



Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 06/27/2019 Permit Number: 109074

Location Description: 611 BRITTANY CANYON LAKE, TX 78133
Subdivision: Heritage Estates
Unit: 1
Lot: 10
Block:
Acreage:

Type of System: Aerobic Surface Irrigation

Issued to: Justin Grimes and Ashley Grimes

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

Michael Taylor OS8497
ENVIRONMENTAL HEALTH INSPECTOR

OS0007722
ENVIRONMENTAL HEALTH COORDINATOR

## Comal County Environmental Health OSSF Inspection Sheet

Installer Name: J.B. Septic OSSF Installer #: \_\_\_\_\_

1st Inspection Date: 6/20/19 2nd Inspection Date: \_\_\_\_\_ 3rd Inspection Date: 6/27/19

Inspector Name: Mike T. Inspector Name: \_\_\_\_\_ Inspector Name: Mike T.

Permit#: 109074 Address: Heritage Est / 611 Brittany

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)		6/20/19		6/27/19
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)				

MT- 6/20/19  
Tank set, leveled  
operational ✓  
Ready For Cover

MT- 6/27/19  
covered.



**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(I) 285.32(b)(1)(E)(i) 285.32(b)(1)(D) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(i) 285.32(b)(1)(B) 285.32(b)(1)(A) 285.32(b)(1)(E)(iv)				
9	ALL TANKS installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed	✓		600	6/20/19		6/27/19
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)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

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OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
19	DISPOSAL SYSTEM Drip Irrigation		285.33(c)(3)(A)-(F)				
20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)				
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)				



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OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	<p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes &lt; 2.0%</p> <p>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field ( 1000 Linear ft. for 2 bedrooms or Less &amp; an additional 400 ft. for each additional bedroom )</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. &amp; 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.) &amp; 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>		6/20/99		6/27/99
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 &amp; 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 &amp; construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>						
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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						



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Permit#: 109074

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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: 109074  
Issued This Date: 05/23/2019  
This permit is hereby given to: Justin Grimes and Ashley Grimes

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

611 BRITTANY  
CANYON LAKE, TX 78133

Subdivision: Heritage Estates  
Unit: 1  
Lot: 10  
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.



**REVISED**

3:10 pm, May 23, 2019

**\*\*\* COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH \*\*\***  
**APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN**  
**ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE**

Date 4/18/19 Permit # \_\_\_\_\_

Owner Name	<u>Justin Grimes and Ashley Grimes</u>	Agent Name	<u>JB Septic Systems, Inc</u>
Mailing Address	<u>4905 Wurzbach Pkwy, Apt. 1201</u>	Agent Address	<u>P.O. Box 1609</u>
City, State, Zip	<u>San Antonio, Texas 78233</u>	City, State, Zip	<u>Helotes, Texas 78023</u>
Phone #	<u>806-928-5053; 903245-8826</u>	Phone #	<u>830-931-0292</u>
Email	<u>justingrimes11@hotmail.com; a.grimes@zoho.com</u>	Email	<u>info@jbsepticssystemsincc.com</u>

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

Subdivision Name Heritage Estates Unit 1 Lot 10 Block \_\_\_\_\_  
Acreage/Legal \_\_\_\_\_  
Street Name/Address 611 Brittany City New Braunfels Zip 78133

**Type of Development:**

Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) House  
Number of Bedrooms 3  
Indicate Sq Ft of Living Area 2,640

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: \$ 400,000 (Structure Only)

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

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

Source of Water  Public  Private Well

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

By signing this application, I certify that:

- The completed application and all additional information submitted does not contain any false information and does not conceal any material facts.
- Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities.
- I 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.

Justin Grimes  
Signature of Owner

4/18/19  
Date

\* \* \* **COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH** \* \* \*  
**APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN**  
**ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE**

Planning Materials & Site Evaluation as Required Completed By Jim W. Blake, Sr. #2289

System Description Aerobic Treatment with Spray Irrigation

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

Tank Size(s) (Gallons) 400/600/700 Absorption/Application Area (Sq Ft) 4,923

Gallons Per Day (As Per TCEQ Table III) 300

(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.)

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 CZP has been approved by the appropriate regional office.)

Is this property within an incorporated city?  Yes  No

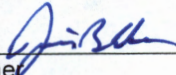
If yes, indicate the city: \_\_\_\_\_

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COUNTY ENGINEER

By signing this application, I certify that:

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

Signature of Designer 

Date 4-26-19

Page 2 of 2



**J. B. Septic Systems, Inc.**

Jim W. Blake, Sr., RS 2289  
P. O. Box 1609  
Helotes, TX 78023

**REVISED**

**3:10 pm, May 23, 2019**

Telephone (830) 931-0292  
Fax (830) 931-0409

March 28, 2019

Comal County Environmental Office  
195 David Jonas Drive  
New Braunfels, TX 78132-3760

RE: Lot 10, Heritage Estates, Unit 1  
(611 Brittany)

To Whom It May Concern:

I hereby certify that the On-Site Sewage Facility (OSSF) design for the above referenced property complies with all provisions of the proposed Contributing Zone Plan (CZP), as approved by the Texas Commission on Environmental Quality (TCEQ).

Please contact me at the number listed above if you should have any desire to discuss this matter.

Sincerely,



Jim W. Blake, Sr.  
JB Septic Systems, Inc.

**RECEIVED**

By rabsah at 8:06 am, May 23, 2019

**AFFIDAVIT TO THE PUBLIC**



201906017428 05/22/2019 12:13:08 PM 1/2

The County of Comal §  
State of Texas §

**CERTIFICATION OF OSSF REQUIRING MAINTENANCE**

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

I

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

II

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code § 285.91(12) will be installed on the property described as : Lot 10, Heritage Estates, Unit 1, situated in Comal County, Texas, according to the map or plat thereof, recorded in Volume 14, Page(s) 398-400, Map and Plat records, Comal county, Texas.

The property is owned by Justin Grimes & Ashley Grimes

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

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

WITNESS BY HAND(S) ON THIS 13<sup>th</sup> Day of May, 2019

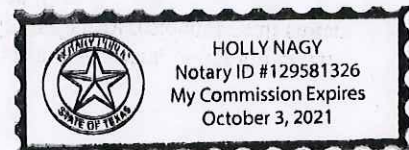
J-Grimes  
Justin Grimes

Ashley Grimes  
Ashley Grimes

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 13<sup>th</sup> DAY OF May, 2019

[Signature]  
Notary Public, State of Texas

Notary/s Printed Name: Holly Nagy  
My Commission Expires: 10/3/21





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*By rabsah at 8:07 am, May 23, 2019*



This page has been added to comply with the statutory requirement that the clerk shall stamp the recording information at the bottom of the last page.

This page becomes part of the document identified by the file clerk number affixed on preceding pages.

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
05/22/2019 12:13:08 PM  
CASHONE 2 Page(s)  
201906017428



*Bobbie Koepf*

**REVISED**

3:10 pm, May 23, 2019

**J.B. Septic Systems, Inc.  
Two-Year Initial Service Policy**

Page one

**System Owner:  
Justin & Ashley Grimes**

Brand Name: Clearstream Wastewater System  
System Name: Primary  
Serial Number: \_\_\_\_\_  
Model Number: \_\_\_\_\_  
Permit Number: \_\_\_\_\_

Site: Legal Description: 611 Brittany, Lot 10, Unit 1  
Heritage Estates, Comal County

J. B. Septic Maintenance, Inc. will inspect and service your Clearstream Aerobic Treatment Plant once every four months for a period of two years. The effective date of this initial maintenance contract shall be the date the License to Operate is issued.

Before this initial two-year service policy expires, JB Septic Maintenance, Inc will notify you. Upon renewal of the contract, a copy of the new contract shall be submitted to the permitting authority. If the property owner or maintenance company desire to discontinue the maintenance contract, the maintenance company shall notify, in writing, the permitting authority at least 30 days prior to the date service will cease.

**Testing and Reporting**

J.B. Septic Maintenance, Inc. shall test and report on this system as required by rule on the following:

1. An Inspection/Service Call every 4 months, which includes inspections, adjustment, and servicing of the mechanical and electrical component parts as necessary to ensure proper function.
2. An effluent quality inspection every 4 months, consisting of a visual check for color, turbidity, scum overflow, and an examination for odors.
3. A sample shall be pulled from the aeration tank every 4 months to determine if there is an excess of solids in the treatment plant. If the test results determine a need for solids removal, the user will be notified and the system will be pumped upon owner authorization.
4. If any improper operation is observed which cannot be corrected at the time, the user shall be notified immediately in writing of the conditions and the estimated date of correction.
5. If required, a chlorine residual test well be taken at each visit. (BOD and TSS annually on commercial only.) If a grab test is required, the Owner will be responsible for the cost of the grab test.

The owner is responsible for keeping chlorine (Bleach) in the chlorinator as well as the cost of the chlorine.

J.B. Septic Maintenance, Inc. has been certified by the manufacturer of your system, and will be responsible for fulfilling the requirements of this Maintenance Contract, as well as responding to any alarms and/or addressing any concerns by the owner of the system. Alarms and/or concerns will be addressed within 48 hours of the initial contact.

VIOLATIONS OF WARRANTY including shutting off the electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, or introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.



**This Policy Does Not Include;**

1. Cost of Pumping Sludge From Unit If Necessary.
2. Cost of System Repair Due to Damage or Parts Failure Due to Neglect.
3. Cost of Replacement of "Normal Wear & Tear" Items During Routine Maintenance Visits.

The Maintenance Company and the Owner agree to abide by the service policy as stated above.

**MAINTENANCE COMPANY:**

J.B. Septic Maintenance, Inc.  
P.O. Box 1609  
Helotes, Texas 78023  
(830) 931-0292  
(210)414-6289

**MANUFACTURER:**

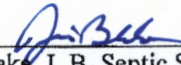
Clearstream Wastewater Systems, Inc.  
P.O. Box 7568  
Beaumont, Texas 77726-7568  
(409) 755-1500

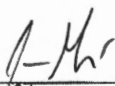
**Installation Company:**

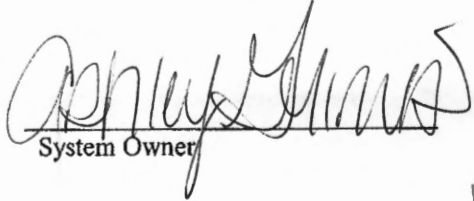
J.B. Septic Systems, Inc.  
P.O. Box 1609  
Helotes, Texas 78023  
(830) 931-0292

**Permitting Authority:**

Comal County Office of Environmental Health  
195 David Jonas Drive  
New Braunfels, TX 78132-3760  
(830) 608-2094

  
\_\_\_\_\_  
Jim Blake, J. B. Septic Systems, Inc.

  
\_\_\_\_\_  
System Owner

  
\_\_\_\_\_  
System Owner

Service Company Operator License Number: MP0000892

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**REVISED**

3:10 pm, May 23, 2019

**J.B. Septic Systems, Inc.**

Jim Blake  
Registered Sanitarian  
P.O. Box 1609  
Helotes, Texas 78023

Telephone (830) 931-0292  
Fax (830) 931-0409

**ON-SITE SEWAGE FACILITY DESIGN**

FOR: Justin & Ashley Grimes  
4905 Wurzbach Pkwy, Apt. 1201  
San Antonio, Texas 78233

LOCATION: 611 Brittany  
Lot 10, Unit 1  
Heritage Estates  
Comal County

DEVELOPMENT: Proposed Three-bedroom residence with 2,640 sq. ft. living area.

ESTIMATE OF WATER CONSUMPTION: **300** gallons per day.

SEWAGE FACILITY DESCRIPTION: Clearstream Aerobic Treatment System with timer, chlorinator, sprinkler pump, and sprinkler heads covering a surface application area of 4,923 square feet. The timer is set for spray between midnight and 5:00 A.M.

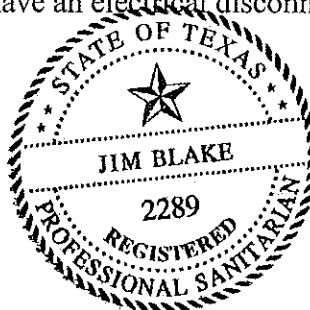
**CALCULATION:**

$$\begin{array}{l} \text{Application Area} \\ \text{Required} = \frac{\text{Flow}}{\text{Soil Appl. Rate}} = \frac{240 \text{ Gals./Day}}{.064 \text{ Gals./Sq.Ft./Day}} = 4,688 \text{ Sq. Ft.} \end{array}$$

**ACTUAL APPLICATION AREA TO BE COVERED:**

$$\begin{array}{l} (\text{Radius of Sprinkler Head}) \times (\text{Radius of Sprinkler Head}) \times 3.14 = \text{Sq. Ft.} \\ \text{One Full circle sprinkler head with a 28 foot radius} = 2,462 \text{ Sq. Ft.} \\ \text{Two } \frac{1}{2} \text{ circle sprinkler heads, each one with a 28 foot radius} = 2,461 \text{ Sq. Ft.} \\ \text{Total} = 4,923 \text{ Sq. Ft.} \end{array}$$

ELECTRICAL WIRING – All wiring must be in complete compliance with 30 Texas Administrative Code 285.34(b) (4) and with the most recent National Electric Code. All electrical components should have an electrical disconnect within direct vision.



*Jim Blake*



**AEROBIC TREATMENT SYSTEM COMPONENTS AND REQUIREMENTS:**

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1. Minimum 400 gallon **Pre-Treatment Tank**.
2. **Aerobic Treatment Unit** – 600 gallon TCEQ approved unit.
3. **Liquid Chlorinator** – Only E.P.A. approved chlorine (Bleach) for use with wastewater shall be used. It is the owner's responsibility to ensure that it is functioning properly and has chlorine tablets **IN IT AT ALL TIMES**.
4. 700 gallon **Pump Tank** with a minimum ½ horsepower, 18 GPM well pump (Clearstream P-20 pump or approved equivalent.)
5. **Sprinkler heads** must be impact or gear driven rotary design with a maximum inlet pressure of 40 PSI. Only low angle (13 degree trajectory) nozzles shall be used. All sprinkler heads shall be self-draining type so as to prevent in-line freezing. The exact location of sprinkler heads shall be coordinated between the installer and the property owner so that spray patterns shall not be blocked by trees, etc; a minimum of 10 feet shall be required between any sprinkler head and the base of a tree.
6. **SURFACE APPLICATION AREA** - The area to be sprayed shall have enough topsoil in place to cover the force lines and to support the growth of vegetation. This vegetation shall consist of grasses, evergreen shrubs, bushes, trees or landscaped beds containing mixed flora. Exposed surface rock in the application area shall be removed or covered with soil and seeded or grassed laid. Sloped land is acceptable if properly landscaped and terraced to minimize run-off. Distribution pipes and sprinkler heads must provide uniform distribution of treated effluent. The application rate must be adjusted so as to not produce run-off. Owners shall not allow driveways, fences, storage buildings, or other structures to be constructed over the treatment or disposal systems. Land that is used for growing food, gardens, orchards, or crops that may be used for human consumption, as well as unseeded bare ground, shall not be used for surface application.
7. **AFFIDAVIT** (signed and notarized) included with this design should be a permanent part of the real property deed. TCEQ requires that it give proper notification to future owners of the continuous maintenance and administrative requirements of this ATS system.
8. **MAINTENANCE CONTRACT:**

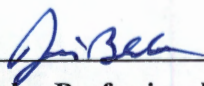
At the time of system installation, the contractor will submit to the authorized agent, (County Inspector) a copy of the 2-Year Full Service Maintenance Contract as required by the TCEQ. At the end of this period, the Service Maintenance Company will file a detailed report of the dates and findings of these inspections to the Authorized Agent. **NOTE: This system, like any other electrical appliance, requires routine, periodic inspections and maintenance to ensure continuous, trouble-free operations. Therefore, in accordance with TCEQ regulations, [Sec. 285.7 (F)] IT MUST BE KEPT UNDER CONTINUOUS MAINTENANCE COMPANY CONTRACT AT ALL TIMES FOR THE LENGTH OF THE LIFE OF THE UNIT.** This will ensure periodic inspections (at least every 4 months) for system compliance with effluent standards. Correct testing/evaluation of the unit will include periodic measuring of residual chlorine levels and/or fecal coliform analysis, as required by TCEQ. The unit, like a Conventional Septic Tank, must also be pumped at regular intervals.

**NOTE: SEE ATTACHMENT** for water treatment equipment and appliances installation requirements. The back flush or discharge from water treatment equipment may be discharged into an On-Site Sewage Facility as provided in this attachment. Effective April 28, 2004.

**REMARKS:** The contractor may make minor field adjustments to the system with approval of the county regulatory agency. The referenced site has been evaluated and the on-site sewerage facility has been designed generally following the requirements given by the Texas Commission on Environmental Quality and Comal County. The site evaluation and design are based upon technical information available today. The proper performance of any on-site sewerage facility cannot be guaranteed even though all provisions of the regulations have been met.

**CERTIFICATION:** I hereby certify that this sewage facility design submitted conforms to the Texas Commission on Environmental Quality and Comal County requirements, and with proper use, maintenance, and under normal climatic conditions can be expected to function without creating a nuisance.

**DATE:** March 28, 2019



Jim Blake, Professional Sanitarian #2289

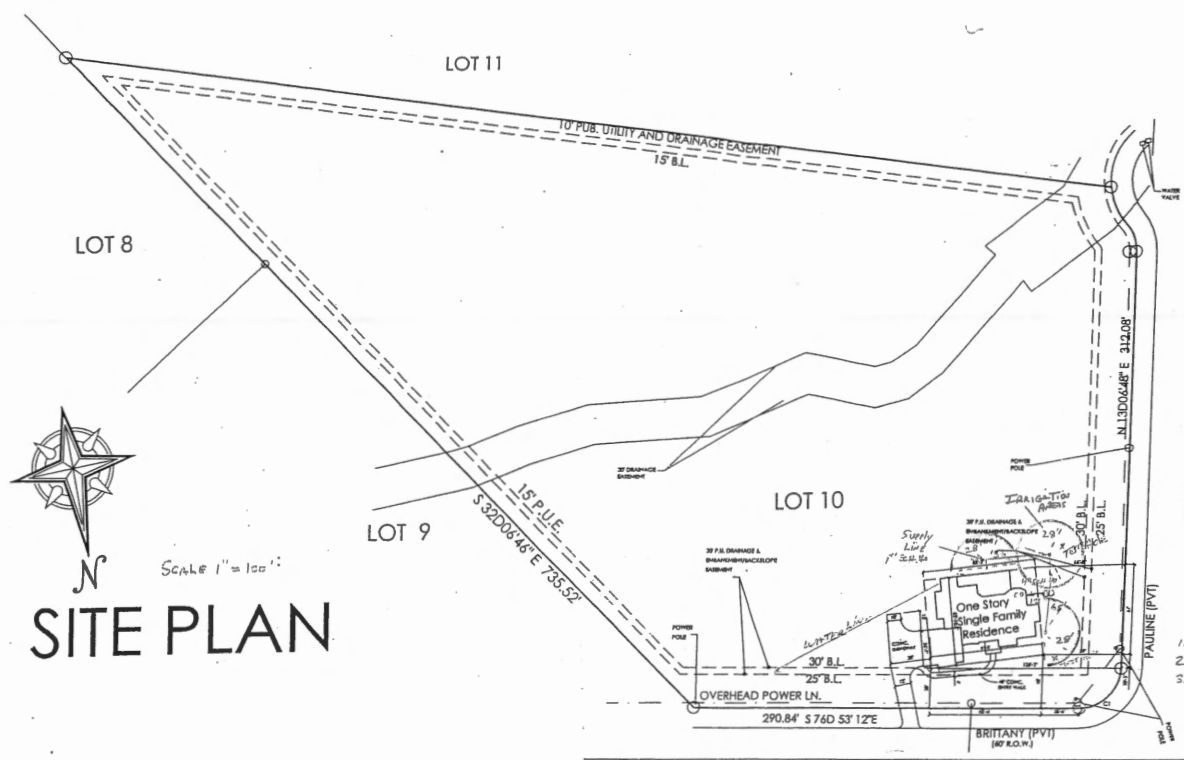




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# SITE PLAN

IMPERVIOUS CALCULATIONS	
NAME	SQ. FT.
LOT SIZE	230,410
BUILDING	3,969
DRIVEWAY	1,366
WALKWAY	267
A/C	16
TOTAL IMPERVIOUS COVERAGE: %	2.44
ADDITIONAL DRIVEWAY	185

LOT 10, UNIT 1 OF HERITAGE ESTATES SUBDIVISION, COMAL COUNTY, TEXAS, LOCALLY KNOWN AS 611 BRITANNY, NEW BRAUNFELS, TX.

- DSSF TANKS:
1. 400 GAL TRASH TANK
  2. 600 GPD ATU
  3. 700 GAL FERT TANK

**GRIMES**  
611 BRITANNY  
LOT 10 UNIT 2  
HERITAGE ESTATES

Date: 11/2018  
SHEET  
SITE

STATE MANDATED REGULATION CONCERNING AEROBIC SYSTEMS

NAME: Justin & Ashley Grimes  
LOCATION: 611 Brittany, Canyon Lake, TX 78133  
DATE: March 28, 2019

As part of the installation of this system, the Texas Commission On Environmental Quality requires the following:

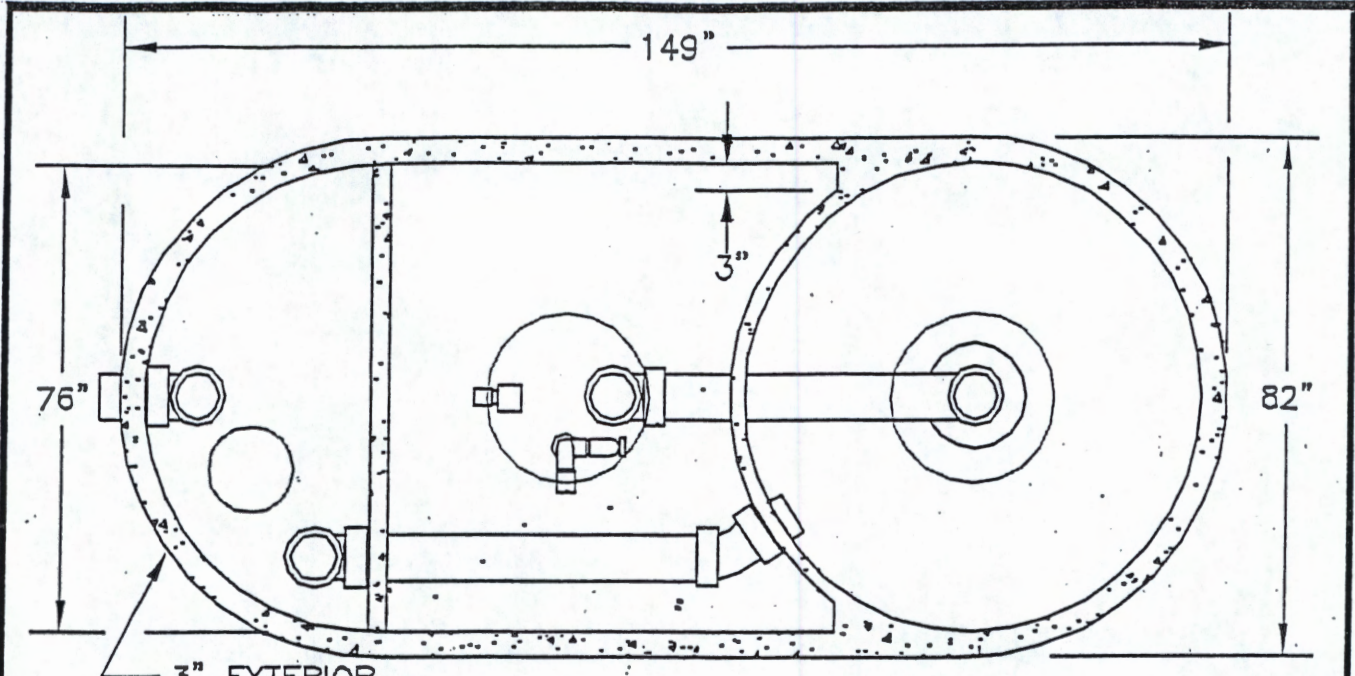
1. The property owner and the aerobic system maintenance contractor shall enter into a 2 year (minimum) full service maintenance contract in which the company will provide periodic inspections for system compliance with effluent standards. This contract will authorize the maintenance company to operate, maintain, and repair the system as needed. The costs of this service will be paid by the system's owner and may be included with the installation of the system. (See the attached Service Policy.)
2. The property owner shall submit an affidavit to the County Clerk's Office to be added to the Real Property Deed on which the surface application system is installed. (See the attached AFFIDAVIT TO THE PUBLIC.)
3. The maintenance company shall inspect this system as directed in the Service Policy and shall keep accurate records of their findings. These records shall be submitted to the County at the end of the first 2-year service life of the system.

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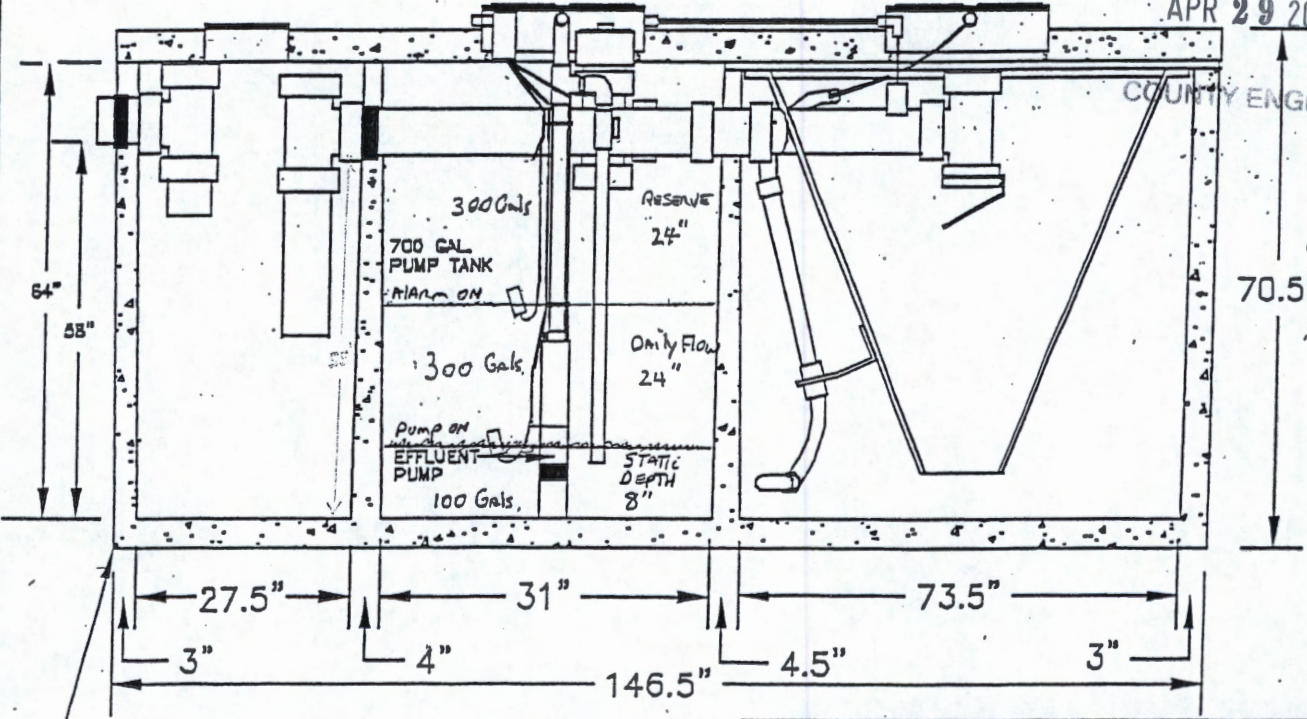


3" EXTERIOR WALL TYP.

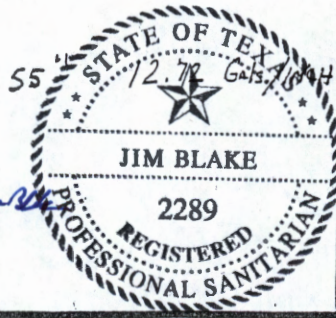
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1.25" TAPER ON ALL EXTERIOR & INTERIOR WALLS



P.O. Box 7588 Beaumont, Texas 77725-7588					
<b>MODEL 600NC3T</b> 600 G.P.D. TREATMENT SYSTEM					
DRAWN:	CHKD:	DATE:	REV.	REV. DATE	NUMBER:
CWP	JM	07/04	0		10000385





## OWNER'S MANUAL

### SERIES P20 4" SUBMERSIBLE PUMP

Two Wire, 1/2 HP, 115 Volt, 60 Hz

Installation • Operation

#### LIMITED WARRANTY

Clearstream warrants to the original consumer of the products listed below, that they will be free from defects in material and workmanship for the Warranty Period from the date of installation as noted.

<u>Product</u>	<u>Warranty Period</u>
4" Submersible Pump	2 year

Our warranty will not apply to any product that has been subject to negligence, misapplication, improper installation or maintenance.

Buyer's only remedy and Clearstream's only duty is to repair or replace defective products (at Clearstream's choice). Buyer agrees to pay all labor and shipping charges associated with this warranty and to request warranty service through the installing dealer as soon as a problem is discovered. If warranty service is requested after the Warranty Period has ended, it will not be honored.

CLEARSTREAM SHALL NOT BE LIABLE FOR ANY CONSEQUENTIAL, INCIDENTAL, OR CONTINGENT DAMAGES WHATSOEVER.

THE FOREGOING WARRANTIES ARE EXCLUSIVE AND IN LIEU OF ALL OTHER EXPRESS WARRANTIES, IMPLIED WARRANTIES, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, SHALL NOT EXTEND BEYOND THE WARRANTY PERIOD PROVIDED HEREIN.

Certain states do not permit the exclusion or limitation of incidental or consequential damages or the placing of limitations on the duration of an implied warranty, therefore, the limitations or exclusions herein may not apply. This warranty sets forth specific legal rights and obligations, however, additional rights may exist, which may vary from state to state.

Supersedes all previous publications.

Clearstream, P.O. Box 9337, Beaumont, TX 77709

CLEARSTREAM

P.O. Box 9337, Beaumont, TX 77709

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open. Start pump. *Slowly* open valve until the desired flow rate is reached. Final setting *must* be within pump's recommended operating range.

2. Make sure that the float switches are set so that the pump stops before the pump runs dry or breaks suction. If necessary, adjust float switches to achieve this.

3. The motor bearings are lubricated internally. No maintenance is required or possible on the pump or the motor.

### OPERATION

1. The pump must be submerged at all times during normal operation. Do not run pump dry.

**Table 1: Recommended Fusing Data**  
115 Volt/60 Hz/1 Phase 2-Wire Cable

HP	Volt/Hz/ Phase	Motor Winding Resistance Ohms	Max Load Amps	Locked Rotor Amps	Fuse Size Standard/ Dual Element
1/2	115/60/1	1.0-1.3	12.0	64.8	30/15

**Table 2: Power Supply Wire (Cable) Length in Feet**  
1 Phase, 2 Wire Cable, 60 Hz (Copper Wire Size - Service to motor)

Volts	HP	14 AWG	12 AWG	10 AWG	8 AWG	6 AWG	4 AWG	3 AWG	2 AWG	1 AWG	0 AWG
115	1/2	100	160	250	390	620	960	1190	1450	1780	2160

1. Maximum wire lengths shown maintain motor voltage at 95% of service entrance voltage, running at maximum nameplate amperes. If service entrance voltage will be at least motor nameplate voltage under normal load conditions, 50% additional length

is permissible for all sizes.

2. Sizes given are for copper wire. For aluminum wire go two sizes larger (i.e., if table lists #12 copper wire, use #10 aluminum wire.)

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### Motor Insulation Resistance Readings

\*Normal Ohm/Megohm readings for all motors, between all leads and ground. Set ohmmeter to 100K scale.

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Condition of Motor and Leads	Ohm Value	Megohm Value
New motor, without power cable	20,000,000 (or more)	20.0
Used motor, which can be reinstalled in tank	10,000,000 (or more)	10.0
Motor in Tank - Readings are Power Cable plus Motor		
New Motor	2,000,000 (or more)	2.0
Motor in reasonably good condition	500,000 to 2,000,000	0.5-2.0
Motor which may be damaged or have damaged power cable <i>Do not pull motor for these reasons</i>	20,000 to 500,000	0.02-0.5
Motor definitely damaged or with damaged power cable <i>Pull motor and repair</i>	10,000 to 20,000	0.01-0.02
Failed motor or power cable — <i>Pull motor and repair</i>	Less than 10,000	0-0.01

### Important Electrical Grounding Information

#### **WARNING**

Hazardous voltage. Can shock, burn, or kill. To reduce the risk of electrical shock during pump operation, ground and bond the pump and motor as follows:

- To reduce risk of electrical shock from metal parts of the assembly other than the pump, bond together all metal parts accessible at the tank top (including metal discharge pipe, metal tank top, and the like). Use a metal bonding conductor at least as large as the power cable conductors running down the well to the pump's motor.
- Clamp or weld (or both if necessary) this bonding conductor to the grounding means provided with the pump, which will be the equip-

ment-grounding terminal, the grounding conductor on the pump housing, or an equipment-grounding lead. The equipment-grounding lead, when provided, will be the conductor having green insulation; it may also have one or more yellow stripes.

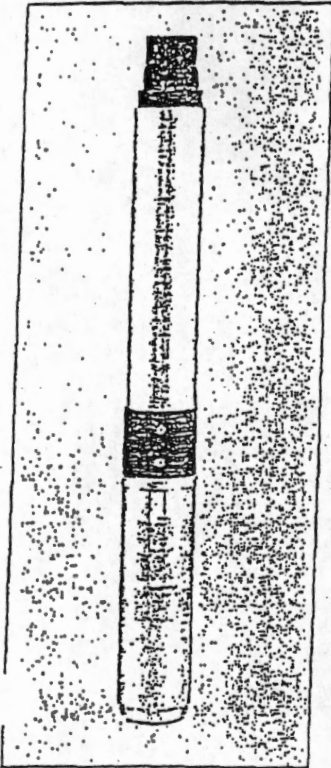
- Ground the pump, motor, and any metallic conduit that carries power cable conductors. Ground these back to the service by connecting a copper conductor from the pump, motor, and conduit to the grounding screw provided within the supply-connection box wiring compartment. This conductor must be at least as large as the circuit conductors supplying the pump.

**Save these instructions.**



**P20**

**Submersible Effluent Pump**



**GENERAL DESCRIPTION**

The P20 multistage submersible effluent pump constructed from precision-engineered, corrosion-resistant materials, is an industry leader in high pressure effluent removal. The floating stack design resists abrasion wear and reduces motor bearing thrust loading. These pumps feature the patented Signa-Seal™ design, which provides dry running capability in the event of a system failure. This patented Signa-Seal design has no industry equal.

**APPLICATIONS**

Designed for pumping filtered effluent.

**SPECIFICATIONS**

- Shell: stainless steel
  - Discharge: fiberglass-reinforced thermoplastic
  - Discharge bearing: Nylatron®
  - Intermediate bearing: (on larger units) polycarbonate, nitrile rubber, and stainless steel
  - Impellers: Delrin®
  - Diffusers: Lexan®
  - Suction caps: Lexan® with stainless steel insert
  - Thrust pads: proprietary spec.
  - Shaft and coupling: stainless steel
  - Intake: fiberglass-reinforced thermoplastic
  - Intake screen: polypropylene
  - Cable guard: stainless steel
- Agency Listings: UL 778

**FEATURES**


- Patented Staging System — Our proven Signa-Seal™ staging system incorporates a harder-than-steel ceramic wear surface that when incorporated with our floating stack design, greatly reduces problems with abrasives, sand lock-up and running dry.
- Discharge — Fiberglass-reinforced thermoplastic material for durability in aggressive water. Octagon-shaped to fit pipe wrench.
- Discharge Bearing — Exclusive self-lubricating Nylatron® bearing resists wear from sand.
- Intake — Fiberglass-reinforced thermoplastic material for durability in aggressive water.
- Shaft — Positive drive from hexagonal heavy-duty 300 grade stainless steel.
- Coupling — Stainless steel press fit to pump shaft. Couples to all standard NEMA motors.
- Shell — Highest grade, heavy-walled corrosion-resistant stainless steel. Threaded for easy servicing.
- Hardware — All screws, washers and nuts are corrosion-resistant 300 grade stainless steel.
- Check Valve — Durable internal check valve
- Cable Guard — Corrosion-resistant stainless steel guard protects motor leads. Tapered ends prevent pump from catching on well.
- Corrosion-proof intake screen
- Franklin Electric Motor — 100% corrosion-resistant stainless steel construction. Constant lubrication through water-filled design. Hermetically-sealed stator assures moisture-free windings. Built-in surge arrester provided on 1/2 HP through 1-1/2 HP, single-phase pumps for added protection. All thrust absorbed by durable Kingsbury-type thrust bearing. Replaceable motor lead assembly. NEMA standard motors, 2- and 3-wire.

**ORDERING INFORMATION**

Model No.	HP	Max. Load Amps	Volts	Phase/Cycles	Cord Length
P20	1/2	12	115	1/60	100'

**PERFORMANCE**

Discharge Pressure PSI	57	52	44	33	19
Gallons Per Minute	10	15	20	25	30

 This product is Listed to UL Standards for Safety by Underwriters Laboratories Inc. (UL).

- © Nylatron is a registered trademark of Polymer Corp.
- © Lexan is a registered trademark of General Electric Co.
- © Delrin is a registered trademark of E.I. DuPont de Nemours and Co.

Specifications are subject to change without notice.



**— NOTE —**

We have a wide range of sump/sewage/effluent pumps to offer. If you need a catalog showing other available units, please contact your Clearstream representative.

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# PROPLUS® GEAR DRIVEN SPRINKLER SETTING INSTRUCTIONS

**NOTE:** All of our sprinklers are preset for you with a 90° arc setting, and include a pre-installed #2.5 nozzle.

## CHANGING A NOZZLE

### 1 USE YOUR K-KEY

After you remove the nozzle retention screw with your K-Key, insert the K-Key into the keyhole on the top of the turret. Then, turn the K-Key 1/4 turn so it doesn't slip out of the hole when you pull it up.

### 2 PULL UP THE RISER

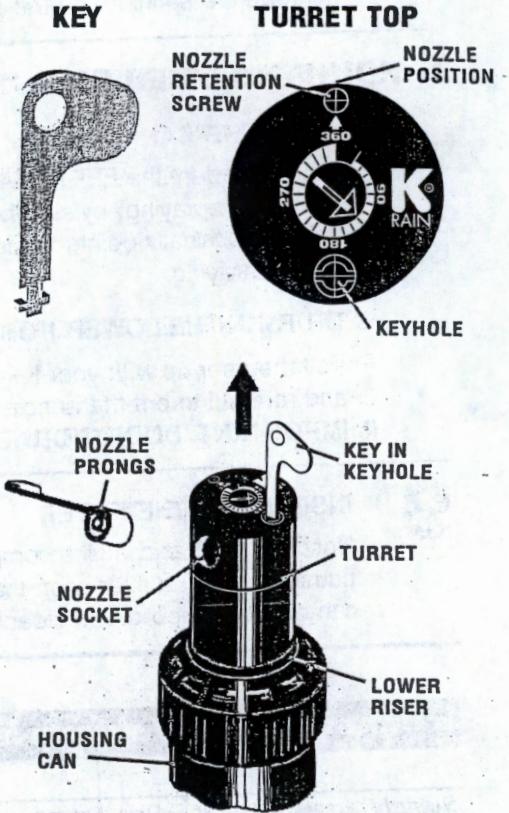
Firmly pull the entire spring loaded riser up with the K-Key to access the nozzle socket. Hold the riser up with one hand.

### 3 REMOVE THE NOZZLE

With the nozzle retention screw removed, insert the K-Key into the slot directly under the nozzle "prongs" at the top of the nozzle. Now, pivot your K-Key 1/4 of a turn to "hook" the nozzle and pull the nozzle out.

### 4 INSTALL A NOZZLE

Press the desired nozzle into the nozzle socket. Make sure the nozzle number is visible and the nozzle "prongs" are up. Then, re-install the nozzle retention screw. **NOTE:** The nozzle retention screw is also a break-up screw and adjusts the distance of the spray.

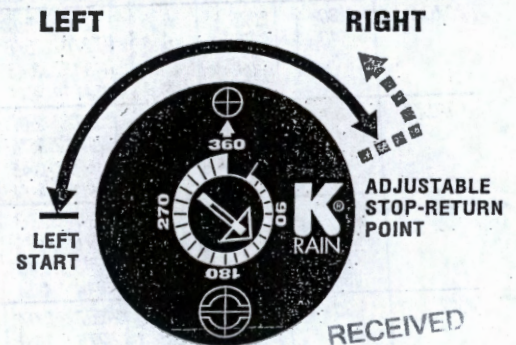


## PROPLUS IS ADJUSTABLE AND CONTINUOUS 360° ALL IN ONE MODEL

### SETTING THE ARC ADJUSTMENT (PRESET AT 90°)

### 5 FIND THE LEFT START POSITION

First, rotate the turret with your fingers around to the RIGHT (clockwise) until it stops. Then, rotate the turret around to the LEFT until it stops again. This is the LEFT START position. The sprinkler will begin spraying from this point and will rotate clockwise.



### 6 TO CHANGE THE ARC SETTING BEFORE INSTALLATION

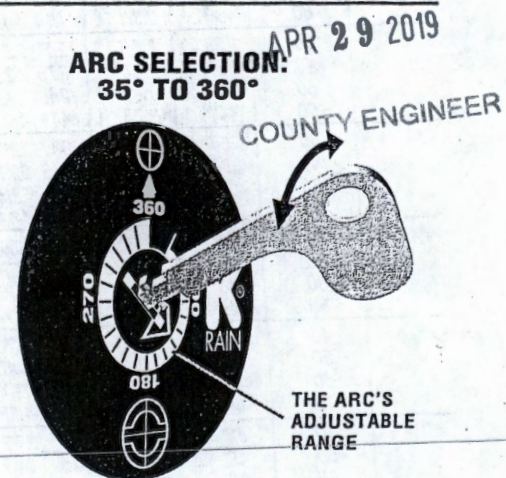
Follow step 5 above to find the LEFT START as a reference point. To INCREASE THE ARC, insert the K-Key into the arc indication ARROW SLOT at the center of the turret. While holding the turret with your fingers, turn the K-Key CLOCKWISE until the arc INDICATION ARROW POINTS TO the RIGHT STOPPING POINT.

## WHEN SET AT 360°, PROPLUS WILL ROTATE CONTINUOUSLY IN A CLOCKWISE DIRECTION.

To DECREASE THE ARC, hold the turret steady and turn the K-Key COUNTERCLOCKWISE to the desired setting.

### WITH THE SPRINKLER RUNNING

Follow step 2, hand-spinning the turret gently in the direction it is spraying. Once you have found the LEFT START as a reference point, following the directions to INCREASE THE ARC or DECREASE THE ARC as shown above.





## §285.37. On-Site Sewage Facilities and Water Treatment Equipment and Appliances

(a) Water treatment equipment is defined as an appliance, which includes water softeners and reverse osmosis systems, used to:

- (1) alter the mineral content of water;
- (2) alter the microbiological content of water;
- (3) alter other substances found in water; or
- (4) purify water.

(b) Back flush or discharge from water treatment equipment installed on or after September 1, 2003, may be discharged into an on-site sewage facility (OSSF) as provided in this subsection.

(1) Water softener.

(A) The water softener must regenerate using a demand-initiated regeneration (DIR) control device. The water softener must be clearly labeled as being equipped with a DIR control device as follows:

- (i) the label shall be affixed to the outside of the water softener so the label can be easily inspected and read; and
- (ii) the label shall provide the name of the company that installed the water softener.

(B) A water softener may be connected to an OSSF with a non-standard or proprietary treatment system only as described in §285.32(c) and (d) of this title (relating to Criteria for Sewage Treatment Systems) if the water softener drain line:

- (i) bypasses the treatment system; and
- (ii) connects directly to a pump tank if the OSSF has a pump tank or directly to the pipe between the treatment system and the disposal system if no pump tank exists.

(C) An owner may continue to use a water softener that discharges to an OSSF and does not meet the requirements of subparagraph (A) of this paragraph if the water softener was installed before September 1, 2003. An owner must replace any water softener installed before September 1, 2003, with a water softener that meets the requirements of subparagraphs (A) and (B) of this paragraph at such time as:

- (i) an owner replaces the existing water softener; or
- (ii) an owner or installer installs, alters, constructs, or repairs an OSSF for the structure or property served by the existing water softener.

(2) Reverse osmosis system.

(A) Point-of-use (under sink unit) reverse osmosis systems. The back flush from a point-of-use reverse osmosis system may be discharged into an OSSF without including calculations of the back flush water volume in the OSSF planning materials.

(B) Point-of-entry (whole house unit) reverse osmosis systems. The back flush from a point-of-entry reverse osmosis system may be discharged into an OSSF if:

- (i) the owner can demonstrate that the point-of-entry reverse osmosis system does not cause hydraulic overloading of the OSSF; or
- (ii) the water volume from the point-of-entry reverse osmosis system is accounted for (added to the usage rate in §285.91(3) of this title (relating to Tables)) by providing calculations of the increase in wastewater volume with the OSSF planning materials.

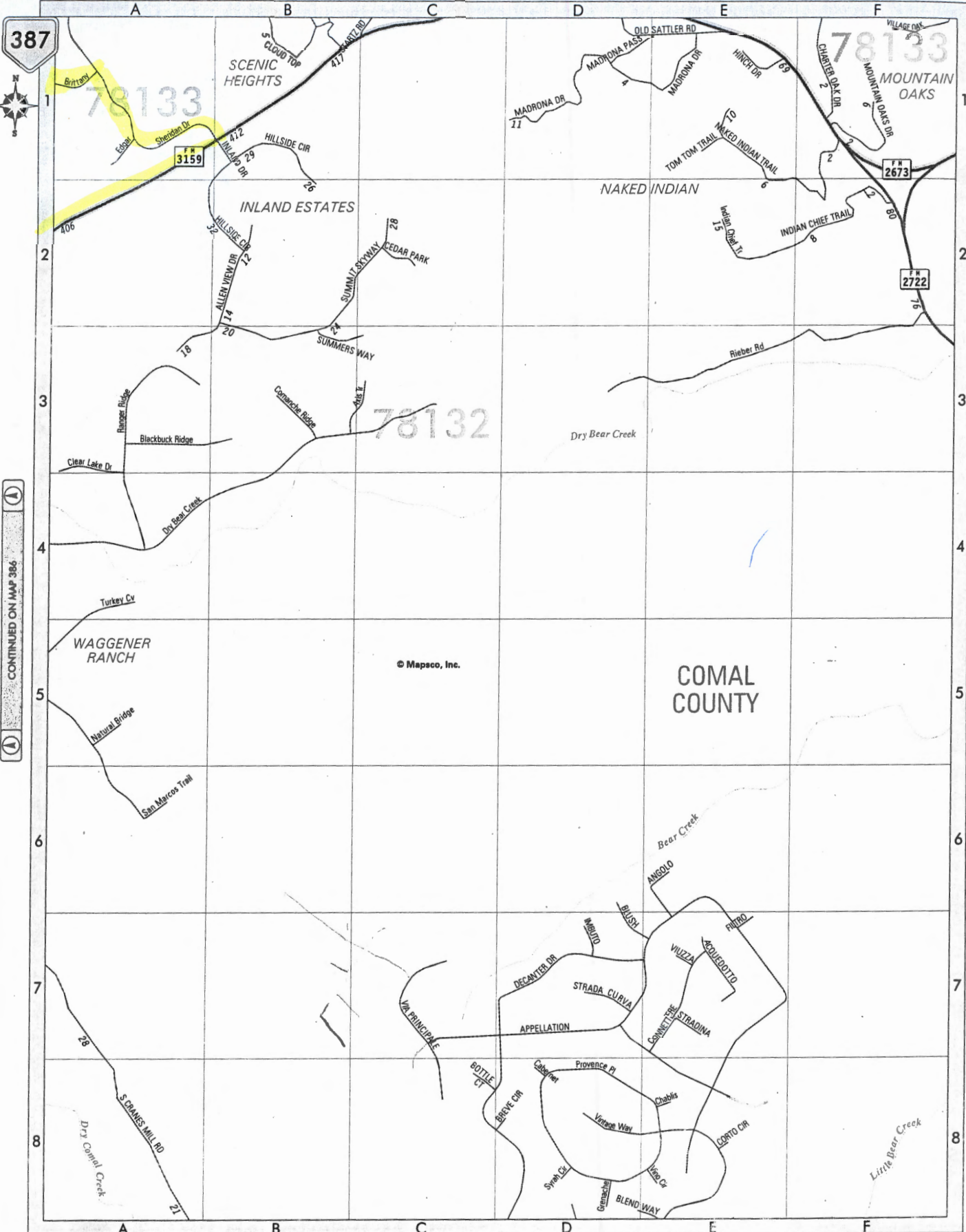
(3) Water treatment equipment other than water softeners and reverse osmosis systems. If an owner uses water treatment equipment other than water softeners or reverse osmosis systems, the back flush from the water treatment equipment may be discharged into an OSSF if the water volume is added to the OSSF usage rate in §285.91(3) of this title. This water volume calculation must be provided with the OSSF planning materials.

~~(c) Discharges from all water treatment equipment shall enter the OSSF system through an airgap or an airgap device as required in the Uniform Plumbing Code (2000).~~

Adopted April 7, 2004

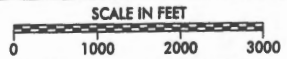
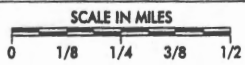
Effective April 28, 2004

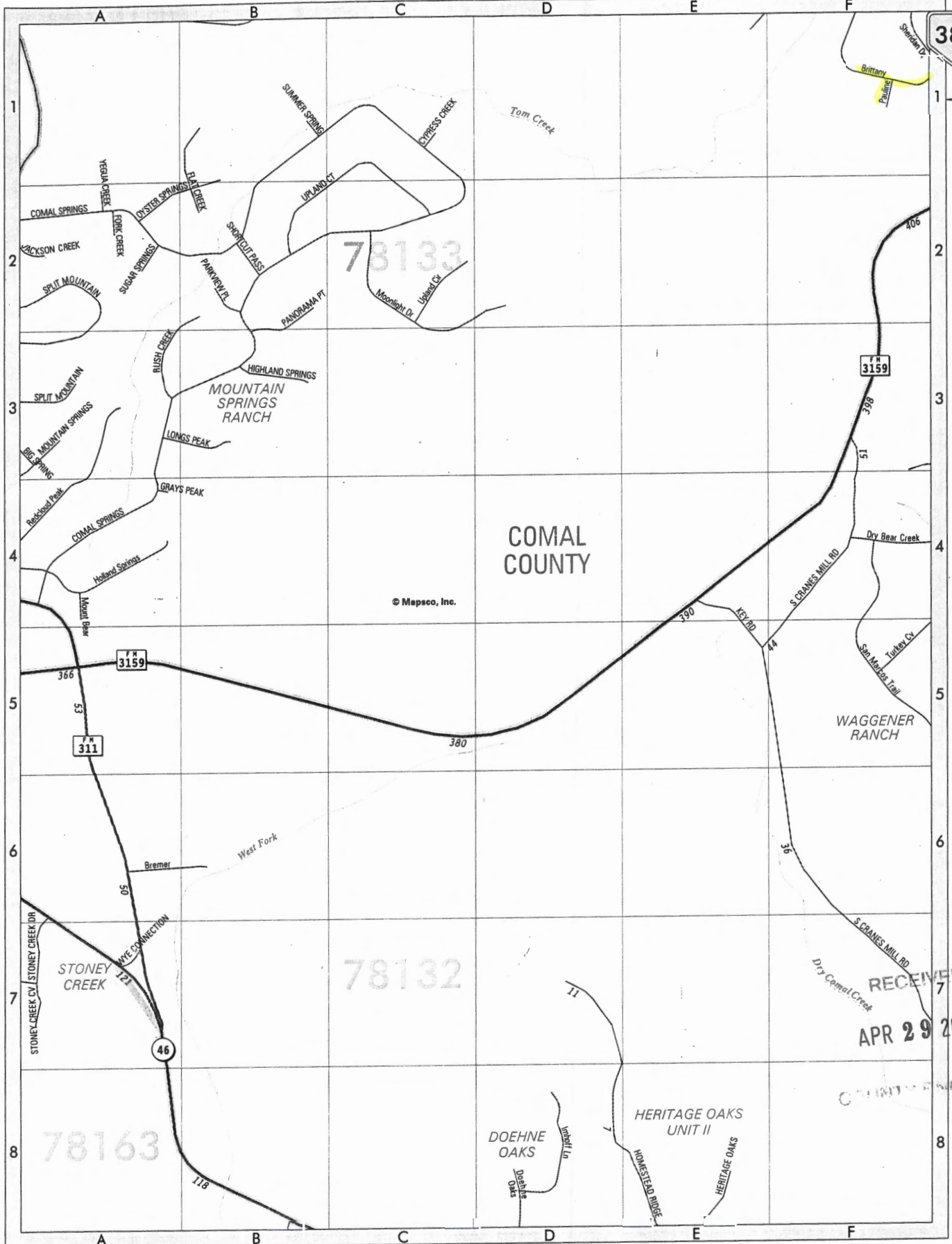




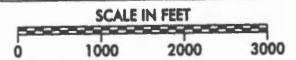
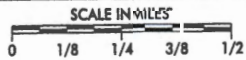
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COMAL COUNTY





CONTINUED ON MAP 387





\* \* \* COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH \* \* \*  
APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN  
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

Date 4/18/19

**VOID**

Permit # 109074

Owner Name <u>Justin Grimes adn Ashley Grimes</u>	Agent Name <u>JB Septic Systems, Inc</u>
Mailing Address <u>4905 Wurzbach Pkwy, Apt.1201</u>	Agent Address <u>P.O. Box 1609</u>
City, State, Zip <u>San Antonio, Texas 78233</u>	City, State, Zip <u>Helotes, Texas 78023</u>
Phone # <u>806-928-5053; 903245-8826</u>	Phone # <u>830-931-0292</u>
Email <u>justingrimes11@hotmail.com; a.grimes@zoho.com</u>	Email <u>info@jbsepticssystemsincc.com</u>

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

Subdivision Name Heritage Estates Unit 1 Lot 10 and 11 Block \_\_\_\_\_  
Acreage/Legal \_\_\_\_\_  
Street Name/Address 611 Brittany City New Braunfels Zip 78133

**Type of Development:**

Single Family Residential  
Type of Construction (House, Mobile, RV, Etc.) House  
Number of Bedrooms 3  
Indicate Sq Ft of Living Area 2,640

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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: \$ \_\_\_\_\_ (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 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.

Ashley Grimes  
Signature of Owner

**VOID**

4/18/19  
Date



## Hernandez, Sandra

---

**From:** Hernandez, Sandra  
**Sent:** Tuesday, May 7, 2019 3:52 PM  
**To:** 'JB Septics Systems Inc.'  
**Subject:** 109074 deficiency comments

RE: Heritage Estates, Unit 1, Lot 10 & 11

Jim,

We received planning materials for the referenced permit application on April 29, 2019 and found those planning materials to be deficient. In order to continue processing this permit, we need the following information:

- ✓ It appears that there is a discrepancy on the lot number being used throughout the planning materials.
- ✓ 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.
3. Revise accordingly and resubmit to our office.

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)*

**J. B. Septic Systems, Inc.**

Jim Blake  
Registered Sanitarian  
P.O. Box 1609  
Helotes, Texas 78023

**VOID**

Office: (830) 931-0292  
Fax: (830) 931-0409

**SITE EVALUATION**

**LOCATION:** 611 Brittany, Lot 10 & 11, Unit 1  
Heritage Estates, Comal County

**I. USDA County Soils Survey Classification:** (CtD) Comfort-Rock Outcrop Complex

**II. Soil Analysis Sample:** Two soil borings located in the proposed absorption area.  
(Method and Location)

**III. Soil Profile:** 0 - 12" inches clay loam soil underlain by lenses of limestone  
(Describe sample)

**IV. Soil Texture Classification:** VOID  
Soil Class Ia Soil Class Ib Soil Class II X Soil Class III Soil Class IV

**V. Soil Structure:** Blocky

**VI. Restrictive Horizons** (Note any dense clay sub-soils, rock or fractured rock, depth of groundwater etc.): Rock at approximately 10"

**VII. Topography:** 3- 4 % slope

**VIII. Flood Hazard:** No.

**IX. Overall Site Suitability:** The site is suitable for Aerobic Treatment with Spray Irrigation.

**X. Recharge Zone:** No.

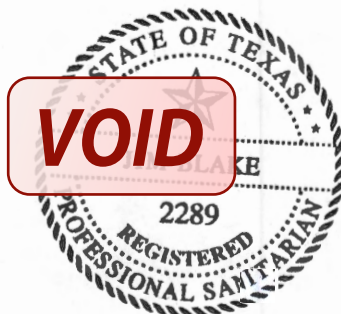
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Jim Blake  
Signature

March 28, 2019  
Date

OS0003014 29 2019  
Registration #

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Jim W. Blake, Sr., RS 2289  
P. O. Box 1609  
Helotes, TX 78023

**J. B. Septic Systems, Inc.**

**VOID**

Telephone (830) 931-0292  
Fax (830) 931-0409

March 28, 2019

Comal County Environmental Office  
195 David Jonas Drive  
New Braunfels, TX 78132-3760

RE: Lot 10 & 11, Heritage Estates, Unit 1  
(611 Brittany)

To Whom It May Concern:

I hereby certify that the On-Site Sewage Facility (OSSF) design for the above referenced property complies with all provisions of the proposed Contributing Zone Plan (CZP), as approved by the Texas Commission on Environmental Quality (TCEQ).

Please contact me at the number listed above if you should have any desire to discuss this matter.

Sincerely,

**VOID**



Jim W. Blake, Sr.  
JB Septic Systems, Inc.

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**VOID**

AFFIDAVIT TO THE PUBLIC

The County of Comal §  
State of Texas §

**VOID**



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CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

I

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

II

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code § 285.91(12) will be installed on the property described as : Lots 10 and 11, Heritage Estates, Unit 1, situated in Comal County, Texas, according to the map or plan hereof, recorded in Volume 14, Page(s) 398-400. Map and Plat records, Comal county, Texas.

**VOID**

The property is owned by Justin Grimes & Ashley Grimes

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

APR 29 2019

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

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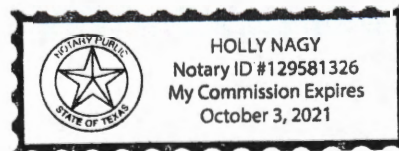
WITNESS BY HAND(S) ON THIS 18<sup>th</sup> Day of April, 2019

Justin Grimes  
Justin Grimes

Ashley Grimes  
Ashley Grimes

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 18<sup>th</sup> DAY OF April, 2019

Holly Nagy  
Notary Public, State of Texas



Notary/s Printed Name: Holly Nagy  
My Commission Expires: 10/3/2021

**VOID**



**VOID**



This page has been added to comply with the statutory requirement that the clerk shall stamp the recording information at the bottom of the last page.

**VOID**

This page becomes part of the document identified by the file clerk number affixed on preceding pages.

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Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
04/29/2019 02:52:09 PM  
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201906014444



*Bobbie Koepf*

**VOID**

**J.B. Septic Systems, Inc.  
Two-Year Initial Service Policy**

Page one

**System Owner:  
Justin & Ashley Grimes**

Brand Name: Clearstream Wastewater System  
System Name: Primary  
Serial Number: \_\_\_\_\_  
Model Number: \_\_\_\_\_  
Permit Number: \_\_\_\_\_

Site: Legal Description: 611 Brittany, Lot 10 & 11, Unit 1  
Heritage Estates, Comal County

J. B. Septic Maintenance, Inc. will inspect and service your Clearstream Aerobic Treatment Plant once every four months for a period of two years. The effective date of this initial maintenance contract shall be the date the License to Operate is issued.

Before this initial two-year service policy expires, JB Septic Maintenance, Inc will notify you. Upon renewal of the contract, a copy of the new contract shall be submitted to the permitting authority. If the property owner or maintenance company desire to discontinue the maintenance contract, the maintenance company shall notify, in writing, the permitting authority at least 30 days prior to the date service will cease.

**VOID**

J.B. Septic Maintenance, Inc. shall test and report on this system as required by rule on the following:

1. An Inspection/Service Call every 4 months, which includes inspections, adjustment, and servicing of the mechanical and electrical component parts as necessary to ensure proper function.
2. An effluent quality inspection every 4 months, consisting of a visual check for color, turbidity, scum overflow, and an examination for odors.
3. A sample shall be pulled from the aeration tank every 4 months to determine if there is an excess of solids in the treatment plant. If the test results determine a need for solids removal, the user will be notified and the system will be pumped upon owner authorization.
4. If any improper operation is observed which cannot be corrected at the time, the user shall be notified immediately in writing of the conditions and the estimated date of correction.
5. If required, a chlorine residual test well be taken at each visit. (BOD and TSS annually on commercial only.) If a grab test is required, the Owner will be responsible for the cost of the grab test.

The owner is responsible for keeping chlorine (Bleach) in the chlorinator as well as the cost of the chlorine.

J.B. Septic Maintenance, Inc. has been certified by the manufacturer of your system, and will be responsible for fulfilling the requirements of this Maintenance Contract, as well as responding to any alarms and/or addressing any concerns by the owner of the system. Alarms and/or concerns will be addressed within 48 hours of the initial contact.

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VIOLATIONS OF WARRANTY including shutting off the electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, or introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.

COURTY ENGINEER

**VOID**



**VOID**

**J.B. Septic Systems, Inc.**

Jim Blake  
Registered Sanitarian  
P.O. Box 1609  
Helotes, Texas 78023

Telephone (830) 931-0292  
Fax (830) 931-0409

**ON-SITE SEWAGE FACILITY DESIGN**

FOR: Justin & Ashley Grimes  
4905 Wurzbach Pkwy, Apt. 1201  
San Antonio, Texas 78233

LOCATION: 611 Brittany  
Lot 10 & 11, Unit 1  
Heritage Estates  
Comal County

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DEVELOPMENT: Proposed Three-bedroom residence with 2,640 sq. ft. living area.

ESTIMATE OF WATER CONSUMPTION: 300 gallons per day.

**VOID**

SEWAGE FACILITY DESCRIPTION: Stream Aerobic Treatment System with timer, chlorinator, sprinkler pump, and sprinkler heads covering a surface application area of 4,923 square feet. The timer is set for spray between midnight and 5:00 A.M.

**CALCULATION:**

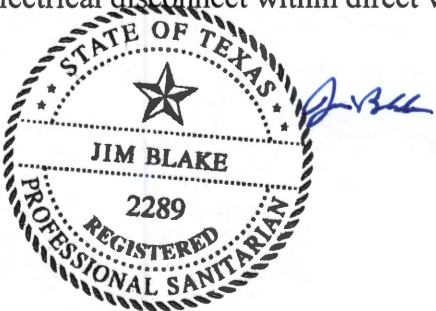
$$\text{Application Area Required} = \frac{\text{Flow}}{\text{Soil Appl. Rate}} = \frac{300 \text{ Gals./Day}}{.064 \text{ Gals./Sq.Ft./Day}} = 4,688 \text{ Sq. Ft.}$$

**ACTUAL APPLICATION AREA TO BE COVERED:**

(Radius of Sprinkler Head) X (Radius of Sprinkler Head) X 3.14	=	Sq. Ft.
One Full circle sprinkler head with a 28 foot radius	=	2,462 Sq. Ft.
Two ½ circle sprinkler heads, each one with a 28 foot radius	=	2,461 Sq. Ft.
<b>Total</b>	<b>=</b>	<b>4,923 Sq. Ft.</b>

ELECTRICAL WIRING – All wiring must be in complete compliance with 30 Texas Administrative Code 285.34(b) (4) and with the most recent National Electric Code. All electrical components should have an electrical disconnect within direct vision.

**VOID**



POOR QUALITY

STC 219533mw General Warranty Deed

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

Date: August 15, 2018

Grantor: TOM J. SHERIDAN PROPERTIES LTD., a Texas limited partnership

Grantee: JUSTIN GRIMES and ASHLEY GRIMES

Grantee's Mailing Address: 14 Winding View, New Braunfels TX 78132

Consideration: Cash and other valuable consideration

Property (including any improvements):

Lots 10 and 11, HERITAGE ESTATES, UNIT 1, situated in Comal County, Texas, according to the map or plat thereof recorded in Volume 14, Page(s) 398-400, Map and Plat Records of Comal County, Texas;

Reservations from Conveyance: NONE

Exceptions to Conveyance and Warranty: Any and all restrictions, covenants, conditions, reservations, mineral leases, interests, agreements and easements, shown of record in the hereinabove mentioned County and State and to all zoning laws, regulations and ordinances of municipal and/or governmental authorities, if any, but only to the extent that they are still in effect relating to the hereinabove described property, and further subject to all stand by fees, taxes and assessments by any taxing authority for the current and subsequent years, and subsequent taxes and assessments for prior years due to changes in land usage or ownership and all matters reflected on the hereinabove mentioned plat.

Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

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

TOM J. SHERIDAN PROPERTIES LTD.,  
a Texas limited partnership  
by its general partner,  
SHERIDAN INVESTMENTS, LLC  
a Texas limited liability company

BY: *Cynthia S. Joyce*  
CYNTHIA S. JOYCE, President

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POOR QUALITY


ACKNOWLEDGMENT

STATE OF TEXAS

COUNTY OF Bexar

§  
§  
§

This instrument was acknowledged before me on the 15<sup>th</sup> day of August, 2018, by CYNTHIA S. JOYCE, President of SHERIDAN INVESTMENTS, LLC a Texas limited liability company, general partner, on behalf of TOM J. SHERRIDAN PROPERTIES LTD., a Texas limited partnership.

  
Notary Public in and for the State of Texas



AFTER RECORDING RETURN TO:

ASHLEY GRIMES  
JUSTIN GRIMES  
19 Winding View  
New Braunfels, TX 78132

PREPARED IN THE LAW OFFICES OF:

THE HOUGHAM LAW FIRM  
5152 Fredericksburg Road, Ste. 280A  
San Antonio, Texas 78229  
Telephone No. (210) 375-7570

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Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
08/16/2018 04:15:23 PM  
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*Bobbie Koepf*

**J.B. Septic Systems, Inc.  
Two-Year Initial Service Policy**

**System Owner:**

Justin &amp; Ashley Grimes

Brand Name: Clearstream Wastewater System

System Name: Primary

Serial Number: 24504-06 NC-3TModel Number: 600 NC-3TPermit Number: 109074Effective: 08/18/2019 thru 08/18/2021

**Site Legal Description:** 611 Brittany, Lot 10, Unit 1  
Heritage Estates, Comal County

J. B. Septic Maintenance, Inc. will inspect and service your Clearstream Aerobic Treatment Plant once every four months for a period of two years. The service policy starts the date the "License To Operate" is issued by the permitting authority. This initial two year Service Policy will be at no additional charge to the property owner as required by State guidelines.

Before this initial two-year service policy expires, JB Septic Maintenance, Inc will notify you. Upon renewal of the contract, a copy of the new contract shall be submitted to the permitting authority. If the property owner or maintenance company desire to discontinue the maintenance contract, the maintenance company shall notify, in writing, the permitting authority at least 30 days prior to the date service will cease.

**Testing and Reporting**

J.B. Septic Maintenance, Inc. shall test and report on this system as required by rule on the following:

1. An Inspection/Service Call every 4 months, which includes inspections, adjustment, and servicing of the mechanical and electrical component parts as necessary to ensure proper function.
2. An effluent quality inspection every 4 months, consisting of a visual check for color, turbidity, scum overflow, and an examination for odors.
3. A sample shall be pulled from the aeration tank every 4 months to determine if there is an excess of solids in the treatment plant. If the test results determine a need for solids removal, the user will be notified and the system will be pumped upon owner authorization.
4. If any improper operation is observed which cannot be corrected at the time, the user shall be notified immediately in writing of the conditions and the estimated date of correction.
5. If required, a chlorine residual test will be taken at each visit. (BOD and TSS annually on commercial only.) If a grab test is required, the Owner will be responsible for the cost of the grab test.

The owner is responsible for keeping chlorine (Bleach) in the chlorinator as well as the cost of the chlorine.

J.B. Septic Maintenance, Inc. has been certified by the manufacturer of your system, and will be responsible for fulfilling the requirements of this Maintenance Contract, as well as responding to any alarms and/or addressing any concerns by the owner.

**VIOLATIONS OF WARRANTY** including shutting off the electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, or introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.



**This Policy Does Not Include;**

1. Cost of Pumping Sludge From Unit If Necessary.
2. Cost of System Repair Due to Damage or Parts Failure Due to Neglect.
3. Cost of Replacement of "Normal Wear & Tear" Items During Routine Maintenance Visits.

The Maintenance Company and the Owner agree to abide by the service policy as stated above.

**MAINTENANCE COMPANY:**

J.B. Septic Maintenance, Inc.  
P.O. Box 1609  
Helotes, Texas 78023  
(830) 931-0292

**MANUFACTURER:**

Clearstream Wastewater Systems, Inc.  
P.O. Box 7568  
Beaumont, Texas 77726-7568  
(409) 755-1500

**Installation Company:**

J.B. Septic Systems, Inc.  
P.O. Box 1609  
Helotes, Texas 78023

**Permitting Authority:**

Comal County Office of Environmental Health  
195 David Jonas Drive  
New Braunfels, TX 78676  
(830) 608-2094

  
\_\_\_\_\_  
Jim Blake, Sr., J.B. Septic Maintenance, Inc.

  
\_\_\_\_\_  
System Owner

Service Company Operator License Number: MP0000892

# Aerobic Septic System Inspection Report

Submitted by:

**J. B. Septic Maintenance, Inc.**

Contact: Jim Blake

Installation Date: 8/18/2019

**Scheduled Report**

Permit Number: 109074

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 to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every months. Date of inspection visit: 1/29/2020

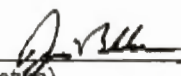
2. System inspected: Owner: Justin & Ashley Grimes

System Name: Primary Property Address: 611 Brittany

Serial Num: 24504-06 NC 3T City, State., Zip Code: New Braunfels, TX 78132

Brand Name: Clearstream Inspected by: Victor Alvarado

Model Num: 600 NC- 3T

  
(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disinfection Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine Supply	<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/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to system (list all components replaced):  
replaced alarm light bulb

4. Tests required and results:

Test	Required <small>Check if YES</small>	Results <small>mg/l, mpn/100 ml, or trace</small>	Test Method
BOD (Grab)	<input type="checkbox"/>	_____	_____
TSS (Grab)	<input type="checkbox"/>	_____	_____
Cl <sub>2</sub> (Grab)	<input checked="" type="checkbox"/>	0.2mg/L	DPD
Fecal Coliform	<input type="checkbox"/>	_____	_____

5. Comments:

PT= 0 "  
ATU= 0 %  
TT= 2 " Lids secure at departure.



# Aerobic Septic System Inspection Report

Submitted by:

**J. B. Septic Maintenance, Inc.**

Contact: Jim Blake

Installation Date: 8/18/2019

**Scheduled Report**

Permit Number: 109074

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 to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every 4 months. Date of inspection visit: 4/15/2020

2. System inspected: Owner: Justin & Ashley Grimes

System Name: Primary Property Address: 611 Brittany

Serial Num: 24504-06 NC 3T City, State., Zip Code: New Braunfels, TX 78132

Brand Name: Clearstream Inspected by: Isaac Prado

Model Num: 600 NC- 3T

  
\_\_\_\_\_  
(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disinfection Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine Supply	<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/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)		<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to system (list all components replaced):

4. Tests required and results:

<u>Test</u>	<u>Required</u> <small>Check if YES</small>	<u>Results</u> <small>mg/l, mpn/100 ml, or trace</small>	<u>Test Method</u>
BOD (Grab)	<input type="checkbox"/>		
TSS (Grab)	<input type="checkbox"/>		
Cl <sub>2</sub> (Grab)	<input checked="" type="checkbox"/>	0.2mg/L	DPD
Fecal Coliform	<input type="checkbox"/>		

5. Comments:

PT= 0 "  
 ATU= 10 %  
 TT= 4" Lids secure at departure.

# Aerobic Septic System Inspection Report

Submitted by:

**J. B. Septic Maintenance, Inc.**

Contact: Jim Blake

Installation Date: 8/18/2019

**Scheduled Report**

Permit Number: 109074

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 to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is ~~every~~ 4 months. Date of inspection visit: 10/28/2020

2. System inspected: Owner: Justin & Ashley Grimes

System Name: Primary Property Address: 611 Brittany

Serial Num: 24504-06 NC 3T City, State, Zip Code: New Braunfels, TX 78132

Brand Name: Clearstream

Inspected by: Pete Prado

Model Num: 600 NC- 3T

*JMSM*  
(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disinfection Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine Supply	<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/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to system (list all components replaced):

4. Tests required and results:

<u>Test</u>	<u>Required</u> <small>Check if YES</small>	<u>Results</u> <small>mg/l, mpr/100 ml, or trace</small>	<u>Test Method</u>
BOD (Grab)	<input type="checkbox"/>		
TSS (Grab)	<input type="checkbox"/>		
Cl <sub>2</sub> (Grab)	<input checked="" type="checkbox"/>	0.2mg/L	DPD
Fecal Coliform	<input type="checkbox"/>		

5. Comments:

PT = 0"  
 ATU = 0 %  
 TT = 2 " Lids secured at departure.



# J.B. SEPTIC MAINTENANCE, INC.



## SERVICE CONTRACT AGREEMENT

In consideration of the pre-payment of the annual fee of \$275.00 licensed maintenance provider will provide the following services for your On-Site Sewage Facility.

- Routine service visits once every 4 months during the service period of one year from 01/24/2023 to 01/24/2024 on the Aerobic system indicated below.

Owner:	<u>Justin &amp; Ashley Grimes</u>	Phone No:	<u>(806) 928-5053</u>
System:	<u>Clearstream 600 NC3T</u>	Permit:	<u>109074</u>
Address:	<u>611 Brittany</u>	Sub Division:	<u>Heritage Estates</u>
City/County:	<u>New Braunfels/Comal</u>		

### Service calls will include:

1. An effluent quality inspection consisting of a visual check for color and examination for odor.
2. Adjustment of any mechanical and electrical components that are out of order (Replacement of materials or parts is not covered).
3. Sampling of the settled solids in the aeration chamber.
4. Check chlorine residual when applicable.
5. Diffuser stones and air filters "normal wear and tear" items will be replaced as needed at an additional cost.
6. To avoid an additional trip charge, if your system needs a replacement part that is less than \$100.00, we will replace the part without authorization.

If any improper operation is observed which cannot be corrected at the time of the inspection, you shall be notified immediately in writing of the conditions and the estimated date and cost, if applicable, for correction.

At the conclusion of the service policy, J. B. Septic Maintenance, Inc. will make available, for purchase on an annual basis, a continuing service policy to cover labor for normal inspection and maintenance.

Owner / user operation instructions must be strictly followed. Also, it is the responsibility of the system owner to maintain chlorine in the system. The chlorine must be the appropriate type which is approved for waste water treatment.

J.B. Septic Maintenance, Inc. will be responsible for fulfilling the requirements of this Maintenance Contract, as well as responding to any alarms and/or addressing any concerns by the owner of the system. Alarms and/or concerns will be addressed within 48 hours of the initial contact.

**Important:** this service policy agreement does not cover the cost of service calls, labor or materials which are required or which are due to misuse or abuse of the system; failure to maintain electrical power to the system; disposal of non-biodegradable materials such as chemicals, solvents, grease, oil, paint, etc.; pumping of sludge build-up from the system; or any usage contrary to the requirements as stated in the "Operation Manual." Additional service, including replacement of components, laboratory test work, and pumping of tanks will be done upon customer authorization and at an additional charge.

OWNER

Justin & Ashley Grimes  
Signature

Date: 1/18/23

SERVICE DEALER

J.B. Septic Maintenance, Inc.

# Aerobic Septic System Inspection Report

Submitted by:

**J. B. Septic Maintenance, Inc.**

Contact: Jim Blake

Installation Date: 8/18/2019

**Scheduled Report**

Permit Number: 109074

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 to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

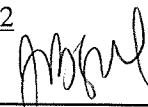
1. Required frequency of visits is every 4 months. Date of inspection visit: 10/3/2023

2. System inspected: Owner: Justin & Ashley Grimes

System Name: Primary Property Address: 611 Brittany  
 Serial Num: 24504-06 NC 3T City, State., Zip Code: New Braunfels, TX 78132

Brand Name: Clearstream Inspected by: Jose J Roman

Model Num: 600 NC- 3T

  
 \_\_\_\_\_  
 (Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disinfection Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine Supply	<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/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)		<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to system (list all components replaced):  
 Replaced air filter

4. Tests required and results:

<u>Test</u>	<u>Required</u> <small>Check if YES</small>	<u>Results</u> <small>mg/l, mpn/100 ml, or trace</small>	<u>Test Method</u>
BOD (Grab)	<input type="checkbox"/>		
TSS (Grab)	<input type="checkbox"/>		
Cl <sub>2</sub> (Grab)	<input checked="" type="checkbox"/>	0.2 mg/l	DPD
Fecal Coliform	<input type="checkbox"/>		

5. Comments:

PT= 0"  
 ATU= 40%  
 TT= 0" Lids Secure at Departure.



2021

# Aerobic Septic System Inspection Report

Submitted by:

**J. B. Septic Maintenance, Inc.**

Contact: Jim Blake

Installation Date: 8/18/2019

**Scheduled Report**

Permit Number: 109074

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 to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every 4 months. Date of inspection visit: 1/17/2024

2. System inspected: Owner: Rusty Mueck

System Name: Primary Property Address: 611 Brittany

Serial Num: 24504-06 NC 3T City, State., Zip Code: New Braunfels, TX 78132

Brand Name: Clearstream

Inspected by: Jose J Roman

Model Num: 600 NC- 3T

(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disinfection Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine Supply	<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/Seedir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to system (list all components replaced):  
Replaced air compressor

4. Tests required and results:

<u>Test</u>	<u>Required</u> Check if YES	<u>Results</u> mg/l, mpn/100 ml, or trace	<u>Test</u> <u>Method</u>
BOD (Grab)	<input type="checkbox"/>	_____	_____
TSS (Grab)	<input type="checkbox"/>	_____	_____
Cl <sub>2</sub> (Grab)	<input type="checkbox"/>	_____	_____
Fecal Coliform	<input type="checkbox"/>	_____	_____

5. Comments:

PT= "

ATU= %

TT= " Lids secure at departure.