

Comal County OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date:	06/28/2019		Permit Number:	109054
Location Description:	738 COYOTE SPRING BRAN	TRL NCH, TX 78070		
	Subdivision: Unit: Lot: Block: Acreage:	Coyote Ridge 2 42		
Type of System:	Aerobic Surface Irrigatio	on		
Issued to:	Scott & Shauna	L. Weaver		

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

OS0032485

ENVIRONMENTAL HEALTH COORDINATOR

RONMENTAL HEALTH INSPECTOR

Olvera, Brandon

From:	Olvera, Brandon
Sent:	Tuesday, July 2, 2024 4:11 PM
То:	Greg Johnson
Cc:	Massie,Cassandra S; sweaver@gvtc.com
Subject:	RE: question Permit 109054 - 738 Coyote septic

Good Afternoon,

We interpose no objections to the findings of Greg Johnson. The submitted planning materials have been added to the existing permit file.

Thank You,

Brandon OlveraDesignated Representative OS0034792Comal Countywww.cceo.org195 David Jonas Dr, New Braunfels, TX-78132t: 830-608-2090f: 830-608-2078e:olverb@co.comal.tx.us

AL .		the states and	nvironmental Health pection Sheet	-	78	
Installer Name: Jastin S Ist Inspection Date: 6/ Inspector Name: M. Ke Permitil: 109054	7.	2nd Inspection Data Inspector Name:		ion Date: or Name:	6-2879 Cornor Cornor	
Remission STE AND SOL CONDITIONS & SETBACK USTANCES She and Soli Conditions Consistent with Submitted Planning Materials	V. S.	Citaduae 285.33(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(ii)	nue indép. Anion e wet nuo pourse	2	w/h	
SITE AND SOIL CONDITIONS & SETBACK OBTAILCES Sathack Obtaines Must Minimum Standards"	/	285.91(10) 285.30(b)(4) 285.31(d)				-
SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	/	285.32(a)(1)			-	-
SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	1.	285.32(a)(3)			-	
SEWER PIPE Two Way Sanitary - Type Cleanout Property Installed (Add. C/O Every 100° &/or 90 degree bends)	~	285.32(a){5)			-	-
PRETREATMENT Installed (If required) TCEQ Approved List PRETREATMENT Septie Tank(s) Meet Minimum Requirements		285.32(b)(1)(6)285.32(b)(1)(E)(III) 285.32(b)(1)(E)(IV) 285.32(b)(1)(E)(IV) 285.32(b)(1)(F) 285.32(b)(1)(C)(II) 285.32(b)(1)(C)(II) 285.32(b)(1)(C)(II) 285.32(b)(1)(E)(II)(II) 285.32(b)(1)(E)(II)(II) 285.32(b)(1)(E)(II)(II) 285.32(b)(1)(E)(II)(II) 285.32(b)(1)(E)(II)(II) 285.32(b)(1)(E)(II)(II)				-**
PRETREATMENT Grease Interceptors If required for commercial		285.34(d)				

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	Manager at 1	Carolina Internet	Return A	Lot Name. 2nd Name.	
SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK # SingleTank, 2 Compartments Provided with Ballie SEPTIC TANK Inlet Flowline Greater than 3" and " Y " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Regularements	111	285.32(b)(1)(E) 285.32(b)(1)(F) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(ii)(ii) 285.32(b)(1)(E)(ii) 285.32(b)(1)(E)(ii) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(ii) 285.32(b)(1)(E)(iv)		111	
ALL TANKS installed on 4° Sand Cushion/ Proper Backfill Used	-	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)		-	
SEPTIC TAMK Inspection / Clean. Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped	-	285.38(d)		-	
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	11.	285.38(d) 285.38(e)		(1)	
SEPTIC TANK Tank Volume Installed					
PUMP TANK Volume Installed					
AEROBIC TREATMENT UNIT Size	1			-	
AERCIDIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model 15 Number	100		CLEAR STREAM		
DISPOSAL SYSTEM Absorptive		285.33(4)(4) 285.33(4)(1) 285.33(4)(2) 285.33(4)(2) 285.33(4)(3)			
16 DISPOSAL SYSTEM Leaching Chamber		285.33(a)(3) 285.33(a)(3) 285.33(a)(4) 285.33(a)(4) 285.33(a)(2)			
17 DISPOSAL SYSTEM Evapo- transpirative		285.33(a)(1) 285.33(a)(1) 285.33(a)(2)			

20	Busilingson Second	Citableria 205.33(C)(3)(A)-(F)	Holese	1dt inap.	Jana bester.	and insp.
	Construction and the second					
19	DISPOSAL SYSTEM Soll Substitution	285.33(d)(4)				
21	DREFOSAL SYSTEM Pumped Ethiuput	285.39(a)(3) 285.33(a)(1) 285.33(a)(2)				*
	DISPOSAL SYSTEM Gravelless Pipe	285.33(2)(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)	AEROBIC SORAY		-	+
25	DBAINFIELD Absorptive Drainline 3" PVC or 4" PVC					
26	ORADIFIELD Area bustalled					
27	DRAMHFIELD Level to within 1 inch per 25 ligst and within 3 inches over entirg excavation	285.33(b)(1)(A)(V)				
	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media					
28	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place	285.33(b)(1)(E)			in state state	
29	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)				
30	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches	285.33(d)(1)(C)(i)				

ALL ALL CONTRACTOR	Antestar	Chatlans	Notes	· Sitte	op. 2nd image.	and hup.
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 bedroom) EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottoon and 2 ft. to restrictive horizon and ground water respectfully EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dla.) & Pipe Holes (3/16 - 1/4" dla. Hole Stor.) 5 ft. Apart		285.33(b)(3)(A) 285.33(b)(3)(A) 285.33(b)(3)(B) 285.33(b)(3)(B) 285.33(b)(3)(D) 285.33(b)(3)(F)				
ARBONIC TREATMENT UNIT Is Aurobic Unit testalled According to Approved Buddefines	1	265.33(c)(1)			X	
AGROUNC TREATMENT LANT Impection/Clean Out Port & Blart Poulded						
AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently firstened	x				1	
to Bill or cast Intertank AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions	1					
AEROBIC TREATMENT LINIT Chlorinstor Properly installed with Chlorine Tablets in Place.	~				-	
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						
Separate Citcut Hold Fump PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to Bid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions 37						
PUMP TANK Secondary restraint					-	
System provided PUMP TANK Electrical Connections In Approved Junction Boxes / Wiring Buried						

				spection Sheet			FINAL
	Buenipilos APPLICITEDOR AREA Classification Pipe, Filting, Sprinklar transfs & Valve Copure Color Coded Purple?		Chanlows 285.33(d)(2)(G)(III)(III)285.3 3(d)(2)(G)(III)(III)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(III) 285.33(d)(2)(G)(I) 285.33(d)(2)(G)(II) 285.33(d)(2)(G)(III)(I) 285.33(d)(2)(G)(III)(I)		Jaj bay.		Attine
	APPLICATION AREA Low Angle Nozilas Usad / Prassare is as required APPLICATION AREA Acceptable Area, nothing within 30 % of sprinkler Jeads7 APPLICATION AREA The Landscape Plan is as Designed	x / /	285.33(d)(2)(G)(I) 285.33(d)(2)(A) 285.33(d)(2)(F)	Covered		11	() 1
42	APPLICATION AREA Area Installed	1				-	1
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
	PUMP TANK Material Type & Manufacturer			an di dala sin' dia programma na sila di se su na mana di di angla pada sina di se di dila para di sin			
45	PUMP TANK Type/Size of Pump Installed						

11 L			nvironmental Health pection Sheet	870						
Installer Name: Justin Scheel OSSF Installer #: 050032417 Ist Inspection Date: 6/24/19 2nd Inspection Date: com 6-27:19 3rd Inspection Date: Inspector Name: Mike T. Inspector Name: CONNR Inspector Name:										
Permit#: 109054			Address: Coyote Ridge /		ote TA	ail D				
Description SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	Anvester	Citations 285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(ii)	No jusp. Rain & wet No power	5/24/19	2nd insp.	3rd insp.				
SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	/	285.91(10) 285.30(b)(4) 285.31(d)			-					
SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	/	285.32(a)(1)			5					
SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	1.	285.32(a)(3)			-					
SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	~	285.32(a){5)								
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)(C)(II) 285.32(b)(1)(C)(II) 285.32(b)(1)(C)(II) 285.32(b)(1)(E) 285.32(b)(1)(E) 285.32(b)(1)(E)(II)(II) 285.32(b)(1)(E)(II)(II) 285.32(b)(1)(E)(II)(II) 285.32(b)(1)(E)(II)(II) 285.32(b)(1)(E)(II)(II) 285.32(b)(1)(E)(II)(II)				***				
PRETREATMENT Grease Interceptors if required for commercial		285.34(d)								

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SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If SingleTank, 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	111	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)(1) 285.32(b)(1)(E)(ii)(1) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(ii) 285.32(b)(1)(B) 285.32(b)(1)(B) 285.32(b)(1)(E)(iv)			111	
ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used	-	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)			/	
SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped	-	285.38(d)			/	
0 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	111	285.38(d) 285.38(e)			(1)	
SEPTIC TANK Tank Volume						
PUMP TANK Volume Installed						
3 AEROBIC TREATMENT UNIT Size Installed	1				-	-
4 AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model 5 Number	1		CLEAR STREAM		/	
DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
DISPOSAL SYSTEM Evapo- transpirative		285.33(a)(1) 285.33(a)(2)				

No.	Description	Anwser	Citations	N	lotes	1st In	sp.	2nd insp.	3rd Insp.
	DISPOSAL SYSTEM Drip irrigation		285.33(c)(3)(A)-(F)			. 88.31			- AV they
19									
	DISPOSAL SYSTEM Soil		285.33(d)(4)	a and a second					
CU	Substitution								
	DISPOSAL SYSTEM Pumped	1 all and	285.33(a)(3)						1. 1. 1. 1.
			285.33(a)(1) 285.33(a)(2)						
21	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3)		Charles and the second second				
			285.33(a)(2)						
			285.33(a)(4)						
22			285.33(a)(1)						
	DISPOSAL SYSTEM Mound	1000	285.33(a)(3)						
			285.33(a)(1)	1 100 10 10 10					
			285.33(a)(2)						
23		430	285.33(a)(4)						
-	DISPOSAL SYSTEM Other		285.33(d)(6)						1
	(describe) (Approved Design)		285.33(c)(4)						
24		-		AEROBIC	SPRAT			-	
	DRAINFIELD Absorptive Drainline								
	3* PVC								1
25	or 4" PVC								
26	DRAINFIELD Area Installed						-23	1 =	1
	DRAINFIELD Level to within 1 inch								
	per 25 feet and within 3 inches		285.33(b)(1)(A)(v)						
	over entire excavation								1.4
27									
	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth	1.10					10		and the state
	DRAINFIELD Excavation								
	Separation DRAINFIELD Depth of							5.14	
	Porous Media								
	DRAINFIELD Type of Porous Media							111	
							-		
							1	hard a	
28			-alesto-						
	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)						
29	the second se								
	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End								
	Plates w/Splash Plate, Inspection								
	Port & Closed End Plates in Place		285.33(c)(2)						
	(per manufacturers spec.)		waanaalellel						
	Entrance - Contract								
30					-				
	LOW PRESSURE DISPOSAL								
	SYSTEM Adequate Trench Length								
	& Width, and Adequate		285.33(d)(1)(C)(i)						
	Separation Distance between Trenches								
31									

No. Description	Amuser	Citations	Notes	1 Lat B	nsp.	2nd Imap.	3rd Insp.
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)					
AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.	1	285.32(c)(1)					- durt
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	111					11 /	
AEROBIC TREATMENT UNIT Chlorinator Property Installed with 35 Chlorine Tablets in Place.	-						
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 36 Separate Circuit From Pump			·				
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							
37 PUMP TANK Secondary restraint						-	
38 system provided PUMP TANK Electrical							
Connections In Approved Junction 39 Boxes / Wiring Buried							

No.	Description	Anwest	Citations	Notes	1st insp.	2nd insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Neads & Valve Covers Color Coded Purple?	/	285.33(d)(2)((G)(iii)(ii)285.3 3(d)(2)(G)(iii)(iii)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iii)(i)			/	-
	APPLICATION AREA Low Angle Nozzies Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed	1.11	285.33(d)(2)(G)(I) 285.33(d)(2)(A) 285.33(d)(2)(F)			11	
42	APPLICATION AREA Area Installed	1				-	
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						

		nvironmental Health pection Sheet	870	
Installer Name: Justin Sch 1st Inspection Date: 6/24	Lec / //9 2nd Inspection Dat	OSSF Installer #: 3rd Inspection		
Inspector Name: <u>m, kc</u> Permit#: 109054			7 88 C	and To il A
	vser Citations	Address: Coyote Aidge / Notes	1st Insp.	2nd Insp. 3rd Insp.
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)(ii)	No insp. Rain & wet No power	6/24/A	
SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	285.91(10) 285.30(b)(4) 285.31(d)			
SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	285.32(a)(1)			
SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	285.32(a)(3)			
SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	285.32(a)(5)			
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)(F) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(ii) 285.32(b)(1)(E) 285.32(b)(1)(E) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II)			
PRETREATMENT Grease Interceptors if required for commercial	285.34(d)			

lo.		Anwser	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If SingleTank, 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)(iii)(1) 285.32(b)(1)(E)(ii)(1) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(i) 285.32(b)(1)(E)(iv)				
	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used	-	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
0	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)				
2	SEPTIC TANK Tank Volume Installed						
2	PUMP TANK Volume Installed						
.3	AEROBIC TREATMENT UNIT Size Installed						
14	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number						
	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
16	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
17	DISPOSAL SYSTEM Evapo- transpirative		285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

lo.	Description Anw:	ser Citations	Notes	1st insp.	2nd Insp.	3rd Insp.
	DISPOSAL SYSTEM Drip Irrigation	285.33(c)(3)(A)-(F)				
9						
0	DISPOSAL SYSTEM Soil Substitution	285.33(d)(4)				
1	DISPOSAL SYSTEM Pumped Effluent	285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
	DISPOSAL SYSTEM Gravelless Pipe	285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
2	DISPOSAL SYSTEM Mound	285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				2012
23	DISPOSAL SYSTEM Other (describe) (Approved Design)	285.33(d)(6) 285.33(c)(4)				
	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC					
26	DRAINFIELD Area Installed					
	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation	285.33(b)(1)(A)(v)				
7	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media					
28	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place	285.33(b)(1)(E)				
	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)				
30	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches	285.33(d)(1)(C)(i)				

lo. Description	Anwser	Citations	Notes	1st insp.	2nd insp.	3rq Insp.
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)				
AEROBIC TREATMENT UNIT IS Aerobic Unit Installed According to Approved Guidelines.		285.32(c)(1)				
3 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						
AEROBIC TREATMENT UNIT Chlorinator Properly Installed with 5 Chlorine Tablets in Place.						
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						
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						
PUMP TANK Secondary restraint system provided PUMP TANK Electrical					-	
Connections in Approved Junction Boxes / Wiring Buried						

1.

