

Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 07/24/2019

Permit Number: 109378

Location Description: 273 RIGHT FORK
BULVERDE, TX 78163

Subdivision: Karan Estates
Unit:
Lot: 2
Block:
Acreage:

Type of System:

Issued to: Eliot & Shauna Maldonado

This license is authorization for the owner to operate and maintain a private facility at the location described in accordance to the rules and regulations for on-site sewerage facilities of Comal County, Texas, and the Texas Commission on Environmental Quality.

The license grants permission to operate the facility. It does not guarantee successful operation. It is the responsibility of the owner to maintain and operate the facility in a satisfactory manner.

Alterations to this permit including, but not limited to:

- Increase in the square feet of living area
- Increase in the number of bedrooms
- A change of use (i.e. residential to commercial)
- Relocation of system components (including the relocation of spray heads)
- Installation of landscaping
- Adding new structures to the system

may require a new permit. **It is the responsibility of the owner to apply for a new permit, if applicable.**

Inspection and licensing of a facility indicates only that the facility meets certain minimum requirements. It does not impede any governmental entity in taking the proper steps to prevent or control pollution, to abate nuisance, or to protect the public health.

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

Licensing Authority

Comal County Environmental Health


ENVIRONMENTAL HEALTH INSPECTOR
OS8497


ENVIRONMENTAL HEALTH COORDINATOR
OS0007722

1:45

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Danny Beck OSSF Installer #: _____
 1st Inspection Date: 7/19/19 2nd Inspection Date: 7/22/19 3rd Inspection Date: 7/24/19
 Inspector Name: Mike T. Inspector Name: Mike T. Inspector Name: Mike T.
 Permit#: 109378 Address: Kanan Est. / 273 Right Fork DA.

| 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) | | 7/19/19 | 7/22/19 | 7/24/19 |
| 2 | SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards | ✓ | 285.91(10) 285.30(b)(4) 285.31(d) | | | | |
| 3 | SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26) | ✓ | 285.32(a)(1) | | | | |
| 4 | SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot | ✓ | 285.32(a)(3) | | | | |
| 5 | SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends) | ✓ | 285.32(a)(5) | | | | |
| 6 | PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements | | 285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(ii) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(i) | | | | |
| 7 | PRETREATMENT Grease Interceptors if required for commercial | | 285.34(d) | | | | |

MT- 7/19/19
 Tank set, leveled
 leaking weed to patch.
 Operational ✓
 Ready For Cover.

MT- 7/22/19
 Tank Patch
 can cover.

MT- 7/24/19
 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 | ✓ | | GOO | 7/19/17 | 7/24/19 | 7/24/19 |
| 15 | AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number | ✓ | | Medi's | | | |
| 16 | DISPOSAL SYSTEM Absorptive | | 285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3) | | | | |
| 17 | DISPOSAL SYSTEM Leaching Chamber | | 285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2) | | | | |
| 18 | DISPOSAL SYSTEM Evapo-transpirative | | 285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2) | | | | |

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| 19 | DISPOSAL SYSTEM Drip Irrigation | | 285.33(c)(3)(A)-(F) | | | | |
| 20 | DISPOSAL SYSTEM Soil Substitution | | 285.33(d)(4) | | | | |
| 21 | DISPOSAL SYSTEM Pumped Effluent | | 285.33(a)(3) 285.33(a)(1) 285.33(a)(2) | | | | |
| 22 | DISPOSAL SYSTEM Gravelless Pipe | | 285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1) | | | | |
| 23 | DISPOSAL SYSTEM Mound | | 285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4) | | | | |
| 24 | DISPOSAL SYSTEM Other (describe) (Approved Design) | | 285.33(d)(6) 285.33(c)(4) | | | | |
| 25 | DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC | | | | | | |
| 26 | DRAINFIELD Area Installed | | | | | | |
| 27 | DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation | | 285.33(b)(1)(A)(v) | | | | |
| 28 | DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media | | | | | | |
| 29 | DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place | | 285.33(b)(1)(E) | | | | |
| 30 | DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.) | | 285.33(c)(2) | | | | |
| 31 | LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches | | 285.33(d)(1)(C)(i) | | | | |

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| 32 | EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0% EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom) EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart | | 285.33(b)(3)(A) 285.33(b)(3)(A) 285.33(b)(3)(B) 285.91(13) 285.33(b)(3)(D) 285.33(b)(3)(F) | | | | |
| 33 | AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines. | ✓ | 285.32(c)(1) | | 7/19/19 | 7/22/19 | 7/24/19 |
| 34 | AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions | ✓ | | | | | |
| 35 | AEROBIC TREATMENT UNIT Chlorinator Properly installed with Chlorine Tablets in Place. | ✓ | | | | | |
| 36 | PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump | | | | | | |
| 37 | PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions | | | | | | |
| 38 | PUMP TANK Secondary restraint system provided | | | | | | |
| 39 | PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried | | | | | | |

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| 40 | APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple? | ✓ | 285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(iii)(II)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) | | 7/19/19 | | 7/24/19 |
| 41 | APPLICATION AREA Low Angle Nozzles Used / Pressure Is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed | ✓ | 285.33(d)(2)(G)(I) 285.33(d)(2)(A) 285.33(d)(2)(F) | | | | |
| 42 | APPLICATION AREA Area Installed | ✓ | | | | | |
| 43 | PUMP TANK Meets Minimum Reserve Capacity Requirements | | | | | | |
| 44 | PUMP TANK Material Type & Manufacturer | | | | | | |
| 45 | PUMP TANK Type/Size of Pump Installed | | | | | | |

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Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Danny Beck OSSF Installer #: _____
 1st Inspection Date: 7/19/19 2nd Inspection Date: 7/22/19 3rd Inspection Date: _____
 Inspector Name: Mike T. Inspector Name: Mike T. Inspector Name: _____
 Permit#: 109378 Address: Karaw Est. / 273 Right Fork Rd.

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| 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) | | | | |
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 Tank set, leveled
 Leaking weed to patch.
 Operational ✓
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| 9 | ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used | | 285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b) | | | | |
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| 12 | SEPTIC TANK Tank Volume Installed | | | | | | |
| 13 | PUMP TANK Volume Installed | | | | | | |
| 14 | AEROBIC TREATMENT UNIT Size Installed | ✓ | | 600 | 7/19/17 | 7/22/19 | |
| 15 | AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number | ✓ | | Aedi's | | | |
| 16 | DISPOSAL SYSTEM Absorptive | | 285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3) | | | | |
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**Comal County Environmental Health
OSSF Inspection Sheet**

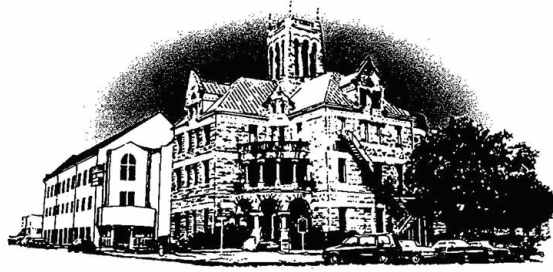
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| 27 | DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation | | 285.33(b)(1)(A)(v) | | | | |
| 28 | DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media | | | | | | |
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| 33 | <p>AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.</p> | ✓ | 285.32(c)(1) | | 7/19/19 | 7/22/19 | |
| 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

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: 109378
Issued This Date: 07/12/2019
This permit is hereby given to: Eliot & Shauna Maldonado

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

273 RIGHT FORK
BULVERDE, TX 78163

Subdivision: Karan Estates

Unit:

Lot: 2

Block:

Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System:

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.

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

Date 6-20-2019

Permit # 109378

Owner Name Eliot & Shauna Maldonado
Mailing Address 273 Right Fork
City, State, Zip Bulverde, Texas 78163
Phone # 830-660-9133
Email yramos72@satx.rr.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 Karan Estates Unit N/A Lot 2 Block N/A
Acreage/Legal _____
Street Name/Address 273 Right Fork City Bulverde Zip 78163

Type of Development:

Single Family Residential
Type of Construction (House, Mobile, RV, Etc.) Mobile home
Number of Bedrooms 3
Indicate Sq Ft of Living Area 1568

RECEIVED
JUL 10 2019
COUNTY ENGINEER

Non-Single Family Residential
(Planning materials must show adequate land area for doubling the required land needed for treatment units and disposal area)
Type of Facility _____
Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants _____
Restaurants, Lounges, Theaters - Indicate Number of Seats _____
Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds _____
Travel Trailer/RV Parks - Indicate Number of Spaces _____
Miscellaneous _____

Estimated Cost of Construction: \$ 90,000 (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.

 Eliot Maldonado
Signature of Owner

7/09/19
Date

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

Planning Materials & Site Evaluation as Required Completed By Brian Erxleben, R.S. 3637

System Description Eliot & Shauna Maldonado

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

Tank Size(s) (Gallons) 500 gpd Absorption/Application Area (Sq Ft) 3848

Gallons Per Day (As Per TCEQ Table III) 240

(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: _____

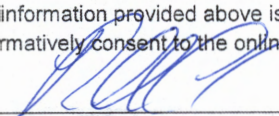
JUL 10 2019

COUNTY ENGINEER

By signing this application, I certify that:

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

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


Signature of Designer

6-20-19
Date

Page 2 of 2

2/08



2019060235e7 07/10/2019 10:50:33 AM 1/2

THE COUNTY OF COMAL *
STATE OF TEXAS *

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, 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 BLOCK LOT 2 SUBDIVISION *Karan Estates*
IF NOT IN SUBDIVISION: ACRES SURVEY ABSTRACT

The property is owned by *Eliot & Shauna Maldonado*.

