



# COMAL COUNTY

ENGINEER'S OFFICE

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

Issued This Date: **09/20/2019** Permit Number: **108772**

Location Description: **174 DEEPWELL  
CANYON LAKE, TX 78133**

Subdivision: Deepwell  
Unit:  
Lot: 15  
Block:  
Acreage:

Type of System: **Aerobic  
Surface Irrigation**

Issued to: **Catherine M. & Richard L. Batson**

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

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

Alterations to this permit including, but not limited to:

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

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

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

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

Licensing Authority

**Comal County Environmental Health**

**OS0034792**

ENVIRONMENTAL HEALTH INSPECTOR

**OS0007722**

ENVIRONMENTAL HEALTH COORDINATOR

2

Final

### Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Countdown OSSF Installer #: 050002929  
 1st Inspection Date: 16-21-19 2nd Inspection Date: 08-07-19 3rd Inspection Date: 09-20-19  
 Inspector Name: Connor Inspector Name: Connor Inspector Name: B. Oller  
 Permit #: 108772 Address: Deepwell 174 Deepwell

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	/	285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)		/		4-20-19
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	/	285.91(10) 285.30(b)(4) 285.31(d)		/		
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	/	285.32(a)(1)		/		
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	/	285.32(a)(3)		/		
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	/	285.32(a)(5)		/		
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(ii) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(i)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

*tank set level no leaks operational cover all  
no house need revision for tank type.*

08-07-19 JC Fail  
*covered*

09-20-19 BLO  
*hooked up to*

*house on sight not hooked up*

*Structure*

**Comal County Environmental Health  
OSSF Inspection Sheet**

*Final*

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?	/	285.33(d)(2)(G)(iii)(ii)285.33(d)(2)(G)(iii)(iii)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(i)		/		9-20-19
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed	/	285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)		/		
42	APPLICATION AREA Area Installed	/			/		
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						

## Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Countertide OSSF Installer #: 050002929  
 1st Inspection Date: 16-21-19 2nd Inspection Date: 08-07-19 3rd Inspection Date: \_\_\_\_\_  
 Inspector Name: Connor Inspector Name: Connor Inspector Name: \_\_\_\_\_  
 Permit#: 108772 Address: Deepwell 174 Deepwell

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

*tank set level no leaks operational cover all  
no house need revision for tank type.*

08-07-19 JC Fail  
*covered*

*house on right not hooked up*

## Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Countrywide OSSF Installer #: 050002929

1st Inspection Date: 16-21-19 2nd Inspection Date: \_\_\_\_\_ 3rd Inspection Date: \_\_\_\_\_

Inspector Name: Connor Inspector Name: \_\_\_\_\_ Inspector Name: \_\_\_\_\_

Permit#: 108772 Address: Deepwell 174 Deepwell

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

*tank set level no leaks operational cover all  
no house need revision for tank type.*

**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(I) 285.32(b)(1)(E)(i) 285.32(b)(1)(D) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(i) 285.32(b)(1)(B) 285.32(b)(1)(A) 285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used	/	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)		/		
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed	/			/		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	/		<i>Howeco 600</i>	/		
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

**Comal County Environmental Health  
OSSF Inspection Sheet**

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

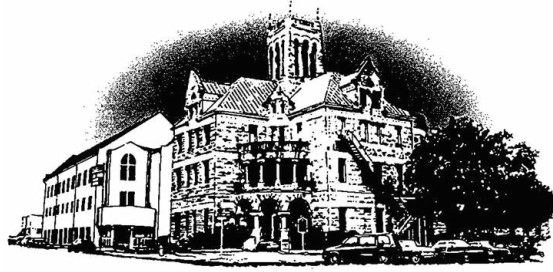
**Comal County Environmental Health  
OSSF Inspection Sheet**

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



**Comal County Environmental Health  
OSSF Inspection Sheet**

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



# Comal County

OFFICE OF COMAL COUNTY ENGINEER

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

Permit Number: 108772  
Issued This Date: 02/22/2019  
This permit is hereby given to: Catherine M. & Richard L. Batson

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

174 DEEPWELL  
CANYON LAKE, TX 78133

Subdivision: Deepwell

Unit:

Lot: 15

Block:

Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic  
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

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

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

Date February 1, 2019

Permit # 108772

Owner Name CATHERINE M & RICHARD L BATSON
Mailing Address PO BOX 1222
City, State, Zip POTH TEXAS 78147
Phone# 210-587-9256
Email crblackbatson@yahoo.com

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

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

Method: [ ] Mail [X] Email

Subdivision Name DEEPWELL Unit/Phase/Section TRACT 1 Lot 15 Block

Acreage/Legal

Street Name/Address 174 DEEPWELL City CANYON LAKE Zip 78133

Type of Development:

[X] Single Family Residential

RECEIVED

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

FEB 15 2019

Number of Bedrooms 2

Indicate Sq Ft of Living Area 1000

COUNTY ENGINEER

[ ] Commercial or Institutional Facility

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

Type of Facility

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

Restaurants, Lounges, Theaters - Indicate Number of Seats

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

Travel Trailer/RV Parks - Indicate Number of Spaces

Miscellaneous

Estimated Cost of Construction: \$ 100,000 (Structure Only)

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

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

Source of Water [X] Public [ ] Private Well

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

By signing this application, I certify that:

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

Catherine M Batson Richard L Batson
Signature of Owner

2.9.19
Date

# 108772

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

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

REVISED 8:38 am, Jun 24, 2019

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) Norwaco 9600 600 Absorption/Application Area (Sq Ft) 2827

Gallons Per Day (As Per TCEQ Table III) 180

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

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

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

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

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

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

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

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

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

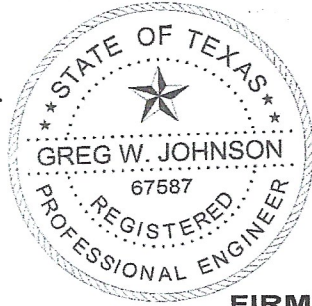
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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

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

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

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



FIRM #2585

By signing this application, I certify that:

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

Signature of Designer (Handwritten Signature)

Date February 6, 2019

AFFIDAVIT



201906005438 02/15/2019 01:48:49 PM 1/1

THE COUNTY OF COMAL  
STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

I

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

II

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

UNIT/PHASE/SECTION \_\_\_\_\_ BLOCK 15 LOT \_\_\_\_\_ DEEPWELL, TRACT 1 SUBDIVISION

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

The property is owned by (insert owner's full name): CATHERINE M. BATSON & RICHARD L. BATSON

