

Comal County  
OFFICE OF COMAL COUNTY ENGINEER

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

Issued This Date: 03/15/2019 Permit Number: 108607

Location Description: 1222 MYSTIC CANYON  
SPRING BRANCH, TX 78070

Subdivision: Mystic Shores  
Unit: 12  
Lot: 1425R  
Block:  
Acreage:

Type of System: Aerobic  
Surface Irrigation

Issued to: Steven Wright & Tracey Wright

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

OS0034322

  
ENVIRONMENTAL HEALTH COORDINATOR



# Comal County Environmental Health

## OSSF Inspection Sheet

Installer Name: JB Septics / Jim Blake OSSF Installer #: 050018931  
 1st Inspection Date: 2/12/19 2nd Inspection Date: 3.15.19 3rd Inspection Date: \_\_\_\_\_  
 Inspector Name: Mike T. Inspector Name: Andrea G. Inspector Name: \_\_\_\_\_  
 Permit#: 108607 Address: Mystic Shores / 1222 Mystic Canyon 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	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)				

2.12.19 MT

Tank level. set. Ready. Cover rocks in spray area.  
 Per cover. operational.  
~~Address possible rechange~~

3.15.19

Covered!  
 Rocks: trees  
 removed or 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)(III) 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			<del>6000</del>			
13	PUMP TANK Volume Installed	✓		1200 single	✓		
14	AEROBIC TREATMENT UNIT Size Installed	✓		600	✓		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		Clear stream	✓		
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				



**Comal County Environmental Health  
OSSF Inspection Sheet**

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



**Comal County Environmental Health  
OSSF Inspection Sheet**

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


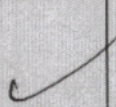


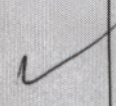






Comal County Environmental Health  
OSSF Inspection Sheet

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

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?		285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(iii)(III)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)				
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed	 	285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)	<i>see notes</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: JB Septics / Jim Blake OSSF Installer #: \_\_\_\_\_

1st Inspection Date: 2/12/19 2nd Inspection Date: \_\_\_\_\_ 3rd Inspection Date: \_\_\_\_\_

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

Permit#: 108607 Address: Mystic Shores / 1222 Mystic Canyon 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	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)				

2.12.19 MT

Tank level. set. Ready. Cover Rocks in spray area.  
Per cover. operational.

~~Address possible recharge~~  
~~feet in drainage easement.~~



**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
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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			<del>6000</del>			
13	PUMP TANK Volume Installed	✓		1200 single	✓		
14	AEROBIC TREATMENT UNIT Size Installed	✓		600	✓		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		Clear stream	✓		
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
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


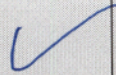
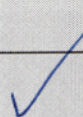



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26	DRAINFIELD Area Installed						
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28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
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



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OSSF Inspection Sheet**

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33	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.		285.32(c)(1)				
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35	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.						
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials &amp; construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>						
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38	PUMP TANK Secondary restraint system provided						



Comal County Environmental Health  
OSSF Inspection Sheet

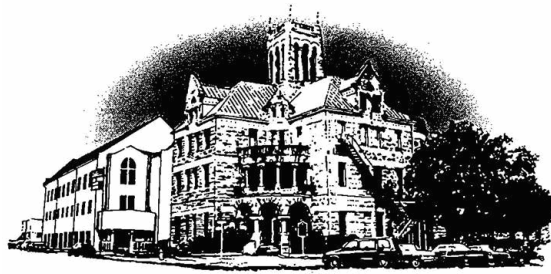
39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						
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**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?	✓	285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(iii)(III)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)		✓		
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed	✓	285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)	see notes	✓		
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

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: 108607  
Issued This Date: 01/15/2019  
This permit is hereby given to: Steven Wright & Tracey Wright

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

1222 MYSTIC CANYON  
SPRING BRANCH, TX 78070

Subdivision: Mystic Shores  
Unit: 12  
Lot: 1425R  
Block:  
Acreage:

#### APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic  
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.



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

Date \_\_\_\_\_

Permit # 108607

Owner Name Steven Wright & Tracey Wright  
Mailing Address 10311 Patterson St  
City, State, Zip Bakersfield, CA 93311  
Phone # 661-865-8259  
Email swright831@gmail.com

Agent Name JB Septic Systems, Inc  
Agent Address P.O. Box 1609  
City, State, Zip Helotes, Texas 78023  
Phone # 830-931-0292  
Email info@jbsepticssystemsinc.com

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

Subdivision Name Mystic Shores Unit Twelve Lot 1452R Block \_\_\_\_\_

Acreage/Legal \_\_\_\_\_

Street Name/Address 1222 Mystic Canyon City Spring Branch Zip 78070

**Type of Development:**

☐ Single Family Residential

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

Number of Bedrooms 4

Indicate Sq Ft of Living Area 3,593

☐ Commercial or Institutional Facility

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

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

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

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

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

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

Miscellaneous \_\_\_\_\_

Estimated Cost of Construction: \$ \_\_\_\_\_ (Structure Only)

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

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

Source of Water ☒ Public ☐ Private Well

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 St Wright

Date 12-28-18

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 Jim W. Blake, Sr. #2289

System Description Aerobic Treatment with Spray Irrigation

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

Tank Size(s) (Gallons) 500/600/1,200 Absorption/Application Area (Sq Ft) 5,887

Gallons Per Day (As Per TCEQ Table III) 360

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

Is the property located over the Edwards Recharge Zone? ☐ Yes ☒ 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 

Date 1-15-12

Page 2 of 2





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## AFFIDAVIT TO THE PUBLIC

RECEIVED

JAN 04 2019

The County of Comal §  
State of Texas §

COUNTY ENGINEER

## CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

I

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

II

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code § 285.91(12) will be installed on the property described as Lot 1452 R, Mystic Shores, Unit Twelve, according to map or plat recorded in Volume 15, pages 162-175, Map and Plat Records of Comal County, Texas.

The property is owned by Steven Wright and Tracey Wright

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 31st Day of December, 2018.

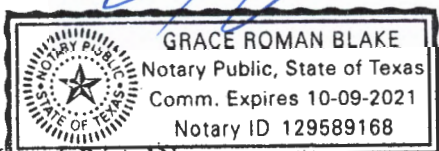
St Wright  
Steven Wright

Tracey Wright  
Tracey Wright

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 31st

DAY OF December, 2018

Notary Public, State of Texas



Notary's Printed Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
01/04/2019 02:27:35 PM  
JESSICA 1 Page(s)  
201906000457



Bobbie Koepf



JAN 04 2019

COUNTY ENGINEER

Page 1 of 2

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

**System Owner:  
Steven & Tracey Wright**

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

**Site Legal Description: 1222 Mystic Canyon, Lot 1452 R, Unit 12**  
**Mystic Shores, Comal County**

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

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

**Testing and Reporting**

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

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

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

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

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



JAN 04 2019

COUNTY ENGINEER

Page 2 of 2**This Policy Does Not Include;**

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

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

**MAINTENANCE COMPANY:**

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

**MANUFACTURER:**

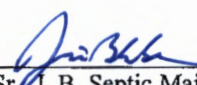
Clearstream Wastewater Systems, Inc.  
P.O. Box 7568  
Beaumont, Texas 77726-7568  
(409) 755-1500


**Installation Company:**

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

**Permitting Authority:**

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

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

  
\_\_\_\_\_  
System Owner

  
\_\_\_\_\_  
System Owner

Service Company Operator License Number: MP 0000892



**J. B. Septic Systems, Inc.**

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

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

**RECEIVED**

***By Brenda Ritzen at 3:46 pm, Jan 15, 2019***

January 15, 2019

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

RE: Lot 1452 R, Mystic Shores, Unit Twelve  
(1222 Mystic Canyon)

To Whom It May Concern:

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

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

Sincerely,



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



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

JAN 04 2019

COUNTY ENGINEER

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

## SITE EVALUATION

**LOCATION:** Lot 1452 R, Mystic Shores, Unit 12  
(1222 Mystic Shores), Comal County

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

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

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

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

**V. Soil Structure:** Blocky

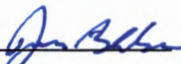
**VI. Restrictive Horizons** (Note any dense clay sub-soils, rock or fractured rock, depth of groundwater etc.): Rock.

**VII. Topography:** 1-2% slope

**VIII. Flood Hazard:** No.

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

**X. Recharge Zone:** No.

  
Signature

October 4, 2018  
Date

OS0010832  
Registration #





**J.B. Septic Systems, Inc.**

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

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JAN 04 2019

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

**ON-SITE SEWAGE FACILITY DESIGN**

FOR: Steven & Tracey Wright  
10311 Patterson St  
Bakersfield, CA 93311

LOCATION: 1222 Mystic Canyon  
Lot 1452 R, Unit 12  
Mystic Shores  
Comal County

DEVELOPMENT: Proposed Four-bedroom residence with 3,593 sq. ft. living area.

ESTIMATE OF WATER CONSUMPTION: **360** gallons per day is the daily water usage.

