



Comal County
OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: **09/16/2019** Permit Number: **108634**

Location Description: 287 LILY ST
SPRING BRANCH, TX 78070

Subdivision: Mystic Shores
Unit: 4
Lot: 412
Block:
Acreage:

Type of System: Aerobic
Surface Irrigation

Issued to: Bobby W. Caraway & Deborah J. Caraway

This license is authorization for the owner to operate and maintain a private facility at the location described in accordance to the rules and regulations for on-site sewerage facilities of Comal County, Texas, and the Texas Commission on Environmental Quality.

The license grants permission to operate the facility. It does not guarantee successful operation. It is the responsibility of the owner to maintain and operate the facility in a satisfactory manner.

Alterations to this permit including, but not limited to:


- Increase in the square feet of living area
- Increase in the number of bedrooms
- A change of use (i.e. residential to commercial)
- Relocation of system components (including the relocation of spray heads)
- Installation of landscaping
- Adding new structures to the system

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

Inspection and licensing of a facility indicates only that the facility meets certain minimum requirements. It does not impede any governmental entity in taking the proper steps to prevent or control pollution, to abate nuisance, or to protect the public health.

This license to operate is valid for an indefinite period. The holder may transfer it to a succeeding owner, provided the facility has not been remodeled and is functioning properly.

Licensing Authority
Comal County Environmental Health


OS0034792
ENVIRONMENTAL HEALTH INSPECTOR


OS0007722
ENVIRONMENTAL HEALTH COORDINATOR

Final

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Mike Butley OSSF Installer #: OS 0000243
 1st Inspection Date: 08-27-19 2nd Inspection Date: _____ 3rd Inspection Date: B. Oliver
 Inspector Name: Connor Inspector Name: _____ Inspector Name: 04-16-19
 Permit#: 108634 Address: 287 Lily Street Mystic Shores

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)		✓		9-16-19
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)				

8-27-19 tanks set level
 JU sloped across drive
 cover all

operational
 9-16-19 B.No
 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)		✓		9-16-19
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	✓			✓		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		Solar Air	✓		
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

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OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
19	DISPOSAL SYSTEM Drip Irrigation		285.33(c)(3)(A)-(F)				
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)	<i>aerobic spray</i>			<i>9-16-19</i>
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)				

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0% EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom) EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart		285.33(b)(3)(A) 285.33(b)(3)(A) 285.33(b)(3)(B) 285.91(1.3) 285.33(b)(3)(D) 285.33(b)(3)(F)				
33	AEROBIC TREATMENT UNIT is Aerobic Unit Installed According to Approved Guidelines.	✓	285.32(c)(1)		✓		9-16-19
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						
37	PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions						
38	PUMP TANK Secondary restraint system provided						
39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried	✓			✓		✓

**Comal County Environmental Health
OSSF Inspection Sheet**

Final

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?	✓	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)		✓		2-16-19
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	✓		<i>per plan</i>	✓		✓
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: Mike Butey OSSF Installer #: OS 0000243

1st Inspection Date: 08-27-19 2nd Inspection Date: _____ 3rd Inspection Date: _____

Inspector Name: Connor Inspector Name: _____ Inspector Name: _____

Permit#: 108634 Address: 287 Lily Street Mystic Shores

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**Comal County Environmental Health
OSSF Inspection Sheet**

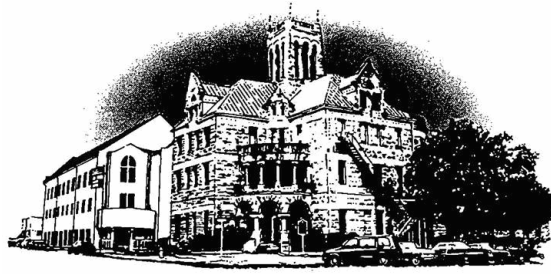
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33	<p>AEROBIC TREATMENT UNIT is Aerobic Unit Installed According to Approved Guidelines.</p>	✓	285.32(c)(1)		✓		
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided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

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OSSF Inspection Sheet**

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41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed	✓ ✓	285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)		✓ ✓		
42	APPLICATION AREA Area Installed	✓		<i>per plan</i>	✓		
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: 108634
Issued This Date: 01/17/2019
This permit is hereby given to: Bobby W. Caraway & Deborah J. Caraway

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

287 LILY ST
SPRING BRANCH, TX 78070

Subdivision: Mystic Shores
Unit: 4
Lot: 412
Block:
Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

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

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

Date January 2, 2019

Permit # 108634

Owner Name BOBBY W CARAWAY & DEBORAH J CARAWAY

Agent Name GREG W. JOHNSON, P.E.

Mailing Address 12204 SUGDEN ROAD

Agent Address 170 HOLLOW OAK

City, State, Zip CLINT TEXAS 79836

City, State, Zip NEW BRAUNFEELS, TX 78132

Phone# 325-212-4124

Phone # (830) 905-2778

Email o2buildersnb@gmail.com

Email grcgjohnsonpc@yahoo.com

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

Method: [] Mail [X] Email

Subdivision Name MYSTIC SHORES Unit/Phase/Section 4 Lot 412 Block

Acreage/Legal

Street Name/Address 287 LILY ST City SPRING BRANCH Zip 78070

Type of Development:

[X] Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) HOUSE w/ detached living

Number of Bedrooms 3+1

Indicate Sq Ft of Living Area 2179+718

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[] Commercial or Institutional Facility

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

Type of Facility

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

Restaurants, Lounges, Theaters - Indicate Number of Seats

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

Travel Trailer/RV Parks - Indicate Number of Spaces

Miscellaneous

Estimated Cost of Construction: \$ 450,000 (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

Deborah J Caraway - 7-2019 Date

#108634

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

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

REVISED 8:43 am, Apr 22, 2019

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) SOLAR AIR SA600LP Absorption/Application Area (Sq Ft) 6433

Gallons Per Day (As Per TCEQ Table III) 300 + 10 (PERSONAL SHOP)

(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 4, 2019

Greg W. Johnson, P.E.
170 Hollow Oak
New Braunfels, Texas 78132
830/905-2778

January 4, 2019

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

RE- SEPTIC DESIGN
287 LILY STREET
MYSTIC SHORES, UNIT 4, LOT 412
SPRING BRANCH, TX 78070
CARAWAY RESIDENCE

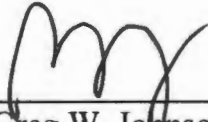
RECEIVED
JAN 15 2019
COUNTY ENGINEER

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).

 01/04/2019
Greg W. Johnson, P.E. No. 67587 / F#2585
170 Hollow Oak
New Braunfels, Texas 78132 - 830/905-2778



Yes

AFFIDAVIT

201906001633 01/15/2019 02:13:20 PM 1/1

THE COUNTY OF COMAL
STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

I

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

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JAN 15 2019
COUNTY ENGINEER

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):

4 UNIT/PHASE/SECTION _____ BLOCK 412 LOT _____ MYSTIC SHORES _____ SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY

The property is owned by (insert owner's full name): BOBBY W. CARAWAY & DEBORAH J. CARAWAY

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 7 DAY OF JANUARY, 2019

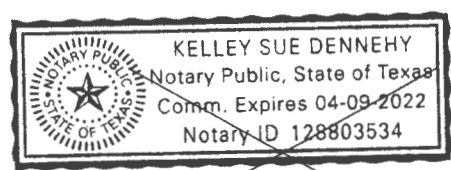
[Signature]
Owner(s) signature(s)

Bobby W. Caraway
Owner (s) Printed name (s)

Bobby W. Caraway SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 7 DAY OF JANUARY, 2019

THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY

Kelley Dennehey
Public Signature



Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
01/15/2019 02:13:20 PM
TERRI 1 Page(s)
201906001633

Bobbie Koepf

**THE COUNTY OF COMAL
STATE OF TEXAS**

CERTIFICATION OF SINGLE FAMILY DWELLING

According to Texas Commission of Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of **COMAL COUNTY, TEXAS**.

I

Before me this day appeared BOBBY W. CARAWAY & DEBORAH J. CARAWAY, being the owners of the referenced property at 287 LILY STREET. They further state that the Residence and any additional living space on this property will be occupied only by a single family.