No.	Description	Anwser	Citations	Notes	1st lhep.	2nd Incpl.	Erd Incp.
	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?		285.33(d)(2)(G)(iii)(II)285.3 3(d)(2)(G)(iii)(III)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)				
40	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:	109054
Issued This Date:	05/03/2019
This permit is hereby given to:	Scott & Shauna L. Weaver

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

738 COYOTE TRL SPRING BRANCH, TX 78070

Subdivision: Coyote Ridge Unit: 2 Lot: 42 Block: Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

COMAL	at 4:05 pm, Jul 02, 2024COUNTY CS OFFICEON-SITE SEWAGE	FACILITY APPLIC	ATION	195 DAVID JONAS DF NEW BRAUNFELS, TX 7 (830) 608-2090 <u>WWW CCEO ORG</u>
Date Ma	iv 24. 2024		Permit Number	109054
	GENT INFORMATION			
Owner Name	SCOTT A. & SHAUNA L. WEAVER	Agent Name	GREG J	OHNSON, P.E.
Mailing Address	738 COYOTE TRAIL		170 HC	
	SPRING BRANCH TEXAS 78070		the second se	FELS TEXAS 78132
Phone #	210-273-4376	Phone #	830	
80% Self	sweaver@gvtc.com	– - Email		onpe@yahoo.com
2. LOCATION	~~~			
Subdivision Name	COYOTE RIDGE	Ur	nit 2 Lot	42 Block
Survey Name / Ab				
	738 COYOTE TRAIL	City SPRING B	RANCH State	TX Zip 7807
Single Family				
Single Family	/ Residential			
Type of Con:	struction (House, Mobile, RV, Etc.)	EL EXISTING HOME AND EXIS	TING PAVILLION	
Number of B				
Indicate Sq I	Ft of Living Area 4167			
Non-Single F	amily Residential			
(Planning mate	erials must show adequate land area for doubli	ng the required land need	ed for treatment units	and disposal area)
	ity			and disposal died)
Offices, Fact	ories, Churches, Schools, Parks, Etc Inc	dicate Number Of Occur	ants	
Restaurants,	Lounges, Theaters - Indicate Number of S	Seats		
	Hospital, Nursing Home - Indicate Number			
Travel Traile	r/RV Parks - Indicate Number of Spaces			
Miscellaneou	r/RV Parks - Indicate Number of Spaces _			
	S			
Estimated Cost o	f Construction: \$EXISTING	(0)		
		-		
	the proposed OSSF located in the United	States Army Corps of E	ngineers (USACE)	flowage easement?
Yes No	(If yes, owner must provide approval from USACE	for proposed OSSF improve	ments within the USAC	E flowage easement)
Source of Water		er Collection		
4. SIGNATURE OF				
By signing this applica - The completed appli facts. I certify that I property.	ition, I certify that: cation and all additional information submitted am the property owner or I possess the approp	does not contain any false riate land rights necessary	information and does to make the permitte	s not conceal any mater ed improvements on sai
 Authorization is here site/soil evaluation a I understand that a p 	by given to the permitting authority and design nd inspection of private sewage facilities ermit of authorization to construct will not be is y Flood Damage Prevention Order.			
- I affirmatively conser	It to the online posting/public release of my e-n	nail address associated wi	th this permit applicat	
Shauna	I Weaver	1122	100	an gir in mannah Billigh

Signature of Owner

....

4124 Date

Page 1 of 2 Revised January 2021

#109054		-	COYOTE RIDGE, UNIT 2, LOT 4 195 DAVID ICATION (830) 60 WWW CC	JONAS DR ELS, TX 78132 08-2090
Planning Materials & S	Site Evaluation as Required Completed By_		GREG W. JOHNSON, P.E.	
System Description _	PROPRIETARY; AEROBIC T	REATMENT A	AND SURFACE IRRIGATION	
Size of Septic System	Required Based on Planning Materials & So	oil Evaluation		
Tank Size(s) (Gallons	EXISTING 500 TRASH/CLEARSTREA) NC3T (#109054)	M 600 Abso	orption/Application Area (Sq Ft)	8482
Gallons Per Day (As P	er TCEQ Table 111) 360			
(Sites generating more the	han 5000 gallons per day are required to obtain a	permit through T	ſCEQ.)	
(if yes, the planning mate Is there an existing TC (if yes, the R.S. or P.E. s Is there at least one a If there is no existing v (if yes, the R.S or P.E. s	d over the Edwards Recharge Zone? Ye erials must be completed by a Registered Sanitar CEQ approved WPAP for the property? shall certify that the OSSF design complies with a cre per single family dwelling as per 285.40(WPAP, does the proposed development activ hall certify that the OSSF design will comply with ed OSSF until the proposed WPAP has been app	ian (R.S.) or Prof Yes X NO Il provisions of th c)(1)? X Yes vity require a T(all-provisions of	ne existing WPAP.) s No CEQ approved WPAP? Yes S f the proposed WPAP. A Permit to Constr	✓ No ruct will not
Is there an existing TC	d over the Edwards Contributing Zone? X CEQ approval CZP for the property? Ye shall certify that the OSSF design complies with a		e existing CZP.)	
(if yes, the R.S. or P.E. s	CZP, does the proposed development activit shall certify that the OSSF design will comply with OSSF until the UP has been approved by the ap	all provisions of		No ct will not be
Is this property within	an incorporated city? 🔲 Yes 🔀 No		STAT X ST 30	
If yes, indicate the city	ſ:	() .	GREG W. JOHNSON	35
By signing this applica	ation, I certify that:	·····		
	vided above is true and correct to the best of my k	•		
	nt to the online posting/public release of my e-main	n address associa	ated with this permit application, as appli-	cadle.
Signature of Design	X		1, 2024	
Signature of Design		Date		Page 2 of 2

Oct. 5. 1999 3:56PM RIALTO STUDIO No.3598 P. 3/4

RECEIVED

Yr,

By rabsah at 10:03 am, May 03, 2019

Doc# 9906026043

RECEIVED

DCT 08 1999

ENVIRONMENTAL HEALTH

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF COMAL STATE OF TEXAS

Before me, the undersigned authority, on this day personally appeared SLOH & Shoung. heaver ____, who after being duly sworn, upon oath states that he is the owner of record of that certain tract or parcel of land lying and being situated in Comal County, Texas, and being more particularly described as follows:

> Lot 42, COYOTE RIDGE SUBDIVISION, UNIT 2, situated in Comal County, Texas, according to plat thereof recorded in Volume 11, Pages 386-388, Map and Plat Records of Cornal County, Texas.

The undersigned further states that he will, upon any sale or transfer of the above-described property, request a transfer of the permit to operate such surface application system to the buyer or transferee. Any buyer or transferee is hereby notified that a maintenance contract with an approved maintenance company will be required for use of the system.

h. Menver

Property Owner

Property Owner

This instrument was acknowledged before me on this 24th day of Sphember 1999

otary Public, State of Texas

Toro Notary's Printed Name: Norma J. My Commission Expires: 12-1

9906026043 9/29/99 2:03:46 PM al forcords of 11.11 SH 33113. CALENTY CLE

SPANE OF SPACE CORDED arords of Co

trenter OUNTY CLERK 30004 0



Electro Septic Tech"

P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

AEROBIC INITIAL SERVICE POLICY

Printed Date:

4/24/2019

BILL TO	BILL TO							
	Scott & Shawna Weaver			SEPTIC SYSTEM LOCATION				
738 Coyote Trail Spring Branch, TX 78070			Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070					
	Aerobic Manufacturer	Permit #		Authorized Agent:	Contract Date:			
	Clearstream			Comal County	LTO			
		DESCRIPT	ION					
We agree to provide a two	-year initial service policy wh	ich will provide for ins	spectior	and service of your AEROBIC	C TREATMENT PLANT.			
The effective date of this i	nitial maintenance contract sh	all be the date the Lice	ense to (Operate is issued.				
The policy will include the	e following:							
 Six inspection/service calls (at least one every four (4) months) over the two (2) 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 pump, air filters, diffuser operation, and cleaning, replacing or repairing any component not found to be functioning correctly. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. 								
	n an film an an an ann an an an an an an an an an		-	e notified immediately of the con-				
4. The Homeowner/ Te	nant is responsible for the ma	intaining of chlorine in	the sys	stem for the purpose of disinfecti	on.			
5. Response Time: Pro	blems are to be reported to the	phone number above,	respon	se time will be within 48 hours.				
Owner/ user operation inst	tructions must be strictly follo	wed or warranties are s	subject	to invalidation.				
The cost of repairs, or repl this policy.	acement of equipment not und	der warranty, or pumpi	ng slud	ge build-up from the system, if n	ecessary, is not included in			
At the conclusion of the initial service policy, our company will make available, for purchase on an annual basis, a continuing service policy to cover labor for normal inspection, maintenance and repair.								
Service Dealer: Centex Hydro-Flo, Inc. & "Best" (Bulverde Electro Septic Tech). Responsible Party: Carl A Scheel "TCEQ" # OS2 6151								
Owner Signatures	l.l.	Sharful	in		2			
				a .				

THE COUNTY OF COMAL STATE OF TEXAS

CERTIFICATION OF SINGLE FAMILY DWELLING

According to Texas Commission of Environme the Deed Records of COMAL COUNTY, TEX		ules for On-Site Sewage Facilitie	es, this document is filed in
SCOTT A. Before me this day appeared WI 738 COYOTE TRAIL living space on this property will be occupied on	& SHAUNA EAVER 7 nly by a single	, being the owners of the further state that the Reside	he referenced property at nce and any additional
An OSSF requiring a Certification of Single Fa			
IF NOT IN SUBDIVISION: ACREAGE			SURVEY
The property is owned by SCO	TT A. WEA	VER & SHAUNA L. WEA	VER
WITNESS MY HAND ON THIS 24 6F DA	OWNER	auna L. Meaver R (SIGNATURE)	<u>.</u>
SWORN TO AND SUBSCRIBED BEFORE M	$1E \text{ ON THIS} \stackrel{\frown}{=}$	DAY OF JULL	, 20 <u>_24</u> BY
SCOTT A. WEAVER OWNER NAME (PRINTED)		SHAUNA L. WEAVER OWNER NAME (PRINTED)	
Notary Public Signature	A or	HELEN JANE MCGURK Notary Public, State of Texas Comm. Expires 06-15-2027 Notary ID 130259432	

ANTER THE BURGER

ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: _	April 01, 2019		
Site Location:	COYOTE RIDGE, UNIT 2, LOT 42		
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.

Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
6''	IV	CLAY	N/A	NONE OBSERVED	LIMESTONE @ 6"	BROWN
						RECE APR 26

Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0 1 2 3	SAME		AS		ABOVE	
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

04/01/19 Date

RECEIVED

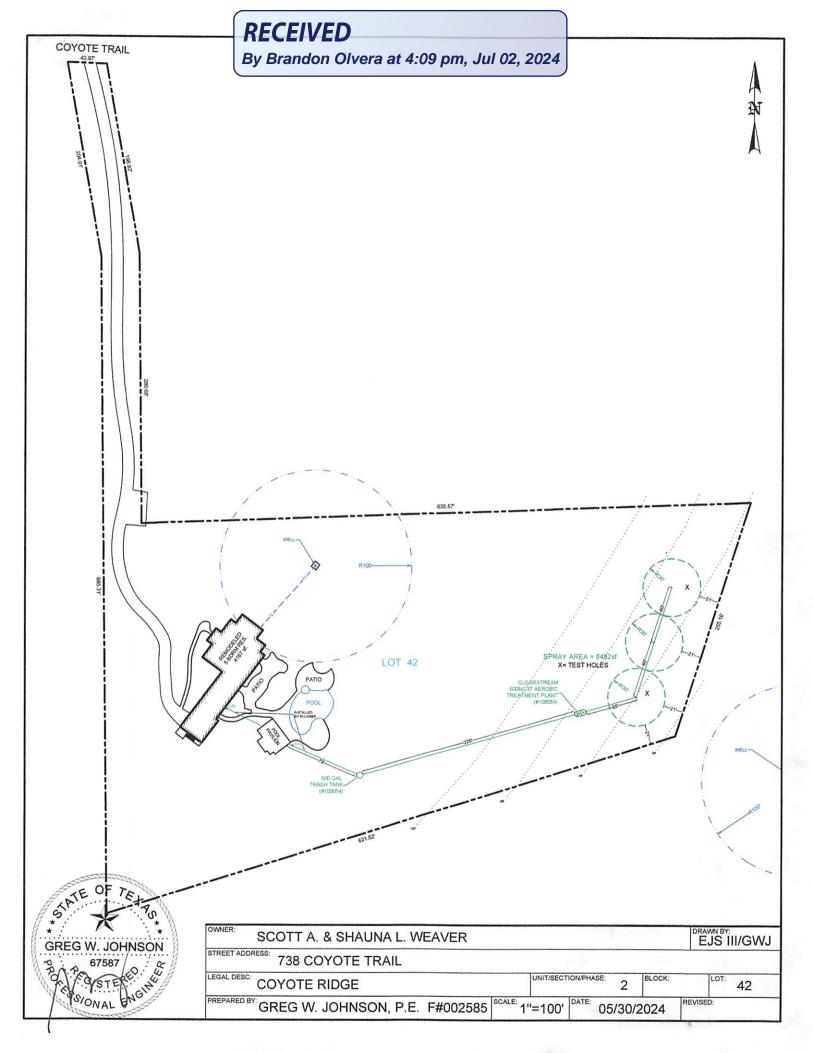
OSSF SOIL EVALUATION REPORT I By Brandon Olvera at 4:09 pm, Jul 02, 2024