SEWAGE FACILITY DESCRIPTION: Clearstream Aerobic Treatment System with timer, chlorinator, sprinkler pump, and sprinkler heads covering a surface application area of 5,887 square feet. The timer is set for spray between midnight and 5:00 A.M.

**CALCULATION:**

$$\begin{array}{l} \text{Application Area} \\ \text{Required} = \frac{\text{Flow}}{\text{Soil Appl. Rate}} = \frac{360 \text{ Gals. /Day}}{.064 \text{ Gals./Sq.Ft./Day}} = 5,625 \text{ Sq. Ft.} \end{array}$$

**ACTUAL APPLICATION AREA TO BE COVERED:**

$$\begin{array}{l} (\text{Radius of Sprinkler Head}) \times (\text{Radius of Sprinkler Head}) \times 3.14 = \text{Sq. Ft.} \\ \text{Three full circle sprinkler heads, each with a 25 foot radius} = 5,887 \text{ Sq. Ft.} \\ \text{Total} = 5,887 \text{ Sq. Ft.} \end{array}$$

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





JAN 04 2019

**AEROBIC TREATMENT SYSTEM COMPONENTS AND REQUIREMENTS:**

COUNTY ENGINEER

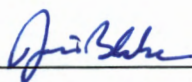
1. Minimum 500 gallon **Pre-Treatment Tank**.
2. **Aerobic Treatment Unit** – 600 gallon TCEQ approved unit.
3. **Liquid Chlorinator** – Only E.P.A. approved chlorine (Bleach) for use with wastewater shall be used. It is the owner's responsibility to ensure that it is functioning properly and has chlorine **IN IT AT ALL TIMES**.
4. 1,200 gallon **Pump Tank** with a minimum ½ horsepower, 18 GPM well pump (Clearstream P-20 pump or approved equivalent.)
5. **Sprinkler heads** must be impact or gear driven rotary design with a maximum inlet pressure of 40 PSI. Only low angle (13 degree trajectory) nozzles shall be used. All sprinkler heads shall be self-draining type so as to prevent in-line freezing. The exact location of sprinkler heads shall be coordinated between the installer and the property owner so that spray patterns shall not be blocked by trees, etc; a minimum of 10 feet shall be required between any sprinkler head and the base of a tree.
6. **SURFACE APPLICATION AREA** - The area to be sprayed shall have enough topsoil in place to cover the force lines and to support the growth of vegetation. This vegetation shall consist of grasses, evergreen shrubs, bushes, trees or landscaped beds containing mixed flora. Exposed surface rock in the application area shall be removed or covered with soil and seeded or grassed laid. Sloped land is acceptable if properly landscaped and terraced to minimize run-off. Distribution pipes and sprinkler heads must provide uniform distribution of treated effluent. The application rate must be adjusted so as to not produce run-off. Owners shall not allow driveways, fences, storage buildings, or other structures to be constructed over the treatment or disposal systems. Land that is used for growing food, gardens, orchards, or crops that may be used for human consumption, as well as unseeded bare ground, shall not be used for surface application. Exposed surface rock in the application area shall be removed or covered with soil and seeded or grassed laid.
7. **AFFIDAVIT** (signed and notarized) included with this design should be a permanent part of the real property deed. TCEQ requires that it give proper notification to future owners of the continuous maintenance and administrative requirements of this OSSF system.
8. **MAINTENANCE CONTRACT:**  
At the time of system installation, the contractor will submit to the authorized agent, (County Inspector) a copy of the 2-Year Service Policy as required by the TCEQ. Maintenance Company will file a detailed report of the dates and findings of these inspections to the Authorized Agent. This will ensure periodic inspections (at least every 4 months) for system compliance with effluent standards. Correct testing/evaluation of the unit will include periodic measuring of residual chlorine levels and/or fecal coliform analysis, as required by TCEQ. Sludge accumulation will be monitored and the system owner will be notified when tanks require pumping.

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

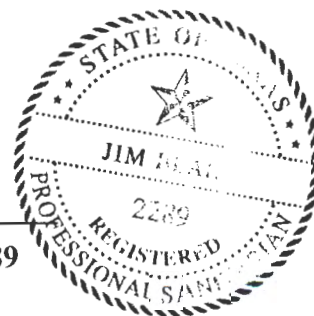
**REMARKS:** The contractor may make minor field adjustments to the system with approval of the county regulatory agency. The referenced site has been evaluated and the on-site sewerage facility has been designed generally following the requirements given by the Texas Commission on Environmental Quality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

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

**DATE:** October 4, 2018



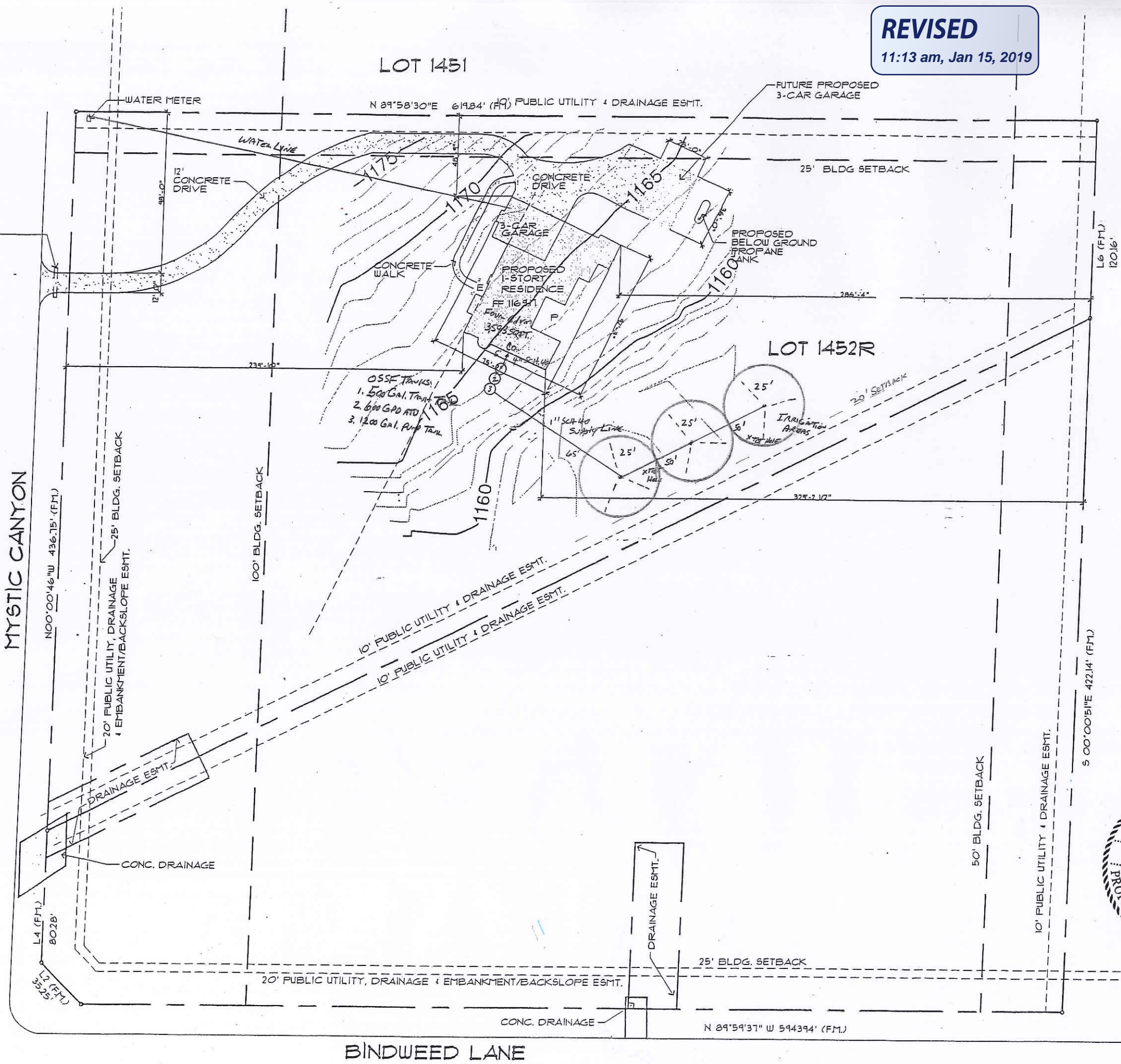
Jim Blake, Professional Sanitarian #2289





**REVISED**  
11:13 am, Jan 15, 2019

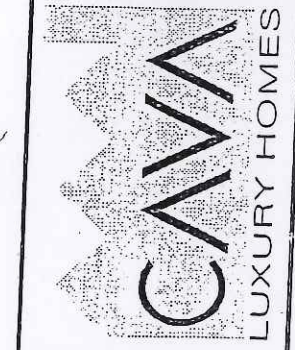
RICHARD JONES  
ARCHITECT  
817.689.4790



LOT 1442

LOT 1452R

LOT 1456



WRIGHT  
RESIDENCE



STATE MANDATED REGULATION CONCERNING AEROBIC SYSTEMS

RECEIVED

NAME: Steven & Tracey Wright  
LOCATION: 1222 Mystic Shores, Spring Branch, TX 78070  
DATE: October 4, 2018

