

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: 9
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

Michael Lopez OS8497
ENVIRONMENTAL HEALTH INSPECTOR

Zandra Ann Hernandez OS 0025599
ENVIRONMENTAL HEALTH COORDINATOR

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Countryside OSSF Installer #: OSQ 2929
 1st Inspection Date: 8/22/19 2nd Inspection Date: _____ 3rd Inspection Date: 8/26/19
 Inspector Name: Mike T. Inspector Name: _____ Inspector Name: Mike T.

Permit#: 109111 Address: Woodlands / 146 Quinn Circle

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)		8-22-19		8/26/19
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)(iii) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(i)				
7	PRETREATMENT Grease Interceptors if required for commercial	/	285.34(d)				

8-22-19 BMO
 Tank set level
 Operational ✓
 Ready for cover

MT- 8/26/19
 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	/			8-22 14		8/26/19
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	/		Na weco 600	/		/
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

**Comal County Environmental Health
OSSF Inspection Sheet**

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

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
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33	<p>AEROBIC TREATMENT UNIT is Aerobic Unit Installed According to Approved Guidelines</p>		285.32(c)(1)		8-20 10		8/24/19
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank</p> <p>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions</p>						
35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place</p>						
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>						
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42	APPLICATION AREA Area Installed	✓					
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Countryside OSSF Installer #: OSQ 002929

1st Inspection Date: 8/22/19 2nd Inspection Date: _____ 3rd Inspection Date: _____

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

Permit#: 109111 Address: Woodlands / 146 Quinn Circle

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

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

items Date Received	Initials

Permit Number

Instructions:

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

OSSF Permit

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

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

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

Required Permit Fee

Copy of Recorded Deed

Surface Application/Aerobic Treatment System

Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public

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

RECEIVED

MAY 07 2019

COUNTY ENGINEER

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

Megan Dow
Signature of Applicant

5/7/19
Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

___ 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 4-13-2019

Permit # 109111

Owner Name Ryan & Megan Dow
Mailing Address 2256 Grandview Forest
City, State, Zip Canyon Lake, Texas 78133
Phone # 830-221-6173
Email albrechtandsons@hotmail.com

Agent Name Brian Erxleben, R.S.
Agent Address 562 S. Hwy 123 Bypass #128
City, State, Zip Seguin, Texas 78155
Phone # 830-660-9133
Email bandverx@gmail.com

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

Subdivision Name Woodlands Unit 9 Lot G Block NA

Acreage/Legal _____

Street Name/Address 146 Quinn Circle City Canyon Lake Zip 78133

Type of Development:

Single Family Residential

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

Number of Bedrooms 4

Indicate Sq Ft of Living Area 2261

RECEIVED

MAY 07 2019

COUNTY ENGINEER

Commercial or Institutional Facility

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

Type of Facility _____

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

Restaurants, Lounges, Theaters - Indicate Number of Seats _____

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

Travel Trailer/RV Parks - Indicate Number of Spaces _____

Miscellaneous _____

Estimated Cost of Construction: \$ 300,000 (Structure Only)

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

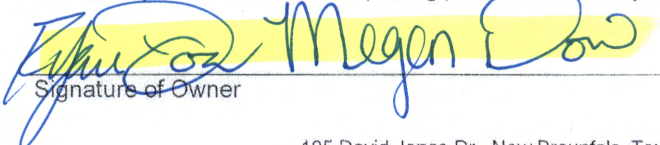
Yes No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

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.


Signature of Owner

5/7/19
Date

Page 1 of 2

*** 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 Brian Erxleben, R.S. 3637

System Description Aerobic Treatment/Surface Application

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

Tank Size(s) (Gallons) 500 gpd minimum Absorption/Application Area (Sq Ft) 4956

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: _____

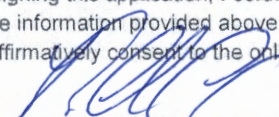
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By signing this application, I certify that:

- 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

4-13-19

Date

Page 2 of 2

2/c



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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.

II

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 *3rd* DAY OF *May*, 2019.

Megan Dow Ryan Dow
OWNER/AGENT NAME (SIGNATURE)

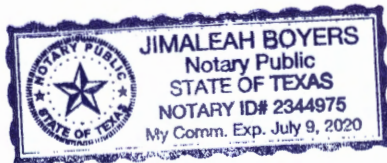
Megan Dow & Ryan Dow
OWNER/AGENT NAME (PRINTED)

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SWORN TO AND SUBSCRIBED BEFORE ME ON THIS *5* DAY OF *May*, 2019



Jimaleah Boyers
Notary Public, State of Texas
Notary's Printed Name: *Jimaleah Boyers*
Commission Expires: *7-9-2020*



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 Koepf, County Clerk
Comal County, Texas
05/03/2019 03:14:36 PM
CHRISTY 2 Page(s)
201906015173



Bobbie Koepf

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:

Name: Ryan & Megan Dow Address: 146 Quinn Circle
Sub-Div./County: Comal City, State-Zip: Canyon Lake, Texas 78133
Permit #: _____ Model #: _____ Serial #: _____
Phone #: 830-221-6173

(X) Initial Two Year Service Agreement & Two Year Limited Warranty () One Year Service Agreement

The effective date of this initial maintenance contract shall be the date the License to Operate is issued.