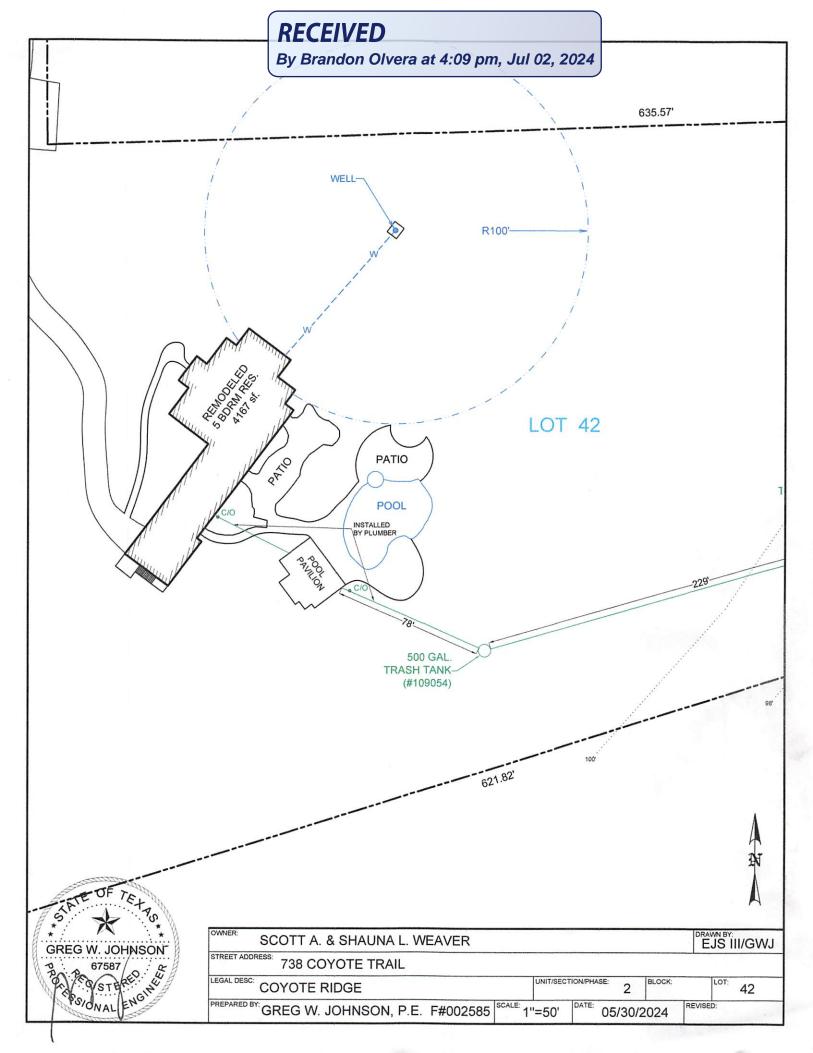
Date:June 01, 2024	
Applicant Information:	Site Evaluator Information:
	Name: Greg W. Johnson, P.E., R.S., S.E. 11561
Name: SCOTT A. WEAVER & SHAUNA L. WEAVER	Address: 170 Hollow Oak
Address: 738 COYOTE TRAIL	City: <u>New Braunfels</u> State: <u>Texas</u>
City: SPRING BRANCH State: TX	Zip Code: <u>78132</u> Phone & Fax (830)905-2778
Zip Code: <u>78070</u> Phone: <u>210-273-4376</u>	
Property Location:	Installer Information:
Lot 42 Unit 2 Blk Subd. COYOTE RIDG	
Street Address: 738 COYOTE TRAIL	
City: SPRING BRANCH Zip Code: 780	70 Address:
Additional Info.:	
	Zip Code: Phone
Topography: Slope within proposed disposal area:	<u> 4 </u> %
Presence of 100 yr. Flood Zone:	YESNO_X
Existing or proposed water well in nearby area.	YES <u>X</u> NO > 100'
Presence of adjacent ponds, streams, water impoundments	YES NO_X
Presence of upper water shed	YES NO_X
Organized sewage service available to lot	YESNO_X
Design Calculations for Aerobic Treatment with S	pray Irrigation:
Commercial	
Q = GPD	
<u>Residential</u> Water conserving fixtures to be utilized?	Ves X No
Number of Bedrooms the septic system is sized for: _	
Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction)	-
Q = (5 + 1)*75-(20%) = 360	POOL PAVILLION HAS NO LIVING AREA AND
Trash Tank Size 201 400 Gal.	PART OF SINGLE FAMILY
TCEQ Approved Aerobic Plant Size <u>600</u>	
	0.064 = <u>5625</u> sq. ft.
Application Area Utilized = 8482 sq. ft.	
Pump Requirement Gpm @ 40 Psi (1	FRANKLIN 0.5 HP C1 series or equivalent)
Dosing Cycle: ON DEMAND or	
	Gal/inch.
Reserve Requirement = <u>120</u> Gal. 1/3 day flo	
Alarms: Audible & Visual High Water Alarm & Visu	
With Chlorinator	
SCH-40 or SDR-26 3" or 4" sewer line to tank	
Two way cleanout	
Pop-up rotary sprinkler heads w/ purple non-potable lids	
1" Sch-40 PVC discharge manifold	
APPLICATION AREA SHOULD BE SEEDED AND	MAINTAINED WITH VEGETATION.
EXPOSED ROCK WILL BE COVERED WITH SC	
	N BEING A REGISTERED PROFESSIONAL ENGINEER
AND SITE EVALUATOR IN ACCORDANCE WITH C	
(REGARDING RECHARGE FEATURES), TEXAS	
(EFFECTIVE DECEMBER 29, 2016)	
\wedge $^{\prime}$	
	SE OF TEL
	IAUTIOF TET TO
<u> </u>	00124 GREGW. JOHNSON

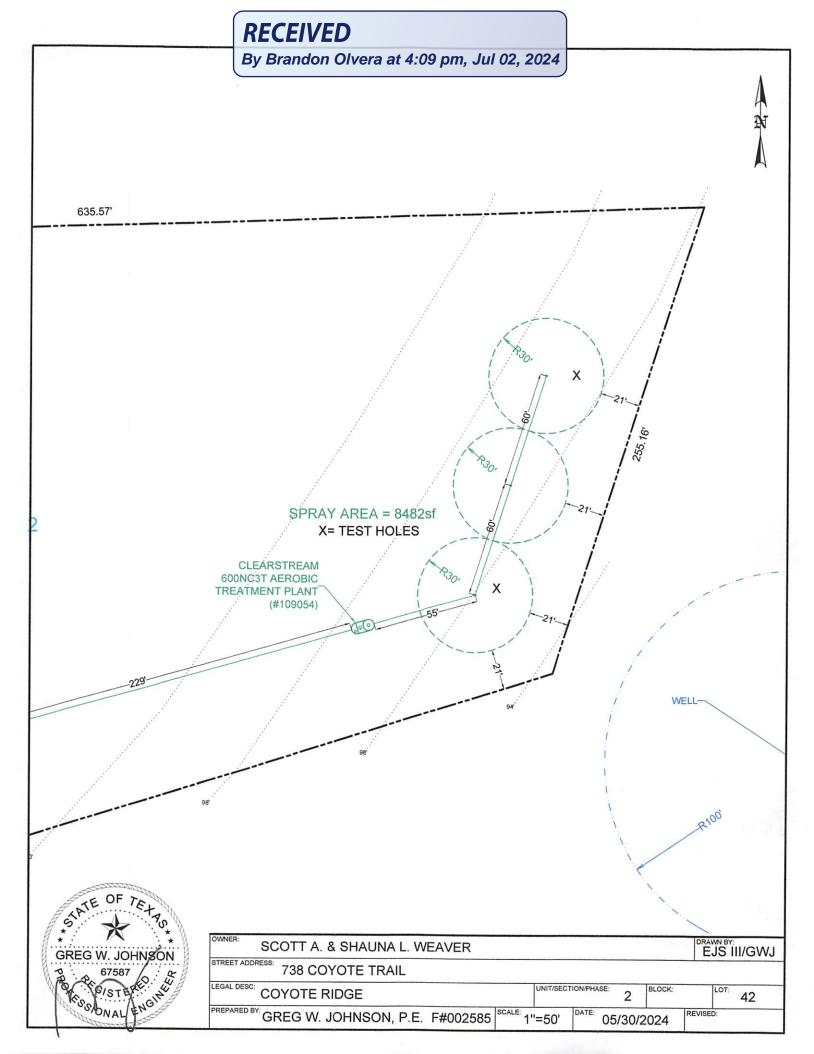
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

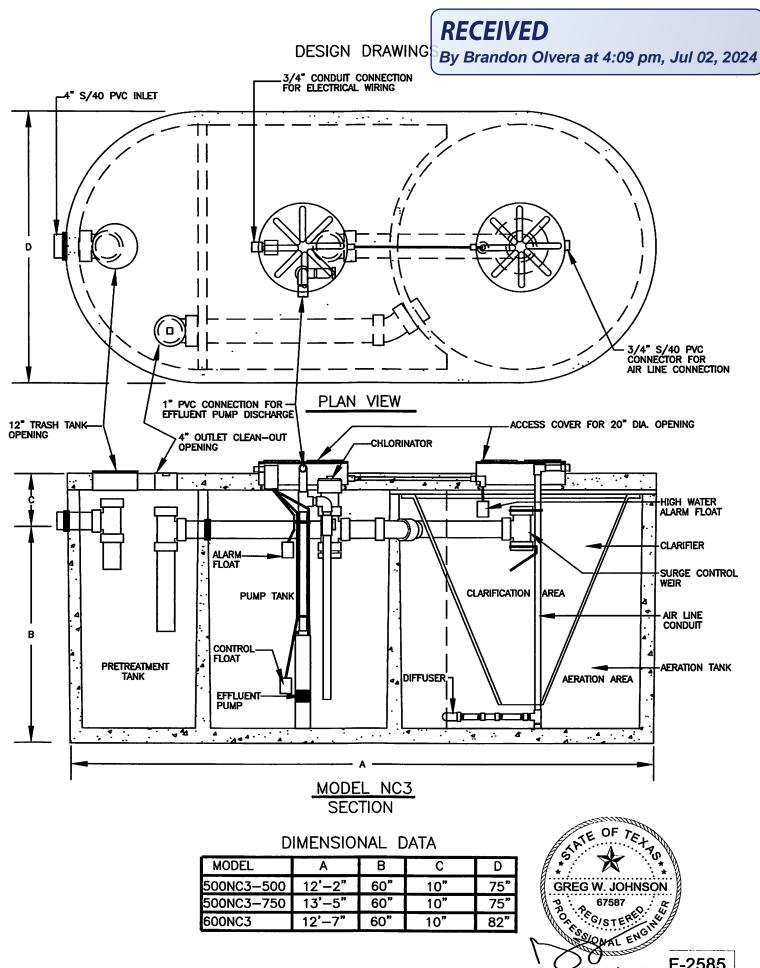
DATE /











F-2585

TANK NOTES:

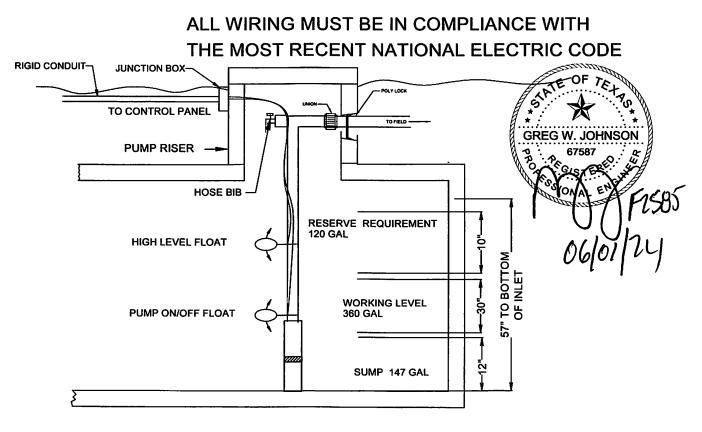
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

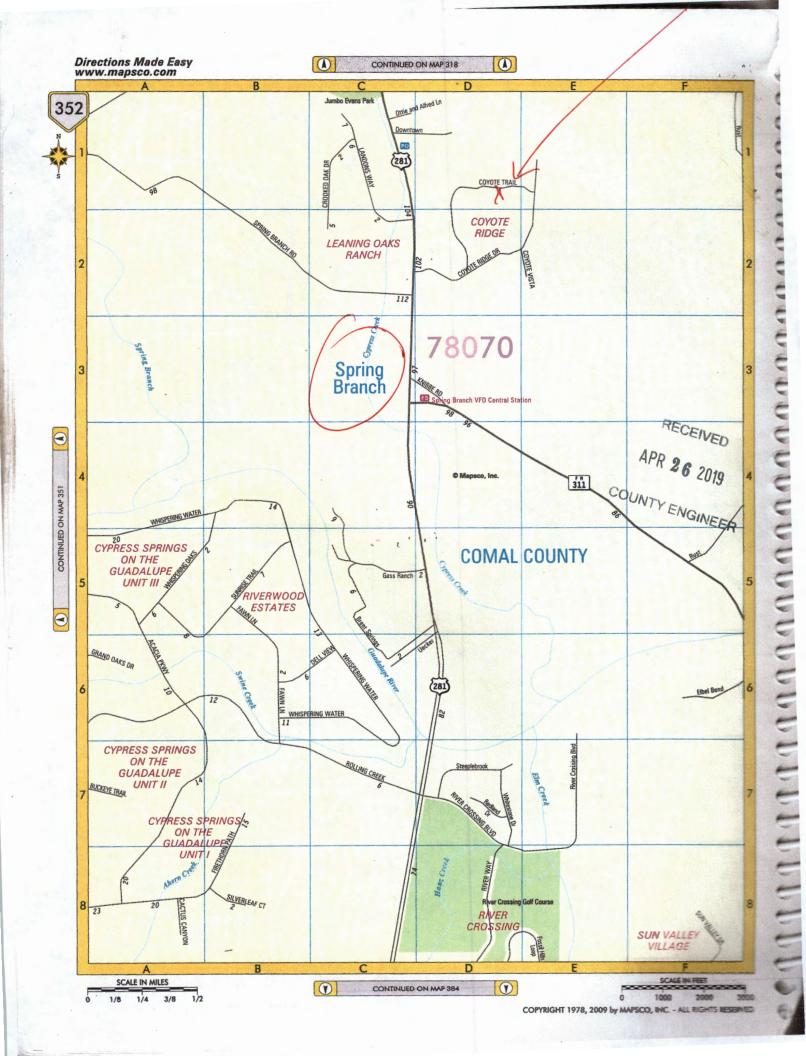
A two way sanitary tee is required between residence and tank.

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

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



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



Hernandez, Sandra

From:	Hernandez, Sandra
Sent:	Friday, May 3, 2019 9:16 AM
То:	'Greg Johnson'
Subject:	109054 deficiency comments

RE: Coyote Ridge, Unit 2, Lot 42

Greg,

We received planning materials for the referenced permit application on April 26, 2019 and found those planning materials to be deficient. In order to continue processing this permit, we need the following information:

An Affidavit to the Public form must be completed, owner(s) signature notarized, recorded at the Comal County Clerk's office, and a copy of the recorded form submitted to our office.
 Submit an initial two year service agreement for the referenced property.