JAN 04 2019

COUNTY ENGINEER

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

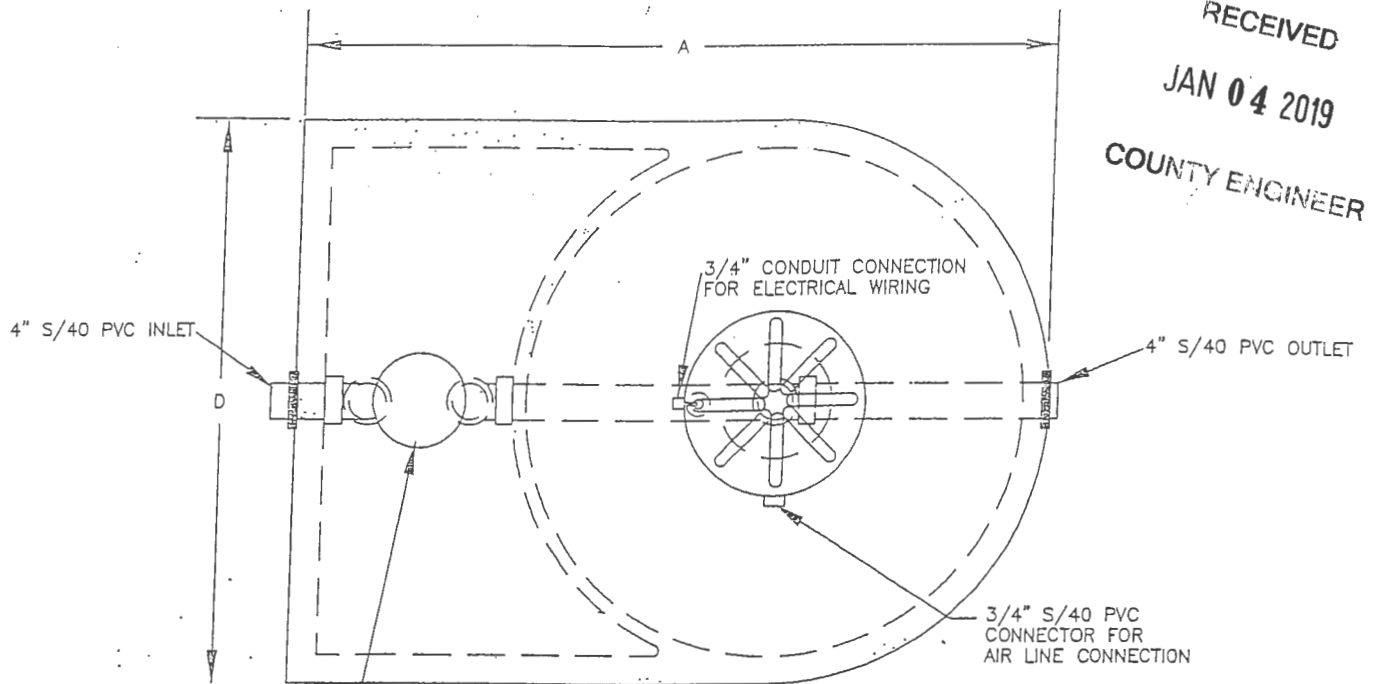
1. The property owner and the aerobic system maintenance contractor shall enter into a 2 year (minimum) full service maintenance contract in which the company will provide periodic inspections for system compliance with effluent standards. This contract will authorize the maintenance company to operate,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



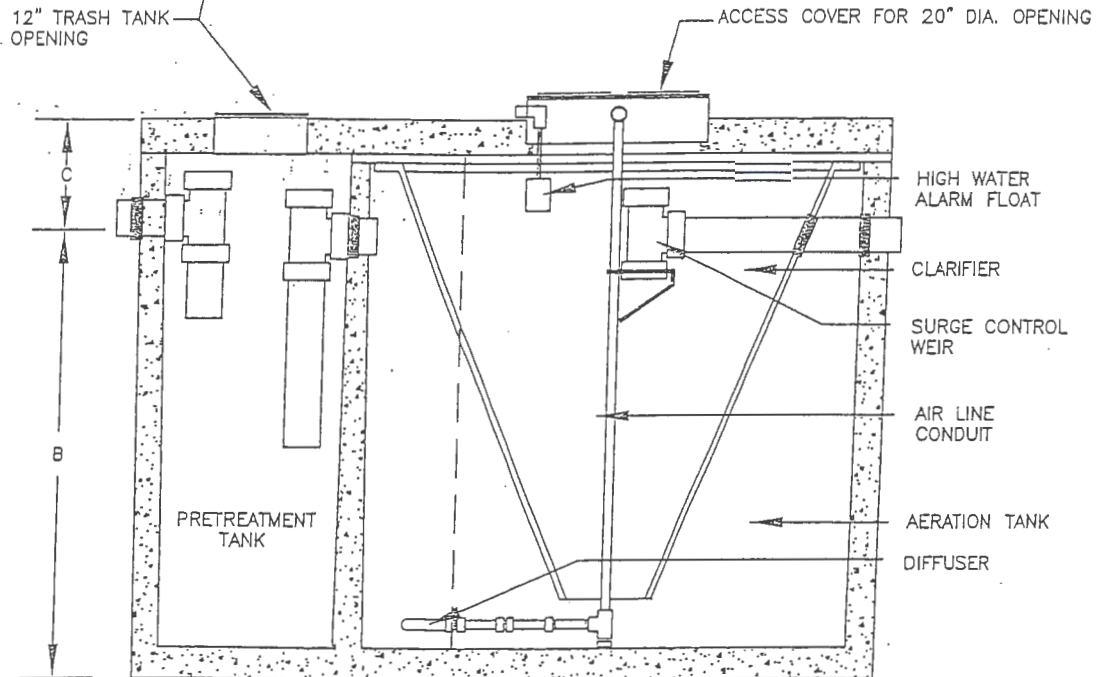
# DESIGN DRAWINGS

RECEIVED  
JAN 04 2019

COUNTY ENGINEER



PLAN VIEW



MODEL NC2  
SECTION

DIMENSIONAL DATA

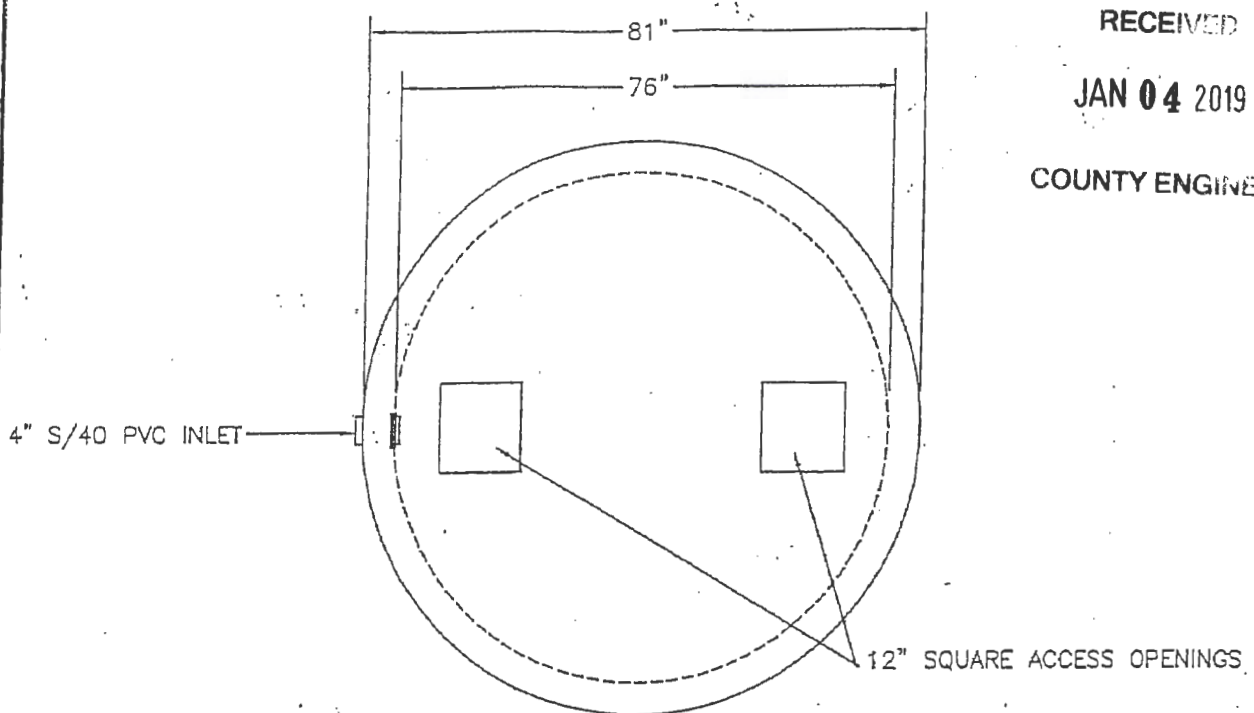
MODEL	A	B	C	D
500 NC2	104"	60"	10-1/2"	75"
600 NC2	107"	60"	10-1/2"	82"
750 NC2	107"	70"	10-1/2"	82"
800 NC2	107"	72"	8-1/2"	82"



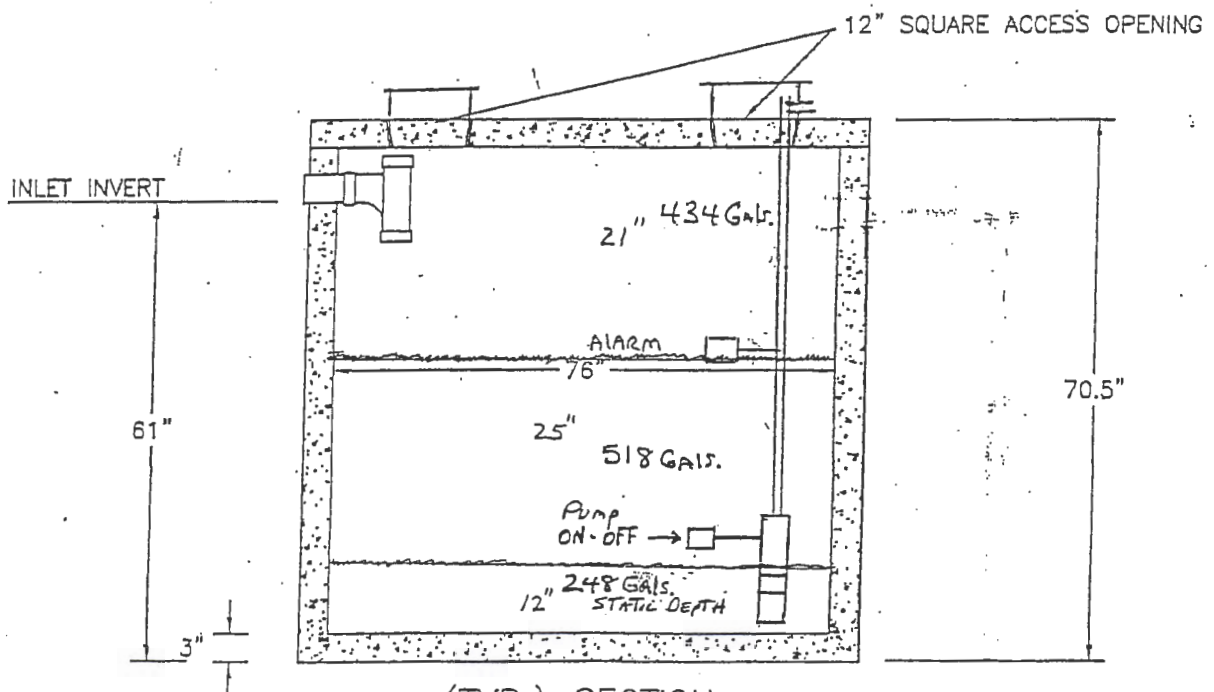
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JAN 04 2019

COUNTY ENGINEER



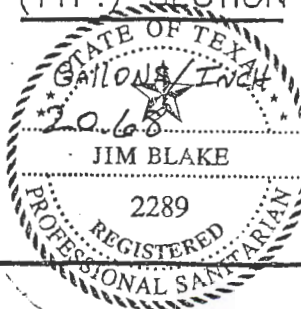
PLAN VIEW



(TYP.) SECTION

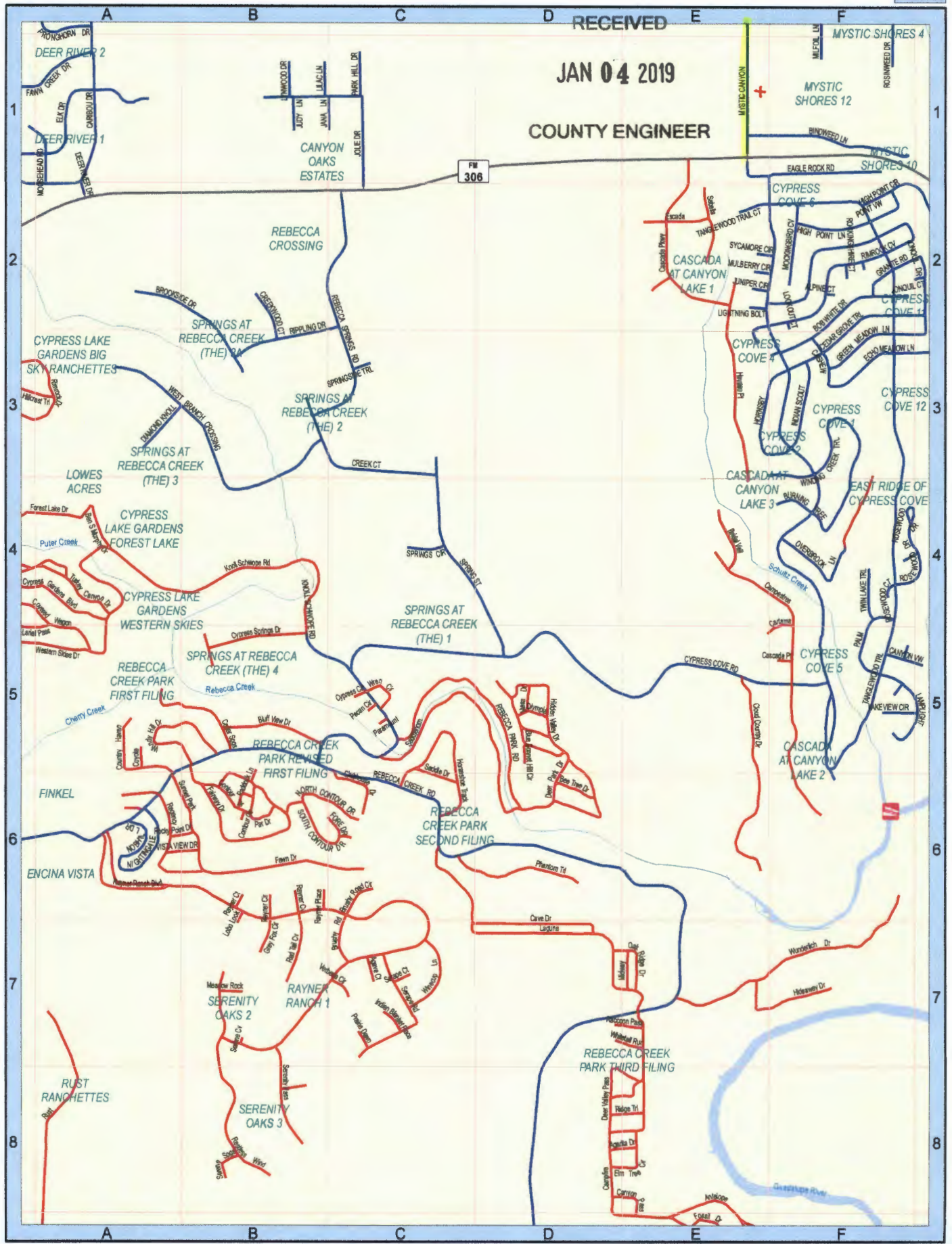
NOTICE OF CONFIDENTIAL INFORMATION

Information contained herein is confidential and is the property of Clearstream Wastewater Systems, Inc. When furnished with a proposal, the recipient shall use it solely to evaluate the proposal. When furnished to a customer, it shall be used solely for purposes of inspection, installation, or maintenance. When furnished to a supplier, it shall be used solely in the performance of work contracted for by this company. The information shall not be used or disclosed by the recipient for any other purpose whatsoever. Clearstream Wastewater Systems, Inc., retains all patent and other rights including exclusive right of use. This drawing is copyrighted and is the exclusive property of Clearstream Wastewater Systems, Inc. © Clearstream Wastewater Systems, Inc.-2008



<b>CLEARSTREAM®</b>	
WASTEWATER SYSTEMS, INC.	
P.O. Box 8337 Beaumont, Texas 77709	
1,200 GALLON PUMP TANK PRE-CAST CONCRETE	
DRAWN: CWP	CHKD: JM
DATE: 6/08	REV: 0
REV. DATE: 00/00	NUMBER: 10000804





SEE PAGE 320





## Ritzen, Brenda

---

**From:** Ritzen, Brenda  
**Sent:** Tuesday, January 15, 2019 11:19 AM  
**To:** 'Grace'  
**Subject:** RE: Permit Number 108607

Grace,

Based on the information provided the following information is needed:

 Submit certification that the design complies with all provisions of the approved TCEQ WPAP.

Thank you,

Brenda Ritzen, OS0007722  
Environmental Health Coordinator  
Comal County Engineers Office  
195 David Jonas Drive  
New Braunfels, Texas 78132  
830-608-2090  
[www.cceo.org](http://www.cceo.org)

---

**From:** Grace <[grace@jbsepticssystemsinc.com](mailto:grace@jbsepticssystemsinc.com)>  
**Sent:** Tuesday, January 15, 2019 11:04 AM  
**To:** Ritzen, Brenda <[rabbjr@co.comal.tx.us](mailto:rabbjr@co.comal.tx.us)>  
**Subject:** Permit Number 108607

Good morning Brenda,

Attached are the corrections you requested.

Thank you,

***Grace Roman***  
**JB Septic Systems, Inc.**  
O. 830-931-0292 M. 210-414-6289  
E. [grace@jbsepticssystemsinc.com](mailto:grace@jbsepticssystemsinc.com)  
P.O. Box 1609  
Helotes, TX 78023

*"The Difference between a good and a bad day is your attitude"*



CCEO  
410  
COPY



201706042583 09/18/2017 08:28:18 AM 1/4

AMENDMENT TO PLAT

OWNER(S) (as shown on deed(s)): STEVE & TRACEY WRIGHT  
MAILING ADDRESS: 10311 PATTERSON ST. BAKERSFIELD, CA 93311

LEGAL DESCRIPTION OF PROPERTY:

NAME OF RECORDED SUBDIVISION PLAT (& UNIT NUMBER, if any): MYSTIC SHORES UNIT 12

COMAL COUNTY MAP & PLAT RECORDS VOLUME 15 PAGE 162-176 (or) DOC#

LOTS OR TRACTS TO BE COMBINED: 1452 AND 1453 RESULTING LOT #: 1452 R

The signatures affixed below will certify that the owner of the described property hereby amends the plat of the property so as to combine the referenced lots or tracts into a single lot or tract. The property owner acknowledges that this Amendment to Plat may not dissolve or alter any existing easements or other property interests that may exist within the boundaries of this property, and that obtaining release or permission from any owner or beneficiary of easement(s) or other property interest(s) affected by this process shall be the responsibility of the property owner. The owner also certifies that any and all lienholders have acknowledged this Amendment to Plat as per the attached Lienholder Acknowledgment(s), if applicable.

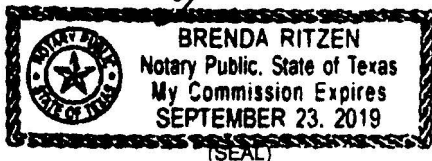
[Signature]  
OWNER SIGNATURE  
TRACEY WRIGHT  
NAME PRINTED (& title, if applicable)

[Signature]  
OWNER SIGNATURE  
STEVE WRIGHT  
NAME PRINTED (& title, if applicable)

RECEIVED  
SEP 01 2017  
COUNTY ENGINEER

STATE OF Texas  
COUNTY OF Comal

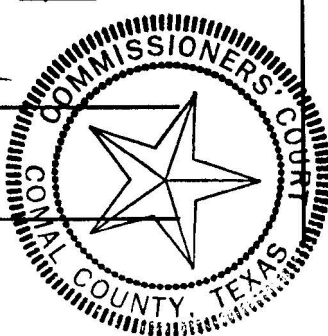
SWORN TO AND SUBSCRIBED before me by Tracey Wright & Steve Wright on the 1st day of September, 20 17.



[Signature]  
NOTARY PUBLIC

APPROVED BY COMMISSIONERS COURT on the 14th day of SEPTEMBER, 20 17.

[Signature]  
COUNTY JUDGE  
ATTEST: Bobbie Koepf  
COUNTY CLERK



Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
09/18/2017 08:28:18 AM  
CASHFOUR 4 Page(s)  
201706042583

Bobbie Koepf





# COMAL COUNTY

ENGINEER'S OFFICE

RECEIVED

JAN 04 2019

COUNTY ENGINEER

September 25, 2018

Steven & Tracey Wright  
10311 Patterson St  
Bakersfield, CA 93311

Re: Street Name and Address Verification

To Whom It May Concern:

Please be advised that the street name and address associated with the following property is:

Property ID	Legal Description	Assigned Address
138213	MYSTIC SHORES 12, LOT 1452R	1222 MYSTIC CANYON SPRING BRANCH, TX 78070

Please check with you local post office to verify the correct city and zip code before using the assigned address for mailing purposes.

Should you have any questions or require additional information, please contact our office at any time.

Sincerely,

Holly Braun  
Address Coordinator



JAN 04 2019

COUNTY ENGINEER



## OWNER'S MANUAL

### SERIES P20 4" SUBMERSIBLE PUMP

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

Installation • Operation

#### LIMITED WARRANTY

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

Product	Warranty Period
4" Submersible Pump	2 year

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

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

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

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

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

Supersedes all previous publications.

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

CLEARSTREAM

P.O. Box 9337, Beaumont, TX 77709

JAN 04 2019

## COUNTY ENGINEER

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

**OPERATION**

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

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

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

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

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

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

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

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

is permissible for all sizes.

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

**Motor Insulation Resistance Readings**

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

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

**Important Electrical Grounding Information****⚠ WARNING**

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

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

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

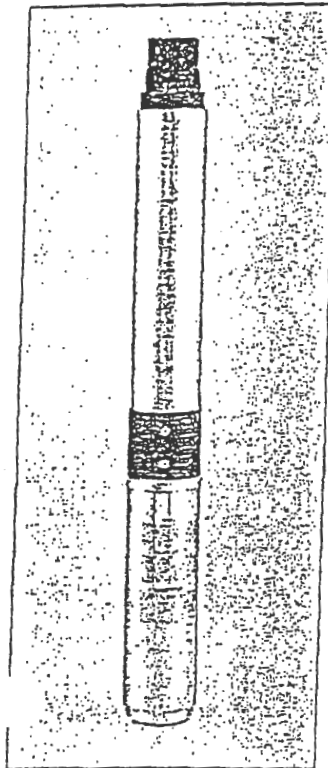
- C. Ground the pump, motor, and any metallic conduit that carries power cable conductors. Ground these back to the service by connecting a copper conductor from the pump, motor, and conduit to the grounding screw provided within the supply-connection box wiring compartment. This conductor must be at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

**Save these instructions.**



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**P20****Submersible Effluent Pump****GENERAL DESCRIPTION**

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

**APPLICATIONS**

Designed for pumping filtered effluent.

**SPECIFICATIONS**

Shell: stainless steel

Discharge: fiberglass-reinforced thermoplastic

Discharge bearing: Nylatron®

Intermediate bearing: (on larger units) polycarbonate, nitrile rubber, and stainless steel

Impellers: Delrin®

Diffusers: Lexan®

Suction caps: Lexan® with stainless steel insert

Thrust pads: proprietary spec.

Shaft and coupling: stainless steel

Intake: fiberglass-reinforced thermoplastic

Intake screen: polypropylene

Cable guard: stainless steel

Agency Listings: UL 778



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

© Nylatron is a registered trademark of Polymer Corp.

© Lexan is a registered trademark of General Electric Co.

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

Specifications are subject to change without notice.

**FEATURES**

■ **Patented Staging System** — Our proven Signa-Seal™ staging system incorporates a harder-than-sand ceramic wear surface that when incorporated with our floating stack design, greatly reduces problems with abrasives, sand lock-up and running dry.

■ **Discharge** — Fiberglass-reinforced thermoplastic material for durability in aggressive water. Octagon-shaped to fit pipe wrench.

■ **Discharge Bearing** — Exclusive self-lubricating Nylatron® bearing resists wear from sand.

■ **Intake** — Fiberglass-reinforced thermoplastic material for durability in aggressive water.

■ **Shaft** — Positive drive from hexagonal heavy-duty 300 grade stainless steel.

■ **Coupling** — Stainless steel press fit to pump shaft. Couples to all standard NEMA motors.

■ **Shell** — Highest grade, heavy-walled corrosion-resistant stainless steel. Threaded for easy servicing.

■ **Hardware** — All screws, washers and nuts are corrosion-resistant 300 grade stainless steel.

■ **Check Valve** — Durable internal check valve.

■ **Cable Guard** — Corrosion-resistant stainless steel guard protects motor leads. Tapered ends prevent pump from catching on well.

■ **Corrosion-proof intake screen**

■ **Franklin Electric Motor** — 100% corrosion-resistant stainless steel construction. Constant lubrication through water-filled design. Hermetically-sealed stator assures moisture-free windings. Built-in surge arrester provided on 1/2 HP through 1-1/2 HP single-phase pumps for added protection. All thrust absorbed by durable Kingsbury-type thrust bearing. Replaceable motor lead assembly. NEMA standard motors, 2- and 3-wire.

