener; or
- (ii) an owner or installer installs, alters, constructs, or repairs an OSSF for the structure or property served by the existing water softener.

(2) Reverse osmosis system.

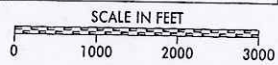
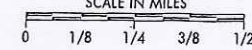
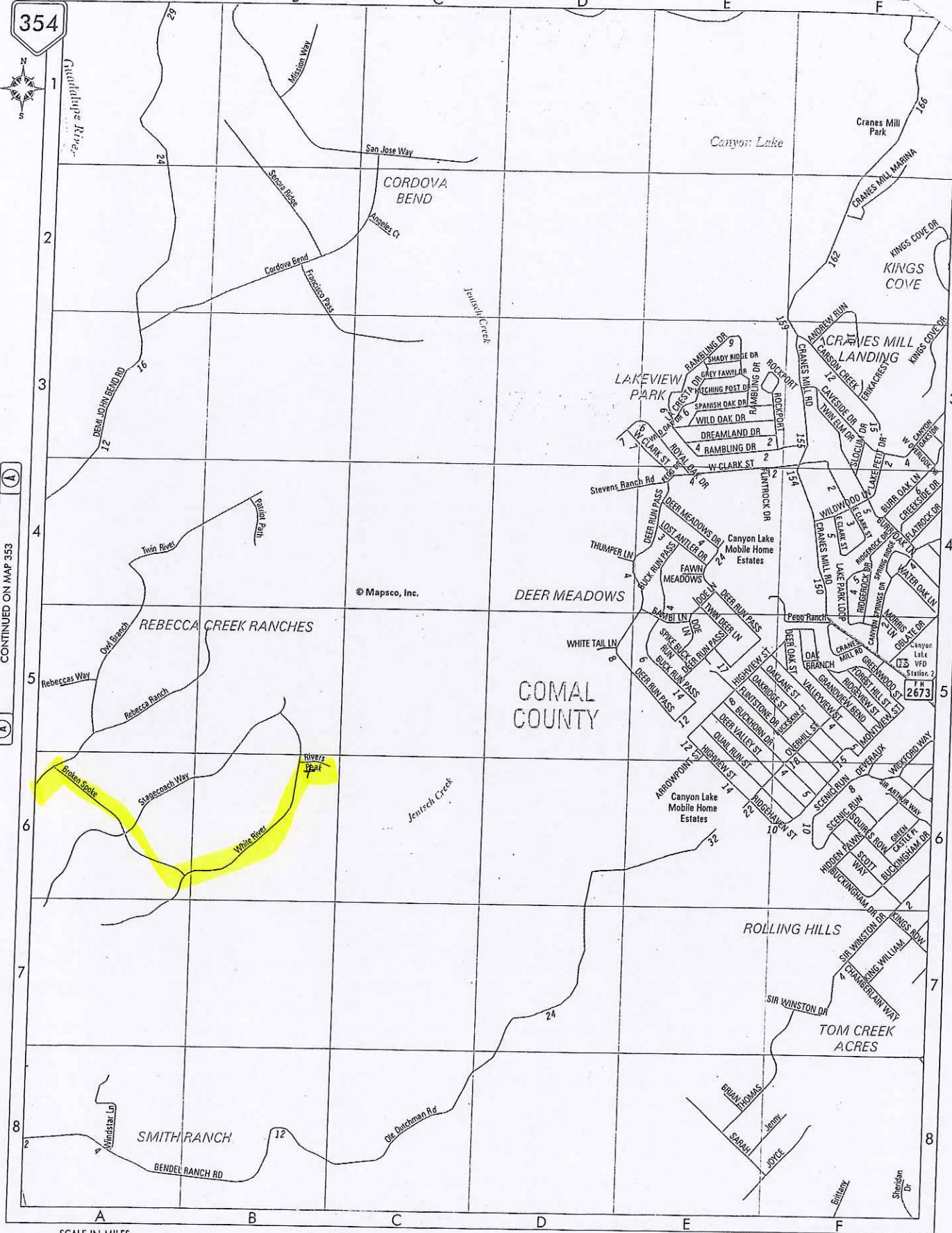
(A) Point-of-use (under sink unit) reverse osmosis systems. The back flush from a point-of-use reverse osmosis system may be discharged into an OSSF without including calculations of the back flush water volume in the OSSF planning materials.

(B) Point-of-entry (whole house unit) reverse osmosis systems. The back flush from a point-of-entry reverse osmosis system may be discharged into an OSSF if:

- (i) the owner can demonstrate that the point-of-entry reverse osmosis system does not cause hydraulic overloading of the OSSF; or
- (ii) the water volume from the point-of-entry reverse osmosis system is accounted for (added to the usage rate in §285.91(3) of this title (relating to Tables)) by providing calculations of the increase in wastewater volume with the OSSF planning materials.

(3) Water treatment equipment other than water softeners and reverse osmosis systems. If an owner uses water treatment equipment other than water softeners or reverse osmosis systems, the back flush from the water treatment equipment may be discharged into an OSSF if the water volume is added to the OSSF usage rate in §285.91(3) of this title. This water volume calculation must be provided with the OSSF planning materials.

(c) Discharges from all water treatment equipment shall enter the OSSF system through an airgap or an airgap device as required in the Uniform Plumbing Code (2000).

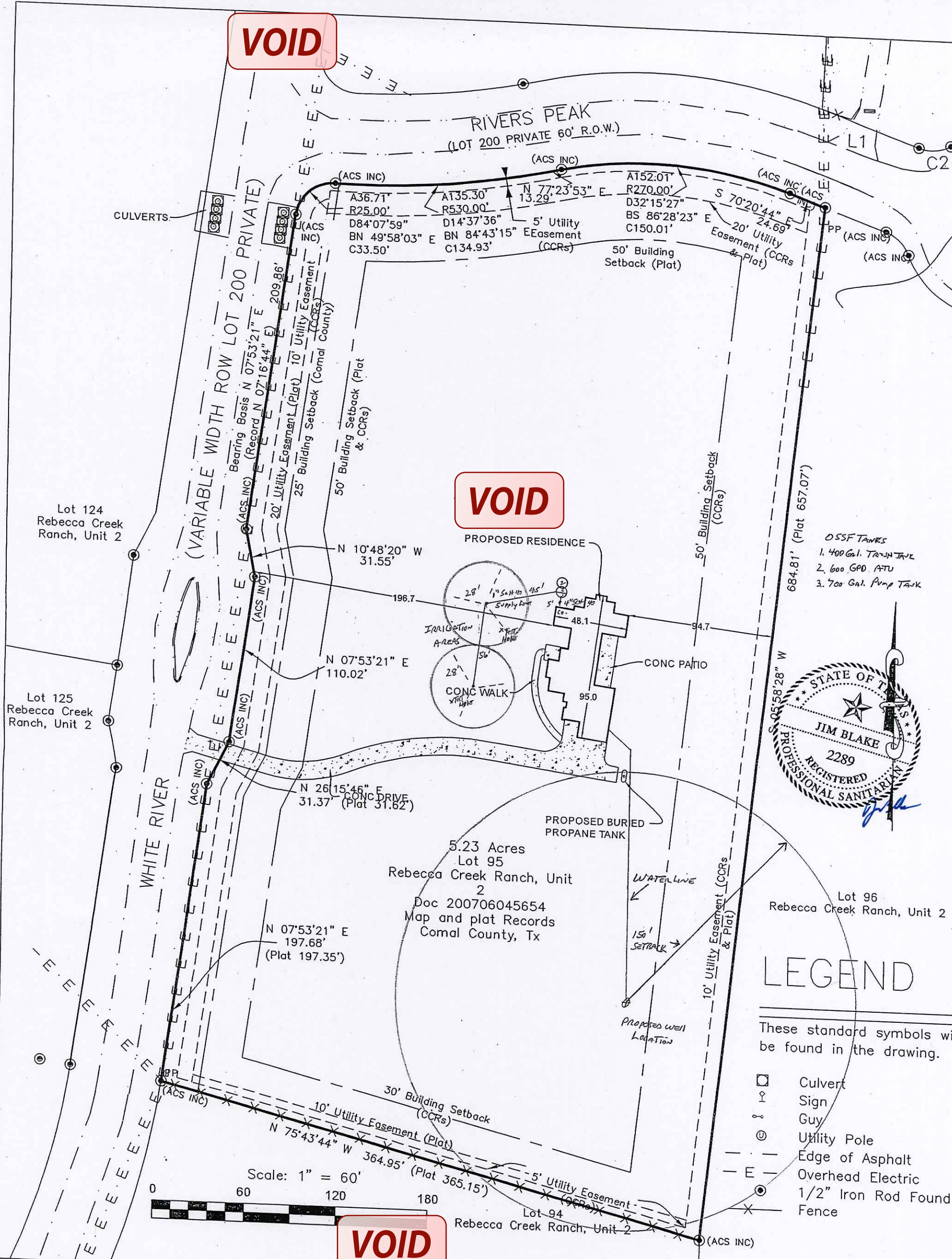


VOID

RIVERS PEAK
(LOT 200 PRIVATE 60' R.O.W.)

