



Comal County
OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 02/26/2019

Permit Number: 108458

Location Description: 1028 RAINBOW DR
SPRING BRANCH, TX 78070
Subdivision: Ridgeview Oaks West
Unit:
Lot: 98
Block:
Acreage:

Type of System: Aerobic
Surface Irrigation

Issued to: William Land/Scottie White

This license is authorization for the owner to operate and maintain a private facility at the location described in accordance to the rules and regulations for on-site sewerage facilities of Comal County, Texas, and the Texas Commission on Environmental Quality.

The license grants permission to operate the facility. It does not guarantee successful operation. It is the responsibility of the owner to maintain and operate the facility in a satisfactory manner.

Alterations to this permit including, but not limited to:

- Increase in the square feet of living area
- Increase in the number of bedrooms
- A change of use (i.e. residential to commercial)
- Relocation of system components (including the relocation of spray heads)
- Installation of landscaping
- Adding new structures to the system

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

Inspection and licensing of a facility indicates only that the facility meets certain minimum requirements. It does not impede any governmental entity in taking the proper steps to prevent or control pollution, to abate nuisance, or to protect the public health.

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

Licensing Authority
Comal County Environmental Health


ENVIRONMENTAL HEALTH INSPECTOR
OS8497


ENVIRONMENTAL HEALTH COORDINATOR
OS0007722

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Danny Beck OSSF Installer #: _____
 1st Inspection Date: 2/5/19 2nd Inspection Date: _____ 3rd Inspection Date: 2/26/19
 Inspector Name: Mike T. Inspector Name: _____ Inspector Name: Mike T.
 Permit#: 108458 Address: Ridgeview Oaks West / 1028 Rainbow 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)		2/5/19		2/26/19
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	✓	285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	✓	285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	✓	285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	✓	285.32(a)(5)				
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(ii) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(i)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

MT-2/5/19
 Tank set, leveled
 Operational ✓
 Ready For Cover
 Need Revised Plan on tank

MT-2/26/19
 Covered.

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Amixer	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	2/5/19		2/26/19
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	/		Sanitair Solaraire			
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)				

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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)				



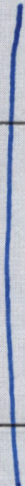


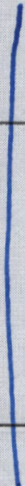

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OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	<p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0%</p> <p>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom)</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart</p>		<p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(B)</p> <p>285.91(13)</p> <p>285.33(b)(3)(D)</p> <p>285.33(b)(3)(F)</p>				
33	<p>AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.</p>	✓	285.32(c)(1)		2/5/19		2/26/19
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank</p> <p>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions</p>	✓					
35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.</p>	✓					
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>						
37	<p>PUMP TANK Inspection/Clean Out Port & Risers Provided</p> <p>PUMP TANK Secondary restraint system provided</p> <p>PUMP TANK Riser permanently fastened to lid or cast into tank</p> <p>PUMP TANK Riser cap protected against unauthorized intrusions</p>						
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Comal County Environmental Health
OSSF Inspection Sheet

39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried	✓			2/5/19	2/26/19
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**Comal County Environmental Health
OSSF Inspection Sheet**

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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

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 1st Inspection Date: 2/5/19 2nd Inspection Date: _____ 3rd Inspection Date: _____
 Inspector Name: Mike T. Inspector Name: _____ Inspector Name: _____
 Permit#: 108458 Address: Ridgeview Oaks West / 1028 Rainbow Dr.

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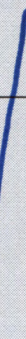

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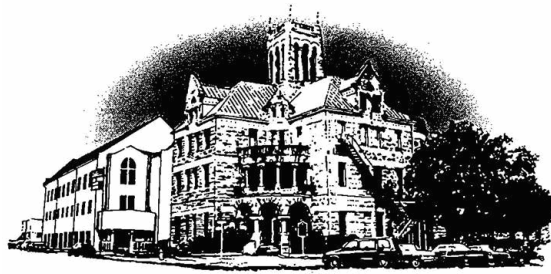
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Comal County Environmental Health
OSSF Inspection Sheet

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OSSF Inspection Sheet**

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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: 108458
Issued This Date: 12/17/2018
This permit is hereby given to: William Land/Scottie White

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

1028 RAINBOW DR
SPRING BRANCH, TX 78070

Subdivision: Ridgeview Oaks West
Unit:
Lot: 98
Block:
Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

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

Date 11-28-2018

Permit # 108458

Owner Name William Land/Scottie White
Mailing Address 426 Wentworth
City, State, Zip Spring Branch, Texas 78070
Phone # 210-485-8849
Email NA

Agent Name Brian Erxleben, R.S.
Agent Address 562 S. Hwy 123 Bypass #128
City, State, Zip Seguin, Texas 78155
Phone # 830-660-9133
Email bandverx@gmail.com

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

Subdivision Name Ridgeview Oaks West Unit NA Lot 98 Block NA

Acreage/Legal _____

Street Name/Address 1028 Rainbow Drive City Spring Branch Zip 78070

Type of Development:

☒ Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 2432

☐ 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 _____

RECEIVED
DEC 07 2018
COUNTY ENGINEER

Estimated Cost of Construction: \$ 120,000 (Structure Only)

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

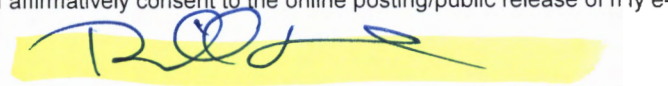
☐ Yes ☒ No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

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 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

12/3/2012
Date

Page 1 of 2

* * * **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 Brian Erxleben, R.S. 3637

System Description Aerobic Treatment/Surface Application

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

Tank Size(s) (Gallons) 500 gpd Absorption/Application Area (Sq Ft) 3848

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 ☒ No

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

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

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

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

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

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

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

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

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

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

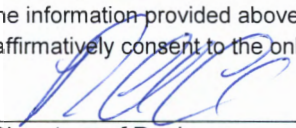
Is this property within an incorporated city? ☐ Yes ☒ No

If yes, indicate the city: _____

By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.

- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.



Signature of Designer

12-1-18

Date

Page 2 of 2



201806046882 12/07/2018 01:46:05 PM 1/2

2/c
 THE COUNTY OF COMAL *
 STATE OF TEXAS *

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, 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 (commission) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the TCEQ 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 owners 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 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:

UNIT	BLOCK	LOT 98	SUBDIVISION <i>Ridgeview Oaks West</i>
IF NOT IN SUBDIVISION: ACRES		SURVEY	

The property is owned by William Land & Scottie White.

This OSSF shall 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.

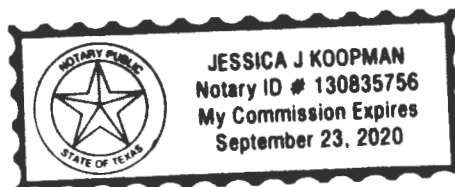
Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from **the Comal County Environmental Health Department**.