**ORDERING INFORMATION**

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

**PERFORMANCE**

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

**— NOTE —**

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

# PROPLUS® GEAR DRIVEN SPRINKLER SETTING INSTRUCTIONS

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

## CHANGING A NOZZLE

### 1 USE YOUR K-KEY

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

### 2 PULL UP THE RISER

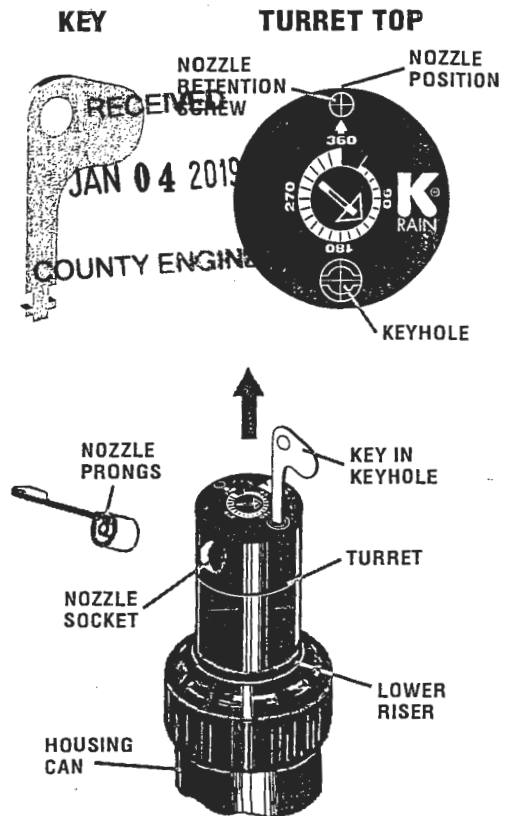
Firmly pull the entire spring loaded riser up with the K-Key to access the nozzle socket. Hold the riser up with one hand.

### 3 REMOVE THE NOZZLE

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

### 4 INSTALL A NOZZLE

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

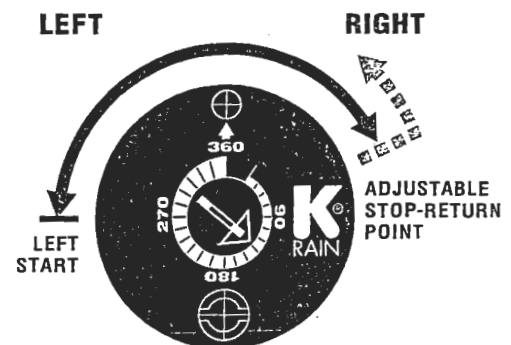


## PROPLUS IS ADJUSTABLE AND CONTINUOUS 360° ALL IN ONE MODEL

### SETTING THE ARC ADJUSTMENT (PRESET AT 90°)

### 5 FIND THE LEFT START POSITION

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



### 6 TO CHANGE THE ARC SETTING BEFORE INSTALLATION

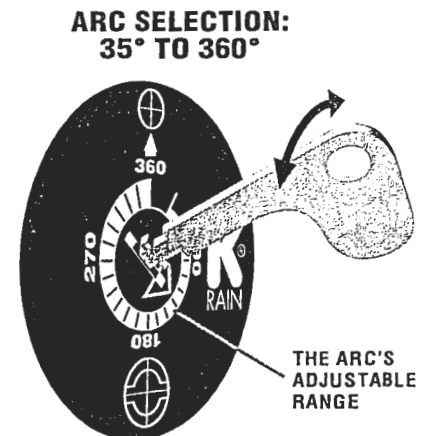
Follow step 5 above to find the LEFT START as a reference point. To INCREASE THE ARC, insert the K-Key into the arc indication ARROW SLOT at the center of the turret. While holding the turret with your fingers, turn the K-Key CLOCKWISE until the arc INDICATION ARROW POINTS TO the RIGHT STOPPING POINT.

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

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

### WITH THE SPRINKLER RUNNING

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





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

JAN 04 2019

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

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

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

(1) Water softener.

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

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

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

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

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

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

(2) Reverse osmosis system.

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

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

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

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

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

Adopted April 7, 2004

Effective April 28, 2004

## Ritzen, Brenda



---

**From:** Ritzen, Brenda  
**Sent:** Friday, January 11, 2019 11:36 AM  
**To:** 'JB Septics Systems Inc.'  
**Subject:** Permit 108607

Re: Steven & Tracey Wright  
Mystic Shores Unit 12 Lot 1452R  
Application for Permit for Authorization to Construct an On-site Sewage Facility

Grace,

The following information is needed before I can continue processing the referenced permit submittal:

1.  The questions regarding the recharge and contributing zone are incomplete on the 2<sup>nd</sup> page of the permit application.
2.  Indicate the separation distance from the edge of the spray area to the property line.
3. Revise as needed and resubmit.

Thank you,

Brenda Ritzen, OS0007722  
Environmental Health Coordinator  
Comal County Engineers Office  
195 David Jonas Drive  
New Braunfels, Texas 78132  
830-608-2090  
[www.cceo.org](http://www.cceo.org)



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

System Description Aerobic Treatment with Spray Irrigation

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

Tank Size(s) (Gallons) 500/600/1,200 Absorption/Application Area (Sq Ft) 5,887

Gallons Per Day (As Per TCEQ Table III) 360

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

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

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

JAN 04 2019

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.)

COUNTY ENGINEER

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

**VOID**

(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.

Jim W. Blake, Sr.  
Signature of Designer

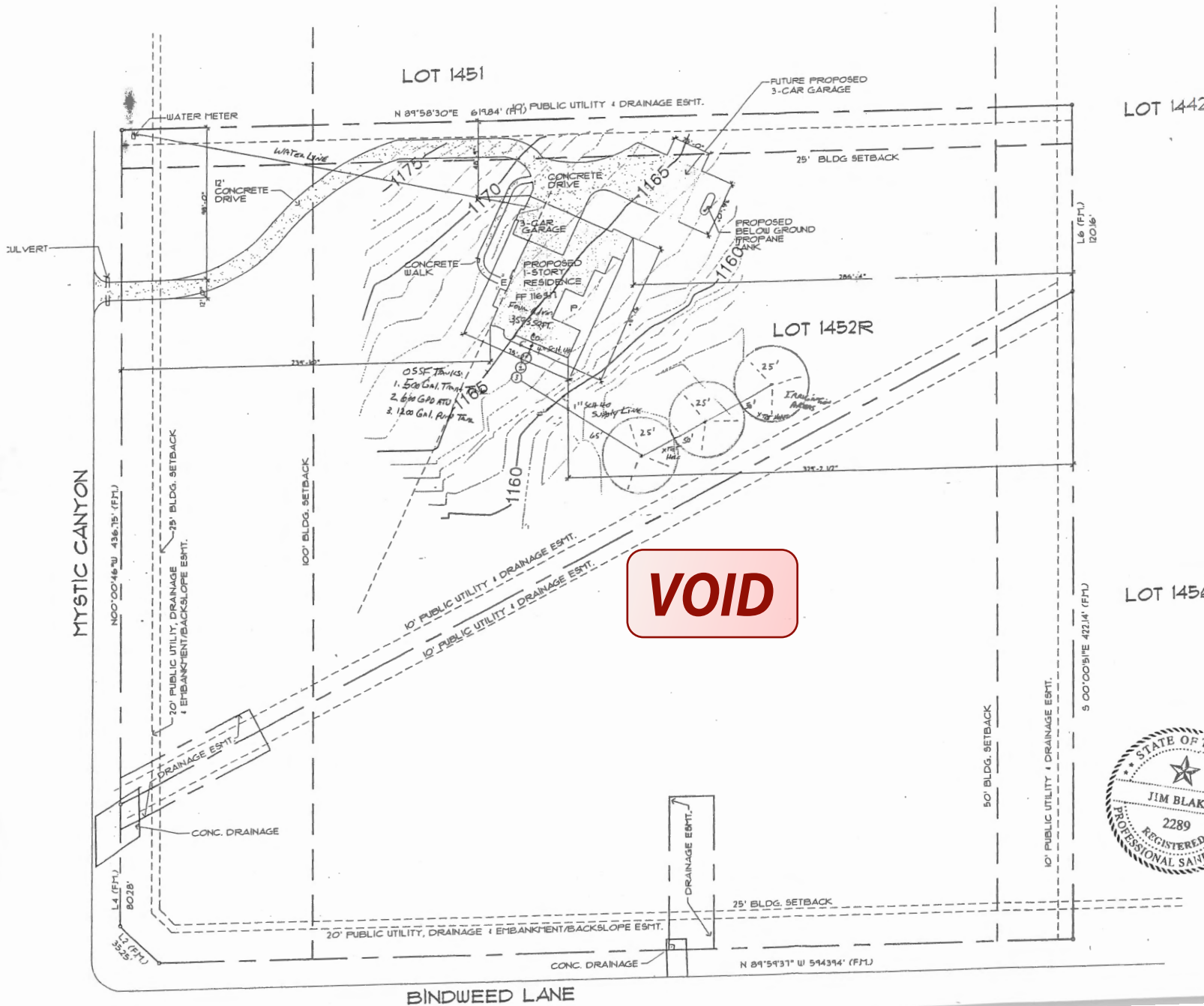
1-3-19  
Date

Page 2 of 2

REVISED

10:43 am, Jan 11, 2019

VOID





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

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## WARRANTY DEED

JAN 04 2019

Date: June 8, 2017

COUNTY ENGINEER

Grantor: STEPHEN GEHRING, TRUSTEE OF THE HAROLD L. AND BEVERLY DEMAREE TRUST / MARITAL TRUST ONE

Grantor's Mailing Address:  
(including county)

STREET

0117748

Grantee: STEVEN WRIGHT and TRACEY WRIGHT

Grantee's Mailing Address: 10311 Patterson St  
(including county) Bakersfield, County, CA 93311

Consideration: TEN AND NO/100 DOLLARS (\$10.00) and other valuable consideration.

Property (including any improvements):

Lot(s) 1452 and 1453, Mystic Shores, Unit Twelve, according to map or plat recorded in Volume 15, Pages 162-176, Map and Plat Records of Comal County, Texas.

Reservations from and Exceptions to Conveyance and Warranty:

This conveyance is made subject to any easements, conditions, mandatory homeowners assessments, and/or restrictions of record affecting the title to the hereinbefore described property; including but not limited to reservation or conveyance of oil, gas and other mineral interests recorded in Volume 74, Page 151, Deed Records 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 hereby 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.

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

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Stephen G. Gehring, Trustee  
STEPHEN GEHRING, TRUSTEE OF THE HAROLD  
L. AND BEVERLY DEMAREE TRUST / MARITAL  
TRUST ONE

THE STATE OF ~~TEXAS~~ NEBRASKA }  
COUNTY OF Douglas

(Acknowledgment)

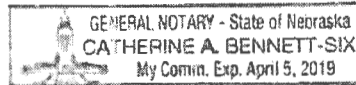
This instrument was acknowledged before me on the 20<sup>th</sup> day of June, 2017.

by STEPHEN GEHRING, TRUSTEE OF THE HAROLD L. AND BEVERLY DEMAREE TRUST / MARITAL TRUST ONE

Catherine A. Bennett-Six  
Notary Public, State of ~~Texas~~ Nebraska

Catherine A. Bennett-Six  
Notary's Name (printed)

4/5/19  
Notary's commission expires



THE STATE OF TEXAS }  
COUNTY OF \_\_\_\_\_

(Acknowledgment)

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 2017.

by .

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Notary's Name (printed)

\_\_\_\_\_  
Notary's commission expires

THE STATE OF TEXAS }  
COUNTY OF \_\_\_\_\_

(Acknowledgment)

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 2017.

by .

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Notary's Name (printed)

\_\_\_\_\_  
Notary's commission expires



THE STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

}

(Acknowledgment)

This instrument was acknowledged before me on the day of \_\_\_\_\_, 2017,

by .

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Notary's Name (printed)

\_\_\_\_\_  
Notary's commission expires

THE STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

}

(Corporate Acknowledgment)

This instrument was acknowledged before me on the day of \_\_\_\_\_, 2017,

by

of

a , on behalf of said .

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Notary's Name (printed)

\_\_\_\_\_  
Notary's commission expires

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JAN 04 2019

AFTER RECORDING RETURN TO:

STEVEN WRIGHT  
10311 Patterson St  
Bakersfield CA 93311

PREPARED IN THE LAW OFFICE OF COUNTY ENGINEER

MORTON W. BAIRD II  
242 W. Sunset, Suite 201  
San Antonio, Texas 78209

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
06/29/2017 09:08:21 AM  
LAURA 3 Pages(s)  
201706031074



*Bobbie Koepf*

If you want information about coverage or need assistance to resolve complaints, please call our toll free number 1-800-729-1902. If you make a claim under your policy, you must furnish written notice in accordance with Section 3 of the Conditions. Visit our World Wide Web site at: <http://www.stewart.com>

**OWNER'S POLICY OF TITLE INSURANCE  
ISSUED BY**

**RECEIVED**

**JAN 04 2019**

**STEWART TITLE GUARANTY COMPANY COUNTY ENGINEER**

**Any notice of claim and any other notice or statement in writing required to be given the Company under this Policy must be given to the Company at the address shown in Section 18 of the Conditions.**

**COVERED RISKS**

SUBJECT TO THE EXCLUSIONS FROM COVERAGE, THE EXCEPTIONS FROM COVERAGE CONTAINED IN SCHEDULE B AND THE CONDITIONS, STEWART TITLE GUARANTY, a Texas corporation (the "Company") insures, as of Date of Policy and, to the extent stated in Covered Risks 9 and 10, after Date of Policy, against loss or damage, not exceeding the Amount of Insurance, sustained or incurred by the Insured by reason of:

1. Title being vested other than as stated in Schedule A.
  2. Any defect in or lien or encumbrance on the Title. This Covered Risk includes but is not limited to insurance against loss from:
    - (a) A defect in the Title caused by:
      - (i) forgery, fraud, undue influence, duress, incompetency, incapacity or impersonation;
      - (ii) failure of any person or Entity to have authorized a transfer or conveyance;
      - (iii) a document affecting Title not properly created, executed, witnessed, sealed, acknowledged, notarized or delivered;
      - (iv) failure to perform those acts necessary to create a document by electronic means authorized by law;
      - (v) a document executed under a falsified, expired or otherwise invalid power of attorney;
      - (vi) a document not properly filed, recorded or indexed in the Public Records including failure to perform those acts by electronic means authorized by law; or
      - (vii) a defective judicial or administrative proceeding.
    - (b) The lien of real estate taxes or assessments imposed on the Title by a governmental authority due or payable, but unpaid.
    - (c) Any encroachment, encumbrance, violation, variation, or adverse circumstance affecting the Title that would be disclosed by an accurate and complete land survey of the Land. The term "encroachment" includes encroachments of existing improvements located on the Land onto adjoining land, and encroachments onto the Land of existing improvements located on adjoining land.
    - (d) Any statutory or constitutional mechanic's, contractor's, or materialman's lien for labor or materials having its inception on or before Date of Policy.
  3. Lack of good and indefeasible Title.
  4. No right of access to and from the Land.
- Covered Risks continued on next page.**

IN WITNESS WHEREOF, Stewart Title Guaranty Company has caused this policy to be signed and sealed by its duly authorized officers as of Date of Policy shown in Schedule A.

Countersigned by:

*Cathy A. Brown*

Authorized Countersignature

RB Title LLC  
Company Name

Live Oak, Texas  
City, State

File No: 0117748

**stewart**  
title guaranty company



*Matt Morris*

**Matt Morris**  
President and CEO

*Denise Carraux*

**Denise Carraux**  
Secretary

Page 1 of Policy  
Serial No

**O- 5966-000159621**



RB Title LLC  
1 Randolph Brooks Parkway  
Live Oak, Texas 78233

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JAN 04 2019

COUNTY ENGINEER

July 25, 2017

Mr. and Mrs. Steven Wright  
10311 Patterson St  
Bakersfield, CA 93311

RE: GF# 0117748-Purchase of Lots 1452 and 1453, Mystic Shores  
Demaree Trust / Wright

Dear Mr. and Mrs. Wright,

In reference to the transaction described above, the *original* documents below are enclosed for your records and safe keeping:

☒ Owner Policy of Title Insurance  
☒ Recorded Warranty Deed

Thank you for choosing RB Title LLC for your Title Insurance needs and should you require other settlement services on real estate property in Texas, please do not hesitate to contact us.

Sincerely,  
Cathy Brown, [cbrown@rbfcu.org](mailto:cbrown@rbfcu.org)  
Policy Dept.

RB Title LLC  
210-945-3370

*Underwritten by Stewart*

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**JIMMIE W BLAKE RS**

Is hereby licensed as an  
**OSSF SITE EVALUATOR**

License Number

OS0010832

Expires

05/31/2021

*Debra M. Brannen Pennington*

INTERIM EXECUTIVE DIRECTOR

SIGNATURE

STATE OF TEXAS

JIM BLAKE

REGISTERED PROFESSIONAL  
SANITARIAN



LICENSE NUMBER 2289  
EXPIRES 02/29/2020

TEXAS DEPARTMENT OF LICENSING AND REGULATION

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JAN 04 2019

COUNTY ENGINEER

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**JIMMIE W BLAKE RS**

Is hereby licensed as an  
**OSSF MAINTENANCE PROVIDER**

License Number

MP0000892

Expires

11/30/2020

*Jim Blake*  
SIGNATURE

*R. Q. A. Hyde*  
EXECUTIVE DIRECTOR

RECEIVED

JAN 04 2019

COUNTY ENGINEER



NAWT  
Inspector Training

**Jim Blake**

ite: May 2020  
tor ID: 7404ITC

*Kim Seipp*  
Kim Seipp  
Education Coordinator

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**JIMMIE W BLAKE RS**

Is hereby licensed as an  
**OSSF INSTALLER**

Class

II

License Number

OS0003914

Expires

09/30/2019

*Jim Blake*  
SIGNATURE

*R. Q. A. Hyde*  
EXECUTIVE DIRECTOR



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

**System Owner:**

Steven &amp; Tracey Wright

Brand Name: Clearstream Wastewater System

System Name: Primary

Serial Number: 2297-06 NC-2TModel Number: 600 NC-2TPermit Number: 108607Effective: 8/29/2019 thru 8/29/2021**Site Legal Description:**1222 Mystic Canyon, Lot 1452R, Unit 12Mystic Shores, Comal County