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.

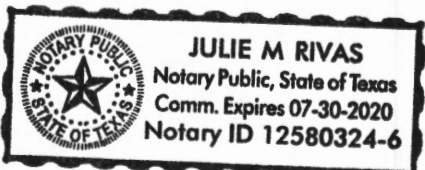
Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from **the Comal County Environmental Health Department**.

WITNESS MY HAND ON THIS *9th* DAY OF *July*, 2019.

[Signature]
OWNER/AGENT NAME (SIGNATURE)

ELIOT MALDONADO / SHAUNA MALDONADO
OWNER/AGENT NAME (PRINTED)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS *9th* DAY OF *July*, 2019



[Signature]
Notary Public, State of Texas

Notary's Printed Name: *JULIE M. RIVAS*

Commission Expires: *7/30/20*

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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
07/10/2019 10:50:33 AM
LAURA 2 Page(s)
201906023587



Bobbie Koepf

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Phone: (830) 312-8776

Date: 7/3/2019

AerobicSolutions.net office@aerobicsolutions.net

To: Eliot & Shauna Maldonado
273 Right Fork
Bulverde, TX 78163

Contract Period

Start Date: 7/3/2019

End Date: 7/3/2021

Phone: (830) 743-3687 Subdivision:
Site: 273 Right Fork, Bulverde, TX 78163
County: Comal
Installer: Danny Beck
Agency: Comal County Environmental Health
Mfg/Brand: /

Aerobic Maintenance Solution LLC
3 visits per year - one every 4 months
Map Key: ID: 565

Agreement

1. General: This work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Aerobic Maintenance Solutions LLC (hereinafter referred to as Contractor), located at 4222 FM 482 New Braunfels, Texas 78132, (830-312-8776). By this agreement, Contractor agrees to render services, as described herein, and Client agrees to fulfill his/her/ their responsibilities under the agreement as described herein.

II. Effective Dates: If this is an Initial Contract, contract will be for two years and begins when the License To Operate (LTO) has been issued. A 30 day written notice is required if there is a cancellation before the year of the agreement is up. The written notice will be sent to the local regulatory Agency and any of the agreement unused funds is non-refundable.

Contractor or Client, if choosing to terminate the contract, must give the other and the local regulatory Agency written notice after Thirty (30) Days prior to the ending of the Contract.

IV. Services by Contractor: Contractor will provide the following services (Referred to as the "Services").

1. In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three times per year. Contractor **does not** provide chlorine. Client is solely responsible for maintaining the chlorine in the chlorinator at all times.
2. Contractor will provide a weather proof tag on the control panel containing company name, phone number and inspection dates.
3. Contractor will do inspections 3 times a year, every 4 months.
4. Contractor will report all findings to the appropriate regulatory and authority and to the Client, as required by both the State's On-Site rules and the local Agency's rules. All findings must be reported to local Agency's within 14 days, email is acceptable.
5. The contractor's inspection will include the following; Effluent Quality (Color, Turbidity, overflow and Odor), Alarm Function Filters, Operation of Effluent Pump and Chlorine Availability in the Chlorinator, (BOD and TSS Annually on Commercial Accounts, Client is responsible for charges for test)
6. Contractor will respond to client calls and complaints, regarding visual or audible alarms, suspicious conditions and or problems that might confront the Client within 48 hours, excluding weekend and holidays. The Contractor will maintain a 24 hour answering service at 830-312-8776. The unscheduled responses may be billed to the client at going rate.

V. Clients Responsibilities:

1. Maintain Chlorinator and Proper Chlorine supply, if OSSF is equipped with.
2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
3. Immediately notify the Contractor of any alarms of problems with, including failure of the OSSF.
4. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor at Clients own expense.
5. Contractor will not be responsible for any warranty work; Client must contact the Installer for Warranty Problems.
6. Not allow the backwash from water treatment of water conditioning equipment to enter the OSSF.
7. Maintain site drainage to prevent adverse effects on OSSF.
8. Promptly and fully pay Contractor's Bills, Fees or invoices as described herein.

VI. Contractor will schedule with client, dates to perform the above described Services of repairs. If Contractor is not able to access the site on the date of appointment, a charge of \$75.00 will be billed if the inspection for repairs is not able to be completed and are required to be scheduled on another date. The contractor requires access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of evaluation of system and equipment as required by the manufacturer and /or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client an additional service at a rate of \$50.00 per hour plus materials billed at list process. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement only covers the Services described herein. This fee does not cover equipment or labor supplied for non-warranty repairs or for charges for unscheduled Client, request trips to the Client's site of pumping of the OSSF. Payments not received within 10 days from the date will be subject to a \$30.00 late penalty and or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees. And all cost of collection incurred by contractor in collection of any unpaid debt. Invoice due when service is completed. Contract fee is \$_____.

VIII. Severability: If any provision of this agreement shall be held to be invalid or unenforceable for any reason the remaining provisions shall continue to be held valid and enforceable. If a court finds that any provision of the agreement is invalid or unenforceable, by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed and enforced as so limited.

Client ELIOT MALDONADO
 Print Name: SHAUNA MALDONADO Signature: [Signature] Date: 7/09/19
 Client Phone number Home 830/885 6895 Cell 830/660 0574 Work 800/379-6079
 Email Address ELIOTSLANDSCAPELLC@YAHOO.COM

Any Gate or Combo code for inspections 2222

Contractor Aerobic Maintenance Solutions LLC:

Signature: _____ Date _____
 MP0000996 James H. Sickles
 Signature: [Signature] Date 7/09/19
 MP0000872 Juan M. Gonzales Jr

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CONTRACT CENTER

OSSF SOIL EVALUATION REPORT INFORMATION
COMAL COUNTY

DATE: 6-20-19

Applicant Information:

Name: Eliot & Shauna Maldonado
Address: 273 Right Fork
City: Bulverde State: Texas Zip: 78163
Ph: (830) 660-0574 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: 2 Block:
Subdivision: Karan Estates
Street/Road Address: 273 Right Fork
City: Bulverde State: TX Zip: 78163
Additional:

Installer Information:

Name: Danny Beck, OS0030961
Company:
Address: 641 Muehl Road
City: Seguin State: TX Zip: 78155
Ph: (830) 556-1074 Fax:

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: 5.00 acres

SITE DRAWING

SEE SITE PLAN

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FEATURES OF SITE AREA

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

Site Evaluator:

NAME: BRIAN ERXLEBEN Signature:  License No: 11458

COMAL COUNTY ENVIRONMENTAL HEALTH DEPARTMENT OSSF SOIL EVALUATION FORM

Owners Name: Eliot & Shauna Maldonado
 Physical Address: 273 Right Fork Bulverde, Texas 78163
 Name of Site Evaluator: Brian Erleben, S.E. #11458
 Date Performed: 6-20-19 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 | | | | | | |
| 2 | Type 4 | Clay | N/A | None | None | |
| 3 | Rock/ Caliche | | | | | |
| 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 | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | RECEIVED |

FEATURES OF SITE AREA

| | |
|---|---------------------|
| Presence of 100 year flood zone | YES ___ NO <u>X</u> |
| Presence of adjacent ponds, streams, water impoundments | YES ___ NO <u>X</u> |
| Existing or proposed water well in nearby area | YES ___ NO <u>X</u> |
| Organized sewage available to lot or tract | YES ___ NO <u>X</u> |
| Recharge features within 150 feet | YES ___ NO <u>X</u> |

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

Signature of Site Evaluator

Date
6-20-19

Brian Erxleben, R.S., S.E.
562 S. Hwy 123 Bypass #128
Seguin, Texas 78155
Mobile (830) 660-9133 Fax (830) 372-3778

OSSF DESIGN

Owner: **Eliot & Shauna Maldonado**
Location: **273 Right Fork Bulverde, Texas 78163**
Phone: **(830) 660-0574**
Date: **6-20-19**

Development: **MH with water saving devices** Bedrooms: **3** Sq. Ft: **1568**

Q: **240 gpd** Soil: **N/A** R_i: **0.064 gall/ft²/day**

System Type: **Aerobic/Surface Application (Aeris Model 500N-750PT)**

Minimum Required ATU Treatment Capacity: **500 gpd**

Trash Tank: 389 gall Aerobic Tank: 500 gpd Pump Tank: 628 gall

Supply Line: **Sch 40, 1" purple (~120')** Check Valve Required: **No**

Minimum Application Area (A): 3750 ft² (A = Q/R_i)

