



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: **08/19/2020** Permit Number: **110724**

Location Description: 449 UPLAND CT
CANYON LAKE, TX 78133

Subdivision: Mountain Springs Ranch
Unit:
Lot: 582
Block:
Acreage:

Type of System: Aerobic
Surface Irrigation

Issued to: Jeff & Gabriela Jarman

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.**

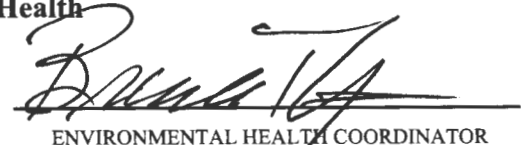
Inspection and licensing of a facility indicates only that the facility meets certain minimum requirements. It does not impede any governmental entity in taking the proper steps to prevent or control pollution, to abate nuisance, or to protect the public health.

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


OS0032485
ENVIRONMENTAL HEALTH INSPECTOR


ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Rusty Reedy OSSF Installer #: OS0030229
 1st Inspection Date: 6/15/20 2nd Inspection Date: _____ 3rd Inspection Date: 8/19/20
 Inspector Name: Mike T. Inspector Name: _____ Inspector Name: CONNOR
 Permit#: 110724 Address: Mt. Spring Ranch / 449 Upland Ct.

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)		6/15/20		
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-6/15/20

Tank set only, leveled

MT-6/16/20

no inspection.
Tank too close to
petro 1 1/2" only.

8/19/20 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	6/5/20		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	/		Aeris			
16	DISPOSAL SYSTEM Absorptive		285.33(d)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(b)(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 < 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>	X	285.32(c)(1)		X		
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>	X X X X			X X X X		
35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.</p>	X			X		
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?	X	285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(iii)(III)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)		X		
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed	X X X	285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)		X X X		X
42	APPLICATION AREA Area Installed	X			X		
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						

Scale 1"=60'

Site Map

Aerobic with Spray Distribution

Jeff Jarman

Lot: Blk.

Mountain Springs Ranch Subdivision

449 Upland Court

Canyon Lake, Texas 78133

Comal County

RECEIVED

MAY 4 2020

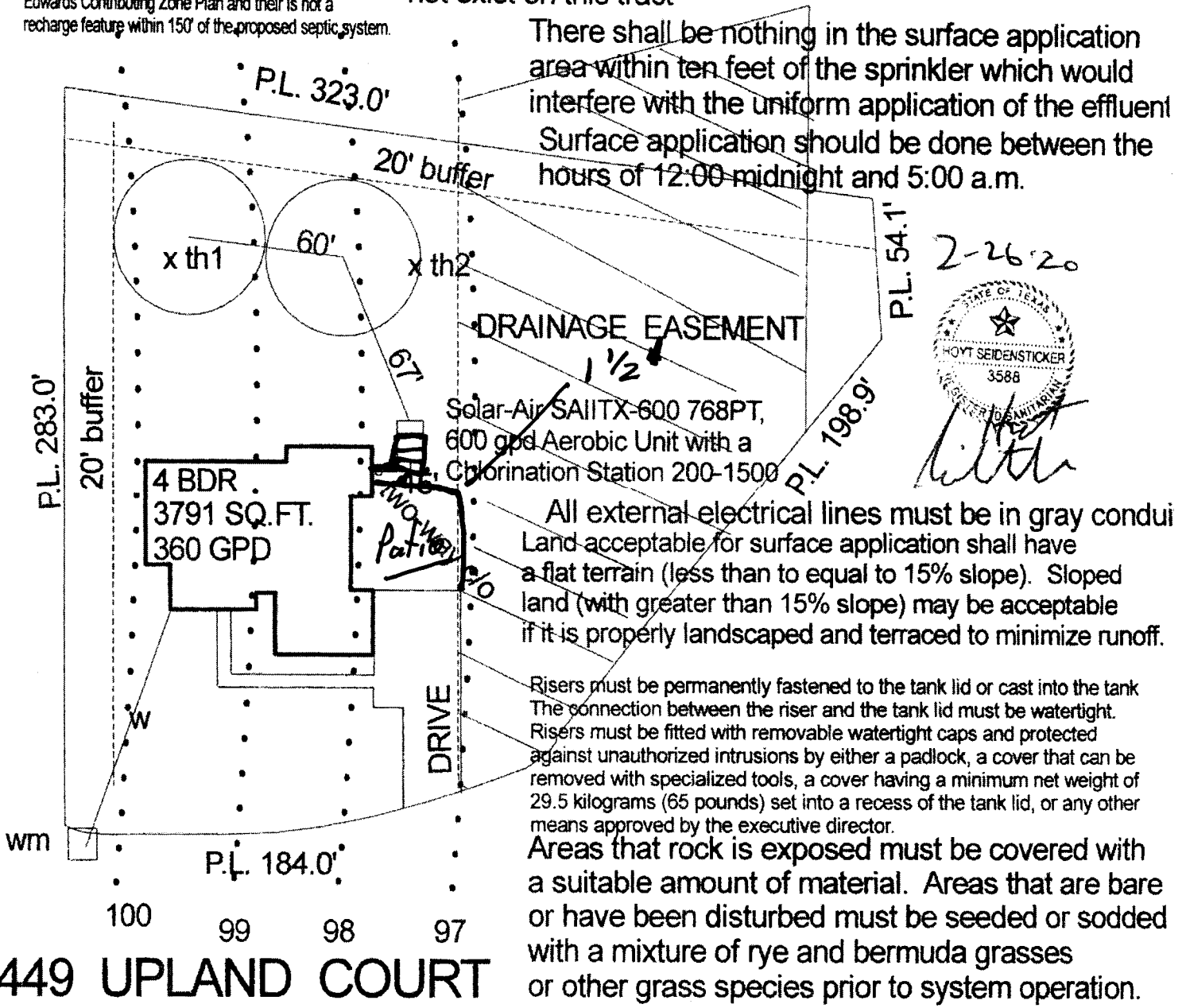
COUNTY ENGINEER

location of sprinkler heads may be adjusted in field to avoid obstacles

100 yr flood plain does not exist on this tract

This design complies with all provisions of the existing Edwards Contributing Zone Plan and there is not a recharge feature within 150' of the proposed septic system.

There shall be nothing in the surface application area within ten feet of the sprinkler which would interfere with the uniform application of the effluent. Surface application should be done between the hours of 12:00 midnight and 5:00 a.m.

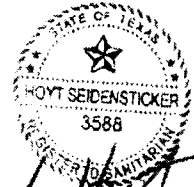


Solar-Air SAIITX-600 768PT, 600 gpd Aerobic Unit with a Chlorination Station 200-1500

All external electrical lines must be in gray conduit. Land acceptable for surface application shall have a flat terrain (less than to equal to 15% slope). Sloped land (with greater than 15% slope) may be acceptable if it is properly landscaped and terraced to minimize runoff.

Risers must be permanently fastened to the tank lid or cast into the tank. The connection between the riser and the tank lid must be watertight. Risers must be fitted with removable watertight caps and protected against unauthorized intrusions by either a padlock, a cover that can be removed with specialized tools, a cover having a minimum net weight of 29.5 kilograms (65 pounds) set into a recess of the tank lid, or any other means approved by the executive director.

Areas that rock is exposed must be covered with a suitable amount of material. Areas that are bare or have been disturbed must be seeded or sodded with a mixture of rye and bermuda grasses or other grass species prior to system operation.



2-26-20
[Signature]

449 UPLAND COURT

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Rusty Reedy OSSF Installer #: _____

1st Inspection Date: 6/5/20 2nd Inspection Date: _____ 3rd Inspection Date: _____

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

Permit#: 110724 Address: Mt. Spring Ranch / 449 Upland Ct.