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 8<sup>th</sup> DAY OF February, 20 19

Catherine M Batson

Owner(s) signature(s)

Catherine M Batson

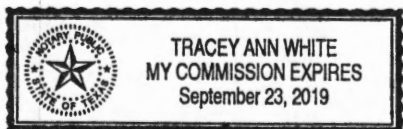
Owner(s) Printed name (s)

CATHERINE M. BATSON

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 8<sup>th</sup> DAY OF

February, 20 19

Tracey White  
Notary Public Signature



(Notary Seal Here)

THIS FILED AND RECORDED FOR PUBLIC RECORDS PURPOSES ONLY

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
02/15/2019 01:48:49 PM  
TERRI 1 Page(s)  
201906005438



Bobbie Koepf

WASTEWATER TREATMENT FACILITY MONITORING AGREEMENT

Regulatory Authority COMAL  
Block Creek Aerobic Services, LLC  
444 A Old Hwy #9  
Comfort, TX 78013  
Off. (830) 995-3189  
Fax. (830) 995-4051

Permit/License Number \_\_\_\_\_  
Customer CATHERINE M. & RICHARD L. BATSON  
Site Address 174 DEEPWELL  
City CANYON LAKE Zip 78133  
Mailing Address \_\_\_\_\_  
County COMAL Map # 356 B7  
Phone 210-587-9256  
Email \_\_\_\_\_

2 YEAR CONTRACT  
2 YEAR WARRANTY ON PARTS AND LABOR

Subd/Legal: DEEPWELL, TRACT 1, LOT 15

**I. General:** This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between CATHERINE M. & RICHARD L. BATSON (hereinafter referred to as "Customer") and Block Creek Aerobic Services, LLC. By this agreement, Block Creek Aerobic Services, LLC and its employees (hereinafter inclusively referred to as "Contractor") agree to render services at the site address stated above, as described herein, and the Customer agrees to fulfill his/her/their responsibilities, as described herein.

**II. Effective Date:**

This Agreement commences on LTO and ends on \_\_\_\_\_ for a total of two (2) years (initial agreement) or one (1) year (thereafter). If this is an initial agreement (new installation), the Customer shall notify the Contractor within two (2) business days of the system's first use to establish the date of commencement. If no notification is received by Contractor within ninety (90) days after completion of installation or where county authority mandates, the date of commencement will be the date the "License to operate" (Notice of Approval) was issued by the permitting authority. This agreement may or may not commence at the same time as any warranty period of installed equipment, but in no case shall it extend the specified warranty.

**III. Termination of Agreement:**

This Agreement may be terminated by either party for any reason, including for example, substantial failure of either party to perform in accordance with the terms of this Agreement, without fault or liability of the terminating party. The terminating party must provide written notice to the non-terminating party thirty (30) days prior to the termination of this Agreement. If this Agreement is terminated, Contractor will be paid at the rate of \$75.00 per hour for any work performed and for which compensation has not been received. After the deduction of all outstanding charges, any remaining monies from prepayment for services will be refunded to customer within thirty (30) days of termination of this Agreement. Either party terminating this Agreement for any reason, including non-renewal, shall notify in writing the equipment manufacturer and the appropriate regulatory agency a minimum of thirty (30) days prior to the date of such termination. Nonpayment of any kind shall be considered breach of contract and a termination of contract.

**IV. Services:**

Contractor will:

- a. Inspect and perform routine upkeep on the On-Site Sewage Facility (hereinafter referred to as OSSF) as recommended by the treatment system manufacturer, and required by state and/or local regulation, for a total of three visits to site per year. The list of items checked at each visit shall be the: control panel, Electrical circuits, timer, Aeration including compressor and diffusers, CFM/PSI measured, lids: safety pans, pump, compressor, sludge levels, and anything else required as per the manufacturer.
- b. Provide a written record of visits to the site by means of an inspection tag attached to or contained in the control panel.
- c. Repair or replace, if Contractor has the necessary materials at site, any component of the OSSF found to be failing or inoperative during the course of a routine monitoring visit. If such services are not covered by warranty, and the service(s) cost less than \$100.00, Customer hereby authorizes Contractor to perform the service(s) and bill Customer for said service(s). When service costs are greater than \$100.00, or if contractor does not have the necessary supplies at the site, Contractor will notify Customer of the required service(s) and the associated cost(s). Customer must notify Contractor of arrangements to affect repair of system within two (2) business days after said notification.
- d. Provide sample collection and laboratory testing of TSS and BOD on a yearly basis (commercial systems only).
- e. Forward copies of this Agreement and all reports to the regulatory agency and the Customer.
- f. Visit site in response to Customer's request for unscheduled services within forty-eight (48) hours of the date of notification (weekends and holidays excluded) of said request. Unless otherwise covered by warranty, costs for such unscheduled responses will be billed to Customer.

CB RB  
Customer's Initials

BS  
Contractor's Initials



**V. Disinfection:**

Not required;  required. The responsibility to maintain the disinfection device(s) and provide any necessary chemicals is that of the Customer.

**VI. Electronic Monitoring:**

Electronic Monitoring is not included in this Agreement.

**VII. Performance of Agreement:**

Commencement of performance by Contractor under this Agreement is contingent on the following conditions:

a. If this is an initial Agreement (new installation):

I. Contractor's receipt of a fully executed original copy or facsimile of this agreement and all documentation requested by Contractor.

If the above conditions are not met, Contractor is not obligated to perform any portion of this Agreement.

**VIII. Customer's Responsibilities:**

The customer is responsible for each and all of the following:

a. Provide all necessary yard or lawn maintenance and removal of all obstacles, including but not limited to dogs and other animals, vehicles, trees, brush, trash, or debris, as needed to allow the OSSF to function properly, and to allow Contractor safe and easy access to all parts of the OSSF.

b. Protect equipment from physical damage including but not limited to that damage caused by insects.

c. Maintain a current license to operate, and abide by the conditions and limitations of that license, and all requirements for and OSSF from the State and/or local regulatory agency, whichever requirements are more stringent, as well as the proprietary system's manufacturer recommendations.

d. Notify Contactor immediately of any and all alarms, and/or any and all problems with, including failure of, the OSSF.

e. Provide, upon request by Contractor, water usage records for the OSSF so that the Contractor can perform a proper evaluation of the performance of the OSSF.

f. Allow for samples at both the inlet and outlet of the OSSF to be obtained by Contractor for the purpose of evaluating the OSSF's performance. If these samples are taken to a laboratory for testing, with the exception of the service provided under Section IV (d) above, Customer agrees to pay Contractor for the sample collection and transportation, portal to portal, at a rate of \$35.00 per hour, plus the associated fees for laboratory testing.

g. Prevent the backwash or flushing of water treatment or conditioning equipment from entering the OSSF.

h. Prevent the condensation from air conditioning or refrigeration units, or the drains of icemakers, from hydraulically overloading the aerobic treatment units. Drain lines may discharge into the surface application pump tank if approved by system designer.

i. Provide for pumping and cleaning of tanks and treatment units, when and as recommended by Contactor, at Customer's expense.

j. Maintain site drainage to prevent adverse effects on the OSSF.

k. Pay promptly and fully, all Contractor's fees, bills, or invoices as described herein.

