

Comal County  
OFFICE OF COMAL COUNTY ENGINEER

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

Issued This Date: 12/31/2018 Permit Number: 108395

Location Description: 1034 SCENIC VIEW DR  
CANYON LAKE, TX 78133  
Subdivision: Devil's Backbone Heights  
Unit:  
Lot: 31  
Block:  
Acreage:

Type of System: Aerobic  
Surface Irrigation

Issued to: Janysek Builders, LLC

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

OS 0025599

## Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Koopp, Don      OSSF Installer #: 050003924  
 1st Inspection Date: 12/21/18      2nd Inspection Date: \_\_\_\_\_      3rd Inspection Date: 12-31-18 final  
 Inspector Name: Mike T.      Inspector Name: \_\_\_\_\_      Inspector Name: Connor  
 Permit#: 108395      Address: Devil's Backbone Heights / 1034 Scenic View 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)		12/21/18		
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-12/21/18  
 Tank set, leveled  
 operational ✓  
 Ready For Cover

**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)		12/21/18		✓
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)	<i>Covered</i>			✓
42	APPLICATION AREA Area Installed	✓		<i>4825 SF</i>			✓
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: Kocpp, Don OSSF Installer #: \_\_\_\_\_

1st Inspection Date: 12/21/18 2nd Inspection Date: \_\_\_\_\_ 3rd Inspection Date: \_\_\_\_\_

Inspector Name: Mike T. Inspector Name: \_\_\_\_\_ Inspector Name: \_\_\_\_\_

Permit#: 108395 Address: Devil's Backbone Heights / 1034 Scenic View 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)		12/21/18		
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 - 12/21/18

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	12/21/18		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		Solenair			
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
19	DISPOSAL SYSTEM Drip Irrigation		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(4) 285.33(a)(3) 285.33(a)(1)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)				
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)				

**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0% EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field ( 1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom ) 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 EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes ( 3/16 - 1/4" dia. Hole Size ) 5 ft. Apart		285.33(b)(3)(A) 285.33(b)(3)(A) 285.33(b)(3)(B) 285.91(13) 285.33(b)(3)(D) 285.33(b)(3)(F)				
33	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.	✓	285.32(c)(1)		12/21/18		
34	AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions	✓					
35	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.	✓					
36	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump						
37	PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions						
38	PUMP TANK Secondary restraint system provided						

Comal County Environmental Health  
OSSF Inspection Sheet

30	PUMP TANK Electrical Connections in Approved concrete walls / Wiring Buried	✓			12/21/18		
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OSSF Inspection Sheet**

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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: 108395  
Issued This Date: 12/05/2018  
This permit is hereby given to: Janysek Builders, LLC

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

1034 SCENIC VIEW DR  
CANYON LAKE, TX 78133

Subdivision: Devil's Backbone Heights  
Unit:  
Lot: 31  
Block:  
Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic  
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

items Date Received	initials

Permit Number

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Instructions:

Place a check mark next to all items that apply. For items that do not apply, place "N/A". This OSSF Development Application Checklist **must** accompany the completed application.

OSSF Permit

- Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate
- Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer
- Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials shall consist of a scaled design and all system specifications.
- Required Permit Fee
- Copy of Recorded Deed
- Surface Application/Aerobic Treatment System
  - Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public
  - Signed Maintenance Contract with Effective Date as Issuance of License to Operate

I affirm that I have provided all information required for my OSSF Development Application and that this application constitutes a completed OSSF Development Application.

  
 \_\_\_\_\_  
 Signature of Applicant

11/26/18  
 \_\_\_\_\_  
 Date

COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

INCOMPLETE APPLICATION	
(Missing Items Circled, Application Refused)	

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

Date October 26, 2018

Permit # 108395

Owner Name JANYSEK BUILDERS, LLC  
Mailing Address 104 WOODLAKE DRIVE  
City, State, Zip MCQUEENEY TEXAS 78123  
Phone# 830-708-4987  
Email norbertjanysek@att.net

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  Agent  Both

Method:  Mail  Email

Subdivision Name DEVIL'S BACKBONE HEIGHTS Unit/Phase/Section \_\_\_\_\_ Lot 31 Block \_\_\_\_\_  
Acreage/Legal \_\_\_\_\_  
Street Name/Address 1034 SCENIC VIEW DRIVE City CANYON LAKE Zip 78133

Type of Development:

Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1715

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Commercial or Institutional Facility

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

Type of Facility \_\_\_\_\_

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

Restaurants, Lounges, Theaters - Indicate Number of Seats \_\_\_\_\_

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

Travel Trailer/RV Parks - Indicate Number of Spaces \_\_\_\_\_

Miscellaneous \_\_\_\_\_

Estimated Cost of Construction: \$ 250,000 (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

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 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

11-20-18  
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 GREG W. JOHNSON, P.E.

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) SOLAR AIR SA600 LP Absorption/Application Area (Sq Ft) 4825

Gallons Per Day (As Per TCEQ Table III) 240

(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.))

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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.)

