

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 TRL
SPRING BRANCH, TX 78070

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

Type of System: Aerobic
Surface Irrigation

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.

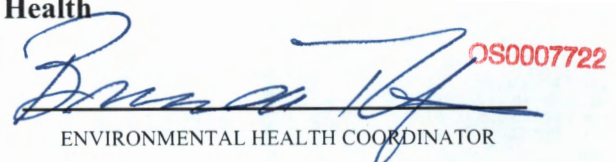
This license to operate is valid for an indefinite period. The holder may transfer it to a succeeding owner, provided the facility has not been remodeled and is functioning properly.

Licensing Authority

Comal County Environmental Health


ENVIRONMENTAL HEALTH INSPECTOR

OS0032485


ENVIRONMENTAL HEALTH COORDINATOR

Olvera,Brandon

From: Olvera,Brandon
Sent: Tuesday, July 2, 2024 4:11 PM
To: Greg Johnson
Cc: Massie,Cassandra S; sweaver@gvvc.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 Olvera** | **Designated Representative OS0034792** | Comal County | www.cceo.org |
| 195 David Jonas Dr, New Braunfels, TX-78132 | **t:** 830-608-2090 | **f:** 830-608-2078 | **e:**
olverb@co.comal.tx.us |

Comal County Environmental Health OSSF Inspection Sheet

870

Installer Name: Justin Scheel OSSF Installer #: 050032417
 1st Inspection Date: 6/24/19 2nd Inspection Date: can 6-27-19 3rd Inspection Date: 6-28-19
 Inspector Name: Mike T. Inspector Name: CONNOR Inspector Name: CONNOR
 Permit #: 109054 Address: Coyote Ridge / 738 Coyote Trail Dr

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	✓	285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)	no insp. rain wet no power	6/24/19	✓	
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	✓	285.31(10) 285.30(b)(4) 285.31(d)			-	
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	✓	285.32(a)(1)			-	
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	✓	285.32(a)(3)			-	
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	✓	285.32(a)(5)			-	
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(ii) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(i)				
7	PRETREATMENT Grease Interceptors If required for commercial		285.34(d)				

6-27-19
COVER, tank sbr
OPERATIONAL

6-28-19
COVERED

**Comal County Environmental Health
OSSF Inspection Sheet**

Item	Description	Inspector	Criteria	Notes	1st Insp.	2nd Insp.	3rd Insp.	
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and "T" Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements	/	285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(ii)(H) 285.32(b)(1)(E)(ii)(I) 285.32(b)(1)(E)(i) 285.32(b)(1)(D) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(i) 285.32(b)(1)(B) 285.32(b)(1)(A) 285.32(b)(1)(E)(iv)			/	/	
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used	/	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)			/		
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped	/	285.38(d)			/		
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions	/	285.38(d) 285.38(e)			/		
12	SEPTIC TANK Tank Volume Installed							
13	PUMP TANK Volume Installed							
14	AEROBIC TREATMENT UNIT Size Installed	/				/		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	/		CLEAR STREAM		/		
16	DISPOSAL SYSTEM Absorptive Chamber		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)					
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)					
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(1) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)					

**Comal County Environmental Health
OSSF Inspection Sheet**

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

**Comal County Environmental Health
OSSF Inspection Sheet**

	Description	Notes	Code	1st Insp.	2nd Insp.	3rd Insp.
	<p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0%</p> <p>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom)</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart</p>		<p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(B)</p> <p>285.91(13)</p> <p>285.33(b)(3)(D)</p> <p>285.33(b)(3)(F)</p>			
32	AEROBIC TREATMENT UNIT is Aerobic Unit Installed According to Approved Guidelines	✓	285.32(c)(1)		✓	
33	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank</p> <p>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions</p>	✓			✓	
34	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place	✓			✓	
35	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti-Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>					
36	<p>PUMP TANK Inspection/Clean Out Port & Risers Provided</p> <p>PUMP TANK Secondary restraint system provided</p> <p>PUMP TANK Riser permanently fastened to lid or cast into tank</p> <p>PUMP TANK Riser cap protected against unauthorized intrusions</p>					
37	PUMP TANK Secondary restraint system provided					
38	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried					
39						

**Comal County Environmental Health
OSSF Inspection Sheet**

FINAL

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

Comal County Environmental Health OSSF Inspection Sheet

870

Installer Name: Justin Scheel OSSF Installer #: 050032417
 1st Inspection Date: 6/24/19 2nd Inspection Date: com 6-27-19 3rd Inspection Date: _____
 Inspector Name: Mike T. Inspector Name: CONNOR Inspector Name: _____
 Permit#: 109054 Address: Coyote Ridge / 738 Coyote Trail Dr

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	✓	285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)	no insp. Rain & wet no power	6/24/19	✓	
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	✓	285.91(10) 285.30(b)(4) 285.31(d)			✓	
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	✓	285.32(a)(1)			✓	
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	✓	285.32(a)(3)			✓	
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	✓	285.32(a)(5)			✓	
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G)285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(ii) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(i)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

6-27-19
COVER, tank set
OPERATIONAL

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
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9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used	/	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)			/	
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped	/	285.38(d)			/	
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions	/	285.38(d) 285.38(e)			/	
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed	/				/	
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	/		CLEAR STREAM		/	
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
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**Comal County Environmental Health
OSSF Inspection Sheet**

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19	DISPOSAL SYSTEM Drip Irrigation		285.33(c)(3)(A)-(F)				
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21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
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24	DISPOSAL SYSTEM Other (describe) (Approved Design)	/	285.33(d)(6) 285.33(c)(4)	AEROBIC SPRAY		/	
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
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33	<p>AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.</p>	✓	285.32(c)(1)			✓	
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank</p> <p>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions</p>	✓ ✓ ✓				✓ ✓ ✓	
35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly installed with Chlorine Tablets in Place.</p>	✓				✓	
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>						
37	<p>PUMP TANK Inspection/Clean Out Port & Risers Provided</p> <p>PUMP TANK Secondary restraint system provided</p> <p>PUMP TANK Riser permanently fastened to lid or cast into tank</p> <p>PUMP TANK Riser cap protected against unauthorized intrusions</p>						
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OSSF Inspection Sheet**

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41	APPLICATION AREA Low Angle Nozzles Used / Pressure Is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed	✓ ✓ ✓	285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)			✓ ✓	
42	APPLICATION AREA Area Installed	✓				✓	
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						

Comal County Environmental Health OSSF Inspection Sheet

870

Installer Name: Justin Scheel OSSF Installer #: _____

1st Inspection Date: 6/24/19 2nd Inspection Date: _____ 3rd Inspection Date: _____

Inspector Name: Mike T. Inspector Name: _____ Inspector Name: _____

Permit#: 109054 Address: Coyote Ridge / 738 Coyote Trail Dr

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
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OSSF Inspection Sheet**

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10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
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**Comal County Environmental Health
OSSF Inspection Sheet**

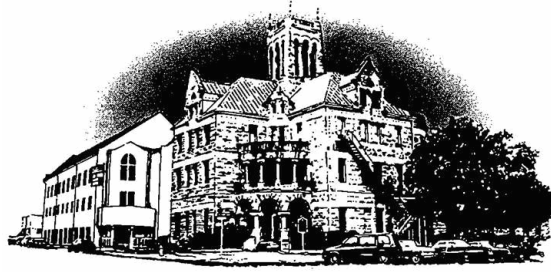
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20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound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

**Comal County Environmental Health
OSSF Inspection Sheet**

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

**Comal County Environmental Health
OSSF Inspection Sheet**

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



Comal County

OFFICE OF COMAL COUNTY ENGINEER

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

Permit Number: 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 Comal County requirements.

Call (830) 608-2090 to schedule inspections.

RECEIVED

By Brandon Olvera at 4:05 pm, Jul 02, 2024



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

195 DAVID JONAS DR
NEW BRAUNFELS, TX 78132
(830) 608-2090
WWW.CCEO.ORG

Date May 24, 2024

Permit Number 109054

1. APPLICANT / AGENT INFORMATION

Owner Name SCOTT A. & SHAUNA L. WEAVER
Mailing Address 738 COYOTE TRAIL
City, State, Zip SPRING BRANCH TEXAS 78070
Phone # 210-273-4376
Email sweaver@gvtc.com

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

2. LOCATION

Subdivision Name COYOTE RIDGE Unit 2 Lot 42 Block

Survey Name / Abstract Number Acreage

Address 738 COYOTE TRAIL City SPRING BRANCH State TX Zip 78070

3. TYPE OF DEVELOPMENT

Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) REMODEL EXISTING HOME AND EXISTING PAVILLION

Number of Bedrooms 5

Indicate Sq Ft of Living Area 4167

Non-Single Family Residential

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

Type of Facility

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

Restaurants, Lounges, Theaters - Indicate Number of Seats

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

Travel Trailer/RV Parks - Indicate Number of Spaces

Miscellaneous

Estimated Cost of Construction: \$ EXISTING (Structure Only)

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

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

Source of Water Public Private Well Rainwater Collection

4. SIGNATURE OF OWNER

By signing this application, I certify that:

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

Shauna L. Weaver
Signature of Owner

6/29/24
Date

RECEIVED

By Brandon Olvera at 4:06 pm, Jul 02, 2024



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) EXISTING 500 TRASH/CLEARSTREAM 600 Absorption/Application Area (Sq Ft) 8482
NC3T (#109054)

Gallons Per Day (As Per TCEQ Table 111) 360

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

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

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

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

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

Is there at least one acre per single family dwelling as per 285.40(c)(1)? Yes No

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

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

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

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

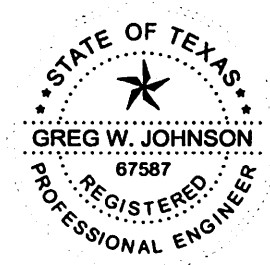
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP.)

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

(if yes, the R.S. or P.E. 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 UP has been approved by the appropriate reg

Is this property within an incorporated city? Yes No

If yes, indicate the city: _____



FIRM #2585

By signing this application, I certify that:

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

Signature of Designer

June 1, 2024
Date

RECEIVED

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

Doc# 9906026043

RECEIVED

OCT 08 1999

ENVIRONMENTAL HEALTH

Yc

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF COMAL
STATE OF TEXAS

Before me, the undersigned authority, on this day personally appeared Scott & Shauna Weaver, 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 Comal 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.

Shauna L. Weaver
Property Owner

[Signature]
Property Owner

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

Norma J. Del Toro
Notary Public, State of Texas

Notary's Printed Name: Norma J. Del Toro
My Commission Expires: 12-14-99



Doc# 9906026043

Doc# 9906026043
Pages: 1
Date: 9/29/99 2:03:46 PM
Filed & Recorded in
Official Records of
COMAL COUNTY
JOY STREATER
COUNTY CLERK
Fees \$9.00

STATE OF TEXAS
COUNTY OF COMAL
This is to certify that this document was
FILED and RECORDED in the Official
Public Records of Comal County, Texas on the
date and time stamped therein.

Joy Streater
COUNTY CLERK

RECEIVED

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

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

AEROBIC INITIAL SERVICE POLICY

Printed Date:

4/24/2019

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

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

Aerobic Manufacturer	Permit #	Authorized Agent:	Contract Date:
Clearstream		Comal County	LTO

DESCRIPTION
<p>We agree to provide a two-year initial service policy which will provide for inspection and service of your AEROBIC TREATMENT PLANT.</p> <p>The effective date of this initial maintenance contract shall be the date the License to Operate is issued.</p> <p>The policy will include the following:</p> <ol style="list-style-type: none"> 1. 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. 2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. 3. If any operation is observed, which cannot be corrected at that time, you shall be notified immediately of the conditions and the estimated date of correction. 4. The Homeowner/ Tenant is responsible for the maintaining of chlorine in the system for the purpose of disinfection. 5. Response Time: Problems are to be reported to the phone number above, response time will be within 48 hours. <p>Owner/ user operation instructions must be strictly followed or warranties are subject to invalidation.</p> <p>The cost of repairs, or replacement of equipment not under warranty, or pumping sludge build-up from the system, if necessary, is not included in this policy.</p> <p>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.</p> <p>Service Dealer: Centex Hydro-Flo, Inc. & "Best" (Bulverde Electro Septic Tech). Responsible Party: Carl A Scheel "TCEQ" # OS2 6151</p>

	
---	--

Owner Signatures

RECEIVED

By Brandon Olvera at 4:06 pm, Jul 02, 2024

**THE COUNTY OF COMAL
STATE OF TEXAS**

CERTIFICATION OF SINGLE FAMILY DWELLING

According to Texas Commission of Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of **COMAL COUNTY, TEXAS.**

I

SCOTT A. & SHAUNA L.

Before me this day appeared WEAVER, being the owners of the referenced property at 738 COYOTE TRAIL. They further state that the Residence and any additional living space on this property will be occupied only by a single family.

An OSSF requiring a Certification of Single Family Dwelling, will be installed on the property described as:

2 UNIT BLOCK 42 LOT COYOTE RIDGE SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by SCOTT A. WEAVER & SHAUNA L. WEAVER

WITNESS MY HAND ON THIS 24th OF DAY OF June, 2024.