Sprinklers: **K-Rain Proplus Low Angle**

| Number | Nozzle | PSI | Pattern | Radius | Area/head | GPM/head | R _i |
|--------|--------|-----|---------|--------|----------------------|----------|----------------|
| S1 | #6 | 40 | 180° | 35 ft | 1924 ft ² | 6.5 | 0.062 |
| S2 | #6 | 40 | 180° | 35 ft | 1924 ft ² | 6.5 | 0.062 |

Overlap Area: 0 Actual Application Area: **3848 ft²** GPM: **13.0 GPM**

TDH Calculations:

$$\text{Friction Head (H}_f\text{)} = \frac{1.2(10.4397)(L)(Q)^{1.85}}{(C)^{1.85}(D)^{4.8655}} = 17 \text{ ft}$$

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) = 93 ft (2.31)(psi) Elevation Head (H_e) = 5 ft

TDH = **115 ft** (H_f + H_p + H_e)

Pump Requirements: **13.0 GPM @ 115 ft TDH** Pump Used: **Blaster 20EB05 ½ HP**

- **Timer set to spray between 12:00 AM & 5:00 AM**
- **Liquid chlorinator**

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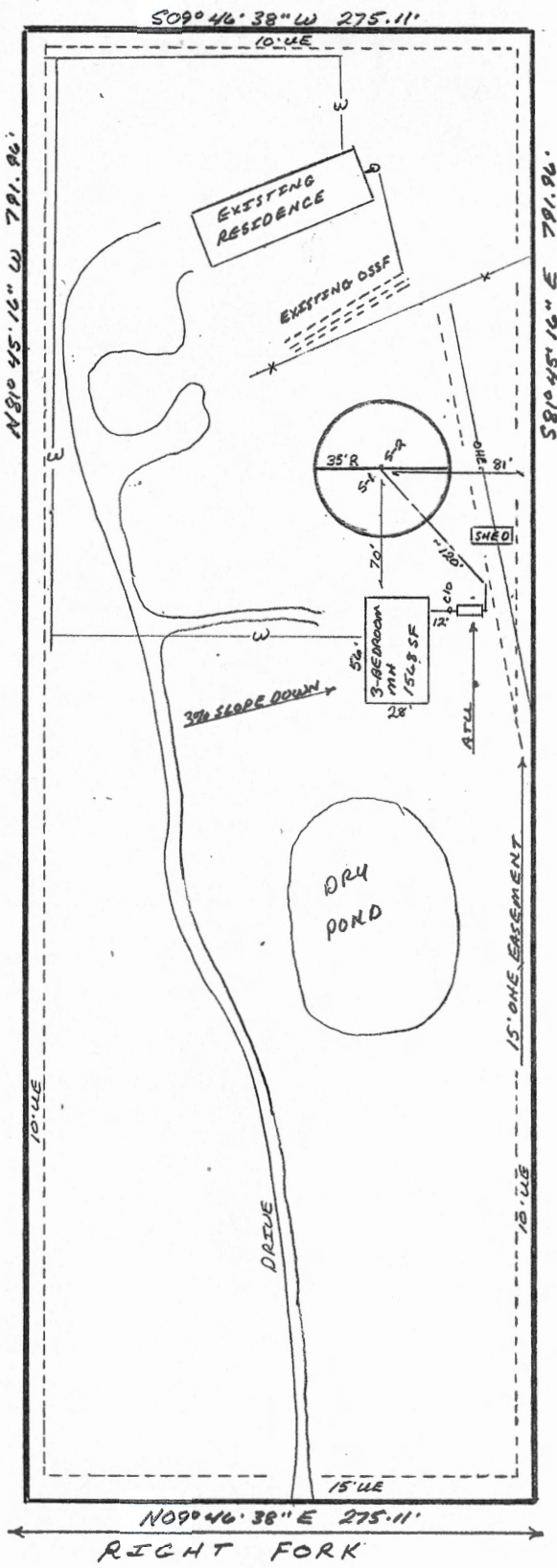
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LOT 2
 KARAN ESTATES
 5.00 ACRES

THE EXISTING RESIDENCE AND NEW MH ARE TO BE OCCUPIED EXCLUSIVELY BY MEMBERS OF THE SAME FAMILY. THE TWO STRUCTURES SHALL THEN MEET THE DEFINITION OF A SINGLE FAMILY DWELLING.

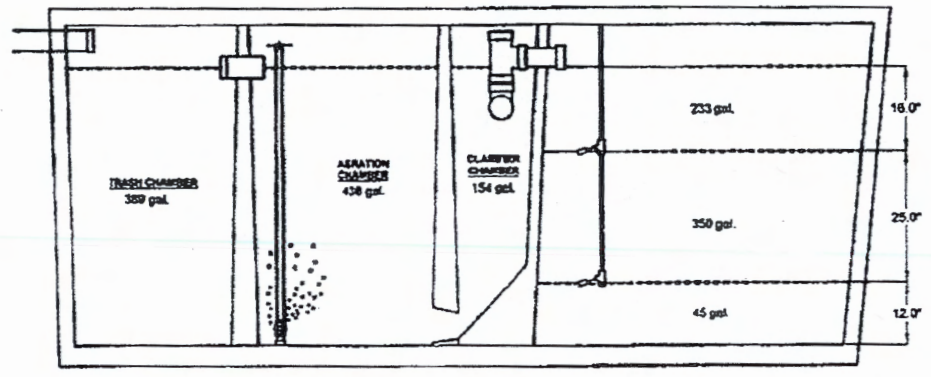
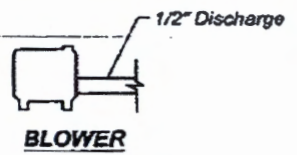
LOT IS LOCATED OUTSIDE OF THE 100-YEAR FLOODPLAIN AND WITHIN THE CONTRIBUTING ZONE. THERE IS NO EXISTING CZP FOR THE SUBDIVISION. DEVELOPMENT IS A SINGLE FAMILY DWELLING WITH <20% IMPERVIOUS COVER AND A CZP IS NOT REQUIRED.

NOTES:

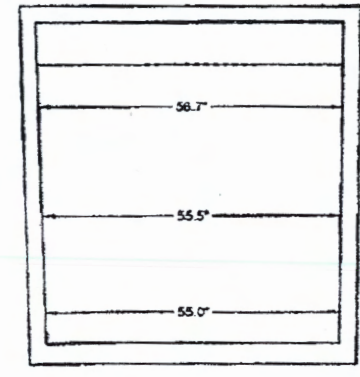
1. Install a 2-way cleanout in a 3" sch 40 tightline from the house to the ATU, minimum slope 1/8 in/ft.
2. ATU is a minimum 500 gpd.
3. Supply line to the sprinklers is purple 1" sch 40.
4. S1 & S2 are K-Rain Proplus low angle sprinklers with #6 nozzles operating @ 40 psi, 180° pattern, 35' radius.
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.

SITE PLAN & OSSF DESIGN:

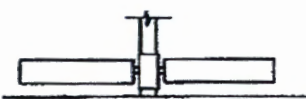
| | |
|--|---------------------------------------|
| ELIOT & SHAUNA MALDONADO 273 RIGHT FORK BULVERDE, TEXAS 78163 | |
| BRIAN C. ERXLEBEN, R.S. 562 S. HWY 123 BYPASS #128 SEGUIN, TEXAS 78155 (830) 660-9133 | DATE: 6-20-19 SCALE: 1" = 100' |



SIDE SECTION VIEW
SCALE: 1" = 3/8"



END SECTION VIEW
SCALE: 1" = 3/8"

