

Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 05/10/2019 Permit Number: 108944

Location Description: 180 YUCCA DR
CANYON LAKE, TX 78133
Subdivision: Summit North
Unit: 4
Lot: 217
Block:
Acreage:

Type of System: Aerobic
Surface Irrigation

Issued to: Damon Grassmann

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.

Signature of Environmental Health Inspector
ENVIRONMENTAL HEALTH INSPECTOR

Licensing Authority
Comal County Environmental Health

Signature of Environmental Health Coordinator
ENVIRONMENTAL HEALTH COORDINATOR

OS0034322

OS0007722

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: David Barker OSSF Installer #: OS0008287
 1st Inspection Date: 5.2.19 2nd Inspection Date: 5.10.19 3rd Inspection Date: _____
 Inspector Name: Amelia B. Inspector Name: Amelia B. Inspector Name: _____
 Permit#: 108944 Address: 180 Yucca Dr.

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)				

5.2.19

Tank, level, set. oper. & vent
No leaks. Cover all.

5.10.19

Amelia

**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	✓		6000	✓		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		Solen Fil	✓		
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)				

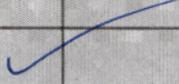
**Comal County Environmental Health
OSSF Inspection Sheet**

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20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)				
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)				

**Comal County Environmental Health
OSSF Inspection Sheet**

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

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42	APPLICATION AREA Area Installed						
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: David Barker OSSF Installer #: 050008287

1st Inspection Date: 5.2.19 2nd Inspection Date: _____ 3rd Inspection Date: _____

Inspector Name: anreka B. Inspector Name: _____ Inspector Name: _____

Permit#: 108944 Address: 180 Yucca Dr.

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**Comal County Environmental Health
OSSF Inspection Sheet**

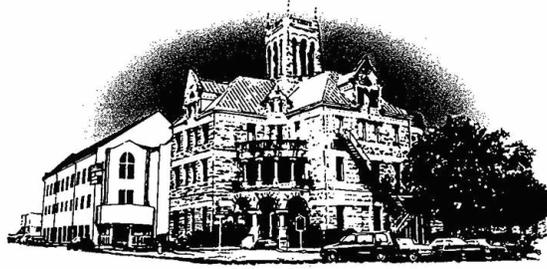
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35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.</p>	✓			✓		
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>						
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OSSF Inspection Sheet**

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44	PUMP TANK Material Type & Manufacturer						
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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: 108944
Issued This Date: 04/04/2019
This permit is hereby given to: Damon Grassmann

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

180 YUCCA DR
CANYON LAKE, TX 78133

Subdivision: Summit North
Unit: 4
Lot: 217
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 March 11, 2019

Permit # 108944

Owner Name DAMON GRASSMANN
Mailing Address 1008 E. LACEY OAK CIRCLE
City, State, Zip THE WOODLANDS TEXAS 77380
Phone# 281-435-8525
Email daymanconstruction@gmail.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 Agent Both Method: Mail Email

Subdivision Name SUMMIT NORTH Unit/Phase/Section PHASE 4 Lot 217 Block _____

Acreage/Legal _____

Street Name/Address 180 YUCCA DRIVE City CANYON LAKE Zip 78133

Type of Development:

Single Family Residential

RECEIVED

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

APR 01 2019

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1778

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: \$ 250,000 (Structure Only)

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

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

Source of Water Public Private Well

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

By signing this application, I certify that:

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

[Signature]
Signature of Owner

3-20-19
Date

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

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

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) SOLAR AIR SA600LP Absorption/Application Area (Sq Ft) 4474

Gallons Per Day (As Per TCEQ Table III) 240

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

RECEIVED

APR 01 2019

COUNTY ENGINEER

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 [X] 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

Date

March 11, 2019

Yes



201906010642 04/01/2019 12:10:54 PM 1/1

AFFIDAVIT

THE COUNTY OF COMAL
STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

I

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

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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 ENGINEER