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

Thank you,

Sandra Ann Hernandez Envíronmental Health Asst. Comal County Engíneer's Office cceo.org 830-608-2090 (Ext. 3156)

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

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

Date Mar	ch 27, 2019		Permit # 109054		
Owner Name	SCOTT A & SHAUNA L WEAVER	Agent Name	GREG W. JOHNSON, P.E.		
Mailing Address	738 COYOTE TRAIL	Agent Address	170 HOLLOW OAK		
City, State, Zip SPRING BRANCH, TEXAS 78070 Phone# 210-375-9000		City, State, Zip	NEW BRAUNFELS, TX 78132 (830) 905-2778		
		Phone #			
Email	sweaver@pape-dawson.com	Email	gregjohnsonpe@yahoo.com		
All correspondence	should be sent to: 🗌 Owner 🔀 Agent	Both Me	ethod: 🔲 Mail 🔀 Email		
Sub livision Name	COYOTE RIDGE Unit/P	hase/Section 2	Lot 42 Block		
Acr age/Legal					
Street Name/Addre	ote transfer	City	Zip 78070		
Type of Developm	er				
ingle Family R	esi				
Type of Cons		JSE -	RECE TED		
Number of B			APR 2 6 1019		
Indicate Sq F	Ft of ea 3300		019		
			COUNTY ENGINEER		
	Institutional Facility Is must show adequate land area for doubling	the required land needed			
		the required land needed	for treatment units and disposal area)		
vpe of Facil					
	unes, unurches, unuois, Farks, Elc In				
	Lounges, Theaters - Indicate Number of				
	Hospital, Nursing Home - Indicate Number	er of Beas			
	r/RV Parks - Indicate Number of Spaces				
Miscellaneou					
Estimated Cost of	Construction: \$ PAVILUOJ 40K (Strue	cture Only)			
Is any portion of th	e proposed OSSF located in the United S	tates Army Corps of Eng	gineers (USACE) flowage easement?		
Yes No (i	f yes, owner must provide approval from USACE f	or proposed OSSF improvem	nents within the USACE flowage easement)		
Source of Water [Public X Private Well				
Are Water Saving [Devices Being Utilized Within the Residen	ce? 🛛 Yes 🗌 No			
-Authorization is hereb site/soil evaluation an -I also understand that by the Comal County - I affirmatively consent	ation and all additional information submitted does not by given to the permitting authority and designated and inspection of private sewage facilities. a permit of authorization to construct will not be issue Flood Damage Prevention Order. to the online posting/public release of my e-mail and	agents to enter upon the abov ued until the Floodplain Admin ddress associated with this pe	e described property for the purpose of nistrator has performed the reviews required ermit application, as applicable.		
allant	11 lur	4/17/20	019		

Signature of Owner

Date . 1

Page I of 2 Revised July 2018

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

COYOTE RIDGE, UNIT 2, LOT 42

* * * 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 Comple	eted By GREG W. JOHNS	ON, P.E.	<u></u>
System Description	PROPRIETARY; AE	ROBIC TREATMENT AND S	URFACE IRRIGAT	ION
Size of Septic System Rec	uired Based on Planning Mater	ials & Soil Evaluation		
Tank Size(s) (Gallons)	500 GAL TRASH / CLEARSTREAM 600 NC3T	Absorption/Application Area	a (Sq Ft)	8482
Gallons Per Day (As Per (Sites generating more than	TCEQ Table III) 340 5000 gallons per day are required	to obtain a permit through TCEQ		
Is the poperty located ov	er the Edwards Recharge Zone	Yes 🛛 No		
(If yes, the planning materi	st be comy y a R	n (R.S.) c ≱ssion		
Is there an existing TCEC	oved y for y per	ty? 🗌 🛛 🖾		
(if yes, the R. S. or P. E. sha	fy the DSSF comp	lies with visic he ex	NPAP.)	
If there is no existing WPA	propos velopi	ment a rec TCE	roved WP	Yes No
(If yes, the R.S. or P. E. shall not be is sued for the propose		on all pross of the approvements of the approv	osed March en rice.)	- CEIVED
Is the poperty located ove	er the Edwards Contributing Zor	ne? 🛛 Yes 🗌 No		APR 26 2019
Is there are visting TCEQ (if yes, the P.E. or has seen	approval CZP for the property?	Yes 🛛 No	Co	DUNTY ENGINEER
(11)00, 110 1 01 1	outing that the even accign comp	the third of providence of the oxid		

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?	NO STE OF TEL
If yes, indicate the city:	GREG W. JOHNSON B. P. G. STERE B. S.

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

April 2, 2019

Page 2 of 2 Revised July 2018

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

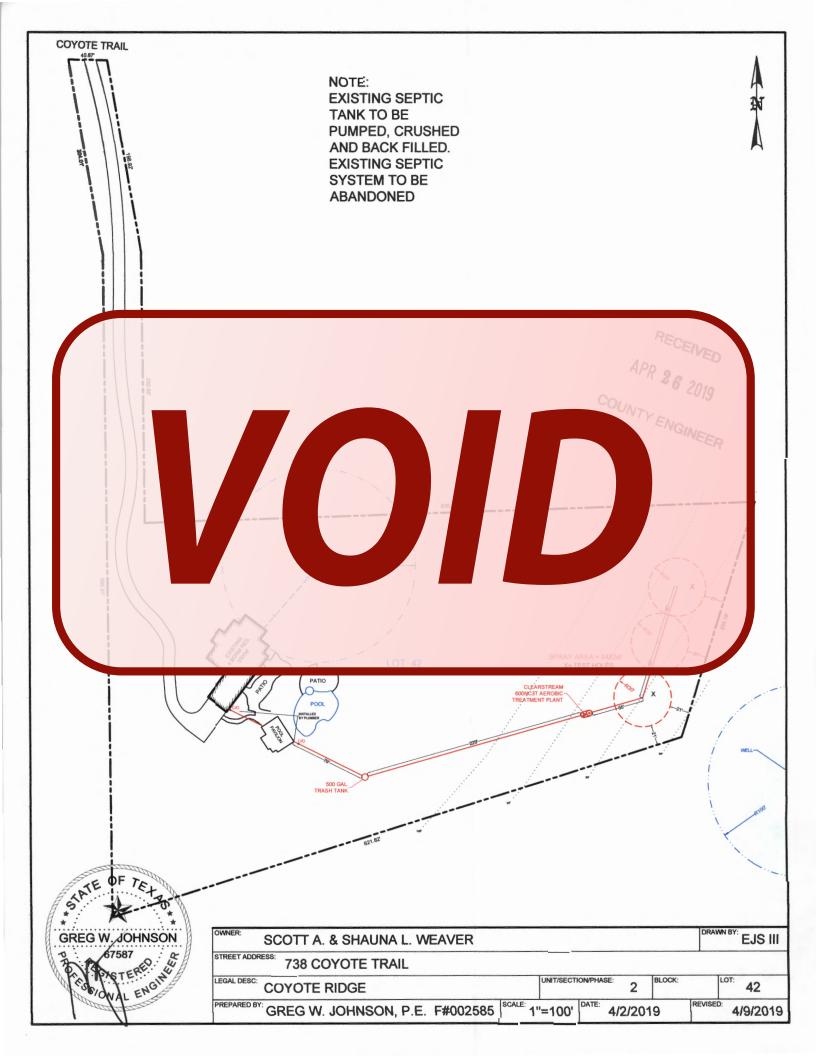
Date

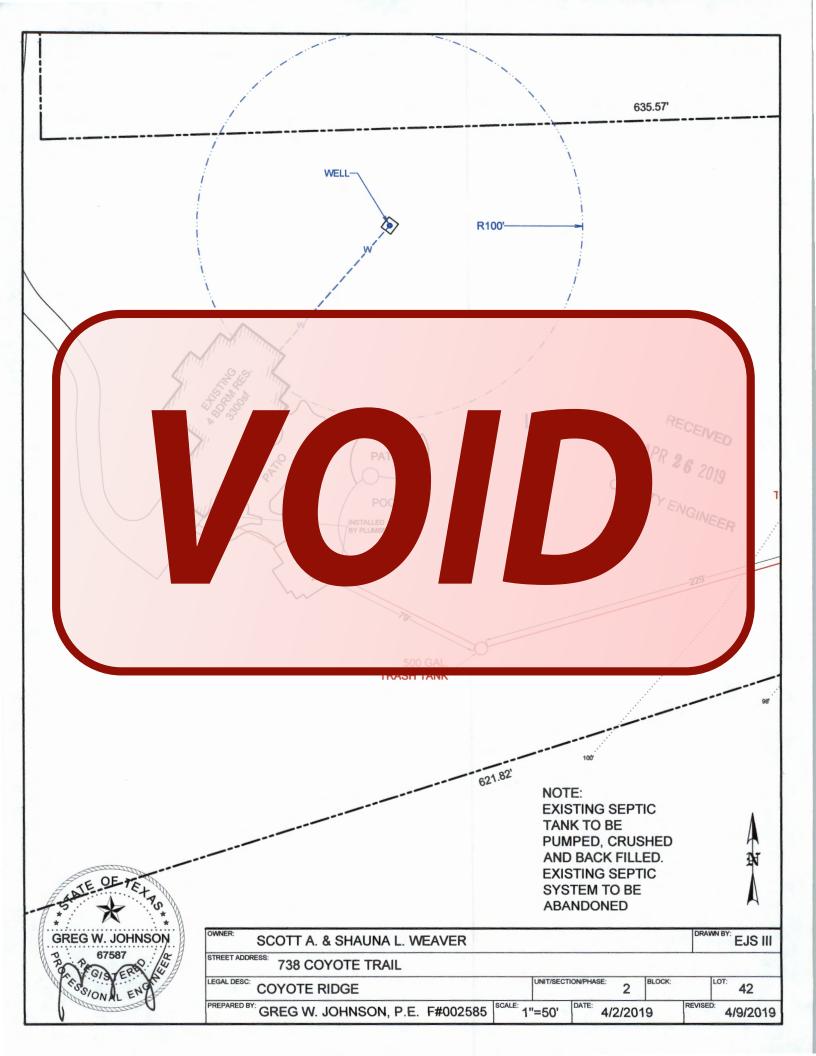
OSSF SOIL EVALUATION REPORT INFORMATION

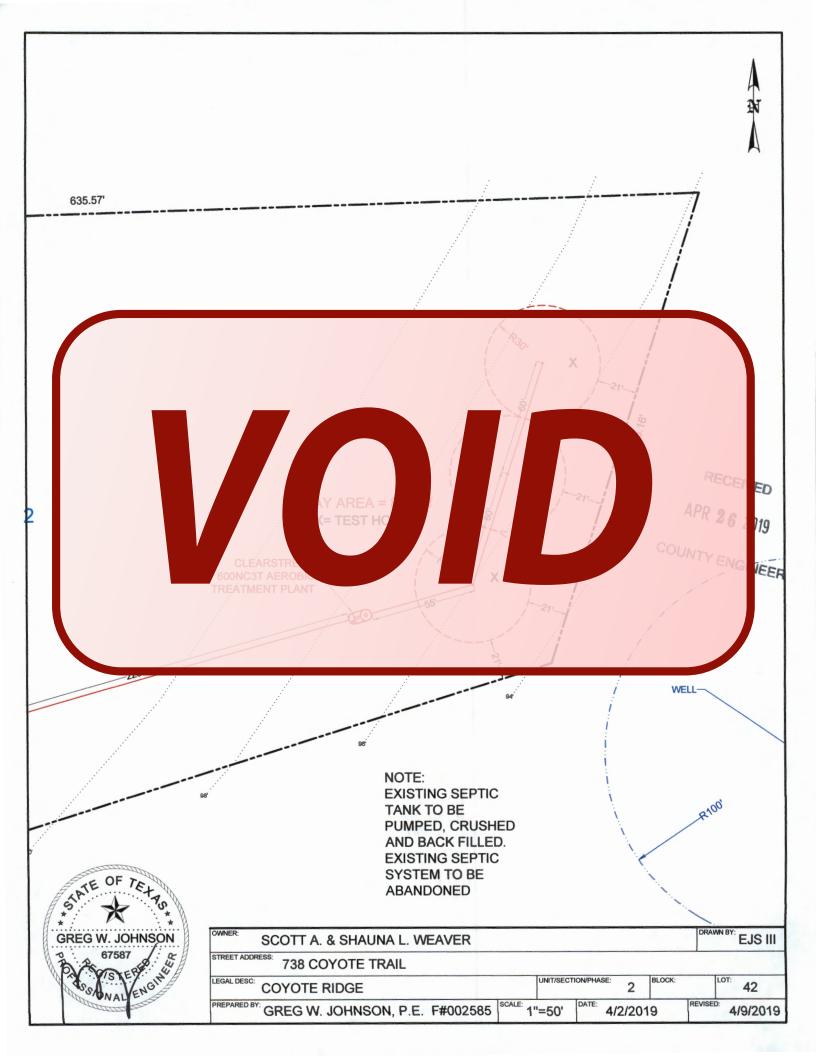
Date: April 02, 2019

Applicant Information:

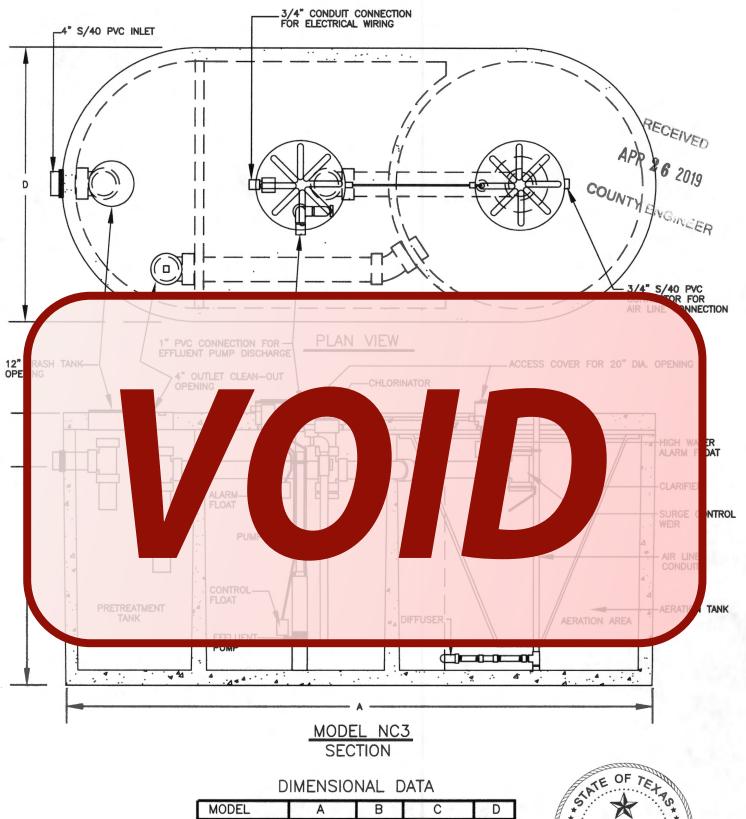
Applicant Information.	Site Evaluator Information:
Name: SCOTT A. & SHAUNA L. WEAVER	Name: Greg W. Johnson, P.E., R.S., S.E. 11561
Address: 738 COYOTE TRAIL City: SPRING BRANCH State: TEXAS	Address: 170 Hollow Oak
Zip Code: 78070 Phone: (210) 375-9000	City:New BraunfelsState: TexasZip Code:78132Phone & Fax (830)905-2778
Zip Code Filone Filone.	Lip Code. <u>78132</u> Flione & Fax <u>(850)703-2778</u>
Property Location:	Installer Information:
Lot <u>42</u> Unit <u>2</u> Blk Subd. <u>COYOTE RIDGE</u>	
Street Address: 738 COYOTE TRAIL	Company:
City: SPRING BRANCH Zip Code: 78070	Address:
Additional Info.:	City: State:
	Zip Code: Phone
Topography: Slope within proposed disposal area:	4 %
Presence of 100 yr Flood Zone:	VES NO X
Existing or proposed water well in nearby area.	YES X NO >100' (EXISTING)
Presence c adjacent ponds, streams, water impoundments	YESNO_X
Presence of upper water shed	YESNO_X
Organize I sewage service available to lot	YES NO_X
Design alculations for probic Troumant with	igation
	igation:
Comme pial	
Q = GPD Residen al Water conse fixty be ed? Y	es No
Q gal/da $r = (Bedrooms + 75 - 0) - (20)$ uction Q = (4 +1)*75-(20) (00+40)	
Q = (4 + 1)*75-(20) Trash T: nk Siz $500 + 400$	4 BD S @ 300 C JL PAVILION 40 GPD
	I CEIVE
	APR 26 26 20
Req'd A plication Area = Q/Ri = 340 / 0.Application Area Utilized = 8482 sq. ft.	064 = 5313 sq. ft. $726 2014$
Application Area Offized = 3482 sq. 11.Pump Requirement12Gpm @41Psi (Re	disaket 0.5 HD 18 G D M series or equivalent VTV
Dosing Cyce ON DEMAND or X	TIMED TO DOSE IN PREDAWN HOURS
Pump Tank Size Gai.	TIMED TO DOSE IN FREDAWN HOOKS
Reserve Requirement = 114 Gal. 1/3 day flow.	an men.
Alarms: Audible & Visual High Water Alarm & Visual	
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 M	AINTAINED WITH VEGETATION.
I HAVE REPEABLED & THARAMAN INTERTAL TAX	L DEINIC A DECISITEDED DDOFESSIONAL ENGINEED
I HAVE PERFORMED A THOROUGH INVESTIGATION	
AND SITE EVALUATOR IN ACCORDANCE WITH CH (REGARDING RECHARGE FEATURES), TEXAS CO	OMMISSION OF FNVIRONMENTAL OUALITV
(EFFECTIVE DECEMBER 29, 2016)	OMINISSION OF THE VIEW OF THE VIEW OF THE
	TE OF TEL
m	ulan 110 5 to 10.
0·	TI-419 *
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561	DATE GREG W. JOHNSON
	PO PEGISTERIO III
	FIRM #2585
17	Mummerses







DESIGN DRAWINGS



MODEL	А	В	С	D
500NC3-500	12'-2"	60"	10"	75"
500NC3-750	13'-5"	60"	10"	75"
600NC3	12'-7"	60"	10"	82"

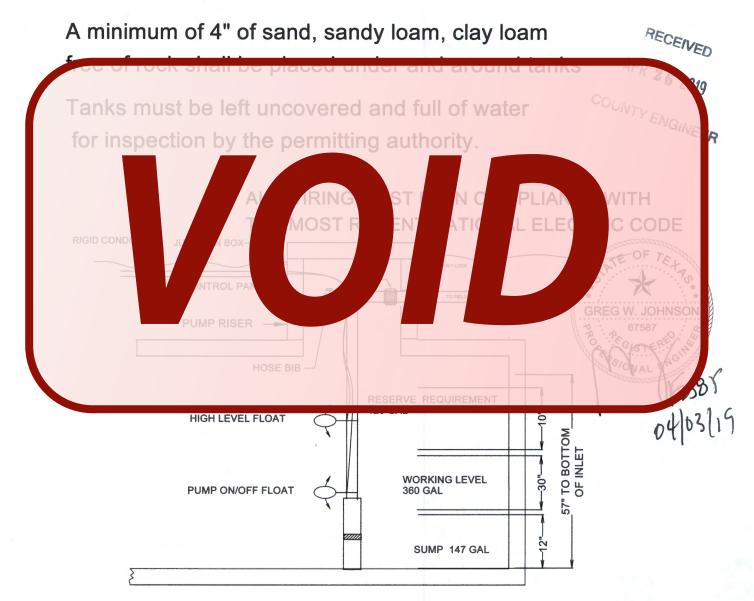


TANK NOTES:

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.