**IX. Access by Contractor:**

Contractor is hereby granted an easement to the OSSF for the purpose of performing services described herein. Contractor may enter the property during Contractor's normal business hours and/or other reasonable hours without prior notice to Customer to perform the Services and/or repairs described herein. Contractor shall have access to the OSSF electrical and physical components. Tanks and treatment units shall be accessible by means of man ways, or risers and removable covers, for the purpose of evaluation as required by State and/or local rules and the proprietary system manufacturer. It is Customers responsibility to keep lids exposed and accessible at all times.

**X. Limit of Liability:**

Contractor shall not be held liable for any incidental, consequential, or special damages, or for economic loss due to expense, or for loss of profits or income, or loss of use to Customer, whether in contract tort or any other theory. In no event shall Contractor be liable in an amount exceeding the total Fee for Services amount paid by Customer under this Agreement.

**XI. Indemnification:**

Customer (whether one or more) shall and does hereby agree to indemnify, hold harmless and defend Contractor and each of its successors, assigns, heirs, legal representatives, devisees, employees, agents and/or counsel (collectively "Indemnitees") from and against any and all liabilities, claims, damages, losses, liens, causes of action, suits, fines, judgments and other expenses (including, but not limited to, attorneys' fees and expenses and costs of investigation), of any kind, nature or description, (hereinafter collectively referred to as "Liabilities") arising out of, caused by, or resulting, in whole or in part, from this Agreement.

CBRB

Customer's Initials



BS

Contractor's Initials

**THIS INDEMNIFICATION APPLIES EVEN IF SUCH LIABILITIES ARE CAUSED BY THE CONCURRENT OR CONTRIBUTORY NEGLIGENCE OR BY THE STRICT LIABILITY OF ANY INDEMNITEE.**

Customer hereby waives its right of recourse as to any Indemnitee when Indemnification applies, and Customer shall require its insurer(s) to waive its/their right of subrogation to the extent such action is required to render such waiver of subrogation effective. Customer shall be subrogated to Indemnitees with respect to all rights Indemnitees may have against third parties with respect to matters as to which Customer provides indemnity and/or defense to Indemnitees. No Indemnification is provided to Indemnitees when the liability or loss results from (1) the sole responsibility of such Indemnitee; or, (2) the willful misconduct of such Indemnitee. Upon irrevocable acceptance of this Indemnification obligation, Customer, in its sole discretion, shall select and pay counsel to defend Indemnitees of and from any action that is subject to this Indemnification provision. Indemnitees hereby covenant not to compromise or settle any claim or cause of action for which Customer has provided Indemnification without the consent of Customer.

**XII. Severability:**

If any provision of the "Proposal and Contract" 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 the "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.

**XIII. Fee for Services:**

The Fee for Services does not include any fees for equipment, material, labor necessary for non-warranty repairs, unscheduled inspections, or Customer requested visits to the site.

**XIV. Payment:**

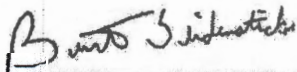
Full payment is due upon execution of this Agreement (Required of new Customer). For any other service(s) or repair(s) provided by Contractor the Customer shall pay the invoice(s) for said service(s) or repair(s) within thirty (30) days of the invoice date. The Contractor shall mail all invoices on the date of invoice. All payments not received within thirty (30) days from the invoice date will be subject to a \$29.00 late penalty and a 1.5% per month carrying charge, as well as any reasonable attorney's fees, and all collection and court costs incurred by Contractor in collection of unpaid debt(s). Contractor may terminate contract at any time for nonpayment for services. Any check returned to Contractor for any reason will be assessed a \$30.00 return check fee.

**XV. Application or Transfer of payment:**

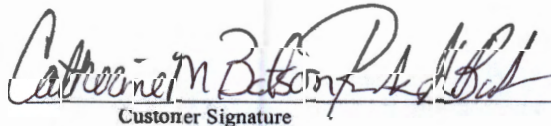
The fees paid for this agreement may be transferred to subsequent property owner(s); however, this Agreement is not transferable. Customer shall advise the subsequent property owner(s) of the State requirement that they sign a replacement agreement authorizing Contractor to perform the herein described Services, and accepting Customer's Responsibilities. This replacement Agreement must be signed and received in Contractor's offices within ten (10) business days of date of transfer of property ownership. Contractor will apply all funds received from Customer first to any past due obligation arising from this Agreement including late fees or penalties, return check fees, and/or charges for services or repairs not paid within thirty (30) days of invoice date. Any remaining monies shall be applied to the funding of the replacement Agreement. The consumption of funds in this manner may cause a reduction in the termination date of effective coverage per this Agreement. See Section IV.

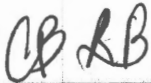
**XVI. Entire Agreement:**

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



Block Creek Aerobic Services, LLC,  
Contractor  
MC# 0000042 and MC#0000002

 2-9-19  
Customer Signature Date



Customer's Initials



BS

Contractor's Initials



## ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: February 05, 2019

Site Location: DEEPWELL - TRACT 1, LOT 15

Proposed Excavation Depth: N/A

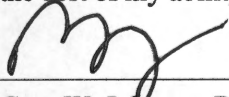
**Requirements:**

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

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

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

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

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

02/05/19  
 \_\_\_\_\_  
 Date

OSSF SOIL EVALUATION REPORT INFORMATION

**REVISED**

8:38 am, Jun 24, 2019

Date: February 06, 2019

**Applicant Information:**

Name: CATHERINE M. & RICHARD L. BATSON  
Address: P.O. BOX 1222  
City: POTH State: TEXAS  
Zip Code: 78147 Phone: (210) 587-9256

**Site Evaluator Information:**

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

**Property Location:**

Lot 15 Unit      Blk      Subd. DEEPWELL - TRACT 1  
Street Address: 174 DEEPWELL  
City: CANYON LAKE Zip Code: 78133  
Additional Info.:     

**Installer Information:**

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

**Topography:** Slope within proposed disposal area: 8 to 10 %

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

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

Commercial

Q =      GPD     

Residential Water conserving fixtures to be utilized? Yes X No     

Number of Bedrooms the septic system is sized for: 2 Total sq. ft. living area 1000

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

Q = (2 +1)\*75-(20%)= 180

Trash Tank Size 400 Gal.