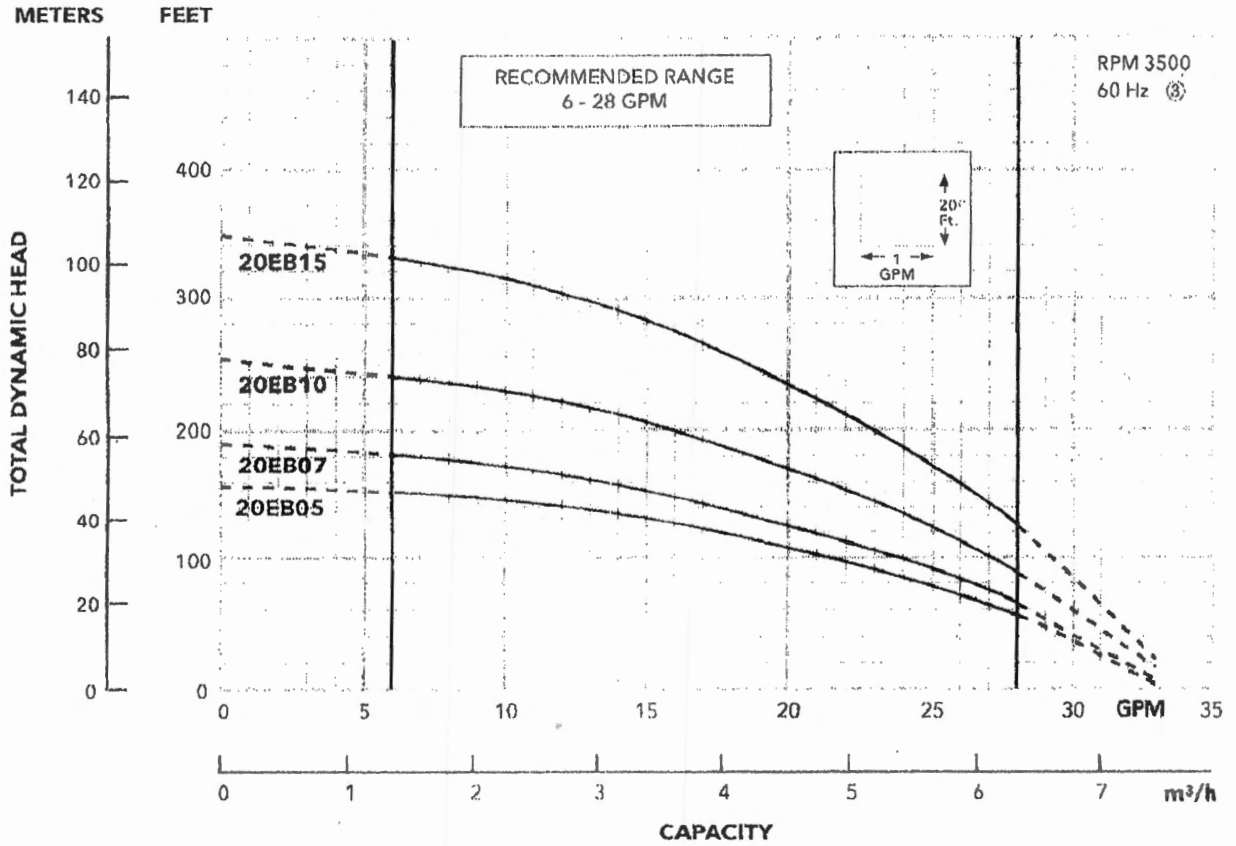


DIFFUSER DETAIL
2 - 250 mm
Maximum flow per diffuser
= 55 liters / minute

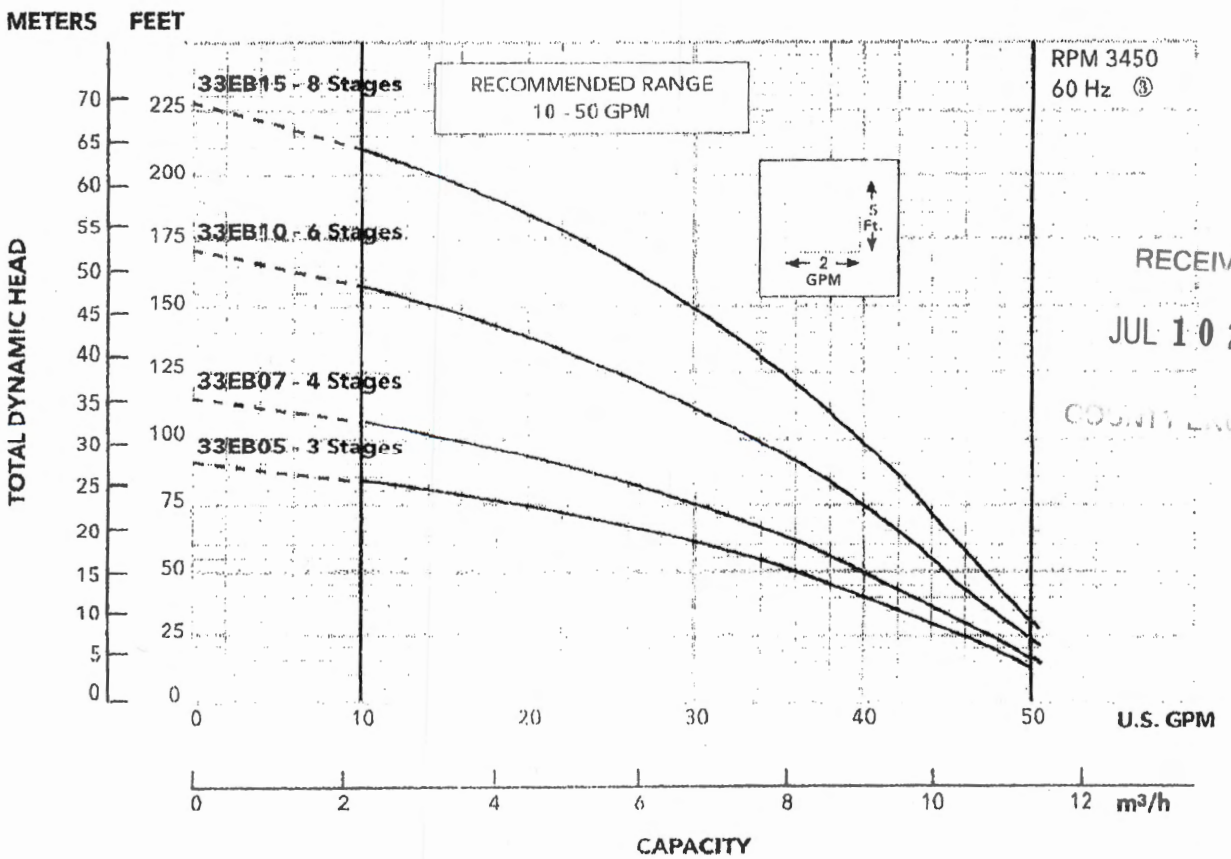
| | | |
|---|---|-------------------------------------|
| <p>Title:</p> <p>Model 500N - 750PT Night Time Pumping</p> | <p>Company Name:</p> <p>Aeris Aerobics</p> | <p>Date:</p> <p>5-8-2015</p> |
|---|---|-------------------------------------|

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MODEL 20EB



MODEL 33EB



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SPRINKLER INSTALLATION

7 INSTALL AND BURY

Thread the sprinkler onto the pipe. Bury the sprinkler flush to grade.

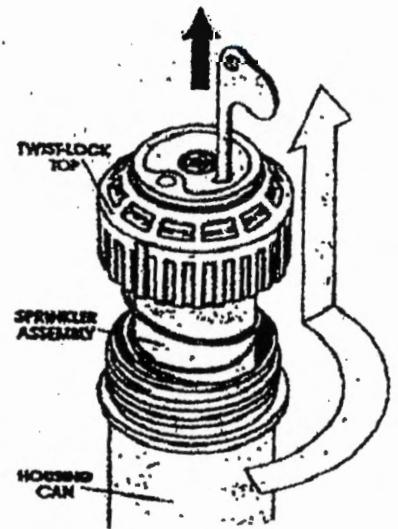
POINTING THE LEFT START

8 TURN THE CAN

You can orient the **LEFT START** position (the point where the sprinkler will begin spraying) by simply turning the entire sprinkler housing can on the pipe. Visually point the nozzle retention screw where you want it to begin spraying.

OR TURN THE LOWER PORTION OF THE RISER

Pull the riser up with your **KEY**. Grab the **LOWER** portion of the riser and rotate it to orient the nozzle to the desired **LEFT starting position**. **IMPORTANT: DO NOT GRAB THE TOP PORTION OF THE RISER.**



9 INSPECTING THE FILTER

Unscrew the top and lift complete sprinkler assembly out of the housing can. The filter is on the bottom of the sprinkler assembly and can easily be pulled out, cleaned and re-installed.

STANDARD NOZZLE PERFORMANCE CHART

| Nozzle | PSI | Radius | GPM |
|--------|-----|--------|------|
| #1 | 30 | 33' | 1.0 |
| | 40 | 35 | 1.3 |
| | 50 | 38 | 1.4 |
| | 60 | 38' | 1.5 |
| #2 | 30 | 36' | 2.1 |
| | 40 | 39' | 2.5 |
| | 50 | 40' | 3.0 |
| | 60 | 41' | 3.1 |
| #3 | 30 | 41' | 2.8 |
| | 40 | 42' | 3.3 |
| | 50 | 45' | 3.6 |
| | 60 | 46' | 4.2 |
| #4 | 30 | 43' | 3.9 |
| | 40 | 45' | 4.5 |
| | 50 | 47' | 5.4 |
| | 60 | 52' | 5.8 |
| #5 | 40 | 49' | 6.2 |
| | 50 | 51' | 7.0 |
| | 60 | 54' | 7.9 |
| | 70 | 55' | 8.1 |
| #8 | 40 | 47' | 8.0 |
| | 50 | 51' | 8.9 |
| | 60 | 53' | 9.6 |
| | 70 | 55' | 10.6 |

LOW ANGLE NOZZLE PERFORMANCE CHART

| Nozzle | PSI | Radius | GPM |
|--------|-----|--------|-----|
| #1 | 30 | 22' | 1.5 |
| | 40 | 24' | 1.7 |
| | 50 | 26' | 1.8 |
| | 60 | 28' | 2.0 |
| #3 | 30 | 29' | 3.0 |
| | 40 | 32' | 3.1 |
| | 50 | 35' | 3.5 |
| | 60 | 37' | 3.8 |
| #4 | 30 | 31' | 3.4 |
| | 40 | 34' | 3.9 |
| | 50 | 37' | 4.4 |
| | 60 | 38' | 4.7 |
| #5 | 40 | 38' | 6.5 |
| | 50 | 40' | 7.3 |
| | 60 | 42' | 8.0 |
| | 70 | 44' | 8.6 |

DATA REPRESENTS TEST RESULTS IN ZERO WIND. ADJUST FOR LOCAL CONDITIONS. RADIUS MAY BE REDUCED WITH NOZZLE RETENTION SCREW.

© 1986 K-Rain Mfg. Corp.

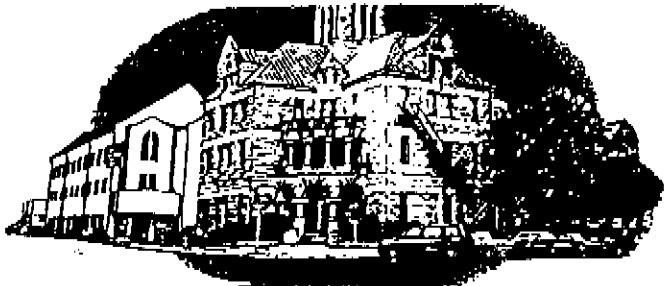
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DATE 11/26/96

LICENSE # 77555



**CCEO
COPY**

Comal County
OFFICE OF ENVIRONMENTAL HEALTH

LICENSE TO OPERATE A PRIVATE SEWAGE FACILITY

| | | | | |
|--------|------------------|-------------------|---------------|-------|
| OWNER | K & M MANAGEMENT | PROPERTY LOCATION | KARAN ESTATES | |
| STREET | RIGHT FORK ROAD | UNIT | BLOCK | LOT 2 |

This license is authorization for the owner to operate and maintain a private facility at the location described in accordance to rules of Comal County, Texas, for private sewage facilities (rules).

The license grants permission to operate the facility. It does not guarantee successful operation or satisfactory service. It is the responsibility of the owner to maintain and operate the facility in a satisfactory manner.

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. It may be transferred by the holder to a succeeding owner, provided the facility has not been substantially modified.

THE FACILITY IS LICENSED FOR

- SINGLE FAMILY RESIDENCE WITH 3 BEDROOMS AND 1700 SQR FEET
- INSTITUTION LESS THAN 500 GALLONS PER DAY
- INSTITUTION GREATER THAN 500 GALLONS PER DAY
- OTHER ALTERNATIVE SYSTEMS

THE FACILITY CONSISTS OF

| | | | | | | | | |
|-------------|------|--|-----------------|-----------|-----|--------|---|-----|
| GALLON TANK | 1000 | SWITCHING VALVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | DRAINFIELD SIZE | SQUARE FT | 810 | TRENCH | X | BED |
|-------------|------|--|-----------------|-----------|-----|--------|---|-----|

SPECIAL CONDITIONS

INSPECTOR: *[Signature]* FIELD OPERATIONS MANAGER: *[Signature]*

4931 HWY 46 W., STE. 100, NEW BRAUNFELS, TEXAS 78132-3760, (210) 608-2094

Rec'd 11/01/96

*** COMAL COUNTY ***

APPLICATION FOR A PERMIT TO CONSTRUCT A PRIVATE SEWERAGE FACILITY AND LICENSE TO OPERATE

DATE 10-22-96 PRINT CLEARLY KAM manage PERMIT NO.: 77555
 PROPERTY OWNER'S NAME Principle Builders PHONE NO. (HM) (210) 438-3131
 ADDRESS P.O. Box 413 PHONE NO. (WK) (210) 438-3131
Bulverde, TX
 ZIP CODE 78163

DESCRIPTION OF PROPERTY: SUBDIVISION Karan Estates
 STREET NAME: Right Fork Rd. UNIT _____ LOT 2 BLK _____
 IF NOT IN A SUBDIVISION, GIVE NAME OF ROAD/HWY. _____ ACREAGE 5.0 ACRES
 LOCATION/DIRECTIONS/MAP TO PROPERTY IS ATTACHED Yes PROOF OF OWNERSHIP ATTACHED Yes
 PROPERTY LOCATED OVER EDWARDS RECHARGE ZONE? No IF YES, WERE (4) PERC HOLES DUG? _____

TYPE OF DEVELOPMENT:
 SINGLE FAMILY RESIDENCE 3 DESIGNATED BDRMS 1700 TOTAL SQ. FT. LIVING AREA
 _____ COMMERCIAL TYPE OF BUSINESS/INSTITUTION _____
 NUMBER OF OCCUPANTS _____ ESTIMATED GALLONS USED PER DAY _____
 BUSINESS/INSTITUTION GENERATING MORE THAN 500 GALLONS PER DAY _____

SOURCE OF WATER: PUBLIC PRIVATE _____
 IS AN ORGANIZED DISPOSAL SYSTEM WITHIN 300 FEET OF THE PROPOSED SYSTEM? No

PERCOLATION TEST RESULTS AND DESIGN WERE COMPLETED BY: ADVANCED SEPTIC DESIGNS
 SIZE OF SEPTIC SYSTEM REQUIRED BASED ON LIVING AREA: TANK SIZE 1000 GALLONS (DUAL TANK)
 SIZE OF DRAINFIELD (BEDS) _____ SQ. FT. TRENCHES 777 SQ. FT.
 INSTALLER'S NAME: Bill Hardin

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 LICENSING AUTHORITY AND AGENTS TO ENTER UPON THE ABOVE DESCRIBED PROPERTY FOR THE PURPOSE OF LOT/SOIL EVALUATION AND INSPECTION OF PRIVATE SEWERAGE FACILITIES. I ALSO UNDERSTAND THAT A PERMIT TO CONSTRUCT WILL NOT BE ISSUED UNTIL THE FLOOD PLAIN ADMINISTRATOR HAS APPROVED AND RELEASED THE DEVELOPMENT PERMIT FOR THIS PROPERTY.

ALL FEES ARE NON-REFUNDABLE

Kurt Lohr
 SIGNATURE OF OWNER OR DESIGNATED AGENT IF SIGNED BY AGENT GIVE ADDRESS AND PHONE

OFFICE USE ONLY
 DATE RECORDED IN BLUE BOOK AND ON SUMMARY SHEET 12-5-96 12-10-96
 DATE LICENSE TO OPERATE WAS MAILED TO OWNER 12-5-96

(IF INSTALLATION IS DIFFERENT FROM DESIGN THE INSPECTOR HAS MADE A DESIGN OF ACTUAL INSTALLATION)
 SIZES AS OF FINAL INSPECTION:
1000 TANK AA DRAINFIELD (BEDS) _____
810 TOTAL SQ. FT. TRENCHES CHECK IF DIVERTER VALVE REQUIRED _____

INSPECTOR FOR COMAL COUNTY J. Martinez DATE OF FINAL INSPECTION 11/26/96

CCEO
COPY

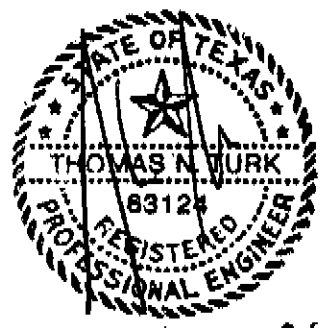
Sheet 2 of 3



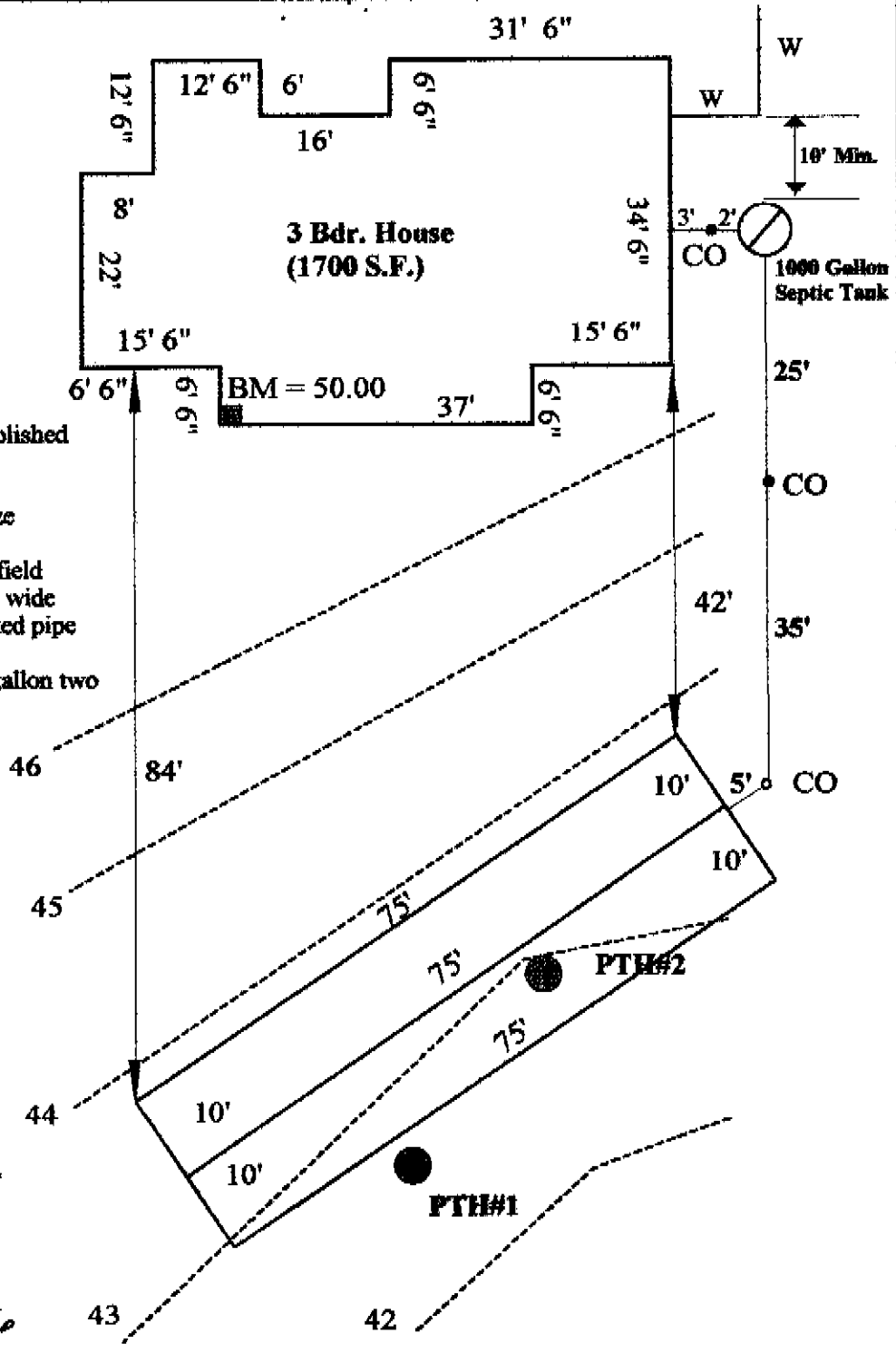
Scale 1" = 20'
CCEO
COPY

Notes:

- 1. All construction shall be accomplished in accordance with the current Comal County and TNRCC construction standards for on-site sewerage facilities.
- 2. Contractor shall construct drainfield consisting of 265 feet of 3 foot wide soil absorption trench. Perforated pipe shall be looped and level.
- 3. Contractor shall install a 1000 gallon two compartment septic tank.



10.29.96



Advanced Septic Designs

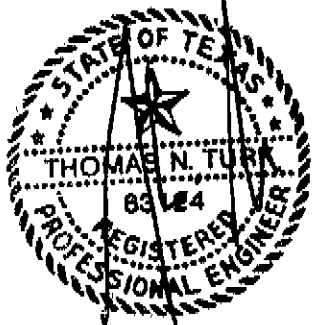
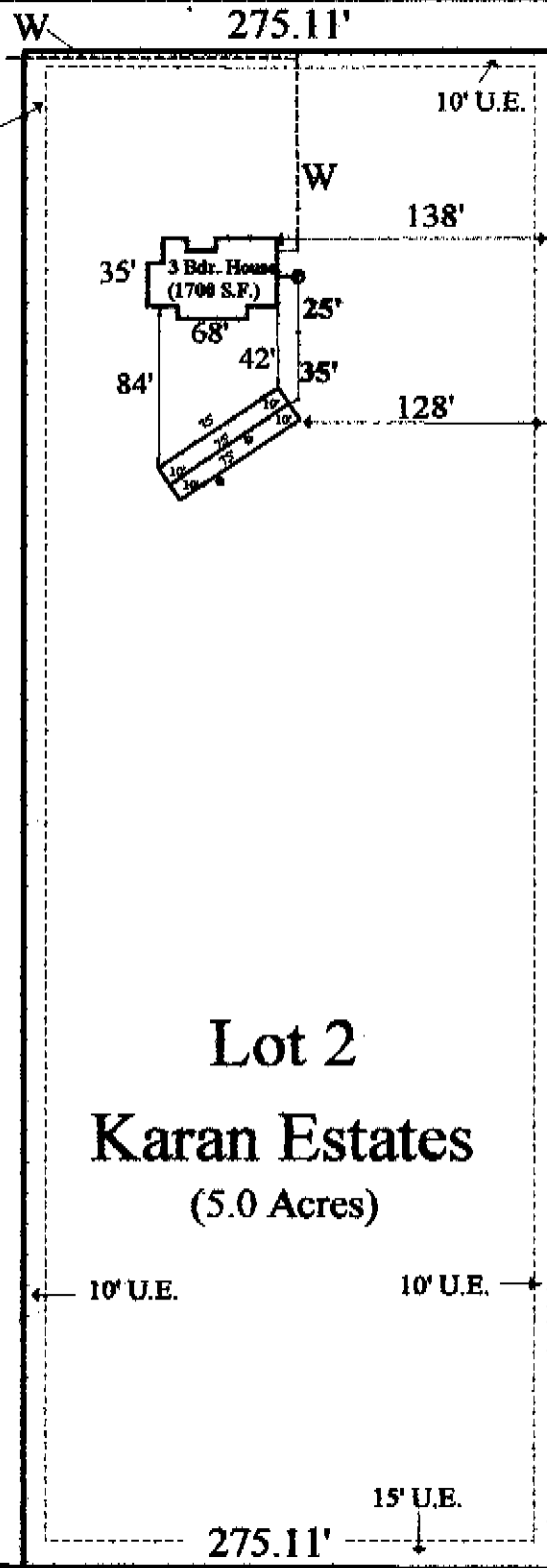
6335 Circle Oak Dr.
Bulverde, Tx 78163
980-2490

273 Right Fork Rd. Lot 2 - Karan Estates Bulverde, Texas

**CCEO
COPY**



Scale 1" = 100'



10.28.96

**Advanced Septic
Designs**

6335 Circle Oak Dr.
Bulverde, Tx 78163
980-2490

**273 Right Fork Road
Lot 2, Karan Estates
Bulverde, Texas**

THE STATE OF TEXAS

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF COMAL

DOC# 9706012845

THAT ~~K/L/M/ MANAGEMENT~~ PRINCIPLE BUILDERS, INC.

(hereinafter called "GRANTORS" whether one or more), for and in consideration of the sum of TEN DOLLARS (\$10.00) and other good and valuable considerations cash in hand paid by ELIOT F. MALDONADO and SHAUNA K. MALDONADO, HUSBAND AND WIFE

whose address is 273 RIGHT FORK, BULVERDE, TX 78163

(hereinafter called "GRANTEES" whether one or more), the receipt and sufficiency of which are hereby acknowledged and confessed, and the further consideration of the note in the principal sum of one hundred three thousand one hundred and NO/100ths (\$ 103,100.00) payable to the order of Pacific Southwest Bank

(hereinafter referred to as "BENEFICIARY") at the special instance and request of the Grantees herein, the receipt of which is hereby acknowledged and confessed, and as evidence of such advancement, the said Grantees herein have executed their note of even date herewith for said amount payable to the order of said Beneficiary, bearing interest at the rate therein provided, principal and interest being due and payable in monthly installments as therein set out, and providing for attorney's fees and acceleration of maturity at the rate and in the events therein set forth, which note is secured by the Vendor's Lien herein reserved and is additionally secured by a Deed of Trust of even date herewith, executed by the Grantees herein to Gerald Hartman, 800 North Shoreline Blvd. #200, S. Tower, Corpus Christi, TX 78469-9940

Trustee, reference to which is here made for all purposes; and in consideration of the payment of the sum above mentioned by the Beneficiary above mentioned, Grantors hereby transfer, set over, assign and convey unto said Beneficiary and assigns, the Vendor's Lien and Superior Title herein retained and reserved against the property and premises herein conveyed, in the same manner and to the same extent as if said note had been executed in Grantor's favor and by said Grantors assigned to the Beneficiary without recourse; have GRANTED, SOLD and CONVEYED, and by these presents do GRANT, SELL and CONVEY unto the said Grantees herein, the following described property, together with all improvements thereon, to-wit:

BEING ALL THAT CERTAIN TRACT OR PARCEL OF LAND LYING AND BEING SITUATED IN COMAL COUNTY, TEXAS, KNOWN AND DESIGNATED AS LOT TWO (2), KARAN ESTATES, ACCORDING TO THE MAP OR PLAT RECORDED IN VOLUME 11, PAGE 6, COMAL COUNTY, TEXAS MAP AND PLAT RECORDS.

TO HAVE AND TO HOLD the above described premises, together with, all and singular, the rights and appurtenances thereto in any wise belonging, unto the said Grantees, their heirs and assigns forever. And Grantors do hereby bind themselves, their heirs, executors and administrators, to warrant and forever defend all and singular, the said premises unto the said Grantees, their heirs and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof. Taxes for the current year have been prorated and are assumed by Grantee. This conveyance is made and accepted subject to any and all validly existing restrictions, mineral reservations and interests, conditions, covenants, easements, and rights of way, if any, applicable to and enforceable against the above described property as now reflected by the records of the County Clerk in said County and State and to any applicable zoning laws or ordinances.

But it is expressly agreed and stipulated that the Vendor's Lien and the Superior Title are retained and reserved in favor of the payee in said note against the above described property, premises and improvements, until said note, and all interest thereon is fully paid according to the face and tenor, effect and reading thereof, when this deed shall become absolute.

When this deed is executed by one person, or when the Grantee is one person, the instrument shall read as though pertinent verbs and pronouns were changed to correspond, and when executed by or to a corporation the words "heirs, executors and administrators" or "heirs and assigns" shall be construed to mean "Successors and assigns".

Executed on this the 17th day of June, 1997, by: ~~K/L/M/ MANAGEMENT~~ PRINCIPLE BUILDERS, INC.

[Signature]

RECEIVED

JUL 10 2019

COMAL COUNTY ENGINEER

Doc# 9706012845
Pages: 1
Date : 06-19-1997
Time : 03:24:45 P.M.
Filed & Recorded in
Official Records
of COMAL County, TX.
JOY STREATER
COUNTY CLERK
Rec. \$ 9.00

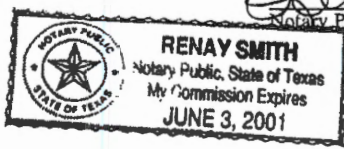
9706012845

THE STATE OF TEXAS

COUNTY OF COMAL

This instrument was acknowledged before me this 18 day of June, 1997, by Kent Lake of ~~K/L/M/ MANAGEMENT~~ Principle Builders, Inc.

RETURN TO:
ELIOT F. MALDONADO
SHAUNA K. MALDONADO
273 RIGHT FORK
BULVERDE, TX 78163



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

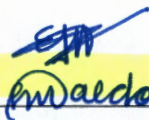
- Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate
- Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer
- Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials 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

JUL 10 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.


 Signature of Applicant

7/09/19
 Date

| |
|---|
| <input type="checkbox"/> COMPLETE APPLICATION |
| Check No. _____ Receipt No. _____ |

| |
|---|
| <input type="checkbox"/> INCOMPLETE APPLICATION |
| (Missing Items Circled, Application Refused) |

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Phone: (830) 312-8776

Date: 9/9/2019

AerobicSolutions.net office@aerobicsolutions.net

Permit #: 109378

To: Eliot & Shauna Maldonado
273 Right Fork
Bulverde, TX 78163

Contract Period

Start Date: 7/3/2019
End Date: 7/3/2021

Phone: (830) 885-5895 Subdivision: Karan Estates
 Site: 273 Right Fork, Bulverde, TX 78163
 County: Comal
 Installer: Danny Beck
 Agency: Comal County Environmental Health
 Mfg/Brand: / AERIS

Aerobic Maintenance Solution LLC
 3 visits per year - one every 4 months
 Map Key: ID: 565

Agreement

1. General: This work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Aerobic Maintenance Solutions LLC (hereinafter referred to as Contractor), located at 4222 FM 482 New Braunfels, Texas 78132, (830-312-8776). By this agreement, Contractor agrees to render services, as described herein, and Client agrees to fulfill his/her/ their responsibilities under the agreement as described herein.

II. Effective Dates: If this is an Initial Contract, contract will be for two years and begins when the License To Operate (LTO) has been issued. A 30 day written notice is required if there is a cancellation before the year of the agreement is up. The written notice will be sent to the local regulatory Agency and any of the agreement unused funds is non-refundable.

Contractor or Client, if choosing to terminate the contract, must give the other and the local regulatory Agency written notice after Thirty (30) Days prior to the ending of the Contract.

IV. Services by Contractor: Contractor will provide the following services (Referred to as the "Services").

1. In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three times per year. Contractor **does not** provide chlorine. Client is solely responsible for maintaining the chlorine in the chlorinator at all times.
2. Contractor will provide a weather proof tag on the control panel containing company name, phone number and inspection dates.
3. Contractor will do inspections 3 times a year, every 4 months.
4. Contractor will report all findings to the appropriate regulatory and authority and to the Client, as required by both the State's On-Site rules and the local Agency's rules. All findings must be reported to local Agency's within 14 days, email is acceptable.
5. The contractor's inspection will include the following; Effluent Quality (Color, Turbidity, overflow and Odor), Alarm Function Filters, Operation of Effluent Pump and Chlorine Availability in the Chlorinator, (BOD and TSS Annually on Commercial Accounts, Client is responsible for charges for test)
6. Contractor will respond to client calls and complaints, regarding visual or audible alarms, suspicious conditions and or problems that might confront the Client within 48 hours, excluding weekend and holidays. The Contractor will maintain a 24 hour answering service at 830-312-8776. The unscheduled responses may be billed to the client at going rate.

V. Clients Responsibilities:

1. Maintain Chlorinator and Proper Chlorine supply, if OSSF is equipped with.
2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
3. Immediately notify the Contractor of any alarms or problems with, including failure of the OSSF.
4. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor at Clients own expense.
5. Contractor will not be responsible for any warranty work; Client must contact the installer for Warranty Problems.
6. Not allow the backwash from water treatment of water conditioning equipment to enter the OSSF.
7. Maintain site drainage to prevent adverse effects on OSSF.
8. Promptly and fully pay Contractor's Bills, Fees or invoices as described herein.

VI. Contractor will schedule with client, dates to perform the above described Services of repairs. If Contractor is not able to access the site on the date of appointment, a charge of \$75.00 will be billed if the inspection for repairs is not able to be completed and are required to be scheduled on another date. The contractor requires access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of evaluation of system and equipment as required by the manufacturer and /or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client an additional service at a rate of \$50.00 per hour plus materials billed at list process. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement only covers the Services described herein. This fee does not cover equipment or labor supplied for non-warranty repairs or for charges for unscheduled Client, request trips to the Client's site of pumping of the OSSF. Payments not received within 10 days from the date will be subject to a \$30.00 late penalty and or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees. And all cost of collection incurred by contractor in collection of any unpaid debt. Invoice due when service is completed. Contract fee is ~~1452.00~~

VIII. Severability: If any provision of this agreement shall be held to be invalid or unenforceable for any reason the remaining provisions shall continue to be held valid and enforceable. If a court finds that any provision of the agreement is invalid or unenforceable, by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed and enforced as so limited.

Client ELIOT MALDONADO
 Print Name: SHARINA MALDONADO Signature: [Signature] Date: 7/09/19
 Client Phone number Home 830/985-6895 Call 830/1160-0579 Work 830/379-6079
 Email Address ELIOTSLANOSCAF@LLC@YAHOO.COM
 Any Gate or Combo code for inspections 2222

Contractor Aerobic Maintenance Solutions LLC:
 Signature: _____ Date _____
 MP0000996 James H. Skyles
 Signature: [Signature] Date 7/09/19
 MP0000872 Juan M. Gonzales Jr

RECEIVED
 JUL 10 2019
 [Faint text]

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Phone: (830) 312-8776

Printed: 11/1/2019

AerobicSolutions.net
Permit #: 109378

To: **Eliot & Shauna Maldonado**
273 Right Fork
Bulverde, TX 78163

Tech: Not Assigned
Brand/Mfg.: AERIS -
System S/N:
Aerator and S/N:

Contract: 7/10/2019 - 7/10/2020
Inspections per year: 3
Service Due: 11/10/2019
Alt Phone: (830) 660-0574

Site: 273 Right Fork, Bulverde

Agency: Comal County Environmental Health
County: Comal

Phone: (830) 885-5895

Cell:
Work: (800) 379-6079

Subdivision: Karan Estates

**SCHEDULED
INSPECTION**

Inspection Type: _____ Inspection # 1 of 6 for the contract year
BRAND OF SEPTIC SYSTEM _____

| Item | Operational | Inoperative | N/A |
|--|-------------------------------------|-------------|-------------------------------------|
| Aerator: | _____ | _____ | <input checked="" type="checkbox"/> |
| Irrigation pump: | <input checked="" type="checkbox"/> | _____ | _____ |
| Air compressor: | <input checked="" type="checkbox"/> | _____ | _____ |
| Disinfection device: | <input checked="" type="checkbox"/> | _____ | _____ |
| Chlorine supply: | <input checked="" type="checkbox"/> | _____ | _____ |
| Spray field vegetation: | <input checked="" type="checkbox"/> | _____ | _____ |
| Sprinkler / Drip backwash: | <input checked="" type="checkbox"/> | _____ | _____ |
| Photocell Test: | _____ | _____ | <input checked="" type="checkbox"/> |
| Air Compressor Reading: CFM: _____ PSI: <u>4</u> | | | |

Test Results and observations: (As Required)

Chlorine Residual: 0.9

Test Method: Grub

BOD: _____

TSS: _____

Tank Lids Secured YES

Repairs made: Y/(N)

Sludge Levels: Tank 1: N/A Tank 2: 0 Tank 3: 0

Repairs and Comments:

SET TIMER

Inspector: [Signature]

Date: 11-26-19

GATE CODE 2222

Area: /0
GPS:

ID = 565

Appointment

273 Right Fork, Bulverde

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Phone: (830) 312-8776

Printed: 2/20/2020

AerobicSolutions.net
Permit #: 109378

To: Elliot & Shauna Maldonado
273 Right Fork
Bulverde, TX 78163

Tech: Not Assigned
Brand/Mfg.: AERIS -
System S/N:
Aerator and S/N:

Contract: 7/10/2019 - 7/10/2020
Inspections per year: 3
Service Due: 3/10/2020
Alt Phone: (830) 660-0574