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

14-10×664

GENERAL WARRANTY DEED WITH VENDOR'S LIEN

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DOC# 9606025311

RECEIVED APR 26 2019

STATE OF TEXAS

COUNTY OF COMAL

KNOW ALL MEN BY THESE PRESENTS:

That ROUND TOP, LTD., ("Grantor") for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other valuable consideration to the undersigned paid by Grantee (hereinafter defined), the receipt of which is hereby acknowledged, and the further consideration of the execution and delivery by Grantee of Grantee's certain promissory note (the "Note") of even date herewith, in the principal sum of TWENTY-ONE THOUSAND THREE HUNDRED THIRTY-SIX AND NO/100 DOLLARS (\$21,336.00), payable to the order of NATIONSBANK OF TEXAS, N.A. as therein provided, the payment of which Note is secured by the vendor's lien retained herein and is additionally secured by a Deed of Trust of even date herewith to MICHAEL F. HORD, Trustee, has GRANTED, SOLD AND CONVEYED, and by these presents does GRANT, SELL AND CONVEY unto SCOTT A. WEAVER and wife, SHAUNA L. WEAVER ("Grantee") whose address is 4000 Horizon Hill, #2516, San Antonio, Bexar County, Texas 78229, all of the following described real property (the "Property") located in Comal County, Texas:/

> Lot 42, COYOTE RIDGE SUBDIVISION, UNIT 2, situated in Comal County, Texas, according to plat thereof recorded in Volume 11, Pages 386-388, Map and Plat Records of Comal County, Texas.

TO HAVE AND TO HOLD the above described premises, together with all and singular the rights and appurtenances thereto in anywise belonging, unto Grantee, Grantee's heirs, administrators, executors, and assigns forever; and Grantor does hereby bind Grantor, Grantor's successors and assigns to WARRANT AND FOREVER DEFEND all and singular the Property unto Grantee, Grantee's heirs, executors, administrators, and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof. But it is expressly agreed that the vendor's lien, as well as the service and all interest thereon is fully paid according to the face, tenor, effect and reading thereof, when this Deed shall become absolute. In the face, tenor, effect and reading thereof, when this Deed shall become absolute. In the face, tenor, effect and reading thereof, when this Deed shall become absolute. In the face, tenor, effect and reading thereof, when this Deed shall become absolute. In the face, tenor, effect and reading thereof, when this Deed shall become absolute. In the face, tenor, effect and reading thereof, when this Deed shall become absolute. In the face, tenor, effect and reading thereof, when this Deed shall become absolute. In the face, tenor, effect and reading thereof, when this Deed shall become absolute. In the face, tenor, effect and reading thereof, when this Deed shall become absolute. In the face, tenor, effect and reading thereof, when this Deed shall become absolute. In the face, tenor, effect and reading thereof, when this Deed shall become absolute. In the face, tenor, effect and reading thereof, when this Deed shall become absolute. In the face, tenor, effect and reading thereof, when this Deed shall become absolute. In the face, tenor, effect and reading thereof. In the face, tenor, effect and tenor. In the face, tenor, effect and tenor, effect and tenor. In the face, tenor, effect and teno

This conveyance is made and accepted subject to the following:

Declaration of Covenants, Conditions, Restrictions and Easements recorded under (1)Document Number 466686 of the Official Public Records of Real Property, Comal County, Texas, as amended by the Certificate of Annexation recorded under Document Number 9606015983 of the Official Public Records of Real Property of Comal County, Texas;

All easements and set-back lines reflected on the above described plat recorded in Comal County;

- Any discrepancies, conflicts or shortages in area or boundary lines, or any (3) encroachments or protrusions or any overlapping of improvements;
- All laws, regulations and ordinances of applicable governmental authorities, but (4) only to the extent that they are still in effect and relate to the Property;
- 150 foot water well sanitary control easement as reserved on the above described (5) plat.
- (6) _ Easement granted to Pedernales Electric Cooperative, Inc. as set forth in instrument recorded in Clerk's File No. 9506478321, Official Public Records of County Teras.

c:\clients\roundtop\forms\gwd-vl

DOC# 9606025311

In accordance with the terms of the Earnest Money Contract between Grantor and Grantee covering the Property, Grantee hereby agrees to reimburse Grantor for any ad valorem taxes and stand-by fees which Grantor may pay which are assessed against the Property and which are attributable to any time period after the date hereof. Ad valorem taxes assessed for 1996 will be pro-rated and paid as set forth in a separate agreement of even date herewith between Grantor and Grantee.

DATED the /9 day of December, 1996.

ROUND TOP, LTD.

By: JRM Development, Inc., **General Partner**

By: James Ritchie McCulloch, III, President

STATE OF TEXAS

COUNTY OF BEXAR

This instrument was acknowledged before me on December 19 , 1996, by JAMES RITCHIE MC CULLOCH, III, as President of JRM Development, Inc., General Partner of ROUND TOP, LTD., a Texas Limited Partnership, on its behalf.

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CAROL ANN PARSELL Notar, Public, Stals of Texas My Commission Exchen JAN. 22, 1993

Notary Public in and for the State of Texas

UPON RECORDATION, PLEASE **RETURN TO GRANTEE AT THIS** ADDRESS:

SCOTT A. WEAVER and SHAUNA L. WEAVER 4000 Horizon Hill, #2516 San Antonio, Texas 78229

> Doc# 9606025311 agest 12-26-1996 12:42:54 P.M. Recorded in COMAL County, TX. COUNTY CL CLERK

APR 26 2019 COUNTY ENGINEER

DOC# 9606025311

COUNTY OF COMAL

COUNTY ENGINEER'S OFFICE

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff	will	complete	shaded

items Date Received initials

Permit Number

Instructions:

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

OSSF Permit

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

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

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

Kequired Permit Fee

Copy of Recorded Deed

Surface Application/Aerobic Treatment System

Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public

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

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

ignature of Applicant

COMPLETE APPLICATION

Check No.___

Receipt No.

INCOMPLETE APPLICATION

(Missing Items Circled, Application Refused)

P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

Aerobic Maintenance Testing/Report Record

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is sent to the local permitting authority and the third copy is sent to the system owner along with an invoice for services by the maintenance company.

		Installa	tion & Startup Date	Contract Date:	Permit #
Report Sent to:		06/1	4/19 -> 06/28/19	06/28/19 - 06/28/21	109054
Scott & Shawna Weaver		SEP	TIC SYSTEM LOCA	TION	
738 Coyote Trail		Scott &	Shawna Weaver		Route Book #
Spring Branch, TX 78070			ote Trail		10-005
		Spring I	Branch, TX 78070		10-005
Mapsco :	Authorized Agen	t:			13304
352-D1	Comal County				
Report Findings & Inspector S	Signatures				
1. Required Frequency of Visits: Actual visit: Day of week #1	Month/ Day/Y	ear	rl A Scheel or Justin S		spector Signature
#2		Ca	rl A Scheel or Justin S	Scheel	
#3		Ca	rl A Scheel or Justin S	Scheel	
2. System Inspection: Date	#1	Date #2		Date#3	
Operati	onal#1	Operation	al#2 O	perational#3	
Yes or	No	Yes or No	Ye	s or No	
Inspected Item					
Chlorine Supply: Aerators: Air Filters: Air Pump: Irrigation Pump: Disinfection Device: Electrical Circuits: Distribution System: Sprayfield Vegetation:					
Aerators:			_		
Air Filters:			-		
Air Pump:			_		
Irrigation Pump:					
Disinfection Device:			-		
Electrical Circuits:			_		
Distribution System:			_		
Sprayfield Vegetation:					
Tank Lids Secured:			-		
3. Repairs to System (list all con	mponents replaced)				1
Date #1.	<u></u>		, and a second a		
Date #2.					
Date #3.					
4. Circle Test Performed (one is	required) mg/L,	mpm/10	0 ml, or trace		st Method
Date #1. BOD (Grab)	TSS (Grab)	2 (Grab)	Fecal Coliform	. Comple	Hach test kit
Date #2. BOD (Grab)	TSS (Grab) Cl	L2 (Grab)	Fecal Coliform		Hach test kit
Date #3. BOD (Grab)	TSS (Grab) Cl	L2 (Grab)	Fecal Coliform	1	Hach test kit
5. General Comments or Recomm	nendations:				
Date #1. 0 (t	····	-			
Date #2.					
Date #3.					

1.1

P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

BILL	то			SEPTIC SYSTEM LOCATION		
38 Coyote Trail			Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070			
Maps	co - Code:					
3:	52-D1					
Route	Book #	Authorized Agent:	Permit #	Contract Date:	Reason for Troubl	
10-	-005	Comal County	109054	06/28/19 - 06/28/21	odor	
Service			Operational	les or No		
Inspector:Jr	Disinfectio Electrical (Distributio Sprayfield Tank lids S 3. Repairs None 4. Test Per Test Metho Kone take 5. General	Pump: X	15:		otal	
	20	<u> </u>		Paym	ents/Credits	
					nce Due	
				Dala		

Aerobic Repair Call Inspection Report

Date of Trouble Called in:

10/31/2019

Call:

AMOU...

\$60.00

\$0.00

\$60.00

P.O. Box 372

Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

Aerobic Maintenance Testing/Report Record

· · ·		Installation & Startup Date	Contract Date:	Permit #
Report Sent to:	· · · · · · · · · · · · · · · · · · ·	06/14/19 -> 06/28/19	06/14/19 -> 06/28/19 06/28/19 - 06/28/21	
Scott & Shawna Weaver		SEPTIC SYSTEM LOCA	TION	
738 Coyote Trail Spring Branch, TX 78070		Scott & Shawna Weaver		Route Book #
		738 Coyote Trail Spring Branch, TX 78070		10-005
Mapsco :	Authorized Agent:			13304
352-D1	Comal County	L		4
Report Findings & Inspector S				
1. Required Frequency of Visits: Actual visit: Day of week #1. <u> </u>	3 times per year or ev Month/ Day/Year <u>1</u> / <u>2⁽/</u> / <u>9</u>	ery 4 months. Inspector ple Carl A Scheel or Justin S	7	Aspector Signature
#2. <u>12000000000000000000000000000000000000</u>	1127120	Carl A Scheel or Justin S	cheel and	
#3	/	Carl A Scheel or Justin S	cheel	Charles Harris
2. System Inspection: Date		Date #2	Date#3	an by ne -
Operation Yes or			perational#3 s or No	a dita Toka
Inspected Item	110		5 01 110	، با المربية المحمدية الت. الأرب لما تحييريات
Chlorine Supply:		4		
Aerators:			<u> </u>	F a get Ø
Air Filters: Air Pump: Irrigation Pump: Disinfection Device: Electrical Circuits: Distribution System:			·	152053
Irrigation Pump:		<u> </u>		a and a second and a
Disinfection Device:				
Electrical Circuits:				Filma by CE
Distribution System:	·			10 GPT
	·			a and the second
Tank Lids Secured:		<u> </u>	·	
3. Repairs to System (list all cor	nponents replaced)		· · ·	
Date #1.	· · ·			
Date #2.		·····		
Date #3.				;
4. Circle Test Performed (one is	required) mg/L,	mpm/100 ml, or trace		st Method
Date #1. BOD (Grab)	TSS (Grab)	Grab) Fecal Coliform	lungth I	Hach test kit
Date #2. BOD (Grab)	TSS (Grab) CL2 (Grab) Fecal Coliform	, Currist H	Hach test kit
Date #3. BOD (Grab)	TSS (Grab) CL2 (Grab) Fecal Coliform	H	Hach test kit
5. General Comments or Recomn	nendations:			
Date #1. 0 (· · ·		
Date #2.	~			
Date #3.		·		
	· · ·			

P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

Aerobic Maintenance Testing/Report Record

		Installation & Startup Date	Contract Date:	Permit #
Report Sent to:		06/14/19 -> 06/28/19	06/28/19 - 06/28/21	109054
Scott & Shawna Weaver		SEPTIC SYSTEM LOCAT	TION	
738 Coyote Trail Spring Branch, TX 78070		Scott & Shawna Weaver		Route Book #
	-	738 Coyote Trail Spring Branch, TX 78070		10-005
Mapsco :	Authorized Agent:			13304
352-D1	Comal County			
Report Findings & Inspector S				
1. Required Frequency of Visits: Actual visit: Day of week #1. <u>† 4 63</u>	Month/ Day/Year 9 / 24/19	Carl A Scheel or Justin S		hspector Signature
#2. Mon	1127,202	Carl A Scheel or Justin S	scheel and	1
#3. trues	5126,202	Carl A Scheel or Justin S	cheel 2:19	lead
2. System Inspection: Date	#1	Date #2	Date#3	- · ·
Operatio			perational#3 s or No	
Yes or Inspected Item	NO	les or No Ye	S OF NO	
Chlorine Supply:		4	4	
Aerators:			6,-	
Air Filters: Air Fump: Irrigation Pump: Disinfection Device: Electrical Circuits: Distribution System: Sprayfield Vegetation:			4 -	
Irrigation Pump:				
Disinfection Device:				
Electrical Circuits:			<u> </u>	
Distribution System:				
Sprayfield Vegetation:				
Tank Lids Secured:				
3. Repairs to System (list all con	nponents replaced)			
Date #1.				
/	···· · · · · · · · · · · · · · · · · ·		an Maandataa	
Date #2.	0			
Date #3.	*			
4. Circle Test Performed (one is	required) mg/L,	mpm/100 ml, or trace	Results Te	est Method
Date #1. BOD (Grab)	TSS (Grab) CL2 (Grab) Fecal Coliform	lungth	Hach test kit
Date #2. BOD (Grab)	TSS (Grab) CL2	Grab) Fecal Coliform	, lunght	Hach test kit
Date #3. BOD (Grab)	TSS (Grab) CL2 (Grab) Fecal Coliform	. comple	Hach test kit
5. General Comments or Recomm	nendations:			
Date #1. 0 (1				
Date #2.	_			
Date #3. P'eq.56	doi't bury	the access	1.15 Ta	ah;
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P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

