

Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: **09/06/2019** Permit Number: **109382**

Location Description: 1235 ZANE GREY LN
SPRING BRANCH, TX 78070

Subdivision: Comal Hills

Unit: 4

Lot: 7

Block: 1

Acreage:

Type of System: Aerobic
Surface Irrigation

Issued to: William Scott Tomlin

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.**

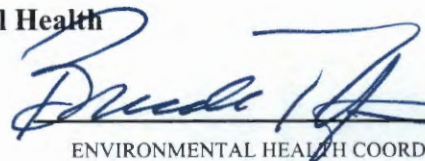
Inspection and licensing of a facility indicates only that the facility meets certain minimum requirements. It does not impede any governmental entity in taking the proper steps to prevent or control pollution, to abate nuisance, or to protect the public health.

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


OS 10034792
ENVIRONMENTAL HEALTH INSPECTOR


OS0007722
ENVIRONMENTAL HEALTH COORDINATOR

Final 2-11-15

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Ryan Kostantenaso OSSF Installer #: 050024588
 1st Inspection Date: 8-22-19 2nd Inspection Date: _____ 3rd Inspection Date: 09-06-19
 Inspector Name: S. Helms Inspector Name: _____ Inspector Name: Olvera

Permit#: 109382 Address: 1235 Lane Highway - Comal Hills

| 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 | | |
| 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) | Need to check | | | |
| 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) | | | | |

8-22-19 - SH
 tank check only
 set + level
 cover
 need operational

House not connected
 to tank. Need to
 check fall.
 need revision
 of c/o + tank
 location.

Covered
 operational
 9-6-19 JC







**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) | | 8.22.19 | | |
| 9 | ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used | ✓ | 285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b) | | | | |
| 10 | SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped | ✓ | 285.38(d) | | | | |
| 11 | SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions | ✓ | 285.38(d) 285.38(e) | | | | |
| 12 | SEPTIC TANK Tank Volume Installed | ✓ | | | | | |
| 13 | PUMP TANK Volume Installed | ✓ | | | | | |
| 14 | AEROBIC TREATMENT UNIT Size Installed | ✓ | | 600 | | | |
| 15 | AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number | ✓ | | aqua aere | | | |
| 16 | DISPOSAL SYSTEM Absorptive | | 285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3) | | | | |
| 17 | DISPOSAL SYSTEM Leaching Chamber | | 285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2) | | | | |
| 18 | DISPOSAL SYSTEM Evapo-transpirative | | 285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2) | | | | |

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OSSF Inspection Sheet**

| No. | Description | Answer | Citations | Notes | 1st Insp. | 2nd Insp. | 3rd Insp. |
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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) | | | | |

**Comal County Environmental Health
OSSF Inspection Sheet**

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|-----|---|---|--|-------|-----------|-----------|---|
| 32 | <p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0%</p> <p>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom)</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully.</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart</p> | | <p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(B)</p> <p>285.91(13)</p> <p>285.33(b)(3)(D)</p> <p>285.33(b)(3)(F)</p> | | | | |
| 33 | <p>AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.</p> |  | 285.32(c)(1) | | | | 09-06-19 |
| 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> | | | | | | |
| 37 | <p>PUMP TANK Inspection/Clean Out Port & Risers Provided</p> <p>PUMP TANK Secondary restraint system provided</p> <p>PUMP TANK Riser permanently fastened to lid or cast into tank</p> <p>PUMP TANK Riser cap protected against unauthorized intrusions</p> | | | | | | |
| 38 | <p>PUMP TANK Secondary restraint system provided</p> | | | | | | |
| 39 | <p>PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried</p> |  | | | | |  |

**Comal County Environmental Health
OSSF Inspection Sheet**

Final

| No. | Description | Answer | Citations | Notes | 1st Insp. | 2nd Insp. | 3rd Insp. |
|-----|---|--------|--|-------|-----------|-----------|-----------|
| 40 | APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple? | ✓ | 285.33(d)(2)(G)(iii)(I)285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I) | | 8-22-19 | | 09-06 |
| 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 | | | | | | |

2.11.15

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Ryan Kostantenasco OSSF Installer #: 050024588

1st Inspection Date: 8.22.19 2nd Inspection Date: _____ 3rd Inspection Date: _____

Inspector Name: S. Helmske Inspector Name: _____ Inspector Name: _____

Permit#: 109382 Address: 1235 Lane Hwy - Comal Hills

| No. | Description | Answer | Citations | Notes | 1st Insp. | 2nd Insp. | 3rd Insp. |
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| 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) | Need to check | | | |
| 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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| 7 | PRETREATMENT Grease Interceptors if required for commercial | | 285.34(d) | | | | |

8-22-19 - SH
 Tank check only
 set & level
 cover
 need operational

House not connected
 to tank. Need to
 check fall.
 Need revision
 of c/o & tank
 location.

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OSSF Inspection Sheet**

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| 9 | ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used | ✓ | 285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b) | | | | |
| 10 | SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped | ✓ | 285.38(d) | | | | |
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| 13 | PUMP TANK Volume Installed | ✓ | | | | | |
| 14 | AEROBIC TREATMENT UNIT Size Installed | ✓ | | 600 | | | |
| 15 | AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number | ✓ | | aqua aire | | | |
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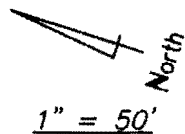
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| 42 | APPLICATION AREA Area Installed | | | | | | |
| 43 | PUMP TANK Meets Minimum Reserve Capacity Requirements | | | | | | |
| 44 | PUMP TANK Material Type & Manufacturer | | | | | | |
| 45 | PUMP TANK Type/Size of Pump Installed | | | | | | |

CCEO
COPY

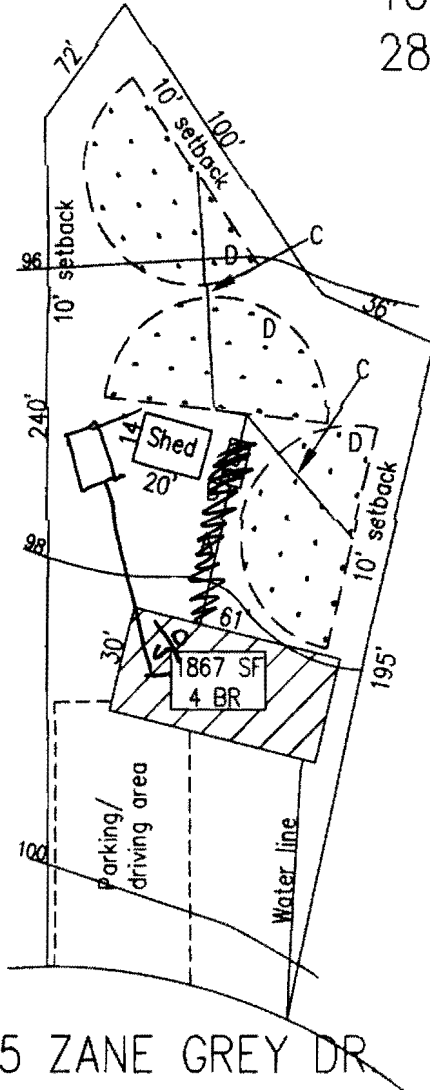


Septic Systems Express
DBA of Frank Aguirre and Associates, Inc.