Site: 273 Right Fork, Bulverde

Agency: Comal County Environmental Health
County: Comal
Subdivision: Karan Estates

Phone: (830) 885-5895
Cell:
Work: (800) 379-6079

SCHEDULED

Inspection Type: INSPECTION Inspection # 2 of 3 for the contract year
BRAND OF SEPTIC SYSTEM _____

| Item | Operational | Inoperative | N/A |
|--|-------------------------------------|-------------|-------------------------------------|
| Aerator: | _____ | _____ | <input checked="" type="checkbox"/> |
| Irrigation pump: | <input checked="" type="checkbox"/> | _____ | _____ |
| Air compressor: | <input checked="" type="checkbox"/> | _____ | _____ |
| Disinfection device: | <input checked="" type="checkbox"/> | _____ | _____ |
| Chlorine supply: | <input checked="" type="checkbox"/> | _____ | _____ |
| Spray field vegetation: | <input checked="" type="checkbox"/> | _____ | _____ |
| Sprinkler / Drip backwash: | <input checked="" type="checkbox"/> | _____ | _____ |
| Photocell Test: | _____ | _____ | <input checked="" type="checkbox"/> |
| Air Compressor Reading: CFM: _____ PSI: <u>4</u> | | | |

Test Results and observations: (As Required)

Chlorine Residual: 0.2
Test Method: Grab

BOD: _____

TSS: _____

Tank Lids Secured YES

Repairs made: Y N

Sludge Levels: Tank 1: N/A Tank 2: ○ Tank 3: ○

Repairs and Comments:

Good

Inspector: [Signature] Date: 3-5-20

GATE CODE 2222

Area: / 0
GPS:

ID = 565

Appointment

273 Right Fork, Bulverde

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Phone: (830) 312-8776

Printed: 6/26/2020

AerobicSolutions.net
Permit #: 109378

To: **Eliot & Shauna Maldonado**
273 Right Fork
Bulverde, TX 78163

Tech: Not Assigned
Brand/Mfg.: AERIS -
System S/N:
Aerator and S/N:

Contract: 7/10/2019 - 7/10/2020
Inspections per year: 3
Service Due: 7/10/2020
Alt Phone: (830) 660-0574

Site: 273 Right Fork, Bulverde
Agency: Comal County Environmental Health
County: Comal
Subdivision: Karan Estates

Phone: (830) 885-5895
Cell:
Work: (800) 379-6079

SCHEDULED

Inspection Type: INSPECTION Inspection # 3 of 3 for the contract year
BRAND OF SEPTIC SYSTEM _____

| Item | Operational | Inoperative | N/A/ |
|--|-------------|-------------|----------|
| Aerator: | <u>/</u> | _____ | _____ |
| Irrigation pump: | <u>/</u> | _____ | _____ |
| Air compressor: | <u>/</u> | _____ | _____ |
| Disinfection device: | <u>/</u> | _____ | _____ |
| Chlorine supply: | <u>/</u> | _____ | _____ |
| Spray field vegetation: | <u>/</u> | _____ | _____ |
| Sprinkler / Drip backwash: | <u>/</u> | _____ | _____ |
| Photocell Test: | _____ | _____ | <u>/</u> |
| Air Compressor Reading: CFM: _____ PSI: <u>4</u> | | | |

Test Results and observations: (As Required)

Chlorine Residual: _____
Test Method: grad
BOD: _____
TSS: _____
Tank Lids Secured: yes

Repairs made: Y/N
Sludge Levels: Tank 1: N/A Tank 2: 0-1" Tank 3: 0-1"

Repairs and Comments:

good

Inspector: [Signature] Date: 7-22-20

GATE CODE 2222

Area: / 0
GPS: ID = 565

273 Right Fork, Bulverde

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Phone: (830) 312-6776

Printed: 10/27/2020

AerobicSolutions.net
Permit #: 109378

To: **Eliot & Shauna Maldonado**
273 Right Fork
Bulverde, TX 78163

Tech: Not Assigned
Brand/Mfg.: AERIS -
System S/N:
Aerator and S/N:

Site: 273 Right Fork, Bulverde

Contract: 7/24/2019 - 7/24/2021
Inspections per year: 6
Service Due: 11/15/2020
Alt Phone: (830) 660-0574

Agency: Comal County Environmental Health
County: Comal
Subdivision: Karan Estates

Phone: (830) 885-5895
Cell: (830) 743-3687
Work: (800) 379-6079

Inspection Type: SCHEDULED INSPECTION Inspection # 4 of 6 for the contract year
BRAND OF SEPTIC SYSTEM _____

| Item | Operational | Inoperative | N/A |
|---|--------------|-------------|---------|
| Aerator: | _____ | _____ | _____ ✓ |
| Irrigation pump: | _____ ✓ | _____ | _____ |
| Air compressor: | _____ ✓ | _____ | _____ |
| Disinfection device: | _____ ✓ | _____ | _____ |
| Chlorine supply: | <u>Low</u> ✓ | _____ | _____ |
| Spray field vegetation: | _____ ✓ | _____ | _____ |
| Sprinkler / Drip backwash: | _____ ✓ | _____ | _____ |
| Photocell Test: | _____ | _____ | _____ ✓ |
| Air Compressor Reading: CFM: _____ PSI: _____ | | _____ ✓ | |

Test Results and observations: (As Required)

Chlorine Residual: _____ 0.2

Test Method: _____ Grab

BOD: _____

TSS: _____

Tank Lids Secured _____ yes

Repairs made: Y/(N) _____

Sludge Levels: Tank 1: N/A Tank 2: 0" Tank 3: 3"

Repairs and Comments:

Inspector: _____

Date: 11-17-20

GATE CODE 2222

Area: /0
GPS:

ID = 565

273 Right Fork, Bulverde

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Phone: (830) 312-8776

Printed: 3/1/2021

AerobicSolutions.net

Permit #: 109378

To: **Eliot & Shauna Maldonado**
273 Right Fork
Bulverde, TX 78163

Tech: Not Assigned
Brand/Mfg.: AERIS -
System S/N:
Aerator and S/N:

Site: 273 Right Fork, Bulverde

Contract: 7/24/2019 - 7/24/2021

Agency: Comal County Environmental Health

Inspections per year: 6

County: Comal

Phone: (830) 885-5395

Service Due: 3/15/2021

Subdivision: Karan Estates

Cell: (830) 743-3687

Alt Phone: (830) 650-0574

Work: (800) 379-6079

Inspection Type: **SCHEDULED INSPECTION** Inspection # 5 of 6 for the contract year
BRAND OF SEPTIC SYSTEM _____

| Item | Operational | Inoperative | N/A |
|--|---|--------------------------|-------------------------------------|
| Aerator: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Irrigation pump: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Air compressor: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disinfection device: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chlorine supply: | <input checked="" type="checkbox"/> Low | <input type="checkbox"/> | <input type="checkbox"/> |
| Spray field vegetation: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sprinkler / Drip backwash: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Photocell Test: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Air Compressor Reading: CFM: _____ PSI: <u>9</u> | | | |

Test Results and observations: (As Required)

Chlorine Residual: 0.2

Test Method: Grab

BOD: _____

TSS: _____

Tank Lids Secured Yes

Repairs made: Y (N)

Sludge Levels: Tank 1: N/A Tank 2: 0 Tank 3: 0-1"

Repairs and Comments:

Inspector: [Signature] [Signature]

Date: 3/25/21

GATE CODE 2222

Area: / 0

GPS:

ID = 565

273 Right Fork, Bulverde

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Phone: (830) 312-8776

Printed: 6/28/2021

AerobicSolutions.net
Permit #: 108378

To: **Eliot & Shauna Maldonado**
273 Right Fork
Bulverde, TX 78163

Tech: Not Assigned
Brand/Mfg.: AERIS -
System S/N:
Aerator and S/N.

Site: 273 Right Fork, Bulverde

Contract: 7/24/2019 - 7/24/2021

Agency: Comal County Environmental Health

Inspections per year: 6

County: Comal

Phone: (830) 885-5895

Service Due: 7/15/2021

Subdivision: Karan Estates

Cell: (830) 743-3687

Alt Phone: (830) 660-0574

Work: (800) 379-6079

SCHEDULED

Inspection Type: INSPECTION Inspection # 6 of 6 for the contract year
BRAND OF SEPTIC SYSTEM _____

| Item | Operational | Inoperative | N/A |
|---|-------------------------------------|--------------------------|-------------------------------------|
| Aerator: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Irrigation pump: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Air compressor: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disinfection device: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chlorine supply: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spray field vegetation: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sprinkler / Drip backwash: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Photocell Test: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Air Compressor Reading: CFM: _____ PSI: <u>47</u> | | | |

Test Results and observations: (As Required)

Chlorine Residual: .01

Test Method: D/D

BOD: _____

TSS: _____

Tank Lids Secured YES

Repairs made: Y/N

Sludge Levels: Tank 1: N/A Tank 2: 0-2" Tank 3: 0-1"

Repairs and Comments:

Inspector: Logan Leppo

Date: 7/6/21

GATE CODE 2222

Area: 10

GPS:

ID = 565

273 Right Fork, Bulverde