

Comal County
OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 03/20/2019

Permit Number: 108626

Location Description: ~~602 LA CRESTA DR~~ 466 Wild Oak Drive
CANYON LAKE, TX 78133

Subdivision: Lake View Park
Unit: 1
Lot: 214
Block:
Acreage:

Type of System: Aerobic
Surface Irrigation

Issued to: Ron Darwin, Jr. and Margaret Stafford

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

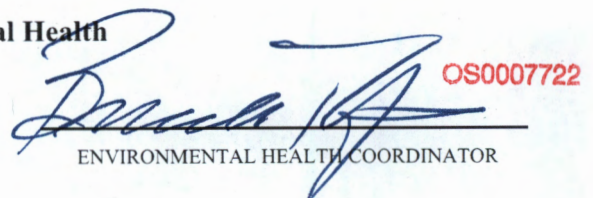
may require a new permit. **It is the responsibility of the owner to apply for a new permit, if applicable.**

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


ENVIRONMENTAL HEALTH COORDINATOR

OS0034322



COMAL COUNTY

ENGINEER'S OFFICE

March 25, 2019

Ronald Darwin Jr
531 Rambling Dr
Canyon Lake, TX 78133

Re: Physical Address Change Notice

To Whom It May Concern:

Please be advised the physical address for the following property has been established to replace the address previously assigned. The new physical address assigned to the property is as follows:

Property ID	Legal Description	Previous Address (INVALID)	New Assigned Address (VALID)
34588	LAKE VIEW PARK, LOT 214	602 LA CRESTA DR CANYON LAKE, TX 78133	466 WILD OAK DR CANYON LAKE, TX 78133

Please ensure any utility services established with the previous address are updated to reflect the current address. Please display this address where it is visible from the road with 6" or larger reflective numbers so emergency personnel can easily locate the property should there be an emergency. **Please check with your local post office to verify the correct city and zip code before using the assigned address for mailing purposes.** If you receive mail at a post office box, your mailing address will not change.

If you have questions or need further assistance, please let us know.

Sincerely,

Holly Braun
Address Coordinator

Cc:

- ❖ Comal Appraisal District
- ❖ Bexar Metro 9-1-1
- ❖ United States Postal Service
- ❖ PEC

ASSIGNED ADDRESS: 466 WILD OAK DR CANYON LAKE, TX 78133

LAKE VIEW PARK, LOT 214



COMAL COUNTY
ENGINEER'S OFFICE

Legend

- Address
- Street Centerline
- Parcel

NOTES:

PROPERTY ID:
34588

LEGAL DESCRIPTION:
LAKE VIEW PARK,
LOT 214

N



SCALE: 1" = 100'

For information concerning the source of the data, please contact:
Comal County Engineer's Office
195 David Jonas Drive
New Braunfels, TX 78132
(830) 608 - 2090

This product is for informational purposes and may not have been prepared for or be suitable for legal, engineering, or surveying purposes. It does not represent an on-the-ground survey and represents only the approximate relative location of property boundaries.



Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Homeowner - Ron Darwin OSSF Installer #: N/A
 1st Inspection Date: 3.15.19 2nd Inspection Date: 3.19.19 3rd Inspection Date: _____
 Inspector Name: Candrea J. Inspector Name: Candrea J. Inspector Name: _____
 Permit#: 108620 Address: 602 La Cresta Dr., Lake View Park

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)				

3.15.19

Tank set. level. operational. No leaks. Tank : lids ready for cover.
 Need revision for tank model, where the water line is, and the deck removal.
 Need to see sanitary T in trash tank on next inspection. Need to see
 entire waterline sleeved through spray area and w/ 10ft. Remove
 rocks in spray area.

3.19.19
 Page 5

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(I) 285.32(b)(1)(E)(i) 285.32(b)(1)(D) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(i) 285.32(b)(1)(B) 285.32(b)(1)(A) 285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used	✓	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)		✓		
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped	✓	285.38(d)		✓		
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions	✓	285.38(d) 285.38(e)		✓		
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed	✓		600	✓		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		Solar Air	✓		
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)(3) 285.33(a)(1) 285.33(a)(2)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)				
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)				

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
	EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0% EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom) EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart		285.33(b)(3)(A) 285.33(b)(3)(A) 285.33(b)(3)(B) 285.91(13) 285.33(b)(3)(D) 285.33(b)(3)(F)				
32	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.	✓	285.32(c)(1)		✓		
33	AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions	✓			✓		
34	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.	✓			✓		
35	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump	✓			✓		
36	PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions	✓			✓		
37	PUMP TANK Secondary restraint system provided						
38	PUMP TANK Electrical Connections In Approved Junction Boxes / Wiring Buried						
39							

**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)		✓		
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						

3.19.19

Tee in place
water line skewed
Revisions received
Tank : lines covered
no rock or trees in spray.

OWNER: RON DARWIN, JR & MARGARET STAFFORD		DRAWN BY: GWJ	
STREET ADDRESS: 602 LA CRESTA DRIVE			
LEGAL DESC: LAKE VIEW PARK		UNIT/SECTION/PHASE: 1	LOT: 214
PREPARED BY: GREG W. JOHNSON, P.E. F#002585		SCALE: 1"=30'	DATE: 01/09/2019
		REVISED:	

Comal County Environmental Health

OSSF Inspection Sheet

Installer Name: Homeowner - Ron Darwin OSSF Installer #: N/A

1st Inspection Date: 3.15.19 2nd Inspection Date: _____ 3rd Inspection Date: _____

Inspector Name: Cesarce A. Inspector Name: _____ Inspector Name: _____

Permit#: 1086202 Address: 602 La Cresta Dr., Lakeview Park

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)				
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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)				
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3.15.19

Tank set. level. operational. No leaks. Tank : lids ready for cover. Need revision for tank model, where the water line is, and the deck removal. Need to see sanitary T in trash tank on next inspection. Need to see entire waterline sleeved through spray area and w/ 10ft. Remove rocks in spray area.

