

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

Issued This Date:	04/27/2021		Permit Number:	112285
Location Description:	950 COUNTR CANYON LAF			
	Subdivision: Unit: Lot: Block: Acreage:	Tranquility Park 2 16 n/a 5.0000		
Type of System:	Aerobic Surface Irrigati	on		
Issued to:	Stuart J. Gilfilla	an		

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** 

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

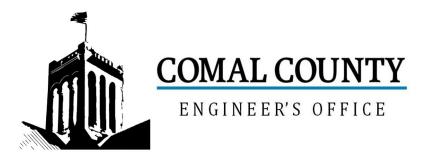
**Inspector Notes:** 

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If SingleTank, 2Compartments Provided withBaffle SEPTIC TANK Inlet Flowline Greater than3" and " T " Provided on Inlet and OutletSEPTIC TANK Septic Tank(s) MeetMinimum 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) (I)285.32(b)(1)(E)(ii) (I)285.32(b)(1)(E) (i)285.32(b)(1)(C) (ii)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)				
	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
	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 providedSEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
	SEPTIC TANK Tank Volume Installed						
	PUMP TANK Volume Installed						
	AEROBIC TREATMENT UNIT Size Installed						
14	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)				

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
	DISPOSAL SYSTEM Drip Irrigation						
			285.33(c)(3)(A)-(F)				
19							
	DISPOSAL SYSTEM Soil		205 22(4)(4)				
20	Substitution		285.33(d)(4)				
	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(4)				
			285.33(a)(3) 285.33(a)(1)				
24			285.33(a)(1) 285.33(a)(2)				
21	DISPOSAL SYSTEM Gravelless Pipe						
			285.33(a)(3)				
			285.33(a)(2)				
			285.33(a)(4) 285.33(a)(1)				
22							
	DISPOSAL SYSTEM Mound		285.33(a)(3)				
			285.33(a)(1)				
			285.33(a)(2) 285.33(a)(4)				
23	DISPOSAL SYSTEM Other						
	(describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)				
24			265.55(0)(4)				
	DRAINFIELD Absorptive Drainline 3" PVC						
	or 4" PVC						
25	DRAINFIELD Area Installed						
26							
	DRAINFIELD Level to within 1 inch						
	per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
27							
	DRAINFIELD Excavation Width						
	DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation						
	DRAINFIELD Depth of Porous Media						
	DRAINFIELD Type of Porous Media						
28							
	DRAINFIELD Pipe and Gravel -		205 22/5//4//5/				
29	Geotextile Fabric in Place		285.33(b)(1)(E)				
	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End						
	Plates w/Splash Plate, Inspection						
	Port & Closed End Plates in Place		285.33(c)(2)				
	(per manufacturers spec.)						
30							
	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length						
	& Width, and Adequate		285.33(d)(1)(C)(i)				
	Separation Distance between						
31	Trenches						

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.						
	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						
	PUMP TANK Secondary restraint system provided						
	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
	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)(iv) 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)				
	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						
	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						



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

Permit Number:	112285
Issued This Date:	04/01/2021
This permit is hereby given to:	Stuart J. Gilfillan

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

## 950 COUNTRY PIKE CANYON LAKE, TX 78133

Subdivision:	Tranquility Park
Unit:	2
Lot:	16
Block:	n/a
Acreage:	5.0000

## 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.



# ENGINEER'S OFFICE

## OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

Date Received Initials

Permit Number

Instructions:

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

OSSF	Permit
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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

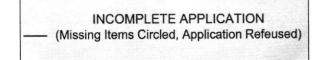
I affirm that I have provided all information required for my OSSF Development Application and that this application constitutes a completed OSSF Development Application.

Signature of Applicant

co	MPLETE APPLICATION
Check No.	Receipt No

ROZI.

Date



Revised: September 2019

## \* \* \* COMAL COUNTY OFFICE OF ENVIRONMENTAL HEAL APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT A **REVISED**

**ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE** 

8:54 am, Apr 01, 2021 Date 3/9/2021 Permit # Owner Name Agent Name Doug Dowlearn Stuart J. Gilfillan Mailing Address 3436 Magnolia Shores Lane Agent Address 703 Oak Drive City, State, Zip Pearland, TX 77584 1 City, State, Zip Blanco, TX 78606 Phone # 210-240-2101 504-234-1066 Phone # Email aleta@magantransport.com Email txseptic@gmail.com All correspondence should be sent to: Owner Agent X Both Email Method: 🗍 Mail Unit 2 Lot 16 Subdivision Name Tranquility Park Block Acreage/Legal Street Name/Address 950 Country Pike City Canyon Lake Zip 78133 Type of Development: Single Family Residential Type of Construction (House, Mobile, RV, Etc.) House Number of Bedrooms 3 Indicate Sq Ft of Living Area 2642 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 Garage w/ Short-Term Rental (1 Bed - 60 gpd) Estimated Cost of Construction: \$ 30,000 (Structure Only) Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement? Yes X No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement) Source of Water Dublic Private Well Are Water Saving Devices Being Utilized Within the Residence? X Yes No By signing this application, I certify that: - The completed application and all additional information submitted does not contain any false information and does not conceal any material facts. 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 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 of the online posting public release of my e-mail address associated with this permit application, as applicable.

Signature of Owner

244 March 202

Page 1 of 2

#### \* \* \* COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH \* \* <u>APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT</u> <u>ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE</u> **REVISED**

Planning Materials & Site Evaluation as Required Completed By Doug Dowlearn R.S.

8:54 am, Apr 01, 2021

System Description Aerobic w/ Spray Irrigation				
Size of Septic System Required Based on Planning Materials & Soil Evaluation				
Tank Size(s) (Gallons) 800	Absorption/Application Area (Sq Ft)5625			
Gallons Per Day (As Per TCEQ Table III) <u>360</u>				
(Sites generating more than 5000 gallons per day are required to obt	ain 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 Sa	nitarian (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 w	rith 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 be issued for the proposed OSSF until the proposed WPAP has been	with all provisions of the proposed WPAP. A Permit to Construct will not 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 w	ith 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 issued for the proposed OSSF until the CZP has been approved by the term of t	with all provisions of the proposed CZP. A Permit to Construct will not be ne 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.

andres. 6h

Signature of Designer

3/12/2021 Date



202106014371 03/19/2021 01 23 58 PM 1/1

REVISED 2:43 pm, Mar 24, 2021

COUNTY OF COMAL STATE OF TEXAS

#### **AFFIDAVIT TO THE PUBLIC**

#### CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

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, give 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. 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.

н

and

2021

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): 16

10+

The property is owned by (Insert owner's full name): STUART JAMES GILFILLAN

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 OSSF may be obtained from Comal County Engineer's Office.

March WITNESS BY HAND(S) ON THIS 19 DAY OF

Owner(s) signature(s)

(PRINTED NAME) GILFILLAW

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 19 DAY OF March , 2021

Notary Public State of Texas Ernesto E. Soto Morales Notary's Printed Name: Ernesto E. Soto Morales My Commission Expires: JAN WARY 23, 2023



Filed and Recorded Official Public Records Bobbie Koepp. County Clerk Comal County, Texas 03/19/2021 01:23:58 PM 202106014371 Babbie Keepp

## **REVISED** 2:41 pm, Mar 24, 2021

#### WASTEWATER TREATMENT FACILITY MONITORING AGREEMENT

Regulatory Authority	Permit/License Number
Block Creek Aerobic Services, LLC	Customer Stuart J. Gilfillan
444 A Old Hwy #9	Site Address 950 Country Pike
Comfort, TX 78013	City Canyon Lake Zip 78133
Off. (830) 995-3189	Mailing Address_3436 Magnolla Shores Ln Pearland, TX 77584
Fax. (830) 995-4051	County Comai Map #
	Phone 504-234-1066
	Email_aleta@magantransport.com

**I. General:** This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between <u>Stuart Gilfillian</u> (hereinafter referred to as "Customer") and Block Creek Aerobic Services, LLC. By this agreement, Block Creek Aerobic Services, LLC and its employees (hereinafter inclusively referred to as "Contractor") agree to render services at the site address stated above, as described herein, and the Customer agrees to fulfill his/her/their responsibilities, as described herein.

#### II. Effective Date:

This Agreement commences on Issue date of License to Operate and ends on 2 years later

for a total of two (2) years (initial agreement) or one (1) year (thereafter). If this is an initial agreement (new installation), the Customer shall notify the Contractor within two (2) business days of the system's first use to establish the date of commencement. If no notification is received by Contractor within ninety (90) days after completion of installation or where county authority mandates, the date of commencement will be the date the "License to operate" (Notice of Approval) was issued by the permitting authority. This agreement may or may not commence at the same time as any warranty period of installed equipment, but in no case shall it extend the specified warranty.

#### III. Termination of Agreement:

This Agreement may be terminated by either party for any reason, including for example, substantial failure of either party to perform in accordance with the terms of this Agreement, without fault or liability of the terminating party. The terminating party must provide written notice to the non-terminating party thirty (30) days prior to the termination of this Agreement. If this Agreement is terminated, Contractor will be paid at the rate of \$75.00 per hour for any work performed and for which compensation has not been received. After the deduction of all outstanding charges, any remaining monies from prepayment for services will be refunded to customer within thirty (30) days of termination of this Agreement. Either party terminating this Agreement for any reason, including non-renewal, shall notify in writing the equipment manufacturer and the appropriate regulatory agency a minimum of thirty (30) days prior to the date of such termination. Nonpayment of any kind shall be considered breach of contract and a termination of contract.