4 UNIT/PHASE/SECTION BLOCK 217 LOT SUMMIT NORTH SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

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

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 20th DAY OF March, 20 19

Damon Grassmann
Owner(s) signature(s)

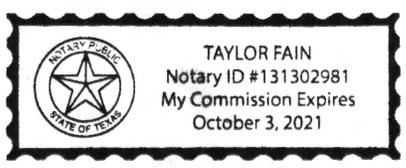
DAMON GRASSMANN
Owner (s) Printed name (s)

DAMON GRASSMANN
March, 20 19

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 20th DAY OF

Taylor Fain
Notary Public Signature

THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY
Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
04/01/2019 12:10:54 PM
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201906010642
 Bobbie Koepf



(Notary Seal Here)



TREATMENT SYSTEM INITIAL SERVICE POLICY

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COUNTY ENGINEER

This Service Policy ("Agreement") entered into this day of , by and between DAMON GRASSMAN ("Home Owner") and DAVID BARTER ("Service Provider")
 Service Provider agrees to operate and maintain the Hoot Aerobic System located at 180 YUCCA DRIVE
SUMMIT NORTH, PHASE 4, LOT 217 (legal description only) Permit # , for the period of two (2)
 years beginning LTO and ending , pursuant to the terms below:

This Agreement will provide for all required inspections, testing and service of your HOOT Aerobic Treatment System. Service Provider and Home Owner agree to the following:

1. Service Provider shall perform 3 inspections a year/service 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 the control panel, air pumps, air filters, diffuser operation, and replacing or repairing any component not found to be functioning correctly.
2. Such inspections shall include an effluent quality inspection consisting of a 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 by Service Provider, which cannot be corrected at the time of the service visit, Home Owner will be notified immediately in writing of the conditions and estimated date of correction.
4. Home Owner agrees to maintain a chlorine residual of at least 0.1 mg/L in the treatment system. This can be accomplished by using chlorine tablets designed for wastewater use, NOT SWIMMING POOL TABLETS. Upon inspection by Service Provider, if the system needs chlorine tablets the Service Provider will add them and charge the Home Owner.
5. In the event that the Home Owner fails in their responsibility to add the chlorine tablets, it shall be considered a breach of this Agreement and the Home Owner's duties as agreed to in the Hoot Homeowners Manual. Additionally, such failure may be considered an unlawful act in some jurisdictions, and Service Provider will contact the appropriate governmental authorities to report such violation.
 Initials of Service Provider Initials of Homeowner
6. Home Owner agrees to maintain a factory authorized service provider for the lifetime of the system, as required by state law applicable to aerobic systems. Service Provider agrees to make available, for purchase on an annual basis, a continuing service policy to cover labor for normal inspection, maintenance and repair.
7. Service Provider agrees that within 48 hours of a request for service (weekends and holidays excluded), Home Owner's system will be visited by the Service Provider listed below or their authorized agent. If there are any items which need correction and can not be immediately remedied, the service provider will inform the Home Owner, in writing, of the conditions and the estimated repair date.
8. Any additional visits, inspections or sample collections required by specific Municipalities, Water/River Authorities, County Agencies the State or any other regulatory agency in your jurisdiction will be covered by this Agreement.

Disclaimer: The HOOT Homeowners Manual must be strictly followed or all warranties are subject to invalidation. Pumping of sludge build-up, for reasons other than due to warranted mechanical failure, are not covered by this Agreement and will result in additional charges. By signing this Agreement, both Service Provider and Homeowner agree to the terms contain herein. Further, By signing this Agreement, both the Service Provider and the Home Owner swear that the Home Owner has received a copy of the Homeowners Manual and the Service Provider has made a reasonable effort to explain all pertinent information to the Homeowner.

Home Owner agrees that HOOT Aerobic Systems, Inc. is not a party to this Agreement, and shall bear no responsibility for service or any terms, obligations, or duties contained herein.

