

Comal County OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date:

08/26/2019

Permit Number: 109111

Location Description:

146 QUINN CIR

CANYON LAKE, TX 78133

Subdivision:

Woodlands

Unit:

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Lot:

G

Block:

Acreage:

Type of System:

Aerobic

Surface Irrigation

Issued to:

Ryan & Megan Dow

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

OS8497

ENVIRONMENTAL HEALTH INSPECTOR

ENVIRONMENTAL HEALTH COORDINATOR

Installer Name: Counte			OSSF Installer #: 05	वं बर्ग रित प			
1st Inspection Date:	22/19	2nd Inspection Da	ite:	_ 3rd Inspection		126/19	
Inspector Name: Mike	T.	Inspector Name:_		Inspector	Name:	mike	7
Permit#: (0911)			Address: Wood 1	ande 1	146 0	minne	Circle
No. Description	Anwser	Citations	Notes	OF THE PARTY OF TH	1st Insp.	2nd insp.	3rd Insp.
SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials		285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(i)			8-23.F		8/21/A
SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards		285.91(10) 285.30(b)(4) 285.31(d)					
SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, - SDR 26)		285.32(a)(1)					
SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot		285.32(a)(3)				**	
SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)		285.32(a)(5)					
PRETREATMENT (Installed (if - required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G)285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(G)(ii) 285.32(b)(1)(G)(ii) 285.32(b)(1)(G) 285.32(b)(1)(E) 285.32(b)(1)(E) 285.32(b)(1)(E) 285.32(b)(1)(E)(ii)(ii) 285.32(b)(1)(E)(ii)(ii) 285.32(b)(1)(E)(ii)(ii) 285.32(b)(1)(E)(ii)(ii)	14				
PRETREATMENT Grease Interceptors if required for commercial		285.34(d)		,			

8-22-19 BMO
Tunk Set level
Operational
Ready for Cover

Covered.

No.	Description	Anwser	Citations		Notes	THE STATE OF	1st insp.	2nd Insp.	3rd Insp.
	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If SingleTank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iii)(II) 285.32(b)(1)(E)(iii)(II)		*				
	Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		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)		<i>:</i>	***			
	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)	· · · · · · · · · · · · · · · · · · ·					•
0	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)	·					
1	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) . 285.38(e)						
2	SEPTIC TANK Tank Volume Installed		ì						
3	PUMP TANK Volume Installed								
A	AEROBIC TREATMENT UNIT Size Installed	1					8-22		8/24/1
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number			Na wea	. 600				
	DISPOSAL SYSTEM Absorptive		285.33(a)(1) 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)(4) 285.33(a)(1) 285.33(a)(2)						

No.	Description	Anwser	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
9	DISPOSAL SYSTEM Drip Irrigation		285.33(c)(3)(A)-(F)				
0	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
11	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)			And the same of th	
3	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				wilds
14	DISPOSAL SYSTEM Other (describe) (Approved Design)		285.33(d)(6) .285.33(c)(4)		Partition	W. V. J.	
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
6	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)				No. 2
. ,	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
28	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)	N.			
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)				

	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)			·	
	285.32(c)(1)		4.20		8/24/19
	,				
-					
The state of the s		285.32(c)(1)	285.32(c)(1)	285.32(c)(1)	285.32(c)(1)

No	Description .	Anwser	Citations	Notes	2 2	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe; Fitting: Sprinkler Heads & Valve Covers Color Coded Purple?	1	285.33(d)(2)(G)(iii)(II)285.3 3(d)(2)(G)(iii)(III)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(I) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)			8-37 8-37		8/26)16
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)					250
42	APPLICATION AREA Area Installed	4						
43	PUMP TANK Meets Minimum Reserve Capacity Requirements		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			·.		
44	PUMP TANK Material Type & Manufacturer							
45	PUMP TANK Type/Size of Pump Installed							

Installer Name: Counter	iside		OSSF In	staller #: 05	000) a 2	9					
1st Inspection Date:	22/19	2nd Inspection Da										
Inspector Name: M.Ke	T.	Inspector Name:			_ Ins	pector	Name:					_
Permit#: (0911)			Address:	Woodl	ands	_/,	146	Q	10'00	ا مد	Circl	ك
No. Description	Anwser	Citations		Notes		(). 55 m/d.	1st	Insp.	2nd	insp.	3rd Insp.	erije.
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)					8-0	134				
SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards		285.91(10) 285.30(b)(4) 285.31(d)										
SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)		285.32(a)(1)	-	-						-		
SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot		285.32(a)(3)							3.			-
SEWER PIPE Two Way Sanitary - Type Cieanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)		285.32(a)(5)										
PRETREATMENT installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G)285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(G)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(E) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II)										
PRETREATMENT Grease Interceptors if required for		285.34(d)					-					

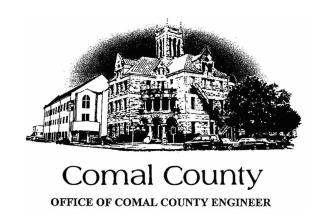
8-22-19 BMO
Tunk Set level
Operational
Ready for Cover

No.	Description	Anwser	Citations		Notes	TO GREAT THE	1st Insp.	2nd Insp.	3rd Insp.
	SEPTIC TANK Tank(s) Clearly		285.32(b)(1)(E)						
	Marked SEPTIC TANK If		285.91(2)	*					
	SingleTank, 2		285.32(b)(1)(F)	4					. «
	Compartments Provided with	,	285.32(b)(1)(E)(iii)						
1	Baffle SEPTIC TANK Inlet Flowline		285.32(b)(1)(E)(ii)(II)						
ľ	Greater than		285.32(b)(1)(E)(ii)(I)						· .
}	3" and " T " Provided on Inlet and		285.32(b)(1)(E)(i)	N		,			·
	Outlet		285.32(b)(1)(D)						
1	SEPTIC TANK Septic Tank(s) Meet		285.32(b)(1)(C)(ii)	* .					,
1	Minimum Requirements		285.32(b)(1)(C)(i)			*		_	
			285.32(b)(1)(B)				ł		
			285.32(b)(1)(A)				1		
1			285.32(b)(1)(E)(iv)	•					
8						Y _{op} , åt			1 1
	ALL TANKS installed on 4" Sand	* ,						~	,
1	Cushion/ Proper Backfill Used	,	285.32(b)(1)(F)	*					
ł			285.32(b)(1)(G)						
			285.34(b)	14					
9	SEPTIC TANK Inspection / Clean		•						,
	Out Port & Risers Provided on		,						'
	Tanks Buried Greater than 12"	İ	מסב מטלאן.				4.		
	Sealed and Capped		285.38(d)	#	•				
	Scarca and capped			•	*				
10									
1	SEPTIC TANK Secondary restraint		•						
	system provided		*					İ	
ŀ	SEPTIC TANK Riser permanently		4						
	fastened to lid or cast into tank				•			ı	
	SEPTIC TANK Riser cap protected		285.38(d) .						
	against unauthorized intrusions		285.38(e)			79	1		
11	·								* .
	SEPTIC TANK Tank Volume		1	¥	•	•			
12	Installed								
12	PUMP TANK Volume Installed								
13	Total Williams Installed								
	AEROBIC TREATMENT UNIT Size					C 11 (1983)			
	Installed						8-22		100
		1					8-22		
14						JANAS A			
	AEROBIC TREATMENT UNIT								
	Manufacturer			11					
	AEROBIC TREATMENT UNIT			Max Maro	100		1		
	Model			Na wea	800				
15	Number								
	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1)						
			285.33(a)(2)						ļ
			285.33(a)(3)				•	1	1
16			i ' '						
	DISPOSAL SYSTEM Leaching		285.33(a)(1)				1	1	
	Chamber		285.33(a)(3) 285.33(a)(4)				1		
	· ·		285.33(a)(4) 285.33(a)(2)				1		
17			1				1	<u> </u>	
	DISPOSAL SYSTEM Evapo-		205.33(a)(3)						
	transpirative		285.33(a)(4)						
			285.33(a)(1)						[
18			285.33(a)(2)						l

No.	Description	Anwser	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
	DISPOSAL SYSTEM Drip Irrigation		285.33(c)(3)(A)-(F)				
	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
20		<					
	DISPOSĂL SYSTEM Pumped Effluent		285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
22	DISPOSAL SYSTEM Mound		285.33(a)(1) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
	DISPOSAL SYSTEM Other (describe) (Approved Design)		285.33(d)(6) -285.33(c)(4)	And the second s			
	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
27	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)				

	Description	Anwser	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
No.	EFFLUENT DISPOSAL SYSTEM Utilized	HIIWSEL	Citations	Notes	≫ .~ τor ninh. ∿F	z)io nispr	31. July 11. 12. 12. 12. 12. 12. 12. 12. 12. 12.
ĺ	Only by Single Family Dwelling						
1	EFFLUENT DISPOSAL SYSTEM						
	Topographic Slopes			i			
	< 2.0% EFFLUENT DISPOSAL SYSTEM						
	Adequate Length of Drain Field (1000		285.33(b)(3)(A)				
1	Linear ft. for 2 bedrooms or Less		285.33(b)(3)(A)				
	& an additional 400 ft. for each		285.33(b)(3)(B)				
1	additional bedroom)		285.91(13)				
1	EFFLUENT DISPOSAL SYSTEM Lateral		285.33(b)(3)(D)				
	Separation of 1ft on bottom and 2 ft. to		285.33(b)(3)(F)				
	restrictive horizon and ground water						
	respectfully						
	EFFLUENT DISPOSAL SYSTEM Lateral			•		-	i
	Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes				ŀ		
1	(3/16 - 1/4" dia. Hole Size) 5 ft. Apart						
32		T. C. Barriero S. Pare	Merchanis and Company of the Company	n per ne ne mente a melle de la constitución de la	San and A. A. C.	Baratratus (1994, 1994	Chillippe en en ville
	AEROBIC TREATMENT UNIT IS				4.20		
	Aerobic Unit Installed According		285.32(c)(1)		10		
	to Approved Guidelines.				A Year		
33		efenses 2007 Decided					
	AEROBIC TREATMENT UNIT	1					
1	Inspection/Clean Out Port &						
	Risers Provided						
	AEROBIC TREATMENT UNIT						
	Secondary restraint system	1.					
	provided AEROBIC TREATMENT						
	UNIT Riser permanently fastened						
	to lid or cast into tank						
1	AEROBIC TREATMENT UNIT Riser						
	cap protected against				\ \ \ \		
34	unauthorized intrusions				\		
3-4	AEROBIC TREATMENT UNIT	433 33				And and an an an an an an an an an an an an an	
	Chlorinator Properly Installed with						
35	Chlorine Tablets in Place.						
155	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			į.			
	Anti- Siphon Device Present When						
	Required	ļ					
	PUMP TANK Audible and Visual						
	High Water Alarm Installed on			•			
36	Separate Circuit From Pump	,					`
	PUMP TANK Inspection/Clean Out						
	Port & Risers Provided						
	PUMP TANK Secondary restraint	Į					
	system provided		·				
	PUMP TANK Riser permanently	{					ļ.
	fastened to lid or cast into tank						
	PUMP TANK Riser cap protected						
1	against unauthorized intrusions		·				
37							
	PUMP TANK Secondary restraint						,
38	system provided						
	PUMP TANK Electrical						
	Connections in Approved Junction						
39	Boxes / Wiring Buried						

No.	Description	Anwser	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?		285.33(d)(2)(G)(iii)(II)285.3 3(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)		&-2J (9		
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)				Self-resonance and self-resonanc
42	APPLICATION AREA Area Installed					No.	
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						*
45	PUMP TANK Type/Size of Pump Installed		* -				



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

Permit Number: 109111

Issued This Date: 05/15/2019

This permit is hereby given to: Ryan & Megan Dow

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

146 QUINN CIR

CANYON LAKE, TX 78133

Subdivision: Woodlands

Unit: 9

Lot: G

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.

