



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: **04/27/2021**

Permit Number: **112269**

Location Description: 1087 RHINESTONE
CANYON LAKE, TX 78133

Subdivision: CANYON LAKE SHORES
Unit: 5
Lot: 690
Block: 0
Acreage: 0.0000

Type of System: Aerobic
Drip Irrigation

Issued to: CARL & LESLIE VINKA

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

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

Alterations to this permit including, but not limited to:

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

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

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

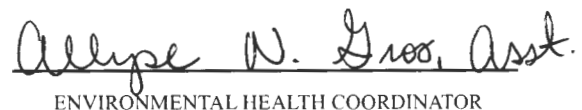
This license to operate is valid for an indefinite period. The holder may transfer it to a succeeding owner, provided the

Licensing Authority

Comal County Environmental Health


ENVIRONMENTAL HEALTH INSPECTOR

OS0032485


ENVIRONMENTAL HEALTH COORDINATOR

OS0035605

Comal County Environmental Health

OSSF Inspection Sheet

Installer Name: _____

OSSF Installer #: _____

1st Inspection Date: _____

2nd Inspection Date: _____

3rd Inspection Date: _____

Inspector Name: _____

Inspector Name: _____

Inspector Name: _____

Permit#:

Address:

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials		285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)				
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards		285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)		285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot		285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)		285.32(a)(5)				
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(I)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

Inspector Notes:

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1) (E) 285.91(2) 285.32(b)(1) (F) 285.32(b)(1)(E) (iii) 285.32(b)(1)(E)(ii) (II) 285.32(b)(1)(E)(ii) (I) 285.32(b)(1)(E) (i) 285.32(b)(1) (D) 285.32(b)(1)(C) (ii) 285.32(b)(1)(C) (i) 285.32(b)(1) (B) 285.32(b)(1) (A) 285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed						
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number						
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)(4) 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: 112269
Issued This Date: 03/24/2021
This permit is hereby given to: CARL & LESLIE VINKA

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

1087 RHINESTONE
CANYON LAKE, TX 78133

Subdivision: CANYON LAKE SHORES
Unit: 5
Lot: 690
Block: 0
Acreage: 0.0000

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.

RECEIVED

By Allyse Gros at 2:32 pm, Mar 18, 2021



COMAL COUNTY

ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

		112269
<i>Date Received</i>	<i>Initials</i>	<i>Permit Number</i>


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

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

03/18/2021

Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

INCOMPLETE APPLICATION
___ (Missing Items Circled, Application Refeused)

RECEIVED

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

By Allyse Gros at 2:32 pm, Mar 18, 2021

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATEDate January 26, 2021Permit # 112269

Owner Name	<u>CARL & LESLEY VINKA</u>	Agent Name	<u>GREG W. JOHNSON, P.E.</u>
Mailing Address	<u>1087 RHINESTONE</u>	Agent Address	<u>170 HOLLOW OAK</u>
City, State, Zip	<u>CANYON LAKE TEXAS 78133</u>	City, State, Zip	<u>NEW BRAUNFELS, TX 78132</u>
Phone#	<u>830-660-0362</u>	Phone #	<u>(830) 905-2778</u>
Email	<u>lvinka@gvvc.com</u>	Email	<u>gregjohnsonpe@yahoo.com</u>

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

Subdivision Name	<u>CANYON LAKE SHORES</u>	Unit/Phase/Section	<u>5</u>	Lot	<u>690</u>	Block	<u></u>
Acreage/Legal	<u></u>						
Street Name/Address	<u>1087 RHINESTONE</u>	City	<u>CANYON LAKE</u>	Zip	<u>78133</u>		

Type of Development:☒ Single Family ResidentialType of Construction (House, Mobile, RV, Etc.) HOUSENumber of Bedrooms 3Indicate Sq Ft of Living Area 1454☐ Non-Single Family Residential

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

Type of Facility Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants Restaurants, Lounges, Theaters - Indicate Number of Seats Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds Travel Trailer/RV Parks - Indicate Number of Spaces Miscellaneous Estimated Cost of Construction: \$ EXISTING HOME (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 ☐ Rainwater CollectionAre Water Saving Devices Being Utilized Within the Residence? ☒ Yes ☐ No

By signing this application, I certify that:

- The completed application and all additional information submitted does not contain any false information and does not conceal any material facts.
- I certify that I am the property owner or I possess the appropriate land rights necessary to make the permitted improvements on said property.
- 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

Date

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

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATEPlanning 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) SOLAR AIR SA600LP Absorption/Application Area (Sq Ft) 2000Gallons Per Day (As Per TCEQ Table III) 240

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

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

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

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

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

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

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

Is the property located over the Edwards Contributing Zone? ☒ Yes ☐ NoIs there an existing TCEQ approval CZP for the property? ☐ Yes ☒ No

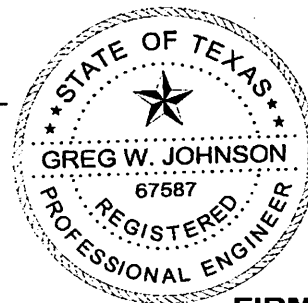
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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

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

Is this property within an incorporated city? ☐ Yes ☒ No

If yes, indicate the city: _____

**FIRM #2585**

By signing this application, I certify that:

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

Signature of Designer

Date February 5, 2021

AFFIDAVIT**THE COUNTY OF COMAL
STATE OF TEXAS****CERTIFICATION OF OSSF REQUIRING MAINTENANCE**

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

5 UNIT/PHASE/SECTION BLOCK 690 LOT CANYON LAKE SHORES SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by (insert owner's full name): CARL VINKA & LESLEY VINKA

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.

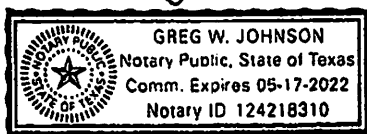
WITNESS BY HAND(S) ON THIS 17 DAY OF March, 2021

Lesley Vinka
Owner(s) signature(s)

Lesley Vinka
Owner (s) Printed name (s)

Lesley Vinka SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 17 DAY OF March, 2021

Greg W. Johnson
Notary Public Signature



**Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
03/18/2021 09:51:26 AM
LAURA 1 Pages(s)
202106014058**



Bobbie Koepp

#112269

REVISED

11:24 am, Mar 23, 2021

Advanced Aerobic Repair Services

487 Perryman St New Braunfels Texas 78130

John Weige 830-708-3000 phone/text

TCEQ License MP0002077

Aerobic Maintenance / Service Contract

CANYON LAKE SHORES,
UNIT 5, LOT 690
1087 RHINESTONE

Name: CARL & LESLEY VINKA
Address: 1087 RHINESTONE
City/ST/ZIP: CANYON LAKE, TEXAS 78133
Phone: 830-660-0362

Start Date: LICENSE TO OPERATE
End Date: 2 year Initial Contract

County: COMAL

Agency: CCEO

Manufacturer: SOLAR AIR SA600LP

The cost of this service contract will be \$_____ and due at the time of contract. If payment is not received the contract will be terminated. Failure to make necessary repairs can also lead to termination of contract. Improperly functioning systems require Maintenance Provider report to proper authorities.