[Signature]
OWNER (SIGNATURE)

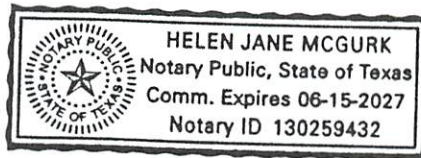
[Signature]
OWNER (SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 24th DAY OF June, 2024 BY

SCOTT A. WEAVER
OWNER NAME (PRINTED)

SHAUNA L. WEAVER
OWNER NAME (PRINTED)

[Signature]
Notary Public Signature



**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.

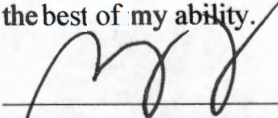
SOIL BORING NUMBER		SURFACE EVALUATION				
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	IV	CLAY	N/A	NONE OBSERVED	LIMESTONE @ 6"	BROWN
1						
2						
3						
4						
5						

RECEIVED
APR 26 2019

COUNTY ENGINEER

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

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



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

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: SCOTT A. WEAVER & SHAUNA L. WEAVER
Address: 738 COYOTE TRAIL
City: SPRING BRANCH State: TX
Zip Code: 78070 Phone: 210-273-4376

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

Property Location:

Installer Information:

Lot 42 Unit 2 Blk Subd. COYOTE RIDGE
Street Address: 738 COYOTE TRAIL
City: SPRING BRANCH Zip Code: 78070
Additional Info.:

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

Topography: Slope within proposed disposal area: 4 %
Presence of 100 yr. Flood Zone: YES NO X
Existing or proposed water well in nearby area. YES X 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 YES NO X

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = GPD

Residential Water conserving fixtures to be utilized? Yes X No

Number of Bedrooms the septic system is sized for: 5 Total sq. ft. living area 4167

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

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

Trash Tank Size 400 Gal.

POOL PAVILLION
HAS NO LIVING AREA AND
PART OF SINGLE FAMILY

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

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

Application Area Utilized = 8482 sq. ft.

Pump Requirement 9.3 Gpm @ 40 Psi (FRANKLIN 0.5 HP C1 series or equivalent)

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

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

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

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

With Chlorinator

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

Two way cleanout

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

1" Sch-40 PVC discharge manifold

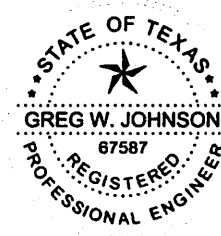
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

EXPOSED ROCK WILL BE COVERED WITH SOIL *

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

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

06/01/24
DATE



RECEIVED

By Brandon Olvera at 4:09 pm, Jul 02, 2024



COYOTE TRAIL

40.87'

10.10'

26.88'

280.06'

111.58'

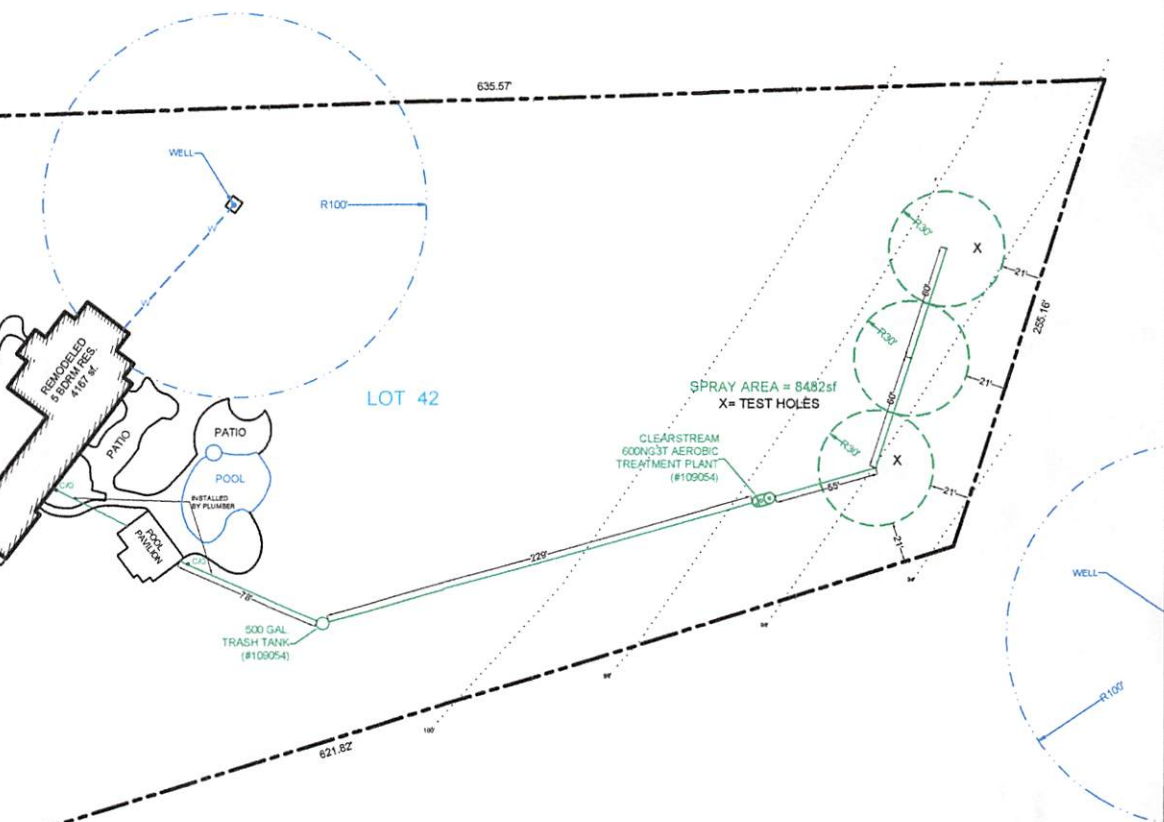
635.57'

LOT 42

255.16'

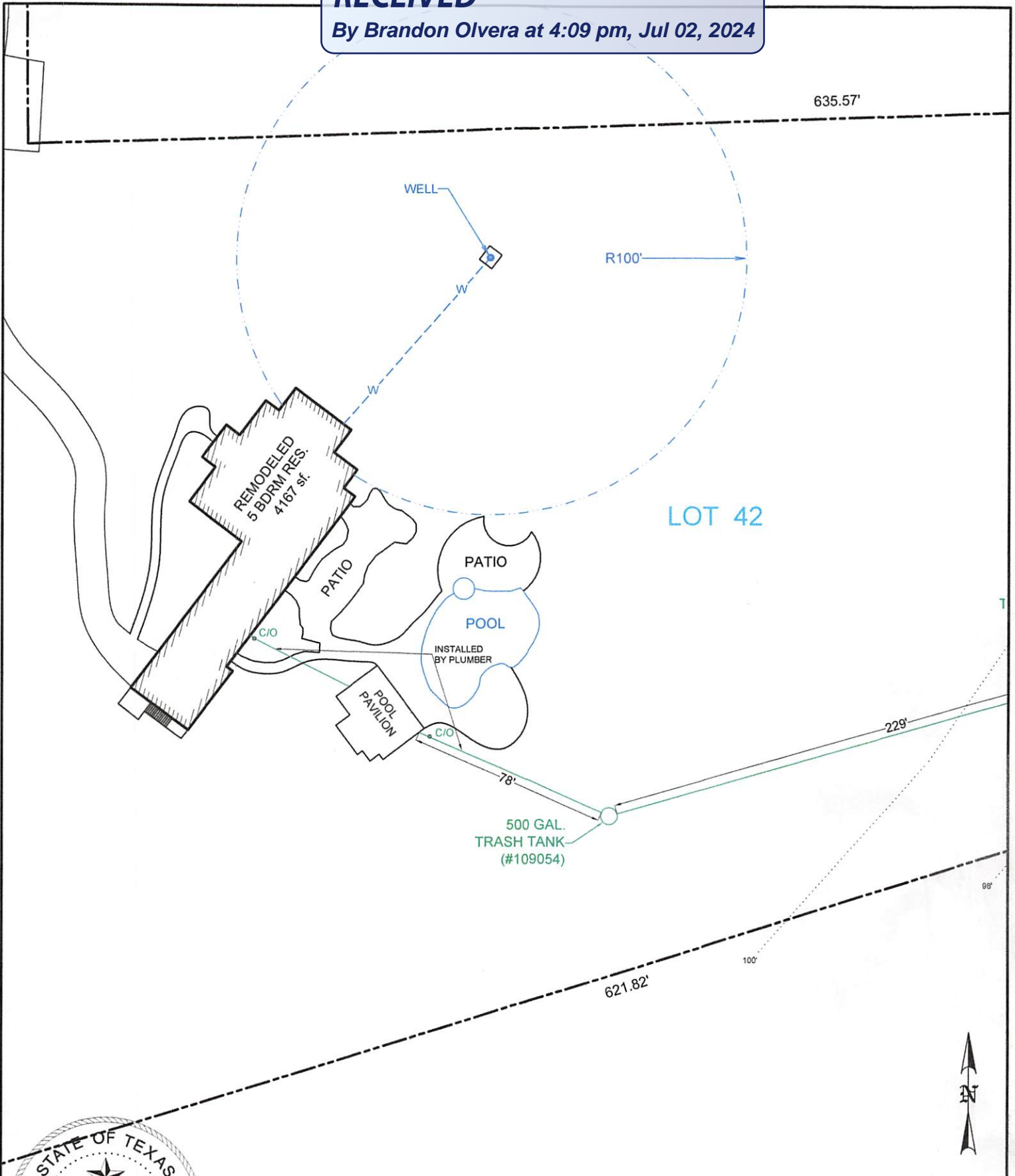
621.82'

OWNER: SCOTT A. & SHAUNA L. WEAVER		DRAWN BY: EJS III/GWJ	
STREET ADDRESS: 738 COYOTE TRAIL			
LEGAL DESC: COYOTE RIDGE	UNIT/SECTION/PHASE: 2	BLOCK:	LOT: 42
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=100'	DATE: 05/30/2024	REVISED:



RECEIVED

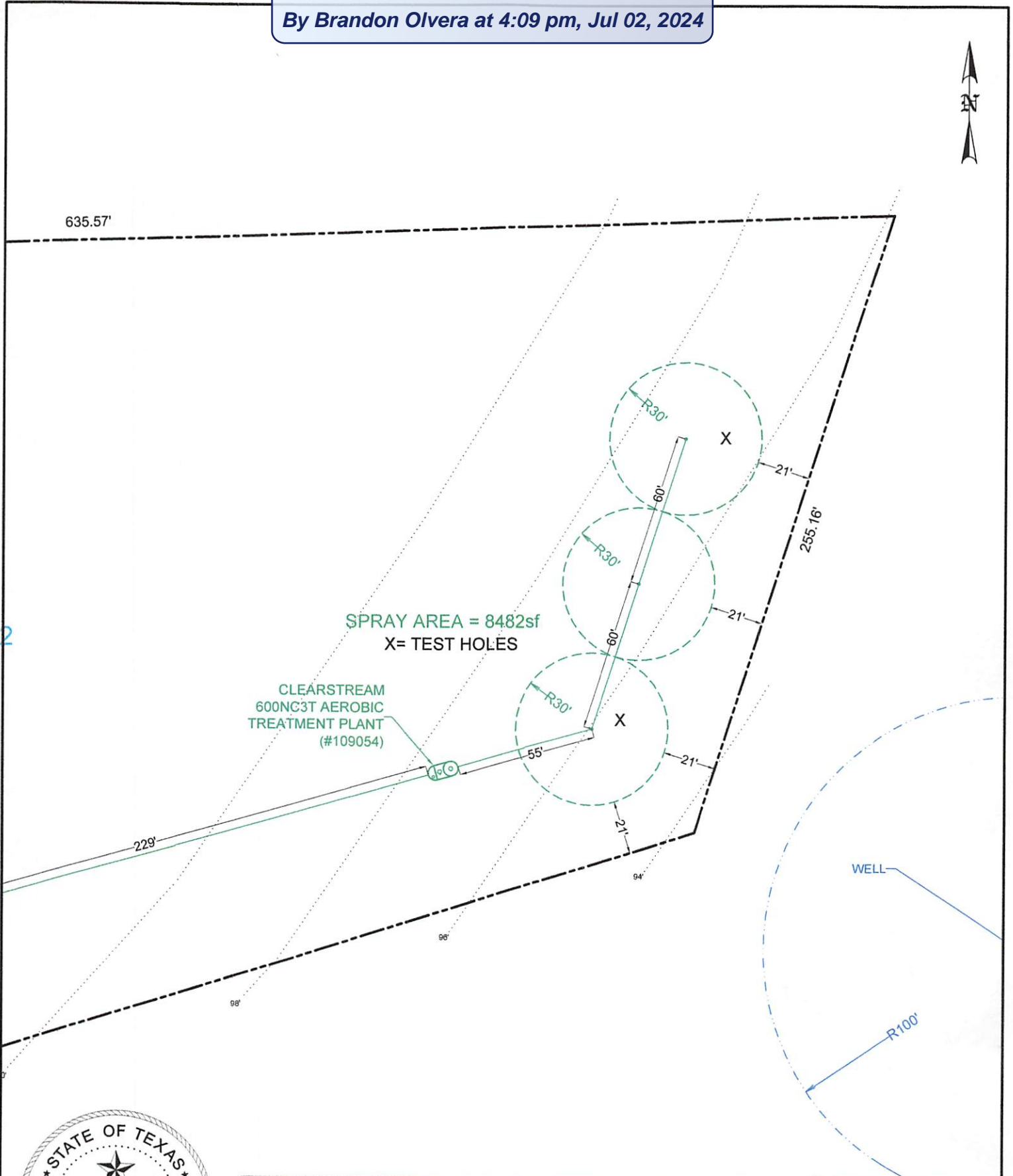
By Brandon Olvera at 4:09 pm, Jul 02, 2024



OWNER: SCOTT A. & SHAUNA L. WEAVER		DRAWN BY: EJS III/GWJ	
STREET ADDRESS: 738 COYOTE TRAIL			
LEGAL DESC: COYOTE RIDGE	UNIT/SECTION/PHASE: 2	BLOCK:	LOT: 42
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 05/30/2024	REVISED:

RECEIVED

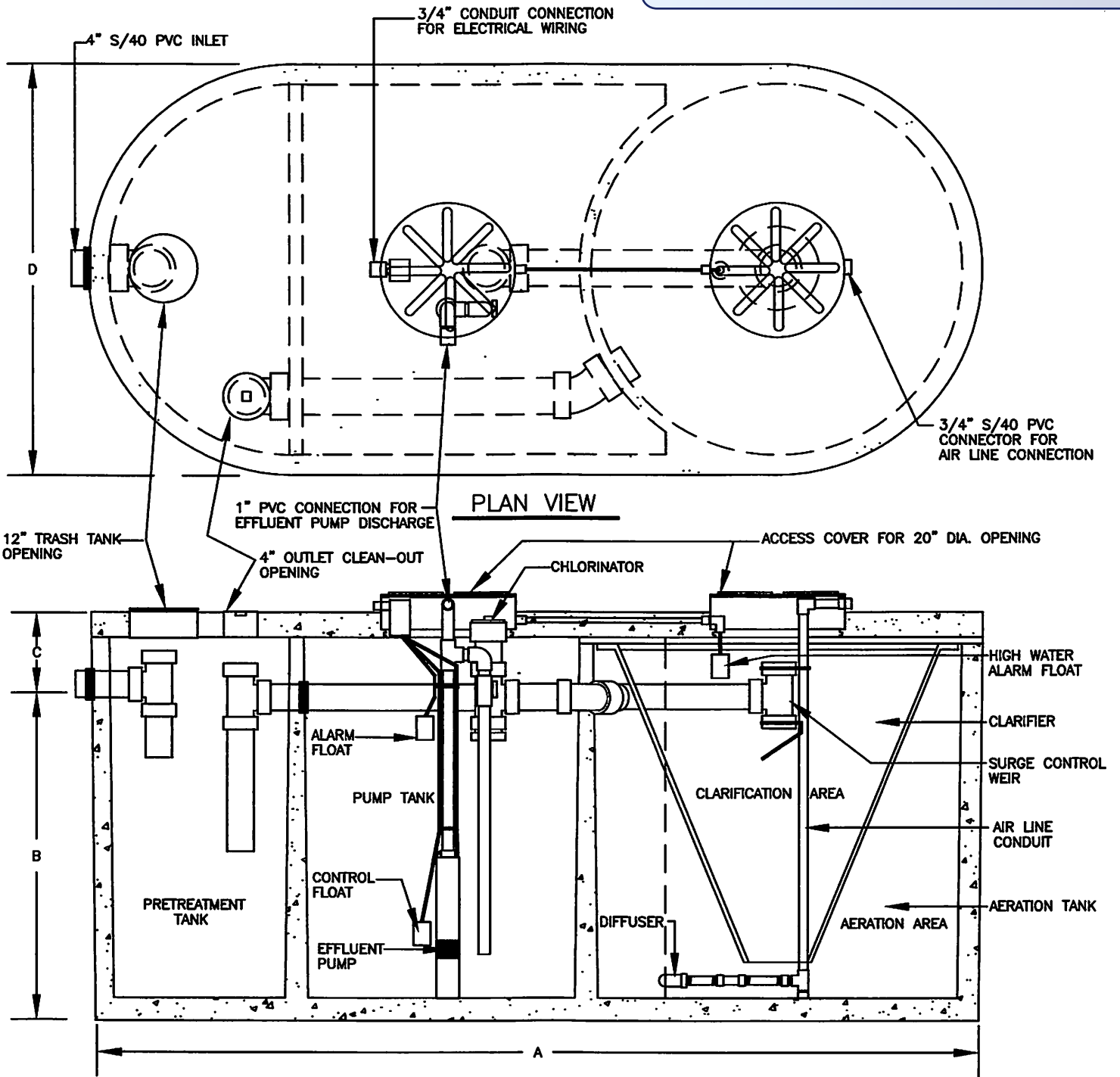
By Brandon Olvera at 4:09 pm, Jul 02, 2024



OWNER: SCOTT A. & SHAUNA L. WEAVER		DRAWN BY: EJS III/GWJ	
STREET ADDRESS: 738 COYOTE TRAIL			
LEGAL DESC: COYOTE RIDGE	UNIT/SECTION/PHASE: 2	BLOCK:	LOT: 42
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 05/30/2024	REVISED:

RECEIVED

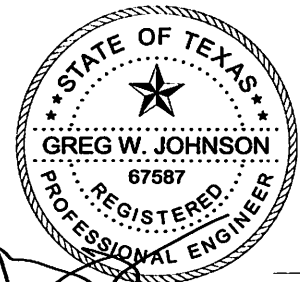
DESIGN DRAWING By Brandon Olvera at 4:09 pm, Jul 02, 2024



**MODEL NC3
SECTION**

DIMENSIONAL DATA

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



100
06/01/24
F-2585

RECEIVED

By Brandon Olvera at 4:09 pm, Jul 02, 2024

TANK NOTES:

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

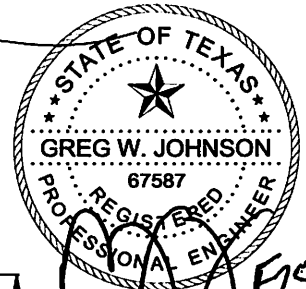
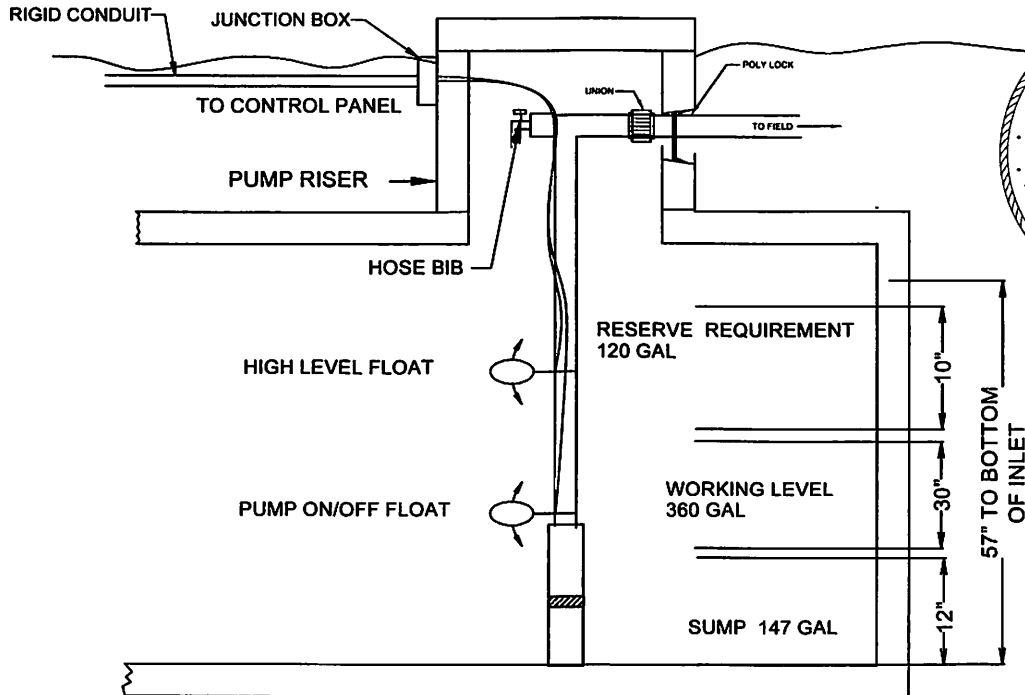
Tightlines to the tank shall be SCH-40 PVC.

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.

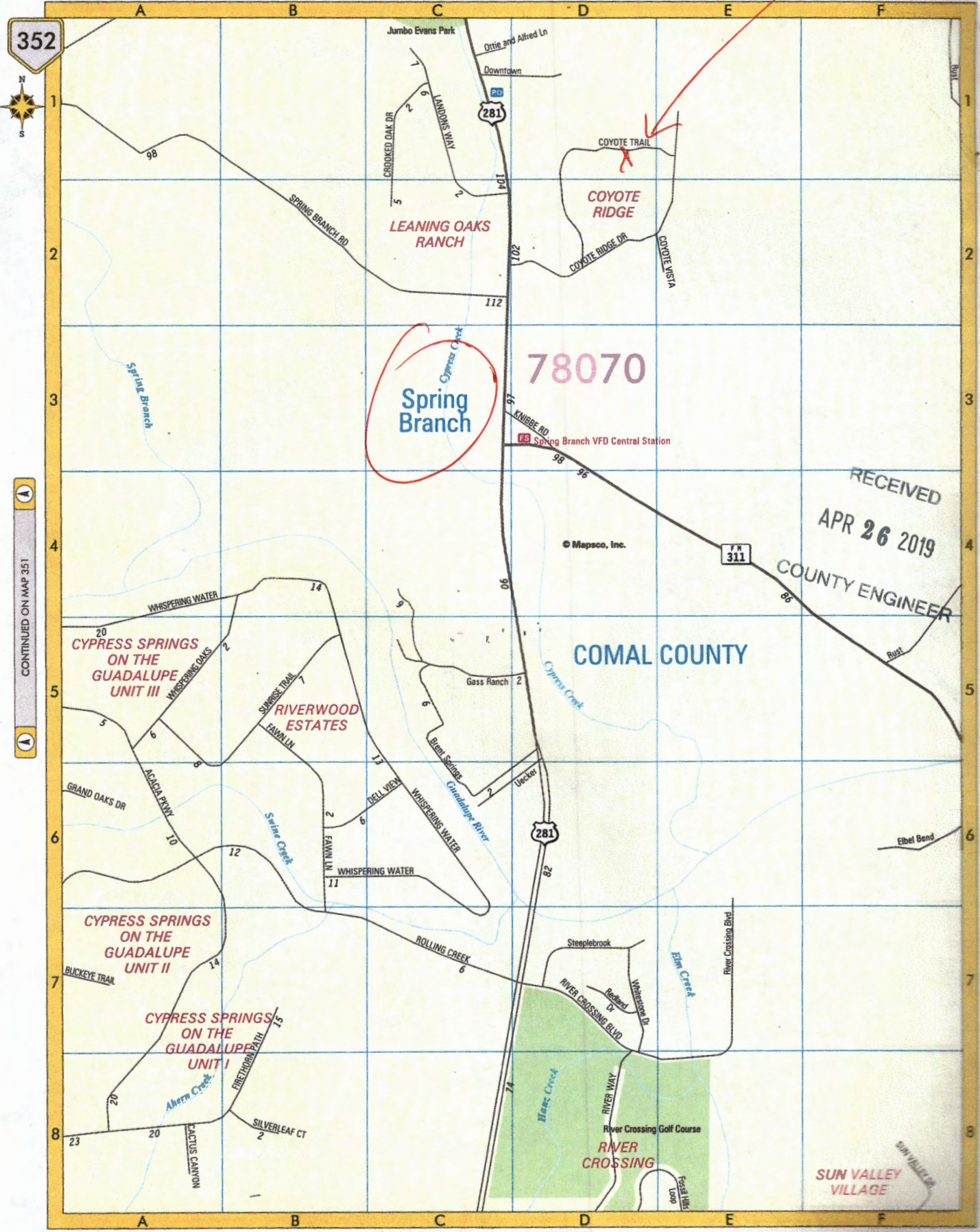
ALL WIRING MUST BE IN COMPLIANCE WITH THE MOST RECENT NATIONAL ELECTRIC CODE



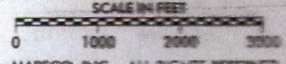
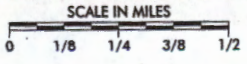
Handwritten signature and date: 06/01/24

TYPICAL PUMP TANK CONFIGURATION

CLEARSTREAM 600NC3T W/ 700 GAL PUMP TANK



CONTINUED ON MAP 351



Hernandez, Sandra

From: Hernandez, Sandra
Sent: Friday, May 3, 2019 9:16 AM
To: '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
Environmental Health Asst.
Comal County Engineer's Office
cceo.org
830-608-2090 (Ext. 3156)*

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

Date March 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

City, State, Zip NEW BRAUNFELS, TX 78132

Phone# 210-375-9000

Phone # (830) 905-2778

Email sweaver@pape-dawson.com

Email gregjohnsonpe@yahoo.com

All correspondence should be sent to: Owner Agent Both Method: Mail Email

Subdivision Name COYOTE RIDGE Unit/Phase/Section 2 Lot 42 Block

Acreage/Legal

Street Name/Address 738 COYOTE TRAIL City SPRING BRANCH Zip 78070

Type of Development

Single Family Residential

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

Number of Bedrooms 4

Indicate Sq Ft of Area 3300

Commercial or Institutional Facility

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

Type of Facility

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

Restaurants, Lounges, Theaters - Indicate Number of Seats

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

Travel Trailer/RV Parks - Indicate Number of Spaces

Miscellaneous

Estimated Cost of Construction: \$ Pavilion \$40k (Structure Only)

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

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

Source of Water Public Private Well

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

By signing this application, I certify that:

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

Shauna Weaver
Signature of Owner

4/17/2019
Date

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APR 26 2019
COUNTY ENGINEER

VOID

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

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

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) 500 GAL TRASH / CLEARSTREAM 600 NC3T Absorption/Application Area (Sq Ft) 8482

Gallons Per Day (As Per TCEQ Table III) 340 (Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ)

Is the property located over the Edwards Recharge Zone? [] Yes [X] No (If yes, the planning materials must be completed by a Registered Professional Engineer (R.S.) or Professional Engineer (P.E.))

