

Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 08/26/2019 Permit Number: 108654

Location Description: 1033 MOONLIGHT DR CANYON LAKE, TX 78133

Subdivision: The Hills at Mountain Springs Ranch
Unit:
Lot: 612
Block:
Acreage:

Type of System: Aerobic Surface Irrigation

Issued to: John M. Cottingham

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

Signature of James F. Cornish
ENVIRONMENTAL HEALTH INSPECTOR

OS0032485

Signature of Environmental Health Coordinator
ENVIRONMENTAL HEALTH COORDINATOR
OS0007722

## Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Countryside OSSF Installer #: OS 000 2929  
 1st Inspection Date: 8/20/19 2nd Inspection Date: \_\_\_\_\_ 3rd Inspection Date: 9-26-19 *final*  
 Inspector Name: Mike T. Inspector Name: \_\_\_\_\_ Inspector Name: Conner  
 Permit#: 108654 Address: Hills @ Mt. Springs 1033 Moonlight

| 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)<br>285.30(b)(1)(A)(iv)<br>285.30(b)(1)(A)(v)<br>285.30(b)(1)(A)(iii)<br>285.30(b)(1)(A)(ii)<br>285.30(b)(1)(A)(i)   |       | 08-20<br>2019 |           |           |
| 2   | SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards                              |        | 285.91(10)<br>285.30(b)(4)<br>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)<br>285.32(b)(1)(E)(iv)<br>285.32(b)(1)(F)<br>285.32(b)(1)(B)<br>285.32(b)(1)(C)(i)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(D)<br>285.32(b)(1)(E)<br>285.32(b)(1)(A)<br>285.32(b)(1)(E)(iii)(II)<br>285.32(b)(1)(E)(i)<br>285.32(b)(1)(E)(ii)(I) |       |               |           |           |
| 7   | PRETREATMENT Grease Interceptors if required for commercial  |        | 285.34(d)   |       |               |           |           |

08-20-19 MT

Covered 9-26-19 JC

Tank Set level No leaks  
 Operational ✓  
 Coverall

**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)<br>285.91(2);<br>285.32(b)(1)(F)<br>285.32(b)(1)(E)(iii)<br>285.32(b)(1)(E)(ii)(II)<br>285.32(b)(1)(E)(ii)(I)<br>285.32(b)(1)(E)(I)<br>285.32(b)(1)(D)<br>285.32(b)(1)(C)(II)<br>285.32(b)(1)(C)(I)<br>285.32(b)(1)(B)<br>285.32(b)(1)(A)<br>285.32(b)(1)(E)(iv) |                     |               |           |           |
| 9   | ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used  |        | 285.32(b)(1)(F)<br>285.32(b)(1)(G)<br>285.34(b)  |                     |               |           |           |
| 10  | SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped  |        | 285.38(d)  |                     |               |           |           |
| 11  | SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions   |        | 285.38(d)<br>285.38(e)   |                     |               |           |           |
| 12  | SEPTIC TANK Tank Volume Installed   |        |  |                     |               |           |           |
| 13  | PUMP TANK Volume Installed  |        |  |                     |               |           |           |
| 14  | AEROBIC TREATMENT UNIT Size Installed   |        |  |                     | 08-20<br>2019 |           |           |
| 15  | AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number   |        |  | Clear Stream<br>600 |               |           |           |
| 16  | DISPOSAL SYSTEM Absorptive  |        | 285.33(a)(4)<br>285.33(a)(1)<br>285.33(a)(2)<br>285.33(a)(3)   |                     |               |           |           |
| 17  | DISPOSAL SYSTEM Leaching Chamber  |        | 285.33(a)(1)<br>285.33(a)(3)<br>285.33(a)(4)<br>285.33(a)(2)   |                     |               |           |           |
| 18  | DISPOSAL SYSTEM Evapo-transpirative   |        | 285.33(a)(3)<br>285.33(a)(4)<br>285.33(a)(1)<br>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)<br>285.33(a)(1)<br>285.33(a)(2)                 |       |           |           |           |
| 22  | DISPOSAL SYSTEM Gravelless Pipe   |        | 285.33(a)(3)<br>285.33(a)(2)<br>285.33(a)(4)<br>285.33(a)(1) |       |           |           |           |
| 23  | DISPOSAL SYSTEM Mound   |        | 285.33(a)(3)<br>285.33(a)(1)<br>285.33(a)(2)<br>285.33(a)(4) |       |           |           |           |
| 24  | DISPOSAL SYSTEM Other (describe) (Approved Design)  |        | 285.33(d)(6)<br>285.33(c)(4)                                 |       |           |           |           |
| 25  | DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC  |        |  |       |           |           |           |
| 26  | DRAINFIELD Area Installed   |        |  |       |           |           |           |
| 27  | DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation  |        | 285.33(b)(1)(A)(v)   |       |           |           |           |
| 28  | DRAINFIELD Excavation Width<br>DRAINFIELD Excavation Depth<br>DRAINFIELD Excavation Separation<br>DRAINFIELD Depth of Porous Media<br>DRAINFIELD Type of Porous Media |        |  |       |           |           |           |
| 29  | DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place   |        | 285.33(b)(1)(E)  |       |           |           |           |
| 30  | DRAINFIELD Leaching Chambers<br>DRAINFIELD Chambers - Open End Plates w/ Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturer's 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)(f)   |       |           |           |           |

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OSSF Inspection Sheet**

| No. | Description   | Answer | Citations  | Notes | 1st Insp.     | 2nd Insp. | 3rd Insp. |
|-----|---|--------|--|-------|---------------|-----------|-----------|
| 32  | <p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes &lt; 2.0%</p> <p>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field ( 1000' Linear ft. for 2 bedrooms or Less &amp; an additional 400 ft. for each additional bedroom )</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. &amp; Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) &amp; Pipe Holes ( 3/16 - 1/4" dia. Hole Size ) 5 ft. Apart</p> |        | <p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(B)</p> <p>285.91(13)</p> <p>285.33(b)(3)(D)</p> <p>285.33(b)(3)(F)</p> |       |               |           |           |
| 33  | <p>AEROBIC TREATMENT UNIT is Aerobic Unit Installed According to Approved Guidelines</p>  | ✓      | 285.32(c)(1)   |       | 08-20<br>2019 |           |           |
| 34  | <p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port &amp; Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank</p> <p>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions</p>   |        |  |       |               |           |           |
| 35  | <p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place</p>   |        |  |       |               |           |           |
| 36  | <p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials &amp; construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti-Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>   |        |  |       |               |           |           |
| 37  | <p>PUMP TANK Inspection/Clean Out Port &amp; Risers Provided</p> <p>PUMP TANK Secondary restraint system provided</p> <p>PUMP TANK Riser permanently fastened to lid or cast into tank</p> <p>PUMP TANK Riser cap protected against unauthorized intrusions</p>   |        |  |       |               |           |           |
| 38  | <p>PUMP TANK Secondary restraint system provided</p>  |        |  |       |               |           |           |
| 39  | <p>PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried</p>  | ✓      |  |       | ✓             |           |           |

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OSSF Inspection Sheet**

| No. | Description   | Answer | Citations   | Notes | 1st Insp.          | 2nd Insp. | 3rd Insp. |
|-----|---|--------|---|-------|--------------------|-----------|-----------|
| 40  | APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?   | /      | 285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(v)<br>285.33(d)(2)(G)(iii)<br>285.33(d)(2)(G)(iv)<br>285.33(d)(2)(G)(i)<br>285.33(d)(2)(G)(ii)<br>285.33(d)(2)(G)(iii)(I) |       | OS-<br>90-<br>2019 |           |           |
| 41  | APPLICATION AREA Low Angle Nozzles Used / Pressure is as required<br>APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads?<br>APPLICATION AREA The Landscape Plan is as Designed | /      | 285.33(d)(2)(G)(i)<br>285.33(d)(2)(A)<br>285.33(d)(2)(F)  |       | /                  |           | /         |
| 42  | APPLICATION AREA Area Installed   | /      |   |       | /                  |           |           |
| 43  | PUMP TANK Meets Minimum Reserve Capacity Requirements   |        |   |       |                    |           |           |
| 44  | PUMP TANK Material Type & Manufacturer  |        |   |       |                    |           |           |
| 45  | PUMP TANK Type/Size of Pump Installed   |        |   |       |                    |           |           |

## Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Countryside OSSF Installer #: OS 0002929

1st Inspection Date: 8/20/19 2nd Inspection Date: \_\_\_\_\_ 3rd Inspection Date: \_\_\_\_\_

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

Permit#: 108654 Address: Hills @ Mt. Springs 1033 Moonlight

| 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)<br>285.30(b)(1)(A)(iv)<br>285.30(b)(1)(A)(v)<br>285.30(b)(1)(A)(iii)<br>285.30(b)(1)(A)(ii)<br>285.30(b)(1)(A)(i)  |       | 08-20<br>2019 |           |           |
| 2   | SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards                              |        | 285.91(10)<br>285.30(b)(4)<br>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)<br>285.32(b)(1)(E)(iv)<br>285.32(b)(1)(F)<br>285.32(b)(1)(B)<br>285.32(b)(1)(C)(i)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(D)<br>285.32(b)(1)(E)<br>285.32(b)(1)(A)<br>285.32(b)(1)(E)(ii)(II)<br>285.32(b)(1)(E)(i)<br>285.32(b)(1)(E)(ii)(I) |       |               |           |           |
| 7   | PRETREATMENT Grease Interceptors if required for commercial  |        | 285.34(d)  |       |               |           |           |

08-20-19 MT

Tank Set level No leaks  
Operational ✓  
Covered

**Comal County Environmental Health  
OSSF Inspection Sheet**

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|-----|---|--------|---|--------------------|---------------|-----------|-----------|
| 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)<br>285.91(2)<br>285.32(b)(1)(F)<br>285.32(b)(1)(E)(iii)<br>285.32(b)(1)(E)(ii)(II)<br>285.32(b)(1)(E)(ii)(I)<br>285.32(b)(1)(E)(i)<br>285.32(b)(1)(D)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(C)(i)<br>285.32(b)(1)(B)<br>285.32(b)(1)(A)<br>285.32(b)(1)(E)(iv) |                    |               |           |           |
| 9   | ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used  |        | 285.32(b)(1)(F)<br>285.32(b)(1)(G)<br>285.34(b)   |                    |               |           |           |
| 10  | SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped  |        | 285.38(d)   |                    |               |           |           |
| 11  | SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions   |        | 285.38(d)<br>285.38(e)  |                    |               |           |           |
| 12  | SEPTIC TANK Tank Volume Installed   |        |   |                    |               |           |           |
| 13  | PUMP TANK Volume Installed  |        |   |                    |               |           |           |
| 14  | AEROBIC TREATMENT UNIT Size Installed   |        |   |                    | 08-20<br>2019 |           |           |
| 15  | AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number   |        |   | ClearStream<br>600 |               |           |           |
| 16  | DISPOSAL SYSTEM Absorptive  |        | 285.33(a)(4)<br>285.33(a)(1)<br>285.33(a)(2)<br>285.33(a)(3)  |                    |               |           |           |
| 17  | DISPOSAL SYSTEM Leaching Chamber  |        | 285.33(a)(1)<br>285.33(a)(3)<br>285.33(a)(4)<br>285.33(a)(2)  |                    |               |           |           |
| 18  | DISPOSAL SYSTEM Evapo-transpirative   |        | 285.33(a)(4)<br>285.33(a)(1)<br>285.33(a)(2)  |                    |               |           |           |



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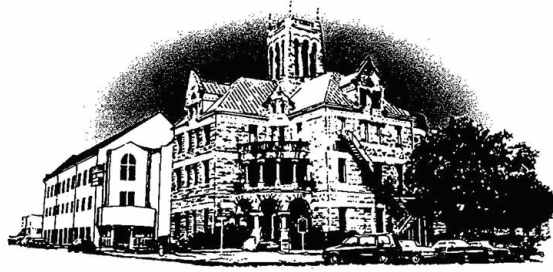
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| 22  | DISPOSAL SYSTEM Gravelless Pipe   |        | 285.33(a)(3)<br>285.33(a)(2)<br>285.33(a)(4)<br>285.33(a)(1) |       |           |           |           |
| 23  | DISPOSAL SYSTEM Mound   |        | 285.33(a)(3)<br>285.33(a)(1)<br>285.33(a)(2)<br>285.33(a)(4) |       |           |           |           |
| 24  | DISPOSAL SYSTEM Other (describe) (Approved Design)  |        | 285.33(d)(6)<br>285.33(c)(4)                                 |       |           |           |           |
| 25  | DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC  |        |  |       |           |           |           |
| 26  | DRAINFIELD Area Installed   |        |  |       |           |           |           |
| 27  | DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation  |        | 285.33(b)(1)(A)(v)   |       |           |           |           |
| 28  | DRAINFIELD Excavation Width<br>DRAINFIELD Excavation Depth<br>DRAINFIELD Excavation Separation<br>DRAINFIELD Depth of Porous Media<br>DRAINFIELD Type of Porous Media |        |  |       |           |           |           |
| 29  | DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place   |        | 285.33(b)(1)(E)  |       |           |           |           |
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| 33  | <p>AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.</p>  | ✓      | 285.32(c)(1)   |       | 06-20<br>2019 |           |           |
| 34  | <p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port &amp; Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank</p> <p>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions</p>  |        |  |       |               |           |           |
| 35  | <p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.</p>   |        |  |       |               |           |           |
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| 37  | <p>PUMP TANK Inspection/Clean Out Port &amp; Risers Provided</p> <p>PUMP TANK Secondary restraint system provided</p> <p>PUMP TANK Riser permanently fastened to lid or cast into tank</p> <p>PUMP TANK Riser cap protected against unauthorized intrusions</p>  |        |  |       |               |           |           |
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| 42  | APPLICATION AREA Area Installed   | /      |  |       | /          |           |           |
| 43  | PUMP TANK Meets Minimum Reserve Capacity Requirements   |        |  |       |            |           |           |
| 44  | PUMP TANK Material Type & Manufacturer  |        |  |       |            |           |           |
| 45  | PUMP TANK Type/Size of Pump Installed   |        |  |       |            |           |           |



# Comal County

OFFICE OF COMAL COUNTY ENGINEER

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

Permit Number: 108654  
Issued This Date: 01/29/2019  
This permit is hereby given to: John M. Cottingham

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

1033 MOONLIGHT DR  
CANYON LAKE, TX 78133

Subdivision: The Hills at Mountain Springs Ranch  
Unit:  
Lot: 612  
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 December 20, 2018

Permit # 108654

Owner Name JOHN M COTTINGHAM
Mailing Address c/o 2660 COMMON ST # 203
City, State, Zip NEW BRAUNFELS TEXAS 78130
Phone# 830-629-6600
Email abrandt@sierraclassic.com

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

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

Method: [ ] Mail [X] Email

Subdivision Name THE HILLS AT MOUNTAIN SPRINGS RANCH Unit/Phase/Section Lot 612 Block

Acreage/Legal

Street Name/Address 1033 MOONLIGHT DRIVE City CANYON LAKE Zip 78133

Type of Development:

[X] Single Family Residential

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

Number of Bedrooms 5

Indicate Sq Ft of Living Area 4048

[ ] 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: \$ 590,000 (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 [Handwritten Signature]

Date 1/11/19

RECEIVED
JAN 18 2019
COUNTY ENGINEER

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

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

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

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

Gallons Per Day (As Per TCEQ Table III) 360

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

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

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

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 December 23, 2018

**RECEIVED**

**By rabsah at 10:10 am, Jan 29, 2019**

Greg W. Johnson, P.E.

170 Hollow Oak

New Braunfels, Texas 78132

830/905-2778

January 28, 2019

Comal County Office of Environmental Health

195 David Jonas Drive

New Braunfels, Texas 78132-3760


RE- SEPTIC DESIGN - #108654  
1033 MOONLIGHT DRIVE  
THE HILLS AT MOUNTAIN SPRINGS RANCH, LOT 612  
CANYON LAKE, TX 78133  
COTTINGHAM RESIDENCE

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).