This contract will provide all required inspections; reporting and tracking of your Aerobic Treatment Unit (ATU). The contract will cover the following;

1. Three (3) inspections per year (at least every four months) Inspections will include the following:

A) An effluent quality inspection consisting of a visual check for color and examination of odor.

B) Adjustment and servicing of any mechanical and electrical components that are out of order

C) Periodic sampling of settled soils in aeration chamber

D) if any improper condition is observed which cannot be corrected at inspection time, the owner/user will be notified of the condition. It is the responsibility of the user/owner to contact the maintenance company to schedule repairs

E) Complaint response time is 48 hours or less

2. The owner/user is responsible for maintaining a chlorine residual of 0.1 mg/ml in pump chambers AT ALL TIMES. The maintenance provider DOES NOT SUPPLY CHLORINE. Owner/User is responsible to maintain chlorine in chlorinator. (maintenance provider will assist if needed)

3. The owner is responsible for eradication of fire ants. The owner is also responsible to keep vegetation to a minimum around unit and spray heads. High vegetation or fire ants may negate the inspection. A re-inspection can be scheduled for an additional fee.

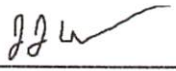
4. This contract DOES NOT COVER system/tank pumping

5. No repairs will be made with consent of the owner/user


6. Maintenance provider or Authorized Agent is granted an easement/access to the system and enter property at reasonable times. Failure to access system will require re-inspection for an additional fee.

Important: This contract does not cover customer ordered service calls; labor or materials which are required due to misuse or abuse of the system; failure to maintain electrical power to the system; sprinklers that are broken, leaking, stopped up or otherwise malfunctioning; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non-biodegradable materials, solvents, grease, oil, paints ETC; or any usage contrary to the requirements listed in the systems owner's manual or by Authorized Service Representative.

Agreed and Accepted



Authorized Service Representative 3/17/21
Date



Owner/User 3/17/21
Date

A schedule of charges for labor; re-inspection fees; parts or additional service is available by calling the number above.

ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: February 04, 2021

Site Location: CANYON LAKE SHORES, UNIT 5, LOT 690

Proposed Excavation Depth: N/A

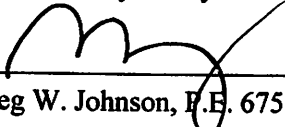
Requirements:

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

SOIL BORING NUMBER <u> </u> SURFACE EVALUATION <u> </u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 10"	BROWN
10"						
1						
2						
3						
4						
5						

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

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


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

02/04/2021
Date

Date: February 05, 2021

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

Installer Information:

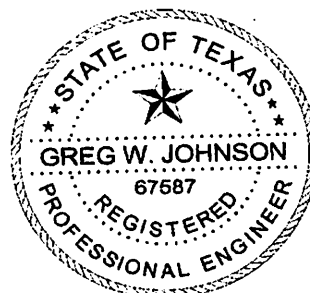
Name: _____
 Company: _____
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: _____

Topography: Slope within proposed disposal area: 5 %

Presence of 100 yr. Flood Zone:	YES <u> </u>	NO <u>X</u>
Existing or proposed water well in nearby area.	YES <u> </u>	NO <u>X</u>
Presence of adjacent ponds, streams, water impoundments	YES <u> </u>	NO <u>X</u>
Presence of upper water shed	YES <u> </u>	NO <u>X</u>
Organized sewage service available to lot	YES <u> </u>	NO <u>X</u>

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

02/05/2021
DATE



FIRM #2585

DRIP TUBING SYSTEM
DESIGNED FOR:
CARL & LESLEY VINKA
901 MASON STREET
SAN ANTONIO, TX 78208

SITE DESCRIPTION:

Located in Canyon Lake Shores, Unit 5, Lot 690, at 1087 Rhinestone, the proposed system will serve a three bedroom residence (1454sf.) situated in an area with shallow 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 Solar Air SA600 LP 600gpd aerobic plant containing a 376-gallon pretreatment tank, an aerobic treatment plant, and a 778-gallon pump chamber containing a submersible well pump. The well pump is activated by a time controller allowing the distribution ten times per day with an 8 minute run time with float setting at 240 gallons. A high level audible and visual alarm will activate should the pump fail. Distribution is through a self flushing 100 micron disc filter (Arkal) then through a 1" SCH-40 manifold to a 2000sf. 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 PMR-MF 30psi 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 flush the system by cycling a 1" ball valve. Solids caught in the disk filter are flushed each cycle back to the trash tank. Vacuum breakers installed at the highest point on each manifold will prevent siphoning of effluent from higher to lower parts of the field. Field area will be scarified and built up with ~6" of Type II or Type III soil, then the drip tubing will be laid and capped with ~6" of Type II or Type III soil (***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:

Daily waste flow: 240 GPD Table III

Pretreatment tank size: 376 Gal

Plant Size: Solar Air SA600LP 600 gpd (TCEQ Approved)

Pump tank size: 778Gal

Reserve capacity after High Level: 80 Gal (>1/3 day Req'd)

Application Rate: $R_a = 0.2 \text{ gal/sf}$

Total absorption area: $Q/R_a = 240 \text{ GPD}/0.20 = 1200 \text{ sf. (Actual 2000 sf.)}$

Total linear feet drip tubing: 1000' *Netifim Bioline* drip tubing .61 GPH

Pump requirement: 500 emitters @ .61 gph @ 30 psi = 5.0833 gpm

Pump Requirement (cont.): Franklin C1 20XC1-05P4-W115 submersible well pump Dosing volume: 50-70 gal.

Pump Tank Calculations: 778 Gal (18.7 gal/in.)

Volume below working level = 15" = 281 gal

Working level = 240 gal = 14"

Reserve Requirement = >1/3 day = 80 gal. = 4.5"

MINIMUM SCOUR VELOCITY (MSV) > 2 FPS

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

$MSV = 2 \text{ FPS } (\pi d^5/2)/4 * 7.48 \text{ gal/cf} * 60 \text{ sec/min}$

$MSV = 2(3.14159((.55/12)^5/2)/4) * 7.48 * 60$

$MSV = 1.5 \text{ gpm MIN FLOW RATE} \times 3 = 4.5 \text{ gpm}$

IN RETURN MANIFOLD W/ NOM. DIA 1.049" ID

$MSV = 2 \text{ FPS } (\pi d^5/2)/4 * 7.48 \text{ gal/cf} * 60 \text{ sec/min}$

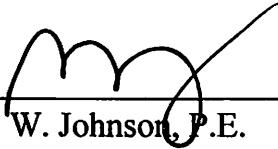
$MSV = 2(3.14159((1.049/12)^5/2)/4) * 7.48 * 60$

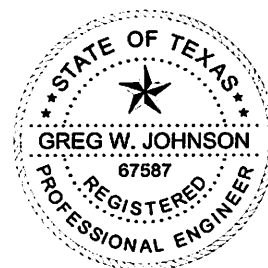
$MSV = 5.4 \text{ GPM}$

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. Drip tubing 0.61 gph drip tubing to be used in field.