Is there an existing TCEQ approved WPAP for the property? [] Yes [X] No (If yes, the R.S. or P.E. shall certify that the OSSF design complies with all provisions of the existing WPAP.)

If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP? [] Yes [] No (If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A permit to construct will not be issued for the proposed OSSF until the WPAP has been approved by the appropriate regional office.)

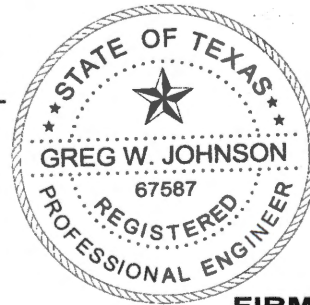
Is the property located over the Edwards Contributing Zone? [X] Yes [] No

Is there an existing TCEQ approval CZP for the property? [] Yes [X] No (if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP.)

If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? [] Yes [X] No (if yes, the P.E. or R.S. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

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

If yes, indicate the city: _____



FIRM #2585

By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.

- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable

Handwritten signature of Greg W. Johnson

Date April 2, 2019

OSSF SOIL EVALUATION REPORT INFORMATION

Date: April 02, 2019

Applicant Information:

Name: SCOTT A. & SHAUNA L. WEAVER
Address: 738 COYOTE TRAIL
City: SPRING BRANCH State: TEXAS
Zip Code: 78070 Phone: (210) 375-9000

Site Evaluator Information:

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

Property Location:

Lot 42 Unit 2 Blk ___ Subd. COYOTE RIDGE
Street Address: 738 COYOTE TRAIL
City: SPRING BRANCH Zip Code: 78070
Additional Info.: _____

Installer Information:

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

Topography: Slope within proposed disposal area: 4 %
Presence of 100 yr. Flood Zone: YES ___ NO X
Existing or proposed water well in nearby area. YES X NO ___ >100' (EXISTING)
Presence of adjacent ponds, streams, water impoundments YES ___ NO X
Presence of upper water shed YES ___ NO X
Organized sewage service available to lot YES ___ NO X

Design calculations for Aerobic Treatment with Nitrification:

Commercial _____
Q = _____ GPD
Residential Water conservation fixture to be installed? Yes ___ No ___
Number of Bedrooms the public sewer is serving: 4 3300
Q gal/day = (Bedrooms + 1) * 75 - (20 * 1000) / 1000
Q = (4 + 1) * 75 - (20 * 1000) / 1000 = 340
Trash Tank Size 500 + 400
TCEQ Approved Aerobic Tank Size 600 gal.
Req'd Application Area = Q/Ri = 340 / 0.064 = 5313 sq. ft.
Application Area Utilized = 8482 sq. ft.
Pump Requirement 12 Gpm @ 41 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)
Dosing Cycle ON DEMAND or X TIMED TO DOSE IN PREDAWN HOURS
Pump Tank Size _____ Gal. _____ Gallons.
Reserve Requirement = 114 Gal. 1/3 day flow.

VOID

Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction
With Chlorinator NSF/TCEQ APPROVED
SCH-40 or SDR-26 3" or 4" sewer line to tank
Two way cleanout
Pop-up rotary sprinkler heads w/ purple non-potable lids
1" Sch-40 PVC discharge manifold
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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

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

04/02/19
DATE

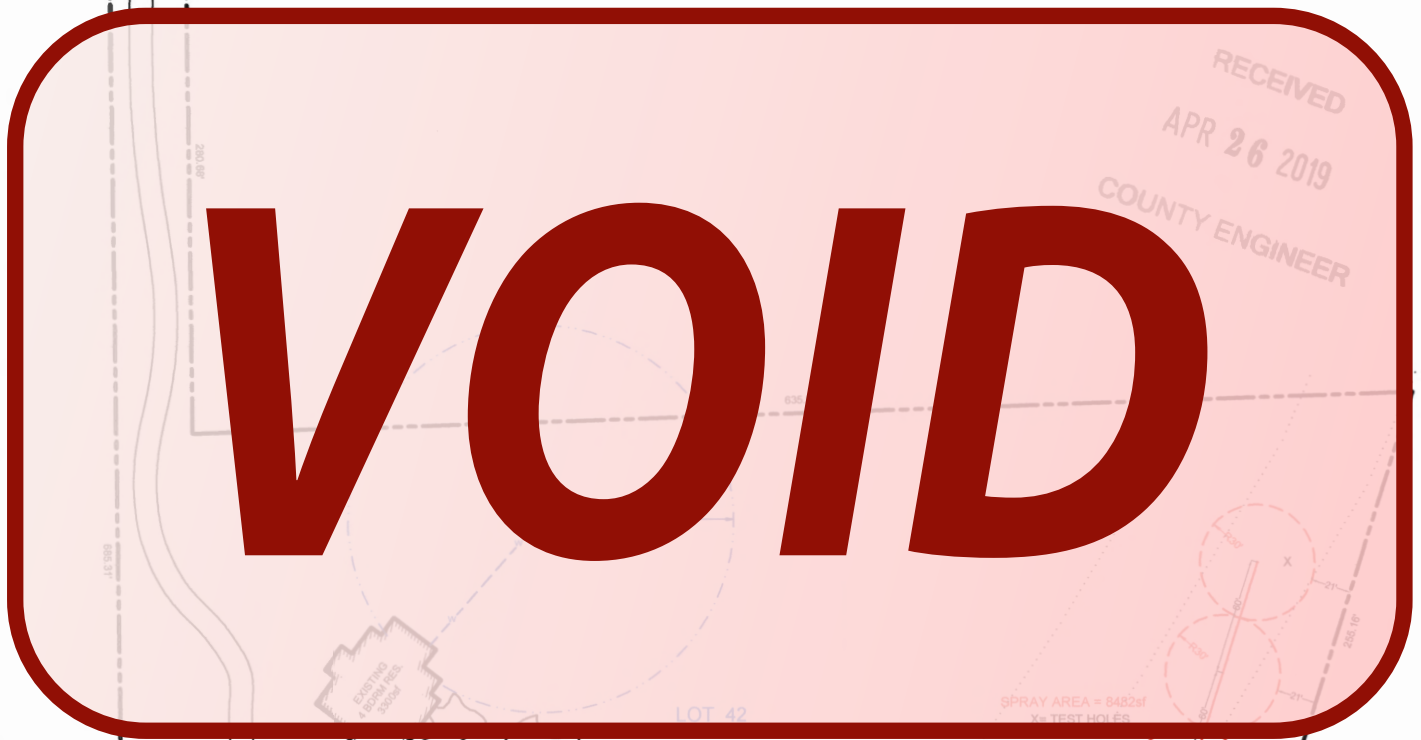


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APR 26 2019
COUNTY ENGINEER

FIRM #2585

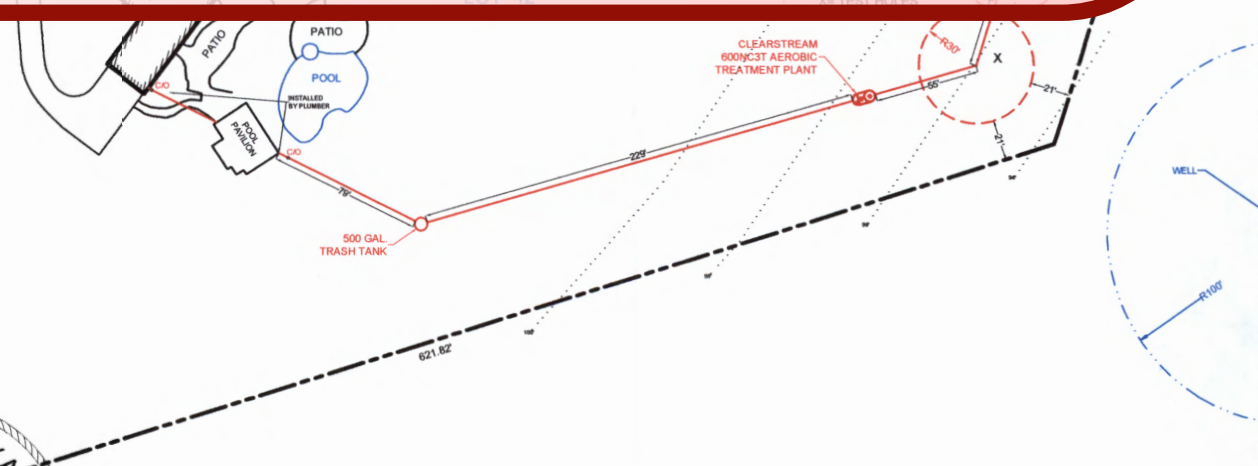
COYOTE TRAIL

NOTE:
EXISTING SEPTIC
TANK TO BE
PUMPED, CRUSHED
AND BACK FILLED.
EXISTING SEPTIC
SYSTEM TO BE
ABANDONED



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COUNTY ENGINEER

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OWNER: SCOTT A. & SHAUNA L. WEAVER		DRAWN BY: EJS III	
STREET ADDRESS: 738 COYOTE TRAIL			
LEGAL DESC: COYOTE RIDGE	UNIT/SECTION/PHASE: 2	BLOCK:	LOT: 42
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=100'	DATE: 4/2/2019	REVISED: 4/9/2019

635.57'

WELL

R100'

VOID

EXISTING
4 BDRM RES.
3300sqft

PATIO

PAT

POC

INSTALLED
BY PLUMBER

500 GAL
TRASH TANK

RECEIVED
APR 26 2019

PROFESSIONAL ENGINEER

621.82'

NOTE:
EXISTING SEPTIC
TANK TO BE
PUMPED, CRUSHED
AND BACK FILLED.
EXISTING SEPTIC
SYSTEM TO BE
ABANDONED



OWNER: SCOTT A. & SHAUNA L. WEAVER		DRAWN BY: EJS III	
STREET ADDRESS: 738 COYOTE TRAIL			
LEGAL DESC: COYOTE RIDGE	UNIT/SECTION/PHASE: 2	BLOCK:	LOT: 42
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 4/2/2019	REVISED: 4/9/2019



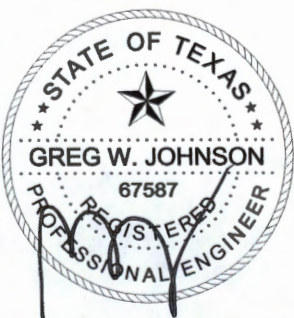
635.57'

VOID

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APR 26 2019
COUNTY ENGINEER

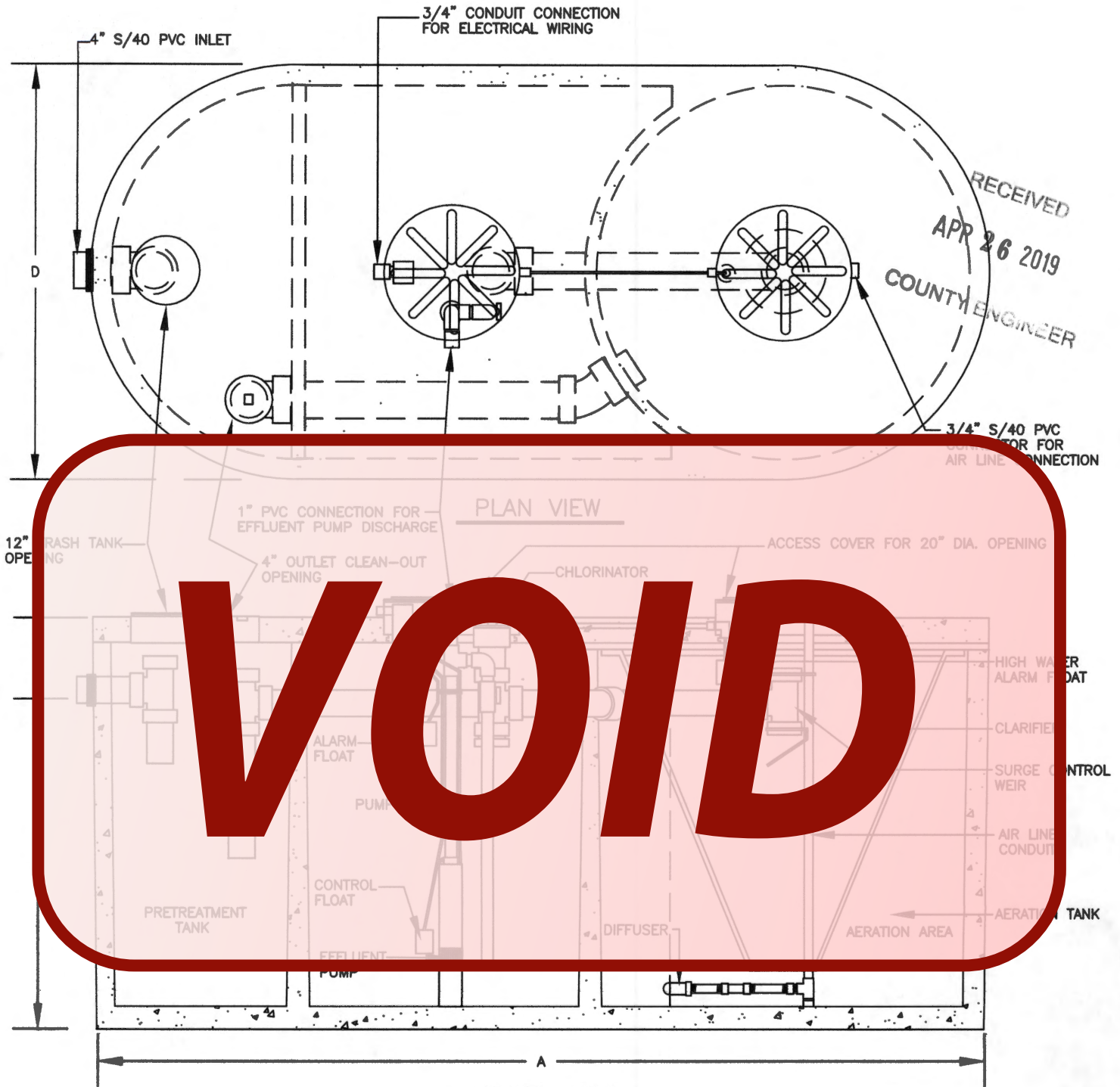
CLEARSTRIP
600NC3T AEROBIC
TREATMENT PLANT

NOTE:
EXISTING SEPTIC
TANK TO BE
PUMPED, CRUSHED
AND BACK FILLED.
EXISTING SEPTIC
SYSTEM TO BE
ABANDONED



OWNER: SCOTT A. & SHAUNA L. WEAVER		DRAWN BY: EJS III	
STREET ADDRESS: 738 COYOTE TRAIL			
LEGAL DESC: COYOTE RIDGE	UNIT/SECTION/PHASE: 2	BLOCK:	LOT: 42
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 4/2/2019	REVISED: 4/9/2019

DESIGN DRAWINGS



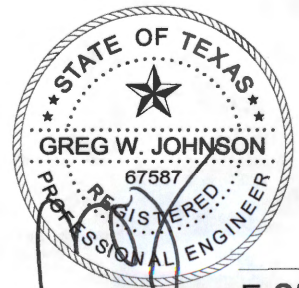
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 COUNTY ENGINEER

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MODEL NC3
 SECTION

DIMENSIONAL DATA

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



F-2585

04/03/19

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

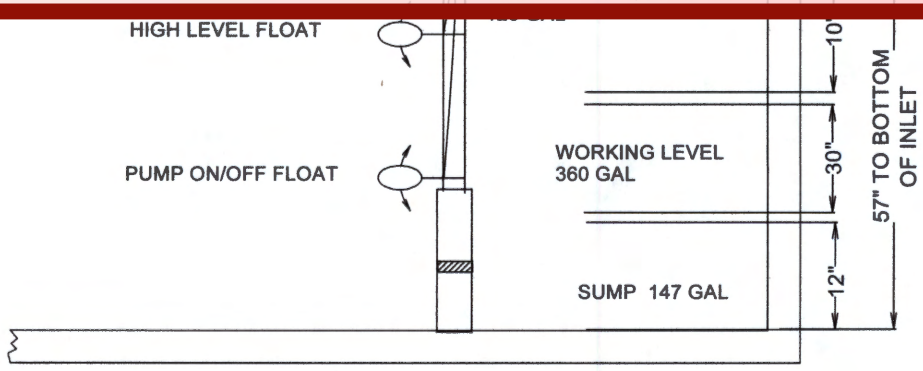
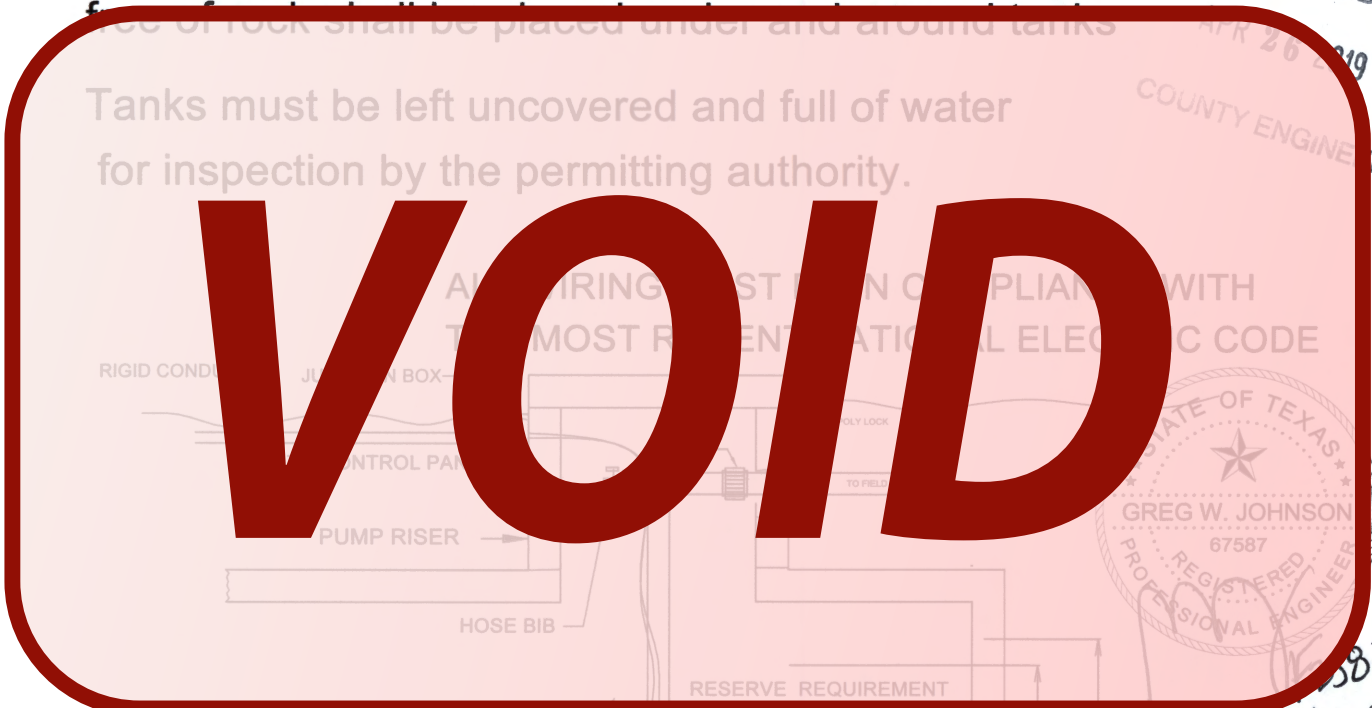
free of rock shall be placed under and around tanks

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

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04/03/19

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

74-122007

FA

GENERAL WARRANTY DEED
WITH VENDOR'S LIEN

DOC# 9606025311

STATE OF TEXAS
COUNTY OF COMAL

§
§
§

KNOW ALL MEN BY THESE PRESENTS:

12
-1/2

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 superior title in and to the above described premises, is retained against the Property until the Note and all interest thereon is fully paid according to the face, tenor, effect and reading thereof, when this Deed shall become absolute. In consideration of the loan evidenced by the Note, Grantor hereby transfers the vendor's lien and the superior title to NATIONSBANK OF TEXAS, N.A. without recourse.

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APR 26 2019
COUNTY ENGINEER

This conveyance is made and accepted subject to the following:

- (1) Declaration of Covenants, Conditions, Restrictions and Easements recorded under 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;
- (2) All easements and set-back lines reflected on the above described plat recorded in Comal County;
- (3) Any discrepancies, conflicts or shortages in area or boundary lines, or any encroachments or protrusions or any overlapping of improvements;
- (4) All laws, regulations and ordinances of applicable governmental authorities, but only to the extent that they are still in effect and relate to the Property;
- (5) 150 foot water well sanitary control easement as reserved on the above described 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 Comal County, Texas.~~

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 19 day of December, 1996.

ROUND TOP, LTD.

By: JRM Development, Inc.,
General Partner

By: James Ritchie McCulloch, III
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.

CAROL ANN PARSELL
Notary Public, State of Texas
My Commission Expires
JAN. 22, 1998

Carol Ann Parsell
Notary Public in and for the
State of Texas

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APR 26 2019
COUNTY ENGINEER

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
Pages: 2
Date : 12-26-1996
Time : 12:42:54 P.M.
Filed & Recorded in
Official Records
of COMAL County, TX.
JOY STREATER
COUNTY CLERK
Rec. \$ 11.00

DOC# 9606025311

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

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

<i>Permit Number</i>


Instructions:

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

OSSF Permit

- Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate
- Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer
- Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials shall consist of a scaled design and all system specifications.
- Required Permit Fee
- Copy of Recorded Deed
- Surface Application/Aerobic Treatment System
 - Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public
 - Signed Maintenance Contract with Effective Date as Issuance of License to Operate

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



 Signature of Applicant

04/26/19

 Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

___ INCOMPLETE APPLICATION
(Missing Items Circled, Application Refused)

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

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.

Report Sent to:		Installation & Startup Date	Contract Date:	Permit #
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		06/14/19 -> 06/28/19	06/28/19 - 06/28/21	109054
Mapsco :		SEPTIC SYSTEM LOCATION		
352-DI	Authorized Agent:	Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		Route Book #
	Comal County			10-005
				13304

Report Findings & Inspector Signatures

1. Required Frequency of Visits:	3 times per year or every 4 months.	Inspector please print	Inspector Signature
Actual visit: Day of week	Month/Day/Year		
#1. <u>Tue</u>	<u>9/12/19</u>	Carl A Scheel or <u>Justin Scheel</u>	<u>[Signature]</u>
#2. _____	____/____/____	Carl A Scheel or Justin Scheel	_____
#3. _____	____/____/____	Carl A Scheel or Justin Scheel	_____

2. System Inspection:	Date #1	Date #2	Date #3
	Operational#1	Operational#2	Operational#3
	Yes or No	Yes or No	Yes or No
Inspected Item			
Chlorine Supply:	<u>/</u>	___	___
Aerators:	<u>/</u>	___	___
Air Filters:	<u>/</u>	___	___
Air Pump:	<u>/</u>	___	___
Irrigation Pump:	<u>/</u>	___	___
Disinfection Device:	<u>/</u>	___	___
Electrical Circuits:	<u>/</u>	___	___
Distribution System:	<u>/</u>	___	___
Sprayfield Vegetation:	<u>/</u>	___	___
Tank Lids Secured:	<u>/</u>	___	___

3. Repairs to System (list all components replaced)

Date #1. / _____

Date #2. _____

Date #3. _____

4. Circle Test Performed (one is required)	mg/L,	mpm/100 ml,	or trace	Results	Test Method
Date #1.	BOD (Grab)	TSS (Grab)	<u>CL2 (Grab)</u>	Fecal Coliform	<u>[Signature]</u> 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 Recommendations:

Date #1. OK _____

Date #2. _____

Date #3. _____

Centex Hydro-Flo, Inc. & "Bulverde
Electro Sentic Tech"

P.O. Box 372

Bulverde, TX 78163 830-438-7329

Carl A Scheel Maint provider # MP0000014

Justin Scheel Maint provider # MP0002046

Aerobic Repair Call Inspection Report

Date of Trouble Called in:

10/31/2019

BILL TO

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

SEPTIC SYSTEM LOCATION

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

Mapsco - Code:

352-D1

Route Book #

Authorized Agent:

Permit #

Contract Date:

Reason for Trouble Call:

10-005

Comal County

109054

06/28/19 - 06/28/21

odor

Service ...	Operational Yes or No	AMOU...
10/31/2019	1. Actual day of visit: Thursday 2. System Inspection: yes no Chlorine Supply: ---X--- Aeroators: ---X--- Air Filters: ---X--- Air Pump: ---X--- Irrigation Pump: ---X--- Disinfection Device: --X--- Electrical Circuits: --X--- Distribution System: --X--- Sprayfield Vegetation: --X--- Tank lids Secured: --X--- 3. Repairs to System: (see items below) None 4. Test Performed: CL2 (Grab) in mg/L Test Method "Hach Test Kit" None taken 5. General Comments or Recommendations: Investigated for possible causes of odor Found no problems and no odor observed near tanks or around house	60.00

Inspector: Justin Scheel

Total

\$60.00

Payments/Credits

\$0.00

Balance Due

\$60.00

Centex Hydro-Flo, Inc. & "Bulverde
Electro Septic Tech"

P.O. Box 372

Bulverde, TX 78163 830-438-7329

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Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		06/14/19 -> 06/28/19	06/28/19 - 06/28/21	109054
SEPTIC SYSTEM LOCATION				
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070				Route Book #
				10-005
Mapsco :		Authorized Agent:		
352-D1		Comal County		
13304				

Report Findings & Inspector Signatures

1. Required Frequency of Visits:	3 times per year or every 4 months.	Inspector please print	Inspector Signature
Actual visit: Day of week	Month/Day/Year		
#1. <u>Thu</u>	<u>9/24/19</u>	Carl A Scheel or <u>Justin Scheel</u>	<u>[Signature]</u>
#2. <u>Mon</u>	<u>1/27/20</u>	Carl A Scheel or <u>Justin Scheel</u>	<u>[Signature]</u>
#3. _____	<u>1/1</u>	Carl A Scheel or Justin Scheel	_____

2. System Inspection:	Date #1 Operational#1 Yes or No	Date #2 Operational#2 Yes or No	Date#3 Operational#3 Yes or No
Inspected Item			
Chlorine Supply:	<u>/</u>	<u>/</u>	_____
Aerators:	<u>/</u>	<u>/</u>	_____
Air Filters:	<u>/</u>	<u>/</u>	_____
Air Pump:	<u>/</u>	<u>/</u>	_____
Irrigation Pump:	<u>/</u>	<u>/</u>	_____
Disinfection Device:	<u>/</u>	<u>/</u>	_____
Electrical Circuits:	<u>/</u>	<u>/</u>	_____
Distribution System:	<u>/</u>	<u>/</u>	_____
Sprayfield Vegetation:	<u>/</u>	<u>/</u>	_____
Tank Lids Secured:	<u>/</u>	<u>/</u>	_____

3. Repairs to System (list all components replaced)

Date #1. /

Date #2. /

Date #3. _____

4. Circle Test Performed (one is required)	mg/L,	mpm/100 ml,	or trace	Results	Test Method
Date #1. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u>			Fecal Coliform	<u>[Signature]</u>	Hach test kit
Date #2. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u>			Fecal Coliform	<u>[Signature]</u>	Hach test kit
Date #3. BOD (Grab) TSS (Grab) CL2 (Grab)			Fecal Coliform	_____	Hach test kit

5. General Comments or Recommendations:

Date #1. ok

Date #2. ok

Date #3. _____

Centex Hydro-Flo, Inc. & "Bulverde
Electro Septic Tech"

P.O. Box 372

Bulverde, TX 78163 830-438-7329

Carl A Scheel Maint provider # MP0000014

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352-D1		Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		
Authorized Agent:		Route Book #		
Comal County		10-005		
		13304		

Report Findings & Inspector Signatures

1. Required Frequency of Visits:	3 times per year or every 4 months.	Inspector please print	Inspector Signature
Actual visit: Day of week	Month/Day/Year		
#1. <u>Tue</u>	<u>9/29/19</u>	Carl A Scheel or <u>Justin Scheel</u>	<u>[Signature]</u>
#2. <u>Mon</u>	<u>1/27/2020</u>	Carl A Scheel or <u>Justin Scheel</u>	<u>[Signature]</u>
#3. <u>Tues</u>	<u>5/26/2020</u>	Carl A Scheel or <u>Justin Scheel</u>	<u>[Signature]</u>

2. System Inspection:	Date #1	Date #2	Date #3
	Operational#1	Operational#2	Operational#3
	Yes or No	Yes or No	Yes or No
Inspected Item			
Chlorine Supply:	<u>/</u>	<u>/</u>	<u>/</u>
Aerators:	<u>/</u>	<u>/</u>	<u>/</u>
Air Filters:	<u>/</u>	<u>/</u>	<u>/</u>
Air Pump:	<u>/</u>	<u>/</u>	<u>/</u>
Irrigation Pump:	<u>/</u>	<u>/</u>	<u>/</u>
Disinfection Device:	<u>/</u>	<u>/</u>	<u>/</u>
Electrical Circuits:	<u>/</u>	<u>/</u>	<u>/</u>
Distribution System:	<u>/</u>	<u>/</u>	<u>/</u>
Sprayfield Vegetation:	<u>/</u>	<u>/</u>	<u>/</u>
Tank Lids Secured:	<u>/</u>	<u>/</u>	<u>/</u>

3. Repairs to System (list all components replaced)

Date #1.	<u>/</u>
Date #2.	<u>/</u>
Date #3.	<u>None</u>

4. Circle Test Performed (one is required)	mg/L,	mpm/100 ml,	or trace	Results	Test Method
Date #1.	BOD (Grab)	TSS (Grab)	<u>CL2 (Grab)</u>	Fecal Coliform	<u>1.0 mg/L</u> Hach test kit
Date #2.	BOD (Grab)	TSS (Grab)	<u>CL2 (Grab)</u>	Fecal Coliform	<u>1.0 mg/L</u> Hach test kit
Date #3.	BOD (Grab)	TSS (Grab)	<u>CL2 (Grab)</u>	Fecal Coliform	<u>1.0 mg/L</u> Hach test kit

5. General Comments or Recommendations:

Date #1.	<u>ok</u>
Date #2.	<u>ok</u>
Date #3.	<u>Please don't bury the access lids. Thanks</u>

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

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.

Report Sent to:		Installation & Startup Date	Contract Date:	Permit #
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		06/14/19 -> 06/28/19	06/28/19 - 06/28/21	109054
Mapsco :		SEPTIC SYSTEM LOCATION		
Authorized Agent:		Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		Route Book #
352-D1		Comal County		10-005
		14627		

Report Findings & Inspector Signatures

1. Required Frequency of Visits: 3 times per year or every 4 months. Inspector please print Inspector Signature

Actual visit: Day of week Month/ Day/Year

#1.	tues	9 / 22 / 2020	Carl A Scheel or Justin Scheel	[Signature]
#2.	/ /	/ /	Carl A Scheel or Justin Scheel	_____
#3.	/ /	/ /	Carl A Scheel or Justin Scheel	_____

2. System Inspection:	Date #1 Operational#1 Yes or No	Date #2 Operational#2 Yes or No	Date#3 Operational#3 Yes 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 components replaced)

Date #1. /

Date #2. _____

Date #3. _____

4. Circle Test Performed (one is required)	mg/L,	mpm/100 ml,	or trace	Results	Test Method
Date #1.	BOD (Grab)	TSS (Grab)	<u>CL2 (Grab)</u>	Fecal Coliform	<u>single</u> 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 Recommendations:

Date #1. OK

Date #2. _____

Date #3. _____

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

Aerobic Maintenance Testing/Report Record

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Report Sent to:		Installation & Startup Date	Contract Date:	Permit #
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		06/14/19 -> 06/28/19	06/28/19 - 06/28/21	109054
Mapsco :		SEPTIC SYSTEM LOCATION		
Authorized Agent:		Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		Route Book #
352-DI		Comal County		10-010 -10-005
				14627

Report Findings & Inspector Signatures

1. Required Frequency of Visits:		3 times per year or every 4 months.		Inspector please print	Inspector Signature
Actual visit:	Day of week	Month/ Day/Year			
#1.	Tues	9 / 22 / 2020	Carl A Scheel or Justin Scheel	<u>[Signature]</u>	
#2.	MON	1 / 25 / 21	Carl A Scheel or Justin Scheel	<u>[Signature]</u>	
#3.		1 / 1 /	Carl A Scheel or Justin Scheel		

Inspected Item	2. System Inspection:		
	Date #1 Operational#1 Yes or No	Date #2 Operational#2 Yes or No	Date#3 Operational#3 Yes or No
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 components replaced)

Date #1. /

Date #2. /

Date #3. _____

4. Circle Test Performed (one is required)				mg/L,	mpm/100 ml,	or trace	Results	Test Method
Date #1.	BOD (Grab)	TSS (Grab)	<u>CL2 (Grab)</u>		Fecal Coliform		<u>log 10</u>	Hach test kit
Date #2.	BOD (Grab)	TSS (Grab)	<u>CL2 (Grab)</u>		Fecal Coliform		<u>log 10</u>	Hach test kit
Date #3.	BOD (Grab)	TSS (Grab)	CL2 (Grab)		Fecal Coliform			Hach test kit

5. General Comments or Recommendations:

Date #1. OK

Date #2. OK

Date #3. _____

Centex Hydro-Flo, Inc. & "Bulverde
Electro Septic Tech"

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

Date Generated
4/5/2021

Contract #
15121

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

Septic System Location
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070
RECEIVED
APR 21 2021
COUNTY ENGINEER

Permit #	Authorized Agent	Due Date	Contract Date	Aerobic Manufacturer
109054	Comal County	May 14, 2021	06/28/21 - 06/28/22	Clearstream

ITEM	DESCRIPTION	AMOUNT
Reporting 1 ...	<p>We agree to provide Testing & Reporting service on the existing Aerobic system for its proper working condition 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.</p> <p>Notice: The Owner shall provide unhindered access to the property (padlock key or combination is acceptable) in order to perform 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 perform 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.</p> <p>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 breach of this contract.</p> <p>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.</p> <p>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.</p> <p>Inspectors & Inspections are under the authority and responsibility of Carl A. Scheel "TCEQ" License # MP0000014 Or Justin Scheel License # MP0002046</p> <p>No refunds!</p>	250.00
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".	-25.00

<i>Shawn I Weaver</i>	Total	\$225.00
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<i>paid 4/9/21 159</i>	Payments/Credits	\$0.00
	Balance Due	\$225.00

Sign here ----->

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

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.

Report Sent to:		Installation & Startup Date	Contract Date:	Permit #
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		06/14/19 -> 06/28/19	06/28/19 - 06/28/21	109054
Mapsco :		SEPTIC SYSTEM LOCATION		
352-D1	Authorized Agent:	Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		Route Book # 10-010 -10-005
	Comal County			14627

Report Findings & Inspector Signatures

1. Required Frequency of Visits:	3 times per year or every 4 months.	Inspector please print	Inspector Signature
Actual visit: Day of week	Month/Day/Year		
#1. <u>Tues</u>	<u>9/22/20</u>	Carl A Scheel or Justin Scheel	<u>[Signature]</u>
#2. <u>MON</u>	<u>1/25/21</u>	Carl A Scheel or Justin Scheel	<u>[Signature]</u>
#3. <u>MON</u>	<u>5/24/21</u>	Carl A Scheel or Justin Scheel	<u>[Signature]</u>

2. System Inspection:	Date #1 Operational#1 Yes or No	Date #2 Operational#2 Yes or No	Date#3 Operational#3 Yes or No
Inspected Item			
Chlorine Supply:	<u>/</u>	<u>/</u>	<u>/</u>
Aerators:	<u>/</u>	<u>/</u>	<u>/</u>
Air Filters:	<u>/</u>	<u>/</u>	<u>/</u>
Air Pump:	<u>/</u>	<u>/</u>	<u>/</u>
Irrigation Pump:	<u>/</u>	<u>/</u>	<u>/</u>
Disinfection Device:	<u>/</u>	<u>/</u>	<u>/</u>
Electrical Circuits:	<u>/</u>	<u>/</u>	<u>/</u>
Distribution System:	<u>/</u>	<u>/</u>	<u>/</u>
Sprayfield Vegetation:	<u>/</u>	<u>/</u>	<u>/</u>
Tank Lids Secured:	<u>/</u>	<u>/</u>	<u>/</u>

3. Repairs to System (list all components replaced)

Date #1. /

Date #2. /

Date #3. /

4. Circle Test Performed (one is required)	mg/L,	mpn/100 ml,	or trace	Results	Test Method
Date #1. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u>			Fecal Coliform	<u>single</u>	Hach test kit
Date #2. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u>			Fecal Coliform	<u>single</u>	Hach test kit
Date #3. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u>			Fecal Coliform	<u>single</u>	Hach test kit

5. General Comments or Recommendations:

Date #1. OK

Date #2. OK

Date #3. please treat for dirt, under air pump cover

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

Aerobic Maintenance Testing/Report Record

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Report Sent to:		Installation & Startup Date	Contract Date:	Permit #
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		06/14/19 -> 06/28/19	06/28/21 - 06/28/22	109054
Mapsco :		SEPTIC SYSTEM LOCATION		
Authorized Agent:	Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		14-100	Route Book # 40-010
352-D1 2272	Comal County	16277		

Report Findings & Inspector Signatures

1. Required Frequency of Visits:	3 times per year or every 4 months.		Inspector please print	Inspector Signature
Actual visit:	Day of week	Month/Day/Year		
#1.	Thu	9/23/21	Carl A Scheel or <u>Justin Scheel</u>	
#2.	/ /	/ /	Carl A Scheel or Justin Scheel	
#3.	/ /	/ /	Carl A Scheel or Justin Scheel	

2. System Inspection:	Date #1 Operational#1 Yes or No	Date #2 Operational#2 Yes or No	Date#3 Operational#3 Yes or No
Inspected Item			
Chlorine Supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerators:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Filters:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection Device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprayfield Vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Lids Secured:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to System (list all components replaced)

Date #1. /

Date #2. _____

Date #3. _____

4. Circle Test Performed (one is required)	mg/L,	mpm/100 ml,	or trace	Results	Test Method
Date #1. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u>			Fecal Coliform	<u>ok</u>	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 Recommendations:

Date #1. ok

Date #2. _____

Date #3. _____

Centex Hydro-Flo, Inc. & "Bulverde
Electro Sentic Tech"

P.O. Box 372

Bulverde, TX 78163 830-438-7329

Carl A Scheel Maint provider # MP0000014

Justin Scheel Maint provider # MP0002046

Aerobic Repair Call Inspection Report

Date of Trouble Called in:	10/18/2021
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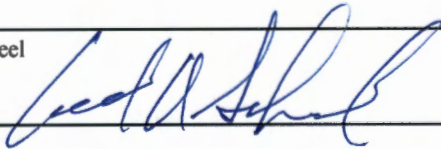
SEPTIC SYSTEM LOCATION
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070

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

Mapsco - Code:
352-D1 2272

Route Book #	Authorized Agent:	Permit #	Contract Date:	Reason for Trouble Call:
11-100	Comal County	109054	06/28/21 - 06/28/22	make repairs

Service ...	Operational Yes or No	AMOU...
10/18/2021	<p>1. Actual day of visit: Monday</p> <p>2. System Inspection: yes no</p> <p>Chlorine Supply: ---X--- -----</p> <p>Aeroators: ---X--- -----</p> <p>Air Filters: ---X--- -----</p> <p>Air Pump: ---X--- -----</p> <p>Irrigation Pump: ---X--- -----</p> <p>Disinfection Device: ---X--- -----</p> <p>Electrical Circuits: ---X--- -----</p> <p>Distribution System: ---X--- -----</p> <p>Sprayfield Vegetation: ---X--- -----</p> <p>Tank lids Secured: ---X--- -----</p> <p>3. Repairs to System: (see items below)</p> <p>Bypassed a relay after the timer after finding it not functioning.</p> <p>4. Test Performed CL2 (Grab) in mg/L</p> <p>Test Method "Hach Test Kit" NONE TAKEN</p> <p>5. General Comments or Recommendations:</p> <p>I will return with a relay to correct the temporary fix to the irrigation pump timer.</p> <p>I dug to expose the broken sewer cleanout riser that was damaged. I will return with the fittings and pipe to complete this repair.</p>	120.00

Inspector: Carl A Scheel
Signature: 

Total	\$120.00
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Payments/Credits	\$0.00
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Balance Due	\$120.00
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Centex Hydro-Flo, Inc. & "Bulverde
Electro Sentic Tech"

P.O. Box 372

Bulverde, TX 78163 830-438-7329

Carl A Scheel Maint provider # MP0000014

Justin Scheel Maint provider # MP0002046

Aerobic Repair Call Inspection Report

Date of Trouble Called in:

10/20/2021

BILL TO

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

SEPTIC SYSTEM LOCATION

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

Mapsco - Code:

352-D1 2272 2491 tnk

Route Book #

Authorized Agent:

Permit #

Contract Date:

Reason for Trouble Call:

11-100

Comal County

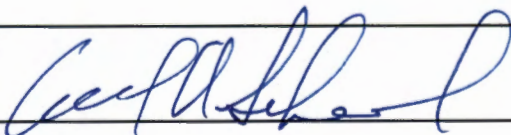
109054

06/28/21 - 06/28/22

repair broken cleanout riser

Service ...	Operational Yes or No	AMOU...
10/21/2021	<p>1. Actual day of visit: <u>Thursday</u></p> <p>2. System Inspection: yes no</p> <p>Chlorine Supply: --X-----</p> <p>Aeroators: ---X---</p> <p>Air Filters: ----X--</p> <p>Air Pump: ---X---</p> <p>Irrigation Pump: ---X---</p> <p>Disinfection Device: --X-----</p> <p>Electrical Circuits: --X-----</p> <p>Distribution System: --X-----</p> <p>Sprayfield Vegetation: ---X---</p> <p>Tank lids Secured: ---X---</p> <p>3. Repairs to System: (see items below)</p> <p><u>Repair broken riser on cleanout.</u> <u>replace non functioning relay in the control box for the irrigation pump.</u></p> <p>4. Test Performed <u>CL2 (Grab) in mg/L</u> Test Method "<u>Hach Test Kit</u>" <u>NONE TAKEN</u></p> <p>5. General Comments or Recommendations:</p> <p><u>OK NOW</u></p>	180.00

Inspector: Carl A Scheel
Signature:



Total

\$180.00

Payments/Credits

\$0.00

Balance Due

\$180.00

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

Aerobic Maintenance Testing/Report Record

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Report Sent to:	Installation & Startup Date	Contract Date:	Permit #
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070	06/14/19 -> 06/28/19	06/28/21 - 06/28/22	109054
Mapsco :	SEPTIC SYSTEM LOCATION		
Authorized Agent:	Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		Route Book # 40-010
352-D1 2272 2491	Comal County		16277

Report Findings & Inspector Signatures

1. Required Frequency of Visits: 3 times per year or every 4 months.	Inspector please print	Inspector Signature
Actual visit: Day of week Month/Day/Year		
#1. <u>Thu</u> <u>9/27/21</u>	Carl A Scheel or <u>Justin Scheel</u>	<u>[Signature]</u>
#2. <u>wed</u> <u>1/26/22</u>	Carl A Scheel or <u>Justin Scheel</u>	<u>[Signature]</u>
#3. <u> </u> <u> / / </u>	Carl A Scheel or Justin Scheel	_____

2. System Inspection:	Date #1 Operational#1 Yes or No	Date #2 Operational#2 Yes or No	Date #3 Operational#3 Yes or No
Inspected Item			
Chlorine Supply:	<u>/</u>	<u>/</u>	<u> </u>
Aerators:	<u>/</u>	<u>/</u>	<u> </u>
Air Filters:	<u>/</u>	<u>/</u>	<u> </u>
Air Pump:	<u>/</u>	<u>/</u>	<u> </u>
Irrigation Pump:	<u>/</u>	<u>/</u>	<u> </u>
Disinfection Device:	<u>/</u>	<u>/</u>	<u> </u>
Electrical Circuits:	<u>/</u>	<u>/</u>	<u> </u>
Distribution System:	<u>/</u>	<u>/</u>	<u> </u>
Sprayfield Vegetation:	<u>/</u>	<u>/</u>	<u> </u>
Tank Lids Secured:	<u>/</u>	<u>/</u>	<u> </u>

3. Repairs to System (list all components replaced)

Date #1.	<u> / / </u>
Date #2.	<u>replaced air stop and alarm light bulbs</u>
Date #3.	<u> / / </u>

4. Circle Test Performed (one is required)	mg/L,	mpm/100 ml,	or trace	Results	Test Method
Date #1. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u>			Fecal Coliform	<u>0.1 mg/L</u>	Hach test kit
Date #2. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u>			Fecal Coliform	<u>0.1 mg/L</u>	Hach test kit
Date #3. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u>			Fecal Coliform	<u> </u>	Hach test kit

5. General Comments or Recommendations:

Date #1.	<u>ok</u>
Date #2.	<u>ok uol</u>
Date #3.	<u> </u>

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

Aerobic Repair Call Inspection Report

Date of Trouble Called in:	2/17/2022
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BILL TO
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070

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

Mapsco - Code:
352-D1 2272 2491 tnk

Route Book #	Authorized Agent:	Permit #	Contract Date:	Reason for Trouble Call:
11-100	Comal County	109054	06/28/21 - 06/28/22	air pump not running

Service ...	Operational Yes or No	AMOU...
2/18/2022	1. Actual day of visit: Fri 2. System Inspection: yes no Chlorine Supply: ---X--- Aeroators: ---X--- Air Filters: ---X--- Air Pump: ---X--- Irrigation Pump: --X--- Disinfection Device: --X--- Electrical Circuits: --X--- Distribution System: --X--- Sprayfield Vegetation: --X--- Tank lids Secured: --X--- 3. Repairs to System: (see items below) Replaced air pump, it comes with a 1 year warranty 4. Test Performed CL2 (Grab) in mg/L Test Method "Hach Test Kit" None taken 5. General Comments or Recommendations: Ok now	850.00

Inspector: Justin Scheel <i>[Signature]</i>	Total	\$850.00
--	--------------	----------

Payments/Credits	\$0.00
Balance Due	\$850.00

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

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.

Report Sent to:		Installation & Startup Date	Contract Date:	Permit #
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		06/14/19 -> 06/28/19	06/28/21 - 06/28/22	109054
Mapsco :		SEPTIC SYSTEM LOCATION		
352-D1 2272 2491	Authorized Agent:	Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		Route Book # 10-010
	Comal County			16277

Report Findings & Inspector Signatures

1. Required Frequency of Visits:	3 times per year or every 4 months.	Inspector please print	Inspector Signature
Actual visit: Day of week	Month/Day/Year		
#1. <u>Thu</u>	<u>9/27/21</u>	Carl A Scheel or <u>Justin Scheel</u>	<u>[Signature]</u>
#2. <u>wed</u>	<u>1/26/22</u>	Carl A Scheel or <u>Justin Scheel</u>	<u>[Signature]</u>
#3. <u>TOE</u>	<u>5/31/22</u>	<u>Carl A Scheel</u> or Justin Scheel	<u>[Signature]</u>

2. System Inspection:	Date #1	Date #2	Date #3
	Operational#1	Operational#2	Operational#3
	Yes or No	Yes or No	Yes or No
Inspected Item			
Chlorine Supply:	<u>/</u>	<u>/</u>	<u>/</u>
Aerators:	<u>/</u>	<u>/</u>	<u>/</u>
Air Filters:	<u>/</u>	<u>/</u>	<u>/</u>
Air Pump:	<u>/</u>	<u>/</u>	<u>/</u>
Irrigation Pump:	<u>/</u>	<u>/</u>	<u>/</u>
Disinfection Device:	<u>/</u>	<u>/</u>	<u>/</u>
Electrical Circuits:	<u>/</u>	<u>/</u>	<u>/</u>
Distribution System:	<u>/</u>	<u>/</u>	<u>/</u>
Sprayfield Vegetation:	<u>/</u>	<u>/</u>	<u>/</u>
Tank Lids Secured:	<u>/</u>	<u>/</u>	<u>/</u>

3. Repairs to System (list all components replaced)

Date #1. _____
 Date #2. replaced air stop and alarm light bulbs
 Date #3. _____

4. Circle Test Performed (one is required)	mg/L,	mpm/100 ml,	or trace	Results	Test Method
Date #1. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u>			Fecal Coliform	<u>0.1 mg/L</u>	Hach test kit
Date #2. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u>			Fecal Coliform	<u>0.1 mg/L</u>	Hach test kit
Date #3. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u>			Fecal Coliform	<u>1 mg/L</u>	Hach test kit

5. General Comments or Recommendations:

Date #1. ok
 Date #2. ok uou
 Date #3. OK

Centex Hydro-Flo, Inc. & "Bulverde
Electro Septic Tech"

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

Date Generated
4/1/2022

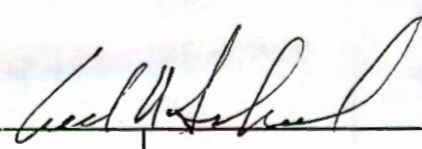
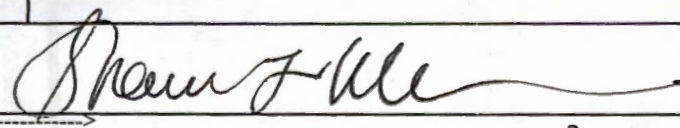
Contract #
17312

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

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

Permit #	Authorized Agent	Due Date	Contract Date	Aerobic Manufacturer
109054	Comal County	May 14, 2022	06/28/22 - 06/28/23	Clearstream

ITEM	DESCRIPTION	AMOUNT
Reporting 1 ...	<p>We agree to provide Testing & Reporting service on the existing Aerobic system for its proper working condition 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.</p> <p>Notice: The Owner shall provide unhindered access to the property (padlock key or combination is acceptable) 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.</p> <p>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 breach of this contract.</p> <p>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.</p> <p>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.</p> <p>Inspectors & Inspections are under the authority and responsibility of Carl A. Scheel "TCEQ" License # MP0000014 Or Justin Scheel License # MP0002046</p>	265.00
45 Day Disc	<p>No refunds!</p> <p>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!</p> <p>Make checks payable to "BEST".</p>	-25.00

Sign here ----->

Total	\$240.00
--------------	----------

PAID
2/12/4-12-22

Payments/Credits	\$0.00
Balance Due	\$240.00

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

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.

Report Sent to:		Installation & Startup Date	Contract Date:	Permit #
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		06/14/19 -> 06/28/19	06/28/22 - 06/28/23	109054
Mapsco :		SEPTIC SYSTEM LOCATION		
352-DI 2272 2491 tnk		Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		Route Book #
Authorized Agent:				11-100
Comal County				18103

Report Findings & Inspector Signatures

1. Required Frequency of Visits: 3 times per year or every 4 months. Inspector please print Inspector Signature

Actual visit:	Day of week	Month/Day/Year	Inspector please print	Inspector Signature
#1.	tues	9/12/22	Carl A Scheel or Justin Scheel	<i>[Signature]</i>
#2.			Carl A Scheel or Justin Scheel	
#3.			Carl A Scheel or Justin Scheel	

2. System Inspection:

Inspected Item	Date #1	Date #2	Date #3
	Operational#1 Yes or No	Operational#2 Yes or No	Operational#3 Yes or No
Chlorine Supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerators:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Filters:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection Device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprayfield Vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Lids Secured:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to System (list all components replaced)

Date #1. _____

Date #2. _____

Date #3. _____

4. 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	Results	Test Method
			<u>CL2 (Grab)</u>	Fecal Coliform	<u>400/100</u>	Each test kit
Date #2.	BOD (Grab)	TSS (Grab)	CL2 (Grab)	Fecal Coliform		Each test kit
Date #3.	BOD (Grab)	TSS (Grab)	CL2 (Grab)	Fecal Coliform		Each test kit

5. General Comments or Recommendations:

Date #1. ok

Date #2. _____

Date #3. _____

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

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.

Report Sent to:		Installation & Startup Date	Contract Date:	Permit #
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		06/14/19 -> 06/28/19	06/28/22 - 06/28/23	109054
Mapsco :		SEPTIC SYSTEM LOCATION		
352-D1 2272 2491 tnk		Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		
Authorized Agent:		Route Book #		
Comal County		11-100		
		18103		

CLEARSTREAM

Report Findings & Inspector Signatures

1. Required Frequency of Visits: 3 times per year or every 4 months. Inspector please print Inspector Signature

Actual visit:	Day of week	Month/ Day/Year	Inspector	Inspector Signature
#1.	<u>tues</u>	<u>9 12 71 22</u>	Carl A Scheel or <u>Justin Scheel</u>	<u>[Signature]</u>
#2.	<u>wed</u>	<u>1 12 5 12 3</u>	Carl A Scheel or <u>Justin Scheel</u>	<u>[Signature]</u>
#3.		<u>1 / 1</u>	Carl A Scheel or Justin Scheel	

2. System Inspection:

Inspected Item	Date #1	Date #2	Date #3
	Operational#1 Yes or No	Operational#2 Yes or No	Operational#3 Yes or No
Chlorine Supply:	<u>/</u> —	<u>/</u> —	— —
Aerators:	<u>/</u> —	<u>/</u> —	— —
Air Filters:	<u>/</u> —	<u>/</u> —	— —
Air Pump:	<u>/</u> —	<u>/</u> —	— —
Irrigation Pump:	<u>/</u> —	<u>/</u> —	— —
Disinfection Device:	<u>/</u> —	<u>/</u> —	— —
Electrical Circuits:	<u>/</u> —	<u>/</u> —	— —
Distribution System:	<u>/</u> —	<u>/</u> —	— —
Sprayfield Vegetation:	<u>/</u> —	<u>/</u> —	— —
Tank Lids Secured:	<u>/</u> —	<u>/</u> —	— —

3. Repairs to System (list all components replaced)

Date #1. /

Date #2. _____

Date #3. _____

4. Circle Test Performed (one is required) mg/L, mpm/100 ml, or trace Results Test Method

Date	BOD (Grab)	TSS (Grab)	CL2 (Grab)	Fecal Coliform	Results	Test Method
Date #1.			<u>CL2 (Grab)</u>		<u>.6 mg/l</u>	Hach test kit
Date #2.			<u>CL2 (Grab)</u>		<u>.6 mg/l</u>	Hach test kit
Date #3.			CL2 (Grab)		_____	Hach test kit

5. General Comments or Recommendations:

Date #1. ok

Date #2. ok

Date #3. _____

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

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.

