



**COMAL COUNTY**  
ENGINEER'S OFFICE

**License to Operate On-Site Sewage Treatment and Disposal Facility**

Issued This Date: **10/25/2019** Permit Number: **109542**

Location Description: 623 HEDGESTONE  
CANYON LAKE, TX 78133  
Subdivision: Tanglewood Shores  
Unit:  
Lot: 363  
Block:  
Acreage:

Type of System: Aerobic  
Drip Irrigation

Issued to: Spark Homes, 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**

OS0034792

ENVIRONMENTAL HEALTH INSPECTOR

OS0007722

ENVIRONMENTAL HEALTH COORDINATOR

FINAL

**Comal County Environmental Health  
OSSF Inspection Sheet**

Installer Name: DANNY BECK OSSF Installer #: OS 00 30961

1st Inspection Date: 10-15-19 2nd Inspection Date: 10-25-2019 3rd Inspection Date: \_\_\_\_\_

Inspector Name: CONNOR Inspector Name: B. Olvera Inspector Name: \_\_\_\_\_

Permit#: 109542 Address: 623 HEDGESTONE TANGLEWOOD SHORES

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)				

TANK SET LEVEL OPERATIONAL COVER ALL

10-25-2019 BMO : Covered with Sod



**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	✓ ✓		SOLAR AEROBIC 600	✓ ✓		
16	DISPOSAL SYSTEM Absorptive		285.33(d)(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(d)(5) 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 &lt; 2.0%</p> <p>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field ( 1000 Linear ft. for 2 bedrooms or Less &amp; an additional 400 ft. for each additional bedroom )</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. &amp; 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.) &amp; 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 &amp; 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 &amp; 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 &amp; 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)(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)		✓		10-25-2019
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)				10-25-2019 10-25-2019 10-25-2019
42	APPLICATION AREA Area Installed	✓		<i>per plan</i>	✓		10-25-2019
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						





# COMAL COUNTY

ENGINEER'S OFFICE

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

Permit Number: 109542  
Issued This Date: 10/14/2019  
This permit is hereby given to: Spark Homes, LLC

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

623 HEDGESTONE  
CANYON LAKE, TX 78133

Subdivision: Tanglewood Shores  
Unit:  
Lot: 363  
Block:  
Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic  
Drip 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 08/06/2019

Permit # 109542

Owner Name Spark Homes, LLC  
Mailing Address 820 N Walnut Ave.  
City, State, Zip New Braunfels, TX 78130  
Phone # 8303576116  
Email dustin.arp@sparkhomestexas.com

Agent Name \_\_\_\_\_  
Agent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

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

Subdivision Name Tanglewood Shores Unit \_\_\_\_\_ Lot 363 Block \_\_\_\_\_

Acreage/Legal ~~308~~ .227 Acres

Street Name/Address 623 Hedgestone City Canyon Lake Zip 78133

**Type of Development:**

Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1120

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Non-Single Family Residential

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(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: \$ \_\_\_\_\_ (Structure Only)

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

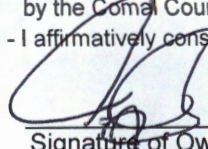
Yes  No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

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

8-12-2019  
\_\_\_\_\_  
Date



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

Planning Materials & Site Evaluation as Required Completed By

JESSE R. GUERRA, Jr

System Description

AEROBIC TREATMENT & DRIP IRRIGATION

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

Tank Size(s) (Gallons)

500<sup>gpd</sup>

Absorption/Application Area (Sq Ft)

1,200

Gallons Per Day (As Per TCEQ Table III)

240

(Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ.)

Is the property located over the Edwards Recharge Zone?  Yes  No

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

Is there an existing TCEQ approved WPAP for the property?  Yes  No

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

If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP?  Yes  No

(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A Permit to Construct will not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional office.)

Is the property located over the Edwards Contributing Zone?  Yes  No

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

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

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

(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to Construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

Is this property within an incorporated city?  Yes  No

If yes, indicate the city:

CANYON LAKE

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

Jesse R. Guerra, Jr

Date

7/23/19

Page 2 of 2

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# AFFIDAVIT

THE COUNTY OF COMAL  
STATE OF TEXAS

## CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities (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):

UNIT/PHASE/SECTION \_\_\_\_\_ BLOCK 363 LOT \_\_\_\_\_ TANGLEWOOD SHORES SUBDIVISION

IF NOT IN SUBDIVISION: \_\_\_\_\_ ACREAGE \_\_\_\_\_ SURVEY \_\_\_\_\_

The property is owned by (insert owner's full name): SPARK HOMES, LLC

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.

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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.

COUNTY \_\_\_\_\_

WITNESS BY HAND(S) ON THIS 7 DAY OF August, 2019

Owner(s) signature(s)

Owner (s) Printed name (s)

Dustin Arpa

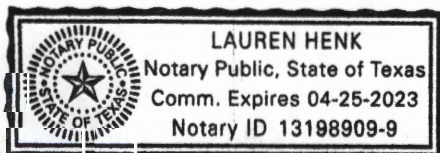
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 7 DAY OF

August, 2019

THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY

Lauren Henk  
Notary Public Signature

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
08/07/2019 10:20:18 AM  
JESSICA 1 Page(s)  
201906027396



(Notary Seal Here)



Bobbie Koepf



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

Phone: (830) 312-8776

Date: 7/31/2019

AerobicSolutions.net office@aerobicsolutions.net

**To: Spark Homes LLC**  
**623 Hedgestone**  
**Canyon Lake, TX 78133**

Contract Period

**Start Date: 7/31/2019**  
**End Date: 7/31/2021**

Phone: (830) 357-6116 Subdivision: Tanglewood Shores  
Site: 623 Hedgestone, Canyon Lake, TX 78133  
County: Comal  
Installer: Danny Beck  
Agency: Comal County Environmental Health  
Mfg/Brand: /

Aerobic Maintenance Solution LLC  
3 visits per year - one every 4 months

Map Key: ID: 584

#### Agreement

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

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

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

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

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

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**By rabsah at 10:20 am, Oct 14, 2019**

**V. Clients Responsibilities:**

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

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

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

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

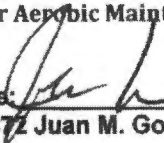
Client  
Print Name: SPARK Homes, LLC Signature:  Date: 10/14/2019

Client Phone number Home 830-357-6116 Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address dustin.carp@sparkhomesatexas.com

Any Gate or Combo code for inspections \_\_\_\_\_

Contractor Aerobic Maintenance Solutions LLC:

Signature:  Date 7-31-19  
MP0000872 Juan M. Gonzales Jr



COMAL COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

OSSF SOIL EVALUATION FORM

Owners Name: SPARK HOMES, LLC  
 Physical Address: 623 HADDERSTONE  
 Name of Site Evaluator: JESSE L BURNETT  
 Date Performed: 7/19/19 Proposed Excavation Depth: 1"

**REVISED**  
 10:18 am, Oct 14, 2019

Requirements:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil evaluation must be shown on the application site drawing or designer's site drawing.  
 For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.  
 Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depths.

SOIL BORING NUMBER <u>1</u>						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	IV	CLAY	MASSIVE	POOR	ROCK	ROCK OUTCROPPING
1						
2	—	—	—	—	LAYERED ROCK	
3						
4						
5						

SOIL BORING NUMBER <u>2</u>						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	IV	CLAY	MASSIVE	POOR	ROCK	ROCK OUTCROPPING
1						
2	—	—	—	—	LAYERED ROCK	
3						
4						
5						

FEATURES OF SITE AREA

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

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

Jesse L Burnett  
 Signature of Site Evaluator

7/23  
 Date

# OSSF DESIGN COVER PAGE

Jesse R. Guerra, Jr., P.E. T.B.P.E. FIRM #F1715  
201 Atlas Street  
Phone: 210.333.2766

Bencob Design Services  
San Antonio, Texas 78223  
Mobile: 210.854.7649

## Applicant Information:

Name: \_\_\_\_\_

Address: 623 HEDGESTONE  
CANYON LAKE, TX 78133

## Legal Description:

Subdivision: TANBUEWOOD SPONGES

Unit Number: \_\_\_\_\_

Lot: 363

Block: \_\_\_\_\_

Tract: \_\_\_\_\_

Job Number: 3642

Date: 7/23/19

OSSF Designed Drawn by: J.R. Guerra, Jr.

## Enclosures:

- Figure 1 (Site Plan)
- Figure 2 (Septic Tank Information)
- Figure 3 (ATU Plan/Profile Views) **RECEIVED**
- OSSF Calculations
- Property Plat/Metes and Bounds Desc.
- Other (\_\_\_\_\_)

AUG 07 2019

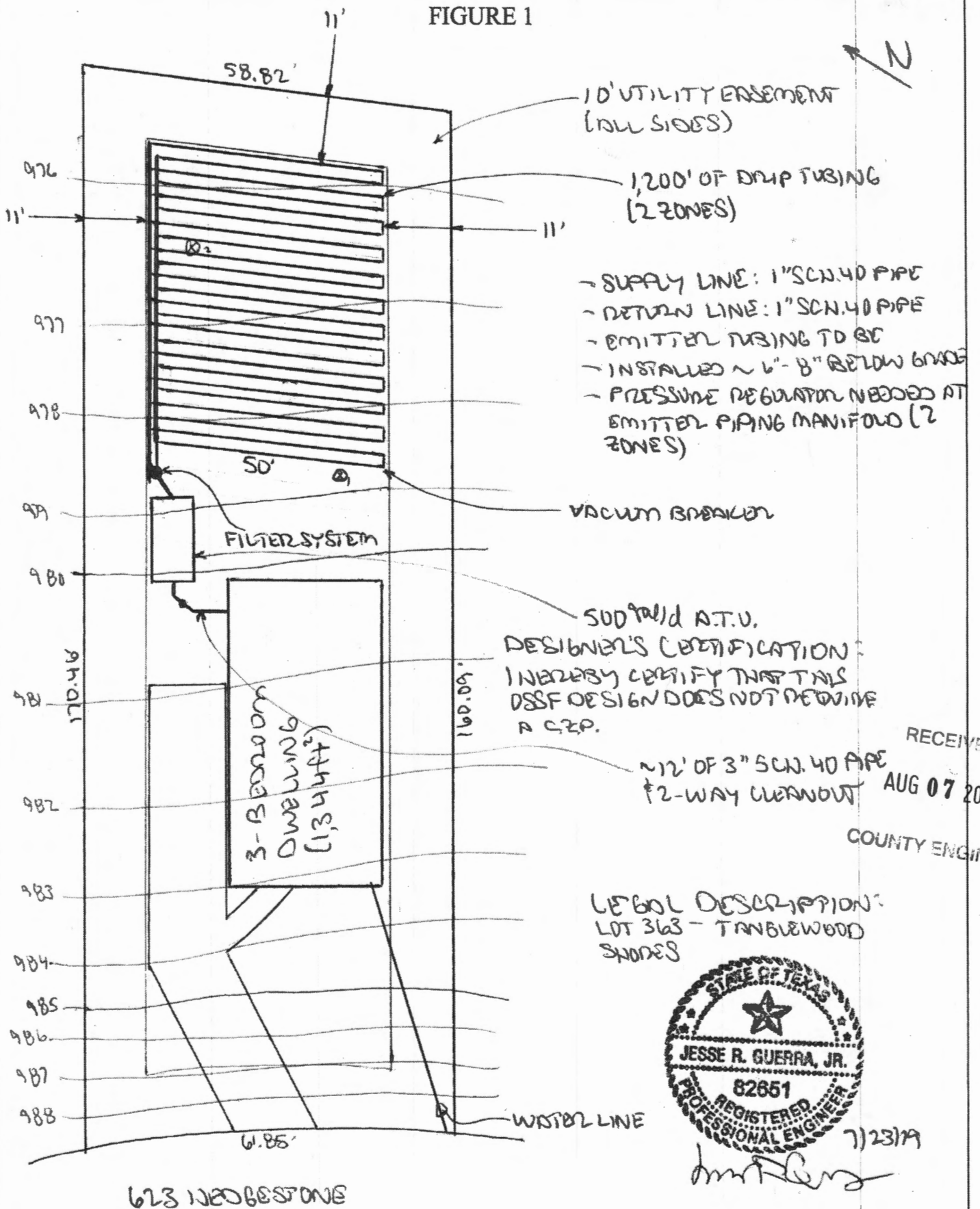
**Engineer's certification:** I hereby certify that this proposed OSSF has been designed in accordance with all known rules and regulations for private sewage facilities of both the TCEQ and COMAL County. I performed the required site and soil evaluations in developing this design of the OSSF.

## General Notes:

1. The pipe between the living/occupied dwelling and the septic tank must be made with a minimum 3" diameter PVC (sch. 40), standard dimension ratio (SDR) 26 pipe, laid at an 1/8 inch/foot drop.
2. A two-way cleanout plug must be provided between the sewer stub point and the septic tank. Additional cleanout plugs must be provided every 50 feet on longer runs of pipe and within 5 feet of 90° bends.
3. Landscape Plan: The OSSF company installing the surface application system shall ensure that vegetation exists in the vicinity of the area to be sprayed. If none exists, then the area shall have Bermuda seed or Bermuda/Buffalo-type sod applied before the OSSF is expected to be placed into operation. Other sod native to the area may also be utilized as vegetation.
4. ~~The sprinklers installed for the surface application of effluent shall be the low angle type (15° or less) and shall spray a minimum of 20 feet from any property line. If that distance cannot be attained, then a commercial irrigation timer must be utilized to spray between midnight and 5 AM.~~
5. ~~For systems controlled by a commercial timer, there shall be provided at least one day storage between the 'alarm-on' level and 'pump-on' level, and a storage volume of one-third the daily flow between the 'alarm-on' level and the inlet to the pump. If applicable, then this equates to \_\_\_\_\_" and to \_\_\_\_\_," respectively.~~
6. For systems not controlled by a commercial timer, the minimum dosing volume shall be at least one-half the daily flow, and a storage volume of one-third the daily flow between the 'alarm-on' level and the inlet to the pump. If applicable, then this equates to 24" and to 7," respectively.
7. All new distribution piping, fittings, valve box covers, sprinkler tops, etc. shall be permanently marked in purple coloring to identify the system as a reclaimed water system.
8. Any field installation change(s) made by the OSSF installer to this design shall contact me before requesting an inspection by the County, in order to verify the change as being acceptable.



FIGURE 1



10' UTILITY EASEMENT (ALL SIDES)

1,200' OF DRIP TUBING (2 ZONES)

- SUPPLY LINE: 1" SCH. 40 PIPE
- RETURN LINE: 1" SCH. 40 PIPE
- EMITTER TUBING TO GC
- INSTALLED ~ 6" - 8" BELOW GRADE
- PRESSURE REGULATOR NEEDED AT EMITTER PIPING MANIFOLD (2 ZONES)

VACUUM BREAKER

FILTER SYSTEM

SUD TOLD A.T.U.

DESIGNER'S CERTIFICATION:  
I HEREBY CERTIFY THAT THIS DSSF DESIGN DOES NOT REQUIRE A C.Z.P.

~12' OF 3" SCH. 40 PIPE  
#2-WAY WERNOUT

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AUG 07 2019

COUNTY ENGINEER

LEGAL DESCRIPTION:  
LOT 363 - TANBREWOOD  
SHORES



*Jesse R. Guerra, Jr.*

7/23/19

⊗ Denotes soil sample locations.

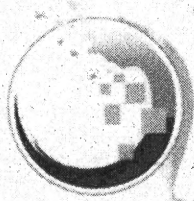
Scale: 1" = 20' feet.

#3642

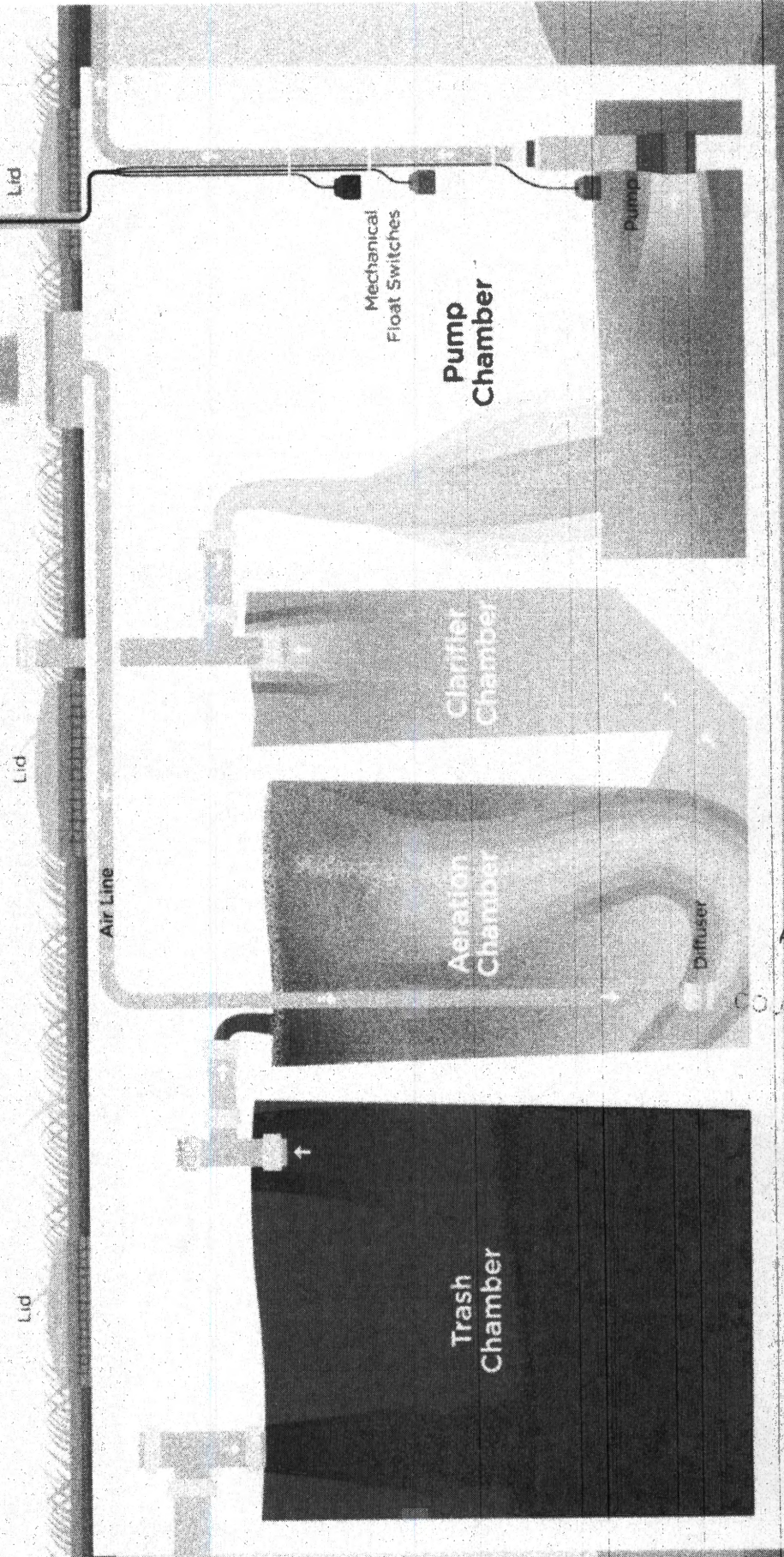
P.E. Firm # F-1715

623 INDEPENDENT



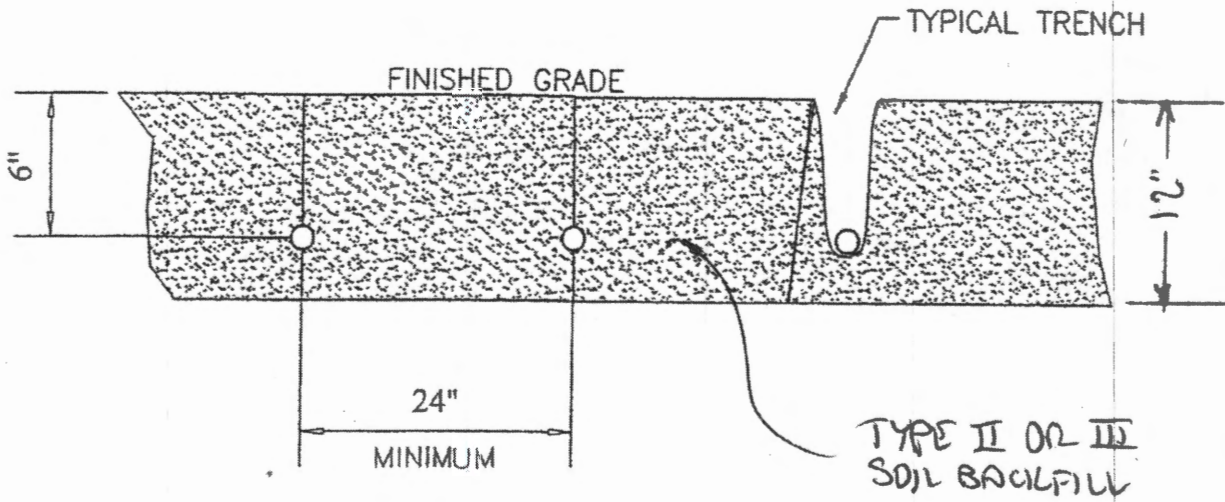


**Aeris Aerobics**  
Services for a Greener Tomorrow

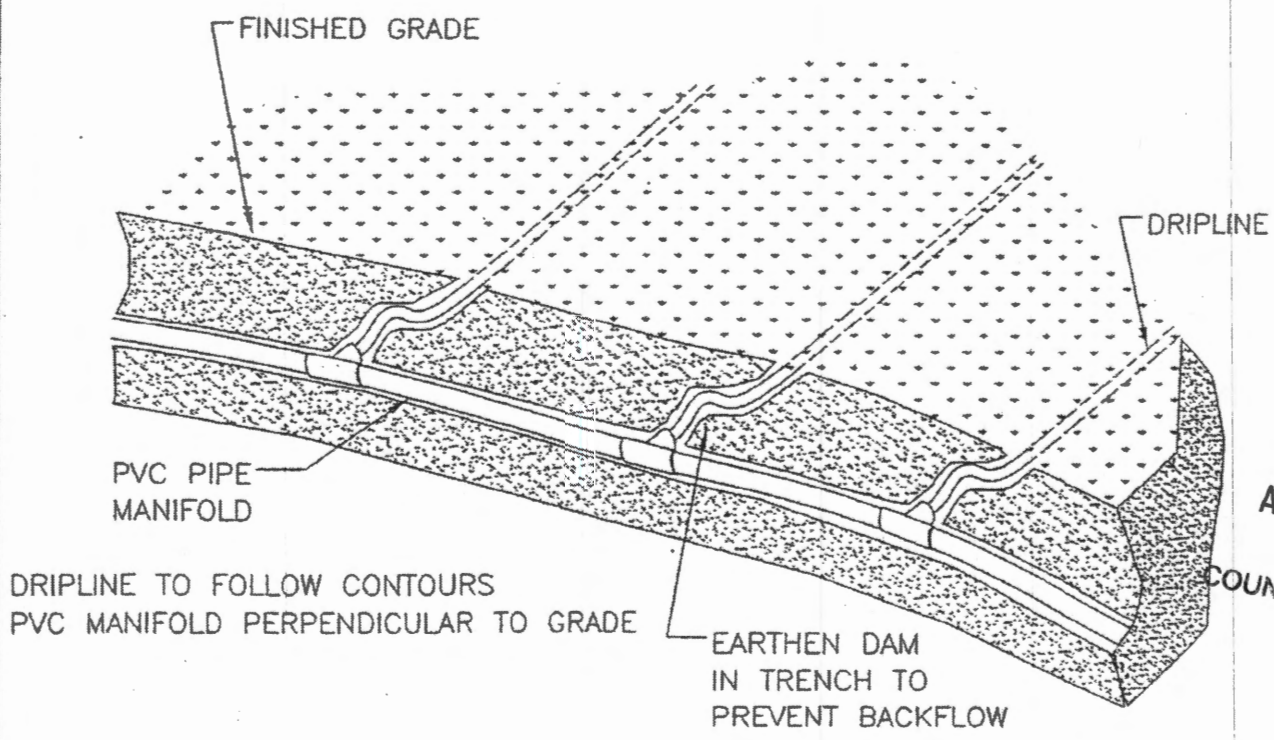


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Aerobic Septic System  
AERIS





TYPICAL DRIPLINE INSTALLATION DETAIL



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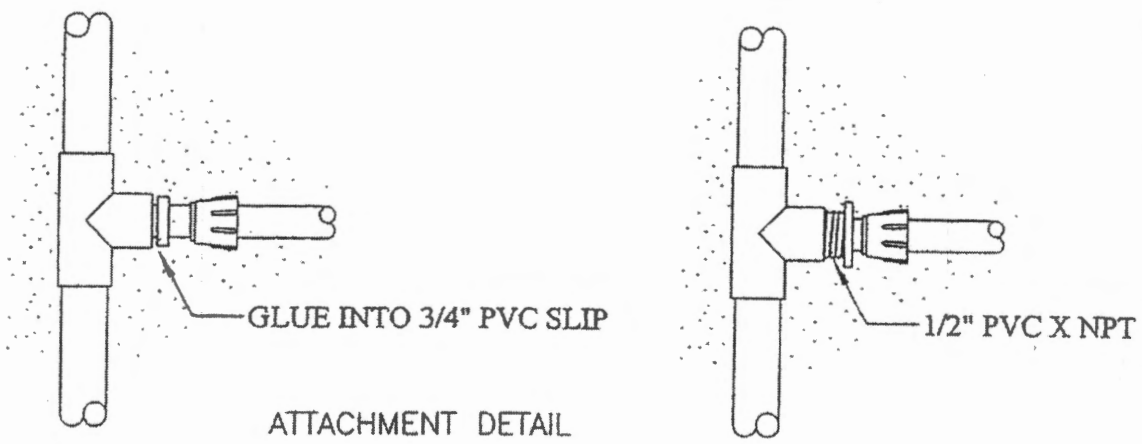
TYPICAL DRIPLINE INSTALLATION DETAIL



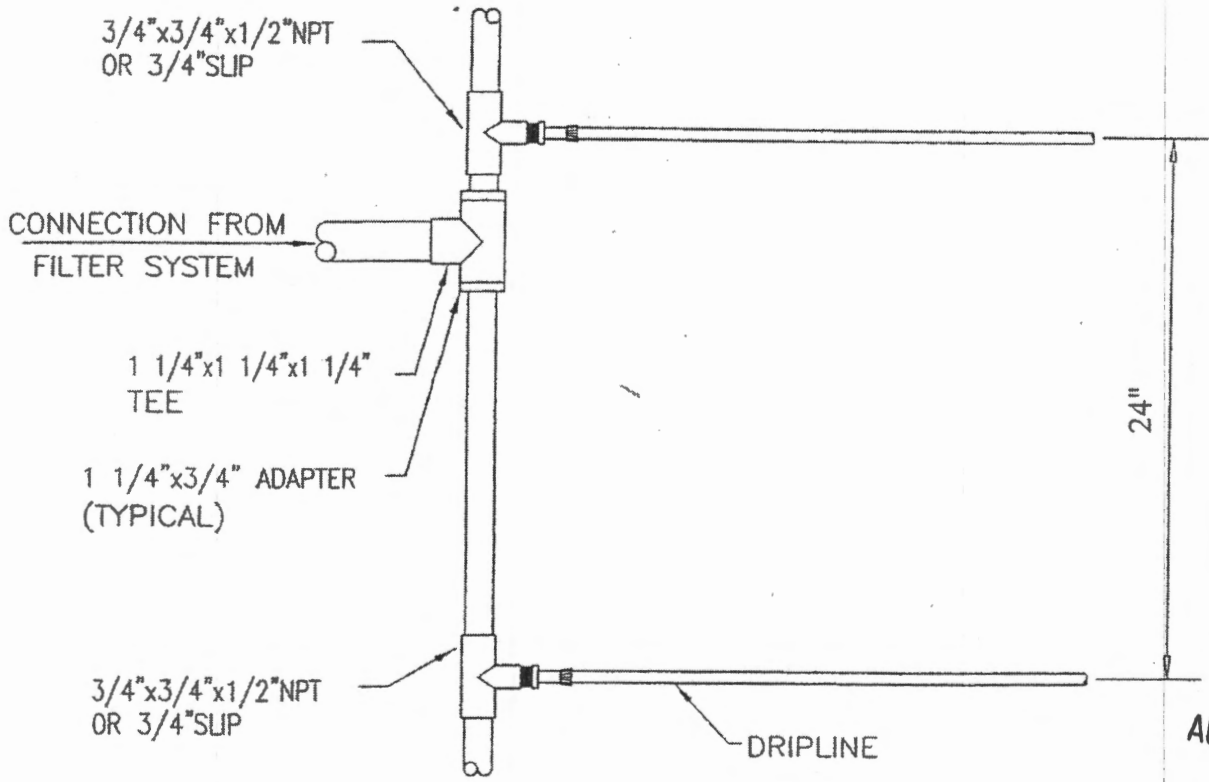
Delta Environmental Products, Inc.  
P.O. Box 969 Denham Springs, LA 70727

Drip System  
Typical Dripline Connections

DWYN BY:	DATE:	SCALE:	DWG. NO.:	JOB NO.:
	7/20/99	N.T.S.	DriplnstDet	



ATTACHMENT DETAIL



24"

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AUG 07 2019  
COUNTY ENGINEER

TYPICAL DRIPLINE CONNECTION TO PVC

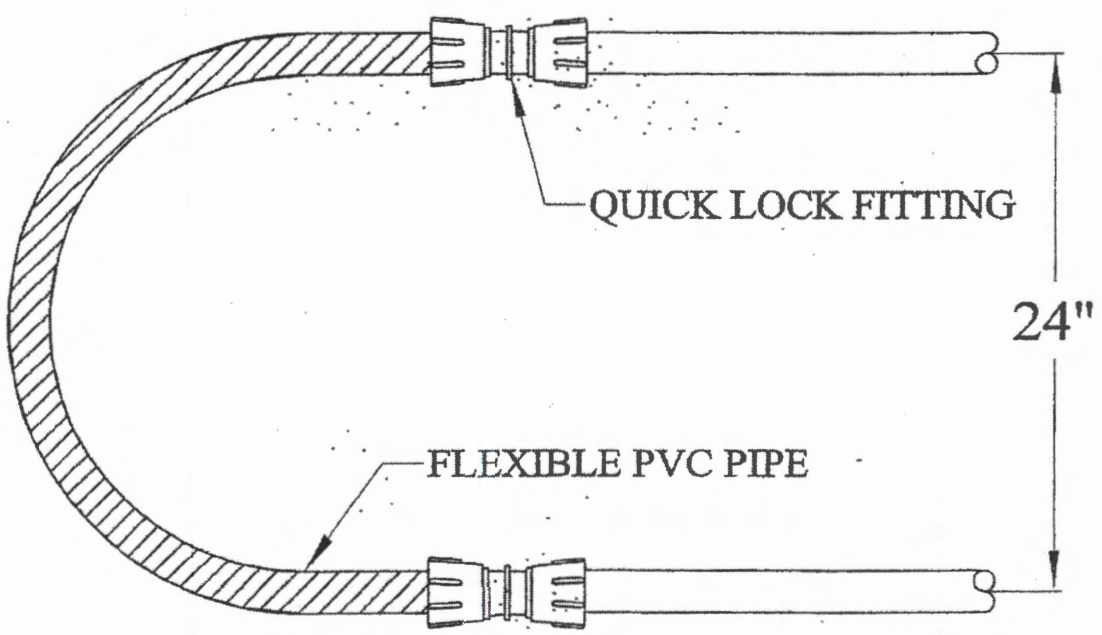
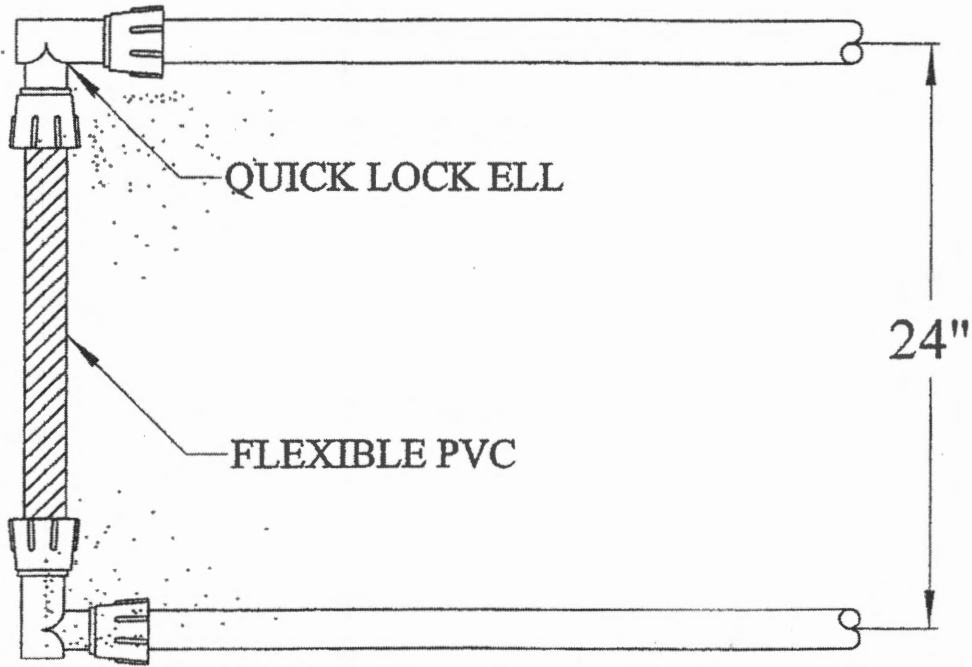


Delta Environmental Products, Inc.  
P.O. Box 969 Denham Springs, LA 70727

Drip System  
Typical Dripline Connections

DWN BY: T. JONES	DATE: 4/3/95	SCALE: N.T.S.	DWG. NO. 1: DripConPVC	JOB NO. 1:
---------------------	-----------------	------------------	---------------------------	------------





TYPICAL DRIPLINE CONNECTION IN TURN OR LOOP

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AUG 07 2019



Drip System  
Typical Dripline Connections

Delta Environmental Products, Inc.  
P.O. Box 969 Denham Springs, LA 70727

DWN BY:

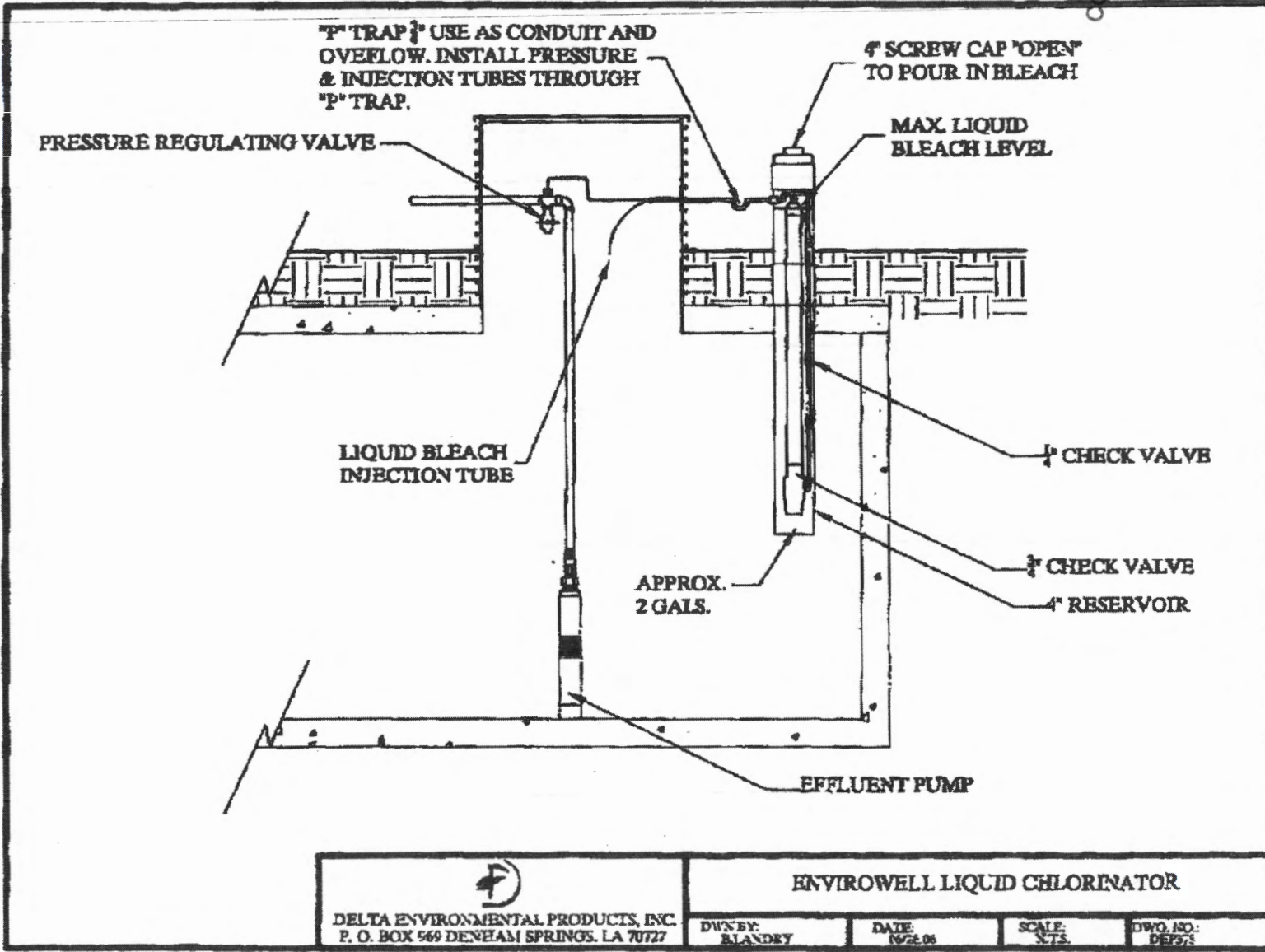
DATE:  
7/20/99

SCALE:  
N.T.S.

DWG. NO. :  
DripCLoop

JOB NO. :

RECEIVED  
AUG 07 2019  
COUNTY ENGINEER





## Hernandez, Sandra



---

**From:** Hernandez, Sandra  
**Sent:** Wednesday, August 14, 2019 2:47 PM  
**To:** 'dustin.arp@sparkhomestexas.com'  
**Subject:** 109542 deficiency comments  
**Attachments:** maintenance contract.pdf

RE: Tanglewood Shores, Lot 363

Dear property owner,

We received planning materials for the referenced property on August 07, 2019 and found those planning materials to be deficient. In order to continue processing this permit, we need the following information:

1.  Sign the maintenance contract.
2.  Have your engineer submit the site and soil evaluation report for the referenced property.
3. Revise accordingly and resubmit to our office.

If you have any questions, you can email us or call the office.

Thank you,

*Sandra Ann Hernandez  
Environmental Health Asst.  
Comal County Engineer's Office  
830-608-2090 (Ext. 3156)*

**VOID**

V. Clients Responsibilities:

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

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

**VOID**

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

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

Client  
 Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Phone number Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Any Gate or Combo code for inspections \_\_\_\_\_

Contractor **Aerobic Maintenance Solutions LLC:**

Signature: *Juan M. Gonzales Jr* Date 7-31-19  
 MP0000872 Juan M. Gonzales Jr

**VOID**



JRT/GFW 7352 / Clerk NE NB

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

THE STATE OF TEXAS §  
§ KNOW ALL BY THESE PRESENTS: THAT  
COUNTY OF COMAL §

SUSAN YEATMAN, a single woman ("Grantor"), whose mailing address is  
623 Rimrock Cove, Spring Branch TX 78070

for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) cash and other good and valuable consideration to Grantor in hand paid by SPARK HOMES, LLC, a Texas limited liability company ("Grantee"), whose mailing address is  
870 N. Walnut Ave, New Braunfels, TX 78130

the receipt and sufficiency of which consideration is hereby acknowledged and confessed, has GRANTED, SOLD AND CONVEYED, and by these presents does GRANT, SELL AND CONVEY, unto Grantee, the following real property, together with all improvements thereon (the "Property"):

**LOT 363, OF TANGLEWOOD SHORES SUBDIVISION ON CANYON LAKE, A SUBDIVISION IN COMAL COUNTY, TEXAS, ACCORDING TO PLAT RECORDED IN VOLUME 4, PAGE 63, MAP AND PLAT RECORDS OF COMAL COUNTY, TEXAS.**

TO HAVE AND TO HOLD the Property, together with all and singular the rights and appurtenances thereto in any way belonging to have and to hold unto Grantee, and Grantee's heirs, successors and assigns, forever; and Grantor does hereby bind itself and its heirs and successors to WARRANT AND FOREVER DEFEND all and singular the Property unto Grantee, Grantee's heirs, successors and assigns, against every person whomsoever lawfully claiming or to claim the same, or any part thereof, provided, however, that this conveyance is made by Grantor and accepted by Grantee subject to (i) the liens securing payment of ad valorem taxes for the current and all subsequent years and (ii) easements, liens, reservations, covenants, conditions, and restrictions of record in Comal County, Texas, or visible or apparent on the ground to the extent the foregoing affect the Property. By acceptance of this deed, Grantee assumes and agrees to perform all of the obligations of Grantor under said easements, reservations, covenants, conditions and restrictions, and agrees to pay and indemnify and agrees to hold Grantor harmless from and against all ad valorem taxes relating to the Property, for the current and all subsequent years.

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

EXECUTED AS OF AND EFFECTIVE the 9 day of July, 2019.

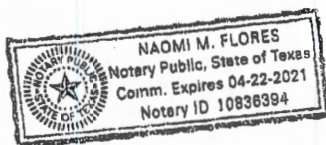
GRANTOR:

Susan M. Yeatman  
SUSAN YEATMAN

ACKNOWLEDGEMENT

STATE OF TEXAS §  
COUNTY OF COMAL §

Before me, a Notary Public, on the 9 day of July, 2019, personally appeared SUSAN YEATMAN, who acknowledged that she did sign the foregoing instrument, and acknowledged to me that she executed the same for the uses and purposes, and consideration therein expressed.



[Signature]  
Notary Public, State of Texas

PREPARED IN THE LAW OFFICE OF:

THE HAY LEGAL GROUP PLLC  
611 W. 5<sup>th</sup> Street, Suite 300  
Austin, TX 78701

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
07/10/2019 09:26:04 AM  
TERRI 2 Pages(s)  
201906023568



Bobbie Koepf



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

Phone: (830) 312-8776

Printed: 1/28/2020

AerobicSolutions.net  
Permit #: 109542

To: **Spark Homes LLC**  
623 Hedgestone  
Canyon Lake, TX 78133

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

Contract: 10/25/2019 - 10/25/2021  
Inspections per year: 3  
Service Due: 2/25/2020  
Alt Phone:

Site: 623 Hedgestone, Canyon Lake  
Agency: Comal County Environmental Health  
County: Comal  
Subdivision: Tanglewood Shores

Phone: (830) 357-6116  
Cell:  
Work:

**SCHEDULED**

Inspection Type: INSPECTION Inspection # 1 of 6 for the contract year  
BRAND OF SEPTIC SYSTEM \_\_\_\_\_

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

Test Results and observations: (As Required)

Chlorine Residual: N/A Drip  
Test Method: \_\_\_\_\_  
BOD: \_\_\_\_\_  
TSS: \_\_\_\_\_  
Tank Lids Secured: YES  
Repairs made: Y  N  
Sludge Levels: Tank 1: N/A Tank 2: 0 Tank 3: 0

Repairs and Comments: Replaced timer

Inspector: [Signature]

Date: 2-19-20

Area: / 0  
GPS: ID = 584

Appointment

623 Hedgestone, Canyon Lake

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

Phone: (830) 312-8776

Printed: 5/29/2020

AerobicSolutions.net

Permit #: 109542

To: **Melissa Mckelvy**  
**623 Hedgestone**  
**Canyon Lake, TX 78133**

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

Contract: 10/25/2019 - 10/25/2021  
Inspections per year: 3  
Service Due: 6/25/2020  
Alt Phone:

Site: 623 Hedgestone, Canyon Lake  
Agency: Comal County Environmental Health  
County: Comal  
Subdivision: Tanglewood Shores

Phone: (830) 221-5576  
Cell:  
Work:

Inspection Type: SCHEDULED  
INSPECTION Inspection # 2 of 6 for the contract year  
BRAND OF SEPTIC SYSTEM \_\_\_\_\_

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

Test Results and observations: (As Required)

Chlorine Residual: N/A

Test Method: N/A

BOD: \_\_\_\_\_

TSS: \_\_\_\_\_

Tank Lids Secured yes

Repairs made: Y/N

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

Repairs and Comments: Good

Inspector: [Signature]

Date: 6-19-20

Area: / 0  
GPS. ID = 584

623 Hedgestone, Canyon Lake



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

Phone: (830) 312-8776

Printed: 9/29/2020

AerobicSolutions.net  
Permit #: 109542

To: **Melissa Mckelvy**  
623 Hedgestone  
Canyon Lake, TX 78133

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

Contract: 10/25/2019 - 10/25/2021  
Inspections per year: 3  
Service Due: 10/25/2020  
Alt Phone:

Site: 623 Hedgestone, Canyon Lake

Agency: Comal County Environmental Health

County: Comal

Subdivision: Tanglewood Shores

Phone: (830) 221-5576

Cell:

Work:

**SCHEDULED**

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

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

Test Results and observations: (As Required)

Chlorine Residual: N/A

Test Method: \_\_\_\_\_

BOD: \_\_\_\_\_

TSS: \_\_\_\_\_

Tank Lids Secured YES

Repairs made: Y (N)

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

Repairs and Comments: HAS BREAK IN DRIP FIELD

Inspector: [Signature] Date: 10-7-20

Area: / 0

GPS:

ID = 584

623 Hedgestone, Canyon Lake

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

Phone: (830) 312-8776

Printed: 1/26/2021

AerobicSolutions.net  
Permit #: 109542

To: **Melissa Mckelvy**  
623 Hedgestone  
Canyon Lake, TX 78133

Tech: Not Assigned  
Brand/Mfg.: SOLAR AIRE  
System S/N:  
Aerator and S/N:

Contract: 10/25/2019 - 10/25/2021  
Inspections per year: 3  
Service Due: 2/25/2021  
Alt Phone:

Site: 623 Hedgestone, Canyon Lake  
Agency: Comal County Environmental Health  
County: Comal  
Subdivision: Tanglewood Shores

Phone: (830) 221-5576  
Cell:  
Work:

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

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

Test Results and observations: (As Required)

Chlorine Residual: N/A

Test Method: \_\_\_\_\_

BOD: \_\_\_\_\_

TSS: \_\_\_\_\_

Tank Lids Secured Yes

Repairs made: Y/N (N)

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

Repairs and Comments: BREAK IN Dripfield

Inspector: [Signature] Date: 2-10-21

Area: 10  
GPS: ID = 584



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

Phone: (830) 312-8776

Printed: 5/28/2021

AerobicSolutions.net  
Permit #: 109542

To: **Melissa Mckelvy**  
623 Hedgestone  
Canyon Lake, TX 78133

Tech: Not Assigned  
Brand/Mfg : SOLAR AIRE  
System S/N:  
Aerator and S/N:

Contract: 10/25/2019 - 10/25/2021  
Inspections per year: 3  
Service Due: 6/25/2021  
Alt Phone:

Site: 623 Hedgestone, Canyon Lake

Agency: Comal County Environmental Health  
County: Comal  
Subdivision: Tanglewood Shores

Phone: (830) 221-5576  
Cell:  
Work:

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

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

Test Results and observations: (As Required)

Chlorine Residual: N/A  
Test Method: Grab  
BOD: \_\_\_\_\_  
TSS: \_\_\_\_\_

Tank Lids Secured yes  
Repairs made: YAN  
Sludge Levels: Tank 1: N/A Tank 2: 0" / 10" / " Tank 3: 0" / 10" / "

Repairs and Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector: Jim Liddle

Date: 6/11/21

Area: / 0  
GPS: ID = 584

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

Phone: (830) 312-8776

Printed: 9/24/2021

AerobicSolutions.net  
**Permit #: 109542**

To: **Melissa Mckelvy**  
**623 Hedgestone**  
**Canyon Lake, TX 78133**

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

Site: 623 Hedgestone, Canyon Lake

Contract: 10/25/2019 - 10/25/2021

Agency: Comal County Environmental Health  
 County: Comal

Phone: (830) 221-5576

Inspections per year: 3

Service Due: 10/25/2021

Subdivision: Tanglewood Shores

Cell:  
 Work:

Alt Phone:

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

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

Test Results and observations: (As Required)

Chlorine Residual: \_\_\_\_\_ - DRIP

Test Method: \_\_\_\_\_

BOD: \_\_\_\_\_

TSS: \_\_\_\_\_

Tank Lids Secured YES

Repairs made: Y/N

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

Repairs and Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Inspector: Logan Date: 11/10

Area: / 0  
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