Inspector
Copy



TOMLIN PROPERTY
28 JUNE 2019



Trees are to be avoided
as much as possible.

- A = ± 35' of 4" pvc, Sch. 40, tightline with a cleanout within 3' of the house
- B = Pre-treatment tank, 600 gpd aerobic unit, chlorinator and pump tank
- C = ± 120' of 1" pvc supply line
- D = 32' half circle spray

600 Aqua Line
MPD
Amer Precast
Concrete

Sprayfield:
Three 32' half circles =
3 x 1608 SF = 4824 SF

RECEIVED

JUL 10 2019

COUNTY ENGINEER

1235 ZANE GREY DR

Frank Aguirre

NOTE: The contractor may make field adjustments to the system so as to better fit site conditions encountered. All angles, lengths and locations shown are approximate and are adjustable during the actual system installation.



RS 994
OS 10807
DR 30400
L-7,B-1,U-4,ComalHills

Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

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 will become absolute.

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

Patricia Villegas
Patricia Villegas

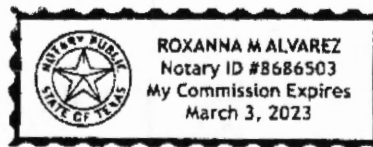
Jose Trejo
Jose Trejo

STATE OF TEXAS
COUNTY OF BEXAR

Before me, Roxanna M. Alvarez, on this day personally appeared Patricia Villegas and Jose Trejo, known to me or proved to me on the oath of Self or through Mexico Sports to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he (she) executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this 18th day of April, 2019.

[Signature]
Notary Public Signature



RECEIVED
JUL 10 2019
COUNTY ENGINEER

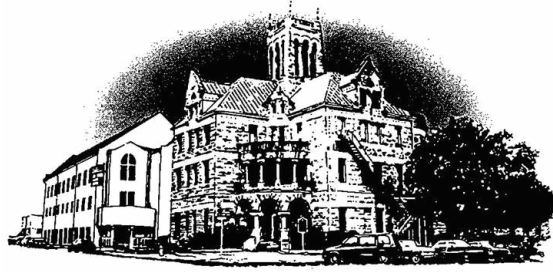
After recording, please return to:
William Scott Tomlin

Spring Branch, TX 78070

Filed and Recorded
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Comal County, Texas
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Bobbie Koepf



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: 109382
Issued This Date: 07/17/2019
This permit is hereby given to: William Scott Tomlin

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

1235 ZANE GREY LN
SPRING BRANCH, TX 78070

Subdivision: Comal Hills
Unit: 4
Lot: 7
Block: 1
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.

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

Date 6-25-19 Permit # 109382

Owner Name William Scott Tomlin Agent Name FRANK AGUIRRE, R.S.
 Mailing Address 810 Red Cloud Dr. Agent Address 16159 OLD STABLE RD.
 City, State, Zip SAN ANTONIO, TX 78260 City, State, Zip SAN ANTONIO, TEXAS 78247
 Phone # 409 548-2257 Phone # 210.275.7866
 Email FRANKSEPTIC45@GMAIL.COM

*TOMLIN
810 RED CLOUD*

All correspondence should be sent to: Owner Agent Both

Method: Mail Email

Subdivision Name Comal Hills Unit 4 Lot 7 Block 1

Acreage/Legal 0.5

Street Name/Address 1235 Zane Grey Ln City Spring Branch Zip 78070

Type of Development: ZONE GREY

Single Family Residential
 Type of Construction (House, Mobile, RV, Etc.) Mobile
 Number of Bedrooms 4
 Indicate Sq Ft of Living Area 1867

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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 _____

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Estimated Cost of Construction: \$ 100,000 (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 _____ Date 6-28-19

*** 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 FRANK AGUIRRE, R.S., 994 & SE 10807

System Description 1 1/2 TANK / SPRAY

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

Tank Size(s) (Gallons) 600 Absorption/Application Area (Sq Ft) 4824

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: _____

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 [Signature] Date 27 June 19

Property deed: See attached
Maintenance agreement: See attached

ATU affidavit:

Link Ogien

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AFFIDAVIT TO THE PUBLIC

THE COUNTY OF Comal, STATE OF TEXAS

CERTIFICATION OF SEPTIC SYSTEMS REQUIRING MAINTENANCE

In accordance Texas Commission on Environmental Quality (TCEQ) Rules for septic systems, this document in the Deeds & Records Dept. of the jurisdiction named above.

TCEQ, 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 septic systems are located on specific pieces of property. To achieve this notice, TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the septic system permitting authority. This deed certification is not a representation or warranty by TCEQ of the suitability of this septic system, nor does it constitute any guarantee by TCEQ that the appropriate system was installed.

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

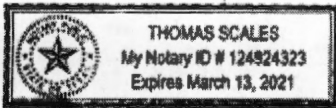
Street address: 1235 Dana Grey Ln (1235 DANA GREY LN)
Subdivision: Comal Hills Lot: 7 Blk. 1 Unit: 4

This septic system must be covered by a continuous maintenance contract. All maintenance on this unit must be performed by an approved maintenance company and a signed maintenance contract must be submitted to permitting authority within 30 days after the property has been transferred.

The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit for the septic system to the buyer. A copy of the design of the system can be obtained from the permitting authority.

WITNESS MY/OUR HAND[S] ON THIS 28 day of JUNE, 2019
[Signature] Scott Tomlin (SCOTT TOMLIN)
Owner's signature Owner's printed name

SWORN TO AND SUBSCRIBED BEFORE ME on this 28 day of JUNE, 2019



[Signature]
Notary Public, State of Texas
Notary's printed name: Thomas Scales
My commission expires: 3-13-21

DO NOT WRITE BELOW THIS LINE

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Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
07/09/2019 09:46:20 AM
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Bobbie Koepf

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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: Scott Tomlin Address: 235 ZIMMER GREE
 Sub-Div./County: _____ City, State-Zip: _____
 Permit #: _____ Model #: _____ Serial #: _____
 Phone #: _____

() 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.
 For \$ _____ a year this contract will be in effect FROM _____ TO _____ and will provide the following:

Legal Description: L-7, B-1, U-4, Comal Hills

- 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.

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

(X) Scott Tomlin Print Name (X) Scott Tomlin Date: 20 June 19
 Property Owner Signature

(X) Walker Chapman Date: 20 June 19 Authorized Service Representative (revised 10/9/09)

Site evaluation:

Applicant/site:

Name: Scott Tomlin

Location: 1235 Zane Grey

Date: 28 June 2019

Site Evaluator:

Frank Aguirre, 16159 Old Stable Rd., San Antonio, Texas 78247; Lic # 30400, 2/20

| SOIL BORING NUMBER <u>1</u> | | | | | | |
|-----------------------------|---------------|--------------|--|---------------------------------|---------------------|--------------|
| Depth (Feet) | Texture Class | Soil Texture | Structure (For Class III-blocky, platy or massive) | Drainage (Moisture/Water Table) | Restrictive Horizon | Observations |
| 0 | | 4" Limestone | | | Class <u>IV</u> | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

| SOIL BORING NUMBER <u>2</u> | | | | | | |
|-----------------------------|---------------|--------------|--|---------------------------------|---------------------|--------------|
| Depth (Feet) | Texture Class | Soil Texture | Structure (For Class III-blocky, platy or massive) | Drainage (Moisture/Water Table) | Restrictive Horizon | Observations |
| 0 | | SAND | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

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Variance request:

Date: 28 June 2019

Brenda or Sandra
COMAL COUNTY OF ENVIRONMENTAL HEALTH
195 David Jonas Dr.
New Braunfels, Texas 78132-3760

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Re: Scott Tomlin, 1235 Zane Grey

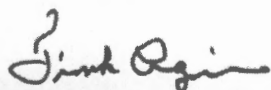
This is to submit a VARIANCE REQUEST from the Comal septic regulations with reference to the setback requirement of the aerobic sprays for the captioned home site.

While every effort was made to adhere to the Comal requirement of 20' from the property line, in THIS case the available space in the project was too limited to be able to physically meet that specification.

As you can see in the enclosed the diagram, the sprays can, however, meet the TCEQ requirement of 10' setback.

The planning materials include a battery backup for the timer. Equal or more protection of public health as what the regulations would normally require is assured. As stated in the design, the sprays will only be activated in the pre-dawn hours of 12 midnight and 4am.

Thank you for your consideration.
Sincerely,



Frank Aguirre, Registered Sanitarian, Lic. 994, Site Evaluator, Lic. 10807, TCEQ
Designated Representative Lic.30400, NAWT Certified Inspector, Lic. 13671TC



16159 Old Stable Rd.
Frank Aguirre, R.S.

San Antonio, Texas 78247-4490
210.275.7866

frankseptic45@gmail.com

PLANNING MATERIALS FOR A SEPTIC SYSTEM IN COMAL COUNTY *Frank Aguirre*

DATE, FIELD WORK: 28 June 2019

THE PLAYERS:

Property owner: William Scott Tomlin, 810 Red Cloud, SAT 78260; 409.548.2257; emstt368@gmail.com

Site Evaluator: Frank Aguirre, SE, #10807

Designer: Frank Aguirre, R.S., Lic. 994

Installer: Ryan Kostanenaco, 210.218.0819

Septic system design review & inspections: Comal County: Brenda Ritzen or Sandra Hernandez, 830.608.2090

THE PROPERTY:

Street numerical address: 1235 Zane Grey Dr.

Legal description: Lot 7, Blk. 1, Unit

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Contributing zone: The property is on the Contributing zone and the septic system design complies with all the provisions of the existing CZP.

THE PROPOSED PROJECT:

A single family residence, 4 BR, 1867 SF

THE ESTIMATED SEWAGE PRODUCTION CHARACTERISTICS:

Hydraulic loading estimated at 300 gpd, sized, by regulations, to a 4 BR home.
Organic loading estimated at 140 to 300 mg/l BOD with traces of FOG and TSS (residential strength)

DESCRIPTION OF PROPOSED MONITORING OF SEWAGE CHARACTERISTICS:

Hydraulic loading as the major portion of the water meter reading.

TARGET FINAL EFFLUENT PARAMETERS:

Hydraulic loading less than the estimated loading on ANY GIVEN DAY.

Organic loading: BOD and TSS of less than 65 mg/l

WATER SOURCE: CLWS

SITE EVALUATION DATA:

A. This certifies that proper soil analysis procedures were followed.

B. Soils at this site are Class IV and are not suitable with respect to texture.

C. The overall site suitability is not appropriate for a Standard on-site wastewater system.

OVERALL SEPTIC SYSTEM COMPONENTS:

Collection: (It is crucial that all sewer drops exiting this home/building be as shallow as possible, still meeting elevation plumbing requirements in the slab. This design assumes a shallow sewer drop exit.) About 10' of tightline from the house to the ATU with a cleanout within 3' of the house. *Sink Again*

Pre-treatment: Single compartment (trash) tank in front of the ATU

Treatment: 600 gpd ATU (aerobic treatment unit) with disinfection

The system to be installed must be done so in STRICT ACCORDANCE WITH ALL MANUFACTURER'S RECOMMENDATIONS by a Class II septic system installer.

Water pump requirements: Must overcome an elevation head of 6', a friction head of 8' and a maximum head at the spray head of 45' for a total head of 59'. It shall operate the spray heads at two application times (operated by a control box using a timer) - 12 midnight and 4 am cycles of 150 gal. each cycle. At 12 gpm, each cycle shall run for 13 minutes.

Supply line size: 1"

Sprayheads: K-rain 1303 RCW or equal

Recycling: The required spray area for this size of residence is 4688 SF.

The actual spray shall be 4824 SF and shall consist of three 32' half circle sprays at 4 gpm for a total of 12 gpm.

The spray area shall be covered with grasses, evergreen shrubs, bushes, trees or landscaped beds containing mixed vegetation.

The ATU will include a battery backup for the timer, this to ensure that the sprays will only be activated in the pre-dawn hours of 12 midnight and 4am.

Float Switch Placements

Actual liquid measurements:

60" depth, 60" length, 60" width, dividing by 12 to go to "feet":

5' depth, 5' length, 5' width

Capacity, in CF, = 5' x 5' x 5' = 125 CF X 7.48 gal/CF = 935 gal (Actual tank capacity)

935 gal = 15.58 gal/inch

60" depth *Sink Again*

Volume needed for a single dose = 300 gal/2 = 150 gal.

150 gal = 10" needed between the "Off" and "On" switches

15.58 gal/in

Volume needed between the "On" and "Alarm" switches = 1 day's volume =

300 gal

300 gal = 20" needed between the "On" and "Alarm" switches
15.58 gal/in

Volume required above the "alarm" switch = 1/3 day's volume = 100 gal.

100 gal. = 7" needed above the "alarm" switch
15.58 gal/in

Locations of float switches:

Distance between the OFF and ON switches = 10"
+ Distance between the ON and Alarm switches = 20"
+ Distance between the Alarm switch and Inlet = 7"

Minimum working depth required = 37"

Actual working depth available = 60"

+Min. height needed above floor of tank for the OFF switch = 8"

Minimum tank depth from Inlet to bottom of tank = 45"

CODE COMPLIANCE

Everyone realizes that the QUALITY of sewage from a restaurant is more to treat than that from a residence, because of the presence of FOG - fats, oils and greases. But not enough attention is given to the fact that HOME sewage can also include high FOG contents from cosmetics, bath oils, suntan lotion, etc. in addition to cooking greases and food scraps. Medications taken by persons living in the home, bleaches and non-eaten plastics and paper can also play havoc with the septic system.

Technical note: Home sewage should have no higher than 60 mg/l in Total Suspended Solids, 20 mg/l in FOG and 300 mg/l in BOD. Exceeding any of these limits can cause serious damage and malfunction to the septic system, in addition to that causes my more VOLUME of sewage than that for which the system was designed. *Jim Regin*

Aerobic Treatment Units (ATU's) must be approved by the TCEQ and installed, managed, monitored and maintained in accordance with manufacturer's recommendations. All wiring and piping must be in accordance with Ch. 285, septic system regulations, as a MINIMUM.

It is not within the scope of this document to cite all the engineering and construction standards that apply to this project. This is a PERFORMANCE design that is modeled to meet...

- 1. All septic regulations of the Texas Commission On Environment Quality, Chap. 285, version of 28 Dec 2012, and*
- 2. All construction standards that are generally accepted with the septic system industry, and*
- 3. All requirements as stated by the local inspection jurisdiction in which the property sits.*

BEST PRACTICES

It is the opinion of this designer that both state and local jurisdiction requirements

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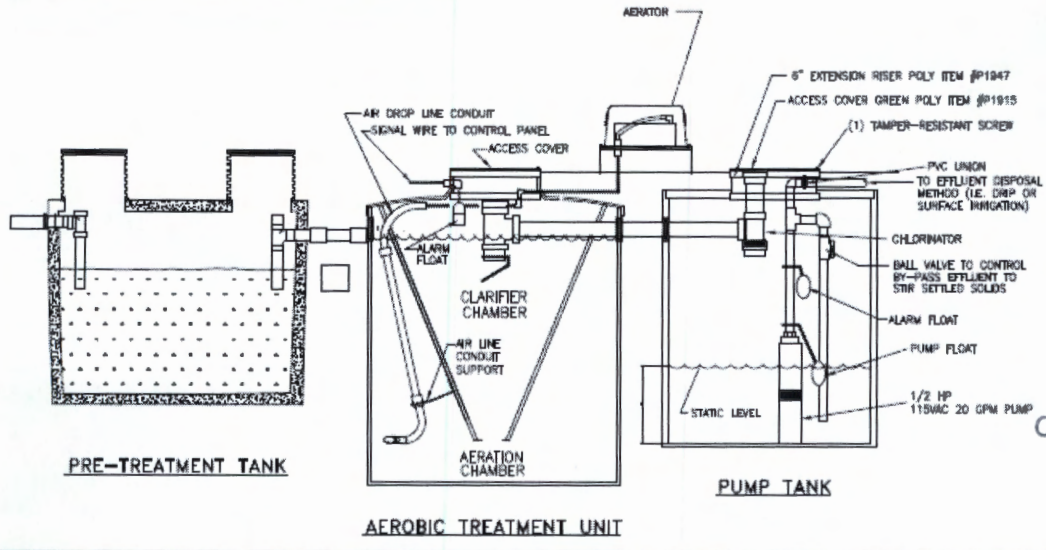
represent MINIMUM government regulations that may or may not result in a septic system that meets the property owner's EXPECTATIONS of it providing dependable, long-lasting service. Therefore, the property owner should consider some of the many UPGRADES that are available from the INDUSTRY and the MANUFACTURER'S side of the project.

As part of the "best practices" thrust, ALL septic systems of all types can deliver long-lasting, dependable service IF and ONLY IF the owner of the system includes these three items:

- a. Management - The sewage that is sent to the system must be within both its quantitative and qualitative design limits.
- b. Monitoring - Every system must be closely watched for any signs of failure. The best monitoring includes specific measurements of its various characteristics.
- c. Maintenance - The system must be properly maintained on a regularly scheduled basis by a qualified and licensed person.

Chemical characteristics: The parameters of typical residential-strength sewage are: BOD-140, TSS - 75, FOG - 15, DO - .5, pH - 7 and temp 59.

Generic cross-section of a typical ATU: *Frank Aguirre*



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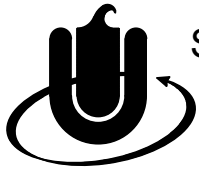
It is the owner's responsibility to ensure that the aerobic treatment unit is under a PAID contract with a licensed "maintenance provider. The unit must be checked and tested ONCE EVERY 4 MONTHS [Regulation #285.91 (4)] for the life of the unit and test results shall be submitted to the local septic inspector.

I hereby certify that this design conforms to both TCEQ and local regulations for On-Site Sewage Facilities and, with proper use, maintenance, and under normal climatic conditions, can be expected to function without creating a nuisance.

Sincerely,

Frank Aguirre

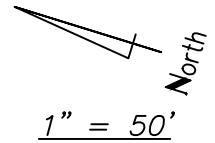
Frank Aguirre, Registered Sanitarian, Lic. 994, Site Evaluator, Lic. 10807, TCEQ Designated Representative Lic.30400, NAWT Certified Inspector, Lic. 13671TC



Septic Systems Express
DBA of Frank Aguirre and Associates, Inc.

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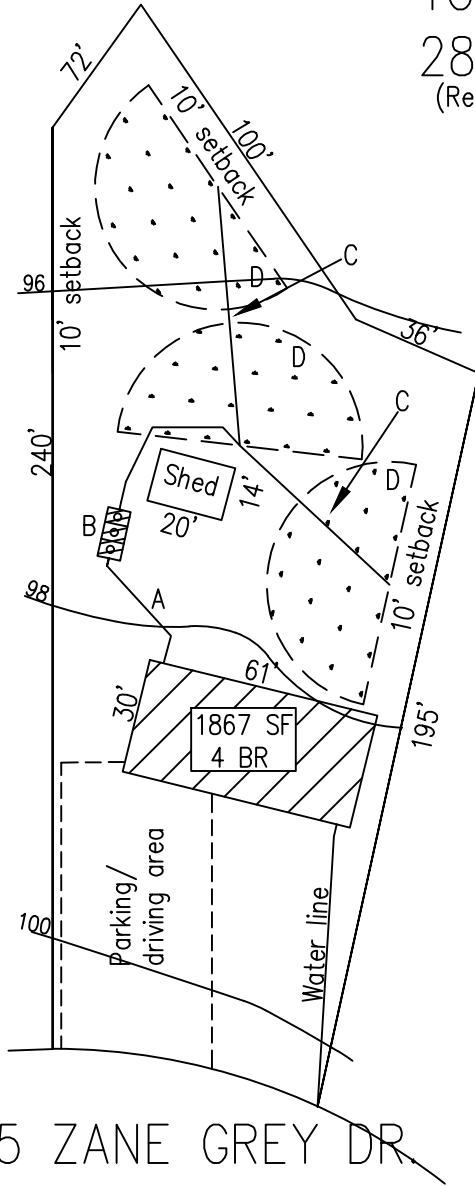
9:30 am, Sep 06, 2019



TOMLIN PROPERTY

28 JUNE 2019

(Revision of 23 Aug 2019)



Trees are to be avoided as much as possible.

- A = ± 35' of 4" pvc, Sch. 40, tightline with a cleanout within 3' of the house
- B = Pre-treatment tank, 600 gpd aerobic unit, chlorinator and pump tank
- C = ± 120' of 1" pvc supply line
- D = 32' half circle spray

Sprayfield:
Three 32' half circles =
3 x 1608 SF = 4824 SF

1235 ZANE GREY DR

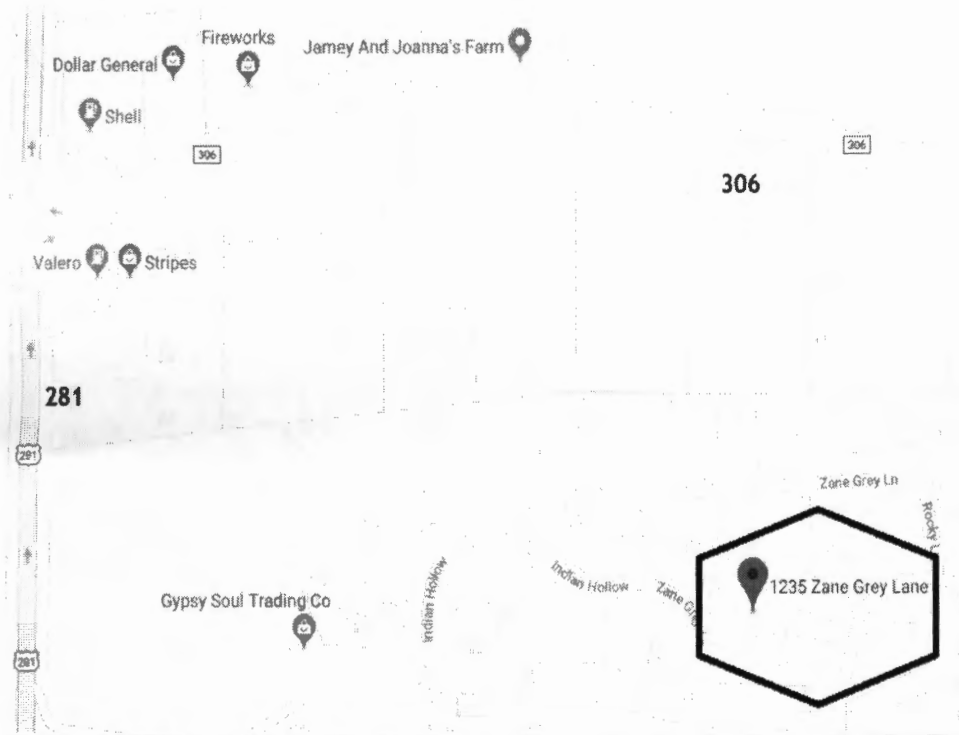
NOTE: The contractor may make field adjustments to the system so as to better fit site conditions encountered. All angles, lengths and locations shown are approximate and are adjustable during the actual system installation.

Frank Aguirre



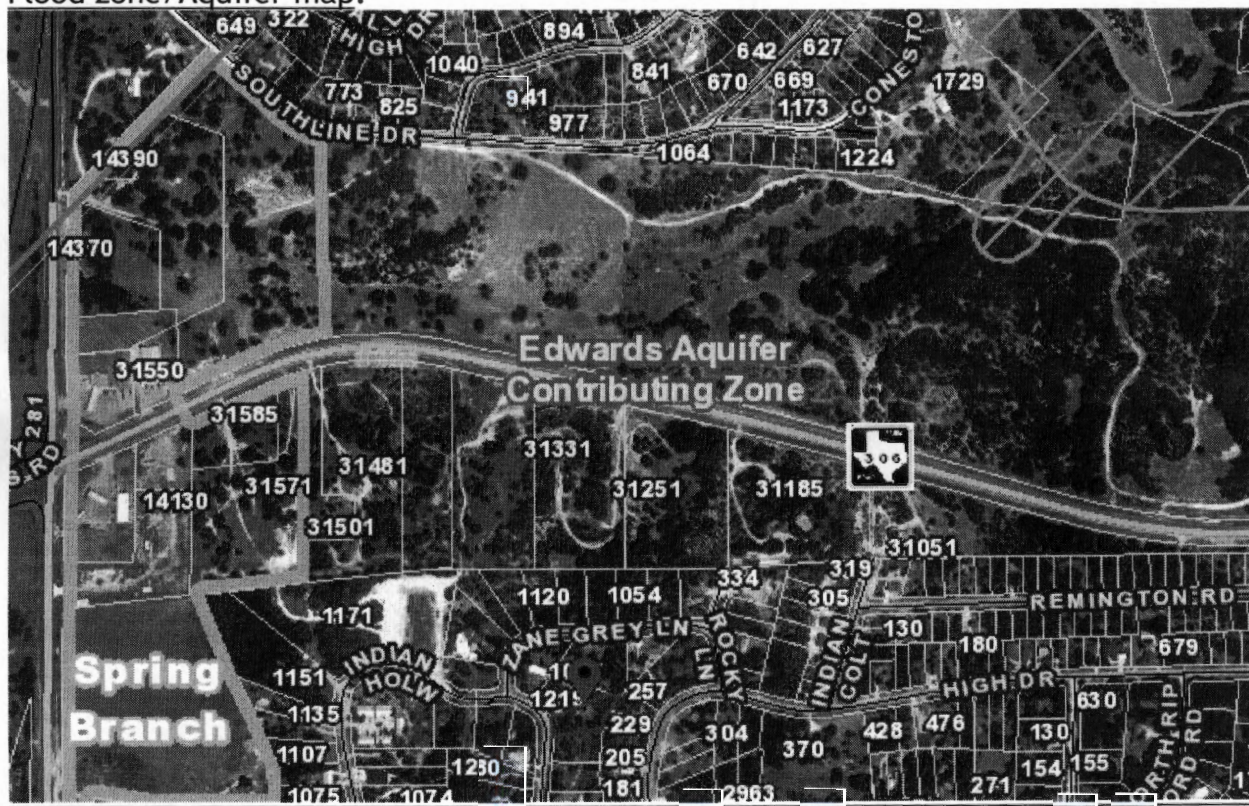
RS 994
OS 10807
DR 30400
L-7,B-1,U-4,ComalHills