VOID

VOID



- OSSF TANKS
- 1,400 Gal. TANK TANK
 - 2, 600 GPD ATU
 - 3, 700 Gal. Pump Tank



LEGEND

- These standard symbols will be found in the drawing.
- Culvert
 - Sign
 - Guy
 - Utility Pole
 - Edge of Asphalt
 - Overhead Electric
 - 1/2" Iron Rod Found
 - Fence

PREPARED FOR:
CAITLIN & DAVID SMITH, JR.
1004 WHITE RIVER
CANYON LAKE, TEXAS

PLOT PLAN OF LOT 95, REBECCA CREEK RANCHES, UNIT 2, ACCORDING TO PLAT RECORDED IN DOCUMENT NUMBER 200706045654, MAP AND PLAT RECORDS, COMAL COUNTY, TEXAS.

SEPTEMBER 13, 2018

Flood Statement: According to the Flood Insurance Rate Map (FIRM) No. 48091C0230F, dated September 2, 2009, this property is located in Zone X: Areas determined to be outside the 0.2% annual chance floodplain.

Rickman Land Surveying
419 Big Bend Canyon Lake, Texas 78133 Phone (830) 935-2457
www.rickmanlandsurveying.com TBPLS Firm No. 101919-00

Hernandez, Sandra

From: Hernandez, Sandra
Sent: Tuesday, September 11, 2018 10:21 AM
To: 'JB Septics Systems Inc.'
Subject: 108080 deficiency comment

RE: Rebecca Creek Ranches, Unit 2, Lot 95

Jim,
We received planning materials for the referenced permit application on September 05, 2018 and found those planning materials to be deficient. In order to continue processing this permit, we need the following information:

1. Show all property dimensions on your site plan, and resubmit to our office.

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

Thank you,

*Sandra Ann Hernandez
Environmental Health Assistant
Comal County Engineers Office
New Braunfels, Texas 78132
830-608-2090 Office
830-608-2078 Fax
www.cceo.org*

② 3/10



201606011106 03/15/2016 04:13:38 PM 1/3

16-243791-BU
C TOT-DT

Warranty Deed with Vendor's Lien

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.

Date: March 11, 2016

Grantor: **Reb-Creek Development Corporation, a Texas corporation**

Grantor's Mailing Address: 500 Capital of Texas Hwy. N., Building #7, Austin, Texas 78746

Grantee: **David Scott Smith, Jr. and Caitlin K. Smith, husband and wife**

Grantee's Mailing Address: 343 Lake Forest, Canyon Lake, Texas 78133

Consideration:

Cash and other good and valuable consideration along with a note of even date executed by Grantee and payable to the order of Schertz Bank & Trust in the principal amount of \$68,000.00. The note is secured by a first and superior vendor's lien and superior title retained in this deed in favor of Schertz Bank & Trust and by a first-lien deed of trust of even date from Grantee to Mark Sunderman, trustee.

Property (including any improvements):

Lot 95, Rebecca Creek Ranches, Unit 2, an Addition in Comal County, Texas, according to the Map or Plat recorded in Map Document No. 200706045654, Map and Plat Records, Comal County, Texas.

Reservations from Conveyance:

This conveyance is made and accepted subject to all restrictions, reservations, covenants, and exceptions appearing of record in the Official Public Records of Real Property (and related and predecessor real property records) of Comal County, Texas, to the extent such matters are applicable to the Property, including, but not limited to:

The following easement(s) and/or building line(s) affecting the subject property as shown on Map or Plat recorded in County Clerk's File No. 200706045654, Map and Plat Records, Comal County, Texas;

50 foot building line along the Northern and Western property lines.

20 foot utility easement along the front property line, per typical drawing and 10 foot utility easement along the front property line, per plat notes.

10 foot utility easement along all side and rear property lines, per plat note.

Easement as created in instrument executed by Monier Ranch, a Texas general partnership to Guadalupe Valley Telephone Cooperative, Inc., a non-profit cooperative corporation dated January 20, 1993, filed March 10, 1993, recorded in Volume 874, Page 165, Real Property Records, Comal County, Texas, and as shown on plat recorded in County Clerk's File No. 200706045654, Map and Plat Records, Comal County, Texas.

Conveyance of an undivided royalty interest in and to all of the oil, gas and other minerals as set forth in Royalty Deed executed by Kurt A. J. Monier and wife, Frances D. Monier a/k/a Frances B. Monier to William K. Monier and Mrs. Martha E. Steves, dated December 21, 1967, filed December 27, 1967, recorded in Volume 158, page 53, Real Property Records, Comal County, Texas. The company makes no representation as to the present ownership of this interest(s).

Water quality control zoning or ruling orders by the Water Quality Board of Texas, The Environmental Protection Agency or any other governmental authority having jurisdiction over the Property because of location or in connection with the Property being located over the Edwards Underground Aquifer or recharge zone and set forth in instrument filed June 30, 2005, recorded in County Clerk's File No. 200506023701, Real Property Records of Comal County, Texas.

- 1) Building and zoning ordinances and other laws and regulations and police powers at they may affect the property
- 2) Real property taxes for the current year and subsequent years, not yet due and payable and subsequent taxes and assessments by any taxing authority for prior years due to change in land use or ownership.
- 3) Visible and apparent easements, and all underground utility easements, if any affecting any portion of the Property.
- 4) Any matters that would be reflected on a current survey of the Property.
- 5) Any discrepancies, conflicts, shortages in area or boundary lines or any encroachments, or protrusions or any overlapping of improvements.

The terms, provisions, easements, covenants, restrictions and lien for assessments as set forth in restrictions recorded in County Clerk's File No(s). 200606009690, 200606029639 and 200706047237, Real Property Records, Comal County, Texas, when taken with all Amendments and/or Supplements thereto.

Exceptions to Conveyance and Warranty:

Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds

Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

The vendor's lien against and superior title to the Property are retained until each note described is fully paid according to its terms, at which time this deed will become absolute. The Vendor's Lien and Superior Title herein retained are hereby transferred, assigned, sold and conveyed to Schertz Bank & Trust, the payee of such Note, and the successors and assigns of such payee.


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

EXECUTED this 11 day of March, 2016.

Reb-Creek Development Corporation,
a Texas corporation

By: [Signature]
Its: Authorized Agent

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
03/15/2016 04:13:38 PM
LAURA 3 Page(s)
201606011106

 Bobbie Koepf

THE STATE OF Texas §
COUNTY OF Comal §

The foregoing instrument was acknowledged before me on the 11 day of March, 2016 by Tom Taylor, authorized agent of Reb-Creek Development Corporation, a Texas corporation.



[Signature]
NOTARY PUBLIC, STATE OF
Texas

AFTER RECORDING, RETURN TO:
343 Lake Forest
Canyon Lake, TX 78133

PREPARED IN THE LAW OFFICE OF
Shaddock & Associates, P. C.
2400 N. Dallas Parkway, Ste. 560
Plano, Texas 75093

**J.B. Septic Systems, Inc.
Two-Year Initial Service Policy**

System Owner:
David & Caitlin Smith

Brand Name: Clearstream Wastewater System
System Name: Primary
Serial Number: 120070-06 NC-3T
Model Number: 600 NC-3T
Permit Number: 108080
Effective: 3/18/2019 thru 3/18/2021

Site Legal Description: 1612 White River, Lot 95, Unit 2
Rebecca Creek Ranches, Comal County

J. B. Septic Maintenance, Inc. will inspect and service your Clearstream Aerobic Treatment Plant once every four months for a period of two years. The service policy starts the date the "License To Operate" is issued by the permitting authority. This initial two year Service Policy will be at no additional charge to the property owner as required by State guidelines.

Before this initial two-year service policy expires, JB Septic Maintenance, Inc will notify you. Upon renewal of the contract, a copy of the new contract shall be submitted to the permitting authority. If the property owner or maintenance company desire to discontinue the maintenance contract, the maintenance company shall notify, in writing, the permitting authority at least 30 days prior to the date service will cease.

Testing and Reporting

J.B. Septic Maintenance, Inc. shall test and report on this system as required by rule on the following:

1. An Inspection/Service Call every 4 months, which includes inspections, adjustment, and servicing of the mechanical and electrical component parts as necessary to ensure proper function.
2. An effluent quality inspection every 4 months, consisting of a visual check for color, turbidity, scum overflow, and an examination for odors.
3. A sample shall be pulled from the aeration tank every 4 months to determine if there is an excess of solids in the treatment plant. If the test results determine a need for solids removal, the user will be notified and the system will be pumped upon owner authorization.
4. If any improper operation is observed which cannot be corrected at the time, the user shall be notified immediately in writing of the conditions and the estimated date of correction.
5. If required, a chlorine residual test will be taken at each visit. (BOD and TSS annually on commercial only.) If a grab test is required, the Owner will be responsible for the cost of the grab test.

The owner is responsible for keeping chlorine (Bleach) in the chlorinator as well as the cost of the chlorine.

J.B. Septic Maintenance, Inc. has been certified by the manufacturer of your system, and will be responsible for fulfilling the requirements of this Maintenance Contract, as well as responding to any alarms and/or addressing any concerns by the owner.

VIOLATIONS OF WARRANTY including shutting off the electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, or introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.

This Policy Does Not Include;

1. Cost of Pumping Sludge From Unit If Necessary.
2. Cost of System Repair Due to Damage or Parts Failure Due to Neglect.
3. Cost of Replacement of "Normal Wear & Tear" Items During Routine Maintenance Visits.

The Maintenance Company and the Owner agree to abide by the service policy as stated above.

MAINTENANCE COMPANY:

J.B. Septic Maintenance, Inc.
P.O. Box 1609
Helotes, Texas 78023
(830) 931-0292

Installation Company:

J.B. Septic Systems, Inc.
P.O. Box 1609
Helotes, Texas 78023

MANUFACTURER:

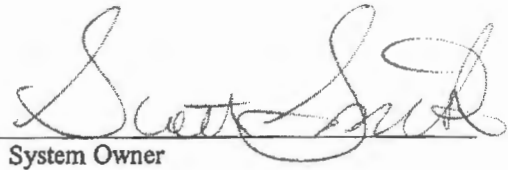
Clearstream Wastewater Systems, Inc.
P.O. Box 7568
Beaumont, Texas 77726-7568
(409) 755-1500

Permitting Authority:

Comal County Office of Environmental Health
195 David Jonas Drive
New Braunfels, TX 78676
(830) 608-2094



Jim Blake, Sr., J. B. Septic Maintenance, Inc.



System Owner

Service Company Operator License Number: MP0000892

Aerobic Septic System Inspection Report

Submitted by:

J. B. Septic Maintenance, Inc.

Contact: Jim Blake

Installation Date: 3/18/2019

Scheduled Report

Permit Number: 108080

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every 4 months. Date of inspection visit: 8/1/2019

2. System inspected: Owner: David & Caitlin Smith

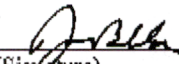
System Name: Primary Property Address: 1612 White River

Serial Num: 120070-06 NC 37 City, State., ZipCode: Canyon Lake, TX 78133

Brand Name: Clearstream

Inspected by: Chris Ethridge

Model Num: 600 NC 3T


(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Electrical Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprayfield Vegetation/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to system (list all components replaced):

4. Tests required and results:

<u>Test</u>	<u>Required</u> <small>Check if YES</small>	<u>Results</u> <small>mg/l, mpn/100 ml, or trace</small>	<u>Test Method</u>
BOD (Grab)	<input type="checkbox"/>		
TSS (Grab)	<input type="checkbox"/>		
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	0.2mg/L	DPD
Fecal Coliform	<input type="checkbox"/>		

5. Comments:

PT= 0"
 ATU= 0%
 TT= 1" Lids Secured at Departure

Aerobic Septic System Inspection Report

Submitted by:

J. B. Septic Maintenance, Inc.

Contact: Jim Blake

Installation Date: 3/18/2019

Scheduled Report

Permit Number: 108080

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every 4 months. Date of inspection visit: 12/6/2019

2. System inspected:

Owner: David & Caitlin Smith

System Name: Primary

Property Address: 1612 White River

Serial Num: 120070-06 NC 3] City, State., Zip Code: Canyon Lake, TX 78133

Brand Name: Clearstream

Inspected by: Victor Alvarado

Model Num: 600 NC 3T



(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Electrical Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprayfield Vegetation/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to system (list all components replaced):
replaced diffuser stone

4. Tests required and results:

<u>Test</u>	<u>Required</u> <small>Check if YES</small>	<u>Results</u> <small>mg/l, mpn/100 ml, or trace</small>	<u>Test Method</u>
BOD (Grab)	<input type="checkbox"/>		
TSS (Grab)	<input type="checkbox"/>		
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	0.2mg/L	DPD
Fecal Coliform	<input type="checkbox"/>		

5. Comments:

PT= 1 "
ATU= 5%
TT= 1 " Lids Secure at Departure.

Aerobic Septic System Inspection Report

Submitted by:

J. B. Septic Maintenance, Inc.

Contact: Jim Blake

Installation Date: 3/18/2019

Scheduled Report

Permit Number: 108080

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every 12 months.

Date of inspection visit: 3/9/2020

2. System inspected:

Owner: David & Caitlin Smith

System Name: Primary

Property Address: 1612 White River

Serial Num: 120070-06 NC 31 City, State., Zip Code: Canyon Lake, TX 78133

Brand Name: Clearstream

Inspected by: Pete Prado

Model Num: 600 NC 3T


(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Electrical Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprayfield Vegetation/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to system (list all components replaced):

4. Tests required and results:

Test	Required Check if YES	Results mg/l, mpn/100 ml, or trace	Test Method
BOD (Grab)	<input type="checkbox"/>	_____	_____
TSS (Grab)	<input type="checkbox"/>	_____	_____
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	0.2mg/L	DPD
Fecal Coliform	<input type="checkbox"/>	_____	_____

5. Comments:

PT= 0 "
ATU= 0%
TT= 1 " Lids Secure at Departure.

Aerobic Septic System Inspection Report

Submitted by:

J. B. Septic Maintenance, Inc.

Contact: Jim Blake

Installation Date: 3/18/2019

Scheduled Report

Permit Number: 108080

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every 4 months. Date of inspection visit: 3/9/2020

2. System inspected:

Owner: David & Caitlin Smith

System Name: Primary

Property Address: 1612 White River

Serial Num: 120070-06 NC 31 City, State., Zip Code: Canyon Lake, TX 78133

Brand Name: Clearstream

Inspected by: Pete Prado

Model Num: 600 NC 3T


(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Electrical Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprayfield Vegetation/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)		<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to system (list all components replaced):

4. Tests required and results:

<u>Test</u>	<u>Required</u> <small>Check if YES</small>	<u>Results</u> <small>mg/l, mpn/100 ml, or trace</small>	<u>Test Method</u>
BOD (Grab)	<input type="checkbox"/>		
TSS (Grab)	<input type="checkbox"/>		
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	0.2mg/L	DPD
Fecal Coliform	<input type="checkbox"/>		

5. Comments:

PT= 0 "
 ATU= 0%
 TT= 1 " Lids Secure at Departure.

Aerobic Septic System Inspection Report

Submitted by:

J. B. Septic Maintenance, Inc.

Contact: Jim Blake

Installation Date: 3/18/2019

Scheduled Report

Permit Number: 108080

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every 4 months.

Date of inspection visit: 7/22/2020

2. System inspected:

Owner: David & Caitlin Smith

System Name: Primary

Property Address: 1612 White River

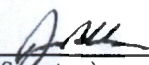
Serial Num: 120070-06 NC 31

City, State., Zip Code: Canyon Lake, TX 78133

Brand Name: Clearstream

Inspected by: Pete Prado

Model Num: 600 NC 3T



(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Electrical Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprayfield Vegetation/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to system (list all components replaced):

4. Tests required and results:

<u>Test</u>	<u>Required</u> Check if YES	<u>Results</u> mg/l, mpn/100 ml, or trace	<u>Test Method</u>
BOD (Grab)	<input type="checkbox"/>	_____	_____
TSS (Grab)	<input type="checkbox"/>	_____	_____
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	0.2mg/L	DPD
Fecal Coliform	<input type="checkbox"/>	_____	_____

5. Comments:

PT= 0 "

ATU= 0 %

TT= 1" Lids secure at departure.

Aerobic Septic System Inspection Report

Submitted by:

J. B. Septic Maintenance, Inc.

Contact: Jim Blake

Installation Date: 3/18/2019

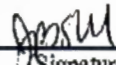
Scheduled Report

Permit Number: 108080

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every 6 months. Date of inspection visit: 3/24/2021

2. System inspected: Owner: David & Caitlin Smith

System Name: Primary Property Address: 1612 White River
 Serial Num: 120070-06 NC 31 City, State., Zip Code: Canyon Lake, TX 78133
 Brand Name: Clearstream Inspected by: Pete Prado
 Model Num: 600 NC 3T 
(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Electrical Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprayfield Vegetation/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to system (list all components replaced):

4. Tests required and results:

<u>Test</u>	<u>Required</u> Check if YES	<u>Results</u> mg/l, mpn/100 ml, or trace	<u>Test Method</u>
BOD (Grab)	<input type="checkbox"/>	_____	_____
TSS (Grab)	<input type="checkbox"/>	_____	_____
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	0.2mg/L	DPD
Fecal Coliform	<input type="checkbox"/>	_____	_____

5. Comments:

PT = 1"
 ATU = 10 %
 TT = 1 " Lids secured at departure.

J.B. SEPTIC MAINTENANCE, INC.



SERVICE CONTRACT AGREEMENT

In consideration of the pre-payment of the **annual fee of \$ 275.00** this licensed maintenance provider will provide the following services for your On-Site Sewage Facility.

- Routine service visits once every 4 months during the service period of one year from 03/24/2021 to 03/24/2022, on the Aerobic system indicated below.

Owner:	<u>David & Caitlin Smith</u>	Phone No:	<u>(254) 709-4281</u>
System:	<u>Clearstream 600 NC-3T</u>	Permit:	<u>108080</u>
Address:	<u>1612 White River</u>	Sub Division:	<u>Rebecca Creek Ranches</u>
City/County:	<u>Canyon Lake/Comal</u>		

Service calls will include:

1. An effluent quality inspection consisting of a visual check for color and examination for odor.
2. Adjustment of any mechanical and electrical components that are out of order (Replacement of materials or parts is not covered).
3. Sampling of the settled solids in the aeration chamber
4. Check chlorine residual when applicable.
5. Diffuser stones and air filters "normal wear and tear" items will be replaced as needed at an additional cost.
6. To avoid an additional trip charge, if your system needs a replacement part that is less than \$100.00, we will replace the part without authorization.

If any improper operation is observed which cannot be corrected at the time of the inspection, you shall be notified immediately in writing of the conditions and the estimated date and cost, if applicable, for correction.

At the conclusion of the service policy, J. B. Septic Maintenance, Inc. will make available, for purchase on an annual basis, a continuing service policy to cover labor for normal inspection and maintenance.

Owner / user operation instructions must be strictly followed. Also, it is the responsibility of the system owner to maintain chlorine in the system. The chlorine must be the appropriate type which is approved for waste water treatment.