Check No.

Receipt No.

OSSF DEVELOPMENT APPLICATION CHECKLIST Staff will complete shaded items Date Received Initials Permit Number Instructions: Place a check mark next to all items that apply. For items that do not apply, place "N/A". This OSSF Development Application Checklist must accompany the completed application. **OSSF** Permit Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to 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 RECEIVED Surface Application/Aerobic Treatment System MAY 07 2019 Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public Signed Maintenance Contract with Effective Date as Issuance of License to Operate COUNT EER I affirm that I have provided all information required for my OSSF Development Application and that this application constitutes a completed OSSF Development Application. **COMPLETE APPLICATION INCOMPLETE APPLICATION**

(Missing Items Circled, Application Refused)

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

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

Date 4-13-20	019		Permit #	109111
Owner Name	Ryan & Megan Dow	Agent Name	Brian Erxlebe	en, R.S.
Mailing Address	2256 Grandview Forest	Agent Address		23 Bypass #128
City, State, Zip	Canyon Lake, Texas 78133		Seguin, Texa	
Phone #	830-221-6173	Phone #	830-660-913	3
Email	albrechtandsons@hotmail.com	Email	bandverx@g	mail.com
All corresp	pondence should be sent to: Owner A	gent X Both	Method:	Mail 💢 Email
Subdivision Nam	ne_Woodlands	Unit9	Lot G	Block NA
Acreage/Legal _				
Street Name/Add	dress 146 Quinn Circle	City Ca	nyon Lake	Zip 78133
Type of Develop				
Single Fam Single Fam	nily Residential			
Type of Con	struction (House, Mobile, RV, Etc.) House		ei.	
Number of B	Bedrooms 4			RECEIVED
Indicate Sq I	Ft of Living Area 2261			RECEIVED
☐ Commercia	al or Institutional Facility			MAY 07 2019
	erials must show adequate land area for doubling the	required land needed	for treatment units :	and disposal area)
Type of Faci				OUNTY ENGINEER
• •	tories, Churches, Schools, Parks, Etc Indicate	 Number Of Occur	ants	
	, Lounges, Theaters - Indicate Number of Seats			
	, Hospital, Nursing Home - Indicate Number of			
	er/RV Parks - Indicate Number of Spaces			
Miscellaneo				
Estimated Cos	st of Construction: \$ 300,000 (Struc			-
Is any portion	of the proposed OSSF located in the United Sta	ates Army Corps of	Engineers (USACI	E) flowage easement?
☐ Yes 🏻	No (If yes, owner must provide approval from USACE f	or proposed OSSF impr	ovements within the US	SACE flowage easement)
Source of Water	▼ ☑ Public ☐ Private Well			
Are Water Savin	ng Devices Being Utilized Within the Residence	? 🗌 Yes 🔀 No)	
	plication, I certify that: application and all additional information submitted do	pes not contain any fa	lse information and o	does not conceal any material
	hereby given to the permitting authority and designat on and inspection of private sewage facilities	ed agents to enter up	on the above describ	ped property for the purpose of
- I understand that	t a permit of authorization to construct will not be issu	ued until the Floodplai	in Administrator has	performed the reviews required
	ounty Flood Damage Prevention Order. nsent to the online posting/public release of my e-ma	ail address associated	with this parmit ann	lication as applicable
- I animatively CO	or series to the ordine posting/public release of my e-ma	an address associated	т мил инэ реппи арр	iication, as applicable.
Churce	Sal Illyin Low	5/1/	19	
Signature of 6	Owner ()	Date		Page 1 of 2
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* * * COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH * * * APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

Planning Materials & Sit	e Evaluation as Required Completed	By Brian Erxleben, R.S. 3	3637
System Description	Aerobic Treatment/Surface A	pplication	
Size of Septic System R	equired Based on Planning Materials	& Soil Evaluation	
Tank Size(s) (Gallons)	500 gpd minimum	Absorption/Application Area (S	q Ft) 4956
Gallons Per Day (As Pe	r TCEQ Table III) 300		
(Sites generating more than	n 5000 gallons per day are required to ob	tain a permit through TCEQ.)	
Is the property located o	ver the Edwards Recharge Zone?] Yes 💢 No	
(If yes, the planning materia	als must be completed by a Registered S	anitarian (R.S.) or Professional Engir	neer (P.E.))
Is there an existing TCE	Q approved WPAP for the property?	Yes X No	
(If yes, the R.S. or P.E. sha	all certify that the OSSF design complies	with all provisions of the existing WP	AP.)
If there is no existing WI	PAP, does the proposed developmen	t activity require a TCEQ approve	d WPAP? Yes X No
1 2 .	all certify that the OSSF design will compl OSSF until the proposed WPAP has bee		
Is the property located of	over the Edwards Contributing Zone?	X Yes No	,
Is there an existing TCE	Q approval CZP for the property?	Yes 🛛 No	
(If yes, the P.E. or R.S. sha	all certify that the OSSF design complies	with all provisions of the existing CZF	0.)
If there is no existing C2	ZP, does the proposed development a	activity require a TCEQ approved	CZP? Yes X No
	all certify that the OSSF design will comp SSF until the CZP has been approved by		CZP. A Permit to Construct will not be
Is this property within ar	n incorporated city? Yes X	No	
If yes, indicate the city:			
			RECEIVED
			MAY 07 2019
			COUNTY ENGINEER
			COUNTY ENGINEER
	, I certify that: d above is true and correct to the best of the online posting/public release of my e		rmit application, as applicable.
1100	7	4-13-19	private representa
Signature of Designe	r	Date	Page 2 of 2

He.



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, this document is filed in the Deed Records of **COMAL COUNTY, TEXAS**.

I

The Texas Health and Safety Code, Chapter 366, authorizes the Texas Commission on Environmental Quality (commission) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the TCEQ 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 owners 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 that the appropriate OSSF was installed.

П

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

UNIT 9

BLOCK

LOT G

SUBDIVISION Woodlands

IF NOT IN SUBDIVISION: ACRES

SURVEY ABSTRACT

The property is owned by **Ryan & Megan Dow**.

This OSSF shall 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 Environmental Health Department.

WITNESS MY HAND ON THIS AND DAY OF May , 2019.

MAY 07 2019

OWNER/AGENT NAME (SIGNATURE)

OWNER/AGENT NAME (PRINTED)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS ____ DAY OF ______

JIMALEAH BOYERS
Notary Public
STATE OF TEXAS
NOTARY ID# 2344975
My Comm. Exp. July 9, 2020

Notary Public, State of Texas

Notary's Printed Name:



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.

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Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
05/03/2019 03:14:36 PM
CHRISTY 2 Page(s)
201906015173

Bobbie Koepp

Countryside Construction, Inc. 300 Chapman Parkway, Canyon Lake, TX. 78133 Phone: 830-899-2615 or 1-888-379-3721 Fax: 830-899-6662

Septic System Service Agreement
In consideration of payment for this service contract, we will abide by and agree to its terms and conditions:

The consideration of payment for this service contract, we will ablue by and agree to its	erms and conditions:
Name: Ryan & Megan Dow Address: 14	6 Quinn Circle
Sub-Div./County: Comal City, State-Zip: Ca	nyon Lake, Texas 78133
Permit #: Model #: Serial #:	
Phone #: 830-221-6173	
& Two Year Limited Warranty	Year Service Agreement
The effective date of this initial maintenance contract shall be the date the License	e to Operate is issued.
Legal Description: Lot G, Woodlands Subdivision, Unit 9	RECEIVED
This contract will be in effect FROMTO and will provide the fo	
 A: An inspection/service call every (4) four months which will include: inspection, a of the mechanical & electrical components as necessary to insure proper funct B: An effluent quality inspection consisting of a visual check for color, turbidity, so: C: The property owner is responsible for "purchasing and keeping chlorine" if the chlorine test reveals "No Chlorine" in the system, the property owner may D: If any improper operation is observed (which cannot be corrected at that time) notified immediately of the conditions and the estimated cost. E: The response time to a complaint by the property owner regarding operation of hours," from the time of notification. F: ANY PARTS, WARRANTY OR NON-WARRANTY, OR FREIGHT CHARGES DUE NOT PAID FOR REMAIN THE PROPERTY OF COUNTRYSIDE CONSTINCTION. 	ion of the system. ion of the system. ion of the system. ion of the system. COUNTY ENGINEER in the chlorinator, (if applicable). i incur an additional cost. the property owner will be the system, shall be within <u>48</u> LABOR OR SERVICE CALLS
G: THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZESCOUNTRYS	DE CONSTRUCITON TO ENTER
THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.	
Countryside Construction, Inc., will warranty installation of the septic system regulations and the designs approved by the county. HOMEOWNER WILL B LABOR AND SHIPPING COSTS ON ANY "WARRANTED PARTS" EXCHA components will be according to manufacture's warranties. Important: As Countryside Construction, Inc. cannot control what or how we cannot warranty how the system will function. Refer to manufacturers or septic operation. This service agreement does not cover the cost of "Service required or parts out of warranty, the failure to maintain electrical power to the leaking, stopped-up or otherwise mal-functioning; or sewage flows exceeding the input of non-biodegradable materials (solvents, grease, oil, paints, etc.), advised by authorized service representative. Laboratory test work is available parts that are out of warranty are available at a reasonable cost. This contract does not include the pumping of a tank or of any compartment around any part of the system regardless of reason: Violations of the warranty also include: Disconnecting the alarm, restricting system above its rated capacity; or flooding by external means. Rodent, inserting above its rated capacity; or flooding by external means. Rodent, inserting and service contract should be "Activated" (30) thirty days before excontact property owner prior to expiration of existing contract.	E RESPONSIBLE FOR SERVICE CALLS, INGED DURING WARRANTY. All other much effluent goes into this septic system, installer's instructions, for suggestions on a Calls, Labor or Materials that are the system, sprinklers that are broken, the hydraulic/organic design capabilities and or any usage contrary to the requirements as the at an additional cost. Chlorine, filters, or much of a tank, or settlement of soil on or ventilation to the aerator, over loading the cot or Fire Ant damage or any other form of expiration of existing contract. We will
Walker Chapman - Operator Licensee # Yan Dow Chapman - Operator Licensee Chapman - Operator L	2929
(X) Wolker Claypon Date: Authorized	d Service Representative (revised 10/9/09)

OSSF SOIL EVALUATION REPORT INFORMATION COMAL COUNTY

DATE: 4-13-19

Applicant Information:

Name: Ryan & Megan Dow Address: 2256 Grandview Forest

City: Canyon Lake State: Texas Zip: 78133

Ph: (830) 221-6173 Fax:

Property Location:

Lot: G Block: Subdivision: Woodlands

Street/Road Address: 146 Quinn Circle

City: Canyon Lake State: TX Zip: 78133

Additional:

Site Evaluator Information:

Name: Brian Erxleben

Address: 562 S. Hwy 123 Bypass #128 City: Seguin State: Texas Zip: 78155

Ph: (830) 660-9133 email: bandverx@gmail.com

Installer Information:

Name: Walker Chapman OS0002929 Company: Countryside Construction Address: 300 Chapman Parkway

City: Canyon Lake State: TX Zip: 78133 Ph: (830) 899-2615 Fax: (830) 899-6662

SCHEMATIC of LOT of TRACT

Show:

North arrow, adjacent streets, property lines, dimensions, location of buildings, easements, swimming pools, water lines, and other structures where known.

Location of existing or proposed water wells within 150 feet of property.

Indicate slope or provide contour lines from the structure to the farthest location for the proposed soil absorption or irrigation area.

Location of soil boring or dug pits (show with respect to a known reference point).

Location of drainage ways, water impoundment areas, cut or fills bank, sharp slopes and breaks.

Lot Size: 0.50 acres

SITE DRAW	ING	
SEE SITE PLAN		
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		COUNTY ENGINEER

FEATURES OF SITE AREA

NO X Presence of upper water shed YES NO X Presence of 100 year flood zone Organized sewage service available to lot YES NO X Existing or proposed water well in nearby area NO X

Presence of adjacent ponds, streams, water impoundment; YES

Site Evaluator: NAME: BRIAN ERXLEBEN Signature:

License No: 11458

COMAL COUNTY ENVIRONMENTAL HEALTH DEPARTMENT OSSF SOIL EVALUATION FORM

Owners Name: Ryan & Megan Dow

Physical Address: 146 Quinn Circle Canyon Lake, Texas 78133
Name of Site Evaluator: Brian Erxleben, S.E. #11458
Date Performed: 4-12-19 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 evaluation must be shown on the application site drawing or designer's 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.

Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depths.

Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III- blocky, platy or massive	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
↓ 12"	Type 4	Clay	<u>N/A</u>	<u>None</u>	None	Aerobic Spray
	Rock				Yes	
	-					

Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III- blocky, platy or massive	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0						,
1						
2						
3						
4				\ \		RECEIV
5						MAY 07 2

FEATURES OF SITE AREA

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Presence of 100 year flood zone	YES_	NO_X
Presence of adjacent ponds, streams, water impoundments	YES_	_NO_X_
Existing or proposed water well in nearby area	YES_	NO_X
Organized sewage available to lot or tract	YES_	NO_X
Recharge features within 150 feet	YES	NO_X

I certify that the above statements are true and are based on my own field observations.

Signature of Site Evaluator Date

4-13-19

Brian Erxleben, R.S., S.E.

562 S. Hwy 123 Bypass #128 Seguin, Texas 78155

Mobile (830) 660-9133 E-mail: bandverx@gmail.com

OSSF DESIGN

Owner: Ryan & Megan Dow

Location: 146 Quinn Circle Canyon Lake, Texas 78133

Phone: (830) 221-6173

Date: 4-13-19

Development: Residence with water saving devices Bedrooms: 4 Sq. Ft: 2261

Q: **300 gpd**

Soil: Type 4

R_i: 0.064 gall/ft²/day

System Type: Aerobic/Surface Application (Norweco 960-600 GPD with Pump Chamber)

Trash Tank: 450 gall Aerobic Tank: 600 gpd

Pump Tank: 994 gall

Supply Line: Sch 40 1" purple (~190')

Check Valve Required: No

Minimum Application Area (A): 4688 ft² (A = Q/R_i)

Sprinklers: Nelson 5500/6000 13° Trajectory

Number	Nozzle	PSI	Pattern	Radius	Area/head	GPM/head	R_i
S1	#7	35	180°	29 ft	1321 ft ²	3.1	0.064
S2	#7	35	180°	29 ft	1321 ft ²	3.1	0.064
S3	#7	35	180°	29 ft	1321 ft ²	3.1	0.064
S4	#7	35	180°	29 ft	1321 ft ²	3.1	0.064

Actual Application Area: 4956 ft² Riser Lid Area: 24 ft² GPM: 12.4 GPM Overlap Area: 304 ft²

TDH Calculations:

Friction Head(H_f) = $1.2(10.4397)(L)(Q)^{1.85}$ = **20 ft**

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L = Length of equivalent pipe length (D) in feet

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C = Hazen – Williams flow coefficient (150 for schedule 40)

Q = Flow rate, gpm

D = Internal pipe diameter, inches

Pressure Head $(H_p) = 81 \text{ ft} (2.31)(psi)$

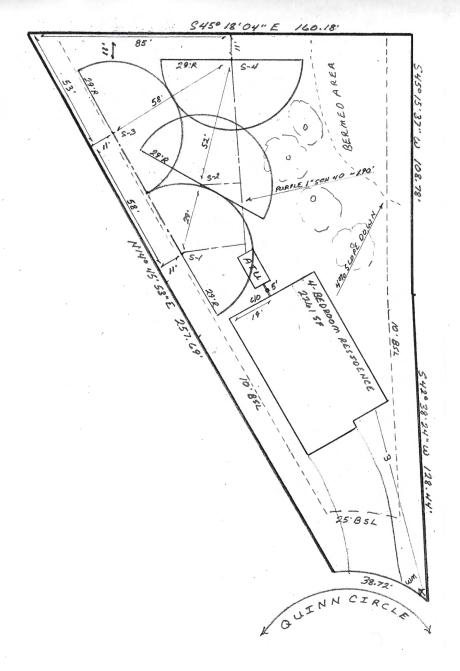
Elevation Head $(H_e) = 5 \text{ ft}$

 $TDH = 106 \text{ ft} (H_f + H_p + H_e)$

Pump Requirements: 12.4 GPM @ 106 ft TDH Pump Used: Norweco HB105

- Timer set to spray between 12:00 AM & 5:00 AM
 - Stack or liquid chlorinator





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LOT G WOODLANDS, UNIT 9 0.50 ACRE

LOT IS LOCATED OUTSIDE OF THE 100-YEAR FLOODPLAIN AND WITHIN THE CONTRIBUTING ZONE. THERE IS NO EXISTING CZP FOR THE SUBDIVISION. DEVELOPMENT IS A SINGLE FAMILY DWELLING WITH <20% IMPERVIOUS COVER AND A CZP IS NOT REQUIRED.

SITE PLAN & OSSF DESIGN:

RYAN & MEGAN DOW

146 QUINN CIRCLE

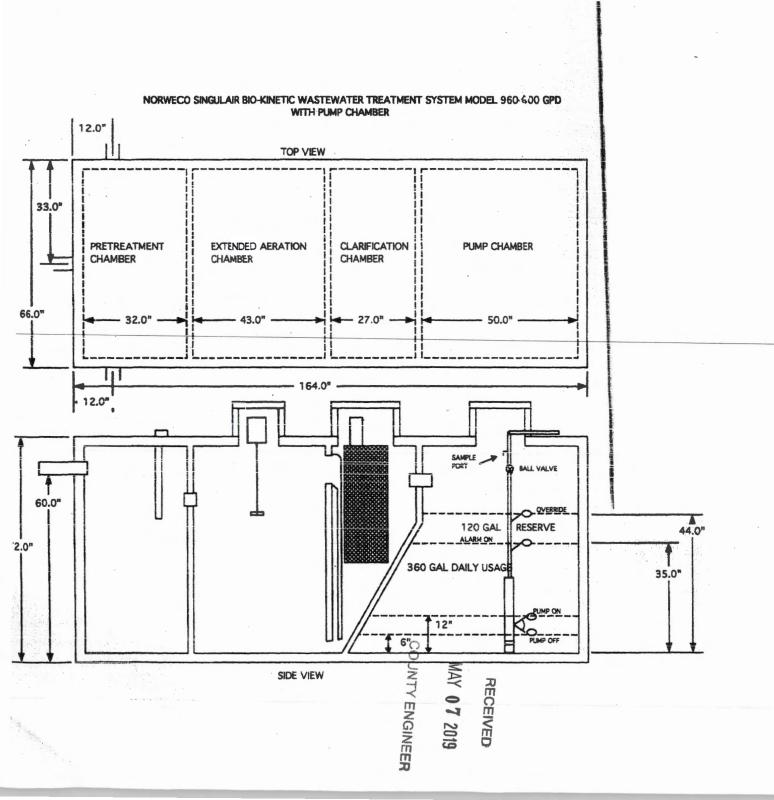
CANYON LAKE, TEXAS 78133

BRIAN C. ERXLEBEN, R.S.
562 S. HWY 123 BYPASS #128
SEGUIN, TEXAS 78155
(830) 660-9133

SCALE: 1" = 40'

NOTES:

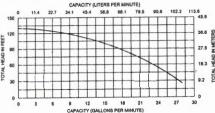
- Install a 2-way cleanout in a 4" sch 40 tightline from the house to the ATU, minimum slope 1/8 in/ft.
- 2. ATU is a minimum 500 gpd.
- 3. Supply line to the sprinklers is purple 1" sch 40.
- 4. S1-4 are Nelson low angle sprinklers with #7 nozzles operating @ 35 psi, 180° pattern, 29' radius. A variance is requested to locate the spray area 10' from the property line as adequate room does not exist to locate the spray areas 20' from the property lines. A battery backup shall be installed in the control panel to insure that the timer does not lose power and that the system sprays only between the hours of 12:00 AM & 5:00 AM providing the equivalent protection of a20' separation between the spray area and the property line.
- 5. There shall be no obstruction within 10' of the sprinkler heads.
- Audible & visual alarms, external disconnect within site of the pump tank, pump & alarms on separate breakers and external wiring in conduit are required.
- 7. Timer set to spray between 12:00 AM & 5:00 AM.
- Liquid chlorinator.
- Any excavations and/or exposed rock in the disposal area shall be covered with topsoil and seasonal grasses shall be seeded over the disposal area in order to minimize run-off & erosion.





MODEL HB105 EFFLUENT PUMP

Designed specifically for pumping filtered effluent in high pressure applications, the Norweco Model HB105, ½ hp, 115 volt, single phase submersible pump delivers 15 gpm at 100' TDH.



FEATURES

- UL & CSA listed
- 10' jacketed power cord
- Stainless steel construction
- Built-in overload protection
- * 11/4" NPT discharge
- Continuous duty motor
- Built-in surge protection
- Hermetically-sealed windings
- Versatile and efficient
- Built-in check valve
- Capacities to 28 gpm
- Heads to 125'
- Screened bottom intake



SPECIFICATIONS

The pump shall be a Norweco Model HB105 high head submersible pump, designed to handle filtered effluent and be capable of passing 1/16" spherical solids. The 115 volt, single phase, 60 cycle pump shall be capable of running dry for short durations without damage to the motor or pump end.

The pump motor shall be 1/2 horsepower rated and operate at 3450 RPM. The motor assembly shall consist of a corrosion resistant, all stainless steel exterior construction and incorporate a dual action starting switch to provide automatic torque reversal. An electrical surge and overload protector shall be attached to the top end of the motor windings and shall be wired in series to automatically cease operation when the winding temperature reaches 266° F. The 10' long motor power cord shall be 14-3 jacketed, type SJOW. The cable jacket shall be sealed at the motor entrance by means of a rubber compression washer and compression nut. The pump impeller shall be of the six vane enclosed type, constructed of engineered thermoplastic. The impeller shall have a hexagonal I.D. and be positively driven by a hexagonal 300 series stainless steel pump shaft. The pump shall be the product of a manufacturer having at least seven years

experience in the construction of submersible pumps. The pump shall be warranted by the manufacturer against defects in material and workmanship for a period of one year under normal use and service.

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MEGO.

220 REPUBLIC STREET NORWALK, OHIO, USA 44857-1196 TELEPHONE (419) 668-4471 FAX (419) 663-5440 www.norweco.com

CMMIII NORWECO, INC.



at the base of hillsides where risers are not appropriate and where liability is a concern

Five-year warranty on materials area
 workmanship

Pressure	Max Radius	Min Radius	Discharge		itation ite'	Nozzle Number	Pres	sure	Max Radius	Min Radius	Disch	arge	Precip Ra	
PSI	FT	FT	GPM	IN/HR	IN/HRA	1	BAR	kPa	m	m	L/min	m³hr	mm/hr	mm/hr.
20	30	23	1.0	0.21	0.27	_	1.4	138	9.2	6.9	3.8	0.23	5.4	6.8
35	31	23	1.4	0.28	0.35	4	2.5	242	9.5	7.1	5.3	0.32	7.1	8.9
50	34	26	1.7	0.28	0.35		3.5	345	10.4	7.8	6.4	0.39	7.2	9.0
20	33	25	1.2	0.21	0.26		1.4	138	10.1	7.5	4.5	0.27	5.4	6.7
35	37	28	1.6	0.23	0.28	5	2.5	242	11.3	8.5	6.1	0.36	5.7	7.1
50	38	29	1.9	0.25	0.32		3.5	345	11.6	8.7	7.2	0.43	6.4	8.0
20	32	24	1.4	0.26	0.33		1.4	138	9.8	7.3	5.3	0.32	6.7	8.3
35	38	29	1.9	0.25	0.32	6	2.5	242	11.6	8.7	7.2	0.43	6.4	8.0
50	40	30	2.3	0.28	0.35		3.5	345	12.2	9.2	8.7	0.52	7.0	8.8
20	38	29	2.2	0.29	0.37		1.4	138	11.6	8.7	8.3	0.50	7.5	9.3
35	40	30	2.7	0.33	0.41	7	2.5	242	12.2	9.2	10.2	0.61	8.3	10.3
50	41	31	3.1	0.36	0.44		3.5	345	12.5	9.4	11.7	0.70	9.0	11.3
35	38	29	3.1	0.41	0.52		2.5	242	11.6	8.7	11.7	0.70	10.5	13.1
50	42	32	4.0	0.44	0.54	8	3.5	345	12.8	9.6	15.1	0.91	11.1	13.8
65	43	32	4.6	0.48	0.60		4.6	449	13.1	9.8	17.4	1.04	12.2	15.2
35	42	32	4.2	0.46	0.57		2.5	242	12.8	9.6	15.9	0.95	11.6	14.5
50	47	35	5.4	0.47	0.59	9	3.5	345	14.3	10.8	20.4	1.23	12.0	14.9
65	48	36	6.3	0.53	0.66		4.6	449	14.6	11.0	23.8	1.43	13.4	16.7
35	42	32	5.4	0.59	0.74		2.5	242.	12.8	9.6	20.4	1.23	15.0	18.7
50	48	36	6.8	0.57	0.71	10	3.5	345	14.6	11.0	25.7	1.54	14.4	18.0
65	49	37	8.0	0.64	0.80		4.6	449	14.9	11.2	30.3	1.82	16.3	20.3
35	42	32	6.4	0.70	0.87		2.5	242	12.8	9.6	24.2	1.45	17.7	22.1
50	48	36	8.1	0.68	0.84	11	3.5	345	14.6	11.0	30.7	1.84	17.2	21.4
65	51	38	9.5	0.70	0.88	- "	4.6	449	15.6	11.7	36.0	2.16	17.9	22.3

Pressure	Max Radius	Min Radius	Discharge		itation ite¹	Nozzle Number	Pres	suna	Max Radius	Min Radius	Disch	arge	Precipi Ra	
PSI	Fī	FT	GPM	IN/HR	IN/HR▲		BAR	kPa	m	m	L/min	m³HR	mm/hr	mm/hr4
20	26	20	0.9	0.26	0.32		1.4	138	7.9	5.9	3.4	0.20	6.5	8.1
35	33	25	1.3	0.23	0.29	4	2.5	242	10.1	7.5	4.9	0.30	5.8	7.3
50	34	26	1.5	0.25	0.31		3.5	345	10.4	7.8	5.7	0.34	6.3	7.9
20	26	20	1.1	0.31	0.39		1.4	138	7.9	5.9	4.2	0.25	8.0	9.9
35	33	25	1.4	0.25	0.31	5	2.5	242	10.1	7.5	5.3	0.32	6.3	7.8
50	35	26	1.7	0.27	0.33		3.5	345	10.7	8.0	6.4	0.39	6.8	8.5
20	26	20	1.4	0.40	0.50		1.4	138	7.9	5.9	5.3	0.32	10.1	12.6
35	33	25	1.9	0.34	0.42	6	2.5	242	10.1	7.5	7.2	0.43	8.5	10.6
20 35 50	36	27	2.3	0.34	0.43		3.5	345	11.0	8.2	8.7	0.52	8.7	10.8
20	31	23	2.5	0.50	0.62		1.4	138	9.5	7.1	9.5	0.57	12.7	15.9
35	35	26	3.1	0.49	0.61	7	2.5	242	10.7	8.0	11.7	0.70	12.4	15.4
50	37	28	3.5	0.49	0.61	"	3.5	345	11.3	8.5	13.2	0.79	12.5	15.6
35	32	24	3.2	0.60	0.75		2.5	242	9.8	7.3	12.1	0.73	15.3	19.1
50	38	29	4.0	0.53	0.67	8	3.5	345	11.6	8.7	15.1	0.91	13.6	16.9
65	39	29	4.7	0.60	0.74		4.6	449	11.9	8.9	17.8	1.07	15.1	18.9
35	34	26	3.9	0.65	0.81		2.5	242	10.4	7.8	14.8	0.89	16.5	20.6
50	37	28	4.9	0.69	0.86	9	3.5	345	11.3	8.5	18.5	1.11	17.5	21.8
65	40	30	5.7	0.69	0.86		4.6	449	12.2	9.2	21.6	1.29	17.4	21.7
35	33	25	5.1	0.90	1,12		2.5	242	10.1	7.5	19.3	1.16	22.9	28.6
50	39	29	6.4	0.81	1.01	10	3.5	345	11.9	8.9	24.2	1.45	20.6	25.7
65	42	32	7.5	0.82	1.02	- "	4.6	449	12.8	9.6	213.4	1.70	20.8	25.9

Precipitation rates for square and triangular spacing calculated at 50% of diameter for half-circle operation. Assumes zero wind for precipitation and radius. Adjust for local conditions.

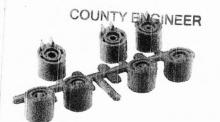


PRO 6000 SERIES

Nozzle color

25° trajectory
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6095 LOW ANGLE

Nozzle color (a)
13° trajectory
(optional for
6000 series only)

WV

POOR QUALITY

201806019473 05/18/2018 03:37:02 PM 1/3 Independence Title Company GF# 1815271 - NBE

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

WARRANTY DEED WITH VENDOR'S LIEN

Date:

May 16, 2018

Grantor:

YOLANDA RICHARDSON and spouse, Forrest Richardson Jr

Grantor's Mailing Address:

(including county)

Grantee: RYAN G. DOW and spouse, MEGAN ELLEN DOW

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Grantee's Mailing Address:

2256 Grandview Forest

(including county)

Canyon Lake, Comal County, TX 78133

COUNTY ENGINEER

Consideration: TEN AND NO/100 DOLLARS (\$10.00) and other valuable consideration and a note of even date in the principal amount of Fifteen Thousand and no/100 DOLLARS (\$15,000.00) executed by Grantee payable to the order of RANDOLPH-BROOKS FEDERAL CREDIT UNION. The note is secured by a vendor's lien retained in favor of RANDOLPH-BROOKS FEDERAL CREDIT UNION in this deed and by a deed of trust of even date from Grantee to MORTON W. BAIRD, II, Trustee.

Property (including any improvements):

Lot G, WOODLANDS SUBDIVISION UNIT NINE, according to the map or plat thereof, recorded in Volume 8, Page 2, Map and Plat Records, Comal County, Texas.

Reservations from and Exceptions to Conveyance and Warranty:

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

PGORO (IDA the Yonsideration and subject to the reservations from and exceptions to conveyance and warranty, grants, sells, and conveys to Grantee the property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor hereby binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to conveyance and warranty.

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

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

to that party.	RS PEDELVIS CREDIT UNION and are transferred
When the context requires, singular nouns and pronouns include	the plural.
	///h
YOLANDA RICHARDSON	Forrest Richardson, Jr
	MAY 07 2019
	COUNTY ENGINEER
THE STATE OF TEXAS COUNTY OF COma	(Acknowledgment)
This instrument was acknowledged before me on the day of May	17 , 2018, NICOLE R. CANTU
by YOLANDA RICHARDSON CHILD	My Notary ID # 124159579 Expires April 28, 2019
Notary Public, State of Texas Notary's Name (printed)	Notary's commission expires
THE STATE OF TEXAS COUNTY OF CIMA	(Acknowledgment)
This instrument was acknowledged before me on the day of Mau	
by Forbest Richardson, Jt.	My Notary ID # 124159579 Expires April 28, 2019
Notary Public, State of Texas Notary's Name (printed)	Notary's commission expires
THE STATE OF TEXAS COUNTY OF }	(Acknowledgment)
This instrument was acknowledged before me on the day of	, 2018,
by.	
Notary Public, State of Texas Notary's Name (printed)	Notary's commission expires

OMORSQUIALOFYEXAS COUNTY OF	}	(Acknowledgment)
	ore me on the day of, 2018,	
by.		
Notary Public, State of Texas	Notary's Name (printed)	Notary's commission expires
THE STATE OF TEXAS COUNTY OF	}	(Corporate Acknowledgment)
This instrument was acknowledged bef	fore me on the day of, 2018,	
by		
of		
a, on behalf of said.		
Notary Public, State of Texas	Notary's Name (printed)	Notary's commission expires

AFTER RECORDING RETURN TO:

RYAN G. DOW 2256 Grandview Forest Canyon Lake TX 78133 PREPARED IN THE LAW OFFICE OF:

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

MAY 07 2019

COUNTY ENGINEER

Filed and Recorded Official Public Records Bobbie Koepp, County Clerk Comal County, Texas 05/18/2018 03:37:02 PM JESSICA 3 Pages(s) 201806019473



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

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

TESTING AND REPORTING RECORD

This Testing an	d Reporting Record	shall be complete	d, signed and dated after	स्रोत राज्य स्ट	cion.				
1.Inspection Date: DECE	MBER 26,2019	Installed:	Service Expires:						
BILLING ADDRESS: RYAN & MEGAN DOW 146 QUINN CIRCLE CANYON LAKE, TX 7813	13		HYSICAL ADDRESS: 46 QUINN CIRCLE ANYON LAKE, TX 78133						
TELEPHONE: NEED # ALT. PHONE:		LOT: LT G,	OT: LT G, PERMIT#: 109 COUNTY: CC SN: 200-14						
SUBDIVISION: WOODLAND	S Manufact	turer: SOLA	R AIRE-600	MAP	SCO:	N/A			
NOTES: TYPE OF SYSTEM: SPRAY									
Inspected Item:	Operational	Inoperative	2. Action		-				
Aerators SCFM/Compressors P3I Record Pressure Reading	1.5		components			TIDE STI			
Filters	/								
Irrigation Pumps	1		CHICK pump.	ED SK	DriNK	LERS.			
Recirculation Pumps	NIA								
Disinfection Device	/		ouma	Alar	m.				
Chlorine Supply	1								
Electrical Circuits	/		F/0A7	FIDATS, CHIORINE.					
Distribution System	1			Comoressoe					
3prayfield Vegetation	7		Comor	25500					
Back Flush Drip Field, if applicable	N/A								
Other as Noted	1		SYSTEM OPER	ATING AS	DESIGN	ED? Y/N			
Access Posts are Secured	1		Yes			No			
0 10 1	1								
3. Tests required and re	Required		Results	Test					
-	Yes No		100mi or Trace	Method					
BOD(Grab)									
TSS (Grab)		CHEAR							
Cl (Grab)	/								
Fecal Coliform					Total Control				
					j				
Copies of this report have	been forwarded	to the follo	wing: COMAL co	ounty / h	nome owne	<u> </u>			
Maintenance Technician:	,		-		11				
Date of completion: //				Job Tim	e:	A-9-000-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-			
Maintenance Provider:	Walker	hypmonn	<u></u>						

Rhone: 800 899-2615

Fax: 830-899-6662

This Testing	and Reporting Pacona	shall be ampleted	, sened and	dated after each	o reportion	
1. Inspection Dave: AUGI	JST 26 2020 is	ortalled, 8/2	6/2019 Be	יפאל בנידם	icem:8/20/2025	
BILLING ADDRESS: RYAN & MEGAN DOW 146 QUINN CIRCLE CANYON LAKE, TX 781	33	4		ADERESS: IN CIRCLE AKE, TY		
TEBERHUNE: 830-608 ALT. PHONE:	-1699		LOT: LT	G ,	FERMIT#: COUNTY: SN:	109111 COMAL 200-
SUBDIVISION: WOODLAN	ns Med-so	TAR AIRE-600	3		MAFSCO:	14344 N/A
NOTES: TYPE OF SYSTEM: SPRAY						
Inspected Item:	Operational	Inoperative			en or Repairs to system of	
Resetties REPM/Compressor REC Record Posseure Resding)	1.25			inenta vep		
- Filter					- The second of the second second second on the second sec	
Tarigation Sumps	/	1	C	HECKE	D FIOATS	
Recirculation Pumps	NIA					
Disinfection Device	//		CF	Norine.	Alarms	
Chlorina Supply	/		ì	,		
Elempidami Cirabate	. /	1	CO	CINKLER	s, pump),
Distribution System	1				7 901.11	
Sprayfield Vegetation	/		4	mpres	SOR	
Back Flush Drip Field, if applicable	N/A					
Other as Noted	/	The second secon	SYST	EM OPERATI	NG AS DESIGNE	De (Y)
Access Posts are Secure	d		8	Ver ⇒		No
3. Tests neculred and r	para su e de la company					
	Required	F.es.	t:s:	Test		
in the second se	Yes No	mg/1 mpn/1		Method		
BOD (Grab)						
783 (Geab)		(IEAR				
Cl (Grab)						
Tepal Coliform						
Copies of this report have	been forwarded	to the fellow	ing: CC	MAL count	y / homeownes	
Maintenance Technicism	THOMAS				4 4	
Uste of completion: 🙇	Tart	Joh Tame - /	0:45	_ Stay Ia	h Time 10,	30
Maintenince Provides:	Walland by	2. 3.24 a. 6.				

Phone: 830-899-2615

fax: 830-899-6662

This Testing s	nd Peparti	ng Record	shall be amplet	ed, signed and	dated after each	n inspection.	
1.Inspection Date: DECE	IMBER 2	6,2020	Installed:	8/26/2019	Service E	opires:8/26/2	021
BILLING ADDRESS: RYAN & MEGAN DOW 146 QUINN CIRCLE CANYON LAKE, TX 781.		PHYSICAL ADDRESS: 146 QUINN CIRCLE CANYON LAKE, TX 78133					
TELEPHONE: 830-608 ALT. PHONE:	-1699			LOT: LT	109111 COMAL 200-		
SUBBIVISION: WOODLAND	DS N	IFG: S O	LAR AIRE-60	00		MAPSCO:	14344 N/A
NOTES: TYPE OF SYSTEM: SPRAY							
Inspected Item:	Opera	tional	Inoperativ			en or Repairs to system (1	
Aerators SCFM/Compressors PSI				!	onents rep		TRE SIL
(Record Pressure	1.4	7			_		
Reading)			-		HECKET	2 numa	,
Filters	1 .	1				PUMP FlOATS, SpIINK	
Irrigation Pumps			A	Sum C.	FLOATS.		
Recirculation Pumps	N.	A					
Disinfection Device	1	,		ch	loring	SOUNTE	EDT.
Chlorine Supply	+ /				2	Spring.	· CR_
Electrical Circuits	1				amore	essorf F	TED
Distribution System	+				Milpi e	33014 F	ICK
Sprayfield Vegetation	1	,					
Back Flush Drip Field,	1 /					· · · · · · · · · · · · · · · · · · ·	
if applicable	N/	4					
Other as Noted	1			SYST	er-operati	NG AS DESIGNE	D? (Y)
Access Posts are Secure	d			The second secon	Yes		No
3. Tests required and r							
		ired	Resu		Test		
	Yes	No	mg/1 mpn/		Method		
BOD (Grab)			11.0	:CE	1		
T33 (Grab)			Clear				
Cl (Grab)	/		0.000				
Fecal Coliform							
Copies of this report have	been fo	prwarded	to the follo	wing: CO	MAL county	/ homeowner.	-
Maintenance Technician:	2 2			_		1:	
Date of completion: //	16/20	Start	Job Time:		_ 3top Jo	b Time:	
Maintenance Provider:	10 100	borch	henman	_			

Mone: 330-899-2615 Firs. 830-899-6667

ESTING AND REMETING RECORD

In a Tentury of	- 11100 to 9811 18				
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TE EFET 608	15 3		LT C.	728° - 1	109111 COMAL 200-
EUTOTO TO AND	- 563	A) 7 (PE see		-J	14344 N/A
Arapatan Seedur and Seedur a	/	I apper to	Alarm.	* * * * * *	\$ 0 a.1.1
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			Sisten Gregari	INCA JENIS.	
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ER Corr	1	CROR			
This f have there	Thomas	the fillowing	COMP = -		
encourage etc.	Walhick	pmen	Self-ration deliberations		

OUNTRYSIDE ONSTRUCTION, INC. 300 CHAPMAN PARKWAY CANYON LAKE, IX 28133

Hone: 830-899-2515 Fax: 830-899-6662

ESTING AND REPORTING RECORD

This Testing and Reporting Pecord shall be completed, signed and deted after each impection.

1. Inspection Date: AUGUST 26,2021 Installed: 8/26/2019 Service Expires:8/26/2021

EILLING ADDRESS: RYAN & MEGAN DUW 146 QUINN CIRCLE CANYON LAKE, TX 7813	3	3-a-od 3-a-od 3-a-od	PHYSICAL ADDRESS: 146 QUINN CIRCLE CANYON LAKE, TX 78133						
TELEPHONE: 830-608- ALT. PHONE:	1693	LC	OT: LT G,	PERMIT#: 1 COUNTY: SN:	.09111 COMAL 200- 14344				
SUBDIVISION: WOODLAND	s MFG: 501	LAR AIRE-600		MAPSCO:	B/A				
NOTES: TYPE OF SYSTEM: SPRAY									
Inspected Item:	Operational	Inopezative		taken or Repairs or					
Aerators				irs to system (list	五十十				
SCFM/Compressors PSI			composients						
(Record Pressure	2,0		1						
Reading)	010								
Filters	/								
Traigation Pumps	1		CHECKE	D pimp,					
Recirculation Pumps	01/0		1	<i>§</i>					
Disinfection Device	10/13		Alama	FLOATS,					
			1	₽					
Chlorine Supply			aplacina	, spraklers,					
Electrical Circuits	/								
Distribution System			Competes	c s et					
Sprayfield Vegetation			_ COMO CS	201					
Back Flush Orip Field, if applicable	NA	,	T TO THE TOTAL PARTY OF THE TOTA						
Other as Noted	1		SYSTEM OPER	ATTING AS DESIGNED?	/TOH				
Access Posts are Secure					No				
Hagess toses for negate	2								
3. Tests required and r	esults:			_ Airling	_				
-	Required	Result	- 1	<u> </u>					
# 	Yes No	mg/l mpn/10	Omi or Metho	d 1000 and	(
Laboratoria	***************************************	Trace		Alacanina					
BOD (Grab)				— Alarming — Adjicked t — no longer					
T33 (Grab)		1º186 R		Adjusted f	-				
Cl(Grab)		<u> </u>		no louge					
Fecal Coliform				_ no ronger					
r			<u> </u>	- Harmin	2				
	<i>5</i>	:	na: COMAL co	nunty / homeowner	1				
Copies of this report have	-77		<u> </u>	mira i memeranti.					
Maintenance Technician:	Moma			• <u>4</u> <u>* * * * * * * * * * * * * * * * * * *</u>					
	23/2/ Start	//	Stoj	s Job Time:	·				
Maintenance Provider: _	WalkuCh	egmin_							

BILLING ADDRESS:

RYAN & MEGAN DOW

146 QUINN CIRCLE

CANYON LAKE, TX 78133

TELEPHONE: 830-608-1699

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

TESTING AND REPORTING RECORD

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

PHYSICAL ADDRESS:

146 QUINN CIRCLE

CANYON LAKE, TX 78133

LOT: LT G, PERMIT#: 109111

1. Inspection Date: DECEMBER 26,2021 Installed: 8/26/2019 Service Expires:8/26/2022

ALT. PHONE:						COUNTY: SN:	COMAL 200- 14344		
SUBDIVISION: WOODLAND)S M	FG: SO	CAR AIRE-600			MAPSCO:	N/A		
NOTES: Type of system: spray									
Inspected Item:	Operat	ional	Inoperative			en or Repairs to system (l			
Aerators SCFM/Compressors P3I (Record Pressure Reading)	2,	0		compo	onents rep		1.50 G St. 3. 3.		
Filters	1								
Irrigation Pumps	1			A	larm,	hlorine,			
Recirculation Pumps	NI	A			7				
Disinfection Device		/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	51	minkler	S, FlOATS,			
Chlorine Supply				Sprinklers, Floats, Compressor/FICTER					
Electrical Circuits	/		474	Co	moresso	OR FICTER	2		
Distribution System	/	/	111.24		/	2			
Sprayfield Vegetation	1								
Back Flush Drip Field,	41	1							
if applicable	N	A	101217	co arco opos	DE OBERATI	NG AS DESIGNE	D? O/N		
Other as Noted			1		Yes Yes	MIS NO DESTRUME	No No		
Access Posts are Secure	<u> </u>				1 = 3		2122		
3. Tests required and r	esults:								
Transition of the state of the	Requ		Results		Test				
	Yes	Nο	mg/l mpn/100 Trace	Omi or	Method				
BOD (Grab)	i				1				
TSS (Grab)	İ	1			111111111111111111111111111111111111111				
Cl(Grab)									
Fecal Coliform				**************************************	1				
Copies of this report have Maintenance Technician: Date of completion:	THOM	145		ng: CC	MAL count	y / homeovmer. 11 bb Time:			

300 Chapman Parkway, Canyon Lake, TX. 78133 Phone: 830-899-2615 or 1-888-379-3721 Fax: 830-899-6662

SEPTIC SYSTEM SERVICE AGREEMENT

In consideration of payment for this service contract, we will abide by and agree to its terms and conditions:

Name: RYAN & MEGAN DOW

Address: 146 QUINN CIRCLE

Sub-Div./County: WOODLANDS, COMAL

CANYON LAKE, TX 78133

Permit #: 109111 SPRAY Model #: SOLAR AIRE-600 Serial #: 200-14344

Phone: 830-608-1699

PLEASE SELECT CONTRACT TERM

(V) One Year Service Agreement \$325.00 Legal Description: LT G, WOODLANDS - COMAL

() Two Year Service Agreement \$630.00

This non-refundable contract will be in effect FROM: 8/26/2022 TO: 8/26/2023 OR 2024 (If paying for the two year service agreement add one year to expiration date by circling it). Countryside Construction, Inc. will provide the following:

- An inspection every (4) four months which will include: Servicing of the mechanical & electrical components as necessary to ensure system is functioning as engineer designed, pulling and cleaning the aerator shaft, cleaning compressor air filters of other brands, check chlorine, conduct solids test to determine if system should be pumped, back flushing tubing for drip irrigation fields and checking sprinklers on above ground systems.
- 1) The property owner is responsible for "purchasing and keeping chlorine" in the chlorinator, (if applicable). If the chlorine test reveals "No Chlorine" in the system, the property owner may incur an additional cost.
- If any improper operation is observed (which cannot be corrected at that time) the property owner will be notified immediately of the conditions and the estimated cost.
- 3) ANY PARTS, WARRANTY OR NON-WARRANTY, FREIGHT CHARGES, LABOR OR SERVICE CALLS NOT PAID IN FULL AT THE END OF (30) DAYS SHALL REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND AUTHORIZES CONTRACTOR TO REMOVE AND REPOSSESS ANY PARTS INSTALLED. CLIENT FURTHER AGREES TO PAY ANY LABOR COST OF THE INSTALLATION AND REASONABLE COST OF REMOVAL OF SAID PARTS.
- 4) THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZES COUNTRYSIDE CONSTRUCTION TO ENTER THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.

Countryside Construction, Inc., will warranty installation of the septic system to be according to state and county regulations and the designs approved by the county. HOMEOWNER WILL BE RESPONSIBLE FOR SERVICE CALLS, LABOR AND SHIPPING COSTS ON ANY "WARRANTIED PARTS" EXCHANGED DURING WARRANTY. All other components will be according to manufacturer's warranties.

Important: As Countryside Construction, Inc. cannot control what or how much effluent goes into this septic system, we cannot warranty how the system will function. Refer to manufacturers or installer's instructions, for suggestions on septic operation. If necessary, between inspections, it is the property owner's responsibility to clean the micron filters on drip irrigation systems. This service agreement does not cover the cost of "service calls, labor or materials that are required or parts out of warranty, the failure to maintain electrical power to the system, sprinklers that are broken, leaking, stopped-up or otherwise mal-functioning; or sewage flows exceeding the hydraulic/organic design capabilities and the input of non-biodegradable materials (solvents, grease, oil, paints, etc.), or any usage contrary to the requirements as advised by authorized service representative. Laboratory test work is available at an additional cost. Chlorine, filters, or parts that are out of warranty are available at a reasonable cost.

This contract does not include the pumping of a tank or of any compartment of a tank, or settlement of soil on or around any part of the system regardless of reason:

Violations of the warranty also include: disconnecting the alarm, restricting ventilation to the aerator, overloading the system above its rated capacity; or flooding by external means. Rodent, insect or fire ant damage or any other form of unusual abuse is a violation. A renewal service contract should be "activated" (30) thirty days before expiration of existing contract. We will contact property owner prior to expiration of existing contract.

		Serviced by: Countryside Con	struction Inc.
		r's Licensee #OS0002929-OSSF	Maintenance Provider Licensee #MP0000035
(Y)	Whi son	Print Name (X) Ryan Dow	Date: 7/14/22
rop	ert Owner Signature		
X)	Walker Clypina	Date: A	uthorized Service Representative (revised 08/13/2020)
			FO A D

Phone: 830-899-2615

Fax: 830-899-6662

This Testing a	nd Reportir	ng Record	shall be completed	l, signed and dated affe	er each in	spection.			
1. Inspection Date: Augu	ıst 26,	2022 In	stalled: 8/2	6/2019 Service	Expire	s:8/26/2022			
BILLING ADDRESS: RYAN & MEGAN DOW 146 QUINN CIRCLE CANYON LAKE, TX 781	33			PHYSICAL ADDRESS: 146 QUINN CIRCLE CANYON LAKE, TX 78133					
TELEPHONE: 830-608 ALT. PHONE: GATE CODE:	3-1699			LOT: LT G,	(PERMIT#: COUNTY: SN:	109111 COMAL 200-		
SUBDIVISION: WOODLAN	DS M	anufac	turer: SOLA	R AIRE-600	1	MAPSCO:	N/A		
NOTES: TYPE OF SYSTEM: SPRAY									
Inspected Item:	Operat	tional	Inoperative			or Repairs			
Aerators SCFM/Compressors PSI Record Fressure Reading	Needed repairs to system (li. components replaced):								
Filters	,	/							
Irrigation Pumps	1			CHECKE	=n 1	amo			
Recirculation Pumps	N	IA			The second second				
Disinfection Device		1		Alsomo	Alarms, sprinklers,				
Chlorine Supply		,		- · · · · · · · · · · · · · · · · · · ·					
Electrical Circuits	1			FIDATS	FlOATS, chlorme.				
Distribution System	1		Land Herrich						
Sprayfield Vegetation	1			Compos	Compressor/FICTER				
Back Flush Drip Field, if applicable	N,	/A		Compr	Compressing				
Other as Noted		1		SYSTEM OPER	RATING	AS DESIGNE	D? (Y)N		
Access Posts are Secure	d			(Yes)			No		
3. Tests required and r	Regu	ived	T)-	sults) Tes				
	Yes	No		100mi or Trace	Metho				
BOD (Grab)									
TSS (Grab)	The second	1							
Cl(Grab)	1								
Fecal Coliform									
Copies of this report have	11			ing: COMAL e	ounty /	homeownex			
Maintenance Technician:	1 1	mas				11			
Date of completion: 8/				Stop	p Job '	Pime:	- 100 A		
Maintenance Provider: _	wal	kn (hopin						

Maintenance Provider: Walke Chapman

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

TESTING AND REPORTING RECORD

This Testing	and Reporti	ng Record	shall be comp	leted, sig	med and dated after	er each insp	oection.		
1.Inspection Date: AUG	JST 26,	2023 Ix	stalled: (8/26/2	019 Service	Expires	:8/26/2023	3	
BILLING ADDRESS: RYAN & MEGAN DOW 146 QUINN CIRCLE CANYON LAKE, TX 781		146	HYSICAL ADDRESS: 46 QUINN CIRCLE ANYON LAKE, TX 78133						
TELEPHONE: 830-608 ALT. PHONE: GATE CODE:		: LT G,	C	ERMIT#: OUNTY: N:	109111 COMAL 200- 14344				
SUBDIVISION: WOODLAN	DS MFG:	SOLAR	AIRE-600			M	APSCO:	N/A	
NOTES: TYPE OF SYSTEM: SPRAY									
Inspected Item:	Opera	tional	Inoperati	ive	2. Action				
Aerators SCFM/Compressors PSI Record Fressure Reading	2.	0	TOTAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROP	And the second s	Needed repa			ist all	
Filters		1				35			
Irrigation Pumps		/			CHECKE Alarms	in 1	nima		
Recirculation Pumps	N	h			<u></u>	P	vig,		
Disinfection Device		1			Alarma	501	OKLED	5	
Chlorine Supply					1100 1103	· sp.	ייייייייייייייייייייייייייייייייייייייי		
Electrical Circuits	1	,			FLOATS Chlorine				
Distribution System	/								
Sprayfield Vegetation					FloATS, Chlorine, Compressor				
Back Flush Drip Field, if applicable	N	A							
Other as Noted					SYSTEM OPER	ATING A	S DESIGNE	0? (Y/H	
Access Posts are Secure	4				Yes			No	
3. Tests required and re									
	Requ Yes	No	mex/1 mm	Resul	i or Trace	Test Method	3		
BOD (Grab)			1	-17 1000	12 OI HACE	MEDNOC			
TSS (Grab)		/							
Cl(Grab)	/			TO THE					
Fecal Coliform									
Copies of this report have				Lowing	COMAL co	ounty /	homeowner.		
Maintenance Technician:							11		
Date of completion: 8	182	Start	Job Time:		Stop	Job Ti	me:		

