



# COMAL COUNTY

ENGINEER'S OFFICE

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

Issued This Date: 02/04/2020 Permit Number: 109992

Location Description: 1469 WHISPERING HILLS DR  
CANYON LAKE, TX 78133

Subdivision: Scenic Heights

Unit: 1

Lot: 55

Block:

Acreage:

Type of System: Aerobic  
Drip Irrigation

Issued to: Clay Reinarz

This license is authorization for the owner to operate and maintain a private facility at the location described in accordance to the rules and regulations for on-site sewerage facilities of Comal County, Texas, and the Texas Commission on Environmental Quality.

The license grants permission to operate the facility. It does not guarantee successful operation. It is the responsibility of the owner to maintain and operate the facility in a satisfactory manner.

Alterations to this permit including, but not limited to:

- Increase in the square feet of living area
- Increase in the number of bedrooms
- A change of use (i.e. residential to commercial)
- Relocation of system components (including the relocation of spray heads)
- Installation of landscaping
- Adding new structures to the system

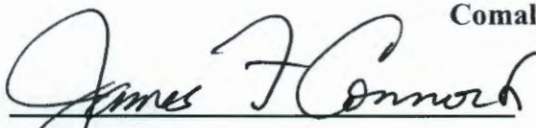
may require a new permit. **It is the responsibility of the owner to apply for a new permit, if applicable.**

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

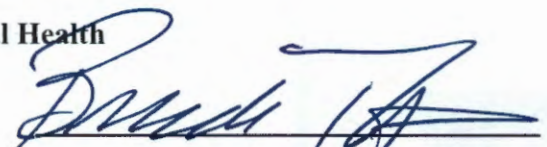
This license to operate is valid for an indefinite period. The holder may transfer it to a succeeding owner, provided the facility has not been remodeled and is functioning properly.

Licensing Authority

Comal County Environmental Health

  
ENVIRONMENTAL HEALTH INSPECTOR

OS0032485

  
ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

## Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Swoyer      OSSF Installer #: OS0026238  
 1st Inspection Date: 1/21/20      2nd Inspection Date: \_\_\_\_\_      3rd Inspection Date: 2/2/2020  
 Inspector Name: Mike T.      Inspector Name: \_\_\_\_\_      Inspector Name: CONNOR  
 Permit#: 109992      Address: Scenic Heights / 1469 Whispering Hills 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)		1/21/20		
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-1/21/20  
 Tank set, leveled  
 Operational ✓  
 Ready for Cover.

2/5/2020 JC 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		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed	✓		600	1/21/26		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		Maxxime	1		
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

**Comal County Environmental Health  
OSSF Inspection Sheet**

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

**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	<p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes &lt; 2.0%</p> <p>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field ( 1000 Linear ft. for 2 bedrooms or Less &amp; an additional 400 ft. for each additional bedroom )</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. &amp; Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) &amp; Pipe Holes ( 3/16 - 1/4" dia. Hole Size ) 5 ft. Apart</p>		<p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(B)</p> <p>285.91(13)</p> <p>285.33(b)(3)(D)</p> <p>285.33(b)(3)(F)</p>				
33	<p>AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.</p>	✓	285.32(c)(1)		1/21/20		
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port &amp; Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank</p> <p>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions</p>	✓					
35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.</p>	✓					
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials &amp; construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>						
37	<p>PUMP TANK Inspection/Clean Out Port &amp; Risers Provided</p> <p>PUMP TANK Secondary restraint system provided</p> <p>PUMP TANK Riser permanently fastened to lid or cast into tank</p> <p>PUMP TANK Riser cap protected against unauthorized intrusions</p>						
38	<p>PUMP TANK Secondary restraint system provided</p>						
39	<p>PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried</p>						

**Comal County Environmental Health  
OSSF Inspection Sheet**

FINAL

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?	✓	285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(iii)(III)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)		1/21/20		
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed	✓  X	285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)				X
42	APPLICATION AREA Area Installed	X					X
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						



# COMAL COUNTY

ENGINEER'S OFFICE

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

Permit Number: 109992  
Issued This Date: 11/18/2019  
This permit is hereby given to: Clay Reinarz

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

1469 WHISPERING HILLS DR  
CANYON LAKE, TX 78133

Subdivision: Scenic Heights  
Unit: 1  
Lot: 55  
Block:  
Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic  
Drip Irrigation

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

Call (830) 608-2090 to schedule inspections.

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

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

Date November 8, 2018

Permit # 109992

Owner Name CLAY REINARZ
Mailing Address 1090 MT LAUREL DRIVE
City, State, Zip NEW BRAUNFELS TEXAS 78132
Phone# Clay 361-255-0115
Email custom\_construction@ymail.com

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

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

Subdivision Name SCENIC HEIGHTS Unit/Phase/Section 1 Lot 55 Block
Acreage/Legal
Street Name/Address 1469 WHISPERING HILLS DRIVE City CANYON LAKE Zip 78133

Type of Development:

[X] Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1900

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[ ] Commercial or Institutional Facility

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

Type of Facility

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

Restaurants, Lounges, Theaters - Indicate Number of Seats

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

Travel Trailer/RV Parks - Indicate Number of Spaces

Miscellaneous

Estimated Cost of Construction: \$ 250,000 (Structure Only)

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

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

Source of Water [X] Public [ ] Private Well

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

By signing this application, I certify that:

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

Signature of Owner [Handwritten Signature]

Date 11.4.19



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

System Description PROPRIETARY; AEROBIC TREATMENT AND DRIP TUBING

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

Tank Size(s) (Gallons) MAXX AIR M600 Absorption/Application Area (Sq Ft) 1632

Gallons Per Day (As Per TCEQ Table III) 240

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

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

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

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

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

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

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

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

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

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

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

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

Is this property within an incorporated city? [ ] Yes [X] No

If yes, indicate the city:



FIRM #2585

By signing this application, I certify that:

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

Signature of Designer (Handwritten signature)

Date November 16, 2018

*JCS*

THE COUNTY OF COMAL  
STATE OF TEXAS

**AFFIDAVIT**



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**CERTIFICATION OF OSSF REQUIRING MAINTENANCE**

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

**I**

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

**II**

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

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SUBDIVISION

1 UNIT/PHASE/SECTION \_\_\_\_\_ BLOCK 55 LOT \_\_\_\_\_ SCENIC HEIGHTS \_\_\_\_\_

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

The property is owned by (insert owner's full name): CLAY REINARZ

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

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

WITNESS BY HAND(S) ON THIS 5 DAY OF Nov., 2019

*[Signature]*  
Owner(s) signature(s)

CLAY REINARZ  
Owner (s) Printed name (s)

CLAY REINARZ

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 5 DAY OF

November, 2019

THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY

*[Signature]*  
Notary Public Signature



(Notary Seal Here)



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This page has been added to comply with the statutory requirement that the clerk shall stamp the recording information at the bottom of the last page.

This page becomes part of the document identified by the file clerk number affixed on preceding pages.

Filed and Recorded  
Official Public Records  
Bobbie Koepp, County Clerk  
Comal County, Texas  
11/08/2019 01:06:11 PM  
TERRI 2 Page(s)  
201906040540



*Bobbie Koepp*



PAUL SWOYER SEPTIC SUPPLY & SERVICE  
23011 FM 306  
CANYON LAKE, TX 78133

MP#0001708  
CHRISTOPHER RYAN SEIDENSTICKER

**PROPERTY LEGAL DESCRIPTION:**

SCENIC HEIGHTS, UNIT 1, LOT 55

Customer: CLAY REINARZ

Site Address: 1469 WHISPERING HILLS DRIVE

City/State: CANYON LAKE, TX Zip: 78133

County: COMAL Permit#: \_\_\_\_\_

Phone Number: 361-255-0115

E-mail: custom\_construction@ymail.com

**I. General:** This On-Site Sewage Facility Service Agreement (hereinafter referred to as "Agreement") is entered into by and between CLAY REINARZ, (hereinafter referred to as "Client") and PS Supply & Service LLC. (hereinafter referred to as "Contractor"). By this agreement, Contractor agrees to render services, as described herein (the "Services"), and the client agrees to fulfill his/her/their responsibilities under this agreement herein.