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

 02/05/2021
Greg W. Johnson, P.E. No. 67587 - F-2585
170 Hollow Oak
New Braunfels, Texas 78132
830/905-2778



INSTALL 2000sf OF
FIELD USING 1000'
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

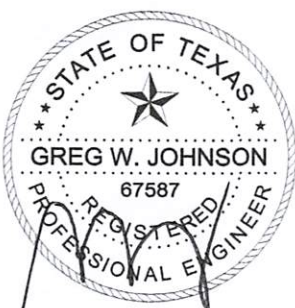
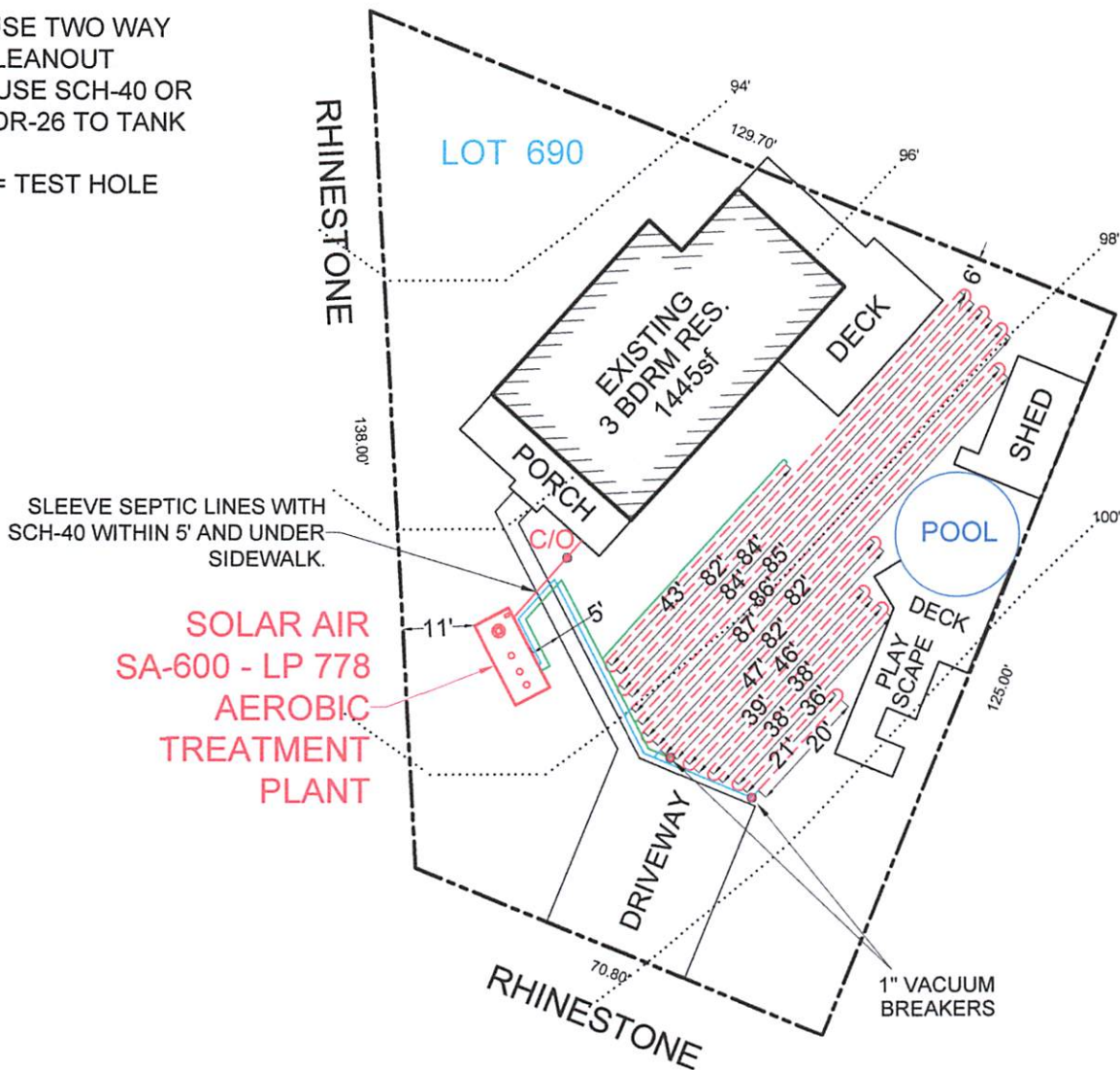
X= TEST HOLE

#112269

REVISED

9:16 am, Apr 27, 2021

NOTE:
EXISTING SEPTIC
TANK TO BE
PUMPED, CRUSHED
AND BACK FILLED.
EXISTING SEPTIC
SYSTEM TO BE
ABANDONED



OWNER:	CARL & LESLEY VINKA	DRAWN BY:	EJS III
STREET ADDRESS:	1087 RHINESTONE		
LEGAL DESC:	CANYON LAKE SHORES	UNIT/SECTION/PHASE:	5
		BLOCK:	
		LOT:	690
PREPARED BY:	GREG W. JOHNSON, P.E. F#002585	SCALE:	1"=30'
		DATE:	2/5/2021
		REVISED:	4/23/2021

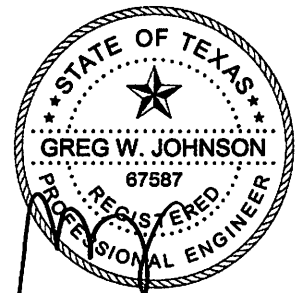
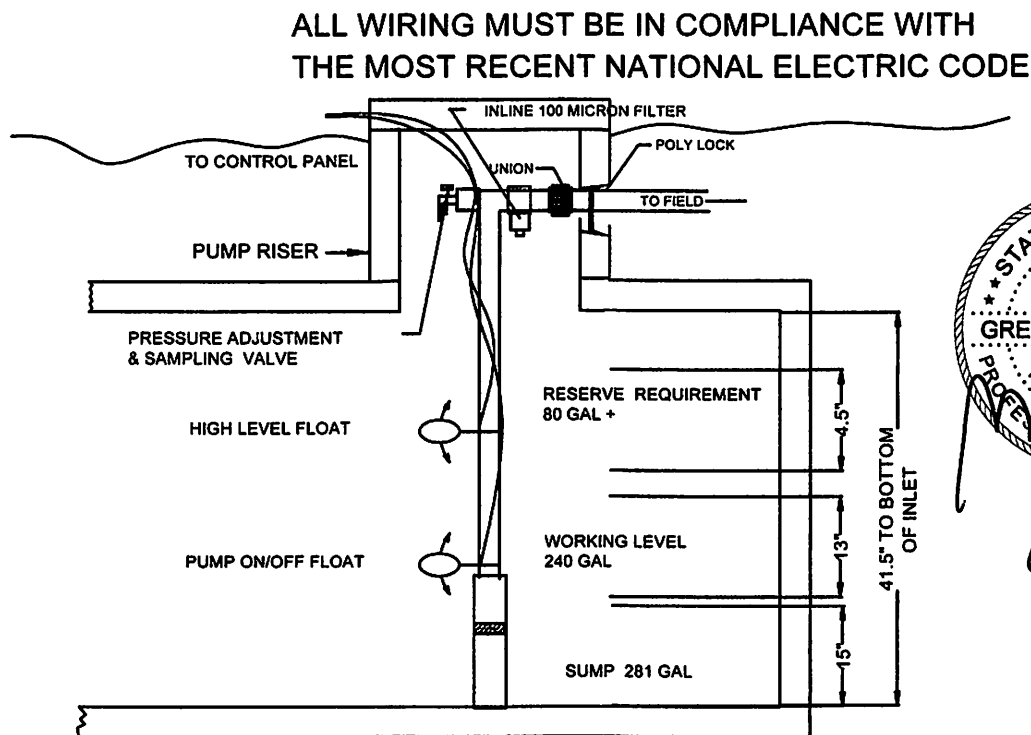
TANK NOTES:

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



F#2585

02/05/2021

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

Arkal 1" Super Filter

Catalog No. 1102 0 _ _ _

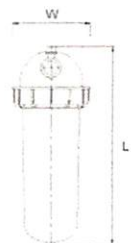
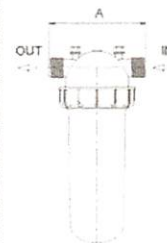
Features

- ♦ 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

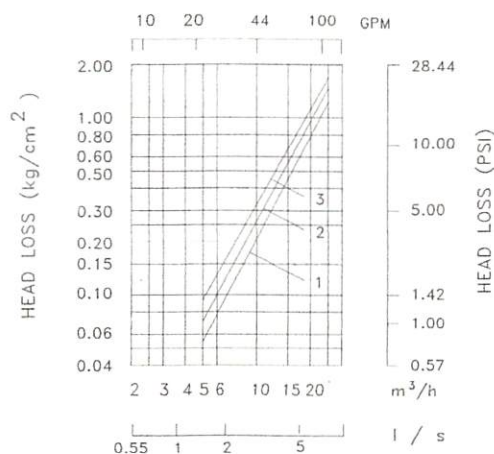
Inlet/outlet diameter	1" BSPT (male)	1" NPT (male)
	25.0 mm – nominal diameter	
	33.6 mm – pipe diameter (O. D.)	
Maximum pressure	10 atm	145 psi
Maximum flow rate	8 m ³ /h (1.7 l/sec)	35 gpm
General filtration area	500 cm ²	77.5 in ²
Filtration volume	600 cm ³	37 in ³
Filter length L	340 mm	13 13/32"
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)

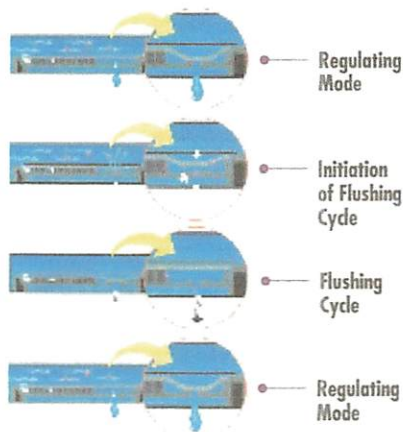
Head Loss Chart



NETAFIM™

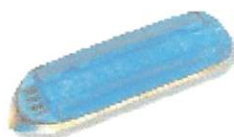
Bioline® Dripperline

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

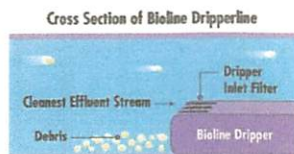
- Tens of millions of feet used in wastewater today.
- Bioline is permitted in every state allowing drip disposal.
- Backed by the largest, most quality-driven manufacturer of drip products in the U.S.
- Preferred choice of major wastewater designers and regulators.
- Proven track record of success for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

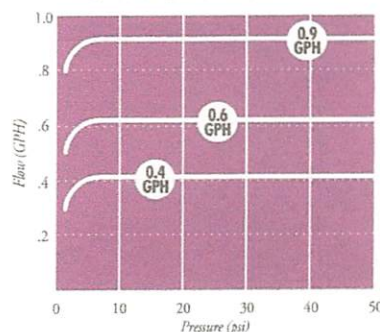
Recommended filtration: 120 mesh

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.

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

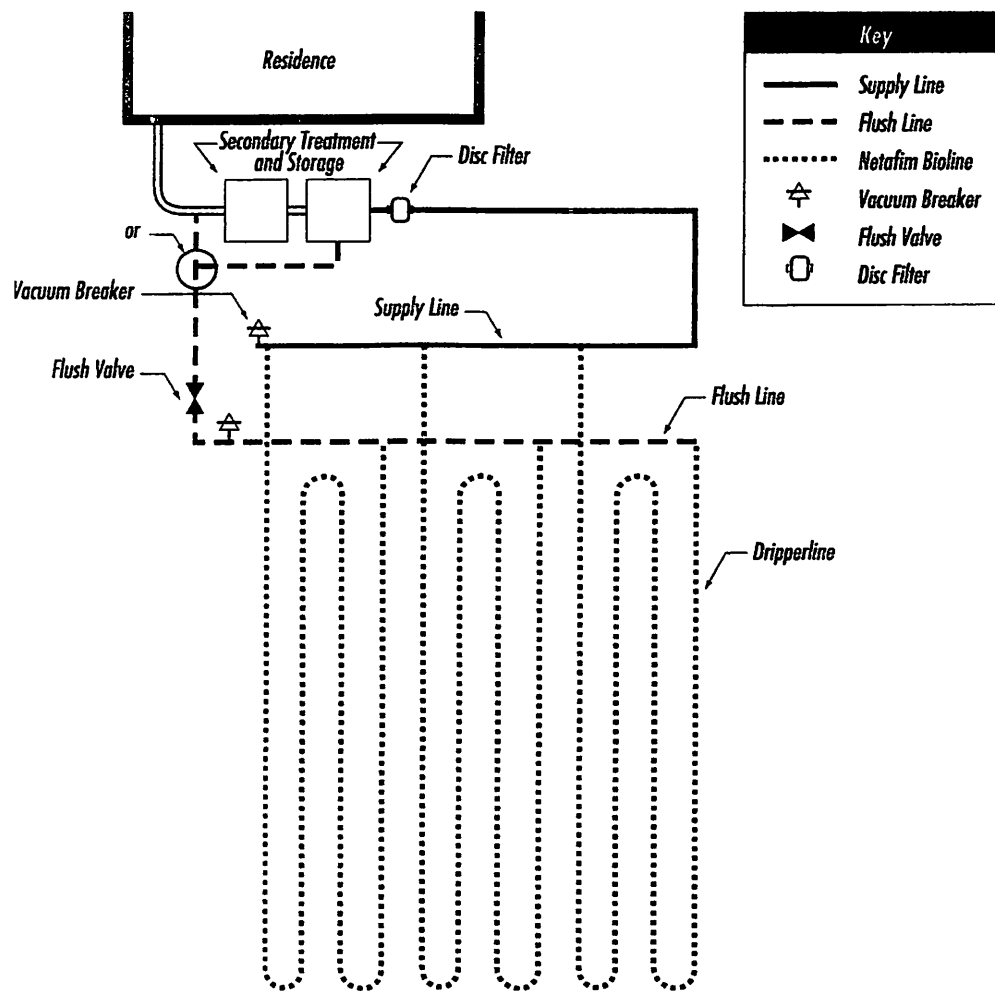
NETAFIM WASTEWATER DISPERSAL SYSTEM DESIGN GUIDE