  
01/28/19  
Greg W. Johnson, P.E. No. 67587 / F#2585  
170 Hollow Oak  
New Braunfels, Texas 78132 - 830/905-2778



**Greg W. Johnson, P.E.**

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

December 23, 2018

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

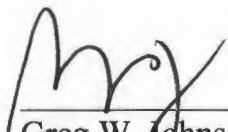
RE: SEPTIC DESIGN  
1033 MOONLIGHT DRIVE  
THE HILLS AT MOUNTAIN SPRINGS RANCH, LOT 612  
COTTINGHAM RESIDENCE

Ms. Ritzen/Hernandez,

A portion of this property has a building setback line/RBA easement in the back portion of the lot, where the aerobic spray is proposed to be located. The property slopes approximately eight percent and is not in an area where seeps will occur.

Additionally, the spray area is not in an area where a flow with a velocity able to damage the piping will occur and does not contain any ditches, swales, or drainage features. No setbacks are required.

Respectfully,



12/23/18

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







Yes

### AFFIDAVIT

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.

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):

UNIT/PHASE/SECTION \_\_\_\_\_ BLOCK 612 LOT THE HILLS AT MOUNTAIN SPRINGS RANCH SUBDIVISION

IF NOT IN SUBDIVISION: \_\_\_\_\_ ACREAGE \_\_\_\_\_ SURVEY \_\_\_\_\_

The property is owned by (insert owner's full name): JOHN M. COTTINGHAM

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 11 DAY OF January, 2019

X [Signature]  
Owner(s) signature(s)

JOHN M. COTTINGHAM  
Owner (s) Printed name (s)

JOHN M. COTTINGHAM  
[Signature], 2019  
Notary Public Signature

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 11 DAY OF

THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY



(Notary Seal Here)

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
01/17/2019 02:27:57 PM  
TERRI 1 Page(s)  
201906001958



Bobbie Koepf

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

**Septic System Service Agreement**

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

Name: JOHN M. COTTINGHAM Address: 1033 MOONLIGHT DRIVE  
Sub-Div./County: HILLS AT MOUNTAIN SPRINGS / COMAL City, State-Zip: CANYON LAKE, TX 78133  
Permit #: \_\_\_\_\_ Model #: CLEARSTREAM 600NC3T Serial #: \_\_\_\_\_  
Phone #: \_\_\_\_\_

(X) Initial Two Year Service Agreement & Two Year Limited Warranty  
 ( ) One Year Service Agreement

The effective date of this initial maintenance contract shall be the date the License to Operate is issued.

Legal Description: THE HILLS AT MOUNTAIN SPRINGS RANCH, LOT 612

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

- A: An inspection/service call every (4) four months which will include: inspection, adjustments and servicing of the mechanical & electrical components as necessary to insure proper function of the system.
- B: An effluent quality inspection consisting of a visual check for color, turbidity, scum, overflow and odor.
- C: The property owner is responsible for "purchasing and keeping chlorine" in the chlorinator, (if applicable). If the chlorine test reveals "No Chlorine" in the system, the property owner may incur an additional cost.
- D: If any improper operation is observed (which cannot be corrected at that time) the property owner will be notified immediately of the conditions and the estimated cost.
- E: The response time to a complaint by the property owner regarding operation of the system, shall be within "48 hours," from the time of notification.
- F: ANY PARTS, WARRANTY OR NON-WARRANTY, OR FREIGHT CHARGES, LABOR OR SERVICE CALLS DUE NOT PAID FOR REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND COULD RESULT IN REPOSSION OF PARTS BY COUNTRYSIDE CONSTRUCTION.
- G: THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZES COUNTRYSIDE CONSTRUCTION TO ENTER THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.

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


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

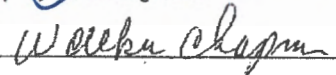
This contract does not include the pumping of a tank or of any compartment of a tank, or settlement of soil on or around any part of the system regardless of reason:

Violations of the warranty also include: Disconnecting the alarm, restricting ventilation to the aerator, over loading the system above its rated capacity; or flooding by external means. Rodent, insect or Fire Ant damage or any other form of unusual abuse is a violation.

A renewal service contract should be "**Activated**" (30) thirty days before expiration of existing contract. We will contact property owner prior to expiration of existing contract.

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

(X)  Print Name  (X) JOHN M. COTTINGHAM Date: 1/11/19

(X)  Date: 1/11/19 Authorized Service Representative (revised 10/9/09)

# ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: December 23, 2018

Site Location: 1033 MOONLIGHT DRIVE - THE HILLS AT MOUNTAIN SPRING RANCH, LOT 612

Proposed Excavation Depth: N/A

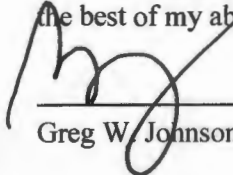
**Requirements:**

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

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

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

12/23/18  
 \_\_\_\_\_  
 Date



**FIRM #2585**

**OSSF SOIL EVALUATION REPORT INFORMATION**

Date: December 23, 2018

**Applicant Information:**

Name: JOHN M. COTTINGHAM  
Address: c/o 2660 COMMON STREET, #203  
City: NEW BRAUNFELS State: TX  
Zip Code: 78132 Phone: 830-629-6600

**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 612 Unit      Blk      Subd. THE HILLS AT MOUNTAIN SPRINGS RANCH  
Street Address: 1033 MOONLIGHT DRIVE  
City: CANYON LAKE Zip Code: 78133  
Additional Info.:     

**Installer Information:**

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

**Topography:** Slope within proposed disposal area: 8 %  
Presence of 100 yr. Flood Zone: YES X NO       
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: 5 Total sq. ft. living area 4048

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

Q = (5 +1)\*75-(20%)= 360

Trash Tank Size 428 Gal.

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

Req'd Application Area = Q/Ri = 360 / 0.064 = 5625 sq. ft.

Application Area Utilized = 5654 sq. ft.

Pump Requirement 6.2 Gpm @ 40 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)

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

Pump Tank Size = 700 Gal. 12.28 Gal/inch.

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

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

With Chlorinator

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

Two way cleanout

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

1" Sch-40 PVC discharge manifold

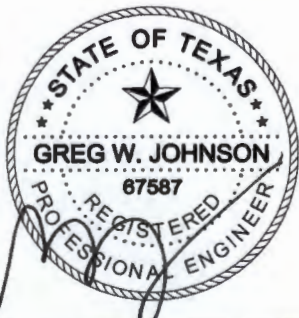
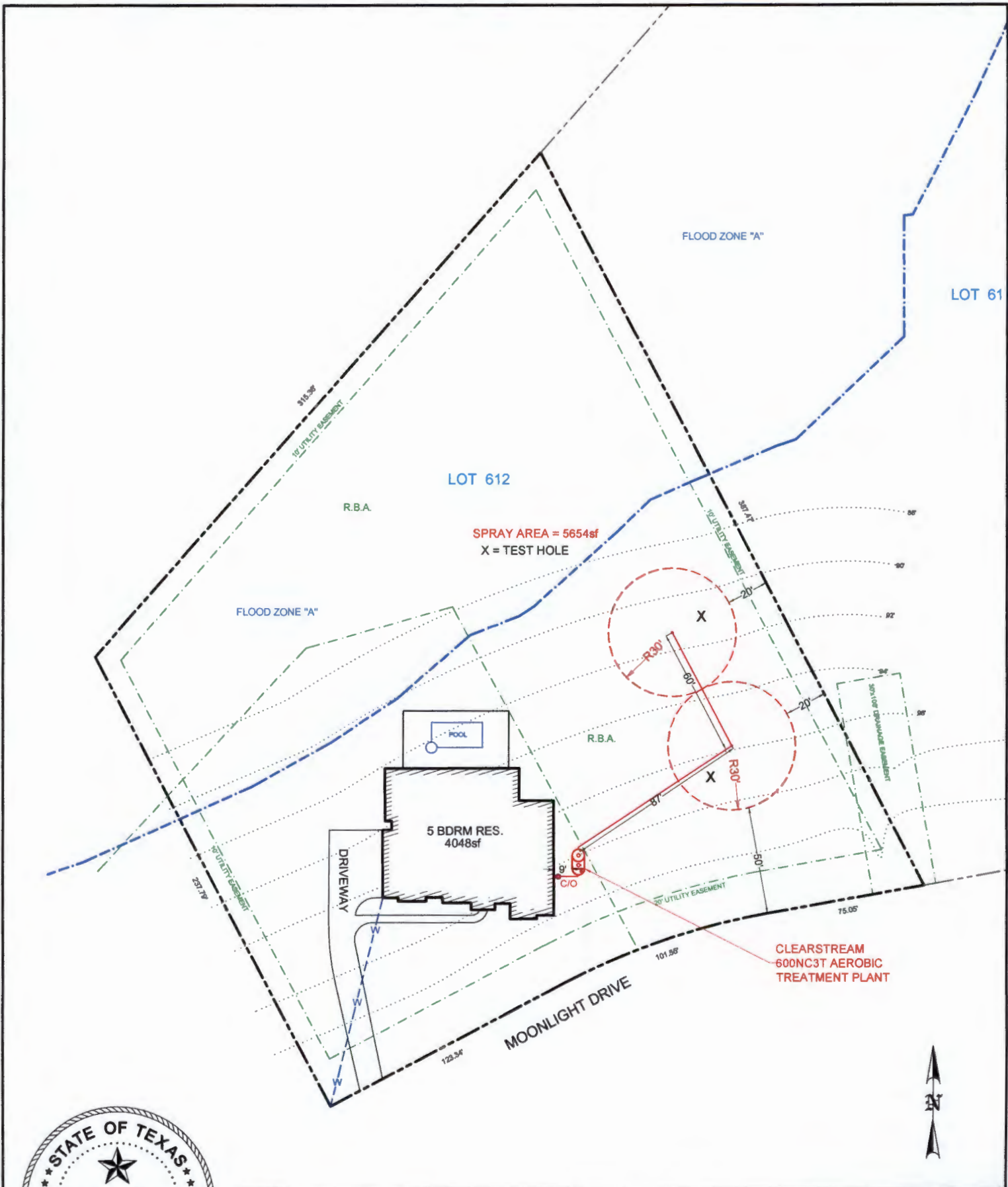
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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