Legal Description: Lot G, Woodlands Subdivision, Unit 9

This contract will be in effect FROM _____ TO _____ and will provide the following:

- A: An inspection/service call every (4) four months which will include: inspection, adjustments and servicing of the mechanical & electrical components as necessary to insure proper function of the system.
- B: An effluent quality inspection consisting of a visual check for color, turbidity, scum, overflow and odor.
- C: **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.
- D: 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.
- E: The response time to a complaint by the property owner regarding operation of the system, shall be within "48 hours," from the time of notification.
- F: **ANY PARTS, WARRANTY OR NON-WARRANTY, OR FREIGHT CHARGES, LABOR OR SERVICE CALLS DUE NOT PAID FOR REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND COULD RESULT IN REPOSSION OF PARTS BY COUNTRYSIDE CONSTRUCTION.**
- G: **THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZES COUNTRYSIDE CONSTRUCTION TO ENTER THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.**

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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 "WARRANTED PARTS" EXCHANGED DURING WARRANTY.** All other components will be according to manufacture'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. 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, over loading 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.

Served by: Countryside Construction Inc.
Walker Chapman - Operator Licensee #2929

(X) [Signature] Print Name (X) Ryan Dow Date: 5/7/19
Property Owner Signature (X) Megan Dow

(X) [Signature] Date: _____ Authorized 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:

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

Property Location:

Lot: G Block:
Subdivision: Woodlands
Street/Road Address: 146 Quinn Circle
City: Canyon Lake State: TX Zip: 78133
Additional:

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 DRAWING

SEE SITE PLAN

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FEATURES OF SITE AREA

Presence of 100 year flood zone	YES ___ NO <u>X</u>	Presence of upper water shed	YES ___ NO <u>X</u>
Existing or proposed water well in nearby area	YES ___ NO <u>X</u>	Organized sewage service available to lot	YES ___ NO <u>X</u>
Presence of adjacent ponds, streams, water impoundment:	YES ___ NO <u>X</u>		

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.

SOIL BORING NUMBER <u>1 & 2</u>						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III- blocky, platy or massive)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0						Aerobic Spray
1	Type 4	Clay	N/A	None	None	
2	Rock				Yes	
3						
4						
5						

SOIL BORING NUMBER _____						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III- blocky, platy or massive)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0						RECEIVED MAY 07 2019
1						
2						
3						
4						
5						

FEATURES OF SITE AREA

- 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

COUNTY ENGINEER

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

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

TDH Calculations:

$$\text{Friction Head}(H_f) = \frac{1.2(10.4397)(L)(Q)^{1.85}}{(C)^{1.85}(D)^{4.8655}} = 20 \text{ ft}$$

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

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

Q = Flow rate, gpm

D = Internal pipe diameter, inches

Pressure Head (H_p) = **81 ft** (2.31)(psi) Elevation Head (H_e) = **5 ft**

TDH = **106 ft** (H_f + H_p + H_e)

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

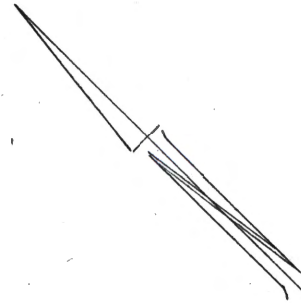
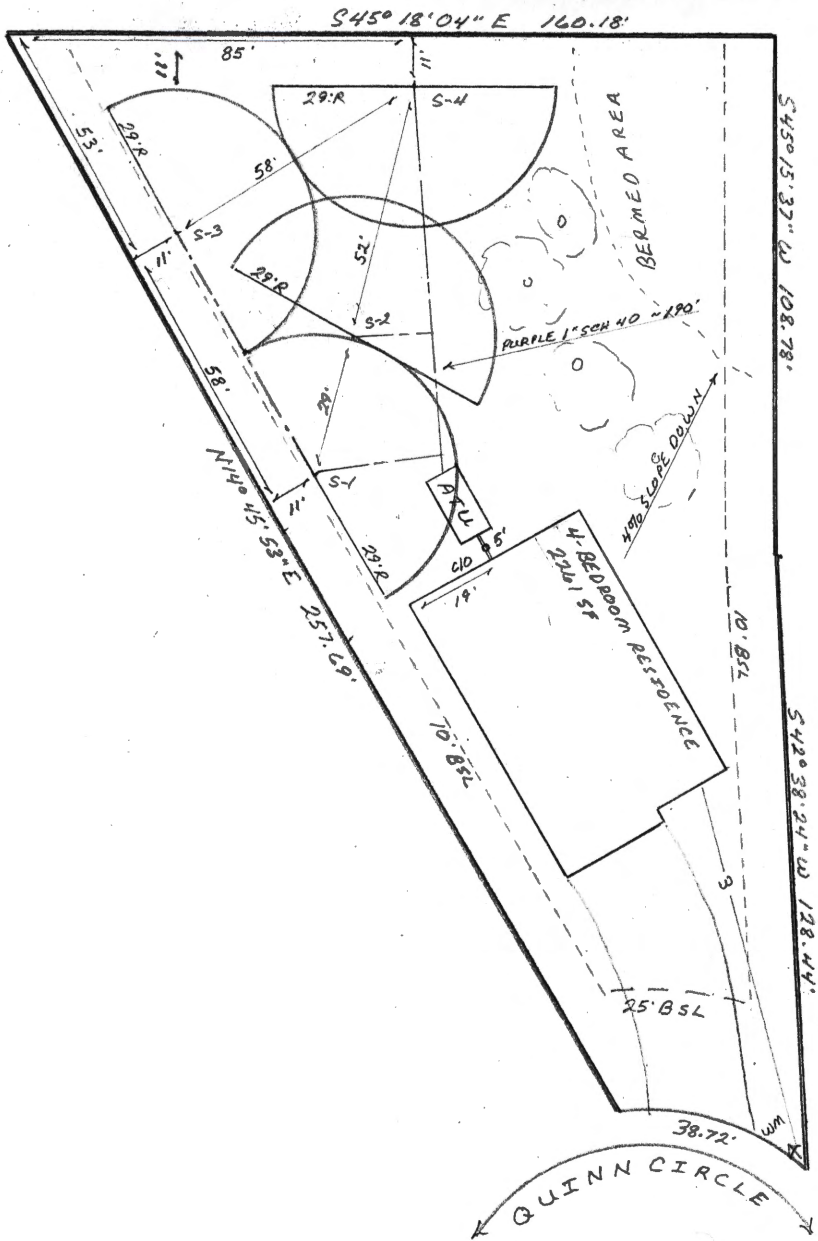
- **Timer set to spray between 12:00 AM & 5:00 AM**
- **Stack or liquid chlorinator**

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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.

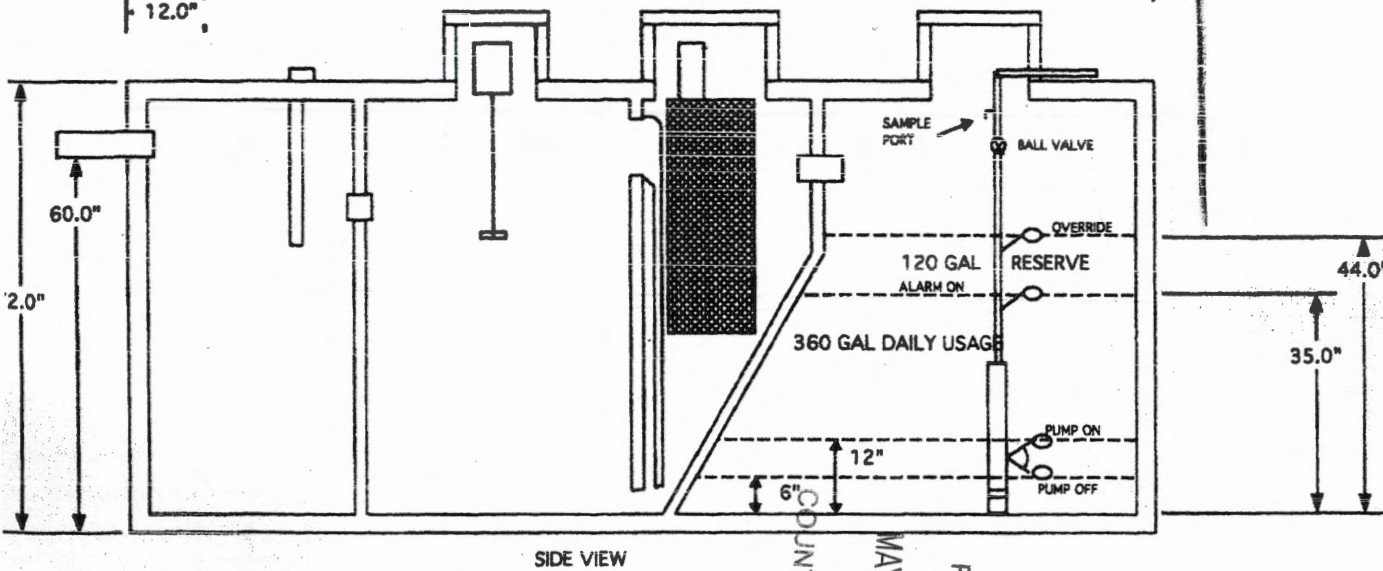
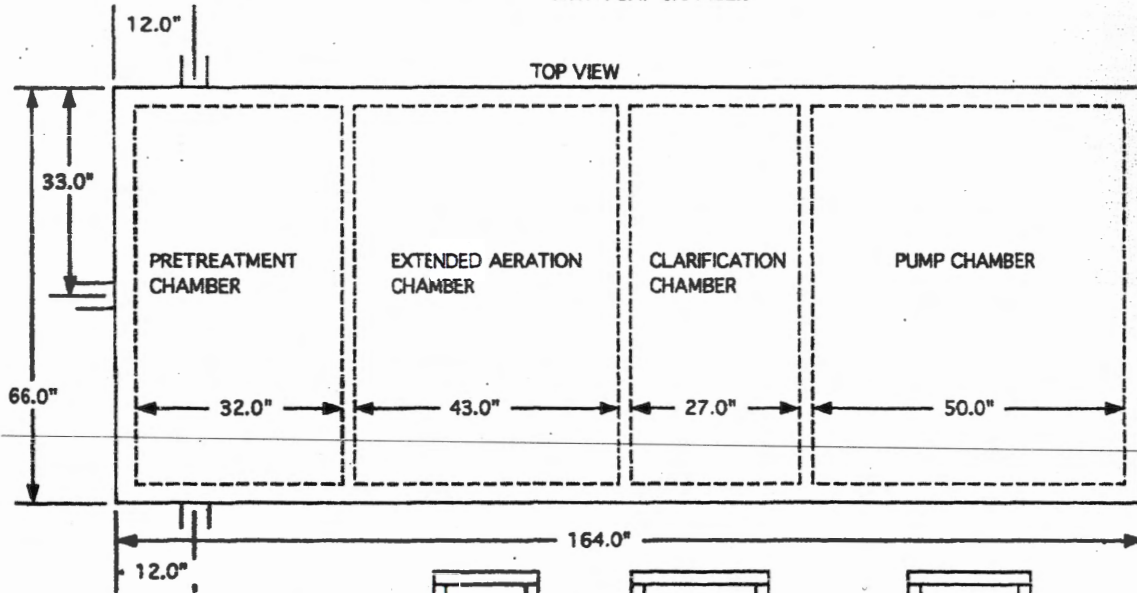
SITE PLAN & OSSF DESIGN:

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	DATE: 4-13-19 SCALE: 1" = 40'

NOTES:

1. 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 a 20' separation between the spray area and the property line.
5. There shall be no obstruction within 10' of the sprinkler heads.
6. 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.
8. Liquid chlorinator.
9. 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.

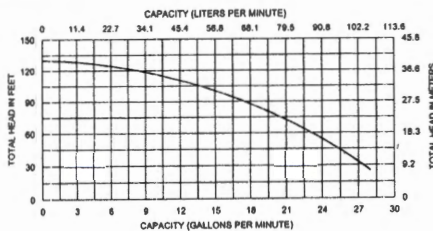
NORWECO SINGULAIR BIO-KINETIC WASTEWATER TREATMENT SYSTEM MODEL 960-600 GPD
WITH PUMP CHAMBER



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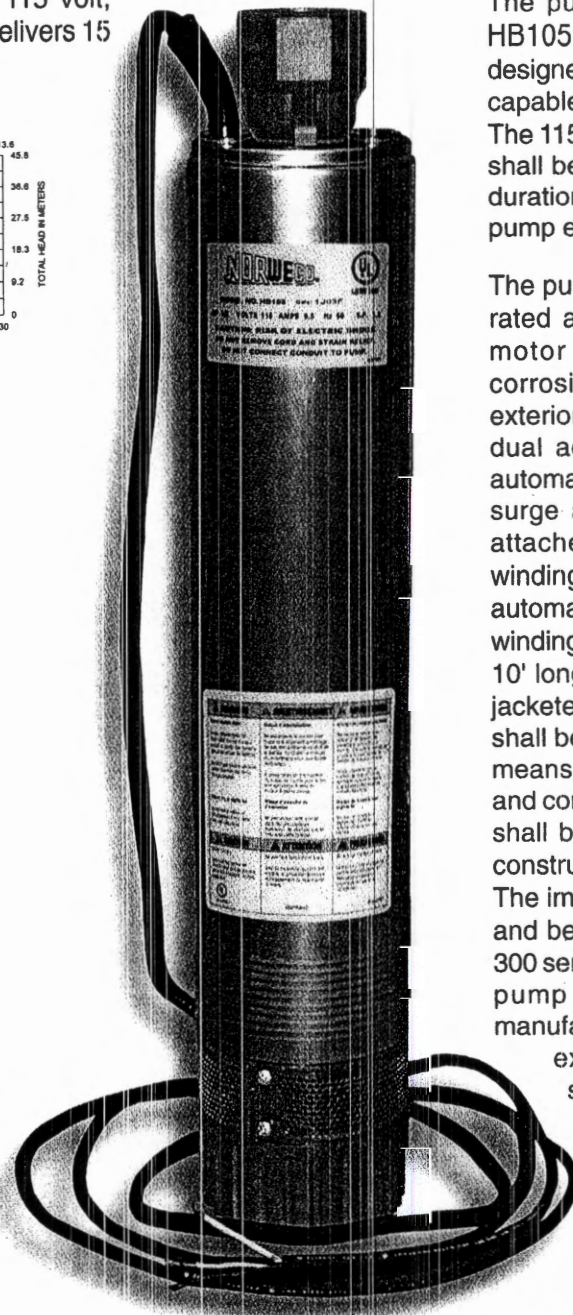
MODEL HB105 EFFLUENT PUMP

Designed specifically for pumping filtered effluent in high pressure applications, the Norweco Model HB105, 1/2 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
- 1 1/4" 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.

NORWECO
NORWALK WASTEWATER EQUIPMENT COMPANY

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

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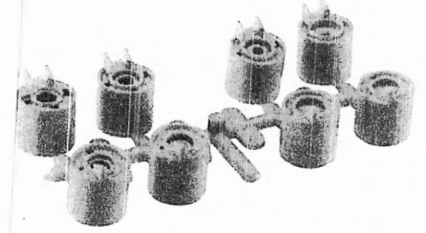
at the base of hillsides where risers are not appropriate and where liability is a concern

- Five-year warranty on materials and workmanship

Pressure	Max Radius	Min Radius	Discharge	Precipitation Rate ¹		Nozzle Number	Pressure		Max Radius	Min Radius	Discharge		Precipitation Rate ¹	
				IN/HR■	IN/HR▲		BAR	kPa			m	m	L/min	m ³ /hr
20	30	23	1.0	0.21	0.27	4	1.4	138	9.2	6.9	3.8	0.23	5.4	6.8
35	31	23	1.4	0.28	0.35		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	5	1.4	138	10.1	7.5	4.5	0.27	5.4	6.7
35	37	28	1.6	0.23	0.28		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	6	1.4	138	9.8	7.3	5.3	0.32	6.7	8.3
35	38	29	1.9	0.25	0.32		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	7	1.4	138	11.6	8.7	8.3	0.50	7.5	9.3
35	40	30	2.7	0.33	0.41		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	8	2.5	242	11.6	8.7	11.7	0.70	10.5	13.1
50	42	32	4.0	0.44	0.54		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	9	2.5	242	12.8	9.6	15.9	0.95	11.6	14.5
50	47	35	5.4	0.47	0.59		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	10	2.5	242	12.8	9.6	20.4	1.23	15.0	18.7
50	48	36	6.8	0.57	0.71		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	11	2.5	242	12.8	9.6	24.2	1.45	17.7	22.1
50	48	36	8.1	0.68	0.84		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	Precipitation Rate ¹		Nozzle Number	Pressure		Max Radius	Min Radius	Discharge		Precipitation Rate ¹	
				IN/HR■	IN/HR▲		BAR	kPa			m	m	L/min	m ³ /hr
20	26	20	0.9	0.26	0.32	4	1.4	138	7.9	5.9	3.4	0.20	6.5	8.1
35	33	25	1.3	0.23	0.29		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	5	1.4	138	7.9	5.9	4.2	0.25	8.0	9.9
35	33	25	1.4	0.25	0.31		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	6	1.4	138	7.9	5.9	5.3	0.32	10.1	12.6
35	33	25	1.9	0.34	0.42		2.5	242	10.1	7.5	7.2	0.43	8.5	10.6
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	7	1.4	138	9.5	7.1	9.5	0.57	12.7	15.9
35	35	26	3.1	0.49	0.61		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	8	2.5	242	9.8	7.3	12.1	0.73	15.3	19.1
50	38	29	4.0	0.53	0.67		3.5	345	11.6	8.7	15.1	0.91	13.6	16.9
65	39	29	4.7	0.80	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	9	2.5	242	10.4	7.8	14.8	0.89	16.5	20.6
50	37	28	4.9	0.69	0.86		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	10	2.5	242	10.1	7.5	19.3	1.16	22.9	28.6
50	39	29	6.4	0.81	1.01		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	29.4	1.70	20.8	25.9

¹ 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

RECEIVED

MAY 07 2019

COUNTY ENGINEER



6095 LOW ANGLE
 Nozzle color 
 13° trajectory
 (optional for 6000 series only)

N
 vv

POOR QUALITY

NC
Independence Title Company
GF# 1815291-NBF

201806019473 05/18/2018 03:37:02 PM 1/3

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

Grantee's Mailing Address: 2256 Grandview Forest
(including county) Canyon Lake, Comal County, TX 78133

RECEIVED
MAY 07 2019
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

~~Grantor~~ ~~the~~ ~~title~~ consideration 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.

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

[Signature]
YOLANDA RICHARDSON

[Signature]
Forrest Richardson, Jr

RECEIVED
MAY 07 2019

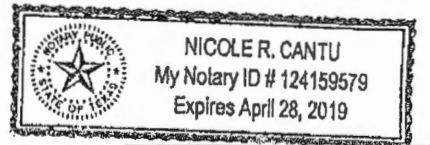
COUNTY ENGINEER

THE STATE OF TEXAS }
COUNTY OF Comal

(Acknowledgment)

This instrument was acknowledged before me on the day of May 17th, 2018,

by YOLANDA RICHARDSON
[Signature]
Notary Public, State of Texas Notary's Name (printed)



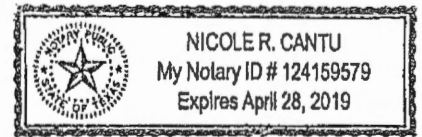
Notary's commission expires

THE STATE OF TEXAS }
COUNTY OF Comal

(Acknowledgment)

This instrument was acknowledged before me on the day of May 17th, 2018,

by Forrest Richardson, Jr.
[Signature]
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

POOR QUALITY
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

THE STATE OF TEXAS
COUNTY OF _____

(Corporate Acknowledgment)

This instrument was acknowledged before 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 Koepf, County Clerk
Comal County, Texas
05/18/2018 03:37:02 PM
JESSICA 3 Pages(s)
201806019473



Bobbie Koepf

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

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.

1. Inspection Date: DECEMBER 26, 2019 Installed: Service Expires:

BILLING ADDRESS:
 RYAN & MEGAN DOW
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

TELEPHONE: NEED #
 ALT. PHONE:

LOT: LT G,

PERMIT#: 109111
 COUNTY: COMAL
 SN: 200-14344
 MAPSCO: N/A

SUBDIVISION: WOODLANDS Manufacturer: SOLAR AIRE-600

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI Record Pressure Reading	1.5	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted	/	

2. Action taken or Repairs or
 Needed repairs to system (list all
 components replaced):

CHECKED SPRINKLERS,
 pump, Alarm.
 FLOATS, CHLORINE,
 Compressor

SYSTEM OPERATING AS DESIGNED? Y/N

Access Posts are Secured	Yes	No
--------------------------	-----	----

3. Tests required and results:

	Required		Results mg/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/	CLEAR	
Cl (Grab)	/			
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: THOMAS 11

Date of completion: 11/26/19 Start Job Time: Stop Job Time:

Maintenance Provider: WOODS CHAPMAN

COMMUNITYWIDE CONSTRUCTION, INC
 300 CHAPMAN PARKWAY
 CANYON LAKE, TX 78133

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.

1. Inspection Date: AUGUST 26 2020 Installed: 6/26/2019 Service Expires: 8/26/2025

BILLING ADDRESS:
 RYAN & MEGAN DOW
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

TELEPHONE: 830-608-1699
 ALT. PHONE:

LOT: LT G,

PERMIT#: 109111
 COUNTY: COMAL
 SN: 200-14344
 MAPSCO: N/A

SUBDIVISION: WOODLANDS NFR: SOLAR AIRE-600

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative	3. Action taken or Repairs or Needed repairs to system (list all components replaced):
Reservoir			<p>CHECKED FLOATS, Chlorine, Alarms, SPRINKLERS, PUMP, Compressor</p>
ROEM Compressor (Set Record Pressure Reading)	1.25		
Filters	/		
Irrigation Pumps	/		
Recirculation Pumps	N/A		
Disinfection Device	/		
Chlorine Supply	/		
Electrical Controls	/		
Distribution System	/		
Sprayfield Vegetation	/		
Rack Flush Drip Field, if applicable	N/A		
Other as Noted	/		
Access Posts are Secured			SYSTEM OPERATING AS DESIGNED? <input checked="" type="radio"/> YES <input type="radio"/> NO

2. Tests required and results:

	Required		Results mg/l mpm/100ml or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)				
Cl (Grab)	/	/	CLEAR	
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner

Maintenance Technician: THOMAS 11
 Date of completion: 5/16/20 Start Job Time: 10:45 Stop Job Time: 10:30
 Maintenance Provider: W. Blaine & Associates

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

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.

1. Inspection Date: DECEMBER 26, 2020 Installed: 8/26/2019 Service Expires: 8/26/2021

BILLING ADDRESS:
 RYAN & MEGAN DOW
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

TELEPHONE: 830-608-1699
 ALT. PHONE:

LOT: LT G, PERMIT#: 109111
 COUNTY: COMAL
 SN: 200-14344
 MAPSCO: N/A

SUBDIVISION: WOODLANDS MFG: SOLAR AIRE-600

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI (Record Pressure Reading)	1.5	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted	/	
Access Posts are Secured		

2. Action taken or Repairs or
 Needed repairs to system (list all
 components replaced):

CHECKED PUMP,
 Alarms, FLOATS,
 chlorine, SPRINKLERS
 COMPRESSOR/FILTER

SYSTEM OPERATING AS DESIGNED? Y N

Yes No

3. Tests required and results:

	Required		Results mg/l mpn/100ml or Trace	Test Method
	Yes	No		
BOD (Grab)		/		
TSS (Grab)		/	Clear	
Cl (Grab)	/			
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas

11

Date of completion: 11/6/20 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Wesley Chapman

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

Phone: 830-899-2515
 Fax: 830-899-6662

TESTING AND REPORTING RECORD

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

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

BILLING ADDRESS:
 RYAN & MEGAN DOW
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

TELEPHONE: 830-608-1699
 ALT. PHONE:

LOT: LT G,

PERMIT#: 109111
 COUNTY: COMAL
 SN: 200-14348

SUBDIVISION: WOODLANDS MFG: SOLAR AIRE-600

MAPSCO: N/A

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators SCFM/Compressors PSI (Record Pressure Reading)	2.0	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted	/	
Access Posts are Secured		

2. Action taken or Repairs or Needed repairs to system (list all components replaced):

CHECKED PUMP,
 Alarms, Floats,
 Chlorine, sprinklers,
 Compressor

SYSTEM OPERATING AS DESIGNED? YES

3. Tests required and results:

	Required		Results mg/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/	Clear	
Cl (Grab)	/			
Fecal Coliform				

Air line
 1000 and
 Alarming
 Adjusted &
 no longer
 Alarming

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas

11

Date of completion: 8/23/21 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walker Chapman

TESTING AND REPORTING RECORD

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

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

BILLING ADDRESS:
 RYAN & MEGAN DOW
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

TELEPHONE: 830-608-1699
 ALT. PHONE:

LOT: LT G,

PERMIT#: 109111
 COUNTY: COMAL
 SN: 200-14344
 MAPSCO: N/A

SUBDIVISION: WOODLANDS MFG: SOLAR AIRE-600

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators SCFM/Compressors PSI (Record Pressure Reading)	2.0	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted	/	

2. Action taken or Repairs or
 Needed repairs to system (list all
 components replaced):

CHECKED pump.
Alarm, chlorine,
sprinklers, FLOATS,
Compressor/FILTER

SYSTEM OPERATING AS DESIGNED? Yes No

3. Tests required and results:

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

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: THOMAS

11

Date of completion: 1/11/21 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walker Chapman

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

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: 8/26/2022 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.
- 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

(X) [Signature] Print Name (X) Ryan Dow Date: 7/14/22
Property Owner Signature

(X) Walker Chapman Date: 7-16-22 Authorized Service Representative (revised 08/13/2020)

PAID
#12425

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

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.

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

BILLING ADDRESS:
 RYAN & MEGAN DOW
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

TELEPHONE: 830-608-1699
 ALT. PHONE:
 GATE CODE:

LOT: LT G, PERMIT#: 109111
 COUNTY: COMAL
 SN: 200-14344
 MAPSCO: N/A

SUBDIVISION: WOODLANDS Manufacturer: SOLAR AIRE-600

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI Record Pressure Reading	2.0	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted	/	

2. Action taken or Repairs or
 Needed repairs to system (list all
 components replaced):

CHECKED pump,
 Alarms, sprinklers,
 FLOATS, chlorine,
 Compressor/FILTER

SYSTEM OPERATING AS DESIGNED? Y N

Access Posts are Secured Yes No

3. Tests required and results:

	Required		Results mg/l mpn/100ml or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/		
Cl (Grab)	/			
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas

11

Date of completion: 8/5/22 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walter Chapman

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

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.

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

BILLING ADDRESS:
 RYAN & MEGAN DOW
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

TELEPHONE: 830-608-1699
 ALT. PHONE:
 GATE CODE:

LOT: LT G, PERMIT#: 109111
 COUNTY: COMAL
 SN: 200-14344
 MAPSCO: N/A

SUBDIVISION: WOODLANDS MFG: SOLAR AIRE-600

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI Record Pressure Reading	2.0	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		
Access Posts are Secured		

2. Action taken or Repairs or
 Needed repairs to system (list all
 components replaced):

CHECKED PUMP,
 ALARMS, SPRINKLERS,
 FLOATS, Chlorine,
 COMPRESSOR

SYSTEM OPERATING AS DESIGNED? Y N

3. Tests required and results:

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

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas

11

Date of completion: 8-18-23 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walker Chapman

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

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.

1. Inspection Date: December 26, 2022 Installed: 8/26/2019 Service Expires: 8/26/2023

BILLING ADDRESS:
 RYAN & MEGAN DOW
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

TELEPHONE: 830-608-1699
 ALT. PHONE:
 GATE CODE:

LOT: LT G, PERMIT#: 109111
 COUNTY: COMAL
 SN: 200-14344
 MAPSCO: N/A

SUBDIVISION: WOODLANDS MFG: SOLAR AIRE-600

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI Record Pressure Reading	2.5	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted	/	
Access Posts are Secured		

2. Action taken or Repairs or
 Needed repairs to system (list all
 components replaced):

CHECKED PUMP,
 Alarms, sprinklers,
 FLOATS, chlorine,
 Compressor/BACK
 PRESSURE

SYSTEM OPERATING AS DESIGNED? Y N

Yes

No

3. Tests required and results:

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

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: THOMAS

11

Date of completion: 12/5/22 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walker Chapman

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

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.

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

BILLING ADDRESS:
 RYAN & MEGAN DOW
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

TELEPHONE: 830-608-1699
 ALT. PHONE:
 GATE CODE:

LOT: LT G, PERMIT#: 109111
 COUNTY: COMAL
 SN: 200-14344
 MAPSCO: N/A

SUBDIVISION: WOODLANDS MFG: SOLAR AIRE-600

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI Record Pressure Reading	2.5	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		
Access Posts are Secured		

2. Action taken or Repairs or
 Needed repairs to system (list all
 components replaced):

Checked pump,
 Alarms, FLOATS,
 sprinklers, chlorine,
 Compressor.

SYSTEM OPERATING AS DESIGNED? YES NO

3. Tests required and results:

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

pump was
 clogged pulled
 and cleaned
 recommended
 pumping

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas

11

Date of completion: 3/30/23 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walke & Chapman

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.
- 2) 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 Construction Inc.

Walker Chapman -- Installer's Licensee #OS0002929-OSSF

Maintenance Provider Licensee #MP0000035

[Signature] Print Name Ryan Dow Date: 7/19/23

Property Owner Signature

Walker Chapman Date: 7-22-23 Authorized Service Representative (revised 08/13/2020)

PAID
2405
7-24-23
\$325.00
67074

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

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.