Location: *Find Origin*

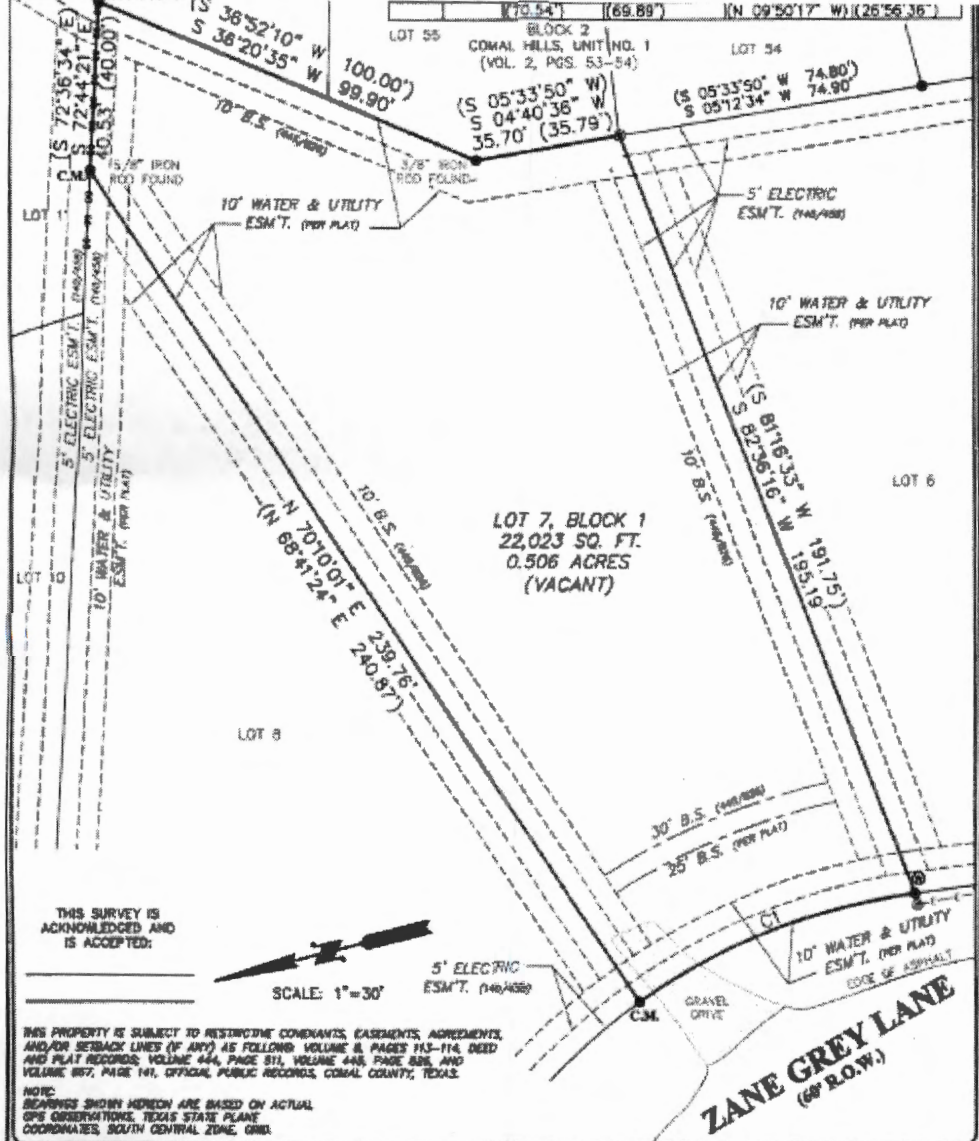


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Flood zone/Aquifer map:



Property plat: *Link Region*



THIS SURVEY IS ACKNOWLEDGED AND IS ACCEPTED:



THIS PROPERTY IS SUBJECT TO RESTRICTIVE COVENANTS, EASEMENTS, AGREEMENTS, AND/OR SETBACK LINES (IF ANY) AS FOLLOWS: VOLUME 8, PAGES 113-114, DEED AND PLAT RECORDS; VOLUME 444, PAGE 811, VOLUME 448, PAGE 826, AND VOLUME 867, PAGE 141, OFFICIAL PUBLIC RECORDS, COMAL COUNTY, TEXAS.

NOTE: BEARINGS SHOWN HEREON ARE BASED ON ACTUAL GPS OBSERVATIONS, TEXAS STATE PLANE COORDINATES, SOUTH CENTRAL ZONE, GRID.

FLOOD ZONE INTERPRETATION: IT IS THE RESPONSIBILITY OF ANY INTERESTED PERSONS TO VERIFY THE ACCURACY OF FEMA FLOOD ZONE DESIGNATION OF THIS PROPERTY WITH FEMA AND STATE AND LOCAL OFFICIALS, AND TO DETERMINE THE EFFECT THAT SUCH DESIGNATIONS MAY HAVE REGARDING THE INTENDED USE OF THE PROPERTY. The property owner the subject of this survey appears to be included in a FEMA Flood Insurance Rate Map (FIRM), identified as Community No. 480901C, Panel No. 0071E, which is Dated 06/03/2009. By visiting from that FIRM, it appears that all or a portion of the property may be in Flood Zone(s) X-1. Because this is a brown survey, the surveyor did not take any action to determine the Flood Zone status of the surveyed property other than to interpret the information set out on FEMA's FIRM, as described above. THE SURVEYOR DOES NOT CERTIFY THE ACCURACY OF THIS INTERPRETATION OF THE FLOOD ZONE, which may not agree with the interpretations of FEMA or state or local officials, and which may not agree with the brief's actual conditions. More information concerning FEMA's Special Flood Hazard Areas and Zones may be found at <http://www.fema.gov/flood>.



Property Address:
1235 ZANE GREY LANE

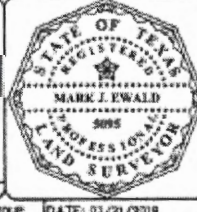
Property Description:
LOT 7 IN BLOCK 1 OF COMAL HILLS, UNIT 4, A SUBDIVISION BY COMAL COUNTY, TEXAS, ACCORDING TO THE MAP OR PLAT THEREOF RECORDED IN VOLUME 8, PAGES 113-114, PLAT RECORDS OF COMAL COUNTY, TEXAS.

CWBER:
WILLIAM SCOTT TOMLIN

FIRM REGISTRATION NO. 1011730

Westar Alamo
LAND SURVEYORS, L.L.C.
P.O. BOX 1848 BECKING, TEXAS 78808
PHONE (214) 378-9000 FAX (214) 378-9009

- LEGEND**
- = PINE SOLT
 - = 1/2" IRON ROD
 - () = RECORD INFORMATION
 - = BUILDING SETBACK
 - C.M. = CONTROLLING MONUMENT
 - = OVERHEAD ELECTRIC
 - = POWER POLE
 - = CHAIN LINK FENCE
 - = WATER METER
- DRAWN BY: AMS



MARK J. EWALD, Registered Professional Land Surveyor, State of Texas, do hereby certify that the above plat represents an actual survey made on the ground under my supervision, and there are no discrepancies, conflicts, shortages in area or boundary lines, or any encroachment or overlapping of improvements, to the best of my knowledge and belief, except as shown herein.

Mark J. Ewald

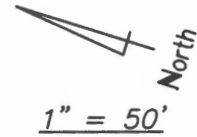
MARK J. EWALD
Registered Professional Land Surveyor
Texas Registration No. 5095

RECEIVED
JUL 10 2019
COUNTY ENGINEER

VOID



Septic Systems Express
DBA of Frank Aguirre and Associates, Inc.



TOMLIN PROPERTY
28 JUNE 2019



VOID

Trees are to be avoided
as much as possible.

- A = ± 35' of 4" pvc, Sch. 40, tightline with a cleanout within 3' of the house
- B = Pre-treatment tank, 600 gpa aerobic unit, chlorinator and pump tank
- C = ± 120' of 1" pvc supply line
- D = 32' half circle spray

RECEIVED

JUL 10 2019

COUNTY ENGINEER

Sprayfield:
Three 32' half circles =
3 x 1608 SF = 4824 SF

1235 ZANE GREY DR

Frank Aguirre

NOTE: The contractor may make field adjustments to the system so as to better fit site conditions encountered. All angles, lengths and locations shown are approximate and are adjustable during the actual system installation.



RS 994
OS 10807
DR 30400
L-7,B-1,U-4,ComalHills

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.

General Warranty Deed with Vendor's Lien

Date: 18th day of April, 2019

Grantor: **Patricia Villegas and Jose Trejo**

Grantor's Mailing Address: 10806 Buckskin Spur, San Antonio, TX 78254

Grantee: **William Scott Tomlin, a single man**

Grantee's Mailing Address: 810 Red Cloud Dr, San Antonio, TX 78260

Consideration: Cash and a note of even date executed by Grantee and payable to the order of **AmCap Mortgage LTD, DBA Gold Financial Services** in the principal amount of \$182,827.00 . The note is secured by a first and super vendor's lien and superior title retained in this deed in favor of **AmCap Mortgage LTD, DBA Gold Financial Services**, and by a first-lien deed of trust of even date from Grantee to **Michael L. Riddle**, Trustee. **AmCap Mortgage LTD, DBA Gold Financial Services**, 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. The first and superior vendor's lien against and superior title to the Property are retained for the benefit of **AmCap Mortgage LTD, DBA Gold Financial Services** and are transferred to **AmCap Mortgage LTD, DBA Gold Financial Services** without recourse against Grantor.