Phone: 830-899-2615

Fax: 830-899-6662

This Testing at	d Reportin			ed, signed and dated after	reach ins	pection.			
1.Inspection Date: Dece	mber 20	5,2022	Installed:	8/26/2019 Service	e Expir	:es:8/26/2	023		
BILLING ADDRESS: RYAN & MEGAN DOW 146 QUINN CIRCLE CANYON LAKE, TX 7813	13			PHYSICAL ADDRESS: 146 QUINN CIRCLE CANYON LAKE, TX 78133					
TELEPHONE: 830-608- ALT. PHONE: GATE CODE:	-1699			LOT: LT G,	109111 COMAL 200-				
SUBDIVISION: WOODLAND	S MFG:	SOLAR	AIRE-600		М	APSCO:	14344 N/A		
NOTES: TYPE OF SYSTEM: SPRAY									
Inspected Item:	Operat	ional	Inoperativ	e 2. Action					
Aerators SCFM/Compressors PSI Record Fressure Reading	Needed repairs to system (li components replaced):								
Filters									
Irrigation Pumps	/		4.3	CHECKET	DUI	MA			
Recirculation Pumps	N/	A		- Citosi C	7	The second			
Disinfection Device		/		Alarms	en	rinklo	DC		
Chlorine Supply	/			Alarms, sprinklers,					
Electrical Circuits	/			Floats chlorine.					
Distribution System	/			77011037 011101 1107					
Sprayfield Vegetation				Compressap/ RNV					
Back Flush Drip Field, if applicable	NI	Ά		Compressor/BACK Pressure					
Other as Noted		1		SYSTEM OPER					
Access Posts are Secured				(Yes)			No		
3. Tests required and re	Requ:	red		Results	Test				
	Yes	No	1	/100mi or Trace	Metho				
BOD (Grab)									
TSS (Grab)		/							
Cl(Grab)	/	7/2.49							
Fecal Coliform			The state of the s						
	THO. 15/22	MAS Start	Job Time:		ounty /	homeowner 11 ime:	·		
Maintenance Provider:	Wall	och	op mon						

BILLING ADDRESS:

RYAN & MEGAN DOW

146 QUINN CIRCLE

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

TESTING AND REPORTING RECORD

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

PHYSICAL ADDRESS: 146 QUINN CIRCLE

CANYON LAKE, TX 78133

1. Inspection Date: APRIL 26,2023 Installed: 8/25/2019 Service Expires:8/26/2023

CANYON LAKE, TX 781	33						
TELEPHONE: 830-608 ALT. PHONE: GATE CODE: SUBDIVISION: WOODLAND	AIRE-600	LOT: LT G, AIRE-600			109111 COMAL 200- 14344 N/A		
NOTES: TYPE OF SYSTEM: SPRAY							
Inspected Item:	Opera	tional	Inoperative	2. Action			
Aerators SCFM/Compressors PSI Record Fressure Reading	2.	5		Needed reparts			ist all
Filters		/			,		
Irrigation Pumps	rigation Pumps			Checke	ed Nir	nn,	
Recirculation Pumps	NI	A			7		
Disinfection Device		,		Alarm	C. F/0	1475	
Chlorine Supply	1	,					_
Electrical Circuits	1	'		sorin	Klers,	chlo	rino
Distribution System	1					Cruoi	11121
Sprayfield Vegetation	1			(nmo	resson	1	
Back Flush Drip Field, if applicable	N/	4		Cong	(530)		
Other as Noted				SYSTEM OPEN	RATING AS	DESIGNE	D? (Y)H
Access Posts are Secure	리	DISSESSED FOR THE SECOND SECON	PHE STATE OF THE S	(Yes)	to the first of the court of the		No
3. Tests required and r		ired	T = T-	sults	Test	DUN	10 was
	Yes	No		Omi or Trace	Method	1/00	1 11
BOD (Grab)						0109	np was ged pulle cleaned
TSS (Grab)		1			1	no of	Moanod
Cl(Grab)	/				1	aria	action
Fecal Coliform						recor	mmended
						Olln	ping
						A	
Copies of this report have				ng: COMAL c	ounty / h	nomeowner	
Maintenance Technician:	the	mas	5			April 1	
Date of completion: 3	130/2	3 Stapt	Job Time: _	Sto	p Job Tim	=:	
Maintenance Provider:	Walki	e Chay	ma				

300 Chapman Parkway, Canyon Lake, TX. 78133 Phone: 830-899-2615

SEPTIC SYSTEM SERVICE AGREEMENT

In consideration of payment for this service contract, we will abide by and agree to its terms and conditions:

Name: RYAN & MEGAN DOW

Address: 146 QUINN CIRCLE

Sub-Div./County: WOODLANDS, COMAL

CANYON LAKE, TX 78133

Permit #: 109111 SPRAY Model #: SOLAR AIRE-600 Serial #: 200-14344

Phone: 830-608-1699

PLEASE SELECT CONTRACT TERM

One Year Service Agreement \$325.00

() Two Year Service Agreement \$630.00

Legal Description: LT G, WOODLANDS - COMAL

This non-refundable contract will be in effect FROM: 8/26/2023 TO: 8/26/2024 OR 2025. Countryside Construction, Inc. will provide the following:

- An inspection every (4) four months which will include: Servicing of the mechanical & electrical components as necessary to ensure system is functioning as engineer designed, pulling and cleaning the aerator shaft, cleaning compressor air filters, check chlorine, conduct solids test to determine if system should be pumped, back flushing tubing for drip irrigation fields and checking sprinklers on above ground systems.
- 1) The property owner is responsible for "purchasing and keeping chlorine" in the chlorinator, (if applicable). If the chlorine test reveals "No Chlorine" in the system, the property owner may incur an additional cost.

If any improper operation is observed (which cannot be corrected at that time) the property owner will be notified immediately of the conditions and the estimated cost.

- ANY PARTS, WARRANTY OR NON-WARRANTY, FREIGHT CHARGES, LABOR OR SERVICE CALLS NOT PAID IN FULL AT THE END OF (30) DAYS SHALL REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND AUTHORIZES CONTRACTOR TO REMOVE AND REPOSSESS ANY PARTS INSTALLED. CLIENT FURTHER AGREES TO PAY ANY LABOR COST OF THE INSTALLATION AND REASONABLE COST OF REMOVAL OF SAID PARTS.
- THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZES COUNTRYSIDE CONSTRUCTION TO ENTER THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.

Countryside Construction, Inc., will warranty installation of the septic system to be according to state and county regulations and the designs approved by the county. HOMEOWNER WILL BE RESPONSIBLE FOR SERVICE CALLS, LABOR AND SHIPPING COSTS ON ANY "WARRANTIED PARTS" EXCHANGED DURING WARRANTY. All other components will be according to manufacturer's warranties.

Important: As Countryside Construction, Inc. cannot control what or how much effluent goes into this septic system, we cannot warranty how the system will function. Refer to manufacturers or installer's instructions, for suggestions on septic operation. If necessary, between inspections, it is the property owner's responsibility to clean the micron filters on drip irrigation systems. This service agreement does not cover the cost of "service calls, labor or materials that are required or parts out of warranty, the failure to maintain electrical power to the system, sprinklers that are broken, leaking, stopped-up or otherwise mal-functioning; or sewage flows exceeding the hydraulic/organic design capabilities and the input of non-biodegradable materials (solvents, grease, oil, paints, etc.), or any usage contrary to the requirements as advised by authorized service representative. Laboratory test work is available at an additional cost. Chlorine, filters, or parts that are out of warranty are available at a reasonable cost.

This contract does not include the pumping of a tank or of any compartment of a tank, or settlement of soil on or around any part of the system regardless of reason:

Violations of the warranty also include: disconnecting the alarm, restricting ventilation to the aerator, overloading the system above its rated capacity; or flooding by external means. Rodent, insect or fire ant damage or any other form of unusual abuse is a violation. A renewal service contract should be activated (30) thirty days before expiration of existing contract. We will contact property owner prior to expiration of existing contract.

Serviced by: Countryside Construction Inc. Walker Chapman - Installer's Licensee #OS0002929-OSSF Maintenance Provider Licensee #MP0000035 Property Owner Signature Date: Authorized Service Representative (revised 08/13/2020)

Phone: 830-899-2615

Fax: 830-899-6662

This Testing	and Report	ing Record	dall be umple	red, signed and dated	after each	repection				
1. Inspection Date: DEC	EMBER 2	26,2023	Installed:	8/26/2019 Serv	rice Exp	ires:8/26/2	024			
BILLING ADDRESS: RYAN & MEGAN DOW 146 QUINN CIRCLE CANYON LAKE, TX 781				PHYSICAL ADDRESS: 146 QUINN CIRCLE CANYON LAKE, TX 78133						
TELEPHONE: 830-600 ALT. PHONE: GATE CODE:	3-1699			LOT: LT G, PERMIT#: 10 COUNTY: C SN:						
SUBDIVISION: WOODLAN	DS MFG	: SOLAR	AIRE-600			MAPSCO:	14344 N/A			
NOTES: TYPE OF SYSTEM: SPRAY										
Inspected Item:	Opeza	tional	Inopezativ			or Repairs				
Aerators SCFM/Compressors PSI Record Pressure Reading	2	.5		Needed re component		o system (l ced):	ist all			
Filters		1								
Irrigation Pumps	rigation Pumps /				KEN	pump, prinidei				
Recirculation Pumps	N,	IA		21		10000				
Disinfection Device		/		Har	ms s	prinkle	5,			
Chlorine Supply	1				.0,0					
Electrical Circuits	1			FloATS, chloring						
Distribution System	1									
Sprayfield Vegetation	1			Compi	Compressor					
Back Flush Drip Field, if applicable	NI	A		P						
Other as Noted				SYSTEM OF	PERATING	AS DESIGNE	D? ON			
Access Posts are Secure	d 6			0			No			
3 M										
3. Tests required and r	and the second second second	ired		Results	l Tes	t]				
	Yes	No		/100mi or Trace						
BOD (Grab)										
T33 (Grab)		/								
C1(Grab) Fecal Coliform	1		1							
recar collion				190						
Copies of this report have	-	Will division the N		owing: COMAL	county	/ homeowner				
Maintenance Technician:				_		1 4				
Date of completion: 16				St	top Job	Time:				
Maintenance Provider:	WIRD	Ibu A	1 mare							

Phone: 830-899-2615

Fax: 830-899-6662

				d, signed and dated				
1. Inspection Date: APRII	1 26,202	4 Ins	talled: 8/26	5/2019 Service	Expires:08	/25/24		
BILLING ADDRESS: RYAN & MEGAN DOW 146 QUINN CIRCLE				PHYSICAL ADDRESS: 146 QUINN CIRCLE CANYON LAKE, TX 78133				
CANYON LAKE, TX 781	33							
TELEPHONE: 830-608 ALT. PHONE: GATE CODE:	I-1699			LOT: LT G,	COUNTY :		109111 COMAL 200-	
SUBDIVISION: WOODLAND NOTES: TYPE OF SYSTEM: SPRAY	OS MEG:	SULAR	AIRE-600		MAPS	3C0:	N/A	
Inspected Item:	Operat:	ional	Inopezativ	_ 2: Acti	on taken o	r Repai	rs or	
Aerators SCFM/Compressors PSI Record Pressure Reading	3.			Needed r	epairs to s ts replaced		(list all	
Filters		,						
Irrigation Pumps	1	,		CHEC	KED D	mil	2,	
Recirculation Pumps	N	14		2	P	Orny	/	
Disinfection Device		1		Hhr	MS, F	lan-	15	
Chlorine Supply		/		11/01.	1/10)	VOT I		
Electrical Circuits	1	,	1 2 3 3 2 3	ahla	rine, C	man	ro Canl	
Distribution System	1							
Sprayfield Vegetation	1			Man	ed FI	, -	2	
Back Flush Drip Field, if applicable	N/	4.		Creen	en Fl	LIER		
Other as Noted			The state of	SYSTEM O	PERATING AS	g DESTG	NEDE Y/D	
Access Posts are Secured	A. Transmission	***************************************					No	
			· · · · · · · · · · · · · · · · · · ·					
3. Tests required and r		1	1	Dunie 14	T 771	_		
	Requi	No		Results /100mi or Trac	Test Method	-		
BOD (Grab)			1 1111	/ LOUML OF IEMC	e Meniod	_		
TSS (Grab)	-	1	1			1		
Cl(Grab)	/	/				-		
Fecal Coliform								
1		•						
Copies of this report have	been forw	arded	to the follow	ing: COMAL	county / h	iomeowne	F	
Vaintenance Technician:		ma				diese de la constitución de la c	manuscript of the second	
Date of completion: $5/$	4/23	Start	Job Time:	- 3t	op Job Time	e:		
	10-		lapnon			Try to a series of the		

