



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 12/01/2020 Permit Number: 109575

Location Description: 5955 COLIN RDG
NEW BRAUNFELS, TX 78132

Subdivision: Copper Ridge The Addition North Phase
Unit:
Lot: 34
Block: M
Acreage:

Type of System: Aerobic
Drip Irrigation

Issued to: Billy Strickland

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

Licensing Authority
Comal County Environmental Health


ENVIRONMENTAL HEALTH INSPECTOR
OS0035625


ENVIRONMENTAL HEALTH COORDINATOR

OS0035605

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Flugrath Const. / David Flugrath OSSF Installer #:
 1st Inspection Date: 11/13/19 2nd Inspection Date: 11-19-19 / 2/7/20 3rd Inspection Date: 12/1/20
 Inspector Name: Mike T. Inspector Name: Connor / Mike T. Inspector Name: Wes Magley
 Permit #: 109575 Address: Copper Ridge / 5955 Colin Ridge Dr.

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)			2/7/20	
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	✓	285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	✓	285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	✓	285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	✓	285.32(a)(5)				
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(ii) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(i)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

MT- 11/15/19
 Tank set only, leveled
 Tank wet due to Rain
 Leave open.

JC 11-19-19
 tank - good - no leaks
 MT- 2/7/20
 operational ✓
 Ready For Cover.

12/1/20 WAM - 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
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	✓				✓ 2/7/20	
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓ ✓		Solan Aerobic 600		✓ ✓	
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

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OSSF Inspection Sheet**

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

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OSSF Inspection Sheet**

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32	<p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0%</p> <p>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom)</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart</p>		<p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(B)</p> <p>285.91(13)</p> <p>285.33(b)(3)(D)</p> <p>285.33(b)(3)(F)</p>				
33	<p>AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.</p>	✓	285.32(c)(1)			2/7/20	
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank</p> <p>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions</p>	✓					
35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.</p>	✓					
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>						
37	<p>PUMP TANK Inspection/Clean Out Port & Risers Provided</p> <p>PUMP TANK Secondary restraint system provided</p> <p>PUMP TANK Riser permanently fastened to lid or cast into tank</p> <p>PUMP TANK Riser cap protected against unauthorized intrusions</p>						
38	<p>PUMP TANK Secondary restraint system provided</p>						
39	<p>PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried</p>						

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OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?		285.33(d)(2)(G)(iii)(i) 285.33(d)(3)(d)(2)(G)(iii)(ii) 285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(i)			2/7/20 	
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		285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)				
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 Environmental Health OSSF Inspection Sheet

Installer Name: Flugrath Const. / David Flugrath OSSF Installer #: _____

1st Inspection Date: 11/13/19 2nd Inspection Date: 11-19-19 3rd Inspection Date: _____

Inspector Name: Mike T. Inspector Name: Conner Inspector Name: _____

Permit#: 109575 Address: Copper Ridge / 5955 Colin Ridge Dr.

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)				

MT - 11/15/19
Tank set only, Levelled
Tank wet due to Rain
Leave open.

JC 11-19-19
tank - good - no leaks

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No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
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9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
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	✓ ✓		<i>Solan Aerobic 600</i>		✓ ✓	
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
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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)				
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1st Inspection Date: 11/13/19 2nd Inspection Date: _____ 3rd Inspection Date: _____

Inspector Name: Mike T. Inspector Name: _____ Inspector Name: _____

Permit#: 109575 Address: Copper Ridge / 5955 Colin Ridge Dr.

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**Comal County Environmental Health
OSSF Inspection Sheet**

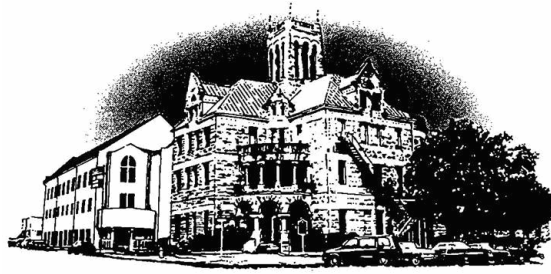
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28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)				

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	<p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0%</p> <p>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom)</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart</p>		<p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(B)</p> <p>285.91(13)</p> <p>285.33(b)(3)(D)</p> <p>285.33(b)(3)(F)</p>				
33	<p>AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.</p>		285.32(c)(1)				
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank</p> <p>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions</p>						
35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.</p>						
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>						
37	<p>PUMP TANK Inspection/Clean Out Port & Risers Provided</p> <p>PUMP TANK Secondary restraint system provided</p> <p>PUMP TANK Riser permanently fastened to lid or cast into tank</p> <p>PUMP TANK Riser cap protected against unauthorized intrusions</p>						
38	<p>PUMP TANK Secondary restraint system provided</p>						
39	<p>PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried</p>						

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?		285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(iii)(III)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)				
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed		285.33(d)(2)(G)(I) 285.33(d)(2)(A) 285.33(d)(2)(F)				
42	APPLICATION AREA Area Installed						
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						



Comal County

OFFICE OF COMAL COUNTY ENGINEER

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

Permit Number: 109575
Issued This Date: 09/09/2019
This permit is hereby given to: Billy Stickland

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

5955 COLIN RDG
NEW BRAUNFELS, TX 78132

Subdivision: Copper Ridge The Addition North Phase

Unit:

Lot: 34

Block: M

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.

REVISED
2:07 pm, Sep 03, 2019

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

Date 5/1/2019

Permit # _____

Owner Name Billy Strickland
Mailing Address 335 Lookout Ridge
City, State, Zip New Braunfels Tx 78132
Phone # 830-305-1133
Email Billys@NSCustomHomes.com

Agent Name DAVID FLUGRAK
Agent Address 1235 LONE OAK RD
City, State, Zip N.B. TX 7802
Phone # 210-275-1481
Email flugd2002@yahoo.com

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

Subdivision Name Copper Ridge Unit _____ Lot 34 Block M

Acreage/Legal _____

Street Name/Address 5955 Colin Ridge City New Braunfels Zip 78132

Type of Development:

Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 3500 Lstn

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

Source of Water Public Private Well

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

By signing this application, I certify that:

- The completed application and all additional information submitted does not contain any false information and does not conceal any material facts.
- Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities..
- I understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

Signature of Owner _____

Date 5/1/19

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

Planning Materials & Site Evaluation as Required Completed By Schrank / Elusath

System Description Proprietary Dril

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

Tank Size(s) (Gallons) 500 800 Absorption/Application Area (Sq Ft) 1500

Gallons Per Day (As Per TCEQ Table III) 300

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

Is the property located over the Edwards Recharge Zone? Yes No
(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))

RECEIVED

AUG 13 2019

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.)

COUNTY ENGINEER

If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP? Yes No
(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A Permit to Construct will not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional office.)

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

Is there an existing TCEQ approval CZP for the property? Yes No
(If yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP.)

If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? Yes No
(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to Construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

Is this property within an incorporated city? Yes No

If yes, indicate the city: _____

By signing this application, I certify that:
- The information provided above is true and correct to the best of my knowledge.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

Ken R. Schrank
Signature of Designer

5-18-19
Date

Page 2 of 2

AFFIDAVIT TO THE PUBLIC



201906026226 07/30/2019 02:44:30 PM 1/1

County of Comal, State of Texas

According to the Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, This Document is filed in the Deed of Records of Comal County, Texas.

The Texas Health and Safety Code, Chapter 366 Authorizes the Texas Commission on Environmental Quality (T.C.E.Q.) to regulate on-site sewage facilities (OSSF's). Additionally, the Texas Water Code (TWC), § 5.012, gives the TCEQ primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its power and duties under the TWC, The TCEQ, 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 OSSF's are located on specific pieces of property. To achieve this notice, the TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation of warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guaranty by the TCEQ that the appropriate OSSF was installed.

An OSSF requiring a Monitoring Contract, according to 30 Texas Administrative Code §285.91(12) will be installed on the property described as (legal description as shown on the recorded warranty deed.

Lot 34, Block M, Copper Ridge, The Addition North Phase

The property is owned by (owner's name as shown recorded warranty deed: if more than one owner both names must be included) Billy Ray Strickland, + Kym Strickland

This OSSF must be covered by a continuous Monitoring Agreement. All Monitoring on this, OSSF must be performed by an approved Monitoring Company, and a signed monitoring Contract must be submitted to the County Engineers Office within 30 days after the property has been transferred.

The owner will upon sale or transfer of the above described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the County Engineer's Office.

WITNESS BY HANDS(S) ON THE 23rd DAY OF APRIL 2019 AUG 13 2019

[Signature] Billy Strickland COUNTY ENGINEER
[Signature] Kym Strickland
printed name

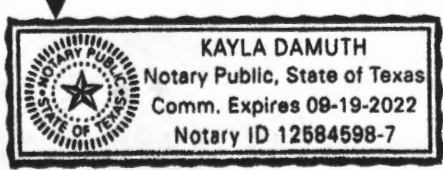
Owner(s) Signature(s)
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 23rd DAY OF April 2019.

[Signature]
Notary Public State of Texas

Notary's Printed name Kayla Damuth

My Commission Expires 9.19.2022

Place Notary Seal Here



Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
07/30/2019 02:44:30 PM
CHRISTY 1 Page(s)
201906026226
[Signature] Bobbie Koepf

TWO YEAR WASTEWATER TREATMENT FACILITY MONITORING AGREEMENT RECEIVED

1. General: This work for hire agreement (known as "Agreement") is entered into by and between AUG 1 Billie & Kym Strickland (known as "Customer") and **(David Flugrath)**. By this agreement, Flugrath Construction and its employees (known as "Contractor") agree to render services at the site address stated below, and customer agrees to fulfill h or her or their responsibilities, as best he or she or they can. The designed flow rate for this system is a maximum of _____ gallons per day.
2. Effective dates: This agreement commences -----and ends on -----for a total of (2) TWO years. The (T. C. E. Q.) Texas Commission on Environmental Quality requires that a contract be in effect at all times. This start date is this contract shall be the date of the License to Operate is issued.
3. Termination of agreement: This agreement may be terminated by both parties with thirty (30) days written notice. Either party may terminate, without fault or liability of the terminating party. If this agreement is terminated: wither party terminating this agreement for any reason, including non-renewal shall notify in writing the appropriate regulatory agency a minimum of thirty (30) days prior to the date of such termination.
4. Services: Contractor Will:
- A. Inspect and perform upkeep on OSSF Facility as recommended by system manufacturer and State and local Regulatory Authority for a total of 3 visits per year.
 - B. Provide written records of each visit by means of tag attached to control panel.
 - C. Repair or replace any component of the OSSF found inoperable any time of the duration of the monitoring visits. If such services are not under warranty the customer holds full responsibility for the costs of said repairs and authorizes the contractor to make repairs and bill customer accordingly as to the State and Regulatory code.
 - D. Provide sample collection for testing of TSS and BOD on a yearly basis.
 - E. Forward copies of this agreement and all reports to the Regulatory Agency and Customer within 14 days.
 - F. Respond to Customer request for unscheduled request within 48 hours of the date of notification. Unless costs are covered under the warranty an unscheduled response will be billed to Customer.
5. Chlorinization is the sole responsibility of the customer.
6. Performance of Agreement: Performance by Contractor under this agreement is contingent on the following conditions:
- A. Contractors receipt of original copy of monitoring agreement.
 - B. Contractors receipt of payment of Wastewater monitoring fee.
 - C. If the above conditions are not met, Contractor is not obligated to perform any portion of this agreement.
7. Customer responsibilities: The customer is responsible for each and all of the following:
- A. Provide all necessary yard or lawn maintenance and removal of all obstacles, like dogs and other animals, needed to allow access and the proper function of the OSSG to allow Contractor safe and easy access to the OSSF including gate codes and combinations to locks.
 - B. Protect OSSF equipment form physical damage including by and not limited to the damage caused by ants and insects.
 - C. Maintain and abide by the conditions and limitations of the license to operate for and OSSF from the state and local regulatory agency and manufacturers recommendations.
 - D. It is the customers responsibility to notify the contractor of any or all alarms or problems immediately.
 - E. Allow for samples of OSSF be obtained by contractor of evaluating the OSSF's performance.
 - F. Prevent backwash or flushing of water treatment or conditioning equipment from enter OSSF.
 - G. Prevent hydraulically overloading OSSF by introducing more than 300 gallons a day into the system. Drain lines may discharge into the surface application pump tank if approved by system designer.
 - H. Schedule for pumping and cleaning of all tanks when recommended by contractor is at customers expense.
 - I. Maintain site drainage to prevent adverse effects on the OSSF.
 - J. Pay promptly and fully, all contractors fees, bills or invoices as described herein.
8. Access by Contractor: Contractor is granted easement to the OSSF for purpose of servicing described: Contractor may enter property during normal business hours without prior notice to customer to service or repair of OSSF. Contractor is not responsible for the uneven settling of the soil.
9. Limited Liability: Contractor shall not be held liable for any incidental, consequential or special damages or for economic loss due to expense or loss of profits or income or loss of use to customer, whether in contract tort or any other theory. In no

event shall contractor be held liable in an amount exceeding the total fee for services amount paid by customer under this agreement.

10. Fee for Services: The fee for the basic services described in this agreement is \$350.00 per year unless this is an initial monitoring agreement of a new installation. This fee does not include any equipment materials, or labor cost for non-warranty or unscheduled repairs. This fee doesn't include the cost of pumping the system upon contractor's advice to do so.

11. Payment: Fees for services of a 1-year contract are as follows:

- A. \$350.00 per 1 years in full amount due on signing the monitoring agreement.
- B. 2 payments, \$175.00
- C. Payments for invoices are due upon receipt and any checks returned will be charged \$35.00 fee.

12. Application or transfer of payment: The fees paid for this agreement may be transferred to the subsequent property owner(s). The customer will advise the subsequent owner(s) of the requirement that they sign a replacement agreement authorizing contractor to perform services, and accepting customer responsibilities. This replacement agreement must be signed and received in the contractor's office within ten (10) days of date of transfer of property. Contract will continue from existing date of startup or license to operate is null and void and ends in one year of that date.

13. Entire agreement: This agreement contains the entire agreement of the parties, and no other promises or conditions in any other agreement, oral or written.

DAVID FLUGRATH/ FLUGTRATH CONSTRUCTION, TEXAS INSTALLER II AND SITE EVALUATOR LICENSE # OS1648 & OS9620, ADDRESS 1235 LONE OAK RD., NEW BRAUNFELS, TX 78132 CERTIFIED SERVIC PROVIDER FOR ARIES, SOLAR,HOOT, PRO FLO, AQUA SAFE, AQUA AIRE, NORWECO, CAJUN AIRE. MEMBER: TEXAS ON SITE WASTEWATER ACSSOCIATION AND NATIONAL ON SITE WASTEWATER RECYCLING ASSOCIAN.

RECEIVED

CUSTOMER NAME: Billy Strickland
SITE ADDRESS: 5953 Colin Ridge
CITY: NB
STATE & ZIP: TX 78132
PERMIT #:

AUG 13 2019

COUNTY ENGINEER

REGULATORY AUTHORITY/ COUNTY: Comal
ATU BRAND: MODEL: SERIAL #:

Acceptance of this agreement: The above prices, specification, and conditions are satisfactory and are hereby accepted. You are authorized to perform the services as specified. Payment will be made as outlined above. It is understood and agreed that this work is not provided for in any other agreement and no contractual rights arise until this agreement is accepted in writing.

DAVID FLUGRATH: 

CUSTOMER NAME: Billy Strickland
PLEASE PRINT NAME

CUSTOMER SIGNATURE 
ONLY ONE PERSON NEED SIGN

Owners Name Billy Ray & Ryan Strickland **OSSF SOIL EVALUATION FORM**
 Physical Address _____
 Name of Site Evaluator David Flugrath
 Date Performed: _____ Proposed Excavation Depth: _____

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 _____						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III - blocky, platy or massive)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	Clay loam	Block	no Redox	24" Hard patch	IN THE EPANW
1						
2						
3						
4						
5						

SOIL BORING NUMBER _____						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III - blocky, platy or massive)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	SAND					RECEIVED AUG 13 2019 COUNTY ENGINEER
1						
2						
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.
[Signature] #9620 7-10-19
 Signature of Site Evaluator Date

REVISED

2:07 pm, Sep 03, 2019

SEPTIC DESIGN
FOR

OWNER/LOCATION: Billy Ray Strickland
SITE ADDRESS: 5955 Colin Ridge
COUNTY: Comal

WASWTEWATER DESIGN FLOW: This design is for a single family residence, 3Bdrm less than 3,500 sq ft. each utilizing water saving devices. The projected wastewater flow will be 300 GPD.

SITE EVALUATION: The owner requested Aerobic Treatment with drip irrigation. A soil evaluation was conducted. The area of drip irrigation has a slope of less than 15%. The native vegetation consists of various grasses. There are no recharge features located within 150' of the proposed system and there are no water runs in the treatment area. There is adequate space for alternative drip area. The site is located in the Edwards recharge Zone. The system is not in the 100 year flood plane.

TREATMENT DESCRIPTION: The homes will use a 500 GPD Aerobic Treatment System off the TCEQ list. The homes shall be connected to a 500 gpd aerobic system 3" or 4" sch 40 PVC. The effluent will then pass into a 760 gallon pump tank. The system is required to be on a timer. It is then pumped to 750 linear feet of drip tubing. The system is to be installed to manufacture's instructions.

SPECIFICATIONS:

Gallons per day- 300
Soil Class III
Soil loading rate- (FPD/sq. ft.) .02
Minutes per dose- 8
Sq Ft. of application area -1500
Linear feet of tubing -750
Linear feet of tubing Zone- 750
of emitters - 375
of Zones -1
Emitters/zones -375
Drip Rate (GPD) - 0.61
Gallons per min./zone - 3.1
Minutes per day/zones -79
Doses per zone - 10
Total Doses /day - 10
Time between doses in hours - 2.0
Total Run time in minutes - 79
Maximum Connection to manifold - 8
Vacuum relief valves - 2
Supply line and manifold 1" sch. 40 PVC
Return line and manifold 1" sch. 40 PVC



9-2-19

Firm # F-11631

TANK VOLUME AND SETTINGS:

INSIDE DIMENTIONS: 4.187' av. Length x 14.5' width x 4.333' depth = 263cu. Ft.
(102cf x 7.48 gal/c.f.) = 760 gal/52 – 14.62 gallons per inch.

VOLUME: 760 gal.

PUMP OFF POSITION: 1.25 ft above tank floor (15")
1.25 x 23.54 s.f. = 29.43 c.f.
29.43 c.f. x 7.48 gal/c.f. = 220 gal.

PUMP ON POSITION: 3.29 feet (39.5") above floor
3.29' – 1.25' = 2.04'
2.04' x 23.54 sq ft = 48.02 cu ft
48.02 c.f. x 7.48 gal./cu. Ft. = 360



9-2-19
Firm #F-11631

ALARM ON POSITION: If water is above the high water alarm the high water alarm the pump is activated and will pump for 15 minute intervals until it has pumped down below the pump off position at 15" above the bottom of the floor. If the water doesn't pump down the high water alarm will sound. (120 gal.)

RESERVE CAPACITY: 120 gal. reserve (more than 1/3 full day requirement above the alarm)

PUMP REQUIREMENTS: .5 h/p. submersible pump/ 20 gpm (normally included with the aerobic unit)

INSTALLATION OUTLINE: Dig tank hole, place 4" of sand, sand loam, or pea gravel, free of rock on floor of tank hole and level. Install tanks and back fill with same type material. Place audio and visual alarm in an easily seen area. Place compressor in an accessible area as close as possible to the tank. Install pump and hook to system with auto field flush (back to trash tank). Scarify existing Class III soil. Place 6" of class III soil on existing soil. Install drip lines as to plan. Then cover drip lines with 6" of class III soil. Connect from drip lines to 1" PVC supply lines and the other in the 1" PVC return manifold and connect to trash tank. Lines should be a minimum of 6" below the surface of the ground. Content of drop lines will be intermittently flushed back to pre treatment tank. All wires shall be run in PVC conduit and electrical wiring shall be connected in a weatherproof box. And must conform to local code. A separate 20 amp breaker is required for the system. All effluent lines should be kept 10 feet from all water lines.

INSPECTION SCHEDULE: Two inspections by permitting authority.

Line Flush

LANDSCAPING: The the drip field is to be sodded. Areas which are bare or disturbed will need to be seeded with a rye" Bermuda, or mixture of these grasses. All surface rock in drip field shall be removed.

MAINTENANNCE AGREEMENT: A maintenance agreement between the owner and a TCEQ approved maintenance company is required. The initial agreement is for a two year period and must

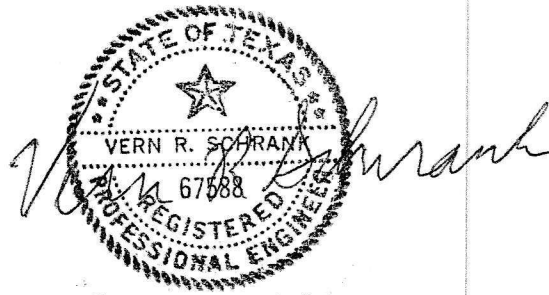
REVISED

2:09 pm, Sep 03, 2019

be included in the price of the system. A copy of said agreement must be provided to the permitting authority prior to final permit approval. If a maintenance company discontinues business. The owner has (30) thirty days in which to procure a new agreement with a different company.

AFFIDAVIT: Prior to issuance of a permit, a certified copy, which has been duly recorded at the county clerks office and filed in reference to the real property deed on which the surface application system is to be installed, must be submitted. The owner and all new owners shall be advised that the property contains a drip irrigation system for waste water disposal. The transfer of an OSSF permit will accompany the transfer of waste water disposal. The transfer of an OSSF permit will accompany the transfer of the property on which an OSSF is located. All new owners are required to obtain a maintenance contract with a TCEQ approved maintenance company, and to submit it to the permitting authority.

TESTING AND REPORTING: The maintenance company shall inspect and report the results to the permitting authority. All tests must adhere to the testing procedure of the TCEQ as shown in 285.91(4) and as to the permitting authority's guidelines.



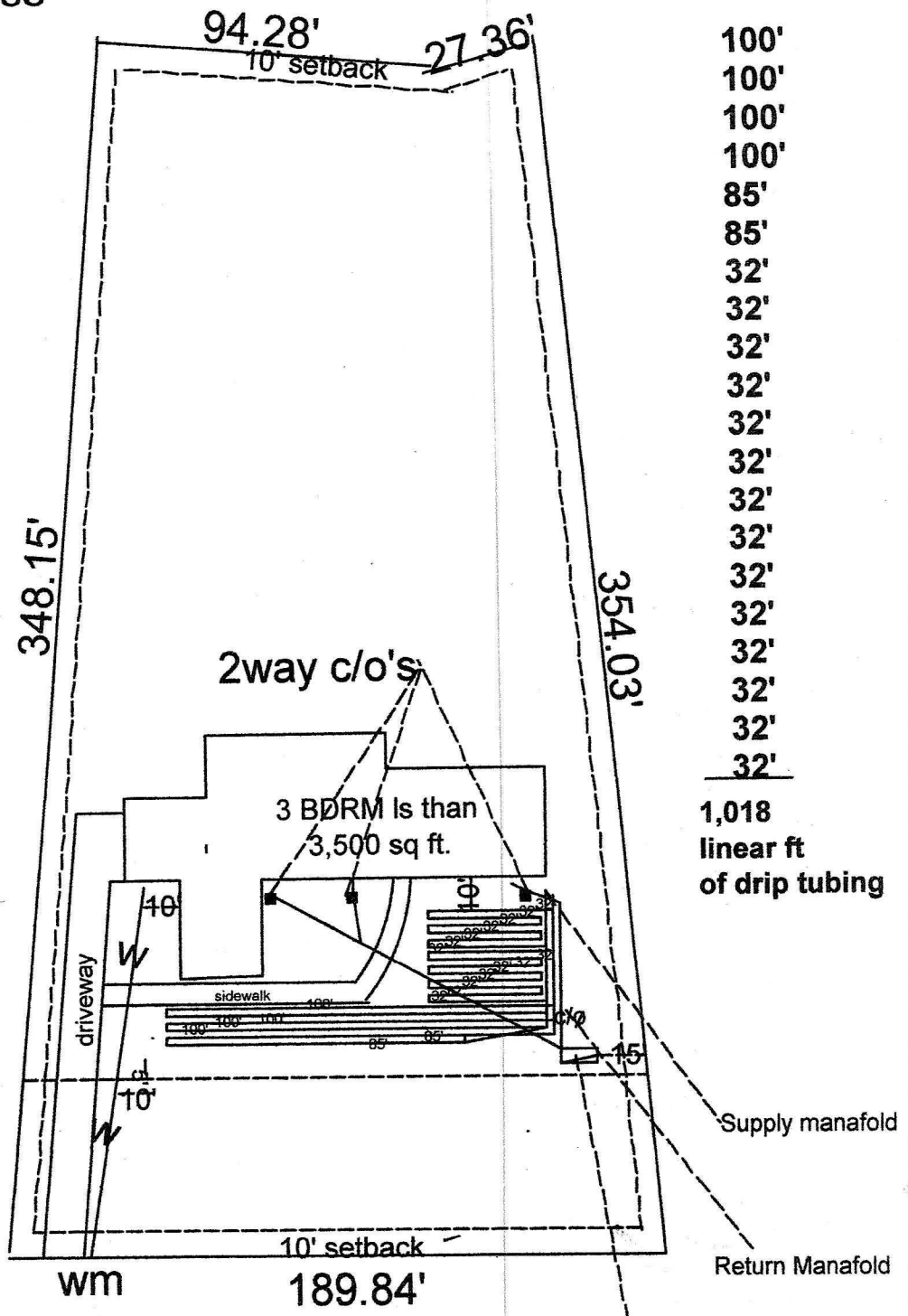
9-2-19
Firm # F-11631

Billy Ray Strickland
 Lot 34 Block M, Copper Ridge
 The Addition North Phase

REVISED
 8:13 am, Feb 06, 2020

Scale 1"=50'
 billy

permit #109575
 revised 02/05/20



Vern R. Schrank
 02/05/2020
 Frim # F-11631



W.P.A.P. Certification: No recharge features were found within 150' of the discharge area, no water runs or dry creeks were located in the treatment area. This design complies with the Water Pollution Abatement Plan according to the TCEQ rules and regulations.

500GPD Aerobic Drip System will be flushed back into the pretreatment tank continuously

Ritzen, Brenda

From: Ritzen, Brenda
Sent: Tuesday, November 19, 2019 12:07 PM
To: 'david flugrath'
Subject: FW: 109575
Attachments: 109575 tamk move.pdf

David,

The designed linear feet of tubing doesn't match the linear feet of tubing indicated. The number and lengths of the lines on the left do not match the number and lengths actually shown on the design.

Thank you,

Brenda Ritzen, OS0007722
Environmental Health Coordinator
Comal County Engineers Office
195 David Jonas Drive
New Braunfels, Texas 78132
830-608-2090
www.cceo.org

From: david flugrath <flugd2002@yahoo.com>
Sent: Tuesday, November 19, 2019 8:27 AM
To: Ritzen, Brenda <rabbjr@co.comal.tx.us>
Subject: 109575

**This email originated from outside of the organization.
Do not click links or open attachments unless you recognize the sender and know the content is safe.**

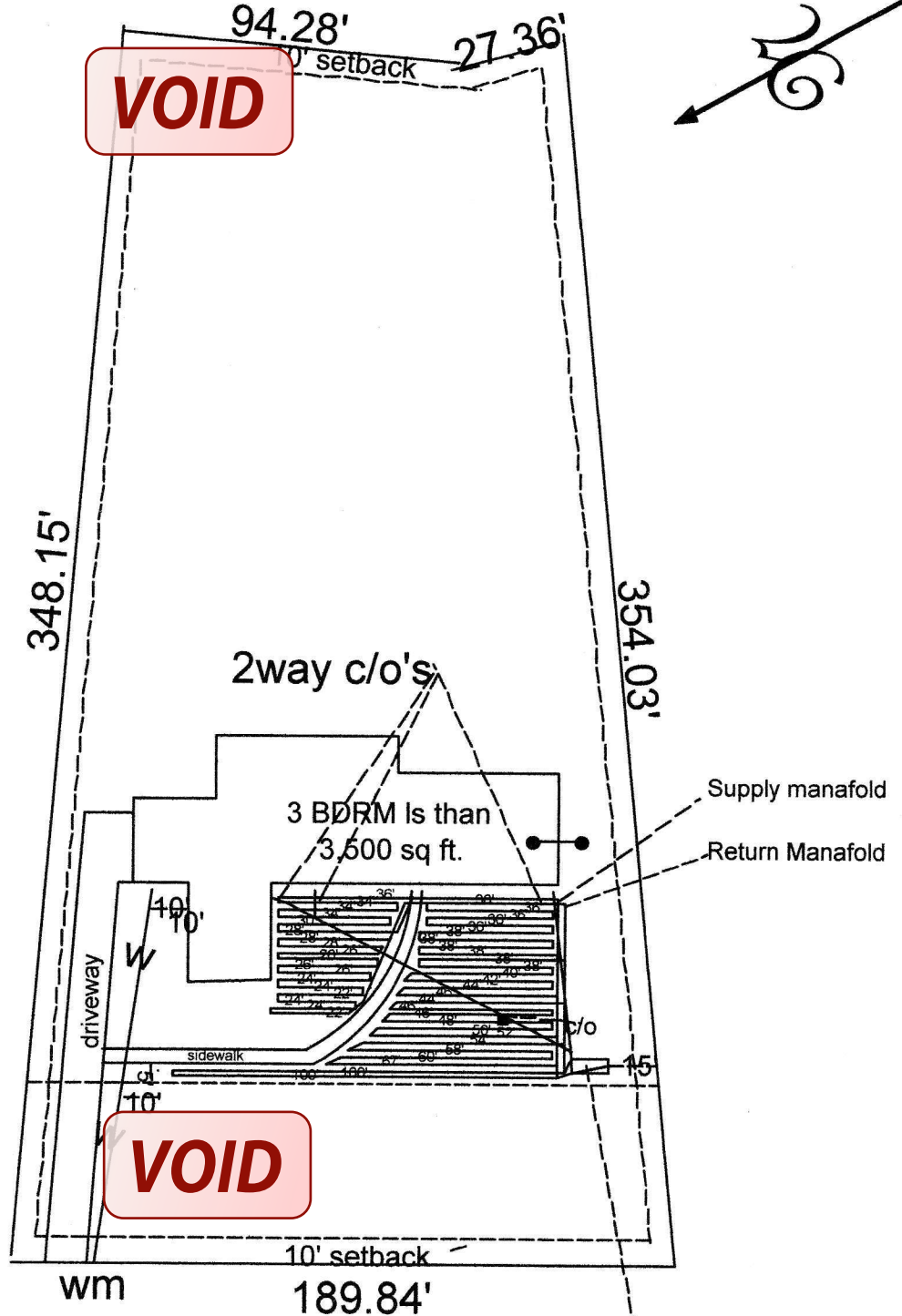
- Comal IT

Billy Ray Strickland
 Lot 34 Block M, Copper Ridge
 The Addition North Phase

REVISED
 11:59 am, Nov 19, 2019

Scale 1"=50'
 billy

- 100'
- 100'
- 67'
- 60'
- 58'
- 54'
- 52'
- 50'
- 48'
- 46'
- 45'
- 44'
- 45'
- 42'
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5955 Colin Ridge

W.P.A.P. Certification: No recharge features were found within 150' of the discharge area, no water runs or dry creeks were located in the treatment area. This design complies with the Water Pollution Abatement Plan according to the TCEQ rules and regulations.

500GPD Aerobic Drip System will be flushed back into the pretreatment tank continuously

1,864 linear feet of drip tubing

Billy Ray Strickland
Lot 34 Block M, Copper Ridge
The Addition North Phase

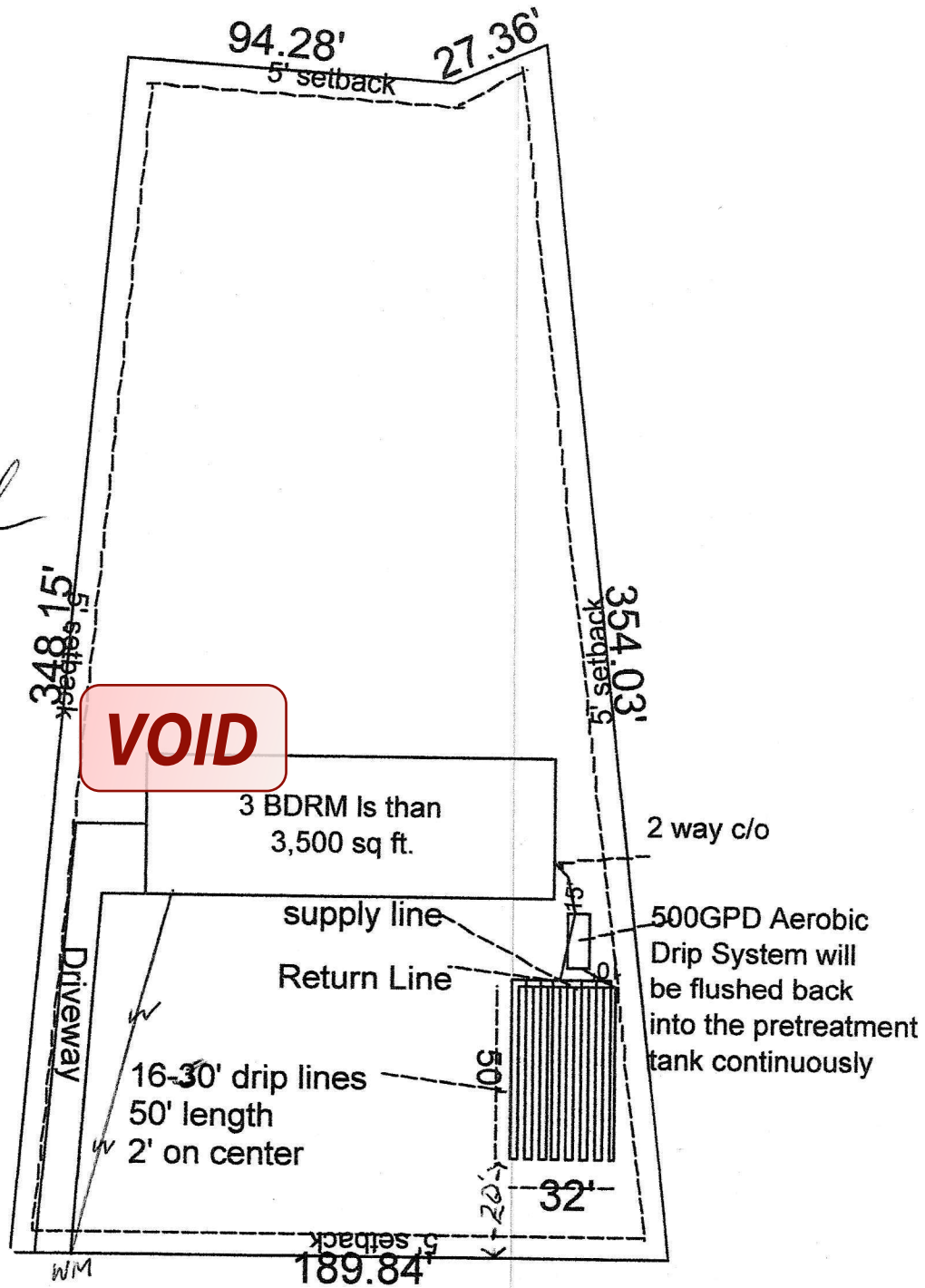
REVISED
2:07 pm, Sep 03, 2019

VOID

billy
Scale 1"=50'



9-2-19
Firm # F-11631



VOID

5955 Colin Ridge

W.P.A.P. Certification: No recharge features were found within 150' of the discharge area, no water runs or dry creeks were located in the treatment area. This design complies with the Water Pollution Abatement Plan according to the TCEQ rules and regulations.

Ritzen, Brenda

From: Ritzen, Brenda
Sent: Monday, September 9, 2019 8:41 AM
To: 'david flugrath'
Subject: RE: 5995 collin ridge

David,

The correct address for this location is, **5955 Colin Ridge**. Please correct on the maintenance contract and return.



Thank you,

Brenda Ritzen, OS0007722
Environmental Health Coordinator
Comal County Engineers Office
195 David Jonas Drive
New Braunfels, Texas 78132
830-608-2090
www.cceo.org

From: david flugrath <flugd2002@yahoo.com>
Sent: Friday, September 6, 2019 6:31 PM
To: Ritzen, Brenda <rabbjr@co.comal.tx.us>
Subject: Re: 5995 collin ridge

On Thursday, September 5, 2019, 02:15:12 PM CDT, Ritzen, Brenda <rabbjr@co.comal.tx.us> wrote:

David,

I just realized that the owner's current mailing address is being used on the maintenance contract instead of the permit location, 5955 Colin Ridge. Please correct and resubmit.

Thank you,

Brenda Ritzen, OS0007722

event shall contractor be held liable in an amount exceeding the total fee for services amount paid by customer under this agreement.

VOID

10. **Fee for Services:** The fee for the basic services described in this agreement is \$350.00 per year unless this is an initial monitoring agreement of a new installation. This fee does not include any equipment materials, or labor cost for non-warranty or unscheduled repairs. This fee doesn't include the cost of pumping the system upon contractor's advice to do so.

11. **Payment:** Fees for services of a 1-year contract are as follows:

- A. \$350.00 per 1 years in full amount due on signing the monitoring agreement.
- B. 2 payments, \$175.00
- C. Payments for invoices are due upon receipt and any checks returned will be charged \$35.00 fee.

12. **Application or transfer of payment:** The fees paid for this agreement may be transferred to the subsequent property owner(s). The customer will advise the subsequent owner(s) of the requirement that they sign a replacement agreement authorizing contractor to perform services, and accepting customer responsibilities. This replacement agreement must be signed and received in the contractor's office within ten (10) days of date of transfer of property. Contract will continue from existing date of startup or license to operate is null and void and ends in one year of that date.

13. **Entire agreement:** This agreement contains the entire agreement of the parties, and no other promises or conditions in any other agreement, oral or written.

DAVID FLUGRATH/ FLUGTRATH CONSTRUCTION, TEXAS INSTALLER II AND SITE EVALUATOR LICENSE # OS1648 & OS9620. ADDRESS 1235 LONE OAK RD., NEW BRAUNFELS, TX 78132 CERTIFIED SERVICE PROVIDER FOR ARIES, SOLAR, HOOT, PROSAFE, AQUA AIRE, NORWECO, CAJUN AIRE. MEMBER: TEXAS ON SITE WASTEWATER RECYCLING ASSOCIATION AND NATIONAL ON SITE WASTEWATER RECYCLING ASSOCIATION

VOID

RECEIVED

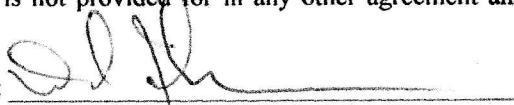
CUSTOMER NAME: Billy Strickland
SITE ADDRESS: 5995 Colin Ridge
CITY: NB
STATE & ZIP: TX 78132
PERMIT #:

AUG 13 2019

COUNTY ENGINEER

REGULATORY AUTHORITY/ COUNTY: Comal
ATU BRAND: MODEL: SERIAL #:

Acceptance of this agreement: The above prices, specification, and conditions are satisfactory and are hereby accepted. You are authorized to perform the services as specified. Payment will be made as outlined above. It is understood and agreed that this work is not provided for in any other agreement and no contractual rights arise until this agreement is accepted in writing.

DAVID FLUGRATH: 

CUSTOMER NAME: Billy Strickland
PLEASE PRINT NAME

CUSTOMER SIGNATURE 
ONLY ONE PERSON NEED SIGN

TWO YEAR WASTEWATER TREATMENT FACILITY MONITORING AGREEMENT

RECEIVED

AUG 1 Bill & Kym

1. General: This work for hire agreement (known as "Agreement") is entered into by and between Strickland (known as "Contractor") and (David Flugrath). By this agreement, Flugrath Construction and its employees (known as "Contractor") agree to provide services at the site address stated below, and customer agrees to fulfill his or her or their responsibilities, as best he or she or they can. The designed flow rate for this system is a maximum of _____ gallons per day.

2. Effective dates: This agreement commences -----and ends on -----for a total of (2) TWO years. The (T. C. E. Q.) Texas Commission on Environmental Quality requires that a contract be in effect at all times. This start date is this contract shall be the date of the License to Operate is issued.

3. Termination of agreement: This agreement may be terminated by both parties with thirty (30) days written notice. Either party may terminate, without fault or liability of the terminating party. If this agreement is terminated: wither party terminating this agreement for any reason, including non-renewal shall notify in writing the appropriate regulatory agency a minimum of thirty (30) days prior to the date of such termination.

4. Services: Contractor Will:

- A. Inspect and perform upkeep on OSSF Facility as recommended by system manufacturer and State and local Regulatory Authority for a total of 3 visits per year.
- B. Provide written records of each visit by means of tag attached to control panel.
- C. Repair or replace any component of the OSSF found inoperable any time of the duration of the monitoring visits. If such services are not under warranty the customer holds full responsibility for the costs of said repairs and authorizes the contractor to make repairs and bill customer accordingly as to the State and Regulatory code.
- D. Provide sample collection for testing of TSS and BOC on a yearly basis.
- E. Forward copies of this agreement and all reports to the Regulatory Agency and Customer within 14 days.
- F. Respond to Customer request for unscheduled request within 48 hours of the date of notification. Unless costs are covered under the warranty an unscheduled response will be billed to Customer.

5. Chlorinization is the sole responsibility of the customer.

6. Performance of Agreement: Performance by Contractor under this Agreement is contingent on the following conditions:
- A. Contractors receipt of original copy of monitoring agreement
 - B. Contractors receipt of payment of Wastewater monitoring fee.
 - C. If the above conditions are not met, Contractor is not obligated to perform any portion of this agreement.

7. Customer responsibilities: The customer is responsible for each and all of the following:

- A. Provide all necessary yard or lawn maintenance and removal of all obstacles, like dogs and other animals, needed to allow access and the proper function of the OSSG to allow Contractor safe and easy access to the OSSF including gate codes and combinations to locks.
- B. Protect OSSF equipment form physical damage including by and not limited to the damage caused by ants and insects.
- C. Maintain and abide by the conditions and limitations of the license to operate for and OSSF from the state and local regulatory agency and manufacturers recommendations.
- D. It is the customers responsibility to notify the contractor of any or all alarms or problems immediately.
- E. Allow for samples of OSSF be obtained by contractor of evaluating the OSSF's performance.
- F. Prevent backwash or flushing of water treatment or conditioning equipment from enter OSSF.
- G. Prevent hydraulically overloading OSSF by introducing more than _____ gallons a day into the system. Drain lines may discharge into the surface application pump tank if approved by system designer.
- H. Schedule for pumping and cleaning of all tanks when recommended by contractor is at customers expense.
- I. Maintain site drainage to prevent adverse effects on the OSSF.
- J. Pay promptly and fully, all contractors fees, bills or invoices as described herein.

8. Access by Contractor: Contractor is granted easement to the OSSF for purpose of servicing described: Contractor may enter property during normal business hours without prior notice to customer to service or repair of OSSF. Contractor is not responsible for the uneven settling of the soil.

9. Limited Liability: Contractor shall not be held liable for any incidental, consequential or special damages or for economic loss due to expense or loss of profits or income or loss of use to customer, whether in contract tort or any other theory. In no

event shall contractor be held liable in an amount equal to the total fee for services amount paid by customer under this agreement.

VOID

10. Fee for Services: The fee for the basic services described in this agreement is \$350.00 per year unless this is an initial monitoring agreement of a new installation. This fee does not include any equipment materials, or labor cost for non-warranty or unscheduled repairs. This fee doesn't include the cost of pumping the system upon contractor's advice to do so.

11. Payment: Fees for services of a 1-year contract are as follows:

- A. \$350.00 per 1 years in full amount due on signing the monitoring agreement.
- B. 2 payments, \$175.00
- C. Payments for invoices are due upon receipt and any checks returned will be charged \$35.00 fee.

12. Application or transfer of payment: The fees paid for this agreement may be transferred to the subsequent property owner(s). The customer will advise the subsequent owner(s) of the requirement that they sign a replacement agreement authorizing contractor to perform services, and accepting customer responsibilities. This replacement agreement must be signed and received in the contractor's office within ten (10) days of date of transfer of property. Contract will continue from existing date of startup or license to operate is null and void and ends in one year of that date.

13. Entire agreement: This agreement contains the entire agreement of the parties, and no other promises or conditions in any other agreement, oral or written.

DAVID FLUGRATH/ FLUGTRATH CONSTRUCTION, TEXAS INSTALLER II AND SITE EVALUATOR LICENSE # OS1648 & OS9620. ADDRESS 1235 LONE OAK RD., NEW BRAUNFELS, TX 78132 CERTIFIED SERVICE PROVIDER FOR ARIES, SOLAR, HOOT, PRO FLO, AQUA SAFE, AQUA AIRE, NORWECO, CAJUN AIRE. MEMBER: TEXAS ON SITE WASTEWATER ASSOCIATION AND NATIONAL ON SITE WASTEWATER RECYCLING ASSOCIATION.

RECEIVED

CUSTOMER NAME: Billy Strickland
SITE ADDRESS: 335 Lookout Ridge
CITY: NB
STATE & ZIP: TX 78132
PERMIT #:

AUG 13 2019

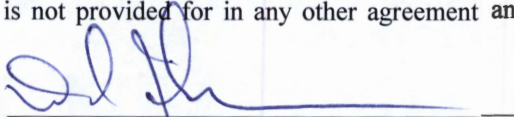
VOID

COUNTY ENGINEER

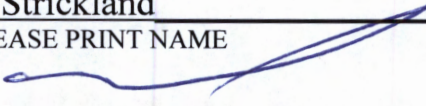
REGULATORY AUTHORITY/ COUNTY: Comal

ATU BRAND: MODEL: SERIAL #:

Acceptance of this agreement: The above prices, specification, and conditions are satisfactory and are hereby accepted. You are authorized to perform the services as specified. Payment will be made as outlined above. It is understood and agreed that this work is not provided for in any other agreement and no contractual rights arise until this agreement is accepted in writing.

DAVID FLUGRATH: 

CUSTOMER NAME: Billy Strickland
PLEASE PRINT NAME

CUSTOMER SIGNATURE 
ONLY ONE PERSON NEED SIGN

Ritzen, Brenda

From: Ritzen, Brenda
Sent: Thursday, September 5, 2019 2:15 PM
To: 'david flugrath'
Subject: RE: 5995 collin ridge
Attachments: Pages from 109575.pdf

David,

✔ I just realized that the owner's current mailing address is being used on the maintenance contract instead of the permit location, 5955 Colin Ridge. Please correct and resubmit.

Thank you,

Brenda Ritzen, OS0007722
Environmental Health Coordinator
Comal County Engineers Office
195 David Jonas Drive
New Braunfels, Texas 78132
830-608-2090
www.cceo.org

From: david flugrath <flugd2002@yahoo.com>
Sent: Thursday, September 5, 2019 8:44 AM
To: Ritzen, Brenda <rabbjr@co.comal.tx.us>
Subject: Re: 5995 collin ridge

5995 collin ridge

On Tuesday, September 3, 2019, 02:20:32 PM CDT, Ritzen, Brenda <rabbjr@co.comal.tx.us> wrote:

David,

As per TCEQ, intermittent flushing goes back to the pretreatment

tank and continuous flushing goes into the pump tank. Please ask Vern Schrank to revise accordingly.

Thank you,

Ritzen, Brenda

From: Ritzen, Brenda
Sent: Tuesday, August 20, 2019 1:44 PM
To: 'david flugrath'
Subject: Permit 109575
Attachments: Page from 109575.pdf

Re: Billy Ray Strickland
Copper Ridge The Addition North Phase, Lot 34 Block M
Application for Permit for Authorization to Construct an On-Site Sewage Facility

David,

The following information is needed before I can continue processing the referenced permit submittal:

- ✓ The owner must correct the name on the permit application to match the owner name as described on the recorded deed. Please remove Kym Strickland.
- ✓ The owner must indicate the type of construction on the permit application.
- ✓ The designer must indicate if the contents of the drip lines will intermittently flushed back to the pre-treatment tank, or continuously flushed into the pump tank.
4. Revise as needed and resubmit.

Thank you,

Brenda Ritzen, OS0007722
Environmental Health Coordinator
Comal County Engineers Office
195 David Jonas Drive
New Braunfels, Texas 78132
830-608-2090
www.cceo.org

REVISED

2:07 pm, Sep 03, 2019

VOID

TANK VOLUME AND SETTING

INSIDE DIMENSIONS: 4.87' length x 14.5' width x 4.333' depth = 263cu. Ft.
(102cf x 7.48 gal/c.f.) = 760 gal/52 – 14.62 gallons per inch.

VOLUME: 760 gal.

PUMP OFF POSITION: 1.25 ft above tank floor (15")

1.25 x 23.54 s.f. = 29.43 c.f.

29.43 c.f. x 7.48 gal/c.f. = 220 gal.

PUMP ON POSITION: 3.29 feet (39.5") above floor

3.29' – 1.25' = 2.04'

2.04' x 23.54 sq ft = 48.02 cu ft

48.02 c.f. x 7.48 gal./cu. Ft. = 360



9-2-19
Firm #11631

ALARM ON POSITION: If water is above the high water alarm the high water alarm the pump is activated and will pump for 15 minute intervals until it has pumped down below the pump off position at 15" above the bottom of the floor. If the water doesn't pump down the high water alarm will sound. (120 gal.)

RESERVE CAPACITY: 120 gal. reserve (more than 1/3 full day requirement above the alarm)

PUMP REQUIREMENTS: .5 h/p. submersible pump/ 20 gpm (normally included with the aerobic unit)

INSTALLATION OUTLINE: Dig tank hole of sand, sand loam, or pea gravel, free of rock on floor of tank hole and level. Install tank hole fill with same type material. Place audio and visual alarm in an easily seen area. Place compressor in an accessible area as close as possible to the tank. Install pump and hook to system with auto field flush (back to trash tank). Scarify existing Class III soil. Place 6" of class III soil on existing soil. Install drip lines as to plan. Then cover drip lines with 6" of class III soil. Connect from drip lines to 1" PVC supply lines and the other in the 1" PVC return manifold and connect to trash tank. Lines should be a minimum of 6" below the surface of the ground. Content of drop lines will be intermittently flushed back to pre treatment tank. All wires shall be run in PVC conduit and electrical wiring shall be connected in a weatherproof box. And must conform to local code. A separate 20 amp breaker is required for the system. All effluent lines should be kept 10 feet from all water lines.

INSPECTION SCHEDULE: Two inspections by permitting authority.

LANDSCAPING: The the drip field is to be sodded. Areas which are bare or disturbed will need to be seeded with a rye" Bermuda, or mixture of these grasses. All surface rock in drip field shall be removed.

MAINTENANNCE AGREEMENT: A maintenance agreement between the owner and a TCEQ approved maintenance company is required. The initial agreement is for a two year period and must

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

VOID

Date 5/1/2019

Permit # 109575

Owner Name Billy Strickland Kym Strickland
Mailing Address 335 Lookout Ridge
City, State, Zip New Braunfels Tx 78132
Phone # 830-305-1133
Email Billys@NSCustomHomes.com

Agent Name David Flug AR
Agent Address 1235 Lone Oak Rd
City, State, Zip N.B. TX 7802
Phone # 210-275-1481
Email flugd2002@yahoo.com

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

Subdivision Name Copper Ridge Unit _____ Lot 34 _____ Block M

Acreage/Legal _____

Street Name/Address 5955 Colin Ridge City New Braunfels Zip 78132

Type of Development:

Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 3500 Lstn

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Non-Single Family Residential

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

COUNTY ENGINEER

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 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.

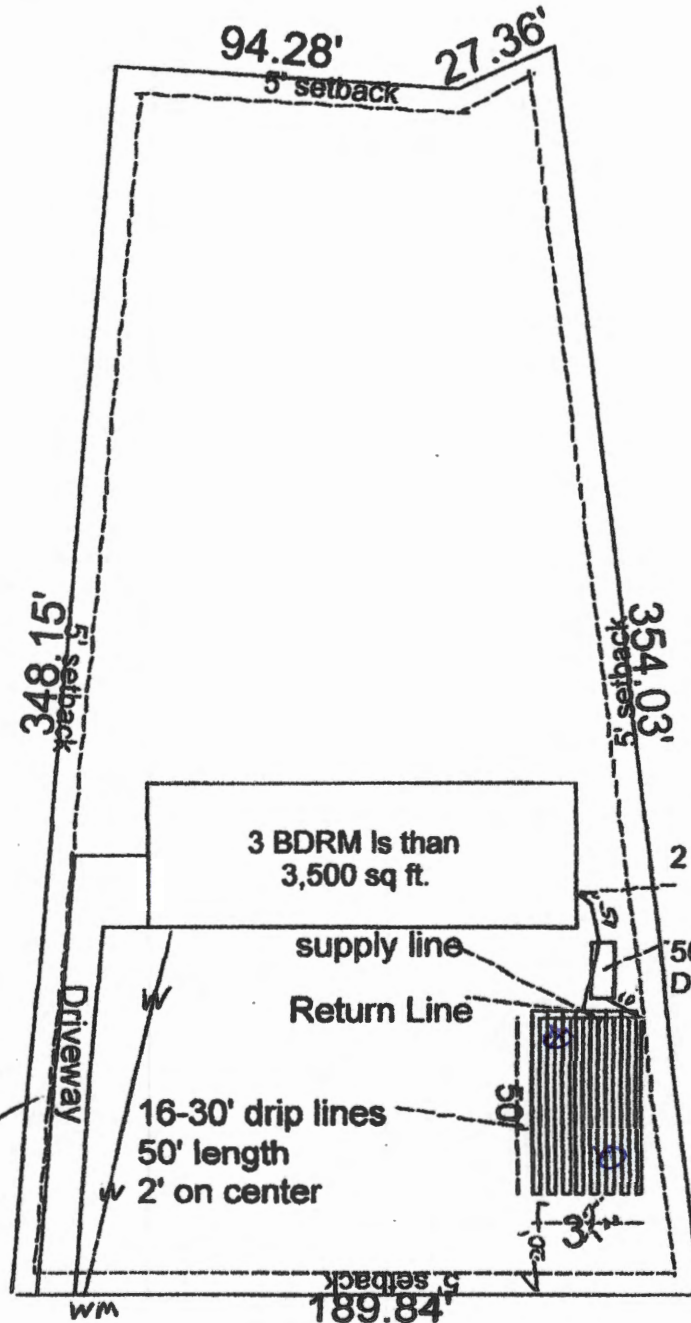
Kym Strickland
Signature of Owner

5/1/19
Date

VOID

Billy Ray and Kym Strickland
Lot 34 Block M, Copper Ridge
The Addition North Phase

PC005
Scale 1"=50'



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AUG 13 2019
COUNTY ENGINEER

Verne A. [Signature]

7-18-2019
Firm # F-11631

⊗ Profile Holes

5955 Colin Ridge

W.P.A.P. Certification: no recharge features were found within 150' of the discharge area, and no water runs or dry creeks are located in the treatment area. This design complies with the Water Pollution Abatement Plan according to the TCEQ rules and regulations.

SEPTIC DESIGN

VOID

OWNER/LOCATION: Billy strickland
SITE ADDRESS:
COUNTY: Comal

WASWTEWATER DESIGN FLOW: This design is for a single family residence, 3Bdrm less than 3,500 sq ft. each utilizing water saving devices. The projected wastewater flow will be 300 GPD.

SITE EVALUATION: The owner requested Aerobic Treatment with drip irrigation. A soil evaluation was conducted. The area of drip irrigation has a slope of less than 15%. The native vegetation consists of various grasses. There are no recharge features located within 150' of the proposed system and there are no water runs in the treatment area. There is adequate space for alternative drip area. The site is located in the Edwards recharge Zone. The system is not in the 100 year flood plane.

TREATMENT DESCRIPTION: The homes will use a 500 GPD Aerobic Treatment System off the TCEQ list. The homes shall be connected to a 500 gpd aerobic system 3"or 4" sch 40 PVC. The effluent will then pass into a 760 gallon pump tank. The system is required to be on a timer. It is then pumped to 750 linear feet of drip tubing. The system is to be installed to manufacture's instructions.

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SPECIFICATIONS:

COUNTY ENGINEER

- Gallons per day- 300
- Soil Class III
- Soil loading rate- (FPD/sq. ft.) .02
- Minutes per dose- 8
- Sq Ft. of application area -1500
- Linear feet of tubing -750
- Linear feet of tubing Zone- 750
- # of emitters - 375
- # of Zones -1
- Emitters/zones -375
- Drip Rate (GPD) - 0.61
- Gallons per min./zone - 3.1
- Minutes per day/zones -79
- Doses per zone - 10
- Total Doses /day - 10
- Time between doses in hours - 2.0
- Total Run time in minutes - 79
- Maximum Connection to manifold - 8
- Vacuum relief valves - 2
- Supply line and manifold 1" sch. 40 PVC
- Return line and manifold 1 " sch. 40 PVC



7-18-2019
Firm # F-11631

VOID

TANK VOLUME AND SETTING

INSIDE DIMENTIONS: 4.187' av. Length x 14.5' width x 4.333' depth = 263cu. Ft.
(102cf x 7.48 gal/c.f.) = 760 gal/52 – 14.62 gallons per inch.

VOLUME: 760 gal.

PUMP OFF POSITION: 1.25 ft above tank floor (15")
1.25 x 23.54 s.f. = 29.43 c.f.
29.43 c.f. x 7.48 gal/c.f. = 220 gal.

PUMP ON POSITION: 3.29 feet (39.5") above floor
3.29' – 1.25' = 2.04'
2.04' x 23.54 sq ft = 48.02 cu ft
48.02 c.f. x 7.48 gal/cu. Ft. = 360



7-18-2019
Firm # F-11631

ALARM ON POSITION: If water is above the high water alarm the high water alarm the pump is activated and will pump for 15 minute intervals until it has pumped down below the pump off position at 15" above the bottom of the floor. If the water doesn't pump down the high water alarm will sound. (120 gal.)

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RESERVE CAPACITY: 120 gal. reserve (more than 1/3 full day requirement above the alarm)

COUNTY ENGINEER

PUMP REQUIREMENTS: .5 h/p. submersible pump/ 20 gpm (normally included with the aerobic unit)

INSTALLATION OUTLINE: Dig tank hole, place 4" of sand, sand loam, or pea gravel, free of rock on floor of tank hole and level. Install tanks and back fill with same type material. Place audio and visual alarm in an easily seen area. Place compressor in an accessible area as close as possible to the tank. Install pump and hook to system with auto field flush (back to trash tank). Scarify existing Class III soil. Place 6" of class III soil on existing soil. Install drip lines as to plan. Then cover drip lines with 6" of class III soil. Connect from drip lines to 1" PVC supply lines and the other in the 1" PVC return manifold and connect to trash tank. Lines should be a minimum of 6" below the surface of the ground. All wires shall be run in PVC conduit and electrical wiring shall be connected in a weatherproof box. And must conform to local code. A separate 20 amp breaker is required for the system. All effluent lines should be kept 10 feet from all water lines.

INSPECTION SCHEDULE: Two inspections by permitting authority.

LANDSCAPING: The site is supporting a good strand of native vegetation consisting of various grassed and shrubs. Areas which are bare of disturbed will need to be seeded with a rye" Bermuda, or mixture of these grasses. All surface rock in drip field shall be removed.

MAINTENANANCE AGREEMENT: A maintenance agreement between the owner and a TCEQ approved maintenance company is required. The initial agreement is for a two year period and must be included in the price of the system. A copy of said agreement must be provided to the permitting

VOID

authority prior to final permit approval. If a maintenance company discontinues business. The owner has (30) thirty days in which to procure a new agreement with a different company.

AFFIDAVIT: Prior to issuance of a permit, a certified copy, which has been duly recorded at the county clerks office and filed in reference to the real property deed on which the surface application system is to be installed, must be submitted. The owner and all new owners shall be advised that the property contains a drip irrigation system for waste water disposal. The transfer of an OSSF permit will accompany the transfer of waste water disposal. The transfer of an OSSF permit will accompany the transfer of the property on which an OSSF is located. All new owners are required to obtain a maintenance contract with a TCEQ approved maintenance company, and to submit it to the permitting authority.

TESTING AND REPORTING: The maintenance company shall inspect and report the results to the permitting authority. All tests must adhere to the testing procedure of the TCEQ as shown in 285.91(4) and as to the permitting authority's guidelines.



7-18-2019
Firm # F-11631

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AUG 13 2019

COUNTY ENGINEER

FILED BY ATC
SPRING BRANCH

GF # 4000131 800364

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.

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AUG 13 2019

SPECIAL WARRANTY DEED WITH VENDOR'S LIEN IN FAVOR OF THIRD PARTY FROM SOUTHERLAND COPPER RIDGE, LLC TO BILLY RAY STRICKLAND.

COUNTY ENGINEER

THE STATE OF TEXAS *
COUNTY OF COMAL *

KNOW ALL MEN BY THESE PRESENTS:

That SOUTHERLAND COPPER RIDGE, LLC a Delaware limited liability company, 110 River Crossing Blvd., Suite 100, Spring Branch, Comal County, Texas 78070, hereinafter called Grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other valuable consideration to it in hand paid by **BILLY RAY STRICKLAND** whose address is 335 Lookout Ridge, New Braunfels, Comal County, Texas 78132, hereinafter called Grantee, receipt of which is hereby acknowledged and confessed and the further consideration of the execution and delivery by the said Grantee of one certain promissory note of even date herewith in the principal sum of EIGHTY-SEVEN THOUSAND NINE HUNDRED TWENTY AND NO/100 DOLLARS (\$87,920.00), payable to the order of SECURITY STATE BANK & TRUST, 201 W. Main Street, Fredericksburg, Texas 78624, hereinafter called Mortgagee, said note being payable in installments as in said note contained and bearing interest at the rate therein specified and providing for attorney's fees and acceleration of maturity at the rate and in the events therein set forth and payment of said note being secured by vendor's lien and superior title retained herein in favor of said Mortgagee, and by Deed of Trust of even date herewith from Grantee to WILLIAM H. COWDEN, JR., Trustee, to which reference is hereby made for all purposes; and,

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AUG 13 2019

COUNTY ENGINEER

WHEREAS, Mortgagee has, at the special instance and request of said Grantee, paid Grantor herein EIGHTY-SEVEN THOUSAND NINE HUNDRED TWENTY AND NO/100 DOLLARS (\$87,920.00) of the purchase money for the property hereinafter described, as represented by the above described note, the vendor's lien against said property securing the payment of said note, is without recourse upon Grantor herein, hereby assigned, transferred and delivered to Mortgagee, the Grantor hereby conveying to said Mortgagee the said superior title to said property, and subrogating the said Mortgagee unto all the rights and remedies of Grantor in the premises by virtue of said note and liens; has GRANTED, SOLD and CONVEYED, and by these presents does GRANT, SELL and CONVEY, unto the said Grantee, the following described property, to-wit:

Lot 34, Block M, COPPER RIDGE, THE ADDITION NORTH PHASE, an addition to the City of New Braunfels, Comal County, Texas, according to the map or plat thereof recorded in Document No. 201806028385, of the Map and Plat Records, Comal County, Texas.

Grantor reserves unto itself, its successors and assigns, in perpetuity, all groundwater, being all underground water, percolating water, artesian water and other waters from any and all reservoirs, formations, depths and horizons beneath the surface of the earth, and any and all rights related thereto, in, on, under and that may be produced from the Property, including the right to capture and produce such water. This reservation includes, but is not limited to, existing production or existing leases and includes the production, the lease and all benefits accruing therefrom, including all benefits from historical production, use or usage of groundwater associated with any portion of the Property. Grantor waives and expressly conveys to Grantee all rights of ingress, egress and regress in and to the surface of the Property relating to the reserved water rights.

TO HAVE AND TO HOLD the above described premises, together with all and singular the rights and appurtenances thereto in anywise belonging, unto the said Grantee, Grantee's heirs and assigns forever; and Grantor does hereby bind itself, its successors and assigns to WARRANT AND FOREVER DEFEND all and singular the said premises unto the said Grantee, Grantee's heirs and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof by, through or under Grantor, but not otherwise. Taxes for the current year have been prorated as of the date of closing.

THIS CONVEYANCE IS MADE AND ACCEPTED SUBJECT to taxes for the current year and all restrictions, covenants, conditions, easements, reservations and other instruments that affect the property and to all zoning laws, regulations and ordinances of municipal and/or other governmental authorities that affect the property.

These exceptions do not constitute an acknowledgement of the existence or viability of any of the foregoing, nor a ratification, adoption or revival of any expired or terminated interest.

But it is expressly agreed and stipulated that the vendor's lien, as well as superior title in and to said property, is retained in favor of the payee in said note against the above described property, premises and improvements, until said note, and all interest thereon is fully paid according to the face and tenor, effect and reading thereof, when this Deed shall become absolute.

RECEIVED
AUG 13 2019
COUNTY ENGINEER

EXECUTED on the date of the acknowledgment, but EFFECTIVE as of the 15th
day of Aug, 2018.

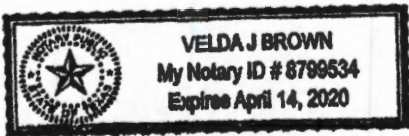
SOUTHERLAND COPPER RIDGE, LLC
a Delaware limited liability company

By: AMERICAN LAND PARTNERS, INC.
a Delaware Corporation, Manager

By: [Signature]
JAY PATTERSON, Authorized Agent

THE STATE OF TEXAS *
COUNTY OF Comal *

This instrument was acknowledged before me on the 15th day of Aug, 2018, by JAY PATTERSON, Authorized Agent of AMERICAN LAND PARTNERS, INC., Manager of SOUTHERLAND COPPER RIDGE, LLC, a Delaware Limited Liability Company, in the capacity therein stated.



[Signature]
Notary Public, State of Texas

AFTER RECORDING RETURN TO:
Alamo Title Company
GF No. 4000131800364

PREPARED IN THE LAW OFFICE OF:
Kristen Quinney Porter, LLC
P. O. Box 312643
New Braunfels, Texas 2643

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
08/27/2018 08:52:11 AM
LAURA 4 Pages(s)
201806033490



Bobbie Koepf

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



Phone: (830) 964-2365

Fax: (830) 964-2659

www.aerobicservices.com info@aerobicservices.com

To: Eric Ewing
5955 Colin Ridge
New Braunfels, TX 78132

Printed: 6/20/2022
Site: 5955 Colin Ridge
New Braunfels, TX 78132
(303) 304-3596

Permit #: **109575**

Customer ID: 61116870

Agency: Comal County Environmental Health Comal County Environmental Health Comal C

Contract Dates: 6/9/2022 - 6/9/2023

County: Comal

Sub: Copper Ridge

Scheduled Date: 10/9/2022

Inspection 1 of 3

Mfg / Brand: - Solar Aerobic 600

Treatment Type: Aerobic

Disposal: Drip Emitters

Service Type: Scheduled Inspection

This counts as a type of "Scheduled Inspection"

Visit Date: 6/9/2022

Entered By: Carolyn

Method: Grab

Technician: Ricky Nieto

Aerators: Operational

Sludge Levels

Filters: Operational

Irrigation Pumps: Operational

For Tank 2: 12

Disinfection Device: Operational

For Tank 3: 8

Tank Lid / Riser: Secured

Electric Circuits: Operational

Distribution System: Operational

Sprayfield Veg: Operational

Alarm: Operational

Comments

Service Completed

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

Rewired charred wiring in J-box, cleaned drip filter and backwashed field.

Insp ID #: 140087

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



Phone: (830) 964-2365
Fax: (830) 964-2659

www.aerobicservices.com info@aerobicservices.com

Customer ID

61116870

Contract Period

Start Date: 6/9/2022

End Date: 6/9/2023

(303) 304-3596

Email: eric@eric-ewing.com

Permit #: 109575

To: **Eric Ewing**
5955 Colin Ridge
New Braunfels, TX 78132

ENTERED

Site: 5955 Colin Ridge, New Braunfels, TX 78132

County: Comal

Installer: Flugrath Brothers Const.

Agency: Comal County Environmental Health

Mfg/Brand: -Solar Aerobic 600-

Aerobic Services of South Texas

3 visits per year - one every 4 months

300 gallons per day

Routine Maintenance and Inspection Agreement

General

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by client named above. (referred to as "Client") and Aerobic Services of South Texas (Thomas W Hampton MP349) (hereinafter referred to as "Contractor") located at 15188 FM 306 Canyon Lake, Texas 7813 (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 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 the chlorine; 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, 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 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.

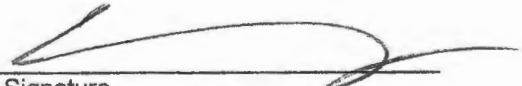
Entire Agreement

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.

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OWNER


Signature

ERIC EWING


Printed

303-304-3596 6/9/22

Phone/ Date

SERVICE PROVIDER

Aerobic Services of South Texas Inc.
15188 FM 306
Canyon Lake, Texas 78133
(830) 964-2365

TOM HAMPTON 

Tom Hampton VP

OS0024597 / MP 349
License Number

Date Printed: 6/9/2022

ROUTINE MAINTENANCE AND INSPECTION AGREEMENT



Eric Ewing
5955 Colin Ridge
New Braunfels, TX 78132
P: (303) 304-3596

COUNTY: Comal

PERMIT: 109575

AGREEMENT LENGTH: 12 mos.

DESCRIPTION	TERM	AMOUNT	TAX	TOTAL
Residential Service Contract	06/09/23 - '24	370.00		370.00

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- 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.

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Entire Agreement

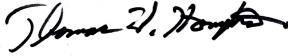
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SERVICE PROVIDER

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
--------------	--------



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: 5955 Colin Ridge, New Braunfels, TX 78132**



Eric Ewing

PERMIT: 109575

COUNTY: Comal

TERM: 06/09/23 - '24

AGREEMENT LENGTH: 12 mos.

PLEASE REMIT	370.00
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Residential Service Contract

Signed on: Friday, 03/31/2023

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: Eric Ewing Tech: Marc
5955 Colin Ridge
New Braunfels, TX 78132 Phone: (303) 304-3596 Date: 2023-08-01
 Agency: Comal Alt Ph: _____ Service _____
 County: Comal Due: _____
 Permit No: 109575

Inspection Type: Scheduled

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Chlorine supply:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: Drip
 Test Method: _____
 BOD: _____
 TSS: _____
 Access Ports Secured: Yes / NO
 Repairs Made: Yes / NO

Mixed Liquor
 Aeration: 54
Sludge Levels
 Clarifier: 58 thick foam
 Pump: 1

Repairs and Comments:
 Everything is working as it should. Cleaned filter and backwashed system.

Inspector: _____ Date: 2023-08-01

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: Eric Ewing
5955 Colin Ridge
New Braunfels, TX 78132
Agency: Comal
County: Comal
Permit No: 109575

Tech: Marc
Phone: (303) 304-3596 Date: 2023-10-26
Alt Ph: _____ 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: 80

Test Results and Observations: (As Required)

Chlorine Residual: Drip
Test Method: _____
BOD: _____
TSS: _____
Access Ports Secured: Yes [X] / NO []
Repairs Made: Yes [] / NO [X]

Mixed Liquor

Aeration: 0

Sludge Levels

Clarifier: 60 heavy foam

Pump: 1

Repairs and Comments:

Everything is working as it should. No issues. Cleaned filter.

A handwritten signature in black ink, appearing to be "M. J." or similar.

Inspector: _____

Date: 2023-10-26

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: Eric Ewing
5955 Colin Ridge
New Braunfels, TX 78132
Agency: CCEO
County: Comal
Permit No: 109575

Tech: Chris Bausch
Phone: (303) 304-3596 Date: 2024-03-15
Alt Ph: _____ Service
Due: _____

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chlorine supply:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: 58

Test Results and Observations: (As Required)

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

Mixed Liquor Aeration: 58

Sludge Levels

Clarifier: 56
Pump: 1

Repairs and Comments:

Cleaned filter and backwashed field. Corrected wiring issue.

Inspector: _____

Date: 2024-03-15

Tom Hampton, VP
MP349/OS24597

WORK ORDER

Aerobic Services

15188 FM 306, Canyon Lake, TX 78133

Canyon Lake: (830) 964-2365 | Bastrop:

(512) 303-6922

www.aerobicservices.com



Customer ID	Scheduled	Serviced
173907	2024-03-15	
Customer Name and Site Address	Contact	Customer Email Address
Eric Ewing 5955 Colin Ridge New Braunfels, TX Mailing: 5955 Colin Ridge, New Braunfels TX 78132	Eric Ewing	eric@eric-ewing.com
	Main Phone	Secondary Phone
	(303) 304-3596	
System Permit #	Brand of System	
109575	Sa	
Work Order Type	Assigned Technician	HEALTH DEPT
Reservice	Chris Bausch	Comal
DESCRIPTION OF THE WORK ORDER (REASON OF CALL)		

Found on scheduled inspection.

RESULTS OF WORK ORDER

Rewired panel and junction box. Warranty from last alarm call.

DIRECTIONS / INSTRUCTIONS FOR THE TECHNICIAN

_____ **Date:** 2024-03-15 _____

Customer's Signature Employee's Signature

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: Mark R Newman
7012 Spring Branch Road
Spring Branch, TX 78070
Agency: Comal
County: Comal
Permit No: 113025

Tech: Nyssa
Phone: (512) 426-9885 Date: 2024-03-15
Alt Ph: _____ Service
Due: _____

Inspection Type: _____

<u>Item</u>	<u>Operational</u>	<u>Inoperative</u>	<u>N/A</u>
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: 80

Test Results and Observations: (As Required)

Chlorine Residual: 0.00
Test Method: _____
BOD: _____
TSS: _____

Mixed Liquor
Aeration: 48

Sludge Levels
Clarifier: 12
Pump: 0

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

Repairs and Comments:

□

Inspector: _____ Date: 2024-03-15

Tom Hampton, VP
MP349/OS24597

WORK ORDER

Aerobic Services

15188 FM 306, Canyon Lake, TX 78133

Canyon Lake: (830) 964-2365 | Bastrop:

(512) 303-6922

www.aerobicservices.com



Customer ID		Scheduled		Serviced	
173907		4/30/24			
Customer Name and Site Address			Contact		Customer Email Address
Eric Ewing 5955 Colin Ridge New Braunfels, TX Mailing: 5955 Colin Ridge, New Braunfels TX 78132			Eric Ewing		eric@eric-ewing.com
			Main Phone		Secondary Phone
			(303) 304-3596		
System Permit #	Brand of System				
109575	Solar Aerobic				
Work Order Type	Assigned Technician		HEALTH DEPT		
Alarm	Chris/Nyssa		Comal County Environmental		
DESCRIPTION OF THE WORK ORDER (REASON OF CALL)					
in alarm.advised \$125. if add fees please discuss. CC on file					
RESULTS OF WORK ORDER					
Pump came loose from pump stem, was just recirculating water. Reattached pump and cleaned filter, system pumping down now.					
DIRECTIONS / INSTRUCTIONS FOR THE TECHNICIAN					

CB

Date: 4/30/24

Customer's Signature

Employee's Signature

ROUTINE MAINTENANCE AND INSPECTION AGREEMENT

Eric Ewing
5955 Colin Ridge
New Braunfels, TX 78132
P: (303) 304-3596

COUNTY: Comal

PERMIT: 109575

AGREEMENT LENGTH: 12 mos.

DESCRIPTION	TERM	AMOUNT	TAX	TOTAL
Residential Service Contract	06/09/24 - '25	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. 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:

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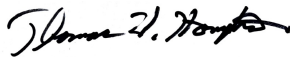
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SERVICE PROVIDER

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

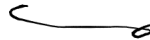


Signature

Tom Hampton VP

License # OS0024597 / MP 349

PLEASE REMIT	370.00
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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: 5955 Colin Ridge, New Braunfels, TX 78132**

Eric Ewing

PERMIT: 109575

COUNTY: Comal

TERM: 06/09/24 - '25

AGREEMENT LENGTH: 12 mos.

PLEASE REMIT	370.00
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Residential Service Contract

Signed on: Thursday, 04/04/2024

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: Eric Ewing
5955 Colin Ridge
New Braunfels, TX 78132
 Agency: Comal County Environmental Health
 County: Comal County Environmental Health
 Permit No: 109575

Tech: Marc
 Phone: (303) 304-3596 Date: 2024-12-11
 Alt Ph: _____ 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Spray Field Vegetation:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: 70

Test Results and Observations: (As Required)

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

Mixed Liquor: all measurements in inches

Aeration: 52

Sludge Levels

Clarifier: 0

Pump: 4

Repairs and Comments:

Did full inspection. Cleaned filter and backwashed drip field. No other issues found.

Inspector: _____

Date: 2024-12-11

Tom Hampton, VP
 MP349/OS24597