J.B. Septic Maintenance, Inc. will be responsible for fulfilling the requirements of this Maintenance Contract, as well as responding to any alarms and/or addressing any concerns by the owner of the system. Alarms and/or concerns will be addressed within 48 hours of the initial contract.

Important: this service policy agreement does not cover the cost of service calls, labor or materials which are required or which are due to misuse or abuse of the system; failure to maintain electrical power to the system; disposal of non-biodegradable materials such as chemicals, solvents, grease, oil, paint, etc.; pumping of sludge build-up from the system; or any usage contrary to the requirements as stated in the "Operation Manual." Additional service, including replacement of components, laboratory test work, and pumping of tanks will be done upon customer authorization and at an additional charge.

OWNER


Signature

Date: 3.24.21

SERVICE DEALER


J.B. Septic Maintenance, Inc.

Patrick

Aerobic Septic System Inspection Report

Submitted by:

J. B. Septic Maintenance, Inc.

Contact: Jim Blake

Installation Date: 3/18/2019

Scheduled Report

Permit Number: 108080

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every 4 months. Date of inspection visit: 10/28/2021

2. System inspected: Owner: David & Caitlin Smith

System Name: Primary Property Address: 1612 White River

Serial Num: 120070-06 NC 37 City, State., Zip Code: Canyon Lake, TX 78133

Brand Name: Clearstream Inspected by: Isaac Prado

Model Num: 600 NC 3T

Isaac Prado
(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Electrical Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprayfield Vegetation/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)		<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to system (list all components replaced):
Replaced air compressor & diffuser stone.

4. Tests required and results:

<u>Test</u>	<u>Required</u>	<u>Results</u>	<u>Test Method</u>
	Check if YES	mg/l, mpn/100 ml, or trace	
BOD (Grab)	<input type="checkbox"/>		
TSS (Grab)	<input type="checkbox"/>		
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	0.2mg/L	DPD
Fecal Coliform	<input type="checkbox"/>		

5. Comments:

PT= 3 "
ATU= 10 %
TT= 3" Lids secure at departure.

J.B. SEPTIC MAINTENANCE, INC.



SERVICE CONTRACT AGREEMENT

In consideration of the pre-payment of the **annual fee of \$ 275.00** licensed maintenance provider will provide the following services for your On-Site Sewage Facility.

- Routine service visits once every 4 months during the service period of one year from 06/24/2022 to 06/24/2023 on the Aerobic system indicated below.

Owner:	<u>David & Caitlin Smith</u>	Phone No:	<u>(254) 709-4281</u>
System:	<u>Clearstream 600 NC 3T</u>	Permit:	<u>108080</u>
Address:	<u>1612 White River</u>	Sub Division:	<u>Rebecca Creek Ranches</u>
City/County:	<u>Canyon Lake / Comal</u>		

Service calls will include:

1. An effluent quality inspection consisting of a visual check for color and examination for odor.
2. Adjustment of any mechanical and electrical components that are out of order (Replacement of materials or parts is not covered).
3. Sampling of the settled solids in the aeration chamber.
4. Check chlorine residual when applicable.
5. Diffuser stones and air filters "normal wear and tear" items will be replaced as needed at an additional cost.
6. To avoid an additional trip charge, if your system needs a replacement part that is less than \$100.00, we will replace the part without authorization.

If any improper operation is observed which cannot be corrected at the time of the inspection, you shall be notified immediately in writing of the conditions and the estimated date and cost, if applicable, for correction.

At the conclusion of the service policy, J. B. Septic Maintenance, Inc. will make available, for purchase on an annual basis, a continuing service policy to cover labor for normal inspection and maintenance.

Owner / user operation instructions must be strictly followed. Also, it is the responsibility of the system owner to maintain chlorine in the system. The chlorine must be the appropriate type which is approved for waste water treatment.

J.B. Septic Maintenance, Inc. will be responsible for fulfilling the requirements of this Maintenance Contract, as well as responding to any alarms and/or addressing any concerns by the owner of the system. Alarms and/or concerns will be addressed within 48 hours of the initial contact.

Important: this service policy agreement does not cover the cost of service calls, labor or materials which are required or which are due to misuse or abuse of the system; failure to maintain electrical power to the system; disposal of non-biodegradable materials such as chemicals, solvents, grease, oil, paint, etc.; pumping of sludge build-up from the system; or any usage contrary to the requirements as stated in the "Operation Manual." Additional service, including replacement of components, laboratory test work, and pumping of tanks will be done upon customer authorization and at an additional charge.

OWNER

Scott Smith

Signature

Date: 06/24/2022

SERVICE DEALER

J. B. Septic Maintenance, Inc.



J.B. SEPTIC MAINTENANCE, INC

SERVICE CONTRACT AGREEMENT

In consideration of the pre-payment of the **annual fee 0.00** this licensed maintenance provider will provide the following services for your On-Site Sewage Facility.

- Routine service visits once every 4 months during the service period of one year from 10/24/2024 to 10/24/2025 on the Aerobic system indicated below.

Owner:	<u>David & Caitlin Smith</u>	Phone:	<u>(254) 709-4281</u>
System Name:	<u>Clearstream 600 NC-3T</u>	Permit:	<u>108080</u>
Address:	<u>1612 White River Rd</u>	Sub Division:	<u>Rebecca Creek Ranches</u>
City/County:	<u>Canyon Lake/Comal</u>		

Service calls will include:

1. An effluent quality inspection consisting of a visual check for color and examination for odor.
2. Adjustment of any mechanical and electrical components that are out of order (Replacement of materials or parts is not covered).
3. Sampling of the settled solids in the aeration chamber.
4. Check chlorine residual when applicable.
5. Diffuser stones and air filters "normal wear and tear" items will be replaced as needed at an additional cost.
6. To avoid an additional trip charge, if your system needs a replacement part that is less than \$100.00, we will replace the part without authorization.

If any improper operation is observed which cannot be corrected at the time of the inspection, you shall be notified immediately in writing of the conditions and the estimated date and cost, if applicable, for correction.

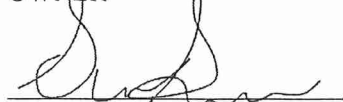
At the conclusion of the service policy, J. B. Septic Maintenance, Inc. will make available, for purchase on an annual basis, a continuing service policy to cover labor for normal inspection and maintenance.

Owner / user operation instructions must be strictly followed. Also, it is the responsibility of the system owner to maintain chlorine in the system. The chlorine must be the appropriate type which is approved for waste water treatment.

J.B. Septic Maintenance, Inc. will be responsible for fulfilling the requirements of this Maintenance Contract, as well as responding to any alarms and/or addressing any concerns by the owner of the system. Alarms and/or concerns will be addressed within 48 hours of the initial contact.

Important: this service policy agreement does not cover the cost of service calls, labor or materials which are required or which are due to misuse or abuse of the system; failure to maintain electrical power to the system; disposal of non-biodegradable materials such as chemicals, solvents, grease, oil, paint, etc.; pumping of sludge build-up from the system; or any usage contrary to the requirements as stated in the "Operation Manual." Additional service, including replacement of components, laboratory test work, and pumping of tanks will be done upon customer authorization and at an additional charge.

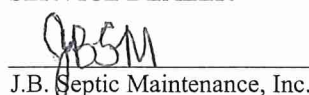
OWNER



Signature

Date: _____

SERVICE DEALER


J.B. Septic Maintenance, Inc.

#2058

Aerobic Septic System Inspection Report

NOV 14 2024

Submitted by:

SCANNED

J. B. Septic Maintenance, Inc.

Contact: Jim Blake

Installation Date:

Scheduled Report

Permit Number:

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

- 1. Required frequency of visits is every 4 months.
- 2. System inspected:

Date of Inspection:

System Name:

Owner:

Serial Num:

Property Address:

Brand Name:

Inspected by:

Model Num:

JOR
(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Electrical Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprayfield Vegetation/Seedier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 3. Repairs to System (list all components replaced)

- 4. Test Require and Results:

Test	Required (check if YES)	Required (mg/l,mpn/100ml, or trace)	Test Method
BOD (Grab)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
TSS (Grab)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Cl ₂ (Grab)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Fecal Coliform	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

- 5. Comments:

PT:

ATU:

TT:

Lids secure at departure.

#2058

Aerobic Septic System Inspection Report

JAN 10 2025

Submitted by:

J. B. Septic Maintenance, Inc.

SCANNED

Contact: Jim Blake

Installation Date: 3/18/2019

Scheduled Report

Permit Number: 108080

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every months. Date of inspection visit: 10/28/2024

2. System inspected: Owner: David & Caitlin Smith

System Name: Primary Property Address: 1612 White River

Serial Num: 120070-06 NC 31 City, State., Zip Code: Canyon Lake, TX 78133

Brand Name: Clearstream Inspected by: Jose J Roman

Model Num: 600 NC 3T

JJR
(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Electrical Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprayfield Vegetation/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)		<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to system (list all components replaced):

4. Tests required and results:

Test	Required Check if YES	Results mg/l, mpn/100 ml, or trace	Test Method
BOD (Grab)	<input type="checkbox"/>	_____	_____
TSS (Grab)	<input type="checkbox"/>	_____	_____
Cl ₂ (Grab)	<input type="checkbox"/>	_____	_____
Fecal Coliform	<input type="checkbox"/>	_____	_____

5. Comments:

PT: 1 "
ATU: 40 %
TT: 2" lids secured at departure