#### IV. Services:

Contractor will:

a. Inspect and perform routine upkeep on the On-Site Sewage Facility (hereinafter referred to as OSSF) as recommended by the treatment system manufacturer, and required by state and/or local regulation, for a total of three visits to site per year. The list of items checked at each visit shall be the: control panel, Electrical circuits, timer, Aeration including compressor and diffusers, CFM/PSI measured, lids safety pans, pump, compressor, sludge levels, and anything else required as per the manufacturer.

b. Provide a written record of visits to the site by means of an inspection tag attached to or contained in the control panel.

c. Repair or replace, if Contractor has the necessary materials at site, any component of the OSSF found to be failing or inoperative during the course of a routine monitoring visit. If such services are not covered by warranty, and the service(s) cost less than \$100.00, Customer hereby authorizes Contractor to perform the service(s) and bill Customer for said service(s). When service costs are greater than \$100.00, or if contractor does not have the necessary supplies at the site, Contractor will notify Customer of the required service(s) and the associated cost(s). Customer must notify Contractor of arrangements to affect repair of system with in two (2) business days after said notification.

 Provide sample collection and laboratory testing of TSS and BOD on a yearly basis (commercial systems only).

e. Forward copies of this Agreement and all reports to the regulatory agency and the Customer.

f. Visit site in response to Customer's request for unscheduled services within forty-eight (48) hours of the date of notification (weekends and holidays excluded) of said request. Unless otherwise covered by warranty, costs for such unscheduled responses will be billed to Customer.

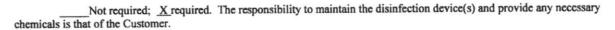
#### V. Disinfection:



RC

Contractor's Initials

Customer's Initials



#### VI. Electronic Monitoring:

2

Electronic Monitoring is not included in this Agreement.

#### VII. Performance of Agreement:

Commencement of performance by Contractor under this Agreement is contingent on the following conditions:

a. If this is an initial Agreement (new installation):

I. Contractor's receipt of a fully executed original copy or facsimile of this agreement and all documentation requested by Contractor.

**REVISED** 

2:41 pm, Mar 24, 2021

If the above conditions are not met, Contractor is not obligated to perform any portion of this Agreement.

#### VIII. Customer's Responsibilities:

The customer is responsible for each and all of the following:

a. Provide all necessary yard or lawn maintenance and removal of all obstacles, including but not limited to dogs and other animals, vehicles, trees, brush, trash, or debris, as needed to allow the OSSF to function properly, and to allow Contractor safe and easy access to all parts of the OSSF.

b. Protect equipment from physical damage including but not limited to that damage caused by insects.

c. Maintain a current license to operate, and abide by the conditions and limitations of that license, and all requirements for and OSSF from the State and/or local regulatory agency, whichever requirements are more stringent, as well as the proprietary system's manufacturer recommendations.

d. Notify Contactor immediately of any and all alarms, and/or any and all problems with, including failure of, the OSSF.

e. Provide, upon request by Contractor, water usage records for the OSSF so that the Contractor can perform a proper evaluation of the performance of the OSSF.

f. Allow for samples at both the inlet and outlet of the OSSF to be obtained by Contractor for the purpose of evaluating the OSSF's performance. If these samples are taken to a laboratory for testing, with the exception of the service provided under Section IV (d) above, Customer agrees to pay Contractor for the sample collection and transportation, portal to portal, at a rate of \$35.00 per hour, plus the associated fees for laboratory testing.

g. Prevent the backwash or flushing of water treatment or conditioning equipment from entering the OSSF.

h. Prevent the condensation from air conditioning or refrigeration units, or the drains of icemakers, from hydraulically overloading the aerobic treatment units. Drain lines may discharge into the surface application pump tank if approved by system designer.

i. Provide for pumping and cleaning of tanks and treatment units, when and as recommended by Contactor, at Customer's expense.

j. Maintain site drainage to prevent adverse effects on the OSSF.

k. Pay promptly and fully, all Contractor's fees, bills, or invoices as described herein.

#### IX. Access by Contractor:

Contractor is hereby granted an easement to the OSSF for the purpose of performing services described herein. Contractor may enter the property during Contractor's normal business hours and/or other reasonable hours without prior notice to Customer to perform the Services and/or repairs described herein. Contractor shall have access to the OSSF electrical and physical components. Tanks and treatment units shall be accessible by means of man ways, or risers and removable covers, for the purpose of evaluation as required by State and/or local rules and the proprietary system manufacturer. It is Customers responsibility to keep lids exposed and accessible at all times.

#### X. Limit of Liability:

Contractor shall not be held liable for any incidental, consequential, or special damages, or for economic loss due to expense, or for loss of profits or income, or loss of use to Customer, whether in contract tort or any other theory. In no event shall Contractor be liable in an amount exceeding the total Fee for Services amount paid by Customer under this Agreement.

#### XI. Indemnification:

Customer (whether one or more) shall and does hereby agree to indemnify, hold harmless and defend Contractor and each of its successors, assigns, heirs, legal representatives, devisees, employees, agents and/or counsel (collectively "Indemnitees") from and against any and all liabilities, claims, damages, losses, liens, causes of action, suits, fines, judgments and other expenses (including, but not limited to, attorneys' fees and expenses and costs of investigation), of any kind, nature or description, (hereinafter collectively referred to as "Liabilities") arising out of, caused by, or resulting, in whole or in part, from this Agreement.

RC

Customer's Initials



Contractor's Initials



# THIS INDEMNITIFCATION APPLIES EVEN IF SUCH LIABILITIES ARE CAUSED BY THE CONCURRENT OR CONTRIBUTORY NEGLIGENCE OR BY THE STRICT LIABILITY OF ANY INDEMNITEE.

Customer hereby waives its right of recourse as to any Indemnitee when Indemnification applies, and Customer shall require its insurer(s) to waive its/their right of subrogation to the extent such action is required to render such waiver of subrogation effective. Customer shall be subrogated to Indemnitees with respect to all rights Indemnitees may have against third parties with respect to matters as to which Customer provides indemnity and/or defense to Indemnitees. No Indemnification is provided to Indemnitees when the liability or loss results from (1) the sole responsibility of such Indemnitee; or, (2) the willful misconduct of such Indemnitee. Upon irrevocable acceptance of this Indemnification obligation, Customer, in its sole discretion, shall select and pay counsel to defend Indemnitees of and from any action that is subject to this Indemnification provision. Indemnitees hereby covenant not to compromise or settle any claim or cause of action for which Customer has provided Indemnification without the consent of Customer.

#### XII. Severability:

If any provision of the "Proposal and Contract" 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 the "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.

#### XIII. Fee for Services:

The Fee for Services does not include any fees for equipment, material, labor necessary for non-warranty repairs, unscheduled inspections, or Customer requested visits to the site.

#### XIV. Payment:

Full payment is due upon execution of this Agreement (Required of new Customer). For any other service(s) or repair(s) provided by Contractor the Customer shall pay the invoice(s) for said service(s) or repair(s) within thirty (30) days of the invoice date. The Contractor shall mail all invoices on the date of invoice. All payments not received within thirty (30) days from the invoice date will be subject to a \$29.00 late penalty and a 1.5% per month carrying charge, as well as any reasonable attorney's fees, and all collection and court costs incurred by Contractor in collection of unpaid debt(s). Contractor may terminate contract at any time for nonpayment for services. Any check returned to Contractor for any reason will be assessed a \$30.00 return check fee.

#### XV. Application or Transfer of payment:

The fees paid for this agreement may be transferred to subsequent property owner(s); however, this Agreement is not transferable. Customer shall advise the subsequent property owner(s) of the State requirement that they sign a replacement agreement authorizing Contractor to perform the herein described Services, and accepting Customer's Responsibilities. This replacement must be signed and received in Contractor's offices within ten (10) business days of date of transfer of property ownership. Contractor will apply all funds received from Customer first to any past due obligation arising from this Agreement including late fees or penalties, return check fees, and/or charges for services or repairs not paid within thirty (30) days of invoice date. Any remaining monies shall be applied to the funding of the replacement Agreement. The consumption of funds in this manner may cause a reduction in the termination date of effective coverage per this Agreement. See Section IV.

#### XVI. Entire Agreement:

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

Rudy Carson

Block Creek Aerobic Services, LLC, Contractor MP# 0002036 Customer Signature

Date



RC

Customer's Initials

## **OSSF SOIL EVALUATION REPORT INFORMATION**



Date: 3/19/2021 **Applicant Information:** Name: Stuart J. Gilfillan Address: 3436 Magnolia Shores Lane City, State & Zip Code: Pearland, TX 77584 **Phone:** 504-234-1066 Fax: Email: aleta@magantransport.com

Street/Road Address: 950 Country Pike

Additional Info/Acres: Comal County

**Subdivision: Tranquility Park** 

Zip: 78133

**Property Location:** 

**City: Canyon Lake** 

Unit: 2

**Lot:** 16

Depth

#1 60"

#2

60" Same as above

#### Site Evaluator Information:

Name: Douglas R. Dowlearn **Company:** D.A.D. Services, Inc. Address: 703 Oak Drive City, State & Zip: Blanco, TX 78606 Phone: (210)240-2101 Fax: (866)260-7687 **Email:** txseptic@gmail.com

**Installer Information:** Name: **Company:** Address: City, State & Zip: Phone: Fax:

Texture Soil Texture Structure Drainage Restrictive Observation Class (Mottles/Water Horizon (For Class III – blocky, platy Table or massive) **Soil Boring** III 0-12" clay loam Blocky <30% Gravel 12+Limestone None 12"+ limestone SAME AS **Soil Boring** ABOVE

**DESIGN SPECIFICATIONS** 

Application Rate (RA): 0.064 OSSF is designed for: 3 Bedroom (2642 sq. ft. – 300 GPD) & Garage w/ Short-Term Rental (1 bed – 60 GPD) 360 Gallons per day required An aerobic treatment/spray disposal system is to be utilized based on the site evaluation. 5625 sq. ft. disposal area required 800 gallon/day aerobic tank required Calculations: Absorption Area: Q/RA= 360 gpd/0.064= 5625 ft. sq.

FEATURES OF SITE AREA

Presence of 100-year flood zone: No Existing or proposed water well in nearby area: Yes Presence of adjacent ponds, streams, water impoundments: No Presence of upper water shed: No Organized sewage service available to lot: No

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability. The site evaluation and OSSF design are subject to approval by the TCEO or the local authorized agent. The planning materials and the OSSF design should not be considered final until a permit to construct has been issued.

Site Evaluator: NAME: Douglas R. Dowlearn, R.S. Signature:

Anglandances.

License No. 0S9902-Exp. 6/30/2023 TDH: #2432- Exp. 2/28/2023

## **D.A.D SERVICES, INC.** DOUG DOWLEARN 703 OAK DRIVE, BLANCO, TX 78606 Designed for: Stuart J. Gilfillan



The installation site is on Lot 16 of the Tranquility Park 2 Subdivision in Comal County, TX. The proposed OSSF will treat the wastewater from a 3 bedroom (2642 sq. ft.) residence, along with a Garage w/ Short-Term Rental (1 Bed). The proposed method of wastewater treatment is aerobic treatment with spray irrigation. This method was chosen because of unsuitable soil conditions.

## **PROPOSED SYSTEM:**

A 4" PVC pipe will discharge from the residence to a pre-treatment tank, which flows into a 800 gpd aerobic treatment plant. The aerobic tank effluent flows to a 854 gallon storage/pump tank containing a liquid chlorinator and a single 20 gpm submersible pump. Distribution is through 2 K-Rain Gear Driven pop-up sprinklers, with low angle (13 degrees) spray nozzles spraying a radius of 34 feet at 40 psi. Each sprinkler will spray 360 degrees of arc. An audio and visual alarm monitoring both high water and aerator failure will be placed in a noticeable location.

## **DESIGN SPECIFICATIONS:**

Daily Waste Flow: 360 gpd Application rate: 0.064 Application area required: 360/.064 = 5625 ft. sq. Application area utilized: 7258 sq. ft. Pump tank reserve capacity: 180 gal minimum



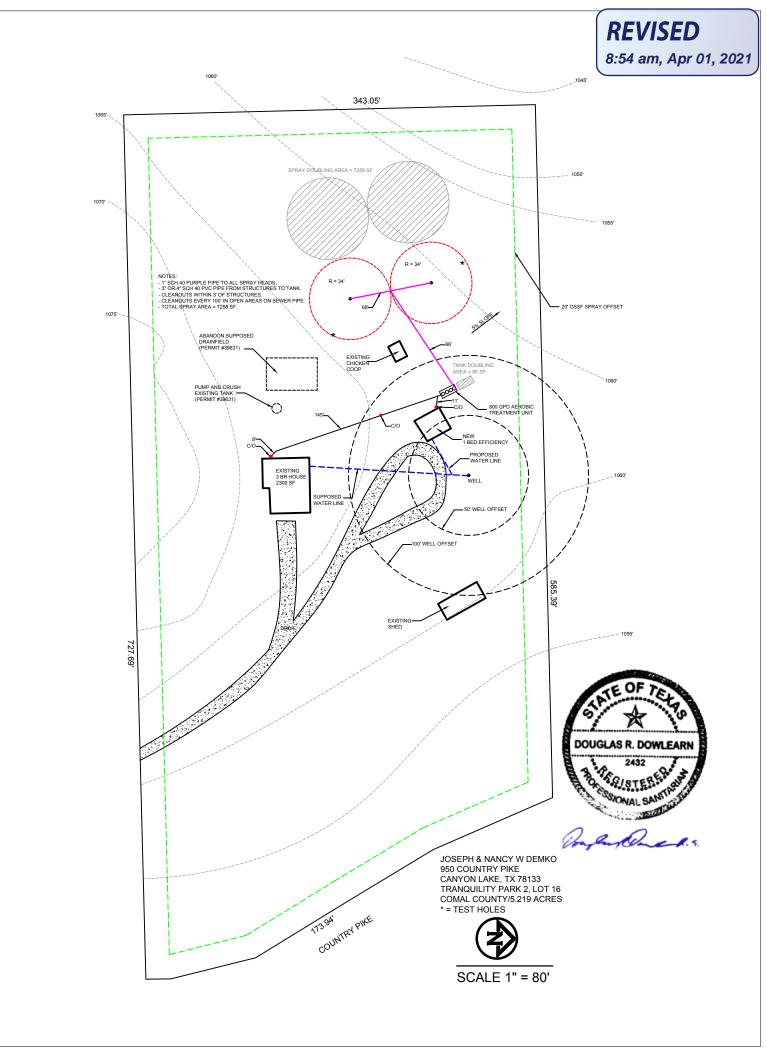
3/15/21

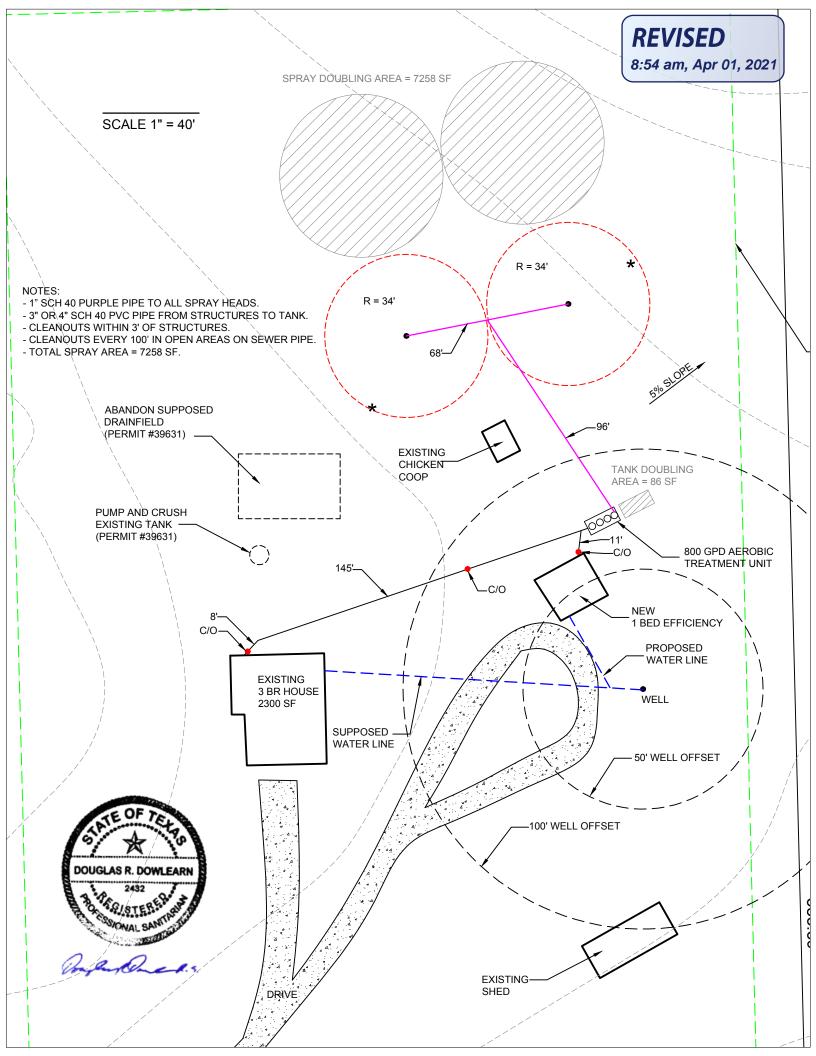
## SYSTEM COMPONENTS:

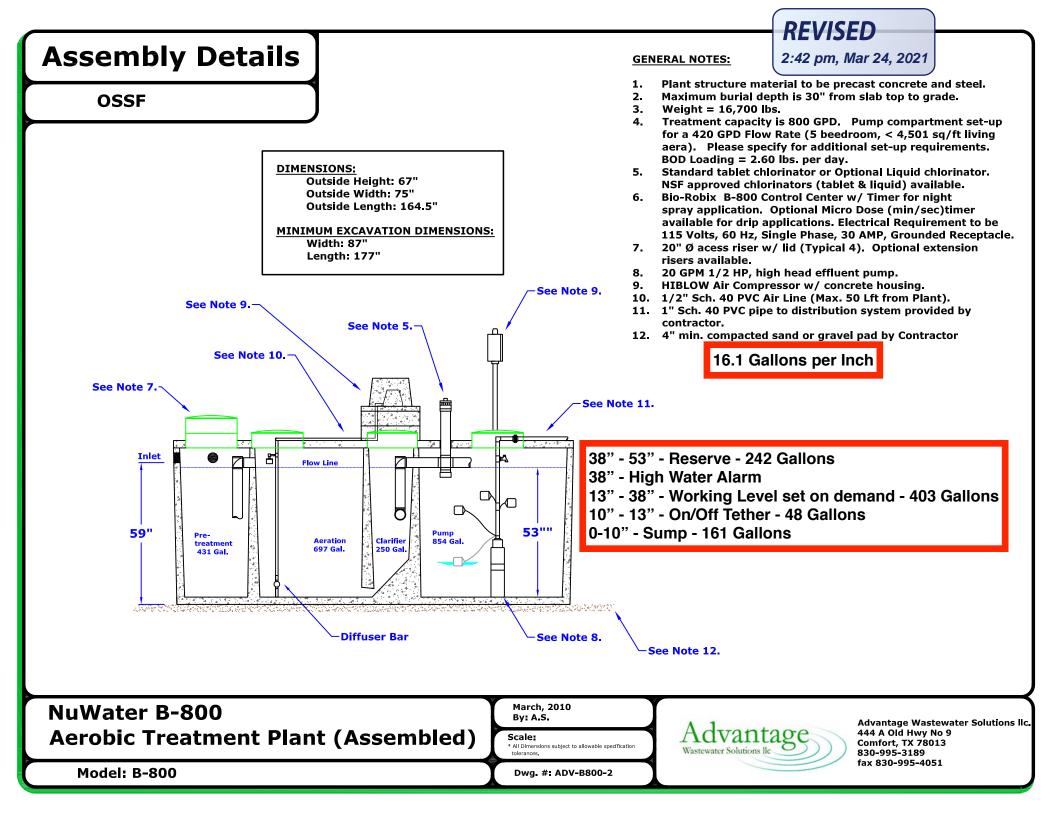
4" SCH 40 PVC sewer line 1" purple PVC supply line 800 gpd aerobic treatment plant with manual or timed controls Liquid chlorinator Pre-treatment tank and 854 gallon pump tank 2 K-Rain Gear Driven pop-up sprinklers

## LANDSCAPING:

The native vegetation in the distribution area should consist of low level shrubs, plains grass, bluestem or bermuda. The entire area of the spray must maintain a ground cover after construction. In the event the natural cover is disturbed, a suitable ground cover must be installed on all excavated areas.







From:	Ritzen, Brenda		
To:	"aleta@magantransport.com"		
Cc:	"Brady Dowlearn"		
Subject:	Permit 112285		
Date:	Wednesday, March 24, 2021 4:23:00 PM		
Attachments:	image001.png		
Subject: Date:	Permit 112285 Wednesday, March 24, 2021 4:23:00 PM		

Re: Stuart J. Gilfillan Tranquility Park Unit 2 Lot 16 Application for Permit for Authorization to Construct an On-Site Sewage Facility

Dear property owner & agent,

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



 $\sqrt{2}$ . Submit a notarized Affidavit for single family use of both the 3 bedroom house and the 1 bedroom efficiency, or remove the 1 bedroom efficiency from single family use on the permit application, correct to non-single family use, and show the doubling for the treatment and disposal areas on the design.

Submit a breakdown of the gpd for the house and for the 1 bedroom efficiency.

The 2<sup>nd</sup> page of the permit application has the gpd at 440 but the design is for 400 gpd.

Revise as needed and resubmit. 4.

Thank you,



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

OF ENVIRONMENTAL HEALTH \* \* \* R AUTHORIZATION TO CONSTRUCT AN LITY AND LICENSE TO OPERATE

Date 3/9/2021			Permit #	
Owner Name	Stuart J. Gilfillan	Agent Name	Doug Dowlearn	
Mailing Address	3436 Magnolia Shores Lane	•	703 Oak Drive	
City, State, Zip	Pearland, TX 77584		Blanco, TX 78606	
Phone #	504-234-1066	Phone #	210-240-2101	
Email	aleta@magantransport.com	Email	txseptic@gmail.com	
All corresp	pondence should be sent to:  Owner  A	gent 🔀 Both	Method: 🔲 N	lail 🔀 Email
Subdivision Nam	ne Tranquility Park	Unit 2	Lot 16	Block
Acreage/Legal				
Street Name/Add	dress 950 Country Pike	City Can	yon Lake	Zip _78133
Type of Develop	oment:			
🔀 Single Fam	ily Residential			
Type of Cons	struction (House, Mobile, RV, Etc.) <u>House</u>			
Number of B	edrooms <u>3</u>			
Indicate Sq F	t of Living Area 2642			
X Non-Single	e Family Residential			
(Planning mater	rials must show adequate land area for doubling the	required land needed	for treatment units and o	disposal area)
Type of Facil	lity			
Offices, Fact	ories, Churches, Schools, Parks, Etc. VOI	Camber Of Occup	ants	
Restaurants,	Lounges, Theaters - Indicate Number of Seats	·		
Hotel, Motel,	Hospital, Nursing Home - Indicate Number of E	Beds		
Travel Traile	r/RV Parks - Indicate Number of Spaces			
Miscellaneou	Is Garage w/ 1 BR Efficiency - 100 GPD			
Estimated Cost of Construction: \$_30,000 (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	or proposed OSSF impro	ovements within the USACE	flowage easement)
Source of Water 🔲 Public 🖾 Private Well				
Are Water Saving	Devices Being Utilized Within the Residence?	Yes 🗌 No		
By signing this application, I certify that: - The completed application and all additional information submitted does not contain any false information and does not conceal any material facts. 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	n and inspection of private sewage facilities a permit of authorization to construct will not be issu unty Flood Damage Prevention Order.	ed until the Floodplair	n Administrator has perfo	rmed the reviews required

- I affirmatively consent to the online postiper oublic release of Signature of Owner

\* \* \* COMAL C

APPLICATI

ON-

12M March 202 1-Date

Page 1 of 2

195 David Jonas Dr., New Braunfels, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078

Revised February 2020

#### REVISED \* \* \* COMAL COUNTY OFFICE OF ENVIRONMENTAL HEAL APPLICATIO

ON-S

AUTHORIZATION TO CONSTRUCT A TY AND LICENSE TO OPERATE

2:41 pm, Mar 24, 2021

Date 3/9/2021			Permit #	
Owner Name	Stuart J. Gilfillan	Agent Name	Doug Dowlearn	
Mailing Address	3436 Magnolia Shores Lane		703 Oak Drive	
City, State, Zip	Pearland, TX 77584	City, State, Zip	Blanco, TX 78606	
Phone #	504-234-1066	Phone #	210-240-2101	
Email	aleta@magantransport.com	Email	txseptic@gmail.com	n
All corres	pondence should be sent to:	Agent 🛛 Both	Method:	Mail 🔀 Email
Subdivision Nam	ne Tranquility Park	Unit 2	Lot 16	Block
	dress 950 Country Pike		yon Lake	Zip 78133
Type of Develop				
🔀 Single Fam	nily Residential			
Type of Con	struction (House, Mobile, RV, Etc.) House &	Garage w/ Efficency		
Number of B	edrooms <u>3 &amp; 1</u>			
Indicate Sq F	Ft of Living Area 2642 & 405			
Non-Single	e Family Residential	<b>D</b>		
(Planning mate	rials must show adequate land area for doubling th	ne required land needed	I for treatment units an	d disposal area)
Type of Faci	lity			9.50 <b>5</b> 6
	tories, Churches, Schools, Parks, Etc Indica		ants	
	, Lounges, Theaters - Indicate Number of Sea			
	Hospital, Nursing Home - Indicate Number o			
	r/RV Parks - Indicate Number of Spaces			
Miscellaneou				
Estimated Cos	t of Construction: \$ 30,000 (Stru	ucture Only)		
Is any portion o	of the proposed OSSF located in the United S	tates Army Corps of I	Engineers (USACE)	flowage easement?
🗌 Yes 🕅	No (If yes, owner must provide approval from USACE	for proposed OSSF impro	ovements within the USA	CE flowage easement)
Source of Water	Public      Private Well			
Are Water Saving	g Devices Being Utilized Within the Residence	e? 🛛 Yes 🗌 No		
<ul> <li>The completed ap facts. I certify tha property.</li> </ul>	lication, I certify that: oplication and all additional information submitted o t I am the property owner or I possess the appropr	riate land rights necessa	ary to make the permitt	ed improvements on said
site/soil evaluatio	ereby given to the permitting authority and designant of any section of private sewage facilities			
- I understand that	a permit of authorization to construct will not be is	sued until the Floodplair	h Administrator has pe	rformed the reviews required
- I affirmatively con	unty Flood Damage Prevention Order. Isent to the online posting/public release of my e-n	nail address associated	with this permit applica	ation, as applicable.
SHA	HA UNKA	1241 Ma	wh Zuz l	•
Signature of O	wner	Date		Page 1 of 2

