



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 01/21/2020 Permit Number: 109571

Location Description: 220 LEGACY HILLS
NEW BRAUNFELS, TX 78132

Subdivision: River Chase
Unit: 9
Lot: 1497
Block:
Acreage:

Type of System: Aerobic
Surface Irrigation

Issued to: Kristin Kaiser

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.

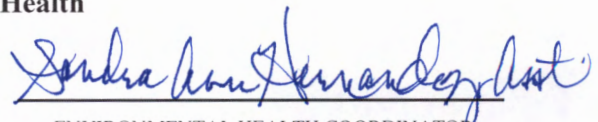
This license to operate is valid for an indefinite period. The holder may transfer it to a succeeding owner, provided the facility has not been remodeled and is functioning properly.

Licensing Authority

Comal County Environmental Health


OS0034792

ENVIRONMENTAL HEALTH INSPECTOR


ENVIRONMENTAL HEALTH COORDINATOR
OS 0025599

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: TOM HAMPTON OSSF Installer #: OS0024597

1st Inspection Date: 1/10/2020 2nd Inspection Date: _____ 3rd Inspection Date: 01-21-2020

Inspector Name: CONNOR Inspector Name: _____ Inspector Name: B. Olvera

Permit#: 109571 Address: RIVER CHASE 220 LEGACY HILLS

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	X	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)		X		01-21-20
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	X	285.91(10) 285.30(b)(4) 285.31(d)		X		
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	X	285.32(a)(1)		X		
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	X	285.32(a)(3)		X		
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	X	285.32(a)(5)		X		
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. NO LEAKS. OPERATIONAL. COVER ALL.

01-21-2020 BMO

Covered

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(I) 285.32(b)(1)(E)(i) 285.32(b)(1)(D) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(i) 285.32(b)(1)(B) 285.32(b)(1)(A) 285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used	X	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)		X		01-21-20
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	X			X		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	X X		SOLAR AIR SA 600	X X		
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

**Comal County Environmental Health
OSSF Inspection Sheet**

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)	X	285.33(d)(6) 285.33(c)(4)	AEROBIC SPRAY	X		01-21-20
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	EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0% EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom) EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart		285.33(b)(3)(A) 285.33(b)(3)(A) 285.33(b)(3)(B) 285.91(13) 285.33(b)(3)(D) 285.33(b)(3)(F)				
33	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.	X	285.32(c)(1)		X		01-21-20
34	AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions	X X X X			X X X		
35	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.	X			X		
36	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump						
37	PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions						
38	PUMP TANK Secondary restraint system provided						
39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried	X			X		

**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?	X	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)		X		01-21-20
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	X X	285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)		X X		
42	APPLICATION AREA Area Installed	X			X		
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: 109571
Issued This Date: 08/20/2019
This permit is hereby given to: Kristin Kaiser

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

220 LEGACY HILLS
NEW BRAUNFELS, TX 78132

Subdivision: River Chase
Unit: 9
Lot: 1497
Block:
Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

items Date Received	initials

Permit Number

Instructions:

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

OSSF Permit

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

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

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

Required Permit Fee

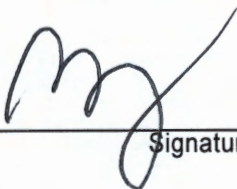
Copy of Recorded Deed

Surface Application/Aerobic Treatment System

Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public

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

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



Signature of Applicant

08/13/19

Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

___ INCOMPLETE APPLICATION
(Missing Items Circled, Application Refused)

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

Date August 5, 2019

Permit # 109571

Owner Name KRISTIN KAISER Agent Name GREG W. JOHNSON, P.E.
Mailing Address 220 LEGACY HILLS Agent Address 170 HOLLOW OAK
City, State, Zip NEW BRAUNFELS TEXAS 78132 City, State, Zip NEW BRAUNFELS, TX 78132
Phone# 830-225-0680 Phone # (830) 905-2778
Email keengroup@htomail.com Email gregjohnsonpe@yahoo.com

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

Subdivision Name RIVER CHASE Unit/Phase/Section 61195 Lot 1497 Block
Acreage/Legal 6.149
Street Name/Address 220 LEGACY HILLS City NEW BRAUNFELS Zip 78132

Type of Development:

[X] Single Family Residential

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

Number of Bedrooms 3+1

Indicate Sq Ft of Living Area 3100+130

[] 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: \$ 450,000 (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

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

Signature of Owner Kristin Kaiser

Date 8-8-19

RECEIVED AUG 13 2019 COUNTY ENGINEER

#109571

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

REVISED
8:38 am, Jan 10, 2020

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) SOLAR AIR SA600LP Absorption/Application Area (Sq Ft) 6482

Gallons Per Day (As Per TCEQ Table III) 360

(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

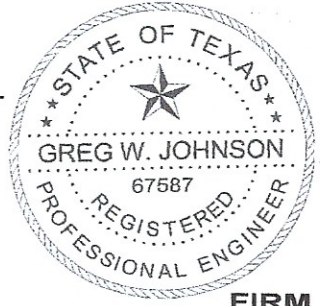
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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

(if yes, the 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 No

If yes, indicate the city: _____



FIRM #2585

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]
Signature of Designer

August 6, 2019
Date

AFFIDAVIT



201906028202 08/13/2019 11:29:15 AM 1/1

THE COUNTY OF COMAL
STATE OF TEXAS

Yes

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):

9 UNIT PHASE/SECTION _____ BLOCK 1497 LOT _____ RIVER CHASE _____ SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY _____

The property is owned by (insert owner's full name): KRISTIN KAISER

RECEIVED

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.

AUG 13 2019

COUNTY ENGINEER

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 8th DAY OF August, 2019

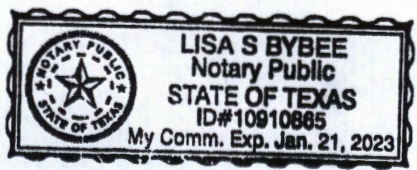
State of Texas
Kristin Kaiser
Owner(s) signature(s)

Co. of Comal
KRISTIN KAISER
Owner (s) Printed name (s)

KRISTIN KAISER
August, 2019

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 8 DAY OF

Lisa S Bybee
Notary Public Signature



(Notary Seal Here)

THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
08/13/2019 11:29:15 AM
TERRI 1 Page(s)
201906028202



Bobbie Koepf

**THE COUNTY OF COMAL
STATE OF TEXAS**

CERTIFICATION OF SINGLE FAMILY DWELLING

According to Texas Commission of Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of **COMAL COUNTY, TEXAS**.

I

Before me this day appeared KRISTIN KAISER, being the owners of the referenced property at 220 LEGACY HILLS. They further state that the Residence and any additional living space on this property will be occupied only by a single family.

An OSSF requiring a Certification of Single Family Dwelling, will be installed on the property described as:

9 UNIT BLOCK 1497 LOT RIVER CHASE SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by KRISTIN KAISER

WITNESS MY HAND ON THIS 8 OF DAY OF August, 2019.

x Kristin Kaiser
OWNER (SIGNATURE)

OWNER (SIGNATURE)

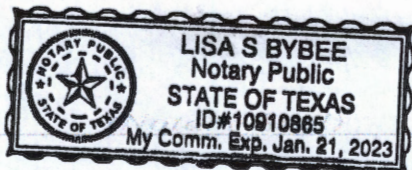
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 8 DAY OF August, 2019 BY

KRISTIN KAISER
OWNER NAME (PRINTED)

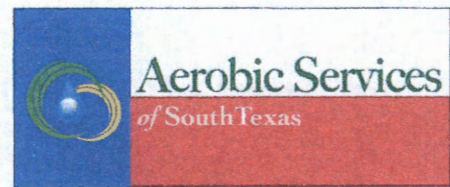
x Kristin Kaiser
OWNER NAME (PRINTED)

Lisa S. Bybee
Notary Public Signature

RECEIVED
AUG 13 2019
COUNTY ENGINEER



15188 FM 306
Canyon Lake, TX 78133
Phone (830)964-2365 Fax (830) 964-2659



Routine Maintenance and Inspection Agreement

General

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between KRISTIN KAISER (referred to as "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP 349) (hereinafter referred to as "Contractor") located at 15188 FM 306, Texas 78133 (830) 964-2365. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein.

This contract will provide for all required inspections, testing and service for your Aerobic Treatment System. The policy will include the following:

1. 3 inspections a year/services calls (at least one every 4 months), for a total of 6 over the **two year period** including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, diffuser operation, Any alarm situation affecting the proper function of the Aerobic process will be address within a 48-hour time Frame. Repair work on non-warranty parts will include price for parts & labor. The prices will be quoted before work is performed.

2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and pH will be taken and reported as necessary.

3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.

4. The customer is responsible for the chlorine tablets; they must be filled before or during the service visit.

5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, and County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

The Homeowners Manual must be strictly followed or warranties are subject to invalidation. **Pumping of sludge build-up is not covered by this policy and will result in additional charges.**

ACCESS BY CONTRACTOR

The Contractor or anyone authorized by the Contractor may enter the property at reasonable times without prior notice for the purpose of the above described Services. The contractor may access the System components including the tanks by means of excavation for the purpose of evaluations if necessary. Soil Is to be replaced with the excavated material as best as possible.

Termination of Agreement

Either party may terminate this agreement within ten days written notice in the event of substantial failure to perform in accordance with its terms by the other party without fault of the terminating party. If this Agreement is so terminated, **the Contractor will immediately notify the appropriate health authority of the termination.**

Limit of Liability

In no event shall the Contractor be liable for indirect, consequential, incidental or punitive damages, whether in contract tort or any other theory. In no event shall the Contractor's liability for direct damages exceed the price for the services described in this Agreement.

Dispute Resolution

If a dispute between the Client and the Designer arises that cannot be settled in good faith negotiations then the parties shall choose a mutually acceptable arbitrator and shall share the cost of the arbitration services equally.

Entire Agreement

This Agreement contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement either oral or written.

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 valid and enforceable. If a court finds that any provision of this agreement is invalid or unenforceable, but that 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.

Legal Description: RIVER CHASE, UNIT 9, LOT 1497

Property Address: 220 LEGACY HILLS

RECEIVED

AUG 13 2019

HOME OWNER

KRISTIN KAISER
Name
220 LEGACY HILLS
Address
NEW BRAUNFELS, TX 78132
City, State
830-225-0680
Phone
Kt Kaiser
Signature of Home Owner

SERVICE PROVIDER COUNTY ENGINEER

Aerobic Services of South Texas Inc.
Name
15188 FM 306
Address
Canyon Lake, Texas 78133
City, State
(830) 964 - 2365
Phone
Thomas Hampton OS0024597/MP349
Signature of Service Provider and License #

EFFECTIVE DATE _____ EXPIRED DATE _____ INSTALLED _____

Model # _____

Blower/Panel Serial # _____

The effective date of this initial maintenance contract shall be the date license to operate is issued.

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

Date Soil Survey Performed: August 05, 2019

Site Location: RIVER CHASE, UNIT 9, LOT 1497

Proposed Excavation Depth: N/A

Requirements:

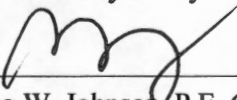
At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil boring or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation 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		SURFACE EVALUATION					
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations	
0	IV	CLAY	N/A	NONE OBSERVED	LIMESTONE @ 6"	BROWN	
1							6"
2							
3							
4							
5							

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

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

08/05/19

Date

OSSF SOIL EVALUATION REPORT INFORMATION

REVISED
8:38 am, Jan 10, 2020

Date: August 06, 2019

Applicant Information:

Name: KRISTIN KAISER
Address: 220 LEGACY HILLS
City: NEW BRAUNFELS State: TEXAS
Zip Code: 78132 Phone: (830) 225-0680

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 1497 Unit 9 Blk Subd. RIVER CHASE
Street Address: 220 LEGACY HILLS
City: NEW BRAUNFELS Zip Code: 78132
Additional Info.:

Installer Information:

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

Topography: Slope within proposed disposal area: 8 %
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

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: 4+1 Total sq. ft. living area 3100+730

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

Q = (4+1 +1)*75-(20%)= 360

Trash Tank Size 376 Gal.

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

Req'd Application Area = Q/Ri = 360 / 0.064 = 5625 sq. ft.

Application Area Utilized = 6482 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 = 778 Gal. 18.75 Gal/inch.

Reserve Requirement = 120 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

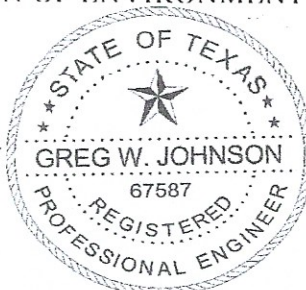
1" Sch-40 PVC discharge manifold

APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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 29, 2016)

[Signature]
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

08/06/19
DATE

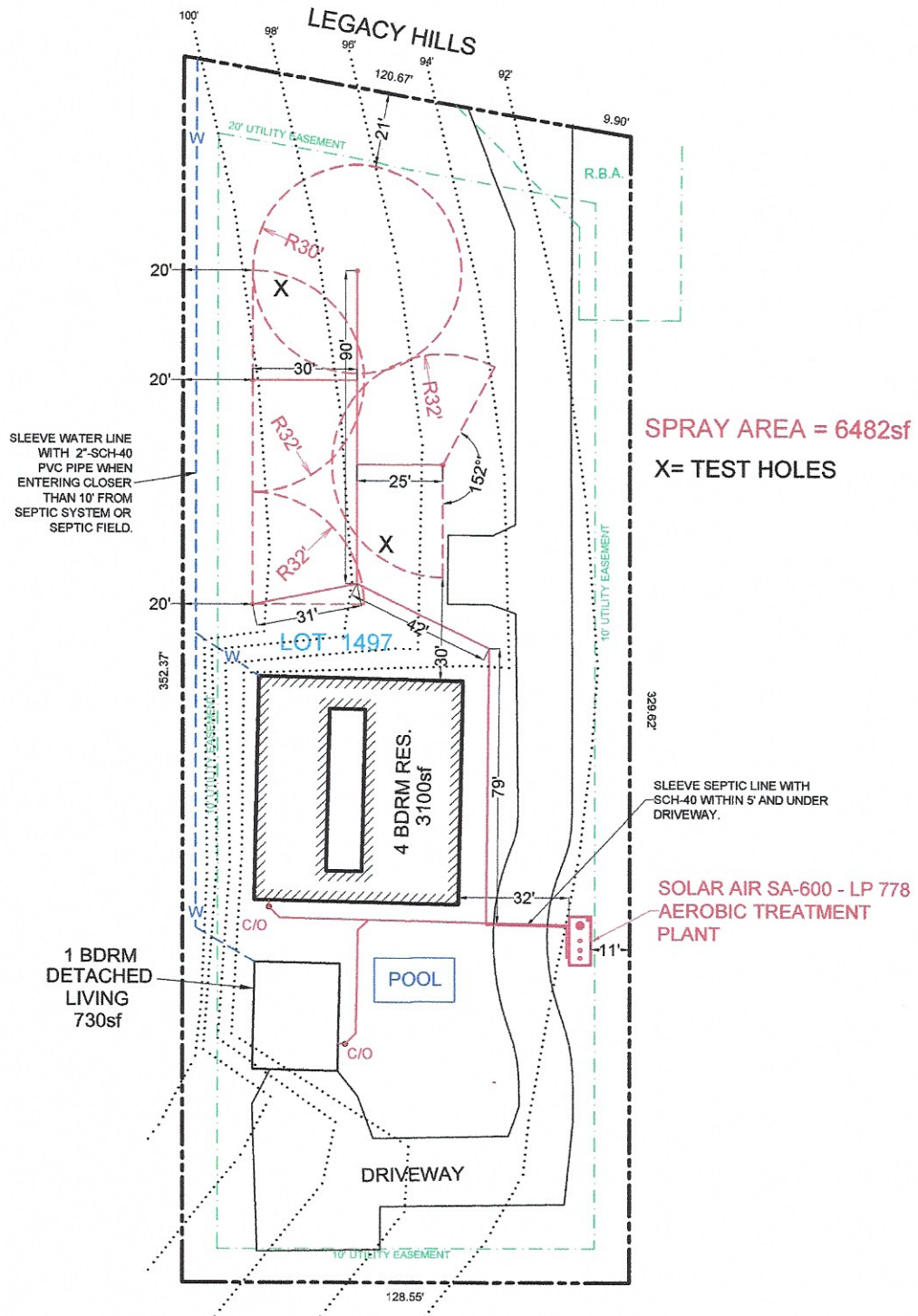


FIRM #2585

REVISED

8:38 am, Jan 10, 2020

#109571



OWNER: KRISTIN KAISER		DRAWN BY: EJS III	
STREET ADDRESS: 220 LEGACY HILLS			
LEGAL DESC: RIVER CHASE	UNIT/SECTION/PHASE: 9	BLOCK:	LOT: 1497
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 8/6/2019	REVISED: 1/9/2020

TANK NOTES:

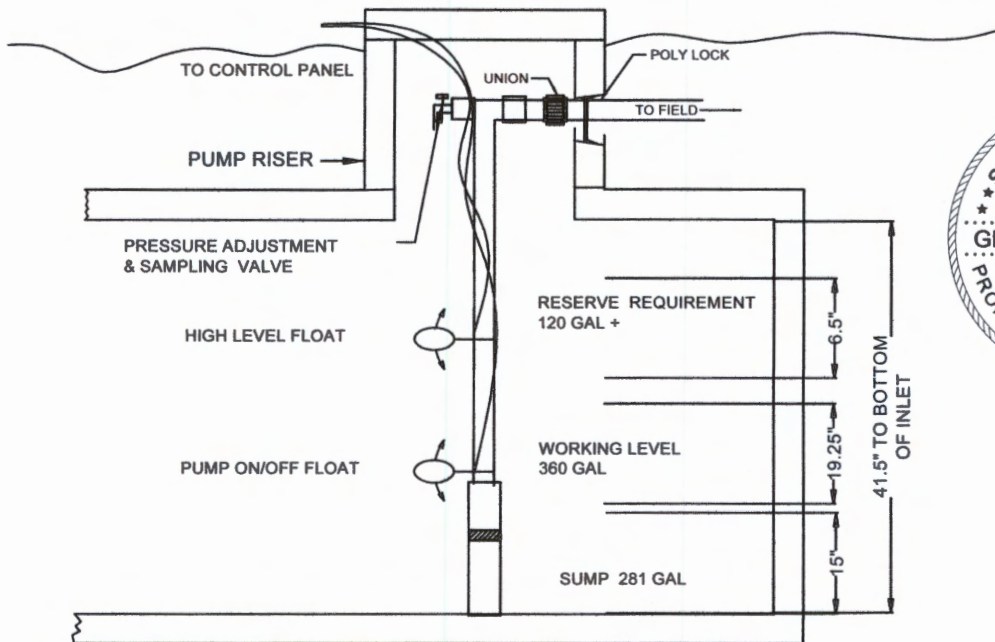
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

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

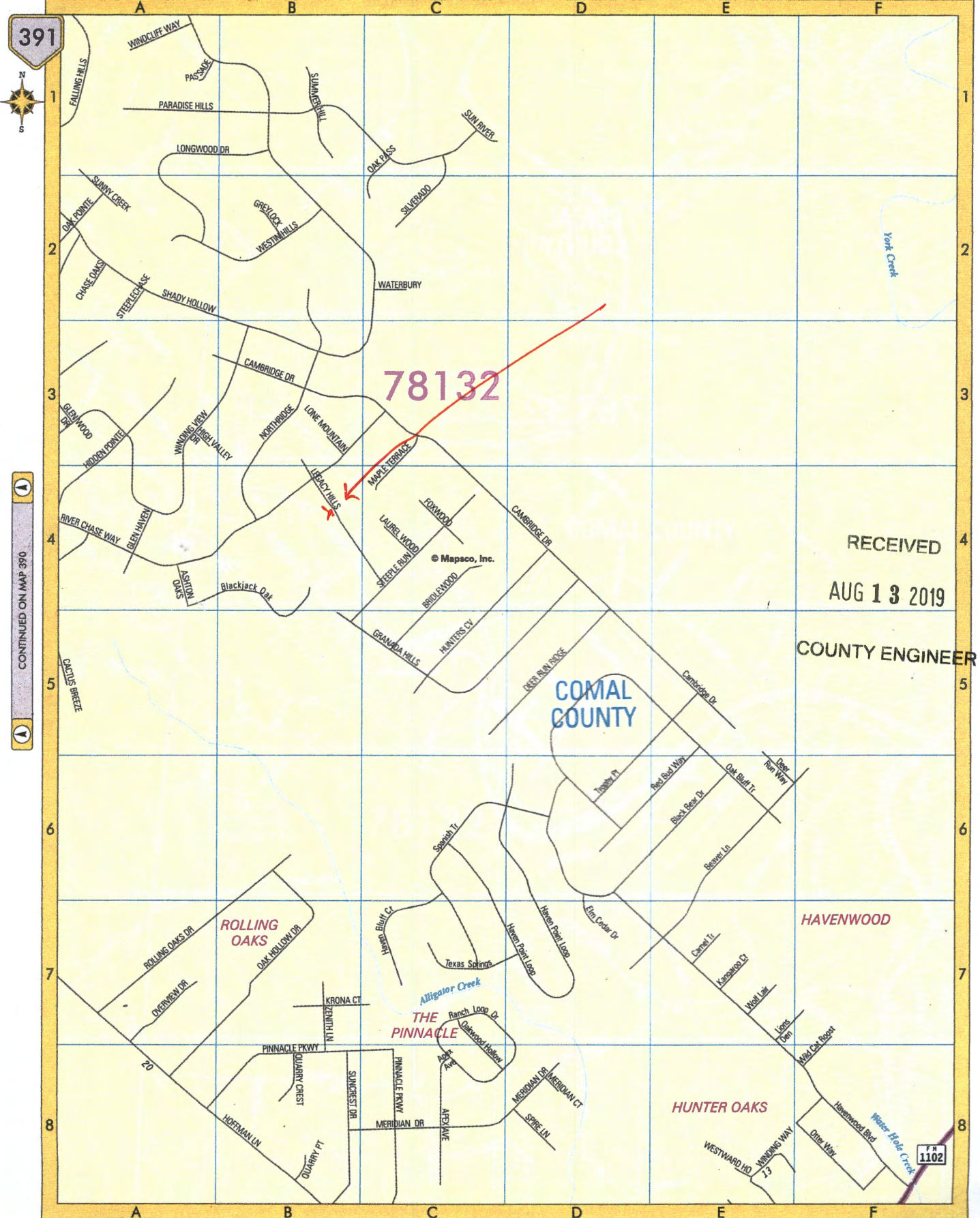
A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

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



F#2585

TYPICAL PUMP TANK CONFIGURATION
SOLAR-AIR SA-600 LP 778 GAL PUMP TANK



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

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE TREATMENT SYSTEM 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) SOLAR AIR SA600LP Absorption/Application Area (Sq Ft) 5654

Gallons Per Day (As Per TCEQ Table III) 360

(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.)

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

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

If yes, indicate the city: _____

AUG 13 2019
COUNTY ENGINEER



FIRM #2585

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

August 6, 2019

Date

OSSE SOIL EVALUATION REPORT INFORMATION

Date: August 06, 2019

Applicant Information:

Name: KRISTIN KAISER
Address: 220 LEGACY HILLS
City: NEW BRAUNFELS State: TEXAS
Zip Code: 78132 Phone: (830) 225-0680

VOID

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 1497 Unit 9 Blk Subd. RIVER CHASE
Street Address: 220 LEGACY HILLS
City: NEW BRAUNFELS Zip Code: 78132
Additional Info.:

Installer Information:

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

Topography: Slope within proposed disposal area: 8 %

- 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

VOID

Design Calculations for Aerobic Treatment Irrigation:

Commercial

Q = GPD

Residential Water conserving fixtures to be utilized? Yes X No

Number of Bedrooms the septic system is sized for: 4+1 Total sq. ft. living area 3100+730

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

Q = (4+1 +1)*75-(20%)= 360

Trash Tank Size 376 Gal.

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

Req'd Application Area = Q/Ri = 360 / 0.064 = 5625 sq. ft.

Application Area Utilized = 5654 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 = 778 Gal. 18.75 Gal/inch.

Reserve Requirement = 120 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.

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 29, 2016)

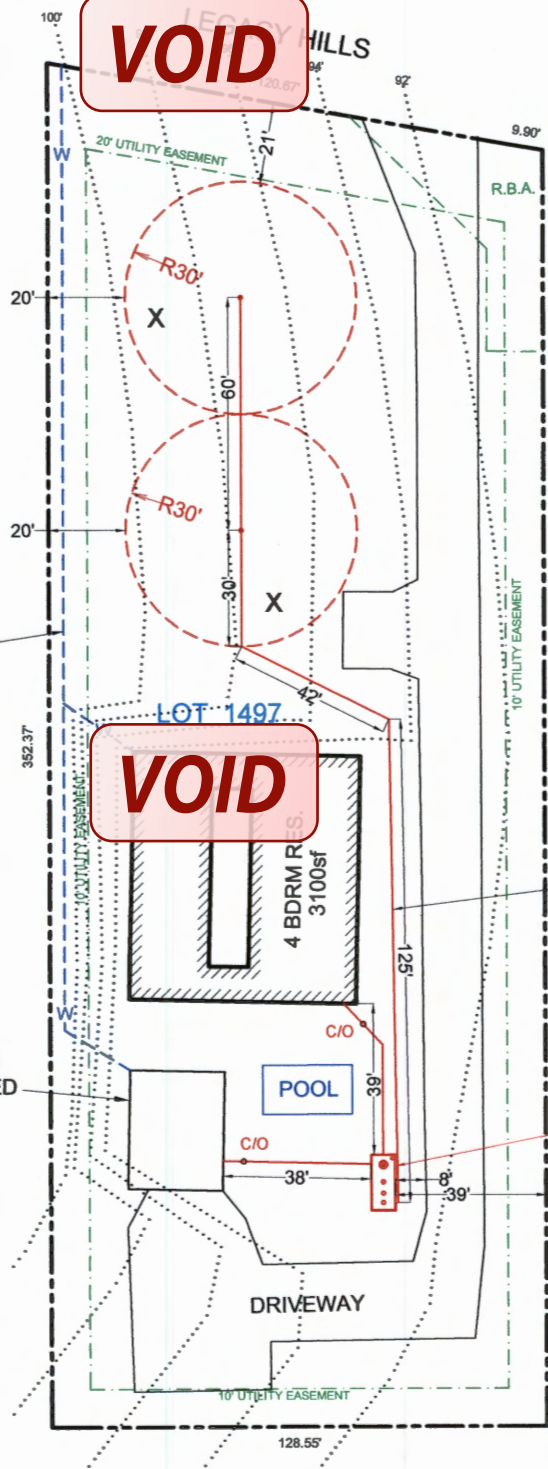
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

08/06/19
DATE



FIRM #2585

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SPRAY AREA = 5654sf
X= TEST HOLES

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SLEEVE WATER LINE WITH 2"-SCH-40 PVC PIPE WHEN ENTERING CLOSER THAN 10' FROM SEPTIC SYSTEM OR SEPTIC FIELD.

SLEEVE SEPTIC LINE WITH SCH-40 WITHIN 5' AND UNDER DRIVEWAY.

SOLAR AIR SA-600 - LP 778 AEROBIC TREATMENT PLANT



OWNER: KRISTIN KAISER		DRAWN BY: EJS III	
STREET ADDRESS: 220 LEGACY HILLS			
LEGAL DESC: RIVER CHASE	UNIT/SECTION/PHASE: 9	BLOCK:	LOT: 1497
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 8/6/2019	REVISED:

FATCO

GF: 2368421-SA71

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

Date: December 19, 2018

Grantor: ERIC KINCAID MOSS and CHRISTINE MOSS, husband and wife

Grantor's Mailing Address:

110 Rosewood Dr.
Universal City, Tx 78148
County

Grantee: KRISTIN KAISER

Grantee's Mailing Address:

220 Legacy Hills
New Braunfels, TX 78132
Comal County

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Consideration:

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

Property (including any improvements):

LOT 1497, RIVER CHASE UNIT NINE, A SUBDIVISION IN COMAL COUNTY, TEXAS, ACCORDING TO THE MAP OR PLAT THEREOF RECORDED IN COUNTY CLERK'S FILE NO. 200606019467, OFFICIAL PUBLIC RECORDS, COMAL COUNTY, TEXAS.

Reservations from and Exceptions to Conveyance and Warranty:

Validly existing easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded and validly existing instruments, other than conveyances of the surface fee estate, that affect the Property; and taxes for 2019, which Grantee assumes and agrees to pay, and subsequent assessments for that and prior years due to change in land usage, ownership, or both, the payment of which Grantee assumes.

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.

GRANTEE IS TAKING THE PROPERTY IN AN ARM'S-LENGTH AGREEMENT BETWEEN THE PARTIES. THE CONSIDERATION WAS BARGAINED ON THE BASIS OF AN "AS IS" TRANSACTION AND REFLECTS THE AGREEMENT OF THE PARTIES THAT THERE ARE NO REPRESENTATIONS OR EXPRESS OR IMPLIED WARRANTIES.

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

GRANTOR:

Eric Kincaid Moss
ERIC KINCAID MOSS

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AUG 13 2019

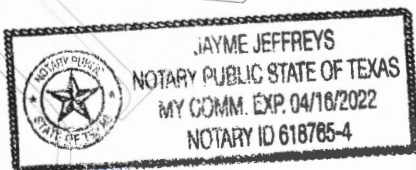
Christine Moss
CHRISTINE MOSS

COUNTY ENGINEER

STATE OF TEXAS)

COUNTY OF BEXAR)

This instrument was acknowledged before me on 12/19/, 2018, by ERIC KINCAID MOSS.

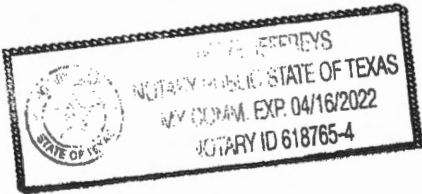


Jayme Jeffreys
Notary Public, State of Texas
My commission expires: 4/16/2022

STATE OF TEXAS)

COUNTY OF BEXAR)

This instrument was acknowledged before me on 12/19, 2018, by CHRISTINE MOSS.



Jane Jeffrey
Notary Public, State of Texas
My commission expires: 4/14/2022

AFTER RECORDING RETURN TO:
KRISTIN KAISER
220 Legacy Hills
New Braunfels, Tx 78132
GF: 2368421-SA71

UNOFFICIAL

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
12/20/2018 10:05:43 AM
JESSICA 3 Pages(s)
201806048221

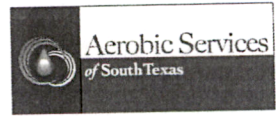


Bobbie Koepp

MAILED

ENTERED

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



Phone: (830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com

To: Ismael Robles
220 Legacy Hills
New Braunfels, TX 78132

Printed: 6/3/2020
Site: 220 Legacy Hills
New Braunfels, TX 78132
(210) 505-4590

Permit #: **109571** Customer ID: 61115469
Agency: Comal County Environmental Health Comal County Environmental Health Comal C Contract Dates: 1/21/2020 - 1/21/2022
County: Comal Sub: River Chase Scheduled Date: 5/21/2020 Inspection 1 of 6
Mfg / Brand: - Solar Aerobic 600 LP Installed: 1/9/2020
Treatment Type: Aerobic Warranty End: 1/9/2022
Disposal: Surface Application

Service Type: Scheduled Inspection

This counts as a type of "Scheduled Inspection"
Entered By: Belinda

Visit Date: 6/2/2020

Method: Grab

Technician: Ricky Nieto

Maint. Provider: Hampton, Thomas

Aerators: Operational

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Residual: 0.00

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JUN 10 2020

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Tank Lid / Riser: Secured

Electric Circuits: Operational

Distribution System: Operational

Sprayfield Veg: Operational

Alarm: Operational

Comments

- Technician Secured the Tank Lid and/or Riser prior to leaving location.
- Did walk thru

Service Completed

Insp ID #: 122809

Provider: *Thomas Hampton*

License #: MP0000349

Expires: 9/30/2020

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133

MAILED

ENTERED



Phone: (830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com
Permit #: 109571

Printed: 7/8/2020

To: **Ismael Robles**
220 Legacy Hills
New Braunfels, TX 78132

Tech: Not Assigned
Brand/Mfg.: Solar Aerobic 600 LP -
System S/N:
Aerator and S/N:

Agency: Comal County Environmental Health
County: Comal
Subdivision: River Chase

Installed: 1/9/2020
Phone: (210) 505-4590
Cell:
Work:

Contract: 1/21/2020 - 1/21/2022
Inspections per year: 3
Service Due: 9/21/2020
Alt Phone: 2

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u> </u>	<u> </u>
Irrigation pump:	<u>/</u>	<u> </u>	<u> </u>
Air compressor:	<u>/</u>	<u> </u>	<u> </u>
Disinfection device:	<u>/</u>	<u> </u>	<u> </u>
Chlorine supply:	<u> </u>	<u>/</u>	<u> </u>
Spray field vegetation:	<u>/</u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u>/</u>	<u> </u>	<u> </u>
Controls/ Electric Circuits	<u>/</u>	<u> </u>	<u> </u>

Air Pressure 40

Test Results and observations: (As Required)

Chlorine Residual: 1.35
Test Method: dpa
BOD:
TSS:

Mixed Liquor
Aeration 0
Sludge Levels
Clarifier 1
Pump 1

Access Ports Secured YES/NO
Repairs made: YES/NO

Repairs and Comments: needs chlorine

Inspector: Tom Hampton
Tom Hampton VP
MP349/OS24597

Date: 9-18-20

Area: / 0
GPS: ID = 61115469

220 Legacy Hills, New Braunfels

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



Phone: (830) 964-2365
 Fax: (830) 964-2659
 www.aerobicservices.com
Permit #: 109571

Printed: 12/17/2020

To: Ismael Robles
220 Legacy Hills
New Braunfels, TX 78132

Tech: Not Assigned
 Brand/Mfg.: Solar Aerobic 600 LP -
 System S/N:
 Aerator and S/N:

Agency: Comal County Environmental Health
 County: Comal
 Subdivision: River Chase

Contract: 1/21/2020 - 1/21/2022
 Inspections per year: 3
 Service Due: 1/21/2021
 Alt Phone:
 Installed: 1/9/2020
 Phone: (210) 505-4590
 Cell:
 Work:

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Controls/ Electric Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Air Pressure 55

Test Results and observations: (As Required)
 Chlorine Residual: 0.78
 Test Method: DG
 BOD: _____
 TSS: _____
 Access Ports Secured YES / NO
 Repairs made: YES / NO

Mixed Liquor
 Aeration 12/19/20
 Sludge Levels
 Clarifier 12/19/20
 Pump 1

Repairs and Comments:

Inspector: Dakota
 Tom Hampton VP
 MP349/OS24597

Date: 1/19/20

Area: / 0
 GPS: ID = 61115469

220 Legacy Hills, New Braunfels



Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



Phone: (830) 964-2365
 Fax: (830) 964-2659
 www.aerobic-services.com
Permit #: 109571

Printed: 3/30/2021

To: Ismael Robles
220 Legacy Hills
New Braunfels, TX 78132

Tech: Not Assigned
 Brand/Mfg.: Solar Aerobic 600 LP -
 System S/N:
 Aerator and S/N:

Installed: 1/9/2020
 Phone: (210) 505-4590
 Cell:
 Work:

Contract: 1/21/2020 - 1/21/2022
 Inspections per year: 3
 Service Due: **5/21/2021**
 Alt Phone:

Agency: Comal County Environmental Health
 County: Comal
 Subdivision: River Chase

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A	Air Pressure _____
Aerator:	<u> </u>	<u> </u>	<u> </u>	
Irrigation pump:	<u> </u>	<u> </u>	<u> </u>	
Air compressor:	<u> </u>	<u> </u>	<u> </u>	
Disinfection device:	<u> </u>	<u> </u>	<u> </u>	
Chlorine supply:	<u> </u>	<u> </u>	<u> </u>	
Spray field vegetation:	<u> </u>	<u> </u>	<u> </u>	
Sprinkler / Drip backwash:	<u> </u>	<u> </u>	<u> </u>	
Controls/ Electric Circuits	<u> </u>	<u> </u>	<u> </u>	

Test Results and observations: (As Required)
 Chlorine Residual: _____
 Test Method: _____
 BOD: _____
 TSS: _____
 Access Ports Secured: YES/NO
 Repairs made: YES/NO

Mixed Liquor _____
 Aeration 0
 Sludge Levels _____
 Clarifier 18
 Pump 2

Repairs and Comments: needs breach in reservoir.

Inspector: Tom Hampton
 Tom Hampton VP
 MP349/OS24597

Date: 5/27/21

Area: / 0
 GPS: ID = 61115469

220 Legacy Hills, New Braunfels

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133

Phone: (830) 964-2365
 Fax: (830) 964-2659
 www.aerobicservices.com
Permit #: 109571

Printed: 6/17/2021

To: Ismael Robles
220 Legacy Hills
New Braunfels, TX 78132

MAILED

Tech: Not Assigned
 Brand/Mfg.: Solar Aerobic 600 LP -
 System S/N:
 Aerator and S/N:

Agency: Comal County Environmental Health
 County: Comal
 Subdivision: River Chase

Installed: 1/9/2020
 Phone: (210) 505-4590
 Cell:
 Work:

Contract: 1/21/2020 - 1/21/2022
 Inspections per year: 3
 Service Due: 9/21/2021
 Alt Phone:

5

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u> </u>	<u> </u>	<u> </u>
Irrigation pump:	<u> </u>	<u> </u>	<u> </u>
Air compressor:	<u> </u>	<u> </u>	<u> </u>
Disinfection device:	<u> </u>	<u> </u>	<u> </u>
Chlorine supply:	<u> </u>	<u> </u>	<u> </u>
Spray field vegetation:	<u> </u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u> </u>	<u> </u>	<u> </u>
Controls/ Electric Circuits	<u> </u>	<u> </u>	<u> </u>

Air Pressure 60

Test Results and observations: (As Required)
 Chlorine Residual: 0.02
 Test Method: DP
 BOD: _____
 TSS: _____
 Access Ports Secured YES/NO
 Repairs made: YES/NO

Mixed Liquor
 Aeration 12
 Sludge Levels
 Clarifier 21
 Pump 1

Repairs and Comments: Needs Bleach

Inspector: Dadon
 Tom Hampton VP
 MP349/OS24597

Date: 10/6/21

Area: / 0
 GPS:
 ID = 61115469

220 Legacy Hills, New Braunfels

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



MAILED

Phone: (830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com

To: Ismael Robles
220 Legacy Hills
New Braunfels, TX 78132

Permit: 109571

Warranty expires: 1/9/2022

Date Printed: 1/17/2022

Phone: (210) 505-4590 Subdivision: River Chase
Site: 220 Legacy Hills, New Braunfels, TX 78132

County: Comal

Installer: ASST

Installed: 1/9/2020

Agency: Comal County Environmental Health

Mfg/Brand: -Solar Aerobic 600 LP-

Contract Period

Start Date: 1/21/2022

End Date: 1/21/2023

Aerobic Services of South Texas
3 visits per year - one every 4 months
360 gallons per day

ID: 61115469

**ROUTINE MAINTENANCE AND INSPECTION AGREEMENT
RENEWAL CONTRACT**

General

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between the client named above (referred to as to "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP349) (hereinafter referred to as "Contractor") located at 15188 FM 306 Canyon Lake, Texas 78133 (830) 964-2365. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein. This contract will provide for all required inspections, testing and service for your Aerobic Treatment System. The policy will include the following:

1. 3 inspections a year/services calls (at least one every 4 months), for a total of 3 over the one year period including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, diffuser operation. Any alarm situation affecting the proper function of the Aerobic process will be addressed within a 48-hour time frame. Repair work on non-warranty parts will include price for parts & labor. The prices will be quoted before work is performed.
2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and PH will be taken and reported as necessary.
3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
4. The client is responsible for chlorine; Must be filled before or during the service visit.
5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

The Homeowners Manual must be strictly followed or warranties are subject to invalidation. Pumping of sludge build-up is not covered by this policy and will result in additional charges.

ACCESS BY CONTRACTOR

The Contractor or anyone authorized by the Contractor may enter the property at reasonable times without prior notice for the purpose of the above described Services. The contractor may access the System components including the tanks by means of excavation for the purpose of evaluations if necessary. Soil is to be replaced with the excavated material as best as possible.

ENTERED

Termination of Agreement

Either party may terminate this agreement within ten days written notice in the event of substantial failure to perform in accordance with its terms by the other party without fault of the terminating party. If this Agreement is so terminated, the Contractor will immediately notify the appropriate health authority of the termination.

Limit of Liability

In no event shall the Contractor be liable for indirect, consequential, incidental or punitive damages, whether in contract tort or any other theory. In no event shall the Contractor's liability for direct damages exceed the price for the services described in this Agreement.

Dispute Resolution

If a dispute between the Client and the Contractor arises that cannot be settled in good faith negotiations then the parties shall choose a mutually acceptable arbitrator and shall share the cost of the arbitration services equally.

Entire Agreement

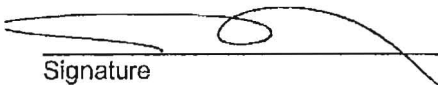
This Agreement contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement either oral or written.

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 valid and enforceable. If a court finds that any provision of this agreement is invalid or unenforceable, but that 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.

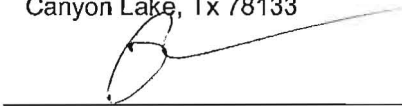
OWNER

SERVICE PROVIDER



Signature

Aerobic Services of South Texas Inc.
15188 FM 306
Canyon Lake, Tx 78133



Signature

Tom Hampton VP

ISMAEL ROBLES

Printed

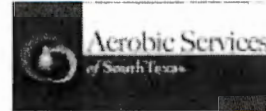
Signature
Tom Hampton VP

License# OS0024597 / MP 349

1-17-2022

Phone/ Date

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



Phone: (830) 964-2365
 Fax: (830) 964-2659
 www.aerobicservices.com
Permit #: 109571

Printed: 12/28/2021

To: Ismael Robles
220 Legacy Hills
New Braunfels, TX 78132

Tech: Not Assigned
 Brand/Mfg.: Solar Aerobic 600 LP -
 System S/N:
 Aerator and S/N:

Installed: 1/9/2020
 Phone: (210) 505-4590
 Cell: (830) 310-2988
 Work:

Contract: 1/21/2020 - 1/21/2022
 Inspections per year: 3
 Service Due: 1/21/2022
 Alt Phone:

Agency: Comal County Environmental Health
 County: Comal
 Subdivision: River Chase

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u> </u>	<u> </u>
Irrigation pump:	<u>/</u>	<u> </u>	<u> </u>
Air compressor:	<u>/</u>	<u> </u>	<u> </u>
Disinfection device:	<u>/</u>	<u> </u>	<u> </u>
Chlorine supply:	<u>/</u>	<u> </u>	<u> </u>
Spray field vegetation:	<u>/</u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u>/</u>	<u> </u>	<u> </u>
Controls/ Electric Circuits	<u>/</u>	<u> </u>	<u> </u>

Air Pressure 78

Test Results and observations: (As Required)
 Chlorine Residual: 0.36
 Test Method: DPO
 BOD:
 TSS:
 Access Ports Secured YES / NO
 Repairs made: YES / NO

Mixed Liquor
 Aeration 0
 Sludge Levels
 Clarifier 24
 Pump 1

Repairs and Comments: Possible water leak inside home, consistent
water stream entering tank, had water level higher than
normal for time of day

Inspector: Tom Hampton
 Tom Hampton VP
 MP349/OS24597

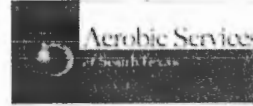
Date: 1/21/22

Area: / 0
 GPS: ID = 61115469

220 Legacy Hills, New Braunfels

Aerobic Services of South Texas
 15188 FM 306
 Canyon Lake, TX 78133

MAILED



ENTERED

Phone: (830) 964-2365
 Fax: (830) 964-2659
 www.aerobicservices.com
 Permit #: 109571

Printed: 3/23/2022

To: **Ismael Robles**
 220 Legacy Hills
 New Braunfels, TX 78132

Tech: Not Assigned
 Brand/Mfg.: Solar Aerobic 600 LP -
 System S/N:
 Aerator and S/N:

Agency: Comal County Environmental Health
 County: Comal
 Subdivision: River Chase

Installed: 1/9/2020
 Phone: (210) 505-4590
 Cell: (830) 310-2988
 Work:

Contract: 1/21/2022 - 1/21/2023
 Inspections per year: 3
 Service Due: 5/21/2022
 Alt Phone: 1

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u> </u>	<u> </u>
Irrigation pump:	<u>/</u>	<u> </u>	<u> </u>
Air compressor:	<u>/</u>	<u> </u>	<u> </u>
Disinfection device:	<u>/</u>	<u> </u>	<u> </u>
Chlorine supply:	<u>/</u>	<u> </u>	<u> </u>
Spray field vegetation:	<u>/</u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u>/</u>	<u> </u>	<u> </u>
Controls/ Electric Circuits	<u>/</u>	<u> </u>	<u> </u>

Air Pressure 55

Test Results and observations: (As Required)
 Chlorine Residual: 0.15
 Test Method: DP
 BOD:
 TSS:
 Access Ports Secured YES / NO
 Repairs made: YES / NO

Mixed Liquor
 Aeration 47
 Sludge Levels
 Clarifier FOG
 Pump 6

Repairs and Comments:

Inspector: Chad Busch
 Tom Hampton VP
 MP349/OS24597

Date: 5/11/22

Area: / 0
 GPS: ID = 61115469

220 Legacy Hills, New Braunfels

ROUTINE MAINTENANCE AND INSPECTION AGREEMENT



Ismael Robles
220 Legacy Hills
New Braunfels, TX 78132
P: (210) 505-4590

COUNTY: Comal

PERMIT: 109571

AGREEMENT LENGTH: 12 mos.

DESCRIPTION	TERM	AMOUNT	TAX	TOTAL
Residential Service Contract	01/21/23 - '24	370.00		370.00

GENERAL

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between the client named above (referred to as to "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP349) (hereinafter referred to as "Contractor") located at 15188 FM 306 Canyon Lake, Texas 78133 (830) 964-2365. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein. This contract will provide for all required inspections, testing and service for your Aerobic Treatment System. The policy will include the following:

- 1. 3 inspections per year (1 every 4 months), for a total of 3 over the one year period including inspection,** adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, diffuser operation. Any alarm situation affecting the proper function of the Aerobic process will be addressed within a 48-hour time frame. Repair work on non-warranty parts will include price for parts & labor. The prices will be quoted before work is performed.
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- 5. Any additional visits, inspections or sample collection** required by specific Municipalities, Water/River Authorities, County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

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ACCESS BY CONTRACTOR

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Termination of Agreement

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Entire Agreement

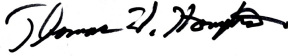
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SERVICE PROVIDER

Aerobic Services of South Texas Inc.
15188 FM 306
Canyon Lake, Tx 78133



Signature

Tom Hampton VP

License# OS0024597 / MP 349

PLEASE REMIT	370.00
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Customer Signature

**IF MAILING YOUR RENEWAL: PLEASE RETURN THIS PORTION ALONG WITH YOUR PAYMENT
For Service at: 220 Legacy Hills, New Braunfels, TX 78132**



Ismael Robles

PERMIT: 109571

COUNTY: Comal

TERM: 01/21/23 - '24

AGREEMENT LENGTH: 12 mos.

PLEASE REMIT	370.00
--------------	--------

Residential Service Contract

Signed on: Wednesday, 12/28/2022

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



(830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com

To: Ismael Robles
220 Legacy Hills
New Braunfels, TX 78132
Agency: Comal
County: Comal
Permit No: 109571

Tech: Nyssa
Phone: (210) 505-4590 Date: 2023-06-06
Alt Ph: (830) 310-2988 Service Due: _____

Inspection Type: _____

Item	Operational	Inoperative	N/A	
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Pressure: 80
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"/>	
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Test Results and observations: (As Required)

Chlorine Residual: 0.03
Test Method: _____
BOD: _____
TSS: _____

Mixed Liquor
Aeration: 48

Sludge Levels

Clarifier: Fog
Pump: 2

Access Ports Secured: Yes / NO
Repairs Made: Yes / NO

Repairs and Comments:
Please treat ants around tank lid

A handwritten signature in black ink, appearing to be "Tom Hampton".

Inspector: _____ Date: 2023-06-06

Tom Hampton VP
MP349/OS24597

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



Canyon Lake: (830) 964-2365
Bastrop: (512) 303-6922
 info@aerobicservices.com
 bastrop@aerobicservices.com
MP349 / OS24597
www.aerobicservices.com

To: Ismael Robles
220 Legacy Hills
New Braunfels, TX 78132
 Agency: Comal County Enviromental Health
 County: Comal
 Permit No: 109571

Tech: Joseph
 Phone: (210) 505-4590 Date: 2023-09-28
 Alt Ph: (830) 310-2988 Service
 Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	[]	[]	[X]
Irrigation pump:	[X]	[]	[]
Air compressor:	[X]	[]	[]
Disinfection device:	[X]	[]	[]
Chlorine supply:	[]	[X]	[]
Spray field vegetation:	[X]	[]	[]
Sprinkler / Drip backwash:	[X]	[]	[]
Controls / Electric Circuits:	[X]	[]	[]

Air Pressure: 50

Test Results and Observations: (As Required)

Chlorine Residual: Low

Test Method: Grab/meter

BOD: _____

TSS: _____

Access Ports Secured: Yes [X] / NO []

Repairs Made: Yes [] / NO [X]

Mixed Liquor

Aeration: 6

Sludge Levels

Clarifier: 52

Pump: 0

Repairs and Comments:

Clarifier and trash tank full. Recommend pump out. Please call our office for services.
 Please add bleach.

Inspector:

Date: 2023-09-28

Tom Hampton, VP
 MP349/OS24597

ROUTINE MAINTENANCE AND INSPECTION AGREEMENT



Ismael Robles
220 Legacy Hills
New Braunfels, TX 78132
P: (210) 505-4590

COUNTY: Comal

PERMIT: 109571

AGREEMENT LENGTH: 12 mos.

DESCRIPTION	TERM	AMOUNT	TAX	TOTAL
Residential Service Contract	1/31/24 - '25	\$370		\$370

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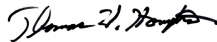
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SERVICE PROVIDER

Aerobic Services of South Texas LLC
15188 FM 306
Canyon Lake, TX 78133

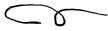


Signature

Tom Hampton VP

License # OS0024597 / MP 349

PLEASE REMIT	\$370
--------------	-------



Customer Signature

*****To pay online, proceed to the "Billing" section in your Customer Portal**

**IF MAILING YOUR RENEWAL: PLEASE RETURN THIS PORTION ALONG WITH YOUR PAYMENT
For Service at: 220 Legacy Hills, New Braunfels, TX 78132**

Signed on: Friday, 11/03/2023



Ismael Robles

PERMIT: 109571

COUNTY: Comal

TERM: 1/31/24 - '25

AGREEMENT LENGTH: 12 mos.

PLEASE REMIT	\$370
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Aerobic Services
15188 FM 306
Canyon Lake, TX 78133



Canyon Lake: (830) 964-2365
Bastrop: (512) 303-6922
info@aerobicsservices.com
bastrop@aerobicsservices.com
MP349 / OS24597
www.aerobicsservices.com

To: Ismael Robles
220 Legacy Hills
New Braunfels, TX 78132
Agency: Comal County Enviromental Health
County: Comal
Permit No: 109571

Tech: Marc
Phone: (210) 505-4590 Date: 2024-02-08
Alt Ph: (830) 310-2988 Service
Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A	
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Pressure: 60
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 checked="" 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"/>	
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Test Results and Observations: (As Required)

Chlorine Residual: 0.00
Test Method: Dpd
BOD: _____
TSS: _____
Access Ports Secured: Yes / NO
Repairs Made: Yes / NO

Mixed Liquor
Aeration: Ants
Sludge Levels
Clarifier: Ants
Pump: 0

Repairs and Comments:
Did full inspection. Need to treat for ants around green lids. Add bleach to white tube.

Inspector: _____ Date: 2024-02-08

Tom Hampton, VP
MP349/OS24597

Aerobic Services
15188 FM 306
Canyon Lake, TX 78133



Canyon Lake: (830) 964-2365
Bastrop: (512) 303-6922
 info@aerobicservices.com
 bastrop@aerobicservices.com
MP349 / OS24597
www.aerobicservices.com

To: Ismael Robles
220 Legacy Hills
New Braunfels, TX 78132
 Agency: Comal County Environmental Health
 County: Comal
 Permit No: 109571

Tech: Chris Bausch
 Phone: (210) 505-4590 Date: 2024-05-31
 Alt Ph: (830) 310-2988 Service Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	Not Present
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Pump Screen:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorinator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray Field Vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip Backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Air Pressure: 50

Test Results and Observations: (As Required)

Chlorine Residual (ppm): 0.00
 Test Method: Dpd
 BOD: _____
 TSS: _____
 Tank Lids Secured: Yes / NO
 Pump Out Needed: Yes / NO
 Repairs Made: Yes / NO

Mixed Liquor: all measurements in inches

Aeration: 42

Sludge Levels

Clarifier: 42

Pump: 1

Repairs and Comments:

CB

Inspector: _____

Date: 2024-05-31

Tom Hampton, VP
 MP349/OS24597

Aerobic Services
15188 FM 306
Canyon Lake, TX 78133



Canyon Lake: (830) 964-2365
Bastrop: (512) 303-6922
 info@aerobicservices.com
 bastrop@aerobicservices.com
MP349 / OS24597
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To: Ismael Robles
220 Legacy Hills
New Braunfels, TX 78132
 Agency: Comal County Environmental Health
 County: Comal
 Permit No: 109571

Tech: Chris Bausch
 Phone: (210) 505-4590 Date: 2024-05-31
 Alt Ph: (830) 310-2988 Service
 Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	Not Present
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Spray Field Vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip Backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Air Pressure: 50

Test Results and Observations: (As Required)

Chlorine Residual (ppm): 0.00
 Test Method: Dpd
 BOD: _____
 TSS: _____
 Tank Lids Secured: Yes / NO
 Pump Out Needed: Yes / NO
 Repairs Made: Yes / NO

Mixed Liquor: all measurements in inches

Aeration: 42

Sludge Levels

Clarifier: 42

Pump: 1

Repairs and Comments:

CB

Inspector: _____

Date: 2024-05-31

Tom Hampton, VP
 MP349/OS24597

Aerobic Services
15188 FM 306
Canyon Lake, TX 78133



Canyon Lake: (830) 964-2365
Bastrop: (512) 303-6922
info@aerobicservices.com
bastrop@aerobicservices.com
MP349 / OS24597
www.aerobicservices.com

To: Ismael Robles
220 Legacy Hills
New Braunfels, TX 78132
Agency: Comal County Environmental Health
County: Comal
Permit No: 109571

Tech: Chris Bausch
Phone: (210) 505-4590 Date: 2024-10-23
Alt Ph: (830) 310-2988 Service
Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	Not Present	
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Pressure: 44
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air Compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pump Screen:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chlorinator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spray Field Vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Filters:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprinkler / Drip Backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Test Results and Observations: (As Required)

Chlorine Residual (ppm): 0.00
Test Method: Dpd
BOD: _____
TSS: _____
Tank Lids Secured: Yes / NO
Pump Out Needed: Yes / NO
Repairs Made: Yes / NO

Mixed Liquor: all measurements in inches

Aeration: 40

Sludge Levels

Clarifier: Fog

Pump: 0

Repairs and Comments:
Add bleach to reservoir.

Inspector: CB

Date: 2024-10-23

Tom Hampton, VP
MP349/OS24597