WITNESS MY HAND ON THIS 3rd DAY OF December, 2018.


 OWNER/AGENT NAME (SIGNATURE)

William Land
 OWNER/AGENT NAME (PRINTED)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 3rd DAY OF December, 2018




 Notary Public, State of Texas

Notary's Printed Name: Jessica Koopman

Commission Expires: 09/23/2020



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

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

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
12/07/2018 01:46:05 PM
CASHONE 2 Page(s)
201806046882



Bobbie Koepp

WD REPAIRS & SERVICES

P. O. BOX 1005

LAVERNIA, TEXAS 78121

(210) 414 - 0044 (210) 410-2405

WAYNE ZWICKE TCEQ LICENSE MP0001911

AEROBIC MAINTENANCE / SERVICE CONTRACT

To: William Land/Scottie White
1028 Rainbow Drive
Spring Branch, Texas 78070
210-485-8849

County: Comal

Agency: Environmental Health

Manufacturer: Aeris 500N-750PT

Start Date: Date license to operate is issued

End Date: 2 years from start date

Permit No.:

Installer: Bronson Fuller

Installed:

Maintenance Co: WD REPAIRS

This contract will provide for all required inspections, reporting and tracking of your Aerobic Treatment Unit (ATU). This policy will cover the following:

1. 3 inspections per year (at least one during every four month period). Inspections will include the following:
 - A. An effluent quality inspection consisting of a visual check for color and examination for odor.
 - B. Adjustment and servicing of any mechanical and electrical components that are out of order. (Does not include repairs/replacement of defective components.)
 - C. Periodic sampling of settled soils in the aeration chamber.
 - D. If any improper operation is observed, which can not be corrected at the time of inspection, the Owner will be notified on the inspection report of the condition. It is the Owner's responsibility to contact the Maintenance Company to schedule repairs.
2. Response time for repairs is forty-eight (48) hours or less. Payment in full must be made at the time service is rendered. If the Owner defaults in payment the contract will be terminated.
3. The Owner is responsible for maintaining a chlorine residual of 1 mg/L in the pump chamber at all times. If the Owner fails in their responsibility to add chlorine they are in violation of law.
4. The Owner is responsible for the eradication of fire ants.

IMPORTANT: This Service Contract does not cover the cost of service calls, labor or materials which are required due to misuse or abuse of the system; failure to maintain electrical power to the system; replacement of sprinklers that are broken, leaking, stopped up or otherwise malfunctioning; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non-biodegradable materials, solvents, grease, oil, paint, etc.; pumping out of the tank as required; or any usage contrary to the requirements listed in the system owner's manual.

By signing this agreement the Owner agrees to the terms of this contract and grants permission to the Maintenance Company to enter Owner's property to perform work.

Owner: 

Date: _____

Service Provider: 

Date: _____

OSSF SOIL EVALUATION REPORT INFORMATION
COMAL COUNTY

DATE: 11-28-18

Applicant Information:

Name: William Land/Scottie White
Address: 426 Wentworth
City: Spring Branch State: Texas Zip: 78070
Ph: (210) 485-8849 Fax:

Site Evaluator Information:

Name: Brian Erxleben
Address: 562 S. Hwy 123 Bypass #128
City: Seguin State: Texas Zip: 78155
Ph: (830) 660-9133 E-mail: bandverx@gmail.com

Property Location:

Lot: 98 Block:
Subdivision: Ridgeview Oaks West
Street/Road Address: 1028 Rainbow Drive
City: Spring Branch State: TX Zip: 78070
Additional:

Installer Information:

Name: Bronson Fuller, OS0031091
Company:
Address: 1914 Standish Street
City: Floresville State: TX Zip: 78114
Ph: (830) 391-3384 Fax:

SCHEMATIC of LOT of TRACT

Show:

- North arrow, adjacent streets, property lines, dimensions, location of buildings, easements, swimming pools, water lines, and other structures where known.
- Location of existing or proposed water wells within 150 feet of property.
- Indicate slope or provide contour lines from the structure to the farthest location for the proposed soil absorption or irrigation area.
- Location of soil boring or dug pits (show with respect to a known reference point).
- Location of drainage ways, water impoundment areas, cut or fills bank, sharp slopes and breaks.

Lot Size: 2.002 acres

SITE DRAWING

SEE SITE PLAN

FEATURES OF SITE AREA

Presence of 100 year flood zone	YES_ NO <u>X</u>	Presence of upper water shed	YES_ NO <u>X</u>
Existing or proposed water well in nearby area	YES <u>X</u> NO_	Organized sewage service available to lot	YES_ NO <u>X</u>
Presence of adjacent ponds, streams, water impoundments	YES_ NO <u>X</u>		

Site Evaluator:

NAME: BRIAN ERXLEBEN Signature:  License No: 11458

COMAL COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

OSSF SOIL EVALUATION FORM

Owners Name: William Land/Scottie White
 Physical Address: 1028 Rainbow Drive Spring Branch, Texas 78070
 Name of Site Evaluator: Brian Erxleben, S.E. #11458
 Date Performed: 11-28-18 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 evaluation must be shown on the application site drawing or designer's 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.
 Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depths.

SOIL BORING NUMBER <u>1 & 2</u>						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III- blocky, platy or massive)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	Type 3	Clay loam Rock	<30% gravel	None	None Yes	Aerobic Spray
1 <u>12"</u>						
2						
3						
4						
5						

SOIL BORING NUMBER _____						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III- blocky, platy or massive)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0						
1						
2						
3						
4						
5						

FEATURES OF SITE AREA

Presence of 100 year flood zone	YES ___ NO <u>X</u>
Presence of adjacent ponds, streams, water impoundments	YES ___ NO <u>X</u>
Existing or proposed water well in nearby area	YES <u>X</u> NO ___
Organized sewage available to lot or tract	YES ___ NO <u>X</u>
Recharge features within 150 feet	YES ___ NO <u>X</u>

I certify that the above statements are true and are based on my own field observations.