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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

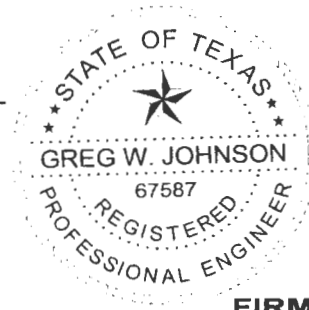
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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 31, 2018

AFFIDAVIT



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THE COUNTY OF COMAL  
STATE OF TEXAS

Yes

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

I

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

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II

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

UNIT/PHASE/SECTION BLOCK 31 LOT DEVIL'S BACKBONE HEIGHTS SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by (insert owner's full name): JANYSEK BUILDERS, LLC

This OSSF must be covered by a continuous maintenance contract for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the Comal County Engineer's Office.

WITNESS BY HAND(S) ON THIS 20 DAY OF NOVEMBER, 2018

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

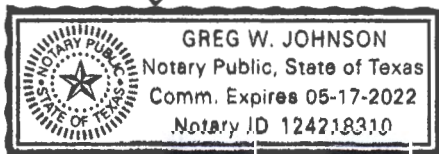
NORBERT JANYSEK - MANAGER
Owner (s) Printed name (s)

NORBERT JANYSEK SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 20 DAY OF November, 2018

THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY

[Signature]
Notary Public Signature

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
11/26/2018 11:37:59 AM
TERRI 1 Page(s)
201806045240



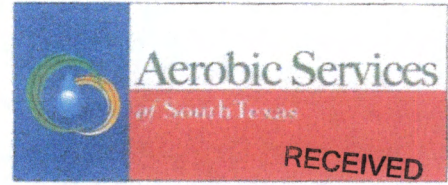
(Notary Seal Here)



Bobbie Koepf

Cheff  
Johnson  
11-20-18

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



NOV 26 2018

## Routine Maintenance and Inspection Agreement

### General

COUNTY ENGINEER

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between JANYSEK BUILDERS, LLC (referred to as "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP 349) (hereinafter referred to as "Contractor") located at 15188 FM 306, Texas 78133 (830) 964-2365. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein.

This contract will provide for all required inspections, testing and service for your Aerobic Treatment System. The policy will include the following:

1. 3 inspections a year/services calls (at least one every 4 months), for a total of 6 over the **two year period** including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, diffuser operation. Any alarm situation affecting the proper function of the Aerobic process will be address within a 48-hour time Frame. Repair work on non-warranty parts will include price for parts & labor. The prices will be quoted before work is performed.
2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and pH will be taken and reported as necessary.
3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
4. The customer is responsible for the chlorine tablets; they must be filled before or during the service visit.
5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, and County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

The Homeowners Manual must be strictly followed or warranties are subject to invalidation. **Pumping of sludge build-up is not covered by this policy and will result in additional charges.**

### ACCESS BY CONTRACTOR

The Contractor or anyone authorized by the Contractor may enter the property at reasonable times without prior notice for the purpose of the above described Services. The contractor may access the System components including the tanks by means of excavation for the purpose of evaluations if necessary. Soil is to be replaced with the excavated material as best as possible.

**Termination of Agreement**

Either party may terminate this agreement within ten days written notice in the event of substantial failure to perform in accordance with its terms by the other party without fault of the terminating party. If this Agreement is so terminated, the Contractor will immediately notify the appropriate health authority of the termination.

**Limit of Liability**

In no event shall the Contractor be liable for indirect, consequential, incidental or punitive damages, whether in contract tort or any other theory. In no event shall the Contractor's liability for direct damages exceed the price for the services described in this Agreement.

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**Dispute Resolution**

If a dispute between the Client and the Designer arises that cannot be settled in good faith negotiations then the parties shall choose a mutually acceptable arbitrator and shall share the cost of the arbitration services equally.

COUNTY ENGINEER

**Entire Agreement**

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

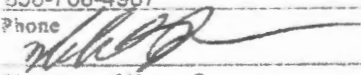
**Severability**

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

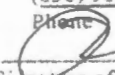
Legal Description: DEVIL'S BACKBONE HEIGHTS, LOT 2

Property Address: 1024 SCENIC VIEW DRIVE

**HOME OWNER**

JANYSEK BUILDERS, LLC  
Name  
104 WOODLAKE DRIVE  
Address  
MCQUEENEY, TX 78123  
City, State  
830-708-4987  
Phone  
  
Signature of Home Owner

**SERVICE PROVIDER**

Aerobic Services of South Texas Inc.  
Name  
15188 FM 306  
Address  
Canyon Lake, Texas 78133  
City, State  
(830) 964 - 2365  
Phone  
 OS0024597/MP349  
Signature of Service Provider and License #

EFFECTIVE DATE \_\_\_\_\_ EXPIRED DATE \_\_\_\_\_ INSTALLED \_\_\_\_\_

Model # \_\_\_\_\_ Blower Panel Serial # \_\_\_\_\_

The effective date of this initial maintenance contract shall be the date license to operate is issued.



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

Date Soil Survey Performed: October 30, 2018

Site Location: DEVIL'S BACKBONE HEIGHTS, LOT 31

Proposed Excavation Depth: N/A

**Requirements:**

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

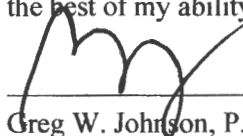
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SOIL BORING NUMBER _____ SURFACE EVALUATION _____						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 8"	BROWN
1						
2						
3						
4						
5						

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

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

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

10/30/18  
Date

**OSSF SOIL EVALUATION REPORT INFORMATION**

Date: October 31, 2018

**Applicant Information:**

**Site Evaluator Information:**

Name: JANYSEK BUILDERS, LLC.  
Address: 104 WOODLAKE DRIVE  
City: McQUEENEY State: TEXAS  
Zip Code: 78123 Phone: (830) 708-4987

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:**

**Installer Information:**

Lot 31 Unit \_\_\_ Blk \_\_\_ Subd. DEVIL'S BACKBONE HEIGHTS  
Street Address: SCENIC VIEW DRIVE  
City: CANYON LAKE Zip Code: 78133  
Additional Info.: \_\_\_\_\_

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

**Topography:** Slope within proposed disposal area: 8 to 12 %  
Presence of 100 yr. Flood Zone: YES \_\_\_ NO X  
Existing or proposed water well in nearby area. YES \_\_\_ NO X  
Presence of adjacent ponds, streams, water impoundments YES \_\_\_ NO X  
Presence of upper water shed YES \_\_\_ NO X  
Organized sewage service available to lot YES \_\_\_ NO X

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

Commercial

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

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

Number of Bedrooms the septic system is sized for: 3 Total sq. ft. living area 1751

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

Q = (3 +1)\*75-(20%)= 240

Trash Tank Size 376 Gal.

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

Req'd Application Area = Q/Ri = 240 / 0.064 = 3750 sq. ft.

Application Area Utilized = 4825 sq. ft.

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

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

Pump Tank Size = 778 Gal. 18.75 Gal/inch.

Reserve Requirement = 80 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

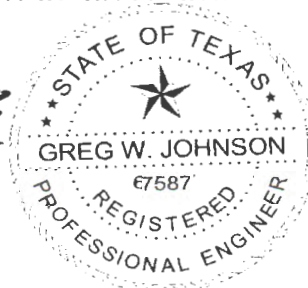
1" Sch-40 PVC discharge manifold

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

10/31/18  
DATE

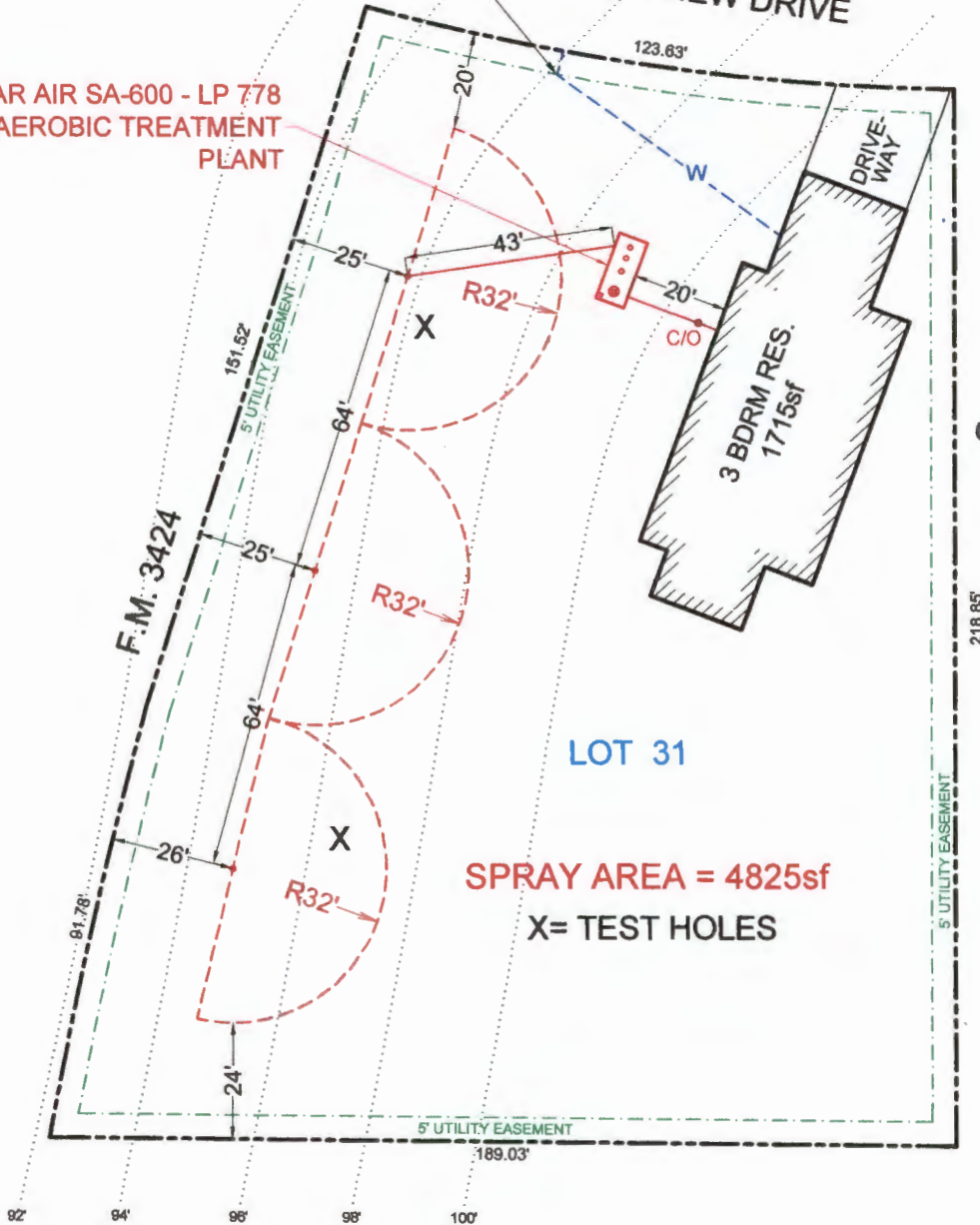


FIRM #2585

SLEEVE WATER LINE WITH 2"-SCH-40  
PVC PIPE WHEN ENTERING CLOSER  
THAN 10' FROM SEPTIC SYSTEM OR  
SEPTIC FIELD.

SOLAR AIR SA-600 - LP 778  
AEROBIC TREATMENT  
PLANT

SCENIC VIEW DRIVE



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LOT 31

SPRAY AREA = 4825sf  
X= TEST HOLES

F.M. 3424



OWNER:	JANYSEK BUILDERS, LLC.			DRAWN BY:	EJS III
STREET ADDRESS:	1074 SCENIC VIEW DRIVE				
LEGAL DESC:	DEVIL'S BACKBONE HEIGHTS	UNIT/SECTION/PHASE:	BLOCK:	LOT:	31
PREPARED BY:	GREG W. JOHNSON, P.E. F#002585	SCALE:	1"=40'	DATE:	10/31/2018
				REVISED:	

## TANK NOTES:

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

Tightlines to the tank shall be SCH-40 PVC.

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

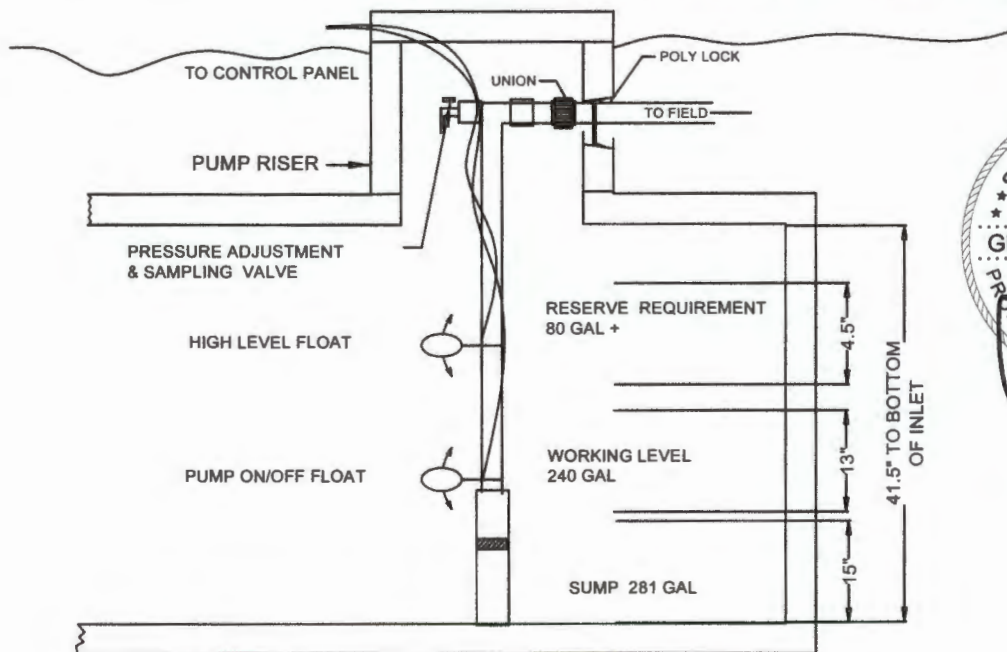
A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

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

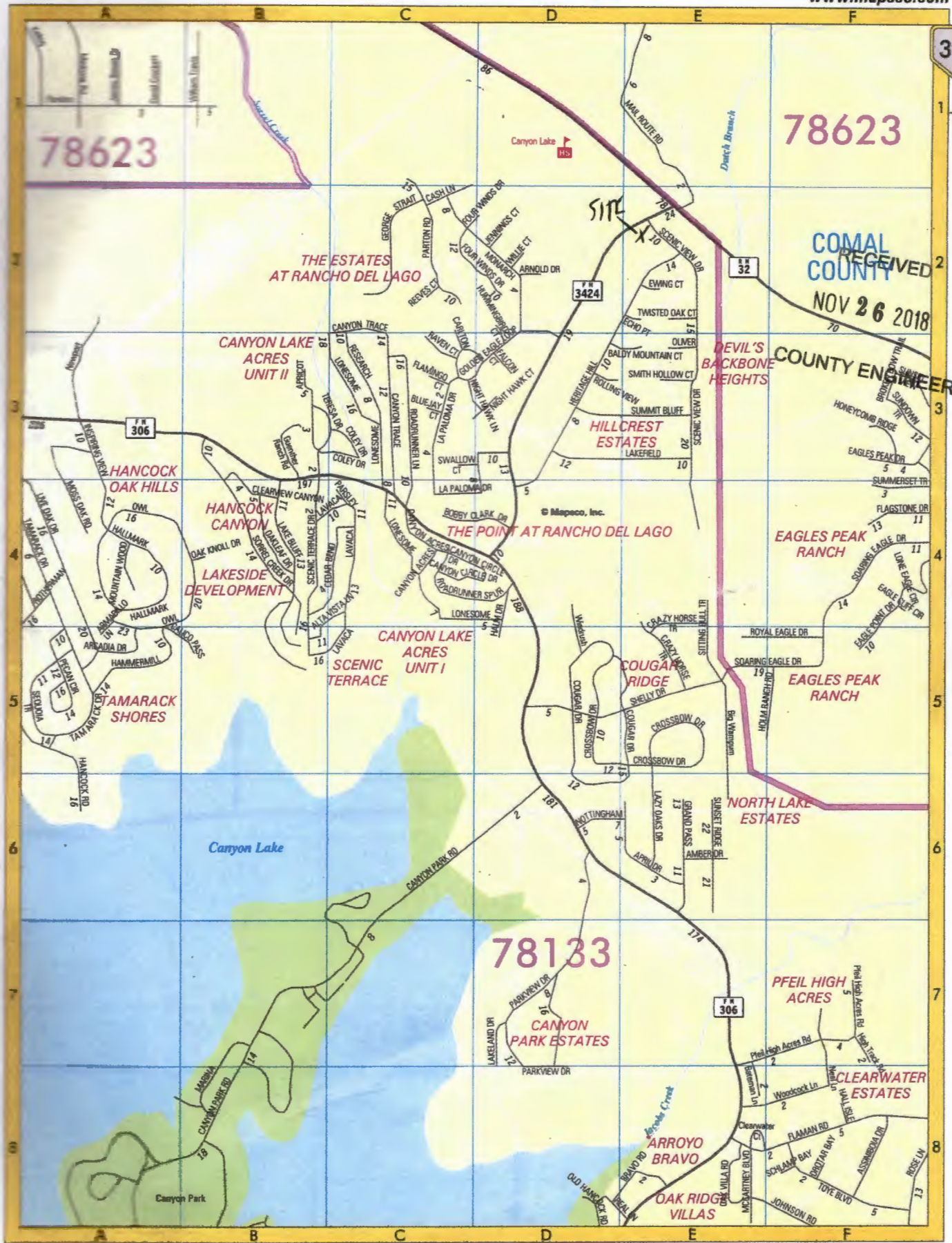


F#2585

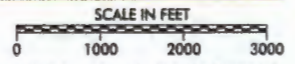
10/31/18

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

322



CONTINUED ON MAP 323



**Correction Affidavit as to General Warranty Deed**

**Date:** August 1, 2018

**Description of Original Instrument ("Original Instrument"):** General Warranty Deed dated July 25, 2018, from Douglas Ray McGary and wife, Diana McGary to **Janysek Builders, LLC**, recorded as County Clerk's Document No. 201806029036, Official Public Records of Comal County, Texas.

**Affiant:** DEBBY KIRKLAND

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Affiant on oath swears that the following statements are true and correct and are within the personal knowledge of Affiant:

COUNTY ENGINEER

1. My full legal name is DEBBY KIRKLAND, and I am over the age of eighteen (18) years and qualified to make this Affidavit.

2. I am employed as an Escrow Officer of Independence Title. I closed the transaction relating to the Original Instrument under our Guaranty File No. 1829532-NBF and have personal knowledge of the facts relevant to the correction of the Original Instrument.

3. I am making this Affidavit as a correction instrument pursuant to Section 5.028 of the Texas Property Code, with regard to the following clerical error in the Original Instrument:

Property incorrectly described as **Lot 5, DEVIL'S BACKBONE HEIGHTS**, according to the map or plat thereof, recorded in Volume 6, Page 107, Map and Plat Records, Comal County, Texas.

4. The Original Instrument should correctly read as follows with respect to the clerical error described above, this being a non-material change to the Original Instrument:

Property shall be described as **Lot 31, DEVIL'S BACKBONE HEIGHTS**, according to the map or plat thereof, recorded in Volume 6, Page 107, Map and Plat Records, Comal County, Texas.

5. I have given notice of this correction of the Original Instrument by sending a copy of this Correction Affidavit by first class mail to each party to the Original Instrument in accordance with Section 5.028 (d)(2), Texas Property Code as evidenced by copies of transmittals attached hereto.

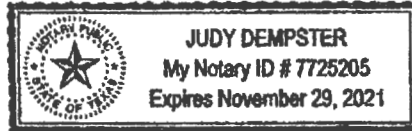
Further Affiant sayeth not.

  
DEBBY KIRKLAND

SUBSCRIBED AND SWORN TO before me on August 1, 2018 by DEBBY KIRKLAND.

*Judy Dempster*

Notary Public, State of Texas



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NOV 26 2018

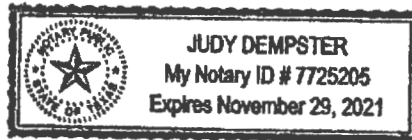
COUNTY ENGINEER

STATE OF TEXAS §  
  §  
COUNTY OF COMAL §

This instrument was acknowledged before me on the 1st day of August, 2018, by DEBBY KIRKLAND.

*Judy Dempster*

NOTARY PUBLIC, State of Texas





5900 Shepherd Mountain Cove, Bldg 2, Ste. 200  
Austin, TX 78730

August 7, 2018

Janysek Builders, LLC  
104 Woodlake Drive  
McQueeney, TX 78123

RE: GF 1829532-NBF

Enclosed please find a copy of the statutory Correction Affidavit that will be filed of record to correct the legal originally set out in the Deed as to the above-referenced property. This letter is given pursuant to statutory notice requirements only; you are not obligated to take any action regarding the Affidavit.