Property (including any improvements): **Lot 7 in Block 1 of COMAL HILLS, UNIT 4, a subdivision in Comal County, Texas, according to the map or plat thereof recorded in Volume 8, Pages 113-114, Plat Records of Comal County, Texas.**

Reservations from Conveyance: None

Exceptions to Conveyance and Warranty:

This conveyance is made and accepted subject to all restrictions, covenants, conditions, rights-of-way, assessments, outstanding royalty and mineral reservations and easements, if any, affecting the above described property that are valid, existing and properly of record as of the date hereof and subject, further, to taxes for the year 2019 and subsequent years.

Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the

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JUL 10 2019
COUNTY CLERK

OSSF/FLOODPLAIN DEVELOPMENT
APPLICATION CHECKLIST

Staff will complete shaded items

[Shaded Box]

Date Received Initials

[Shaded Box]

Permit Number

Instructions:

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

Floodplain Development Permit

- Property in Incorporated City
- Completed Application
- Boundary Map Indicating Location of Proposed Improvements
- Copy of Recorded Deed
- Required Permit Fee

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

[Signature]
Signature of Applicant

6-28-19
Date

[Shaded Box]

[Shaded Box]

RECEIVED
JUL 10 2019

ER

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: WILLIAM TOMLIN **Address: 1235 ZANE GREY LANE**
Sub-Div./County: COMAL HILLS - COMAL **SPRING BRANCH, TX. 78070**
Permit #: 109382 SPRAY Model #: AQUA-AIRE **Serial #: _____**
Phone: 409-548-2257 **Liquid Chlorinator**

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

Legal Description: LOT# 7 UNIT 4, COMAL HILLS - COMAL

The effective date of the initial maintenance contract shall be the date the License to Operate is issued.
 This contract will be in effect **FROM: 09/06/2019 TO: 09/06/2021** 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, 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.**
- G: **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. 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.

Served by: *Countryside Construction Inc.*

Walker, Chapman – Installer's Licensee #OS0002929 ~ OSSF Maintenance Provider Licensee #MP0000035

(X) Print Name (X) Scott Tomlin Date: 10-30-19
 Property Owner Signature

(X) Date: 10-30-19 Authorized Service Representative (revised 10/9/09)

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: JANUARY 6, 2020 Installed: 9/6/2019 Service Expires: 9/6/2021

BILLING ADDRESS:
 WILLIAM TOMLIN
 1235 ZANE GREY LANE
 SPRING BRANCH, TX 78070

PHYSICAL ADDRESS:
 1235 ZANE GREY LANE
 SPRING BRANCH, TX 78070

TELEPHONE: 409-548-2257
 ALT. PHONE:

LOT: LT 7,

PERMIT#: 109382

COUNTY: COMAL

SN:

SUBDIVISION: COMAL HILLS

Manufacturer: AQUA AIRE-600

MAPSCO: N/A

NOTES:

TYPE OF SYSTEM: SPRAY

Inspected Item: Operational Inoperative

| Inspected Item: | Operational | Inoperative |
|--------------------------------------|-------------|-------------|
| Aerators | | |
| SCFM/Compressors PSI | | |
| Record Pressure Reading | 3.0 | |
| 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 air comp

checked air line

checked chlorine

floats & strainers

set 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) | | | 1.0 | COO |
| Fecal Coliform | | | | |

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

Maintenance Technician: Matt M

Date of completion: 1-6-20 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walke Ch...

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: MAY 6, 2020 Installed: 9/6/2019 Service Expires: 9/6/2021

BILLING ADDRESS:
 WILLIAM TOMLIN
 1235 ZANE GREY LANE
 SPRING BRANCH, TX 78070

PHYSICAL ADDRESS:
 1235 ZANE GREY LANE
 SPRING BRANCH, TX 78070

TELEPHONE: 409-648-2257
 ALT. PHONE:

LOT: LT 7,

PERMIT#: 109382
 COUNTY: COMAL
 EN:
 MAPSCO: N/A

SUBDIVISION: COMAL HILLS MFG: AQUA AIRE-600

NOTES:
 TYPE OF SYSTEM: SPRAY

| Inspected Item: | Operational | Inoperative |
|---|-------------|-------------|
| Aerators | | |
| SCFM/Compressors PSI (Record Pressure Reading) | 3.0 | |
| Filters | / | |
| Irrigation Pumps | / | |
| Recirculation Pumps | N/A | |
| Disinfection Device | / | |
| Chlorine Supply | / | |
| Electrical Circuits | / | |
| Distribution System | / | |
| Sprayfield Vegetation | / | |
| Back Flush Drain Field, if applicable | N/A | |
| Other as Noted | | |

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

Cleaned filter on Compressor.
Checked Chlorine. Checked pump
floats + sprinklers. Set timer.

SYSTEM OPERATING AS DESIGNED? Y/N

Access Posts are Secured Yes No

3. Tests required and results:

| | Required | | Results ng/l mpn/100ml or Trace | Test Method |
|----------------|----------|----|---------------------------------------|----------------|
| | Yes | No | | |
| BOD (Grab) | | | | |
| TSS (Grab) | | / | clear | Grab |
| Cl (Grab) | / | | 1.0 | OTO |
| Fecal Coliform | | | | |

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

Maintenance Technician: Kyle

4/3

Date of completion: 6/22/20 Start Job Time: 9:13 Stop Job Time: 9:26

Maintenance Provider: William Tomlin

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: MAY 6, 2020 Installed: 9/6/2019 Service Expires: 9/6/2021

BILLING ADDRESS:
 WILLIAM TOMLIN
 1235 ZANE GREY LANE
 SPRING BRANCH, TX 78070

PHYSICAL ADDRESS:
 1235 ZANE GREY LANE
 SPRING BRANCH, TX 78070

TELEPHONE: 409-548-2257
 ALT. PHONE:

LOT: LT 7,

PERMIT#: 109382

COUNTY: COMAL

EN:

SUBDIVISION: COMAL HILLS MFG: AQUA AIRE-600

MAPSCO: N/A

NOTES:
 TYPE OF SYSTEM: SPRAY

| Inspected Item: | Operational | Inoperative |
|--|-------------|-------------|
| Aerators | | |
| SCFM/Compressors PSI (Record Pressure Reading) | 3.0 | |
| Filters | / | |
| Irrigation Pumps | / | |
| Recirculation Pumps | N/A | |
| Disinfection Device | / | |
| Chlorine Supply | / | |
| Electrical Circuits | / | |
| Distribution System | / | |
| Sprayfield Vegetation | / | |
| Back Flush Drap Field, if applicable | N/A | |
| Other as Noted | | |

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

Cleaned filter on Compressor.
Checked Chlorine. Checked pump
floats + sprinklers. set timer.