1. Inspection Date: DECEMBER 26, 2023 Installed: 8/26/2019 Service Expires: 8/26/2024

BILLING ADDRESS:
 RYAN & MEGAN DOW
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

TELEPHONE: 830-608-1699
 ALT. PHONE:
 GATE CODE:

LOT: LT G, PERMIT#: 109111
 COUNTY: COMAL
 SN: 200-14344
 MAPSCO: N/A

SUBDIVISION: WOODLANDS MFG: SOLAR AIRE-600

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI Record Pressure Reading	2.5	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

2. Action taken or Repairs or
 Needed repairs to system (list all
 components replaced):

CHECKED pump,
 Alarms, sprinklers,
 Floats, chlorine,
 Compressor

SYSTEM OPERATING AS DESIGNED? Yes No

Access Posts are Secured Yes No

3. Tests required and results:

	Required		Results mg/l mpn/100ml or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)				
Cl (Grab)	✓	/		
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas

11

Date of completion: 12/13/23 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walter Chapman

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

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.

1. Inspection Date: APRIL 26, 2024 Installed: 8/26/2019 Service Expires: 08/26/24

BILLING ADDRESS:
 RYAN & MEGAN DOW
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

TELEPHONE: 830-608-1699
 ALT. PHONE:
 GATE CODE:

LOT: LT G, PERMIT#: 109111
 COUNTY: COMAL
 SN: 200-14344
 MAPSCO: N/A

SUBDIVISION: WOODLANDS MFG: SOLAR AIRE-600

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI Record Pressure Reading	2.0	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

2. Action taken or Repairs or
 Needed repairs to system (list all
 components replaced):

CHECKED PUMP,
 Alarms, FLOATS,
 Chlorine, Compressor
 Cleaned FILTER

SYSTEM OPERATING AS DESIGNED: Y

Access Posts are Secured

No

3. Tests required and results:

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

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas

11

Date of completion: 5/14/23 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walker Chapman

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

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.

1. Inspection Date: AUGUST 26, 2024 Installed: 8/26/2019 Service Expires: 8/26/2024

BILLING ADDRESS:
 RYAN & MEGAN DOW
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

TELEPHONE: 830-221-6173
 ALT. PHONE:
 GATE CODE:

LOT: LT G, PERMIT#: 109111
 COUNTY: COMAL
 SN: 200-14344
 MAPSCO: N/A

SUBDIVISION: WOODLANDS MFG: SOLAR AIRE-600

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI Record Pressure Reading	2.0	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

2. Action taken or Repairs or
 Needed repairs to system (list all
 components replaced):

CHECKED PUMP.
 Alarms, sprinklers,
 FLOATS, chlorine,
 Compressor/FILTER

SYSTEM OPERATING AS DESIGNED? Y N

Access Posts are Secured Yes No

3. Tests required and results:

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

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas 11

Date of completion: 8/16/24 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walker Chapman

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 **CANYON LAKE, TX 78133**
Permit #: 109111 SPRAY **Model #:** SOLAR AIRE-600 **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.

- 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 REPOSSSESS 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

 Print Name Ryan Dow Date: 8/26/24

Walker Chapman Date: 8-29-24 Authorized Service Representative (revised 08/

PAID
69328
8-29-24
\$325.00
14344

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

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.

1. Inspection Date: December 26, 2024 Installed: 8/26/2019 Service Expires: 8/26/2025

BILLING ADDRESS:
 RYAN & MEGAN DOW
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

PHYSICAL ADDRESS:
 146 QUINN CIRCLE
 CANYON LAKE, TX 78133

TELEPHONE: 830-221-6173
 ALT. PHONE:
 GATE CODE:

LOT: LT G, PERMIT#: 109111
 COUNTY: COMAL
 SN: 200-14344
 MAPSCO: N/A

SUBDIVISION: WOODLANDS MFG: SOLAR AIRE-600

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item: Operational Inoperative

2. Action taken or Repairs or Needed repairs to system (list all components replaced):

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI Record Pressure Reading	2.0	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

Checked pump,
 FLOATS Alarms,
 sprinklers, chlorine,
 Compressor/FILTER

SYSTEM OPERATING AS DESIGNED? Y/N

Access Posts are Secured Yes No

3. Tests required and results:

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

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas

11

Date of completion: 12/11/24 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walker Chapman

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

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.

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

BILLING ADDRESS:
RYAN & MEGAN DOW
146 QUINN CIRCLE
CANYON LAKE, TX 78133

PHYSICAL ADDRESS:
146 QUINN CIRCLE
CANYON LAKE, TX 78133

TELEPHONE: **830-221-6173**
 ALT. PHONE:
 GATE CODE:

LOT: **LT G,** PERMIT#: **109111**
 COUNTY: **COMAL**
 SN: **200-14344**
 MAPSCO: **N/A**

SUBDIVISION: **WOODLANDS MFG: SOLAR AIRE-600**

NOTES:
 TYPE OF SYSTEM: **SPRAY**

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI Record Pressure Reading	210	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

2. Action taken or Repairs or Needed repairs to system (list all components replaced):

Checked pump,
sprinklers, Alarms,
FLOATS, chlorine,
Compressor/FILTER

SYSTEM OPERATING AS DESIGNED? Yes No

Access Posts are Secured

Yes

No

3. Tests required and results:

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

Copies of this report have been forwarded to the following: **COMAL county / homeowner.**

Maintenance Technician: **Thomas**

11

Date of completion: **4/24/25** Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: **Walter Chapman**