HOME OWNER

SERVICE PROVIDER

DAMON GRASSMAN
 Name
2008 E. LACEY OAK CIRCLE
 Address
THE WOODLANDS, TX 77380
 City
(281) 435-8525
 Phone
[Signature]
 Signature of Home Owner

DAVID BARTER
 Name of Service Company Representative
2449 Rocky Ridge Loop
 Address
CANYON LAKE TX 78133
 City
(210) 416-9677
 Phone
[Signature] MP0000557
 Signature of Service Provider and License #.

* THE EFFECTIVE DATE OF THIS INITIAL MAINTENANCE CONTRACT SHALL BE THE DATE THE LICENSE TO OPERATE IS ISSUED

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

Date Soil Survey Performed: March 18, 2019

Site Location: SUMMIT NORTH, PHASE 4, LOT 217

Proposed Excavation Depth: N/A

Requirements:

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

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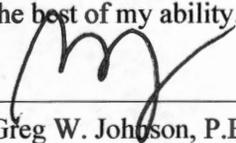
APR 01 2019

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SOIL BORING NUMBER <u> </u> SURFACE EVALUATION <u> </u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 20"	BROWN
1						
2						
3						
4						
5						

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

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

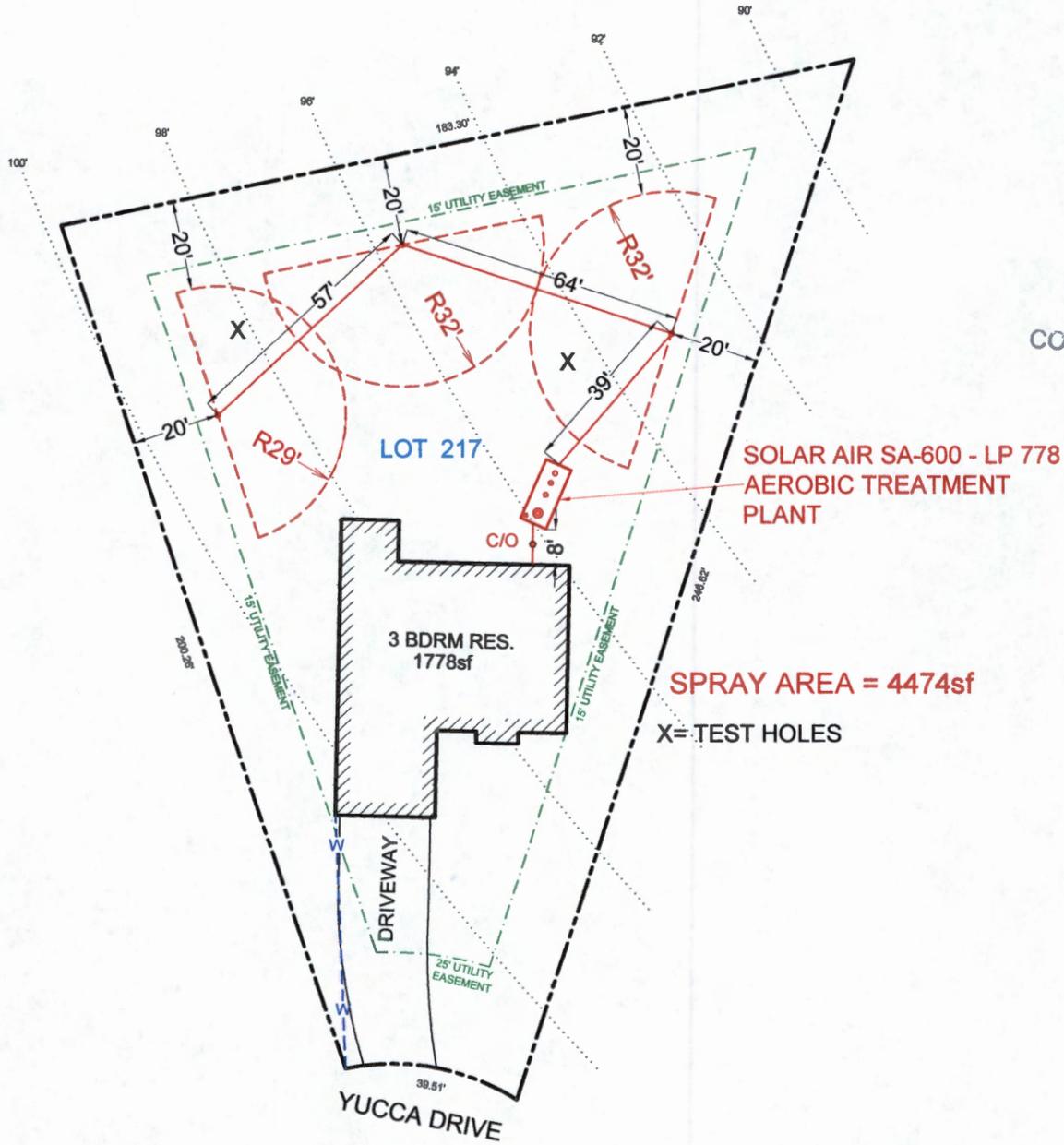


Greg W. Johnson, P.E. 67587-F2585, S.E. 11561

03/18/19

Date

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OWNER: DAMON GRASSMAN		DRAWN BY: EJS III	
STREET ADDRESS: 180 YUCCA DRIVE			
LEGAL DESC: SUMMIT NORTH	UNIT/SECTION/PHASE: 4	BLOCK:	LOT: 217
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=40'	DATE: 3/19/2019	REVISED:

TANK NOTES:

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

Tightlines to the tank shall be SCH-40 PVC.

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

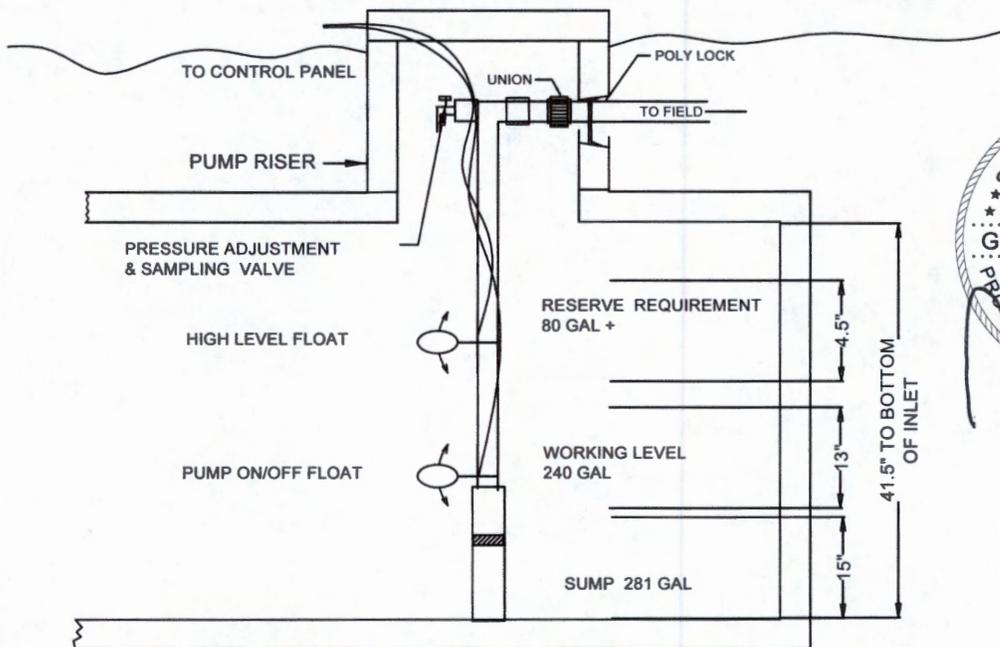
A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