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)		6/5/20		
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-6/5/20

Tank set only, leveled

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

**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

ENGINEER'S OFFICE

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

Permit Number: 110724
Issued This Date: 05/28/2020
This permit is hereby given to: Jeff & Gabriela Jarman

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

449 UPLAND CT
CANYON LAKE, TX 78133

Subdivision: Mountain Springs Ranch
Unit:
Lot: 582
Block:
Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

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

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

5/8/20

GW

REVISED

Date 3/4/20 Permit # 110724

Owner Name JEFF JARMAN Agent Name Gabriela JARMAN
Mailing Address 1126 Indigo Run Agent Address RECEIVED
City, State, Zip Bulverde, TX, 78163 City, State, Zip MAY 26 2020
Phone # 210-274-0102 Phone # _____
Email Jxrunner@gmail.com Email COUNTY ENGINEER

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

Subdivision Name Mountain Springs Ranch Unit _____ Lot 582 Block _____
Acreage/Legal 1.94
Street Name/Address 449 Upland Ct City Canyon Lake Zip 78133

Type of Development:

Single Family Residential
Type of Construction (House, Mobile, RV, Etc.) House
Number of Bedrooms 4
Indicate Sq Ft of Living Area 3791

RECEIVED
MAY 4 2020
COUNTY ENGINEER

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: \$ 490,000 (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

I certify that the completed application and all additional information submitted does not contain any false information and does not conceal any material facts. Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities. I also understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.

Signature of Owner JEFF JARMAN Date 3/4/20

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

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

Date 3/4/20 Permit # 110724

Owner Name JEFF JARMAN Agent Name _____
Mailing Address 1126 Indigo Run Agent Address _____
City, State, Zip Bulverde, TX, 78163 City, State, Zip _____
Phone # 210-274-0102 Phone # _____
Email Jxrunner@gmail.com Email _____

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

Subdivision Name Mountain Springs Ranch Unit _____ Lot 582 Block _____
Acreage/Legal 1.44
Street Name/Address 449 Upland Ct City Canyon Lake Zip 78133

Type of Development:

Single Family Residential
Type of Construction (House, Mobile, RV, Etc.) House
Number of Bedrooms 4
Indicate Sq Ft of Living Area 3791

RECEIVED
MAY 4 2020
COUNTY ENGINEER

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: \$ 480,000 (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

I certify that the completed application and all additional information submitted does not contain any false information and does not conceal any material facts. Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities. I also understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.

Signature of Owner JEFF JARMAN Date 3/4/20

*** 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 Hoyt Seidenstule

System Description Aerobic with Spray Distribution

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

Tank Size(s) (Gallons) 600 GPD unit Absorption/Application Area (Sq Ft) 5652

Gallons Per Day (As Per TCEQ Table III) 360

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

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

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

RECEIVED

MAY 4 2020

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.

Hoyt Seidenstule
Signature of Designer

2-26-2020
Date

Page 2 of 2

RECEIVED

By rabsah at 11:41 am, May 28, 2020



202006018647 05/20/2020 04:27:25 PM 1/1

RECEIVED

MAY 26 2020

TOP

Affidavit to the Public

THE COUNTY OF
STATE OF TEXAS

Comal

COUNTY ENGINEER

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

Before me, the undersigned authority, on this day personally appeared JEFF JARMAN who, after being, by me, duly sworn, upon oath states that he/she is the owner or record of that certain tract or parcel of land lying and being situated in COMAL County, Texas and being more particularly described as follows:

Legal Description of property is as follows:

Mountain Springs Ranch Lot 582 Unit 3 449 Upland CT CANYON LAKE, TX 78133

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code §285.91(12) will be installed on the property.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (commission) 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 owners 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.

This OSSF must be covered by a continuous service policy 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 may be obtained from (_____).

Signed by my/our hand(s) on this 20 Day of MAY, 2020

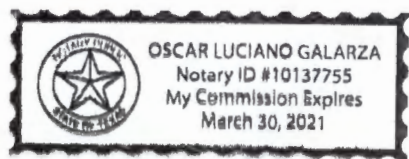
Signature Jeff Jarman
Print Name JEFF JARMAN

Sworn to and subscribed to before Notary Public, in and for the state of Texas and

WITNESS MY HAND AND OFFICIAL SEAL THIS THE 20 DAY OF MAY, 2020.

Notary Public, State of Texas
My Commission Expires: March 30, 2021

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
05/20/2020 04:27:25 PM
LAURA 1 Page(s)
202006018647



Bobbie Koepf

RECEIVED

By rabsah at 11:40 am, May 28, 2020

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

Owner initial AGJ 5/8/20

Maintenance provider initial RR

PROFESSIONAL CONTRACT SERVICES

CCEO

COPY

RECEIVED

RECEIVED

MAY 4 2020

MAY 26 2020

COUNTY ENGINEER

MAINTENANCE AGREEMENT

COUNTY ENGINEER

Regular and continuing maintenance is the single most important key to the long-term safe and successful operation of surface application systems utilizing aerobic treatment plants. The OWNER of an aerobic wastewater treatment system is a VITAL KEY to its success or failure and thereby they must accept their responsibilities of its upkeep and maintenance Professional Contract Services hereby enters this maintenance contract to assist the Owner in keeping his/her aerobic system operating properly and safely; and, to keep the owner in compliance with the Texas Commission of Environmental Quality (TCEQ) regulations. (Title 30 Texas Administrative Code, Chapter 285).

INSPECTION OF ITEMS: Items to be inspected include aerators, alarms, chlorine supply and disinfection system, diffusers, distribution systems, drip emitters, sludge volume, chlorine residual, electrical circuitry, filters and pumps.

FREQUENCY OF MAINTENANCE INSPECTION: Professional Contract Services will perform maintenance inspections to the owner's aerobic wastewater treatment system three (3) times a year at approximately four (4) month intervals. On each report the owner receives, it will indicate when their next schedule maintenance inspection will occur.

REPORTS: A report will be generated during each visit with the original submitted to the required regulatory agency, one (1) copy left with the owner of the system and one (1) copy maintained in our files. The report will indicate the date the inspection was performed, name of the owner and address, the items inspected, sampling test results for Chlorine Residual comments, recommendations, and/or repairs performed.

SAMPLING: A Chlorine Residual sample will be conducted during each maintenance inspection visit. Results will be recorded on each report. For commercial systems only, each year, one (1) Biological Oxygen Demand (BOD) and one (1) Total Suspended Solids (TSS) sample will be taken for laboratory analysis. The owner is responsible for the laboratory cost for these tests. The test results will be submitted to the required regulatory agency.

REPAIRS: The owner of the aerobic wastewater treatment system is responsible for any cost associated with the repair or replacement of the system's components. Any repair and/or replacement costs will be discussed with the accepted by owner prior to any work performed by Professional Contract Services. PCS will respond to non-scheduled services within 24 hours. There is additional fee for non-scheduled visits and/or service calls.

FEES: The annual cost of a Residential Maintenance Contract is: \$ _____; commercial systems maintenance contracts are: \$ _____ per year. Payment is due at the time of contract signing. Failure to make payment within ten (10) days of date of contract constitutes a breach of contract, and the appropriate regulatory agency will be notified of the cancellation of contract. This maintenance agreement does not cover the cost of customer-requested service calls, materials or labor that are due to system or component failure.

RECEIVED

By rabsah at 11:40 am, May 28, 2020

**CCEO
COPY**

Maintenance Agreement

Non-scheduled visits and/or service calls requested by the owner during the work week will be an additional charge. A travel charge of \$35.00 flat rate and a labor rate of \$65.00/hour will apply. A minimum of one (1) hour labor will be charged on all service calls. Emergency weekend or night service calls will be billed at \$80.00/hour, plus the flat travel charge of \$35.00. (minimum one hour labor charge). Invoices are due upon completion of the work performed and/or receipt of invoices. **DISPUTE RESOLUTION:** This contract is governed by the laws of the State of Texas without regard to conflicts of law's provisions. Venue for any dispute arising hereunder shall be Comal County, Texas.

RECEIVED
MAY 4 2020
COUNTY ENGINEER

OWNER'S RESPONSIBILITIES:

- The owner of the Aerobic Treatment Unit must maintain sufficient chlorine (tablets or liquid) in the disinfection system at all times.
- The owner must maintain an area free of overgrowth or vegetation around the Aerobic Treatment Unit and sprinklers.
- Make your property accessible (gate unlocked or key/combination provided), and dogs restrained during Service Technician visits.
- The owner must follow the manufacturer's recommendations for the system's proper operation, including restricting the disposal of non-biodegradable material, chemicals, solvents, thinners, fuels, grease, oils, etc. that can effect the systems performance and/or pollute the environment.
- The owner must have their system repaired or components replaced immediately by a Certified Provider as needed.
- The owner must have their Aerobic Treatment Unit pumped out by a licensed waster hauler when their system exceeds 65% sludge volume.
- PCS will advise you when this is necessary by conducting a free annual 30 minute settleometer test.
- The owner should keep fire ants away from the Aerobic Treatment unit and its components. Any damage caused by fire ants is not covered under any warranty. PCS reserves the right to refuse service to systems infested by fire ants. A \$35.00 travel charge shall be made for return visits, due to fire and infestation or animals not restrained.

This contract is valid from: LTO Issue date through 2 yrs RECEIVED

Owner's Name: Jeff Jarman MAY 26 2020

Site Address: 449 upland ct canyon lake 78133 COUNTY ENGINEER

Mailing Address: 1126 indigo run

Telephone: _____ Cell Phone: 210-274-0102 Work Phone: _____

Email: Jxrunner@gmail.com Manufacturer: _____ Serial Number: _____

Signature of Owner: Jeff Jarman
Date: 5/8/20

Rusty Reedy
TCEQ License # MP0002172

PROFESSIONAL
CONTRACT
SERVICES

RECEIVED
MAY 4 2020
COUNTY ENGINEER

MAINTENANCE AGREEMENT

Regular and continuing maintenance is the single most important key to the long-term safe and successful operation of surface application systems utilizing aerobic treatment plants. The **OWNER** of an aerobic wastewater treatment system is a **VITAL KEY** to its success or failure and thereby they must accept their responsibilities of its upkeep and maintenance Professional Contract Services hereby enters this maintenance contract to assist the Owner in keeping his/her aerobic system operating properly and safely; and, to keep the owner in compliance with the Texas Commission of Environmental Quality (TCEQ) regulations. (Title 30 Texas Administrative Code, Chapter 285).

INSPECTION OF ITEMS: Items to be inspected include aerators, alarms, chlorine supply and disinfection system, diffusers, distribution systems, drip emitters, sludge volume, chlorine residual, electrical circuitry, filters and pumps.

FREQUENCY OF MAINTENANCE INSPECTION: Professional Contract Services will perform maintenance inspections to the owner's aerobic wastewater treatment system three (3) times a year at approximately four (4) month intervals. On each report the owner receives, it will indicate when their next schedule maintenance inspection will occur.

REPORTS: A report will be generated during each visit with the original submitted to the required regulatory agency, one (1) copy left with the owner of the system and one (1) copy maintained in our files. The report will indicate the date the inspection was performed, name of the owner and address, the items inspected, sampling test results for Chlorine Residual comments, recommendations, and/or repairs performed.

SAMPLING: A Chlorine Residual sample will be conducted during each maintenance inspection visit. Results will be recorded on each report. For commercial systems only, each year, one (1) Biological Oxygen Demand (BOD) and one (1) Total Suspended Solids (TSS) sample will be taken for laboratory analysis. The owner is responsible for the laboratory cost for these tests. The test results will be submitted to the required regulatory agency.

REPAIRS: The owner of the aerobic wastewater treatment system is responsible for any cost associated with the repair or replacement of the system's components. Any repair and/or replacement costs will be discussed with the accepted by owner prior to any work performed by Professional Contract Services. PCS will respond to non-scheduled services within 24 hours. There is additional fee for non-scheduled visits and/or service calls.

FEES: The annual cost of a Residential Maintenance Contract is: \$ _____; commercial systems maintenance contracts are: \$ _____ per year. Payment is due at the time of contract signing. Failure to make payment within ten (10) days of date of contract constitutes a breach of contract, and the appropriate regulatory agency will be notified of the cancellation of contract. This maintenance agreement does not cover the cost of customer-requested service calls, materials or labor that are due to system or component failure.

Non-scheduled visits and/or service calls requested by the owner during the work week will be an additional charge. A travel charge of \$35.00 flat rate and a labor rate of \$65.00/hour will apply. A minimum of one (1) hour labor will be charged on all service calls. Emergency weekend or night service calls will be billed at \$80.00/hour, plus the flat travel charge of \$35.00. (minimum one hour labor charge). **Invoices are due upon completion of the work performed and/or receipt of invoices.** **DISPUTE RESOLUTION:** The contract is governed by the laws of the State of Texas without regard to conflicts of law's provisions. Venue for dispute arising hereunder shall be Comal County, Texas.

RECEIVED
MAY 4 2020
COUNTY ENGINEER

OWNER'S RESPONSIBILITIES:

- The owner of the Aerobic Treatment Unit must maintain sufficient chlorine (tablet or liquid) in the disinfection system at all times.
- The owner must maintain an area free of overgrowth or vegetation around the Aerobic Treatment Unit and sprinklers.
- Make your property accessible (gate unlocked or key/combination provided), and dogs restrained during Service Technician visits.
- The owner must follow the manufacturer's recommendations for the system's proper operation, including restricting the disposal of non-biodegradable material, chemicals, solvents, thinners, fuels, grease, oils, etc. that can effect the systems performance and/or pollute the environment.
- The owner must have their system repaired or components replaced immediately by a Certified Provider as needed.
- The owner must have their Aerobic Treatment Unit pumped out by a licensed waster hauler when their system exceeds 65% sludge volume.
- PCS will advise you when this is necessary by conducting a free annual 30 minute settleometer test.
- The owner should keep fire ants away from the Aerobic Treatment unit and its components. Any damage caused by fire ants is not covered under any warranty. PCS reserves the right to refuse service to systems infested by fire ants. A \$35.00 travel charge shall be made for return visits, due to fire and infestation or animals not restrained.

This contract is valid from: LTO issue date through 2 yrs

Owner's Name: Jeff Jarman

Site Address: 449 upland ct canyon lake 78133

Mailing Address: 1126 indigo run

Telephone: _____ Cell Phone: 210-274-0102 Work Phone: _____

Email: Jxrunner@gmail.com Manufacturer: _____ Serial Number: _____

Jeff Jarman
Signature of Owner Date

Rusty Reedy
Rusty Reedy TCEQ License # MP0002172

ON-SITE SEWAGE FACILITY
Site Evaluation Report Information

RECEIVED

MAY 4 2020

Date: 1/28/2020

Site Evaluator Information:

Applicant Information:

Name: Hoyt Seidensticker

Name: Jeff Jarmon

license OS0008771

Expires 06/30/2020

COUNTY ENGINEER

Address: 449 Upland Ct.

Company: Land Stewardship Services, LLC

City: Canyon Lake State: Texas

Zip 78133

Address: 1822 FM 473

Phone: _____

City: Boerne State: Texas Zip: 78006

Phone: (210) 414-6603 Fax: (830) 336-4697

Property Location:

Lot: 582 Block: _____ Sub.: Mountain Springs Ranch

Installer information:

Street/Road Address: 449 Upland Ct.

Name: Rusty Reedy

City: Canyon Lake State: Texas

Zip: 78133

Company: _____

Unincorporated Area? Y or N

y

Address: 555 Cool Spring

Additional information _____

City: Spring Branch State: Texas Zip: 78070

Phone: 940-452-4992 Fax: _____

Schematic of Lot or Tract

Show:

Compass North, adjacent streets, property lines, property lines, property dimensions, location of buildings, easements, water lines, and other surface improvements where known (drainage, patios, sidewalks).

Location of existing or proposed water wells within 150 feet of property.

Indicate slope or show contour lines from the structure to the farthest location of the proposed soil absorption or irrigation area.

Location of soil borings or dug pits (show location with respect to a known reference point).

Location of natural, constructed, or proposed drainage ways, (streams, ponds, lakes, rivers,

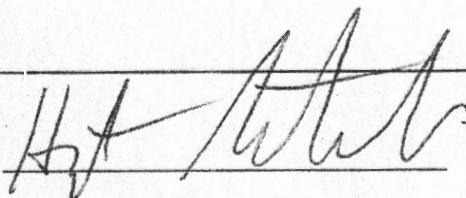
high tide of salt water bodies) water impoundments areas, cut or fill bank, sharp slopes and breaks.

SITE DRAWING

Lot Size: _____ acres

SEE ATTACHED

Signature of Site Evaluator



Site Evaluator License No: OS0008771

ON-SITE SEWAGE FACILITY Soil Evaluation Report Information

Date Soil Survey Performed: 1/24/2020

Site Location: 449 Upland Court

Name of Site Evaluator: Hoyt Seidensticker Registration Number: OS0008771

Proposed Excavation Depth: n/a County: Comal

Requirements:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area.

Location of soil boring or dug pits must be shown on the site drawing.

For subsurface disposal, soil evaluation 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 feature on the form. Indicate depths where features appear.

Soil Boring Number <u>1</u>						
Depth (feet)	Texture Class	Soil Structure	Gravel Analysis	Drainage (Redox Features/ Water Table)	Restrictive Horizon	Observations (color, consistence)
0	III	LOAM rock	<30%	none	yes, rock	BROWN
1						
12 in						
2						
3						
4						
5						

Soil Boring Number <u>2</u>						
Depth (feet)	Texture Class	Soil Structure	Gravel Analysis	Drainage (Redox Features/ Water Table)	Restrictive Horizon	Observations (color, consistence)
0	III	LOAM rock	<30%	none	yes, rock	BROWN
1						
2						
3						
4						
5						

Features of Site Area

- Presence of 100 year flood zone Yes ___ No X
- Presence of adjacent ponds, streams, water improvements Yes ___ No X
- Existing or proposed water well in nearby area Yes ___ No X
- Organized sewage service available to lot or tract Yes ___ No X
- Recharge feature within 150 feet Yes ___ No X

By my signature, I hereby certify that the information provided in this report is based on my site observations and are accurate to the best of my ability.

I understand that any misrepresentation of the information contained in this report may be grounds to revoke or suspend my license. The site evaluation

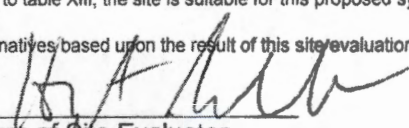
determined the site is suitable for a Spray Distribution disposal system with Aerobic treatment

According to table XIII, the site is suitable for this proposed system. A copy of Table XIII has been given to the property owner to inform them of

other alternatives based upon the result of this site evaluation

Signature of Site Evaluator

Date



2-26-2020

RECEIVED
MAY 4 2020

COUNTY ENGINEER

2/26/2020

8:02 PM

Aerobic with Spray
Distribution System

ON-SITE SEWAGE FACILITY DESIGN CRITERIA JEFF JARMAN

RECEIVED

MAY 4 2020

Property Information:

St. Address: 449 Upland Court
City: Canyon Lake State: Texas
Zip code: 78133

House Information

No. of Bedrooms: _____
Sq. footage (Approx.): 3791
Water Supply: clws

COUNTY ENGINEER

Predicted Quantity of Sewage (Q)

Water Saving Devices in Home (y/n): yes
Gallons/day (Q): 360
Greywater included (yes/no): yes

Supply Line from House

Length of supply line (approx. ft): 15
Type of supply line: SCH 40 PVC
Size of Supply line (in): 3 or 4

Rate of Adsorption (Ra)

Application rate (g/sq. ft): 0.064
Minimum Adsorptive Area (sq. ft.): 5625

Supply Line For Spray Irrigation System

Length of supply line (approx. ft): 127
Type of supply line: SCH 40 PVC
Size of supply line (in): 1

Aerobic Unit

Required size of aerobic unit: 600 gpd
Pretreatment Tank (gallons): 400
Class 1 Aerobic Unit: Solar Air SA-3 SA600-768PT
Pump tank total capacity (gal): 768
Chlorination: Liquid installed in Tank
Pump Switch operation: Float system
Dosing cycle quantity (gals): Varied
Cycling time: night time
Pump size and capacity: Schaefer E-Series 20 GPM

Disposal Area per this System

$\pi (30)^2 = 2826$
 $\pi (30)^2 = 2826$
=
=
=
Total irrigated area (sq. ft.): 5652

All design criteria is in accordance with TCEQ, Title 30, TAC Chapter 285, Subchapter D, On-Site Sewage Facilities (Effective December 26, 2012). The above design was based on the best available information and should function properly under normal operating conditions.

All changes or modifications made to design must be approved by the below signed designer.

Hoyt Seidensticker

Hoyt Seidensticker, R.S. No. 3588

Land Stewardship Services, LLC, 27115 Bent Trail, Boerne, Texas 78006

Cell (210) 414-6603,

2-26-2020

Date



Effective Immediately: If any change(s) are made that require a revision to this design, a \$150.00 fee will be assessed. This includes, but not limited to, change(s) in the house size, number of bedrooms, location of house or one type of system to another.

2/26/2020

8:02 PM

Aerobic with Spray
Distribution System

ON-SITE SEWAGE FACILITY

DESIGN CRITERIA

JEFF JARMAN

Head Pressure

Elevation Head:	<u>4</u>
Pressure Head:	<u>92</u>
Friction Head:	<u>5.08</u>
Total head:	<u>101.1</u>

Sprinkler Head Information

K-Rain sprinkler head PROPLUS,	
low angle nozzle	
No. 3 @40psi	GPM: <u>3.1</u>
Number of sprinkler heads:	<u>2</u>
Gallons per minute:	<u>6.2</u>

RECEIVED

A class 1 aerobic wastewater treatment unit, chlorination and spray distribution system will be designed for this location. Wastewater from the residence will flow to a pretreatment/trash tank, then to the treatment unit. Treated effluent will be disinfected by chlorination in the pump tank before being disposed of through above ground sprinkler heads. All warning systems shall be installed with the aerobic unit.

MAY 4 2020

COUNTY ENGINEER

Land acceptable for surface application shall have a flat terrain (with less than or equal to 15% slope). Sloped land (with greater than 15% slope) may be acceptable if it is properly landscaped and terraced to minimize runoff. There shall be nothing in the surface application area within ten feet of the sprinkler which would interfere with the uniform application of the effluent.

Areas that rock is exposed must be covered with a suitable amount of material acceptable to the inspecting authority. Areas that are bare or have been disturbed must be seeded or sodded with a mixture of rye and bermuda grasses or other grass species prior to system operation.

A maintenance contract for the entire system must be established at time of installation with someone holding a license to maintain the installed aerobic system.

At every inspection a Total Chlorine Residual test must be conducted and must be a minimum acceptable test of .1 mg/l residual in Pump Tank.

All design criteria is in accordance with TCEQ, Title 30, TAC Chapter 285, Subchapter D, On-Site Sewage Facilities (Effective December 26, 2012). The above design was based on the best available information and should function properly under normal operating conditions. All changes or modifications made to design must be approved by the below signed designer.

Hoyt Seidensticker, R.S. No. 3588

2-26-2020

Date



Land Stewardship Services, LLC, 27115 Bent Trail, Boerne, Texas 78006
Cell (210) 414-6603,

Scale 1"=60'

REVISED

7:49 am, Jul 27, 2020

Site Map

Permit 110724

Aerobic with Spray Distribution

Jeff Jarman

Lot: Blk.

Mountain Springs Ranch Subdivision

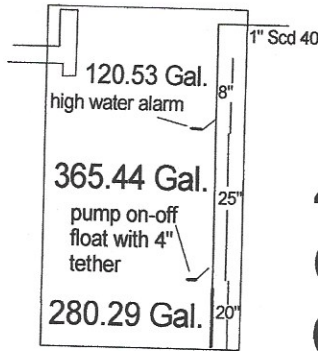
449 Upland Court

Canyon Lake, Texas 78133

Comal County

location of sprinkler heads may be adjusted in field to avoid obstacles

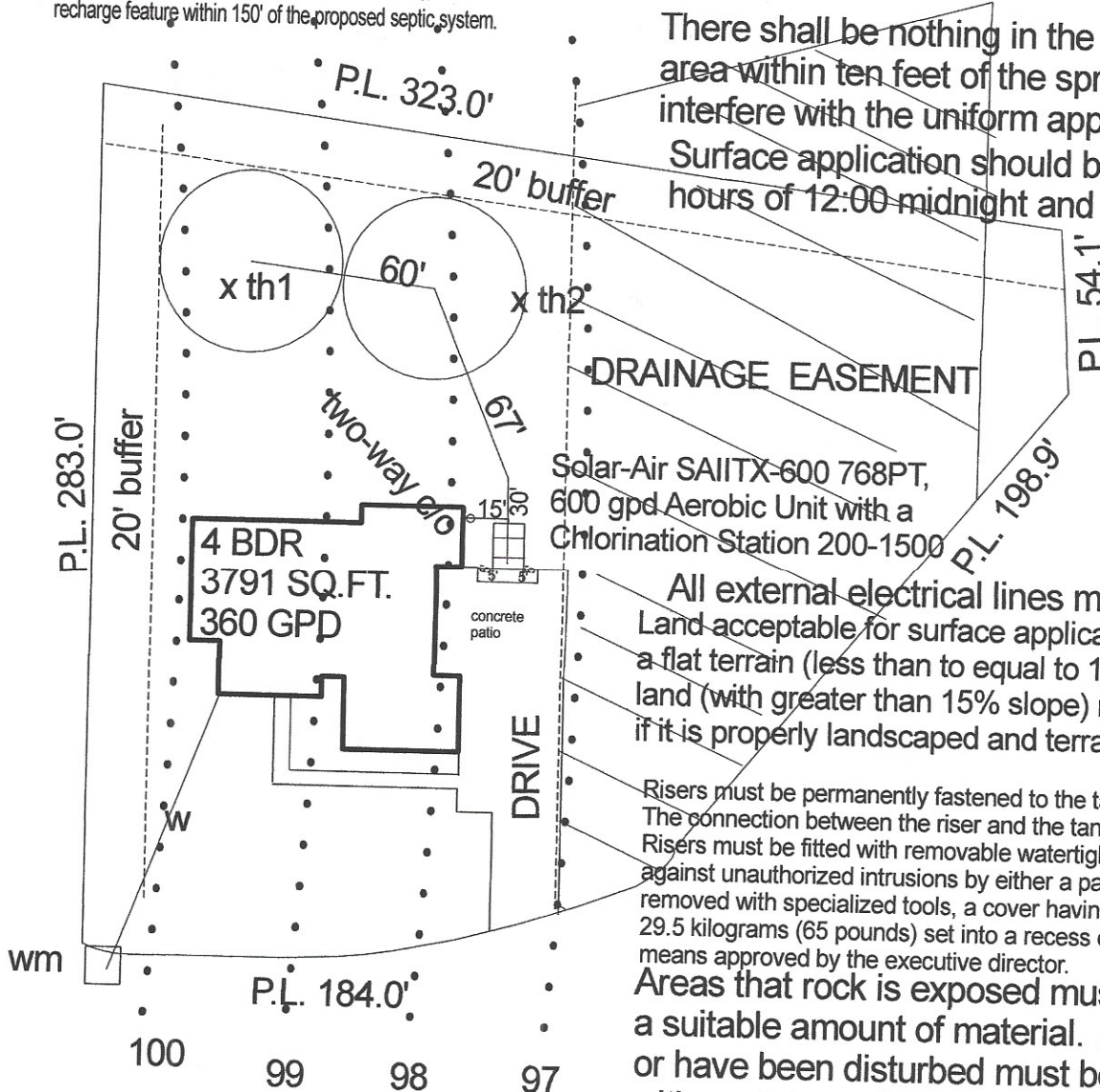
N



100 yr flood plain does not exist on this tract

This design complies with all provisions of the existing Edwards Contributing Zone Plan and their is not a recharge feature within 150' of the proposed septic system.

There shall be nothing in the surface application area within ten feet of the sprinkler which would interfere with the uniform application of the effluent. Surface application should be done between the hours of 12:00 midnight and 5:00 a.m.



Solar-Air SAIITX-600 768PT, 600 gpd Aerobic Unit with a Chlorination Station 200-1500

All external electrical lines must be in gray conduit. Land acceptable for surface application shall have a flat terrain (less than to equal to 15% slope). Sloped land (with greater than 15% slope) may be acceptable if it is properly landscaped and terraced to minimize runoff.

Risers must be permanently fastened to the tank lid or cast into the tank. The connection between the riser and the tank lid must be watertight. Risers must be fitted with removable watertight caps and protected against unauthorized intrusions by either a padlock, a cover that can be removed with specialized tools, a cover having a minimum net weight of 29.5 kilograms (65 pounds) set into a recess of the tank lid, or any other means approved by the executive director.

Areas that rock is exposed must be covered with a suitable amount of material. Areas that are bare or have been disturbed must be seeded or sodded with a mixture of rye and bermuda grasses or other grass species prior to system operation.

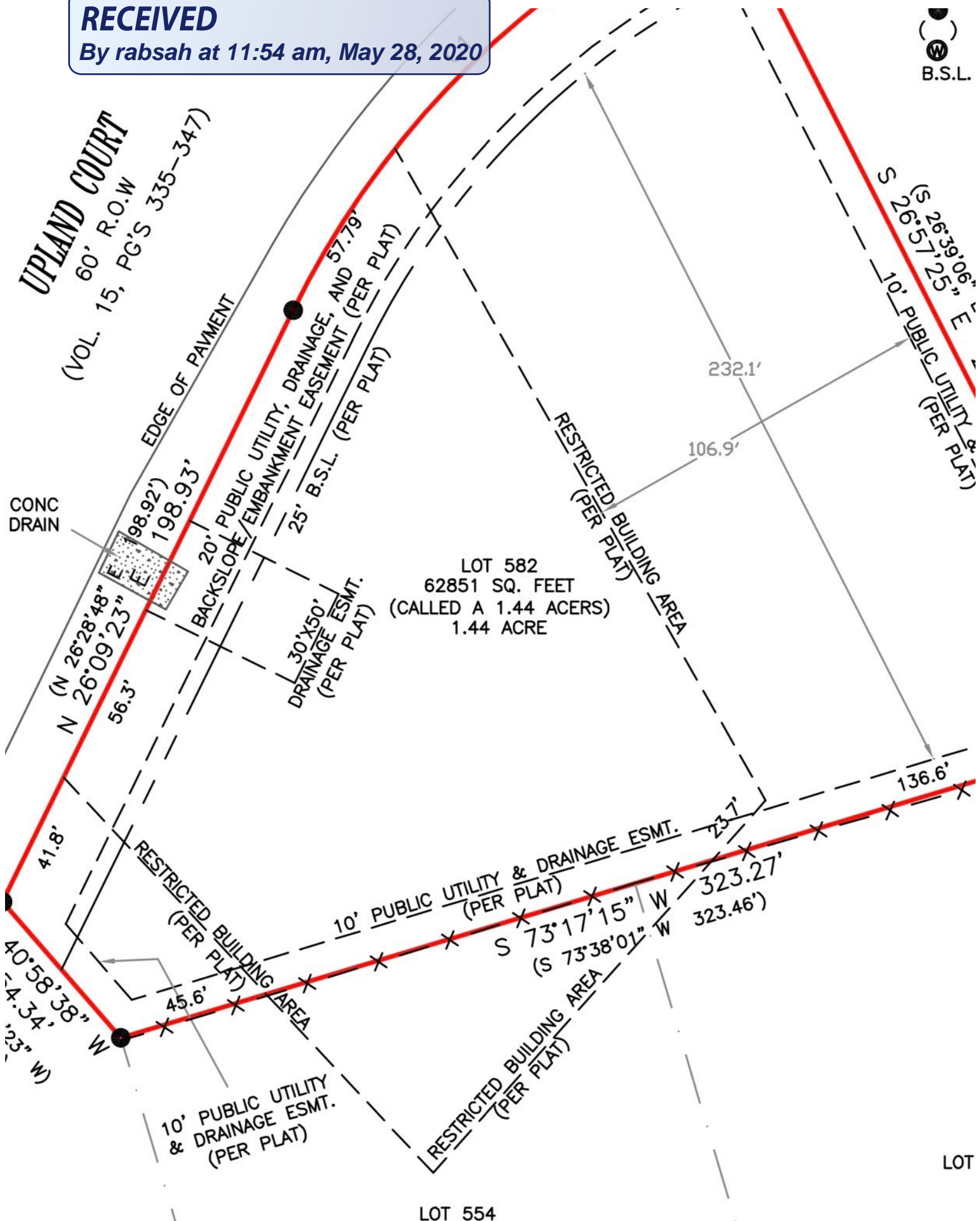
7-26-2020



Hoyt Seidensticker

449 UPLAND COURT

RECEIVED
By rabsah at 11:54 am, May 28, 2020



UPLAND COURT
60' R.O.W
(VOL. 15, PG'S 335-347)

LOT 582
62851 SQ. FEET
(CALLED A 1.44 ACERS)
1.44 ACRE

LOT 554

LOT

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

Owner initial _____

Maintenance provider initial _____

PROFESSIONAL
CONTRACT
SERVICES

CCEO
COPY

RECEIVED
MAY 4 2020
COUNTY ENGINEER

MAINTENANCE AGREEMENT

Regular and continuing maintenance is the single most important key to the long-term safe and successful operation of surface application systems utilizing aerobic treatment plants. The **OWNER** of an aerobic wastewater treatment system is a **VITAL KEY** to its success or failure and thereby they must accept their responsibilities of its upkeep and maintenance. Professional Contract Services hereby enters this maintenance contract to assist the Owner in keeping his/her aerobic system operating properly and safely; and, to keep the owner in compliance with the Texas Commission of Environmental Quality (TCEQ) regulations. (Title 30 Texas Administrative Code, Chapter 285).

INSPECTION OF ITEMS: Items to be inspected include aerators, alarms, chlorine supply and disinfection system, diffusers, distribution systems, drip emitters, sludge volume, chlorine residual, electrical circuitry, filters and pumps.

FREQUENCY OF MAINTENANCE INSPECTION: Professional Contract Services will perform maintenance inspections to the owner's aerobic wastewater treatment system three (3) times a year at approximately four (4) month intervals. On each report the owner receives, it will indicate when their next schedule maintenance inspection will occur.

REPORTS: A report will be generated during each visit with the original submitted to the required regulatory agency, one (1) copy left with the owner of the system and one (1) copy maintained in our files. The report will indicate the date the inspection was performed, name of the owner and address, the items inspected, sampling test results for Chlorine Residual, comments, recommendations, and/or repairs performed.

SAMPLING: A Chlorine Residual sample will be conducted during each maintenance inspection visit. Results will be recorded on each report. For commercial systems only, each year, one (1) Biological Oxygen Demand (BOD) and one (1) Total Suspended Solids (TSS) sample will be taken for laboratory analysis. The owner is responsible for the laboratory cost for these tests. The test results will be submitted to the required regulatory agency.

REPAIRS: The owner of the aerobic wastewater treatment system is responsible for any cost associated with the repair or replacement of the system's components. Any repair and/or replacement costs will be discussed with the accepted by owner prior to any work performed by Professional Contract Services. PCS will respond to non-scheduled services within 24 hours. There is additional fee for non-scheduled visits and/or service calls.

FEES: The annual cost of a Residential Maintenance Contract is: \$ _____; commercial systems maintenance contracts are: \$ _____ per year. Payment is due at the time of contract signing. Failure to make payment within ten (10) days of date of contract constitutes a breach of contract, and the appropriate regulatory agency will be notified of the cancellation of contract. This maintenance agreement does not cover the cost of customer-requested service calls, materials or labor that are due to system or component failure.

**CCEO
COPY**

Maintenance Agreement

Non-scheduled visits and/or service calls requested by the owner during the work week will be an additional charge. A travel charge of \$35.00 flat rate and a labor rate of \$65.00/hour will apply. A minimum of one (1) hour labor will be charged on all service calls. Emergency weekend or night service calls will be billed at \$80.00/hour, plus the flat travel charge of \$35.00. (minimum one hour labor charge). **Invoices are due upon completion of the work performed and/or receipt of invoices.** **DISPUTE RESOLUTION:** The contract is governed by the laws of the State of Texas without regard to conflicts of law's provisions. Venue for dispute arising hereunder shall be Comal County, Texas.

RECEIVED
MAY 4 2020
COUNTY ENGINEER

OWNER'S RESPONSIBILITIES:

- The owner of the Aerobic Treatment Unit must maintain sufficient chlorine (tableted or liquid) in the disinfection system at all times.
- The owner must maintain an area free of overgrowth or vegetation around the Aerobic Treatment Unit and sprinklers.
- Make your property accessible (gate unlocked or key/combination provided), and dogs restrained during Service Technician visits.
- The owner must follow the manufacturer's recommendations for the system's proper operation, including restricting the disposal of non-biodegradable material, chemicals, solvents, thinners, fuels, grease, oils, etc. that can effect the systems performance and/or pollute the environment.
- The owner must have their system repaired or components replaced immediately by a Certified Provider as needed.
- The owner must have their Aerobic Treatment Unit pumped out by a licensed waster hauler when their system exceeds 65% sludge volume.
- PCS will advise you when this is necessary by conducting a free annual 30 minute settleometer test.
- The owner should keep fire ants away from the Aerobic Treatment unit and its components. Any damage caused by fire ants is not covered under any warranty. PCS reserves the right to refuse service to systems infested by fire ants. A \$35.00 travel charge shall be made for return visits. due to fire and infestation or animals not restrained.

This contract is valid from: LTO issue date through 2 yrs

Owner's Name: Jeff Jarman

Site Address: 449 upland ct canyon lake 78133

Mailing Address: 1126 indigo run

Telephone: _____ Cell Phone: 210-274-0102 Work Phone: _____

Email: Jxruner@gmail.com Manufacturer: _____ Serial Number: _____

Signature of Owner: Jeff Jarman Date: _____

Rusty Reedy TCEQ License # MP0002172

Scale 1"=60'

VOID

with Spray Distribution RECEIVED

Jeff Jarman

MAY 4 2020

Lot: Blk.

COUNTY ENGINEER

Mountain Springs Ranch Subdivision

449 Upland Court

Canyon Lake, Texas 78133

Comal County

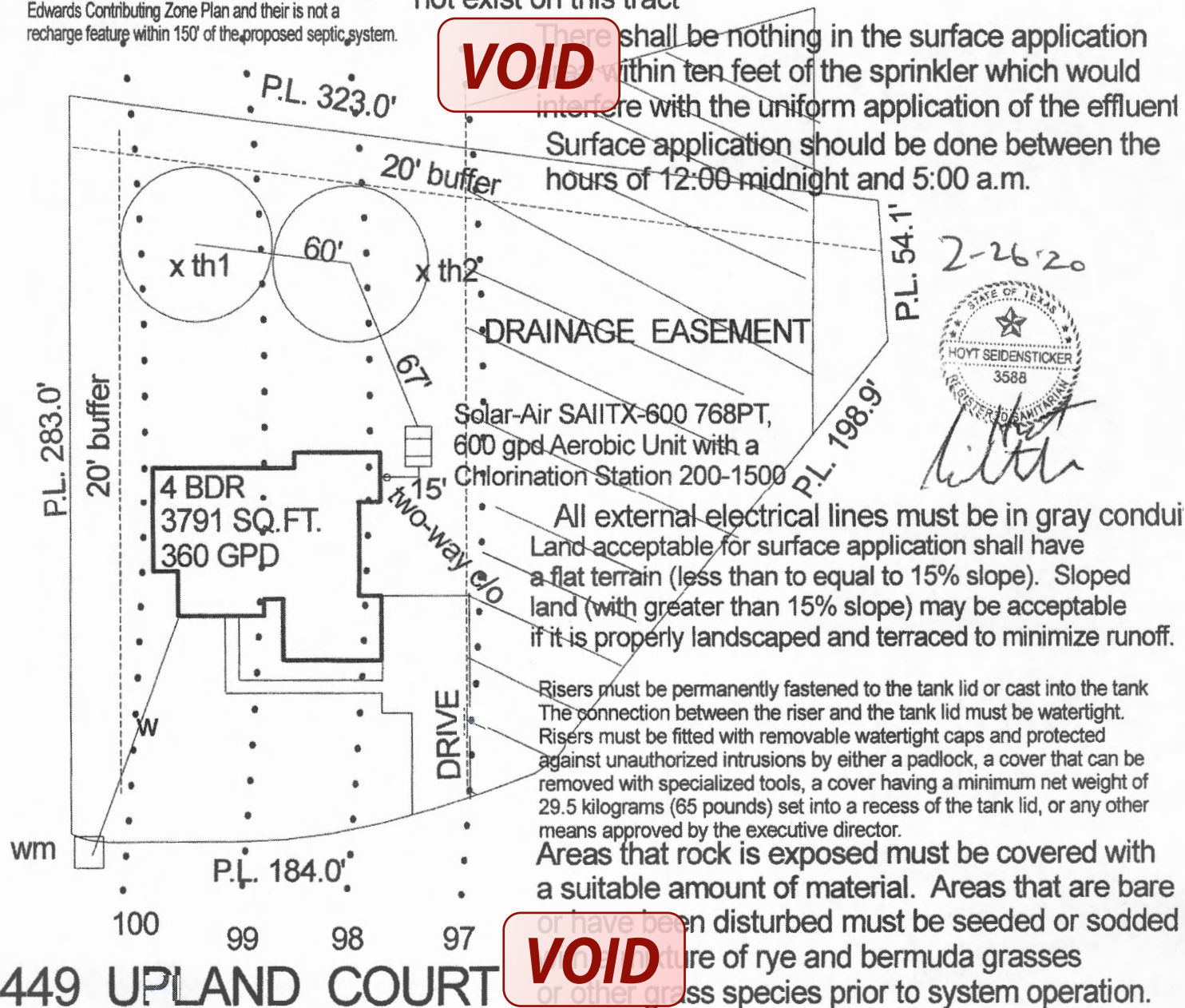
location of sprinkler heads may be adjusted in field to avoid obstacles

100 yr flood plain does not exist on this tract

This design complies with all provisions of the existing Edwards Contributing Zone Plan and there is not a recharge feature within 150' of the proposed septic system.

VOID

shall be nothing in the surface application within ten feet of the sprinkler which would interfere with the uniform application of the effluent. Surface application should be done between the hours of 12:00 midnight and 5:00 a.m.



VOID

or have been disturbed must be seeded or sodded with a mixture of rye and bermuda grasses or other grass species prior to system operation.

449 UPLAND COURT

Hernandez, Sandra

From: Hernandez, Sandra
Sent: Wednesday, May 27, 2020 10:53 AM
To: 'jxrunner@gmail.com'
Subject: FW: 110724 deficiency comments
Attachments: Pages from 110724-3.pdf

RE: Mountain Springs Ranch, unit 3, Lot 582

Dear property owner,

We received revised planning materials for the referenced permit application on May 26, 2020 and found those planning materials to still be deficient. In order to continue processing this permit, we need the following:

1. ✓ Add the unit number to the permit application.
2. ✓ Submit a copy of the recorded affidavit that includes the unit number.
3. ✓ Initial the stamped area on the maintenance contract.
4. ✓ The recorded plat indicates that there is a 50'x30' drainage easement that is not shown on the plat.
5. ✓ Revise accordingly and resubmit.

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

Thank you,

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

Hernandez, Sandra

From: Hernandez, Sandra
Sent: Monday, May 4, 2020 1:45 PM
To: 'jxrunner@gmail.com'
Subject: 110724 deficiency comments
Attachments: Pages from 110724-3.pdf

RE: Mountain Springs Ranch, unit 3, Lot 582

Dear property owner,

We received planning materials for the referenced permit application on May 04, 2020 and found those planning materials to be deficient. In order to continue processing this permit, we need the following:

- ✓ Submit a copy of the recorded deed.
2. Add the unit number and Gabriela's name to the permit application.
3. Submit a copy of the recorded affidavit and include the unit number.
4. Initial the stamped area on the maintenance contract.
5. The recorded plat indicates that there is a 50'x30' drainage easement that is not shown on the plat.
6. Revise accordingly and resubmit.

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

Thank you,

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

Jeffrey and Gabriela Jarman

TO Kevin Sullivan, Trustee
for GROTHUES FINANCIAL, LTD.

DEED OF TRUST

Date: August 28, 2019

Grantor: Jeffrey Jarman and Gabriela Jarman

Grantor's Mailing Address: 1126 Indigo Run, Bulverde Texas 78163

Trustee: Kevin Sullivan

Trustee's Mailing Address: 3619 Paesanos Parkway, Ste 312
San Antonio, Texas 78231

Beneficiary: Grothues Financial, LTD.

Beneficiary's Mailing Address: 3619 Paesanos Parkway, Ste 312
San Antonio, Texas 78231

Note(s):

Date: August 28, 2019

Amount: Twenty Eight Thousand dollars and 00/00 Dollars
(\$28,000.00)

Maker: Jeffrey Jarman and Gabriela Jarman

Payee: Grothues Financial, LTD.

Final Maturity Date: November 28, 2019

Terms(optional): In full, together with all accrued interest,
on November 28, 2019

Property(including any improvements):

Lot 582 of Mountain Springs Ranch, Unit Three, a subdivision in
Comal County, Texas, according to plat recorded in Volume 15,
Page 335-347, Map and Plat Records of Comal County, Texas.

RECEIVED
MAY 4 2020
COUNTY ENGINEER

Affidavit to the Public

RECEIVED

MAY 4 2020

THE COUNTY OF
STATE OF TEXAS

Comal

VOID

CERTIFICATION OF ~~OSSF REQUIRING~~ MAINTENANCE

COUNTY ENGINEER

Before me, the undersigned authority, on this day personally appeared Jeff Jarman who, after being, by me, duly sworn, upon oath states that he/she is the owner of record of that certain tract or parcel of land lying and being situated in Comal County, Texas and being more particularly described as follows:

Legal Description of property is as follows:

Mountain Springs Ranch Lot 582 449 Upland Ct Canyon lake 78133

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code §285.91(12) will be installed on the property.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (commission) 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 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.

VOID

This OSSF must be covered by a continuous service policy 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.

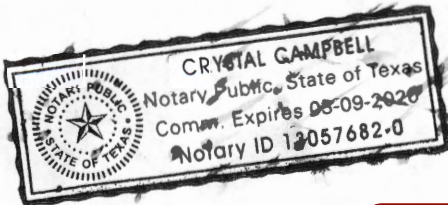
Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF may be obtained from (_____).

Signed by my/our hand(s) on this 4th Day of March, 2020

Signature Jeff Jarman
Print Name JEFF JARMAN

Sworn to and subscribed to before Notary Public, in and for the state of Texas and

WITNESS MY HAND AND OFFICIAL SEAL THIS THE 4th DAY OF March, 2020



Crystal Campbell
Notary Public, State of Texas
My Commission Expires: 3/9/2020

VOID

RECEIVED

By rabsah at 10:42 am, May 27, 2020

201906030460 08/29/2019 10:24:53 AM 1/2

RECEIVED

MAY 26 2020

COUNTY ENGINEER

ORT GF# 14051NW RW

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 WITH VENDOR'S LIEN

Date: August 28, 2019

Grantor: MARVIN B. BAKER and ANGELA KAY BAKER

Grantor's Mailing Address: 20707 Saddle Camp, San Antonio, TX
78259

Grantee: JEFFREY JARMAN and GABRIELA JARMAN

Grantee's Mailing Address, and after Recording, Return to: 1126 Indigo Run, Bulverde, Texas 78163

Consideration:

Cash and a note of even date executed by Grantee and payable to the order of GROTHUES FINANCIAL, LTD. in the principal amount of \$28,000.00. The note is secured by a first and superior vendor's lien and superior title retained in this deed in favor of GROTHUES FINANCIAL, LTD. and by a first-lien deed of trust of even date from Grantee to Kevin Sullivan, trustee.

Property (including any improvements):

Lot 582 of MOUNTAIN SPRINGS RANCH, UNIT THREE, a subdivision in Comal County, Texas, according to plat recorded in Volume 15, Page(s) 335-347, Map and Plat Records of Comal County, Texas.

Reservations from Conveyance: None

Exceptions to Conveyance and Warranty: Liens described as part of the Consideration and any other liens described in this deed as being either assumed or subject to which title is taken; validly existing easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded and validly existing instruments, other than conveyances of the surface fee estate, that affect the Property; and taxes for 2019, which Grantee assumes and agrees to pay, and subsequent assessments for that and prior years due to change in land usage, ownership, or both, the payment of which Grantee assumes.

Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have

RECEIVED
By rabsah at 10:42 am, May 27, 2020

and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

The Contract between Grantor as the Seller and Grantee as the Buyer, if any, may contain limitations as to warranty or other agreed matters; to the extent that such Contract provides for limitations or other agreed matters that will survive the closing and this conveyance, then such limitations or other agreed matters are hereby deemed incorporated by reference. The warranty of title contained in this Deed is hereby expressly excluded from the limitations or other agreed matters referenced in this paragraph.

The vendor's lien against and superior title to the Property are retained until each note described is fully paid according to its terms, at which time this deed will become absolute. GROTHUES FINANCIAL, LTD., at Grantee's request, has paid in cash to Grantor that portion of the purchase price of the Property that is evidenced by the note. The first and superior vendor's lien against and superior title to the Property are retained for the benefit of GROTHUES FINANCIAL, LTD. and are transferred to GROTHUES FINANCIAL, LTD. without recourse against Grantor.

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

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
08/29/2019 10:24:53 AM
EMILY 2 Pages(s)
201906030460

Marvin B. Baker
MARVIN B. BAKER

MAY 26 2020

COUNTY ENGINEER

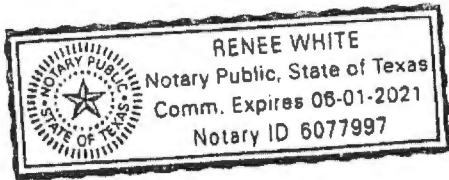


Bobbie Koepp

Angela Kay Baker
ANGELA KAY BAKER

STATE OF TEXAS)
)
COUNTY OF BEXAR)

This instrument was acknowledged before me on August 28, 2019, by MARVIN B. BAKER and ANGELA KAY BAKER.



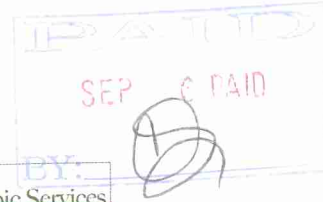
Renee White
Notary Public, State of Texas

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

ENTERED



E-MAILED



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

www.aerobicservices.com

info@aerobicservices.com

Customer ID

61116921

Contract Period

Start Date: 9/6/2022

End Date: 9/6/2023

To: Jim Turner
449 Upland Ct
Canyon Lake, TX 78133

Email: jturner617@att.net

Permit #: 110724

Site: 449 Upland Ct, Canyon Lake, TX 78133

County: Comal

Installer:

Agency: Comal County Environmental Health

Mfg/Brand: -Aeris 600-

Aerobic Services of South Texas

3 visits per year - one every 4 months

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.

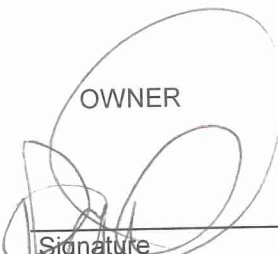
Entire Agreement

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.

Severability

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

OWNER




Signature

Printed

Phone/ Date

SERVICE PROVIDER

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



Tom Hampton VP # OS0024597 / MP 349
License Number

Date Printed: 9/6/2022

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



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

To: Jim Turner
449 Upland
Canyon Lake, TX 78133
Agency: Comal
County: Comal
Permit No: 110724

Tech: Jeff
Phone: (281) 450-4158 Date: 2022-09-13
Alt Ph: _____ Service Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A	
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Pressure: 60
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Test Results and observations: (As Required)

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

Mixed Liquor
Aeration: 54
Sludge Levels
Clarifier: 30
Pump: N/A

Repairs and Comments:

Pump tank is currently buried. Home owner is going to have grandson dig it up before next inspection. All components appear to be operating properly. Gave walk through.

Inspector: _____ Date: 2022-09-13

Tom Hampton VP
MP349/OS24597

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



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

To: Jim Turner
449 Upland
Canyon Lake, TX 78133
Agency: CCEH
County: Comal
Permit No: 110724

Tech: Chris Bausch
Phone: (281) 450-4158 Date: 2023-01-27
Alt Ph: _____ Service Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A	
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Pressure: 54
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Test Results and observations: (As Required)

Chlorine Residual: 0.13
Test Method: Dpd
BOD: _____
TSS: _____
Access Ports Secured: Yes [X] / NO []
Repairs Made: Yes [] / NO [X]

Mixed Liquor Aeration: 50

Sludge Levels

Clarifier: 0
Pump: 1

Repairs and Comments:

CB

Inspector: _____ Date: 2023-01-27

Tom Hampton VP
MP349/OS24597

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



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

To: Jim Turner
449 Upland
Canyon Lake, TX 78133
Agency: Comal
County: Comal
Permit No: 110724

Tech: Marc
Phone: (281) 450-4158 Date: 2023-06-23
Alt Ph: _____ Service Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A	
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Pressure: 55
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Test Results and observations: (As Required)

Chlorine Residual: 0.12
Test Method: Dpd
BOD: _____
TSS: _____
Access Ports Secured: Yes [X] / NO []
Repairs Made: Yes [] / NO [X]

Mixed Liquor Aeration: 56
Sludge Levels
Clarifier: 52
Pump: 5

Repairs and Comments:
Everything is working as it should. Customer wanted risers so I installed two 24" risers. He needs 2 more when we go out for next inspection.

Inspector: _____ Date: 2023-06-23

Tom Hampton VP
MP349/OS24597

ROUTINE MAINTENANCE AND INSPECTION AGREEMENT



Jim Turner
449 Upland
Canyon Lake, TX 78133
P: (281) 450-4158

COUNTY: Comal

PERMIT: 110724

AGREEMENT LENGTH: 12 mos.

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

GENERAL

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

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

The property owner's 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

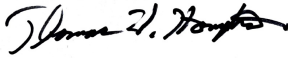
This Agreement contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement either oral or written.

Severability

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

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



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: 449 Upland, Canyon Lake, TX 78133**



Jim Turner

PERMIT: 110724

COUNTY: Comal

TERM: 09/06/23 - '24

AGREEMENT LENGTH: 12 mos.

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

Residential Service Contract

Signed on: Wednesday, 07/05/2023

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: Jim Turner
449 Upland
Canyon Lake, TX 78133
 Agency: Comal County Environmental Health
 County: Comal
 Permit No: 110724

Tech: Marc
 Phone: (281) 450-4158 Date: 2023-10-09
 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: 60

Test Results and Observations: (As Required)

Chlorine Residual: 0.09
 Test Method: Dpd
 BOD: _____
 TSS: _____

Mixed Liquor
 Aeration: 0

Sludge Levels
 Clarifier: 0
 Pump: 1

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

Repairs and Comments:

Did full inspection. Everything is working as it should. No issues. Installed 2- 24" risers as discussed from last inspection.

Inspector: _____

Date: 2023-10-09

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: Jim Turner
449 Upland
Canyon Lake, TX 78133
 Agency: Comal
 County: Comal
 Permit No: 110724

Tech: Marc
 Phone: (281) 450-4158 Date: 2024-01-30
 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Air Pressure: 60

Test Results and Observations: (As Required)

Chlorine Residual: 0.10

Test Method: Dpd

BOD: _____

TSS: _____

Access Ports Secured: Yes / NO

Repairs Made: Yes / NO

Mixed Liquor

Aeration: 0

Sludge Levels

Clarifier: 52

Pump: 2

Repairs and Comments:

Did full inspection. No issues found.

Inspector: _____

Date: 2024-01-30

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: Jim Turner
449 Upland Ct
Canyon Lake, TX 78133
Agency: Comal
County: Comal
Permit No: 110724

Tech: Nick
Phone: (281) 450-4158 Date: 2024-10-30
Alt Ph: _____ Service _____
Due: _____

Inspection Type: _____

Item	Operational	Inoperative	Not Present	
Aerator:	[X]	[]	[]	Air Pressure: 62
Irrigation Pump:	[X]	[]	[]	
Air Compressor:	[X]	[]	[]	
Pump Screen:	[X]	[]	[]	
Chlorinator:	[X]	[]	[]	
Spray Field Vegetation:	[X]	[]	[]	
Filters:	[X]	[]	[]	
Sprinkler / Drip Backwash:	[X]	[]	[]	
Controls / Electric Circuits:	[X]	[]	[]	

Test Results and Observations: (As Required)

Chlorine Residual (ppm): 0.18
Test Method: Dpd
BOD: _____
TSS: _____
Tank Lids Secured: Yes [X] / NO []
Pump Out Needed: Yes [] / NO [X]
Repairs Made Yes [] / NO [X]

Mixed Liquor: all measurements in inches

Aeration: 42

Sludge Levels

Clarifier: 22

Pump: 7

Repairs and Comments:

System is operating exactly as designed, just has buildup from 5 years worth of use, system could use a pumpout within the next 6 months to reset system back to 100% being healthy and prevent effluent pump from working too hard. Call our office to schedule pumpout when you have the availability, cleaned pump screen.

Inspector: _____ Date: 2024-10-30

Tom Hampton, VP
MP349/OS24597