Aerobic Maintenance Testing/Report Record

		Installation & Startup Date	Contract Date:	Permit #	
Report Sent to:		06/14/19 -> 06/28/19	06/28/19 - 06/28/21	109054	
Scott & Shawna Weaver		SEPTIC SYSTEM LOCA	SEPTIC SYSTEM LOCATION		
738 Coyote Trail Spring Branch, TX 78070		Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		Route Book # 10-005	
Mapsco :	Authorized Agent:			14627	
352-D1	Comal County			14027	
Report Findings & Inspector S	Signatures				
1. Required Frequency of Visits Actual visit: Day of week #1	Month/Day/Year 9/22/202	Carl A Scheel or Justin S Carl A Scheel or Justin S	Scheel 274	spector Signature	
#3	//	Carl A Scheel or Justin S	Scneel		
2. System Inspection: Data Operation: Operation: Data Operation: Yes or Inspected Item Chlorine Supply: Aerators: Air Filters: Air Filters: Air Pump: Irrigation Pump: Disinfection Device: Electrical Circuits: Distribution System: Sprayfield Vegetation: Tank Lids Secured: 3. Repairs to System (list all context)	ional#1 No	Operational#2 O	Date#3 perational#3 es or No		
Date #1.					
Date #2.					
Date #3.					
 Circle Test Performed (one i Date #1. BOD (Grab) 	-	mpm/100 ml, or trace	Acar Co	est Method Hach test kit	
				Hach test kit	
Date #2. BOD (Grab)		(Grab) Fecal Coliform			
Date #3. BOD (Grab)		(Grab) Fecal Coliform		Hach test kit	
5. General Comments or Recommodate #1.	mendations:				
Date #2.					
Date #3.					

P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

Aerobic Maintenance Testing/Report Record

33 Coyote Trail Set 10: STORM LOCATION pring Branch, TX 78070 Route factor Mapsco: Authorized Agent: 352-D1 Comal County Reputed Frequency of Visits: 3 limes per year or every 4 months. Inspector please print Reputed Frequency of Visits: 3 limes per year or every 4 months. Inspector please print Inspector Signature #2. #0.0 ** 1/.25/.1 Carl A Scheel or Justin Scheel MM #3.		14 L	Installation & Startup Date	Contract Date:	Permit #
33 Coyote Trail Set 10: Status Were pring Branch, TX 78070 Route factors Mapsco: Authorized Agent: 352-D1 Comal County Reputed Frequency of Visits: 3 times per year or every 4 months. Inspector please print Reputed Frequency of Visits: 3 times per year or every 4 months. Inspector please print Inspector Signature #2. Visit: 3 times per year or every 4 months. Inspector please print Inspector Signature #3. /_1	Report Sent to:		06/14/19 -> 06/28/19	06/28/19 - 06/28/21	109054
ipring Branch, TX 78070 Scott & Shawa Weaver Image: Control & Stawa Weaver Image	Scott & Shawna Weaver		SEPTIC SYSTEM LOCA	TION	
pring Blanch, 14 76070 78 Coyote Trail Mapsco: Authorized Agent: 352-D1 Comal County Required Frequency of Visits: 3 times per year or every 4 months. Inspector please print Inspector Signature #1 Cord			Scott & Shawna Weaver		Route Book
Mapsco: Authorized Agent: 352-D1 Comal County Report Findings & Inspector Signatures Inspector Please print	Spring Branch, TX 78070			0-010	
Mapsco : Authorized Agent: 14627 352-D1 Comal County 14627 Report Findings & Inspector Signatures Inspector Signatures Inspector Signatures Required Frequency of Visits: 3 times per year or every 4 months. Inspector Please print Inspector Signature #1. frequency of Visits: 3 times per year or every 4 months. Inspector Signature Inspector Signature #2. frequency of Visits: 3 times per year or every 4 months. Inspector Signature Inspector Signature #3.				1 400 10 100	1. 10-005
352-D1 Comal County Report Findings & Inspector Signatures . Required Frequency of Visits: 3 times per year or every 4 months. Inspector please print Inspector Signature #1. for \$\$\$ 0 yor \$\$\$\$ 0 yor \$\$\$ 0 yes or \$\$ 0 yes or	Mapsco :	Authorized Agent:			14627
Required Frequency of Visits: 3 times per year or every 4 months. Inspector please print Inspector Signature #1. frequency of Visits: 3 times per year or every 4 months. Inspector please print Inspector Signature #1. frequency of Visits: 3 times per year or every 4 months. Inspector please print Inspector Signature #1. frequency of Visits: 3 times per year or every 4 months. Inspector please print Inspector Signature #2. mod *a 1 / 25 / 11 Carl A Scheel or Justin Scheel 2 #3. / 1 / 25 / 11 Date #2 Date#3 0perational#3 Operational#1 Operational#2 Operational#3 0perational#3 Ves or No Yes or No Yes or No Yes or No Storine Supply:	352-D1	Comal County			14020
Letual visit: Day of veck Month Day/Year Carl A Scheel of Justin Scheel $M_{}$ #2. MO^{+n} $1/25/21$ Carl A Scheel of Justin Scheel $M_{}$ #3. $1/25/21$ Carl A Scheel of Justin Scheel $M_{}$ #3. $1/2$ Carl A Scheel of Justin Scheel $M_{}$ #3. $1/2$ Carl A Scheel of Justin Scheel $M_{}$ 2. System Inspection: Date #1 Date #2 Date#3 Operational#1 Operational#2 Operational#3 Yes or No Yes or No Yes or No Starburger $M_{}$ $M_{}$ It Plans: $M_{}$ $M_{}$ Starburger $M_{}$ $M_{}$ It Plans: $M_{}$ $M_{}$ It Plans: $M_{}$ $M_{}$ It Plans: $M_{}$ $M_{}$ It Plans: $M_{}$ $M_{}$ System: $M_{}$ $M_{}$ It Plans: $M_{}$ $M_{}$ System: $M_{}$ $M_{}$ Dist Plans: $M_{}$ <	Report Findings & Inspector S	Signatures			
#2. MO M 1 / 25 / 21 Carl A Scheel or Justin Scheel 2.44 #3.	1. Required Frequency of Visits	: 3 times per year or	every 4 months. Inspector ple	ease print In	spector Signature
#2. MO M 1 / 25 / 21 Carl A Scheel or Justin Scheel 2.44 #3.	Actual visit: Day of week	Month/ Day/Yea	ur i i i i i i i i i i i i i i i i i i i		
#2. MO M 1 / 25 / 21 Carl A Scheel or Justin Scheel 2.44 #3.		9122120	Carl A Scheel or Justin S	Scheel 274	F
#3	man				
A. System Inspection: Date #1 Date #2 Date#3 Operational#1 Yes or No Yes or No Yes or No Superational#2 Operational#3 Yes or No Yes or No Superational#1 Yes or No Yes or No Yes or No Superational#2 Operational#3 Yes or No Yes or No Superational#2 Yes or No Yes or No Yes or No Superational#2 Yes or No Yes or No Yes or No Superational#2 Yes or No Yes or No Yes or No Superations Image: Superational#2 Yes or No Yes or No Superation Supply: Image: Superational#2 Image: Superational#3 Image: Superational#3 Superation Pump: Image: Superational#2 Image: Superational#2 Image: Superational#3 Image: Superational#3 Superation Pump: Image: Superational#2 Image: Superational#3 Image:			Carl A Scheel or Justin S	scheel	
Operational#1 Yes or No Operational#2 Yes or No Operational#2 Yes or No Operational#3 Yes or No Shorine Supply:	#3	/ 1/	Carl A Scheel or Justin S	Scheel	
Yes or No Yes or No Yes or No nspected Item					
nspected Item					
Chlorine Supply:	Yes or	No	Yes or No Ye	es or No	
Aterators:	Inspected Item				
Aterators:					
hir Filters:			7		1 2
Nir Pump:					
rrigation Pump:			<u> </u>		1
Park Lids Secured:		-	;		and the second se
Park Lids Secured:	Irrigation Pump:				
Park Lids Secured:	Disinfection Device:				
Park Lids Secured:					ŧ
Park Lids Secured:					
Park Lids Secured:			<u> </u>		
A. Repairs to System (list all components replaced) Date #1. Date #2. Date #3. Circle Test Performed (one is required) mg/L, mpm/100 ml, or trace Results Test Method Date #1. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform CL2 (Grab) Fecal Coliform CL2 (Grab) Fecal Coliform Hach test kit Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit General Comments or Recommendations: Date #1. Date #2. Date #2. Date #2. Date #2. Date #2. Date #2. Date #2. Date #2. Date #2. Date #2. Date #2. Date #2. Date #2.		/			*
Date #1. Date #2. Date #3. Circle Test Performed (one is required) mg/L, mpm/100 ml, or trace Results Test Method Date #1. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal ColiformHach test kit Date #2. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal ColiformHach test kit Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal ColiformHach test kit Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal ColiformHach test kit Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal ColiformHach test kit Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal ColiformHach test kit Date #1 Date #1 Date #2	Tank Lids Secured:				· ·
Date #1. Date #2. Date #3. Circle Test Performed (one is required) mg/L, mpm/100 ml, or trace Results Test Method Date #1. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal ColiformHach test kit Date #2. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal ColiformHach test kit Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal ColiformHach test kit Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal ColiformHach test kit Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal ColiformHach test kit Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal ColiformHach test kit Date #1 Date #1 Date #2	2 Danairs to Sustem (list all as	mananta replaced)			
Date #2. Date #3. Circle Test Performed (one is required) mg/L, mpm/100 ml, or trace Results Test Method Date #1. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit Date #2. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit Date #1 (C	5. Repairs to System (list all co	imponents replaced)			
Date #3. Circle Test Performed (one is required) mg/L, mpm/100 ml, or trace Results Test Method Date #1. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform	Date #1.			·	5.
Date #3. Circle Test Performed (one is required) mg/L, mpm/100 ml, or trace Results Test Method Date #1. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform	Date #2.	·			
A. Circle Test Performed (one is required) mg/L, mpm/100 ml, or trace Results Test Method Date #1. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform			<u> </u>		
Date #1. BOD (Grab) TSS (Grab) $CL2$ (Grab) Fecal Coliform Lag/L Hach test kit Date #2. BOD (Grab) TSS (Grab) $CL2$ (Grab) Fecal Coliform Lag/L Hach test kit Date #3. BOD (Grab) TSS (Grab) $CL2$ (Grab) Fecal Coliform Hach test kit Date #3. BOD (Grab) TSS (Grab) $CL2$ (Grab) Fecal Coliform Hach test kit General Comments or Recommendations: $O(f_{1})$ $O(f_{2})$ $O(f_{2})$ $O(f_{2})$ Date #1. $O(f_{2})$ $O(f_{2})$ $O(f_{2})$ $O(f_{2})$		· · · · //	(100 - 1	Decella Te	
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Date #3. BOD (Grab) TSS (Grab) CL2 (Grab) Fecal Coliform Hach test kit General Comments or Recommendations: Date #1 Date #2 (Date #1. BOD (Grab)	TSS (Grab) (CL2	2 (Grab) Fecal Coliform	- copril I	Hach test kit
General Comments or Recommendations: Date #1. O(Date #2.	Date #2. BOD (Grab)	TSS (Grab) CL	2 (Grab) Fecal Coliform	chaple 1	Hach test kit
Date #1. 0(1) Date #2. 0(1)	Date #3. BOD (Grab)	TSS (Grab) CL2	2 (Grab) Fecal Coliform	I	Hach test kit
Date #1. 0(1) Date #2. 0(1)	5. General Comments or Recom	mendations:			
Date #2. 0 (C					
	Date #1.	·	·		
Date #3.	Date #2.) (c			
ναιυ πJ.	Date #3				
	Jaic #J.				

Fermit #

Authorized Agent

Aerobic Testing & Reporting Date Generated Contract

P.O. Box 372		Date Generated
Bulverde, TX 78163 830-438-7329		4/5/2021
Carl A Scheel Maint provider # MP00		415/2021
Justin Scheel Maint provider # MP000	02046	
Contract To:		Septic System Location
Scott & Shawna Weaver		Scott & Shawna Weaver
738 Coyote Trail Spring Branch, TX 78070	х 	738 Coyote Trail Spring Branch, TX 78070
Spring Branch, TX 70070	4	Spring Branch, TX 70070
	2	
		CC
	14 -	

Due Date

4/5/2021	Contract #
	15121
Septic System Location	64
ott & Shawna Weaver	RECEIVED
8 Coyote Trail ring Branch, TX 78070	APR 2 1 2021

 COUNTY ENGINEER

 Contract Date
 Aerobic Manufacturer

 06/28/21 - 06/28/22
 Clearstream

109054	Comal County	May 14, 2021	06/28/21 - 06/28/22	Clearstream
ITEM		DESCRIPTION	1	AMOUNT
Reporting 1	by making regularly scheduled insp electrical, and other operation and a overflow, and examination for odor Notice: The Owner shall pro- in order to preform the duties of thi the homeowners responsibility to no preform the duties of this contract of be responsible for the cost of an ever In the event repairs are deemed attempts of notification for the need billed accordingly. By your signatus services herein are provided only for funds available to pay for the service services. Any attempt to seek out on contract. The owner/tenant is responsible Problems are to be reported to the of function & repairs will be complete This agreement will remain in e service company gives written thirty	ections one (1) each four (4) me an effluent quality inspection co rs. wide unhindered access to the p s contract. If there are any pets to otify us & make the necessary a caused by a lack of or miscomme tra service call. necessary for the proper operation of repairs will be made prior to re on this contract you agree & or compensation. By accepting s ces herin and 1 agree to provide r use another maintenance provi- te for maintaining chlorine in the office phone number above. Res ad & sent to the "TCEQ Authori affect One Year as noted in the co y (30) days notice of their desired der the authority and responsibility.	nsisting of a visual check for col- roperty (padlock key or combina- that could potentially present a s- rrangements for safe entry. Any unication will be done and the h- tion of the Aerobic system and/or o work being performed. Extra s- approve the necessary repairs. I ervices I am representing that I I full payment upon the completic der for repairs will be considered system for the purpose of disinf ponse time will be within 48 hou zed Agent" after each inspection contract dates above or less if the	mechanical, for, turbidity, scum afety issue, it is extra trips to ome owner shall its components, ervice trips will be understand that the have sufficient n of these d a breech of this ection. urs. A report of
45 Day Disc	Discount offered for signed contract invoice. If mailed after the due date Make checks payable to "BEST".			
4	Menn I	allane	Total	\$225.00
Sign here		paid	Payments/C	credits \$0.00