**II. Effective Dates:** This agreement commences on the date of License to Operate is issued for Three (3) years.

Date of License to Operate: \_\_\_\_\_ Last Date of Service: \_\_\_\_\_

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**III. Services by Contractor:** Contractor will provide the following Services:

1. Inspect and perform routine maintenance on the On-Site Sewage Facility ("OSSF") in compliance with the code, regulations, and/or rules of the Texas Commission on Environmental Quality ("TCEQ") and county in which the OSSF is located (the "County") and the manufacturer's requirements, at a frequency of approximately once every four (4) months.
2. Report to the appropriate regulatory authority and to Client, as required by the State of Texas' on-site rules and, if required, TCEQ or County rules. All findings must be reported to the appropriate regulatory authority within 14 days.
3. Notify Client and repair any components of the OSSF that are found to be in need of repair during the inspection. If warranty, you just do it. If not, Client will be responsible. Repairs will be made so brought up to compliance and bill forward.
4. Visit site in response to Client's request for unscheduled service within two business days from the date of Contractor's actual receipt of Client's request. Unscheduled service visits are not included in the fee agreement herein and will be billed to the client in addition to fees under this Agreement.
5. Provide notification of arrival to site to the Client or to site personnel. Additionally, Contractor will leave written notification of the visit at the site or with site personnel upon completion of inspection, and forward such notice to the appropriate regulatory authority within fourteen (14) days.

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**IV. Payment(s):** Client shall pay to Contractor \_\_\_\_\_, for the Services describe herein (the "Inspection and Routine Maintenance Fee"), excepting those described in Section III (4), or Section IX, herein. The Fee does not include equipment, parts or labor supplied for anything beyond routine inspection and routine maintenance. Payments for such additional services are due at the time services are provided or rendered. Payments not received within thirty (30) days from the due date will be subject the greater of a \$20.00 late penalty or 1.5% carrying charge on the original balance for each month or portion thereof a balance in past due. If for any reason such charges are found to be usurious by a court of competent jurisdiction, such charges shall be reduced to the maximum allowable by law. By signing this contract, Client authorizes Contractor to remove any parts installed, but not paid in full at the end of the thirty (30) days. Client agrees to pay for any labor cost associated with the installation and the reasonable cost of removal of said parts.

Client: CR

Contractor: PS

**V. Client's Responsibilities:** Client is responsible for each and all of the following:

1. To maintain chlorinator and provide proper chlorine supply, if OSSF is so equipped.
2. To provide all necessary yard or lawn maintenance and removal of obstacles as needed to allow the OSSF to function properly, and to allow Contractor ready access to all parts of the OSSF.
3. To maintain a current license to operate, and abide by the conditions and limitations of that license and all requirements for on-site sewage facilities from the State and local regulatory agency.
4. To maintain the OSSF in accordance with manufacturer's recommendations.
5. To immediately notify Contractor and Agency of any and all problems with, the OSSF, including failure thereof.
6. Upon receipt of any written notification of required services from Contractor, to contact Contractor and authorize the required service. If Client elects a different contractor to perform the required service, Client is responsible for ensuring the substitute contractor holds the proper license (Installer II) and is certified by the manufacturer. Additionally, Client shall be responsible for ensuring proper notification is given to the appropriate regulatory authority, as required by the State and/or local regulatory authority rules.
7. To provide Contractor with water usage records, upon request, for evaluation by Contractor of the OSSF performance.
8. To pay required sampling charges for samples collected for testing (e.g. Biological Oxygen Demand/Total Suspended Solids ("BOD/TSS")) that may be required on the OSSF.
9. To prevent backwash from water treatment or water conditioning equipment to enter the OSSF.
10. To provide, at Client's expense, for pumping of tanks as needed.
11. To maintain site drainage sufficient to prevent adverse effects on the OSSF.
12. To promptly and fully pay Contractor's bills, fees, or invoices as described herein.

**VI. Access by Contractor:** Client agrees to allow Contractor, or personnel authorized by the Contractor, to enter the property at reasonable times without prior notice for the purpose of performing the Services described herein. Such entry shall include access to the OSSF electrical and physical components, including tanks, by means of manways or risers for the purpose of evaluations required by the manufacturer, and/or regulatory authority rules. If such manways or risers are not in place, Client shall allow and be responsible for payment of required excavation, including labor and materials, necessary to allow access to the OSSF or any required components. Such excavation shall be billed at the rate of \$75.00 per hour for labor, plus materials billed at list price. Contractor shall make only those efforts reasonable under the circumstances to replace excavated soil.

**VII. Application or Transfer of Payment:** The fees paid for this agreement may transfer to any subsequent owner(s) of the property on which the OSSF is located. The subsequent owner(s) must sign a similar agreement authorizing Contractor to perform the above-described Services, and accepting Client's responsibilities. The replacement Agreement must be signed and received within 30 days of transfer of ownership. Contractor will apply all funds received from Client first to any past due obligations arising from this Agreement including late charges, return check charges, and charges for repairs or services not paid within 30 days of invoicing. The consumption of the payment in this manner may lead to termination of the agreement by Contractor

**VIII. Termination of Agreement:** This agreement may be terminated by either party with 30 days written notice. If this agreement is so terminated by Client, Contractor shall be paid at the rate of \$75.00 per hour for any worked performed or required, but not yet paid. If terminated by Contractor, all amounts outstanding shall be due within thirty days of termination. The party terminating will immediately notify the other party, the equipment manufacturer, and the regulatory agency of the termination.

**IX. Limitation of Liability:** In no event shall Contractor be liable for indirect, consequential, incidental or punitive damages, whether in contract, tort, or any other theory of liability. In no event shall the Contractor's liability for direct damages exceed payments by the Client under this Agreement.

**X. Severability and Reformation:** If any provision in this Agreement shall be held to be invalid or unenforceable for any reason, it shall be reformed to the minimum extent necessary to effect the intent of the Parties. If any provision is such that it cannot reasonably be reformed, it shall be struck from this Agreement and the remaining provisions shall continue to be valid and enforceable.

**XI. Performance of Agreement:** Commencement of performance by Contractor under this agreement is contingent on the following conditions: (1) Contractor receiving a fully executed original copy of this agreement. (2) Contractor receiving payment in full of the fee(s) described herein. If the above conditions are not met, then Contractor is from any obligation to perform any portion of this agreement.

**XII. Modification.** This Agreement may not be changed or modified except by an instrument in writing, signed by both Contractor and Client.

**XIII. Waiver.** Except as otherwise noted in this Agreement, the waiver by other party of a breach of any provision of this Agreement shall not operate or be construed as a continuing waiver or as a consent to or waiver of any subsequent breach hereof.

Client: CR

Contractor: KS

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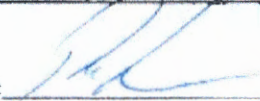
COUNTY ENGINEER

**XIV. Headings** The Article and Section headings in this Agreement are for the convenience of reference only and do not constitute a part of this Agreement and shall not be deemed to limit or affect any of the provisions hereof.

**XV. GOVERNING LAW AND CHOICE OF VENUE.** EACH OF THE PARTIES HERETO HEREBY CONSENTS TO THE EXCLUSIVE JURISDICTION OF THE COURTS OF THE STATE OF TEXAS, COUNTY OF COMAL, AND TO THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF TEXAS - SAN ANTONIO DIVISION, AS WELL AS TO THE JURISDICTION OF ALL COURTS TO WHICH AN APPEAL MAY BE TAKEN FROM SUCH COURTS, FOR THE PURPOSE OF ANY SUIT, ACTION, OR OTHER PROCEEDING ARISING OUT OF, OR IN CONNECTION WITH, THIS AGREEMENT OR ANY OF THE TRANSACTIONS CONTEMPLATED HEREBY, INCLUDING, WITHOUT LIMITATION, ANY PROCEEDING RELATING TO ANCILLARY MEASURES IN AID OF ARBITRATION, PROVISIONAL REMEDIES AND INTERIM RELIEF, OR ANY PROCEEDING TO ENFORCE ANY ARBITRAL DECISION OR AWARD. EACH PARTY HERETO EXPRESSLY WAIVES ANY AND ALL RIGHTS TO BRING ANY SUIT, ACTION, OR OTHER PROCEEDING IN OR BEFORE ANY COURT OR TRIBUNAL OTHER THAN COURTS OF THE STATE OF TEXAS, COUNTY OF COMAL, AND COVENANTS THAT IT SHALL NOT SEEK IN ANY MANNER TO PROSECUTE OR DEFEND ANY DISPUTE OTHER THAN AS SET FORTH IN THIS ARTICLE XVI OR TO CHALLENGE OR SET ASIDE ANY DECISION, AWARD, OR JUDGMENT OBTAINED IN ACCORDANCE WITH THE PROVISIONS HEREOF. EACH OF THE PARTIES HERETO HEREBY EXPRESSLY WAIVES ANY AND ALL OBJECTIONS IT MAY HAVE TO VENUE, INCLUDING, WITHOUT LIMITATION, THE INCONVENIENCE OF SUCH FORUM, IN ANY OF SUCH COURTS.

