



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 10/15/2019 Permit Number: 108598

Location Description: 101 SUN VALLEY DR
SPRING BRANCH, TX 78070

Subdivision: Sun Valley Village
Unit: 2
Lot: 101
Block:
Acreage:

Type of System: Aerobic
Surface Irrigation

Issued to: Stan & Laurie Poe

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


OS0034792
ENVIRONMENTAL HEALTH INSPECTOR


ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

Final

**Comal County Environmental Health
OSSF Inspection Sheet**

Installer Name: Weidner OSSF Installer #: OS 0000342
 1st Inspection Date: 10-09-19 2nd Inspection Date: _____ 3rd Inspection Date: 10-15-19
 Inspector Name: B. Olvera Inspector Name: _____ Inspector Name: B. Olvera
 Permit#: 108598 Address: 101 Sun Valley Dr. / Sun Valley Village

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)		10-09-19		10-15-19
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)				

10-09-19 BMO

10-15-19 BMO

Tank Set level to be
 operational ✓
 Ready for Cover
 Revision on Tank type
 + Size + Location

Covered

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank; 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and "T" Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(I) 285.32(b)(1)(E)(I) 285.32(b)(1)(D) 285.32(b)(1)(C)(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)		/		10-5-09
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	/			10-09-09		/
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	/		Aeris Aerobics 1100 J 1000	/		/
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)(4) 285.33(a)(1) 285.33(a)(2)				

**Comal County Environmental Health
OSSF Inspection Sheet**

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20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)				
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)		10-09-19		D-524
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	✓			✓		✓
39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried	✓			✓		✓

**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?	<i>✓</i>	285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(iii)(II)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)		<i>10-08-19</i>		<i>10-15-19</i>
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed	<i>✓</i>	285.33(d)(2)(G)(I) 285.33(d)(2)(A) 285.33(d)(2)(F)		<i>✓</i>		<i>✓</i>
42	APPLICATION AREA Area Installed						
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Weidner OSSF Installer #: OS 0000342

1st Inspection Date: 10-09-19 2nd Inspection Date: _____ 3rd Inspection Date: _____

Inspector Name: B. Olivera Inspector Name: _____ Inspector Name: _____

Permit#: 108598 Address: 101 Sun Valley Dr. / Sun Valley Village

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7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

10-09-19 BVO

Tank Set level to leaks
operational ✓ Revision on tank type
Ready for cover + size + location

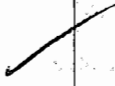



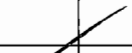
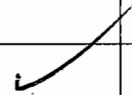


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**Comal County Environmental Health
OSSF Inspection Sheet**

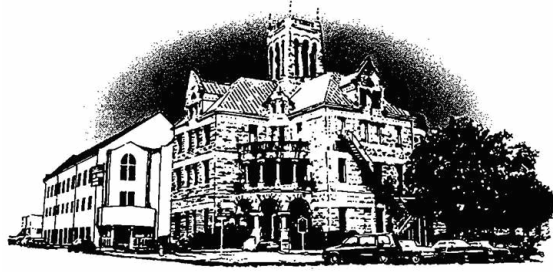
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OSSF Inspection Sheet**

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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: 108598
Issued This Date: 01/09/2019
This permit is hereby given to: Stan & Laurie Poe

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

101 SUN VALLEY DR
SPRING BRANCH, TX 78070

Subdivision: Sun Valley Village
Unit: 2
Lot: 101
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.

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

Date 10/3/18

Permit # 108598

Owner Name STAN & LAURIE POE
Mailing Address 1017 PARKVIEW PL
City, State, Zip CANYON LAKE, TX, 78133
Phone# 818-917-2161
Email hope.anderson@proforma.com

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

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

Subdivision Name SUN VALLEY VILLAGE Unit/Phase/Section 2 Lot 101 Block
Acreage/Legal
Street Name/Address 101 SUN VALLEY DRIVE City SPRING BRANCH Zip 78070

Type of Development:

[X] Single Family Residential

RECEIVED

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

DEC 31 2018

Number of Bedrooms 1

Indicate Sq Ft of Living Area 6155

COUNTY ENGINEER

[] Commercial or Institutional Facility

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

Type of Facility
Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants
Restaurants, Lounges, Theaters - Indicate Number of Seats
Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds
Travel Trailer/RV Parks - Indicate Number of Spaces
Miscellaneous

Estimated Cost of Construction: \$ 750,000 (Structure Only)

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

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

Source of Water [] Public [X] Private Well

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

By signing this application, I certify that:

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

Signature of Owner

Date

#108598

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

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

REVISED 9:05 am, Oct 15, 2019

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) AERIS D1100 & 1000 gal Pump Tank Absorption/Application Area (Sq Ft) 9650

Gallons Per Day (As Per TCEQ Table III) 480

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

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

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

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

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

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

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

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

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

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

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

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

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

If yes, indicate the city: _____



FIRM #2585

By signing this application, I certify that:

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

Signature of Designer (Handwritten Signature)

Date October 24, 2018

2
Yes

AFFIDAVIT



201806049250 12/31/2018 02:02:00 PM 1/1

THE COUNTY OF COMAL
STATE OF TEXAS

RECEIVED

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

DEC 31 2018

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.

COUNTY ENGINEER

I

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

II

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

2 UNIT/PHASE/SECTION _____ BLOCK 101 LOT _____ SUN VALLEY VILLAGE _____ SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY

The property is owned by (insert owner's full name): STANLEY W. POE & LAURIE L. POE

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 27 DAY OF DEC, 2018

[Signature]
Owner(s) signature(s)

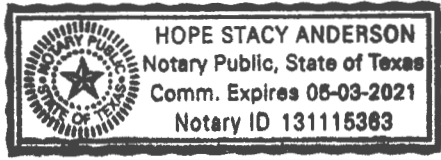
Stanley Wayne Poe
Owner (s) Printed name (s)

Stanley W. Poe SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 27 DAY OF DECEMBER, 2018

[Signature]
Notary Public Signature

THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
12/31/2018 02:02:00 PM
TERRI 1 Page(s)
201806049250



(Notary Seal Here)

[Signature]
Bobbie Koepf

#108598

WASTEWATER TREATMENT FACILITY MONITORING AGREEMENT

Regulatory Authority COMAL
Block Creek Aerobic Services, LLC
444 A Old Hwy #9
Comfort, TX 78013
Off. (830) 995-3189
Fax. (830) 995-4051

Permit/License Number _____
Customer STANLEY W. & LAURIE L. POE
Site Address 101 SUN VALLEY DRIVE
City SPRING BRANCH, TX Zip 78070
Mailing Address _____
County COMAL Map # 384 F1
Phone 818-917-2161
Email hope.anderson@proforma.com

2 YEAR CONTRACT
2 YEAR WARRANTY ON PARTS AND LABOR

Subd/Legal: SUN VALLEY VILLAGE, UNIT 2, LOT 101

I. General: This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between STANLEY W. & LAURIE L. POE (hereinafter referred to as "Customer") and Block Creek Aerobic Services, LLC. By this agreement, Block Creek Aerobic Services, LLC and its employees (hereinafter inclusively referred to as "Contractor") agree to render services at the site address stated above, as described herein, and the Customer agrees to fulfill his/her/their responsibilities, as described herein.

II. Effective Date:

This Agreement commences on LTO and ends on _____ for a total of two (2) years (initial agreement) or one (1) year (thereafter). If this is an initial agreement (new installation), the Customer shall notify the Contractor within two (2) business days of the system's first use to establish the date of commencement. If no notification is received by Contractor within ninety (90) days after completion of installation or where county authority mandates, the date of commencement will be the date the "License to operate" (Notice of Approval) was issued by the permitting authority. This agreement may or may not commence at the same time as any warranty period of installed equipment, but in no case shall it extend the specified warranty.

III. Termination of Agreement:

This Agreement may be terminated by either party for any reason, including for example, substantial failure of either party to perform in accordance with the terms of this Agreement, without fault or liability of the terminating party. The terminating party must provide written notice to the non-terminating party thirty (30) days prior to the termination of this Agreement. If this Agreement is terminated, Contractor will be paid at the rate of \$75.00 per hour for any work performed and for which compensation has not been received. After the deduction of all outstanding charges, any remaining monies from prepayment for services will be refunded to customer within thirty (30) days of termination of this Agreement. Either party terminating this Agreement for any reason, including non-renewal, shall notify in writing the equipment manufacturer and the appropriate regulatory agency a minimum of thirty (30) days prior to the date of such termination. Nonpayment of any kind shall be considered breach of contract and a termination of contract.

IV. Services:

Contractor will:

- a. Inspect and perform routine upkeep on the On-Site Sewage Facility (hereinafter referred to as OSSF) as recommended by the treatment system manufacturer, and required by state and/or local regulation, for a total of three visits to site per year. The list of items checked at each visit shall be the: control panel, Electrical circuits, timer, Aeration including compressor and diffusers, CFM/PSI measured, lids safety pans, pump, compressor, sludge levels, and anything else required as per the manufacturer.
- b. Provide a written record of visits to the site by means of an inspection tag attached to or contained in the control panel.
- c. Repair or replace, if Contractor has the necessary materials at site, any component of the OSSF found to be failing or inoperative during the course of a routine monitoring visit. If such services are not covered by warranty, and the service(s) cost less than \$100.00, Customer hereby authorizes Contractor to perform the service(s) and bill Customer for said service(s). When service costs are greater than \$100.00, or if contractor does not have the necessary supplies at the site, Contractor will notify Customer of the required service(s) and the associated cost(s). Customer must notify Contractor of arrangements to affect repair of system with in two (2) business days after said notification.
- d. Provide sample collection and laboratory testing of TSS and BOD on a yearly basis (commercial systems only).
- e. Forward copies of this Agreement and all reports to the regulatory agency and the Customer.
- f. Visit site in response to Customer's request for unscheduled services within forty-eight (48) hours of the date of notification (weekends and holidays excluded) of said request. Unless otherwise covered by warranty, costs for such unscheduled responses will be billed to Customer.

SWP

Customer's Initials



BS

Contractor's Initials

V. Disinfection:

Not required; required. The responsibility to maintain the disinfection device(s) and provide any necessary chemicals is that of the Customer.

VI. Electronic Monitoring:

Electronic Monitoring is not included in this Agreement.

VII. Performance of Agreement:

Commencement of performance by Contractor under this Agreement is contingent on the following conditions:

a. If this is an initial Agreement (new installation):

1. Contractor's receipt of a fully executed original copy or facsimile of this agreement and all documentation requested by Contractor.

If the above conditions are not met, Contractor is not obligated to perform any portion of this Agreement.

VIII. Customer's Responsibilities:

The customer is responsible for each and all of the following:

a. Provide all necessary yard or lawn maintenance and removal of all obstacles, including but not limited to dogs and other animals, vehicles, trees, brush, trash, or debris, as needed to allow the OSSF to function properly, and to allow Contractor safe and easy access to all parts of the OSSF.

b. Protect equipment from physical damage including but not limited to that damage caused by insects.

c. Maintain a current license to operate, and abide by the conditions and limitations of that license, and all requirements for and OSSF from the State and/or local regulatory agency, whichever requirements are more stringent, as well as the proprietary system's manufacturer recommendations.

d. Notify Contactor immediately of any and all alarms, and/or any and all problems with, including failure of, the OSSF.

e. Provide, upon request by Contractor, water usage records for the OSSF so that the Contractor can perform a proper evaluation of the performance of the OSSF.

f. Allow for samples at both the inlet and outlet of the OSSF to be obtained by Contractor for the purpose of evaluating the OSSF's performance. If these samples are taken to a laboratory for testing, with the exception of the service provided under Section IV (d) above, Customer agrees to pay Contractor for the sample collection and transportation, portal to portal, at a rate of \$35.00 per hour, plus the associated fees for laboratory testing.

g. Prevent the backwash or flushing of water treatment or conditioning equipment from entering the OSSF.

h. Prevent the condensation from air conditioning or refrigeration units, or the drains of icemakers, from hydraulically overloading the aerobic treatment units. Drain lines may discharge into the surface application pump tank if approved by system designer.

i. Provide for pumping and cleaning of tanks and treatment units, when and as recommended by Contactor, at Customer's expense.

j. Maintain site drainage to prevent adverse effects on the OSSF.

k. Pay promptly and fully, all Contractor's fees, bills, or invoices as described herein.

IX. Access by Contractor:

Contractor is hereby granted an easement to the OSSF for the purpose of performing services described herein. Contractor may enter the property during Contractor's normal business hours and/or other reasonable hours without prior notice to Customer to perform the Services and/or repairs described herein. Contractor shall have access to the OSSF electrical and physical components. Tanks and treatment units shall be accessible by means of man ways, or risers and removable covers, for the purpose of evaluation as required by State and/or local rules and the proprietary system manufacturer. It is Customers responsibility to keep lids exposed and accessible at all times.

X. Limit of Liability:

Contractor shall not be held liable for any incidental, consequential, or special damages, or for economic loss due to expense, or for loss of profits or income, or loss of use to Customer, whether in contract tort or any other theory. In no event shall Contractor be liable in an amount exceeding the total Fee for Services amount paid by Customer under this Agreement.

XI. Indemnification:

Customer (whether one or more) shall and does hereby agree to indemnify, hold harmless and defend Contractor and each of its successors, assigns, heirs, legal representatives, devisees, employees, agents and/or counsel (collectively "Indemnitees") from and against any and all liabilities, claims, damages, losses, liens, causes of action, suits, fines, judgments and other expenses (including, but not limited to, attorneys' fees and expenses and costs of investigation), of any kind, nature or description, (hereinafter collectively referred to as "Liabilities") arising out of, caused by, or resulting, in whole or in part, from this Agreement.

SW

Customer's Initials



BS

Contractor's Initials

THIS INDEMNIFICATION APPLIES EVEN IF SUCH LIABILITIES ARE CAUSED BY THE CONCURRENT OR CONTRIBUTORY NEGLIGENCE OR BY THE STRICT LIABILITY OF ANY INDEMNITEE.

Customer hereby waives its right of recourse as to any Indemnitee when Indemnification applies, and Customer shall require its insurer(s) to waive its/their right of subrogation to the extent such action is required to render such waiver of subrogation effective. Customer shall be subrogated to Indemnitees with respect to all rights Indemnitees may have against third parties with respect to matters as to which Customer provides indemnity and/or defense to Indemnitees. No Indemnification is provided to Indemnitees when the liability or loss results from (1) the sole responsibility of such Indemnitee; or, (2) the willful misconduct of such Indemnitee. Upon irrevocable acceptance of this Indemnification obligation, Customer, in its sole discretion, shall select and pay counsel to defend Indemnitees of and from any action that is subject to this Indemnification provision. Indemnitees hereby covenant not to compromise or settle any claim or cause of action for which Customer has provided Indemnification without the consent of Customer.

XII. Severability:

If any provision of the "Proposal and Contract" 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 the "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.

XIII. Fee for Services:

The Fee for Services does not include any fees for equipment, material, labor necessary for non-warranty repairs, unscheduled inspections, or Customer requested visits to the site.

XIV. Payment:

Full payment is due upon execution of this Agreement (Required of new Customer). For any other service(s) or repair(s) provided by Contractor the Customer shall pay the invoice(s) for said service(s) or repair(s) within thirty (30) days of the invoice date. The Contractor shall mail all invoices on the date of invoice. All payments not received within thirty (30) days from the invoice date will be subject to a \$29.00 late penalty and a 1.5% per month carrying charge, as well as any reasonable attorney's fees, and all collection and court costs incurred by Contractor in collection of unpaid debt(s). Contractor may terminate contract at any time for nonpayment for services. Any check returned to Contractor for any reason will be assessed a \$30.00 return check fee.

XV. Application or Transfer of payment:

The fees paid for this agreement may be transferred to subsequent property owner(s); however, this Agreement is not transferable. Customer shall advise the subsequent property owner(s) of the State requirement that they sign a replacement agreement authorizing Contractor to perform the herein described Services, and accepting Customer's Responsibilities. This replacement Agreement must be signed and received in Contractor's offices within ten (10) business days of date of transfer of property ownership. Contractor will apply all funds received from Customer first to any past due obligation arising from this Agreement including late fees or penalties, return check fees, and/or charges for services or repairs not paid within thirty (30) days of invoice date. Any remaining monies shall be applied to the funding of the replacement Agreement. The consumption of funds in this manner may cause a reduction in the termination date of effective coverage per this Agreement. See Section IV.

XVI. Entire Agreement:

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

Burt S. Industries
Block Creek Aerobic Services, LLC,
Contractor
MC# 0000042 and MC#0000002

[Signature] 12/31/18
Customer Signature Date

sup

Customer's Initials



BS

Contractor's Initials

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

Date Soil Survey Performed: October 23, 2018

Site Location: SUN VALLEY VILLAGE, UNIT 2, LOT 101

Proposed Excavation Depth: N/A

RECEIVED

DEC 31 2018

COUNTY ENGINEER

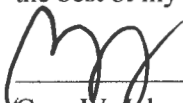
Requirements:

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

SOIL BORING NUMBER		SURFACE EVALUATION				
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 10"	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

10/23/18
Date

OSSF SOIL EVALUATION REPORT INFORMATION

REVISED
9:13 am, Oct 15, 2019

Date: October 24, 2018

Applicant Information:

Name: STANLEY W. & LAURIE L. POE
Address: c/o 617 PARKVIEW PLACE
City: CANYON LAKE State: TENDERFOOT
Zip Code: 781330 Phone: (818) 917-2161

Site Evaluator Information:

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

Property Location:

Lot 101 Unit 2 Blk Subd. SUN VALLEY VILLAGE
Street Address: 101 SUN VALLEY DRIVE
City: SPRING BRANCH Zip Code: 78070
Additional Info.:

Installer Information:

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

Topography: Slope within proposed disposal area: 8 to 15 %

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

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = GPD

Residential Water conserving fixtures to be utilized? Yes X No

Number of Bedrooms the septic system is sized for: 7 Total sq. ft. living area 6155

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

Q = (7 +1)*75-(20%)= 480

Trash Tank Size 801 Gal.

TCEQ Approved Aerobic Plant Size 1000 G.P.D.

Req'd Application Area = Q/Ri = 480 / 0.064 = 7500 sq. ft.

Application Area Utilized = 9650 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 = 1000 Gal. 27.8 Gal/inch.

Reserve Requirement = 160 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)

Handwritten signature of Greg W. Johnson

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

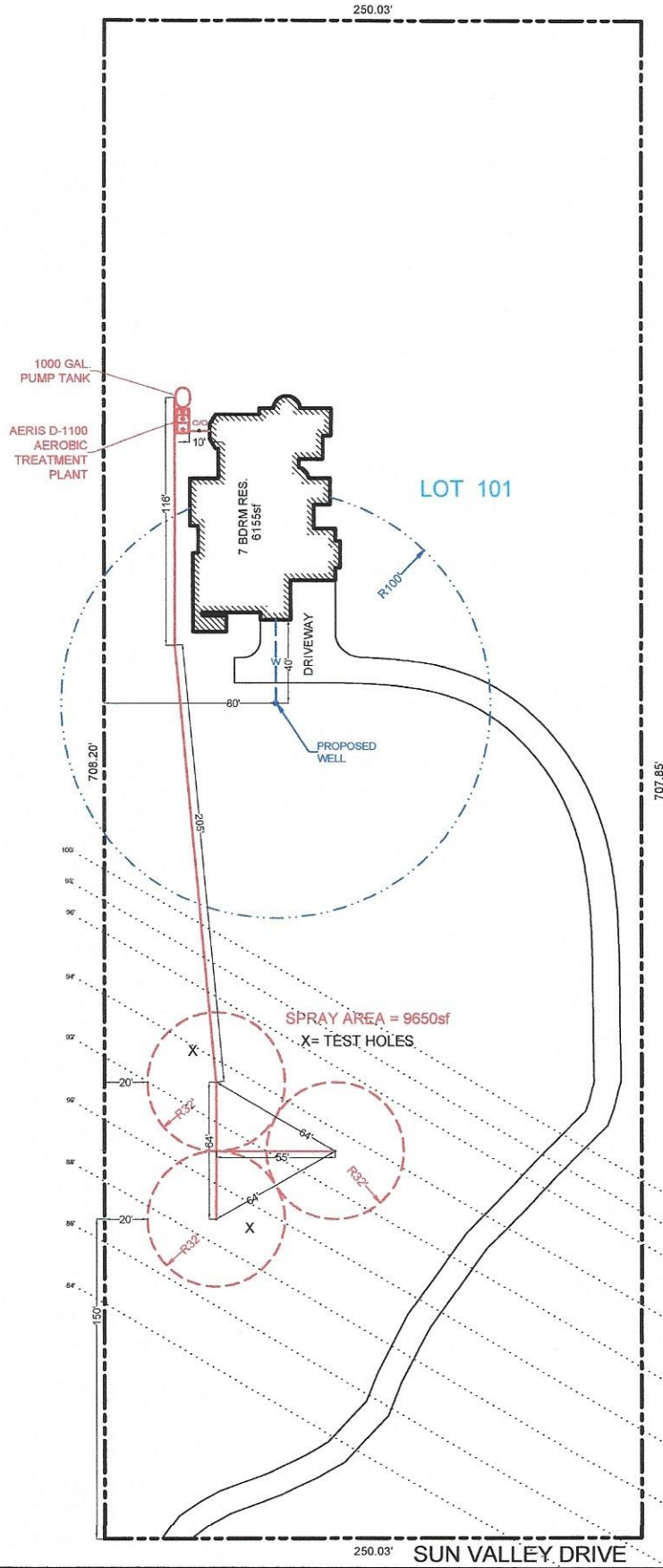
10/24/18 DATE



FIRM #2585

REVISED

9:13 am, Oct 15, 2019



OWNER: STANLEY W. & LAURIE L. POE		DRAWN BY: EJS III	
STREET ADDRESS: 101 SUN VALLEY DRIVE			
LEGAL DESC: SUN VALLEY VILLAGE	UNIT/SECTION/PHASE: 2	BLOCK:	LOT: 101
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=80'	DATE: 10/24/2018	REVISED: 10/9/2019

REVISED

9:13 am, Oct 15, 2019

1000 GAL.
PUMP TANK

AERIS D-1100
AEROBIC
TREATMENT
PLANT

LOT 101

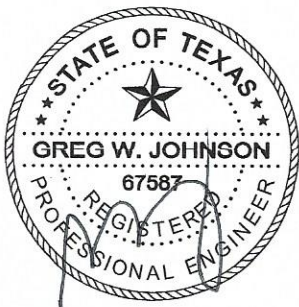
7 BDRM RES.
6155sf

DRIVEWAY

PROPOSED
WELL

SPRAY AREA = 9650sf

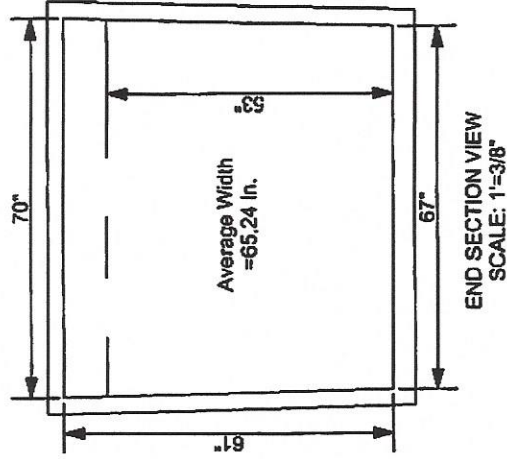
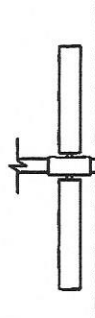
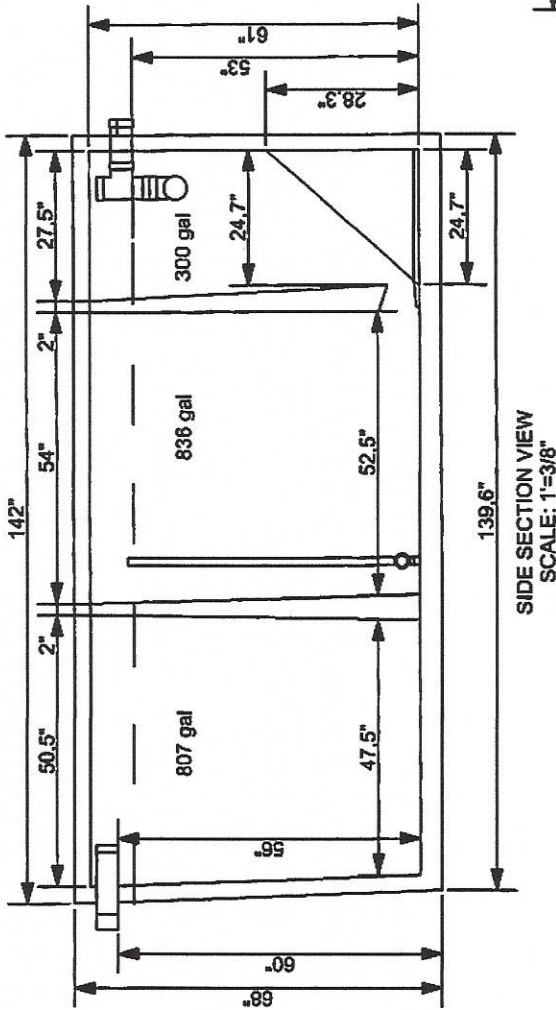
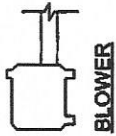
X= TEST HOLES



OWNER: STANLEY W. & LAURIE L. POE		DRAWN BY: EJS III	
STREET ADDRESS: 101 SUN VALLEY DRIVE			
LEGAL DESC: SUN VALLEY VILLAGE	UNIT/SECTION/PHASE: 2	BLOCK:	LOT: 101
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=80'	DATE: 10/24/2018	REVISED: 10/9/2019

REVISED

9:13 am, Oct 15, 2019



Title:

Model D-1100
1100 gallon per day Aerobic Treatment Unit

Company name:

Aeris Aerobics

Date:

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TANK NOTES:

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

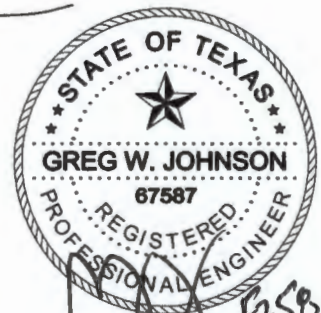
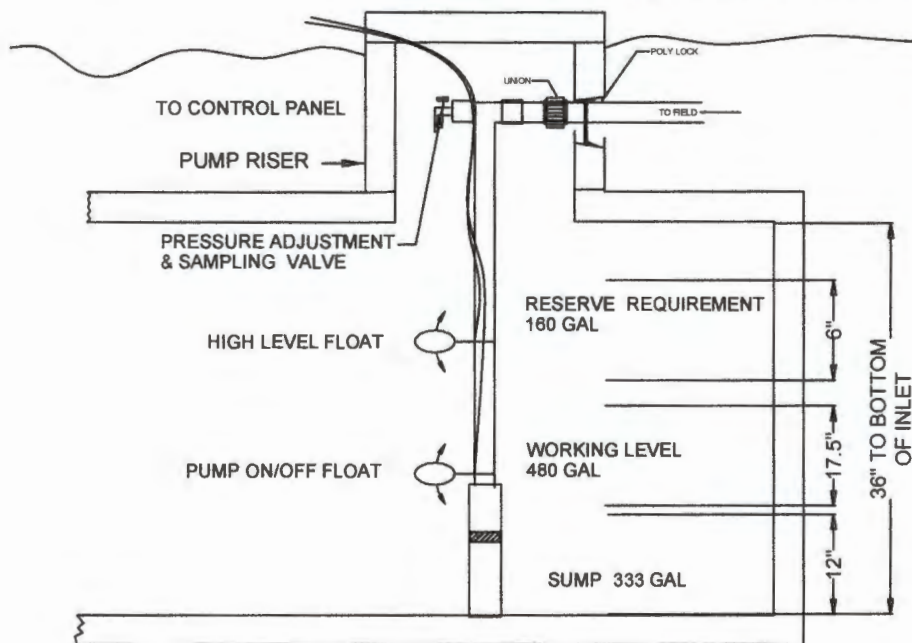
Tightlines to the tank shall be SCH-40 PVC.

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

Tanks must be left uncovered and full of water for inspection by the permitting authority.

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



Handwritten signature and date:
P2585
10/24/18

**TYPICAL PUMP TANK CONFIGURATION
1000 GAL TANKS**

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

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

VOID

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) NUWATER B-1000 & 1000 gal Pump Tank Absorption/Application Area (Sq Ft) 9650

Gallons Per Day (As Per TCEQ Table III) 480

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

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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.))

COUNTY ENGINEER

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

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

If there is no existing WPAP, does the proposed development 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.)

VOID

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

VOID

Date October 24, 2018

VOID

LOT 101

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COUNTY ENGINEER

NUWATER B-1000
AEROBIC TREATMENT
PLANT

1000 GAL
PUMP TANK

C/O

10'

7 BDRM RES.
6155sf

DRIVEWAY

R100'

PROPOSED
WELL

VOID

SPRAY AREA = 9650sf

X = TEST HOLES

X

R32'

64'

55'

64'

R32'

X

708.20'

100'

98'

96'

94'

92'

90'

88'

86'

84'

150'

707.85'

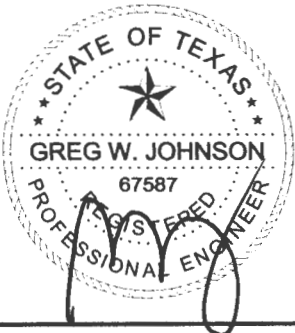
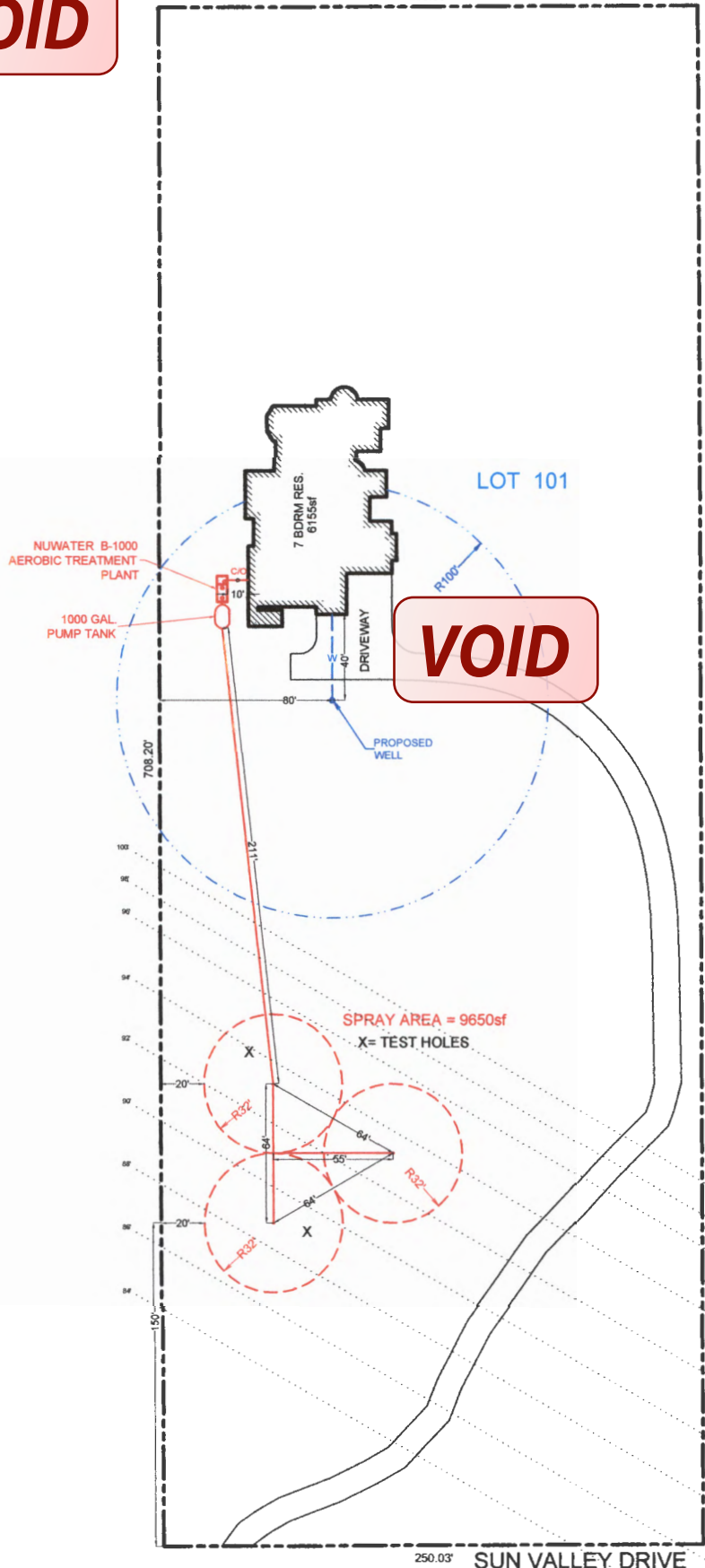


OWNER:	STANLEY W. & LAURIE L. POE	DRAWN BY:	EJS III
STREET ADDRESS:	101 SUN VALLEY DRIVE	VOID	
LEGAL DESC:	SUN VALLEY VILLAGE	UNIT/SUBSECTION/PHASE:	2
		BLOCK:	
		LOT:	101
PREPARED BY:	GREG W. JOHNSON, P.E. F#002585	SCALE:	1"=80'
		DATE:	10/24/2018
		REVISED:	



VOID

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DEC 31 2018
COUNTY ENGINEER



OWNER: STANLEY W. & LAURIE L. POE	DRAWN BY: EJS III		
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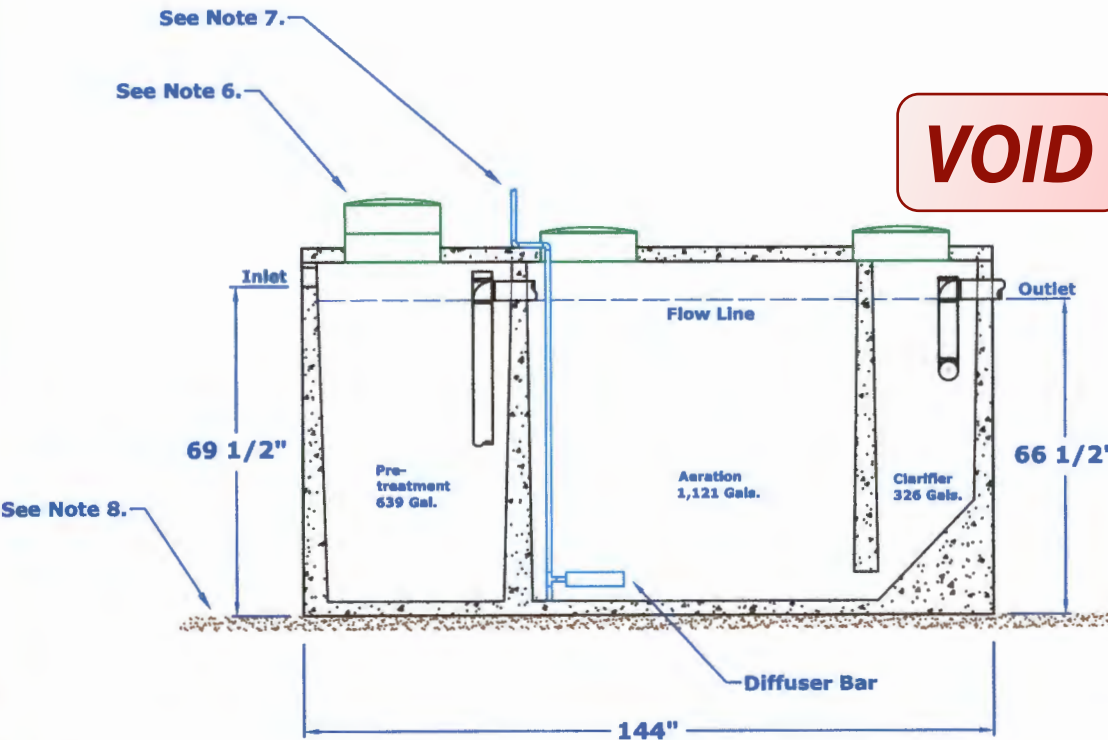
GENERAL NOTES:

1. Plant structure material to be precast concrete and steel.
2. Maximum burial depth is 30" from slab top to grade.
3. Weight = 16,600 lbs.
4. Treatment capacity is 1,000 GPD.
5. BOD Loading = 3.00 lbs. per day.
6. 20" Ø access riser w/ lid (Typical 3). Optional extension risers available.
7. 1" Sch. 40 PVC Air Line to Bio-Robic B-1000 Air Compressor (Max. 50 Lft from Plant).
8. 4" min. compacted sand or gravel pad by Contractor

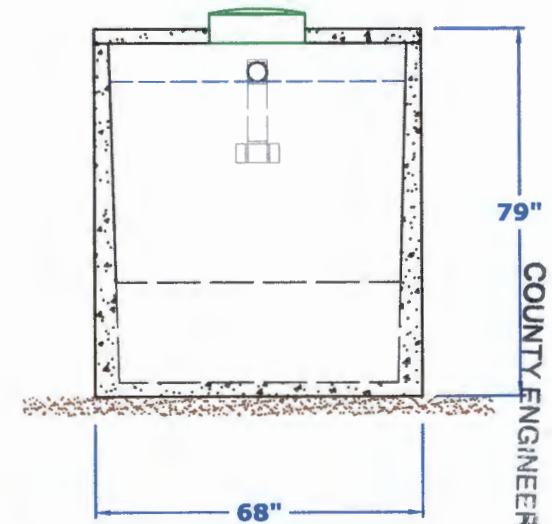
MINIMUM EXCAVATION DIMENSIONS:
Width: 80"
Length: 156"



Handwritten: 67587
10/24/18



VOID



RECEIVED
DEC 31 2018
COUNTY ENGINEER

**NuWater B-1000
Aerobic Treatment Plant (Assembled)**

Model: B-1000

VOID

July, 2012
By: A.S.

Scale:
* All Dimensions subject to allowable specification tolerances.

Dwg. #: ADV-B1000-2

384



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DEC 31 2018

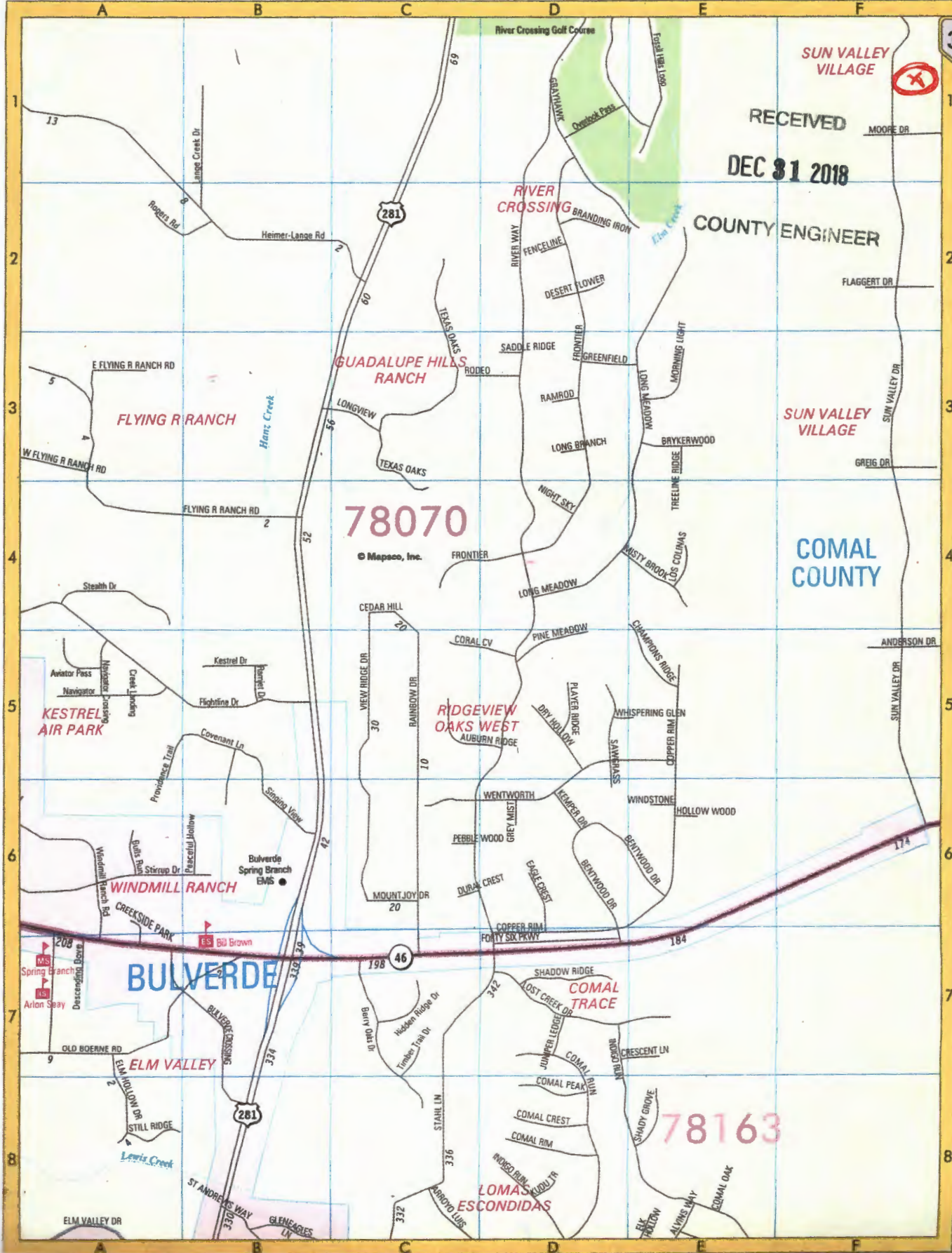
COUNTY ENGINEER

SUN VALLEY VILLAGE

COMAL COUNTY

78070

78163



SCALE IN MILES
0 1/8 1/4 3/8 1/2

SCALE IN FEET
0 1000 2000 3000

CONTINUED ON MAP 385

FILED BY
ALAMO TITLE

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.

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DEC 31 2018

COUNTY ENGINEER



WARRANTY DEED WITH VENDOR'S LIEN

ATC/4043000587/SVD

Date: May 11, 2012

Grantor: NORTHTRAIL, LLC, a Texas limited liability company

Grantor's Mailing Address (including county):
808 Hwy 473
Comal, TX 78013

Grantee: STANLEY W. POE and wife, LAURIE L. POE

Grantee's Mailing Address (including county):
19519 Creek Run Dr., Spring,
Harris County, Texas 77388

Consideration: TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable consideration to the undersigned paid by the Grantees herein named, the receipt of which is hereby acknowledged, and the further consideration of the execution and delivery by Grantees herein of their one certain promissory note of even date herewith in the principal sum of ONE HUNDRED SIXTEEN THOUSAND AND NO/100 DOLLARS (\$116,000.00), payable to the order of CAPITAL FARM CREDIT, FLCA, as therein provided and bearing interest at the rate therein specified and providing for acceleration of maturity in event of default and for attorney's fees, the payment of which note is secured by the vendor's lien herein retained, and is additionally secured by deed of trust of even date herewith to BEN R. NOVOSAD, Trustee.

Property (including any improvements):
Lots 101 and 103, Sun Valley Village, Unit Two, Comal County, Texas, according to plat thereof recorded in Volume 4, Pages 38-39, Map and Plat Records of Comal County, Texas.

Reservations from and Exceptions to Conveyance and Warranty:
This conveyance is made and accepted subject to any and all conditions, restrictions, and easements, if any, relating to the hereinabove-described property, to the extent, and only to the extent, that the same may still be in force and effect, shown of record in the office of the County Clerk of Comal County, Texas.

Grantor, for the consideration and subject to the reservations from and 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 wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to conveyance and warranty.

The vendor's lien against and superior title to the property are retained until each note described is fully paid according to its terms, at which time this deed shall become absolute.

CAPITAL FARM CREDIT, FLCA, at the instance and request of the Grantee herein, having advanced and paid cash to Grantor herein that portion of the purchase price of the herein described property as is evidenced by the herein described Note, the Vendor's Lien, together with the Superior Title to said property, is retained herein for the benefit of Grantor and the same are hereby TRANSFERRED and ASSIGNED to CAPITAL FARM CREDIT, FLCA, without recourse.

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

NORTHTRAIL, LLC

BY: Catherine Wimpf

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DEC 31 2018

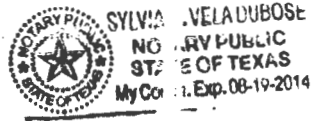
COUNTY ENGINEER

(acknowledgment)

STATE OF TEXAS Bexar
COUNTY OF Bexar

This instrument was acknowledged before me on the 14th day of May, 2012,
by Catherine Wimpf, President, of NORTHTRAIL, LLC,
a Texas limited liability company, on behalf of said company.

[Signature]
Notary Public State of Texas
Notary's name (printed):
Notary's commission expires:



Filed and Recorded
Official Public Records
Joy Streater, County Clerk
Comal County, Texas
05/17/2012 09:29:31 AM
DARLA 2 Page(s)
201206017555

[Signature]
Joy Streater

AFTER RECORDING RETURN TO:

PREPARED IN THE LAW OFFICE OF:
BECK & BECK
4940 Broadway, Suite 315
San Antonio, Texas 78209

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

items Date Received	initials

RECEIVED

DEC 31 2018

Permit Number

COUNTY ENGINEER

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

12/31/18

Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

___ INCOMPLETE APPLICATION
(Missing Items Circled, Application Refused)

Certified Septic Inspections

TOM MOOS • (830) 660-6225 Cell



108598

1. Actual Date of Visit:

2-10-2020

2. System Inspection of:

Owner: STAN POE

Address: 101 SUN VALLEY

City, State, Zip: SB TX 78070

Inspected Items:

Operational

Inoperative

Not Applicable

Aerator

Aeration Plumbing.....

Air Filter.....

Effluent Pump.....

Chlorinator

lids are secured ✓

Air Filter must be cleaned each service visit. Operation of effluent disposal system must be made each visit, including chlorine residual test, effluent pump operation and sprinkler operation if so equipped.

3. Repairs to system (list all component replaced): _____

4. Tests Required and Results:

Test

Required

Results

Test Method

BOD (Grab)

TSS (Grab)

Chlorine Residual

5. Comments: _____

Signature of Inspector: Tom Moos

License # _____

0S0021683

Certified Septic Inspections

TOM MOOS • (830) 660-6225 Cell

108598

1. Actual Date of Visit:

6-15-2020

2. System Inspection of:

Owner:

STAN POE

Address:

101 SUN VALLEY

City, State, Zip:

SB TX 78070

Inspected Items:	Operational	Inoperative	Not Applicable
Aerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aeration Plumbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluent Pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorinator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

lids are secured ✓

Air Filter must be cleaned each service visit. Operation of effluent disposal system must be made each visit, including chlorine residual test, effluent pump operation and sprinkler operation if so equipped.

3. Repairs to system (list all component replaced): _____

4. Tests Required and Results:

Test	Required	Results	Test Method
BOD (Grab)	<input type="checkbox"/>	_____	_____
TSS (Grab)	<input type="checkbox"/>	_____	_____
Chlorine Residual	<input type="checkbox"/>	_____	_____

5. Comments: _____

Signature of Inspector: Tom Moos License # 0S0021683

Certified Septic Inspections

TOM MOOS • (830) 660-6225 Cell

108598

1. Actual Date of Visit:

10-15-20

2. System Inspection of:

Owner: STAN POE

Address: 101 SUN VALLEY

City, State, Zip: SB. TX 78070

Inspected Items:

Operational

Inoperative

Not Applicable

Aerator

Aeration Plumbing.....

Air Filter.....

Effluent Pump.....

Chlorinator.....

ids are scared

Air Filter must be cleaned each service visit. Operation of effluent disposal system must be made each visit, including chlorine residual test, effluent pump operation and sprinkler operation if so equipped.

3. Repairs to system (list all component replaced): _____

4. Tests Required and Results:

Test	Required	Results	Test Method
BOD (Grab)	<input type="checkbox"/>	_____	_____
TSS (Grab)	<input type="checkbox"/>	_____	_____
Chlorine Residual	<input type="checkbox"/>	_____	_____

5. Comments: _____

Signature of Inspector: Tom Moos License # 0S0021683

Certified Septic Inspections

TOM MOOS • (830) 660-6225 Cell

108598

1. Actual Date of Visit:

2-21-21

2. System Inspection of:

Owner: STAN POE
Address: 101 SUN VALLEY
City, State, Zip: SB TX 78070

Inspected Items:	Operational	Inoperative	Not Applicable
Aerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aeration Plumbing.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluent Pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorinator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

lids are secured

Air Filter must be cleaned each service visit. Operation of effluent disposal system must be made each visit, including chlorine residual test, effluent pump operation and sprinkler operation if so equipped.

3. Repairs to system (list all component replaced): _____

4. Tests Required and Results:

Test	Required	Results	Test Method
BOD (Grab)	<input type="checkbox"/>	_____	_____
TSS (Grab)	<input type="checkbox"/>	_____	_____
Chlorine Residual	<input type="checkbox"/>	_____	_____

5. Comments: _____

Signature of Inspector: Tom Moos License # 0S0021683

Certified Septic Inspections

TOM MOOS • (830) 660-6225 Cell

108598

1. Actual Date of Visit:

6-21-21

2. System Inspection of:

Owner: STAN POE
Address: 101 SUN VALLEY
City, State, Zip: SB TX 78070

Inspected Items:	Operational	Inoperative	Not Applicable
Aerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aeration Plumbing.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Filter.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluent Pump.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorinator.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Like A/C Secured ✓
Air Filter must be cleaned each service visit. Operation of effluent disposal system must be made each visit, including chlorine residual test, effluent pump operation and sprinkler operation if so equipped.

3. Repairs to system (list all component replaced): _____

4. Tests Required and Results:

Test	Required	Results	Test Method
BOD (Grab)	<input type="checkbox"/>	_____	_____
TSS (Grab)	<input type="checkbox"/>	_____	_____
Chlorine Residual	<input type="checkbox"/>	_____	_____

5. Comments: _____

Signature of Inspector: Tom Moor License # 0S0021683

Certified Septic Inspections

TOM MOOS • (830) 660-6225 Cell

108598

1. Actual Date of Visit: 10-25-21

2. System Inspection of:

Owner: STAN POE
Address: 101 SUN VALLEY
City, State, Zip: SB 78070

Inspected Items:	Operational	Inoperative	Not Applicable
Aerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aeration Plumbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluent Pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorinator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

lids are secured ✓

Air Filter must be cleaned each service visit. Operation of effluent disposal system must be made each visit, including chlorine residual test, effluent pump operation and sprinkler operation if so equipped.

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BOD (Grab)	<input type="checkbox"/>	_____	_____
TSS (Grab)	<input type="checkbox"/>	_____	_____
Chlorine Residual	<input type="checkbox"/>	_____	_____

5. Comments: _____

Signature of Inspector: Tom Moos License # 0S0021683