**Comal County Environmental Health
OSSF Inspection Sheet**

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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)		✓		
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**Comal County Environmental Health
OSSF Inspection Sheet**

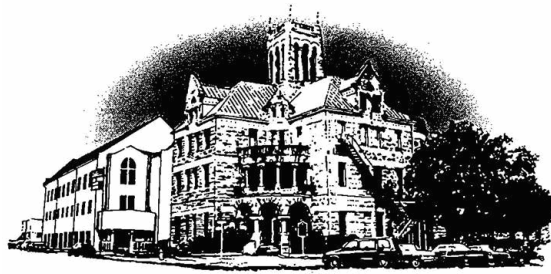
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33	<p>AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.</p>	✓	285.32(c)(1)		✓		
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank</p> <p>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions</p>	✓			✓		
35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.</p>	✓			✓		
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>	✓			✓		
37	<p>PUMP TANK Inspection/Clean Out Port & Risers Provided</p> <p>PUMP TANK Secondary restraint system provided</p> <p>PUMP TANK Riser permanently fastened to lid or cast into tank</p> <p>PUMP TANK Riser cap protected against unauthorized intrusions</p>	✓			✓		
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**Comal County Environmental Health
OSSF Inspection Sheet**

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



Comal County

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: 108626
Issued This Date: 01/15/2019
This permit is hereby given to: Ron Darwin, Jr. and Margaret Stafford

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

602 LA CRESTA DR
CANYON LAKE, TX 78133

Subdivision: Lake View Park
Unit: 1
Lot: 214
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 January 9, 2019

Permit # 108626

Owner Name RON DARWIN, JR & MARGARET STAFFORD
Mailing Address 531 RAMBLING DRIVE
City, State, Zip CANYON LAKE, TX 78133
Phone# 830-385-2337
Email rondarwinjr@yahoo.com

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

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

Method: ☐ Mail ☒ Email

Subdivision Name LAKE VIEW PARK Unit/Phase/Section 1 Lot 214 Block

Acreage/Legal

Street Name/Address 602 LA CRESTA DRIVE City CANYON LAKE Zip 78133

Type of Development:

☒ Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1493

RECEIVED

JAN 11 2019

COUNTY ENGINEER

☐ Commercial or Institutional Facility

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

Type of Facility

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

Restaurants, Lounges, Theaters - Indicate Number of Seats

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

Travel Trailer/RV Parks - Indicate Number of Spaces

Miscellaneous

Estimated Cost of Construction: \$ 70,000 (Structure Only)

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

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

Source of Water ☒ Public ☐ Private Well

Are Water Saving Devices Being Utilized Within the Residence? ☒ Yes ☐ No

By signing this application, I certify that:

- the completed application and all additional information submitted does not contain any false information and does not conceal any material facts.

- Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities.

- I also understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.

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


Signature of Owner

1/9/19
Date

#108626

LAKE VIEW PARK, UNIT 1, LOT 214

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

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

12:56 pm, Mar 18, 2019

Planning Materials & Site Evaluation as Required Completed By GREG W. JOHNSON, P.E.System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) SOLAR AIR 56004 Absorption/Application Area (Sq Ft) 4006Gallons Per Day (As Per TCEQ Table III) 240

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

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

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

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

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

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

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

Is the property located over the Edwards Contributing Zone? ☒ Yes ☐ NoIs 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 P.E. or R.S. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

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

If yes, indicate the city: _____

**FIRM #2585**

By signing this application, I certify that:

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

Signature of Designer

Date January 9, 2019

195 David Jonas Dr., New Braunfels, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078

Page 2 of 2
Revised July 2018

Greg W. Johnson, P.E.

170 Hollow Oak
New Braunfels, Texas 78132
830/905-2778

January 9, 2018

Comal County Office of Environmental Health
195 David Jonas Drive
New Braunfels, Texas 78132-3760

RE: Septic Design
~~602 LA CUESTA~~ Drive
Lake View Park, Unit 1, Lot 214
Spring Branch, TX 78070
Puytorac Residence

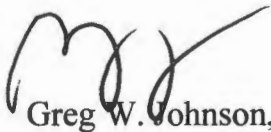
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COUNTY ENGINEER

Ms. Ritzen/Hernandez,

Due to the lack of available application area it is necessary to have the setback from the property line to the spray at ten feet as required by TCEQ Chapter 285 rules Table X. I hereby request a variance to the twenty foot setback to property lines as required by Comal County Order and equivalent protection will be maintained by including a battery backup to the timer clock to assure sprayers to only spray during the predawn hours. In my professional opinion this variance will not pose a threat to the environment or public health.

If I can be of further assistance please contact me.