An OSSF requiring a Certification of Single Family Dwelling, will be installed on the property described as:

4 UNIT BLOCK 412 LOT MYSTIC SHORES SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by BOBBY W. CARAWAY & DEBORAH J. CARAWAY

WITNESS MY HAND ON THIS OF DAY OF JANUARY, 20 19.

X [Signature]
OWNER (SIGNATURE)

X [Signature]
OWNER (SIGNATURE)

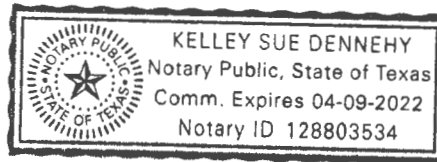
RECEIVED
JAN 15 2019
COUNTY ENGINEER

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS DAY OF JANUARY, 20 19 BY

BOBBY W. CARAWAY
OWNER NAME (PRINTED)

DEBORAH J. CARAWAY
OWNER NAME (PRINTED)

[Signature]
Notary Public Signature



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

Phone: (830) 312-8776

Date: 1/10/2019

AerobicSolutions.net office@aerobicsolutions.net

To: **BOBBY W. & DEBORAH J. CARWAY**
287 LILY STREET
SPRING BRANCH, TX 78070

Contract Period

Start Date:

End Date:

Phone: 325-212-4124 Subdivision: **MYSTIC SHORES, UNIT 4, LOT 412**
Site: **287 LILY STREET**
County: **COMAL**
Installer: **MIKE BATEY / COMAL COUNTY**
Agency:
MyBrand: **SOLAR AIR SA600LP**

Aerobic Maintenance Solution LLC
3 visits per year - one every 4 months
Map Key: 320-B1 ID: 478

Agreement

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

II. **Effective Dates:** this agreement runs for One Year after the start date above. If this is an Initial Contract begins when Letter To Operate (LTO) has been issued. A 30 day written notice is required if there is a cancellation before the year of the agreement is up. The written notice will be sent to the local regulatory Agency and any of the agreement unused funds is non-refundable.

III. **Renewal Terms:** This agreement shall renew for an additional One Year on the same terms as this agreement unless either party gives written notice of the termination or if the Client fails to submit payment for such renewal. Contractor or Client, if choosing to terminate the contract, must give the other and the local regulatory Agency written notice after Thirty (30) Days prior to the end of the Contract.

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

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

will maintain a 24 hour answering service at 830-312-8776. The unscheduled responses may be billed to the client at going rate.

V. Clients Responsibilities:

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

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

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

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

Client

Print Name: BOBBY W CARAWAY Signature:  Date: 1-15-2019

Client Phone number Home _____ Work _____ Cell 325-212-4124

Email Address 02buildersnb@gmail.com

Any Gate or Combo code for inspections _____

Contractor Aerobic Maintenance Solutions LLC:

Signature: _____ Date _____

MP0000996 James H. Siciles

Signature:  Date 1-17-19

MP0000872 Juan M. Gonzales Jr

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

Date Soil Survey Performed: January 03, 2019

Site Location: MYSTIC SHORES, UNIT 4, LOT 412

Proposed Excavation Depth: N/A

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JAN 15 2019
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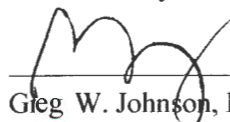
Requirements:

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

SOIL BORING NUMBER _____ SURFACE EVALUATION _____						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 6"	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

01/03/19

Date

OSSF SOIL EVALUATION REPORT INFORMATION

REVISED
8:43 am, Apr 22, 2019

Date: January 04, 2019

Applicant Information:

Name: BOBBY W. & DEBORAH J. CARAWAY
Address: 12204 SUGDEN ROAD
City: CLINT State: TEXAS
Zip Code: 79836 Phone: (325) 212-4124

Site Evaluator Information:

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

Property Location:

Lot 412 Unit 4 Blk ___ Subd. MYSTIC SHORES
Street Address: 287 LILY STREET
City: SPRING BRANCH Zip Code: 78070
Additional Info.: _____

Installer Information:

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

Topography: Slope within proposed disposal area: 3 to 4 %
Presence of 100 yr. Flood Zone: YES ___ NO X
Existing or proposed water well in nearby area: YES ___ NO X
Presence of adjacent ponds, streams, water impoundments: YES ___ NO X
Presence of upper water shed: YES ___ NO X
Organized sewage service available to lot: YES ___ NO X

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = _____ GPD _____

Residential Water conserving fixtures to be utilized? Yes X No _____

Number of Bedrooms the septic system is sized for: 3+1 Total sq. ft. living area 2179+718

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

Q = (3+1 +1)*75-(20%)= 300 + 20 (PERSONAL SHOP)

Trash Tank Size 376 Gal.

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

Req'd Application Area = Q/Ri = 320 / 0.064 = 5000 sq. ft.

Application Area Utilized = 6433 sq. ft.

Pump Requirement 12 Gpm @ 41 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)

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

Pump Tank Size = 778 Gal. 18.75 Gal/inch.

Reserve Requirement = 120 Gal. 1/3 day flow.

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

With Chlorinator NSF/TCEQ APPROVED

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

Two way cleanout

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

1" Sch-40 PVC discharge manifold

APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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

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

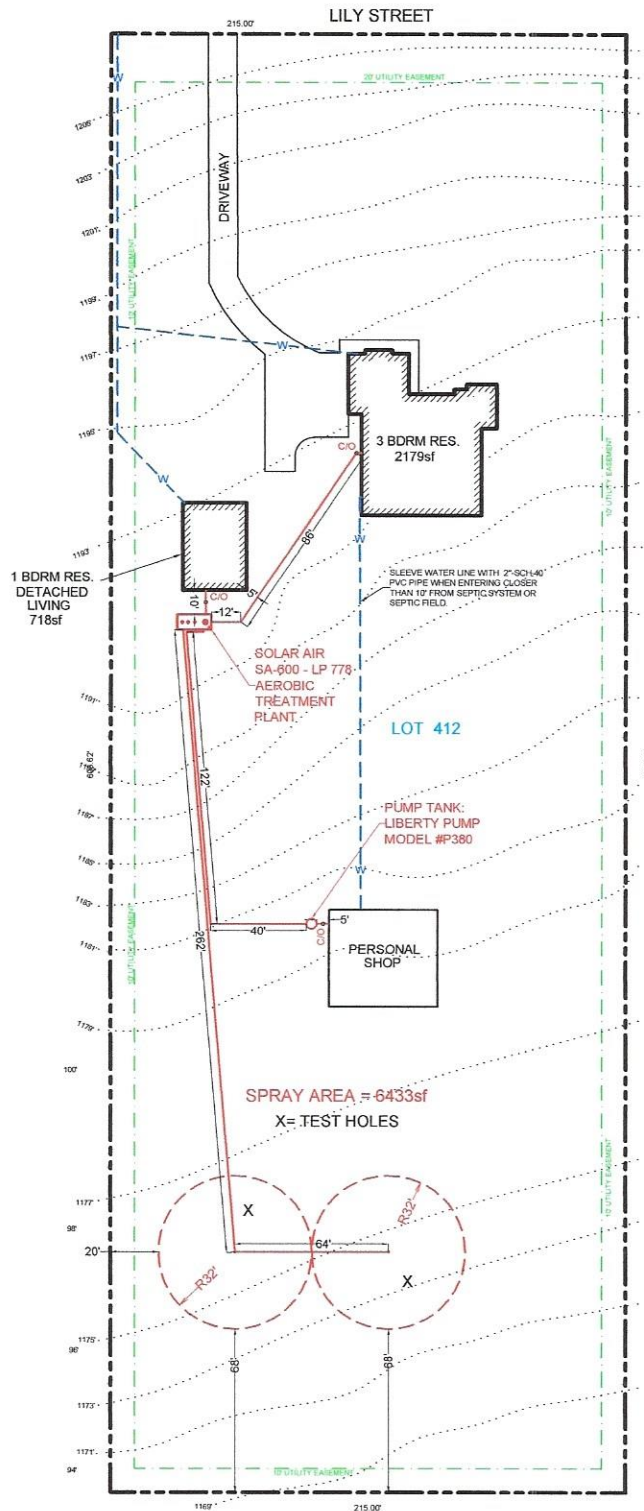
01/04/19
DATE



FIRM #2585

REVISED

8:43 am, Apr 22, 2019



OWNER: BOBBY W. & DEBORAH J. CARAWAY		DRAWN BY: EJS III	
STREET ADDRESS: 287 LILY STREET			
LEGAL DESC: MYSTIC SHORES	UNIT/SECTION/PHASE: 4	BLOCK:	LOT: 412
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=80'	DATE: 1/4/2019	REVISED: 4/17/2019

REVISED

8:43 am, Apr 22, 2019

TANK NOTES:

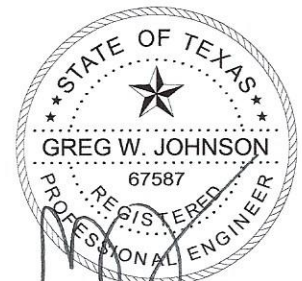
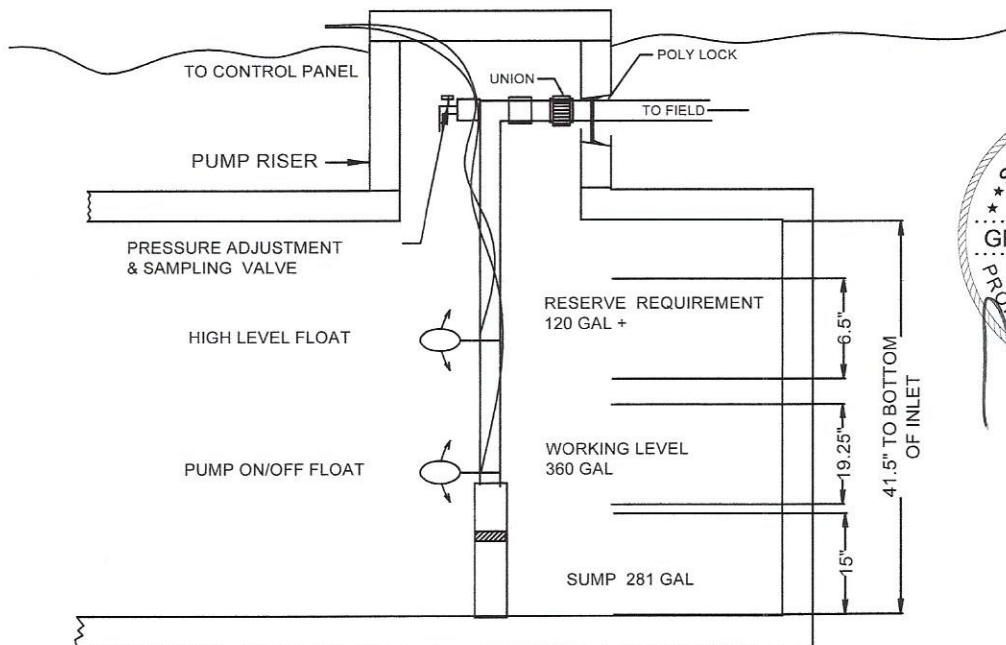
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

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

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



F#2585

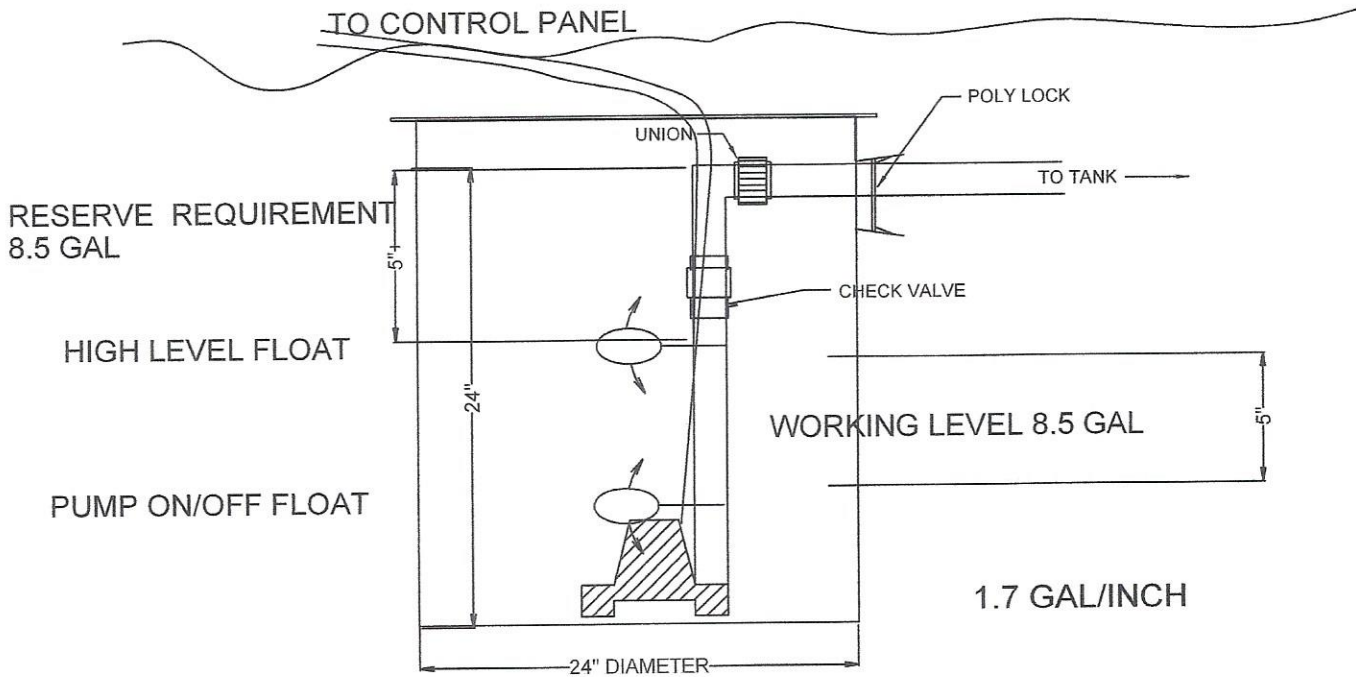
04/18/19

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

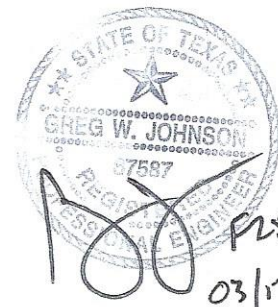
REVISED

8:43 am, Apr 22, 2019

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



TYPICAL PUMP TANK CONFIGURATION LIBERTY PUMPS PRO380 Series



PL585
03/17/2011



320

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JAN 5 2019
COUNTY ENGINEER

CONTINUED ON MAP 321



108634

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

RECEIVED

JAN 17 2019

COUNTY ENGINEER

Phone: (830) 312-8776

Date: 1/10/2019

AerobicSolutions.net office@aerobicsolutions.net

To: BOBBY W. & DEBORAH J. CARWAY
287 LILY STREET
SPRING BRANCH, TX 78070

Contract Period:

Start Date:
End Date:

Phone: 325-212-4124 Subdivision: MYSTIC SHORES, UNIT 4, LOT 412
Site: 287 LILY STREET
County: COMAL
Installer: MIKE BATEY / COMAL COUNTY
Agency:
Mfg/Brand: SOLAR AIR SA600LP

Aerobic Maintenance Solution LLC
3 visits per year - one every 4 months
Map Key 320-B1 48 478

Agreement

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

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

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

1. In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three times per year. Contractor **does not** provide chlorine. Client is solely responsible for maintaining the chlorine in the chlorinator at all times.
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6. Contractor will respond to client calls and complaints, regarding visual or audible alarms, suspicious conditions and or problems that might confront the Client within 48 hours, excluding weekend and holidays. The Contractor

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V. Client's Responsibilities:

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

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

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

Client

Print Name: BOBBY W CARAWAY Signature:  Date: 1-15-2019

Client Phone number Home _____ Work _____ Cell 325-212-4124

Email Address: 02bulcersnb@gmail.com

Any Gate or Combo code for inspections _____

Contractor Aerobic Maintenance Solutions LLC:

Signature: _____ Date _____

MP0000996 James H. Siciles

Signature:  Date 1-17-19

MP0000872 Juan M. Gonzales Jr

Liberty Pumps®

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By rabsah at 8:43 am, Apr 22, 2019

Pro380-Series

**with
QuickTree®
Technology
Larger Capacity
Shallow System
Design**

Features:

- Separate access cover
- QuickTree® float system allows easy removal of floats without pulling the pump
- Shallow 24" basin for easier burial in difficult soil conditions
- Large 41 gallon capacity
 - Anti-flotation collar
 - Molded torque-stops
- Integrally molded handles
 - Unique integrated cord seal technology
- Integral rubber cover seals

**Shipped with
Clear Construction Cover**



Clear disposable cover protects the system during masonry work and rough-in.



US Patent #s
7,520,736, 7,563,082
& 8,523,532

innovate. evolve.

Pro380

QuickTree® Technology

Features:

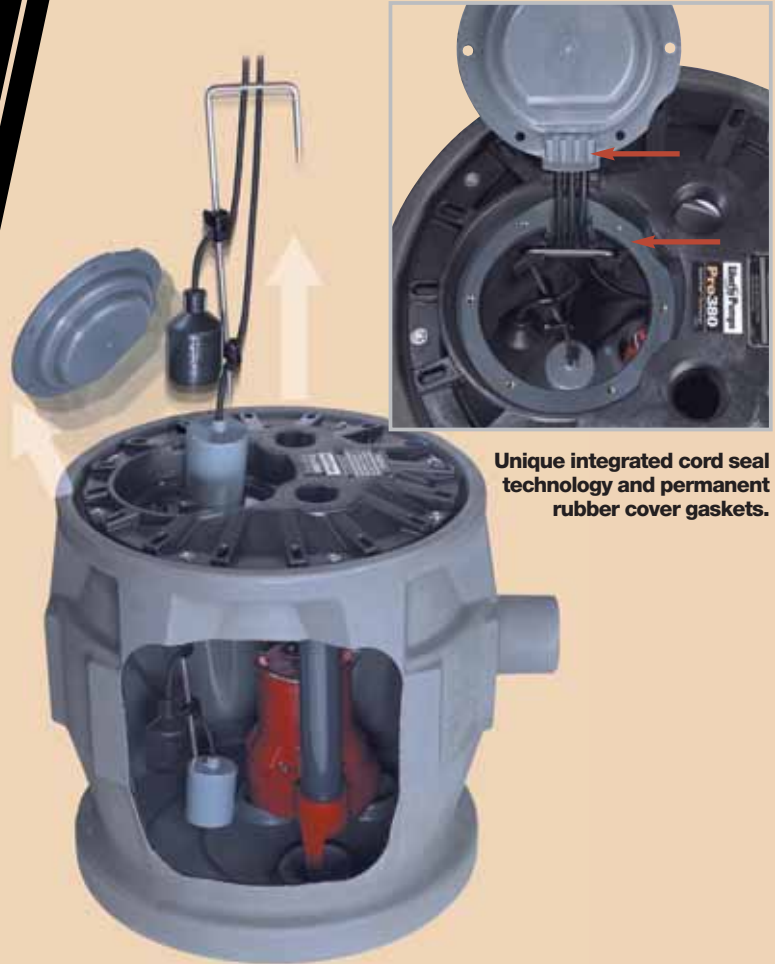
- QuickTree® technology allows easy access and removal of switches without disturbing pump or plumbing.
- Integrated rubber seals permanently attached to cover.
- Unique cord seal technology integrated into the inspection cover.
- Shallow basin design (24") for easier installation in difficult soil/bedrock locations.
- Large 41 gallon capacity for longer pump cycles.
- Integrally molded torque stops secure the pump in its proper position.
- Integrally molded anti-flotation collar.
- Durable polyethylene construction.
- Completely assembled.

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By rabsah at 8:43 am, Apr 22, 2019

QuickTree® Technology

Integral Rubber Seals



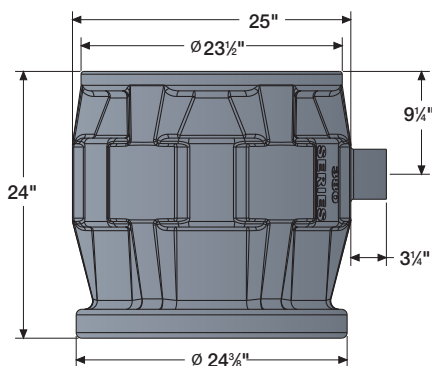
Unique integrated cord seal technology and permanent rubber cover gaskets.

Specifications: 2" Discharge Systems

MODEL	HP	VOLTS	PHASE	DISCHARGE	WGT. LBS.
P382LE41	4/10	115	1	2"	60
P382LE51	1/2	115	1	2"	64
P382LE52	1/2	208-230	1	2"	63
P382LE71	3/4	115	1	2"	83
P382LE72	3/4	208-230	1	2"	83
P382LE102*	1	208-230	1	2"	86
P382LEH102*	1	208-230	1	2"	86

For 3" discharge systems change model number from "382" to "383."
EXAMPLE: P383LE41

See specific LE-Series literature for complete pump performance and specifications.
* High head applications only. Consult factory for proper pump sizing.



Certified Pumps

inno

RECEIVED

By rabsah at 8:43 am, Apr 22, 2019

PRO380-series 24" x 24" – 41 Gallons

New integrated cord seal technology

Stainless steel cover bolts

Separate inspection cover allows access to switches

Integral rubber gaskets permanently attached to cover

41 gallon capacity for longer pump cycles in a shallow 24" design

Integrally molded no-hub type inlet, 4"

QuickTree® removable float system allows easy access to switch – separate from pump. Stainless steel rod.

Schedule 80 PVC discharge pipe

Molded anti-float collar

Integrally molded "torque-stops" for pump security

US Patent #s
7,520,736, 7,563,082
& 8,523,532

QuickTree® Kit

**Installed your Pro380 empty?
Simply order a QuickTree®
Kit and manual LE-
Series pump.**



QuickTree® Kit comes complete with stainless steel rod, pump float and clamps pre-mounted.

Need to install a Liberty pump in an empty Pro380 basin? ...No-Problem! QuickTree® Kits make addition of a pump easy! Simply install a manual LE-Series pump and a matching QuickTree® Kit. Kits include stainless steel float tree, pre-mounted pump float and additional clamp for an alarm float. Simply hang the QuickTree® from its holder underneath the access cover and you're ready to go.

MODEL	DESCRIPTION
QT380-115-10	QuickTree for PRO380, 115V, 10' cord
QT380-115-25	QuickTree for PRO380, 115V, 25' cord
QT380-230-10	QuickTree for PRO380, 230V, 10' cord
QT380-230-25	QuickTree for PRO380, 230V, 25' cord

vate. evolve.

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By rabsah at 8:43 am, Apr 22, 2019

Riser allows burial of the Pro380 System up to a maximum depth of 18" below grade.

A convenient chamber for all your pump's electrical and piping connections – out of sight and below grade. Riser simply slides over the sealed 380 system. Cover is retained by 4 stainless steel bolts and features a twist-lock design with provision for padlock to deter unwanted entry.

Specifications:

Weight: 28 lbs.- (Riser and Cover)
Riser Height: 18-3/4"
Total Height with Cover: 20-1/2"
Diameter: 32"

MODEL	DESCRIPTION
AR18	Access Riser
AC18	Access Riser Cover (Environmental Green)
ARC18	Kit, Access Riser with Cover
ARCKIT115	Kit, Access Riser with Cover and 2" installation accessories - 115V
ARCKIT230	Kit, Access Riser with Cover and 2" installation accessories - 230V
IKIT2-115	Installation Kit 2", 115V
IKIT2-230	Installation Kit 2", 230V

Optional Access Riser

Fits Pro370 and Pro380-Series systems



Liberty's installation kits provide all the components for a professional installation inside the riser. Kit includes: JB-Series wiring box and hardware, check valve with a disconnect union feature, coupling and elbows (PVC piping not included). Kits available in 2" discharge and vent size only.

Pro380-Series Alarmed System

P380XL Series - IAPMO Listed

The P380XL systems are specifically designed to pass a 10' stack test and are IAPMO listed.

The P380XL-Series has all the same features as the standard P380 except for a 16 bolt cover.

To order, simply add "X" to any standard P380 system.

Example: P382XLE41



ALM-2W
Outdoor Rated
115 volt Alarm
(not shown)

ALM-2 (pictured)
Indoor 115V Alarm
with 9 volt Battery
Back-up

Now, have the assurance of early warning in the event of a high-level condition with an alarm option installed from the factory! We do the work for you by mounting the alarm float in the basin at its proper level – no need to even open the cover! Simply mount the alarm panel in its desired location, supply power and connect the alarm float leads! Offered with three different alarm options for indoor or outdoor applications.

How to Order:

Alarm Model	Add Suffix	Ordering Example
ALM-2	/A2	P382LE41/A2
ALM-2W	/A2W	P382LE41/A2W
ALM-2-1	/A21	P382LE41/A21

Alarm float is pre-set at proper level in basin.
Alarm panel packaged with unit.



Liberty Pumps • 7000 Apple Tree Avenue • Bergen, New York 14416
Phone 800-543-2550 Fax (585) 494-1839

WWW.
libertypumps
.com

Specifications are subject to change without notice. Copyright © Liberty Pumps, Inc. 2013 All rights reserved. LLIT3800-R10/13

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

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

VOID

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) SOLAR AIR SA600LP Absorption/Application Area (Sq Ft) 6433

Gallons Per Day (As Per TCEQ Table III) 300

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

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

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

JAN 15 2019

COUNTY ENGINEER

VOID

Is there an existing TCEQ approved WPAP for the property? [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

VOID

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

January 4, 2019
Date

VOID

3 BDRM RES.
2179sf

1 BDRM RES.
DETACHED
LIVING
718sf

VOID

LOT 412

SOLAR AIR SA-600 - LP 778
AEROBIC TREATMENT
PLANT

PERSONAL
SHOP

SPRAY AREA = 6433sf

X= TEST HOLES

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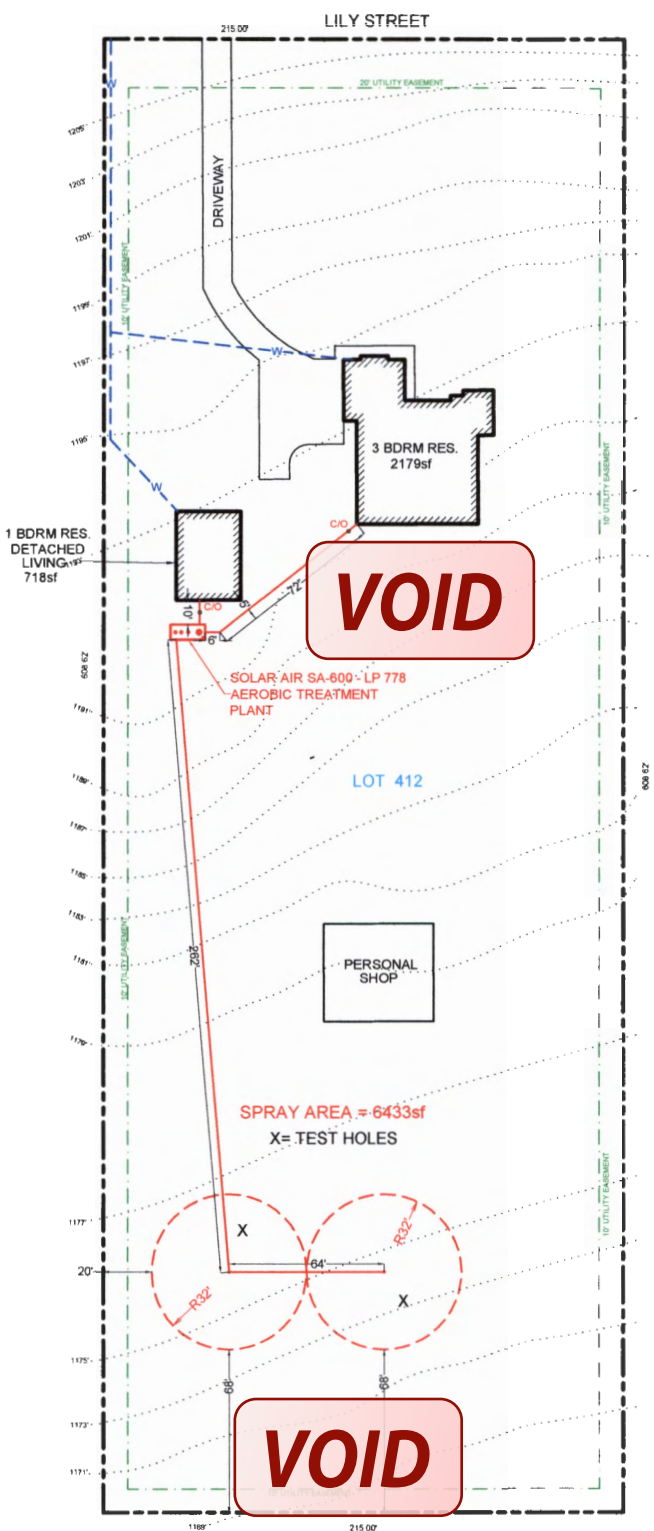


OWNER: BOBBY W. & DEBORAH CARAWAY		DRAWN BY: EJS III	
STREET ADDRESS: 287 LILY STREET			
LEGAL DESC: MYSTIC SHORES		UNIT/SECTION/PHASE: 4	BLOCK: []
PREPARED BY: GREG W. JOHNSON, P.E. F#002585		SCALE: 1"=50'	DATE: 1/4/2019
		REVISD: []	

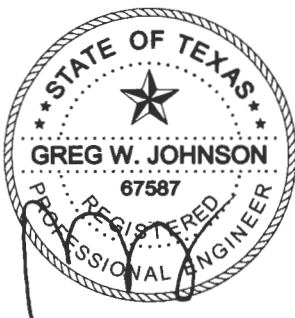
VOID



VOID



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 JAN 15 2019
 COUNTY ENGINEER



OWNER: BOBBY W. & DEBORAH J. CARAWAY		DRAWN BY: EJS III	
STREET ADDRESS: 287 LILY STREET			
LEGAL DESC: MYSTIC SHORES	UNIT/SECTION/PHASE: 4	BLOCK:	LOT: 412
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=80'	DATE: 1/4/2019	REVISED:



VOID

Contractor will maintain a 24 hour answering service at 830-312-8776. The unscheduled responses may be billed to the client at going rate.

V. Clients Responsibilities:

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

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

VOID

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

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

Client
Print Name: BOBBY W. CARAWAY Signature:  Date: JANUARY 4, 2019

Client Phone number Home _____ Work _____ Cell 325-212-4124

Email Address o2buildersnb@gmail.com

Any Gate or Combo code for inspections _____

Contractor **Aerobic Maintenance Solutions LLC:**

Signature: _____ Date _____
MP0000996 James H. Sickles

VOID

VOID

TANK NOTES:

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

Tightlines to the tank shall be SCH-40 PVC.

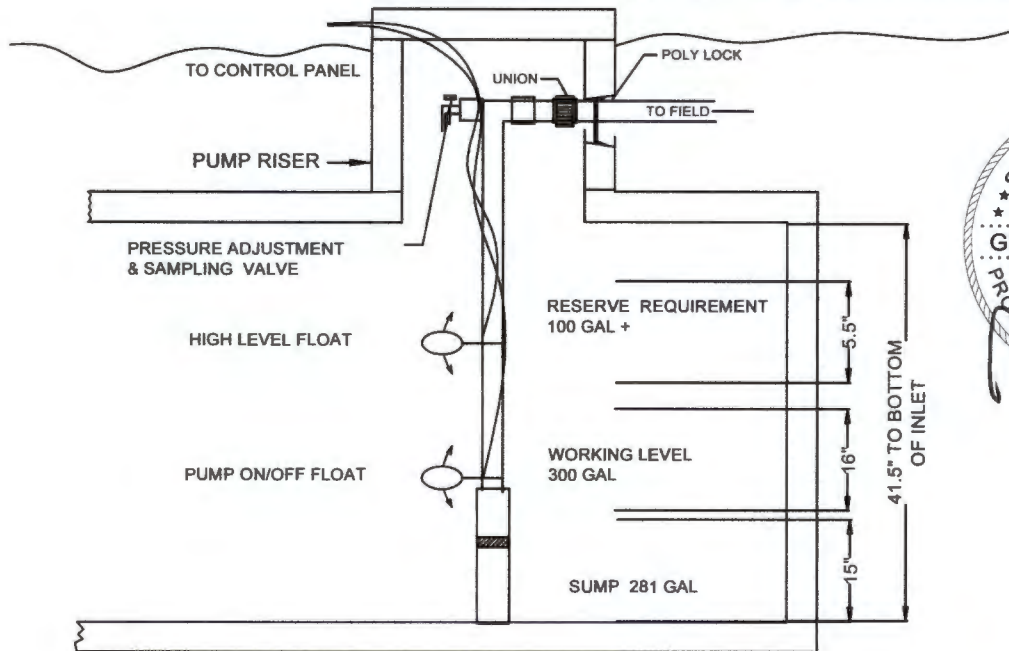
A two way sanitary tee is required between residence and tank.

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

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



#2585

1/4/19

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

VOID

FILED BY ATC
SPRING BRANCH

GF# 4000131700770

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.

WARRANTY DEED WITH VENDOR'S LIEN

STATE OF TEXAS §
 § **KNOW ALL MEN BY THESE PRESENTS THAT:**
COUNTY OF COMAL §

Date: November 2, 2017

Grantor: STEVEN JAMES WILLIAMS and DEBORA LEE WILLIAMS, husband and wife

Grantor's Mailing Address: 3830 Summit Drive, New Braunfels, Texas 78132

Grantee: BOBBY W. CARAWAY and DEBORAH J. CARAWAY, husband and wife

Grantee's Mailing Address: 12204 Sugden Road, Clint, El Paso County, Texas 79836

Consideration: Ten Dollars (\$10.00) and other good and valuable consideration and the execution and delivery by the Grantee herein of Grantee's one certain Promissory Note of even date herewith in the principal amount of \$36,000.00, payable to the order of Security State Bank & Trust, as therein provided. Said Note bearing interest at the rate therein specified and containing the usual clauses relating to acceleration of maturity and attorney's fees in event of default. Said Note secured by a Vendor's Lien retained in this Deed and by a Deed of Trust of even date from Grantee herein to William H. Cowden, Jr., Trustee, against the herein described Property; and in consideration of the advancement of said sum to the grantor herein, the said Vendor's Lien and superior title are hereby transferred and assigned unto Security State Bank & Trust, which has a mailing address of 201 W. Main Street, Fredericksburg, Texas 78624, without recourse on Grantor.

Property (including any improvements):

Lot 412, MYSTIC SHORES, Unit 4, situated in Comal County, Texas, according to the map or plat thereof recorded in Volume 13, Page 393 – 397, Map and Plat Records, Comal County, Texas.

TOGETHER WITH, all and singular, the rights, benefits, privileges, easements, tenements,

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hereditaments, appurtenances, and interest thereon or in anywise appertaining thereto and with all improvements located thereon (said land, rights, benefits, privileges, easements, tenements, hereditaments, appurtenance, and improvements being hereafter referred to as the "Property").

Reservations from Conveyance: None

Exceptions to Conveyance and Warranty:

- a. The following restrictive covenants of record: Volume 13, Pages 393-397, Map and Plat Records, Comal County, Texas; Document No. 200106017570; Document No. 200206027138; Document No. 200406026218; Document No. 200406026220; Document No. 200506044288; Document No. 200606021273; Document No. 200906011412; Document No. 200906011419; Document No. 200906011422; Document No. 200906021853; Document No. 200906032755; Document No. 201006009684; Document No. 201006011421; Document No. 201006042987; Document No. 201106036532; Document No. 201106039454; Document No. 201206001747; Document No. 201206001748; Document No. 201206001749; Document No. 201206001750; Document No. 201206001788; Document No. 201206007732; Document No. 201206010157; Document No. 201206011273; Document No. 201206039144; Document No. 201306002315; Document No. 201306009257; Document No. 201306009258; Document No. 20130604464; Document No. 20130604469; Document No. 201306035796; Document No. 201306041907; Document No. 20130604258; Document No. 201406011189; Document No. 201406013825; Document No. 201406016700; Document No. 201406035596; Document No. 201406041261; Document No. 201506003266; Document No. 201506010439; Document No. 201506035161; Document No. 201506046205; Document No. 201506046206; Document No. 201606014792; Document No. 201606028381; Document No. 201606035657; Document No. 201706014158; Document No. 201706030535; and Document No. 201706044532, Official Public Records, Comal County, Texas;
- b. Visible or apparent easements and/or rights of way on, over, under or across the Property;
- c. Any encroachment, encumbrance, violation, variation or adverse circumstance affecting the title that would be disclosed by an accurate and complete land survey;
- d. Building setback line 25' wide, long the front lot line, as noted on the Plat;
- e. Drainage easement, 30' wide, centered on all natural runoff, channels, creeks or swales as noted on the Plat;
- f. Public utility, drainage and embankment/backslope easement, 20' wide, adjacent to all street right-of-way lines, as noted on the Plat;
- g. Public utility and drainage easement, 10' wide, adjacent to all non-street lot lines, as noted on the Plat;
- h. Building setback line 100' wide, along the front lot line, 50' along the rear lot line, 25' wide along the side lot lines, as recorded in Document No. 200106017570, Official Public Records, Comal County, Texas;

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- i. Covenants providing for Assessments payable to Mystic Shores Property Owners Association, as set forth in instrument recorded in Document No. 200106017570, and Document No. 200206027138, Official Public Records, Comal County, Texas, together with assessments, charges and liens; and
- j. Electric easement granted to Pedernales Electric Cooperative, Inc., recorded in Document No. 200106019934, Official Public Records, Comal County, Texas (All of the foregoing collectively referred to as the "Permitted Exceptions").

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.

Grantee, by its acceptance hereof, does hereby assume and agree to pay any and all ad valorem taxes and special assessments pertaining to the Property for the calendar year 2017 and subsequent years.

It is expressly agreed that the Vendor's lien is retained in favor of the payee of said Note against the above-described Property, premises and improvements, until said Note and all interest thereon shall have been fully paid according to the terms thereof, when this deed shall become absolute.

Executed on the date set forth in the acknowledgement below to be effective on the 2nd day of November, 2017.

[Signature and Acknowledgment Page Follows]

GRANTOR:

Steven James Williams
STEVEN JAMES WILLIAMS
Debora Lee Williams
DEBORA LEE WILLIAMS

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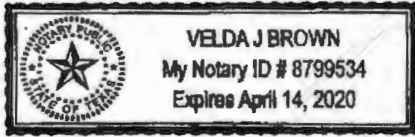
ACKNOWLEDGMENT

STATE OF TEXAS

COUNTY OF

Comal §
§
§

This instrument was acknowledged before me on the 2nd day of November, 2017, by STEVEN JAMES WILLIAMS and DEBORA LEE WILLIAMS.



Velda J Brown
Notary Public, State of Texas

Prepared in the office of:
Jeannemarie Wilson, Attorney at Law, PLLC
470 S. Main Street, Suite 4
Boerne, Texas 78006

After Recording Return To:
Bobby W. and Deborah J. Caraway
12204 Sugden Road
Clint, Texas 79836

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
11/02/2017 03:54:23 PM
LAURA 4 Pages(s)
201706048772



Bobbie Koepf

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

items Date Received	initials

Permit Number

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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

01/15/19

 Date

COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

INCOMPLETE APPLICATION	
(Missing Items Circled, Application Refused)	

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

Printed: 12/18/2019

Phone: (830) 312-8776

AerobicSolutions.net

Permit #: 106634

To: Bobby & Deborah Carway
287 Lily Street
Spring Branch, TX 78070

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

Contract: 9/16/2019 - 9/16/2021
Inspections per year: 3
Service Due: 1/15/2020
Alt Phone:

Site: 287 Lily Street, Spring Branch
Agency: Comal County Environmental Health
County: Comal
Subdivision: Mystic Shores

Phone: (325) 212-4124
Cell:
Work:

SCHEDULED

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

Item	Operational	Inoperative	N/A
Aerator:	_____	_____	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	_____	_____
Air compressor:	<input checked="" type="checkbox"/>	_____	_____
Disinfection device:	<input checked="" type="checkbox"/>	_____	_____
Chlorine supply:	<input checked="" type="checkbox"/>	_____	_____
Spray field vegetation:	<input checked="" type="checkbox"/>	_____	_____
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	_____	_____
Photocell Test:	_____	_____	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>9</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.2

Test Method: Grab

BOD: _____

TSS: _____

Tank Lids Secured YGS

Repairs made: Y N

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

Repairs and Comments:

Good

Inspector: [Signature]

Date: 12-20-20

Area: / 0

GPS:

ID = 487

Appointment

287 Lily Street, Spring Branch

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

Phone: (830) 312-8776

Printed: 8/25/2020

AerobicSolutions.net
Permit #: 108634

To: **Bobby & Deborah Carway**
287 Lily Street
Spring Branch, TX 78070

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

Contract: 9/16/2019 - 9/16/2021
Inspections per year: 3
Service Due: 9/15/2020
Alt Phone:

Site: 287 Lily Street, Spring Branch
Agency: Comal County Environmental Health
County: Comal
Subdivision: Mystic Shores

Phone: (325) 212-4124
Cell:
Work:

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

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

Test Results and observations: (As Required)

Chlorine Residual: 0.9
Test Method: Color
BOD: _____
TSS: _____
Tank Lids Secured:
Repairs made: Y N
Sludge Levels: Tank 1: N/A Tank 2: 0 Tank 3: 0

Repairs and Comments:

Inspector: [Signature] Date: 9-28-20

Area: / 0
GPS: ID = 487

287 Lily Street, Spring Branch

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

Phone: (830) 312-8776

Printed: 12/29/2020

AerobicSolutions.net

Permit #: 108634

To: **Bobby & Deborah Carway**
287 Lily Street
Spring Branch, TX 78070

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

Contract: 9/16/2019 - 9/16/2021
Inspections per year: 3
Service Due: 1/15/2021
Alt Phone:

Site: 287 Lily Street, Spring Branch
Agency: Comal County Environmental Health
County: Comal
Subdivision: Mystic Shores

Phone: (325) 212-4124
Cell:
Work:

SCHEDULED

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

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

Test Results and observations: (As Required)

Chlorine Residual: 0.9

Test Method: GRB

BOD: _____

TSS: _____

Tank Lids Secured YES

Repairs made: Y (N)

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

Repairs and Comments:

Inspector: [Signature]

Date: 1-18-21

Area: / 0
GPS: ID = 487

287 Lily Street, Spring Branch

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

Phone: (830) 312-8776
AerobicSolutions.net
Permit #: 108634

Printed: 5/12/2021

To: **Bobby & Deborah Carway**
287 Lily Street
Spring Branch, TX 78070

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

Site: 287 Lily Street, Spring Branch
Agency: Comal County Environmental Health
County: Comal
Subdivision: Mystic Shores

Contract: 9/16/2019 - 5/16/2021
Inspections per year: 3
Service Due: 5/16/2021
Alt Phone:
Phone: (325) 212-4124
Cell:
Work:

**SCHEDULED
INSPECTION**

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

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

Test Results and observations: (As Required)

Chlorine Residual: 0.0

Test Method: Grab

BOD: _____

TSS: _____

Tank Lids Secured Yes

Repairs made: Y/N (N)

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

Repairs and Comments:

Inspector: [Signature]

Date: 6/9/21

Area: / 0
GPS: ID = 487

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

Phone: (830) 312-8776

Printed: 9/24/2021

AerobicSolutions.net
Permit #: 108634

To: Bobby & Deborah Carway
287 Lily Street
Spring Branch, TX 78070

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

Site: 287 Lily Street, Spring Branch

(915) 539-0752

Contract: 9/16/2019 - 10/31/2021

Agency: Comal County Environmental Health

Phone: (325) 212-4124

Inspections per year: 3

County: Comal

Cell:

Service Due: 10/15/2021

Subdivision: Mystic Shores

SCHEDULED

Work:

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

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

Test Results and observations: (As Required)

Chlorine Residual: 0.5

Test Method: q/a/b

BOD: _____

TSS: _____

Tank Lids Secured yes

Repairs made: Y/N

Sludge Levels: Tank 1: N/A Tank 2: _____ Tank 3: 0"-2"

Repairs and Comments:

Inspector: Lagan Date: 10/30

Area: / 0
 GPS:

ID = 487

287 Lily Street, Spring Branch

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

(830) 312-8776

AerobicSolutions.net
Permit #: 108634

To: Bobby & Deborah Caraway
287 Lily Street
Spring Branch, TX 78070

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

Site: 287 Lily Street, Spring Branch

Agency: Comal County Environmental Health

County: Comal

Subdivision: Mystic Shores

**SCHEDULED
 INSPECTION**

Installed:

Phone: (915) 539-0752

Cell:

Work:

Contract: 2/9/2022 - 2/9/2023

Inspections per year: 3

Service Due: 2/28/2022

Alt Phone:

Warranty Ending:

Inspection Type: INSPECTION Inspection # 1 of 3 for the contract year
 BRAND OF SEPTIC SYSTEM _____

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

Test Results and observations: (As Required)

Chlorine Residual: 0.5

Test Method: grab

BOD: _____

TSS: _____

Tank Lids Secured YES

Repairs made: Y/N

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

Repairs and Comments:

Inspector: Logan Date: 2/22

Area: / 0
 GPS:

ID = 487

Printed: 2/9/2022

287 Lily Street, Spring Branch

Gatco DBA Aerobic Maintenance Solutions
P O Box 311899
New Braunfels, TX 78131

Phone: (830) 312-8776

sherrie@gatcotreatment.com office@aerobicsolutions.net

Permit #: 108634

To: Bobby & Deborah Caraway
287 Lily Street
Spring Branch, TX 78070

Contract Period

Start Date: 2/7/2023
End Date: 2/7/2024

Customer ID: 487

Main Phone: (915) 539-0752

Cell Phones:

Alternate Cell:

Email: debbiecaraway13@gmail.com

Aerobic Maintenance Solution LLC

Subdivision: Mystic Shores

3 visits per year - one every 4 months

Site: 287 Lily Street, Spring Branch, TX 78070
County: Comal
Installer: Mike Batey
Agency: Comal County Environmental Health
Mfg/Brand: -SOLAR AIRE-

Agreement

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

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

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

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

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

V. Clients Responsibilities:

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

9. Promptly and fully pay Contractor's Bills, Fees or invoices as described herein.

VI. Contractor will schedule with client, dates to perform the above described Services of repairs. If Contractor is not able to access the site on the date of appointment, a charge of \$75.00 will be billed if the inspection for repairs is not able to be completed and are required to be scheduled on another date. The contractor requires access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of evaluation of system and equipment as required by the manufacturer and /or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client an additional service at a rate of \$68.50 per hour plus materials billed at list process. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement only covers the Services described herein. This fee does not cover equipment or labor supplied for non-warranty repairs or for charges for unscheduled Client, request trips to the Client's site of pumping of the OSSF. Payments not received within 30 days from the date will be subject to a \$30.00 late penalty and or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees. All cost of collection incurred by contractor in collection of any unpaid debt. By signing this contract, the Client is authorizing the Contractor to remove any parts which were installed but not paid for at the end of 30 days. The Client is still responsible for any labor costs associated with the installation and removal of said parts. Invoice due when service is completed. Contract fee is \$ 275.00

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

Client
Print Name: Bobby Caraway Signature: [Signature] Date: _____

Client Phone number Home _____ Work _____ Cell 915-539-0752

Email Address debbiecaraway@gmail.com

Any Gate or Combo code for inspections N/A

Contractor Aerobic Maintenance Solutions LLC:

MP Signature: [Signature] Date 4/16/2023
MP NUMBER _____

MP0000996

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

Phone: (830) 312-8776

Printed: 5/26/2022

AerobicSolutions.net
Permit #: 108634

To: **Bobby & Deborah Caraway**
287 Lily Street
Spring Branch, TX 78070

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

Site: 287 Lily Street, Spring Branch

Contract: 2/9/2022 - 2/9/2023

Agency: Comal County Environmental Health

Inspections per year: 3

County: Comal

Service Due: 6/28/2022

Subdivision: Mystic Shores

Phone: (915) 539-0752

Cell:

Alt Phone:

Work:

SCHEDULED
INSPECTION

Inspection Type: _____ Inspection # 2 of 3 for the contract year
 BRAND OF SEPTIC SYSTEM _____

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

Test Results and observations: (As Required)

Chlorine Residual: .5 - Low

Test Method: Grab

BOD: _____

TSS: _____

Tank Lids Secured _____

Repairs made: Y / N _____

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

Repairs and Comments:

Inspector: Wes Mabry
Logan

Date: 6/22/22

Area: / 0

GPS:

ID = 487

287 Lily Street, Spring Branch

Gatco DBA Aerobic Maintenance Solutions
P O Box 311899
New Braunfels, TX 78131

Printed: 09/30/2022

Phone: (830) 312-8776

sherrie@gatcotreatment.com
Permit #: 108634

To: **Bobby & Deborah Caraway**
287 Lily Street
Spring Branch, TX 78070

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

Contract: 02/09/2022 - 02/09/2023

Inspections per year: 3
 Service Due: **10/28/2022**
 Alt Cell:

Site: 287 Lily Street, Spring Branch
 Agency: Comal County Environmental Health
 County: Comal
 Subdivision: Mystic Shores

Main Phone: (915) 539-0752
 Cell:
 Work:

Inspection Type: **SCHEDULED INSPECTION** Inspection # 3 of 3 for the contract year

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

Test Results and observations: (As Required)

Chlorine Residual: 0.1
 Test Method: grab
 BOD: _____
 TSS: _____
 Tank Lids Secured: YES
 Repairs made: Y/N
 Sludge Levels: Tank 1: N/A Tank 2: Tank 3:

Repairs and Comments: _____

Inspector: Logan Date: 10/3

Area: / 0
 GPS: ID = 487

Printed: 09/30/2022

CALL FIRST

287 Lily Street, Spring Branch, TX 78070



WASTEWATER TREATMENT SYSTEM MAINTENANCE CONTRACT

Customer	Residential	Initial Contract
Bobby & Deborah Caraway	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site Address	Agency	
287 Lily Street, Spring Branch, TX 78070	Comal County	
Email	Phone	Permit Number
debbiecaraway13@gmail.com	(915) 539-0752	108634
System Details		
Treatment: Aerobic Surface Application Liquid Bleach / System: SOLAR AIRE 600 Max GPD		

AGREEMENT

I. General:

This work for hire agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Luna Environmental, LLC (hereinafter referred to as "Contractor"), located at 4222 FM 482 New Braunfels, Texas 78132. By this agreement, Contractor agrees to render services, as described herein, and Client agrees to fulfill his/her/their responsibilities under the agreement as described herein.

II. Dates & Fees:

This agreement provides maintenance from **2/7/2024** to **2/7/2025** for a total fee of **\$295.00**

III. Services by Contractor:

- Inspect and perform routine maintenance on the On-Site Sewage Facility ("OSSF") in compliance with code, regulations, and/or rules of the Texas Commission on Environmental Quality ("TCEQ") and county in which the OSSF is located and the manufacturer's requirements, at a frequency of approximately once every four (4) months.
- Inspection, adjustment, and servicing of the mechanical, electrical, and other components to ensure proper functioning. This includes inspecting control panels, air pumps, air filters, diffusers, floats, and spray heads.
- Effluent Inspection will include the following: effluent quality (color, turbidity, overflow, and odor), testing effluent chlorine and pH levels, when necessary, alarm function, filters, operation of effluent pump and chlorinator. Unless otherwise agreed to, Contractor does not provide chlorine. BOD and TSS annually on commercial accounts, additional charges apply.
- Notify Client of any repairs needed to keep OSSF in proper working condition and up to regulatory standards. Items under warranty may be repaired while the technician is on-site. Additional charges may apply for labor and service calls. Repair quotes of non-warranty items must be approved by Client before work is performed.
- Report to the appropriate regulatory authority and to Client, as required by the State of Texas' on-site rules and, if required, TCEQ or County rules. All findings must be reported to the appropriate regulatory authority within 14 days.
- Visit site within 48 hours of a service request.
- Provide Customer Support line at 855-560-9909.

IV. Client Responsibilities:

1. Maintain Chlorinator and proper chlorine supply, unless otherwise specified.
2. Provide all necessary lawn or yard maintenance and remove all obstructions, including dogs and other animals as needed to allow the OSSF to function properly and the Contractor easy and safe access to all parts of
3. Immediately notify Contractor of any alarms or system problems.
4. Have tanks pumped out as directed by manufacturer, typically every 3 years.
5. Be available by text, phone, or in person when the Contractor is on site in case of required repair approvals or questions.
6. Maintain site drainage to prevent adverse effects on OSSF.
7. Promptly pay Contractor's bills, fees, and invoices in full.

V. Access By Contractor:

Access By Contractor: The contractor or anyone authorized by the contractor may enter the property at reasonable times without prior notice for the purpose of repairs and services described herein.

VI. Termination of This Agreement:

Either party may terminate this agreement with 30 days' written notice in the event of the other party's substantive failure to perform in accordance with this agreement without fault of the terminating party. Is this agreement is terminated, the Contractor will notify the appropriate regulatory authority.

VII. Limitation of Liability:

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

VIII. Payment Terms:

The fee for this agreement only covers the services described herein. This fee does not cover equipment or labor for non-warranty repairs, labor for warranty repairs, or service charges resulting from unscheduled, Client requested trips to the Client's OSSF. Payments not received within 30 days from the date of invoicing will be subject to a \$30.00 late penalty and or a 1.5% monthly carrying charge, whichever is greater. By signing this contract, the Client authorizes the Contractor to remove any parts which were installed but not paid for at the end of 30 days. The Client is still responsible for any labor costs associated with the installation and removal of said parts. All invoices are due upon receipt by Client.

IX. Severability:

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

Bobby & Deborah Caraway

Luna Environmental / Ryan Seidensticker

DocuSigned by: Customer Name

Maintenance Provider Name

Bobby & Deborah Caraway

Ryan Seidensticker

License # MP0001708

E1A9A6A06210423...

Customer Signature

Maintenance Provider Signature

Additional Comments / Special Terms

Luna Environmental

4222 FM 482

New Braunfels, TX 78132

(830) 312-8776

sherrie@lunaenvironmental.com

Printed:10/4/2023

Permit: 108634

Site: 287 Lily Street, Spring Branch, TX 78070

Main Phone: 9155390752

Bobby & Deborah Caraway

287 Lily Street

Spring Branch, TX 78070

Agency: Comal County Environmental Health

County: Comal

Subdivision: Mystic Shores

System Info: MFG: Brand: SOLAR AIRE

Customer ID: 487

Treatment Type: Aerobic

Disposal Type: Surface Application

Insp ID: 33849

Visit Details

Visit Date: 10/3/2023

Entered By: Nicole Loria

GPS Lat: 29.94557 GPS Long: -98.32762

Scheduled Date: 8/15/2023

Contract Starts: 2/7/2023

Customer Emailed: 10/4/2023

Entered On: 10/4/2023

Contract Ends: 2/7/2024

Visit Results

Service Type: Scheduled Inspection

Count: Inspection 2 of 3

Method: Grab

License #

Expires

Technician: Ronnie Ransom

0002564

8/31/2026

Provider: Luna Environmental, LLC

Service Completed

Aerators: Operational

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Supply: Operational

Chlorine Residual: .1

Sludge Level Tank 1: 4

Sludge Level Tank 2: N/A

Sludge Level Tank 3: 14

Electric Circuits: Operational

Distribution System: Operational

Drip/Sprayfield Veg: Operational

Tank Lid / Riser: Secured

Insp. Port / Plug: Secured

Alarm: Operational

PSI Pressure: 1.5

Comments

- Scum on pretreatment 6 - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Inspection Port Plug was noted as Secured prior to leaving. - Copy emailed to the customer on 10/4/2023.