Report Sent to:		Installation & Startup Date	Contract Date:	Permit #		
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		06/14/19 -> 06/28/19	06/28/22 - 06/28/23	109054		
		SEPTIC SYSTEM LOCATION				
		Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		Route Book # 11-100		
				18103		
Mapsc0 :	Authorized Agent:					
352-D1 2272 2491 tnk	Comal County					
Report Findings & Inspector Signatures CLEARSTREAM						
1. Required Frequency of Visits: 3 times per year or every 4 months.		Inspector please print		Inspector Signature		
Actual visit:	Day of week	Month/ Day/Year				
#1.	tue	9/10/22	Carl A Scheel or Justin Scheel	<i>[Signature]</i>		
#2.	wed	1/25/23	Carl A Scheel or Justin Scheel	<i>[Signature]</i>		
#3.	wed	5/24/23	Carl A Scheel or Justin Scheel	<i>[Signature]</i>		
2. System Inspection:						
	Date #1	Date #2	Date #3			
	Operational#1	Operational#2	Operational#3			
	Yes or No	Yes or No	Yes 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 components replaced)						
Date #1.	/					
Date #2.						
Date #3.	replaced air stone					
4. 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	0.6 mg/L	Hach test kit
Date #2.	BOD (Grab)	TSS (Grab)	CL2 (Grab)	Fecal Coliform	0.6 mg/L	Hach test kit
Date #3.	BOD (Grab)	TSS (Grab)	CL2 (Grab)	Fecal Coliform	0.6 mg/L	Hach test kit
5. General Comments or Recommendations:						
Date #1.	ok					
Date #2.	ok					
Date #3.	looks like an addition to the house is being added					

Centex Hydro-Flo, Inc. & "Bulverde
Electro Septic Tech"

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

Date Generated
4/1/2023

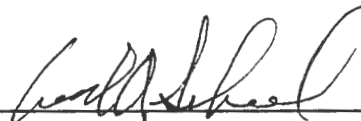
Contract #
19157

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

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

Permit #	Authorized Agent	Due Date	Contract Date	Aerobic Manufacturer
109054	Comal County	May 14, 2023	06/28/23 - 06/28/24	Clearstream

ITEM	DESCRIPTION	AMOUNT
Reporting 1 ...	<p>We agree to provide Testing & Reporting service on the existing Aerobic system for its proper working condition 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.</p> <p>Notice: The Owner shall provide unhindered access to the property (padlock key or combination is acceptable) 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.</p> <p>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 breach of this contract.</p> <p>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.</p> <p>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.</p> <p>Inspectors & Inspections are under the authority and responsibility of Carl A. Scheel "TCEQ" License # MP0000014 Or Justin Scheel License # MP0002046</p> <p>No refunds!</p>	265.00
45 Day Disc	<p>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!</p> <p>Make checks payable to "BEST".</p>	-25.00




Sign here ----->

Total	\$240.00
Payments/Credits	\$0.00
Balance Due	\$240.00

PAID
237/4-10-23

Centex Hydro-Flo, Inc. & "Bulverde
Electro Sentic Tech"

P.O. Box 372

Bulverde, TX 78163 830-438-7329

Carl A Scheel Maint provider # MP00000014

Justin Scheel Maint provider # MP0002046

Aerobic Repair Call Inspection Report

Date of Trouble Called in:	6/28/2023
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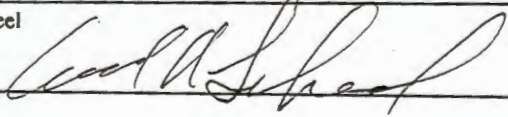
BILL TO
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070

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

Mapsco - Code:
352-DI 2272 2491 tnk

Route Book #	Authorized Agent:	Permit #	Contract Date:	Reason for Trouble Call:
11-100	Comal County	109054	06/28/23 - 06/28/24	repair cleanout

Service	Operational Yes or No	Aerobic Mfg	Clearstream	AMOU...
6/29/2023	1. Actual day of visit: Thursday			70.00
	2. System Inspection: yes no			
	Chlorine Supply: --X-- -----			
	Aeroators: -----X-----			
	Air Filters: -----X-----			
	Air Pump: -----X-----			
	Irrigation Pump: --X-- -----			
	Disinfection Device: --X-- -----			
	Electrical Circuits: --X-- -----			
	Distribution System: --X-- -----			
	Sprayfield Vegetation: --X- -----			
	Tank lids Secured: -----X-----			
	3. Repairs to System: (see items below)			
	install a new cap on the clean out cover before the pretreat tank.			
	4. Test Performed CL2 (Grab) in mg/L			
	Test Method "Hach Test Kit" NONE TAKEN			
	5. General Comments or Recommendations:			
	OK NOW			

Inspector: Carl A Scheel
Signature: 

Total	\$70.00
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Payments/Credits	\$0.00
------------------	--------

Balance Due	\$70.00
--------------------	---------

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

Aerobic Maintenance Testing/Report Record

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Report Sent to:		Installation & Startup Date	Contract Date:	Permit #
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		06/14/19 -> 06/28/19	06/28/23 - 06/28/24	109054
Mapsco :		SEPTIC SYSTEM LOCATION		
Authorized Agent:		Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		Route Book #
352-D1 2272 2491 tnk		Comal County		13-060
				19924

Report Findings & Inspector Signatures Aerobic MFG Clearstream

1. Required Frequency of Visits:	3 times per year or every 4 months.	Inspector please print	Inspector Signature
Actual visit: Day of week	Month/Day/Year		
#1. <u>Mon</u>	<u>10/2/23</u>	Carl A Scheel or Justin Scheel	<u>[Signature]</u>
#2. <u>Tues</u>	<u>2/6/24</u>	Carl A Scheel or Justin Scheel	<u>[Signature]</u>
#3. _____	<u>1/1</u>	Carl A Scheel or Justin Scheel	_____

2. System Inspection:	Date #1	Date #2	Date #3
	Operational#1	Operational#2	Operational#3
	Yes or No	Yes or No	Yes or No
Inspected Item			
Chlorine Supply:	<u>/</u>	<u>/</u>	___
Aerators:	<u>/</u>	<u>/</u>	___
Air Filters:	<u>/</u>	<u>/</u>	___
Air Pump:	<u>/</u>	<u>/</u>	___
Irrigation Pump:	<u>/</u>	<u>/</u>	___
Disinfection Device:	<u>/</u>	<u>/</u>	___
Electrical Circuits:	<u>/</u>	<u>/</u>	___
Distribution System:	<u>/</u>	<u>/</u>	___
Sprayfield Vegetation:	<u>/</u>	<u>/</u>	___
Tank Lids Secured:	<u>/</u>	<u>/</u>	___

3. Repairs to System (list all components replaced)

Date #1. /

Date #2. /

Date #3. _____

4. Circle Test Performed (one is required)	mg/L,	mpm/100 ml,	or trace	Results	Test Method
Date #1. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u>			Fecal Coliform	<u>Sample</u>	Hach test kit
Date #2. BOD (Grab) TSS (Grab) <u>CL2 (Grab)</u>			Fecal Coliform	<u>Sample</u>	Hach test kit
Date #3. BOD (Grab) TSS (Grab) CL2 (Grab)			Fecal Coliform	_____	Hach test kit

5. General Comments or Recommendations:

Date #1. new addition under construction

Date #2. || || ||

Date #3. _____

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

Aerobic Maintenance Testing/Report Record

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Report Sent to:		Installation & Startup Date	Contract Date:	Permit #	
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		06/14/19 -> 06/28/19	06/28/23 - 06/28/24	109054	
Mapsco :		SEPTIC SYSTEM LOCATION			
Authorized Agent:		Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		Route Book #	
352-DI 2272 2491 tnk				13-060	
Comal County				19924	
Report Findings & Inspector Signatures		Aerobic MFG	Clearstream		
1. Required Frequency of Visits: 3 times per year or every 4 months.		Inspector please print		Inspector Signature	
Actual visit: Day of week Month/Day/Year					
#1. <u>Mon</u> <u>10/2/23</u>		Carl A Scheel or <u>Justin Scheel</u>		<u>[Signature]</u>	
#2. <u>Tues</u> <u>2/6/24</u>		Carl A Scheel or <u>Justin Scheel</u>		<u>[Signature]</u>	
#3. <u>Tues</u> <u>6/14/24</u>		Carl A Scheel or <u>Justin Scheel</u>		<u>[Signature]</u>	
2. System Inspection:					
	Date #1 Operational#1 Yes or No	Date #2 Operational#2 Yes or No	Date #3 Operational#3 Yes or No		
Inspected Item	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>		
Chlorine Supply:	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>		
Aerators:	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>		
Air Filters:	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>		
Air Pump:	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>		
Irrigation Pump:	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>		
Disinfection Device:	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>		
Electrical Circuits:	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>		
Distribution System:	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>		
Sprayfield Vegetation:	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>		
Tank Lids Secured:	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>	<u>/</u> <u>-</u>		
3. Repairs to System (list all components replaced)					
Date #1.	<u>/</u>				
Date #2.	<u>/</u>				
Date #3.	<u>/</u>				
4. Circle Test Performed (one is required) mg/L, mpm/100 ml, or trace Results Test Method					
Date #1.	BOD (Grab)	TSS (Grab)	<u>CL2 (Grab)</u>	Fecal Coliform	<u>[Sample]</u> Hach test kit
Date #2.	BOD (Grab)	TSS (Grab)	<u>CL2 (Grab)</u>	Fecal Coliform	<u>[Sample]</u> Hach test kit
Date #3.	BOD (Grab)	TSS (Grab)	<u>CL2 (Grab)</u>	Fecal Coliform	<u>[Sample]</u> Hach test kit
5. General Comments or Recommendations:					
Date #1.	<u>new addition under construction</u>				
Date #2.	<u> </u>				
Date #3.	<u>ok</u>				

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

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.

Report Sent to:		Installation & Startup Date	Contract Date:	Permit #	
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		06/14/19 -> 06/28/19	06/28/24 - 06/28/25		
		SEPTIC SYSTEM LOCATION			
		Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		Route Book # 13-060	
Mapsco :		Authorized Agent:		21769	
352-D1 2272 2491 tnk		Comal County			
Report Findings & Inspector Signatures		Aerobic MFG	Clearstream		
1. Required Frequency of Visits: 3 times per year or every 4 months.		Inspector please print		Inspector Signature	
Actual visit: Day of week Month/ Day/Year					
#1. <u>Thu</u> <u>011/24</u>		Carl A Scheel or <u>Justin Scheel</u>		<u>[Signature]</u>	
#2. _____ / /		Carl A Scheel or Justin Scheel		_____	
#3. _____ / /		Carl A Scheel or Justin Scheel		_____	
2. System Inspection:		Date #1	Date #2	Date#3	
	Operational#1	Operational#2	Operational#3		
	Yes or No	Yes or No	Yes 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 components replaced)					
Date #1. _____					
Date #2. _____					
Date #3. _____					
4. Circle Test Performed (one is required) mg/L, mpm/100 ml, or trace Results Test Method					
Date #1.	BOD (Grab)	TSS (Grab)	<u>CL2 (Grab)</u>	Fecal Coliform	<u>6.00/16</u> 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 Recommendations:					
Date #1. <u>ok</u>					
Date #2. _____					
Date #3. _____					

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Report Sent to:		Installation & Startup Date	Contract Date:	Permit #		
Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		06/14/19 -> 06/28/19	06/28/24 - 06/28/25	109 054		
Mapsco :		SEPTIC SYSTEM LOCATION				
Authorized Agent:		Scott & Shawna Weaver 738 Coyote Trail Spring Branch, TX 78070		Route Book #		
352-D1 2272 2491 tnk				13-060		
Comal County				070		
				21769		
Report Findings & Inspector Signatures		Aerobic MFG	Clearstream			
1. Required Frequency of Visits: 3 times per year or every 4 months.		Inspector please print		Inspector Signature		
Actual visit:	Day of week	Month/ Day/Year				
#1. Thu		10/1/24	Carl A Scheel or Justin Scheel	<i>[Signature]</i>		
#2. Mon		2/3/25	Carl A Scheel or Justin Scheel	<i>[Signature]</i>		
#3.		1/1	Carl A Scheel or Justin Scheel			
2. System Inspection:		Date #1	Date #2	Date #3		
	Operational#1	Operational#2	Operational#3			
	Yes or No	Yes or No	Yes 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 components-replaced)						
Date #1.	/					
Date #2.	/					
Date #3.						
4. 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	<i>[Signature]</i>	Hach test kit
Date #2.	BOD (Grab)	TSS (Grab)	CL2 (Grab)	Fecal Coliform	<i>[Signature]</i>	Hach test kit
Date #3.	BOD (Grab)	TSS (Grab)	CL2 (Grab)	Fecal Coliform		Hach test kit
5. General Comments or Recommendations:						
Date #1.	OK					
Date #2.	OK					
Date #3.						