**XVI. JURY TRIAL WAIVER.** THE PARTIES HEREBY UNCONDITIONALLY WAIVE THEIR RIGHT TO A JURY TRIAL OF ANY AND ALL CLAIMS OR CAUSES OF ACTION ARISING FROM OR RELATING TO THEIR RELATIONSHIP. THE PARTIES ACKNOWLEDGE THAT A RIGHT TO A JURY IS A CONSTITUTIONAL RIGHT, THAT THEY HAVE HAD AN OPPORTUNITY TO CONSULT WITH INDEPENDENT COUNSEL, AND THAT THIS JURY WAIVER HAS BEEN ENTERED INTO KNOWINGLY AND VOLUNTARILY BY ALL PARTIES TO THIS AGREEMENT. IN THE EVENT OF LITIGATION, THIS AGREEMENT MAY BE FILED AS A WRITTEN CONSENT TO A TRIAL BY THE COURT.

Approved by Contractor:



MP#0001708

CHRISTOPHER RYAN SEIDENSTICKER

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Approved by Client:



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**XVII. Reservation of Rights** Contractor reserves all rights not specifically granted herein.

COUNTY ENGINEER

**XVIII. Counterparts.** This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original but all of which together will constitute one and the same instrument.

**XIX. Counsel.** Contractor has previously recommended that Client engage counsel to assist him/her/it in reviewing this Agreement and all other matters relating to it. Contractor and Client shall each bear his/her/its own costs and expenses in connection with the negotiation and documentation of this Agreement.

**XX. Entire Agreement:** This agreement contains the entire agreement of the parties, and there are no promises or conditions in any other agreement, oral or written. The Parties expressly disclaim reliance on any prior statements, oral or written, by either party not expressly provided for herein.

Client:



Contractor:



# ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: November 14, 2018

Site Location: SCENIC HEIGHTS, UNIT 1, LOT 55

Proposed Excavation Depth: N/A

**Requirements:**

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil boring or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated. Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

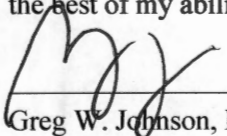
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SOIL BORING NUMBER		SURFACE EVALUATION					Observations
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations	
0	<b>III</b>	<b>CLAY LOAM</b>	<b>N/A</b>	<b>NONE OBSERVED</b>	<b>LIMESTONE @ 6"</b>	<b>BROWN</b>	
1							
2							
3							
4							
5							

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

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

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

11/14/18  
 \_\_\_\_\_  
 Date

**OSSF SOIL EVALUATION REPORT INFORMATION**

**Date:** November 15, 2018

**Applicant Information:**

Name: CLAY REINARZ  
Address: 1090 MOUNT LAUREL DRIVE  
City: NEW BRAUNFELS State: TEXAS  
Zip Code: 78132 Phone: (361) 255-0115

**Site Evaluator Information:**

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

**Property Location:**

Lot 55 Unit 1 Blk \_\_\_ Subd. SCENIC HEIGHTS  
Street Address: 1469 WHISPERING HILLS DRIVE  
City: CANYON LAKE Zip Code: 78133  
Additional Info.: \_\_\_\_\_

**Installer Information:**

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

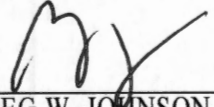
**Topography:** Slope within proposed disposal area: 2 to 4 %  
Presence of 100 yr. Flood Zone: YES \_\_\_ NO X  
Existing or proposed water well in nearby area. YES \_\_\_ NO X  
Presence of adjacent ponds, streams, water impoundments YES \_\_\_ NO X  
Presence of upper water shed YES \_\_\_ NO X  
Organized sewage service available to lot YES \_\_\_ NO X

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I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY (EFFECTIVE DECEMBER 29, 2016).

  
\_\_\_\_\_  
GREG W. JOHNSON, P.E. 67587 - S.E. 11561

11/15/18  
\_\_\_\_\_  
DATE



**FIRM #2585**



**DRIP TUBING SYSTEM**  
DESIGNED FOR:  
CLAY REINARZ  
1090 MT LAUREL DRIVE  
NEW BRAUNFELS, TX 78132

**SITE DESCRIPTION:**

Located in Scenic Heights, Unit 1, Lot 55, at 1469 Whispering Hills Drive, this septic will serve a three bedroom residence (1900sf) in an area with Type-III soil as described in the Soil Evaluation Report. An aerobic treatment plant utilizing drip irrigation was chosen as the most appropriate system to serve the conditions on this lot.

**PROPOSED SYSTEM:**

A 3 inch SCH-40 pipe discharges from the residence into a Maxx Air M-600 600gpd aerobic treatment plant containing a 353 gal. pretreatment chamber and a 768 gal. pump chamber. The effluent after processing gravity feeds into the pump chamber. The pump chamber contains a 0.5 HP FPS submersible well pump. The well pump is activated by mercury floats and a timer set to cycle eight times per day with a ten minute run time. A high level audible and visual alarm will activate should the pump fail. Distribution is through a self flushing 100 micron Arkal Disc filter then through a 1" SCH-40 manifold to a 1632 sf. drip tubing field, with *Netifim Bioline* drip lines set approximately two feet apart with 0.61 gph emitters set every two feet, as per the attached schematic. A pressure regulator Model PMR30MF installed in the pump tank on the manifold to the field will maintain pressure at 30 psi. A 1" SCH-40 return line is installed to continuously flush the system by cycling a 1" ball valve. Solids caught in the spin filter are flushed each cycle back to the trash tank. Agricultural Products, Inc. (Model #VBK-1) 1" PVC vacuum breakers installed at the highest point on each manifold will prevent siphoning of effluent from higher to lower parts of the field. Prior to trenching the site must be scarified and built up with 6" of Type II or III soil. Drip tubing will be laid and the entire field area will be capped with 6" of sandy loam (Type 2 - **NOT SAND**). The field area will be covered in curlex to prevent erosion and heavily seeded or sodded with a hearty grass such as Bermuda, St. Augustine, etc. prior to system startup. **Tank must have at grade risers on each opening with watertight caps that must be at least 65# or have a padlock or can only be removed with tools. A secondary plug, cap, or suitable restraint must be provided below riser cap to prevent tank entry should the cap be damaged or removed, in compliance with Chapter §285.38.**

**DESIGN SPECIFICATIONS:**

Q = 240 gallons per day (design rate) - 3 Bedroom Residence (Table III)  
Pretreatment tank size: 353 Gal  
Plant Size: Maxx Air M600 600 gpd (TCEQ Approved)

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Pump tank size: 768 Gal

Reserve capacity after High Level: 80 gal. (>1/3 day usage)

Application Rate: Ra = 0.2 gal/sf

Total absorption area:  $Q/Ra = 240 \text{ GPD}/0.20 = 1200 \text{ sf}$  (Actual 1632 sf).

Total linear feet drip tubing: 816' *Netifim Bioline* drip tubing .61 GPH

Pump requirement: 408 emitters @ 0.61 gph @ 30 psi = 4.148 gpm

Pump: 0.5 HP FPS E-Series 20FE05P4-2W115 submersible pump or equivalent.

Dosing volume: 50-70 gal.

Pump Tank Calculations: 768 Gal (14.5 gal/in.)

Volume below working level = 15" = 218 gal

Working level = 240 gal = 17"

Reserve Requirement = 1/3 day = 80 gal. = 6"

MINIMUM SCOUR VELOCITY (MSV) > 2 FPS

IN DRIP TUBING W/ NOM. DIA. 0.55" ID

MSV = 2 FPS  $(\text{ID} \uparrow 2)/4 * 7.48 \text{ gal/cf} * 60 \text{ sec/min}$

MSV =  $2(3.14159((.55/12) \uparrow 2)/4) * 7.48 * 60$

MSV = 1.5 gpm x 2 = 3 gpm MIN FLOW RATE

IN RETURN MANIFOLD W/ NOM. DIA 1.049" ID

MSV = 2 FPS  $(\text{ID} \uparrow 2)/4 * 7.48 \text{ gal/cf} * 60 \text{ sec/min}$

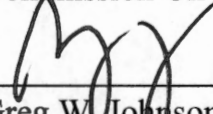
MSV =  $2(3.14159((1.049/12) \uparrow 2)/4) * 7.48 * 60$

MSV = 5.4 GPM

**PIPE AND FITTINGS:**

All pipes and fittings in this drip tubing system shall be 1" schedule 40 PVC. All joints shall be sealed with approved solvent-type PVC cement. Clipper type cutters are recommended to prevent PVC burrs during cutting of pipes causing possible plugging.

Designed in accordance with Chapter 285, Subchapter D, §285.30 and §285.40 Texas Commission On Environmental Quality. (Effective December 29, 2016)

 11/16/18  
\_\_\_\_\_  
Greg W. Johnson, P.E. No. 67587, F#2585

170 Hollow Oak  
New Braunfels, Texas 78132  
830/905-2778



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#100992

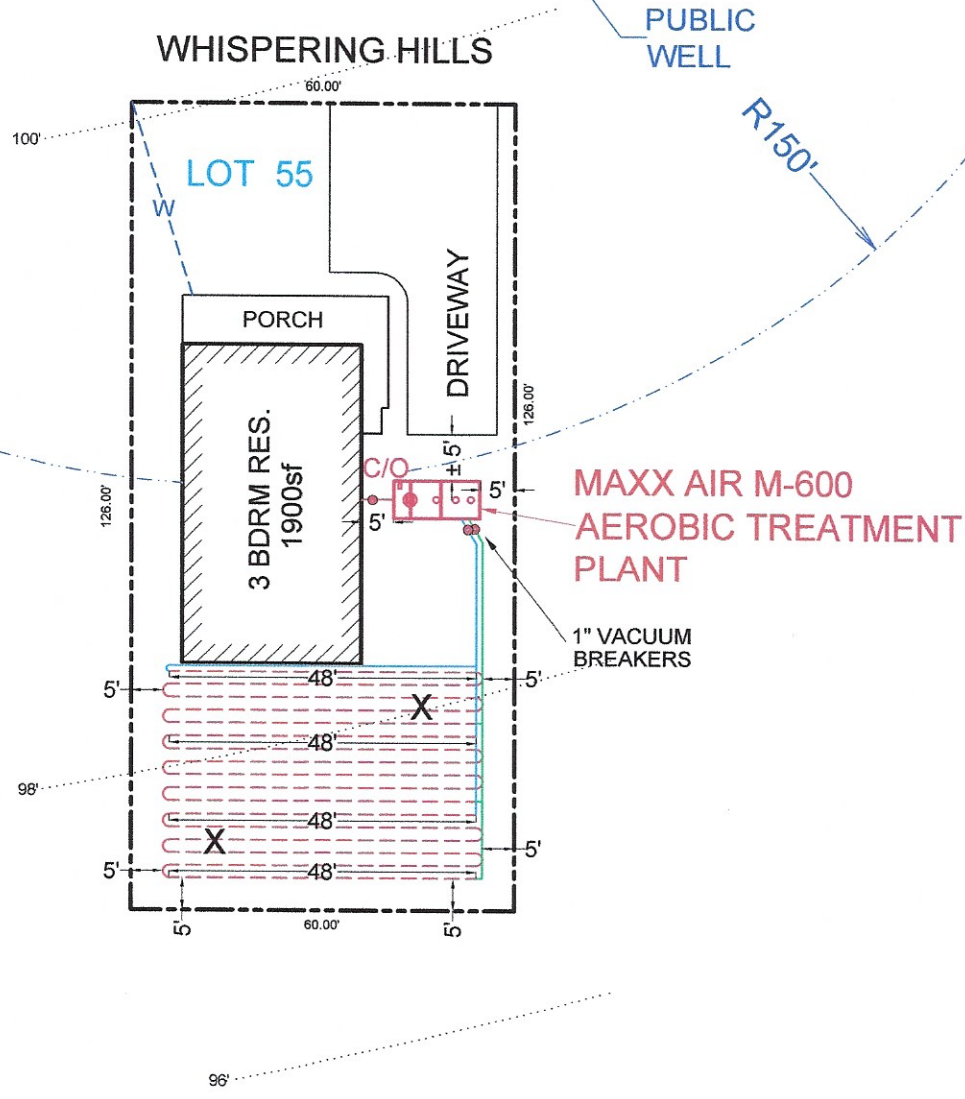
**REVISED**

10:59 am, Dec 17, 2019

INSTALL 1632sf OF FIELD USING 816' OF DRIP TUBING. THERE SHALL BE NO PARKING, DRIVING OR STORAGE ON THE SEPTIC FIELD AT ANY TIME FOR ANY REASON.

\*USE TWO WAY CLEANOUT  
\*\*USE SCH-40 OR SDR-26 TO TANK

X= TEST HOLE



OWNER: CLAY REINARZ		DRAWN BY: EJS III	
STREET ADDRESS: 1469 WHISPERING HILLS DRIVE			
LEGAL DESC: SCENIC HEIGHTS	UNIT/SECTION/PHASE: 1	BLOCK:	LOT: 55
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=30'	DATE: 11/15/2018	REVISED: 12/16/2018

## TANK NOTES:

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

Tightlines to the tank shall be SCH-40 PVC.

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

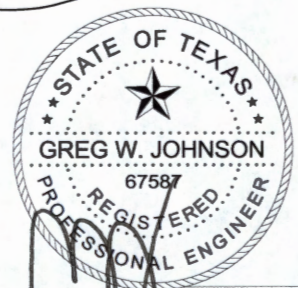
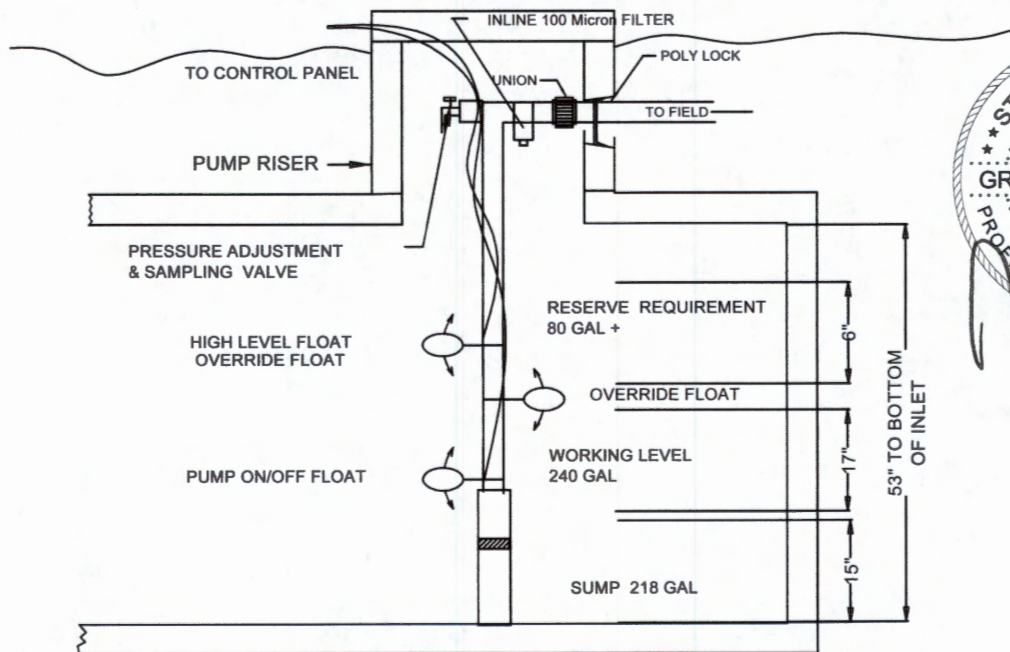
A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

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



F-2585

11/15/18

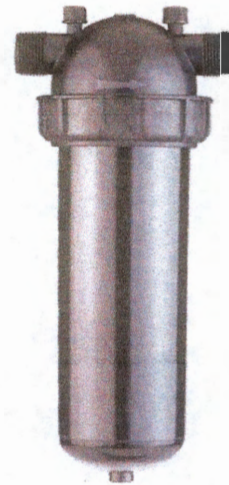
**TYPICAL PUMP TANK CONFIGURATION  
MAXX AIR M-600 768 GAL PUMP TANK**

# Arkal 1" Super Filter

Catalog No. 1102 0 \_ \_ \_

## Features

- ◆ A "T" shaped filter with two 1" male threads.
- ◆ A "T" volume filter for in-line installation on 1" pipelines.
- ◆ The filter prevents clogging due to its enlarged filtering area that collects sediments and particles.
- ◆ Manufactured entirely from fiber reinforced plastic.
- ◆ A cylindrical column of grooved discs constitutes the filter element.
- ◆ Spring keeps the discs compressed.
- ◆ Screw-on filter cover.
- ◆ Filter discs are available in various filtration grades.



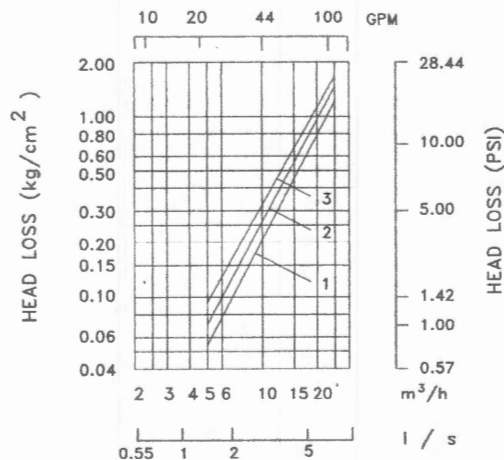
## Technical Data

Inlet/outlet diameter	1" BSPT (male)	1" NPT (male)
	25.0 mm – nominal diameter	
	33.6 mm – pipe diameter (O. D.)	
Maximum pressure	10 atm	145 psi
Maximum flow rate	8 m <sup>3</sup> /h (1.7 l/sec)	35 gpm
General filtration area	500 cm <sup>2</sup>	77.5 in <sup>2</sup>
Filtration volume	600 cm <sup>3</sup>	37 in <sup>3</sup>
Filter length L	340 mm	13 13/32"
Filter width W	130 mm	5 3/32"
Distance between end connections A	158 mm	6 7/32"
Weight	1.420 kg	3.13 lbs.
Maximum temperature	70° C	158 °F
pH	5-11	5-11

## Filtration Grades

- Blue (400 micron / 40 mesh)
- Yellow (200 micron / 80 mesh)
- Red (130 micron / 120 mesh)
- Black (100 micron / 140 mesh)
- Green (55 micron)

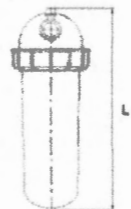
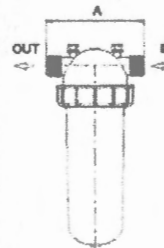
## Head Loss Chart



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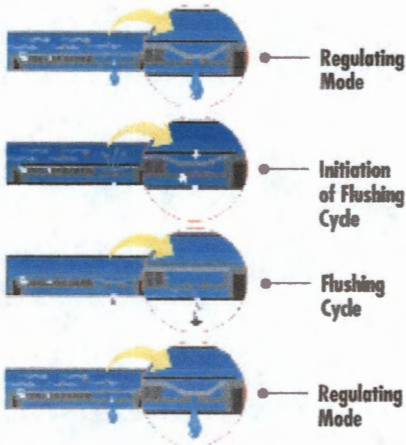
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# BioLine® Dripperline

## Pressure Compensating Dripperline for Wastewater



BioLine's Self-Cleaning, Pressure Compensating Dripper is a fully self-contained unit molded to the interior wall of the dripper tubing.

As shown at left, BioLine is continuously self-cleaning during operation, not just at the beginning and end of a cycle. The result is dependable, clog free operation, year after year.



### Product Advantages

#### The Proven Performer

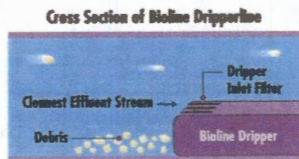
- Tens of millions of feet used in wastewater today.
- BioLine is permitted in every state allowing drip disposal.
- Backed by the largest, most quality-driven manufacturer of drip products in the U.S.
- Preferred choice of major wastewater designers and regulators.
- Proven track record of success for many years of hard use in wastewater applications.

#### Quality Manufacturing with Specifications Designed to Meet Your Needs

- Pressure compensating drippers assure the highest application uniformity - even on sloped or rolling terrain.
- Excellent uniformity with runs of 400 feet or more - reducing installation costs.
- Highest quality-control standards in the industry: Cv of 0.25 (coefficient of manufacturer's variation).
- A selection of flows and spacings to satisfy the designer's demand for almost any application rate.

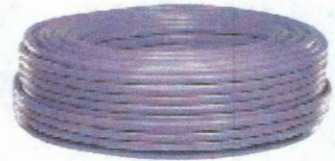
#### Long-Term Reliability

- Protection against plugging:
  - Dripper inlet raised 0.27" above wall of tubing to prevent sediment from entering dripper.
  - Drippers impregnated with Vinyzene to prevent buildup of microbial slime.
  - Unique self-flushing mechanism passes small particles before they can build up.



#### Root Safe

- A physical barrier on each BioLine dripper helps prevent root intrusion.
- Protection never wears out - never depletes - releases nothing to the environment.
- Working reliably for up to 15 years in subsurface wastewater installations.
- Additional security of chemical root inhibition with Techfilter - supplies Trifluralin to the entire system, effectively inhibiting root growth to the dripper outlets.



### Applications

- For domestic strength wastewater disposal.
- Installed following a treatment process.
- Can be successfully used on straight septic effluent with proper design, filtration and operation.
- Suitable for reuse applications using municipally treated effluent designated for irrigation water.

### Specifications

Wall thickness (mil): 45\*

Nominal flow rates (GPH): .4, .6, .9\*

Common spacings: 12", 18", 24"\*

Recommended filtration: 120 mesh

Inside diameter: .570\*

Color: Purple tubing indicates non-potable source

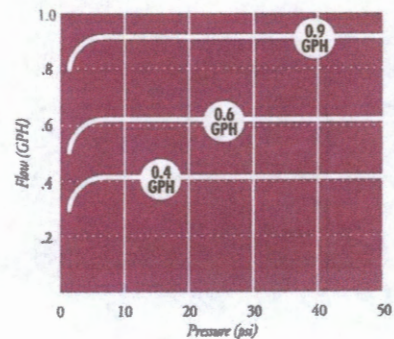
\*Additional flows, spacings, and pipe sizes available by request. Please contact Netafim USA Customer Service for details.

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BIOLINE Flow Rate vs. Pressure



**NETAFIM USA**  
 5470 E. Home Ave. • Fresno, CA 93727  
 888.638.2346 • 559.453.6800  
 FAX 800.695.4753  
[www.netafimusa.com](http://www.netafimusa.com)

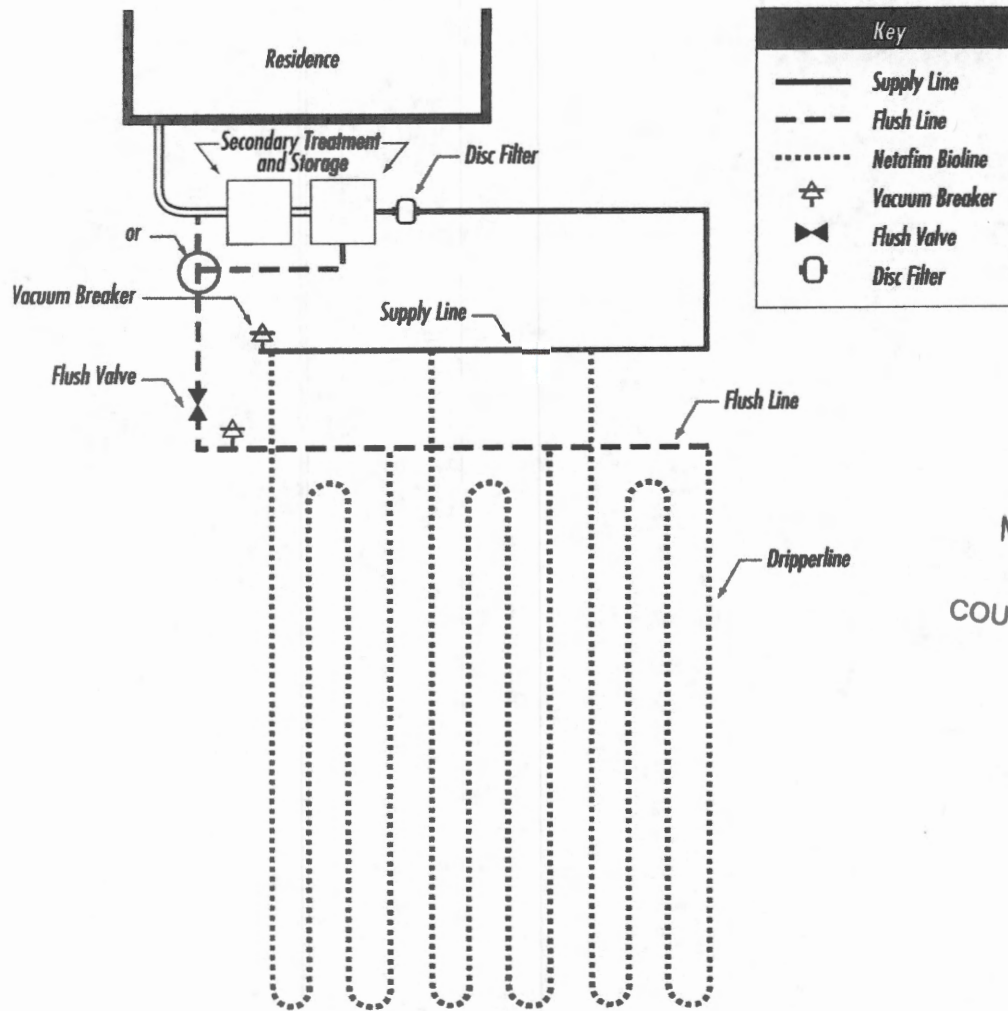
# NETAFIM WASTEWATER DISPERSAL SYSTEM DESIGN GUIDE

## SAMPLE DESIGNS

### SINGLE TRENCH LAYOUT

Rectangular field with supply and flush manifold on same side and in same trench;

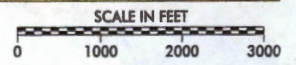
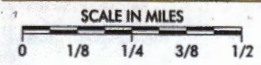
- Locate supply and flush manifold in same trench
- Dripperlines are looped at the end opposite the supply and flush manifolds
- The longest Bioline length should not exceed 400 ft. Drip fields 200 ft. in length might loop the Bioline once; drip dispersal fields under 100 ft. might be looped twice, as illustrated



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CONTINUED ON MAP 356



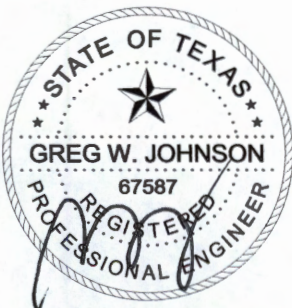
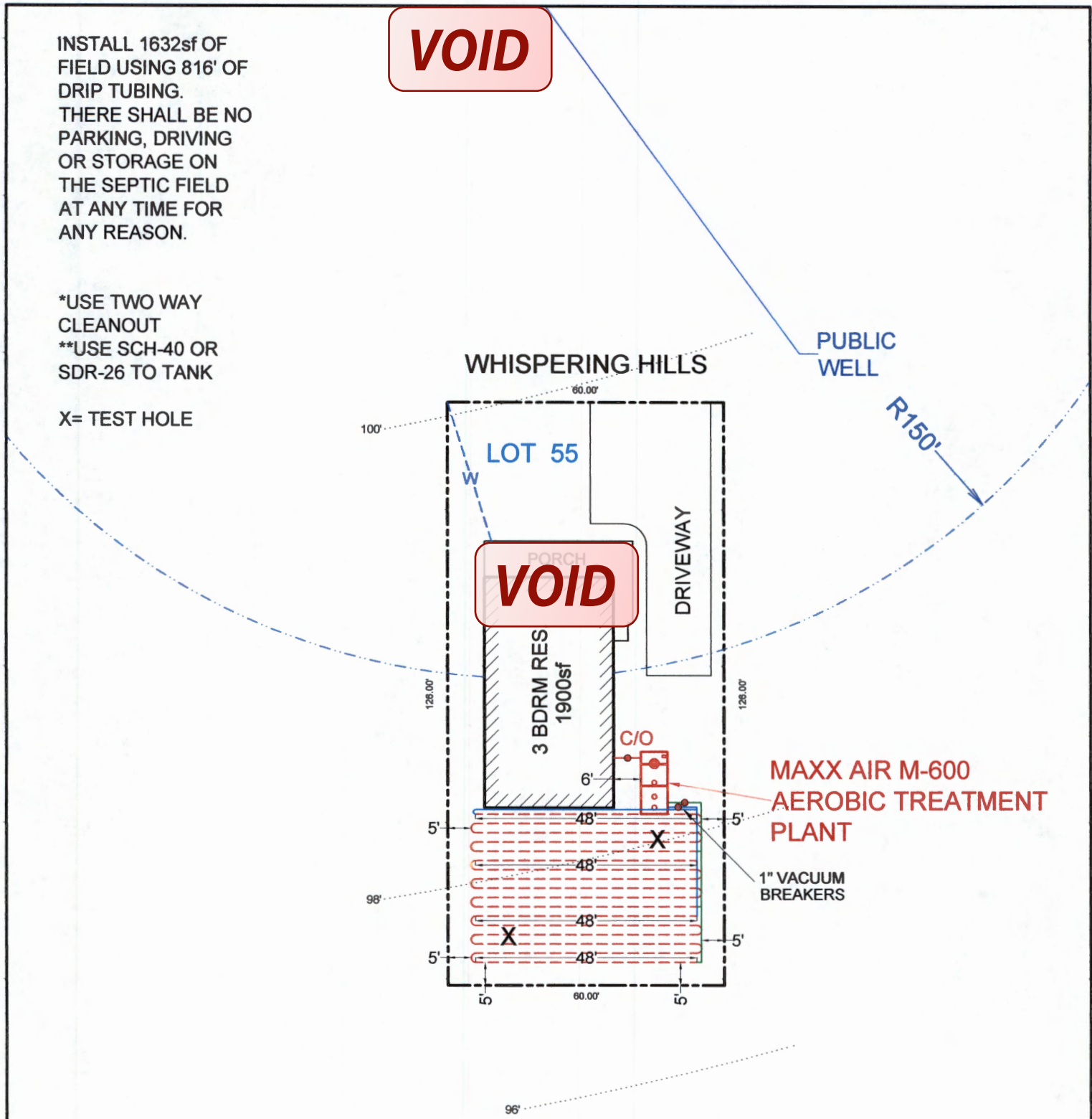


INSTALL 1632sf OF FIELD USING 816' OF DRIP TUBING. THERE SHALL BE NO PARKING, DRIVING OR STORAGE ON THE SEPTIC FIELD AT ANY TIME FOR ANY REASON.

\*USE TWO WAY CLEANOUT  
 \*\*USE SCH-40 OR SDR-26 TO TANK

X= TEST HOLE

**VOID**



OWNER:	CLAY REINARZ	<b>VOID</b>			DRAWN BY:	EJS III
STREET ADDRESS:	1469 WHISPERING HILLS DRIVE					
LEGAL DESC:	SCENIC HEIGHTS	UNIT/SECTION/PHASE:	1	BLOCK:		LOT: 55
PREPARED BY:	GREG W. JOHNSON, P.E. F#002585	SCALE:	1"=30'	DATE:	11/15/2018	REVISED:

TTT/GFP 511M MF

**NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OR ALL OF THE FOLLOWING INFORMATION FROM ANY INSTRUMENT THAT TRANSFERS AN INTEREST IN REAL PROPERTY BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.**

**GENERAL WARRANTY DEED**

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

THAT **RICHARD W. BURGESS**, a married man, not joined herein by his spouse because the herein conveyed property forms no part of any property claimed as homestead, hereinafter called Grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) cash and other good and valuable consideration in hand paid by **CLAY REINARZ**, hereinafter called Grantee, the receipt and sufficiency of which is hereby acknowledged;

HAS GRANTED, SOLD and CONVEYED, and by these presents does GRANT, SELL and CONVEY unto the said Grantee the following described property situated in Comal County, Texas, to-wit:

**Lot 55 of SCENIC HEIGHTS UNIT NO. 1**, a subdivision in Comal County, Texas, according to the plat recorded in **Volume 2, page 35** of the Map and Plat Records of Comal County, Texas.

This conveyance is made subject to, all and singular, the restrictions, conditions, easements and covenants, if any, applicable to and enforceable against the above described property as reflected by the records of the County Clerk of Comal County, Texas.

Taxes for the current year have been prorated and are thereafter assumed by Grantee.

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, executors, administrators, successors, or assigns forever.

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Grantor does hereby bind Grantor, Grantor's heirs, executors, administrators, and successors to warrant and forever defend, all and singular, the said premises unto the said Grantee, Grantee's heirs, executors, administrators, successors, and assigns against any person whomsoever claiming or to claim the same or any part thereof.

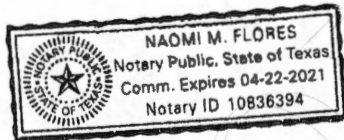
DATED this the 11 day of April, 2018.

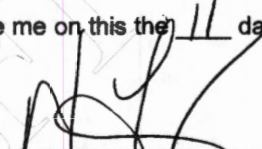
  
RICHARD W. BURGESS

STATE OF TEXAS  
COUNTY OF Comal

§  
§

This instrument was acknowledged before me on this the 11 day of April, 2018, by RICHARD W. BURGESS.



  
Notary Public in and for the State of Texas

RECEIVED  
NOV 12 2019  
COUNTY ENGINEER

GRANTEE'S MAILING ADDRESS:  
1090 Mt Laurel Dr  
NB TX 78132

9098.DEEDS  
Trinity Title Co. (NF)  
GF #5512NB

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
04/13/2018 08:27:41 AM  
LAURA 2 Pages(s)  
201806014328



*Bobbie Koepf*



**COMAL COUNTY**  
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION CHECKLIST**

*Staff will complete shaded items*

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*Date Received*

*Initials*

*Permit Number*

**Instructions:**


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

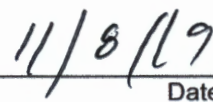
**OSSF Permit**

- Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate
- Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer
- Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials shall consist of a scaled design and all system specifications.
- Required Permit Fee - See Attached Fee Schedule
- Copy of Recorded Deed
- Surface Application/Aerobic Treatment System
  - Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public
  - Signed Maintenance Contract with Effective Date as Issuance of License to Operate

RECEIVED  
NOV 12 2019  
COUNTY ENGINEER

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

  
\_\_\_\_\_  
Signature of Applicant

  
\_\_\_\_\_  
Date

___ COMPLETE APPLICATION Check No. _____ Receipt No. _____
---

INCOMPLETE APPLICATION ___ (Missing Items Circled, Application Refeused)
---

**PS Septic Supply & Service**  
**23011 FM 306**  
**Canyon Lake, TX 78133**

(830) 850-0080  
 Fax: (830) 935-4932

**Permit #: 110219**

**To: Clay Reinarz**  
**1469 Whispering Hills Drive**  
**Canyon Lake, TX 78070**

Tech: Not Assigned  
 Brand/Mfg.: MAXX AIR -  
 System S/N:  
 Aerator and S/N:

Site 1469 Whispering Hills Drive, Canyon Lake  
 Agency Comal County  
 County: Comal County  
 Subdivision Mystic Shores

Installed  
 Phone:  
 Cell  
 Work

Contract 2/4/2020 - 2/4/2023  
 inspections per year 3  
 Service Due 6/4/2020  
 Alt Phone:  
 Warranty Ending

Inspection Type: \_\_\_\_\_ Inspection # \_\_\_\_\_ of \_\_\_\_\_ for the contract year

Item	Operational	Inoperative	N/A
Aerator:	_____	_____	_____
Irrigation pump	_____	_____	_____
Air compressor:	_____	_____	_____
Disinfection device:	_____	_____	_____
Chlorine supply:	_____	_____	_____
Spray field vegetation:	_____	_____	_____
Sprinkler / Drip backwash:	_____	_____	_____
Photocell Test:	_____	_____	_____
Autodialer:	_____	_____	_____
Water Meter Reading: _____ CFM: _____ PSI: _____			

Test Results and observations: (As Required)

Fecal Coliform: \_\_\_\_\_  
 Chlorine Residual: \_\_\_\_\_  
 Test Method \_\_\_\_\_  
 BOD: \_\_\_\_\_  
 TSS \_\_\_\_\_  
 Commercial Lab \_\_\_\_\_  
 Date Submitted \_\_\_\_\_

Repairs made: Y / N

Repairs and Comments:

*House still under construction*

Inspector: \_\_\_\_\_

Date: \_\_\_\_\_



Area: / 0  
 GPS 29 8438 -98 2836 ID = 1678

Printed: 6/29/2020

1469 Whispering Hills Drive, Canyon Lake

**PS Septic Supply & Service**  
23011 FM 306  
Canyon Lake, TX 78133

**Phone: (830) 850-0080**  
**Fax: (830) 935-4932**

**To: Clay Reinarz**  
**1469 Whispering Hills Drive**  
**Canyon Lake, TX 78070**

Printed: 10/27/2020  
Site: 1469 Whispering Hills Drive  
Canyon Lake, TX 78070

Permit #: ~~440240~~ 109992

Agency: Comal County

County: Comal County

Mfg / Brand: - MAXX AIR

Treatment Type: Aerobic

Disposal: Drip Emitters

Sub: Mystic Shores

Customer ID: 1678

Contract Dates: 2/4/2020 - 2/4/2023

Scheduled Date: 10/4/2020

Inspection 2 of 9

GPS Coordinates - Latitude: 29.8438 Longitude: -98.2836

**Service Type: Scheduled Inspection**

**Visit Date: 10/26/2020**

**Method: Grab**

**Technician: Ryan Seidensticker**

**Maint. Provider: Ryan Seidensticker**

**Aerators: Operational**

**Filters: Operational**

**Irrigation Pumps: Operational**

**Disinfection Device: Operational**

This counts as a type of "Scheduled Inspection"

**Entered By: \_**

**Tank Lid / Riser: Secured**

**Sprinkler Drip Backwash: Good**

**Electric Circuits: Operational**

**Distribution System: Operational**

**Sprayfield Veg: Operational**

**Color: Good**

**Odor: Good**

**Alarm: Operational**

**Comments**

System was off upon arrival, turned system on. Fully operational. - Technician Secured the Tank Lid and/or Riser prior to leaving location.

**Service Completed**

**Owner signature:**

Insp ID #6332

**Provider: Christopher Ryan Seidensticker**  
**PS Septic Supply & Service**

**Technician: Christopher Ryan Seidensticker**  
**PS Septic Supply & Service**

License Info: MP0001708 Expires:

License Info: MP0001708 Expires: 9/1/2023

**PS Septic Supply & Service**  
23011 FM 306  
Canyon Lake, TX 78133

**Phone: (830) 850-0080**  
**Fax: (830) 935-4932**

**To: Clay Reinarz**  
**1469 Whispering Hills Drive**  
**Canyon Lake, TX 78070**

Printed: 3/4/2021  
Site: 1469 Whispering Hills Drive  
Canyon Lake, TX 78070

---

Permit #: **109992** Customer ID: 1678  
Agency: Comal County Contract Dates: 2/4/2020 - 2/4/2023  
County: Comal County Sub: Mystic Shores Scheduled Date 2/4/2021 Inspection 3 of 9  
Mfg / Brand: - MAXX AIR  
Treatment Type: Aerobic  
Disposal: Drip Emitters GPS Coordinates - Latitude: 29.8438 Longitude: -98.2836

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**Service Type: Scheduled Inspection**

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

**Visit Date: 3/2/2021**

**Method: Grab**

**Technician: Chris Zigalo**

**Maint. Provider: Ryan Seidensticker**

**Aerators: Operational**

**Filters: Operational**

**Irrigation Pumps: Operational**

**Disinfection Device: Operational**

**Chlorine Residual: N/A**

**Sludge Levels**

**For Tank 1: 10**

**For Tank 2: 4**

**Tank Lid / Riser: Secured**

**Sprinkler Drip Backwash: Good**

**Electric Circuits: Operational**

**Distribution System: Operational**

**Sprayfield Veg: Operational**

**Color: Good**

**Odor: Good**

**Alarm: Operational**

**Comments**

Scum on pretreatment: 2" - Technician Secured the Tank Lid and/or Riser prior to leaving location.

**Service Completed**

**Owner signature:** \_\_\_\_\_

Insp ID #: 8233

**Provider: Christopher Ryan Seidensticker**  
**PS Septic Supply & Service**

License Info: MP0001708 Expires:

License Info: MT001878 Expires: 7/31/2023

**PS Septic Supply & Service**  
23011 FM 306  
Canyon Lake, TX 78133

**Phone: (830) 850-0080**

**Fax: (830) 935-4932**

**To: Clay Reinarz**  
1469 Whispering Hills Drive  
Canyon Lake, TX 78070

Printed:6/28/2021  
Site: 1469 Whispering Hills Drive  
Canyon Lake, TX 78070

Permit #: **109992**

Agency: Comal County

County: Comal County

Mfg / Brand: - MAXX AIR

Treatment Type: Aerobic

Disposal: Drip Emitters

Sub: Mystic Shores

Customer ID: 1678

Contract Dates: 2/4/2020 - 2/4/2023

Scheduled Date 7/4/2021

Inspection 4 of 9

GPS Coordinates - Latitude: 29.8438 Longitude: -98.2836

**Service Type: Scheduled Inspection**

**Visit Date: 6/24/2021**

**Method: Grab**

**Technician: Ryan Seidensticker**

**Maint. Provider: Ryan Seidensticker**

This counts as a type of "Scheduled Inspection"

**Entered By: \_**

**Aerators: Operational**

**Filters: Operational**

**Irrigation Pumps: Operational**

**Disinfection Device: Operational**

**Sludge Levels**

**For Tank 1: 5**

**Tank Lid / Riser: Secured**

**Sprinkler Drip Backwash: Good**

**Electric Circuits: Operational**

**Distribution System: Operational**

**Sprayfield Veg: Operational**

**Color: Good**

**Odor: Good**

**Alarm: Operational**

**Comments**

Scum on pretreatment:12" M.A - Technician Secured the Tank Lid and/or Riser prior to leaving location.

**Service Completed**

**Owner signature: \_\_\_\_\_**

Insp ID #:10543

**Provider: *Christopher Ryan Seidensticker***  
***PS Septic Supply & Service***

**Technician: *Christopher Ryan Seidensticker***  
***PS Septic Supply & Service***

License Info: MP0001708 Expires:

License Info: MP0001708 Expires: 9/1/2023



**PS Septic Supply & Service**  
**23011 FM 306**  
**Canyon Lake, TX 78133**

**Phone: (830) 850-0080**  
**Fax: (830) 935-4932**

**To: Clay Reinarz**  
**1469 Whispering Hills Drive**  
**Canyon Lake, TX 78070**

Printed:12/17/2021  
Site: 1469 Whispering Hills Drive  
Canyon Lake, TX 78070

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Permit #: **109992** Customer ID: 1678  
Agency: Comal County Contract Dates: 2/4/2020 - 2/4/2023  
County: Comal County Sub: Mystic Shores Scheduled Date: 11/4/2021 Inspection 5 of 9  
Mfg / Brand: - MAXX AIR  
Treatment Type: Aerobic  
Disposal: Drip Emitters GPS Coordinates - Latitude: 29.8438 Longitude: -98.2836

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**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"

**Visit Date: 11/18/2021**

**Entered By: \_**

**Method: Grab**

**Technician: Not Assigned**

Copy emailed to the Agency  
Agency Emailed: 12/17/2021

**Maint. Provider: Ryan Seidensticker**

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**Aerators: Operational**

**Filters: Operational**

**Irrigation Pumps: Operational**

**Disinfection Device: Operational**

**Electric Circuits: Operational**

**Distribution System: Operational**

**Sprayfield Veg: Operational**

**Alarm: Operational**

**Comments**

**Service Completed**

Dog on chain next to system. Reached out to reschedule. No answer.

12.17.2021 - The Agency was emailed a PDF Copy on 12/17/2021.

Insp ID #:13868

**Provider: *Christopher Ryan Seidensticker***  
***PS Septic Supply & Service***

License Info: MP0001708 Expires:

**PS Septic Supply & Service**  
23011 FM 306  
Canyon Lake, TX 78133

**Phone: (830) 850-0080**  
**Fax: (830) 935-4932**

**To: Clay Reinarz**  
1469 Whispering Hills Drive  
Canyon Lake, TX 78070

Printed:3/1/2022  
Site: 1469 Whispering Hills Drive  
Canyon Lake, TX 78070

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Permit #: **109992** Customer ID: 1678  
Agency: Comal County Contract Dates: 2/4/2020 - 2/4/2023  
County: Comal County Sub: Mystic Shores Scheduled Date: 3/4/2022 Inspection 6 of 9  
Mfg / Brand: - MAXX AIR  
Treatment Type: Aerobic  
Disposal: Drip Emitters GPS Coordinates - Latitude: 29.8438 Longitude: -98.2836

---

**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"

**Visit Date: 2/28/2022**

**Entered By: Michelle Irvin**

**Method: Grab**

**Technician: Chris Zigalo**

**Maint. Provider: Ryan Seidensticker**

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**Aerators: Operational**  
**Filters: Operational**  
**Irrigation Pumps: Operational**  
**Disinfection Device: Operational**

**Sludge Levels**  
**For Tank 1: 18**  
**For Tank 2: 6**  
**For Tank 3: 1**

**Tank Lid / Riser: Secured**

**Sprinkler Drip Backwash: Good**

**Electric Circuits: Operational**  
**Distribution System: Operational**  
**Sprayfield Veg: Operational**

**Color: Good**  
**Odor: Good**

**Alarm: Operational**

**Comments**

Scum = 3" - Technician Secured the Tank Lid and/or Riser prior to leaving location.

**Service Completed**

Insp ID #:15833

**Provider: *Christopher Ryan Seidensticker***  
***PS Septic Supply & Service***

License Info: MP0001708 Expires:

License Info: MT001878 Expires: 7/31/2023

**PS Septic Supply & Service**  
23011 FM 306  
Canyon Lake, TX 78133

**Phone: (830) 850-0080**  
**Fax: (830) 935-4932**

**To: Clay Reinarz**  
1469 Whispering Hills Drive  
Canyon Lake, TX 78070

Printed:7/7/2022  
Site: 1469 Whispering Hills Drive  
Canyon Lake, TX 78070

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Permit #: **109992** Customer ID: 1678  
Agency: Comal County Contract Dates: 2/4/2020 - 2/4/2023  
County: Comal County Sub: Mystic Shores Scheduled Date: 7/4/2022 Inspection 7 of 9  
Mfg / Brand: - MAXX AIR  
Treatment Type: Aerobic  
Disposal: Drip Emitters GPS Coordinates - Latitude: 29.8438 Longitude: -98.2836

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**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"

**Visit Date: 7/6/2022**

**Entered By: Michelle Irvin**

**Method: Grab**

**Technician: Not Assigned**

**Maint. Provider: Ryan Seidensticker**

**Aerators: Operational**

**Sludge Levels**

**Filters: Operational**

**For Tank 1: 12**

**Irrigation Pumps: Operational**

**Disinfection Device: Operational**

**Tank Lid / Riser: Secured**

**Sprinkler Drip Backwash: Good**

**Electric Circuits: Operational**

**Distribution System: Operational**

**Sprayfield Veg: Operational**

**Color: Good**

**Odor: Good**

**Alarm: Operational**

**Comments**

**Service Completed**

Scum = 8" - Technician Secured the Tank Lid and/or Riser prior to leaving location.

Insp ID #:19330

**Provider: *Christopher Ryan Seidensticker***  
***PS Septic Supply & Service***

License Info: MP0001708 Expires:

**PS Septic Supply & Service**  
**23011 FM 306**  
**Canyon Lake, TX 78133**

Phone: (830) 850-0080  
Fax: (830) 935-4932

Printed: 11/14/2022 Insp ID #: 22821

Permit #: **109992**

**To: Clay Reinarz**  
**1469 Whispering Hills Drive**  
**Canyon Lake, TX 78133**

Main Phone:  
Work:  
Cell Phone:  
Alt Cell:

Customer ID: 1678  
Contract Dates: 2/4/2020 - 2/4/2023

Agency: Comal County  
County: Comal County Sub: Scenic Heights  
Mfg / Brand: - MAXX AIR  
Treatment Type: Aerobic  
Disposal: Drip Emitters

Scheduled Date: 11/4/2022 Inspection 8 of 9  
Installed: 2/4/2020  
Warranty End: 2/4/2023  
GPS Coordinates: Latitude: 29.8438 Longitude: -98.2836

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**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"  
**Entered By: Ashley Spitzenberger**

**Visit Date: 11/11/2022**

Copy emailed to Customer  
Customer Emailed: 11/14/2022

**Method: Grab**

**Technician: Not Assigned**

**Maint. Provider: Ryan Seidensticker**

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**Sludge Levels**

**For Tank 1: NA**

**For Tank 2: NA**

**For Tank 3: NA**

**For Tank 4: NA**

**Comments**

**Service Completed**

- Unable to inspect due to dogs, please contact our office to set up appointment for reinspection - Inspection Port Plug was noted as N/A prior to leaving. - Copy emailed to the customer on 11/14/2022.

Site: 1469 Whispering Hills Drive, Canyon Lake, TX 78133

**Provider: Christopher Ryan Seidensticker**  
**PS Septic Supply & Service**

License Info: MP0001708 Expires:

**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: Melissa Reinarz  
1469 Whispering Hills  
Canyon Lake, TX 78133  
Agency: Comal County Environmental Health  
County: Comal  
Permit No: 109992

Tech: Chris Bausch  
Phone: (830) 832-3699 Date: 2024-11-04  
Alt Ph: (210) 559-9553 Service  
Due: \_\_\_\_\_

Inspection Type: 1x inspection

<b>Item</b>	<b>Operational</b>	<b>Inoperative</b>	<b>Not Present</b>	
<b>Aerator:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Air Pressure: 72</b>
<b>Irrigation Pump:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Air Compressor:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Pump Screen:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Chlorinator:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Spray Field Vegetation:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Filters:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Sprinkler / Drip Backwash:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Controls / Electric Circuits:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Test Results and Observations: (As Required)**

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

Mixed Liquor: all measurements in inches

Aeration: 60

**Sludge Levels**

Clarifier: 14

Pump: 2

**Repairs and Comments:**

Removed and plugged old field gauges. Cleaned filter and backwashed field. Did first copper sulfate treatment to deal with tree roots in system.

Inspector: CB

Date: 2024-11-04

Tom Hampton, VP  
MP349/OS24597