

# 04/10/2025 10:29





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# 8206 IH 35 N

## is there an OSSF

https://cceo.org/cwProd/FieldMap 4/10/25 - FC - No OSSF or building on property.

**RECEIVED** By shelly helmke at 8:44 am, Feb 20, 2024

#### Helmke, Shelly K.

| From:        | Leonard Frey <lfrey@freyandrealestate.com></lfrey@freyandrealestate.com> |
|--------------|--|
| Sent:        | Friday, February 16, 2024 11:47 AM                                       |
| To:          | Helmke, Shelly K.  |
| Cc:          | rcastillo@ewingirrigation.com; Mark DiBrito; Leslie Brown; Alison Frey   |
| Subject:     | 8200 N IH 35 AND 8206 N IH 35  |
| Attachments: | FRE_CB_BoSF_11.11.pdf  |
|              |  |

## This email originated from outside of the organization.

Do not click links or open attachments unless you recognize the sender and know the content is safe.

Comal IT

Re: Case # 106079 (8206 N IH 35)

Dear Ms. Helmke -

Thank you for your time this morning regarding the property on 8200 N IH 35. As discussed, we sold and removed the building on the property at 8206 N IH 35 (Bill of Sale Attached).

All electrical, a/c, and septic system components have been deactivated and capped on all main tanks and sprayer fields.

Re: Case TBD (8200 N IH 35)

Ewing Irrigation is the current operator on the property. They will contact you directly with maintenance renewal information for this building operation. For your reference, Mr. DiBrito (copied) is the overall Facilities Director for Ewing Irrigation and will be the point of contact on facilities activities. Mr. Castillo (copied) is the current site manager for local reference.

## November 01, 2022

## Bill of Sale

This is a formal bill of sale ("Purchase") between Frey Real Estate, LLC ('Seller") and Mr. Derrick Matthew Werner ("Buyer"). The Purchase is for a cedar building located at 8206 N IH 35, New Braunfels, Texas 78130 ("Property"). The Property is defined by exhibits #1-5 attached to this agreement as NBLS\_#1, NBLS\_#2, NBLS\_#3, NBLS\_#4 and NBLS\_#5 ("Addendum").

The Property is includes the building, porch, doors, windows, roofing system, internal contents, systems, and air-conditioning system, only.

Seller and Buyer agree to a sum of \$25,000.00, twenty-five-thousand dollars and no/00 dollars ("Purchase Price") for sale of Property.

Frey Real Estate, LLC is the rightful owner, without liens or any other obligations for the Property. There are no other claims to Property or other any other encumbrances related to the sale of Property limiting the sale or Property.

Frey Real Estate, LLC is presided by Leonard W. Frey III, the Managing Member, who is authorized to act on behalf of any and all transactions related to the Property owned by Seller, including the sale of any physical assets, buildings, equipment and unfixed assets.

Buyer agrees to purchase the Property As-Is, without any warranty or any recourse of any kind. Buyer will be responsible, in full, for any and all efforts to move Property from the current location including, safe and reasonable disconnection of utilities, septic systems and any other service infrastructure. Buyer will further be responsible for clean up of any debris or site disturbance to the property, returning condition of the facilities to the same condition at the time of removal.

Buyer will be held responsible for any and all damages caused during removal of Property. Buyer agrees to hold Seller harmless from any damages caused during the removal of the Property. Buyer agrees to hold Seller harmless for any damages or accidents caused during removal and transportation of Property.

Seller: Leonard W. Frey III Managing Member, Frey & Real Estate, LLC 1600 Gaston Avenue, Austin, Texas 78703

SIGNATURE:

Buyer: Mr. Derrick Matthew Werner 3819 FM 1101, New Braunfels, Texas 78130

SIGNATURE:

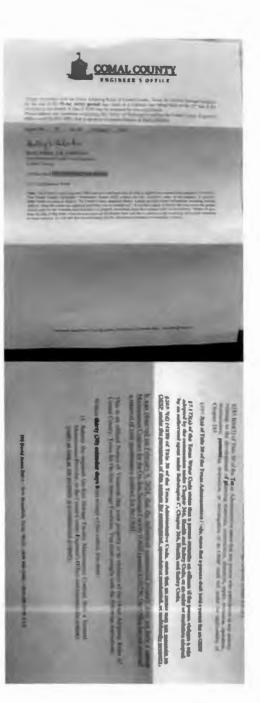
Denne Malere work

## November 01, 2022

## Addendum

Exhibits #1-5





#### Regards,

Leonard W. Frey III Founder, Managing Member Frey & Real Estate

lfrey@freyandrealestate.com (512) 800-3945 (Mobile)

Frey & Real Estate its a commercial real estate development and asset management Company in Central Texas with emphasis on long-term management and holding.

# RECEIVED

By shelly helmke at 8:44 am, Feb 20, 2024





# Comal County

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

| Issued This Date:     | 03/20/2019  |                   | Permit Number: | 108730 |
|-----------------------|---|-------------------|----------------|--------|
| Location Description: | 8206 IH 35 N<br>NEW BRAUNI                          | FELS, TX 78130    |                |        |
|                       | Subdivision:<br>Unit:<br>Lot:<br>Block:<br>Acreage: | Kaderli<br>2<br>1 |                |        |
| Type of System:       | Aerobic<br>Surface Irrigation                       | on                |                |        |
| Issued to:            | Comal Landsca                                       | ppe, LLC          |                |        |

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

ENVIRONMENTAL HEALTH INSPECTOR

OS0034322

Comal County Environmental Health OS0007 ENVIRONMENTAL HEALTH COORDINATOR

| Comal County Environmental Health<br>OSSF Inspection Sheet   |   |   |            |           |           |  |
|--|---|---|------------|-----------|-----------|--|
| Installer Name: 100 HW<br>1st Inspection Date: 3.20<br>Inspector Name: 000000000000000000000000000000000000  | 2nd Inspection Date   | OSSF Installer #: 050024<br>e: 3rd Inspec | tion Date: |           |           |  |
| Permit#: 108730  | Address: <u>820(e</u>   |   | oad        |           |           |  |
| No.         Description         A           SITE AND SOIL CONDITIONS &         SETBACK DISTANCES Site and Soil         Conditions Consistent with           Submitted Planning Materials         1         1 | Anwser Citations<br>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)(ii)  | existing for                              | 1st Insp.  | 2nd Insp. | 3rd Insp. |  |
| SITE AND SOIL CONDITIONS &<br>SETBACK DISTANCES Setback<br>Distances<br>Meet Minimum Standards   | 285.91(10)<br>285.30(b)(4)<br>285.31(d)   | assay                                     |            |           |           |  |
| SEWER PIPE Proper Type Pipe<br>from Structure to Disposal System<br>(Cast Iron, Ductile Iron, Sch. 40,<br>SDR 26)  | 285.32(a)(1)  |   |            |           |           |  |
| SEWER PIPE Slope from the Sewer<br>to the Tank at least 1/8 Inch Per<br>Foot   | 285.32(a)(3)  |   |            |           |           |  |
| SEWER PIPE Two Way Sanitary -<br>Type Cleanout Properly Installed<br>(Add. C/O Every 100' &/or 90<br>degree bends)   | 285.32(a)(5)  |   |            |           |           |  |
| 5       PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements  | 285.32(b)(1)(G)285.32(b)(1<br>)(E)(iii)<br>285.32(b)(1)(E)(iv)<br>285.32(b)(1)(F)<br>285.32(b)(1)(F)<br>285.32(b)(1)(C)(i)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(E)<br>285.32(b)(1)(E)<br>285.32(b)(1)(E)(ii)(II)<br>285.32(b)(1)(E)(ii)(II)<br>285.32(b)(1)(E)(ii)(II) |   |            |           |           |  |
| 6 PRETREATMENT Grease<br>Interceptors if required for<br>7 commercial  | 285.34(d)   |   |            |           |           |  |

3.20.19 Spray and installed. operational Existing System.

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| IO. | Description   | Anwser | Citations   | Notes    | 1st Insp. | 2nd Insp. | 3rd Insp. |
|-----|---|--------|---|----------|-----------|-----------|-----------|
|     | SEPTIC TANK Tank(s) Clearly<br>Marked SEPTIC TANK If<br>SingleTank, 2<br>Compartments Provided with<br>Baffle SEPTIC TANK Inlet Flowline<br>Greater than<br>3" and " T " Provided on Inlet and<br>Outlet<br>SEPTIC TANK Septic Tank(s) Meet<br>Minimum Requirements | ewati  | 285.32(b)(1)(E)<br>285.32(b)(1)(F)<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)(II)<br>285.32(b)(1)(E)(ii)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(B)<br>285.32(b)(1)(A) |          |           |           |           |
|     | ALL TANKS Installed on 4" Sand  |        | 285.32(b)(1)(E)(iv)   |          |           |           |           |
|     | Cushion/ Proper Backfill Used   |        | 285.32(b)(1)(F)<br>285.32(b)(1)(G)<br>285.34(b)   |          |           |           |           |
|     | SEPTIC TANK Inspection / Clean<br>Out Port & Risers Provided on<br>Tanks Buried Greater than 12"<br>Sealed and Capped   |        | 285.38(d)   |          |           |           |           |
|     | SEPTIC TANK Secondary restraint<br>system provided<br>SEPTIC TANK Riser permanently<br>fastened to lid or cast into tank<br>SEPTIC TANK Riser cap protected<br>against unauthorized intrusions  |        | 285.38(d)<br>285.38(e)  |          |           |           |           |
|     | SEPTIC TANK Tank Volume<br>Installed  |        |   |          |           |           |           |
|     | PUMP TANK Volume Installed  |        |   |          |           |           |           |
| 3   | AEROBIC TREATMENT UNIT Size<br>Installed  |        |   | existing |           |           |           |
|     | AEROBIC TREATMENT UNIT<br>Manufacturer<br>AEROBIC TREATMENT UNIT<br>Model<br>Number   |        |   | (        |           |           |           |
|     | DISPOSAL SYSTEM Absorptive  |        | 285.33(a)(4)<br>285.33(a)(1)<br>285.33(a)(2)<br>285.33(a)(3)  |          |           |           |           |
| 7   | DISPOSAL SYSTEM Leaching<br>Chamber   |        | 285.33(a)(1)<br>285.33(a)(3)<br>285.33(a)(4)<br>285.33(a)(2)  |          |           |           |           |
|     | DISPOSAL SYSTEM Evapo-<br>transpirative   |        | 285.33(a)(4)<br>285.33(a)(1)<br>285.33(a)(2)  |          |           |           |           |

| No. | . Description  | Anwser | Citations  | Notes | 1st Insp. | 2nd Insp. | 3rd Insp. |
|-----|--|--------|--|-------|-----------|-----------|-----------|
|     | DISPOSAL SYSTEM Drip Irrigation  |        | 285.33(a)(1)<br>285.33(a)(3)<br>285.33(a)(4)<br>285.33(a)(2) |       |           |           |           |
| 0   | DISPOSAL SYSTEM Soil<br>Substitution   |        | 285.33(d)(4)   |       |           |           |           |
|     | DISPOSAL SYSTEM Pumped<br>Effluent   |        | 285.33(a)(3)<br>285.33(a)(1)<br>285.33(a)(2)                 |       |           |           |           |
|     | DISPOSAL SYSTEM Gravelless Pipe  |        | 285.33(a)(3)<br>285.33(a)(2)<br>285.33(a)(4)<br>285.33(a)(1) |       |           |           |           |
| 2   | DISPOSAL SYSTEM Mound  |        | 285.33(a)(3)<br>285.33(a)(1)<br>285.33(a)(2)<br>285.33(a)(4) |       |           |           |           |
| 3   | DISPOSAL SYSTEM Other<br>(describe) (Approved Design)  |        | 285.33(d)(6)<br>285.33(c)(4)                                 |       |           |           |           |
| 5   | DRAINFIELD Absorptive Drainline<br>3" PVC<br>or 4" PVC   |        |  |       |           |           |           |
|     | DRAINFIELD Area Installed  |        |  |       |           |           |           |
| 6   | DRAINFIELD Level to within 1 inch<br>per 25 feet and within 3 inches<br>over entire excavation   |        | 285.33(b)(1)(A)(v)   |       |           |           |           |
| 7   | DRAINFIELD Excavation Width<br>DRAINFIELD Excavation Depth<br>DRAINFIELD Excavation<br>Separation DRAINFIELD Depth of<br>Porous Media<br>DRAINFIELD Type of Porous Media |        |  |       |           |           |           |
| 28  | DRAINFIELD Pipe and Gravel -   |        | 285.33(b)(1)(E)  |       |           |           |           |
|     | DRAINFIELD Leaching Chambers<br>DRAINFIELD Chambers - Open End<br>Plates w/Splash Plate, Inspection<br>Port & Closed End Plates in Place<br>(per manufacturers spec.)    |        | 285.33(c)(2)   |       |           |           |           |
| 30  | LOW PRESSURE DISPOSAL<br>SYSTEM Adequate Trench Length<br>& Width, and Adequate<br>Separation Distance between<br>Trenches   |        | 285.33(d)(1)(C)(i)   |       |           |           |           |

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

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| No. | Description  | Anwser | Citations  | Notes | 1st Insp. | 2nd Insp. | 3rd Insp. |
|-----|--|--------|--|-------|-----------|-----------|-----------|
|     | APPLICATION AREA Distribution<br>Pipe, Fitting, Sprinkler Heads &<br>Valve Covers Color Coded Purple?  | V      | 285.33(d)(2)(G)(iii)(II)285.3<br>3(d)(2)(G)(iii)(III)285.33(d)(<br>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) |       | V         |           |           |
| 40  | APPLICATION AREA Low Angle<br>Nozzles Used / Pressure is as<br>required<br>APPLICATION AREA Acceptable<br>Area, nothing within 10 ft of<br>sprinkler heads?<br>APPLICATION AREA The<br>Landscape Plan is as Designed | V      | 285.33(d)(2)(G)(i)<br>285.33(d)(2)(A)<br>285.33(d)(2)(F)   |       | V         |           |           |
| 42  | APPLICATION AREA Area Installed  | V      |  |       | V         |           |           |
| 43  | PUMP TANK Meets Minimum<br>Reserve Capacity Requirements   |        |  |       |           |           |           |
| 44  | PUMP TANK Material Type &<br>Manufacturer  |        |  |       |           |           |           |
| 45  | PUMP TANK Type/Size of Pump<br>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:                  | 108730               |
|---------------------------------|----------------------|
| Issued This Date:               | 02/12/2019           |
| This permit is hereby given to: | Comal Landscape, LLC |

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

8206 IH 35 N NEW BRAUNFELS, TX 78130

Subdivision: Kaderli Unit: 2 Lot: 1 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 County requirements.