Thank you,

Annelise C. Holbrook  
Administrative Partner

cc: Douglas and Diana McGary

Return to: Independence Title  
5900 Shepherd Mountain Cove, Bldg II, Suite 200  
Austin, TX 78730

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
08/08/2018 09:12:50 AM  
TERRI 3 Pages(s)  
201806031072



*Bobbie Koepf*

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Independence Title Company  
GF# 1029532-NBE

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

**GENERAL WARRANTY DEED**

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

**THAT DOUGLAS RAY MCGARY and wife, DIANA MCGARY**, hereinafter called Grantor. for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) cash and other good and valuable consideration in hand paid by **JANYSEK BUILDERS, LLC** hereinafter called Grantee, the receipt and sufficiency of which is hereby acknowledged;

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

        Lot <sup>34</sup> ~~3~~ **DEVIL'S BACKBONE HEIGHTS**, according to the map or plat thereof recorded in **Volume 6, Page 107**, Map and Plat Records of Comal County, Texas.

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

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

        TO HAVE AND TO HOLD the above described premises, together with, all and singular, the rights and appurtenances thereto in anywise belonging unto the said Grantee. Grantee's heirs, executors, administrators, successors, or assigns forever.

Grantor does hereby bind Grantor, Grantor's heirs, executors, administrators, and successors to warrant and forever defend, all and singular, the said premises unto the said Grantee, Grantee's heirs, executors, administrators, successors, and assigns against any person whomsoever claiming or to claim the same or any part thereof.

EXECUTED on this the 25th day of July, 2018.

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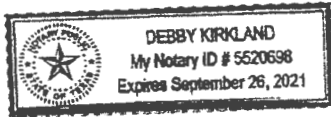
*Douglas Ray McGary*  
\_\_\_\_\_  
DOUGLAS RAY MCGARY

*Diana McGary*  
\_\_\_\_\_  
DIANA MCGARY

COUNTY ENGINEER

STATE OF TEXAS       §  
COUNTY OF COMAL   §

This instrument was acknowledged before me on this the 25 day of July, 2018, by DOUGLAS RAY MCGARY and DIANA MCGARY.



*Debby Kirkland*  
\_\_\_\_\_  
Notary Public, State of Texas

GRANTEE'S MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

6373g.deeds  
Independence Title Co. (DK)  
GF #1829532 NBF

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



**ENTERED**

Printed: 9/24/2019

Phone: (830) 964-2365  
 Fax: (830) 964-2659  
 www.aerobicservices.com  
**Permit #: 108395**

**To: Cecilia Ablayatopasna**  
**1034 Scenic View Drive**  
**Canyon Lake, TX 78133**

Tech: Not Assigned  
 Brand/Mfg.: SA 600-LP -  
 System S/N:  
 Aerator and S/N:

Site: 1034 Scenic View Drive, Canyon Lake  
 Agency: Comal County Environmental Health  
 County: Comal  
 Subdivision: Devils Backbone Heights

Contract: 12/31/2018 - 12/31/2020  
 Inspections per year: 3  
 Service Due: 12/30/2019  
 Alt Phone: (3)

Inspection Type: Scheduled

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

Air Pressure 44

Test Results and observations: (As Required)  
 Chlorine Residual: 0.87  
 Test Method: DPD  
 BOD: \_\_\_\_\_  
 TSS: \_\_\_\_\_

Mixed Liquor  
 Aeration 36  
 Sludge Levels  
 Clarifier 12  
 Pump 2

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

Repairs and Comments:

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Inspector: Seth  
 Tom Hampton VP  
 MP349/OS24597

Date: 1-3-20

JAN 13 2020

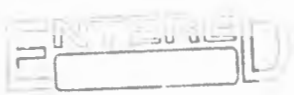
**COUNTY ENGINEER**

Area: / 0  
 GPS: ID = 61114965

1034 Scenic View Drive, Canyon Lake

MAILED

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



Phone: (830) 964-2365  
Fax: (830) 964-2659  
www.aerobicservices.com  
Permit #: 108395

Printed: 7/8/2020

To: **Cecilia & George Ablayatopasna**  
1034 Scenic View Drive  
Canyon Lake, TX 78133

Tech: Not Assigned  
Brand/Mfg.: SA 600-LP -  
System S/N:  
Aerator and S/N:

Contract: 12/31/2018 - 12/31/2020  
Inspections per year: 3  
Service Due: 8/30/2020  
Alt Phone:

Site: 1034 Scenic View Drive, Canyon Lake  
Agency: Comal County Environmental Health  
County: Comal  
Subdivision: Devils Backbone Heights

Phone: (830) 935-2295  
Cell:  
Work:

5

Inspection Type: Scheduled

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

Air Pressure 78

Test Results and observations: (As Required)  
Chlorine Residual: 0.38  
Test Method: DPO  
BOD:     
TSS:     
Access Ports Secured YES / NO  
Repairs made: YES / NO

Mixed Liquor  
Aeration 36  
Sludge Levels  
Clarifier 28  
Pump 4

Repairs and Comments: Scheduling pump-out

Inspector: Ricky  
Tom Hampton VP  
MP349/OS24597

Date: 9/3/20

Area: / 0  
GPS: ID = 61114965

1034 Scenic View Drive, Canyon Lake

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

ENTERED



**MAILED**

Printed: 9/22/2020

Phone: (830) 964-2365  
 Fax: (830) 964-2659  
 www.aerobicservices.com  
**Permit #: 108395**