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

12/23/18  
DATE





|  |                     |                       |                   |
|--|---------------------|-----------------------|-------------------|
| OWNER: JOHN M. COTTINGHAM                      |                     | DRAWN BY: EJS III/GWJ |                   |
| STREET ADDRESS: 1033 MOONLIGHT DRIVE           |                     |                       |                   |
| LEGAL DESC: THE HILLS AT MOUNTAIN SPRING RANCH | UNIT/SECTION/PHASE: | BLOCK:                | LOT: 612          |
| PREPARED BY: GREG W. JOHNSON, P.E. F#002585    | SCALE: 1"=60'       | DATE: 12/23/2018      | REVISED: 1/6/2019 |

## TANK NOTES:

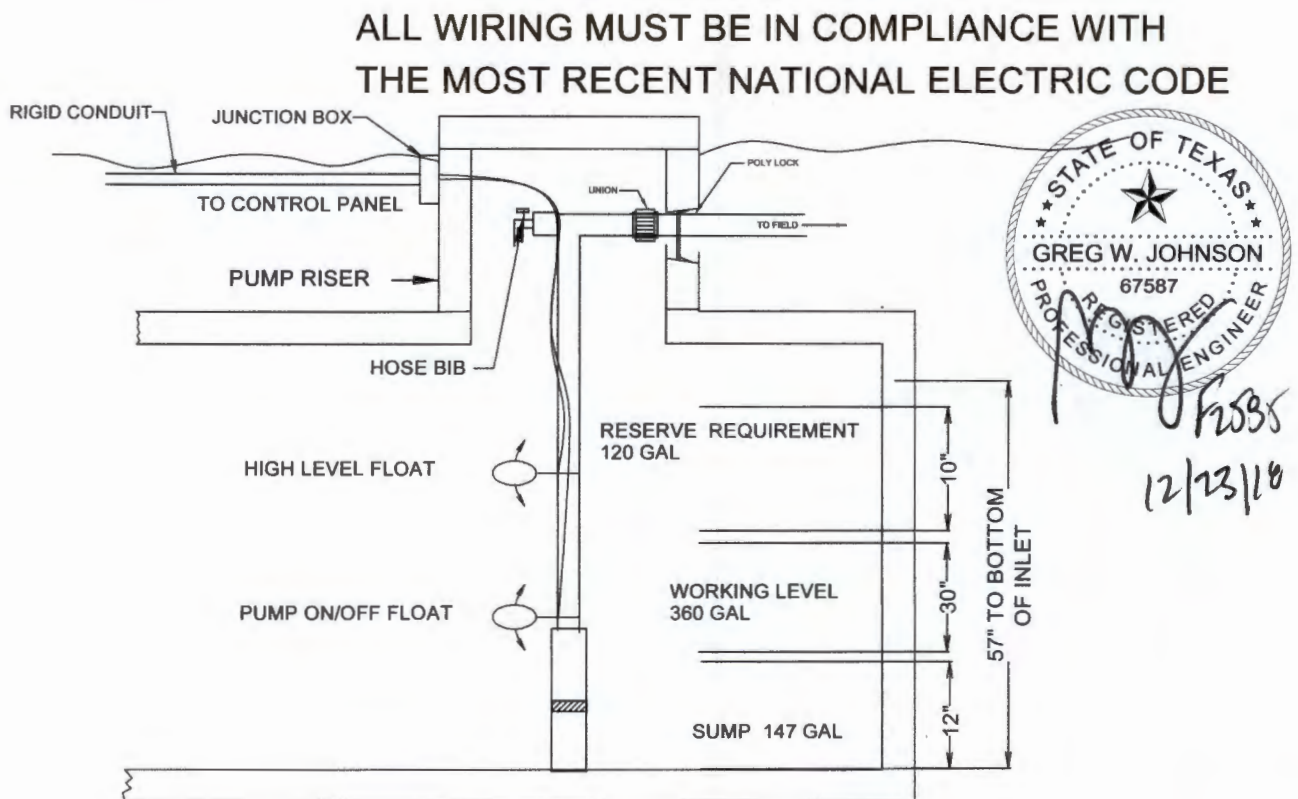
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

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

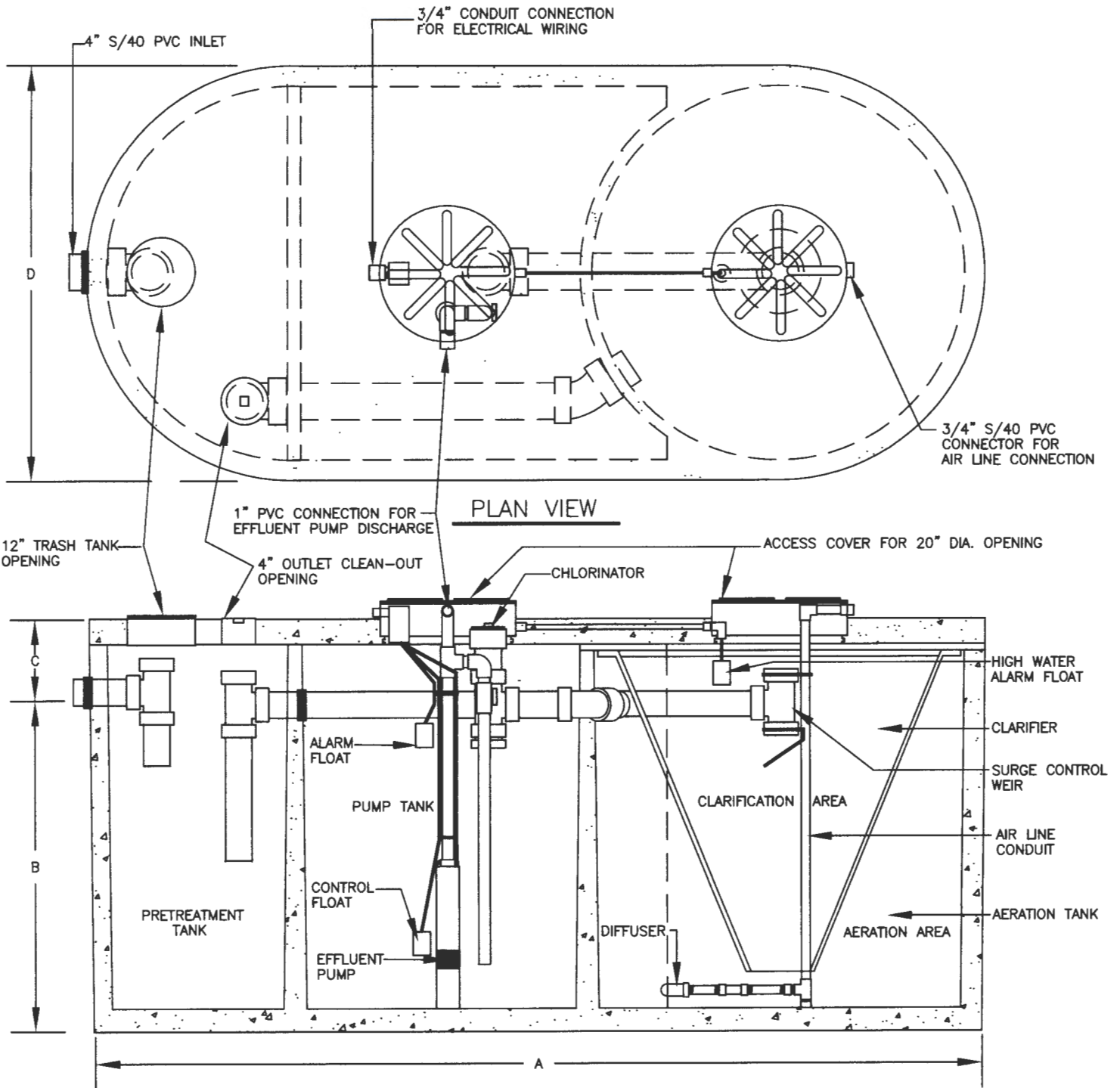
A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

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



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

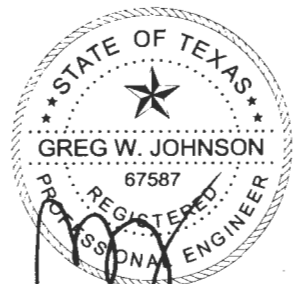
# DESIGN DRAWINGS



**MODEL NC3  
SECTION**

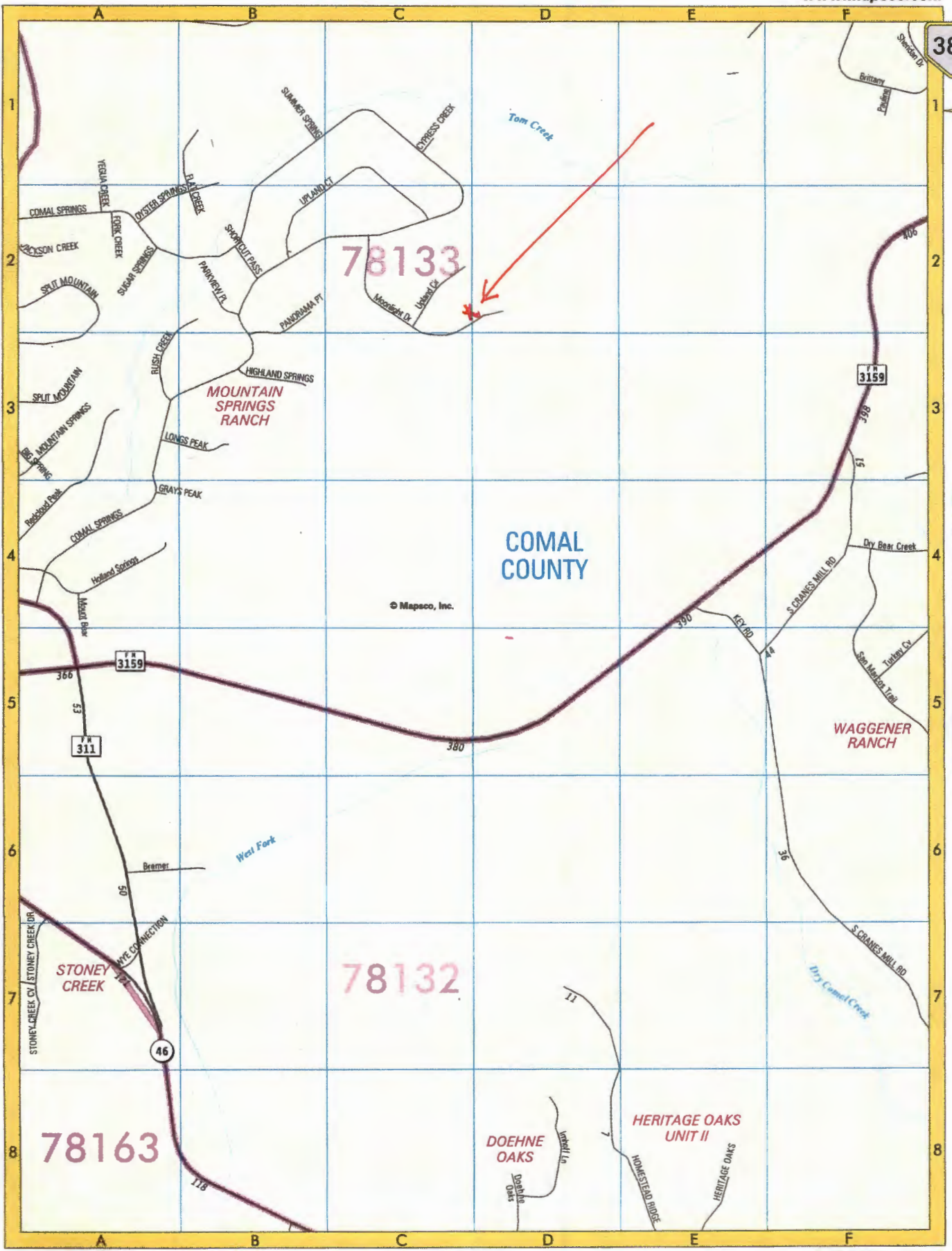
### DIMENSIONAL DATA

| MODEL      | A      | B   | C   | D   |
|------------|--------|-----|-----|-----|
| 500NC3-500 | 12'-2" | 60" | 10" | 75" |
| 500NC3-750 | 13'-5" | 60" | 10" | 75" |
| 600NC3     | 12'-7" | 60" | 10" | 82" |



12/23/18

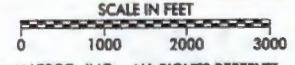
F-2585



386



CONTINUED ON MAP 387





## Hernandez, Sandra

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**From:** Hernandez, Sandra  
**Sent:** Monday, January 28, 2019 8:59 AM  
**To:** 'Greg Johnson'  
**Subject:** 108654 deficiency comment

RE: The Hills at Mountain Springs Ranch, Lot 612

Greg,

We received planning materials for the referenced permit application on January 18, 2019 and found those planning materials to be deficient. In order to continue processing this permit, we need the following information:

 Submit certification that this OSSF complies with provisions of the existing CZP.

If you have any questions, you can email me or call the office.

Thank you,  
Sandra

FILED BY ATC  
SPRING BRANCH

GF# 4000131800493

Notice of confidentiality rights: If you are a natural person, you may remove or strike any or all of the following information from any instrument that transfers an interest in real property before it is filed for record in the public records: your Social Security number or your driver's license number.

**General Warranty Deed**

THE STATE OF TEXAS §

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF COMAL §

Executed on date of acknowledgement to be Effective on: July 20, 2018.

Grantor: **Jay K. Duval and wife, Amy Duval**

Grantor's Mailing Address: jamyduval@gmail.com

Grantee: **John M. Cottingham**

Grantee's Mailing Address: 11170 Alexander Hays Road, Bristow, Prince William County, Virginia 20136

Consideration: TEN DOLLARS (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged.

Property (including any improvements): **Lot 612, The Hills at Mountain Springs Ranch, Comal County, Texas, according to plat thereof recorded in Volume 15, Pages 368-373. Map and Plat Records of Comal County, Texas.**

Reservations from Conveyance: None.

Exceptions to Conveyance and Warranty: All presently recorded restrictions, reservations, easements, covenants and conditions that affect the property and taxes for the current year, the payment of which Grantee assumes.

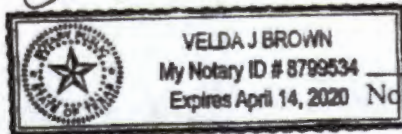
Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee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

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

Jay K. Duval  
Jay K. Duval  
Amy Duval  
Amy Duval

THE STATE OF TEXAS  
COUNTY OF Comal \*

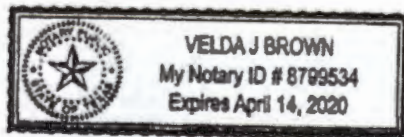
This instrument was acknowledged before me on this the 20th day of July, 2018, by Jay K. Duval.



Velda J Brown  
Notary Public, State of Texas

THE STATE OF TEXAS  
COUNTY OF Comal \*

This instrument was acknowledged before me on this the 20th day of July, 2018, by Amy Duval.



Velda J Brown  
Notary Public, State of Texas

AFTER RECORDING RETURN TO:  
ALAMO TITLE COMPANY  
GF No. 4000131800493

Filed and Recorded  
Official Public Records  
Bobbie Koepp, County Clerk  
Comal County, Texas  
07/24/2018 12:32:15 PM  
LAURA 2 Pages(s)  
201806028837

PREPARED IN THE LAW OFFICE OF:  
KRISTEN QUINNEY PORTER, LLC  
P.O. Box 312643  
New Braunfels, Texas 78131-2643



Bobbie Koepp

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

|                            |                 |
|----------------------------|-----------------|
|                            |                 |
| <i>items Date Received</i> | <i>initials</i> |

|                      |
|----------------------|
|                      |
| <i>Permit Number</i> |

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

01/17/15  
 \_\_\_\_\_  
 Date

|                          |                   |
|--------------------------|-------------------|
| ___ COMPLETE APPLICATION |                   |
| Check No. _____          | Receipt No. _____ |

|  |  |
|--|--|
| ___ INCOMPLETE APPLICATION                   |  |
| (Missing Items Circled, Application Refused) |  |

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

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

**TESTING AND REPORTING RECORD**

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

1. Inspection Date: DECEMBER 26, 2019 Installed: 8/26/2019 Service Expires: 8/26/2021

BILLING ADDRESS:  
 JOHN COTTINGHAM  
 1033 MOONLIGHT DR  
 CANYON LAKE, TX

PHYSICAL ADDRESS:  
 1033 MOONLIGHT DR  
 CANYON LAKE, TX 78133

TELEPHONE: NEED #  
 ALT. PHONE:

LOT: LT 612,

PERMIT#: 108654

COUNTY: COMAL

SN: 11040072

SUBDIVISION: HILLS AT MTN SPRINGS RANCH  
 CLEARSTREAM-600

Manufacturer:

MAPSCO: N/A

NOTES:

TYPE OF SYSTEM: SPRAY

Inspected Item: Operational Inoperative

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

| Inspected Item:                         | Operational | Inoperative |
|---|-------------|-------------|
| Aerators                                |             |             |
| SCFM/Compressors PSI                    | 1.0         |             |
| Record Pressure Reading                 |             |             |
| Filters                                 | /           |             |
| Irrigation Pumps                        | /           |             |
| Recirculation Pumps                     | N/A         |             |
| Disinfection Device                     | /           |             |
| Chlorine Supply                         | /           |             |
| Electrical Circuits                     | /           |             |
| Distribution System                     | /           |             |
| Sprayfield Vegetation                   | /           |             |
| Back Flush Drip Field,<br>if applicable | N/A         |             |
| Other as Noted                          | /           |             |

CHECKED pump,

Alarm, FLOATS,

CHLORINE, SPRINKLERS

Compressor

SYSTEM OPERATING AS DESIGNED? Y/N

Access Posts are Secured Yes No

3. Tests required and results:

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

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

Maintenance Technician: Thomas 11

Date of completion: 12/30/19 Start Job Time: 11:35 Stop Job Time: 11:50

Maintenance Provider: Walker Chapman

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

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

TESTING AND REPORTING RECORD

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

1. Inspection Date: APRIL 26, 2020 Installed: 8/26/2019 Service Expires: 8/26/2021

BILLING ADDRESS:  
 JOHN COTTINGHAM  
 1033 MOONLIGHT DR  
 CANYON LAKE, TX

PHYSICAL ADDRESS:  
 1033 MOONLIGHT DR  
 CANYON LAKE, TX 78133

TELEPHONE: 571-309-8016  
 ALT. PHONE:

LOT: LT 612, PERMIT#: 108654  
 COUNTY: COMAL  
 SN: 11040072  
 MFG: CLEARSTREAM- MAPSCO: N/A

SUBDIVISION: HILLS AT MTN SPRINGS RANCH  
 600

NOTES:  
 TYPE OF SYSTEM: SPRAY

| Inspected Item:   | Operational | Inoperative |
|---|-------------|-------------|
| Aerators<br>9CFM/Compressors PSI<br>(Record Pressure Reading) | 1.0         |             |
| Filters   | 1           |             |
| Irrigation Pumps  | 1           |             |
| Recirculation Pumps   | N/A         |             |
| Disinfection Device   | 1           |             |
| Chlorine Supply   | 1           |             |
| Electrical Circuits   | 1           |             |
| Distribution System   | 1           |             |
| Sprayfield Vegetation   | 1           |             |
| Back Flush Drip Field,<br>if applicable                       | N/A         |             |
| Other as Noted  | 1           |             |
| Access Posts are Secured                                      |             |             |

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

CHECKED pump,  
 Alarms chlorine,  
 sprinklers, FLOATS  
 Compressor

3. Tests required and results:

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

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

Maintenance Technician: Thomas 11  
 Date of completion: 4/28/20 Start Job Time: 2:10 Stop Job Time: 2:30  
 Maintenance Provider: Walbur Chapman

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

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

**TESTING AND REPORTING RECORD**

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

1. Inspection Date: AUGUST 26, 2020 Installed: 8/26/2019 Service Expires: 8/26/2021

BILLING ADDRESS:  
 JOHN COTTINGHAM  
 1033 MOONLIGHT DR  
 CANYON LAKE, TX

PHYSICAL ADDRESS:  
 1033 MOONLIGHT DR  
 CANYON LAKE, TX 78133

TELEPHONE: 571-309-8016  
 ALT. PHONE: 8450

LOT: LT 612,

PERMIT#: 108654

COUNTY: COMAL

SN: 11040072

SUBDIVISION: HILLS AT MTN SPRINGS RANCH  
 600

MEG: CLEARSTREAM-

MAPSCO: N/A

NOTES:

TYPE OF SYSTEM: SPRAY

| Inspected Item:                                   | Operational | Inoperative |
|---|-------------|-------------|
| Aerators  |             |             |
| SCFM/Compressors PSI<br>(Record Pressure Reading) | 20          |             |
| Filters   | ✓           |             |
| Irrigation Pumps                                  | ✓           |             |
| Recirculation Pumps                               | N/A         |             |
| Disinfection Device                               | ✓           |             |
| Chlorine Supply                                   | ✓           |             |
| Electrical Circuits                               | ✓           |             |
| Distribution System                               | ✓           |             |
| Sprayfield Vegetation                             | ✓           |             |
| Back Flush Drip Field,<br>if applicable           | N/A         |             |
| Other as Noted                                    |             |             |

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

Checked compressor,  
 cleaned filter,  
 checked pump,  
 checked Alarms, Floats,  
 chlorine and Sprayers

SYSTEM OPERATING AS DESIGNED?  N  Y

Access Posts are Secured  Yes  No

3. Tests required and results:

|                | Required |    | Results<br>mg/l mpn/100mi or<br>Trace | Test<br>Method |
|----------------|----------|----|---------------------------------------|----------------|
|                | Yes      | No |                                       |                |
| BOD (Grab)     |          |    |                                       |                |
| TSS (Grab)     |          | ✓  |                                       |                |
| Cl (Grab)      | ✓        |    | 110                                   | OTO            |
| Fecal Coliform | ✓        |    |                                       |                |

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

Maintenance Technician: Mark

118

Date of completion: 9/24/20 Start Job Time: \_\_\_\_\_ Stop Job Time: \_\_\_\_\_

Maintenance Provider: Walker Chapman

G.C.  
8/15/20  
12/25

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

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

TESTING AND REPORTING RECORD

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

1. Inspection Date: DECEMBER 26, 2020 Installed: 8/26/2019 Service Expires: 8/26/2021

BILLING ADDRESS:  
JOHN COTTINGHAM  
1033 MOONLIGHT DR  
CANYON LAKE, TX

PHYSICAL ADDRESS:  
1033 MOONLIGHT DR  
CANYON LAKE, TX 78133

TELEPHONE: 571-309-8016  
ALT. PHONE:

LOT: LT 612, PERMIT#: 108654  
COUNTY: COMAL  
SN: 11040072

SUBDIVISION: HILLS AT MTN SPRINGS RANCH  
600

MFG: CLEARSTREAM- MAPSCO: N/A

NOTES:  
TYPE OF SYSTEM: SPRAY

| Inspected Item:   | Operational | Inoperative |
|---|-------------|-------------|
| Aerators<br>SCFM/Compressors PSI<br>(Record Pressure Reading) | 15          |             |
| Filters   | /           |             |
| Irrigation Pumps  | /           |             |
| Recirculation Pumps   | N/A         |             |
| Disinfection Device   | /           |             |
| Chlorine Supply   | /           |             |
| Electrical Circuits   | /           |             |
| Distribution System   | /           |             |
| Sprayfield Vegetation   | /           |             |
| Back Flush Drip Field,<br>if applicable                       | N/A         |             |
| Other as Noted  | /           |             |
| Access Posts are Secured                                      |             |             |

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

CHECKED SPRINKLERS,  
pump, Alarm,  
FLOATS, chlorine,  
Compressor

SYSTEM OPERATING AS DESIGNED?  Yes  No

3. Tests required and results:

|                | Required |    | Results<br>ng/l mpn/100ml or<br>Trace | Test<br>Method |
|----------------|----------|----|---------------------------------------|----------------|
|                | Yes      | No |                                       |                |
| BOD (Grab)     |          |    |                                       |                |
| TSS (Grab)     |          | /  | clear                                 |                |
| Cl (Grab)      | /        |    |                                       |                |
| Fecal Coliform |          |    |                                       |                |

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

Maintenance Technician: Thomas

11

Date of completion: 1/7/20 Start Job Time: 1:50 Stop Job Time: 2:00

Maintenance Provider: Wolfechym



COUNTRYSIDE CONSTRUCTION, INC.  
 300 CHAPMAN PARKWAY  
 CANYON LAKE, TX 78132

Phone: 830-899-7615  
 Fax: 830-899-6662

**TESTING AND REPORTING RECORD**

This Record is Reporting Section 281.14 and 281.15, 281.16 and 281.17 for well 28153

Inspection Date: APRIL 26 2021 Report Date: 3/26/2019 Permit No: Expired 8/26/2011

BILLING ADDRESS:  
 JOHN COTTINGHAM  
 1033 MOONLIGHT DR  
 CANYON LAKE, TX

PHYSICAL ADDRESS:  
 1033 MOONLIGHT DR  
 CANYON LAKE, TX 78132

TELEPHONE: 830-899-6616  
 ALT. PHONE:

LT: 612  
 COMAL  
 11040077  
 N/A

PROPERTY: HILLS AT Mtn SPRINGS RANCH  
 800

CLEARSTREAM

NOTES:  
 WATER IS SPRAY

| Inspected Item                | Operational | Inspected | Notes   |
|-------------------------------|-------------|-----------|---|
| Pressure                      |             |           |   |
| Water Level                   | 1.0         |           |   |
| Flowing                       |             |           |   |
| Pressure                      | /           |           |   |
| Discharge Valve               | /           |           | checked chlorine,   |
| Recharge Valve                | N/A         |           | pump, sprinklers,   |
| Injection Device              | /           |           | Alarms, Floats,   |
| Injection Valve               | /           |           | Compressor  |
| Electric Control              | /           |           |   |
| Injection Pipe                | /           |           |   |
| Pressure Transducer           | /           |           |   |
| Backflow Preventer            | N/A         |           |   |
| Other as noted                | /           |           |   |
| SYSTEM OPERATING AS DESIGNED: |             |           | <input checked="" type="radio"/> Y <input type="radio"/> N    |
| Access to well site:          |             |           | <input checked="" type="radio"/> Yes <input type="radio"/> No |

| Test        | Result | Test  |
|-------------|--------|-------|
| Flowing     | 1      | CLEAR |
| Pressure    | /      |       |
| Water Level |        |       |
| Flowing     |        |       |

Copies of this report have been forwarded to the following:  DM-I  DM-II  DM-III

Maintenance Date: THOMAS

Date of next test: 6/17/21

Maintenance performed by: WALKER CHAPMAN

PAID  
7.26.21  
2983

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

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

**Name: JOHN COTTINGHAM** **Address: 1033 MOONLIGHT DRIVE**  
**Sub-Div./County: The Hills at Mountain Springs Ranch, COMAL** **CANYON LAKE, TX 78133**  
**Permit #: 108654 SPRAY Model #: CLEARSTREAM-600 Serial #: 11040072**  
**Phone: 571-309-8016**

( x ) 1 YEAR SERVICE AGREEMENT \$295.00

Legal Description: LT 612, THE HILLS @ MOUNTAIN SPRINGS RANCH - COMAL

This non-refundable contract will be in effect **FROM: 8/26/2021 TO: 8/26/2022**  
Countryside Construction, Inc. will provide the following:

- An inspection every (4) four months which will include: Servicing of the mechanical & electrical components as necessary to insure system is functioning as engineer designed, pulling and cleaning the Norweco Brand aerator shaft, cleaning compressor air filters of other brands, check chlorine, conduct solids test to determine if system should be pumped, back flushing tubing for drip irrigation fields and checking sprinklers on above ground systems.

- 1) The property owner is responsible for "purchasing and keeping chlorine" in the chlorinator, (if applicable). If the chlorine test reveals "No Chlorine" in the system, the property owner may incur an additional cost.
- 2) If any improper operation is observed (which cannot be corrected at that time) the property owner will be notified immediately of the conditions and the estimated cost.
- 3) ANY PARTS, WARRANTY OR NON-WARRANTY, FREIGHT CHARGES, LABOR OR SERVICE CALLS NOT PAID IN FULL AT THE END OF (30) DAYS SHALL REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND AUTHORIZES CONTRACTOR TO REMOVE AND REPOSSESS ANY PARTS INSTALLED. CLIENT FURTHER AGREES TO PAY ANY LABOR COST OF THE INSTALLATION AND REASONABLE COST OF REMOVAL OF SAID PARTS.
- 4) THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZES COUNTRYSIDE CONSTRUCTION TO ENTER THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.

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

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

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

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

Serviced by: Countryside Construction Inc.

Walker Chapman - Installer's Licensee #OS0002929-OSSF

Maintenance Provider Licensee #MP0000035

(X) [Signature] Print Name (X) John Cottingham Date: 7/22/2021  
Property Owner Signature

(X) Walker Chapman Date: 7-26-21 Authorized Service Representative (revised 08/13/2020)

I'm unsure of any chlorine addition eqmts -  
could you confirm I have none? Thanks  
John

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

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

**TESTING AND REPORTING RECORD**

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

1. Inspection Date: AUGUST 26, 2021 Installed: 8/26/2019 Service Expires: 8/26/2021

BILLING ADDRESS:  
 JOHN COTTINGHAM  
 1033 MOONLIGHT DR  
 CANYON LAKE, TX

PHYSICAL ADDRESS:  
 1033 MOONLIGHT DR  
 CANYON LAKE, TX 78133

TELEPHONE: 571-309-8016  
 ALT. PHONE:

LOT: LT 612,

PERMIT#: 108654  
 COUNTY: CUMAL  
 SN: 11040072

SUBDIVISION: HILLS AT MTN SPRINGS RANCH  
 600

MFG: CLEARSTREAM-

MAPSCO: N/A

NOTES:  
 TYPE OF SYSTEM: SPRAY

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

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

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

SYSTEM OPERATING AS DESIGNED?  Yes  No

3. Tests required and results:

|                | Required |    | Results<br>mg/l mpr/100ml or<br>Trace | Test<br>Method |
|----------------|----------|----|---------------------------------------|----------------|
|                | Yes      | No |                                       |                |
| BOD (Grab)     |          |    |                                       |                |
| TSS (Grab)     |          | /  |                                       |                |
| Cl (Grab)      | /        |    |                                       |                |
| Fecal Coliform |          |    |                                       |                |

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

Maintenance Technician: Thomas

ii

Date of completion: 8/20/21 Start Job Time: \_\_\_\_\_ Stop Job Time: \_\_\_\_\_

Maintenance Provider: Walker Chapman

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

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

**TESTING AND REPORTING RECORD**

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

1. Inspection Date: **DECEMBER 26, 2021** Installed: **8/26/2019** Service Expires: **8/26/2022**

BILLING ADDRESS:  
**JOHN COTTINGHAM**  
**1033 MOONLIGHT DR**  
**CANYON LAKE, TX**

PHYSICAL ADDRESS:  
**1033 MOONLIGHT DR**  
**CANYON LAKE, TX 78133**

TELEPHONE: **571-309-8016**  
 ALT. PHONE:

LOT: **LT 612,** PERMIT#: **108654**  
 COUNTY: **COMAL**  
 SN: **11040072**

SUBDIVISION: **HILLS AT MTPN SPRINGS RANCH**  
**600**

MFG: **CLEARSTREAM-** MAPSCO: **N/A**

NOTES:  
 TYPE OF SYSTEM: **SPRAY**

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

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

**CHECKED PUMP,**  
**ALARMS, SPRINKLERS,**  
**FLOATS, CHLORINE,**  
**COMPRESSOR/FILTER**

SYSTEM OPERATING AS DESIGNED? **Y/N**  
 Yes  No

3. Tests required and results:

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

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

Maintenance Technician: **Thomas** 11

Date of completion: **1-18-22** Start Job Time: \_\_\_\_\_ Stop Job Time: \_\_\_\_\_

Maintenance Provider: **Walker Chapman**

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

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

**TESTING AND REPORTING RECORD**

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

1. Inspection Date: APRIL 26, 2022 Installed: 8/26/2019 Service Expires: 8/26/2022

BILLING ADDRESS:  
 JOHN COTTINGHAM  
 1033 MOONLIGHT DR  
 CANYON LAKE, TX

PHYSICAL ADDRESS:  
 1033 MOONLIGHT DR  
 CANYON LAKE, TX 78133

TELEPHONE: 571-309-8016  
 ALT. PHONE:

LOT: LT 612, PERMIT#: 108654  
 COUNTY: COMAL  
 SN: 11040072  
 Manufacturer: MAPSCO: N/A

SUBDIVISION: HILLS AT MTN SPRINGS RANCH  
 CLEARSTREAM-600

NOTES:  
 TYPE OF SYSTEM: SPRAY

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

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

*eo*  
 CHECKED Alarms,  
 FLOATS, chlorine,  
 compressor (cleaned filter)  
 pump sprinklers

SYSTEM OPERATING AS DESIGNED?  Y  N

Access Posts are Secured

Yes

No

3. Tests required and results:

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

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

Maintenance Technician: Thomas

11

Date of completion: 5/16/22 Start Job Time: 11:50 Stop Job Time: 12:10

Maintenance Provider: Walker Chapman

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

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

TESTING AND REPORTING RECORD

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

1. Inspection Date: August 26, 2022 Installed: 8/26/2019 Service Expires: 8/26/2022

BILLING ADDRESS:  
 JOHN COTTINGHAM  
 1033 MOONLIGHT DR  
 CANYON LAKE, TX

PHYSICAL ADDRESS:  
 1033 MOONLIGHT DR  
 CANYON LAKE, TX 78133

TELEPHONE: 571-309-8016  
 ALT. PHONE:  
 GATE CODE:  
 SUBDIVISION: HILLS AT MTN SPRINGS RANCH  
 CLEARSTREAM-600

LOT: LT 612, PERMIT#: 108654  
 COUNTY: COMAL  
 SN: 11040072  
 Manufacturer: MAPSCO: N/A

NOTES:  
 TYPE OF SYSTEM: SPRAY

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

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

CHECKED pump,  
 Alarms, chlorine,  
 sprinklers, FLOATS,  
 Compressor

SYSTEM OPERATING AS DESIGNED?  Y  N

Access Posts are Secured  Yes  No

3. Tests required and results:

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

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

Maintenance Technician: Thomas

11

Date of completion: 8/3/22 Start Job Time: \_\_\_\_\_ Stop Job Time: \_\_\_\_\_

Maintenance Provider: Walter Chapman

**Herr Septic Services**  
2925 Hidden Elm  
San Antonio, tx 78261

(210) 489-0843

Printed:5/2/2024

Insp ID #:5211

Permit #:

108654

**To: John Cottingham**  
1033 Moonlight Dr  
Canyon Lake, TX 78133

Main Phone: (571) 309-8016

Work:

Cell Phone:

Alt Cell:

Customer ID: 737

Contract Dates: 8/10/2023 - 8/10/2024

Scheduled Date: 4/8/2024

Inspection 1 of 3

Site: 1033 Moonlight Dr, Canyon Lake, TX 78133

Agency:

County: Comal

Mfg / Brand: -

---

**Service Type: Scheduled Inspection**

**Visit Date: 4/12/2024**

Time In:

**Method: Grab**

This counts as a type of "Scheduled Inspection"

**Entered By: Ben Herr**

**Technician: Not Assigned**

**Maint. Provider: Ben Herr**

**Aerators: Operational**

**Filters: Operational**

**Irrigation Pumps: Operational**

**Disinfection Device: Operational**

**Chlorine Supply: Operational**

**Chlorine Residual: .1**

**Floats: OP**

**Timer: OP**

**Electric Circuits: Operational**

**Tank Lid / Riser: Secured**

**Distribution System: Operational**

**Sprayfield Veg: Operational**

**Alarm: Operational**

**Service Completed**

**Comments**

- Technician Secured the Tank Lid and/or Riser prior to leaving location.

Site: 1033 Moonlight Dr, Canyon Lake, TX 78133

Originally Entered On: 4/12/2024

**Provider: *Ben Herr***

License Info: MP0002279 Expires: 2/28/2026

**Herr Septic Services**

2925 Hidden Elm  
San Antonio, tx 78261

(210) 489-0843

Printed:9/3/2024

**Permit: 108654**

Site: 1033 Moonlight Dr, Canyon Lake, TX 78133

Main Phone: 5713098016

**John Cottingham**  
1033 Moonlight Dr  
Canyon Lake, TX 78133

System Info: MFG: Brand:

Customer ID: 737

Insp ID: 5636

Visit Details

Visit Date: **8/5/2024**

Entered By: Ben Herr

Scheduled Date: 8/8/2024

Time In:

Contract Starts: 8/10/2023

Entered On: 8/12/2024

Contract Ends: 8/10/2024

Visit Results

**Service Type: Scheduled Inspection**

Count: Inspection 2 of 3

Method: **Grab**

License #

Expires

Technician: Not Assigned

Provider: Ben Herr

MP0002279

2/28/2026

Service Completed

Aerators: Operational

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Supply: Operational

Chlorine Residual: .1

Floats: OP

Timer: OP

Tank Lid / Riser: Secured

Electric Circuits: Operational

Distribution System: Operational

Drip/Sprayfield Veg: Operational

Alarm: Operational

Comments

- Technician Secured the Tank Lid and/or Riser prior to leaving location.

Provider: *Ben Herr*

License: Number: MP0002279 Exp: 2/28/2026



**Herr Septic Services**

(210) 489-0843

2925 Hidden Elm  
San Antonio, tx 78261

Printed:1/2/2025

**Permit: 108654**

Site: 1033 Moonlight Dr, Canyon Lake, TX 78133

Main Phone: 5713098016

**John Cottingham**  
1033 Moonlight Dr  
Canyon Lake, TX 78133

County: Comal

System Info: MFG: Brand:

Customer ID: 737

Insp ID: 6159

Visit Details <----->

**Visit Date: 12/16/2024**

**Entered By:** Ben Herr

Scheduled Date: 12/10/2024

Time In:

Contract Starts: 8/10/2024

Entered On: 12/19/2024

Contract Ends: 8/10/2025

Visit Results

**Service Type: Scheduled Inspection**

Count: Inspection 1 of 3

**Method:** Grab

License #

Expires

**Technician:** Not Assigned

**Provider:** Ben Herr

MP0002279

2/28/2026

Service Completed

**Aerators:** Operational

**Filters:** Operational

**Irrigation Pumps:** Operational

**Disinfection Device:** Operational

**Chlorine Supply:** Operational

**Chlorine Residual:** .1

**Sludge Level Tank 4:** 4

**Floats:** OP

**Timer:** OP

**Electric Circuits:** Operational

**Distribution System:** Operational

**Drip/Sprayfield Veg:** Operational

**Tank Lid / Riser:** Secured

**Insp. Port / Plug:** Secured

**Alarm:** Operational

Comments

- Technician Secured the Tank Lid and/or Riser prior to leaving location. - Inspection Port Plug was noted as Secured prior to leaving.

**Provider:** *Ben Herr*

**License:** Number: MP0002279 Exp: 2/28/2026