Call (830) 608-2090 to schedule inspections.

\* \* \* COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH \* 2:27 pm, Feb 12, 2019

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

| Date Jan   | uary 21, 2019  |   | Permit # 108730  |  |  |
|--|--|---|--|--|--|
| Owner Name   | COMAL LANDSCAPE, LLC   | Agent Name  | GREG W. JOHNSON, P.E.  |  |  |
| -<br>Mailing Address   | 1600 GASTON AVE  | Agent Address   | 170 HOLLOW OAK   |  |  |
| City, State, Zip   | AUSTIN TEXAS 78703   | City, State, Zip                                      | NEW BRAUNFELS, TX 78132  |  |  |
| Phone#   | 512-800-3945   | Phone #   | (830) 905-2778   |  |  |
| Email _  | lfrey@nblandscapesupply.com  | Email   | gregjohnsonpe@yahoo.com  |  |  |
| All correspondence   | e should be sent to: 🗌 Owner 🛛 Agent   | Both  | Method: 🗌 Mail 🔀 Email   |  |  |
| Subdivision Name   | KADERLI SUBDIVISION Unit/Pha   | se/Section 2  | Lot 1 Block  |  |  |
| Acreage/Legal  |  |   |  |  |  |
| Street Name/Addr   | ess 8206 North IH 35   | City NE   | W BRAUNFELS Zip 78130  |  |  |
| Type of Developm   | nent:  |   |  |  |  |
| Single Family F  | Residential  |   |  |  |  |
| Type of Con  | struction (House, Mobile, RV, Etc.)  |   |  |  |  |
| Number of E  | Bedrooms   |   |  |  |  |
| Indicate Sq  | Ft of Living Area  |   |  |  |  |
| 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 <u>LANDSLAPE MATEMALS YARD</u> Offices, Factories, Churches, Schools, Parks, Etc Indicate Number Of Occupants <u>9 EM/bytES</u> 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: $ 25,000 $ (Structu  | ire Only)   |  |  |  |
|  | ne proposed OSSF located in the United Stat<br>if yes, owner must provide approval from USACE for p  |   |  |  |  |
|  | 🗙 Public 🔲 Private Well  |   |  |  |  |
|  | Devices Being Utilized Within the Residence  | ? 🛛 Yes 🗌 No  |  |  |  |
| -Authorization is heret<br>site/soil evaluation ar<br>-I also understand that<br>by the Comal County   | tion, I certify that:<br>ation and all additional information submitted does not of<br>by given to the permitting authority and designated age<br>nd inspection of private sewage facilities.<br>a permit of authorization to construct will not be issued<br>Flood Damage Prevention Order.<br>t to the online posting/public release of my e-mail addres | nts to enter upon the at<br>I until the Floodplain Ad | pove described property for the purpose of ministrator has performed the reviews required permit application, as applicable. |  |  |
| orginature of Owner  |  | C   |  |  |  |

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

Revised July 2018

**REVISED** 

|  |                                     | KADERLI S/   | D, UNIT 2, LOT 1              |
|--|-------------------------------------|--|-------------------------------|
| *** ()   | MAL COUNTY OFFIC                    | CE OF ENVIRONMENTAL HEALTH   |                               |
|  |                                     | FOR AUTHORIZATION TO CONSTRUCT AN  |                               |
| <u>A</u>   |                                     | CILITY AND LICENSE TO OPERATE  |                               |
| Planning Materials & Site E                                  | valuation as Required Comp          | oleted By GREG W. JOHNSON, P.E.  |                               |
| System Description   | PROPRIETARY; A                      | EROBIC TREATMENT AND SURFACE IRRIC   | GATION                        |
| Size of Septic System Requ                                   | ired Based on Planning Mate         | erials & Soil Evaluation   |                               |
| Tank Size(s) (Gallons)                                       | PRO-FLO 500 SLPT                    | Absorption/Application Area (Sq Ft)  | 1710                          |
| Gallons Per Day (As Per TO<br>(Sites generating more than 50 |                                     | d to obtain a permit through TCEQ)   |                               |
| Is the property located over                                 | the Edwards Recharge Zone           | e? TYes X No   | RECEIVED                      |
|  |                                     | ered Sanitarian (R.S.) or Professional Engineer (P.E   | Fr-                           |
| Is there an existing TCEQ a                                  | pproved WPAP for the prope          | enty? 🗌 Yes 🛛 No   | COUNTY                        |
| (if yes, the R. S. or P. E. shall o                          | ertify that the OSSF design com     | nplies with all provisions of the existing WPAP.)  | COUNTY ENGINEER               |
| If there is no existing WPAP                                 | , does the proposed develo          | pment activity require a TCEQ approved WPA   | P? Yes No                     |
|  |                                     | comply with all provisions of the proposed WPAP.<br>P has been approved by the appropriate regional of   |                               |
| is the property located over                                 | the Edwards Contributing Zo         | one? 🗆 Yes 🛛 No  |                               |
| Is there an existing TCEQ a                                  | pproval CZP for the property        | ? 🗌 Yes 🛛 No   |                               |
| (if yes, the P.E. or R.S. shall ce                           | rtify that the OSSF design com      | plies with all provisions of the existing CZP)   |                               |
| (if yes, the P.E. or R.S. shall ce                           | ertify that the OSSF design will co | nent activity require a TCEQ approved CZP?<br>comply with all provisions of the proposed CZP. A Pe<br>en approved by the appropriate regional office.) |                               |
| Is this property within a                                    | n incorporated city?                | Yes No   |                               |
| If yes, indicate the city:                                   |                                     | GREG W. JOHNSON<br>BOREG W. JOHNSON<br>BOREG/STERED<br>SONAL ENGINE  | *<br>N.<br>S<br>S<br>RM #2585 |
| By signing this application, I cert                          | tify 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

In

Signature of Pesigner

January 28, 2019

Page 2 of 2 Revised July 2018

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

Date

#### AFFIDAVIT



201906004155 02/05/2019 01:27:22 PM 1/1

| and the second second | OUNTY OF<br>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.

T

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee RECEIVED by the commission that the appropriate OSSF was installed. FEB 05 2019

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

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

COMAL LANDSCAPE, LLC,

Bobbie Keepp

SURVEY

a Texas limited liability company

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

This OSSF must be covered by a continuous maintenance contract for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the Comal County Engineer's Office.

WITNESS BY HAND(S) ON THIS 29 DAY OF JANMARY ,20 19 EUNIANOW. FREY TO ner(s) signature(s) Owner (s) Printed name (s) and W.Frent SWORN TO AND SUBSCRIBED BEFORE ME ON THIS AY OF 19 THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY 20 Filed and Recorded Official Public Records Bobbie Koepp, County Clerk Notary Public Signature Comal County, Texas 05/2019 01:27:22 PM **REBECA CABRERA** Notary Public, State of Texas Comm. Expires 05-29-2022 Notary ID 125128672 906004155

(Notary Seal Here)



## 15188 FM 306 Canyon Lake, TX 78133 Phone (830) 964-2365 Fax (830) 964-2659



#### Routine Maintenance and Inspection Agreement

General

This Work for Hire Agreement (berein and to as this "Agreement") is entered into by and between CAN MY (reference to as "Congret") and Aerobic Services of South Texas (Thomas W. Hampton MP 349) (hereinafter referred to as "Contractor") located at 15188 FM 306, Texas 78133 (830) 964-2365. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein.

This contract will provide for all required inspections, testing and service for your Aerobic Treatment System. The policy will include the following:

1. 3 inspections a year/services calls (at least one every 4 months), for a total of 6 over the two year period including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, diffuser operation. Any alarm situation affecting the proper function of the Aerobic process will be address within a 48-hour time CEIVED Frame. Repair work on non-warranty parts will include price for parts & labor. The prices will be quoted before work is performed.

2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and COUNTY ENGINEER examination for odors. A test for chlorine residual and pH will be taken and reported as necessary.

3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.

4. The customer is responsible for the chlorine tablets; they must be filled before or during the service visit.

5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, and County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

The Homeowners Manual must be strictly followed or warranties are subject to invalidation. Pumping of sludge build-up is not covered by this policy and will result in additional charges.

#### 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 the above described Services. The contractor may access the System components including the tanks by means of excavation for the purpose of evaluations if necessary. Soil Is to be replaced with the excavated material as best as possible.

#### **Termination of Agreement**

Either party may terminate this agreement within ten days written notice in the event of substantial failure to perform in accordance with its terms by the other party without fault of the terminating party. If this Agreement is so terminated, the Contractor will immediately notify the appropriate health authority of the termination.

Via Cermett Hung 29, 2019

#### **Limit 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. In no event shall the Contractor's liability for direct damages exceed the price for the services described in this Agreement.

#### **Dispute Resolution**

If a dispute between the Client and the Contractor arises that cannot be settled in good faith negotiations then the parties shall choose a mutually acceptable arbitrator and shall share the cost of the arbitration services equally.

#### **Entire Agreement**

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

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

| OWNER  |              | SERVICE PROVIDER  | FEB 0 5 2019                                     |
|--|--------------|---|--|
| Leonard W. My m.<br>Name<br>206 N IH 35                |              | Aerobic Services of South 7<br>Name<br>15188 FM 306                         | EXECTION NTY ENGINEER                            |
| Address<br>Alew Brainfels, Texas 781<br>(330) 406-4710 | 30           | Address<br><u>Canyon Lake, Texas 78133</u><br>City, State<br>(830) 964 2365 |  |
| Phone<br>Signature of Home Owner                       | i            | Stenature of Service Provider   | OS24597/MP349<br>Thomas Hampton<br>and License # |
| EFRECTIVE DATEEXPIR                                    | ED DATE      | INSTALLED   |  |
| Model #  | Blower/Panel | Serial #  |  |

The effective date of this initial maintenance contract shall be the date license to operate is issued.