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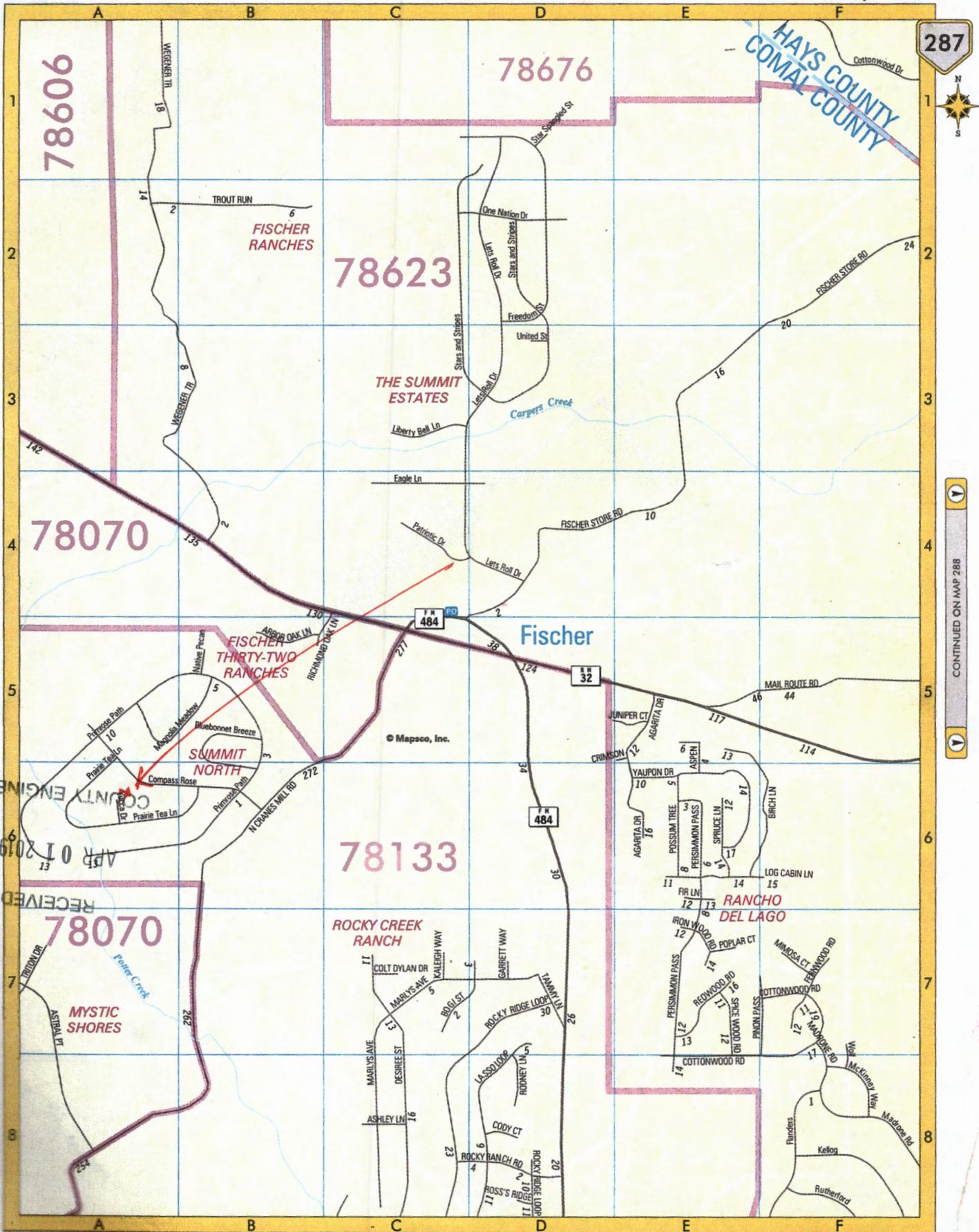
ALL WIRING MUST BE IN COMPLIANCE WITH
THE MOST RECENT NATIONAL ELECTRIC CODE



F#2585

03/19/19

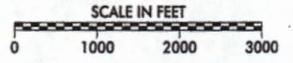
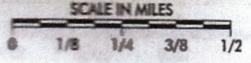
TYPICAL PUMP TANK CONFIGURATION
SOLAR-AIR SA-600 LP 778 GAL PUMP TANK



287

CONTINUED ON MAP 288

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POOR QUALITY

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Taxes for the current year have been prorated and are thereafter assumed by Grantee.

