

#### Comal County OFFICE OF COMAL COUNTY ENGINEER

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

Issued This Date:

06/03/2019

Permit Number: 108627

Location Description:

2367 COMAL SPGS

**CANYON LAKE, TX 78133** 

Subdivision:

Mountain Springs Ranch

Unit:

415

Lot: Block:

Acreage:

Type of System:

Issued to:

Tammy Smith

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

OS 0025599

Installer Name:	Countar	side		OSSF Installer 8			
	Date: 5/		2nd Inspection Date:	5/17/19	2 3rd Inspection De	te: 6/3/	19
Inspector Name:_	mike	T	Inspector Name:	mikeT	Inspector Nar	ne: wik	'e T -

Permitt: 108627	Access 1		778 A.S. A.			Ranch	BANK PARTIES	
ETY AND SER COMMUNICHES & ETHACK DESTANCES Sive and Soil Communications with Communications with		285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)				s/s/n	strli	9 6/3/
STE AND SOL CONDITIONS & SETBACK DISTANCES Setback Distances Most Minimum Standards		285.91(10) 285.30(b)(4) 285.31(d)						
SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	/	285.32(a)(1)	entransia de la constanta de l					
SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	/	285.32(a)(3)	Control of the Contro					
SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	/	285.32(a)(5)		government of the late of the				
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)(E)(II) 285.32(b)(1)(C)(II) 285.32(b)(1)(C)(II) 285.32(b)(1)(C)(II) 285.32(b)(1)(C) 285.32(b)(1)(A) 285.32(b)(1)(E)(II)(II) 285.32(b)(1)(E)(III) 285.32(b)(1)(E)(III)(II) 285.32(b)(1)(E)(III)(III) 285.32(b)(1)(E)(III)(III) 285.32(b)(1)(E)(IIII)						
PRETREATMENT Grease Interceptors if required for commercial		285.34(d)		The state of the s	and the second s			

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MT-6/5/19 Covered.

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	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If SingleTank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(H) 285.32(b)(1)(E)(H)(H) 285.32(b)(1)(E)(H)(I)				
	3" and "T" Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(E)(i) 285.32(b)(1)(C)(ii) 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)(W)				
	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)		, ig		
٠	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Burled Greater than 12" Sealed and Capped		285,38(d)				
	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						
	AEROBIC TREATMENT UNIT Size frostalled	1		600	5/13/19	3/17/19	6/3/19
15	AERONIC TREATMENT UNIT: Manufacturer AFRONIC TREATMENT UNIT Model Monther			Class statem			
	DISPOSAL SYSTEM Absorptive		285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
16	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
17	DISPOSAL SYSTEM Evapo- transpirative		285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

		Talling the Charles of the Charles o	Motes	1st heap. 2nd in	
	COSPUSAL SYSTEM Day Argunton	285.33(a)(3) 285.33(a)(4) 285.33(a)(2)			
1	DISPOSAL SYSTEM Soil Substitution	285.33(d)(4)			
	DISPOSAL SYSTEM Pumped Efficient	285.33(a)(3) 285.33(a)(1)			
	DISPOSAL SYSTEM Gravelless Pipe	285.33(a)(2) 285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)			
	DEPOSAL SYSTEM Mound	285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)			
	DISPOSAL SYSTEM Other (describe) (Approved Design)	285.33(d)(6) 285.33(c)(4)			
	ORAMFIELD Absorptive Drainfine 3" PVC or 4" PVC			4,	
6	DRAINFELD Area Installed				
	DRAMSFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation	285.33(b)(1)(A)(v)			Material and a second a second and a second
<i>u</i>	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Forous Media DRAINFIELD Type of Porous Media				
28	DRAINFIELD Pipe and Grayel -	285.33(b)(1)(E)			
29	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)			
30	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches	285.33(d)(1)(C)(i)			



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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. Apert	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)				
ACROSIC TREATMENT UNIT IS Acrosic Unit institut According to Approved Buildelbuck			Ü\$z	5/17/A	6/3/19
AERCINE, TREATMENT UNIT Imprecision/Clima Dail Port & Illians Provided					
AEROBIC TREATMENT UNIT Secondary centralist system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank AEROBIC TREATMENT UNIT Riser cap protected against enouthouterd intrusions				**	
AEROBS: TREATMENT UNIT Chloring of Property Installed with Oldering Tablets in Place					
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		-			
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					
PUMP TANK Secondary restraint system provided PUMP TANK Electrical					
Connections in Approved Junction 39   Boxes / Wiring Buried					

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	CIPELCATION AREA Describetion Plys. Placing, Spotshiar Honors & Visite Choirs Color Coded Purple?	<b>V</b>	285.83(d)(2)(G)(W)(W)285.3 3(d)(2)(G)(W)(W)285.33(d)( 2)(G)(v) 285.83(d)(2)(G)(W) 285.83(d)(2)(G)(W) 285.83(d)(2)(G)(W) 285.83(d)(2)(G)(W)(I) 285.83(d)(2)(G)(W)(I)		*	5/17/19	
	APPLICATION AREA Low Angle Muscles Used / Pressure is as populated APPLICATION AREA Acceptable Area, nothing within 30 ft of sprintier 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)				
41	APPLICATION AREA Area Installed			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
42							
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						

1st Inspection Date: 5	113/	2nd Inspection Date	te: 5/17/19 uniket.	3rd Inspec	tion Date:		
Permit#: 108627			Address: MT.			2367	Coma
Description	Anwser	Citations	No	tes distance	1st Insp.	2nd Insp.	3rd Insp.
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)(ii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)			5/13/19	string	
ITE AND SOIL CONDITIONS & IETBACK DISTANCES Setback Distances Meet Minimum Standards	/	285.91(10) 285.30(b)(4) 285.31(d)					
EWER PIPE Proper Type Pipe rom Structure to Disposal System Cast Iron, Ductile Iron, Sch. 40, iDR 26)	/	285.32(a)(1)					
EWER PIPE Slope from the Sewer o the Tank at least 1/8 Inch Per oot	/	285.32(a)(3)					
SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed Add. C/O Every 100' &/or 90 degree bends)	/	285.32(a)(5)					
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)(C)(II) 285.32(b)(1)(C)(III) 285.32(b)(1)(C)(III) 285.32(b)(1)(E) 285.32(b)(1)(E) 285.32(b)(1)(E) 285.32(b)(1)(E)(III)(III) 285.32(b)(1)(E)(III)(III) 285.32(b)(1)(E)(III)(III)					
PRETREATMENT Grease Interceptors if required for commercial		285.34(d)					

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	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If SingleTank, 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)(iii) 285.32(b)(1)(E)(iii)(ii) 285.32(b)(1)(E)(ii)(li) 285.32(b)(1)(E)(ii) 285.32(b)(1)(D) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(ii) 285.32(b)(1)(E)(ii)				
- 1	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
4	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
	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)				
	SEPTIC TANK Tank Volume Installed						
	PUMP TANK Volume installed						
	AEROBIC TREATMENT UNIT Size Installed	/		600	5/13/19	3/17/19	
4	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number			Clerk stream			
	DISPOSAL SYSTEM Absorptive		285.33(a)(1) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
6	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
7	DISPOSAL SYSTEM Evapo- transpirative		285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				



io. Description Areas		Notes	1st Insp.	2nd Insp.	3rd Insp.
DISPOSAL SYSTEM Drip Irrigation	285.33(8)(1)	38			
	285.33(a)(3)				
	285.33(a)(4)				
	285.33(a)(2)				
9	- 1:				
DISPOSAL SYSTEM Soil	285.33(d)(4)				
Substitution	265.55(0)(4)				
DISPOSAL SYSTEM Pumped	285.33(a)(3)				
Effluent	285.33(a)(1)				9
	285.33(a)(2)				
1	285.33(a)(3)				1.
DISPOSAL SYSTEM Gravelless Pipe					
	285.33(a)(2)				
	285.33(a)(4)				
	285.33(a)(1)				1
2	285.33(a)(3)				
DISPOSAL SYSTEM Mound	285.33(a)(1)		-		
					1 N
	285.33(a)(2)				
	285.33(a)(4)				
DISPOSAL SYSTEM Other	200 201 111				
	285.33(d)(6)				
(describe) (Approved Design)	285.33(c)(4)				
4					
DRAINFIELD Absorptive Drainline					
3" PVC					
48 66 46				1	
					172
DRAINFIELD Area Installed		No. Co. Co. Co. Co.			
DRAINFIELD Level to within 1 inch					
per 25 feet and within 3 inches					
over entire excavation	285.33(b)(1)(A)(v)				1
over entire excavation					
7					
DRAINFIELD Excavation Width					
DRAINFIELD Excavation Depth					
DRAINFIELD Excavation					
Separation DRAINFIELD Depth of	1				
Porous Media		P			
DRAINFIELD Type of Porous Media					
Divinit into Type of Fotous intend					1
				CAL STREET	
8			A		
DRAINFIELD Pipe and Gravel -					
Geotextile Fabric in Place	285.33(b)(1)(E)				
DRAINFIELD Leaching Chambers					
	90				
DRAINFIELD Chambers - Open End					
Plates w/Splash Plate, Inspection					
Port & Closed End Plates in Place	285.33(c)(2)				-
(per manufacturers spec.)				1	-
					-
	- 3				
30				-	-
LOW PRESSURE DISPOSAL					
SYSTEM Adequate Trench Length					
& Width, and Adequate	285.33(d)(1)(C)(i)			1	
Separation Distance between				1	
Trenches					
31					

Designation	America	Citations	* ************************************	Rotes	1st insp.	Zhud trogik	3rd Image.
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 bedroom) EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. restrictive horizon and ground water respectfully EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5° dia.) & Pipe Hot (3/16 - 1/4° dia. Hole Size ) 5 ft. Apar	to lies	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)					
AEROBIC TREATMENT UNIT is Aerobic Unit installed According to Approved Guidelines.		285.32(c)(1)		,1		5/17/A	7.
AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastene to lid or cast into tank AEROBIC TREATMENT UNIT Rise cap protected against unauthorized intrusions	d						
AEROBIC TREATMENT UNIT Chlorinator Properly Installed w Chloring Tablets in Place.		y					
PUMP TANK Is the Pump Tank a approved concrete tank or othe acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/o Anti- Siphon Device Present Wheelington Device Present Present Device Present Present Present Device Present Presen	t ir ir ien			*			
PUMP TANK Inspection/Clean C Port & Risers Provided PUMP TANK Secondary restrain system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protecte against unauthorized intrusions	nt d						
PUMP TANK Secondary restrain	nt						
SS system provided PUMP TANK Electrical Connections in Approved Junct Boxes / Wiring Buried	ion			and the second s			



No.	Description	Anwser	Citations	Notes	1st insp.	2nd insp.	3rd image.
0	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?	V	285.33(d)(2)(G)(iii)(ii)285.3 3(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)		*	5/17/19	
	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)				9
1	APPLICATION AREA Area installed						3
2							
13	PUMP TANK Meets Minimum Reserve Capacity Requirements						
4	PUMP TANK Material Type & Manufacturer						
5	PUMP TANK Type/Size of Pump Installed						

1st Inspection Date:	113/	2nd Inspection Dat	:e:		3re	d Inspection				
Inspector Name: w, ke		•				Inspector		. 1		0
Permit#: 108627			Address:		Spr.	mgs/			2367	Coma
Description	Anwser	Citations 285.31(a)		No	tes		1st Ins	p.	2nd Insp.	3rd Insp.
SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	/	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)					5/13/	19		Contraction of the Contraction o
SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	/	285.91(10) 285.30(b)(4) 285.31(d)								
SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	/	285.32(a)(1)								
SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	/	285.32(a)(3)								
SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	/	285.32(a)(5)								
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)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(ii) 285.32(b)(1)(E) 285.32(b)(1)(E) 285.32(b)(1)(E) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II)								
PRETREATMENT Grease Interceptors if required for commercial		285.34(d)								

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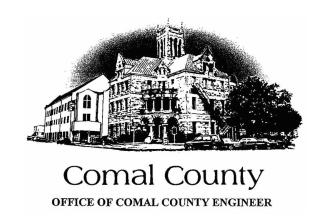
No.		Anwser	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If SingleTank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(ii)(I) 285.32(b)(1)(E)(ii) 285.32(b)(1)(E)(i) 285.32(b)(1)(D) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(ii) 285.32(b)(1)(E)(ii)				
	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used	-	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
1	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)				
2	SEPTIC TANK Tank Volume Installed						
	PUMP TANK Volume Installed						
3	AEROBIC TREATMENT UNIT Size Installed			600	5/13/19		
4	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	/		Clear stream			
	DISPOSAL SYSTEM Absorptive		285.33(a)(1) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
6	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo- transpirative		285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				



No.	Description	Anwser	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
.9	DISPOSAL SYSTEM Drip Irrigation		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
20	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
2	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
23	DISPOSAL SYSTEM Other (describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)				
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
6	DRAINFIELD Area Installed						
.7	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
27	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
28	DRAINFIELD Pipe and Gravel *		285.33(b)(1)(E)				
29	Geotextile Fabric in Place  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)				
30						4 3 3 3	1
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)				

No. Description	Anwser	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)(B) 285.33(b)(3)(B) 285.91(13) 285.33(b)(3)(D) 285.33(b)(3)(F)				
AEROBIC TREATMENT UNIT IS Aerobic Unit Installed According to Approved Guidelines.		285.32(c)(1)				
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						
AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.						
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 PUMP TANK Inspection/Clean Out			7			
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						
PUMP TANK Secondary restraint system provided PUMP TANK Electrical						
Connections in Approved Junction Boxes / Wiring Buried						

No.	. Description	Anwser	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)285.3 3(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						



## Permit of Authorization to Construct an On-Site Sewage Facility Permit Valid For One Year From Date Issued

Permit Number: 108627

Issued This Date: 01/22/2019

This permit is hereby given to: Tammy Smith

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

2367 COMAL SPGS CANYON LAKE, TX 78133

Subdivision: Mountain Springs Ranch

Unit: 3

Lot: 415

Block:

Acreage:

#### APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System:

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 Jan	uary 4, 2019		Permit #/	08627
Owner Name	TAMMY SMITH	Agent Name	GREG W. J	OHNSON, P.E.
Mailing Address	PO BOX 750	Agent Address		LOW OAK
City, State, Zip	SPRING BRANCH TEXAS 78070	City, State, Zip	NEW BRAUN	FELS, TX 78132
Phone#	210-825-6036	Phone #	(830)	905-2778
Email	bryan@lyfegroupinc.com	Email	gregjohnson	pe@yahoo.com
All correspondence	should be sent to: Owner Agent	☐ Both	Method: Mail	Email Email
Subdivision Name	MOUNTAIN SPRINGS RANCH Unit/P	Phase/Section 3	Lot 415	Block
Acreage/Legal	y y <del>a a a a a a a a a a a a a a a a a a</del>			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
Street Name/Addre	ess 2367 COMAL SPRINGS	City C	ANYON LAKE	Zip 78133
Commercial or	Ft of Living Area2600  Institutional Facility als must show adequate land area for doubling	the required land need	17	RECEIVED 1 4 2019 ENGINEERS
Type of Faci			ioo ioi ac	EER
•	litytories, Churches, Schools, Parks, Etc In		ccupants	
	, Lounges, Theaters - Indicate Number of		<u></u>	
	, Hospital, Nursing Home - Indicate Number			
	r/RV Parks - Indicate Number of Spaces			
Miscellaneou	us			
Estimated Cost of	Construction: \$ 350,000 (Struc	cture Only)		
	ne proposed OSSF located in the United S	•	Engineers (LISACE)	flowing assement?
	if yes, owner must provide approval from USACE f			
		or proposed econ impre	World William Glo Gov to	
	Public Private Well	Nv D		
	Devices Being Utilized Within the Residen	ce? X Yes N	0	
-Authorization is hereb site/soil evaluation ar -I also understand that by the Comal County	ation, I certify that: ation and all additional information submitted does not given to the permitting authority and designated and inspection of private sewage facilities.  a permit of authorization to construct will not be issued by the properties of the continuous posting of	agents to enter upon the a	above described property to administrator has performe	for the purpose of d the reviews required

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

Page I of 2

mmu Signature of Owner



### \* \* \* COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH \*

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

**REVISED** 8:56 am, May 08, 2019

Revised July 2018

Size of Septic System Required Based on Planning Materials & Soil Evaluation  Tank Size(s) (Gallons)	Planning Materials & Site Evaluation as Required Completed By GREG W. JOHNSON, P.E.								
CLEARSTREAM 600NC3T Absorption/Application Area (Sq Ft) \$ 5172  Gallons Per Day (As Per TCEQ Table III)	System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION								
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 (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:  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 entine posting/public release of my e-mail address associated with this permit application, as applicable.  Jamuary 7, 2019	Size of Septic System Required Based on Planning Materials & Soil Evaluation								
Is the property located over the Edwards Recharge Zone?  \  Yes  \  No	Tank Size(s) (Gallons)CLEARSTREAM 600NC3TAbsorption/Application Area (Sq Ft)S112								
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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 entine posting/public release of my e-mail address associated with this permit application, as applicable  January 7, 2019  Page 2 of 2	(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)								
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 ordine posting/public release of my e-mail address associated with this permit application, as applicable    January 7, 2019   Page 2 of 2	Is this property within an incorporated city? Yes No								
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 entine posting/public release of my e-mail address associated with this permit application, as applicable  January 7, 2019  Page 2 of 2	GREG W. JOHNSON  OR G7587  OR G/STERES  OR G								
- The information provided above is true and correct to the best of my knowledge.  - I affirmatively consent to the entine posting/public release of my e-mail address associated with this permit application, as applicable  January 7, 2019  Page 2 of 2	FIRM #2585								
Supplied to the SUME.	- The information provided above is true and correct to the best of my knowledge.  - I affirmatively consent to the entine posting/public release of my e-mail address associated with this permit application, as applicable  January 7, 2019	of 2							

#### **AFFIDAVIT**



THE COUNTY OF COMAL STATE OF TEXAS

# 105

### 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.

T

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.

RECEIVED 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): UNITATHASE/SECTION BLOCK 415 LOT MOUNTAIN SPRINGS RANCH COUNTY ENGINEER IF NOT IN SUBDIVISION: \_\_\_\_\_ ACREAGE \_\_\_\_ **TAMMY SMITH** The property is owned by (insert owner's full name): 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 9th DAY OF Sandary, 20 19 TAMMY SMITH Owner (s) Printed name (s) Owner(s) signature(s) SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 9 DAY OF TAMMY SMITH \_\_,20 19 THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES UNLY Filed and Recorded Official Public Records Bobbie Koepp, County Clerk Comal County Texas 01/14/2019 01:28:17 PM **MEAGAN A. PERRY** Notary Public, State of Texas My Comm. Exp. 12-08-2019 ID No. 13046210-4 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Bobbie Koepp (Notary Seal Here)

Countryside Construction, Inc. 300 Chapman Parkway, Canyon Lake, TX. 78133 Phone: 830-899-2615 or 1-888-379-3721 Fax: 830-899-6662

Septic System Service Agreement

in consideration of payment for this service contract, we will ablde by and agree to its terms and conditions:	
Name: TAMMY SMITH Address: 2367 COMAL SPRINGS	
Sub-Div./County: MOUNTAIN SPRINGS / COMAL City, State-Zip: CANYON LAKE, TX 78133	Adigitingle
Permit #: Model #: CLEARSTREAM 600NC3T Serial #:	
Phone #:	
(X) Initial Two Year Service Agreement & Two Year Limited Warranty  ( ) One Year Service Agreement	¥
The effective date of this initial maintenance contract shall be the date the License to Operate is issued.	RECEIVED
Legal Description: MOUNTAIN SPRINGS RANCH, UNIT 3, LOT 415	JAN 1 4 2019
This contract will be in effect FROM LTO TO and will provide the following:	
<ul> <li>A: An inspection/service call every (4) four months which will include: inspection, adjustments and servicing of the mechanical &amp; electrical components as necessary to insure proper function of the system.</li> <li>B: An effluent quality inspection consisting of a visual check for color, turbidity, scum, overflow and odor.</li> <li>C: The property owner is responsible for "purchasing and keeping chlorine" in the chlorinator, (if applicable if the chlorine test reveals "No Chlorine" in the system, the property owner may incur an additional cost.</li> <li>D: If any improper operation is observed (which cannot be corrected at that time) the property owner will be notified immediately of the conditions and the estimated cost.</li> <li>E: The response time to a complaint by the property owner regarding operation of the system, shall be within "48"</li> </ul>	
hours," from the time of notification.  F: ANY PARTS, WARRANTY OR NON-WARRANTY, OR FREIGHT CHARGES, LABOR OR SERVICE CALL DUE NOT PAID FOR REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND COULD RES IN REPOSSION OF PARTS BY COUNTRYSIDE CONSTRUCTION.  G: THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZESCOUNTRYSIDE CONSTRUCTION TO ENT THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.	<u>s</u> ULT
Countryside Construction, Inc., will warranty installation of the septic system to be according to state at regulations and the designs approved by the county. HOMEOWNER WILL BE RESPONSIBLE FOR SELLABOR AND SHIPPING COSTS ON ANY "WARRANTED PARTS" EXCHANGED DURING WARRANTED PARTS."	RVICE CALLS,
components will be according to manufacture's warranties.	
important: As Countryside Construction, Inc. cannot control what or how much effluent goes into the we cannot warranty how the system will function. Refer to manufacturers or installer's instructions, for s	
septic operation. This service agreement does not cover the cost of "Service Calls, Labor or Materials	
required or parts out of warranty, the failure to maintain electrical power to the system, sprinklers that	
leaking, stopped-up or otherwise mal-functioning; or sewage flows exceeding the hydraulic/organic design	n capabilities and
the input of non-biodegradable materials (solvents, grease, oll, paints, etc.), or any usage contrary to the	requirements as
advised by authorized service representative. Laboratory test work is available at an additional cost. Chic	irine, tilters, or
parts that are out of warranty are available at a reasonable cost.  This contract does not include the pumping of a tank or of any compartment of a tank, or settlement	of soil on or
around any part of the system regardless of reason:	Of doll off of
Violations of the warranty also include: Disconnecting the alarm, restricting ventilation to the aerator, over	er loading the
system above its rated capacity; or flooding by external means. Rodent, insect or Fire Ant damage or any	
unusual abuse is a violation.	
A renewal service contract should be "Activated" (30) thirty days before expiration of existing contract	L. We will
contact property owner prior to expiration of existing contract.	
Serviced by: Countryside Construction Inc. Walker Chapman - Operator Licensee #2929	
$\Omega$	
(X) COMMINA Date: 1-9-19 Print Name (X) TAMMY SMITH Date: 1-9-19	najittahurum
00 Willen Clapse Date: 1919 Authorized Service Representative (revise	nd 10/9/09)

MP#0000035

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

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

January 7, 2019

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

RECEIVED

RE- SEPTIC DESIGN

2367 MOUNTAIN SPRINGS MOUNTAIN SPRINGS RANCH, UNIT 3, LOT 415 CANYON LAKE, TX 78133 TAMMY SMITH RESIDENCE

JAN 1 4 2019

COUNTY ENGINEER

Ms. Brenda Ritzen/Sandra Hernandez,

The referenced property is located within the Edwards Aquifer Contributing Zone. This OSSF design will comply with requirements in the CZP.

Temporary erosion and sedimentation controls should be utilized as necessary prior to construction. If any sensitive feature (caves, solution cavities, sink holes, etc.) is discovered during construction, activities must be suspended immediately and the applicant or his agent must immediately notify the TCEQ Regional Office. After that operations can only proceed after the Executive Director approves required additional engineered impact plans.

Designed in accordance with Chapter 285, Subchapter D, §285.40,285.41, & 285.42, Texas Commission on Environmental Quality (Effective December 29, 2016).

Greg W. Johnson, P.E. No.

No. 67587 / F#2585

170 Hollow Oak

New Braunfels, Texas 78132 - 830/905-2778

GREG W. JOHNSON

67587

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

Date Soil Survey Performed:	
Site Location: MOUNTAIN SPRINGS RANCH, UNIT 3, LOT 415	
Proposed Excavation Depth: N/A	RECEIVED
Requirements:  At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area	JAN 1 4 2019
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.	COUNTY ENGINEER
Describe each soil horizon and identify any restrictive features on the form. Indicate denths where feature	sc annear

Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
8"	- "	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 8"	BROWN
2						
	4					
;						

Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
	SAME		AS		ABOVE	
!	-					
	_					
	-					

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

Date

### OSSF SOIL EVALUATION REPORT INFORMATION

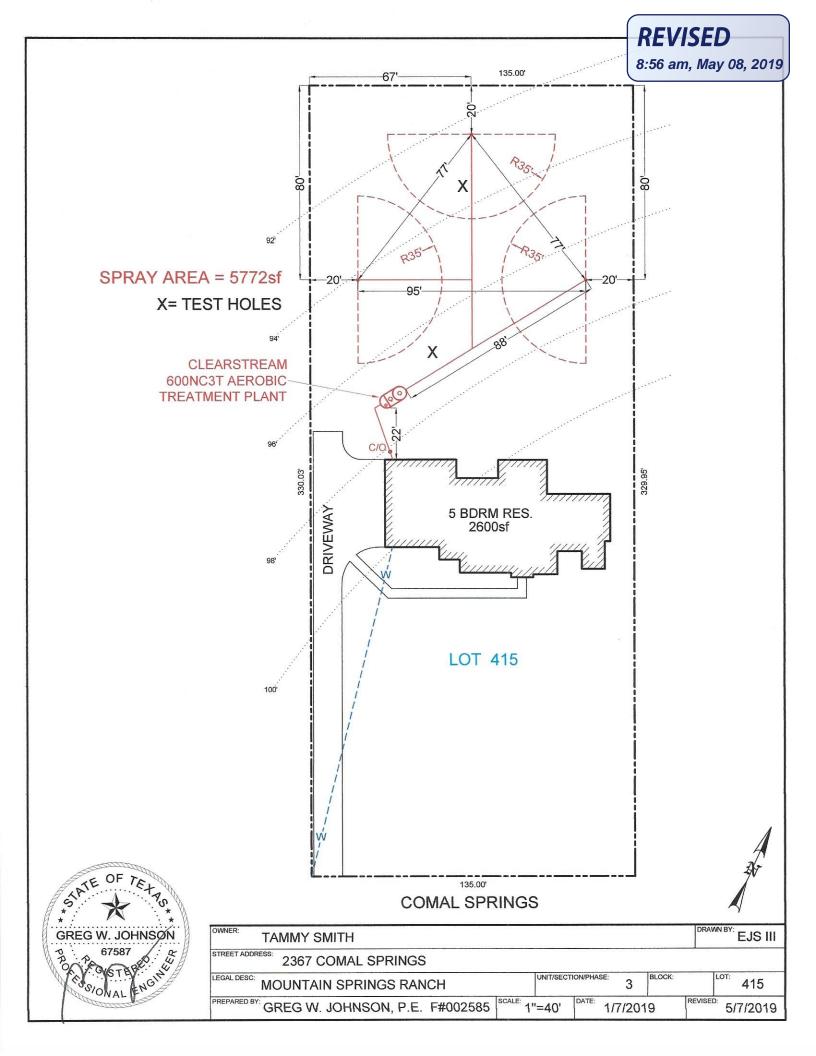
8:56 am. May 08. 2019

Date:	January 07, 2019	

Duco				
Annl	icant	Infor	mati	on:

Applicant Information:	E la de la formación de
	Evaluator Information:
Name: TAMMY SMITH Name:	me: <u>Greg W. Johnson, P.E., R.S., S.E. 11561</u>
	dress: <u>170 Hollow Oak</u> y: <u>New Braunfels</u> State: <u>Texas</u>
City: SPRING BRANCH State: TEXAS City	Y: New Brauntels State, 1exas  Code: 78132 Phone & Fax (830)905-2778
Zip Code: 78070 Phone: (210) 825-6036 Zip	Code. 18132 Phone & Pax (830)703-2778
Property Location:	Installer Information:
Lot 415 Unit 3 Blk Subd. MOUNTAIN SPRINGS RANCH	
Street Address: 2367 COMAL SPRINGS	Company:
City: CANYON LAKE Zip Code: 78133	Address:
Additional Info.:	City: State:
114411101141	Zip Code:Phone
Topography: Slope within proposed disposal area: 6	%
Presence of 100 yr. Flood Zone:	YESNO_X_
	YESNO_X
Presence of adjacent ponds, streams, water impoundments	YESNO_X_
Presence of upper water shed	YESNO_X
	YESNO_X
Design Calculations for Aerobic Treatment with Spray I	rrigation:
Commercial	
Q = GPD	
Residential Water conserving fixtures to be utilized? Yes _	X No
Number of Bedrooms the septic system is sized for:5	Total sq. ft. living area2600
Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction for v	water conserving fixtures)
Q = (5 +1)*75-(20%) = 360	,
Trash Tank Size 400 Gal.	
TCEQ Approved Aerobic Plant Size 600 G.P.D.	).
Req'd Application Area = $Q/Ri = \frac{360}{\sqrt{0.064}}$	= 5625 sq. ft.
Application Area Utilized = 5772 sq. ft.	
Pump Requirement 12 Gpm @ 41 Psi (Redjack	ket 0.5 HP 18 G P M, series or equivalent)
Pump Requirement Opin @ 131 (recipion	ED TO DOSE IN PREDAWN HOURS
Dosing Cycle: ON DEMAND or X TIME Pump Tank Size = 700 Gal. 12.3 Gal/inc	
Reserve Requirement = 120 Gal. 1/3 day flow.	511.
Alarms: Audible & Visual High Water Alarm & Visual Air	Pump malfunction
	Tump marranetion
With Chlorinator NSF/TCEQ APPROVED SCH-40 or SDR-26 3" or 4" sewer line to tank	
Two way cleanout	•
Pop-up rotary sprinkler heads w/ purple non-potable lids	
1" Sch-40 PVC discharge manifold	
APPLICATION AREA SHOULD BE SEEDED AND MAIN	TAINED WITH VEGETATION.
ATTEICATION AREA SHOOLD DE ODEDED TRAD	
I HAVE PERFORMED A THOROUGH INVESTIGATION BEI	ING A REGISTERED PROFESSIONAL ENGINEER
AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTE	ER 285, SUBCHAPTER D, §285.30, & §285.40
(REGARDING RECHARGE FEATURES), TEXAS COMM	MISSION OF ENVIRONMENTAL QUALITY
(EFFECTIVE DECEMBER 29, 2016)	JE OF TE
00	TAN TO
/YV	hg 12/ X 12
Offor	GREG W. JOHNSON
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561 DA	1E 67587 0 2

FIRM #2585



### **TANK NOTES:**

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

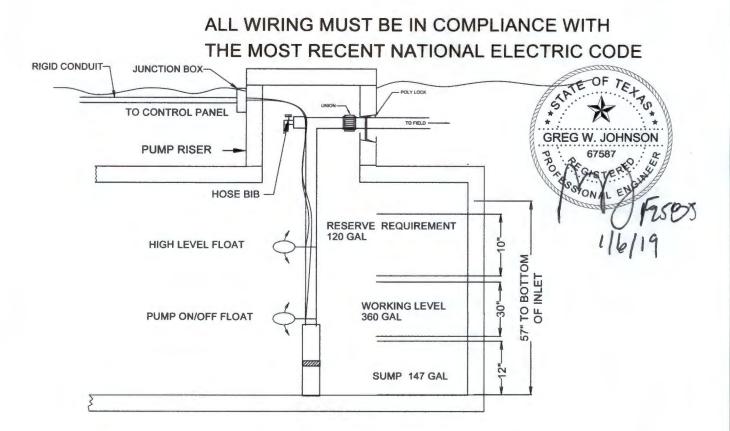
Tightlines to the tank shall be SCH-40 PVC.

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

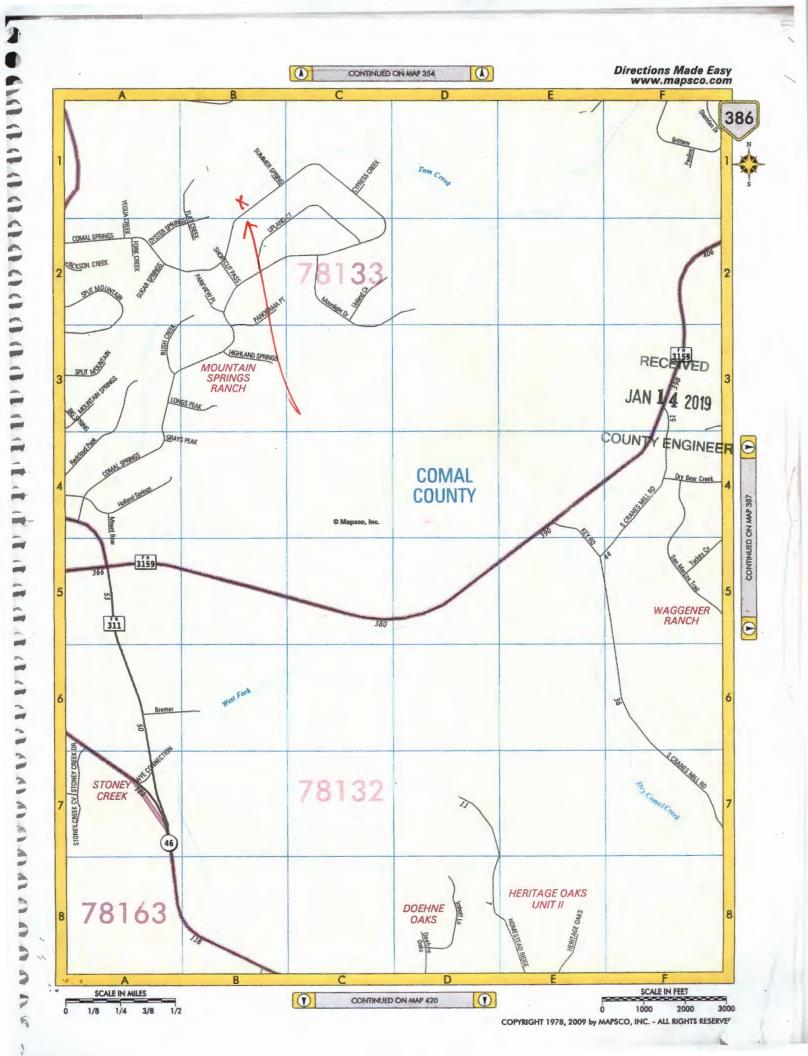
A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

JAN I 4 2019
UNIT ENGINEER

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



TYPICAL PUMP TANK CONFIGURATION
CLEARSTREAM 600NC3T W/ 700 GAL PUMP TANK



### \* \* \* COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH \* \* \*

APPLICATION FOR ON-SITE SEV

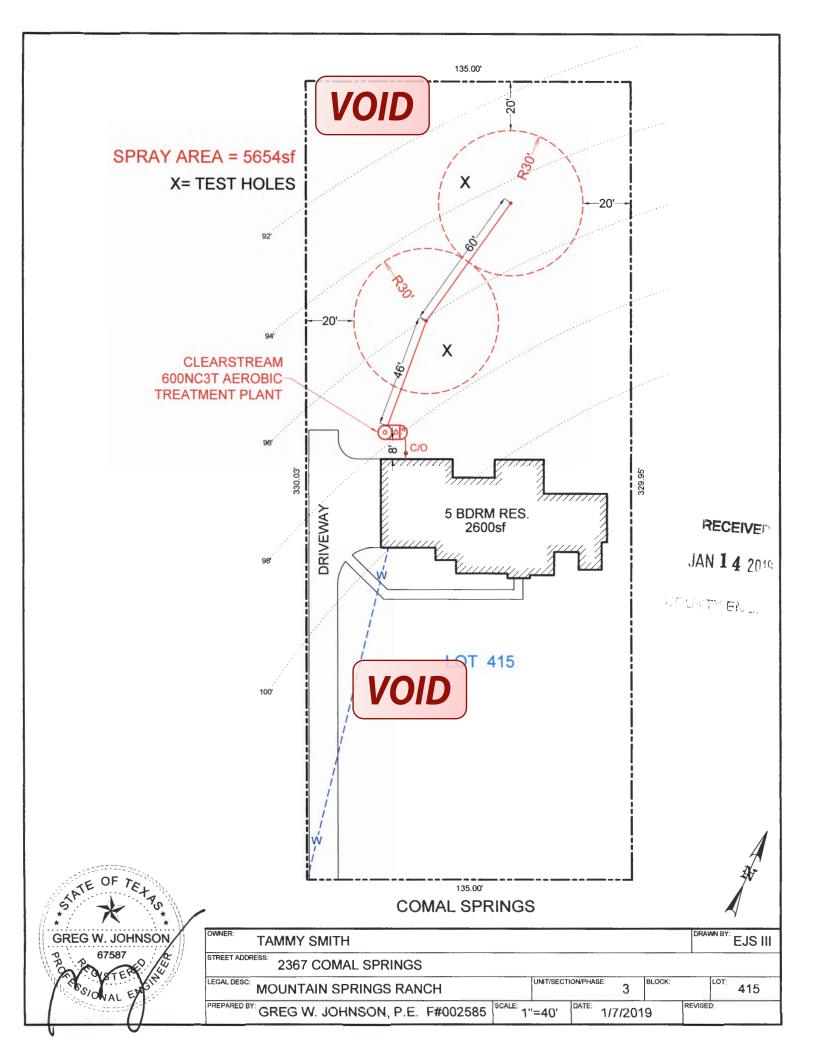
VOID

THORIZATION TO CONSTRUCT AN AND LICENSE TO OPERATE

Planning Materials & Site	e Evaluation as Required Completed By	GREG W. JOHNSON, P.E.	•
System Description	PROPRIETARY; AEROBIC	TREATMENT AND SURFACE IRRIC	GATION
Size of Septic System Re	quired Based on Planning Materials & S	soil Evaluation	
Tank Size(s) (Gallons) _	CLEARSTREAM 600NC3T Abso	rption/Application Area (Sq Ft)	5654
Gallons Per Day (As Per (Sites generating more than	TCEQ Table III) 360 5000 gallons per day are required to obtain	a permit through TCEQ)	
	ver the Edwards Recharge Zone? Years the Edwards Recharge Zone? Years are the Edwards Recharge Zone?		
Is there an existing TCEC	approved WPAP for the property?	Yes 🛛 No	JAN 1 4 2019
(if yes, the R. S. or P. E. sha	all certify that the OSSF design complies with	all provisions of the existing WPAP.)	ALCER
If there is no existing WP	AP, does the proposed development ac	tivity require a TCEQ approved WPAF	
	all certify that the OSSF design will comply we sed OSSF until the proposed WPAP has bee		
is the property located ov	ver the Edwards Contributing Zone?	Yes No	
Is there an existing TCEC	approval CZP for the property? XY	es No	
(if yes, the P.E. or R.S. shall	I certify that the OSSF design complies with	all provisions of the existing CZP)	
(if yes, the P.E. or R.S. shall	P, does the proposed develop I certify that the OSSF design will osed OSSF until the CZP has been approve	a TCEQ approved CZP? [ all provisions of the proposed CZP. A Pered by the appropriate regional office.)	
Is this property within	an incorporated city? 🗌 Yes 🛛	No FIE OF TEX	ds.
If yes, indicate the cit	ty:	GREG W. JOHNSON	RM #2585
	certify that: bove is true and correct to the best of my known in the posting/public release of my e-mail and the posting release of my e-mail and the pos	owledge.	
1111		January 7, 2019	Dans 0 of 0
Signature of Designer		Date	Page 2 of 2

### OSSF SOIL EVALUATION REPORT INFORMATION

Date: January 07, 2019	MOID		
Applicant Information:	VOID	e Evaluator Inform	andian.
Name: TAMMY SMITH			on, P.E., R.S., S.E. 11561
Address: P.O. BOX 750		Address: 170 Hollow	
			State: Texas
Zip Code: 78070 Phone: (210) 8	25-6036	Zip Code: <u>78132</u> P	hone & Fax (830)905-2778
Property Location:		Installer Informa	
Lot 415 Unit 3 Blk Subd. MOUN	ΓAIN SPRINGS RANC		
Street Address: 2367 COMAL S	SPRINGS		
City: CANYON LAKE Zip (		Address:	
Additional Info.:		City:	State:
			Phone
Topography: Slope within proposed dis	posal area:	6 %	
Presence of 100 yr. Flood Zone: Existing or proposed water well in nearby an	*00	YESNO_X YESNO_X	
Presence of adjacent ponds, streams, water is		YESNO_X	
Presence of upper water shed	mpoundments	YES NO X	RECEIVE
Organized sewage service available to lot		YES NO X	16A1 T
8			JAN 1 4 2019
Design Calculations for Aerobic Treat	ment with Spray	/ Irrigation:	
Commercial			COUNTY ENGINEER
Q = GPD			
Residential Water conserving fixtures to			2.522
Number of Bedrooms the septic system i			
Q gal/day = (Bedrooms + 1) * 75 GPD - (	20% reduction for	or water conserving fi	xtures)
Q = (5 + 1)*75 - (20%) = 360			
Trash Tank Size 400 Gal.	600 C.I	) D	
TCEQ Approved Aerobic Plant Size Req'd Application Area = Q/Ri = 36		P.D. 5625	sq. ft.
Application Area Utilized =5454			54. 11.
Pump Requirement 12 Gpm @ _		CKEL 0.5 HP 18 G.P.	M. series or equivalent)
Dosing Cycle:ON DEMAND	or X TII		
Pump Tank Size = 700 Gal.	12.3 Gal/	inch.	
Reserve Requirement = 120 Ga			
Alarms: Audible & Visual High Water A	Alarm & Visual A	ir Pump malfunction	I
With Chlorinator NSF/TCEQ APPROVE			
SCH-40 or SDR-26 3" or 4" sewer line to to	ink		
Two way cleanout Pop-up rotary sprinkler heads w/ purple nor	-notable lids		
1" Sch-40 PVC discharge manifold	-potable has		
APPLICATION AREA SHOULD BE SH	EEDED AND MA	INTAINED WITH V	EGETATION.
I HAVE PERFORMED A THOROUGH IN			
AND SITE EVALUATOR IN ACCORDATION (REGARDING RECHARGE FEATURE			
(EFFECTIVE DECEMBER 29, 2016)	b), ILAAb COR		The second of th
0 -		TATE	The state of the s
	$\sim 1L$	onlia s	<b>*</b>
ADEC W. JOHNSON, D.E. BURGOSSES, G.E. 1	<u> </u>	GREG W	JOHNSON
CREG W. JOHNSON, P.E. F#002585 - S.E. 1	1501	JAME GARAGE	7587
-		OF FGI	STERE FIRM #2585
		ESS/01	VAL EN
		18/11/	



### Alamo Title GF# 4000131800658 CS; \$30

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

#### **GENERAL WARRANTY DEED**

Date: September 13, 2018, to be effective September 14, 2018

Grantor: TRACY SCOTT DUTTON and STACEY L. DUTTON

Grantor's Mailing Address: 11949 Fontberry St., Parker, CO 80134

Grantee: TAMMY SMITH

Grantee's Mailing Address, and after Recording, Return to: 9025 Creekwood Pass, Spring Branch, TX 78070

#### Consideration:

Cash and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged.

Property (including any improvements):

Lot 415, Mountain Springs Ranch, Unit Three, situated in Comal County, Texas, according to plat thereof recorded in Volume 15, Pages 335-347, Map and Plat Records of Comal County, Texas,

Reservations from Conveyance: None

Exceptions to Conveyance and Warranty: Validly existing easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded and validly existing instruments, other than conveyances of the surface fee estate, that affect the Property; and taxes for 2018, which Grantee assumes and agrees to pay, and subsequent assessments for that and prior years due to change in land usage, ownership, or both, the payment of which Grantee assumes.

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

The Contract between Grantor as the Seller and Grantee as the Buyer, if any, may contain limitations as to warranty or other agreed matters; to the extent that such Contract provides for limitations or other agreed matters that will survive the closing and this conveyance, then such limitations or other agreed matters are hereby deemed incorporated by reference. The warranty of title contained in this Deed is hereby expressly excluded from the limitations or other agreed matters referenced in this paragraph.

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

	. , ,	•	
		TRACY SCOTY DUTTON RECEIVED	)
		STACEY L. DUTTON  JAN 1 4 2019  STACEY L. DUTTON	)
STATE OF TEXAS	)	GERALDINE ROMERO  NOTARY PUBLIC  STATE OF COLORADO  NOTARY ID 19834001249	Et.
COUNTY OF COMAL	)	MY COMMISSION EXPIRES FEBRUARY 22, 2021	
This instrument wan DUTTON.	s acknowledged	Becaldine Romero	
		Notary Public, State of Texas	
STATE OF TEXAS	)	GERALDINE ROMERO  NOTARY PUBLIC  STATE OF COLORADO  NOTARY ID 19934001249	
COUNTY OF COMAL	)	MY COMMISSION EXPIRES FEBRUARY 22, 2021	
This instrument w DUTTON.	as acknowledge	ed before me on September 13, 2018, by STACEY L.	
		Geraldine Romero	
		Notary Public, State of Texas	

Page 2

Filed and Recorded Official Public Records Bobbie Koepp, County Clerk Comal County, Texas 09/14/2018 10:14:45 AM LAURA 2 Pages(s)

201806036352



OSSF DEVELOPMENT APPLICATION CHECKLIST	Staff will complete sha	ded
	items Date Received	initials
	Permit Number REC	EIVED
	JAN 14	2010
Instructions:		
Place a check mark next to all items that apply. For items that do not apply, place "N/A". Application Checklist <b>must</b> accompany the completed application.	This OSSF Development	IGINEER
OSSF Permit		
Completed Application for Permit for Authorization to Construct an On-Site Operate	Sewage Facility and License	to
Site/Soil Evaluation Completed by a Certified Site Evaluator or a Profession	nal Engineer	
Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF shall consist of a scaled design and all system specifications.	Chapter 285. Planning Mate	erials
Required Permit Fee		
Copy of Recorded Deed		
Surface Application/Aerobic Treatment System		
Recorded Certification of OSSF Requiring Maintenance/Affidavit to the	e Public	
Signed Maintenance Contract with Effective Date as Issuance of Lice	ense to Operate	
I affirm that I have provided all information required for my OSSF Development App constitutes a completed OSSF Development Application.	lication and that this appli	cation
Signature of Applicant	1/14/19 Date	
COMPLETE APPLICATIONINCOMPLE	TE APPLICATION	
Check No Receipt No (Missing Items C	ircled, Application Refused)	

EDUNTRYSIDE CONSTRUCTION, INC. 200 CHAPMAN FARKWAY CANYON LAFE, DX 78133 Fhone: 830-899-2615 Fax: 830-899-6662

### ESTING AND REPORTING RECORD

amonto.	NAME OF TAXABLE PARTY.		etica.			6 . 9			 1
1000000	100000000000000000000000000000000000000	1981 1981 1981	Livery and a second	the second second of	Thursday Dr. m.	Manager of the Street of the S	and the party of t	w. mw . v	 ich inneschen.
						belled it dign. in m to m too g			

alan di lamb 1 ta ani alamba gabay sada manangan manangan manangan sada sada sada sada sada sada sada sa	allies the form of the first and all an experience and the second	the state of the best of the state of the st	Supplied to Supplied to Andreas and Andrea	And the second s	An (y · · · · · · · · · · · · · · · · · ·	
I Inspection Tate: SEES	UARY 3.2020 I	estalled: 6/3/	2019 Service E	apine di	3/2021	
SILEDE ADDRESS: TAMMY SMITH 2367 COMAL SPRINGS CANYON LAKE, TX 7813	13	HYBICAL ADDRESS: 367 COMAL SPRINGS ANYON LAKE, TX 78133				
TELEPHONE: 210-825	-6236	P: IT 415,		CHAL		
BUBDIVIBION: MOUNTAIN	EPRINGS RANC	EARSTREAM 600		and the same also and a same as the		
MOTES: CLEAN TYPE OF SYSTEM: SPRAY		DURING FEBRU	ARY INSPECTION			
Inspected Ttem:	Cperetional	Inoperative	2. Action		Repaire or Some first sli	
Aeratore SCFM/Towyressors PST People Erissure Resding	1.25		combougate		recent , and a made	
The state of the s			Milton			
Traigation Pempa			CHECK	ED DO	M),	
Resissulation Sumps	N/A		CHECKED DUMP,  Alorm, Floats,  Chlonne, Spinklers			
Disinfernian Device						
Thickine Supply	/					
Cleberal Class			Channe, SpiNICLERS			
Entities des dystem			Compressor			
Zprzysteld Vegetatica			Compre	JSOR	- Annual Control of the Control of t	
Back flush Drip Field, if applicable	N/A					
Other as Noted	1		SYSTEM OPER	ATTMG AS I	iesigned? Oh	
Access Posts are Secured	1		(S)			
3. Tests required and re	marra 1 to acc					
Total A Control by Section 2 day Section 2 d	Pac : 2 - 2x2	T an er o	1 2 to 100	Treate h		
		mg/l mpn/l0				
BOD (Grab)	Concession of the second secon			and the second s		
T38 (Grab)		CLEAR		en e		
C1 (Grab)	/					
Fecal Collicen			And the second s	The second contract of		
	ACTION OF THE PROPERTY OF THE	V-1 - y-1 - was - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	The state of the s			
Copies of this report have	A A A A A A A A A A A A A A A A A A A		g: CRAL c	menty / lo		
Magnessaniz Terhritian:	THOMAS			Provisi	2 2	
Date of completion: 2/	120/20 Start	Job Time:		dah Tise	· · · · · · · · · · · · · · · · · · ·	
Maintenance Provider	Walrace	yo mon				

### COUNTRYSIDE CONSTRUCTION, INC. 300 CHAPMAN PARKWAY CANYON LAKE, TX 78133

Phone: 830-899-2615 fax: 830-899-6662

### TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1.Inspection	Date:	JUNE	3,2020	Installed:	6/3/2019	Service	Expires:6/3/202	1
RTILITNG ADDD	raa.				DH.	STCAL AL	INDEX3 -	

TAMMY SMITH 2367 COMAL SPRINGS CANYON LAKE, TX 78133

2367 COMAL SPRINGS CANYON LAKE, TX 78133

TELEPHONE:

210-825-6036 ALT. PHONE:

LOT: LT 415.

108627 PERMIT#:

COUNTY: SN:

COMAL 18110240

SUBDIVISION: MOUNTAIN SPRINGS RANCH MFG: CLEARSTREAM 600

MAPSCO:

N/A

CLEAN EFFLUENT FILTER DURING FEBRUARY'S INSPECTION

TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative	2. Action taken of
Aerators 3CFM/Compressors P3I (Record Pressure Reading)	1.25		Needed repairs to s components replaced
Filters	1		
Irrigation Pumps	/		CHECKED DI
Recirculation Pumps	NA		*
Disinfection Device	/		sprintlers, -
Chlorine Supply	)		1
Electrical Circuits	/		FOATS, chlo
Distribution System	/		
Sprayfield Vegetation	/		Compressor
Back Flush Drip Field, if applicable	N/A		
Other as Noted	1		SYSTEM OPERATING AS
Access Posts are Secure	d		(Yes)

Repairs or ystem (list all ):

DESIGNED? P/N

3. Tests required and results: Required Results Test mg/l mpn/100mi or No Method Trace BOD (Grab) degr TSS (GEEL) C1 (Grab) Fecal Coliform

please Add Chlorine 2 tabs MONTHLY Green lid W/only 4 screws

Copies of this report have been forwarded to the following: COMAL	county / hom	ecomer.
Maintenance Technician: Thomas	1:	L
Date of completion: 8/4/16 Start Job Time: 10:40  Maintenance Provider: Walkingham	Stop Job Time	10:55
Maintenance Provider: Wolkingham		

### COUNTRYSIDE CONSTRUCTION, INC. 300 CHAPMAN PARKWAY CANYON LAKE, TX 78133

Phone: 830-899-2615 Fax: 830-899-6662

### TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: OCTO	BER 3,2	020 In	stalled: 6/3/2	019 3er	vice Expir	es:6/3/2021		
BILLING ADDRESS: TAMMY SMITH 2367 COMAL SPRINGS CANYON LAKE, TX 7813		23	PHYSICAL ADDRESS: 2367 COMAL SPRINGS CANYON LAKE, TX 78133					
TELEPHONE: 210-825- ALT. PHONE:	6036		LC	LOT: LT 415, PERMIT#: 108 COUNTY: CC SN: 18110				
SUBDIVISION: MOUNTAIN	SPRIN	GS RANG	CH MFG: CI	EARSTRE	CAM 600	MAPSCO:	N/A	
NOTE3: CLEAN 1 TYPE OF 3Y3TEM: SPRAY	EFFLUEN'	r filte	R DURING FEBRU	JARY'S I	NSPECTION			
Inspected Item:	Opezat	ional	Inoperative			en or Repair		
Aerators					ed repairs nents rep	to system (	list all	
SCFM/Compressors P3I (Record Pressure Reading)	1.2	15		Comp	onenus rep	IRCEG).		
Filters	/							
Irrigation Pumps	/			CHECKED DUMP.				
Recirculation Pumps	A							
Disinfection Device /				Alarm, Eigats,				
Chlorine Supply			,					
Electrical Circuits	/	1		chlo	rine su	DINKLER	5,	
Distribution System	/			1				
Sprayfield Vegetation	/			Compressor;				
Back Flush Drip Field, if applicable	N	10			,	,		
Other as Noted		/		SYSTE	M OPERATI	NG AS DESIGN	ED? QN	
Access Posts are Secure	-1			(	Yes)	The state of the s	Мо	
	1.							
3. Tests required and re	Requi	ired	Result	5	Test	Cleaned	ANTS	
	Yes	No	mg/1 mpn/10		Method	From Ara		
			Trace					
BOD (Grab)						Compress	OPI	
T33 (Grab) C1 (Grab)						Please A	dol	
Fecal Coliform								
	1					Chlorin		
			5 31	CC	WATE T		TABS	
Copies of this report have			to the follown	ng: UU	MAL county	y / homeowner	-	
Maintenance Technician:	1 A					11		
Date of completion: 10	128/2	Østart	Job Time: /	1:10	_ Stop Jo	ob Time: //.	25	
Maintenance Provider:	Wall	Enco	rap. who					

## TESTING AND REPORTING RECORD

This Testing and Reporting Pecord shall be completed, signed and dated after each respection.

1.Inspection	Date:	FEBRUARY	3,2021	Installed:	6/3/2019	Service	Expires:6/3/2	2021
BILLING ADDR	E33:				PHYSICA	L ADDRES	3:	
TAMMY SMIT	H				2367 0	COMAL SI	PRINGS	

TAMMY SMITH
2367 COMAL SPRINGS
CANYON LAKE, TX 78133

CANYON LAKE, TX

TELEPHONE: 210-825-6036 LOT: LT 415, ALT. PHONE:

PERMIT#: 108627 COUNTY: COMAL SN: 18110240

Phone: 830-899-2615

Fax: 830-899-6662

SUBDIVISION: MOUNTAIN SPRINGS RANCH MFG: CLEARSTREAM 600 MAPSCO: N/A

NOTE3: CLEAN EFFLUENT FILTER DURING FEBRUARY'S INSPECTION TYPE OF 3Y3TEM: SPRAY

Inspected Item: Operational Inoperative Aerators SCFM/Compressors PSI 1,25 (Record Pressure Reading) Filters Irrigation Pumps NIA Recirculation Pumps Disinfection Device Chlorine Supply Electrical Circuits Distribution 3ystem Sprayfield Vegetation Back Flush Drip Field, NIA if applicable Other as Noted Access Posts are Secured

2. Action taken or Repairs or Needed repairs to system (list all components replaced):

78133

CHECKED pump,

Alarm, Floats,

Chlorine, Sprinklers,

Compressor

SYSTEM OPERATING AS DESIGNED? ()/N

3. Tests required and results:

	Required Results		Test		
	Yes	No	mg/1 mpn/100mi or Trace	Method	
BOD (Grab)					
T33 (Grab)		1	CIEAR		
Cl(Grab)	/				
Fecal Coliform					

Copies of this report have been forwarded to the following:	OMAL county / homeowner.
Maintenance Technician: Thomas	11
Date of completion: 4/12/2/ 3tart Job Time: 1:15	Stop Job Time: 1:35
Maintenance Provider: Walks Chapman	

## COUNTRYSIDE CONSTRUCTION, INC. 30 CHAPMAN FARKWAY CANYON LAKE, IX 38133

Phone: 830-899-2515 Pax: 830-899-6662

# TESTING AND REPORTING RECORD

This Testing and Reporting Record stell be completed, signed and dated after each impeditor.

<u>inis isting s</u>	o reporting regular	Marie Com State of the Say of			
l.Inspection Date: JUNE	3,2021 Insta	lled: 6/3/2019	Service Expi	res:6/3/2021	
BILLING ADDRESS: TAMMY SMITH 2367 CUMAL SPRINGS CANYON LAKE, TX 7813	33	23	SICAL ADDRESS 57 COMAL SE TYON LAKE,	RINGS	
TELEPHONE: 210-825- ALT. PHONE:	-6036	LO	T: LT 415,	PERMIT#: COUNTY: SN:	108627 CIMAL 18110240
SUBDIVISION: MUUNTATE	i springs ran	CH MFG: CLI	CARSTREAM 6(	n Mapsco:	e/a
NOTES: CLEAN TYPE OF SYSTEM: SPRAY	EFFLUENT FILTS	er during febru	artis Inspeci	FION	
Inspected Item:	Operational	Inoperative	2. Action Needed rep	tisken or Repai: aire to system	ss or (list ell
Aerators SCFM/Compressors PSI (Record Pressure Reading)	2.0			replaced):	
Filters	1		•		•
Irrigation Pumps	/	the second secon	CHE	CKED PUM,	0,
Recirculation Pumps	NIA	PLATFORM AND ADDRESS AND ADDRE	1 1	·	
Disinfection Device	1	The state of the s	Hori	n, Chlorine	2/
Chlorine Supply					
Electrical Circuits	1		SOLU	n, Chlorine  KLERS, Fi	WATS,
Distribution System					
Sprayfield Vegetation			Chli	rine, com	DUSOR
Back Flush Drip Field, if applicable	N/A				_
Other as Noted			SYSTEM OPE	PATING AS DESIG	red?Oh
Access Posts are Secure	:d		(:=9		No
3. Tests required and r	Required	Result	: Te:	85	
	Yes No	mg/1 mpn/10 Trace		<del></del>	
BOD (Grab)					
TSS (Grab)		Clear			
C1 (Grab)					
Fecal Coliform					
Copies of this report hav	e been forwards:	d to the followin	ig: CIMAL :	county / homeown:	et.
				Port -	
Maintenance Technician:  Date of completion:	8/5/21 Star	t Job Time:	<b>5</b> 5	op Job Time:	· · · · · · · · · · · · · · · · · · ·
Waintenance Provider:	, , , , ,	. 1			

### DUNTRYSIDE ONSTRUCTION, INC. 300 CHAPMAN PARKWAY CANYON LAKE, IX 78133

Phone: 830-899-2515 Fax: 830-899-6552

This Testing &c	Recating Recard	<u> šall be ampleted, s</u>	med and de	ted sier ech	repedien		
1 Inspection Date: OCTOR	ER 3,2021 In:	stalled: 5/3/20	)19 Serv	ica Expir	es:6/3/2022		
BILLING ADDRESS: TAMMY SMITH 2367 COMAL SPRINGS CANYON LAKE, TX 7813	3	23(		odress: 11 SPRIN( 1886, TX			
TELEPHONE: 210-825-6036 LOT: LT 415, PERMIT#: COUNTY: SN: 18							
SUBDIVISION: MOUNTAIN	SPRINCS RAM	ih meg: Cil	earstre	AM 600	MAPSCO:	<u>w</u> /A	
NOTES: CLEAR I	<u>FELUTUT FILIF</u>	R DURING FEBRU					
Inspected Item:	Operational	Inoperative	2. A	ction tak	en or Repail to system	E OT (list all	
Aerators SCFM/Compressors PSI (Record Pressure Reading)	2.0			a repaits nents repi			
Filters							
Irrigation Pumps	/	The state of the s	_CH	ECKED	pump,		
Recirculation Pumps	NIA						
Disinfection Device			<u>Spr</u>	TAKIERS	FL01473	<i></i>	
Chlorine Supply			Ala	arme	Floats Chlorin	2	
Electrical Circuits		Charles and the charles and th		<u>,,</u>		-	
Distribution System Sprsyfield Vegetation	<u> </u>		1	mpresso			
Back Flush Brip Field, if applicable	NIA			,			
Other as Noted				m operati	NG AS DESIG	ned? <b>()</b> n No	
Access Posts are Secure	1		(3	<u> </u>		149	
3. Tests required and re	esults:						
	Required	Result	<b>5</b>	Test			
Andrew Area and the second sec	Yes No	mg/l mpn/10		Method			
BOD (Grab)							
TSS (Grab)	/						
Cl(Grab)	/						
Fecal Coliform		<u> </u>					
The state of the s				i i			
Copies of this report have	been forwarded	t to the following	<u>wg:</u> CO	MAL count	g / <u>boscow</u>	<u> </u>	
Maintenance Technician:					yes Yes		
Date of completion: $\frac{II}{I}$	/15/21 Start	s Job Time: _		_ Stop Jo	ob Time:		
Maintenance Provider:	Walke	hepmen.					

#### TESTING AND REPORTING RECORD

This Testing a	nd Reportin	ng Record	shall be or	npleted, signed and	dated after each	h impection.	
1.Inspection Date: FEBR	UARY 3	,2022 I	nstalle	d: 6/3/2019 3e	rvice Exp.	ires:6/3/202	2
BILLING ADDRESS: TAMMY SMITH 2367 COMAL SPRINGS CANYON LAKE, TX 7813	33			PHYSICAL 2 2367 COM CANYON L	AL SPRIN		
TELEPHONE: 210-825	-6036			LOT: LT	415,	PERMIT#: COUNTY: SN:	108627 COMAL 18110240
SUBDIVISION: MOUNTAIN	SPRIN	GS RANG	CH M	FG: <b>CLEARSTR</b> I	EAM 600	MAPSCO:	N/A
TYPE OF SYSTEM: SPRAY  Inspected Item: Aerators SCFM/Compressors PSI (Record Pressure		tional	R DURING	Neede	Action tak	en or Repair to system laced):	
Reading)	1 (000)	,					
Filters	1				ILAVE	2 01/22	
Irrigation Pumps	1	/ ^ .			4ECKER	pump	
Recirculation Pumps	N/	1+		n	10:00 0	prinkle	2:-
Disinfection Device	1				armo	DITTICLE	15,
Chlorine Supply	1			26	1	FLOATS,	
Electrical Circuits	/				10/Ine,	10415	P
Distribution System	/	,			7.	1-	0
Sprayfield Vegetation Back Flush Drip Field,	/				ompre.	sson/FI	CIER
if applicable	N/	A					
Other as Noted	1			syst	FM OPERATT	NG AS DESIGN	VED? ON
Access Posts are Secure	d				Yes		No
3. Tests required and r					7-29		
		ired		Results	Test		
	Yes	No	mg/l	mpn/100mi or Trace	Method		
BOD (Grab)			-12	1 0			
T33(Grab)			PR	010	070		
Cl(Grab) Fecal Coliform			-				
LECHT CULTIVIE							
			1				
Copies of this report have	been fo	orwarded	to the i	Following: CO	MAL count	y / homeowne	<u>E.</u>
	Tho	mas				4.2	
Maintenance Technician:	11001	100	74			11	

Date of completion: 2/17/22 Start Job Time: Stop Job Time: Maintenance Provider: Walkn Chapman

## Countryside Construction, Inc. 300 Chapman Parkway, Canyon Lake, TX. 78133

Phone: 830-899-2615 or 1-888-379-3721 Fax: 830-899-6662

### SEPTIC SYSTEM SERVICE AGREEMENT

In consideration of payment for this service contract, we will abide by and agree to its terms and conditions:

Name: JERRY SIMMONS Address: 2367 COMAL SPRINGS Sub-Div./County: MOUNTAIN SPRINGS RANCH, COMAL CANYON LAKE, TX 78133

Permit #: 108627 SPRAY Model #: CLEARSTREAM 600 Serial #: 18110240

Phone: 618-795-0903

PLEASE SELECT CONTRACT TERM

One Year Service Agreement \$295.00 Legal Description: LT 415, MOUNTAIN SPRINGS RANCH -	( ) Two Year Service Agreement \$570.00
This non-refundable contract will be in effect <b>FROM</b> : 6/3/2022 for the two year service agreement add one year to expiration	TO: 6/3/2023 OR 2024 (If paying date by circling it). Countryside Construction, Inc.
will provide the following:	

- An inspection every (4) four months which will include: Servicing of the mechanical & electrical components as necessary to
  insure system is functioning as engineer designed, pulling and cleaning the aerator shaft, cleaning compressor air filters of
  other brands, check chlorine, conduct solids test to determine if system should be pumped, back flushing tubing for drip
  irrigation fields and checking sprinklers on above ground systems.
- 1) The property owner is responsible for "purchasing and keeping chlorine" in the chlorinator, (if applicable). If the chlorine test reveals "No Chlorine" in the system, the property owner may incur an additional cost.

2) If any improper operation is observed (which cannot be corrected at that time) the property owner will be notified immediately of the conditions and the estimated cost.

ANY PARTS, WARRANTY OR NON-WARRANTY, FREIGHT CHARGES, LABOR OR SERVICE CALLS NOT PAID IN FULL AT THE END OF (30) DAYS SHALL REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND AUTHORIZES CONTRACTOR TO REMOVE AND REPOSSESS ANY PARTS INSTALLED. CLIENT FURTHER AGREES TO PAY ANY LABOR COST OF THE INSTALLATION AND REASONABLE COST OF REMOVAL OF SAID PARTS.

4) THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZES COUNTRYSIDE CONSTRUCTION TO ENTER THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.

Countryside Construction, Inc., will warranty installation of the septic system to be according to state and county regulations and the designs approved by the county. HOMEOWNER WILL BE RESPONSIBLE FOR SERVICE CALLS, LABOR AND SHIPPING COSTS ON ANY "WARRANTIED PARTS" EXCHANGED DURING WARRANTY. All other components will be according to manufacturer's warranties.

Important: As Countryside Construction, Inc. <u>cannot control</u> what or how much effluent goes into this septic system, we <u>cannot warranty</u> how the system will function. Refer to manufacturers or installer's instructions, for suggestions on septic operation. If necessary, between inspections, it is the property owner's responsibility to clean the micron filters on drip irrigation systems. This service agreement <u>does not</u> cover the cost of "service calls, labor or materials that are required or parts out of warranty, the failure to maintain electrical power to the system, sprinklers that are broken, leaking, stopped-up or otherwise mal-functioning; or sewage flows exceeding the hydraulic/organic design capabilities and the input of non-biodegradable materials (solvents, grease, oil, paints, etc.), or any usage contrary to the requirements as advised by authorized service representative. Laboratory test work is available at an additional cost. Chlorine, filters, or parts that are out of warranty are available at a reasonable cost.

This contract <u>does not</u> include the <u>pumping of a tank</u> or of any <u>compartment of a tank</u>, <u>or settlement of soil on or around any part of the system regardless of reason</u>:

**Violations of the warranty** also include: disconnecting the alarm, restricting ventilation to the aerator, overloading the system above its rated capacity; or flooding by external means. Rodent, insect or fire ant damage or any other form of unusual abuse is a violation. A renewal service contract **should** be **"activated" (30) thirty days before expiration** of existing contract. We will contact property owner prior to expiration of existing contract.

Serviced by: Countryside Construction Inc.

Walker Chapman – Installer's Licensee #OS0002929-OSSF Maintenance Provider Licensee #MP0000035

Property Owner Signature

(X) Walker Chapman — Date: 6.6.2 Authorized Service Representative (revised 08/13/2020)

#### COUNTRYSIDE CONSTRUCTION, INC. 300 CHAPMAN FARKWAY CANYON LAKE, TX 78133

Phone: 830-899-2615 Fax: 830-899-6662

#### TESTING AND REPORTING RECORD

Clean Air

This Testing and Reporting Record shall be completed, signed and dated after each inspection STONE

1. Inspection Date: JUNE 3,2022 Installed: 6/3/2019 Service Expires:6/3/2022 NEXF

BILLING ADDRESS: JERRY SIMMONS 2367 COMAL SPRINGS CANYON LAKE, TX 78133 PHYSICAL ADDRESS: 2367 COMAL SPRINGS CANYON LAKE, TX 78133 insp.

TELEPHONE: 618-795-0903

LOT: LT 415,

PERMIT#: COUNTY:

108627

ALT. PHONE:

COMAL 18110240

No

GATE CODE:

SUBDIVISION: MOUNTAIN SPRINGS RANCH

Manufacturer

. SN:

N/A

CLEARSTREAM 600

MAPSCO:

NOTES:

CLEAN EFFLUENT FILTER DURING FEBRUARY INSPECTION

TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators SCFM/Compressors PSI Record Pressure Reading	3.0	
Filters	1	
Irrigation Pumps	1	
Recirculation Pumps	N/A	
Disinfection Device		
Chlorine Supply		
Electrical Circuits	1	
Distribution System	1	
Sprayfield Vegetation	1	
Back Flush Drip Field, if applicable	NA	
Other as Noted	1	
Access Posts are Secure	d b	

2. Action taken or Repairs or Needed repairs to system (list all components replaced):

CHECKED pemp, Alarms, sprinkless. Compresson / FICTER

SYSTEM OPERATING AS DESIGNED? WH

3. Tests required and results:

Requ	ired	Results	Test Method	
Yes	No	mg/1 mpn/100mi or Trace		
	1		Hart meet	
	)		13 335	
1			1 3	
	1	Required Yes No		

Copies	ο£	this	report	have	been	forwarded	to	the	following:	COMAL	county	1	homeowner.
												Camping Co.	

Maintenance Technician: Thomas

11

Date of completion: 6/3/22 Start Job Time:

Stop Job Time:

Maintenance Provider: Walker Clapman

# Hone: 830-899-2615 (

#### Fax: 830-899-6662

#### TESTING AND REPORTING RECORD

This Testing a	d Reportin	g Record	shall be completed, s	igned and dated after	each inspection.				
1.Inspection Date: JUNE	3,2023	} Instal	lled: 6/3/2019	Service Expir	es:6/3/2023				
BILLING ADDRESS: JERRY SIMMONS 2367 COMAL SPRINGS CANYON LAKE, TX 781	33		23	PHYSICAL ADDRESS: 2367 COMAL SPRINGS CANYON LAKE, TX 78133					
TELEPHONE: 618-79	5-0903		LO	OT: LT 415, PERMIT#: 108627 COUNTY: COMAL					
SUBDIVISION: MOUNTAI			ICH Manufa	cturer:	SN: MAPSCO:	18110240 N/A			
NOTES: CLEAN	EFFLUE	IT FILTE	ER DURING FEDR	UARY INSPECTION	N				
TYPE OF SYSTEM: SPRAY Inspected Item:	0	tional	Inoperative	2. Action	taken or Rep	eirs or			
Aerators SCFM/Compressors PSI Record Pressure Reading	2		Inoperative		airs to system				
Filters		1		2.					
Irrigation Pumps	1			Check	ed pump chloring lers, Flo esson	2.			
Recirculation Pumps	N	A		4.	are prong				
Disinfection Device		1		Alarms	chloring	2 -			
Chlorine Supply	1	/			, , , , , , , , , , , , , , , , , , , ,				
Electrical Circuits	1	,		Sprink	lors Ela	ATS,			
Distribution System	1	,		Spring	. (1), 100	11121			
Sprayfield Vegetation	1	•		Comore	CON				
Back Flush Drip Field, if applicable	N	A		Jungin	5001				
Other as Noted				SYSTEM OPER	RATING AS DES	IGNED: Y/N			
Access Posts are Secured						No			
3. Tests required and r		ired	l Dm:	sults	Test				
	Yes	No		OOmi or Trace	Method				
BOD (Grab)									
TSS (Grab)		/							
Cl(Grab)	/	,							
Fecal Coliform									
Copies of this report have	been for	rwarded	to the followin	q: COMAL co	unty / homeow	1 AND 100			
Maintenance Technician:	Th	oma	S IN EGITOMIN	g. Genne co	11				
Date of completion: 4	15/2		Job Time:	Stop	Job Time: _				
Maintenance Provider:	wale	kn C	lup noun						

This Testing	and Reporti	ng Record	shall be o	impleted, s	igned and dated after	reach inspect	lion.		
1. Inspection Date: Oct	ober 3,	2022 In	stalle	d: 6/3/2	019 Service E	kpires:6/	3/2023		
BILLING ADDRESS: JERRY SIMMONS 2367 COMAL SPRINGS CANYON LAKE, TX 781	PHYSICAL ADDRESS: 2367 COMAL SPRINGS CANYON LAKE, TX 78133								
TELEPHONE: 618-79: ALT. PHONE: GATE CODE: SUBDIVISION: MOUNTAI CLEARST	T: LT 415,		MIT#: NTY: SCO:	108627 COMAL 18110240 N/A					
NOTES: CLEAN	EFFLUEN	T FILTE	R DURI	NG FEBRU	ARY INSPECTION	1			
TYPE OF SYSTEM: SPRAY									
Inspected Item: Aerators SCFM/Compressors PSI		tional	Inope	rative	2. Action Needed repa components	irs to sy	/stem /		
Record Pressure Reading	1				-				
Filters	+ .	/			111-11				
Irrigation Pumps	1	10			CHECK	ED P	ump		
Recirculation Pumps	N,	IA							
Disinfection Device	1	/			Alarms, chlorine,				
Chlorine Supply	/								
Electrical Circuits	1	<b>'</b>			Sprinklens, Floats,				
Distribution System	/				en en L'imparting (1985) 전환 (1				
Sprayfield Vegetation	/			-	Compressor/FICTER				
Back Flush Drip Field, if applicable	N	A		ie Ale		/			
Other as Noted					SYSTEM OPER	ATING AS	DESIGN	ED? O/N	
Access Posts are Secure	d				(Yes)			No	
Э Ш									
3. Tests required and r		ired	Г	Daw	ılts	Test			
tellusern	Yes	No	mg/1		Omi or Trace	Method			
BOD (Grab)									
TSS (Grab)		/	11119			1			
C1(Grab)	/								
Fecal Coliform					at a bala				
Copies of this report have Maintenance Technician:  Date of completion: 19	11/10/20	MAS 2 Start	Job Ti	me:			omeowne	Σ.	
Maintenance Provider: _	wall	knel	upres	-					

This Testing	and Report	ing Record	shall be comp	eted, signed and dated aff	er each inspec	tion_	
1.Inspection Date: FEB	RUARY 3	,2023	Installed:	6/3/2019 Service	Expires:6	5/3/2023	
BILLING ADDRESS: JERRY SIMMONS 2367 COMAL SPRINGS CANYON LAKE, TX 781	33			PHYSICAL ADDRES 2367 COMAL SE CANYON LAKE,	PRINGS	133	
TELEPHONE: 618-79! ALT. PHONE: GATE CODE:	eri tostalogadina			LOT: LT 415,	COU SN:	and that also also had also	AL 40
SUBDIVISION: MOUNTAI	N SPRII	WGS KAN	CH MFG: C	LEARSTREAM 600	MAP	SCO: N	/A
NOTE3: CLEAN	EFFLUE	NT FILTE	R DURING	FEBRUARY INSPECTIO	N		
TYPE OF SYSTEM: SPRAY							
Inspected Item:	Opera	tional	Inoperata	ive 2. Action	taken or	Repairs or	
Aerators SCFM/Compressors PSI Record Fressure Reading	-	/		Needed rep components		ystem (list all ):	E.
Filters		,		***************************************			
Irrigation Pumps				CUECKE	n nun	M	
Recirculation Pumps	N	/ A		Checieo	O POIN	(P)	
Disinfection Device	10/	1		Alama	FIMI	~	
Chlorine Supply		,		Hiulius)	1 pari	DKLERS,	
Electrical Circuits		,		th lovi	o sori	SVI FOC	
Distribution System		/		GIVOIT	e, opin	NEGES	
Sprayfield Vegetation		/		Compre	Clau		
Back Flush Drip Field, if applicable	N	/A		Conguita	DUC		
Other as Noted				SYSTEM OPE	RATING AS	DESIGNED? TO	
Access Posts are Secure	d		<u> </u>	Yes		No	Lanetson
						al.	
3. Tests required and r		ired	<del></del>	Results	Test	please	
and farming a second se	Yes	No	mg/1 mp	n/100mi or Trace	Method	Add	
BOD (Grab)			1 79/ = 11/	and the second s		Add	
T33(Grab)	Marile St	1					
Cl(Grab) Fecal Coliform	_/_						
Copies of this report have	heen f	newarded	to the fol	Lowing: COMAL c	ounty / h	iomeowner.	
Maintenance Technician:	TH	toma	5			11	
Date of completion: 2/	9/23	Start	Job Time:	Sto	p Job Tim	e:	
Maintenance Provider:							
Maintenance Provider: _	wall	reu Ch	upman				

## COUNTRYSIDE CONSTRUCTION, INC. 300 CHAPMAN PARKWAY CANYON LAKE, TX 78133

Phone: 830-899-2615 Fax: 830-899-6662

# TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection

1-Inspection Date: OC	TORER	2 2022		rened, agried Mit GEED			
1. Inspection Date: OC	LUMBELL ,	0,2020	TUBLUTTEG:	6/3/2019 Service	Expire	==:6/3/2024	
JERRY SIMMONS 2367 COMAL SPRINGS CANYON LAKE, TX 78				PHYSICAL ADDRE 2367 COMAL S CANYON LAKE,	SPRING	/S 78133	
TELEPHONE: 618-79 ALT. PHONE: GATE CODE: SUBDIVISION: MOUNTA			NCH MFG: C	LOT: LT 415,		PERMIT#: COUNTY: SN: MAPSCO:	108627 COMAL 18110240 N/A
NOTES: CLEAN	EFFLU	ENT FILT	CER DURING E	EBRUARY INSPECTI	TIN		
TYPE OF SYSTEM: SPRAY		ational		we 2. Action	1 taker	ı ol Repair	3 07
Aerators SCFM/Compressors PSI Record Pressure Reading	2.	5		Needed rep components	pairs t	o system (	list all
Filters		1					
Irrigation Pumps		/		Charle	nd	numa	
Recirculation Pumps	N	10		CIRCLE	ea p	July,	
Disinfection Device		7		Alarm		2011/	
Chlorine Supply		,		- HWM	5,0	oump, orinkle	15,
Electrical Circuits	1	,		ablance	00	Float	
Distribution System		,		Churr	10/1	FLOATS,	
Sprayfield Vegetation		/		- Ann			
Back Flush Drip Field, if applicable	~	1/4		Compi	resso		
Other as Noted				SYSTEM OPE	n souver	10	6
Access Posts are Secure	d	THE RESERVE OF THE PARTY OF THE	- Lancing and the same of the	Val	KALLNG	AS DESIGNE	The second secon
3 77							No
3. Tests required and r		A STATE OF THE PARTY OF THE PAR					
	Yes	lired   No		Results	Tes		
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PSS (Grab)	Warden I	1			+		
71 (Grab)	1						
Tecal Coliform							
opies of this report have faintenance Technician:	The	mas			ounty /	homeowner	_
laintenance Provider:	4-6	ys-					

.Inspection Date: FEBR	MARY 3	2024 To	=+=11=d- 6/3/2	N10 Service F	vnires:6/3/2	024
Inspection bate: Embi	ORKI J,	ZUZ 3 111	SUMITIEG: 0/J/Z	ora pervice Di	RDILES:0/J/2	023
BILLING ADDRESS:				ICAL ADDRESS:		
TERRY SIMMONS				7 COMAL SPR		
2367 COMAL SPRINGS			CAN	YON LAKE, T	X 78133	
CANYON LAKE, TX 781	.33					
TELEPHONE: 618-79	5-0903		LOT	LT 415,	PERMIT#:	108627
ALT PHONE:					COUNTY:	COMAL
SATE CODE:					SN:	18110240
SUBDIVISION: MOUNTAI	N SPRIN	GS RANC	CH MFG: CLEARS	STREAM 600	MAPSCO:	N/A
NOTES: CLEAN	EFFLUEN	T FILTE	R DURING FEBRUA	ARY INSPECTION		
TYPE OF 3Y3TEM: SPRAY						
						=:.
Inspected Item:	Opera	tional	Inoperative		taken or Rep irs to syste	en (list all
SCFM/Compressors PSI	20	5 V		components		
Record Pressure Reading	di	2.0				
'ilters	1	1		$\alpha_{l}$	,	
Errigation Pumps		1		Thecke	od simi	),
Recirculation Pumps	14	IA		11	pour	
Disinfection Device		1		Alarms	ed pump , chlori	10.
hlorine Supply	1	/				
Electrical Circuits	1	/		notionts	, Aug	GUN, pressur
Distribution System	1	1		<i>P</i>	0	
Sprayfield Vegetation	/			SHINE	Com	nressuk
Back Flush Drip Field, if applicable	N/	<b>4</b>			<i>,</i>	~
Other as Noted				SYSTEM OPER	ATING AS DE	SIGNED?
rcess Posts are Secured	-1			(Y∈∋	Marie Carlo Car	No
. Tests required and r	esults:					1,
	Requ	ired	Rest	ılts	4 A Terrand Lad 1	leared
	Yes	No	mg/1 mpn/100	Omi or Trace	Method	Air stone
SOD (Grab)					1	a reset
788 (Grab) '		/		A 11 19 18 1 19		
[1 (Grab)	/				C'0	mpresso
Fecal Coliform						empresso Afty Swi
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pies of this report have	heen for	warded i	n the following	: COMAL co	untv / homeo	SWI
				· Too both did dail. Too left	many / Ammud	
7.33						
intenance Technician:	Tho	mas			1 1	
7.9	1000				Head Alexander	

UNTRYSIDE CONSTRUCTION, INC. O CHAPMAN PARKWAY ANYON LAKE, TX 78133

Hone: 830-899-2615 Fax: 830-899-6662

This Testing s	nd Reporting Record	shall be completed.	signed and dated of	or each iven and	
1. Inspection Date: JUNE	3 2024 7	23 1	The second second second	er ami reperrion	
1. Inspection Date: JUNE	. U, LUZE INSTE	TTEC: 6/3/2019	) Service Expi	res:6/3/2024	
BILLING ADDRESS:		PH	YSICAL ADDRES	9.	
JERRY SIMMONS		23	67 COMAL SP	RINGS	
2367 COMAL SPRINGS		CA	NYON LAKE,	TX 78133	
CANYON LAKE, TX 781	.33			.0133	
TELEPHONE: 618-79	cnon_2				
ALT. PHONE:	2 0200	LO	T: LT 415,	PERMIT#:	108627
GATE CODE:				COUNTY:	COMAT.
SUBDIVISION: MOUNTAI	N SPRINGS RAN	ICH MEC- CTEX		SN:	18110240
				MAPSCO:	N/A
NOTES: CLEAN	EFFLUENT FILT	R DURING FEBR	DARY INSPECTION	IW	
TYPE OF SYSTEM: SPRAY					
Inspected Item:	Operational	Inoperative	2. Action	taken or Repa	
Acrators		T 72	Needed rep	sirs to system	ies or
SCFM/Compressors PSI Record Pressure Reading	2.5		components	replaced):	(TIST all
Filters					
Irrigation Pumps	1		21		
Recirculation Pumps	1/10		- Check	ked puny	2.
Disinfection Device	NA		0/10	pury	
Chlorine Supply			Harn	1S, FlOA	15.
Electrical Circuits	-				
Distribution System			chionin	e Sprinkl	ere
Sprayfield Vegetation			1		(,)
Back Flush Drip Field,			Comm	essor	
if applicable	N/A		1		
Other as Noted					
Access Posts are Secured			SYSTEM OPER	ATING AS DESIG	NED? (Y)
3 T==+=			Yes		No
3. Tests required and res					
	Required Yes No	Resu		Test	
BOD (Grab)	140	mg/l mpn/100	mi or Trace	Method	
TSS (Grab)		April 1			
Cl(Grab)			4		
Fecal Coliform					
opies of this report have be	en forwarded es	the fall.	2- E		
aintenance Technician:	Thomas	LHE TUILOWING:	COMAL cou	nty / homeowner	
ate of completion: 6/19	1/24 Start Jo	b Time:	g ,	3	
Saintenance Provider: U	alker chy		reop d	ob Time:	

UNTRYSIDE CONSTRUCTION, INC. O CHAPMAN PARKWAY ANYON LAKE, TX 78133

Hone: 830-899-2615 Fax: 830-899-6662

This Testing s	nd Reporting Record	shall be completed.	signed and dated of	or each iven and	
1. Inspection Date: JUNE	3 2024 7	23 1	The second second second	er ami reperrion	
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BILLING ADDRESS:		PH	YSICAL ADDRES	9.	
JERRY SIMMONS		23	67 COMAL SP	RINGS	
2367 COMAL SPRINGS		CA	NYON LAKE,	TX 78133	
CANYON LAKE, TX 781	.33			.0133	
TELEPHONE: 618-79	cnon_2				
ALT. PHONE:	2 0200	LO	T: LT 415,	PERMIT#:	108627
GATE CODE:				COUNTY:	COMAT.
SUBDIVISION: MOUNTAI	N SPRINGS RAN	ICH MEC- CTEX		SN:	18110240
				MAPSCO:	N/A
NOTES: CLEAN	EFFLUENT FILT	R DURING FEBR	DARY INSPECTION	IW	
TYPE OF SYSTEM: SPRAY					
Inspected Item:	Operational	Inoperative	2. Action	taken or Repa	
Acrators		T 72	Needed rep	sirs to system	ies or
SCFM/Compressors PSI Record Pressure Reading	2.5		components	replaced):	(TIST all
Filters					
Irrigation Pumps	1		21		
Recirculation Pumps	1/10		- Check	ked puny	2.
Disinfection Device	NA		0/10	pury	
Chlorine Supply			Harn	1S, FlOA	15.
Electrical Circuits	-				
Distribution System			chionin	e Sprinkl	ere
Sprayfield Vegetation			1		(,)
Back Flush Drip Field,			Comm	essor	
if applicable	N/A		1		
Other as Noted					
Access Posts are Secured			SYSTEM OPER	ATING AS DESIG	NED? (Y)
3 T==+=			Yes		No
3. Tests required and res					
	Required Yes No	Resu		Test	
BOD (Grab)	140	mg/l mpn/100	mi or Trace	Method	
TSS (Grab)		April 1			
Cl(Grab)			4		
Fecal Coliform					
opies of this report have be	en forwarded es	the fall.	2- E		
aintenance Technician:	Thomas	LHE TUILOWING:	COMAL cou	nty / homeowner	
ate of completion: 6/19	1/24 Start Jo	b Time:	g ,	3	
Saintenance Provider: U	alker chy		reop d	ob Time:	

## Countryside Construction, Inc. 300 Chapman Parkway, Canyon Lake, TX. 78133 Phone: 830-899-2615

SEPTIC SYSTEM SERVICE AGREEMENT

In consideration of payment for this service contract, we will abide by and agree to its terms and conditions: Name: JERRY SIMMONS

Address: 2367 COMAL SPRINGS

Sub-Div./County: MOUNTAIN SPRINGS RANCH. COMAL

CANYON LAKE, TX 78133

Permit #: 108627 SPRAY Model #: CLEARSTREAM 600

Serial #: 18110240

Phone: 618-795-0903

#### PLEASE SELECT CONTRACT TERM

One Year Service Agreement \$325.00

( ) Two Year Service Agreement \$630.00

Legal Description: LT 415, MOUNTAIN SPRINGS RANCH - COMAL

This non-refundable contract will be in effect FROM: 6/3/2024 TO: 6/3/2025 OR 2026. Countryside Construction, Inc. will provide the following:

- An inspection every (4) four months which will include: Servicing of the mechanical & electrical components as necessary to ensure system is functioning as engineer designed, pulling and cleaning the aerator shaft, cleaning compressor air filters. check chlorine, conduct solids test to determine if system should be pumped, back flushing tubing for drip irrigation fields and checking sprinklers on above ground systems.
- 1) The property owner is responsible for "purchasing and keeping chlorine" in the chlorinator, (if applicable). If the chlorine test reveals "No Chlorine" in the system, the property owner may incur an additional cost.

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- THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZES COUNTRYSIDE CONSTRUCTION TO ENTER THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.

Countryside Construction, Inc., will warranty installation of the septic system to be according to state and county regulations and the designs approved by the county. HOMEOWNER WILL BE RESPONSIBLE FOR SERVICE CALLS, LABOR AND SHIPPING COSTS ON ANY "WARRANTIED PARTS" EXCHANGED DURING WARRANTY. All other components will be according to manufacturer's warranties.

Important: As Countryside Construction, Inc. cannot control what or how much effluent goes into this septic system, we cannot warranty how the system will function. Refer to manufacturers or installer's instructions, for suggestions on septic operation. If necessary, between inspections, it is the property owner's responsibility to clean the micron filters on drip irrigation systems. This service agreement does not cover the cost of "service calls, labor or materials that are required or parts out of warranty, the failure to maintain electrical power to the system, sprinklers that are broken, leaking, stopped-up or otherwise mal-functioning; or sewage flows exceeding the hydraulic/organic design capabilities and the input of non-biodegradable materials (solvents, grease, oil. paints, etc.), or any usage contrary to the requirements as advised by authorized service representative. Laboratory test work is available at an additional cost. Chlorine, filters, or parts that are out of warranty are available at a reasonable cost.

This contract does not include the pumping of a tank or of any compartment of a tank, or settlement of soil on or around any part of the system regardless of reason:

Violations of the warranty also include: disconnecting the alarm, restricting ventilation to the aerator, overloading the system above its rated capacity; or flooding by external means. Rodent, insect or fire ant damage or any other form of unusual abuse is a violation. A renewal service contract should be activated (30) thirty days before expiration of existing contract. We will contact property owner prior to expiration of existing contract.

Serviced by: Countryside Construction Inc.

Walker Chapman - Installer's Licensee #OS0002929-OSSF

Maintenance Provider Licensee #MP0000035

Print Name (X) Jerry Simmin Date: Property Owner Signature (X) Walke Clups \_\_\_\_ Date: 7.9.24 Authorized Service Representative (revised 08/

Date of completion: 10-09-24 Start Job Time:

Maintenance Provider: Walker Chepon

## TESTING AND REPORTING RECORD

Thone: 830-899-2515

Fax: 830-899-5552

This Testing and Reporting Record shall be completed, signed and dated after each inspection. 1. Inspection Date: October 3,2024 Installed: 6/3/2019 Service Expires:6/3/2025 BILLING ADDRESS: PHYSICAL ADDRESS: JERRY SIMMONS 2367 COMAL SPRINGS CANYON LAKE, TX 78133 2367 COMAL SPRINGS CANYON LAKE, TX 78133 TELEPHONE: 618-795-0903 LOT: LT 415, PERMIT#: 108627 ALT. PHONE: COUNTY: COMAL. GATE CODE: SN: 18110240 SUBDIVISION: MOUNTAIN SPRINGS RANCH MFG: CLEARSTREAM 600 MAPSCO: N/A NOTES: CLEAN EFFLUENT FILTER DURING FEBRUARY INSPECTION TYPE OF SYSTEM: SPRAY Inspected Item: 2. Action taken or Repairs or Operational Inoperative Needed repairs to system (list all Aerators SCFM/Compressors PSI components replaced): Record Pressure Reading 2.0 Checked compressor Filters Irrigation Pumps Cluared All filter Recirculation Pumps NIA Disinfection Device Checked Chlorine Chlorine Supply Electrical Circuits flouts And Strickles Distribution System Sprayfield Vegetation set times Back Flush Drip Field, NIA if applicable Other as Noted SYSTEM OPERATING AS DESIGNED? (Y)/W Access Posts are Secured 3. Tests required and results: Required Results Test. mg/1 mpn/100mi or Trace Method BOD (Grab) TSS (Grab) CLOAR 4500 Cl (Grab) Oto Fecal Coliform Copies of this report have been forwarded to the following: COMAL county / homeowner. Maintenance Technician: Willum 7

Stop Job Time:

#### TESTING AND REPORTING RECORD

Phone: 830-899-2615

Fax: 830-899-6662

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: February 3,2025 Installed: 6/3/2019 Service Expires: 6/3/2025 BILLING ADDRESS: PHYSICAL ADDRESS: 2367 COMAL SPRINGS JERRY SIMMONS CANYON LAKE, TX 2367 COMAL SPRINGS 78133 CANYON LAKE, TX 78133 TELEPHONE: 618-795-0903 LOT: LT 415, 108627 PERMIT#: ALT. PHONE: COUNTY: COMAL GATE CODE: SN: 18110240 SUBDIVISION: MOUNTAIN SPRINGS RANCH MFG: CLEARSTREAM 600 MAPSCO: N/A NOTES: CLEAN EFFLUENT FILTER DURING FEBRUARY INSPECTION TYPE OF SYSTEM: SPRAY 2. Action taken or Repairs or Inspected Item: Operational Inoperative Needed repairs to system (list all Aerators components replaced): SCFM/Compressors PSI 1.5 Chroked Comitessin Record Pressure Reading Filters Irrigation Pumps 1 Clepned Air filter Recirculation Pumps NA relked Charine Disinfection Device Chlorine Supply ogto and sprinklers Electrical Circuits Distribution System set timer Sprayfield Vegetation Back Flush Drip Field, NIT if applicable Other as Noted SYSTEM OPERATING AS DESIGNED? (Y/N Access Posts are Secured Yes No

3. Tests required and results:

	Required		Results	Test	
	Yes	No	mg/1 mpn/100mi or Trace	Method	
BOD(Grab)				1	
TSS(Grab)		/	Clear	9/90	
C1(Grab)	/		100	1040	
Fecal Coliform					

Copies of this report have been forwarded to the following:	COMAL county / homeowner.	
Maintenance Technician:	3	
Date of completion: 03-04-27 Start Job Time:	Stop Job Time:	
Maintenance Provider: Walker Clum		