195 David Jonas Dr., New Braunfels, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078

Signature of Owner

Revised February 2020

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT A				
ON-SITE SEWAGE FACTUITY AND LICENSE TO OPERATE VOID Planning Materials & Site Evaluation as Required Complete By Doug Dowlearn R.S.				
System Description Aerobic w/ Spray Irrigation				
Size of Septic System Required Based on Planning Materials & Soil Evaluation				
Tank Size(s) (Gallons)       800       Absorption/Application Area (Sq Ft)       6250				
Gallons Per Day (As Per TCEQ Table III) <u>400 gpd</u>				
(Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ.)				
Is the property located over the Edwards Recharge Zone? 🗌 Yes 😰 No				
(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))				
Is there an existing TCEQ approved WPAP for the property? 🗌 Yes 😠 No				
(If yes, the R.S. or P.E. shall certify that the OSSF design complies with all provisions of the existing WPAP.)				
If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP? 🗌 Yes 🗴 No				
(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A Permit to Construct will not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional office.)				
Is the property located over the Edwards Contributing Zone? 🔀 Yes 🗌 No				
Is there an existing TCEQ approval CZP for the property? Ves 🗴 No				
(If yes, the P.E. or R.S. shall certify that the OSSF design complete on provide 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				

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

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.

Anglanders.

Signature of Designer

3/12/2021 Date

* * * COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH * * *				
APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT ON-SIT VOID Y AND LICENSE TO OPERATE	<b>REVISED</b> 4:10 pm, Mar 24, 2021			
Planning Materials & Site Evaluation as Required Completed By Doug Dowlearn R.S.				
System Description Aerobic w/ Spray Irrigation				
Size of Septic System Required Based on Planning Materials & Soil Evaluation				
Tank Size(s) (Gallons)       800       Absorption/Application Area (Sq Ft	6250			
Gallons Per Day (As Per TCEQ Table III) 440 gpd				
(Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ.)				
Is the property located over the Edwards Recharge Zone?  Yes x No				
(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer	(P.E.))			
Is there an existing TCEQ approved WPAP for the property?  Yes 🖈 No				
(If yes, the R.S. or P.E. shall certify that the OSSF design <b>VOID</b> visions of the existing WPAP.)				
If there is no existing WPAP, does the proposed development activity require a TCEQ approved W	/PAP? 🗌 Yes ҝ No			
(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed WPA be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional of				
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 CZF	? 🗌 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 issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)	. A Permit to Construct will not be			
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.

Anglanderes.

Signature of Designer

3/12/2021 Date

## **OSSF SOIL EVALUATION REPORT INFORMATION**

Date: 3/19/2021 **Applicant Information:** Name: Stuart J. Gilfillan Address: 3436 Magnolia Shores Lane City, State & Zip Code: Pearland, TX 77584 **Phone:** 504-234-1066 Fax: Email: aleta@magantransport.com

**Property Location: Lot:** 16 Unit: 2 Subdivision: Tranguility Park Street/Road Address: 950 Country Pike City: Canyon Lake Zip: 78133 Additional Info/Acres: Comal County

Soil Texture

0-12" clay loam

12"+ limestone

SAME AS

ABOVE

Texture

Class

III

Site Evaluator Information: Name: Douglas R. Dowlearn **Company:** D.A.D. Services, Inc. Address: 703 Oak Drive City, State & Zip: Blanco, TX 78606 Phone: (210)240-2101 Fax: (866)260-7687 **Email:** txseptic@gmail.com

**Installer Information:** Name: **Company:** Address: City, State & Zip: Phone: Fax:

Drainage Restrictive (Mottles/Water Horizon (For Class III – blocky, platy Table

Observation

<30% Gravel

12+Limestone None

**Soil Boring** #2 60" Same as above

**Soil Boring** 

#1 60"

Depth

D

Structure

or massive)

Blocky

Application Rate (RA): 0.064 coom Efficiency (100 GPD) OSSF is designed for: 3 Bedroom (2642 sq. ft.) 400 Gallons per day required An aerobic treatment/spray disposal system is to be utilized based on the site evaluation. 6250 sq. ft. disposal area required 800 gallon/day aerobic tank required Calculations: Absorption Area: Q/RA= 400 gpd/0.064= 6250 ft. sq.

#### FEATURES OF SITE AREA

Presence of 100-year flood zone: No Existing or proposed water well in nearby area: Yes Presence of adjacent ponds, streams, water impoundments: No Presence of upper water shed: No Organized sewage service available to lot: No

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability. The site evaluation and OSSF design are subject to approval by the TCEO or the local authorized agent. The planning materials and the OSSF design should not be considered final until a permit to construct has been issued.

Site Evaluator: NAME: Douglas R. Dowlearn, R.S. Signature:

Influtences.

License No. 0S9902-Exp. 6/30/2023 TDH: #2432- Exp. 2/28/2023

REVISE 1:11 pm, Mar 25, 2021



#### N REPORT INFORMATION OSSF S

REVISED 2:41 pm, Mar 24, 2021

Date: 3/19/2021 **Applicant Information:** Name: Stuart J. Gilfillan Address: 3436 Magnolia Shores Lane City, State & Zip Code: Pearland, TX 77584 **Phone:** 504-234-1066 Fax: Email: aleta@magantransport.com

**Property Location: Lot:** 16 Unit: 2 **Subdivision:** Tranguility Park Street/Road Address: 950 Country Pike Zip: 78133 City: Canyon Lake Additional Info/Acres: Comal County

Texture

Class

## Site Evaluator Information:

Name: Douglas R. Dowlearn **Company:** D.A.D. Services, Inc. Address: 703 Oak Drive City, State & Zip: Blanco, TX 78606 Phone: (210)240-2101 Fax: (866)260-7687 **Email:** txseptic@gmail.com

**Installer Information:** Name: **Company:** Address: City, State & Zip: Phone: Fax:

Drainage

<30% Gravel

Table

Observation Restrictive (Mottles/Water Horizon

None

12+Limestone

**Soil Boring** III #1 60"

**Soil Boring** #2 60" Same as above

Depth

SAME AS ABOVE

Soil Texture

0-12" clay loam

12"+ limestone

#### **DESIGN SPECIFICATIONS**

Structure

or massive)

Blocky

(For Class III – blocky, platy

Application Rate (RA): 0.064 OSSF is designed for: 3 Bedroom (2642 sq. ft.) & Garage w/ 1 Bedroom Efficiency 400 Gallons per day required An aerobic treatment/spray disposal system is to be utilized based on the site evaluation. 6250 sq. ft. disposal area required 800 gallon/day aerobic tank required Calculations: Absorption Area: Q/RA= 400 gpd/0.064= 6250 ft. sq.

#### FEATURES OF SITE AREA

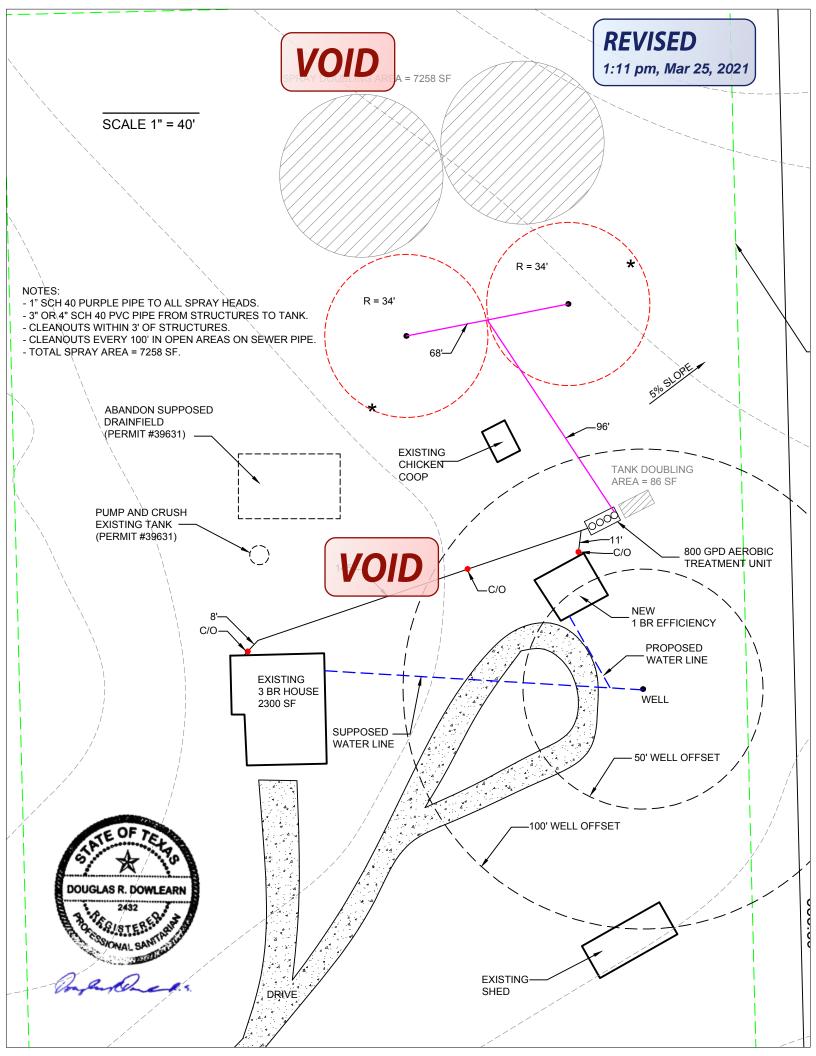
Presence of 100-year flood zone: No Existing or proposed water well in nearby area: Yes Presence of adjacent ponds, streams, water impoundments: No Presence of upper water shed: No Organized sewage service available to lot: No

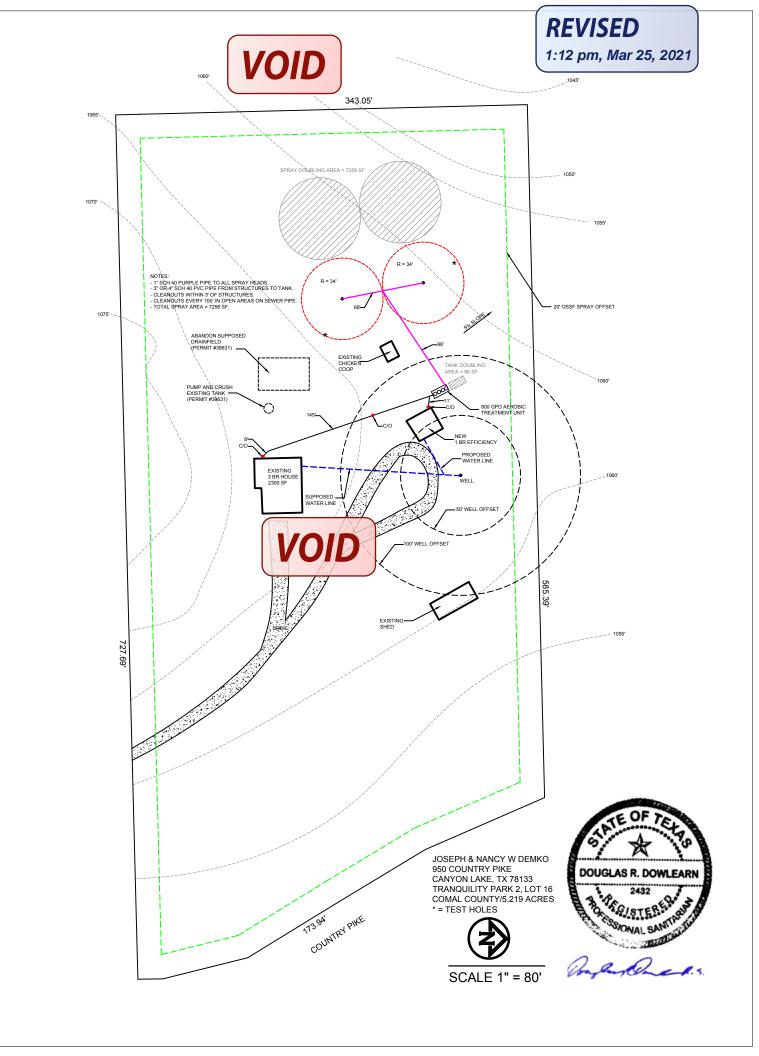
I certify that the findings of this report are based on my field observations and are accurate to the best of my ability. The site evaluation and OSSF design are subject to approval by the TCEO or the local authorized agent. The planning materials and the OSSF design should not be considered final until a permit to construct has been issued.

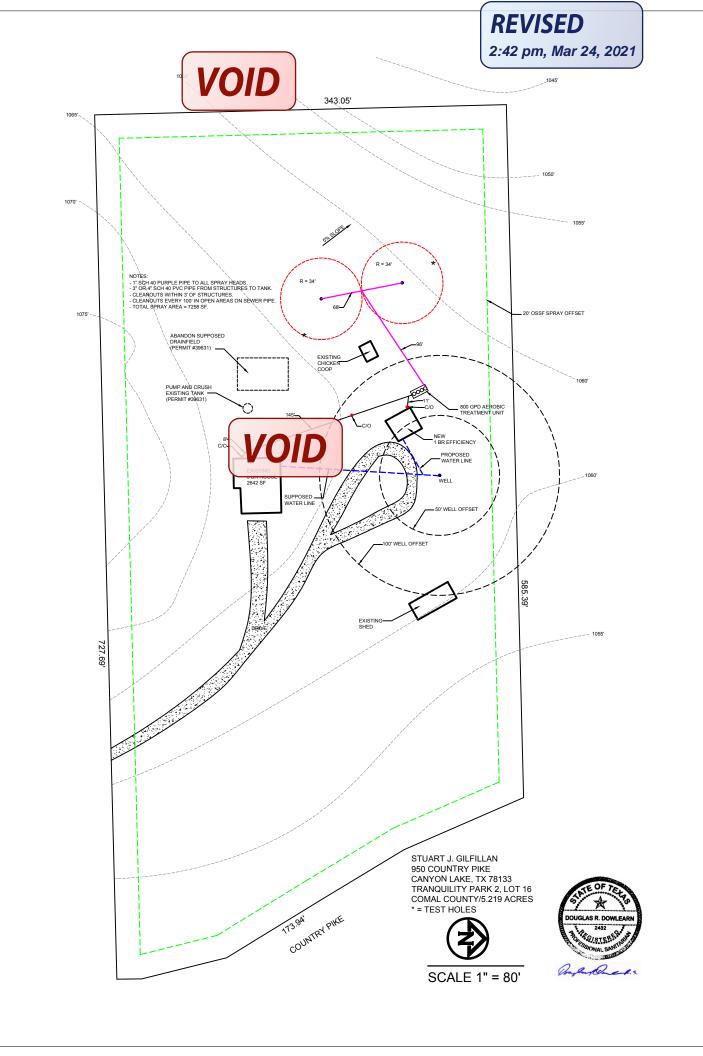
Site Evaluator: NAME: Douglas R. Dowlearn, R.S. Signature:

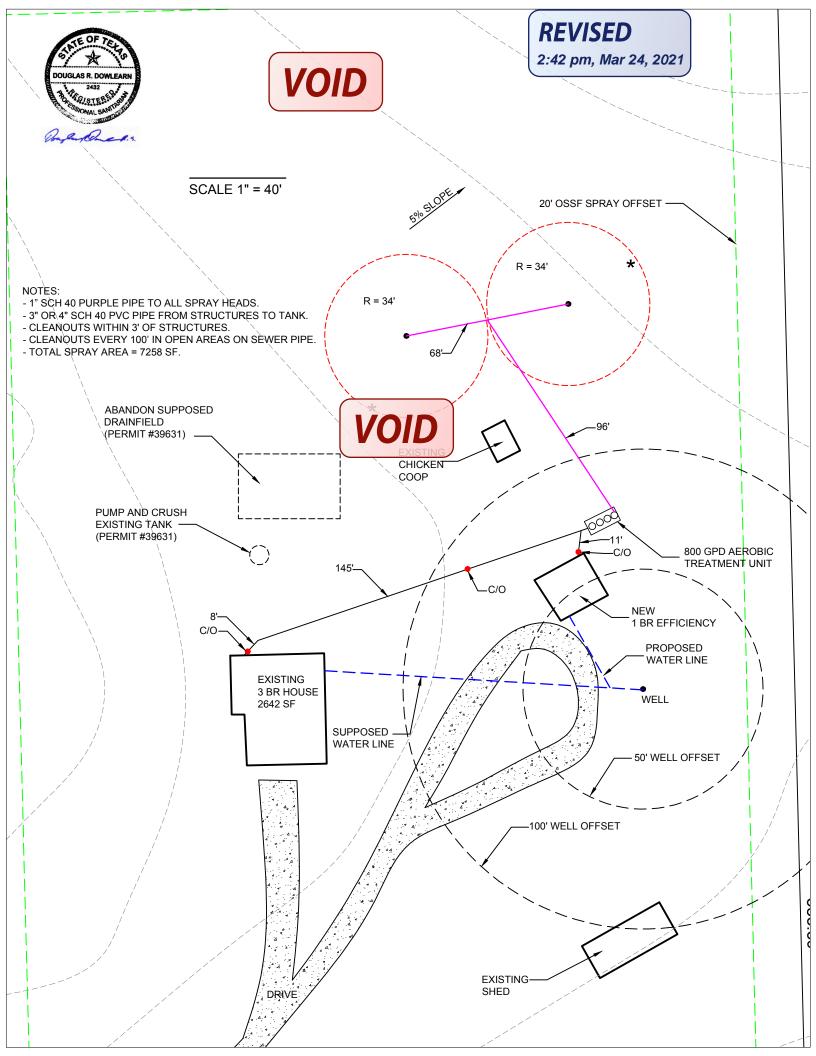
Influtiones.