Respectfully yours,



Greg W. Johnson, P.E., F#2585



AFFIDAVIT



201906001245 01/11/2019 01:10:45 PM 1/1

THE COUNTY OF COMAL
STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

I

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

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JAN 11 2019

II

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

COUNTY ENGINEER

1 UNIT/PHASE/SECTION BLOCK 214 LOT LAKE VIEW PARK SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by (insert owner's full name): RON DARWIN, JR & MARGARET STAFFORD

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 10 DAY OF JANUARY, 20 19

[Signature]
Owner(s) signature(s)

Ron Darwin, Jr
Owner (s) Printed name (s)

Ron Darwin Jr

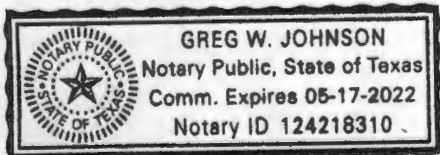
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 10 DAY OF

JANUARY, 20 19

THIS

COPIES ONLY

[Signature]
Notary Public Signature



(Notary Seal Here)

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
01/11/2019 01:10:45 PM
TERRI 1 Page(s)
201906001245



Bobbie Koepp

WASTEWATER TREATMENT FACILITY MONITORING AGREEMENT

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

2 YEAR CONTRACT
2 YEAR WARRANTY ON PARTS AND LABOR

Permit/License Number _____
Customer RON DARWIN, JR & MARGARET STAFFORD
Site Address 601 LA CRESA DRIVE
City CANYON LAKE, TX Zip 78133
Mailing Address 531 RAMBLING DRIVE
County COMAL Map # 354 E3
Phone 830-385-2337
Email rondarwinjr@yahoo.com

Subd/Legal: LAKE VIEW PARK, UNIT 1, LOT 214

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

II. Effective Date:

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

III. Termination of Agreement:

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

IV. Services:

Contractor will:

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

RD

Customer's Initials



BS

Contractor's Initials

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V. Disinfection:

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

JAN 11 2019

VI. Electronic Monitoring:

Electronic Monitoring is not included in this Agreement.

COUNTY ENGINEER

VII. Performance of Agreement:

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

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

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

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

VIII. Customer's Responsibilities:

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

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

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

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

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

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

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

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

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

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

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

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

IX. Access by Contractor:

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

X. Limit of Liability:

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

XI. Indemnification:

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

60
Customer's Initials



BS

Contractor's Initials

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JAN 11 2019

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

COUNTY ENGINEER

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

XII. Severability:

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

XIII. Fee for Services:

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

XIV. Payment:

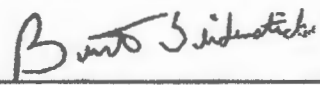
Full payment is due upon execution of this Agreement (Required of new Customer). For any other service(s) or repair(s) provided by Contractor the Customer shall pay the invoice(s) for said service(s) or repair(s) within thirty (30) days of the invoice date. The Contractor shall mail all invoices on the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

XV. Application or Transfer of payment:

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


XVI. Entire Agreement:

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


Block Creek Aerobic Services, LLC,
Contractor
MC# 0000042 and MC#0000002


Customer Signature

1/10/19
Date


Customer's Initials

© copyright
all rights reserved

BS
Contractor's Initials

ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: January 08, 2019

Site Location: LAKE VIEW PARK, UNIT 1, LOT 214

Proposed Excavation Depth: n/a

Requirements:

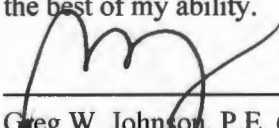
At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area.
Locations of soil boring or dug pits must be shown on the site drawing.
For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation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

SOIL BORING NUMBER <u>1</u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 10"	BROWN
1						
2						
3						
4						
5						

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 COUNTY ENGINEER

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

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



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

01/8/19
 Date



FIRM #2585

OSSF SOIL EVALUATION REPORT INFORMATION

REVISED

12:57 pm, Mar 18, 2019

Date: January 09, 2019

Applicant Information:

Name: RON DARWIN, JR & MARGARET STAFFORD
 Address: 531 RAMBLING DRIVE
 City: CANYON LAKE State: TX
 Zip Code: 78133 Phone: 830-385-2337

Site Evaluator Information:

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

Property Location:

Lot 214 Unit 1 Blk Subd. LAKE VIEW PARK
 Street Address: 6002 LA CRESTA DRIVE
 City: CANYON LAKE Zip Code: 78133
 Additional Info.:

Installer Information:

Name: DENNIS VARHOL
 Company: VARHOL CONSTRUCTION
 Address:
 City: CANYON LAKE State: TX
 Zip Code: 78133 Phone 830-822-4628

Topography: Slope within proposed disposal area: 6 %

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

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = GPD

Residential Water conserving fixtures to be utilized? Yes X No

Number of Bedrooms the septic system is sized for: 3 Total sq. ft. living area 1493

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

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

Trash Tank Size 316 Gal.

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

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

Application Area Utilized = 4006 sq. ft.

Pump Requirement 9.3 Gpm @ 40 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)

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

Pump Tank Size = 778 Gal. 18.4 Gal./inch.

Reserve Requirement = 80 Gal. 1/3 day flow.

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

With Chlorinator

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

Two way cleanout

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

1" Sch-40 PVC discharge manifold

APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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

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

01/09/19
 DATE



OWNER: RON DARWIN, JR & MARGARET STAFFORD			DRAWN BY: GWJ	
STREET ADDRESS: 602 LA CRESTA DRIVE				
LEGAL DESC: LAKE VIEW PARK		UNIT/SECTION/PHASE: 1	BLOCK:	LOT: 214
PREPARED BY: GREG W. JOHNSON, P.E. F#002585		SCALE: 1"=30'	DATE: 01/09/2019	REVISED: 03/16/2019

REVISED

12:57 pm, Mar 18, 2019

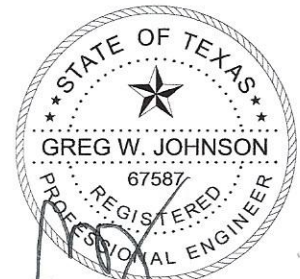
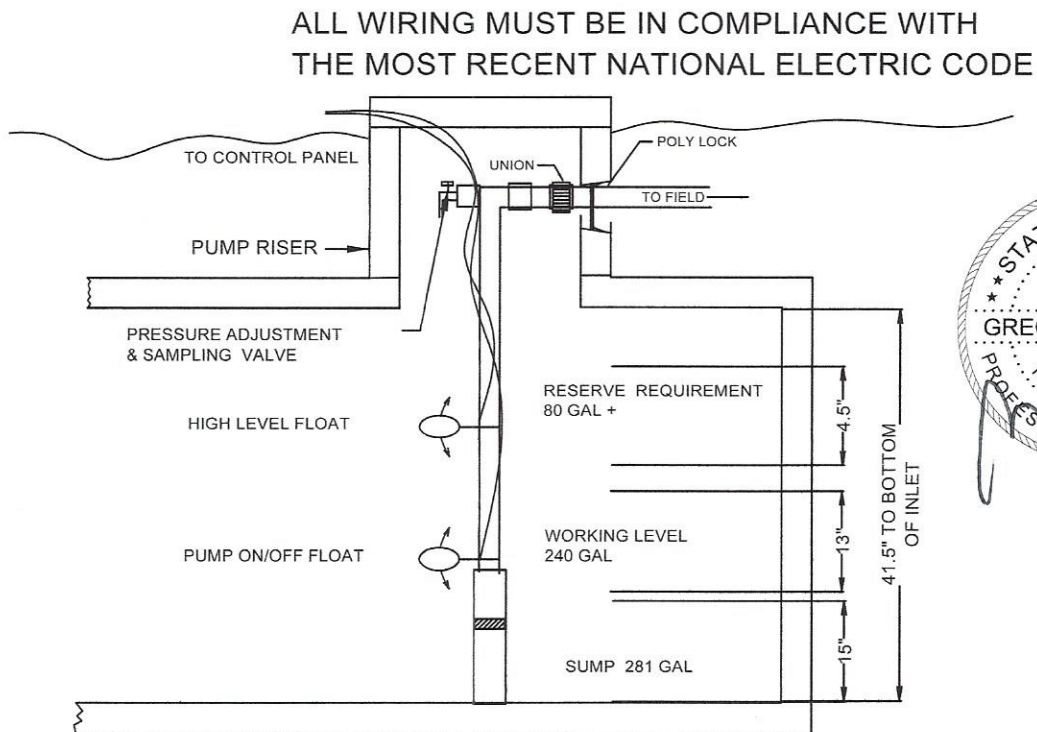
TANK NOTES:

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

Tightlines to the tank shall be SCH-40 PVC.

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

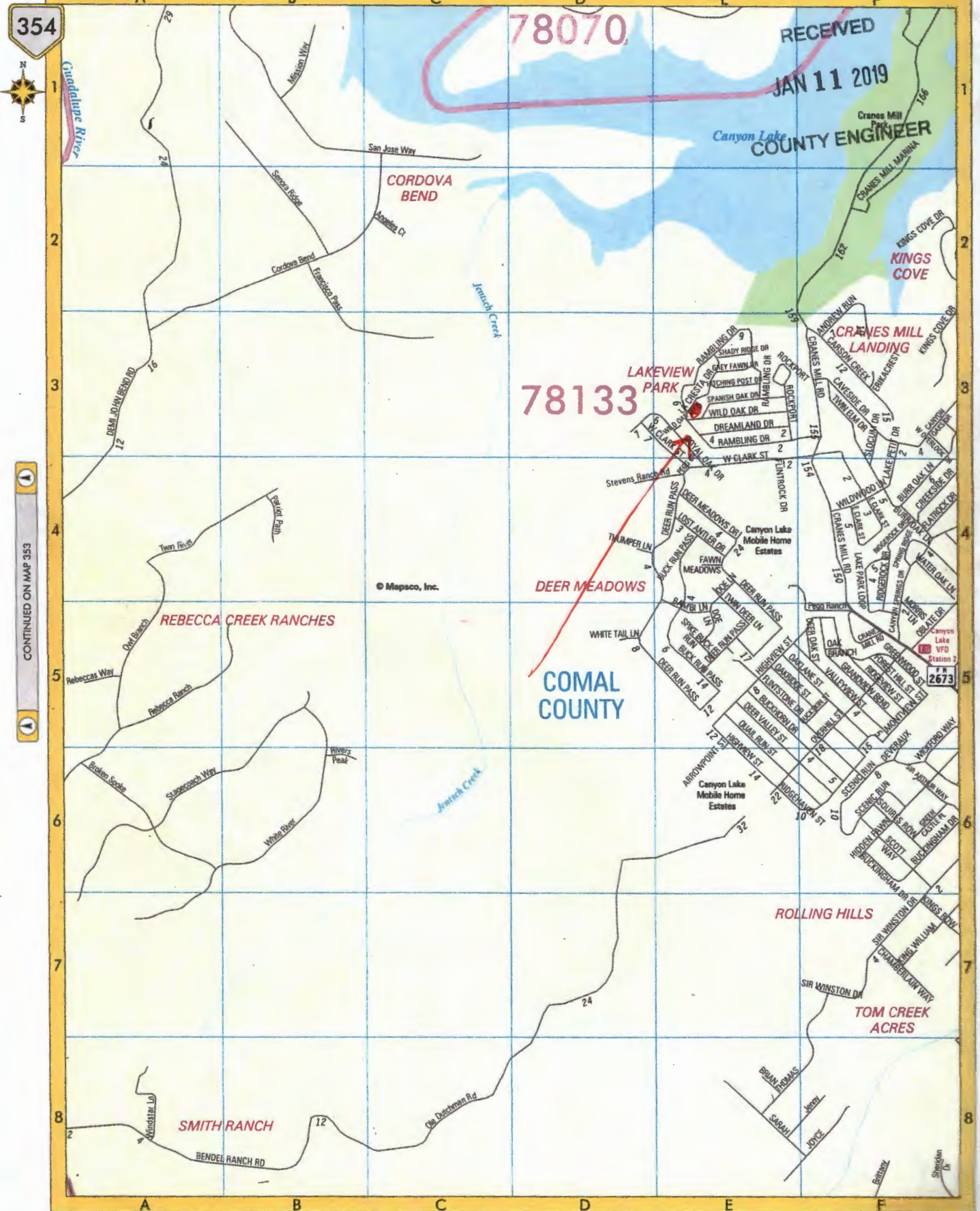
A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks



F#2585

03/16/19

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



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

SCALE IN FEET
0 1000 2000 3000

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

VOID

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

Planning Materials & Site Evaluation as Required Completed By GREG W. JOHNSON, P.E.System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) NUWATER B-550-PC Absorption/Application Area (Sq Ft) 4006Gallons Per Day (As Per TCEQ Table III) 240

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

RECEIVEDIs 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.))

JAN 11 2019Is 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 ENGINEERIf 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 ☐ NoIs 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

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

If yes, indicate the city: _____

**FIRM #2585**

By signing this application, I certify that:

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

Signature of Designer

VOID

January 9, 2019

Date

OSSF SOIL EVALUATION REPORT INFORMATION

Date: January 09, 2019

Applicant Information:

Name: RON DARWIN, JR & MARGARET STAFFORD
Address: 531 RAMBLING DRIVE
City: CANYON LAKE State: TX
Zip Code: 78133 Phone: 830-385-2337

VOID

Site Evaluator Information:

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

Property Location:

Lot 214 Unit 1 Blk. Subd. LAKE VIEW PARK
Street Address: 602 LA CRESIA DRIVE
City: CANYON LAKE Zip Code: 78133
Additional Info.: _____

Installer Information:

Name: DENNIS VARHOL
Company: VARHOL CONSTRUCTION
Address: _____
City: CANYON LAKE State: TX
Zip Code: 78133 Phone 830-822-4628

Topography: Slope within proposed disposal area: 6 %
Presence of 100 yr. Flood Zone: YES _____ NO X
Existing or proposed water well in nearby area: YES _____ NO X
Presence of adjacent ponds, streams, water impoundments: YES _____ NO X
Presence of upper water shed: YES _____ NO X
Organized sewage service available to lot: YES _____ NO X

VOID

RECEIVED

JAN 11 2019

COUNTY ENGINEER

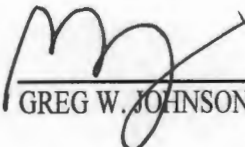
Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = _____ GPD
Residential Water conserving fixtures to be utilized? Yes X No _____
Number of Bedrooms the septic system is sized for: 3 Total sq. ft. living area 1493
Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction for water conserving fixtures)
Q = (3 +1)*75-(20%)= 240
Trash Tank Size 353 Gal.
TCEQ Approved Aerobic Plant Size 600 G.P.D.
Req'd Application Area = Q/Ri = 240 / 0.064 = 3750 sq. ft.
Application Area Utilized = 4006 sq. ft.
Pump Requirement 9.3 Gpm @ 40 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)
Dosing Cycle: _____ ON DEMAND or X TIMED TO DOSE IN PREDAWN HOURS
Pump Tank Size = 768 Gal. 14.5 Gal/inch.
Reserve Requirement = 80 Gal. 1/3 day flow.
Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction
With Chlorinator
SCH-40 or SDR-26 3" or 4" sewer line to tank
Two way cleanout
Pop-up rotary sprinkler heads w/ purple non-potable lids
1" Sch-40 PVC discharge manifold
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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

VOID


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

01/09/19
DATE

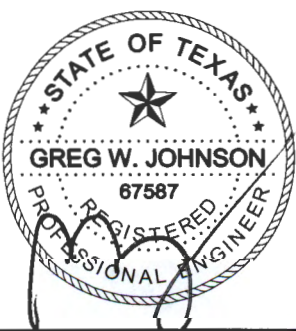
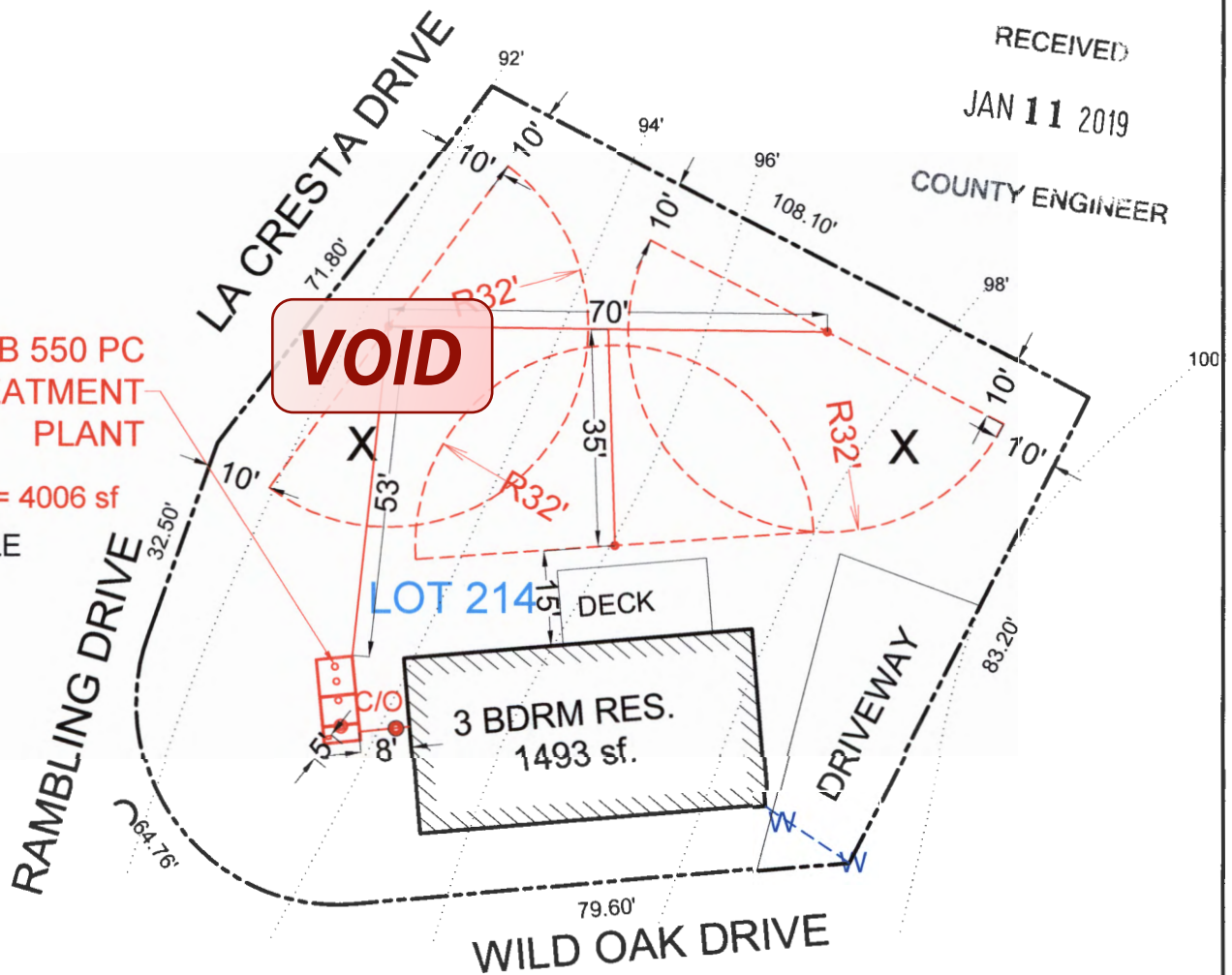


VOID

JAN 11 2019

NUWATER B 550 PC AEROBIC TREATMENT PLANT

X = TEST HOLE



OWNER: RON DARWIN, JR & MARGARET STAFFORD		DRAWN BY: GWJ	
STREET ADDRESS: 602 LA CRE			
LEGAL DESC: LAKE VIEW PARK		UNIT/SECTION/PHASE: 1	LOT: 214
BLOCK: 1		REVISED:	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=30'	DATE: 01/09/2019	

VOID

TANK NOTES:

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

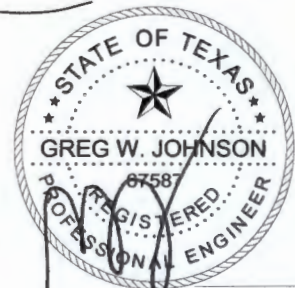
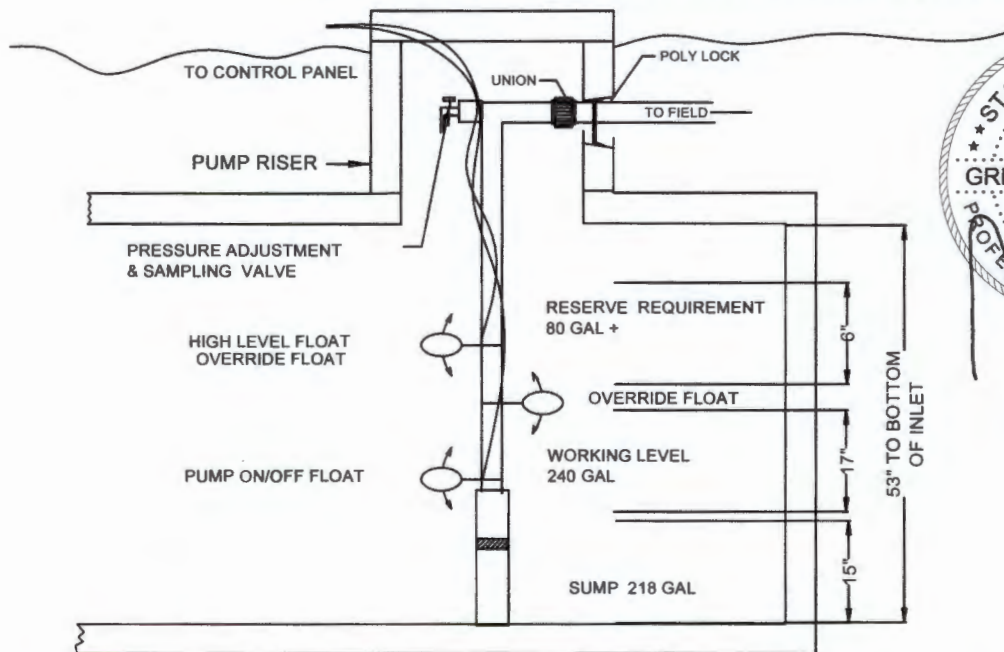
Tightlines to the tank shall be SCH-40 PVC.

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

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

VOID

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



F-2585

1/9/19

**TYPICAL PUMP TANK CONFIGURATION
NU-WATER 550PC -400PT 768 GAL PUMP TANK**

VOID

NC

201906000778 01/08/2019 03:22:21 PM 1/2

Independence Title Company

GF# 1849559-NBF

GENERAL WARRANTY DEED

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

RECEIVED

JAN 11 2019

DATE: January 8, 2019

COUNTY ENGINEER

GRANTOR: Fulton D. Lesovsky, a single person

GRANTOR'S MAILING ADDRESS:

3103 Samar Dr, San Antonio,
TX 78217

GRANTEE: Ron Darwin, Jr. and Margaret Stafford

GRANTEE'S MAILING ADDRESS:

531 Rambling Dr, Canyon Lake,
TX 78133

CONSIDERATION:

Cash and other valuable consideration.

PROPERTY (including any improvements):

Lot 214, LAKE VIEW PARK UNIT NO. 1, Comal County, Texas, according to the map or plat thereof, recorded in Volume 2, Page 72, Map and Plat Records of Comal County, Texas.

RESERVATIONS FROM AND EXCEPTIONS TO CONVEYANCE AND WARRANTY:

This conveyance is made and accepted subject to all restrictions, covenants, conditions, rights-of-way, assessments, outstanding royalty and mineral reservations and easements, if any, affecting the above described property that are valid, existing and properly of record as of the date hereof and subject, further, to taxes for the year 2019 and subsequent years.

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 anywise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators, successors and assigns to warrant and forever

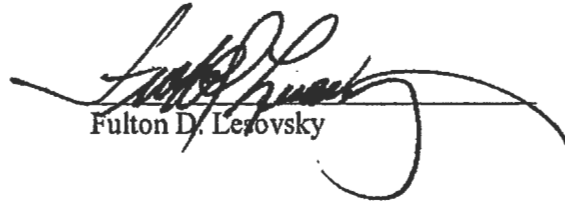
defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to conveyance and warranty.

RECEIVED

JAN 11 2019

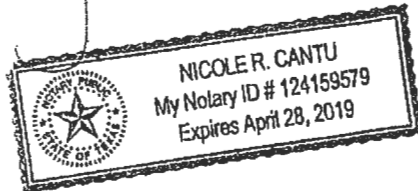
COUNTY ENGINEER

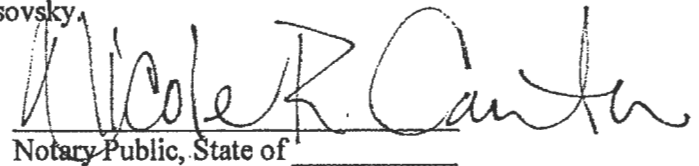
When the context requires, singular nouns and pronouns include the plural.


Fulton D. Lesovsky

State of Texas
County of Bexar
NC

This instrument was acknowledged before me on the 8th day of January, 2019, by Fulton D. Lesovsky.




Notary Public, State of _____

Prepared by:
Hancock McGill & Bleau, LLLP
Attorneys at Law
File No. 1849559

After Recording Return To:

After recording, return to:
INDEPENDENCE TITLE COMPANY
417 W. San Antonio, Suite 100
New Braunfels, TX 78130

Dj9559-fw

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
01/08/2019 03:22:21 PM
JESSICA 2 Pages(s)
201906000778







COMAL COUNTY

ENGINEER'S OFFICE

January 9, 2019

Ronald Darwin
531 Rambling Dr
Canyon Lake, TX 78133

Re: Address Verification

To Whom It May Concern:

Please be advised the assigned address associated with the following property is:

Property ID	Legal Description	Assigned Address
34588	LAKE VIEW PARK, LOT 214	602 LA CRESTA DR CANYON LAKE, TX 78133

Please display this address where it is visible from the road with 6" or larger reflective numbers so emergency personnel can easily locate the property should there be an emergency. **Please check with your 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

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

items Date Received	initials

Permit Number

Instructions:

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

OSSF Permit

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

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



Signature of Applicant



Date

____ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

____ INCOMPLETE APPLICATION
(Missing Items Circled, Application Refused)

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

Phone: (830) 312-8776

Date: 3/8/2019

AerobicSolutions.net office@aerobicsolutions.net

Permit #: 108626

Contract Period

Start Date: 3/8/2019

End Date: 3/8/2021

To: Ronald Darwin Jr
602 La Cresta Dr
Canyon Lake, TX 78133

Phone: (830) 385-2337 Subdivision: Lake View Park

Site: 602 La Cresta Dr, Canyon Lake, TX 78133

County: Comal

Installer:

Agency: Comal County Environmental Health

Mfg/Brand: / SOLAR AIRE

Aerobic Maintenance Solution LLC

3 visits per year - one every 4 months

Map Key:

ID: 507

Agreement

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

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

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

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

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

V. Clients Responsibilities:

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

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

VII. Payments: The fee for this agreement only covers the Services described herein. This fee does not cover equipment or labor supplied for non-warranty repairs or for charges for unscheduled Client, request trips to the Client's site of pumping of the OSSF. Payments not received within 10 days from the date will be subject to a \$30.00 late penalty and or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees. And all cost of collection incurred by contractor in collection of any unpaid debt. Invoice due when service is completed. Contract fee is \$450.

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

Client

Print Name: Ronald Denwin Signature: Ronald Denwin Date: 3/10/19Client Phone number Home 8303852337 Work _____ Cell _____Email Address ronaldwinjr@yahoo.com

Any Gate or Combo code for inspections _____

Contractor **Aerobic Maintenance Solutions LLC:**

Signature: _____ Date: _____

MP0000996 James H. Sickles

Signature: Juan M. Gonzales Jr Date: 3/12/2019

MP0000872 Juan M. Gonzales Jr

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

Printed: 6/27/2019

Phone: (830) 312-8776

AerobicSolutions.net

Permit #: 108626

To: Ronald Darwin Jr

602 La Cresta Dr *466 Wild Oak*
 Canyon Lake, TX 78133

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

Site: 602 La Cresta Dr, Canyon Lake

Contract: 3/8/2019 - 3/8/2021

Agency: Comal County Environmental Health

County: Comal

Phone: (830) 385-2337

Inspections per year: 3

Service Due: 7/15/2019

Subdivision: Lake View Park

Cell:

Alt Phone:

Work:

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

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

Test Results and observations: (As Required)

Chlorine Residual: 0.6Test Method: Grab

BOD: _____

TSS: _____

Tank Lids Secured YesRepairs made: Y ☒ N ☐Sludge Levels: Tank 1: N/A Tank 2: 0 Tank 3: 0

Repairs and Comments:

Good

Inspector: [Signature] Date: 7-24-19

Area: / 0

GPS:

ID = 507

☐ Appointment

602 La Cresta Dr, Canyon Lake

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

Phone: (830) 312-8776

Printed: 11/1/2019

AerobicSolutions.net
 Permit #: 108626

To: Ronald Darwin Jr
466 Wild Oak
Canyon Lake, TX 78133

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

Site: 466 Wild Oak, Canyon Lake

Agency: Comal County Environmental Health
 County: Comal
 Subdivision: Lake View Park

Phone: (830) 385-2337
 Cell:
 Work:

Contract: 3/8/2019 - 3/8/2021
 Inspections per year: 3
 Service Due: 11/15/2019
 Alt Phone:

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

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

Test Results and observations: (As Required)

Chlorine Residual: 0.8

Test Method: Grab

BOD: _____

TSS: _____

Tank Lids Secured Yes

Repairs made: Y/N (N)

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

Repairs and Comments:

Good
 Inspector: [Signature]

Date: 11-19-19

Area: / 0
 GPS:

ID = 507

☐ Appointment

466 Wild Oak, Canyon Lake

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

Printed: 2/20/2020

Phone: (830) 312-8776

AerobicSolutions.net

Permit #: 108626

To: **Ronald Darwin Jr**
466 Wild Oak
Canyon Lake, TX 78133

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

Contract: 3/8/2019 - 3/8/2021

Inspections per year: 3

Service Due: 3/15/2020

Alt Phone:

Phone: (830) 385-2337

Cell:

Work:

Site: 466 Wild Oak, Canyon Lake

Agency: Comal County Environmental Health

County: Comal

Subdivision: Lake View Park

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

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocell Test:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>45</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.2Test Method: Grab

BOD: _____

TSS: _____

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

Repairs and Comments:

Good

Inspector: [Signature] Date: 3-2-20

Area: / 0

GPS:

ID = 507

☐ Appointment

466 Wild Oak, Canyon Lake

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

Phone: (830) 312-8776

Printed: 6/26/2020

AerobicSolutions.net

Permit #: 108626

To: Ronald Darwin Jr
 466 Wild Oak
 Canyon Lake, TX 78133

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

Contract: 3/8/2019 - 3/8/2021

Inspections per year: 3

Service Due: 7/15/2020

Alt Phone:

Phone: (830) 385-2337

Cell:

Work:

Site: 466 Wild Oak, Canyon Lake
 Agency: Comal County Environmental Health
 County: Comal
 Subdivision: Lake View Park

SCHEDULED

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

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

Test Results and observations: (As Required)

Chlorine Residual: 0.3Test Method: grab

BOD: _____

TSS: _____

Tank Lids Secured yesRepairs made: Y/N

Sludge Levels: _____

Tank 1: N/A Tank 2: 1-2" Tank 3: 1-2"

Repairs and Comments:

Inspector: [Signature] Date: 7-21-20

Area: / 0

GPS:

ID = 507

466 Wild Oak, Canyon Lake

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

Printed: 10/27/2020

Phone: (830) 312-8776
AerobicSolutions.net
Permit #: 108626

To: Ronald Darwin Jr
466 Wild Oak
Canyon Lake, TX 78133

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

Site: 466 Wild Oak, Canyon Lake
Agency: Comal County Environmental Health
County: Comal
Subdivision: Lake View Park

Phone: (830) 385-2337
Cell:
Work:

Contract: 3/8/2019 - 3/8/2021
Inspections per year: 3
Service Due: 11/15/2020
Alt Phone:

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

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

Test Results and observations: (As Required)
Chlorine Residual: 0.2
Test Method: Orab
BOD: _____
TSS: _____
Tank Lids Secured Yes
Repairs made: Y (N)
Sludge Levels: Tank 1: N/A Tank 2: 1" Tank 3: 5"

Repairs and Comments:

Inspector: [Signature] Date: 11-13-20

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

Phone: (830) 312-8776

Printed: 3/1/2021

AerobicSolutions.net
Permit #: 108626

To: **Ronald Darwin Jr**
466 Wild Oak
Canyon Lake, TX 78133

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

Site: 466 Wild Oak, Canyon Lake

Contract: 3/8/2019 - 3/8/2021

Agency: Comal County Environmental Health

inspections per year: 3

County: Comal

Phone: (830) 385-2337

Service Due: 3/1/2021

Subdivision: Lake View Park

Cell:

Alt Phone:

Work:

Inspection Type: SCHEDULED INSPECTION Inspection # 60 of 60 for the contract year
BRAND OF SEPTIC SYSTEM _____

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocell Test:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>7</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.5

Test Method: DPB

BOD: _____

TSS: _____

Tank Lids Secured YES

Repairs made: Y/N N

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

Repairs and Comments:

Inspector: [Signature] Date: 3-17-21

- BATS 7/21/2020

Area: / 0

GPS:

ID = 507

466 Wild Oak, Canyon Lake