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

January 25, 2019 Date Soil Survey Performed: \_\_\_\_\_

**KADERLI SUBDIVISION, UNIT 2, LOT 1** Site Location:

N/A Proposed Excavation Depth:

**Requirements:** 

RECEIVED FEB 05 2019 Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

#### SOIL BORING NUMBER SURFACE EVALUATION Depth Restrictive Observations Texture Soil Gravel Drainage (Feet) Class Texture Analysis (Mottles/ Horizon Water Table) 0 1 2 3 4 60" IV CLAY BROWN N/A NONE NONE 5 **OBSERVED OBSERVED**

| Depth<br>(Feet) | Texture<br>Class | Soil<br>Texture | Gravel<br>Analysis | Drainage<br>(Mottles/<br>Water Table) | Restrictive<br>Horizon | Observations |
|-----------------|------------------|-----------------|--------------------|---------------------------------------|------------------------|--------------|
| 2               | SAME             |                 | AS                 |                                       | ABOVE                  |              |
| 3               | -                |                 |                    |                                       |                        |              |
|                 |                  |                 |                    |                                       |                        |              |
| ; L             | -                |                 |                    |                                       |                        |              |

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

01/25/19

#### OSSF SOIL EVALUATION REPORT INFORMATION

## Date: January 28, 2019

## **Applicant Information:**

| Name:                        | COMA   | L LAND | SCAPI  | E, LLC.      |
|------------------------------|--------|--------|--------|--------------|
| Address: 15600 GASTON AVENUE |        |        | ENUE   |              |
| City:                        | AUSTIN |        | State: | TEXAS        |
| Zip Code:                    | 78703  | Phone: | (5     | 12) 800-3945 |

#### Site Evaluator Information:

| Name: Greg W. John  | son, P.E., R.S., S.E. 11561 |
|---------------------|-----------------------------|
| Address: 170 Hollow | w Oak                       |
| City: New Braunfe   | ls State: Texas             |
| Zip Code: 78132     | Phone & Fax (830)905-2778   |

**REVISED** 

2:27 pm, Feb 12, 2019

## **Property Location:**

| Street A | Address: 8206 Nor    | 2TH IH 35 |       |
|----------|----------------------|-----------|-------|
| City:    | <b>NEW BRAUNFELS</b> | Zip Code: | 78130 |

| <b>Topography:</b> Slope within proposed disposal area: | 3 | %  |     |
|---|---|----|-----|
| Presence of 100 yr. Flood Zone:                         | Y | ES | ]   |
| Existing or proposed water well in nearby area.         | Y | ES | _ ] |
| Presence of adjacent ponds, streams, water impoundments | Y | ES | _ ] |
| Presence of upper water shed                            | Y | ES | _3  |
| Organized sewage service available to lot               | Y | ES | _ ] |

## **Installer Information:**

| Company:<br>Address: |       |
|----------------------|-------|
| City:                |       |
| Zip Code:            | Phone |
| %                    |       |
| ESNO_X               |       |
| ESNO_X_              |       |
| ES NO_X              |       |
| ESNO_X               |       |
| ES NO X              |       |

W JOHNS

SIONAL

FIRM #2585

#### Design Calculations for Aerobic Treatment with Spray Irrigation:

| Commercial   |  |  |  |  |  |
|--|--|--|--|--|--|
| $Q = 108 \qquad \text{OFFICE WITH 9 EMPLOYEES @ 12 GPD EACH = 108 GPD}$                          |  |  |  |  |  |
| Residential Water conserving fixtures to be utilized? Yes X No                                   |  |  |  |  |  |
| Number of Bedrooms the septic system is sized for: Total sq. ft. living area                     |  |  |  |  |  |
| Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction for water conserving fixtures)               |  |  |  |  |  |
| $Q = (\_\_\_+1)*75-(20\%) = \_\_108$   |  |  |  |  |  |
| Trash Tank Size <u>400</u> Gal.  |  |  |  |  |  |
| TCEQ Approved Aerobic Plant Size G.P.D.  |  |  |  |  |  |
| Req'd Application Area = $Q/Ri = 108$ / 0.064 = 1688 sq. ft.                                     |  |  |  |  |  |
| Application Area Utilized = $1710$ sq. ft.   |  |  |  |  |  |
| Pump Requirement <u>12</u> Gpm @ <u>41</u> Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent) |  |  |  |  |  |
| Dosing Cycle:ON DEMAND orX TIMED TO DOSE IN PREDAWN HOURS  |  |  |  |  |  |
| Pump Tank Size = $771$ Gal. 14 Gal/inch.   |  |  |  |  |  |
| Reserve Requirement = $36$ 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.                                |  |  |  |  |  |
| A MARKE REPRODUCED A THOROLOGY INVERTICATION REINC A RECISTERED DROFESSIONAL ENGINEED            |  |  |  |  |  |
| I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER               |  |  |  |  |  |
| AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40              |  |  |  |  |  |
| (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY                         |  |  |  |  |  |

(EFFECTIVE DECEMBER 29, 2016)

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



## 15188 FM 306 Canyon Lake, TX 78133 (830) 964-2365 Fax # (830) 964-2659

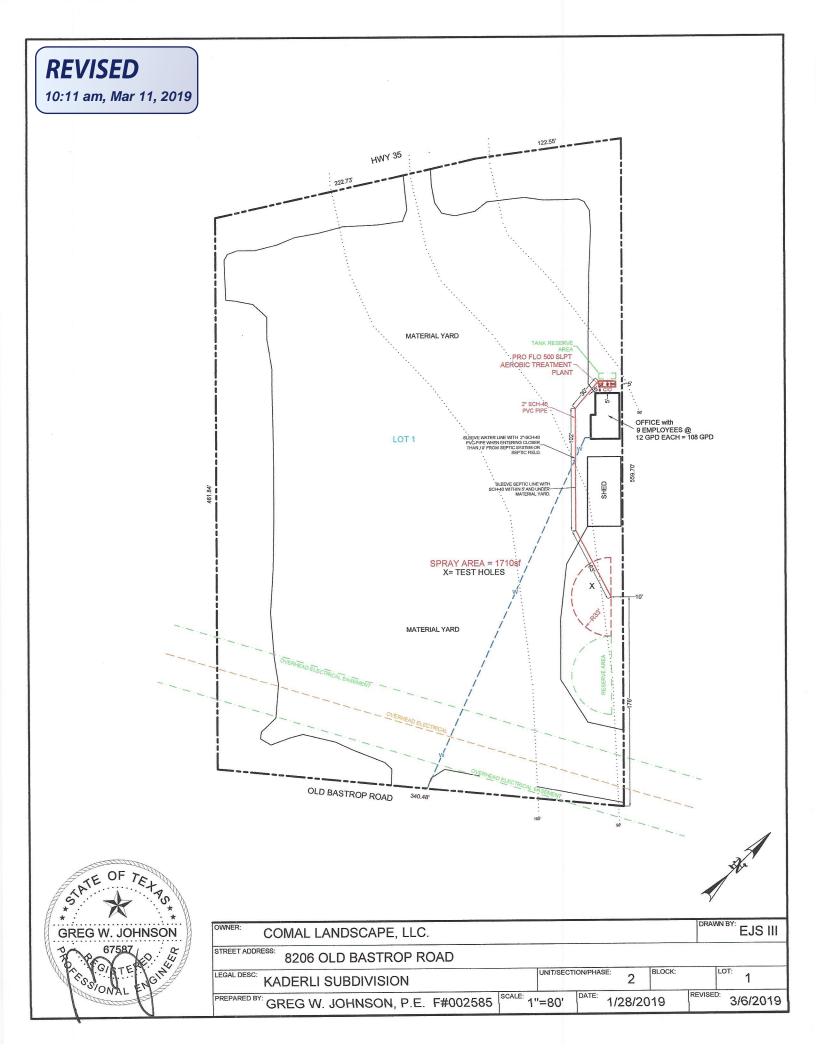
# RECEIVED

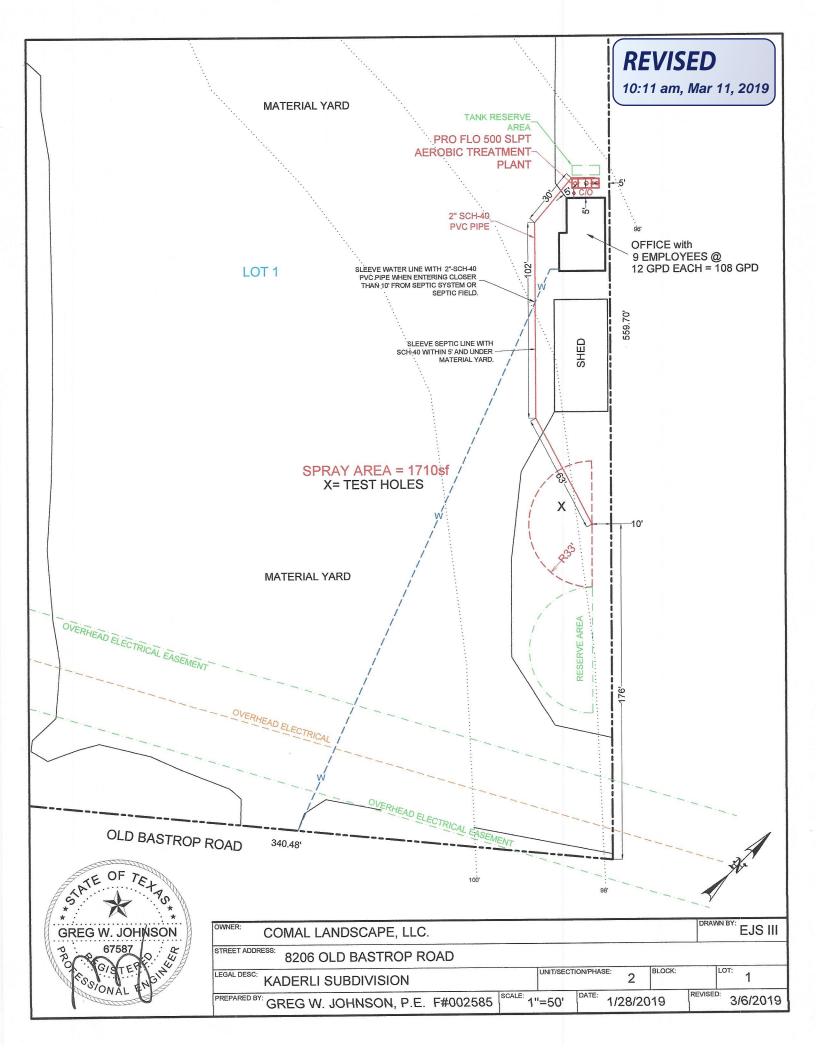
To Whom It May Concern: By rabsah at 12:23 pm, Mar 18, 2019

I have inspected and serviced the system at 8206 N IH 35 for New Braunfels Land Scape. We did have to relocate the sprinkler as to the design provided by Greg Johnson PE. From our inspection and serving we have found the system is installed correctly to TCEQ regulations. We will be servicing the system for the next 2 years to insure proper operations.

Sincerely

Tom Hampton VP OS 24597 MP 349





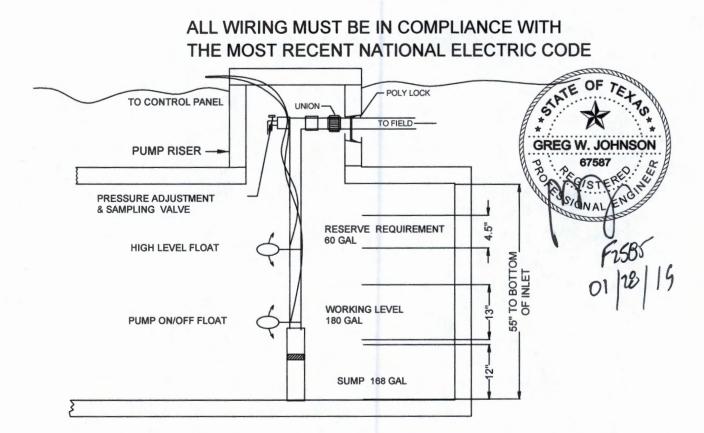
TANK NOTES:

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

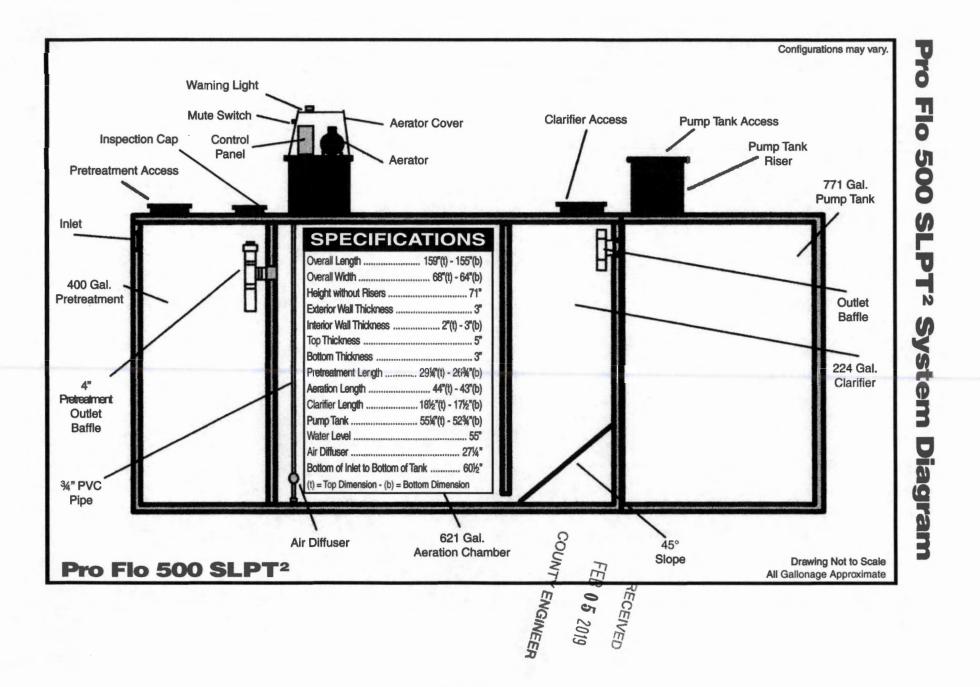
RECEIVED Tightlines to the tank shall be SCH-40 PVC.

A two way sanitary tee is required between COUNTY ENGINEER

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



# TYPICAL PUMP TANK CONFIGURATION PRO-FLO 771 GAL PUMP TANK



#### Hernandez, Sandra

From: Sent: To: Subject: Attachments: Hernandez, Sandra Thursday, March 7, 2019 8:54 AM 'Greg Johnson' RE: 8206 IH35N - COMAL LANDSCAPE #108730 Pages from OSSF\_Rules Comal County.pdf

Greg,

We received revised planning materials today, but found those revisions to be deficient. The following information is needed:

TCEQ rules and regulations require a minimum 10 foot separation distance from private waterlines to sewer lines. Revise accordingly and resubmit.

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

Thank you, Sandra

From: Greg Johnson <gregjohnsonpe@yahoo.com>
Sent: Thursday, March 7, 2019 7:54 AM
To: Hernandez, Sandra <rabsah@co.comal.tx.us>
Cc: Tom HAMPTON <tom@aerobicservices.com>
Subject: 8206 IH35N - COMAL LANDSCAPE #108730

REVISED TO USE DOUBLE CHECK VALVE TO WATERLINE. THANKS, GREG

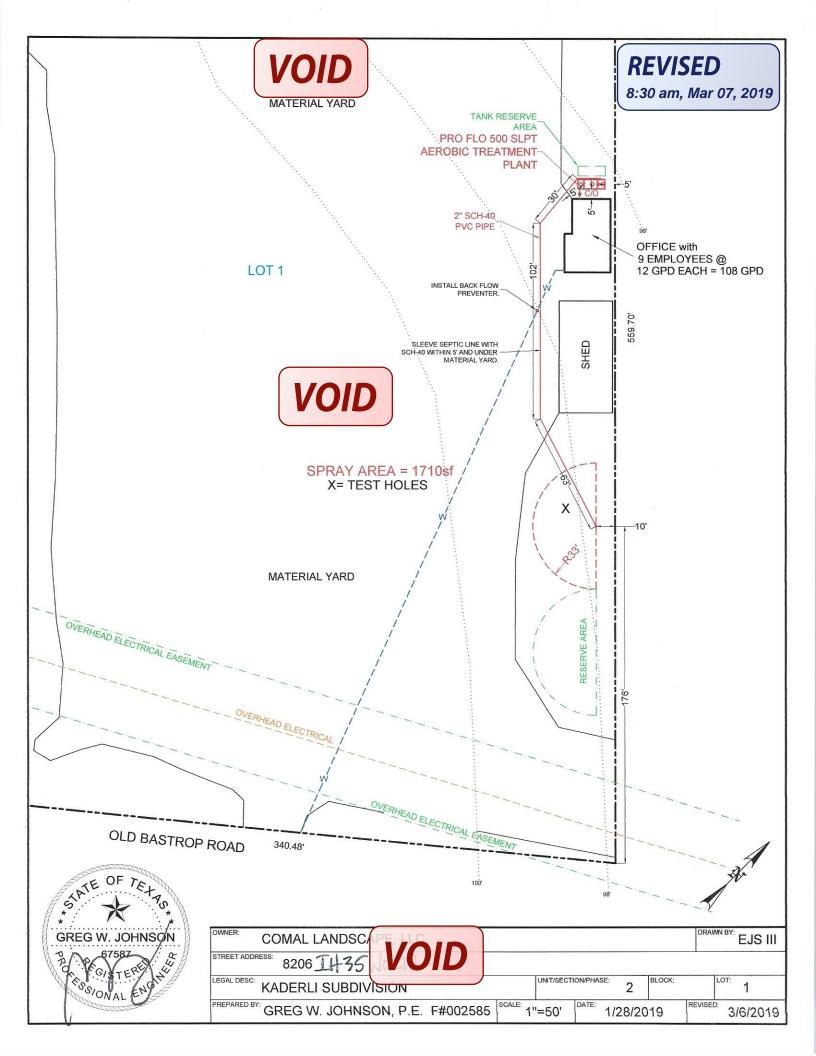
Send for Greg W. Johnson, P.E., R.S.)

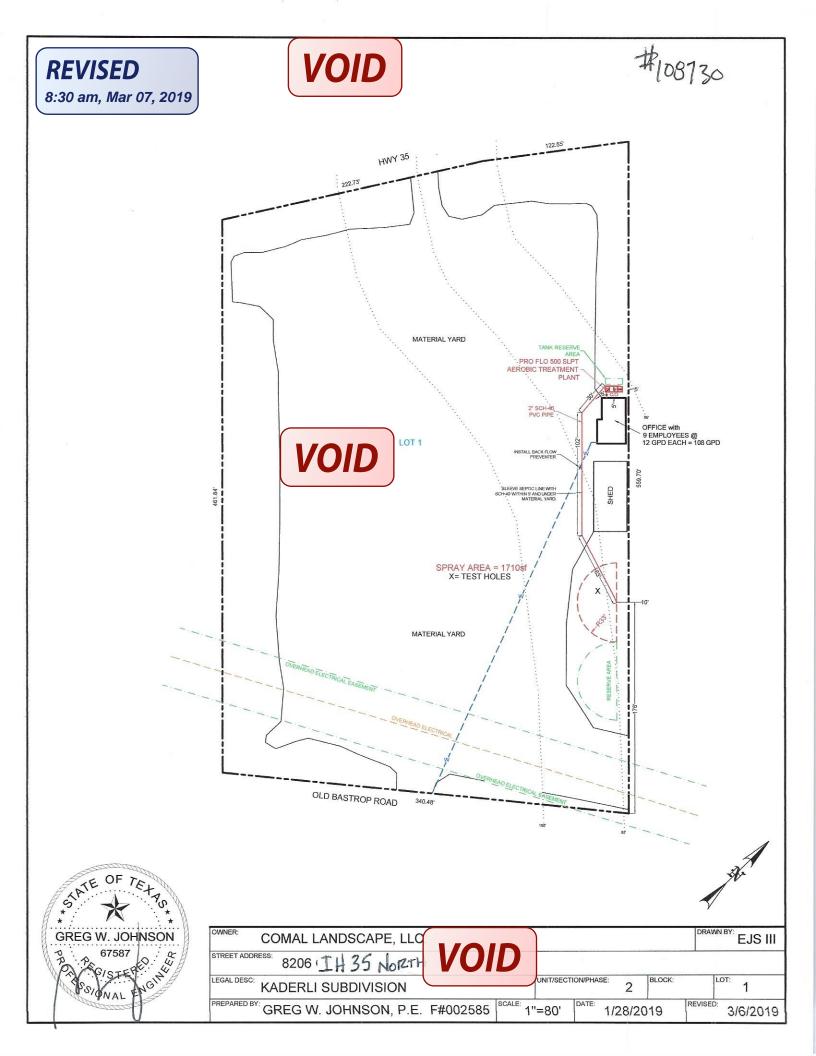
170 Hollow Oak

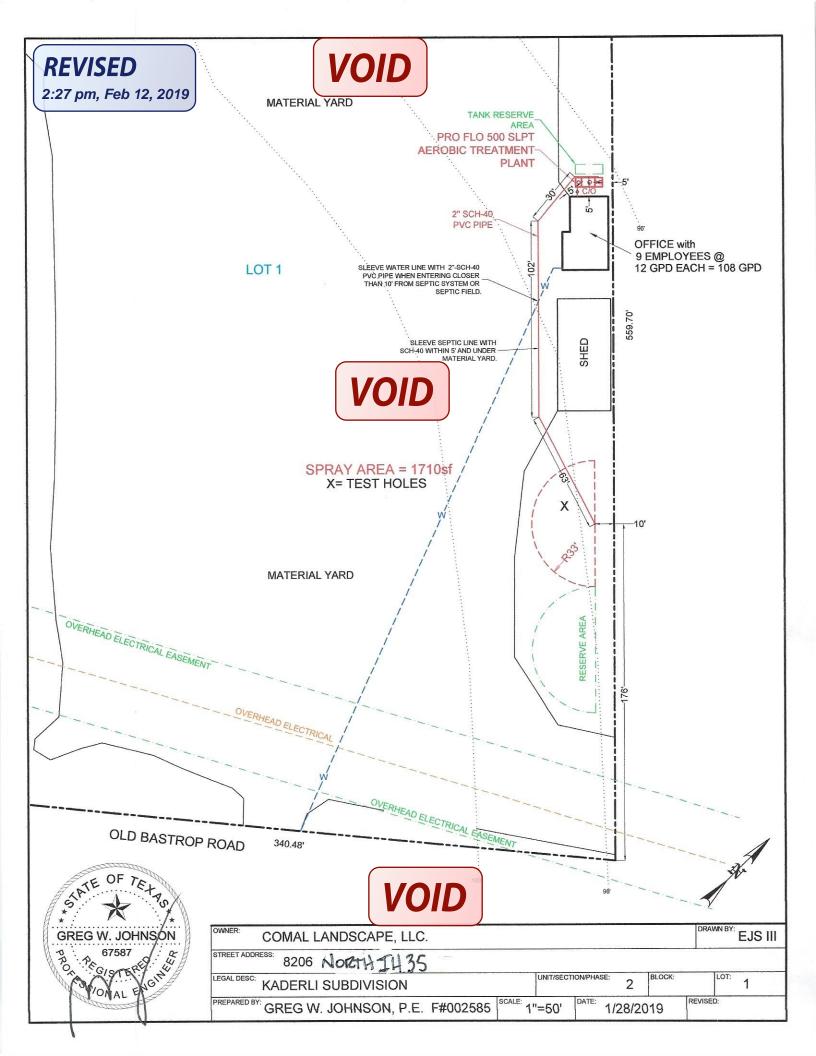
New Braunfels, TX 78132

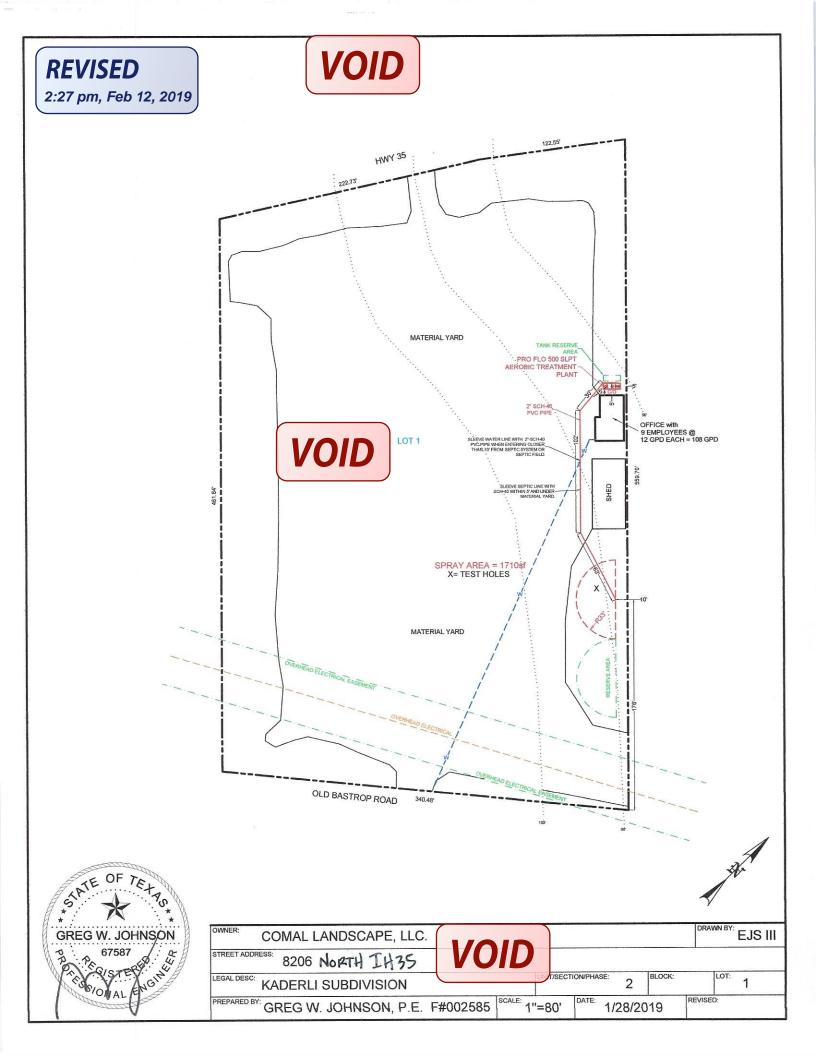
Office/Fax (830) 905-2778

Email: gregjohnsonpe@yahoo.com

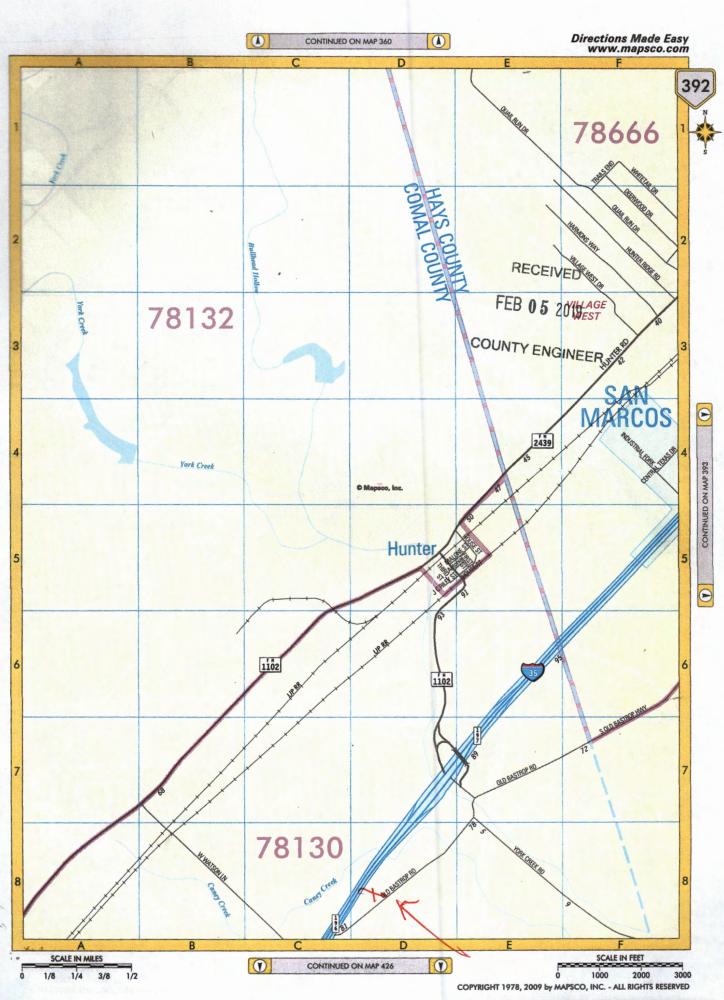












## Hernandez, Sandra

From:Hernandez, SandraSent:Tuesday, February 12, 2019 9:40 AMTo:'Greg Johnson'Subject:108730 additional comments

RE: Kaderli Subdivision, Unit 2, Lot 1

Greg,

In addition to the deficiency comments that were sent yesterday, the following information is also needed:

It appears that there is a discrepancy with the address being used for the referenced property. Please contact Holly Braun at, 608-2090 ext. 3157 for more information.

Thank you, Sandra

#### Hernandez, Sandra

| From:    | Hernandez, Sandra                 |
|----------|-----------------------------------|
| Sent:    | Monday, February 11, 2019 2:34 PM |
| То:      | 'Greg Johnson'                    |
| Subject: | 108730 deficiency comments        |

RE: Kaderli Subdivision, Unit 2, Lot 1

Greg,

We received planning materials for the referenced permit application on February 05, 2019 and found those planning materials to be deficient. In order to continue processing this permit, we need the following information:



Indicate distance from the tank to driveway/parking area.

Rules and regulations require a cleanout plug every 100 feet on long runs of pipe.

The maintenance contract indicates a different owner name than what is shown on the recorded deed.

4. Revise accordingly and resubmit.

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

Thank you, Sandra 15188 FM 306 Canyon Lake, TX Phone (830) 964-23 54-265



#### Routine Maintenance and Inspection Agreement

General

This Work for Hire Agreement (hereingiter referred to as this "Agreement") is entered into by and between New Braunfils (referred to as "Cliffit") and Aerobic Services of South Texas (Thomas W. Hampton MP 349) (hereinafter referred to as "Contractor") located at 15188 FM 306, Texas 78133 (830) 964-2365. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein.

This contract will provide for all required inspections, testing and service for your Aerobic Treatment System. The policy will include the following:

1. 3 inspections a year/services calls (at least one every 4 months), for a total of 6 over the two year period including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, diffuser operation. Any alarm situation affecting the proper function of the Aerobic process will be address within a 48-hour time CEIVED Frame. Repair work on non-warranty parts will include proper to the two year period alarms is performed.

2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and COUNTY ENGINEER examination for odors. A test for chlorine residual and pH will be taken and reported as necessary.

3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.

4. The customer is responsible for the chlorine tablets; they must be filled before or during the service visit.

5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, and County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

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#### 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 the above described Services. The contractor may access the System components including the tanks by means of excavation for the purpose of evaluations if necessary. Soil Is to be replaced with the excavated material as best as possible.

#### **Termination of Agreement**

Either party may terminate this agreement within ten days written notice in the event of substantial failure to perform in accordance with its terms by the other party without pult of the terminating party. If this Agreement is so terminated, the Contractor will immediate VOID propriate health authority of the termination.

Hinter 29.

2019

Via Can to th

\* \* \* COMAL COUNTY IRONMENTAL HEALTH \* \* \*

|   | APPLICATION FOR PE<br>ON-SITE SEWAGE FACILITY  | AND LICENSE TO                                     |                             |                               |                                      |          |
|---|--|--|-----------------------------|-------------------------------|--------------------------------------|----------|
| Date January  | y 21, 2019   |  | F                           | Permit #                      | 1087                                 | 130      |
| Owner Name  | COMAL LANDSCAPE, LLC   | Agent Name   |                             | GREG W.                       | JOHNSON, P                           | .E.      |
| Mailing Address   | 1600 GASTON AVE  | -<br>Agent Address                                 | -                           | 170 HC                        | DLLOW OAK                            |          |
| City, State, Zip  | AUSTIN TEXAS 78703   | City, State, Zip                                   | N                           | EW BRAU                       | NFELS, TX 7                          | 8132     |
| Phone#  | 512-800-3945   | Phone #  |                             | (830                          | ) 905-2778                           |          |
| Email   | lfrey@nblandscapesupply.com  | Email  |                             | gregjohnso                    | onpe@yahoo.c                         | om       |
| All correspondence s  | hould be sent to: 🗌 Owner 🛛 Agent  | Both   | Method:                     | 🗌 Mail                        | 🗙 Email                              |          |
| Subdivision Name  | KADERLI SUBDIVISION Unit/Ph  | ase/Section 2                                      | Lot                         | 1                             | Block                                |          |
| Acreage/Legal   |  |  |                             |                               |                                      |          |
| Street Name/Address   | s 8206 OLD BASTROP ROAD  | City NE  | EW BRAUI                    | NFELS                         | Zip                                  | 78130    |
| Type of Developmen  | nt:  |  |                             |                               | RECEIVE                              | D        |
| Single Family Res   | sidential  |  |                             | E                             |                                      |          |
| Type of Constr  | ruction (House, Mobile, RV, Etc.)  |  |                             |                               | EB 05 201                            | 9        |
| Number of Bec   |  | VOID   |                             | COU                           | NTY ENGIN                            |          |
| Indicate Sq Ft  | of Living Area   | VOID   |                             |                               | ENGIN                                | EER      |
| Commercial or In  | -  |  |                             |                               |                                      |          |
|   | must show adequate land area for doubling t  |  | ded for trea                | tment units                   | and disposal                         | area)    |
|   | LANDSCAPE MATEMALS YARD  |  |                             | 0                             |                                      |          |
|   | ries, Churches, Schools, Parks, Etc Ind  |  | occupants                   | 9 EMR                         | oyets                                |          |
|   | ounges, Theaters - Indicate Number of S  |  |                             |                               |                                      |          |
|   | Iospital, Nursing Home - Indicate Numbe  | r of Beds  |                             |                               |                                      |          |
| Travel Trailer/   | RV Parks - Indicate Number of Spaces _   |  |                             |                               |                                      |          |
| Miscellaneous   |  |  |                             |                               |                                      |          |
| Estimated Cost of Co  | onstruction: \$ 25,000 (Struc  | ture Only)   |                             |                               |                                      |          |
|   | proposed OSSF located in the United St   |  |                             |                               |                                      |          |
| Yes No (if y  | res, owner must provide approval from USACE fo   | r proposed OSSF impr                               | ovements w                  | thin the US                   | ACE flowage ea                       | isement) |
| Source of Water   | Public 🔲 Private Well  |  |                             |                               |                                      |          |
| Are Water Saving De   | evices Being Utilized Within the Residence   | xe? X Yes N  | 10                          |                               |                                      |          |
| -Authorization is hereby<br>site/soil evaluation and<br>-I also understand that a<br>by the Comal County FI | n, I certify that:<br>on and all additional information submitted does not<br>given to the permitting authority and designated ag<br>inspection of private sewage facilities.<br>permit of authorization to construct will not be issu<br>ood Damage Prevention Order. | gents to enter upon the<br>ed until the Floodplain | above descr<br>Administrato | ibed propert<br>r has perforr | ty for the purpos<br>med the reviews | e of     |

Mas

Signature of Owner

019

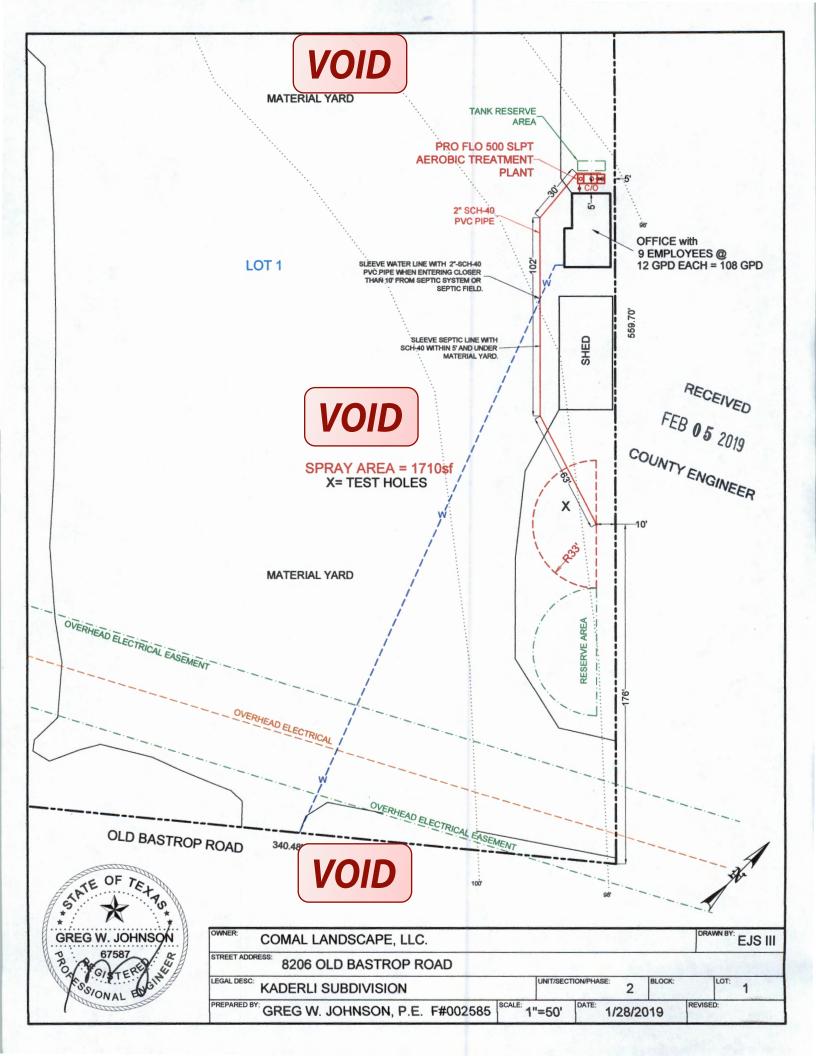
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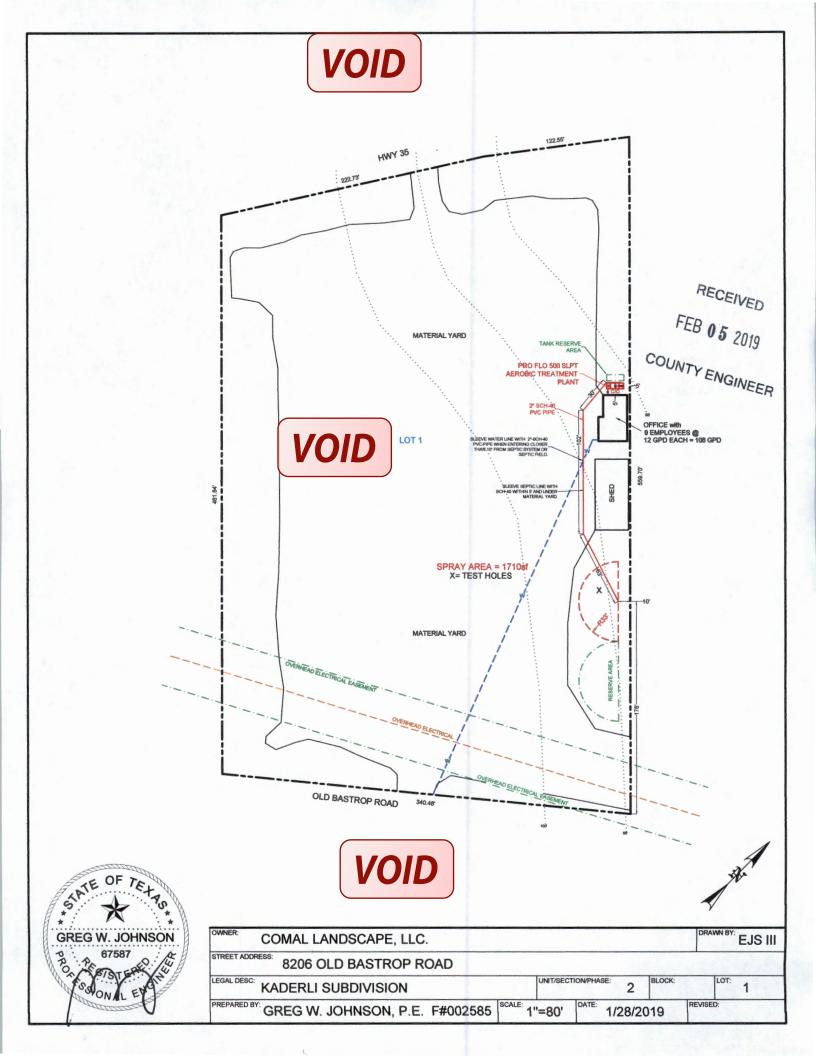
Page | of 2 **Revised July 2018** 

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

VOI

| <u>OSSF SOIL EVAL</u>   | UATION H  | REPORT                       | <b>INFORMA</b> | TION                     |                         |
|---|---|------------------------------|----------------|--------------------------|-------------------------|
| Date: January 28, 2019  |   |                              |                |                          |                         |
| Applicant Information:  | VOI   | <b>D</b><br>Evalua           | tor Informa    | ation:                   |                         |
| Name: COMAL LANDSCAPE, LLC.   | 1   | Name: Gre                    | g W. Johnson   | n, P.E., R.S.,           | S.E. 11561              |
| Address: 15600 GASTON AVENUE  |   |                              | 70 Hollow C    |                          |                         |
| City: AUSTIN State: TEXA  | s (   | City: New                    | Braunfels      | St                       | ate: Texas              |
| Zip Code: 78703 Phone: (512) 800-394  | 15 Z  | Lip Code:                    | 78132 Ph       | one & Fax                | 830)905-2778            |
| Property Location:         Lot 1 Unit 2 Blk Subd. KADERLIS         Street Address:       8206 OLD BASTROP F         City:       NEW BRAUNFELS       Zip Code:         Additional Info.:   | ROAD<br>78130   | N Nam<br>Com                 | pany:          |                          | _ State:                |
|   |   |                              | ode:           | Phone Phone              |                         |
| <b>Topography:</b> Slope within proposed disposal<br>Presence of 100 yr. Flood Zone:<br>Existing or proposed water well in nearby area.<br>Presence of adjacent ponds, streams, water impour<br>Presence of upper water shed<br>Organized sewage service available to lot | ndments   |                              | and .          |                          | RECEIVED<br>FEB 05 2019 |
| Design Calculations for Aerobic Treatment   |   |                              |                |                          | COUNTY                  |
| Commercial  | WIN-  |                              | <u>.</u>       |                          | COUNTY ENGINEER         |
| $Q = 108 \qquad \text{OFF}$   | ICF WITH  | FMDI OV                      | TES @ 12 CI    | DD FACH-                 | 108 CPD                 |
|   |   |                              |                | PD LACH -                | 100 GFD                 |
| Residential Water conserving fixtures to be un  |   |                              |                |                          |                         |
| Number of Bedrooms the septic system is size  | d for:  | Total                        | sq. ft. living | g area                   |                         |
| Q  gal/day = (Bedrooms + 1) * 75  GPD - (20%)   | reduction fo  | or water co                  | onserving fix  | ctures)                  |                         |
| Q = ( +1)*75-(20%) = 108  |   |                              |                |                          |                         |
| Trash Tank Size 400 Gal.  |   |                              |                |                          |                         |
| TCEQ Approved Aerobic Plant Size5   | 00 G.P  | מי                           |                |                          |                         |
| Req'd Application Area = $Q/Ri = 108$   | / 0.064   |                              | 1688           | sq. ft.                  |                         |
|   |   |                              | 1000           | _ 54. 11.                |                         |
| Application Area Utilized = $1710$ Pump Requirement $12$ Gpm @ 41Dosing Cycle:ON DEMAND orPump Tank Size = $771$ Gal.Reserve Requirement = $36$ Gal.Alarms: Audible & Visual High Water Alarm   | _ Psi (Redja<br><u>x</u> TIN<br><u>4</u> Gal/i<br>day flow. | acket 0.5<br>MED TO<br>inch. | DOSE IN PI     | A. series or<br>REDAWN I | equivalent)<br>HOURS    |
| With Chlorinator NSF/TCEQ APPROVED<br>SCH-40 or SDR-26 3" or 4" sewer line to tank  |   | 1                            |                |                          |                         |
| Two way cleanout<br>Pop-up rotary sprinkler heads w/ purple non-potal<br>1" Sch-40 PVC discharge manifold<br>APPLICATION AREA SHOULD BE SEEDE   |   | INTAINE                      | D WITH VE      | GETATION                 | ۹.                      |
| I HAVE PERFORMED A THOROUGH INVEST<br>AND SITE EVALUATOR IN ACCORDANCE V<br>(REGARDING RECHARGE FEATURES), T<br>(EFFECTIVE DECEMBER 29, 2016)   | WITH CHAP<br>EXAS COM                                       | TER 285,                     | SUBCHAPT       | ER D, §285.<br>RONMENT   | 30, & §285.40           |
| OREG W. JOHNSON, P.E. F#002585 - S.E. 11561   |   | 28/19<br>DATE                | GREG W.        | JOHNSON                  |                         |
|   |   |                              | ESSION         | AL ENGINE                | FIRM #2585              |





After Recording Return to: Jan Ruiz NCS #<u>NCS-896936-HOU2</u> First American Title Ins. Co. 1790 Hughes Landing Blvd., Suite 110 The Woodland, Texas 77380

#### 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.

#### SPECIAL WARRANTY DEED WITH VENDOR'S LIEN

| THE STATE OF TEXAS         | §               |   |               |
|----------------------------|-----------------|---|---------------|
| COUNTY OF COMAL            | ş               | KNOW ALL MEN BY THESE PRESENTS:   |               |
| Effective Date:            | April 9, 2018   | AN .  | RECEIVED      |
| Grantor:                   | KEVIN D. LANE   | Y and wife, KRISTEN M. LANEY  | FEB 05 2019   |
| Grantor's Mailing Address: | 856 Oak Bluff T | rail, New Braunfels, Comal County, Texas 78132  | 2019          |
| Grantee:                   | COMAL LANDS     | Y and wife, KRISTEN M. LANEY<br>'rail, New Braunfels, Comal County, Texas 78132<br>CO<br>CAPE, LLC, a Texas limited liability company | UNTY ENGINEEN |
|                            |                 | venue, Austin, Travis County, Texas 78703   |               |

**Consideration:** Cash and two notes of even date executed by Grantee and referred to as the first-lien note and the second-lien note. The first-lien note is payable to the order of HORIZON BANK, SSB in the principal amount of THREE MILLION ONE HUNDRED FIFTY EIGHT THOUSAND FIVE HUNDRED AND NO/100 DOLLARS (\$3,158,500.00). The first-lien note is secured by the first and superior vendor's lien against, and superior title to, the Property retained in this deed in favor of HORIZON BANK, SSB and is also secured by a first-lien deed of trust of even date from Grantee to JAMES DYESS, whose address is 600 Congress Avenue, Suite 400, Austin, Texas 78701, trustee. The second-lien note is payable to the order of Grantor in the principal amount of ONE HUNDRED SIXTY FIVE THOUSAND AND NO/100 DOLLARS (\$165,000.00). The second-lien note is secured by a second and inferior vendor's lien against, and superior title to, the Property retained in this deed and is also secured by a second-lien deed of trust of ONE HUNDRED SIXTY FIVE THOUSAND AND NO/100 DOLLARS (\$165,000.00). The second-lien note is secured by a second and inferior vendor's lien against, and superior title to, the Property retained in this deed and is also secured by a second-lien deed of trust of even date from Grantee to KRISTEN LANEY, trustee.

**Property (including any improvements):** Lot 1, Kaderli Subdivision, Unit 2, a subdivision in Comal County, Texas according to the plat recorded under Document No. 201106032627, Map and Plat Records, Comal County, Texas.

**Reservations from Conveyance:** None

**Exceptions to Conveyance and Warranty:** Liens described as part of the Consideration and any other liens described in this deed and all validly existing easements, covenants, restrictions, mineral reservations, encumbrances, and other matters of record in the Official Public Records of Aransas County, Texas and applicable to the Property.

RECEIVED

FEB 05 2019

## COUNTY ENGINEER

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 when the claim is by, though, or under Grantor but not otherwise, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

The vendor's lien against and superior title to the Property are retained until the Note described is fully paid according to its terms, at which time this deed will become absolute.

HORIZON BANK, SSB, at Grantee's request, has paid in cash to Grantor that portion of the purchase price of the Property that is evidenced by the first-lien note. The first and superior vendor's lien against and superior title to the Property are retained for the benefit of HORIZON BANK, SSB and are transferred to HORIZON BANK, SSB without recourse on Grantor to secure the first-lien note. The second and inferior vendor's lien against and superior title to the Property are retained for the benefit of Grantor to secure the second-lien note. Grantor agrees that this second and inferior vendor's lien against and superior title to the Property are retained for the benefit of first-lien note, regardless of the frequency or manner of renewal, extension, or alteration of any part of the first-lien note or the liens securing it.

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

IN WITNESS WHEREOF, Grantor and Grantee have executed or caused to be executed this Warranty Deed with Vendor's Lien this 6<sup>th</sup> day of April, 2018 to be effective as of the date first above written.

| M<br>EY |        | )    |      |      |
|---------|--------|------|------|------|
| EY ( )  | A /    |      |      |      |
| R       | U      |      | -    |      |
| ANEY    | $\neq$ | )    |      |      |
|         | ANEY   | ANEY | ANEY | ANEY |

#### **GRANTEE:**

COMAL LANDSCAPE, LLC, a Texas limited liability company

FREY III, Managing Member

RECEIVED

#### (Individual Acknowledgement)

FEB 05 2019

#### STATE OF TEXAS COUNTY OF COMAL

COUNTY ENGINEER

This instrument was acknowledged before me on the 6th day of April, 2018, by KEVIN LANEY and wife, KRISTEN M. LANEY.



ł

Notary Public, State of Texas HEATHER COOK

(Corporate/Entity Acknowledgement)

}

}

#### STATE OF TEXAS COUNTY OF COMAL

This instrument was acknowledged before me on the 6th day of April, 2018, by LEONARD W. FREY III, Manager of COMAL LANDSCAPE, LLC, a Texas limited liability company, on behalf of said COMAL LANDSCAPE, LLC, a Texas limited liability company.



Notary Public, State of Texas HEATHER COOK

Filed and Recorded Official Public Records Bobbie Koepp, County Clerk Comal County, Texas 04/20/2018 04:01:16 PM TERRI 3 Pages(s) 201806015270

Bobbie Koepp

Special Warranty Deed with Vendor's Lien - Page 3 of 3

#### COUNTY OF COMAL

#### COUNTY ENGINEER'S OFFICE

#### OSSF DEVELOPMENT APPLICATION CHECKLIST

| Staff will complete shad | ded      |
|--------------------------|----------|
| items Date Received      | initials |

RECEIVED Permit Numper 0 5 2019 COUNTY ENGINEER

Instructions:

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

**OSSF** Permit

Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate

X 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.

Kequired Permit Fee

Copy of Recorded Deed

X Surface Application/Aerobic Treatment System

Kecorded Certification of OSSF Requiring Maintenance/Affidavit to the Public

X 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

COMPLETE APPLICATION

Check No.\_\_\_

Receipt No.

03/05

INCOMPLETE APPLICATION

(Missing Items Circled, Application Refused)

RELEI

| C | NT      | E | 36 | Ell   | ) |
|---|---------|---|----|-------|---|
|   | <b></b> |   |    |       | J |
|   | L       |   |    | تتبال |   |

Phone: (830) 964-2365 Fax: (830) 964-2659 www.aerobicservices.com

Site: 8206N IH 35 Frontage Road

New Braunfels, TX 78130

Printed:3/6/2019

(830) 606-4710

To: New Braunfels Landscape Supply Attention:Tres Frey 8206N IH 35 Frontage Road New Braunfels, TX 78130

108730 Permit #:

Agency: Comal County Environmental Health Comal County Environmental Health Comal C Contract Dates: 1/29/2019 - 1/29/2021 Scheduled Date: 5/29/2019 County: Comal Sub: Mfg / Brand: - Pro Flo

Service Type: Real Estate Insp Visit Date: 3/5/2019 Method: Grab Technician: Dakota Maint. Provider: Hampton, Thomas Aerators: Operational Filters: Operational Irrigation Pumps: Operational

Sludge Levels

For Tank 2: na For Tank 3: 1

Tank Lid / Riser: Secured

**Electric Circuits: Operational** Distribution System: Operational Sprayfield Veg: Operational

Disinfection Device: Operational

Chlorine Residual: 0.01

Alarm: Operational

Comments

- Technician Secured the Tank Lid and/or Riser prior to leaving location. Sprayer needs to be replaced

Service Completed

Insp ID #:113351

Provider: Thomas Hampton

License #: MP0000349

Expires: 9/30/2017

RECEIVED

MAR 1 1 2019

COUNTY ENGINEER

Customer ID: 61114926

Entered By: Leanne L White



Acrobic Services

Phone: (830) 964-2365

Fax: (830) 964-2659 Printed: 6/25/2019 www.aerobicservices.com Permit #: 108730 To: New Braunfels Landscape Supply Tech: Not Assigned Attention: Tres Frey Brand/Mfg.: Pro Flo -System S/N: 8206N JH 35 Frontage Road Aerator and S/N: New Braunfels, TX 78130 Contract: 3/20/2019 - 3/20/2021 Inspections per year: 3 Agency: Comal County Enviromental Health Service Due: 7/20/2019 Phone: (830) 606-4710 County: Comal Alt Phone: Cell: Subdivision: Work: Inspection Type: Item Operational Inoperative N/A Air Pressure Aerator: Irrigation pump: Air compressor: **Disinfection device:** Chlorine supply: Spray field vegetation: Sprinkler / Drip backwash: **Controls/ Electric Circuits** Test Results and observations: (As Required) Mixed Liquior Chlorine Residual: Aeration Test Method: Sludge Levels BOD: Clarifier TSS: Pump Access Ports Secured YES NO Repairs made: YES / NO Repairs and Comments: omested Chlorine tube Date: 7-19-19 Inspector: Tom Hampton VP MP349/OS24597 Area: 10 GPS: ID = 61114926Le isnet attached, 8206N IH 35 Frontage Road, New Braunfels Pla show Teas where to add chlorene. He will give you life over Chlorene tabs Heat he is going to throw away RECEIVED JUL 2 9 2019

COUNTY ENGINEER

# Aerobic Services of South Texas

| 15188 FM 306<br>Canyon Lake, TX 78133  |   | erobic Services<br>southeras  |
|--|---|---|
| Printed: 9/24/2019   |   | Phone: (830) 964-2365<br>Fax: (830) 964-2659<br>www.aerobicservices.com<br>Permit #: 108730 |
| To: New Braunfels Landscape Supply<br>Attention: Tres Frey<br>8206N IH 35 Frontage Road<br>New Braunfels, TX 78130   | Tech: Not A<br>Brand/Mfg.: Pro F<br>System S/N:<br>Aerator and S/N: | ssigned   |
| Agency: Comal County Enviromental Health<br>County: Comal<br>Subdivision:<br>Inspection Type:Scladudd  | Phone: (830) 606-4710<br>Cell:<br>Work:                             | Inspections per year: 3<br>Service Due: 11/20/2019<br>Alt Phone:                            |
| ItemOperationalAerator:Irrigation pump:Irrigation pump:Irrigation pump:Air compressor:Irrigation device:Disinfection device:IrrigationChlorine supply:Irrigation:Spray field vegetation:Irrigation:Sprinkler / Drip backwash:Irrigation:Controls/ Electric CircuitsIrrigation: | Inoperative         N/A   | Air Pressure <u>63</u>  |
| Test Results and observations: (As Required)<br>Chlorine Residual:<br>Test Method:<br>BOD:<br>TSS:<br>Access Ports Secured YES (NO<br>Repairs made: YES (NO  | A   | Aixed Liquior<br>Aeration <u>O</u><br>Idge Levels<br>Clarifier <u>IQ</u><br>Pump <u>Q</u>   |
| Repairs and Comments: System is<br>not coming from L   | operating as desig  | RECEIVED  |
| Inspector: <u>Ki Kiy</u><br>Tom Hampton VP<br>MP349/OS24597  | Date: 10/31/19<br>Area: 10  | NOV 1 5 2019<br>COUNTY ENGINEER   |
|  | GPS:  | ID = 61114926   |

8206N IH 35 Frontage Road, New Braunfels

•



| Printed: 12/20/2019   | M             | AILED |   | Phone: (830) 964-2365<br>Fax: (830) 964-2659<br>www.aerobicservices.com<br>Permit #: 108730 |
|---|---------------|-------|---|---|
| To: New Braunfels Landso<br>Attention: Tres Frey<br>8206N IH 35 Frontage<br>New Braunfels, TX 78  | Road          |       | Tech: Not A<br>Brand/Mfg.: Pro F<br>System S/N:<br>Aerator and S/N: | -   |
| Agency: Comal County Enviro<br>County: Comal<br>Subdivision:  | mental Health |       | Phone: (830) 606-4710<br>Cell:<br>Work:                             | Inspections per year: 3<br>Service Due: 3/20/2020<br>Alt Phone:                             |
| Item<br>Aerator:<br>Irrigation pump:<br>Air compressor:<br>Disinfection device:<br>Chlorine supply:<br>Spray field vegetation:<br>Sprinkler / Drip backwash:<br>Controls/ Electric Circuits<br>Test Results and observation<br>Chlorine Residual:<br>Test Method:<br>BOD:<br>TSS:<br>Access Ports Secured YES<br>Repairs made: YES / NO | 1.118         |       | A<br>Slu<br>C   | Air Pressure  |
| Repairs and Comments:   |               |       |   |   |
| Inspector:<br>Tom Hampton VP<br>MP349/OS24597   | <u>la</u>     | A     |   | ID = 61114926   |





Phone: (830) 964-2365 Fax: (830) 964-2659 www.aerobicservices.com

Printed: 7/8/2020

Permit #: 108730

| To: New Braunfels Landso<br>Attention: Tres Frey<br>8206N IH 35 Frontage<br>New Braunfels, TX 78  | Road          |             |                                |                    | <b>Q</b>  |               |
|---|---------------|-------------|--------------------------------|--------------------|---|---------------|
| Agency: Comal County Environ<br>County: Comal<br>Subdivision:   | mental Health |             | Phone: (830)<br>Cell:<br>Work: | 606-4710           | Contract: 3/20/20<br>Inspections per<br>Service Due: 7/<br>Alt Phone: | year: 3       |
| Item<br>Aerator:<br>Irrigation pump:<br>Air compressor:<br>Disinfection device:<br>Chlorine supply:<br>Spray field vegetation:<br>Sprinkler / Drip backwash:<br>Controls/ Electric Circuits | Operational   | Inoperative | N/A                            |                    | Air Pressure  | <u>58</u>     |
| Test Results and observation<br>Chlorine Residual:<br>Test Method:<br>BOD:<br>TSS:<br>Access Ports Secured (VES)<br>Repairs made: YES / NO  |               |             |                                | Ae<br>Sludg<br>Cla | ked Liquior<br>pration<br>ge Levels<br>arifier<br>ump4                | -<br><u>}</u> |
| Repairs and/Comments:/  | dogged 4      | not di      | awing                          | bleac              | he una  | logged        |
| Inspector: <u>Setta</u><br>Tom Hampton VP<br>MP349/OS24597  |               | Date: _2    | 8-10-2                         | 20                 |   |               |
|   |               |             | Area: /0                       |                    |   |               |

GPS:

8206N IH 35 Frontage Road, New Braunfels

ID = 61114926

Printed: 9/22/2020

MAILED



Phone: (830) 964-2365 Fax: (830) 964-2659 www.aerobicservices.com Permit #: 108730

|  |               |   |                                     | rennu <del>n</del> . it  | 10130 |
|--|---------------|---|-------------------------------------|--|-------|
| To: New Braunfels Landso<br>Attention: Tres Frey<br>8206N IH 35 Frontage<br>New Braunfels, TX 78                                 | کا بعد نشا    | Tech<br>Brand/Mfg.<br>System S/N<br>Aerator and S/N |                                     |  |       |
| Agency: Comal County Enviromental Health<br>County: Comal<br>Subdivision:  |               |   | Phone: (830) 606-<br>Cell:<br>Work: | Contract: 3/20/2019 - 3/2<br>Inspections per year: 3<br>Service Due: 11/20/202<br>Alt Phone: |       |
| Inspection Type: 50  | hednlud       |   |                                     |  |       |
| Item<br>Aerator:<br>Irrigation pump:<br>Air compressor:<br>Disinfection device:  | Operational   | Inoperative   | N/A                                 | Air Pressure 90  |       |
| Chlorine supply:<br>Spray field vegetation:<br>Sprinkler / Drip backwash:<br>Controls/ Electric Circuits                         |               |   |                                     |  |       |
| Test Results and observation<br>Chlorine Residual:<br>Test Method:<br>BOD:<br>TSS:<br>Access Ports Secured (ES)<br>Repairs made: |               | 68  |                                     | Mixed Liquior<br>Aeration /<br>Sludge Levels<br>Clarifier<br>Pump <u>3</u>                   |       |
| Repairs and Comments:  | idnal is high | 5 / hghy 1<br>0100                                  | no perta                            | aven Not working   | ouna  |
| Inspector: <u>MM/IC</u><br>Tom Hampton VP<br>MP349/OS24597   |               | Date: _/  | 11-17-20                            | _  |       |
|  |               |   | Area: /0<br>GPS:                    | ID = 61114926  |       |
|  |               | 8   | 206N IH 35 Front                    | age Road, New Braunfels  |       |

| Aerobic Services of South Texas<br>15188 FM 306<br>Canyon Lake, TX 78133  |           | (D)   | Aerobic Services<br>SouthTexas                                  |
|---|-----------|---|---|
| Printed: 12/17/2020<br>To: New Braunfels Landscape Supply Pro Flo<br>Attention: Tres Frey<br>8206N IH 35 Frontage Road<br>New Braunfels, TX 78130   | MAI       | Tech: Not /<br>Brand/Mfg.: Pro I<br>System S/N:<br>Aerator and S/N: | •   |
| Agency: Comal County Enviromental Health<br>County: Comal<br>Subdivision:   |           | Phone: (830) 606-4710<br>Cell:<br>Work:                             | Inspections per year: 3<br>Service Due: 3/20/2021<br>Alt Phone: |
| Inspection Type: <u>SChedulad</u><br>Item Operational<br>Aerator:<br>Irrigation pump:<br>Air compressor:<br>Disinfection device:<br>Chlorine supply:<br>Spray field vegetation:<br>Sprinkler / Drip backwash:<br>Controls/ Electric Circuits<br>Test Results and observations: (As Required)<br>Chlorine Residual:<br>Test Method:<br>BOD:<br>TSS:<br>Access Ports Secured ES/ NO<br>Repairs made: YES (NO) |           | SI  | Air Pressure 50   |
| Repairs and Comments:<br>Meedy Childrine Law -  | Spray the | pelow Grade<br>Paiging  | 2 plange Call Zu  |
| Inspector:<br>Tom Hampton VP<br>MP349/OS24597   | Ą         | <u>-7-24</u><br>мгеа: /0  |   |
|   | C.        | SPS:  | ID = 61114926   |

MALEY



| Date: 4/29/2021   | Phone: (830) 964-2365<br>Fax: (830) 964-2659<br>www.aerobicservices.com |
|---|---|
| To: New Braunfels Landscape Supply Pro Flo<br>Attention:Tres Frey<br>8206N IH 35 Frontage Road<br>New Braunfels, TX 78130 | Permit: 108730  |
| Phone: (830) 606-4710 Subdivision:<br>Site: 8206N IH 35 Frontage Road, New Braunfels, TX 78130                            | Start Date: 5/20/2021<br>End Date: 5/20/2022                            |
| County: Comal   | Aerobic Services of South Texas   |
| Installer:<br>Agency: Comal County Enviromental Health  | 3 visits per year - one every 4 months                                  |
| Mfg/Brand: / Pro Flo  | Map Key: ID: 61114926   |
| Routine Maintenance and Inspecti  | on Agreement  |

Routine Maintenance and Inspection Agreement Renewal Commercial Service Contract

#### GENERAL

This Work for Hire Agreement (hereinafter referred to this "Agreement") is entered into by and between the client named above (referred to as "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP349) (hereinafter referred to as "Contractor") located at 15188 FM 306 Canyon Lake, Texas 78133 (830) 964-2365. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein. This agreement will provide for all required inspections, testing and service for your Aerobic Treatment System. The policy will include the following:

1. 3 inspections/service call a year (one every four months), for a total of 3 over a year period including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, diffuser operation. Any alarm situation affecting the proper function of the Aerobic process will be addressed within a 48-hour time Frame. Repair work on non-warranty parts will include price for parts and labor. The prices will be quoted before work is performed.

2. An effluent quality inspection consisting of visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and PH will be taken and reported as necessary.

3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.

4. The cilent is responsible for chlorine, this must be filled before or during the service visit.

5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorites, County Agencies, the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy. Price includes one BOD and TSS Lab Testing per unit that is required by TCEQ.

At the conclusion of this service agreement, our company will make available, for purchase on an annual basis, a continuing service policy to cover labor for normal inspection and maintenance. According to state law, all commercial owners of aerobic systems must maintain a factory authorized service provider for the lifetime of the system.

The Homeowners Manual must be strictly followed or warrenties are subject to invalidation. Pumping of sludge build-up a is not covered by this agreement and will result in additional charges.

#### 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 the above described services. The contractor may access the system components including the tanks by means of exavation for the purpose of evalutions if necessary. Soil is to be replaced with the excavated material as best as possible.

#### TERMIATION OF AGREEMENT

Either party may terminate this agreement with 30 days written notice in the event of substantial failure to perform in accordance with terms by the other party without fault of the terminating party. If this Agreement is so terminated, the Contractor will immediately notify the appropriate health authority of the termination. Either party may terminate this agreement upon 30 days written notice.

#### LIMIT OF LIABILITY

In no event shall the Contractor be liable for indirect, consequential, incidental or punitve damages, whether in contract tort or any other theory. In no event shall the contractor's liability for direct damages exceed the price for the services described in this Agreement.

#### DISPUTE RESOLUTION

If a dispute between the Client and the Contractor arises that can not be settled in good faith negoitiations then the parties shall choose a mutually acceptable arbitrator and shall share the cost of arbitration services equally.

#### ENTIRE AGREEMENT

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

#### SEVERABILTY

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

BUSINESS OWNER/ REPRESENTATIVE

Signature

Leonard Frey, Managing Member

(830) 606-4710

Phone/ Date

#### SERVICE PROVIDER

Aerobic Services of South Texas. Inc. 15188 Fm 306 Canyon Lake, TX 78133 (830) 964-2365

Signature Thomas Hampton VP

License# OS0024597 /MP 349

Fax: (830) 964-2659 Printed: 6/17/2021 www.aerobicservices.com Permit #: 108730 To: New Braunfels Landscape Supply Pro Flo Tech: Not Assigned Brand/Mfg.: Pro Flo -Attention: Tres Frey System S/N: 8206N IH 35 Frontage Road Aerator and S/N: New Braunfels, TX 78130 Contract: 5/20/2021 - 5/20/2022 Inspections per year: 3 Agency: Comal County Enviromental Health Service Due: 7/20/2021 Phone: (830) 606-4710 County: Comal Att Phone: Cell: Subdivision: Work: Inspection Type: Operational Inoperative N/A Item Air Pressure /// Aerator: Irrigation pump: Air compressor: Disinfection device: Chlorine supply: Spray field vegetation: Sprinkler / Drip backwash: Controls/ Electric Circuits Test Results and observations: (As Required) Mixed Liquior Chlorine Residual: Aeration Test Method: Sludge Levels Clarifier BOD: Pump TSS: Access Ports Secured NO Repairs made: YES //NO Repairs and Comments:

Inspector: Unacon Clampton Date:

MP349/OS24597

Date: 8-11-2021

Area: / 0 GPS:

JD = 61114926

Phone: (830) 964-2365

Printed: 10/13/2021

County: Comai

Subdivision:

Item

Aerator:

Irrigation pump: Air compressor:

Chlorine supply:

Test Method:

BOD:

TSS:



Repairs and Comments:

Access Ports Secured

Repairs made: YES (NO

Inspector

Date:

Tom Hampton VP MP349/OS24597

NO

manfrasser is h

Area: /0 GPS:

ID = 61114926

Ae 15 Ca

| Aerobic Services of South Texas<br>15188 FM 306<br>Canyon Lake, TX 78133  | Acrobic Services<br>(South Fract<br>Phone: (830) 964-2365<br>Fax: (830) 964-2659  |
|---|---|
|   | www.aerobicservices.com<br>Permit #: 108730   |
| To: New Braunfels Landscape Supply Pro Flo<br>Attention: Tres Frey<br>8206N IH 35 Frontage Road<br>New Braunfels, TX 78130<br>Agency: Comal County Environmental Health   | Tech: Not Assigned<br>Brand/Mfg.: Pro Flo -<br>System S/N:<br>Aerator and S/N:<br>Contract: 5/20/2021 - 5/20/2022<br>Inspections per year: 3<br>Phone: (830) 606-4710<br>Service Due: 3/20/2022 |
| County: Comal<br>Subdivision:   | Cell: Alt Phone: 3  |
| Inspection Type:       Star Amlend         Item       Operational       Inoperative         Aerator:       Inoperative       Inoperative         Irrigation pump:       Image: Compression of the supply:       Image: Compression of the supply:       Image: Compression of the supply:         Disinfection device:       Image: Compression of the supply:       Image: Compression of the supply:       Image: Compression of the supply:         Spray field vegetation:       Image: Compression of the supply:       Image: Compression of the supply:       Image: Compression of the supply:         Sprinkler / Drip backwash:       Image: Compression of the supply:       Image: Compression of the supply:       Image: Compression of the supply:         Controls/ Electric Circuits       Image: Compression of the supply:       Image: Compression of the supply:       Image: Compression of the supply:         Controls/ Electric Circuits       Image: Compression of the supply:         Controls/ Electric Circuits       Image: Compression of the supply:       Image: Compression of the supply:       Image: Compression of the supply:         Controls/ Electric Circuits       Image: Compression of the supply:       Image: Compression of the supply:       Image: Compression of the supply: | N/A Air Pressure <u>45</u>  |
| Test Results and observations: (As Required)<br>Chlorine Residual:<br>Test Method:<br>BOD:<br>TSS:<br>Access Ports Secured (ES) NO<br>Repairs made: (YES) NO  | Mixed Liquior<br>Aeration<br>Sludge Levels<br>Clarifier<br>Pump/  |
| Repairs and Comments:<br><u>Clifforme supply time Brother</u><br><u>T Cold</u><br><u>une und Reptolyd</u>   | During map Re To Sun Por  |

Inspector: Tom Hampton VP MP349/OS24597

> Area: /0 GPS:

Date: 3-11-22

inn

ID = 61114926



 Aerobic Services

 Phone: (830) 964-2365

 Fax: (830) 964-2659

 www.aerobicservices.com

 Customer ID

 61114926

 Start Date: 5/20/2022

 (830) 606-4710

 Email: ap@nblandscapesupply.com

 Phone: (830) 964-2365

 Fax: (830) 964-2659

 www.aerobicservices.com

 Info@aerobicservices.com

 Customer ID

 61114926

Aerobic Services of South Texas 3 visits per year - one every 4 months

To: New Braunfels Landscape Supply Pro Flo Attention:Tres Frey 8206N IH 35 Frontage Road New Braunfels, TX 78130

Site: 8206N IH 35 Frontage Road, New Braunfels, TX 78130 County: Comal Installer: Agency: Comal County Enviromental Health Mfg/Brand: -Pro Flo-

> Routine Maintenance and Inspection Agreement Renewal Commercial Service Contract

#### GENERAL

This Work for Hire Agreement (hereinafter referred to this "Agreement") is entered into by and between the client named above (referred to as "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP349) (hereinafter referred to as "Contractor") located at 15188 FM 306 Canyon Lake, Texas 78133 (830) 964-2365. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein. This agreement will provide for all required inspections, testing and service for your Aerobic Treatment System. The policy will include the following:

1. 3 inspections/service call a year (one every four months), for a total of 3 over a year period including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, diffuser operation. Any alarm situation affecting the proper function of the Aerobic process will be addressed within a 48-hour time Frame. Repair work on non-warranty parts will include price for parts and labor. The prices will be quoted before work is performed.

2. An effluent quality inspection consisting of visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and PH will be taken and reported as necessary.

3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.

4. The cilent is responsible for chlorine, this must be filled before or during the service visit.

5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorites, County Agencies, the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy. Price includes one BOD and TSS Lab Testing per unit that is required by TCEQ.

At the conclusion of this service agreement, our company will make available, for purchase on an annual basis, a continuing service policy to cover labor for normal inspection and maintenance. According to state law, all commercial owners of aerobic systems must maintain a factory authorized service provider for the lifetime of the system.

The Homeowners Manual must be strictly followed or warrenties are subject to invalidation. Pumping of sludge build-up a is not covered by this agreement and will result in additional charges.

#### 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 the above described services. The contractor may access the system components including the tanks by means of exavation for the purpose of evalutions if necessary. Soil is to be replaced with the excavated material as best

as possible.

#### TERMIATION OF AGREEMENT

Either party may terminate this agreement with 30 days written notice in the event of substantial failure to perform in accordance with terms by the other party without fault of the terminating party. If this Agreement is so terminated, the Contractor will immediately notify the appropriate health authority of the termination. Either party may terminate this agreement upon 30 days written notice.

#### LIMIT 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. In no event shall the contractor's liability for direct damages exceed the price for the services described in this Agreement.

#### DISPUTE RESOLUTION

If a dispute between the Client and the Contractor arises that can not be settled in good faith negoitiations then the parties shall choose a mutually acceptable arbitrator and shall share the cost of arbitration services equally.

#### ENTIRE AGREEMENT

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

#### SEVERABILTY

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

**BUSINESS OWNER/ REPRESENTATIVE** 

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|----------|---------|
| inted    | MAY     |

SERVICE PROVIDER

Aerobic Services of South Texas, Inc. 15188 Fm 306 Canyon Lake, TX 78133 (830) 964-2365

Signature Thomas Hampton VP

License# OS0024597 /MP 349

Phone/ Date

Date Printed: 5/4/2022

### WORK ORDER Aerobic Services of South Texas 15188 FM 306 Canyon Lake, TX 78133 (830) 964-2365 www.aerobicservices.com



| Customer  | ID               |                                   | Scheduled               |                       |                     | Serviced                |   |  |
|---|------------------|-----------------------------------|-------------------------|-----------------------|---------------------|-------------------------|---|--|
| 163294  |                  |                                   | 2023-02-20              |                       |                     |                         |   |  |
| Customer Name and SITE Address  |                  | Contact                           | Customer Email Addres   |                       | ss                  |                         |   |  |
| New Braunfels Landscape Supply<br>8206 N IH 35 Frontage Road<br>New Braunfels, TX |                  | New Braunfels Landscape<br>Supply | Imunso                  | on@ewingirrigation.co | om;facili           | ties@ewingirrigation.co |   |  |
|   |                  |                                   |                         | Main Phone            |                     |                         |   |  |
|   |                  | Secondary Phone                   |                         | (830) 606-4710        | )                   |                         |   |  |
| Mailing: 8206 N IH 35 From  | ,                | raunfels                          |                         | 1                     |                     |                         | - |  |
| System Permit #   | Brand of Sys     | tem                               |                         |                       |                     |                         |   |  |
| 108730  |                  |                                   |                         |                       |                     |                         |   |  |
| Work Order Type   | Assigned Tech    | nician                            | HEALTH DEPT             |                       |                     | ]                       |   |  |
|   | Chris Baus       | ch                                |                         |                       |                     |                         |   |  |
| DESCRIPTION OF THE WO   | ORK ORDER (REAS  | SON OF C                          | CALL)                   |                       |                     |                         |   |  |
| RESULTS OF THE WORK   | ORDER            |                                   |                         |                       |                     | ]                       |   |  |
| Replaced 1x sprinkler h   | ead, adjusted ot | her one.                          | Standing water 50 yards | s left of             | office isn't from s | septic.                 |   |  |
| DIRECTIONS OR INSTRUC   | TIONS TO THE TE  | CHNICIA                           | N                       |                       |                     | ]                       |   |  |
|   |                  |                                   |                         |                       |                     | -                       |   |  |
|   |                  |                                   |                         |                       |                     |                         |   |  |
|   |                  |                                   |                         | Cť                    | 3                   |                         |   |  |

Customer's Signature

Date: 2023-02-20

Employee's Signature