Signature of Site Evaluator

Date



11-28-18

Brian Erxleben, R.S., S.E.
562 S. Hwy 123 Bypass #128
Seguin, Texas 78155
Mobile (830) 660-9133 Fax (830) 372-3778

OSSF DESIGN

Owner: **William Land/Scottie White**
Location: **1028 Rainbow Drive Spring Branch, Texas 78070**
Phone: **(210) 485-8849**
Date: **11-28-18**

Development: **Mobile home with water saving devices** Bedrooms: **3** Sq. Ft: **2432**

Q: **240 gpd** Soil: **N/A** R_i : **0.064 gall/ft²/day**

System Type: **Aerobic/Surface Application (Aeris Model 500N-750PT)**

Minimum Required ATU Treatment Capacity: **500 gpd**

Trash Tank: 389 gall Aerobic Tank: 500 gpd Pump Tank: 628 gall

Supply Line: **Sch 40, 1" purple (~200')** Check Valve Required: **No**

Minimum Application Area (A): 3750 ft² ($A = Q/R_i$)

Sprinklers: **K-Rain Proplus Low Angle**

Number	Nozzle	PSI	Pattern	Radius	Area/head	GPM/head	R_i
S1	#6	40	180°	35 ft	1924 ft ²	6.5	0.062
S2	#6	40	180°	35 ft	1924 ft ²	6.5	0.062

Overlap Area: 0 Actual Application Area: **3848 ft²** GPM: **13.0 GPM**

TDH Calculations:

$$\text{Friction Head (H}_f\text{)} = \frac{1.2(10.4397)(L)(Q)^{1.85}}{(C)^{1.85}(D)^{4.8655}} = 27 \text{ ft}$$

L = Length of equivalent pipe length (D) in feet

C = Hazen - Williams flow coefficient (150 for schedule 40)

Q = Flow rate, gpm

D = Internal pipe diameter, inches

Pressure Head (H_p) = 93 ft (2.31)(psi) Elevation Head (H_e) = 0 ft

TDH = **83 ft** ($H_f + H_p + H_e$)

Pump Requirements: **13.0 GPM @ 120 ft TDH** Pump Used: **Blaster 12EB05 ½ HP**

- **Timer set to spray between 12:00 AM & 5:00 AM**
- **Liquid chlorinator**



10:30 am, Feb 19, 2019



AS-BUILT
REVISED FOR ~~FAKATU~~ MODEL



LOT IS LOCATED OUTSIDE OF THE 100-YEAR FLOODPLAIN AND WITHIN THE CONTRIBUTING ZONE. THERE IS NO EXISTING CZP FOR THE SUBDIVISION. DEVELOPMENT IS A SINGLE FAMILY DWELLING WITH <20% IMPERVIOUS COVER AND A CZP IS NOT REQUIRED.

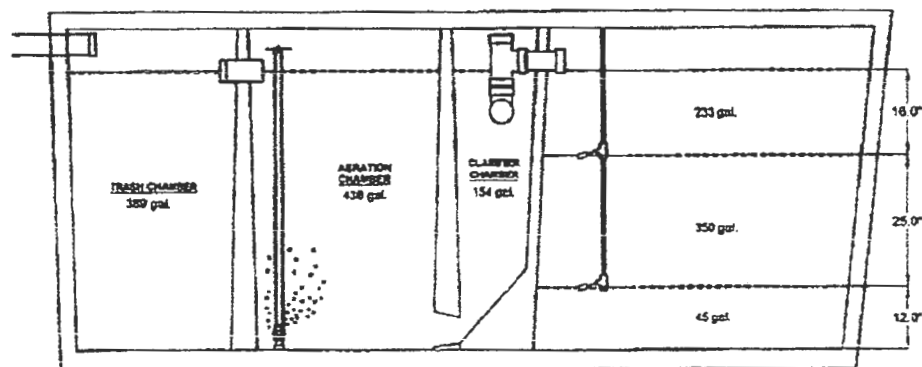
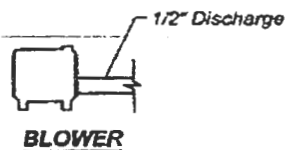
1. *An existing MH is to be removed from the property and an existing septic tank (T) is to be pumped and filled.*
2. Install a 2-way cleanout in a 3" sch 40 tightline from the house to the ATU, minimum slope 1/8 in/ft.
3. ATU is an *Solar Air SAII 600*
4. Supply line to the sprinklers is purple 1" sch 40.
5. S1 & S2 are K-Rain PropPlus low angle sprinklers with #6 nozzles operating @ 40 psi, 180° pattern, 35' radius.
6. There shall be no obstruction within 10' of the sprinkler heads.
7. Audible & visual alarms, external disconnect within site of the pump tank, pump & alarms on separate breakers and external wiring in conduit are required.
8. Timer set to spray between 12:00 AM & 5:00 AM.
9. Liquid chlorinator.
10. Any excavations and/or exposed rock in the disposal area shall be covered with topsoil and seasonal grasses shall be seeded over the disposal area in order to minimize run-off & erosion.

WILLIAM LAND/SCOTTIE WHITE
1028 RAINBOW DRIVE
SPRING BRANCH, TEXAS 78070

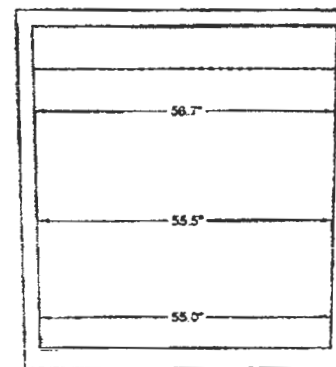
BRIAN C. ERXLEBEN, R.S.
562 S. HWY 123 BYPASS #128
SEGUIN, TEXAS 78155
(830) 660-9133

DATE: 11-28-18

SCALE: 1" = 50'



SIDE SECTION VIEW
SCALE: 1" = 3/8"



END SECTION VIEW
SCALE: 1" = 3/8"



DIFFUSER DETAIL
2 - 250 mm
Maximum flow per diffuser
= 55 liters / minute

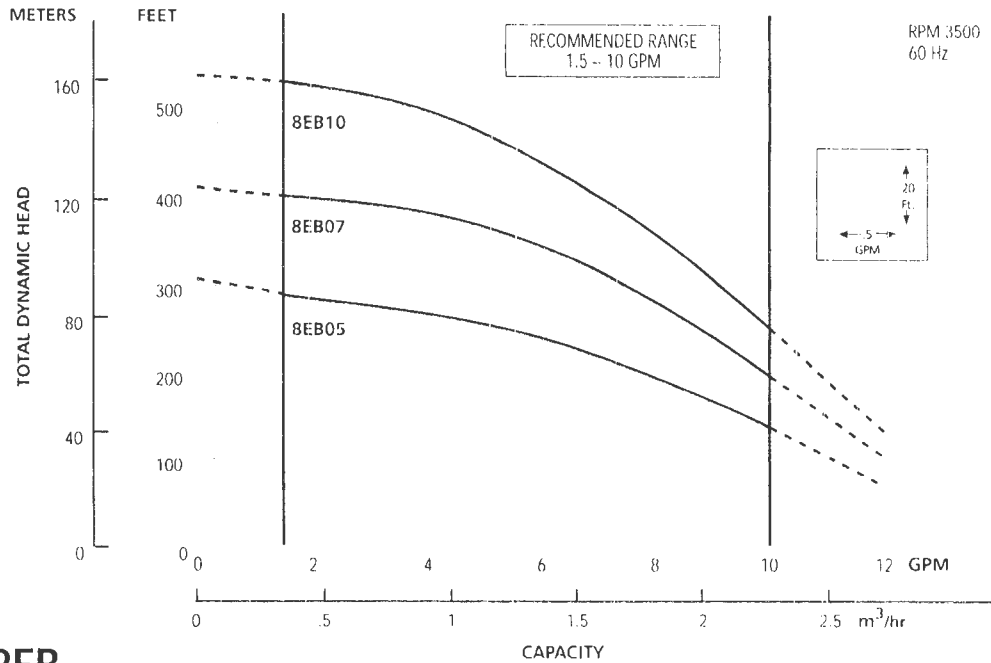
Title: **Model 500N - 750PT
Night Time Pumping**

Company Name: **Aeris Aerobics**

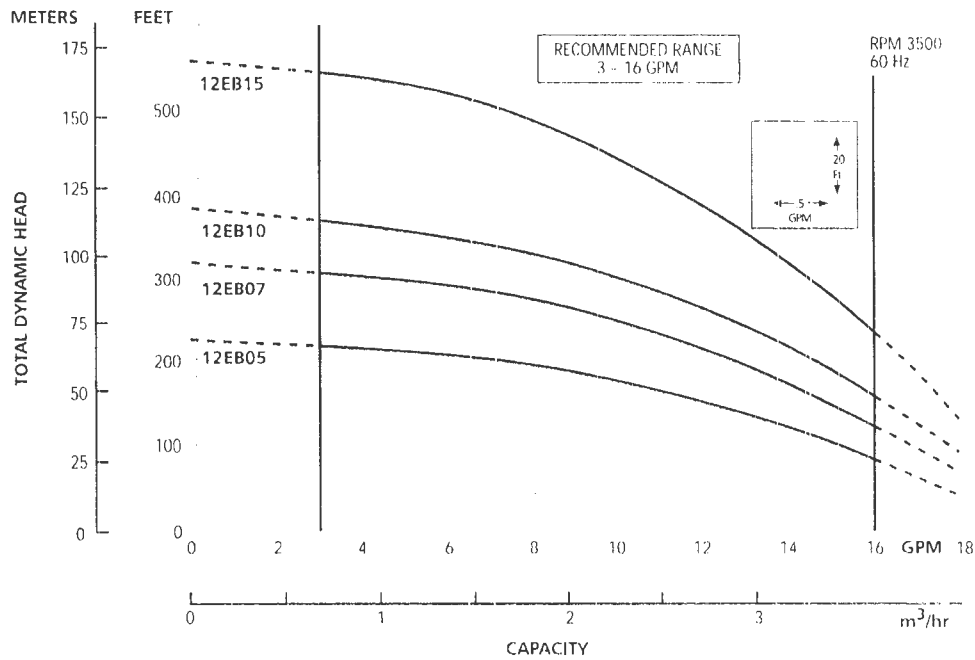
Date: **5-8-2015**

Model 8EB

FILTERED EFFLUENT BLASTER®



Model 12EB

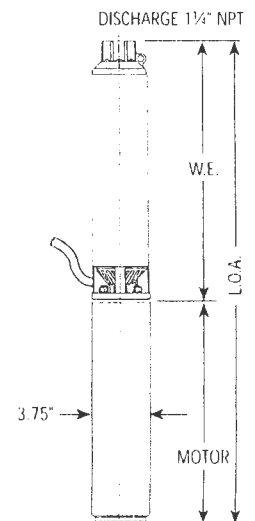


DIMENSIONS AND WEIGHTS

Order Number	HP	Phase	Stages	Length (inches)			Weight (lbs.)		
				W.E.①	Motor	L.O.A.②	W.E.	Motor	Total
8EB0522, 8EB0521	½	1	10	13.3	9.5	22.8	5	18	23
8EB0722	¾	1	13	15.4	10.7	26.1	6	20	26
8EB1022	1	1	17	18.3	11.8	30.1	8	23	31
12EB0522, 12EB0521	½	1	7	11.0	9.5	20.5	4	18	22
12EB0722	¾	1	10	13.0	10.7	23.7	5	20	25
12EB1022	1	1	12	14.4	11.8	26.2	6	23	29
12EB1522	1½	1	17	17.9	15.1	33.0	8	31	39

① W.E. = water end or pump without motor.

② L.O.A. = length of assembly - complete pump - water end and motor.



SPRINKLER INSTALLATION

7 INSTALL AND BURY

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

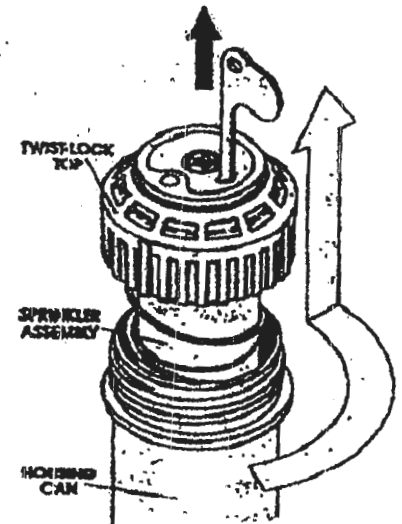
POINTING THE LEFT START

8 TURN THE CAN

You can orient the **LEFT START** position (the point where the sprinkler will begin spraying) by simply turning the entire sprinkler housing can on the pipe. Visually point the nozzle retention screw where you want it to begin spraying.

OR TURN THE LOWER PORTION OF THE RISER

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



9 INSPECTING THE FILTER

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

STANDARD NOZZLE PERFORMANCE CHART

Nozzle	PSI	Radius	GPM
#1	30	33'	1.0
	40	35	1.3
	50	38	1.4
	60	38'	1.5
#2	30	38'	2.1
	40	39'	2.5
	50	40'	3.0
	60	41'	3.1
#3	30	41'	2.8
	40	42'	3.3
	50	45'	3.6
	60	46'	4.2
#4	30	43'	3.9
	40	45'	4.5
	50	47'	5.4
	60	52'	5.8
#5	40	49'	6.2
	50	51'	7.0
	60	54'	7.9
	70	55'	8.1
#8	40	47'	8.0
	50	51'	8.9
	60	53'	9.6
	70	55'	10.6

LOW ANGLE NOZZLE PERFORMANCE CHART

Nozzle	PSI	Radius	GPM
#1	30	22'	1.5
	40	24'	1.7
	50	26'	1.8
	60	28'	2.0
#3	30	29'	3.0
	40	32'	3.1
	50	35'	3.5
	60	37'	3.8
#4	30	31'	3.4
	40	34'	3.9
	50	37'	4.4
	60	38'	4.7
#5	40	38'	6.5
	50	40'	7.3
	60	42'	8.0
	70	44'	8.6

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

© 1996 K-Flain Mfg. Corp.

Post 12/18/80

FEE 25.00

COMAL COUNTY SANITATION DEPARTMENT

RECEIPT NO. 45696

CCEO

APPLICATION FOR HOUSEHOLD SEWAGE SYSTEM

NAME - LOCATION of Property where Sewage System is to be installed:

COPY

RIDGEVIEW OAKS WEST

UNIT NO. BLOCK NO. LOT NO. 98 STREET-ROAD NO. RAINBOW DR

DIMENSION OF PROPERTY 2.00 ACRES PERCOLATION RESULTS ATTACHED Waiver

ZONE: RECHARGE RESTRICTED WATER QUALITY

+DESCRIPTION OF STRUCTURE AND SYSTEM+

NO. BEDROOMS 3 NO. BATHROOMS 2 MOBILE DISPOSAL WASHING MACHINE

SIZE OF SEPTIC TANK 1000 GAL NO. FT. LATERALS 700 Sq Ft. OTHER DATE: 12/15/80

OWNER DOLLY MOLLOY CONTRACTOR NORRIS CONST. CO.

4234 KILREA DR ADDRESS SAN ANTONIO, TEXAS 78219 ADDRESS

**ALL recommendations are minimum suggestions as described in "CONSTRUCTION STANDARDS FOR PRIVATE SEWAGE FACILITIES," published by the TEXAS HEALTH DEPARTMENT, AUSTIN, TEXAS.

NOTE: FOR the information to be submitted in connection with this Application, see the requirements outlined in the current TEXAS WATER DEVELOPMENT BOARD RULES 156,20,05,001,019---COMAL COUNTY RESOLUTION 74-R-10.

SEWAGE FACILITIES: PERMIT NO. 45696 LOCATION Ridgeview Oaks West (Subdivision) (Street)

OWNER: D. Molloy

INSPECTED BY: 1st. DATE 12-16-80 Final Date 12-17-80 Renewal Date 12-17-87 PERMIT Granted for Period of 6

TRANSFER of PERMIT only thru Comal County Sanitation Department by New Owner for remaining period of Permit.

[Signature]

C10T

18-379539-BV

General Warranty Deed

Notice of confidentiality rights: If you are a natural person, you may remove or strike any or all of the following information from any instrument that transfers an interest in real property before it is filed for record in the public records: your Social Security number or your driver's license number.

Date: September 19, 2018

Grantor: Herbert Daniel Hardy, a single person

Grantor's Mailing Address: 119 Mercedes St, Orcutt TX 75683

Grantee: William J. Land and Scottie H. White, both married persons as their sole and separate property

Grantee's Mailing Address: 426 Wernworth, Spring Branch TX 78070

Consideration: the sum of TEN DOLLARS (\$10.00) cash, and other good and valuable consideration

Property (including any improvements):

Lot 98, RIDGEVIEW OAKS - WEST, an Addition in Comal County, Texas, according to the Map or Plat recorded in Volume 3, Pages 28-29, Map and Plat Records of Comal County, Texas.

Reservations from Conveyance: None

Exceptions to Conveyance and Warranty:

This conveyance is made and accepted subject to all restrictions, encumbrances, easements, covenants, and conditions relating to the Property filed for record in Comal County, Texas.

Grantor, for the Consideration, and subject to the Reservations from the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the property together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold to Grantee and Grantee's successors and assigns forever. Grantor binds Grantor and Grantor's successors and assigns to warranty and forever defend all and singular the Property to Grantee and Grantee's successors and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

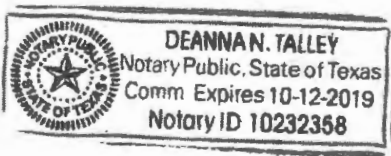
When the context requires, singular nouns and pronouns include the plural.

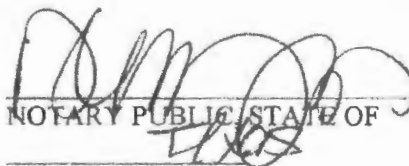
EXECUTED this 19th day of September, 2018.


Herbert Daniel Hardy

THE STATE OF Texas §
COUNTY OF Comal §
§

Before me, a Notary Public, the foregoing instrument was acknowledged on 19th day of September, 2018 by Herbert Daniel Hardy who personally appeared before me, and who is known to me through photo ID to be the person(s) who executed it for the purposes and consideration expressed therein, and in the capacity stated.




NOTARY PUBLIC, STATE OF

AFTER RECORDING, RETURN TO:

426 Wentworth
Spring Branch TX
78070

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

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
09/20/2018 08:32:46 AM
LAURA 2 Pages(s)
201806037139





OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

items	Date Received
	Initials

Permit Number

Instructions:

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

OSSF Permit

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

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


Signature of Applicant

12/3/2018
Date

☐ COMPLETE APPLICATION
Check No. _____ Receipt No. _____

☐ INCOMPLETE APPLICATION
(Missing Items Circled, Application Refused)

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

Printed: 5/28/2019

Phone: (830) 312-8776

AerobicSolutions.net
Permit #: 108458

To: William/Scottie Land/White
1028 Rainbow Drive
Spring Branch, TX 78070

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

Site: 1028 Rainbow Drive, Spring Branch
Agency: Comal County Environmental Health
County: Comal
Subdivision: Ridgeview Oaks West

Contract: 2/11/2019 - 2/11/2021
Inspections per year: 3
Service Due: 6/11/2019
Phone: (210) 485-8849
Cell:
Work:

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

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

Test Results and observations: (As Required)

Chlorine Residual: 0.1
Test Method: Grab
BOD: _____
TSS: _____
Tank Lids Secured: YES
Repairs made: Y/N
Sludge Levels: Tank 1: N/A Tank 2: 0 Tank 3: 0

Repairs and Comments:

Gate Code 3098 Turned system on
Good

Inspector: [Signature] Date: 6-18-19

Area: / 0
GPS: ID = 489
☐ Appointment

1028 Rainbow Drive, Spring Branch

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

Phone: (830) 312-8776

Printed: 9/27/2019

AerobicSolutions.net

Permit #: 108458

To: William/Scottie Land/White
 1028 Rainbow Drive
 Spring Branch, TX 78070

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

Contract: 2/11/2019 - 2/11/2021

Inspections per year: 3

Services Due: 10/11/2019

Alt Phone: (210) 632-8074

Phone: (210) 485-8649

Cell:

Work:

Site: 1028 Rainbow Drive, Spring Branch

Agency: Comal County Environmental Health

County: Comal

Subdivision: Ridgeview Oaks West

SCHEDULED

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

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

Test Results and observations: (As Required)

Chlorine Residual: 0.2Test Method: Grab

BOD: _____

TSS: _____

Tank Lids Secured YRepairs made: Y (N)Sludge Levels: Tank 1: N/A Tank 2: 0 Tank 3: 0

Repairs and Comments:

Inspector: [Signature]Date: 10-1-19

GATE CODE 3098

Area: / 0

GPS:

ID = 489

☐ Appointment

1028 Rainbow Drive, Spring Branch

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

Phone: (830) 312-8776

Printed: 5/29/2020

AerobicSolutions.net

Permit #: 108458

To: William/Scottie Land/White
1028 Rainbow Drive
Spring Branch, TX 78070

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

Contract: 2/11/2019 - 2/11/2021

Inspections per year: 3

Service Due: 6/11/2020

Alt Phone: (210) 632-8074

Site: 1028 Rainbow Drive, Spring Branch

Agency: Comal County Environmental Health

County: Comal

Phone: (210) 485-8849

Cell:

Work:

Subdivision: Ridgeview Oaks West

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

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>
Photocell Test:	<u>/</u>	<u>/</u>	<u>/</u>
Air Compressor Reading: CFM: _____ PSI: <u>4</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.2Test Method: G-06

BOD: _____

TSS: _____

Tank Lids Secured Y

Repairs made: Y (N)

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

Repairs and Comments:

Inspector: [Signature] Date: 7-20-20

GATE CODE 18098.

Area: / 0

GPS:

ID = 489

1028 Rainbow Drive, Spring Branch

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

Phone: (830) 312-8776

Printed: 1/28/2020

AerobicSolutions.net

Permit #: 108458

To: William/Scottie Land/White
 1028 Rainbow Drive
 Spring Branch, TX 78070

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

Contract: 2/11/2019 - 2/11/2021

Inspections per year: 3

Service Due: 2/11/2020

Alt Phone: (210) 632-8074

Phone: (210) 485-8849

Cell:

Work:

Site: 1028 Rainbow Drive, Spring Branch

Agency: Comal County Environmental Health

County: Comal

Subdivision: Ridgeview Oaks W

SCHEDULED

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

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

Test Results and observations: (As Required)

Chlorine Residual: 8.1

Test Method: Grab

BOD: _____

TSS: _____

Tank Lids Secured YES

Repairs made: Y (N)

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

Repairs and Comments:

Inspector: [Signature] Date: 2-25-20

GATE CODE 3098

Area: / 0

GPS:

ID = 489

☐ Appointment

1028 Rainbow Drive, Spring Branch

*3098

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

Printed: 10/27/2020

Phone: (830) 312-8776

AerobicSolutions.net

Permit #: 108458

To: **William/Scottie Land/White**
1028 Rainbow Drive
Spring Branch, TX 78070

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

Site: 1028 Rainbow Drive, Spring Branch

Contract: 2/11/2019 - 2/11/2021

Inspections per year: 3

Service Due: 11/15/2020

Alt Phone: (210) 632-8074

Agency: Comal County Environmental Health

County: Comal

Phone: (210) 485-8849

Cell:

Work:

Subdivision: Ridgeview Oaks West

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

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

Test Results and observations: (As Required)

Chlorine Residual: 0.2

Test Method: Grab

BOD:

TSS:

Tank Lids Secured yes

Repairs made: Y (N)

Sludge Levels: Tank 1: N/A Tank 2: 0" Tank 3: 4"-6"

Repairs and Comments:

Inspector: [Signature]

Date: 11-11-20

GATE CODE *3098.

Area: / 0

GPS:

ID = 489

1028 Rainbow Drive, Spring Branch

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

Phone: (830) 312-8776

Printed: 3/1/2021

AerobicSolutions.net
Permit #: 108458

To: William/Scottie Land/White
1028 Rainbow Drive
Spring Branch, TX 78070

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

Site: 1028 Rainbow Drive, Spring Branch
Agency: Comal County Environmental Health
County: Comal
Subdivision: Ridgeview Oaks West

Phone: (210) 485-8849
Cell:
Work:

Contract: 2/11/2019 - 3/20/2021
Inspections per year: 3
Service Due: 3/15/2021
Alt Phone: (210) 632-8074

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

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

Test Results and observations: (As Required)

Chlorine Residual: 0.5
Test Method: Grab
BOD: _____
TSS: _____
Tank Lids Secured: YES
Repairs made: Y (N)
Sludge Levels: Tank 1: N/A Tank 2: 0 Tank 3: 1"

Repairs and Comments:

Inspector: [Signature] Date: 3-25-21

GATE CODE *3098.

Area: / 0
GPS: ID = 489

1028 Rainbow Drive, Spring Branch

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

Phone: (830) 312-8776

AerobicSolutions.net office@aerobicsolutions.net

Customer ID

489

Contract Period

Start Date: 3/29/2021

End Date: 3/29/2022

(210) 485-8849

Email: wjshw@aol.com

Permit #: 108458

To: William/Scottie Land/White
1028 Rainbow Drive
Spring Branch, TX 78070

Site: 1028 Rainbow Drive, Spring Branch, TX 78070

County: Comal

Installer: Danny Beck

Agency: Comal County Environmental Health

Mfg/Brand: -SOLAR AIRE-

Aerobic Maintenance Solution LLC

3 visits per year - one every 4 months

Agreement

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

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

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

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

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

V. Clients Responsibilities:

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

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

VII. Payments: The fee for this agreement only covers the Services described herein. This fee does not cover equipment or labor supplied for non-warranty repairs or for charges for unscheduled Client, request trips to the Client's site of pumping of the OSSF. Payments not received within 10 days from the date will be subject to a \$30.00 late penalty and or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees. And all cost of collection incurred by contractor in collection of any unpaid debt. Invoice due when service is completed. Contract fee is \$275.00

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

Client

Print Name: William Lano Signature: [Signature] Date: 7/19/2021

Client Phone number Home 20-632-3074 Work SANC Cell SANC / 500-20-495-9949

Email Address WJLSAW @ AOL

Any Gate or Combo code for inspections 3090 # - twice

Contractor **Aerobic Maintenance Solutions LLC:**

MP Signature: [Signature] Date: 7/19/2021
MP NUMBER MP0000996

Date Printed: 7/19/2021

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

Phone: (830) 312-8776

Printed: 6/28/2021

AerobicSolutions.net

Permit #: 108458

To: William/Scottie Land/White
 1028 Rainbow Drive
 Spring Branch, TX 78070

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

Site: 1028 Rainbow Drive, Spring Branch

Agency: Comal County Environmental Health
 County: Comal
 Subdivision: Ridgeview Oaks

Phone: (210) 485-8849
 Cell:
 Work:

Contract: 3/29/2021 - 3/29/2022
 Inspections per year: 3
 Service Due: 7/29/2021
 Alt Phone: (210) 632-8074

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

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

Test Results and observations: (As Required)

Chlorine Residual: 0.01Test Method: g/a

BOD: _____

TSS: _____

Tank Lids Secured YESRepairs made: Y/NSludge Levels: Tank 1: N/A Tank 2: 2-4" Tank 3: 0-3"

Repairs and Comments:

Inspector: Logan LoppoDate: 7/6/21

GATE CODE *3098.

Area: / 0

GPS:

ID = 489

1028 Rainbow Drive, Spring Branch

Aerobic Maintenance Solution LLC

P O Box 311899

New Braunfels, TX 78131

1116 * once

Phone: (830) 312-8776

Printed: 10/22/2021

AerobicSolutions.net

Permit #: 108458

To: William/Scottie Land/White
1028 Rainbow Drive
Spring Branch, TX 78070

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

Site: 1028 Rainbow Drive, Spring Branch

Agency: Comal County Environmental Health

County: Comal

Subdivision: Ridgeview Oaks West

Phone: (210) 485-8849

Cell: (210) 632-8074

Work:

Contract: 3/29/2021 - 3/29/2022

Inspections per year: 3

Service Due: 11/29/2021

Alt Phone:

**SCHEDULED
INSPECTION**

Inspection Type: _____ Inspection # 2 of 3 for the contract year
BRAND OF SEPTIC SYSTEM _____

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

Test Results and observations: (As Required)

Chlorine Residual: 0.4

Test Method: gab

BOD: _____

TSS: _____

Tank Lids Secured yes

Repairs made: Y / N

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

Repairs and Comments:

Inspector: Lagan

Date: 10/21

GATE CODE 3098*-TWICE

Area: / 0

GPS:

ID = 489

1028 Rainbow Drive, Spring Branch

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

Printed: 3/30/2022

Phone: (830) 312-8776

AerobicSolutions.net
Permit #: 108458

To: William/Scottie Land/White
1028 Rainbow Drive
Spring Branch, TX 78070

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

Contract: 3/29/2021 - 4/30/2021

Inspections per year: 3

Service Due: 4/15/2022

Alt Phone:

Phone: (210) 485-8849

Cell: (210) 632-8074

Work:

Site: 1028 Rainbow Drive, Spring Branch

Agency: Comal County Environmental Health

County: Comal

Subdivision: Ridgeview Oaks West

SCHEDULED

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

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

Test Results and observations: (As Required)

Chlorine Residual: 0.5

Test Method: grab

BOD: _____

TSS: _____

Tank Lids Secured Yes

Repairs made: Y/☒N

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

Repairs and Comments:

Inspector: Lagan Date: 4/29

**CALL A DAY BEFORE INSPECTION AS THERE IS
ANOTHER GATE WITH A PADLOCK, SO NEEDS TO
BE SCHEDULED. GATE CODE 1116**

Area: / 0

GPS:

ID = 489

1028 Rainbow Drive, Spring Branch

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

Phone: (830) 312-8776

AerobicSolutions.net office@aerobicsolutions.net

Customer ID

489

Contract Period

Start Date: 5/16/2022

End Date: 5/16/2023

(210) 485-8849

Email: wjlshw@aol.com

Permit #: 108458

Site: 1028 Rainbow Drive, Spring Branch, TX 78070

County: Comal

Installer: Danny Beck

Agency: Comal County Environmental Health

Mfg/Brand: -SOLAR AIRE-

Aerobic Maintenance Solution LLC
3 visits per year - one every 4 months

Agreement

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

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

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

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

V. Clients Responsibilities:

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

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

VII. Payments: The fee for this agreement only covers the Services described herein. This fee does not cover equipment or labor supplied for non-warranty repairs or for charges for unscheduled Client, request trips to the Client's site of pumping of the OSSF. Payments not received within 10 days from the date will be subject to a \$30.00 late penalty and or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees. And all cost of collection incurred by contractor in collection of any unpaid debt. Invoice due when service is completed. Contract fee is \$ 275.00

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

Client
 Print Name: Bill Wyo Signature: [Signature] Date: 5/10/2022
 Client Phone number Home _____ Work _____ Cell 210-632-3074
 Email Address WJLSHW@AOL
 Any Gate or Combo code for inspections 1116

Contractor Aerobic Maintenance Solutions LLC:

MP Signature: James H. Sichel Date: 5/17/2022
 MP NUMBER MP0000996

Date Printed: 5/16/2022

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

Phone: (830) 312-8776

Printed: 7/27/2022

AerobicSolutions.net

Permit #: 108458

To: William/Scottie Land/White
1028 Rainbow Drive
Spring Branch, TX 78070

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

Contract: 5/16/2022 - 5/16/2023

Inspections per year: 3

Service Due: 8/29/2022

Alt Cell:

Site: 1028 Rainbow Drive, Spring Branch

Agency: Comal County Environmental Health

County: Comal

Subdivision: Ridgeview Oaks West

Phone: (210) 632-8074

Cell:

Work:

Inspection Type: **SCHEDULED INSPECTION**

Inspection # 1 of 3 for the contract year

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

Test Results and observations: (As Required)

Chlorine Residual: 1

Test Method: Grip

BOD: _____

TSS: _____

Tank Lids Secured Yes

Repairs made: Y (N)

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

Repairs and Comments: Please add bleach to chlorine reservoir.

Inspector: Wes Magley Date: 8/26/22

CALL A DAY BEFORE INSPECTION AS THERE IS
ANOTHER GATE WITH A PADLOCK, SO NEEDS
TO BE SCHEDULED. GATE CODE 1116

Area: / 0
GPS:

ID = 489

1028 Rainbow Drive, Spring Branch

Last Visit: 6/18/2019

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

Printed: 11/29/2022

Phone: (830) 312-8776

sherrie@gatcotreatment.com

Permit #: 108458

To: William/Scottie Land/White
1028 Rainbow Drive
Spring Branch, TX 78070

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

Contract: 05/16/2022 - 05/16/2023

Inspections per year: 3

Service Due: 12/29/2022

Alt Cell:

Main Phone: (210) 632-8074

Cell:

Work:

Site: 1028 Rainbow Drive, Spring Branch

Agency: Comal County Environmental Health

County: Comal

Subdivision: Ridgeview Oaks West

SCHEDULED
INSPECTION

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

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

Test Results and observations: (As Required)

Air Pressure: CFM / PSI	<u>2</u>	Air Pressure: CFM / PSI	<u>2</u>
Cleaned Air Filter:	<u>Y/N</u>	Cleaned Air Filter:	<u>Y/N</u>
Chlorine Residual:	<u>2</u>	Water Pressure: N/A	<u>Y/N</u>
Test Method:	<u>Grab / BOD / TSS</u>	System Flushed:	<u>Y/N</u>
Color/Odor:	<u>light / odorless</u>	Color/Odor:	<u>Y/N</u>
		Drip Filter Cleaned:	<u>Y/N</u>

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

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

Repairs and Comments: Reso timer. Please add bleach

Inspector: Wes Megley Date: 12/21/22

CALL A DAY BEFORE INSPECTION AS THERE IS
ANOTHER GATE WITH A PADLOCK, SO NEEDS
TO BE SCHEDULED. GATE CODE 1116

Area: / 0
GPS:

ID = 489

Printed: 11/29/2022

☐ CALL FIRST

1028 Rainbow Drive, Spring Branch, TX 78070



WASTEWATER TREATMENT SYSTEM MAINTENANCE CONTRACT

Customer

William & Scottie Land/White

Residential



Initial Contract



Site Address

1028 Rainbow Drive, Spring Branch, TX 78070

Agency

Comal County

Email

wjlswh@aol.com

Phone

(210) 632-8074

Permit Number

108458

System Details

Treatment: Aerobic Surface Application Liquid Bleach / System: Solar Air - National Wastewater Systems SOLAR AIRE 600 Max GPD

AGREEMENT

I. General:

This work for hire agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Luna Environmental, LLC (hereinafter referred to as "Contractor"), located at 4222 FM 482 New Braunfels, Texas 78132. By this agreement, Contractor agrees to render services, as described herein, and Client agrees to fulfill his/her/their responsibilities under the agreement as described herein.

II. Dates & Fees:

This agreement provides maintenance from **1/19/2024** to **1/19/2025** for a total fee of **\$295.00**

III. Services by Contractor:

1. Inspect and perform routine maintenance on the On-Site Sewage Facility ("OSSF") in compliance with code, regulations, and/or rules of the Texas Commission on Environmental Quality ("TCEQ") and county in which the OSSF is located and the manufacturer's requirements, at a frequency of approximately once every four (4) months.
2. Inspection, adjustment, and servicing of the mechanical, electrical, and other components to ensure proper functioning. This includes inspecting control panels, air pumps, air filters, diffusers, floats, and spray heads.
3. Effluent Inspection will include the following: effluent quality (color, turbidity, overflow, and odor), testing effluent chlorine and pH levels, when necessary, alarm function, filters, operation of effluent pump and chlorinator. Unless otherwise agreed to, Contractor does not provide chlorine. BOD and TSS annually on commercial accounts, additional charges apply.
4. Notify Client of any repairs needed to keep OSSF in proper working condition and up to regulatory standards. Items under warranty may be repaired while the technician is on-site. Additional charges may apply for labor and service calls. Repair quotes of non-warranty items must be approved by Client before work is performed.
5. 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.
6. Visit site within 48 hours of a service request.
7. Provide Customer Support line at 855-560-9909.

IV. Client Responsibilities:

1. Maintain Chlorinator and proper chlorine supply, unless otherwise specified.
2. Provide all necessary lawn or yard maintenance and remove all obstructions, including dogs and other animals as needed to allow the OSSF to function properly and the Contractor easy and safe access to all parts of
3. Immediately notify Contractor of any alarms or system problems.
4. Have tanks pumped out as directed by manufacturer, typically every 3 years.
5. Be available by text, phone, or in person when the Contractor is on site in case of required repair approvals or questions.
6. Maintain site drainage to prevent adverse effects on OSSF.
7. Promptly pay Contractor's bills, fees, and invoices in full.

V. Access By Contractor:

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 repairs and services described herein.

VI. Termination of This Agreement:

Either party may terminate this agreement with 30 days' written notice in the event of the other party's substantive failure to perform in accordance with this agreement without fault of the terminating party. If this agreement is terminated, the Contractor will notify the appropriate regulatory authority.

VII. Limitation 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 of liability. In no event shall the Contractor's liability for the direct damages exceed payments by the Client under this agreement.

VIII. Payment Terms:

The fee for this agreement only covers the services described herein. This fee does not cover equipment or labor for non-warranty repairs, labor for warranty repairs, or service charges resulting from unscheduled, Client requested trips to the Client's OSSF. Payments not received within 30 days from the date of invoicing will be subject to a \$30.00 late penalty and or a 1.5% monthly carrying charge, whichever is greater. By signing this contract, the Client authorizes the Contractor to remove any parts which were installed but not paid for at the end of 30 days. The Client is still responsible for any labor costs associated with the installation and removal of said parts. All invoices are due upon receipt by Client.

IX. Severability:

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

William & Scottie Land/White

DocuSigned by: Customer Name

William & Scottie Land/White

A60717C4C0084DA...

Customer Signature

Luna Environmental / Ryan Seidensticker

Maintenance Provider Name

Ryan Seidensticker

License # MP0001708

Maintenance Provider Signature

Additional Comments / Special Terms



WASTEWATER TREATMENT SYSTEM MAINTENANCE INSPECTION

Customer

William & Scottie Land/White

Permit Number

108458

Site Address

1028 Rainbow Drive, Spring Branch, TX 78070

Agency

Comal County

Email

wjlshw@aol.com

Phone

(210) 632-8074

County

Comal

System Details

Treatment: Aerobic Surface Application Liquid Bleach / System: Solar Air - National Wastewater Systems SOLAR AIRE 600 Max GPD

Contract Period

2024-01-19 to 2025-01-19

Service Plan

3 Inspections Per Year

Inspection Number

2 of 3

Date

January 15, 2025

INSPECTION

Equipment Inspection

Control Panel

Operational

Disinfection Device

Operational

Irrigation Pump

Operational

Spray Field Vegetation

Operational

Aerator / Air Compressor

Operational

Sprinkler / Drip Backwash

Operational

Floats / Sensors

Operational

Tests Results

Air Compressor PSI

2.1

Test Method

Grab

Air Compressor CFM

Color

Good

Chlorine Residual

0.3

Odor

Good

Sludge Levels

Tank 1

6

Tank 2

Tank 3

0

Tank 4

0

Scum

2

Other Observations

Cleaned Air Filter?



Inspection Port/Plug Secured?



System Flushed?



Repairs Made?



Drip Filter Cleaned?



Pump Filter Cleaned?



Tank Lids Secured?



Pumping Required?



Additional Comments

Pump floats, alarms, and air compressor are all operational. Cleaned air compressor filter. Ran pump and watched water drop at a decent rate also observed spray heads, pressurized, and rotate. This is an operational OSSF.

Chase Carley

Inspector Name

January 15, 2025

Inspection Date

Luna Environmental / Logan Leppo

Maintenance Provider Name

LOGAN LEPP

License # MP0002494

Maintenance Provider Signature