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) | | / | Clear | Grab |
| Cl (Grab) | / | | 1.0 | OTO |
| Fecal Coliform | | | | |

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

Maintenance Technician: Kyle

4/3

Date of completion: 6/22/20 Start Job Time: 9:13 Stop Job Time: 9:26

Maintenance Provider: Watershed

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: JANUARY 6, 2020 Installed: 9/6/2019 Service Expires: 9/6/2021

BILLING ADDRESS:
 WILLIAM TOMLIN
 1235 ZANE GREY LANE
 SPRING BRANCH, TX 78070

PHYSICAL ADDRESS:
 1235 ZANE GREY LANE
 SPRING BRANCH, TX 78070

TELEPHONE: 409-548-2257
 ALT. PHONE:

LOT: LT 7,

PERMIT#: 109382
 COUNTY: COMAL
 SN:
 MAPSCO: N/A

SUBDIVISION: COMAL HILLS Manufacturer: AQUA 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 | 2.0 | |
| Record Pressure Reading | | |
| 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 | | |

Checked H/C and

Checked AN line

Checked Chlorine

floods & sprinklers

set flow

SYSTEM OPERATING AS DESIGNED? Q/N

Yes

No

3. Tests required and results:

| | Required | | Results | Test Method |
|----------------|----------|----|---------|-------------|
| | Yes | No | | |
| BOD (Grab) | | | | |
| TSS (Grab) | | | 1.0 | etc |
| Cl (Grab) | | | | |
| Fecal Coliform | | | | |

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

Maintenance Technician: Matt 1-29-2020 2

Date of completion: 01-29-2020 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: JANUARY 6, 2021 Installed: 9/6/2019 Service Expires: 9/6/2021

BILLING ADDRESS:
 WILLIAM TOMLIN
 1235 ZANE GREY LANE
 SPRING BRANCH, TX 78070

PHYSICAL ADDRESS
 1235 ZANE GREY LANE
 SPRING BRANCH, TX 78070

TELEPHONE: 409-548-2257
 ALT. PHONE:

LCT: LT 7,

PERMIT#: 109382

COUNTY: COMAL

EN:

MAPSOD: N/A

SUBDIVISION: COMAL HILLS MFG: AQUA AIRE-600

NOTES

TYPE OF SYSTEM: SPRAY

| Inspected Item: | Operational | Inoperative |
|--|-------------|-------------|
| Aerators | | |
| SCFM Compressors PSI (Record Pressure Reading) | 3psi | |
| Filters | / | |
| Irrigation Pumps | / | |
| Recirculation Pumps | N/A | |
| Disinfection Device | / | |
| Chlorine Supply | / | |
| Electrical Controls | / | |
| Distribution System | / | |
| Sprayfield Vegetation | / | |
| Back Flush Drap Field, if applicable | N/A | |
| Other as Noted | | |

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

Cleaned filter on compressor.
Checked Chlorine. Checked pump
floats and sprinklers. Set time.

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) | | / | Clear | Grab |
| Cl (Grab) | / | | 1.0 | OTO |
| Fecal Coliform | | | | |

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

Maintenance Technician: Kyle

13

Date of completion: 1.19.21 Start Job Time: Stop Job Time:

Maintenance Provider: Walter Lymon

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: MAY 6, 2021 Installed: 9/6/2019 Service Expires: 9/6/2021

BILLING ADDRESS:
 WILLIAM TOMLIN
 1235 ZANE GREY LANE
 SPRING BRANCH, TX 78070

PHYSICAL ADDRESS:
 1235 ZANE GREY LANE
 SPRING BRANCH, TX 78070

TELEPHONE: 409-548-2257
 ALT. PHONE:

LOT: LT 7,

PERMIT#: 109382
 COUNTY: COMAL
 SN:
 MAPSCO: N/A

SUBDIVISION: COMAL HILLS MFG: AQUA AIRE-600

NOTES:
 TYPE OF SYSTEM: SPRAY

| Inspected Item: | Operational | Inoperative |
|---|-------------|-------------|
| Aerators | | |
| SCFM/Compressors PSI (Record Pressure Reading) | 3psi | |
| 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):

Cleaned filter on compressor.
Checked Chlorine. Checked
pump, floats and sprinklers.
Set time.

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 | Grab |
| Cl (Grab) | / | | 1.0 | OTD |
| Fecal Coliform | | | | |

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

Maintenance Technician: Vugh

13

Date of completion: 6-29-21 Start Job Time: 1:10 Stop Job Time: 1:25

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: **SEPTEMBER 6, 2021** Installed: **9/6/2019** Service Expires: **9/6/2021**

BILLING ADDRESS:
WILLIAM TOMLIN
1235 ZANE GREY LANE
SPRING BRANCH, TX 78070

PHYSICAL ADDRESS:
1235 ZANE GREY LANE
SPRING BRANCH, TX 78070

TELEPHONE: **409-548-2257**
 ALT. PHONE:

LOT: **LT 7,**

PERMIT#: **109382**
 COUNTY: **COMAL**
 SN:
 MAPSCO: **N/A**

SUBDIVISION: **COMAL HILLS** MFG: **AQUA AIRE-600**

NOTES:
 TYPE OF SYSTEM: **SPRAY**

| Inspected Item: | Operational | | Inoperative |
|---|-------------|----|-------------|
| | Yes | No | |
| Aerators | | | |
| SCFM/Compressors PSI (Record Pressure Reading) | | | |
| Filters | | | |
| Irrigation Pumps | | | |
| Recirculation Pumps | | | |
| Disinfection Device | | | |
| Chlorine Supply | | | |
| Electrical Circuits | | | |
| Distribution System | | | |
| Sprayfield Vegetation | | | |
| Back Flush Drip Field, if applicable | | | |
| Other as Noted | | | |
| Access Posts are Secured | | | |

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

Cleaned filter on Compressor.
Checked Chlorine. Checked
pump, floats + Sprinklers.
Set time.

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) | | | <u>Clear</u> | <u>Grab</u> |
| Cl (Grab) | | | <u>1.0</u> | <u>OTO</u> |
| Fecal Coliform | | | | |

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

Maintenance Technician: WJH

13

Date of completion: 10-18-21 Start Job Time: Stop Job Time:

Maintenance Provider: Wanda Chapman

Sargent Septic
P.O.Box 1720
Canyon Lake, TX 78133

Phone: (830) 968-4202

sargsept@outlook.com

To: William Scott Tomlin
1235 Zane Grey Ln
Spring Branch, TX 78070

Printed: 8/12/2024
Site: 1235 Zane Grey Ln
Spring Branch, TX 78070
(409) 548-2257

Permit #: **109382**

Agency: Comal County Dept. Of Health Comal County Dept. Of Health
County: Comal Sub: Comal Hills
Mfg / Brand: - Auqa Aire 600 gpd
Treatment Type: Aerobic
Disposal: Surface Application

Customer ID: 1008

Contract Dates: -

Scheduled Date

Service Type: Customer Request

Visit Date: 8/6/2024

Method: Grab

Technician: John Sargent

Maint. Provider: John Sargent

Entered By: _

Aerators: Operational

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Supply: Operational

Chlorine Residual: 0.1mg/L

Air Filter: Good

Chlorinator: Op

Effluent Elevation: Good

Turbidity: Good

Tank Lid / Riser: Secured

Insp. Port / Plug: Secured

Diffuser Condition: Good

Color: Good

Odor: Good

Probe: Good

Alarm: Operational

Service Completed

Comments

- Inspection Port Plug was noted as N/A prior to leaving. - Technician Secured the Tank Lid and/or Riser prior to leaving location.

I did acid wash on air stones and replaced alarm light bulb.

Insp ID #: 14803

License Info: 0000859 Expires: 2/28/2026

License Info: 0000859 Expires: