

Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: **08/22/2019** Permit Number: **109486**

Location Description: 567 APPALOOSA DR
FISCHER, TX 78623

Subdivision: Stallion Springs
Unit: 3
Lot: 218
Block:
Acreage:

Type of System: Aerobic
Surface Irrigation

Issued to: Billee, LLC

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.**

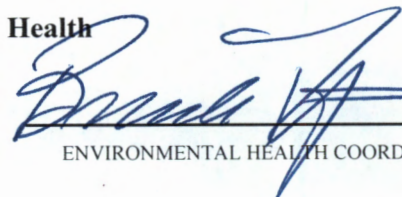
Inspection and licensing of a facility indicates only that the facility meets certain minimum requirements. It does not impede any governmental entity in taking the proper steps to prevent or control pollution, to abate nuisance, or to protect the public health.

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


ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

5

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Countryside OSSF Installer #: CS 0002929

1st Inspection Date: 08-06-19 2nd Inspection Date: 8/22/2019 3rd Inspection Date: _____

Inspector Name: Connor Inspector Name: S Helmke Inspector Name: _____

Permit#: 109486 Address: 567 Appaloosa Dr Stallion Spring

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)		/		
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)				

08-06-19 JC
tank set level no leaks
operational
cover all

8/22/2019
Covered with mulch

**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						
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number			ClearStream 600			
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(2) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

**Comal County Environmental Health
OSSF Inspection Sheet**

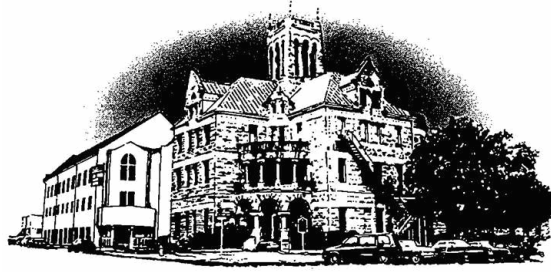
No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
19	DISPOSAL SYSTEM Drip Irrigation		285.33(c)(3)(A)-(F)				
20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)				
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel + Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)				

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	<p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 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)				
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**

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)(II)285.33(d)(2)(G)(iii)(III)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)		/		
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						



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: 109486
Issued This Date: 08/02/2019
This permit is hereby given to: Billee, LLC

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

567 APPALOOSA DR
FISCHER, TX 78623

Subdivision: Stallion Springs
Unit: 3
Lot: 218
Block:
Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Surface Irrigation

This permit gives permission for the construction of the above referenced on-site facility to commence. Installation must be completed by an installer holding a valid registration card from the Texas Commission on Environmental Quality (TCEQ). Installation and inspection must comply with current TCEQ and Comal County requirements.

Call (830) 608-2090 to schedule inspections.

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

Date July 26, 2019

Permit # 109486

Owner Name BILLEE, LLC

Agent Name GREG W. JOHNSON, P.E.

Mailing Address c/o 577 OAK BROOK DRIVE

Agent Address 170 HOLLOW OAK

City, State, Zip NEW BRAUNFELS, TEXAS 78132

City, State, Zip NEW BRAUNFELS, TEXAS 78132

Phone # 682.429.9383

Phone # 830.905.2778

Email craftmasterhomestex@outlook.com

Email gregjohnsonpe@yahoo.com

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

Subdivision Name STALLION SPRINGS Unit 3 Lot 218 Block _____

Acreage/Legal _____

Street Name/Address 567 APPALOOSA DRIVE City FISCHER Zip 78623

Type of Development:

Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1866

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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 _____

Estimated Cost of Construction: \$ 325,000 (Structure Only)

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

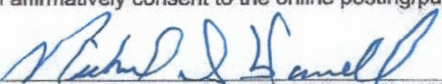
Yes No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

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

7/29/2019
Date

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

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

Date April 10, 2018

Permit # 107602

Owner Name BILLEE, LLC
Mailing Address c/o 577 OAK BROOK DRIVE
City, State, Zip NEW BRAUNFELS TEXAS 78132
Phone# 682-429-9383
Email craftmasterhomestx@outlook.com

Agent Name GREG W. JOHNSON, P.E.
Agent Address 170 HOLLOW OAK
City, State, Zip NEW BRAUNFELS, TX 78132
Phone # (830) 905-2778
Email gregjohnsonepe@yahoo.com

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

Subdivision Name STALLION SPRINGS Unit/Phase/Section 3 Lot 218 Block

Acres/Legal

Street Name/Address 567 APPALOOSA DRIVE City FISCHER Zip 78623

Type of Development:

[X] Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1866

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[] Commercial or Institutional Facility

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

Type of Facility

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

Restaurants, Lounges, Theaters - Indicate Number of Seats

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

Travel Trailer/RV Parks - Indicate Number of Spaces

Miscellaneous

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Estimated Cost of Construction: \$ 325,000 (Structure Only)

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

[] Yes [X] No

(if yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

Source of Water [X] Public [] Private Well

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

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 also 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.

Signature of Owner [Handwritten Signature]

Date 5/22/18

*** 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 GREG W. JOHNSON, P.E.

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) CLEARSTREAM 600 NC3T Absorption/Application Area (Sq Ft) 4241

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)

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Is the property located over the Edwards Recharge Zone? [] Yes [X] No

(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))

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Is there an existing TCEQ approved WPAP for the property? [] Yes [X] 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.)

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Is the property located over the Edwards Contributing Zone? [X] Yes [] No

Is there an existing TCEQ approval CZP for the property? [] Yes [X] No

(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? [] Yes [X] No

(if yes, the P.E. or R.S. 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 [X] No

If yes, indicate the city:



FIRM #2585

I certify that the information provided above is true and correct to the best of my knowledge.

Signature of Designer (Handwritten Signature)

Date April 13, 2018



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AFFIDAVIT

THE COUNTY OF COMAL
STATE OF TEXAS

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CERTIFICATION OF OSSF REQUIRING MAINTENANCE

COUNTY ENGINEER

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

I

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

II

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

3 UNIT/PHASE/SECTION BLOCK 218 LOT STALLION SPRINGS SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by (insert owner's full name): BILLEE, LLC, a Texas limited liability company

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

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

WITNESS BY HAND(S) ON THIS 22 DAY OF May, 2018

[Signature]
Owner(s) signature(s)

D. Lee Edwards mgr
Owner (s) Printed name (s)

D LEE EDWARDS

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 22 DAY OF May

THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY 2018

Notary Public Signature

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
05/30/2018 01:45:12 PM
JESSICA 1 Page(s)
201806020887

[Signature]

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

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

Name: BILLEE, LLC Address: 567 APPALOOSA DRIVE
Sub-Div./County: STALLION ESTATES / COMAL City, State-Zip: FISCHER, TX 78623
Permit #: _____ Model #: CLEARSTREAM 600NC3T Serial #: _____
Phone #: 512-847-5288

Initial Two Year Service Agreement & Two Year Limited Warranty
 One Year Service Agreement

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

Legal Description: STALLION ESTATES, UNIT 3, LOT 218

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

- A: An inspection/service call every (4) four months which will include: inspection, adjustments and servicing of the mechanical & electrical components as necessary to insure proper function of the system.
- B: An effluent quality inspection consisting of a visual check for color, turbidity, scum, overflow and odor.
- C: The property owner is responsible for "purchasing and keeping chlorine" in the chlorinator, (if applicable). If the chlorine test reveals "No Chlorine" in the system, the property owner may incur an additional cost.
- D: If any improper operation is observed (which cannot be corrected at that time) the property owner will be notified immediately of the conditions and the estimated cost.
- E: The response time to a complaint by the property owner regarding operation of the system, shall be within "48 hours" from the time of notification.
- F: ANY PARTS, WARRANTY OR NON-WARRANTY, OR FREIGHT CHARGES, LABOR OR SERVICE CALLS DUE NOT PAID FOR REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND COULD RESULT IN REPOSSION OF PARTS BY COUNTRYSIDE CONSTRUCTION.
- G: THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZES COUNTRYSIDE CONSTRUCTION TO ENTER THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.

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

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

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

Violations of the warranty also include: Disconnecting the alarm, restricting ventilation to the aerator, over loading the system above its rated capacity; or flooding by external means. Rodent, insect or Fire Ant damage or any other form of unusual abuse is a violation.

A renewal service contract should be "**Activated**" (30) thirty days before expiration of existing contract. We will contact property owner prior to expiration of existing contract.

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

[Signature] Print Name Michael E. Hancock Date: 5/23/18
Property Owner Signature

[Signature] Date: 5/23/18 Authorized Service Representative (revised 10/9/09)

**ON-SITE SEWERAGE FACILITY
SOIL EVALUATION REPORT INFORMATION**

Date Soil Survey Performed: April 12, 2018

Site Location: STALLION SPRINGS, UNIT 3, LOT 218

Proposed Excavation Depth: N/A

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Requirements:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area.
Locations of soil boring or dug pits must be shown on the 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.
Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

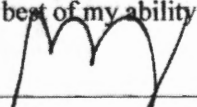
SOIL BORING NUMBER <u> </u> SURFACE EVALUATION <u> </u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 20"	BROWN
1						
2						
3						
4						
5						

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SOIL BORING NUMBER <u> </u> SURFACE EVALUATION <u> </u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	SAME		AS		ABOVE	
1						
2						
3						
4						
5						

COUNTY ENGINEER

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.



Greg W. Johnson, P.E. 67587-F2585, S.E. 11561

04/12/18

Date

OSSF SOIL EVALUATION REPORT INFORMATION

Date: April 13, 2018

Applicant Information:

Name: BILLEE, LLC.
Address: c/o 577 OAK BROOK DRIVE
City: NEW BRAUNFELS State: TEXAS
Zip Code: 78132 Phone: (682) 429-9383

Site Evaluator Information:

Name: Greg W. Johnson, P.E., R.S., S.E. 11561
Address: 170 Hollow Oak
City: New Braunfels State: Texas
Zip Code: 78132 Phone & Fax (830)905-2778

Property Location:

Lot 218 Unit 3 Blk Subd. STALLION SPRINGS
Street Address: 567 APPALOOSA DRIVE
City: FISCHER Zip Code: 78623
Additional Info.:

Installer Information:

Name:
Company:
Address:
City: State:
Zip Code: Phone

Topography: Slope within proposed disposal area: 2 %
Presence of 100 yr. Flood Zone: YES NO X
Existing or proposed water well in nearby area. YES NO X
Presence of adjacent ponds, streams, water impoundments YES NO X
Presence of upper water shed YES NO X
Organized sewage service available to lot YES NO X

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Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = GPD

Residential Water conserving fixtures to be utilized? Yes X No

Number of Bedrooms the septic system is sized for: 3 Total sq. ft. living area 1866

Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction for water conserving fixtures)

$Q = (3 + 1) * 75 - (20\%) = 240$

Trash Tank Size 400 Gal.

TCEQ Approved Aerobic Plant Size 600 G.P.D.

Req'd Application Area = $Q/R_i = 240 / 0.064 = 3750$ sq. ft.

Application Area Utilized = 4241 sq. ft.

Pump Requirement 12 Gpm @ 41 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)

Dosing Cycle: ON DEMAND or X TIMED TO DOSE IN PREDAWN HOURS

Pump Tank Size = 700 Gal. 12.3 Gal/inch.

Reserve Requirement = 80 Gal. 1/3 day flow.

Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction

With Chlorinator NSF/TCEQ APPROVED

SCH-40 or SDR-26 3" or 4" sewer line to tank

Two way cleanout

Pop-up rotary sprinkler heads w/ purple non-potable lids

1" Sch-40 PVC discharge manifold

APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY (EFFECTIVE DECEMBER 27, 2012)

Greg W. Johnson
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

04/13/18
DATE



FIRM #2585

Greg W. Johnson, P.E.
170 Hollow Oak
New Braunfels, Texas 78132
830/905-2778

April 13, 2018

Comal County Office of Environmental Health
195 David Jonas Drive
New Braunfels, Texas 78132-3760

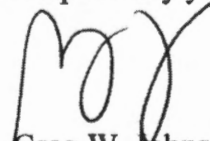
RE: Septic Design -
567 APPALOOSA DRIVE
STALLION SPRINGS, UNIT 3, LOT 218
FISCHER, TX 78623
BILLEE, LLC

Ms. Ritzen/Hernandez,

Due to the lack of available application area it is necessary to have the setback from the property line to the spray at ten feet as required by TCEQ Chapter 285 rules Table X. I hereby request a variance to the twenty foot setback to property lines as required by Comal County Order and equivalent protection will be maintained by including a battery backup to the timer clock to assure sprayers to only spray during the predawn hours. In my professional opinion this variance will not pose a threat to the environment or public health.

If I can be of further assistance please contact me.

Respectfully yours,



Greg W. Johnson, P.E., F#2585



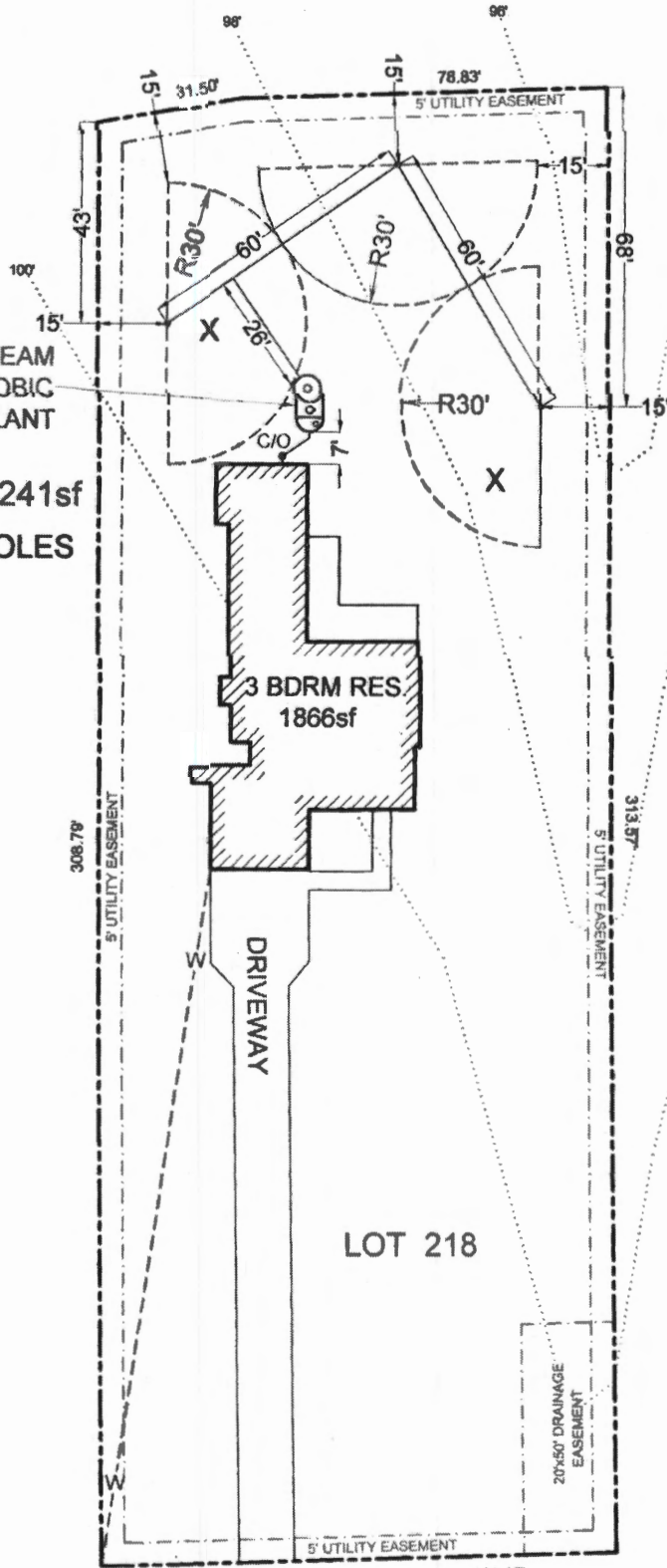
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CLEARSTREAM
600NC3T AEROBIC
TREATMENT PLANT

SPRAY AREA = 4241sf
X= TEST HOLES

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APPALOOSA DRIVE

OWNER: BILLEE, LLC.		DRAWN BY: EJS III	
STREET ADDRESS: 567 APPALOOSA DRIVE			
LEGAL DESC: STALLION SPRINGS		UNIT/SECTION/PHASE: 3	LOT: 218
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=40'	DATE: 4/13/2018	REVISED:

TANK NOTES:

Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

A two way sanitary tee is required between residence and tank.

A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

Tanks must be left uncovered and full of water for inspection by the permitting authority.

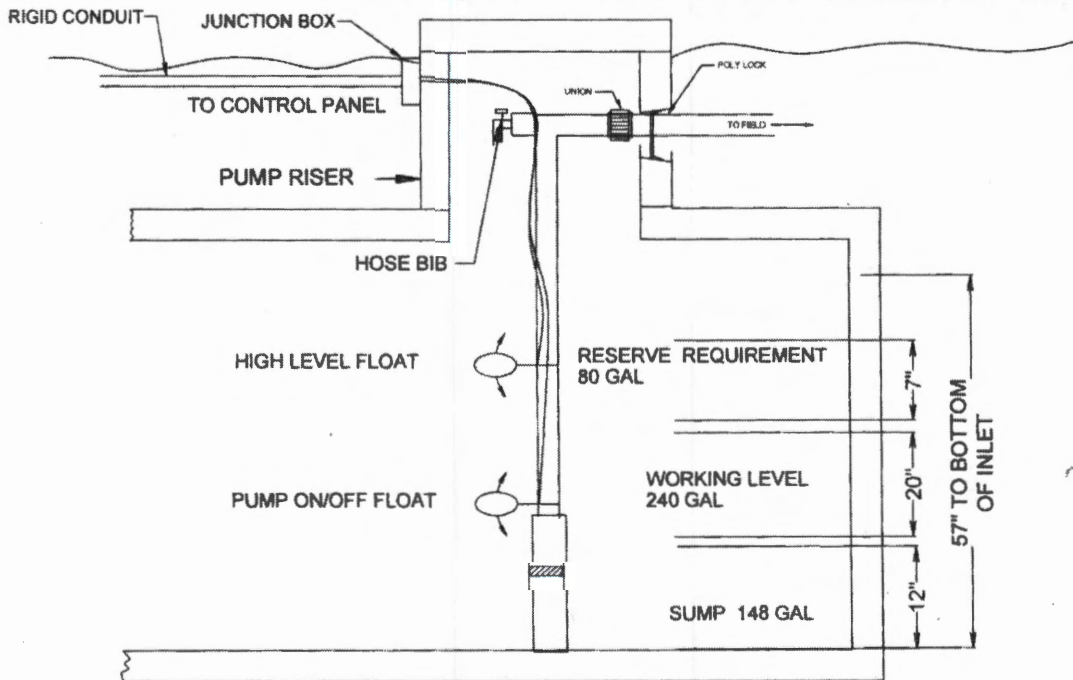


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ALL WIRING MUST BE IN COMPLIANCE WITH THE MOST RECENT NATIONAL ELECTRIC CODE



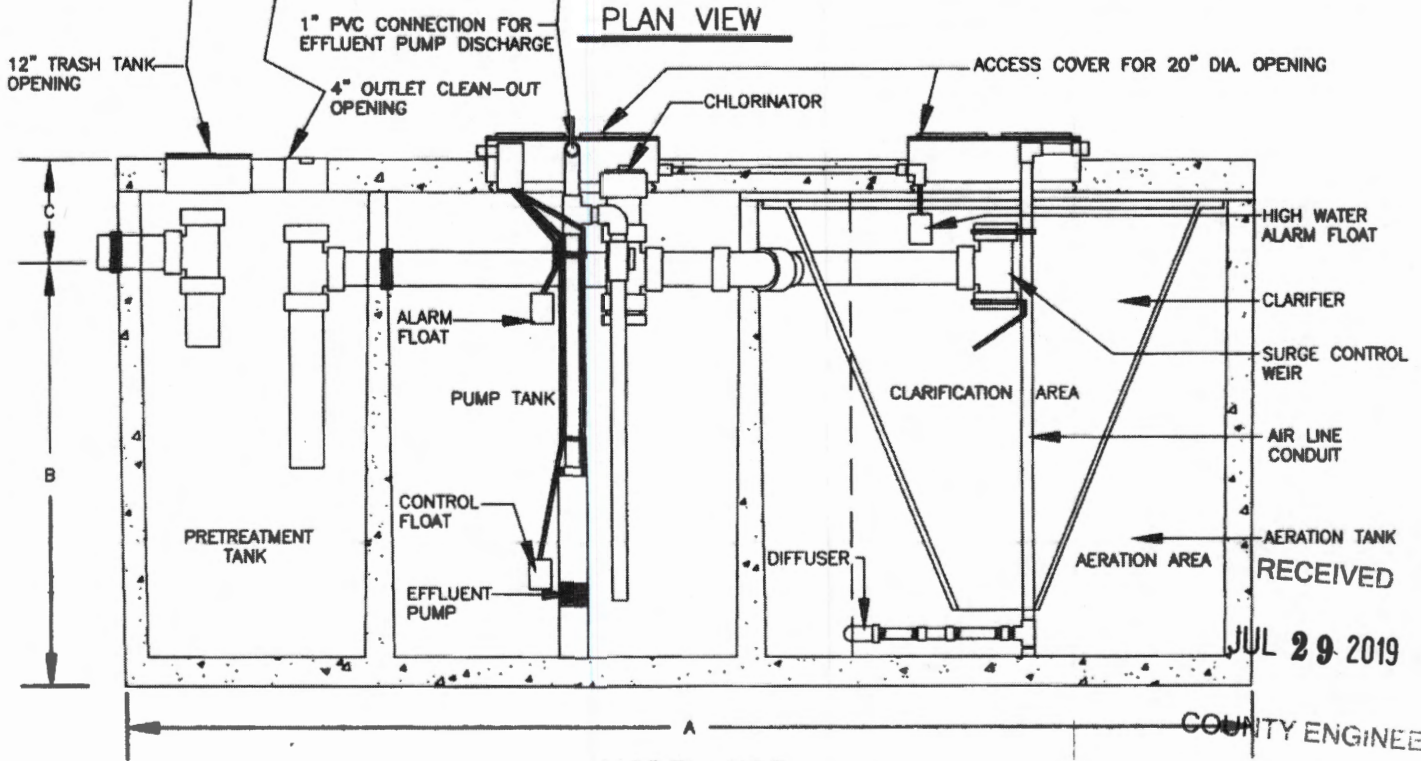
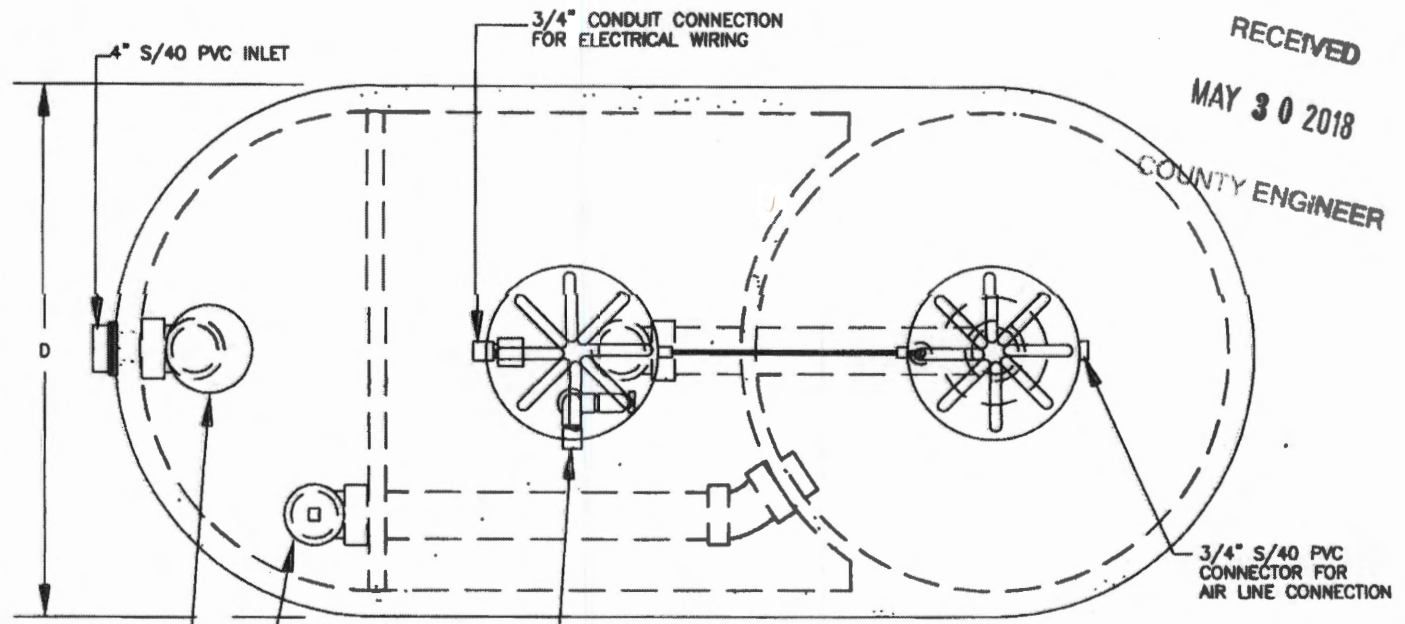
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**TYPICAL PUMP TANK CONFIGURATION
CLEARSTREAM 600NC3T W/ 700 GAL PUMP TANK**

DESIGN DRAWINGS

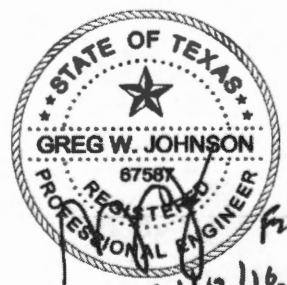
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MODEL NC3
SECTION

DIMENSIONAL DATA

MODEL	A	B	C	D
500NC3-500	12'-2"	60"	10"	75"
500NC3-750	13'-5"	60"	10"	75"
600NC3	12'-7"	60"	10"	82"

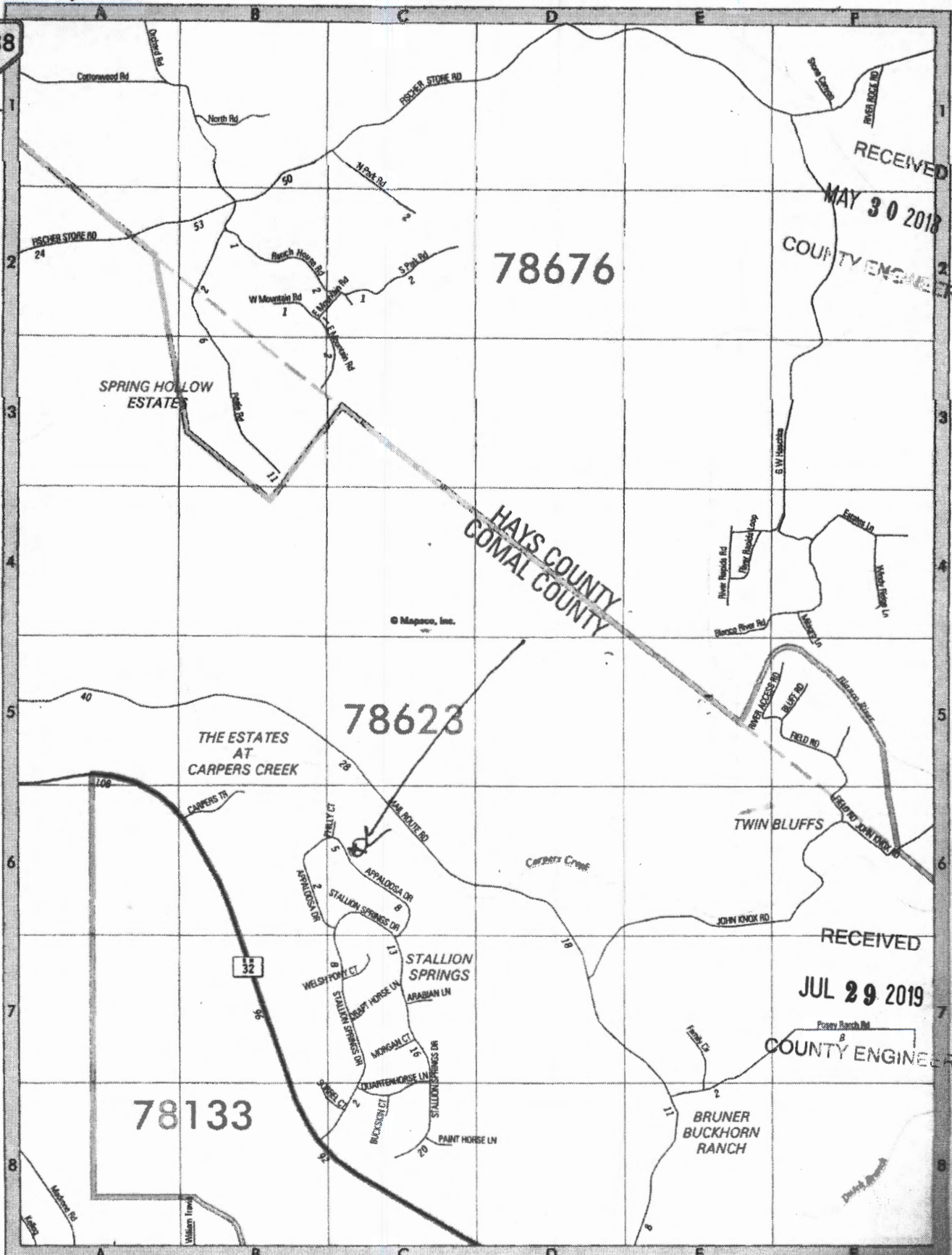


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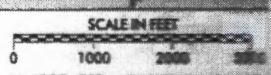
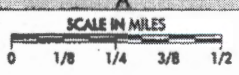


CONTINUED ON MAP 287



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ATC-NEW BRAUNFELS

Alamo Title Co. GF# 4000141701208

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

STATE OF TEXAS

§
§
§

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF COMAL

Date: January 29, 2018

Grantor: HAROLD A. KRUEGER, JR.

Grantor's Mailing Address:

P.O. Box 311875
New Braunfels, Texas 78131
Comal County

Grantee: BILLEE, L.C., a Texas limited liability company

Grantee's Mailing Address:

1111 N. Walnut Avenue
New Braunfels, Texas 78130
Comal County

Consideration:

TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable consideration.

Property (including any improvements):

Lot 218, Stallion Springs, Unit 3, Comal County, Texas, according to the plat thereof recorded under Volume 7, Pages 66-67, Map and Plat Records of Comal County, Texas.

Reservations from Conveyance: None.

Exceptions to Conveyance and Warranty:

This conveyance is made and accepted subject to conditions, restrictions, reservations, declarations, exceptions, easements grants, set-backs, assessments, maintenance and / or association charges and ordinances, affecting the property conveyed, if any, appearing in the public records; and all leases, grants, exceptions or reservations of coal, lignite, oil, gas and other minerals, together with all rights, privileges, and immunities relating thereto, appearing in the Public Records; and standly fees, taxes, and assessments by any taxing authority for the 2018

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tax year, and subsequent taxes and assessments by any taxing authority for prior years due to change in land usage or ownership.

Grantee, by its acceptance hereof, agrees to be solely responsible for payment of all ad valorem taxes pertaining to the Property for the calendar year 2018 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 Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

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

[signature(s) on following page(s)]

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Executed effective as of the date first set forth herein.

GRANTOR:

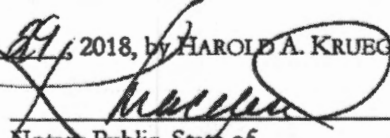


HAROLD A. KRUEGER, JR.

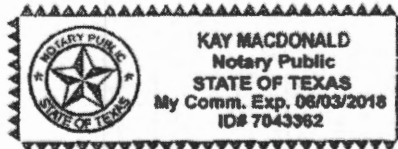
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STATE OF Texas §
COUNTY OF Comal §

This instrument was acknowledged before me on January 29, 2018, by HAROLD A. KRUEGER, JR., an individual.



Notary Public, State of _____



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Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
01/29/2018 04:22:26 PM
JESSICA 3 Pages(s)
201806003596

AFTER RECORDING RETURN TO:

BILLEE, L.C.
1111 N. Walnut Avenue
New Braunfels, Texas 78130

After Recording Return to:
Alamo Title Company
494 South Seguin St., Ste 100
New Braunfels, TX 78130



Bobbie Koepf

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

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

TESTING AND REPORTING RECORD

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

1. Inspection Date: DECEMBER 22, 2019 Installed: 8/22/2019 Service Expires: 8/22/2021

BILLING ADDRESS:
 * BILLEE, INC
 567 APPALOOSA DRIVE
 FISCHER, TX 78623

PHYSICAL ADDRESS:
 567 APPALOOSA DRIVE
 FISCHER, TX 78623

TELEPHONE: 682-429-9383 (SHANE)
 ALT. PHONE:

LOT: LT 218,

PERMIT#: 109486

COUNTY: COMAL

SN: 19020112

SUBDIVISION: STALLION SPRINGS
 600

Manufacturer: CLEARSTREAM-

MAPSCO: N/A

NOTES:

TYPE OF SYSTEM: SPRAY

Inspected Item: Operational Inoperative

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

Aerators		
SCFM/Compressors PSI Record Pressure Reading	1.25	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted	/	

CHECKED PUMP,

FLOATS, CHLORINE,

SPRINKLERS, Alarm.

Compressor

SYSTEM OPERATING AS DESIGNED? Y/N

Access Posts are Secured Yes No

3. Tests required and results:

	Required		Results	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/	CLEAR	
CI (Grab)	/			
Fecal Coliform				

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

Maintenance Technician: Thomas

11

Date of completion: 12/17/19 Start Job Time: 5:30 Stop Job Time: 5:45

Maintenance Provider: Walker Cluprum

COUNTRYSIDE CONSTRUCTION, INC.
 300 CHAPMAN PARKWAY
 CANYON LAKE, TX 76133

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

TESTING AND REPORTING RECORD

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

1. Inspection Date: AUGUST 22, 2020 Installed: 8/22/2019 Service Expires: 8/22/2021

BILLING ADDRESS:
 VINTON "JIM" HARTWELL
 567 APPALOOSA DRIVE
 FISCHER, TX 78623

PHYSICAL ADDRESS:
 567 APPALOOSA DRIVE
 FISCHER, TX 78623

TELEPHONE: 210-391-5803
 ALT. PHONE:

LOT: LT 218,

PERMIT#: 109486

COUNTY: COMAL

SN: 19020112

SUBDIVISION: STALLION SPRINGS

MFG: CLEARSTREAM-600

MAPSCO: N/A

NOTES:

TYPE OF SYSTEM: SPRAY

Inspected Item: Operational Inoperative

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI (Record Pressure Reading)	1.25	
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 PUMPS
 Alarm, FLOATS
 Chlorine SPRINKLERS
 Compressor

SYSTEM OPERATING AS DESIGNED? YES

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	
Cl (Grab)	/			
Fecal Coliform				

Repaired
 SPRINKLER
 LINE

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

Maintenance Technician: Thomas

11

Date of completion: 8/24/20

Start Job Time: 11:30

11:30

Stop Job Time: 11:45

11:45

Maintenance Provider: Walker Chapman

Walker Chapman

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

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

TESTING AND REPORTING RECORD

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

1. Inspection Date: APRIL 22, 2020 Installed: 6/22/2019 Service Expires: 6/22/2021

BILLING ADDRESS:
 VINTON "JIM" HARTWELL
 567 APPALOOSA DRIVE
 FISCHER, TX 78623

PHYSICAL ADDRESS:
 567 APPALOOSA DRIVE
 FISCHER, TX 78623

TELEPHONE: 210-391-5803
 ALT. PHONE:

LOT: LT 218,

PERMIT#: 109486

COUNTY: COMAL

SN: 19020112

SUBDIVISION: STALLION SPRINGS

MSG: CLEARSTREAM-600

MAP#CO: N/A

NOTES:

TYPE OF SYSTEM: SPRAY

Inspected Item: Operational Inoperative

Inspected Item:	Operational	Inoperative
Aerators 3CFM/Compressors PSI (Record Pressure Reading)	1.25	
Filters	1	
Irrigation Pumps	1	
Recirculation Pumps	N/A	
Disinfection Device	1	
Chlorine Supply	1	
Electrical Circuits	1	
Distribution System	1	
Sprayfield Vegetation	1	
Back Flush Drip Field, if applicable	N/A	
Other as Noted	1	

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

CHECKED PUMP,
 Alarms, Floats,
 SPRINKLERS, chlorine,
 Compressor

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)		1	clear	
Cl (Grab)	1			
Fecal Coliform				

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

Maintenance Technician: Thomas

11

Date of completion: 4/28/20

Start Job Time:

9:45

Stop Job Time:

10:05

Maintenance Provider: Walker Chapman

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

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

TESTING AND REPORTING RECORD

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

1. Inspection Date: AUGUST 22, 2020 Installed: 8/22/2019 Service Expires: 8/22/2021

BILLING ADDRESS:
 VINTON "JIM" HARTWELL
 567 APPALOOSA DRIVE
 FISCHER, TX 78623

PHYSICAL ADDRESS:
 567 APPALOOSA DRIVE
 FISCHER, TX 78623

TELEPHONE: 210-391-5803
 ALT. PHONE:

LOT: LT 218,

PERMIT#: 109486
 COUNTY: COMAL
 SN: 19020112
 MAPSCO: N/A

SUBDIVISION: STALLION SPRINGS MFG: CLEARSTREAM-600

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item: Operational Inoperative

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI (Record Pressure Reading)	1.25	
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 pumps

Alarm, FLOATS

Chlorine SPRINKLERS

Compressor

SYSTEM OPERATING AS DESIGNED? Yes No

Access Posts are Secured

Yes

No

3. Tests required and results:

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

Repaired
 SPRINKLER
 LINE

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

Maintenance Technician: Thomas

11

Date of completion: 8/24/20 Start Job Time: 11:30 Stop Job Time: 11:45

Maintenance Provider: Walker Chapman

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

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

TESTING AND REPORTING RECORD

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

1. Inspection Date: DECEMBER 22, 2020 Installed: 8/22/2019 Service Expires: 8/22/2021

BILLING ADDRESS:
 VINTON "JIM" HARTWELL
 567 APPALOOSA DRIVE
 FISCHER, TX 78623

PHYSICAL ADDRESS:
 567 APPALOOSA DRIVE
 FISCHER, TX 78623

TELEPHONE: 210-391-5803
 ALT. PHONE:

LOT: LT 218,

PERMIT#: 109486
 COUNTY: COMAL
 SN: 19020112
 MAPSCO: N/A

SUBDIVISION: STALLION SPRINGS MFG: CLEARSTREAM-600

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI (Record Pressure Reading)	9.0	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation		
Back Flush Drip Field, if applicable	N/A	
Other as Noted		
Access Posts are Secured		

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

checked compressor
~~Replaced aerator~~ checked
 filter
~~aspartic~~ checked chlorine
 pump, floats, sprinklers
 and set timer

SYSTEM OPERATING AS DESIGNED? Y N

3. Tests required and results:

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

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

Maintenance Technician: [Signature]

5

Date of completion: 12/22/20 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walter C. [Signature]

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

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

TESTING AND REPORTING RECORD

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

1. Inspection Date: DECEMBER 22, 2020 Installed: 8/22/2019 Service Expires: 8/22/2021

BILLING ADDRESS:
 VINTON "JIM" HARTWELL
 567 APPALOOSA DRIVE
 FISCHER, TX 78623

PHYSICAL ADDRESS:
 567 APPALOOSA DRIVE
 FISCHER, TX 78623

TELEPHONE: 210-391-5806
 ALT. PHONE:

LOT: LT 218,

PERMIT#: 109486
 COUNTY: COMAL
 SN: 19020112
 MAPSCO: N/A

SUBDIVISION: STALLION SPRINGS MFG: CLEARSTREAM-600

NOTE:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators SCFM/Compressors #PT /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		

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

checked compressor
~~Replaced aerator~~ checked
 filter
 expansion checked chlorine
 pump floats, sprinklers
 set set time

SYSTEM OPERATING AS DESIGNED: Yes

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)	✓		na	area
Fecal Coliform				

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

Maintenance Technician: [Signature]

5

Date of completion: 12/22/20 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Wade K. [Signature]

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: VINTON "JIM" HARTWELL **Address:** 567 APPALOOSA DRIVE
Sub-Div./County: STALLION SPRINGS, COMAL **FISCHER, TX 78623**
Permit #: 109486 **SPRAY Model #:** CLEARSTREAM-600 **Serial #:** 19020112
Phone: 210-391-5803

(x) 1 YEAR SERVICE AGREEMENT \$295.00

Legal Description: LT 218, STALLION SPRINGS - COMAL

This non-refundable contract will be in effect **FROM: 8/22/2021 TO: 8/22/2022**
Countryside Construction, Inc. will provide the following:

- An inspection every (4) four months which will include: Servicing of the mechanical & electrical components as necessary to insure system is functioning as engineer designed, pulling and cleaning the Norweco Brand aerator shaft, cleaning compressor air filters of other brands, check chlorine, conduct solids test to determine if system should be pumped, back flushing tubing for drip irrigation fields and checking sprinklers on above ground systems.

- 1) **The property owner is responsible for "purchasing and keeping chlorine" in the chlorinator, (if applicable).**
If the chlorine test reveals "No Chlorine" in the system, the property owner may incur an additional cost.
- 2) If any improper operation is observed (which cannot be corrected at that time) the property owner will be notified immediately of the conditions and the estimated cost.
- 3) **ANY PARTS, WARRANTY OR NON-WARRANTY, FREIGHT CHARGES, LABOR OR SERVICE CALLS NOT PAID IN FULL AT THE END OF (30) DAYS SHALL REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND AUTHORIZES CONTRACTOR TO REMOVE AND REPOSSESS ANY PARTS INSTALLED. CLIENT FURTHER AGREES TO PAY ANY LABOR COST OF THE INSTALLATION AND REASONABLE COST OF REMOVAL OF SAID PARTS.**
- 4) **THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZES COUNTRYSIDE CONSTRUCTION TO ENTER THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.**

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

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

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

Violations of the warranty also include: disconnecting the alarm, restricting ventilation to the aerator, overloading the system above its rated capacity; or flooding by external means. Rodent, insect or fire ant damage or any other form of unusual abuse is a violation.

A renewal service contract **should** be "**activated**" **(30) thirty days** before expiration of existing contract. We will contact property owner prior to expiration of existing contract.

Serviced by: Countryside Construction Inc.

Walker Chapman - Installer's Licensee #OS0002929-OSSF

Maintenance Provider Licensee #MP0000035

(X) Walker Chapman Print Name (X) Vinton J. Hartwell Date: 8/22/21
Property Owner Signature

(X) Walker Chapman Date: 8-12-21 Authorized Service Representative (revised 08/13/2020)

PAID
8-12-21
1318
USIA
COUPON

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

Phone: 830-899-2515
Fax: 830-899-5552

TESTING AND REPORTING RECORD

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

1. Inspection Date: **AUGUST 22, 2021** Installed: **8/22/2019** Service Expires: **8/22/2021**

BILLING ADDRESS:
VINTON "JIM" HARTWELL
567 APPALOOSA DRIVE
FISCHER, TX 78623

PHYSICAL ADDRESS:
567 APPALOOSA DRIVE
FISCHER, TX 78623

TELEPHONE: 210-391-5803
ALT. PHONE:

LOT: LT 218,

PERMIT#: 109486
COUNTY: COMAL
SN: 19020112
MAPSCO: N/A

SUBDIVISION: STALLION SPRINGS MFG: CLEARSTREAM-600

NOTES:
TYPE OF SYSTEM: SPRAY

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

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

Cleaned filter
Chd pump & floats
Chd alarms & spray heads

SYSTEM OPERATING AS DESIGNED? Y/N

Yes No

3. Tests required and results:

	Required		Results mg/l mpn/100ml or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)	/		Clear	(P-1)
Cl (Grab)	/		1.0	OTO
Fecal Coliform				

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

Maintenance Technician: Coley

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Date of completion: 8-31-21 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walker Chapin

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

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

TESTING AND REPORTING RECORD

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

1. Inspection Date: DECEMBER 22, 2021 Installed: 8/22/2019 Service Expires: 8/22/2022

BILLING ADDRESS:
 VINTON "JIM" HARTWELL
 567 APPALOOSA DRIVE
 FISCHER, TX 78623

PHYSICAL ADDRESS:
 567 APPALOOSA DRIVE
 FISCHER, TX 78623

TELEPHONE: 210-391-5803
 ALT. PHONE:

LOT: LT 218,

PERMIT#: 109486

COUNTY: COMAL

SN: 19020112

SUBDIVISION: STALLION SPRINGS

MFG: CLEARSTREAM-600

MAPSCO: N/A

NOTES:

TYPE OF SYSTEM: SPRAY

Inspected Item: Operational Inoperative

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

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI (Record Pressure Reading)	2.3 PSI	
Filters	✓	
Irrigation Pumps	✓	
Recirculation Pumps	✓	
Disinfection Device	✓	
Chlorine Supply	✓	
Electrical Circuits	✓/✓	
Distribution System	✓	
Sprayfield Vegetation		
Back Flush Drip Field, if applicable		
Other as Noted		

Pump and alarm test good

All floats functional.

Chlorine dispenser cleaned.

Compressor filter cleaned.

Sprinklers work good.

SYSTEM OPERATING AS DESIGNED? Y/N

Access Posts are Secured

(Yes)

No

3. Tests required and results:

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

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

Maintenance Technician: Capen

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Date of completion: Feb. 16 Start Job Time: 2:40pm

Stop Job Time: 3:02 PM

Maintenance Provider: Walker Chapman

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

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

TESTING AND REPORTING RECORD

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

1. Inspection Date: APRIL 22, 2022 Installed: 8/22/2019 Service Expires: 8/22/2022

BILLING ADDRESS:
 VINTON "JIM" HARTWELL
 567 APPALOOSA DRIVE
 FISCHER, TX 78623

PHYSICAL ADDRESS:
 567 APPALOOSA DRIVE
 FISCHER, TX 78623

TELEPHONE: 210-391-5803
 ALT. PHONE:

LOT: LT 218, PERMIT#: 109486
 COUNTY: COMAL
 SN: 19020112
 MAPSCO: N/A

SUBDIVISION: STALLION SPRINGS
 600

Manufacturer: CLEARSTREAM-

NOTES:
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI Record Pressure Reading	20 PSI	
Filters	✓	
Irrigation Pumps	✓	
Recirculation Pumps	N/A	
Disinfection Device	✓	
Chlorine Supply	✓	
Electrical Circuits	✓	
Distribution System	✓	
Sprayfield Vegetation	✓	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		
Access Posts are Secured		

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

pump and alarm best good.
All floats work, strainers
work good. Compressor
filter cleaned, chlorine dispenser
cleaned and filled

SYSTEM OPERATING AS DESIGNED? Y/N

Yes

No

3. Tests required and results:

	Required		Results mg/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		✓		
Cl (Grab)	✓		1.0	OTO
Fecal Coliform				

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

Maintenance Technician: Cayenne

10

Date of completion: Apr 18 Start Job Time: 2:50pm Stop Job Time: 3:15pm

Maintenance Provider: Walker Chapman

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

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

TESTING AND REPORTING RECORD

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

1. Inspection Date: August 22, 2022 Installed: 8/22/2019 Service Expires: 8/22/2022

BILLING ADDRESS:
 VINTON "JIM" HARTWELL
 567 APPALOOSA DRIVE
 FISCHER, TX 78623

PHYSICAL ADDRESS:
 567 APPALOOSA DRIVE
 FISCHER, TX 78623

TELEPHONE: 210-391-5803

LOT: LT 218,

PERMIT#: 109486

ALT. PHONE:

COUNTY: COMAL

GATE CODE:

SN: 19020112

SUBDIVISION: STALLION SPRINGS
 600

Manufacturer: CLEARSTREAM-

MAPSCO: N/A

NOTES:

TYPE OF SYSTEM: SPRAY

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

2. Action taken or Repairs or
 Needed repairs to system (list all
 components replaced):
 Pump and alarm test good,
 All Floubs work, sprayers
 work, on line dispenser
 cleaned, compressor filter
 cleaned

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)				
Cl (Grab)	✓	✓	0.01	OTO
Fecal Coliform				

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

Maintenance Technician: Cayenne 10

Date of completion: Aug 5 Start Job Time: 3:23PM Stop Job Time: 3:45PM

Maintenance Provider: Walker Chapman