**To: Cecilia & George Ablayatopasna**  
**1034 Scenic View Drive**  
**Canyon Lake, TX 78133**

Tech: Not Assigned  
 Brand/Mfg.: SA 600-LP -  
 System S/N:  
 Aerator and S/N:

Site: 1034 Scenic View Drive, Canyon Lake  
 Agency: Comal County Environmental Health  
 County: Comal  
 Subdivision: Devils Backbone Heights

Contract: 12/31/2018 - 12/31/2020  
 Inspections per year: 3  
 Service Due: **12/30/2020**  
 Alt Phone: 6 \*  
 Phone: (830) 935-2295  
 Cell: (402) 990-2799  
 Work:

Inspection Type: Scheduled

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

Air Pressure 40

Test Results and observations: (As Required)  
 Chlorine Residual: 0.86  
 Test Method: D/D  
 BOD: \_\_\_\_\_  
 TSS: \_\_\_\_\_  
 Access Ports Secured YES / NO  
 Repairs made: YES / NO

Mixed Liquor Aeration 36  
 Sludge Levels Clarifier 24  
 Pump 2

Repairs and Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

Inspector: Seth  
 Tom Hampton VP  
 MP349/OS24597

Date: 12-18-20

Area: / 0  
 GPS: ID = 61114965

1034 Scenic View Drive, Canyon Lake

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

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MAILED

Printed: 4/6/2020

Phone: (830) 964-2365  
Fax: (830) 964-2656  
www.aerobicservices.com  
Permit #: 108395

To: **Cecilia & George Ablayatopasna**  
1034 Scenic View Drive  
Canyon Lake, TX 78133

Tech: Not Assigned  
Brand/Mfg.: SA 600-LP -  
System S/N:  
Aerator and S/N

Site: 1034 Scenic View Drive, Canyon Lake  
Agency: Comal County Environmental Health  
County: Comal  
Subdivision: Devils Backbone Heights

Contract: 12/31/2018 - 12/31/2021  
Inspections per year 3  
Service Due: 4/30/2020  
Alt Phone: 4

Inspection Type: Scheduled

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

Air Pressure 2/0

Test Results and observations: (As Required)  
Chlorine Residual: 0.13  
Test Method: D/D  
BOD:       
TSS:       
Access Ports Secured YES / NO  
Repairs made: YES / NO

Mixed Liquor  
Aeration 12  
Sludge Levels  
Clarifier 12  
Pump 1

Repairs and Comments:

Inspector: Seth  
Tom Hampton VP  
MP349/OS24597

Date: 5-6-20

Area: / 0  
GPS: ID = 61114965

1034 Scenic View Drive, Canyon Lake

**MAILED**

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



RECEIVED

FEB 02 2021

Date: 10/1/2020

Phone: (830) 964-2365

Fax: (830) 964-2659

www.aerobicservices.com

COUNTY ENGINEER

To: **Cecilia & George Ablayatopasna**  
**1034 Scenic View Drive**  
**Canyon Lake, TX 78133**

**Contract Period**  
**Start Date: 12/31/2020**  
**End Date: 12/31/2021**

*pl*



**Permit #: 108395**

Phone: (830) 935-2295      Subdivision: Devils Backbone Heights  
Site: 1034 Scenic View Drive, Canyon Lake, TX 78133  
County: Comal  
Installer: Koepp Enterprises  
Agency: Comal County Environmental Health  
Mfg/Brand: / SA 600-LP

3 visits per year - one every 4 months  
240 gallons per day  
Aerobic Services of South Texas  
Map Key: ID: 61114965

**ROUTINE MAINTENANCE AND INSPECTION AGREEMENT  
RENEWAL CONTRACT**

**General**

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between the client named above (referred to as to "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP349) (hereinafter referred to as "Contractor") located at 15188 FM 306 Canyon Lake, Texas 78133 (830) 964-2365. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein. This contract will provide for all required inspections, testing and service for your Aerobic Treatment System. The policy will include the following:

1. 3 inspections a year/services calls (at least one every 4 months), for a total of 3 over the one year period including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, diffuser operation. Any alarm situation affecting the proper function of the Aerobic process will be addressed within a 48-hour time frame. Repair work on non-warranty parts will include price for parts & labor. The prices will be quoted before work is performed.
2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and PH will be taken and reported as necessary.
3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
4. The client is responsible for chlorine; Must be filled before or during the service visit.
5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

The Homeowners Manual must be strictly followed or warranties are subject to invalidation. Pumping of sludge build-up is not covered by this policy and will result in additional charges.

**ACCESS BY CONTRACTOR**

The Contractor or anyone authorized by the Contractor may enter the property at reasonable times without prior notice for the purpose of the above described Services. The contractor may access the System components including the tanks by means of excavation for the purpose of evaluations if necessary. Soil is to be replaced with the excavated material as best

as possible.

#### Termination of Agreement

Either party may terminate this agreement within ten days written notice in the event of substantial failure to perform in accordance with its terms by the other party without fault of the terminating party. If this Agreement is so terminated, the Contractor will immediately notify the appropriate health authority of the termination.

#### Limit of Liability

In no event shall the Contractor be liable for indirect, consequential, incidental or punitive damages, whether in contract tort or any other theory. In no event shall the Contractor's liability for direct damages exceed the price for the services described in this Agreement.

#### Dispute Resolution

If a dispute between the Client and the Contractor arises that cannot be settled in good faith negotiations then the parties shall choose a mutually acceptable arbitrator and shall share the cost of the arbitration services equally.


#### Entire Agreement

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

#### Severability

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

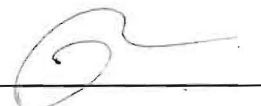
#### OWNER

  
\_\_\_\_\_  
Signature  
*Cecilia Rodriguez*  
\_\_\_\_\_  
Printed

409940-2799 / 28 Dec 2020  
\_\_\_\_\_  
Phone/ Date

#### SERVICE PROVIDER

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

  
\_\_\_\_\_  
Signature  
Tom Hampton VP

License# OS0024597 / MP 349



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



Phone: (830) 964-2365  
 Fax: (830) 964-2659  
 www.aerobicservices.com  
**Permit #: 108395**

Printed: 3/30/2021

**To: Cecilia & George Ablayatopasna**  
**1034 Scenic View Drive**  
**Canyon Lake, TX 78133**

Tech: Not Assigned  
 Brand/Mfg.: SA 600-LP -  
 System S/N:  
 Aerator and S/N:

Contract: 12/31/2020 - 12/31/2021  
 Inspections per year: 3  
 Service Due: 4/30/2021  
 Alt Phone: 1

Site: 1034 Scenic View Drive, Canyon Lake  
 Agency: Comal County Environmental Health  
 County: Comal  
 Subdivision: Devils Backbone Heights

Phone: (830) 935-2295  
 Cell: (402) 990-2799  
 Work:

Inspection Type: Scheduled

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

Air Pressure 45

Test Results and observations: (As Required)  
 Chlorine Residual: 9.80  
 Test Method: \_\_\_\_\_  
 BOD: \_\_\_\_\_  
 TSS: \_\_\_\_\_  
 Access Ports Secured: YES / NO  
 Repairs made: YES / NO

Mixed Liquor  
 Aeration 0  
 Sludge Levels  
 Clarifier 24  
 Pump \_\_\_\_\_

Repairs and Comments:

Inspector: Tom Hampton  
 Tom Hampton VP  
 MP349/OS24597

Date: 4/30/21

Area: / 0  
 GPS: ID = 61114965

1034 Scenic View Drive, Canyon Lake

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

Printed: 6/17/2021

**ENTERED**

Phone: (830) 964-2365  
 Fax: (830) 964-2659  
 www.aerobicsservices.com  
**Permit #: 108395**

**To: Cecilia & George Ablayatopasna**  
**1034 Scenic View Drive**  
**Canyon Lake, TX 78133**

Tech: Not Assigned  
 Brand/Mfg.: SA 600-LP -  
 System S/N:  
 Aerator and S/N:

**MAILED**

Site: 1034 Scenic View Drive, Canyon Lake

Contract: 12/31/2020 - 12/31/2021  
 Inspections per year: 3  
 Service Due: 8/30/2021  
 Alt Phone:

Agency: Comal County Environmental Health

Phone: (830) 935-2295

County: Comal

Cell: (402) 990-2799

Subdivision: Devils Backbone Heights

Work:

②

Inspection Type: 5 the dulled

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

Air Pressure 70

Test Results and observations: (As Required)

Chlorine Residual: 0.65  
 Test Method: Dpd  
 BOD:       
 TSS:     

Mixed Liquor Aeration 0  
 Sludge Levels Clarifier 0  
 Pump 0

Access Ports Secured YES / NO

Repairs made: YES / NO

Repairs and Comments:

Inspector: Mark  
 Tom Hampton VP  
 MP349/OS24597

Date: 9-14-21

Area: / 0  
 GPS: ID = 61114965

1034 Scenic View Drive, Canyon Lake

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



Phone: (830) 964-2365  
 Fax: (830) 964-2659  
 www.aerobicservices.com  
**Permit #: 108395**

Printed: 10/13/2021

**To: Cecilia & George Ablayatopasna**  
**1034 Scenic View Drive**  
**Canyon Lake, TX 78133**

Tech: Not Assigned  
 Brand/Mfg.: SA 600-LP -  
 System S/N:  
 Aerator and S/N:

Site: 1034 Scenic View Drive, Canyon Lake  
 Agency: Comal County Environmental Health  
 County: Comal  
 Subdivision: Devils Backbone Heights

Contract: 12/31/2020 - 12/31/2021  
 Inspections per year: 3  
 Service Due: 12/30/2021  
 Alt Phone: ③ ✓

**ENTERED**  
**MAILED**

Phone: (830) 935-2295  
 Cell: (402) 990-2799  
 Work:

Inspection Type: Scheduled

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

Air Pressure   

Test Results and observations: (As Required)  
 Chlorine Residual: 0.98  
 Test Method: dnd  
 BOD:     
 TSS:     
 Access Ports Secured YES / NO  
 Repairs made: YES / NO

Mixed Liquor 0  
 Aeration     
 Sludge Levels 6  
 Clarifier     
 Pump 0

Repairs and Comments: need to treat for ants

Inspector: mark  
 Tom Hampton VP  
 MP349/OS24597

Date: 12-9-21

Area: / 0  
 GPS: ID = 61114965

1034 Scenic View Drive, Canyon Lake