License No. 0S9902-Exp. 6/30/2023 TDH: #2432- Exp. 2/28/2023













The installation site is on Lot 16 of the Tranquility Park 2 Subdivision in Comal County, TX. The proposed OSSF will treat the wastewater from a 3 bedroom (2642 sq. ft.) residence, along with a 1 bedroom efficiency. The proposed method of wastewater treatment is aerobic treatment with spray irrigation. This method was chosen because of unsuitable soil conditions.

## **PROPOSED SYSTEM:**

A 4" PVC pipe will discharge from the residence to a pre-treatment tank, which flows into a 800 gpd aerobic treatment plant. The aerobic tank effluent flows to a 854 gallon storage/pump tank containing a liquid chlorinator and a single 20 gpm submersible pump. Distribution is through 2 K-Rain Gear Driven pop-up sprinklers, with low angle (13 degrees) spray nozzles spraying a radius of 34 feet at 40 psi. Each sprinkler will spray 360 degrees of arc. An audio and visual alarm monitoring both high water and aerator failure will be placed in a noticeable location.

## **DESIGN SPECIFICATIONS:**



Daily Waste Flow: 400 gpd Application rate: 0.064 Application area required: 400/.064 = 6250 ft. sq. Application area utilized: 7258 sq. ft. Pump tank reserve capacity: 200 gal minimum



3/15/21

## SYSTEM COMPONENTS:

4" SCH 40 PVC sewer line 1" purple PVC supply line 800 gpd aerobic treatment plant with manual or timed controls Liquid chlorinator Pre-treatment tank and 854 gallon pump tank 2 K-Rain Gear Driven pop-up sprinklers

## LANDSCAPING:

The native vegetation in the distribution area should consist of low level shrubs, plains grass, bluestem or bermuda. The entire area of the spray must maintain a ground cover after construction. In the event the natural cover is disturbed, a suitable ground cover must be installed on all excavated areas.



## ATC-NEW BRAUNFELS

## 202006033115 08/11/2020 09:16:15 AM 1/3

Alamo Title Co. GF# 4000142000683

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

STATE OF TEXAS

COUNTY OF COMAL

S S S

KNOW ALL MEN BY THESE PRESENTS:

Date: August 10, 2020

Grantor: JOSEPH DEMKO and NANCY W. DEMKO, husband and wife

Grantor's Mailing Address:

244 FM 306, Ste. # 120-322 New Braunfels, Texas 78130 Comal County

Grantee: STUART JAMES GILFILLAN, a married person

Grantee's Mailing Address:

3436 Magnolia Shores Lane Pearland, Texas 77584 \_\_\_\_\_ County

#### **Consideration:**

Cash and a note of even date executed by Grantee and payable to the order of GATEWAY MORTGAGE GOUP, A DIVISION OF GATEWAY FIRST BANK, in the principal amount of THREE HUNDRED TWENTY-NINE THOUSAND and 00/100's DOLLARS (\$329,000.00) [the "Note"], which represents part payment of the purchase price of the Property. The Note is secured by a first and superior vendor's lien and superior title retained in this deed in favor of GATEWAY MORTGAGE GOUP, A DIVISION OF GATEWAY FIRST BANK, and by a first-lien deed of trust of even date from Grantee to SCOTT GESELL, Trustee.

#### Property (including any improvements):

Lots 16 and 17, Tranquility Park Subdivision, Unit Two, Comal County, Texas, according to the map or plat thereof recorded in Volume 5, Page 385, Map or Plat Records of Comal County, Texas.

Reservations from Conveyance: None.

#### **Exceptions to Conveyance and Warranty:**

This conveyance is made and accepted subject to all validly existing conditions, restrictions, reservations, declarations, exceptions, easement grants, set-backs, assessments, maintenance and / or association charges and ordinances, affecting the property conveyed, if any, appearing in the public records; and all leases, grants, exceptions or reservations of coal, lignite, oil, gas and other minerals, together with all rights, privileges, and immunities relating thereto, appearing in the public records; and standby fees, taxes, and assessments by any taxing authority for the 2020 tax year, and subsequent taxes and assessments by any taxing authority for prior years due to change in land usage or ownership.

Grantee, by its acceptance hereof, agrees to be solely responsible for payment of all ad valorem taxes pertaining to the Property for the calendar year 2020 and subsequent years.

Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, GRANTS, SELLS, and CONVEYS to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to WARRANT AND FOREVER DEFEND all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

The vendor's lien against and superior title to the Property are retained until each note described herein is fully paid according to its terms, at which time this deed will become absolute.

GATEWAY MORTGAGE GOUP, A DIVISION OF GATEWAY FIRST BANK, 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 GATEWAY MORTGAGE GOUP, A DIVISION OF GATEWAY FIRST BANK, and are transferred to GATEWAY MORTGAGE GOUP, A DIVISION OF GATEWAY FIRST BANK, without recourse against Grantor.

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

[signature(s) on following page(s)]

Executed effective as of the date first set forth herein.

### **GRANTOR**:

**IOSEPH DEM** 

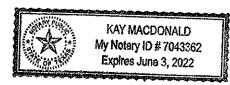
Demko

STATE OF COUNTY OF

This instrument was acknowledged before me on August \_\_\_\_\_, 2020, by JOSEPH DEMKO, an individual.

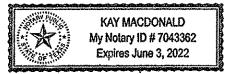
§

§



STATE OF § § COUNTY OF

This instrument was acknowledged before me on August <u>10</u>, 2020, by NANCY W. DEMKO, an individual.



Notary Public, State of

Notary Public, State of

Filed and Recorded Official Public Records Bobbie Koepp, County Clerk Comal County, Texas 08/11/2020 09:16:15 AM LAURA 3 Pages(s) 202006033115

Babbie Koepp

## AFTER RECORDING RETURN TO:

STUART JAMES GILFILLAN

After Recording Return to: Alamo Title Company 494 South Seguin St., Ste 100 New Braunfels, TX 78130

<b>RECEIVED</b> By KG at 8:30 am, Mar 23, 2021			
COMAL COUNT ENGINEER'S OFFICE		CHECK	e shaded items
	Date Received	Initials	112285 Permit Number
Instructions:			
Place a check mark next to all items that apply. For items that of Checklist must accompany the completed application.	do not apply, pla	ce "N/A". This	OSSF Development Application
encound must accompany the completed application.			
OSSF Permit			
Completed Application for Permit for Authorization to Cons	struct an On-Site	Sewage Facili	ity and License to Operate
Site/Soil Evaluation Completed by a Certified Site Evaluate			
Planning Materials of the OSSF as Required by the TCEQ of a scaled design and all system specifications.			Planning Materials shall consist
Required Permit Fee - See Attached Fee Schedule			
Copy of Recorded Deed			
Surface Application/Aerobic Treatment System			
Recorded Certification of OSSF Requiring Maintenan	co/Affidavitta th	e Public	
Signed Maintenance Contract with Effective Date as			
	Issuance of Licer	nse to Operate	
affirm that I have provided all information required for my C onstitutes a completed OSSF Development Application.	DSSF Developm	ent Applicatio	on and that this application
Jefredo J. Jan Signature of Applicant	Ē	3-19-7	71
Signature of Applicant		3-19-20 Da	te
COMPLETE APPLICATION Check No Receipt No	—— (Missi	INCOMPLET	E APPLICATION d, Application Refeused)
		and the second	Revised: September 2019

\* \* \* COMAL COUN

F ENVIRONMENTAL HEALTH \* \* \* THORIZATION TO CONSTRUCT AN

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

Date 3/17/2021			Permit # 1122	285
Owner Name	Alfredo Garza	Agent Name	Doug Dowlearn	
Mailing Address	8903 Silent Wind			
City, State, Zip	San Antonio, TX 78250	City, State, Zip	Blanco, TX 78606	
Phone #		Phone #	210-240-2101	
Email	palmersc17@gmail.com	Email	txseptic@gmail.com	
All corresp	pondence should be sent to: 🗌 Owner 🔲 Ag	ent 🔀 Both	Method: 🗔 Mail	🔀 Email
Subdivision Nam	Rancho Del Lago Phase 9	Unit	Lot 24	Block
Acreage/Legal				
Street Name/Add	dress 534 Persimmon Pass	City Fisch	ner Z	lip 78623
Type of Develop	iment:			
🔀 Single Fam	ily Residential			
Type of Cons	struction (House, Mobile, RV, Etc.)			
Number of Be				
Indicate Sq F	t of Living Area 1050			
Non-Single	Family Residential			
(Planning mater	ials must show adequate land area for doubling the re	quired land needed	for treatment units and dispo	sal area)
Type of Facili			for reachent units and dispo	sai alea)
Offices, Facto	pries, Churches, Schools, Parks, Etc Indicate N		ante	
	Lounges, Theaters - Indicate Number of Sea		ants	
	Hospital, Nursing Home - Indicate Number of Be			
	/RV Parks - Indicate Number of Spaces			
Miscellaneous		an a 1 a 2		
Estimated Cost	of Construction: \$ 166,000 (Structure)	re Only)		
Is any portion of	the proposed OSSF located in the United States	s Army Corps of E	ngineers (USACE) flowage	e easement?
	No (If yes, owner must provide approval from USACE for p	proposed OSSF improv	rements within the USACE flowage	ge easement)
Source of Water	Public      Private Well			
Are Water Saving	Devices Being Utilized Within the Residence?	🛛 Yes 🔲 No		
By signing this applic - The completed app facts. I certify that I property.	cation, I certify that: lication and all additional information submitted does I am the property owner or I possess the appropriate I	not contain any false and rights necessar	e information and does not co y to make the permitted impro	nceal any material ovements on said
Authorization is her site/soil evaluation I understand that a by the Comal Coun	reby given to the permitting authority and designated a and inspection of private sewage facilities permit of authorization to construct will not be issued ity Flood Damage Prevention Order.	until the Floodplain /	Administrator has performed t	the reviews required
	ent to the online posting/public release of my e-mail ac			applicable.
Surature of Own	<u>A.</u> <u>Iran</u>	3-19	-2021	
Signature of OW		Date		Page 1 of 2

