

## Comal County

OFFICE OF COMAL COUNTY ENGINEER

### License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: **06/07/2019** Permit Number: **108292**

Location Description: 1370 HIDDEN CV  
SPRING BRANCH, TX 78070

Subdivision: William Klinger Surv 894, Abst. 928

Unit:

Lot:

Block:

Acreage: 20.0000

Type of System: Aerobic  
Surface Irrigation

Issued to: Jared & Mary Morris

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

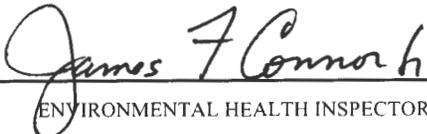
may require a new permit. **It is the responsibility of the owner to apply for a new permit, if applicable.**

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.

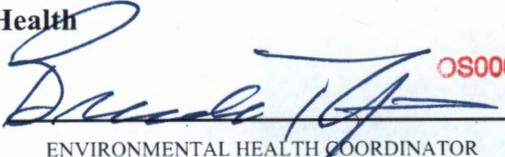
This license to operate is valid for an indefinite period. The holder may transfer it to a succeeding owner, provided the facility has not been remodeled and is functioning properly.

Licensing Authority

Comal County Environmental Health

  
ENVIRONMENTAL HEALTH INSPECTOR

OS0032485

  
ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

## Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Sowyer OSSF Installer #: 050026238  
 1st Inspection Date: 5-31-19 2nd Inspection Date: \_\_\_\_\_ 3rd Inspection Date: 6-7-19 found  
 Inspector Name: Connor Inspector Name: \_\_\_\_\_ Inspector Name: Connor  
 Permit #: 108292 # 2950 Address: 1370 Hidden Cove

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

*tank set. level. no leaks. operational. cover*

*Covered 6-7-19*

**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)		/		/
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: Sowyer OSSF Installer #: 050026238

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

Inspector Name: Connor Inspector Name: \_\_\_\_\_ Inspector Name: \_\_\_\_\_

Permit#: 108292 # 2950 Address: 1370 Hidden Cove

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

*tank set. level. no leaks. operational. 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	/			/		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	/		Maxx Air M-800	/		
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**

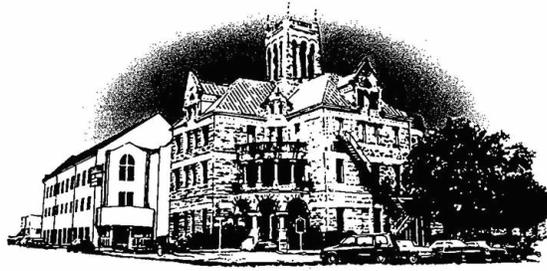
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19	DISPOSAL SYSTEM Drip Irrigation		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)	/	285.33(d)(6) 285.33(c)(4)	<i>aerobic spray</i>	/		
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)				

**Comal County Environmental Health  
OSSF Inspection Sheet**

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 &lt; 2.0%</p> <p>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field ( 1000 Linear ft. for 2 bedrooms or Less &amp; an additional 400 ft. for each additional bedroom )</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. &amp; 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.) &amp; Pipe Holes ( 3/16 - 1/4" dia. Hole Size ) 5 ft. Apart</p>		<p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(B)</p> <p>285.91(13)</p> <p>285.33(b)(3)(D)</p> <p>285.33(b)(3)(F)</p>				
33	<p>AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.</p>	/	285.32(c)(1)		/		
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port &amp; 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 &amp; 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 &amp; Risers Provided</p> <p>PUMP TANK Secondary restraint system provided</p> <p>PUMP TANK Riser permanently fastened to lid or cast into tank</p> <p>PUMP TANK Riser cap protected against unauthorized intrusions</p>						
38	<p>PUMP TANK Secondary restraint system provided</p>						
39	<p>PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried</p>	/			/		

**Comal County Environmental Health  
OSSF Inspection Sheet**

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42	APPLICATION AREA Area Installed	/			/		
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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: 108292  
Issued This Date: 10/31/2018  
This permit is hereby given to: Jared & Mary Morris

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

1370 HIDDEN CV  
SPRING BRANCH, TX 78070

Subdivision: William Klinger Surv 894, Abst. 928

Unit:

Lot:

Block:

Acreage: 20.0000

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 10/8/18

Permit # 108292

Owner Name JARED & MARY MORRIS
Mailing Address 23011 FM 306
City, State, Zip CANYON LAKE, TX 78133
Phone# 830-935-4936
Email ashley@paulswoyerseptics.com

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

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

Method: [ ] Mail [X] Email

Subdivision Name CROSS CANYON RANCH (UNRECORDED) Unit/Phase/Section TRACT 31 Block

Acreage/Legal William Klinger Survey #894, A 928, being 20.001 ac

Street Name/Address 1370 HIDDEN COVE City SPRING BRANCH Zip 78070

Type of Development:

[X] Single Family Residential

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

Number of Bedrooms 5

Indicate Sq Ft of Living Area 3883

RECEIVED

OCT 29 2018

COUNTY ENGINEER

[ ] Commercial or Institutional Facility

(Planning materials must show adequate land area for doubling the required land needed for treatment units and disposal area)

Type of Facility

Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants

Restaurants, Lounges, Theaters - Indicate Number of Seats

Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds

Travel Trailer/RV Parks - Indicate Number of Spaces

Miscellaneous

Estimated Cost of Construction: \$ 485,000 (Structure Only)

Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement?

[ ] Yes [X] No (if yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

Source of Water [ ] Public [X] Private Well

Are Water Saving Devices Being Utilized Within the Residence? [X] Yes [ ] No

By signing this application, I certify that:

- the completed application and all additional information submitted does not contain any false information and does not conceal any material facts.
-Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities.
-I also understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

Signature of Owner

Date 10/17/18

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

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

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

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

Gallons Per Day (As Per TCEQ Table III) 360

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

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

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

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

Is this property within an incorporated city? [ ] Yes [X] No

If yes, indicate the city: \_\_\_\_\_



FIRM #2585

By signing this application, I certify that:

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

Signature of Designer (handwritten signature)

Date October 18, 2018

**AFFIDAVIT**

**THE COUNTY OF COMAL  
STATE OF TEXAS**



201806042035 10/29/2018 11:54:41 AM 1/1

**CERTIFICATION OF OSSF REQUIRING MAINTENANCE**

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities (OSSF's), this document is filed in the Deed Records of Comal County, Texas.

**I**

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

**II**

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code §285.91(12) will be installed on the property described as **(insert legal description):**

UNIT/PHASE/SECTION \_\_\_\_\_ BLOCK 31 LOT \_\_\_\_\_ CROSS CANYON RANCH (Unrecorded) SUBDIVISION \_\_\_\_\_

IF NOT IN SUBDIVISION: 20.001 ACREAGE \_\_\_\_\_ WILLIAM KLINGER SURVEY #894, A-928 SURVEY \_\_\_\_\_

JARED MORRIS & MARY MORRIS

The property is owned by **(insert owner's full name):** \_\_\_\_\_

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.

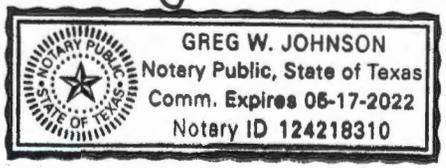
WITNESS BY HAND(S) ON THIS 17 DAY OF OCTOBER, 2018

Jared Morris  
Owner(s) signature(s)  
JARED MORRIS

\_\_\_\_\_  
JARED MORRIS  
Owner (s) Printed name (s)

\_\_\_\_\_  
OCTOBER, 2018 SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 17 DAY OF \_\_\_\_\_

Greg W. Johnson  
Notary Public Signature



(Notary Seal Here)

THIS AREA ONLY

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
10/29/2018 11:54:41 AM  
TERRI 1 Page(s)  
201806042035

*Bobbie Koepf*



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

MP#0001708  
CHRISTOPHER RYAN SEIDENSTICKER

JARED & MARY MORRIS

Customer: \_\_\_\_\_

Site Address: 1370 HIDDEN COVE \_\_\_\_\_

City/State: SPRING BRANCH, TX \_\_\_\_\_ Zip: 78070

County: COMAL \_\_\_\_\_ Permit#: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PROPERTY LEGAL DESCRIPTION:**

CROSS CANYON RANCH (Unrecorded) Tract 31

WILLIAM KLINGER SURVEY #894, A-928, being 20.001 ac

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

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

Date of License to Operate: \_\_\_\_\_ Last Date of Service: \_\_\_\_\_

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

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

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

Client: HM

Contractor: PS

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

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

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

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

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

**IX. Limitation of Liability:** In no event shall Contractor be liable for indirect, consequential, incidental or punitive damages, whether in contract, tort, or any other theory of liability. In no event shall the Contractor's liability for direct damages exceed payments by the Client under this Agreement.

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

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

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

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

Client: 

Contractor: 

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

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

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

Approved by Contractor:

MP#0001708

CHRISTOPHER RYAN SEIDENSTICKER

Approved by Client:

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

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

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

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

Client:

Contractor:

## ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: October 17, 2018

Site Location: 20.001 ACRES OUT OF THE WILLIAM KLINGER SURVEY No. 894, A-928 aka CROSS CANYON RANCH TRACT 31 (Unrecorded)

Proposed Excavation Depth: N/A

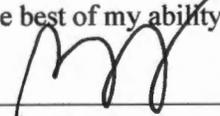
**Requirements:**

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

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

SOIL BORING NUMBER		SURFACE EVALUATION				
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	<b>SAME</b>		<b>AS</b>		<b>ABOVE</b>	
1						
2						
3						
4						
5						

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

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

10/17/18  
 \_\_\_\_\_  
 Date

**OSSF SOIL EVALUATION REPORT INFORMATION**

Date: October 18, 2018

**Applicant Information:**

Name: JARED & MARY MORRIS  
Address: c/o 23011 F.M. 306  
City: CANYON LAKE State: TEXAS  
Zip Code: 78133 Phone: (325) 642-2950

**Site Evaluator Information:**

Name: Greg W. Johnson, P.E., R.S., S.E. 11561  
Address: 170 Hollow Oak  
City: New Braunfels State: Texas  
Zip Code: 78132 Phone & Fax (830)905-2778

**Property Location:**

Lot <sup>BLK</sup> Unit Blk Subd.  
Street Address: 1370 HIDDEN COVE  
City: SPRING BRANCH Zip Code: 78070  
Additional Info.: 20.001 ACRES OUT OF THE WILLIAM KLINGER SURVEY  
No. 894, A-928 aka CROSS CANYON RANCH TRACT 31 (Unrecorded)

**Installer Information:**

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

**Topography:** Slope within proposed disposal area: 2 to 15 %

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

**Design Calculations for Aerobic Treatment with Spray Irrigation:**

**Commercial**

Q = \_\_\_\_\_ GPD \_\_\_\_\_

**Residential** Water conserving fixtures to be utilized? Yes X No \_\_\_\_\_

Number of Bedrooms the septic system is sized for: 5 Total sq. ft. living area 3883

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

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

Trash Tank Size 431 Gal.

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

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

Application Area Utilized = 5654 sq. ft.

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

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

Pump Tank Size = 854 Gal. 16.1 Gal/inch.

Reserve Requirement = 120 Gal. 1/3 day flow.

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

With Chlorinator NSF/TCEQ APPROVED

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

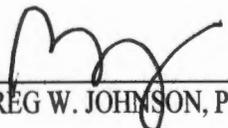
Two way cleanout

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

1" Sch-40 PVC discharge manifold

APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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

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

10/18/18  
DATE

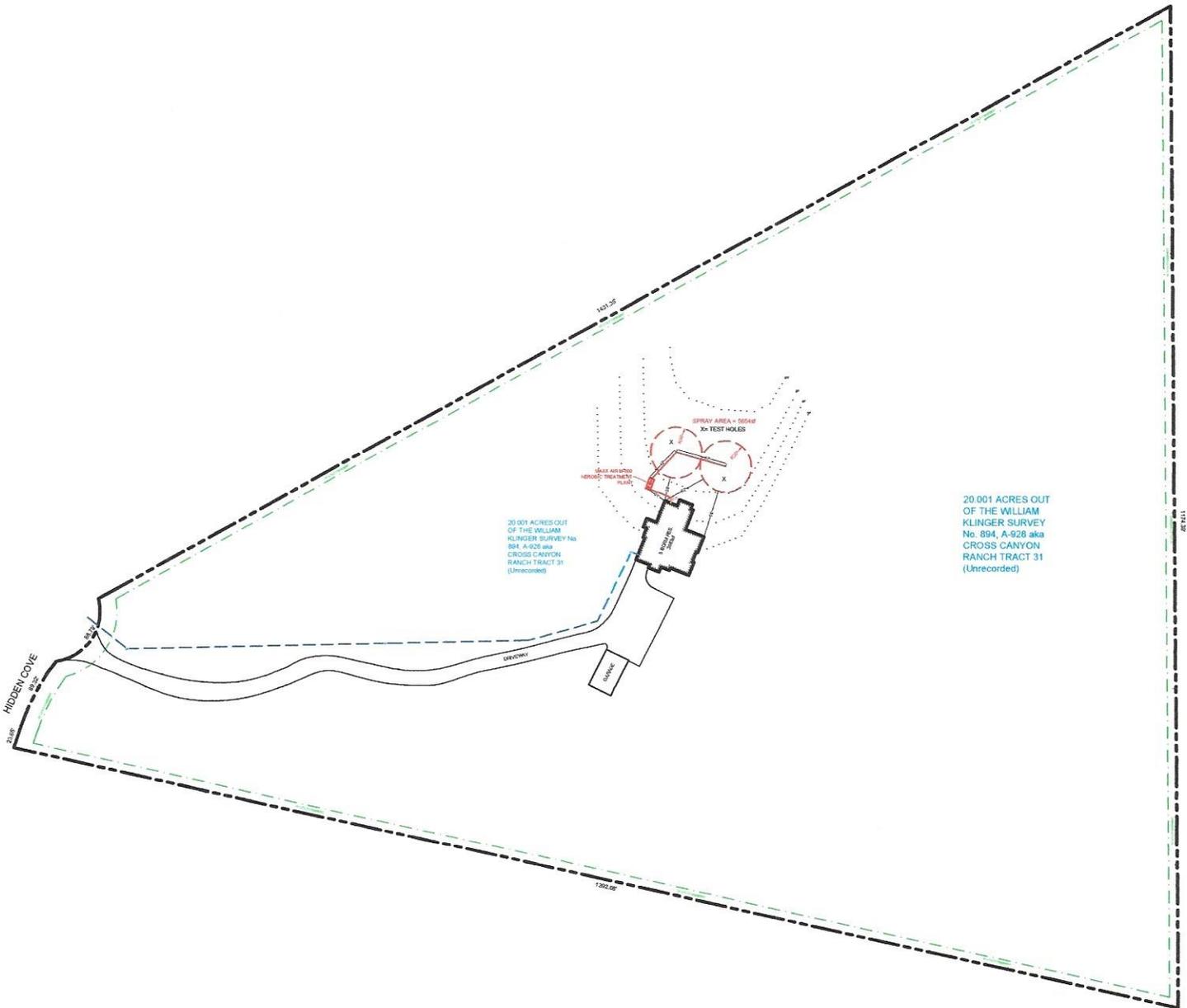


FIRM #2585

**REVISED**

8:25 am, Apr 22, 2019

#7108292



OWNER:	JARED & MARY MORRIS	DRAWN BY:	EJS III
STREET ADDRESS:	1370 HIDDEN COVE		
LEGAL DESC:	WILLIAM KLINGER SURVEY No. 894, A-928 - SEE DEED	ACREAGE:	20.001
PREPARED BY:	GREG W. JOHNSON, P.E. F#002585	SCALE:	N.T.S.
		DATE:	10/18/2018
		REVISED:	4/18/2019

**REVISED**

8:25 am, Apr 22, 2019

1431.35'

10' UTILITY EASEMENT

100'

98'

96'

94'

SPRAY AREA = 5654sf

X= TEST HOLES

MAXX AIR M-800  
AEROBIC TREATMENT  
PLANT

5 BDRM RES.  
3883sf

20.001 ACRES OUT  
OF THE WILLIAM  
KLINGER SURVEY No.  
894, A-928 aka  
CROSS CANYON  
RANCH TRACT 31  
(Unrecorded)

DRIVEWAY

GARAGE



OWNER:	JARED & MARY MORRIS	DRAWN BY:	EJS III
STREET ADDRESS:	1370 HIDDEN COVE		
LEGAL DESC:	WILLIAM KLINGER SURVEY No. 894, A-928 - SEE DEED	ACREAGE:	20.001
PREPARED BY:	GREG W. JOHNSON, P.E. F#002585	SCALE:	1"=50'
		DATE:	10/18/2018
		REVISED:	4/18/2019

## TANK NOTES:

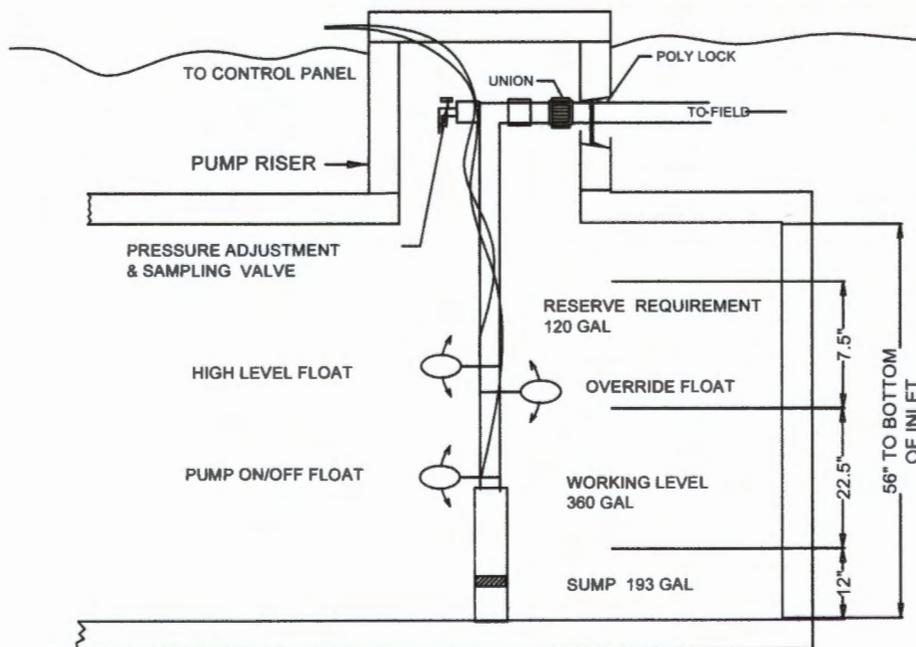
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

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

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

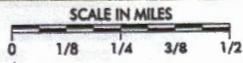
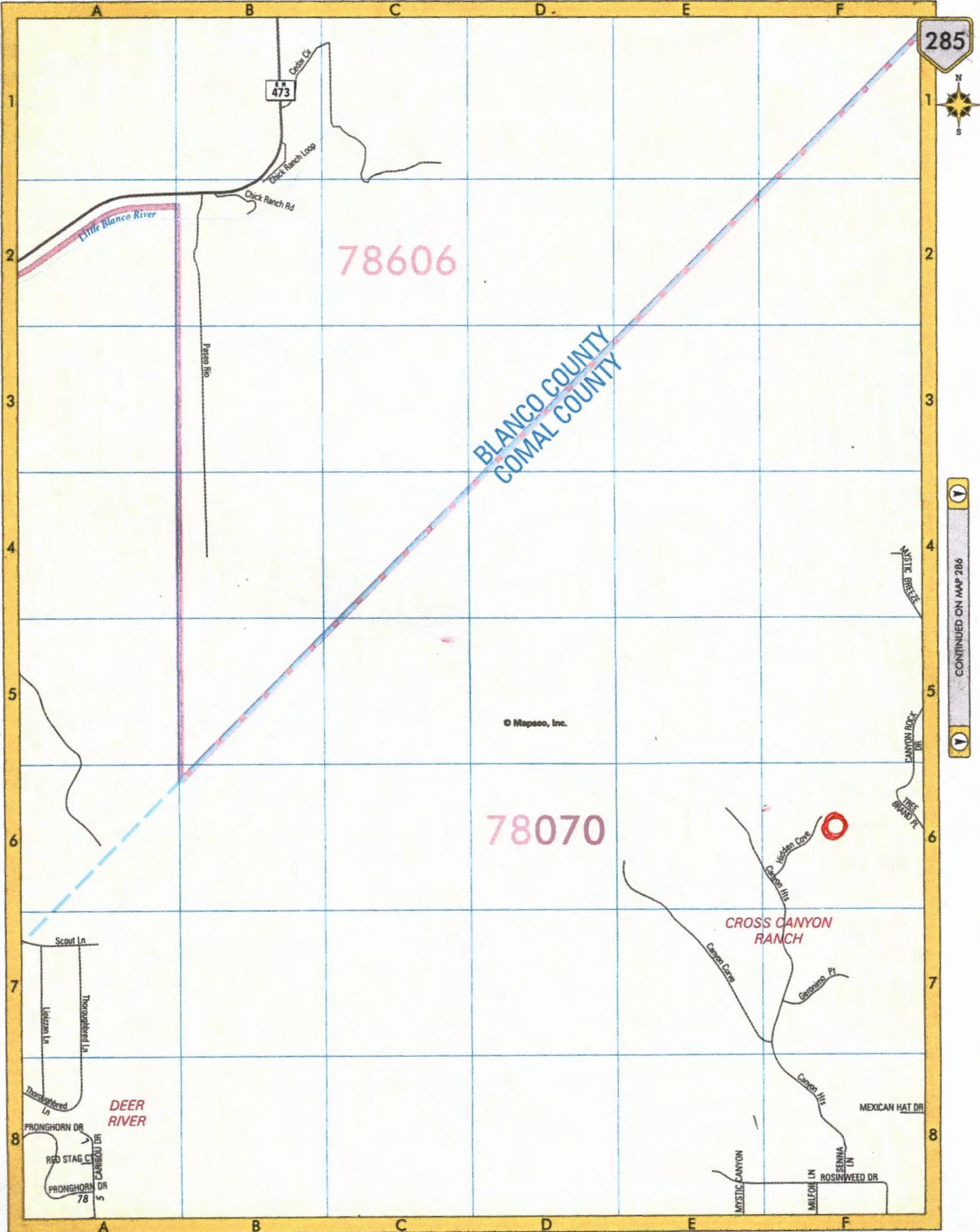
ALL WIRING MUST BE IN COMPLIANCE WITH  
THE MOST RECENT NATIONAL ELECTRIC CODE



F-2585

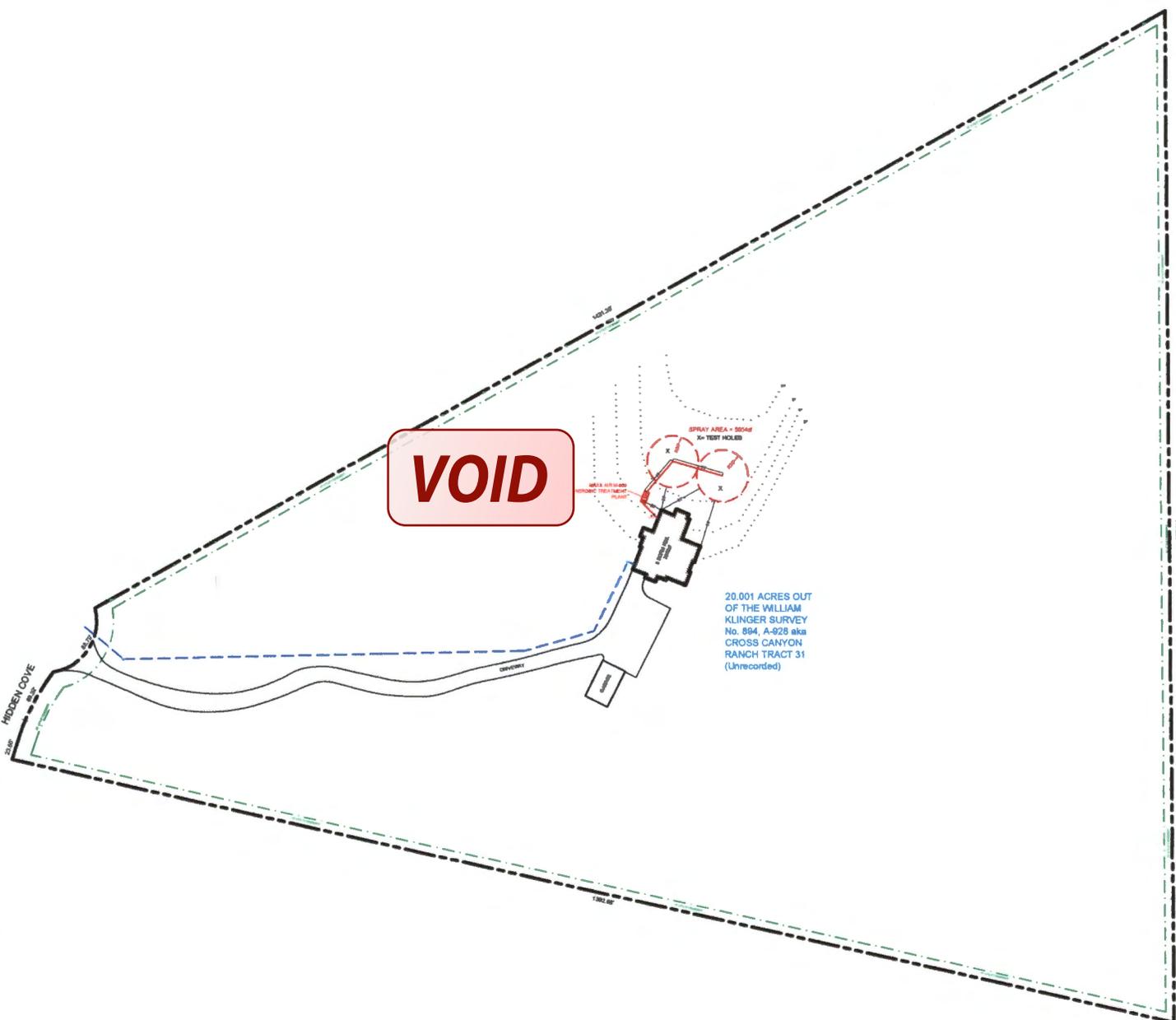
10/18/18

**TYPICAL PUMP TANK CONFIGURATION  
MAXX AIR-M800 PUMP TANK**



**VOID**

**VOID**



OWNER:	JARED & MARY MORRIS	DRAWN BY:	EJS III
STREET ADDRESS:	1370 HIDDEN COVE		
LEGAL DESC:	WILLIAM KLINGER SURVEY No. 894, A-928 - SEE DEED	ACREAGE:	20.001
PREPARED BY:	GREG W. JOHNSON, P.E. #02585	SCALE:	N.T.S.
		DATE:	10/18/2018
		REVISED:	

**VOID**

1431.35

10' UTILITY EASEMENT

**VOID**

SPRAY AREA = 5654sf

X= TEST HOLES

MAXX AIR M-800  
AEROBIC TREATMENT  
PLANT

**VOID**

20.001 ACRES OUT  
OF THE WILLIAM  
KLINGER SURVEY No.  
894, A-928 aka  
CROSS CANYON  
RANCH TRACT 31  
(Unrecorded)

5 BDRM RES.  
3883sf

DRIVEWAY

GARAGE



OWNER:	JARED & MARY MORRIS	DRAWN BY:	EJS III
STREET ADDRESS:	1370 HIDDEN COVE		
LEGAL DESC:	WILLIAM KLINGER SURVEY No. 894, A-928 - SEE DEED	ACREAGE:	20.001
PREPARED BY:	GREG W. JOHNSON, P.E. #002585	SCALE:	1"=50'
		DATE:	10/18/2018
		REVISED:	

**VOID**

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

# WARRANTY DEED

STATE OF TEXAS            §  
  §        KNOW ALL MEN BY THESE PRESENTS:  
COUNTY OF COMAL       §

THAT, **BRIAN C. SUGGS, also known as BRIAN CLAY SUGGS**, hereinafter called Grantor (whether one or more), for and in consideration of the sum of TEN AND NO/100 DOLLARS and other good and valuable considerations to Grantor in hand paid by **JARED MORRIS and MARY MORRIS**, hereinafter called Grantee (whether one or more), whose mailing address is: 24219 Cafe Hill  
San Antonio TX 78210, the receipt of which is hereby acknowledged, has GRANTED, SOLD and CONVEYED, and by these presents does GRANT, SELL and CONVEY unto Grantee, the following described real estate, together with all improvements thereon, situated in Comal County, Texas, being more particularly described as follows, to-wit:

**TRACT 1: A 20.001 acre tract, more or less, out of the William Klinger Survey No. 894, Abstract 928, Comal County, Texas; said 20.001 acre tract being out of a 817.3651 acre tract recorded in Document No. 200506026654, Official Public Records of Comal County, Texas and being more particularly described by metes and bounds on Exhibit "A" attached hereto and made a part hereof.**

**TRACT 2: A non-exclusive easement of ingress and egress upon Lot 1, CROSS CANYON RANCH - UNIT 1 SUBDIVISION, according to the plat thereof recorded in Document No. 200606027496, Map and Plat Records of Comal County, Texas.**

TO HAVE AND TO HOLD the above described premises, together with all and singular the rights and appurtenances thereunto in anywise belonging, unto the said Grantee, Grantee's heirs, successors and/or assigns forever. And Grantor does hereby bind Grantor, Grantor's heirs, executors, administrators, successors and/or assigns TO WARRANT AND FOREVER DEFEND all and singular the said premises unto the said Grantee herein, Grantee's heirs, successors and/or assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof.

This conveyance and the warranties of title given herein are made subject to any and all restrictions, easements, setback lines, covenants, conditions and reservations, of record affecting the property herein conveyed.

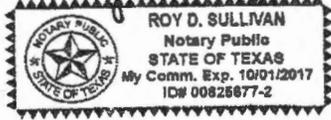
EXECUTED ON THE FOLLOWING DATE: January 17, 2017

Brian C. Suggs  
BRIAN C. SUGGS

(ACKNOWLEDGEMENT)

STATE OF TEXAS §  
COUNTY OF Bexar §

This instrument was ACKNOWLEDGED before me, on this the 17<sup>th</sup> day of January, 2017, by BRIAN C. SUGGS.



R.D. Sullivan  
Notary Public, State of Texas

AFTER RECORDING RETURN TO:

Prepared in the Law Offices of:

*West & West*  
Attorneys at Law, P.C.  
2929 Mossrock, Suite 204  
San Antonio, Texas 78230

UNOFFICIAL

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
01/17/2017 11:48:56 AM  
MEDINM 2 Pages(s)  
201706002518



*Bobbie Koepf*



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

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

**Permit #: 108292**

**To: Jared Morris**  
**1370 HIDDEN COVE**  
**SPRING BRANCH, TX 78070**

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

Site: 1370 HIDDEN COVE, SPRING BRANCH  
 Agency: Comal County  
 County:  
 Subdivision: Cross Canyon Ranch

Installed:  
 Phone: (325) 642-2950  
 Cell:  
 Work:

Contract: 6/7/2019 - 6/7/2022  
 Inspections per year: 3  
 Service Due: 10/7/2019  
 Alt Phone:  
 Warranty Ending:

Inspection Type: \_\_\_\_\_ Inspection # \_\_\_\_\_ of \_\_\_\_\_ for the contract year

Item	Operational	Inoperative	N/A		
Aerator:	_____	_____	✓	1	8
Irrigation pump:	✓	_____	_____		
Air compressor:	✓	_____	_____		
Disinfection device:	✓	_____	_____	2	0
Chlorine supply:	✓	_____	_____		
Spray field vegetation:	✓	_____	_____		
Sprinkler / Drip backwash:	✓	_____	_____	3	0
Photocell Test:	_____	_____	✓		
Autodialer:	_____	_____	✓		
Water Meter Reading: _____ CFM:		PSI: _____			

Test Results and observations: (As Required)  
 Fecal Coliform: \_\_\_\_\_  
 Chlorine Residual: \_\_\_\_\_  
 Test Method: 18  
CRAB  
 BOD: \_\_\_\_\_  
 TSS: \_\_\_\_\_  
 Commercial Lab: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_

Repairs made: Y/N

Repairs and Comments: SCUM 1/2

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Gate code: #2950

Area: / 0  
 GPS: ID = 1092  
 Printed: 10/23/2019

1370 HIDDEN COVE, SPRING BRANCH

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

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

**To: Jared Morris**  
**1370 HIDDEN COVE**  
**SPRING BRANCH, TX 78070**

Printed:4/7/2020  
Site: 1370 HIDDEN COVE  
SPRING BRANCH, TX 78070  
(325) 642-2950

---

Permit #: **108292** Customer ID: 1092  
Agency: Comal County Contract Dates: 6/7/2019 - 6/7/2022  
County: Sub: Cross Canyon Ranch Scheduled Date: 2/7/2020 Inspection 2 of 9  
Mfg / Brand: - MAXX AIR  
Treatment Type: Aerobic  
Disposal: Surface Application GPS Coordinates - Latitude: 29.9703 Longitude: -98.3284

---

**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"

**Visit Date: 3/24/2020**

**Entered By: \_**

**Method: Grab**

**Technician: Not Assigned**

**Maint. Provider: Ryan Seidensticker**

---

**Aerators: Operational**  
**Filters: Operational**  
**Irrigation Pumps: Operational**  
**Disinfection Device: Operational**  
**Chlorine Supply: Operational**  
**Chlorine Residual: .09**

**Sludge Levels**  
**For Tank 1: 6"**  
**For Tank 2: 3"**  
**For Tank 3: 0"**

**Tank Lid / Riser: Secured**

**Electric Circuits: Operational**  
**Distribution System: Operational**  
**Sprayfield Veg: Operational**

**Color: Good**  
**Odor: Good**

**Alarm: Operational**

**Comments**

Scum on pretreatment: 3" - Technician Secured the Tank Lid and/or Riser prior to leaving location.

**Service Completed**

Insp ID #:4024

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

License Info: MP0001708 Expires:

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

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

**Permit #: 108292**

**To: Jared Morris**  
**1370 HIDDEN COVE**  
**SPRING BRANCH, TX 78070**

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

Site: 1370 HIDDEN COVE SPRING BRANCH

Installed:  
 Phone (325) 642-2950  
 Cell  
 Work

Contract 6/7/2019 - 6/7/2022  
 Inspections per year: 3  
 Service Due: 6/7/2020  
 Alt Phone  
 Warranty Ending:

Agency: Comal County  
 County:

Subdivision: Cross Canyon Ranch

Inspection Type: \_\_\_\_\_ Inspection # \_\_\_\_\_ of \_\_\_\_\_ for the contract year

Item	Operational	Inoperative	N/A	
Aerator:	<u>1</u>	_____	<u>1</u>	1 = 23
Irrigation pump:	<u>1</u>	_____	_____	
Air compressor:	<u>1</u>	_____	_____	2 = 36
Disinfection device:	<u>1</u>	_____	_____	
Chlorine supply:	<u>1</u>	_____	_____	
Spray field vegetation:	<u>1</u>	_____	_____	3 = 2
Sprinkler / Drip backwash:	<u>1</u>	_____	_____	
Photocell Test:	_____	_____	<u>1</u>	
Autodialer:	_____	_____	<u>1</u>	
Water Meter Reading: _____ CFM:	_____	PSI: _____		

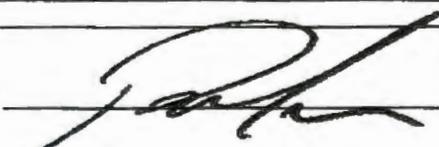
Test Results and observations: (As Required)

Fecal Coliform: \_\_\_\_\_  
 Chlorine Residual: 0.14  
 Test Method: \_\_\_\_\_  
 BOD: \_\_\_\_\_  
 TSS: \_\_\_\_\_  
 Commercial Lab: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_

Repairs made: Y / N

Repairs and Comments:

*564 m = 1*

Inspector: 

Date: \_\_\_\_\_

Gate code: #2950

Area: / 0  
 GPS: 29.9703 -98 3284 ID = 1092

Printed 6/23/2020

1370 HIDDEN COVE, SPRING BRANCH

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

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

**To: Jared Morris**  
1370 HIDDEN COVE  
SPRING BRANCH, TX 78070

Printed: 10/21/2020  
Site: 1370 HIDDEN COVE  
SPRING BRANCH, TX 78070  
(325) 642-2950

---

Permit #: **108292** Customer ID: 1092  
Agency: Comal County Contract Dates: 6/7/2019 - 6/7/2022  
County: Sub: Cross Canyon Ranch Scheduled Date: 10/7/2020 Inspection 4 of 9  
Mfg / Brand: - MAXX AIR  
Treatment Type: Aerobic  
Disposal: Surface Application GPS Coordinates - Latitude: 29.9703 Longitude: -98.3284

---

**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"

**Visit Date: 10/20/2020**

**Entered By: \_**

**Method: Grab**

**Technician: Ryan Seidensticker**

**Maint. Provider: Ryan Seidensticker**

---

Aerators: Operational  
Filters: Operational  
Irrigation Pumps: Operational  
Disinfection Device: Operational  
Chlorine Supply: Operational  
Chlorine Residual: 0.1mg/L

**Sludge Levels**  
**For Tank 1: 24**  
**For Tank 2: 16**  
**For Tank 3: 3**

**Tank Lid / Riser: Secured**

**Sprinkler Drip Backwash: Good**

Electric Circuits: Operational  
Distribution System: Operational  
Sprayfield Veg: Operational

**Color: Good**  
**Odor: Good**

**Alarm: Operational**

**Comments**

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

**Service Completed**

**Owner signature: \_\_\_\_\_**

Insp ID #:6263

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

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

License Info: MP0001708 Expires:

License Info: MP0001708 Expires: 9/1/2023

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

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

**To: Jared Morris**  
**1370 HIDDEN COVE**  
**SPRING BRANCH, TX 78070**

Printed: 3/4/2021  
Site: 1370 HIDDEN COVE  
SPRING BRANCH, TX 78070  
(325) 642-2950

Permit #: **108292**

Agency: Comal County  
County:

Sub: Cross Canyon Ranch

Customer ID: 1092

Contract Dates: 6/7/2019 - 6/7/2022

Scheduled Date 2/7/2021

Inspection 5 of 9

Mfg / Brand: - MAXX AIR

Treatment Type: Aerobic

Disposal: Surface Application

GPS Coordinates - Latitude: 29.9703 Longitude: -98.3284

**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"

**Visit Date: 3/2/2021**

**Entered By: \_**

**Method: Grab**

**Technician: Landon Gronvold**

**Maint. Provider: Ryan Seidensticker**

**Aerators: Operational**

**Sludge Levels**

**Filters: Operational**

**For Tank 1: 13**

**Irrigation Pumps: Operational**

**For Tank 2: 10**

**Disinfection Device: Operational**

**Chlorine Supply: Operational**

**Chlorine Residual: 0.1mg/L**

**Tank Lid / Riser: Secured**

**Sprinkler Drip Backwash: Good**

**Electric Circuits: Operational**

**Distribution System: Operational**

**Sprayfield Veg: Operational**

**Color: Good**

**Odor: Good**

**Alarm: Operational**

**Comments**

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

**Service Completed**

**Owner signature: \_\_\_\_\_**

Insp ID #: 8273

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

License Info: MP0001708 Expires:

License Info: MT0001995 Expires: 10/31/2021

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

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

**To: Jared Morris**  
**1370 HIDDEN COVE**  
**SPRING BRANCH, TX 78070**

Printed: 7/12/2021  
Site: 1370 HIDDEN COVE  
SPRING BRANCH, TX 78070  
(325) 642-2950

Permit #: **108292**

Agency: Comal County

County:

Mfg / Brand: - MAXX AIR

Treatment Type: Aerobic

Disposal: Surface Application

Customer ID: 1092

Contract Dates: 6/7/2019 - 6/7/2022

Scheduled Date 7/7/2021

Inspection 6 of 9

Sub: Cross Canyon Ranch

GPS Coordinates - Latitude: 29.9703 Longitude: -98.3284

**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"

**Visit Date: 7/9/2021**

**Entered By: \_**

**Method: Grab**

**Technician: Ryan Seidensticker**

**Maint. Provider: Ryan Seidensticker**

**Aerators: Operational**

**Sludge Levels**

**Filters: Operational**

**For Tank 1: 13**

**Irrigation Pumps: Operational**

**For Tank 2: 12**

**Disinfection Device: Operational**

**For Tank 3: 1**

**Chlorine Supply: Operational**

**Chlorine Residual: .01**

**Tank Lid / Riser: Secured**

**Sprinkler Drip Backwash: Good**

**Electric Circuits: Operational**

**Distribution System: Operational**

**Sprayfield Veg: Operational**

**Color: Good**

**Odor: Good**

**Alarm: Operational**

**Comments**

-Scum=1 Technician Secured the Tank Lid and/or Riser prior to leaving location.

**Service Completed**

**Owner signature: \_\_\_\_\_**

Insp ID #:10813

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

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

License Info: MP0001708 Expires:

License Info: MP0001708 Expires: 9/1/2023

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

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

**To: Jared Morris**  
**1370 HIDDEN COVE**  
**SPRING BRANCH, TX 78070**

Printed: 11/17/2021  
Site: 1370 Hidden Cove  
Spring Branch, TX 78070  
(325) 642-2950

---

Permit #: **108292** Customer ID: 1092  
Agency: Comal County Contract Dates: 6/7/2019 - 6/7/2022  
County: Sub: Cross Canyon Ranch Scheduled Date: 11/7/2021 Inspection 7 of 9  
Mfg / Brand: - MAXX AIR  
Treatment Type: Aerobic  
Disposal: Surface Application GPS Coordinates - Latitude: 29.9703 Longitude: -98.3284

---

**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"

**Visit Date: 11/16/2021**

**Entered By: Danielle Jordan**

**Method: Grab**

**Technician: Landon Gronvold**

**Maint. Provider: Ryan Seidensticker**

---

**Aerators:** Operational  
**Filters:** Operational  
**Irrigation Pumps:** Operational  
**Disinfection Device:** Operational  
**Chlorine Supply:** Operational  
**Chlorine Residual:** 0.2mg/L

**Sludge Levels**  
**For Tank 1:** 16  
**For Tank 2:** 20  
**For Tank 3:** 1

**Tank Lid / Riser:** Secured

**Sprinkler Drip Backwash:** Good

**Electric Circuits:** Operational  
**Distribution System:** Operational  
**Sprayfield Veg:** Operational

**Color:** Good  
**Odor:** Good

**Alarm:** Operational

**Comments**

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

**Service Completed**

Insp ID #: 13035

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

License Info: MP0001708 Expires:

License Info: MT0001995 Expires: 10/31/2021

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

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

**To: Jared Morris**  
**1370 HIDDEN COVE**  
**SPRING BRANCH, TX 78070**

Printed:3/21/2022  
Site: 1370 Hidden Cove  
Spring Branch, TX 78070  
(325) 642-2950

---

Permit #: **108292** Customer ID: 1092  
Agency: Comal County Contract Dates: 6/7/2019 - 6/7/2022  
County: Sub: Cross Canyon Ranch Scheduled Date: 3/7/2022 Inspection 8 of 9  
Mfg / Brand: - MAXX AIR  
Treatment Type: Aerobic  
Disposal: Surface Application GPS Coordinates - Latitude: 29.9703 Longitude: -98.3284

---

**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"

**Visit Date: 3/18/2022**

**Entered By: Michelle Irvin**

**Method: Grab**

**Technician: Chris Zigalo**

**Maint. Provider: Ryan Seidensticker**

---

**Aerators: Operational**  
**Filters: Operational**  
**Irrigation Pumps: Operational**  
**Disinfection Device: Operational**  
**Chlorine Supply: Operational**  
**Chlorine Residual: .1**

**Sludge Levels**  
**For Tank 1: 24**  
**For Tank 2: 12**  
**For Tank 3: 4**

**Tank Lid / Riser: Secured**

**Sprinkler Drip Backwash: Good**

**Electric Circuits: Operational**  
**Distribution System: Operational**  
**Sprayfield Veg: Operational**

**Color: Good**  
**Odor: Good**

**Alarm: Operational**

**Comments**

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

**Service Completed**

Insp ID #:16323

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

License Info: MP0001708 Expires:

License Info: MT001878 Expires: 7/31/2023

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

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

**To: Jared Morris**  
**1370 HIDDEN COVE**  
**SPRING BRANCH, TX 78070**

Printed:6/22/2022  
Site: 1370 Hidden Cove  
Spring Branch, TX 78070  
(325) 642-2950

---

Permit #: **108292** Customer ID: 1092  
Agency: Comal County Contract Dates: 6/7/2019 - 6/7/2022  
County: Sub: Cross Canyon Ranch Scheduled Date: 6/7/2022 Inspection 9 of 9  
Mfg / Brand: - MAXX AIR  
Treatment Type: Aerobic  
Disposal: Surface Application GPS Coordinates - Latitude: 29.9703 Longitude: -98.3284

---

**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"

**Visit Date: 6/22/2022**

**Entered By: \_**

**Method: Grab**

**Technician: Not Assigned**

**Maint. Provider: Ryan Seidensticker**

---

**Aerators: Operational**  
**Filters: Operational**  
**Irrigation Pumps: Operational**  
**Disinfection Device: Operational**  
**Chlorine Supply: Operational**  
**Chlorine Residual: .24**

**Sludge Levels**  
**For Tank 1: 8**  
**For Tank 2: 14**  
**For Tank 3: 6**

**Electric Circuits: Operational**  
**Distribution System: Operational**  
**Sprayfield Veg: Operational**

**Tank Lid / Riser: Secured**  
**Insp. Port / Plug: Secured**

**Alarm: Operational**

**Comments**

**Service Completed**

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

Insp ID #:18944

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

License Info: MP0001708 Expires:

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

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

**To: Jared Morris**  
**1370 HIDDEN COVE**  
**SPRING BRANCH, TX 78070**

Printed:6/22/2022  
Site: 1370 Hidden Cove  
Spring Branch, TX 78070  
(325) 642-2950

---

Permit #: **108292** Customer ID: 1092  
Agency: Comal County Contract Dates: 6/7/2019 - 6/7/2022  
County: Sub: Cross Canyon Ranch Scheduled Date: 6/7/2022 Inspection 9 of 9  
Mfg / Brand: - MAXX AIR  
Treatment Type: Aerobic  
Disposal: Surface Application GPS Coordinates - Latitude: 29.9703 Longitude: -98.3284

---

**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"

**Visit Date: 6/22/2022**

**Entered By: \_**

**Method: Grab**

**Technician: Not Assigned**

**Maint. Provider: Ryan Seidensticker**

---

**Aerators:** Operational  
**Filters:** Operational  
**Irrigation Pumps:** Operational  
**Disinfection Device:** Operational  
**Chlorine Supply:** Operational  
**Chlorine Residual:** .24

**Sludge Levels**  
**For Tank 1:** 8  
**For Tank 2:** 14  
**For Tank 3:** 6

**Electric Circuits:** Operational  
**Distribution System:** Operational  
**Sprayfield Veg:** Operational

**Tank Lid / Riser:** Secured  
**Insp. Port / Plug:** Secured

**Alarm:** Operational

**Comments**

**Service Completed**

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

Insp ID #:18944

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

License Info: MP0001708 Expires:

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

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

Printed: 11/3/2022 Insp ID #: 22440

Permit #: **108292**

**To: Jared Morris**  
**1370 Hidden Cove**  
**Spring Branch, TX 78070**

Main Phone: (325) 642-2950  
Work:  
Cell Phone:  
Alt Cell:

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

Sub: Cross Canyon Ranch

Customer ID: 1092  
Contract Dates: 6/7/2022 - 6/7/2024

Scheduled Date: 10/7/2022 Inspection 1 of 6  
Installed: 6/7/2019  
Warranty End: 6/7/2022  
GPS Coordinates: Latitude: 29.96825 Longitude: -98.33761

**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"  
**Entered By: Ashley Spitzenberger**

**Visit Date: 11/1/2022**

**Method: Grab**

**Technician: Not Assigned**

**Maint. Provider: Ryan Seidensticker**

**Aerators: Operational**

**Filters: Operational**

**Irrigation Pumps: Operational**

**Disinfection Device: Operational**

**Chlorine Supply: Operational**

**Chlorine Residual: .01**

**Sludge Levels**

**For Tank 1: 14**

**For Tank 2: Na**

**For Tank 3: 36**

**For Tank 4: 4**

**Electric Circuits: Operational**

**Distribution System: Operational**

**Sprayfield Veg: Operational**

**Tank Lid / Riser: Secured**

**Insp. Port / Plug: Secured**

**Alarm: Operational**

**Comments**

**Service Completed**

- Scum on pretreatment 2 - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Inspection Port Plug was noted as Secured prior to leaving. - Please update PS Supply and Service with a good email.

Site: 1370 Hidden Cove, Spring Branch, TX 78070

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

License Info: MP0001708 Expires:

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

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

Printed: 2/24/2023      Insp ID #: 25880

Permit #: **108292**

**To: Jared Morris**  
**1370 Hidden Cove**  
**Spring Branch, TX 78070**

Main Phone: (325) 642-2950  
Work:  
Cell Phone:  
Alt Cell:

Customer ID: 1092

Contract Dates: 6/7/2022 - 6/7/2024

Scheduled Date: 2/7/2023

Inspection 2 of 6

Installed: 6/7/2019

Warranty End: 6/7/2022

Agency: Comal County  
County: Comal County

Sub: Cross Canyon Ranch

GPS Coordinates: Latitude: 29.967724 Longitude: -98.339811

Mfg / Brand: - MAXX AIR

Treatment Type: Aerobic

Disposal: Surface Application

**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"

**Entered By: Ashley Spitzenberger**

**Visit Date: 2/22/2023**

Copy emailed to Customer

Customer Emailed: 2/24/2023

**Method: Grab**

**Technician: Zach Brown**

**Maint. Provider: Ryan Seidensticker**

**Aerators:** Operational

**Filters:** Operational

**Irrigation Pumps:** Operational

**Disinfection Device:** Operational

**Chlorine Supply:** Operational

**Chlorine Residual:** .19

**Sludge Levels**

**For Tank 1:** 14

**For Tank 2:** NA

**For Tank 3:** 28

**For Tank 4:** 1

**Electric Circuits:** Operational

**Distribution System:** Operational

**Sprayfield Veg:** Operational

**Tank Lid / Riser:** Secured

**Insp. Port / Plug:** Secured

**Alarm:** Operational

**Comments**

**Service Completed**

- Scum on pretreatment 1 - Replaced Pump Float, Switched override back to proper place - Large amounts of roots coming in the pump tank on left side. Recommend pouring Copper Sulfate to inhibit growth - could not locate sprayers - Red switch secure - Does not appear wter are getting to sprayers - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Inspection Port Plug was noted as Secured prior to leaving. - Copy emailed to the customer on 2/24/2023.

Site: 1370 Hidden Cove, Spring Branch, TX 78070

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

License Info: MP0001708 Expires:

# Luna Environmental

4222 FM 482  
New Braunfels, TX 78132

(830) 312-8776

sherrie@lunaenvironmental.com

Printed:8/22/2023

**Permit: 108292**

Site: 1370 Hidden Cove, Spring Branch, TX 78070

Main Phone: 3256422950

**Jared Morris**  
1370 Hidden Cove  
Spring Branch, TX 78070

Agency: Comal County  
County: Comal County  
Subdivision: Cross Canyon Ranch

---

System Info: MFG: <u>          </u> Brand: <u>MAXX AIR</u>	Customer ID: <u>2491</u>
Treatment Type: <u>Aerobic</u> Disposal Type: <u>Surface Application</u>	Insp ID: <u>31698</u>
Installed: <u>6/7/2019</u> Warranty Expiration: <u>6/7/2022</u>	
Visit Details	<----->
<b>Visit Date: <u>8/22/2023</u></b> Entered By: <u>Ryan Seidensticker</u>	GPS Lat: 29.967724 GPS Long: -98.339811
Scheduled Date: <u>6/7/2023</u> Contract Starts: <u>6/7/2022</u>	Customer Emailed: <u>8/22/2023</u>
Entered On: <u>8/22/2023</u> Contract Ends: <u>6/7/2024</u>	
Visit Results	
<b>Service Type: <u>Scheduled Inspection</u></b>	
Count: <u>Inspection 3 of 6</u>	
Method: <u>Grab</u>	License # Expires
Technician: <u>Not Assigned</u>	
Provider: <u>Luna Environmental, LLC</u>	<input checked="" type="checkbox"/> Service Completed

---

## Comments

Gate code does not work, unable to reach homeowner - Copy emailed to the customer on 8/22/2023.