159

4/9/21

\$225.00

P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

Aerobic Maintenance Testing/Report Record

		Installation & Startup Date	Contract Date:	Permit #
Report Sent to:		06/14/19 -> 06/28/19	06/28/19 - 06/28/21	109054
Scott & Shawna Weaver		SEPTIC SYSTEM LOCAT	TION	1
738 Coyote Trail Spring Branch, TX 78070		Scott & Shawna Weaver		Route Book #
Spring Branch, 1X /80/0		738 Coyote Trail	10-010	-10-005
		Spring Branch, TX 78070		1.0000
Mapsco :	Authorized Agent:			14627
352-D1	Comal County			
Report Findings & Inspector S	lignatures			
1. Required Frequency of Visits:			ase print Ir	spector Signature
Actual visit: Day of week	Month/ Day/Year		7 . 7.	/
#1. tues	9122/202	Carl A Scheel or Justin S	cheel 114	1
#2. <u>mon</u>	1,25,21	Carl A Scheel of Justin S	cheel 2.9.	. /
#3. 042-1	5 124/21	Carl A Scheel or Justin S	cheel 2-9	1
2. System Inspection: Date	#1	Date #2	Date#3	
Operatio			perational#3	
Yes or	No	Yes or No Ye	s or No	
Inspected Item			/	
Chlorine Supply:		<u> </u>	4 —	
noretors.				
Air Filters:				
ru i dinp.		<u> </u>		
Electrical Circuits: Distribution System: Sprayfield Vegetation:				
Distribution Southern				
Distribution System:		<u> </u>		
Sprayfield Vegetation:				
		Annual Constanting		
3. Repairs to System (list all cor	nponents replaced)			
Date #1.				
Date #2.		1		
/				
Date #3.				
4. Circle Test Performed (one is	required) mg/L,	mpm/100 ml, or trace	Results Te	st Method
Date #1. BOD (Grab)	TSS (Grab) CL2	(Grab) Fecal Coliform	, light	Hach test kit
Date #2. BOD (Grab)	TSS (Grab) CL2 ((Grab) Fecal Coliform	hy/l	Hach test kit
Date #3. BOD (Grab)	TSS (Grab) CL2	(Grab) Fecal Coliform	. (my/1	Hach test kit
5. General Comments or Recomm	nendations:			
Ole				
Date #1.	le			
	((
Date #3. P1E	ast treat	for duty w	uder air pu	any culler

P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

Aerobic Maintenance Testing/Report Record

		Insta	llation & Startup Date	Contract Date:	Permit #	
Report Sent to:		00	5/14/19 -> 06/28/19	06/28/21 - 06/28/22	2 109054	
Scott & Shawna Weaver		SE	SEPTIC SYSTEM LOCATION			
738 Coyote Trail Spring Branch, TX 78070		738 C	& Shawna Weaver oyote Trail g Branch, TX 78070	12-100	Route Book #	
Mapsco :	Authorized A		,,,,,,,,		16277	
352-D1 2272	Comal Cou	inty			10277	
Report Findings & Inspector	Signatures					
1. Required Frequency of Visit Actual visit: Day of week #1. <u>Tubr</u>	Month/Da	ay/Year	Carl A Scheel or Justin S	-	Inspector Signature	
#2		(Carl A Scheel or Justin S	Scheel		
#3	/	/ (Carl A Scheel or Justin S	Scheel		
Operat Yes of Inspected Item Chlorine Supply: Aerators: Air Filters: Air Pump: Irrigation Pump: Disinfection Device: Electrical Circuits:		Date # Operation Yes or N 	onal#2 O	Date#3 perational#3 es or No		
Date #3. 4. Circle Test Performed (one i Date #1. BOD (Grab)	s required) m TSS (Grab)	g/L, mpm/l	00 ml, or trace Fecal Coliform	Results T Imple	°est Method Hach test kit	
Date #2. BOD (Grab)	TSS (Grab)	CL2 (Grab)	Fecal Coliform		Hach test kit	
Date #3. BOD (Grab)	TSS (Grab)	CL2 (Grab)	Fecal Coliform		Hach test kit	
5. General Comments or Recomm		OLZ (Olab)	Pecal Contorn		riach test Kit	
Date #1 O	1					
		_				
Date #1 O						

Centex Hydro-Flo, Inc. & "Bulverde Electro Septic Tech" P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

352-DI 2272

BILL TO	
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070	
Mapsco - Code:	

Aerobic Repair Call Inspection Report

Date of Trouble Called in: 10/18/2021

SEPTIC SYSTEM LOCATION

Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070

			11 Fall		1	
Route I	Book #	Authorized Agent:	Permit #	Contract Date:	Reason for Troubl	e Call:
11-1	100	Comal County	109054	06/28/21 - 06/28/22	make repairs	
ervice			Operational Yes	or No		AMOU.
//18/2021	 System In Chlorine Su Aeroators: Air Filters: Air Pump: Irrigation Pu Disinfection Electrical Ci Distribution Sprayfield V Tank lids See Repairs to Bypassed and 4. Test Perfor Test Method General Ci I will return 	pply: X X X imp: X Device: X ircuits: X System: X /egetation: X	S:		nd pipe to complete this	120.00
spector:Ca gnature:	I A Scheel	Le A Sul	B	Tot	tal	\$120.0
	6		(Payme	nts/Credits	\$0.0
				Balar	ice Due	\$120.

P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

BILL	то			SEPTIC SYSTEM	LOCATION	
Scott & Shav 738 Coyote Spring Brand				Scott & Shawna Wea 738 Coyote Trail Spring Branch, TX 78		
Mapsc	o - Code:					
352-D1 2	272 2491 tnk					
Route E	Book #	Authorized Agent:	Permit #	Contract Date	: R	eason for Trouble Call:
11-1	00	Comal County	109054	06/28/21 - 06/28/	22 re	pair broken cleanout riser
Service			Operational Ye	es or No		AMO
Inspector:Ca Signature:	Air Pump: Irrigation Pur Disinfection I Electrical Cirr Distribution S Sprayfield Ve Tank lids Sec 3. Repairs to Repair broker replace non fit 4. Test Perfor Test Method 5. General Co OK NOW	ply:X X mp:X Device:X cuits:X	l box for the irrigation	pump.	Total	\$180
				Pa	yments/C	redits \$0

Aerobic Repair Call Inspection Report

Date of Trouble Called in:

10/20/2021

AMOU ... 180.00

\$180.00

Balance Due

\$0.00

\$180.00

P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

Aerobic Maintenance Testing/Report Record

Ins	tallation & Startup Date	Contract Date:	Permit #	
	06/14/19 -> 06/28/19	06/28/21 - 06/28/22	109054	
l s	EPTIC SYSTEM LOCAT	TION		
Sco 738	tt & Shawna Weaver Coyote Trail	12-100	Route Book #	
orized Agent:	ing Dimion, The roots		16277	
omal County			102/7	
res			15284 200	
10000000000000000000000000000000000000	Carl A Scheel or Justin S	cheel my	spector Signature	
1 1	Carl A Scheel or Justin S	cheel	and the state of the second	
Data Opera Yes or // // // //	e #2 tional#2 Of No Ye	Date#3 perational#3 s or No		
	-/100 1	Basulta Ta	a Mathed	
Grab) CL2 (Grab)	Fecal Coliform	lung / L	st Method Hach test kit Hach test kit	
			Hach test kit	
ons: $\mathcal{U}\mathcal{O}\mathcal{U}$		· · · · · · · · · · · · · · · · · · ·		
	orized Agent: orized Agent: omal County res nes per year or every 4 n fonth/Day/Year $\frac{1}{2}$ $\frac{1}{2$	Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070 res res res res res res res res	06/14/19 - 06/28/19 $06/28/21 - 06/28/22$ SEPTIC SYSTEM LOCATION Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070 orized Agent: mal County Image: Coyote Trail Spring Branch, TX 78070 res Image: Coyote Trail Spring Branch, TX 78070 res per year or every 4 months. Inspector please print Intoth/Day/Year / J2 / J1 Carl A Scheel or Custin Scheel J Carl A Scheel or Justin Scheel J Carl A Scheel or Justin Scheel Date #2 Operational#3 Operational#3 Yes or No Yes or No Carl A Scheel or Justin Scheel Justin Scheel <td colsp<="" td=""></td>	

P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

BILL TO			SEPTIC S	YSTEM LOCATI	ION	
Scott & Shawna Weave 738 Coyote Trail Spring Branch, TX 780			Scott & Shaw 738 Coyote T Spring Branch	rail		
Mapsco - Code:			L			
352-D1 2272 2491	tnk					
Route Book #	Authorized Agent:	Permit #	Contrac	t Date:	Reason for Trou	uble Call:
11-100	Comal County	109054	06/28/21 -	06/28/22	air pump not r	unning
Service		Operational Ye	es or No			AMO
Disinfecti Electrical Distribution Sprayfield Tank lids 3. Repairs Replaced 4. Test Per Test Meth None take	Pump:X	warranty				
244				Total		\$850
			Ļ	Payments	/Credits	\$0
				Balance	Due	\$850

Aerobic Repair Call Inspection Report

Date of Trouble Called in:

2/17/2022

AMOU .. 850.00

\$850.00

\$0.00

\$850.00

P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

Aerobic Maintenance Testing/Report Record

	Installation & Startup Date	Contract Date:	Permit #		
Report Sent to:	06/14/19 -> 06/28/19	06/28/21 - 06/28/22	109054		
Scott & Shawna Weaver	SEPTIC SYSTEM LOCATION				
738 Coyote Trail Spring Branch, TX 78070	Scott & Shawna Weaver	19-100	Route Book #		
	738 Coyote Trail Spring Branch, TX 78070	14.100	=+0=010		
Mapsco: Authorized Agent:			16277		
352-D1 2272 2491 Comal County		· · · · · · · · · · · · · · · · · · ·			
Report Findings & Inspector Signatures					
1. Required Frequency of Visits: 3 times per year or even Actual visit: Day of week Month/Day/Year #1. <u>Thor</u> <u>9</u> / <u>17</u> / <u>2</u>	ery 4 months. Inspector ple Carl A Scheel or Justin S	- 3	Aspector Signature		
#2. wed 1,26,22	Carl A Scheel or Justin S	cheel m	atol		
#3. TUE 5,31,22	Carl A Scheel or Justin S	cheel	(Detref		
2. System Inspection: Date #1 Date #2 Date#3 Operational#1 Operational#2 Operational#3 Yes or No Yes or No Yes or No					
Irrigation Pump: Disinfection Device: Electrical Circuits: Distribution System: Sprayfield Vegetation: Tank Lids Secured: 3. Repairs to System (list all components replaced) Date #1.					
Date #2.	alle aller	1,247 5415	·		
4. Circle Test Performed (one is required) mg/L,	mpm/100 ml, or trace	Results Te	st Method		
		, 10	`		
Date #1. BOD (Grab) TSS (Grab) CL2 (C		I mill	Hach test kit		
Date #2. BOD (Grab) TSS (Grab) CL2 (C	\sim		Hach test kit		
Date #3. BOD (Grab) TSS (Grab) -CL2 (C	Grab) Fecal Coliform	Ingl	Hach test kit		
5. General Comments or Recommendations:					
Date #1. 0(
Date #2. 0(404					
Date #3.					
	····				
· · · · · · · · · · · · · · · · · · ·					

Aerobic Testing & Reporting Contract

P.O. Box 372		
Bulverde, TX 78163	830-438-7329	
Carl A Scheel Maint p	provider # MP0000014	
Justin Scheel Maint pr	covider # MP0002046	

Contract To: Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070

Date Generated

4/1/2022

Contract #

17312

Septic System Location

Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070

Permit # Authorized Agent Due Date Contract Date Aerobic Manufact			Aerobic Manufacturer	
109054	Comal County	May 14, 2022	06/28/22 - 06/28/23	Clearstream
ITEM		DESCRIPTION	in a strategy	AMOUNT
Reporting 1	by making regularly scheduled inspe- electrical, and other operation and ar overflow, and examination for odors Notice: The Owner shall prov- in order to preform the duties of this the homeowners responsibility to no preform the duties of this contract ca- be responsible for the cost of an extr In the event repairs are deemed r attempts of notification for the need billed accordingly. By your signature services herein are provided only for funds available to pay for the service services. Any attempt to seek out or contract. The owner/tenant is responsible Problems are to be reported to the of function & repairs will be completed This agreement will remain in ef service company gives written thirty	actions one (1) each four (4) may n effluent quality inspection co- tride unhindered access to the p contract. If there are any pets tify us & make the necessary a used by a lack of or miscomm a service call. necessary for the proper operation of repairs will be made prior to e on this contract you agree & compensation. By accepting s es herin and I agree to provide use another maintenance provide use another maintenance provide to for maintaining chlorine in the effice phone number above. Res I & sent to the "TCEQ Authori fect One Year as noted in the of (30) days notice of their desire ler the authority and responsib se # MP0002046 s & payments received with a p	nsisting of a visual check for colu- roperty (padlock key or combina- that could potentially present a sa- rrangements for safe entry. Any of unication will be done and the ho- tion of the Aerobic system and/or o work being performed. Extra se approve the necessary repairs. I uservices I am representing that I h full payment upon the completion der for repairs will be considered system for the purpose of disinfe- ponse time will be within 48 hou- zed Agent" after each inspection. contract dates above or less if the e to terminate said agreement. ility of Carl A. Scheel "TCEQ" L	mechanical, pr, turbidity, scum tion is acceptable) afety issue, it is extra trips to ome owner shall its components, rvice trips will be understand that the ave sufficient n of these a breech of this ection. rs. A report of property owner or icense # DATE" of this -25.00
	Show 7-14	1,	Leel U.S.k. Total	\$240.00
Sign here	pran - M	Pain	Payments/C	redits \$0.00
		712 / 4-14	2-22 Balance	

P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

Aerobic Maintenance Testing/Report Record

		Iristallation & Startup Date	Contract Date:	Permit #
Report Sent to:		06/14/19 -> 06/28/19 06/28/22 - 06/28/23		109054
Scott & Shawna Weaver		SEPTIC SYSTEM LOCAT	ΓΙΟΝ	
738 Coyote Trail Spring Branch, TX 78070		Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		Route Book # 11-100
Mapsco :	Authorized Agent:			18103
352-D1 2272 2491 tnk	Comal County			
Report Findings & Inspector S	Signatures	1		1000000 1.1.4
1. Required Frequency of Visits: Actual visit: Day of week #1. +4 C	3 times per year or en Month/Day/Year 9 12 7 12		i i i a I	spector Signature
#2	//	Carl A Scheel or Justin S	cheel	1 1
#3		Carl A Scheel or Justin S	cheel	
2. System Inspection: Date Operati Yes or	onal#1		Date#3 perational#3 s or No	
Inspected Item Chlorine Supply: Aerators: Air Filters: Air Pump: Irrigation Pump: Disinfection Device: Electrical Circuits: Distribution System: Sprayfield Vegetation: Tank Lids Secured: 3. Repairs to System (list all content)	mponents replaced)			
Date #1.				
Date #2.		n an		
Date #3.				
4. Circle Test Performed (one is	required) mg/L,	mpm/100 ml, or trace	Rest.'ts Te	st Method
Date #1. BOD (Grab)	TSS (Grab) CL2	Grebi FouthCollfolm	, hugell 1	Haol, test 1.1:
Date #2, BOD (Grab)	TSS (Crab) CL2 ;	(G.ab) Food Coliforn		is all uses icit
Date #3. BOD (Grab)	TSS (Crao) GL2	(Crib) Tessi Collionn		auch that fol
5. General Comments or Recommendation	nendations:			
Date #1.		··· (
Date #2.			- georgeographic	
Date #3.				
]			

P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

Aerobic Maintenance Testing/Report Record

		Instal	lation & Startup Date	Contract Date:	Permit #
Report Sent to:		06	06/14/19 -> 06/28/19 06/28/22 - 06/28/23 109054		
Scott & Shawna Weaver		SE	PTIC SYSTEM LOCA	TION ,	
738 Coyote Trail Spring Branch, TX 78070		Scott	& Shawna Weaver		Route Book #
Spring Dranen, TX 70070			oyote Trail		11-100
			Branch, TX 78070		
Mapsco :	Authorized Age				18103
352-D1 2272 2491 tnk	Comal County			Course Da	A 44
Report Findings & Inspector	-			CLEARS	
1. Required Frequency of Visits Actual visit: Day of week #1. <u>+u</u> es	Month/ Day/	rear	nths. Inspector ple	51	nspector Signature
#2. <u>wę</u> ć			Carl A Scheel or Justin S	icheel my	
#3	//	(Carl A Scheel or Justin S	Scheel	
	c #1	Date #		Date#3	
	ional#1	Operatio		perational#3	
Yes of	No	Yes or N	lo Ye	es or No	
Inspected Item Chlorine Supply:		/			
Aerators:					
Aerators: Air Filters: Air Pump: Irrigation Pump: Disinfection Device: Electrical Circuits: Distribution System: Sprayfield Vegetation:		-/-			
Air Pump:					
Irrigation Pump:					
Disinfection Device:					
Disinfection Device:		<u> </u>			
Electrical Circuits:			_		
Distribution System:					
Sprayfield Vegetation:					
Tank Lids Secured:	-				
3. Repairs to System (list all co	mponents replaced)			
Date #1.					
Date #2.					
Date #3.					
4. Circle Test Performed (one i		0	100 ml, or trace	, 11	est Method
Date #1. BOD (Grab)	TSS (Grab)	L2 (Grab)	Fecal Coliform	()	Hach test kit
Date #2. BOD (Grab)	TSS (Grab)	CL2 (Grad)	Fecal Coliform	. lung [[Hach test kit
Date #3. BOD (Grab)	TSS (Grab)	CL2 (Grab)	Fecal Coliform		Hach test kit
5. General Comments or Recom					
Date #1.			na an a		
Date #2.	t.				
Date #3.					
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P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

Aerobic Maintenance Testing/Report Record

		Installation & Startup Date	Contract Date:	Permit #
Report Sent to:		06/14/19 -> 06/28/19	06/28/22 - 06/28/23	109054
Scott & Shawna Weaver		SEPTIC SYSTEM LOCAT	TION	
738 Coyote Trail Spring Branch, TX 78070		Scott & Shawna Weaver 738 Coyote Trail		Route Book #
Mapsco :	Authorized Agent:	Spring Branch, TX 78070		10100
352-D1 2272 2491 tnk	Comal County			18103
Report Findings & Inspector S	Signatures		CLEARST	REAM
1. Required Frequency of Visits Actual visit: Day of week #1. <u>+u</u> <i>U</i> #2. <u>w</u> <i>e c</i>	Month/Day/Year 9 137122 1 128123	Carl A Scheel or Justin S Carl A Scheel or Justin S	cheel and	spector Signature
#3. <u>~~</u> ld	> 129/25	Carl A Scheel of Justin S	cheet <u>all</u>	
2. System Inspection: Date Operati Yes or	onal#1	Operational#2 Op	Date#3 perational#3 s or No	
Inspected Item Chlorine Supply: Aerators: Air Filters: Air Pump: Irrigation Pump: Disinfection Device: Electrical Circuits: Distribution System: Sprayfield Vegetation: Tank Lids Secured: 3. Repairs to System (list all condition) Date #1. Date #2.	mponents replaced)			
Date #3.	aced air st	~~~(
4. Circle Test Performed (one is	s required) mg/L,	mpm/100 ml, or trace	Results Tes	st Method
Date #1. BOD (Grab)	TSS (Grab) CL2 (Grab) Fecal Coliform	, hungel 1	lach test kit
Date #2. BOD (Grab)	\sim	Grab) Fecal Coliform	. lugle	lach test kit
Date #3. BOD (Grab)	TSS (Grab) CL2 (Grab) Fecal Coliform	lugt 1	lach test kit
5. General Comments or Recomm	nendations:			
Date #1O(×	
Date #2.				
Date #3. loss li	ke an additi	in to the house	is being add	se e

Aerobic Testing & Reporting Contract

P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

Contract To:

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Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070

Date (Generated
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4/1/2023

Contract #

19157

Septic System Location

Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070

Permit # Due Date Contract Date Aerobic Manufacturer Authorized Agent 06/28/23 - 06/28/24 Clearstream 109054 Comal County May 14, 2023 AMOUNT DESCRIPTION ITEM 265.00 We agree to provide Testing & Reporting service on the existing Aerobic system for its proper working condition Reporting 1 .. by making regularly scheduled inspections one (1) each four (4) months including inspection of the mechanical, electrical, and other operation and an effluent quality inspection consisting of a visual check for color, turbidity, scum overflow, and examination for odors. The Owner shall provide unhindered access to the property (padlock key or combination is acceptable) Notice: in order to preform the duties of this contract. If there are any pets that could potentially present a safety issue, it is the homeowners responsibility to notify us & make the necessary arrangements for safe entry. Any extra trips to preform the duties of this contract caused by a lack of or miscommunication will be done and the home owner shall be responsible for the cost of an extra service call. In the event repairs are deemed necessary for the proper operation of the Aerobic system and/or its components, attempts of notification for the need of repairs will be made prior to work being performed. Extra service trips will be billed accordingly. By your signature on this contract you agree & approve the necessary repairs. I understand that the services herein are provided only for compensation. By accepting services I am representing that I have sufficient funds available to pay for the services herin and I agree to provide full payment upon the completion of these services. Any attempt to seek out or use another maintenance provider for repairs will be considered a breech of this contract. The owner/tenant is responsible for maintaining chlorine in the system for the purpose of disinfection. Problems are to be reported to the office phone number above. Response time will be within 48 hours. A report of function & repairs will be completed & sent to the "TCEQ Authorized Agent" after each inspection. This agreement will remain in effect One Year as noted in the contract dates above or less if the property owner or service company gives written thirty (30) days notice of their desire to terminate said agreement. By funding this contract you agree to its terms. Inspectors & Inspections are under the authority and responsibility of Carl A. Scheel "TCEO" License # MP0000014 Or Justin Scheel License # MP0002046 No refunds! -25.00 45 Day Disc Discount offered for signed contracts & payments received with a postmark on or before the "DUE DATE" of this invoice. If mailed after the due date which is 45 days before the contract date, please remit full amount! Make checks payable to "BEST". ame A (Maner Total \$240.00 Sign here **Payments/Credits** \$0.00 **Balance Due** \$240.00

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P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

BILL TO			SEPTIC	SYSTEM LOCATIO	ON	
Scott & Shawna Weav 738 Coyote Trail Spring Branch, TX 78			738 Coyote	wna Weaver Trail ch, TX 78070		- 1
Mapsco - Code			L			
352-D1 2272 2491	tnk					
Route Book #	Authorized Agent:	Permit #	Contr	act Date:	Reason for Trout	ole Call:
11-100	Comal County	109054	06/28/2	3 - 06/28/24	repair cleano	out
Service	1	Operational Y	es or No	Aerobic Mfg	Clearstream	AMOU
Air Pum Irrigation Disinfec Electrica Distribut Sprayfie Tank lid 3. Repai install a 4. Test P Test Met 5. Gener ØK NOT	a Pump:X	efore the pretreat tank.				
Inspector:Carl A Schee Signature:	Coll Site			Total		\$70.00
		,		Payments	/Credits	\$0.00
			v	Balance	e Due	\$70.00

Aerobic Repair Call Inspection Report

Date of Trouble Called in:

6/28/2023

P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

Aerobic Maintenance Testing/Report Record

C SYSTEM LOCATIO hawna Weaver te Trail anch, TX 78070 Aerol s. Inspector please A Scheel or Justin Sche A Scheel or Justin Sche A Scheel or Justin Sche Da	Print Inspector S Print Inspect	
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te Trail anch, TX 78070 Aerol s. Inspector please A Scheel or Justin Sche A Scheel or Justin Sche A Scheel or Justin Sche A Scheel or Justin Sche Da Da	bic MFG Clearst print Inspector S pel pel eel atte#3 attional#3	13-060 9924 tream
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Da #2 Opera	ational#3	
#2 Opera	ational#3	
	Results Test Method	
Fecal Coliform	Hach test	kit
	Hach test	kit
Fecal Coliform		
Fecal Coliform	107	
]	Fecal Coliform	Fecal Coliform

P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

Aerobic Maintenance Testing/Report Record

		Installation & Startup	Date	Contract Date:	Permit #
Report Sent to:		06/14/19 -> 06/28/	19	06/28/23 - 06/28/24	109054
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070					Route Book #
Mapsco :	Authorized Agent:	Spring Brancii, TX 760	,,,,		10024
352-D1 2272 2491 tnk	Comal County	<u>1</u>			19924
Report Findings & Inspector S	Signatures		Ae	erobic MFG	Clearstream
1. Required Frequency of Visits: Actual visit: Day of week #1 #2 #3	Month/Day/Year	Carl A Scheel or .	Justin So Justin So	cheel and	nspector Signature
2. System Inspection: Date Operation Yes or Inspected Item Chlorine Supply: Aerators: Air Filters: Air Filters: Air Filters: Disinfection Device: Electrical Circuits: Distribution System: Sprayfield Vegetation: Tank Lids Secured: Air Pump: 3. Repairs to System (list all condition) Date #1. Date #2. Date #3. Date #3. BOD (Grab) Date #2. BOD (Grab) Date #3. BOD (Grab)	onal#1 No mponents replaced) s required) mg/L, TSS (Grab) CL2 (TSS (Grab) CL2 (TSS (Grab) CL2 (Date #2 Operational#2 Yes or No	Op Yes 	Date#3 perational#3 s or No	rest Method Hach test kit Hach test kit Hach test kit
5. General Comments or Recomm Date #1. 1/l w		under (245	true	tion	
Date #2.	11 1	1 11			· · · · · · · · · · · · · · · · · · ·
Date #3.	0	· · · · · · · · · · · · · · · · · · ·			

P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

Aerobic Maintenance Testing/Report Record

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is sent to the local permitting authority and the third copy is sent to the system owner along with an invoice for services by the maintenance company.

		Installation & Startu	p Date Contract D	ate: Permit #			
Report Sent to:		06/14/19 -> 06/28	/19 06/28/24 - 06/	/28/25			
Scott & Shawna Weaver		SEPTIC SYSTEM	SEPTIC SYSTEM LOCATION				
738 Coyote Trail		Scott & Shawna Weav		Route Book			
Spring Branch, TX 78070		738 Coyote Trail		13-060			
Mapsco :	Authorized Agent:	Spring Branch, TX 78	070				
352-D1 2272 2491 tnk	Comal County	·		21769			
Report Findings & Inspector S			Aerobic MFG	Clearstream			
1. Required Frequency of Visits:		every A months Insp	ector please print	Inspector Signature			
Actual visit: Day of week #1. <u>+4</u>	Month/ Day/Yea (0 / 1 / 1 2 °	ar	0				
#2		_ Carl A Scheel or	Justin Scheel				
#3		_ Carl A Scheel or	Justin Scheel	27 J.			
2. System Inspection: Date		Date #2	Date#3				
Operatio		Operational#2	Operational#3				
Yes or	No	Yes or No	Yes or No				
Inspected Item							
Chlorine Supply:							
Aerators:	-						
Air Filters: Air Pump: rrigation Pump: Disinfection Device: Electrical Circuits: Distribution System: Spravfield Vegetation:							
Air Pump:							
Irrigation Pump:	and the second						
Disinfection Device:							
Electrical Circuits:							
Distribution System:							
oprayneid vegetation.							
Tank Lids Secured:							
3. Repairs to System (list all con	nponents replaced)						
Date #1.	/	Linear and the second					
Date #2.							
Date #3.		And I have been					
4. Circle Test Performed (one is	required) mg/L,	mpm/100 ml, or	trace Results	Test Method			
Date #1. BOD (Grab)	TSS (Grab)	2 (Grab) Fecal Colifor	m <u>eugl</u>	Hach test kit			
Date #2. BOD (Grab)	TSS (Grab) CL2	2 (Grab) Fecal Colifor	m	Hach test kit			
Date #3. BOD (Grab)	TSS (Grab) CL2	2 (Grab) Fecal Colifor	m	Hach test kit			
. General Comments or Recomm	endations:						
Date #1.							
Date #2.							
Date #3.							

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P.O. Box 372 Bulverde, TX 78163 830-438-7329 Carl A Scheel Maint provider # MP0000014 Justin Scheel Maint provider # MP0002046

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Aerobic Maintenance Testing/Report Record

		Installation & Startur	Date	Contract Date:	Permit #
Report Sent to:		06/14/19 -> 06/28/	′19	06/28/24 - 06/28/2	5 109054
Scott & Shawna Weaver	SEPTIC SYSTEM	LOCA	ΓΙΟΝ		
738 Coyote Trail Spring Branch, TX 78070		Scott & Shawna Weav	er	···· ····	Route Book #
Spring Branch, TX 78070		738 Coyote Trail			13-060
		Spring Branch, TX 780)70		070
Mapsco :	Authorized Agent:				21769
352-D1 2272 2491 tnk	Comal County				
Report Findings & Inspector S			L	erobic MFG	Clearstream
1. Required Frequency of Visits		very 4 months. Inspe	ctor ple	ase print	Inspector Signature
Actual visit: Day of week #1. <u>+4</u> ?	Month/ Day/Year	Carl A Scheel or	luctin C	cheal 1	1
		Call A Scheel of			<u></u>
#2	2,3,22	Carl A Scheel or	Justin S	cheel	/
#3	//	Carl A Scheel or	Justin S	cheel	
2. System Inspection: Date		Date #2		Date#3	
Operati		Operational#2		perational#3	
Yes or	No	Yes or No	Ye	s or No	
Inspected Item Chlorine Supply:		(
		$\overline{}$ –			
Aerators:			-		
Air Pump:		•	-		
Irrigation Pump:			-		
Disinfection Device:					
Electrical Circuits:		<u> </u>			
Distribution System:		· · · ·			
Tank Lids Secured:					
3. Repairs to System (list all con	mponents replaced)				
Date #1					
Date #2.					
Date #3.					
4. Circle Test Performed (one is	s required) mg/L,	mpm/100 ml, or	trace	6 36	Test Method
Date #1. BOD (Grab)	TSS (Grab) CL2	(Grab) Fecal Colifor	m	· Crest C	Hach test kit
Date #2. BOD (Grab)	TSS (Grab) CL2	(Grab) Fecal Colifor	m,	elling IL	Hach test kit
Date #3. BOD (Grab)	TSS (Grab) CL2	(Grab) Fecal Colifor	m		Hach test kit
5. General Comments or Recomm	1				
Date #1. (21				
Date #2.	0 ((
Date #3.			<u></u>	,,,,,,,	