Grantor does hereby bind Grantor, Grantor's heirs, executors, administrators, and successors to warrant and forever defend, all and singular, the said premises unto the said Grantee, Grantee's heirs, executors, administrators, successors, and assigns against any person whomsoever claiming or to claim the same or any part thereof.

DATED this the 15 day of March, 2018.

[Handwritten Signature]
ROBERT L. THOMAS
[Handwritten Signature]
EVELYN THOMAS

STATE OF TEXAS
COUNTY OF Hayes

§
§

This instrument was acknowledged before me on this the 15 day of March, 2018, by ROBERT L. THOMAS and wife, EVELYN THOMAS.

[Handwritten Signature]
Notary Public, State of Texas

GRANTEE'S MAILING ADDRESS:
2008 E. Valley Dr. Cr.
The Woodlands, TX 77380

9006.deeds
New Braunfels Title Co. (NR)
GF #86757NBT



Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
03/20/2018 08:09:47 AM
JESSICA 2 Pages(s)
201806010460

2



Bobbie Koepf

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

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

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<i>Permit Number</i>

APR 01 2019

Instructions:

COUNTY ENGINEER

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

OSSF Permit

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

Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer

Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials shall consist of a scaled design and all system specifications.

Required Permit Fee

Copy of Recorded Deed

Surface Application/Aerobic Treatment System

Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public

Signed Maintenance Contract with Effective Date as Issuance of License to Operate

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

Signature of Applicant

Date

COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

INCOMPLETE APPLICATION	
(Missing Items Circled, Application Refused)	

ROCKY RIDGE SEPTIC

AEROBIC SERVICE AND INSPECTION FORM

1. Actual date of test: 9-10-19
2. System inspection: Property Owner: CARSSMAN
Property address: 150 YUBBA
Permit number: 108944
Person Performing Inspection: D. BARKER
Signature: [Signature]

Scheduled Insp. Service Order, Repair, Other

All access ports secured: Yes No

<u>Inspected Item</u>	<u>Operational</u>	<u>Nonoperational</u>
Aerators	—	
Filters	—	
Irrigation Pumps	—	
Disinfection Device	—	
Chlorine Supply	ok	
Electrical Circuits	—	
Distribution System	—	
Spray field	—	
Other as noted	—	

3. Repairs to system: _____

4. Tests required and results:

<u>Test</u>	<u>Required</u> Yes-No	<u>Result</u>
BOD	—	
TSS	—	
Cl1	—	
Fecal Coli form	—	0.1

5. General comments:

ROCKY RIDGE SEPTIC

AEROBIC SERVICE AND INSPECTION FORM

1. Actual date of test: 1-29-20

2. System inspection: Property Owner: CROSSMAN
 Property address: 150 HUBCA
 Permit number: 105944
 Person Performing Inspection: LLADD
 Signature: [Signature]

Scheduled Insp. Service Order, Repair, Other

All access ports secured: Yes No

<u>Inspected Item</u>	<u>Operational</u>	<u>Nonoperational</u>
Aerators	—	
Filters	—	
Irrigation Pumps	—	
Disinfection Device	✓	
Chlorine Supply	OK	
Electrical Circuits	—	
Distribution System	—	
Spray field	—	
Other as noted		

3. Repairs to system: _____

4. Tests required and results:

<u>Test</u>	<u>Required Yes-No</u>	<u>Result</u>
BOD	—	
TSS	—	
Cl1	—	0.1
Fecal Coll form	—	

5. General comments:

ROCKY RIDGE SEPTIC

AEROBIC SERVICE AND INSPECTION FORM

1. Actual date of test: 5-30-20
2. System inspection: Property Owner: COASSMAN
 Property address: 180 YUCCA
 Permit number: 108944
 Person Performing Inspection: L LADD
 Signature: [Signature]

Scheduled Insp. Service Order, Repair, Other

All access ports secured: Yes No

<u>Inspected Item</u>	<u>Operational</u>	<u>Nonoperational</u>
Aerators	—	
Filters	—	
Irrigation Pumps	—	
Disinfection Device	—	
Chlorine Supply	— <u>OK</u>	
Electrical Circuits	—	
Distribution System	—	
Spray field	—	
Other as noted		

3. Repairs to system: _____

4. Tests required and results:

<u>Test</u>	<u>Required</u> Yes-No	<u>Result</u>
BOD	—	
TSS	—	
Cl1	—	
Fecal Coll form	—	<u>0.1</u>

5. General comments:

ROCKY RIDGE SEPTIC

AEROBIC SERVICE AND INSPECTION FORM

1. Actual date of test: 9-28-00
2. System Inspection: Property Owner: CRASSMAN
 Property address: 180 YUCCA
 Permit number: 108744
 Person Performing Inspection: LEDDO
 Signature: [Signature]

Scheduled Insp. Service Order, Repair, Other

All access ports secured: Yes No

<u>Inspected Item</u>	<u>Operational</u>	<u>Nonoperational</u>
Aerators	—	
Filters	—	
Irrigation Pumps	—	
Disinfection Device	—	
Chlorine Supply	<u>OK</u>	
Electrical Circuits	—	
Distribution System	—	
Spray field	—	
Other as noted		

3. Repairs to system: _____

4. Tests required and results:

<u>Test</u>	<u>Required Yes-No</u>	<u>Result</u>
BOD	—	
TSS	—	
Cl1	—	
Fecal Coli form	—	<u>OK</u>

5. General comments:

ROCKY RIDGE SEPTIC

AEROBIC SERVICE AND INSPECTION FORM

1. Actual date of test: 2-4-21

2. System inspection: Property Owner: GRASSMAN
 Property address: 180 YUCCA
 Permit number: 108944
 Person Performing Inspection: LLAPPD
 Signature: [Signature]

Scheduled Insp. Service Order, Repair, Other

All access ports secured: Yes No

<u>Inspected Item</u>	<u>Operational</u>	<u>Nonoperational</u>
Aerators	—	
Filters	—	
Irrigation Pumps	—	
Disinfection Device	—	
Chlorine Supply	OK	
Electrical Circuits	—	
Distribution System	—	
Spray field	—	
Other as noted		

3. Repairs to system: _____

4. Tests required and results:

<u>Test</u>	<u>Required</u> Yes-No	<u>Result</u>
BOD	—	
TSS	—	
Cl1	—	0.1
Fecal Coli form	—	

5. General comments:

ROCKY RIDGE SEPTIC LLC

2449 Rocky Ridge Loop
Canyon Lake Texas. 78133

830-935-2750 Home
830-935-2753 Fax

Michael Rosenberger
180 Yucca
Canyon Lake Tx 78133

Site: 180 Yucca
Permit# 108944

Contract Start Date: 5-10-21 Contract End Date: 5-10-22

ROUTINE MAINTENANCE AND INSPECTION AGREEMENT

This work for hire is entered into and between (client) residing at 180 Yucca and David Barker (contractor) located at 2449 Rocky Ridge Loop, Canyon Lake TX. 78133. (830-935-2750). By this agreement the contractor agrees to render professional service and the client agrees to fulfill the terms of this agreement. This agreement will provide to all required inspections, testing, and services for your Aerobic Treatment System. This agreement will provide:

1. 3 inspections per year (at least one every four months) for a total of 3 over the one year period. These inspections will include inspecting control panel, air pumps, diffuser operation, and replacing or repairing any component not functioning properly. Any alarm situation affecting the proper operation of the aerobic treatment process will be addressed within a 48 hour period.
2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow, and examination for odor. 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 in writing of the estimated date of repair.
4. Customer is responsible for chlorine tablets or liquid chlorine. Customer is responsible for cost of replacement parts plus labor.
5. Any additional visits, inspections or sample collection required by specific Municipalities, water/river authorities, County Agencies, the TCEQ, or any other regulatory agency will not be covered by this agreement.

At the conclusion of this agreement, our company will make available for purchase on an annual basis, a continuing service agreement
The manufactures homeowners' manual must be strictly adhered to or warranties are subject to invalidation.
Pumping of sludge build up is not covered by this agreement

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 mentioned services. The contractor may access the system components including the tank by means of excavation for the purpose of evaluation if necessary. Soil is to be replaced as best as possible.

Payment: The client will pay the contractor for services in the amount of \$200.00. This will be payable in one lump sum upon acceptance of this agreement.

TERMINATION

Either party may terminate this agreement within 10 days of written notice in event of substantial failure to perform by either party. If this agreement is terminated, the contractor will notify the appropriate agency.

HOMEOWNER

Michael Rosenberger 6/8/2021
Signature Date
Phone 281-844-0012

SERVICE PROVIDER

Signature *David Barker* Date 4-15-21

Rocky Ridge Septic (830) 935-2750
2449 Rocky Ridge Loop
Canyon Lake Tx.78133

ROCKY RIDGE SEPTIC

AEROBIC SERVICE AND INSPECTION FORM

1. Actual date of test: 5-21-21
2. System inspection: Property Owner: 1 POSEN BGPB4C
 Property address: 180 YUCCA
 Permit number: 108944
 Person Performing Inspection: LL9000
 Signature: [Signature]

Scheduled Insp. Service Order, Repair, Other

All access ports secured: Yes No

<u>Inspected Item</u>	<u>Operational</u>	<u>Nonoperational</u>
Aerators	—	
Filters	—	
Irrigation Pumps	—	
Disinfection Device	—	
Chlorine Supply	<u>OK</u>	
Electrical Circuits	—	
Distribution System	—	
Spray field	—	
Other as noted		

3. Repairs to system: _____

4. Tests required and results:

<u>Test</u>	<u>Required</u> Yes-No	<u>Result</u>
BOD	—	
TSS	—	
CL1	—	<u>0.1</u>
Fecal Coli form	—	

5. General comments:

ROCKY RIDGE SEPTIC

AEROBIC SERVICE AND INSPECTION FORM

1. Actual date of test: 9-30-21
2. System inspection: Property Owner: Ross J Bolder
 Property address: 180 Yucca
 Permit number: 108744
 Person Performing Inspection: D. Barker
 Signature: D. Barker

Scheduled Insp. Service Order, Repair, Other

All access ports secured: Yes No

<u>Inspected Item</u>	<u>Operational</u>	<u>Nonoperational</u>
Aerators	—	
Filters	—	
Irrigation Pumps	—	
Disinfection Device	—	
Chlorine Supply	ok	
Electrical Circuits	—	
Distribution System	—	
Spray field	—	
Other as noted		

3. Repairs to system: _____

4. Tests required and results:

<u>Test</u>	<u>Required Yes-No</u>	<u>Result</u>
BOD	—	
TSS	—	
Cl1	—	0.1
Fecal Coli form	—	

5. General comments:

ROCKY RIDGE SEPTIC

AEROBIC SERVICE AND INSPECTION FORM

1. Actual date of test: 1-24-22

2. System inspection: Property Owner: ROSENBERG
 Property address: 150 YVETA DR
 Permit number: 105944
 Person Performing Inspection: D. BARKER
 Signature: [Signature]

Scheduled Insp. Service Order, Repair, Other

All access ports secured: Yes No

<u>Inspected Item</u>	<u>Operational</u>	<u>Nonoperational</u>
Aerators	—	
Filters	—	
Irrigation Pumps	—	
Disinfection Device	—	
Chlorine Supply	<u>ok</u>	
Electrical Circuits	—	
Distribution System	—	
Spray field	—	
Other as noted		

3. Repairs to system: _____

4. Tests required and results:

<u>Test</u>	<u>Required Yes-No</u>	<u>Result</u>
BOD	—	
TSS	—	
Cl1	—	<u>0.1</u>
Fecal Coli form	—	

5. General comments: