



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: 3  
Lot: 415  
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

*Michael Lopez* OS8497  
ENVIRONMENTAL HEALTH INSPECTOR

*Sandra Ann Hernandez*  
ENVIRONMENTAL HEALTH COORDINATOR

OS 0025599

## Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Countryside      OSSF Installer #: \_\_\_\_\_  
 1st Inspection Date: 5/13/19      2nd Inspection Date: 5/17/19      3rd Inspection Date: 6/3/19  
 Inspector Name: Mike T.      Inspector Name: Mike T.      Inspector Name: Mike T.  
 Permit #: 108627      Address: Mt. Springs Ranch / 2367 Comal SA

No.	Description	Answer	Chapters	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)		5/13/19	5/17/19	6/3/19
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	/	285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	/	285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	/	285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	/	285.32(a)(5)				
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(ii) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(i)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

MT-5/13/19  
 Tank set only, heaved

MT-5/17/19  
 operational  
 Ready For Cover

MT-6/3/19  
 covered.



**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(III) 285.32(b)(1)(E)(II)(II) 285.32(b)(1)(E)(II)(I) 285.32(b)(1)(E)(I) 285.32(b)(1)(D) 285.32(b)(1)(C)(II) 285.32(b)(1)(C)(I) 285.32(b)(1)(B) 285.32(b)(1)(A) 285.32(b)(1)(E)(IV)				
9	ALL TANKS installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
10	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	5/13/19	5/17/19	6/3/19
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		Cloud stairs			
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**

Item	Description	Assessor	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
19	DISPOSAL SYSTEM Drip Irrigation		285.33(b)(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**

Item	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.	
32	<p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes &lt; 2.0%</p> <p>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field ( 1000 Linear ft. for 2 bedrooms or Less &amp; an additional 400 ft. for each additional bedroom )</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. &amp; Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) &amp; Pipe Holes ( 3/16 - 1/4" dia. Hole Size ) 5 ft. Apart</p>		<p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(B)</p> <p>285.91(13)</p> <p>285.33(b)(3)(D)</p> <p>285.33(b)(3)(F)</p>					
33	<p>AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Subdividers.</p>	✓	285.326(1)			5/17/19	6/3/19	
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port &amp; Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank</p> <p>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions</p>	✓				↓	↓	
35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.</p>	✓						
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials &amp; construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti-Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>							
37	<p>PUMP TANK Inspection/Clean Out Port &amp; Risers Provided</p> <p>PUMP TANK Secondary restraint system provided</p> <p>PUMP TANK Riser permanently fastened to lid or cast into tank</p> <p>PUMP TANK Riser cap protected against unauthorized intrusions</p>							
38	<p>PUMP TANK Secondary restraint system provided</p>							
39	<p>PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried</p>							

**Comal County Environmental Health  
OSSF Inspection Sheet**

	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipes, Piping, Sprinkler Heads & Valve Covers Color Coded Purple?	✓	285.33(d)(2)(G)(III)(K)285.33(d)(2)(G)(III)(L)285.33(d)(2)(G)(III)(M)285.33(d)(2)(G)(III)(N)285.33(d)(2)(G)(III)(O)285.33(d)(2)(G)(III)(P)285.33(d)(2)(G)(III)(Q)285.33(d)(2)(G)(III)(R)285.33(d)(2)(G)(III)(S)285.33(d)(2)(G)(III)(T)285.33(d)(2)(G)(III)(U)285.33(d)(2)(G)(III)(V)285.33(d)(2)(G)(III)(W)285.33(d)(2)(G)(III)(X)285.33(d)(2)(G)(III)(Y)285.33(d)(2)(G)(III)(Z)			5/17/19	6/3/19
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 30 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 Environmental Health OSSF Inspection Sheet

Installer Name: Countryside OSSF Installer #: \_\_\_\_\_

1st Inspection Date: 5/13/19 2nd Inspection Date: 5/17/19 3rd Inspection Date: \_\_\_\_\_

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

Permit#: 108627 Address: MT. Springs Ranch / 2367 Comal Sp

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)		5/13/19	5/17/19	
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	✓	285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	✓	285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	✓	285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	✓	285.32(a)(5)				
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G)285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(ii) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(i)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

MT - 5/13/19  
MT. Tank set only leveled

MT - 5/17/19  
operational  
Ready For Cover

**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	5/13/19	5/17/19	
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		Clear streams			
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)(5) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				



**Comal County Environmental Health  
OSSF Inspection Sheet**

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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)				

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OSSF Inspection Sheet**

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33	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.	✓	285.32(c)(1)			5/17/19	
34	AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions	✓					
35	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.	✓					
36	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump						
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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)			5/17/19 ↑	
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						

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Installer Name: Countryside OSSF Installer #: \_\_\_\_\_

1st Inspection Date: 5/13/19 2nd Inspection Date: \_\_\_\_\_ 3rd Inspection Date: \_\_\_\_\_

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

Permit#: 108627 Address: Mt. Springs Ranch / 2367 Comal Springs

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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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MT - 5/13/19  
MT Tank set only, leveled



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9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
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23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
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27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel + Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)				



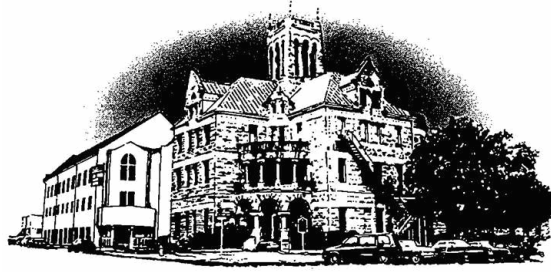
**Comal County Environmental Health  
OSSF Inspection Sheet**

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

**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						





# 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: 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 January 4, 2019

Permit # 108627

Owner Name TAMMY SMITH
Mailing Address PO BOX 750
City, State, Zip SPRING BRANCH TEXAS 78070
Phone# 210-825-6036
Email bryan@lyfegroupinc.com

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

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

Subdivision Name MOUNTAIN SPRINGS RANCH Unit/Phase/Section 3 Lot 415 Block
Acreage/Legal
Street Name/Address 2367 COMAL SPRINGS City CANYON LAKE Zip 78133

Type of Development:

[X] Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) HOUSE
Number of Bedrooms 5
Indicate Sq Ft of Living Area 2600

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[ ] Commercial or Institutional Facility

(Planning materials must show adequate land area for doubling the required land needed for use)

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: \$ 350,000 (Structure Only)

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

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

Source of Water [X] Public [ ] Private Well

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

By signing this application, I certify that:

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

Signature of Owner Tammy Smith

Date 1-9-19



#108627

\*\*\* 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

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) CLEARSTREAM 600NC3T Absorption/Application Area (Sq Ft) 5772

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 [X] No

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

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

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

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

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

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

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

If yes, indicate the city: \_\_\_\_\_



FIRM #2585

By signing this application, I certify that:

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

Signature of Designer (Handwritten Signature)

Date January 7, 2019

AFFIDAVIT



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THE COUNTY OF COMAL  
STATE OF TEXAS

Yes

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.

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):

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JAN 14 2019  
SUBDIVISION

3 UNIT/PHASE/SECTION BLOCK 415 LOT MOUNTAIN SPRINGS RANCH

COUNTY ENGINEER  
SURVEY

IF NOT IN SUBDIVISION: ACREAGE

The property is owned by (insert owner's full name): TAMMY SMITH

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 January, 20 19

Tammy Smith  
Owner(s) signature(s)

TAMMY SMITH  
Owner (s) Printed name (s)

TAMMY SMITH

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 9th DAY OF

January, 20 19  
Meagan A. Perry  
Notary Public Signature

THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY



(Notary Seal Here)

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
01/14/2019 01:28:17 PM  
TERRI 1 Page(s)  
201906001439



Bobbie Koepf



**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: TAMMY SMITH Address: 2367 COMAL SPRINGS  
Sub-Div./County: MOUNTAIN SPRINGS / COMAL City, State-Zip: CANYON LAKE, TX 78133  
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.

Legal Description: MOUNTAIN SPRINGS RANCH, UNIT 3, LOT 415

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JAN 14 2019

This contract will be in effect FROM LTO TO \_\_\_\_\_ and will provide the following:

COUNTY ENGINEER

- A: An inspection/service call every (4) four months which will include: inspection, adjustments and servicing of the mechanical & electrical components as necessary to insure proper function of the system.
- B: An effluent quality inspection consisting of a visual check for color, turbidity, scum, overflow and odor.
- 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.
- 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.
- E: The response time to a complaint by the property owner regarding operation of the system, shall be within "48 hours," from the time of notification.
- F: ANY PARTS, WARRANTY OR NON-WARRANTY, OR FREIGHT CHARGES, LABOR OR SERVICE CALLS DUE NOT PAID FOR REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND COULD RESULT IN REPOSSION OF PARTS BY COUNTRYSIDE CONSTRUCTION.
- G: 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 "WARRANTED PARTS" EXCHANGED DURING WARRANTY.** All other components will be according to manufacture'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. 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, over loading 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.

Served by: Countryside Construction Inc.  
Walker Chapman - Operator Licensee #2929

(X) Tammy Smith Print Name (X) TAMMY SMITH Date: 1-9-19  
Property Owner Signature

Walker Chapman Date: 1/9/19 Authorized Service Representative (revised 10/9/09)

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

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

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JAN 14 2019

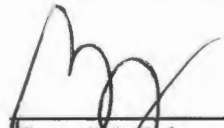
COUNTY ENGINEER

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).

 01/7/19  
\_\_\_\_\_  
Greg W. Johnson, P.E. No. 67587 / F#2585  
170 Hollow Oak  
New Braunfels, Texas 78132 - 830/905-2778





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

Date Soil Survey Performed: January 04, 2019

Site Location: MOUNTAIN SPRINGS RANCH, UNIT 3, LOT 415

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.

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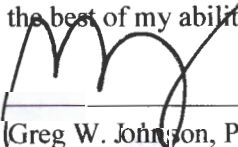
JAN 14 2019

COUNTY ENGINEER

SOIL BORING NUMBER		SURFACE EVALUATION				
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 8"	BROWN
1						
2						
3						
4						
5						

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

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

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

01/04/19  
\_\_\_\_\_  
Date





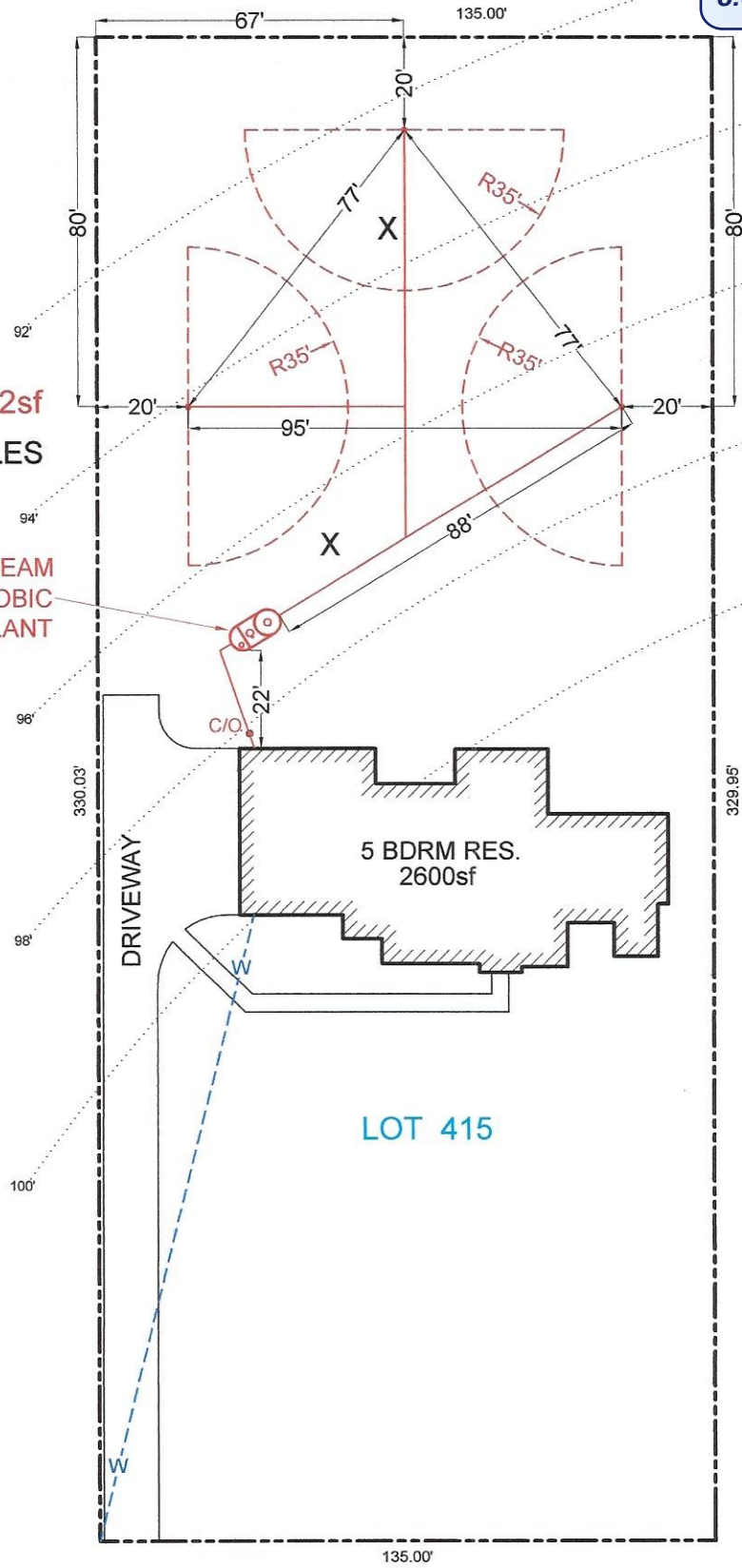
**REVISED**

8:56 am, May 08, 2019

**SPRAY AREA = 5772sf**

**X= TEST HOLES**

**CLEARSTREAM  
600NC3T AEROBIC  
TREATMENT PLANT**



**LOT 415**

**COMAL SPRINGS**



OWNER: TAMMY SMITH		DRAWN BY: EJS III		
STREET ADDRESS: 2367 COMAL SPRINGS				
LEGAL DESC: MOUNTAIN SPRINGS RANCH	UNIT/SECTION/PHASE: 3	BLOCK:	LOT: 415	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=40'	DATE: 1/7/2019	REVISED: 5/7/2019	

**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

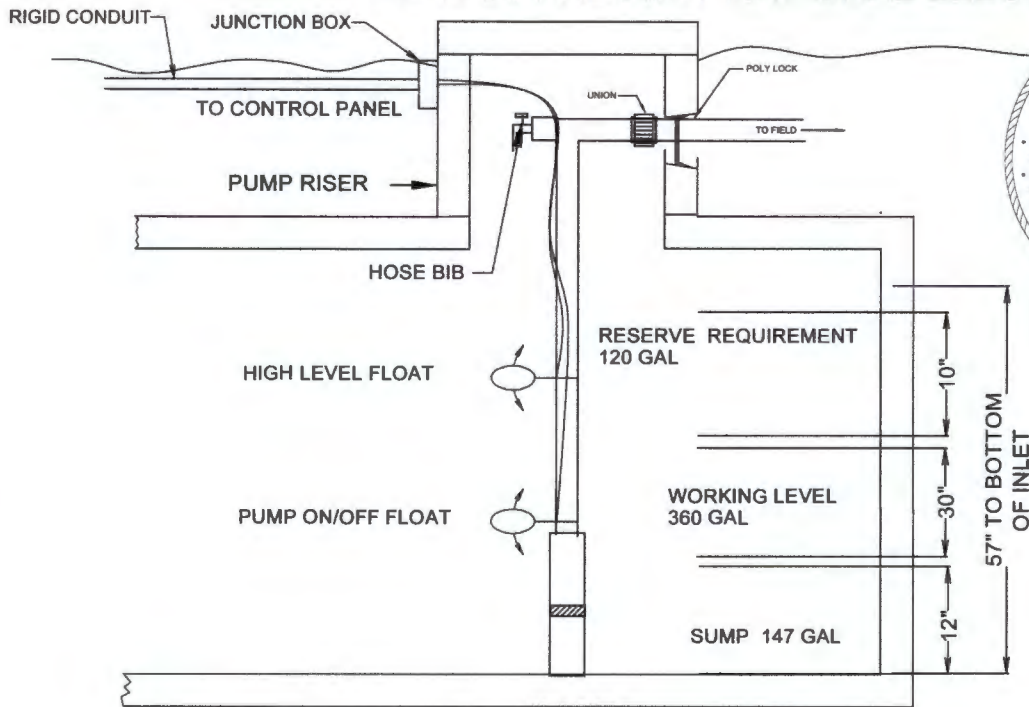
Tanks must be left uncovered and full of water for inspection by the permitting authority.

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JAN 14 2019

CITY ENGINEER

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

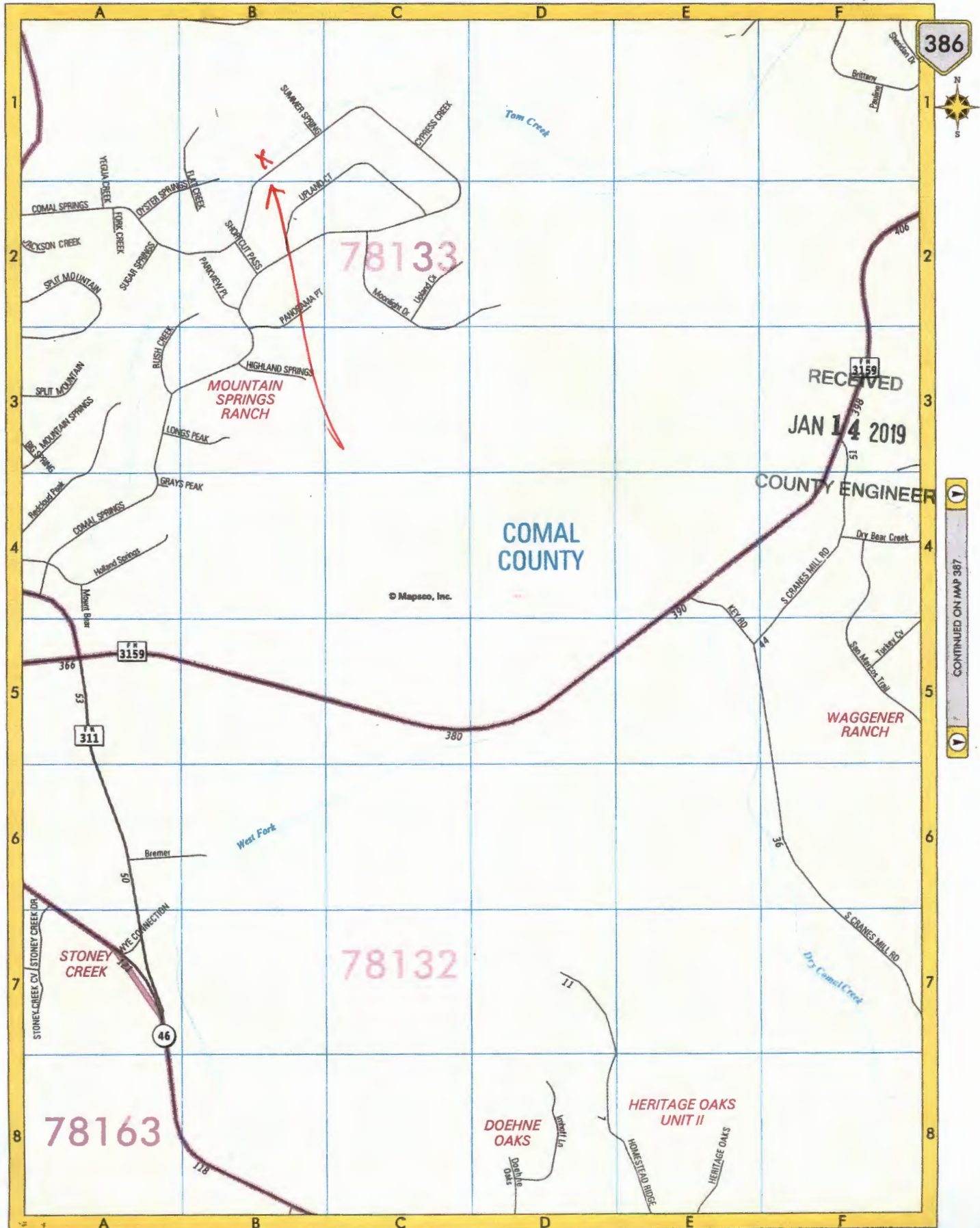


*Handwritten signature and date:*  
1/16/19

**TYPICAL PUMP TANK CONFIGURATION**

**CLEARSTREAM 600NC3T W/ 700 GAL PUMP TANK**

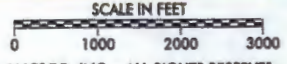
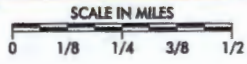




386



CONTINUED ON MAP 387



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

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWER SYSTEM AND LICENSE TO OPERATE

VOID

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) CLEARSTREAM 600NC3T Absorption/Application Area (Sq Ft) 5654

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 [X] No

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

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JAN 14 2019

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

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

SEER

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

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

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

Is there an existing TCEQ approval CZP for the property? [X] 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.)

VOID

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

If yes, indicate the city:



FIRM #2585

By signing this application, I certify that:

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

Signature of Designer

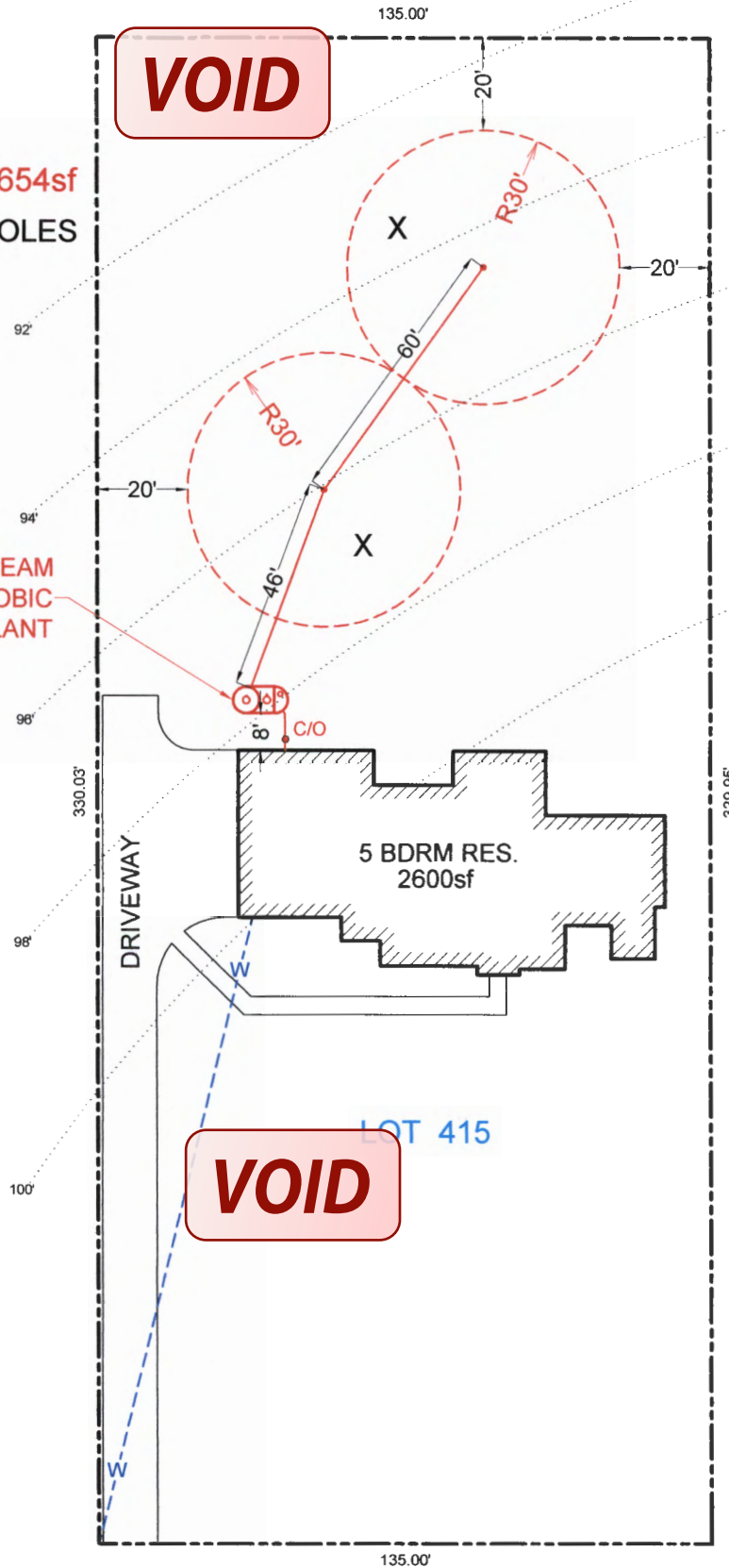
Date January 7, 2019





SPRAY AREA = 5654sf  
 X= TEST HOLES

CLEARSTREAM  
 600NC3T AEROBIC  
 TREATMENT PLANT



RECEIVED  
 JAN 14 2019  
 COUNTY EN...



OWNER:	TAMMY SMITH			DRAWN BY:	EJS III
STREET ADDRESS:	2367 COMAL SPRINGS				
LEGAL DESC:	MOUNTAIN SPRINGS RANCH	UNIT/SECTION/PHASE:	3	BLOCK:	LOT: 415
PREPARED BY:	GREG W. JOHNSON, P.E. F#002585	SCALE:	1"=40'	DATE:	1/7/2019
				REVISED:	



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.

RECEIVED

JAN 14 2019

COUNTY ENGINEER

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 Scott Dutton*  
\_\_\_\_\_  
TRACY SCOTT DUTTON

RECEIVED  
JAN 14 2019  
COUNTY ENGINEER

*Stacey L. Dutton*  
\_\_\_\_\_  
STACEY L. DUTTON

STATE OF TEXAS )  
COUNTY OF COMAL )

GERALDINE ROMERO  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 10034001249  
MY COMMISSION EXPIRES FEBRUARY 22, 2021

This instrument was acknowledged before me on September 13, 2018, by TRACY SCOTT DUTTON.

*Geraldine Romero*  
\_\_\_\_\_  
Notary Public, State of Texas

STATE OF TEXAS )  
COUNTY OF COMAL )

GERALDINE ROMERO  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 10034001249  
MY COMMISSION EXPIRES FEBRUARY 22, 2021

This instrument was acknowledged before me on September 13, 2018, by STACEY L. DUTTON.

*Geraldine Romero*  
\_\_\_\_\_  
Notary Public, State of Texas

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
09/14/2018 10:14:45 AM  
LAURA 2 Pages(s)  
201806036352



*Bobbie Koepf*



OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

items Date Received	initials

Permit Number RECEIVED

JAN 14 2019

COUNTY ENGINEER

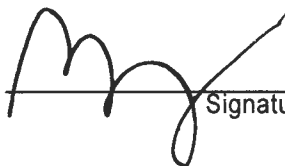
Instructions:

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

OSSF Permit

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

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

  
 \_\_\_\_\_  
 Signature of Applicant

1/14/19  
 \_\_\_\_\_  
 Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

___ INCOMPLETE APPLICATION
(Missing Items Circled, Application Refused)

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: FEBRUARY 5, 2020 Installed: 6/3/2019 Service Expires: 6/3/2021

BILLING ADDRESS:  
 TAMMY SMITH  
 2367 COMAL SPRINGS  
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:  
 2367 COMAL SPRINGS  
 CANYON LAKE, TX 78133

TELEPHONE: 210-825-6036  
 ALT. PHONE:

LOT: LT 415, PERMITS: 108627  
 COUNTY: COMAL  
 SN: 18110240  
 MFRSCO: N/A

SUBDIVISION: MOUNTAIN SPRINGS RANCH MFG: CLEARSTREAM 600

NOTES: CLEAN EFFLUENT FILTER DURING FEBRUARY INSPECTION  
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Reservoir		
SCPM/Compressor PFT Record Pressure Reading	1.25	
Filters	/	
Incubation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted	/	
Access Posts are Secured	/	

2. Action taken or Repair or  
 Needed repair to system (list all  
 components replaced):

CHECKED PUMPS,  
 Alarm, FLOATS,  
 Chlorine, SPRINKLERS  
 Compressor

SYSTEM OPERATING AS DESIGNED?  Y/N

Yes  No

3. Tests required and results:

	Required		Results mg/l mpn/100ml or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/	CLEAR	
Cl (Grab)	/			
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / Homeowner

Maintenance Technician: THOMAS 11

Date of completion: 2/20/20 Start Job Time: Prop Job Time:

Maintenance Provider: WELLS CLYMER



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: 6/3/2021

BILLING ADDRESS:  
 TAMMY SMITH  
 2367 COMAL SPRINGS  
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:  
 2367 COMAL SPRINGS  
 CANYON LAKE, TX 78133

TELEPHONE: 210-825-6036  
 ALT. PHONE:

LOT: LT 415,

PERMIT#: 108627  
 COUNTY: COMAL  
 SN: 18110240  
 MAPSCO: N/A

SUBDIVISION: MOUNTAIN SPRINGS RANCH MFG: CLEARSTREAM 600

NOTES: CLEAN EFFLUENT FILTER DURING FEBRUARY'S INSPECTION  
 TYPE OF SYSTEM: SPRAY

Inspected Item: Operational Inoperative

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI (Record Pressure Reading)	1.25	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted	/	

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

CHECKED pump.  
 sprinklers, timer,  
 FBATS, chlorine,  
 Compressor

SYSTEM OPERATING AS DESIGNED?  Yes  No

Access Posts are Secured

3. Tests required and results:

	Required		Results mg/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/	Clear	
Cl (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 / homeowner.

Maintenance Technician: Thomas 11  
 Date of completion: 8/4/20 Start Job Time: 10:40 Stop Job Time: 10:55  
 Maintenance Provider: Wackenshagen

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: OCTOBER 3, 2020 Installed: 6/3/2019 Service Expires: 6/3/2021

BILLING ADDRESS:  
 TAMMY SMITH  
 2367 COMAL SPRINGS  
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:  
 2367 COMAL SPRINGS  
 CANYON LAKE, TX 78133

TELEPHONE: 210-825-6036  
 ALT. PHONE:

LOT: LT 415,

PERMIT#: 108627

COUNTY: COMAL

SN: 18110240

SUBDIVISION: MOUNTAIN SPRINGS RANCH

MFG: CLEARSTREAM 600

MAPSCO: N/A

NOTES: CLEAN EFFLUENT FILTER DURING FEBRUARY'S INSPECTION  
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI (Record Pressure Reading)	1.25	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted	/	

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

CHECKED PUMP,

Alarm, FLOATS,

chlorine, SPRINKLERS,

Compressor;

SYSTEM OPERATING AS DESIGNED?  Yes  No

Access Posts are Secured

Yes

No

3. Tests required and results:

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

Cleaned ANTS  
 FROM AROUND  
 COMPRESSOR,  
 please Add  
 Chlorine  
 TABS

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas

11

Date of completion: 10/28/20 Start Job Time: 11:10 Stop Job Time: 11:25

Maintenance Provider: Walker Chapman

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: FEBRUARY 3, 2021 Installed: 6/3/2019 Service Expires: 6/3/2021

BILLING ADDRESS:  
 TAMMY SMITH  
 2367 COMAL SPRINGS  
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:  
 2367 COMAL SPRINGS  
 CANYON LAKE, TX 78133

TELEPHONE: 210-825-6036  
 ALT. PHONE:

LOT: LT 415, PERMIT#: 108627  
 COUNTY: COMAL  
 SN: 18110240  
 MAPSCO: N/A

SUBDIVISION: MOUNTAIN SPRINGS RANCH MFG: CLEARSTREAM 600

NOTES: CLEAN EFFLUENT FILTER DURING FEBRUARY'S INSPECTION  
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI (Record Pressure Reading)	1.25	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted	/	
Access Ports are Secured		

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

CHECKED pump.  
 Alarm, FLOATS.  
 Chlorine, SPRINKLERS.  
 Compressor

SYSTEM OPERATING AS DESIGNED?  Y/N

Yes  No

3. Tests required and results:

	Required		Results mg/l npr/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/	CLEAR	
Cl (Grab)	/			
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas 11

Date of completion: 4/12/21 Start Job Time: 1:15 Stop Job Time: 1:35

Maintenance Provider: Walker Chapman



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, 2021 Installed: 6/3/2019 Service Expires: 6/3/2021

BILLING ADDRESS:  
 TAMMY SMITH  
 2367 COMAL SPRINGS  
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:  
 2367 COMAL SPRINGS  
 CANYON LAKE, TX 78133

TELEPHONE: 210-825-6036  
 ALT. PHONE:

LOT: LT 415,

PERMIT#: 108627

COUNTY: COMAL

SN: 18110240

SUBDIVISION: MOUNTAIN SPRINGS RANCH

MFG: CLEARSTREAM 600

MAPSCO: N/A

NOTES: CLEAN EFFLUENT FILTER DURING FEBRUARY'S INSPECTION  
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Rotators		
SCFM/Compressors PSI (Record Pressure Reading)	2.0	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted	/	
Access Posts are Secured		

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

CHECKED PUMP,  
 Alarm, chlorine,  
 SPRINKLERS, FLOATS,  
 chlorine, compressor

SYSTEM OPERATING AS DESIGNED:  Yes  No

3. Tests required and results:

	Required		Results mg/l mpn/100ml or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/	Clear	
Cl (Grab)	/			
Facal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: THOMAS 11

Date of completion: 8/5/21 Start Job Time: Stop Job Time:

Maintenance Provider: Walker Chapman

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: **OCTOBER 3, 2021** Installed: **6/3/2019** Service Expires: **6/3/2022**

BILLING ADDRESS:  
**TAMMY SMITH**  
**2367 COMAL SPRINGS**  
**CANYON LAKE, TX 78133**

PHYSICAL ADDRESS:  
**2367 COMAL SPRINGS**  
**CANYON LAKE, TX 78133**

TELEPHONE: **210-825-6036**  
 ALT. PHONE:

LOT: **LT 415,** PERMIT#: **108627**  
 COUNTY: **COMAL**  
 SN: **18110240**  
 MAPSCO: **N/A**

SUBDIVISION: **MOUNTAIN SPRINGS RANCH** MFG: **CLEARSTREAM 600**

NOTES: **CLEAN EFFLUENT FILTER DURING FEBRUARY'S INSPECTION**  
 TYPE OF SYSTEM: **SPRAY**

Inspected Item:	Operational	Inoperative
Restarters		
SCFM/Compressors PSI (Record Pressure Reading)	<b>2.0</b>	
Filters	<b>/</b>	
Irrigation Pumps	<b>/</b>	
Recirculation Pumps	<b>N/A</b>	
Disinfection Device	<b>/</b>	
Chlorine Supply	<b>/</b>	
Electrical Circuits	<b>/</b>	
Distribution System	<b>/</b>	
Sprayfield Vegetation	<b>/</b>	
Back Flush Drip Field, if applicable	<b>N/A</b>	
Other as Noted	<b>/</b>	
Access Posts are Secured	<b>(Yes)</b>	<b>No</b>

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

CHECKED pump,

SPRINKLERS, FLOATS,

Alarms, chlorine.

Compressor

SYSTEM OPERATING AS DESIGNED? **(Yes)**

3. Tests required and results:

	Required		Results mg/l mpn/100ml or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		<b>/</b>		
Cl (Grab)	<b>/</b>			
Fecal Coliform				

Copies of this report have been forwarded to the following: **COMAL county / homeowner.**

Maintenance Technician: THOMAS

11

Date of completion: 11/15/21 Start Job Time: \_\_\_\_\_ Stop Job Time: \_\_\_\_\_

Maintenance Provider: Walker Chapman

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: FEBRUARY 3, 2022 Installed: 6/3/2019 Service Expires: 6/3/2022

BILLING ADDRESS:  
 TAMMY SMITH  
 2367 COMAL SPRINGS  
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:  
 2367 COMAL SPRINGS  
 CANYON LAKE, TX 78133

TELEPHONE: 210-825-6036  
 ALT. PHONE:

LOT: LT 415, PERMIT#: 108627  
 COUNTY: COMAL  
 SN: 18110240  
 MAPSCO: N/A

SUBDIVISION: MOUNTAIN SPRINGS RANCH MFG: CLEARSTREAM 600

NOTES: CLEAN EFFLUENT FILTER DURING FEBRUARY'S INSPECTION  
 TYPE OF SYSTEM: SPRAY

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

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

CHECKED pump,  
 Alarm, sprinklers,  
 Chlorine, FLOATS,  
 Compressor/FILTER

SYSTEM OPERATING AS DESIGNED?  Yes  No

Access Posts are Secured  Yes  No

3. Tests required and results:

	Required		Results mg/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/	Trd. 0	OTO
Cl (Grab)	/			
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas 11

Date of completion: 2/17/22 Start Job Time: \_\_\_\_\_ Stop Job Time: \_\_\_\_\_

Maintenance Provider: Walker 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      ( ) Two Year Service Agreement \$570.00  
 Legal Description: LT 415, MOUNTAIN SPRINGS RANCH - COMAL

This non-refundable contract will be in effect **FROM: 6/3/2022 TO: 6/3/2023 OR 2024** (If paying for the two year service agreement add one year to expiration 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.
  - 3) **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. **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

(X) Jerry Simmons Print Name (X) Jerry Simmons Date: 6/2/2022  
 Property Owner Signature

(X) Walker Chapman Date: 6.6.22 Authorized Service Representative (revised 08/13/2020)

**PAID**  
 #310



COUNTRYSIDE CONSTRUCTION, INC.  
 300 CHAPMAN PARKWAY  
 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

NEXT

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#: 108627

ALT. PHONE:

COUNTY: COMAL

GATE CODE:

SN: 18110240

SUBDIVISION: MOUNTAIN SPRINGS RANCH  
 CLEARSTREAM 600

Manufacturer:

MAPSCO: N/A

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	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted	/	

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

CHECKED pump,

Alarms, sprinklers,

Compressor / FILTER

SYSTEM OPERATING AS DESIGNED?  Yes  No

3. Tests required and results:

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

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas

11

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

Maintenance Provider: Walker Chapman



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, 2023 Installed: 6/3/2019 Service Expires: 6/3/2023

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

PHYSICAL ADDRESS:  
 2367 COMAL SPRINGS  
 CANYON LAKE, TX 78133

TELEPHONE: 618-795-0903  
 ALT. PHONE:

LOT: LT 415, PERMIT#: 108627  
 COUNTY: COMAL  
 SN: 18110240  
 MAPSCO: N/A

SUBDIVISION: MOUNTAIN SPRINGS RANCH Manufacturer:  
 CLEARSTREAM 600

NOTES: CLEAN EFFLUENT FILTER DURING FEBRUARY INSPECTION

TYPE OF SYSTEM: SPRAY

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

*Checked pump,  
 Alarms, chlorine,  
 sprinklers, FLOATS,  
 Compressor*

SYSTEM OPERATING AS DESIGNED:  Y/N

Access Posts are Secured  Yes  No

3. Tests required and results:

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

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas 11

Date of completion: 6/15/23 Start Job Time: \_\_\_\_\_ Stop Job Time: \_\_\_\_\_

Maintenance Provider: Walker Chapman



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: October 3, 2022 Installed: 6/3/2019 Service Expires: 6/3/2023

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

PHYSICAL ADDRESS:  
 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  
 CLEARSTREAM 600

Manufacturer:

MAPSCO: N/A

NOTES: CLEAN EFFLUENT FILTER DURING FEBRUARY INSPECTION

TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI Record Pressure Reading	2.5	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

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

CHECKED PUMP,  
 Alarms, chlorine,  
 SPRINKLERS, FLOATS,  
 COMPRESSOR/FILTER

SYSTEM OPERATING AS DESIGNED?  Yes  No

Access Posts are Secured  Yes  No

3. Tests required and results:

	Required		Results mg/l mpn/100ml or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/		
Cl (Grab)	/	/		
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: THOMAS

11

Date of completion: 10/10/22 Start Job Time:

Stop Job Time:

Maintenance Provider: walken Chapman

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: FEBRUARY 3, 2023 Installed: 6/3/2019 Service Expires: 6/3/2023

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

PHYSICAL ADDRESS:  
 2367 COMAL SPRINGS  
 CANYON LAKE, TX 78133

TELEPHONE: 618-795-0903  
 ALT. PHONE:  
 GATE CODE:  
 SUBDIVISION: MOUNTAIN SPRINGS RANCH MFG: CLEARSTREAM 600

LOT: LT 415, PERMIT#: 108627  
 COUNTY: COMAL  
 SN: 18110240  
 MAPSCO: N/A

NOTES: CLEAN EFFLUENT FILTER DURING FEBRUARY INSPECTION

TYPE OF SYSTEM: SPRAY

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

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

CHECKED PUMP,  
 Alarms, FLOATS,  
 Chlorine, SPRINKLERS,  
 Compressor

SYSTEM OPERATING AS DESIGNED?  Yes  No

Access Posts are Secured  Yes  No

3. Tests required and results:

	Required		Results mg/l mpn/100ml or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/		
Cl (Grab)	/			
Fecal Coliform				

please  
 Add  
 Chlorine

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: THOMAS 11

Date of completion: 2/9/23 Start Job Time: \_\_\_\_\_ Stop Job Time: \_\_\_\_\_

Maintenance Provider: Walter Chapman



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: OCTOBER 3, 2023 Installed: 6/3/2019 Service Expires: 6/3/2024

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

PHYSICAL ADDRESS:  
 2367 COMAL SPRINGS  
 CANYON LAKE, TX 78133

TELEPHONE: 618-795-0903  
 ALT. PHONE:  
 GATE CODE:  
 SUBDIVISION: MOUNTAIN SPRINGS RANCH MFG: CLEARSTREAM 600

LOT: LT 415, PERMIT#: 108627  
 COUNTY: COMAL  
 SN: 18110240  
 MAPSCO: N/A

NOTES: CLEAN EFFLUENT FILTER DURING FEBRUARY INSPECTION

TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI Record Pressure Reading	2.5	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		
Access Posts are Secured		

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

Checked pump,  
 Alarms, sprinklers,  
 Chlorine, FLOATS,  
 Compressor

SYSTEM OPERATING AS DESIGNED?  Yes  No

3. Tests required and results:

	Required		Results mg/l mpn/100ml or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)				
Cl (Grab)	/	/		
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas

11

Date of completion: 10.9.23 Start Job Time: \_\_\_\_\_ Stop Job Time: \_\_\_\_\_

Maintenance Provider: [Signature]



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

Phone: 830-899-2615  
 Fax: 830-899-5662

TESTING AND REPORTING RECORD

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

1. Inspection Date: FEBRUARY 3, 2024 Installed: 6/3/2019 Service Expires: 6/3/2024

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

PHYSICAL ADDRESS:  
 2367 COMAL SPRINGS  
 CANYON LAKE, TX 78133

TELEPHONE: 618-795-0903  
 ALT. PHONE:  
 GATE CODE:  
 SUBDIVISION: MOUNTAIN SPRINGS RANCH MFG: CLEARSTREAM 600

LOT: LT 415, PERMIT#: 108627  
 COUNTY: COMAL  
 SN: 18110240  
 MAFSCO: N/A

NOTES: CLEAN EFFLUENT FILTER DURING FEBRUARY INSPECTION

TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative	2. Action taken or Repairs or Needed repairs to system (list all components replaced):
Aerators SCFM/Compressors PSI Record Pressure Reading	3.5 ✓ 2.0		Checked pump, Alarms, chlorine, floats, Aeration, stone, Compressor
Filters	/		
Irrigation Pumps	/		
Recirculation Pumps	N/A		
Disinfection Device	/		
Chlorine Supply	/		
Electrical Circuits	/		
Distribution System	/		
Sprayfield Vegetation	/		
Back Flush Drip Field, if applicable	N/A		
Other as Noted			SYSTEM OPERATING AS DESIGNED? <input checked="" type="checkbox"/>
Access Posts are Secured			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

3. Tests required and results:

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

Cleared  
 Air stone  
 and reset  
 compressor  
 SAFETY  
 SWITCH

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas

11

Date of completion: 2/12/24 Start Job Time: \_\_\_\_\_ Stop Job Time: \_\_\_\_\_

Maintenance Provider: Walker Corp

UNTRYSIDE CONSTRUCTION, INC.  
 10 CHAPMAN PARKWAY  
 ANYON 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, 2024 Installed: 6/3/2019 Service Expires: 6/3/2024

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

PHYSICAL ADDRESS:  
 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:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI		
Record Pressure Reading	2.5	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

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

Checked pump,  
 Alarms, FLOATS,  
 chlorine, sprinklers,  
 Compressor

Access Posts are Secured

SYSTEM OPERATING AS DESIGNED?  Yes  No

3. Tests required and results:

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

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas

Date of completion: 6/14/24 Start Job Time: \_\_\_\_\_

Maintenance Provider: Walker Chapman

3  
 Stop Job Time: \_\_\_\_\_

UNTRYSIDE CONSTRUCTION, INC.  
 10 CHAPMAN PARKWAY  
 ANYON 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, 2024 Installed: 6/3/2019 Service Expires: 6/3/2024

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

PHYSICAL ADDRESS:  
 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:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI		
Record Pressure Reading	2.5	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

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

Checked pump,  
 Alarms, FLOATS,  
 chlorine, sprinklers,  
 Compressor

Access Posts are Secured

SYSTEM OPERATING AS DESIGNED?  Y/N

Yes

No

3. Tests required and results:

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

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas

3

Date of completion: 6/14/24 Start Job Time: \_\_\_\_\_

Stop Job Time: \_\_\_\_\_

Maintenance Provider: Walker Chapman



✓  
4/25

**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.**
  - 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.**
  - 3) **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. **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.

Served by: Countryside Construction Inc.

Walker Chapman – Installer's Licensee #OS0002929-OSSF

Maintenance Provider Licensee #MP0000035

Jerry Simmons Print Name  Jerry Simmons Date: 6/12/2024  
 Property Owner Signature

Walker Chapman Date: 7-9-24 Authorized Service Representative (revised 08/

PAID  
 6-11-24  
 \$325.00  
 68911



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: October 3, 2024 Installed: 6/3/2019 Service Expires: 6/3/2025

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

PHYSICAL ADDRESS:  
 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: Operational Inoperative

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

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI		
Record Pressure Reading	2.0	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

Checked compressor  
 Cleaned air filter  
 Checked Chlorine  
 floats and sprinklers  
 set timer

SYSTEM OPERATING AS DESIGNED?  Y  N

Access Posts are Secured  Yes  No

3. Tests required and results:

	Required		Results mg/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/	clear	grab
Cl (Grab)	/		1.0	oto
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Winkle

3

Date of completion: 10-09-24 Start Job Time: \_\_\_\_\_ Stop Job Time: \_\_\_\_\_

Maintenance Provider: Walker Chyrum



**TESTING AND REPORTING RECORD**

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:  
**JERRY SIMMONS**  
**2367 COMAL SPRINGS**  
**CANYON LAKE, TX 78133**

PHYSICAL ADDRESS:  
**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:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI Record Pressure Reading	1.5	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

2. Action taken or Repairs or Needed repairs to system (list all components replaced):  
Checked compressor  
Cleaned Air filter  
Checked chlorine  
floats and sprinklers  
set timer

SYSTEM OPERATING AS DESIGNED?  Yes  No

Access Posts are Secured  Yes  No

3. Tests required and results:

	Required		Results mg/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/	clear	grab
Cl (Grab)	/		1.0	10/2
Fecal Coliform				

Copies of this report have been forwarded to the following: **COMAL county / homeowner.**

Maintenance Technician: Mike **3**

Date of completion: 03-04-25 Start Job Time: \_\_\_\_\_ Stop Job Time: \_\_\_\_\_

Maintenance Provider: Walker Chem