Phone: 830-899-2615

Fax: 830-899-6662

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

1.Inspection Date: AUGUS	T 26,20)24 Ins	talled: 8)	/26/20:	L9 Service Ex	pires:8/2	6/2024			
BILLING ADDRESS: RYAN & MEGAN DOW 146 QUINN CIRCLE CANYON LAKE, TX 7813	13		PHYSICAL ADDRESS: 146 QUINN CIRCLE CANYON LAKE, TX 78133							
TELEPHONE: 830-221 ALT. PHONE: GATE CODE:	ALT. PHONE:						°#: ′:	109111 COMAL 200- 14344		
SUBDIVISION: WOODLAND	S MFG:	SOLAR	AIRE-600			MAPSCO):	N/A		
NOTES: TYPE OF SYSTEM: SPRAY										
Inspected Item:	Operat	ional	Inoperati	ive	2. Action		The state of the s			
Aerators SCFM/Compressors PSI Record Pressure Reading	2.	0			Needed repa			list all		
Filters	1	,								
Irrigation Pumps	1				CHECK	ED DI	Imp	,		
Recirculation Pumps	N	A								
Disinfection Device	1	/			Alarms, SprinklERS,					
Chlorine Supply	1									
Electrical Circuits	1				FIDAT	3. Chi	one	ne,		
Distribution System	1									
Sprayfield Vegetation	1				Compr	essur/	FILT	ER		
Back Flush Drip Field, if applicable	NI	A								
Other as Noted					SYSTEM OPER.	ATING AS I	DESIGN	ED? (Y/N		
Access Posts are Secured					Yes			No		
3. Tests required and re										
3. Tesus required and re	Requi	red		Resul	ts	Test				
	Yes	No	mg/l mp		i or Trace	Method				
BOD (Grab)										
TSS (Grab)		1								
Cl(Grab)	/									
Fecal Coliform										

copies of this report have been forwarded to the following:	CUMAL COUNTY / NOMEOWNEY.	
Maintenance Technician: Thomas	11	
Date of completion: 8/16/24 Start Job Time:	Stop Job Time:	
Maintenance Provider: Walke Chopun		

Countryside Construction, Inc. 300 Chapman Parkway, Canyon Lake, TX. 78133 Phone: 830-899-2615

SEPTIC SYSTEM SERVICE AGREEMENT

In consideration of payment for this service contract, we will abide by and agree to its terms and conditions:

Name: RYAN & MEGAN DOW

Address: 146 QUINN CIRCLE

Sub-Div./County: WOODLANDS, COMAL

Permit #: 109111 SPRAY Model #: SOLAR AIRE-600

CANYON LAKE, TX 78133 Serial #: 200-14344

Phone: 830-221-6173

PLEASE SELECT CONTRACT TERM

One Year Service Agreement \$325.00 () Two Year Service Agreement \$630.00

Legal Description: LT G, WOODLANDS - COMAL

This non-refundable contract will be in effect FROM: 8/26/2024 TO: 8/26/2025 OR 2026. Countryside Construction, Inc. will provide the following:

- An inspection every (4) four months which will include: Servicing of the mechanical & electrical components as necessary to ensure system is functioning as engineer designed, pulling and cleaning the aerator shaft, cleaning compressor air filters. check chlorine, conduct solids test to determine if system should be pumped, back flushing tubing for drip irrigation fields and checking sprinklers on above ground systems.
- 1) The property owner is responsible for "purchasing and keeping chlorine" in the chlorinator, (if applicable). If the chlorine test reveals "No Chlorine" in the system, the property owner may incur an additional cost.

If any improper operation is observed (which cannot be corrected at that time) the property owner will be notified immediately of the conditions and the estimated cost.

- ANY PARTS, WARRANTY OR NON-WARRANTY, FREIGHT CHARGES, LABOR OR SERVICE CALLS NOT PAID IN FULL AT THE END OF (30) DAYS SHALL REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND AUTHORIZES CONTRACTOR TO REMOVE AND REPOSSESS ANY PARTS INSTALLED. CLIENT FURTHER AGREES TO PAY ANY LABOR COST OF THE INSTALLATION AND REASONABLE COST OF REMOVAL OF SAID PARTS.
- THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZES COUNTRYSIDE CONSTRUCTION TO ENTER THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.

Countryside Construction, Inc., will warranty installation of the septic system to be according to state and county regulations and the designs approved by the county. HOMEOWNER WILL BE RESPONSIBLE FOR SERVICE CALLS, LABOR AND SHIPPING COSTS ON ANY "WARRANTIED PARTS" EXCHANGED DURING WARRANTY. All other components will be according to manufacturer's warranties.

Important: As Countryside Construction, Inc. cannot control what or how much effluent goes into this septic system, we cannot warranty how the system will function. Refer to manufacturers or installer's instructions, for suggestions on septic operation. If necessary, between inspections, it is the property owner's responsibility to clean the micron filters on drip irrigation systems. This service agreement does not cover the cost of "service calls, labor or materials that are required or parts out of warranty, the failure to maintain electrical power to the system, sprinklers that are broken, leaking, stopped-up or otherwise mal-functioning; or sewage flows exceeding the hydraulic/organic design capabilities and the input of non-biodegradable materials (solvents, grease, oil, paints, etc.), or any usage contrary to the requirements as advised by authorized service representative. Laboratory test work is available at an additional cost. Chlorine, filters, or parts that are out of warranty are available at a reasonable cost.

This contract does not include the pumping of a tank or of any compartment of a tank, or settlement of soil on or around any part of the system regardless of reason:

Violations of the warranty also include: disconnecting the alarm, restricting ventilation to the aerator, overloading the system above its rated capacity; or flooding by external means. Rodent, insect or fire ant damage or any other form of unusual abuse is a violation. A renewal service contract should be activated (30) thirty days before expiration of existing contract. We will contact property owner prior to expiration of existing contract.

	Serviced by: Countryside C	onstruction Inc.
Walker Chapman – Installer	's Licensee #OS0002929-OSSF	Maintenance Provider Licensee #MP0000035
M	D N	0/2/10:1
(X) French Jen	Print Name (X) Kuli Doed	Date: 7) All
Property Owner Signature	,	
x) Walker Chapmo	n Date: 829-24	Authorized Service Representative (revised 08/
		(19218)
		100 12

Maintenance Provider: Walku Cheyan

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

TESTING AND REPORTING RECORD

This Testing and	l Reporting E	ecord s	hall be complet	ed, signe	d and dated after	each inspection.	
1.Inspection Date: Decem	ber 26,2	024	Installed:	8/26/2	2019 Service	Expires:8/2	5/2025
BILLING ADDRESS: RYAN & MEGAN DOW 146 QUINN CIRCLE CANYON LAKE, TX 7813	33			146 (CAL ADDRESS: QUINN CIRC ON LAKE, T	LE	
TELEPHONE: 830-221 ALT. PHONE: GATE CODE:				LOT:	LT G,	PERMIT#: COUNTY: SN:	COMAL 200- 14344
SUBDIVISION: WOODLAND)S MFG: S	OLAR	AIRE-600			MAPSCO:	N/A
NOTES: TYPE OF SYSTEM: SPRAY							
Inspected Item:	Operati	onal	Inoperati	.ve		taken or Rep	
Aerators						irs to syste	m (list all
SCFM/Compressors PSI Record Pressure Reading	2.0				components	replaced):	
Filters	/				0.1		
Irrigation Pumps	1				Check	red DU	MA,
Recirculation Pumps	NH	}			<i>–</i> ,	1	The state of the s
Disinfection Device	1				FLOATS	ked pur Alarm	15
Chlorine Supply	1						
Electrical Circuits	1				Sprinkl	ers, chi	prine.
Distribution System	1				Spr. in	-0) -1	1
Sprayfield Vegetation	1				Com	pressor	FILTER
Back Flush Drip Field, if applicable	NA				- Corry	1000	1,7010.0
Other as Noted					SYSTEM OPER	ATING AS DES	IGNED? CYN
Access Posts are Secured					Q=		No
3. Tests required and re		-1		Resul		T # . 1	
	Requir	No No	mg/1 ms		i or Trace	Test Method	
BOD (Grab)		-110	1 119/4 111	21/ 20011	- W1 11801	1	
TSS (Grab)		/					
Cl(Grab)	1						
Fecal Coliform		rî .					
Copies of this report have	been forw	rded 1	to the follo	owing:	COMAL co	unty / homeow	mer.
Maintenance Technician:				_		4 4	
Date of completion: 12	11/24 3	tart	Job Time:		Stop	Job Time:	

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

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

No

TESTING AND REPORTING RECORD

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

1. Inspection Date: April 26,2025 Installed: 8/26/2019 Service Expires:8/26/2025

BILLING ADDRESS: PHYSICAL ADDRESS: RYAN & MEGAN DOW 146 OUINN CIRCLE CANYON LAKE, TX 146 QUINN CIRCLE 78133 CANYON LAKE, TX 78133 TELEPHONE: 830-221-6173 LOT: LT G, PERMIT#: 109111 ALT. PHONE: COUNTY: COMAL GATE CODE: SN: 200-14344 SUBDIVISION: WOODLANDS MFG: SOLAR AIRE-600 MAPSCO: N/A NOTES: TYPE OF SYSTEM: SPRAY 2. Action taken or Repairs or Inspected Item: Operational Inoperative Needed repairs to system (list all Aerators components replaced): SCFM/Compressors PSI 210 Record Pressure Reading Filters Irrigation Pumps Recirculation Pumps

Checked pump, sprinklers, Alarms, Floats, chlorine, Chlorine Supply Electrical Circuits Distribution System Compressor/FICTER Sprayfield Vegetation Back Flush Drip Field, if applicable Other as Noted SYSTEM OPERATING AS DESIGNED? (Y)/N Access Posts are Secured

(Yes

3. Tests required and results:

Disinfection Device

	Required		Results	Test
	Yes	No	mg/1 mpn/100mi or Trace	Method
BOD(Grab)				1
TSS(Grab)		1		
C1(Grab)	1			
Fecal Coliform				
		-		

Copies of this report have been forwarded to the following:	COMAL county / homeowner.
Maintenance Technician: Thomas	11
Date of completion: $\frac{4/24/25}{25}$ start Job Time:	Stop Job Time:
Maintenance Provider: Walker Chapman	