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

Req'd Application Area = Q/Ri = 180 / 0.064 = 2813 sq. ft.

Application Area Utilized = 2827 sq. ft.

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

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

Pump Tank Size = 625 Gal. 1/4 Gal/inch.

Reserve Requirement = 60 Gal. 1/3 day flow.

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

With Chlorinator NSF/TCEQ APPROVED

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

Two way cleanout

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

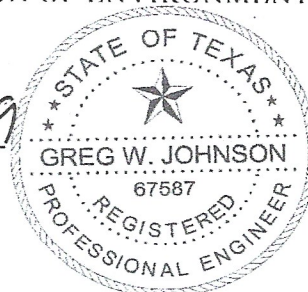
1" Sch-40 PVC discharge manifold

APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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

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

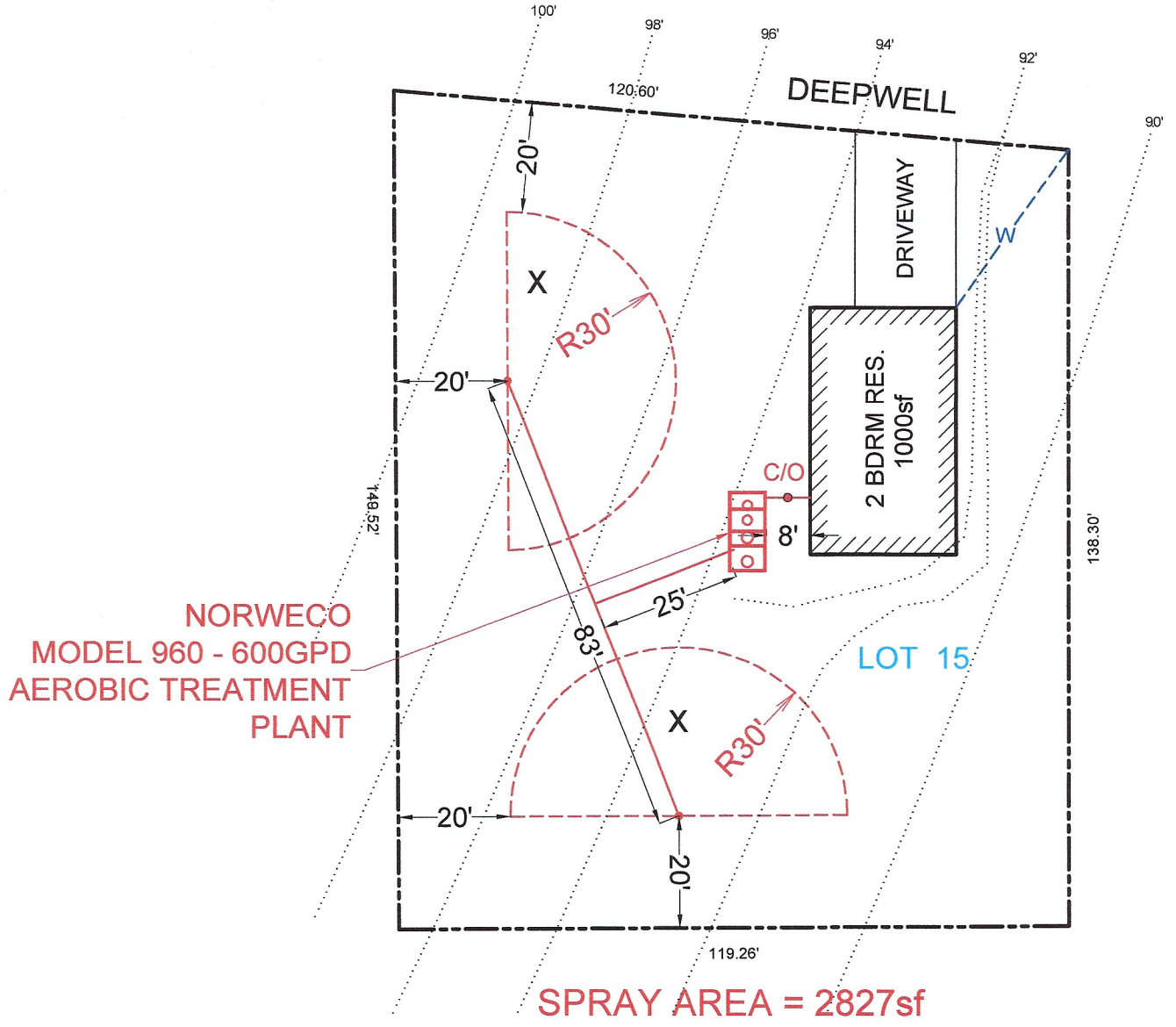
02/06/19  
DATE



FIRM #2585

**REVISED**

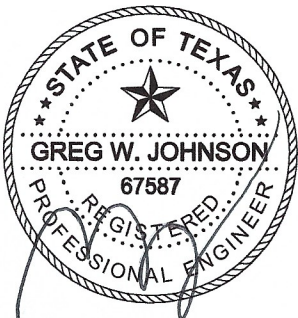
8:38 am, Jun 24, 2019



**NORWECO  
MODEL 960 - 600GPD  
AEROBIC TREATMENT  
PLANT**

**SPRAY AREA = 2827sf**

**X = TEST HOLES**



OWNER: CATHERINE M. & RICHARD L. BATSON		DRAWN BY: EJS III	
STREET ADDRESS: 174 DEEPWELL			
LEGAL DESC: DEEPWELL - TRACT 1	UNIT/SECTION/PHASE:	BLOCK:	LOT: 15
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=30'	DATE: 2/6/2019	REVISED: 6/23/2019

**REVISED**

8:38 am, Jun 24, 2019

**TANK NOTES:**

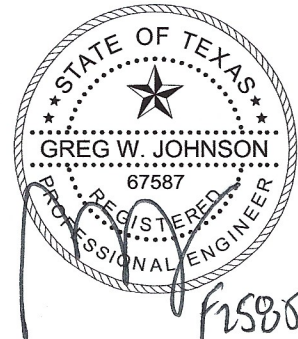
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

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

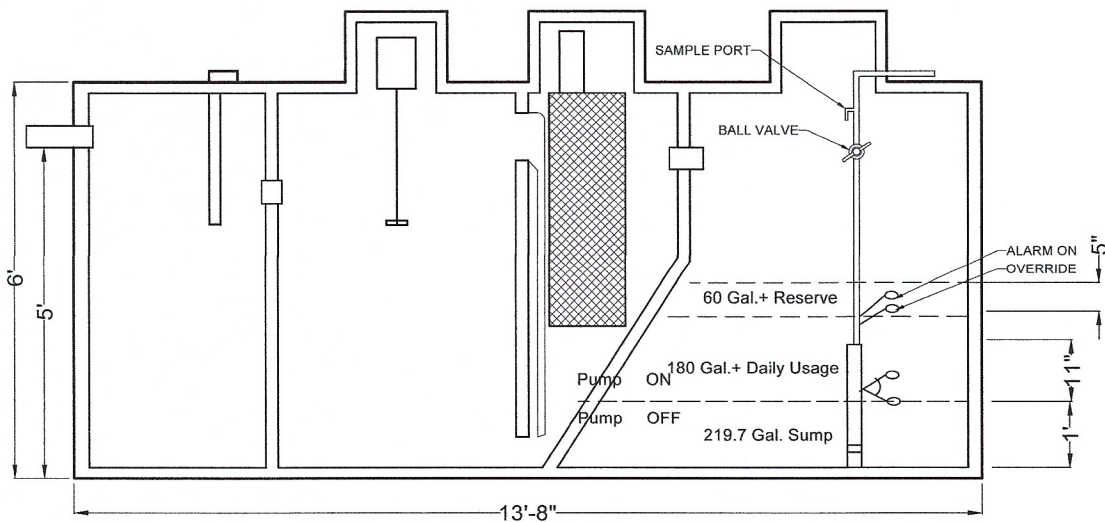
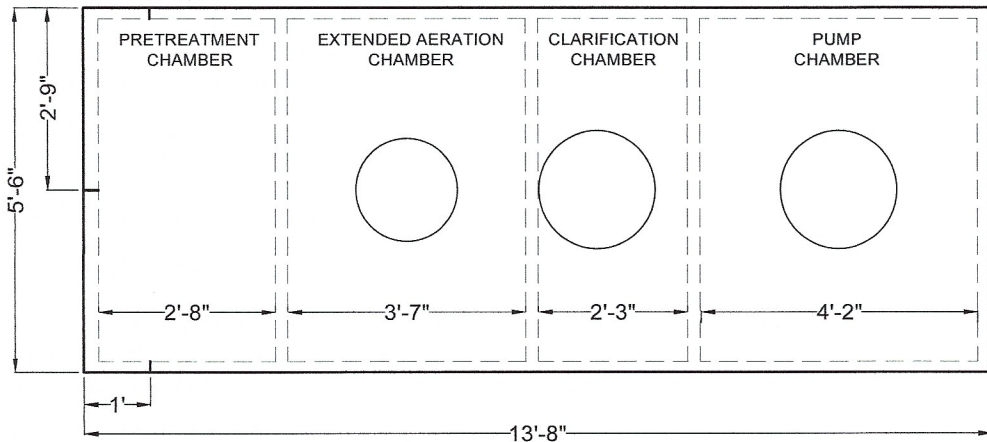
A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

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



F1508  
06/23/19

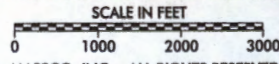
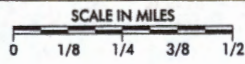
**ALL WIRING MUST BE IN COMPLIANCE WITH THE MOST RECENT NATIONAL ELECTRIC CODE**



**TYPICAL PUMP TANK CONFIGURATION  
NORWECO SINGULAR BIO-KINETIC  
MODEL 960-600 GPD**



CONTINUED ON MAP 355



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

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

VOID

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) NUWATER B-550-PC Absorption/Application Area (Sq Ft) 2827

Gallons Per Day (As Per TCEQ Table III) 180

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

Is the property located over the Edwards Recharge Zone? Yes No

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

VOID

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

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

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

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

Is the property located over the Edwards Contributing Zone? Yes No

Is there an existing TCEQ approval CZP for the property? Yes No

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

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

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

Is this property within an incorporated city? Yes No

If yes, indicate the city:

VOID



FIRM #2585

By signing this application, I certify that:

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

Signature of Designer

Date February 6, 2019

**OSSF SOIL EVALUATION REPORT INFORMATION**

Date: February 06, 2019

**VOID**

**Applicant Information:**

Name: CATHERINE M. & RICHARD L. BATSON  
Address: P.O. BOX 1222  
City: POTH State: TEXAS  
Zip Code: 78147 Phone: (210) 587-9256

**Site Evaluator Information:**

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

**Property Location:**

Lot 15 Unit      Blk      Subd. DEEPWELL - TRACT 1  
Street Address: 174 DEEPWELL  
City: CANYON LAKE Zip Code: 78133  
Additional Info.:     

**Installer Information:**

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

**Topography:** Slope within proposed disposal area: 8 to 10 %

- Presence of 100 yr. Flood Zone: YES      NO X
- Existing or proposed water well in nearby area. YES      NO X
- Presence of adjacent ponds, streams, water impoundments YES      NO X
- Presence of upper water shed YES      NO X
- Organized sewage service available to lot YES      NO X

**VOID**

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

Commercial

Q =      GPD     

Residential Water conserving fixtures to be utilized? Yes X No     

Number of Bedrooms the septic system is sized for: 2 Total sq. ft. living area 1000

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

Q = (2 +1)\*75-(20%)= 180

Trash Tank Size 353 Gal.

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

Req'd Application Area = Q/Ri = 180 / 0.064 = 2813 sq. ft.

Application Area Utilized = 2827 sq. ft.

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

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

Pump Tank Size = 768 Gal. 14.5 Gal/inch.

Reserve Requirement = 60 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.

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**VOID**

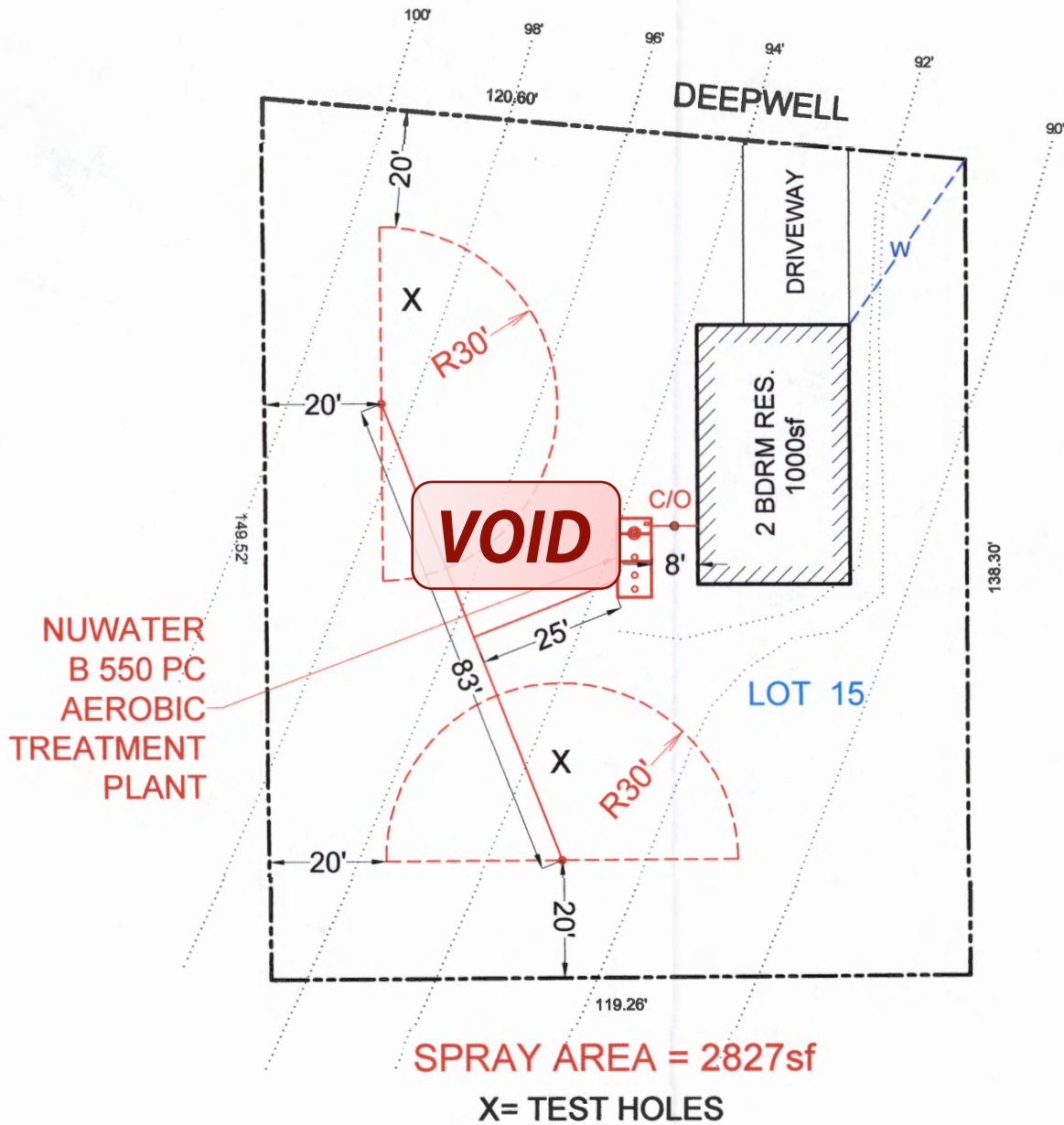
      
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

02/06/19  
DATE



FIRM #2585

**VOID**



**VOID**



OWNER: CATHERINE M. & RICHARD L. BATSON		DRAWN BY: EJS III	
STREET ADDRESS: 174 DEEPWELL			
LEGAL DESC: DEEPWELL - TRACT 1	UNIT/SECTION/PHASE:	BLOCK:	LOT: 15
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=30'	DATE: 2/6/2019	REVISION:



**VOID**

**TANK NOTES:**

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

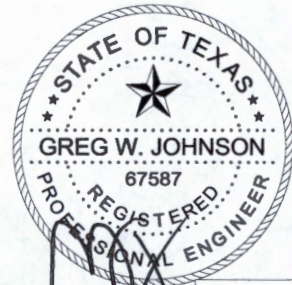
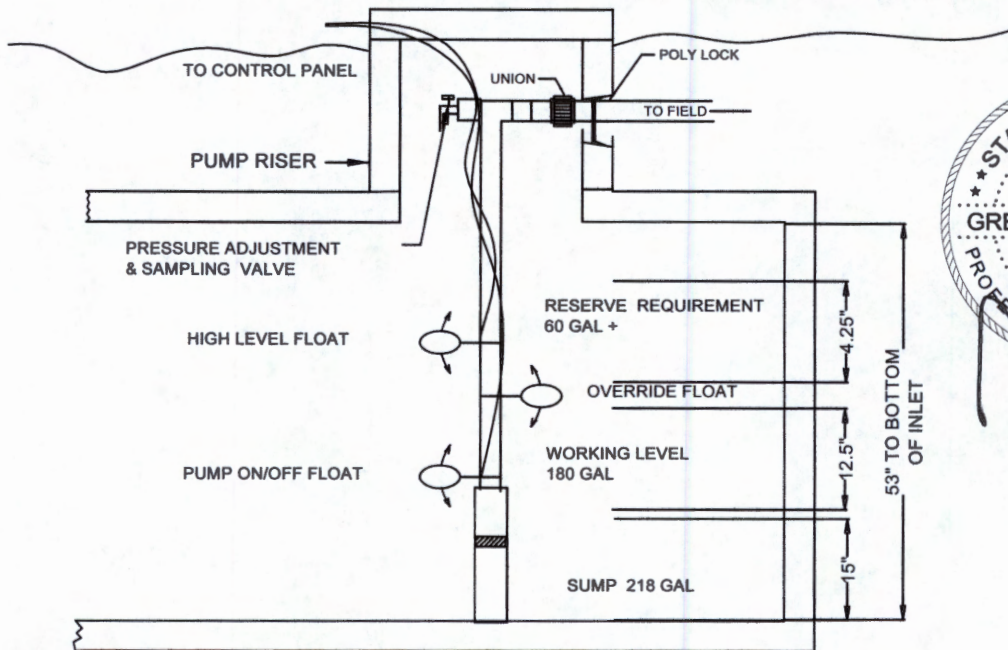
Tightlines to the tank shall be SCH-40 PVC.

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

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

**VOID**

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



F-2585

02/6/19

**TYPICAL PUMP TANK CONFIGURATION  
NU-WATER 550PC -400PT 768 GAL PUMP TANK**

**VOID**

Capital Title  
GF# 18-322-767CN

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

**WARRANTY DEED WITH VENDOR'S LIEN**

Date: January 11, 2019

Grantor: THOMAS SIRY and CARLEEN SIRY a/k/a CARLEEN SIRY THOMAS

Grantor's Mailing Address:  
(including county)

Grantee: CATHERINE M. BATSON and spouse, RICHARD L. BATSON

Grantee's Mailing Address: P. O. Box 1222  
(including county) Poth, 2013 County, TX 78147

Consideration: TEN AND NO/100 DOLLARS (\$10.00) and other valuable consideration and a note of even date in the principal amount of Thirty Six Thousand and no/100 DOLLARS (~~\$36,000.00~~) executed by Grantee, payable to the order of RANDOLPH-BROOKS FEDERAL CREDIT UNION. The note is secured by a vendor's lien retained in favor of RANDOLPH-BROOKS FEDERAL CREDIT UNION in this deed and by a deed of trust of even date from Grantee to MORTON W. BAIRD, II, Trustee.

Property (including any improvements):

Tract 1: Lot 15, Deepwell Subdivision, an Addition in Comal County, Texas, according to the map or plat recorded in Volume 7, Page 29, Map and Plat Records of Comal County, Texas.

Tract 2: Easement Estate and the right to use the Deepwell Private Road, Deepwell Subdivision, an Addition in Comal County, Texas, according to the maps or plats recorded in Volume 5, Page 308 and Volume 7, Page 29, Map and Plat Records of Comal County, Texas.

Reservations from and Exceptions to Conveyance and Warranty:

This conveyance is made subject to any easements, conditions, mandatory homeowners assessment, and/or restrictions of record affecting the title to the hereinbefore described property



CB RB

POOR QUALITY

Grantor, for the consideration and subject to the reservations from and 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 wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor hereby binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to conveyance and warranty.

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

RANDOLPH-BROOKS FEDERAL CREDIT UNION, at Grantee's request, has paid in cash to Grantor that portion of the purchase price of the property that is evidenced by the note described above. The vendor's lien and superior title to the property are retained for the benefit of RANDOLPH-BROOKS FEDERAL CREDIT UNION and are transferred to that party.

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

Thomas Siry  
THOMAS SIRY

Carleen Siry  
CARLEEN SIRY a/k/a CARLEEN SIRY THOMAS

THE STATE OF TEXAS  
COUNTY OF Bexar

(Acknowledgment)

This instrument was acknowledged before me on the 11 day of Jan, 2019,

by THOMAS SIRY

Notary Public, State of Texas

Notary's Name (printed)



THE STATE OF TEXAS  
COUNTY OF Bexar

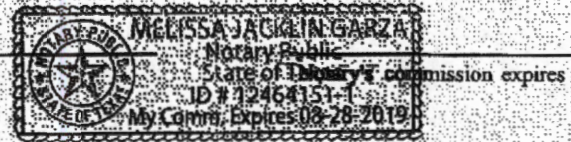
(Acknowledgment)

This instrument was acknowledged before me on the 11 day of Jan, 2019,

by CARLEEN SIRY a/k/a CARLEEN SIRY THOMAS.

Notary Public, State of Texas

Notary's Name (printed)



THE STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

(Acknowledgment)

This instrument was acknowledged before me on the day of \_\_\_\_\_, 2019,

by \_\_\_\_\_

Notary Public, State of Texas

Notary's Name (printed)

Notary's commission expires



POOR QUALITY

THE STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

}

(Acknowledgment)

This instrument was acknowledged before me on the day of \_\_\_\_\_, 2019,

by \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Notary's Name (printed)

\_\_\_\_\_  
Notary's commission expires

THE STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

}

(Corporate Acknowledgment)

This instrument was acknowledged before me on the day of \_\_\_\_\_, 2019,

by \_\_\_\_\_

of \_\_\_\_\_

a , on behalf of said \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Notary's Name (printed)

\_\_\_\_\_  
Notary's commission expires

AFTER RECORDING RETURN TO:

CATHERINE M. BATSON  
P. O. Box 1222  
Poth, TX 78147

PREPARED IN THE LAW OFFICE OF:

MORTON W. BAIRD II  
242 W. Sunset Suite 201  
San Antonio, Texas 78209



UNOFFICIAL

**Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
01/14/2019 11:05:18 AM  
LAURA 4 Pages(s)  
201906001392**



*Bobbie Koepf*

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

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

**TESTING AND REPORTING RECORD**

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

1. Inspection Date: MARCH ,2020 Installed: 9/20/2019 Service Expires:9/20/2021

BILLING ADDRESS:  
 RICHARD & CATHARINE BATSON  
 174 DEEPWELL  
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:  
 174 DEEPWELL  
 CANYON LAKE, TX 78133

TELEPHONE: 210-587-9256 (CATHY)  
 ALT. PHONE:

LOT: LT 15,

PERMIT#: 108772  
 COUNTY: COMAL  
 SN: 900419YZ  
 MAPSCO: NOT AVAILABLE

SUBDIVISION: DEEPWELL Manufacturer: N960SS-600

NOTES: CLEAN EFFLUENT FILTER DURING SEPT INSPECTION

TYPE OF SYSTEM: SPRAY

Inspected Item: Operational Inoperative

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

Aerators		
SCFM/Compressors PSI (Record Pressure Reading)	3.5	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted	/	

CHECKED PUMP,  
 Alarm FLOATS,  
 Chlorine, SPRINKLERS,  
 RODED AERATOR

Access Posts are Secured  Yes  No

3. Tests required and results:

ADJUSTED  
 TIMER

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

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

Maintenance Technician: THOMAS

11

Date of completion: 3/12/20 Start Job Time:

Stop Job Time:

Maintenance Provider: WELLEN CHAPMAN

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

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

**TESTING AND REPORTING RECORD**

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

1. Inspection Date: **SEPTEMBER 20, 2020** Installed: 9/20/2019 Service Expires: 9/20/2021

BILLING ADDRESS:  
 RICHARD & CATHARINE RATSON  
 174 DEEPWELL  
 CANYON LAKE, TX 78135

PHYSICAL ADDRESS:  
 174 DEEPWELL  
 CANYON LAKE, TX 78135

TELEPHONE 210-587-9256 (CATHY)  
 ALT. PHONE

LOT: LT 15,

PERMIT#: 108772  
 COUNTY: COMAL  
 SN: 900419YZ  
 MAPSHEET: N/A

SUBDIVISION: DEEPWELL REF: N96088-600

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

Inspected Item:	Operational	Inoperative
Aerators		
RTFM/Compressor PPT		
Record Pressure Reading	/	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Controls	/	
Distribution System	/	
Sprayfield Vegetation	N/A	
Back Flush Drip Field, if applicable	/	
Other as Noted	/	
Access Points are Secured		

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

checked pump, Alarm, Floats, cleaned micron FILTER, Flushed lines verified in trash tank  
 Compressor

SYSTEM OPERATING AS DESIGNED?  N

Yes

No

3. Tests required and results:

	Required		Results	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/	CLEAR	
Cl (Grab)	/			
Fecal Coliforms				

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

Maintenance Technician: Thomas

11

Date of completion: 9/2/20 Start Job Time: 3:45 Stop Job Time: 4:05

Maintenance Provider: Walter Lipman

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

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

**TESTING AND REPORTING RECORD**

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

1. Inspection Date: MAY 20, 2020 Installed: 9/20/2019 Service Expires: 9/20/2021

BILLING ADDRESS:  
 RICHARD & CATHARINE BATSON  
 174 DEEPWELL  
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:  
 174 DEEPWELL  
 CANYON LAKE, TX 78133

TELEPHONE: 210-587-9256 (CATHY)  
 ALT. PHONE:

LOT: LT 15,

PERMIT#: 108772  
 COUNTY: COMAL  
 SN: 900419YZ  
 MAPSCO: N/A

SUBDIVISION: DEEPWELL MFG: N960SS-600

NOTES: CLEAN EFFLUENT FILTER DURING SEPT INSPECTION

TYPE OF SYSTEM: SPRAY

Inspected Item: Operational Inoperative

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

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

CHECKED SPRINKLERS,  
 pump, Alarm, FLOATS,  
 Chlorine, Adjusted Time,  
 Roped Aerators

SYSTEM OPERATING AS DESIGNED?  Y  N

Access Posts are Secured  Yes  No

3. Tests required and results:

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

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

Maintenance Technician: Thomas 11

Date of completion: 6/6/20 start Job Time: 10:00 stop Job Time: 11:25

Maintenance Provider: Walker Chapman



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

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

**TESTING AND REPORTING RECORD**

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

1. Inspection Date: JANUARY 20, 2021 Installed: 9/20/2019 Service Expires: 9/20/2021

BILLING ADDRESS:  
 RICHARD & CATHARINE BATSON  
 174 DEEPWELL  
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:  
 174 DEEPWELL  
 CANYON LAKE, TX 78133

TELEPHONE: 210-587-9256 (CATHY)  
 ALT. PHONE:

LOT: LT 15,

PERMIT#: 108772

COUNTY: COMAL

SN: 900419YZ

SUBDIVISION: DEEPWELL MFG: N96055-600

MAFSCO: N/A

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

Inspected Item:	Operational	Inoperative
Aerators 3CFM/Compressors PSI (Record Pressure Reading)	3.5	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
3sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		
Access Posts are Secured		

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

CHECKED sprinklers,  
 Alarms, chlorine,  
 pump(replaced) FLOATS,  
 RODED AERATOR

SYSTEM OPERATING AS DESIGNED?  Y/N

Yes

No

3. Tests required and results:

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

Replaced  
 pump  
 under  
 WARRANTY

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

Maintenance Technician: THOMAS

11

Date of completion: 1/25/20 Start Job Time: Stop Job Time:

Maintenance Provider: WALKER

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

Phone: 830-899-2515  
 Fax: 830-899-6662

**TESTING AND REPORTING RECORD**

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

1. Inspection Date: MAY 20, 2021 Installed: 9/20/2019 Service Expires: 9/20/2021

BILLING ADDRESS:  
 RICHARD & CATHARINE BATSON  
 P.O. BOX 2424  
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:  
 174 DEEPWELL  
 CANYON LAKE, TX 78133

TELEPHONE: 210-587-9256 (CATHY)  
 ALT. PHONE:

LOT: LT 15,

PERMIT#: 108772  
 COUNTY: COMAL  
 SN: 900419YZ  
 MAPSCO: N/A

SUBDIVISION: DEEPWELL MFG: H960SS-600

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

Inspected Item: Operational Inoperative

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI (Record Pressure Reading)	3.5	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted	/	

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

CHECKED pump.  
 Alarms, FLOATS,  
 chlorine sprinklers,  
 RODED Aerator

SYSTEM OPERATING AS DESIGNED?  YES  NO

Access Posts are Secured

Yes

No

3. Tests required and results:

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

PLEASE ADD  
 CHLORINE +  
 TREAT FOR  
 ANTS

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

Maintenance Technician: Thomas

11

Date of completion: 7/8/21 Start Job Time: \_\_\_\_\_

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

Maintenance Provider: walchman

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

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

TESTING AND REPORTING RECORD

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

1. Inspection Date: JANUARY 20, 2022 Installed: 9/20/2019 Service Expires: 9/20/2021

BILLING ADDRESS:  
 RICHARD & CATHARINE BATSON  
 P.O. BOX 2424  
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:  
 174 DEEPWELL  
 CANYON LAKE, TX 78133

TELEPHONE: 210-587-9256 (CATHY)  
 ALT. PHONE:

LOT: LT 15,

PERMIT#: 108772  
 COUNTY: COMAL  
 SN: 900419YZ  
 MAPSCO: N/A

SUBDIVISION: DEEPWELL MFG: N960SS-600

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

Inspected Item: Operational Inoperative

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

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

CHECKED pump,  
 Alarm, Floats,  
 chlorine, Aerator

SYSTEM OPERATING AS DESIGNED?  Yes  No

Access Posts are Secured

Yes

No

3. Tests required and results:

	Required		Results mg/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TS3 (Grab)		/		
Cl (Grab)	/	/		
Faecal Coliform				

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

Maintenance Technician: Thomas

11

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

Maintenance Provider: Wabn Chapman