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



INSTALL 2000sf OF
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*USE TWO WAY
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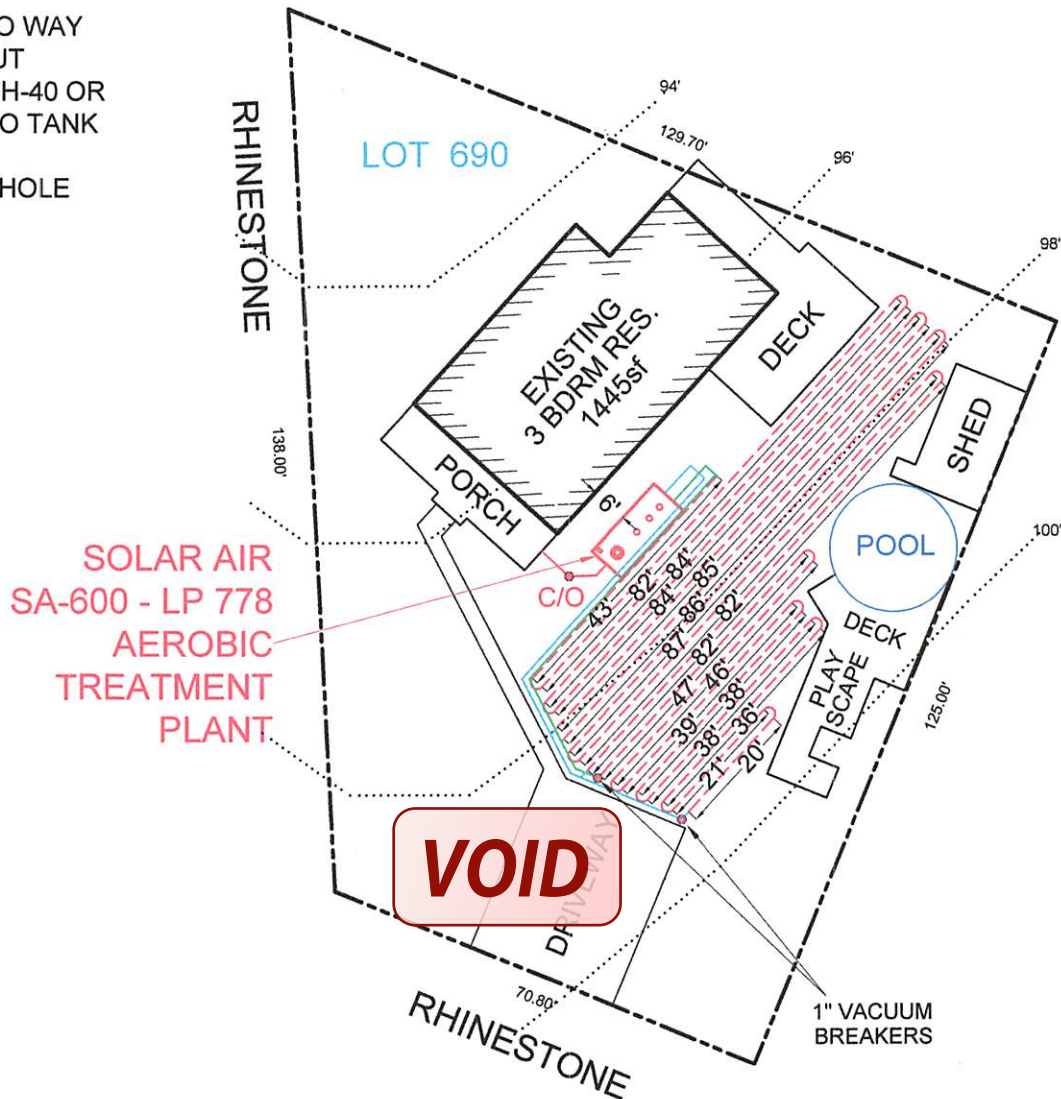
X= TEST HOLE

VOID

REVISED

11:30 am, Mar 24, 2021

NOTE:
EXISTING SEPTIC
TANK TO BE
PUMPED, CRUSHEE
AND BACK FILLED.
EXISTING SEPTIC
SYSTEM TO BE
ABANDONED



OWNER: CARL & LESLEY VINKA				DRAWN BY: EJS III		
STREET ADDRESS: 1087 RHINESTONE						
LEGAL DESC: CANYON LAKE SHORES			UNIT/SECTION/PHASE: 5		BLOCK: LOT: 690	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585		SCALE: 1"=30'		DATE: 2/5/2021		REVISED:

From: Ritzen, Brenda
To: ["Greg Johnson"](#)
Subject: Permit 112269
Date: Friday, March 19, 2021 4:28:00 PM
Attachments: [image001.png](#)

Re: Carl & Lesley Vinka
Canyon Lake Shores Unit 5 Lot 690
Application for Permit for Authorization to Construct an On-Site Sewage Facility

Greg,

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

1. ✓ The maintenance contract must indicate that it is for a duration of at least 2 years, and must also indicate that the start date of the contract shall be the date the License to Operate is issued.
2. ✓ There is a discrepancy between the design criteria sheet and the design page on the actual amount of drip tubing being installed.
3. Revise as needed and resubmit.

Thank you,



Brenda Ritzen
Environmental Health Coordinator
195 David Jonas Dr.
New Braunfels, TX 78132
DR:OS00007722
830-608-2090
www.cceo.org

VOID

Advanced Aerobic Repair Services

487 Perryman St New Braunfels Texas 78130

John Weige 830-708-3000 phone/text

TCEQ License MP0002077

Aerobic Maintenance / Service Contract

CANYON LAKE SHORES,
UNIT 5, LOT 690
1087 RHINESTONE

Name: CARL & LESLEY VINKA
Address: 1087 RHINESTONE
City/ST/ZIP: CANYON LAKE, TEXAS 78133
Phone: 830-660-0362

Start Date:

End Date:

County: COMAL

Agency: CCEO

Manufacturer: SOLAR AIR SA600LP

The cost of this service contract will be \$_____ and due at the time of contract. If payment is not received the contract will be terminated. Failure to make necessary repairs can also lead to termination of contract. Improperly functioning systems require Maintenance Provider report to proper authorities.

This contract will provide all required inspections; reporting and tracking of your Aerobic Treatment Unit (ATU). The contract will cover the following;

1. Three (3) inspections per year (at least every four months) Inspections will include the following:

A) An effluent quality inspection consisting of a visual check for color and examination of odor.

B) Adjustment and servicing of any mechanical and electrical components that are out of order

C) Periodic sampling of settled soils in aeration chamber

D) if any improper condition is observed which cannot be corrected at inspection time, the owner/user will be notified of the condition. It is the responsibility of the user/owner to contact the maintenance company to schedule repairs

E) Complaint response time is 48 hours or less

2. The owner/user is responsible for maintaining a chlorine residual of 0.1 mg/ml in pump chambers AT ALL TIMES. The maintenance provider DOES NOT SUPPLY CHLORINE. Owner/User is responsible to maintain chlorine in chlorinator. (maintenance provider will assist if needed)

3. The owner is responsible for eradicating fire ants. The owner is also responsible to keep vegetation to a minimum around unit and pump chambers. High vegetation or fire ants may negate the inspection. A re-inspection can be scheduled for an additional fee.

4. This contract DOES NOT COVER system/tank pumping

5. No repairs will be made with consent of the owner/user


6. Maintenance provider or Authorized Agent is granted an easement/access to the system and enter property at reasonable times. Failure to access system will require re-inspection for an additional fee.

Important: This contract does not cover customer ordered service calls; labor or materials which are required due to misuse or abuse of the system; failure to maintain electrical power to the system; sprinklers that are broken, leaking, stopped up or otherwise malfunctioning; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non-biodegradable materials, solvents, grease, oil, paints ETC; or any usage contrary to the requirements listed in the systems owner's manual or by Authorized Service Representative.

Agreed and Accepted



Authorized Service Representative Date

 3/17/21

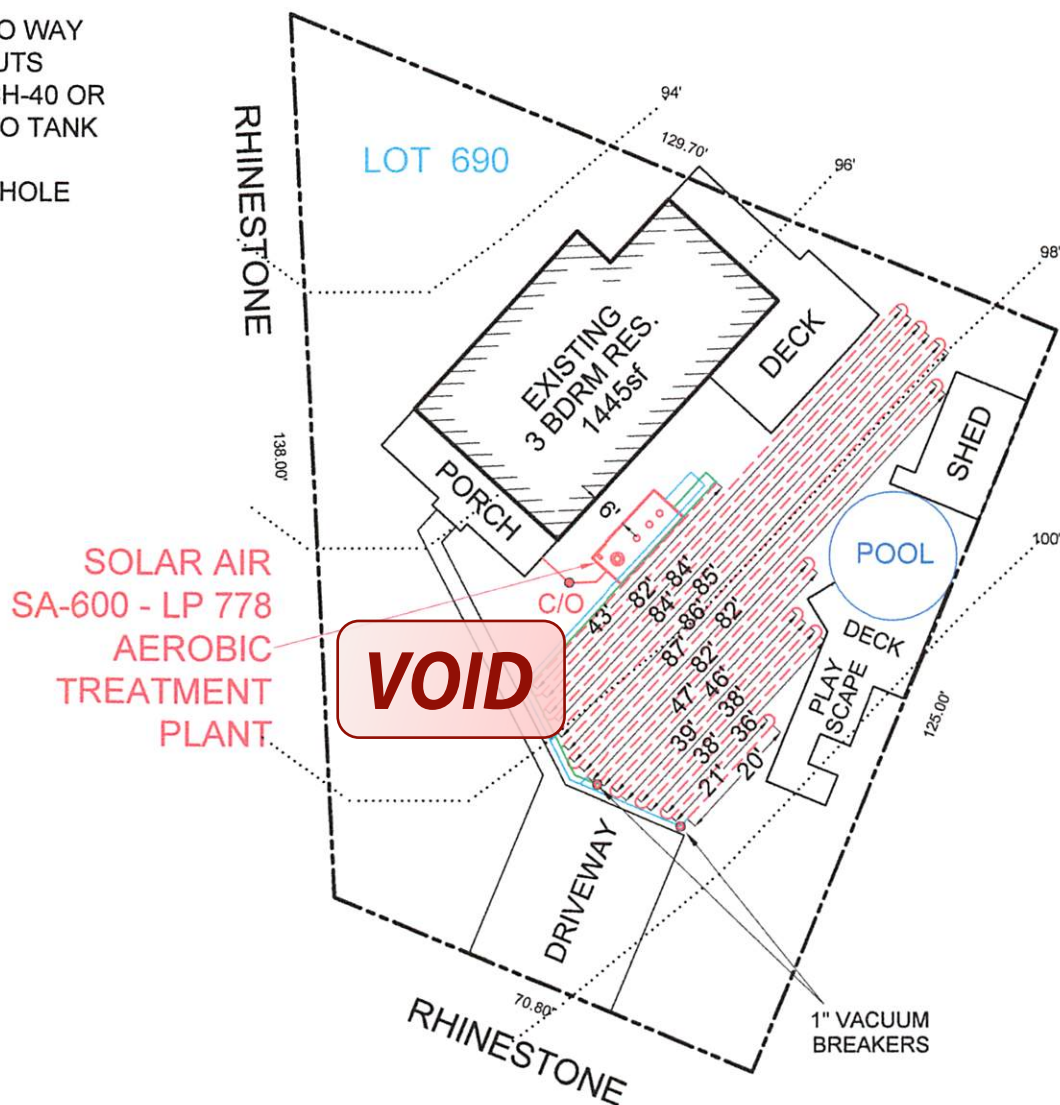
Owner/User Date

A schedule of charges for labor; re-inspection fees; parts or additional service is available by calling the number above.

VOID

**NOTE:
EXISTING SEPTIC
TANK TO BE
PUMPED, CRUSHED
AND BACK FILLED.
EXISTING SEPTIC
SYSTEM TO BE
ABANDONED**

X= TEST HOLE



OWNER: CARL & LESLEY VINKA		DRAWN BY: EJS III	
STREET ADDRESS: 1087 RHINESTONE			
LEGAL DESC: CANYON LAKE SHORES		UNIT/SECTION/PHASE: 5	BLOCK: LOT: 690
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=30'	DATE: 2/5/2021	REVISED:



200806004297

01/31/2008 01:09:42 PM DEED 1/2

WARRANTY DEED

2/c

For good consideration, I Charles B Hankins of 16906 Redland Downs San Antonio 78247, County of Bexar, State of Texas, hereby bargain, deed and convey to Carl and Lesley Vinka of 1087 Rhinestone, Canyon Lake Texas 78133, County of Comal, State of Texas, the following described land in ~~Guadalupe~~ Comal County, with WARRANTY COVENANTS; to wit:

Lot 690, Canyon Lake Shores Unit No.5, according to map or plat thereof recorded in Vol. 1, page 49, of the map and plat of records of Comal County, Texas. Subject property is also known as 1087 Rhinestone, Canyon Lake Texas 78133.

Grantor, for itself and its heirs, hereby covenants with Grantee, its heirs and assigns, that Grantor is lawfully seized in fee simple of the above-described premises; that it has a good right to convey; that the premises are free from all encumbrances; that Grantor and its heirs, and all persons acquiring any interest in the property granted, through or for Grantor, will, on demand of Grantee, or its heirs or assigns, and at the expense of Grantee, its heirs or assigns, execute any instrument necessary for the further assurance of the title to the premises that may be reasonably required; and that Grantor and its heirs will forever warrant and defend all of the property so granted to Grantee, its heirs and assigns, against every person lawfully claiming the same or any part thereof.

Being the same property conveyed to the Grantors by deed of Trust, dated January 31, 2008.

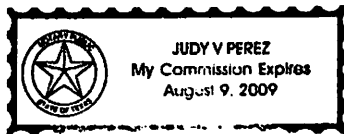
WITNESS the hands and seal of said Grantors this 31st day of January, 2008.


Charles B Hankins

STATE OF Texas
COUNTY OF ~~Bexar~~ Comal
On January 31st, 2008 before me, Judy Perez
Reitta D. Seidel.

Charles B Hankins appeared, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



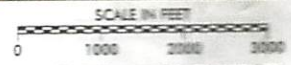
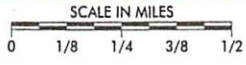
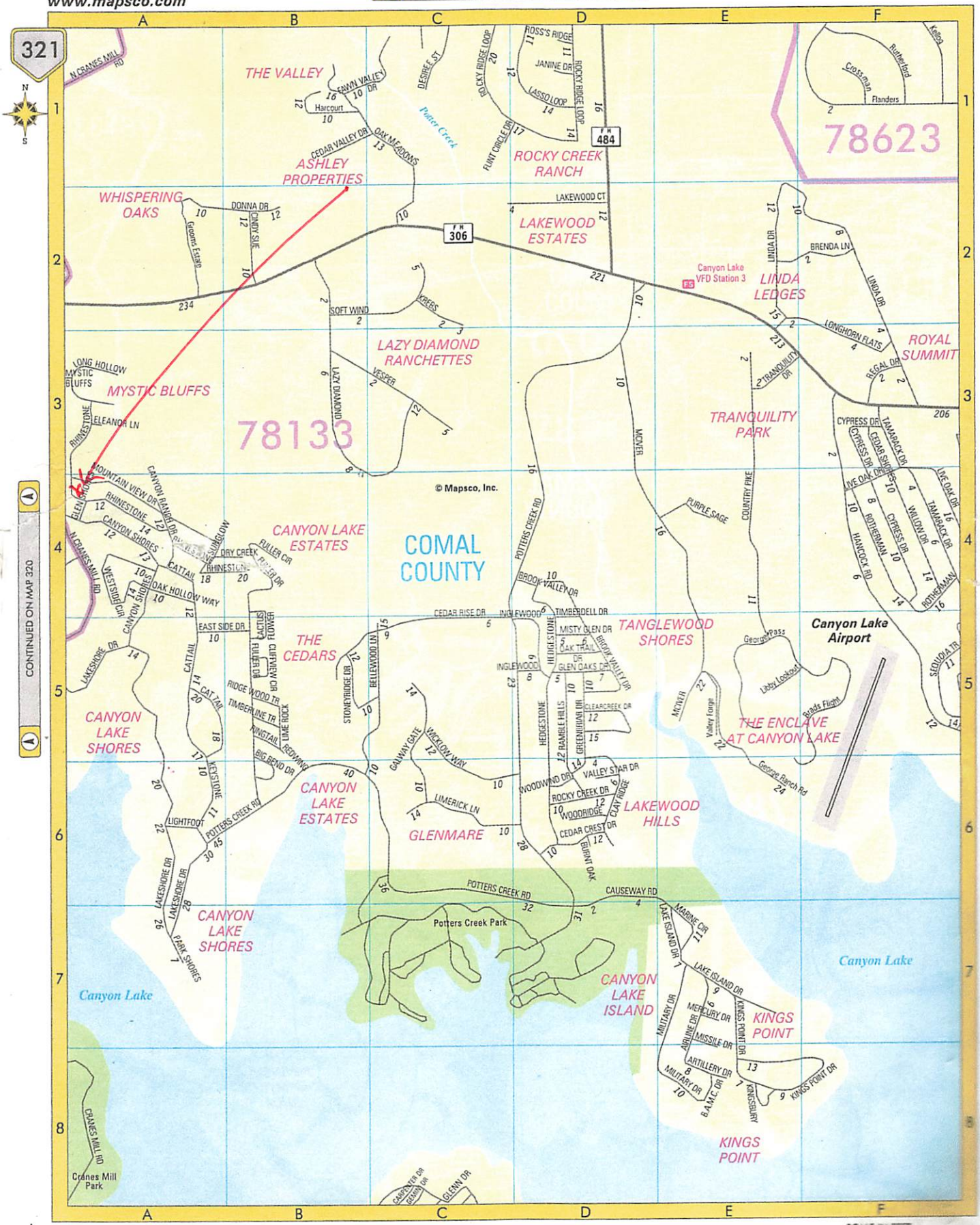
Signature

A handwritten signature in cursive script, appearing to read "Judy V Perez", written over a horizontal line.

Filed and Recorded
Official Public Records
Joy Streater, County Clerk
Coral County, Texas
01/31/2008 01:09:42 PM
CASHONE
200806004297



A handwritten signature in cursive script, appearing to read "Joy Streater", written over a horizontal line.



Advanced Aerobic Repair Services
487 Perryman New Braunfels Texas 78130
John Welge 830-708-3000 Cell / Text
TCEQ License MP0002077

ATU Testing/Inspection and Reporting Record

A testing/inspection and reporting record shall be completed, signed, and dated after each visit. One copy is sent to the local permitting authority. The second copy is left at site of ATU along with an invoice for services by the maintenance company. The third copy is kept by maintenance company.

Date of visit: 05-06-21 System: AERIS
Owner: CARL VINKA County: COMAL
Address: 1087 RHINESTONE CANYON LAKE TX 78133

Inspection Type: ☒ Quarterly ☐ Service Call

<u>Inspected Item</u>	<u>Operational</u>	<u>Inoperative</u>
-----------------------	--------------------	--------------------

Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
----------	-------------------------------------	--------------------------

Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---------	-------------------------------------	--------------------------

Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>
------------------	-------------------------------------	--------------------------

Disinfection Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---------------------	-------------------------------------	--------------------------

Electrical Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---------------------	-------------------------------------	--------------------------

Spray field vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
------------------------	-------------------------------------	--------------------------

Chlorine Supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>
-----------------	-------------------------------------	--------------------------

Chlorine Residual = or > 0.1mg/L ☐ Yes ☐ No ☐ Visual ☐ Grab N/A ☒
DRIP SYSTEM

Cleaned Air Filter ☒ Yes ☐ No Type: ☐ Linear ☐ Rotary ☐ Other

Backpressure 2 psi

Sludge Judge to pump tank 0 inches Recommend pumping: ☐ Yes ☐ No

Repairs/Adjustments: DRIP SYSTEM ☒

General Comments or repairs to system: ONE OWNER THE CLIPS ON
THE DO'S AND DON'TS OF THE SYSTEM

System was functioning as intended at the time of the inspection ☒ Yes ☐ No

All lids to system were secured by technician on site: ☒ Yes ☐ No ☐ Initials

Inspector: WELGE Signature: [Signature] Date: 05-06-21

Please call 830-708-3000 with questions about your inspection report.
Thank you for your business.

Advanced Aerobic Repair Services
487 Perryman New Braunfels Texas 78130
John Welge 830-708-3000 Cell / Text
TCEQ License MP0002077

112 269

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Date of visit: 09-09-21 System: AERUS
Owner: CARL ULLKA County: COMAL
Address: 1087 RAINESTONE CANYON LAKE TX 78133

Inspection Type: ☒ Quarterly ☐ Service Call

Inspected Item

Operational

Inoperative

Aerators

☒

☐

Filters

☒

☐

Irrigation Pumps

☒

☐

Disinfection Device

☒

☐

Electrical Circuits

☒

☐

Spray field vegetation

☒

☐

Chlorine Supply

☒

☐

Chlorine Residual = or > 0.1mg/L ☒ Yes ☐ No ☐ Visual ☒ Grab

Cleaned Air Filter ☒ Yes ☐ No Type: ☐ Linear ☐ Rotary ☐ Other

Backpressure ☐ psi

Sludge Judge to pump tank ☐ Inches Recommend pumping: ☐ Yes ☐ No

Repairs/Adjustments: _____

General Comments or repairs to system: _____

System was functioning as intended at the time of the inspection ☒ Yes ☐ No

All lids to system were secured by technician on site: ☒ Yes ☐ No ☒ Initials

Inspector: WEIGE Signature: [Signature] Date: 09-09-21

Please call 830-708-3000 with questions about your inspection report.
Thank you for your business.

TCEQ License MP0002077

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Permit# 112 249

Thank you for your business.

Advanced Aerobic Repair Services
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John Weige 830-708-3000 Cell / Text
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A testing/Inspection and reporting record shall be completed, signed, and dated after each visit. One copy is sent to the local permitting authority. The second copy is left at site of ATU along with an invoice for services by the maintenance company. The third copy is kept by maintenance company.

Permit# 112 269

Date of visit: 05-05-22 System: AERIS
Owner: CARL VINKA County: COMAL
Address: 1087 RHINESTONE CANYON LAKE

Inspection Type: ☒ Quarterly ☐ Service Call ☐ Real Estate Inspection

<u>Inspected Item</u>	<u>Operational</u>	<u>Inoperative</u>
Aerators	<u>✓</u>	<u> </u>
Filters	<u>✓</u>	<u> </u>
Irrigation Pumps	<u>✓</u>	<u> </u>
Disinfection Device	<u> </u>	<u> </u> <input checked="" type="checkbox"/> N/A (Drip)
Electrical Circuits	<u>✓</u>	<u> </u>
Spray field vegetation	<u>✓</u>	<u> </u>
Chlorine Supply	<u> </u>	<u> </u> <input checked="" type="checkbox"/> N/A (Drip)
Chlorine Residual = or > 0.1mg/L	<u> </u> Yes <u> </u> No	<u> </u> Visual <u> </u> Grab <input checked="" type="checkbox"/> N/A Drip

Cleaned Air Filter ☒ Yes ☐ No Type: Linear Rotary Other

Backpressure 2 psi


Sludge Judge to pump tank 4 inches Recommend pumping: Yes ☒ No

Repairs/Adjustments:

General Comments or repairs to system:

System was functioning as intended at the time of the inspection ☒ Yes ☐ No

All lids to system were secured by technician on site: ☒ Yes ☐ No JK Initials

Inspector: WEIGE Signature:  Date: 05-05-22

Please call 830-708-3000 with questions about your inspection report.
Thank you for your business.

Advanced Aerobic Repair Services
487 Perryman New Braunfels Texas 78130
John Weige 830-708-3000 Cell / Text
TCEQ License MP0002077

ATU Testing/Inspection and Reporting Record

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Permit# 112269

Date of visit: 9/14/22

System: _____

Owner: Carl Walker

County: Comal

Address: 1087 Rhinestone

Inspection Type: ☒ Quarterly _____ Service Call _____ Real Estate Inspection

Inspected Item

Operational

Inoperative

Aerators

☒

Filters

☒

Irrigation Pumps

☒

Disinfection Device

☒

Electrical Circuits

☒

Spray field vegetation

☒

Chlorine Supply

☒

Chlorine Residual = or > 0.1mg/L ☒ Yes _____ No ☒ Visual _____ Grab

Cleaned Air Filter ☒ Yes _____ No Type: ☒ Linear _____ Rotary _____ Other

Backpressure _____ psi

Sludge Judge to pump tank _____ inches Recommend pumping: _____ Yes _____ No

Repairs/Adjustments: _____

General Comments or repairs to system: _____

System was functioning as intended at the time of the inspection ☒ Yes _____ No

All lids to system were secured by technician on site: ☒ Yes _____ No AW Initials

Inspector: W. Weige Signature: AW Date: 9/14/22

Please call 830-708-3000 with questions about your inspection report.

Thank you for your business.

Advanced Aerobic Repair Services
487 Perryman New Braunfels Texas 78130
John Weige 830-708-3000 Cell / Text TCEQ License MP0002077

ATU Testing/Inspection and Reporting Record

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Permit# 112 269

Date of visit: 01-14-23

System: AERIS

Owner: CARL VILKA

County: CUMAL

Address: 1087 RUNESTONE CANYON LAKE TX 78133

Inspection Type: ☒ Quarterly ☐ Service Call ☐ Real Estate Inspection

Inspected Item

Operational

Inoperative

Aerators

☒

☐

Filters

☒

☐

Irrigation Pumps

☒

☐

Disinfection Device

☒

☐

☐ N/A (Drip)

Electrical Circuits

☒

☐

Spray field vegetation

☒

☐

Chlorine Supply

☒

☐

☐ N/A (Drip)

Chlorine Residual = or > 0.1mg/L ☒ Yes ☐ No ☐ Visual ☒ Grab ☐ N/A Drip

Cleaned Air Filter ☒ Yes ☐ No Type: ☒ Linear ☐ Rotary ☐ Other

Backpressure ☐ psi ☒ N/A

Sludge in pump tank ☐ inches ☒ N/A Recommend pumping: ☐ Yes ☒ No


(backpressure and sludge checked once a year at a minimum, not every visit)

Repairs/Adjustments: _____

General Comments or repairs to system: _____

System was functioning as intended at the time of the inspection ☒ Yes ☐ No

All lids to system were secured by technician on site: ☒ Yes ☐ No ☒ Initials

Inspector: WEIGE Signature:  Date: 01-16-22

Please call 830-708-3000 with questions about your inspection report.

Thank you for your business.