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

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

**Testing and Reporting**

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

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

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

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

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

**Page 2 of 2**

**This Policy Does Not Include;**

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

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

**MAINTENANCE COMPANY:**

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

**MANUFACTURER:**

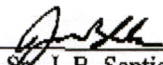
Clearstream Wastewater Systems, Inc.  
P.O. Box 7568  
Beaumont, Texas 77726-7568  
(409) 755-1500

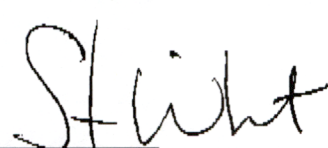
**Installation Company:**

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

**Permitting Authority:**

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

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

  
\_\_\_\_\_  
System Owner

Service Company Operator License Number: MP0000892



# Aerobic Septic System Inspection Report

Submitted by:

**J. B. Septic Maintenance, Inc.**

Contact: Jim Blake

Installation Date: 8/29/2019

**Scheduled Report**

Permit Number: 108607

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

1. Required frequency of visits is every 12 months. Date of inspection visit: 4/30/2020

2. System inspected:

Owner: Steven & Tracey Wright

System Name: Primary

Property Address: 1222 Mystic Canyon

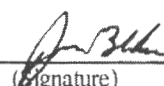
Serial Num: 2297-06 NC- 2T

City, State., Zip Code: Spring Branch, TX 78070

Brand Name: Clearstream

Inspected by: Isaac Prado

Model Num: 600 NC 2T

  
(Signature)

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

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

4. Tests required and results:

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

5. Comments:

PT= 0 "

ATU= 10 %

TI= 5 " Lids secure at departure.

# Aerobic Septic System Inspection Report

Submitted by:

**J. B. Septic Maintenance, Inc.**

Contact: Jim Blake

Installation Date: 8/29/2019

## Scheduled Report

Permit Number: 108607

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

1. Required frequency of visits is every 4 months.Date of inspection visit: 1/16/2020

2. System inspected:

Owner: Steven & Tracey WrightSystem Name: PrimaryProperty Address: 1222 Mystic CanyonSerial Num: 2297-06 NC- 2TCity, State., Zip Code: Spring Branch, TX 78070Brand Name: ClearstreamInspected by: Pete PradoModel Num: 600 NC 2T

(Signature)

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

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

4. Tests required and results:

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

5. Comments:

PT = 1"

ATU = 5 %

TT = 1" Lids secured at departure.



# Aerobic Septic System Inspection Report

Submitted by:

**J. B. Septic Maintenance, Inc.**

Contact: Jim Blake

Installation Date: 8/29/2019

**Scheduled Report**

Permit Number: 108607

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

1. Required frequency of visits is every 4 months.

Date of inspection visit: 10/29/2020

2. System inspected:

Owner: Steven & Tracey Wright

System Name: Primary

Property Address: 1222 Mystic Canyon

Serial Num: 2297-06 NC- 2T

City, State., ZipCode: Spring Branch, TX 78070

Brand Name: Clearstream

Inspected by: Pete Prado

Model Num: 600 NC 2T

(Signature)

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

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

4. Tests required and results:

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

5. Comments:

PT = 1"

ATU = 20 %

TT = 1" Lids secured at departure.

# Aerobic Septic System Inspection Report

Submitted by:

**J. B. Septic Maintenance, Inc.**

Contact: Jim Blake

Installation Date: 8/29/2019

## Scheduled Report

Permit Number: 108607

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

1. Required frequency of visits is every 4 months. Date of inspection visit: 12/4/2020

2. System inspected:

Owner: Steven & Tracey Wright

System Name: Primary

Property Address: 1222 Mystic Canyon

Serial Num: 2297-06 NC- 2T

City, State., Zip Code: Spring Branch, TX 78070

Brand Name: Clearstream

Inspected by: Isaac Prado

Model Num: 600 NC 2T

(Signature)

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

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

4. Tests required and results:

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

5. Comments:

PT= 3 "

ATU= 10 %

TT= 2 " Lids secure at departure.



# Aerobic Septic System Inspection Report

Submitted by:

**J. B. Septic Maintenance, Inc.**

Contact: Jim Blake

Installation Date: 8/29/2019

## Scheduled Report

Permit Number: 108607

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

1. Required frequency of visits is every 4 months.

Date of inspection visit: 11/16/2021

2. System inspected:

Owner: Steven & Tracey Wright

System Name: Primary

Property Address: 1222 Mystic Canyon

Serial Num: 2297-06 NC- 2T

City, State., ZipCode: Spring Branch, TX 78070

Brand Name: Clearstream

Inspected by: Victor Alvarado

Model Num: 600 NC 2T

(Signature)

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

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

4. Tests required and results:

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

5. Comments:

PT= 1 "

ATU= 10%

TT= 1" Lids secure at departure.



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

MP#0001708

CHRISTOPHER RYAN SEIDENSTICKER

## PROPERTY LEGAL DESCRIPTION:

**Customer:** Steven Wright

**Site Address:** 1222 Mystic Canyon

**City/State:** Spring Branch, Tx **Zip:** 78070

**County:** Comal **Permit#:** 108607

**Phone Number:** 210-500-4271

**E-mail:** swright831@gmail.com

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

**II. Effective Dates:** This agreement commences on the date of License to Operate is issued for

Date of License to Operate: 04/06/2023 Last Date of Service: 04/06/2025

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

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

**IV. Payment(s):** Client shall pay to Contractor \$0.00, for the Services describe herein (the "Inspection and Routine Maintenance Fee"), excepting those described in Section III (4), or Section IX, herein. The Fee does not include equipment, parts or labor supplied for anything beyond routine inspection and routine maintenance. Payments for such additional services are due at the time services are provided or rendered. Payments not received within thirty (30) days from the due date will be subject the greater of a \$20.00 late penalty or 1.5% carrying charge on the original balance for each month or portion thereof a balance in past due. If for any reason such charges are found to be usurious by a court of competent jurisdiction, such charges shall be reduced to the maximum allowable by law. By signing this contract, Client authorizes Contractor to remove any parts installed, but not paid in full at the end of the thirty (30) days. Client agrees to pay for any labor cost associated with the installation and the reasonable cost of removal of said parts.

Client: CS

Contractor: PS



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

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

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

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

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

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

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

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

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

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

Client: SWContractor: KS

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

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

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

Approved by Contractor:

DocuSigned by:

MP#0001708

CHRISTOPHER RYAN SEIDENSTICKER

Approved by Client:

STEVEN WRIGHT

B49099550AF44E9...

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

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

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

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

Client:

DS  
SW

Contractor:

RS



# Aerobic Septic System Inspection Report

Submitted by:

**J. B. Septic Maintenance, Inc.**

Contact: Jim Blake

Installation Date: 8/29/2019

## Scheduled Report

Permit Number: 108607

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

1. Required frequency of visits is every months.

Date of inspection visit: 8/25/2022

2. System inspected:

Owner: Steven & Tracey Wright

System Name: Primary

Property Address: 1222 Mystic Canyon

Serial Num: 2297-06 NC- 2T

City, State, Zip Code: Spring Branch, TX 78070

Brand Name: Clearstream

Inspected by: Julio Esquivel

Model Num: 600 NC 2T

(Signature)

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

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

4. Tests required and results:

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

5. Comments:

PT= 1 "

ATU= 10 %

TT= 3" Lids secure at departure.

# Luna Environmental

4222 FM 482

New Braunfels, TX 78132

(830) 312-8776

sherrie@lunaenvironmental.com

Printed:10/12/2023

**Permit: 108607**

Site: 1222 Mystic Canyon, Spring Branch, TX 78070

Main Phone: 2105004271

**Steven Wright**

12222 Mystic Canyon

Spring Branch, TX 78070

Agency: Comal County

Subdivision: Mystic Shores

System Info: MFG: Brand: CLEARSTREAM

Customer ID: 7126

Treatment Type: Aerobic

Disposal Type: Surface Application

Insp ID: 34212

## Visit Details

**Visit Date:** 10/12/2023

**Entered By:** Ryan Seidensticker

GPS Lat: 29.94679 GPS Long: -98.34535

Scheduled Date: 8/6/2023

Contract Starts: 4/6/2023

Customer Emailed: 10/12/2023

Entered On: 10/12/2023

Contract Ends: 4/6/2025

## Visit Results

### Service Type: Scheduled Inspection

Count: Inspection 1 of 6

**Method:** Grab

License #

Expires

**Technician:** Ronnie Ransom

0002564

8/31/2026

**Provider:** Luna Environmental, LLC

☒ Service Completed

**Aerators:** Operational

**Sludge Level Tank 1:** 14

**Filters:** Operational

**Irrigation Pumps:** Operational

**Disinfection Device:** Operational

**Chlorine Supply:** Operational

**Chlorine Residual:** .1

**Electric Circuits:** Operational

**Tank Lid / Riser:** Secured

**Distribution System:** Operational

**Insp. Port / Plug:** Secured

**Drip/Sprayfield Veg:** Operational

**Alarm:** Operational

**PSI Pressure:** 2.0

## Comments

Scum on pretreatment 0" - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Inspection Port Plug was noted as Secured prior to leaving. - Copy emailed to the customer on 10/12/2023.