195 David Jonas Dr., New Braunfels, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078

Revised February 2020

* * * COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH * * * <u>APPLICATION FO</u> <u>ON-SITE SI</u> <u>VOID</u> <u>ND LICENSE TO OPERATE</u>
Planning Materials & Site Evaluation as Required Completed By Doug Dowlearn
System Description Aerobic with Spray Irrigation
Size of Septic System Required Based on Planning Materials & Soil Evaluation
Tank Size(s) (Gallons)       600 GPD       Absorption/Application Area (Sq Ft)       2813
Gallons Per Day (As Per TCEQ Table III) 180
(Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ.)
Is the property located over the Edwards Recharge Zone? 🗌 Yes 🔀 No
(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))
Is there an existing TCEQ approved WPAP for the property? □ Yes ⊠ No
(If yes, the R.S. or P.E. shall certify that the OSSF design complies with all provisions of the existing WPAP.)
If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP? 🔲 Yes 🔀 No
(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A Permit to Construct will not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional office.)
Is the property located over the Edwards Contributing Zone? 🖂 Yes 🔲 No
Is there an existing TCEQ approval CZP for the property? 🔲 Yes 🔀 No
(If yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP.)
If there is no existing CZP, does the proposed development active Deve
(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? $\square$ Yes $\boxtimes$ 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.

and. 6 - 1.5.

Signature of Designer

3/22/2021
Date

Page 2 of 2

195 David Jonas Dr., New Braunfels, Texas 78132-3760 (830) 608-2090 Fax (830) 608-2078





202106014372 03/19/2021 01:28:27 PM 1/1

#### COUNTY OF COMAL STATE OF TEXAS

#### AFFIDAVIT TO THE PUBLIC

#### CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

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, give 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, 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.

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):

RANCHO DEL LAGO PHASE 9, Lot 24	
534 PERSIMMON PASS, FISCHER, TK 18623	
The property is owned by (Insert owner's full name):	

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

Upon sale or transfer of the above described property, the of the planning materials for OSSF may be obtained from

be transferred to the buyer or new owner. A copy 's **Office.** 

WITNESS BY HAND(S) ON THIS 19th DAY OF \_\_\_\_\_

ner(s) signature(s)

Alfredo A. Garza (PRINTED NAME)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 19 DAY OF March 2021

L ose Notary Public, State of Texas

Notary Public, State of Texas Notary's Printed Name: <u>Moikes Torces</u> My Commission Expires: <u>01-03-2022</u>

MOISES TORRES NOTARY PUBLIC - STATE OF TEXAS ID # 13140043-8 COMM. EXP. 01-03-2022 Filed and Recorded Official Public Records Bobbie Koepp, County Clerk Comal County, Texas 03/19/2021 01:28:27 PM Bobbie Keepp

(B)/Yelmen DAD 3/22/21

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



#### Routine Maintenance and Inspection Agreement

General

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

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

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

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

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

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

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

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

#### ACCESS BY CONTRACTOR

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

#### **Termination of Agreement**

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



#### Limit of Liability

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

#### **Dispute Resolution**

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

#### **Entire Agreement**

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

#### Severability

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

OWNER	SERVICE PROVIDER
Tony Garga Name 534 Persimmon Pass Address <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Ad</u>	Aerobic Services of South Texas Inc. Name 15 88 FM 306 Address Caryon Lake, Texas 78133 ity, State 130) 964 - 2365 hone Applied Thomas Hampton Signature of Service Provider and License #
EFFECTIVE DATE	EXPIRED DATE INSTALLED
Model #	Blower/Panel Serial #

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



#### REPORT INFORMATION

Date: 3/22/2021 Applicant Information: Name: Alfredo Garza Address: 8903 Silent Wind City, State & Zip Code: San Antonio, TX 78250 Phone: Email: palmersc17@gmail.com

#### Site Evaluator Information:

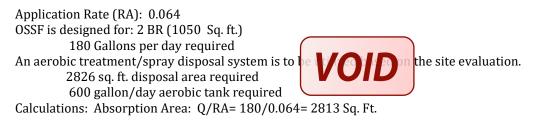
Name: Douglas R. Dowlearn Company: D.A.D. Services, Inc. Address: 703 Oak Drive City, State & Zip: Blanco, TX 78606 Phone: (210)240-2101 Fax: (866)260-7687 Email: txseptic@gmail.com

Property Location:Lot: 24Block:Subdivision: Rancho Del LagoStreet/Road Address: 534 Persimmon PassCity: FisherZip: 78623Additional Info: Comal County

Installer Information: Name: Company: Address: City, State & Zip: Phone:

Depth	Texture Class	Soil Texture	<b>Structure</b> (For Class III – blocky, platy or massive)	<b>Drainage</b> (Mottles/Water Table	Restrictive Horizon	Observation
Soil Boring #1 60"	III	0-12" Clay Loam 12"+ Limestone	Blocky	<30% Gravel	12"+ Limestone	None
Soil Boring #2 60"		Same as above				

#### **DESIGN SPECIFICATIONS**



#### FEATURES OF SITE AREA

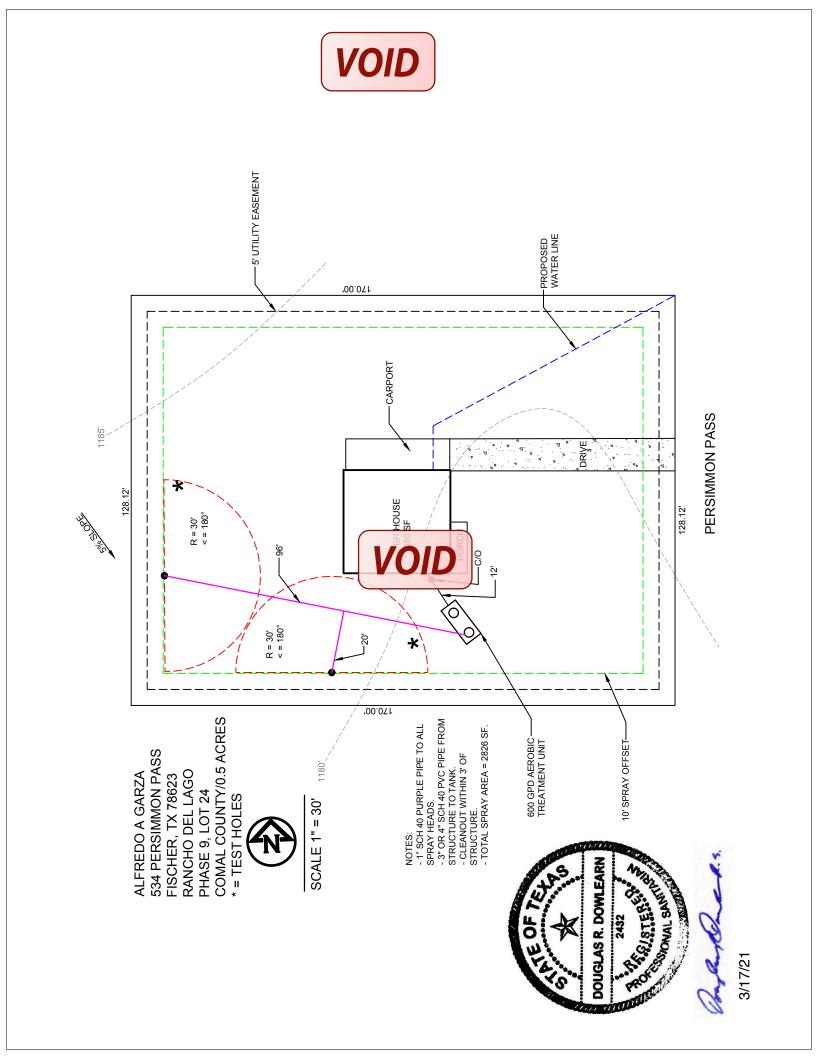
Presence of 100-year flood zone: NO Existing or proposed water well in nearby area: NO Presence of adjacent ponds, streams, water impoundments: NO Presence of upper water shed: NO Organized sewage service available to lot: NO

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability. The site evaluation and OSSF design are subject to approval by the TCEQ or the local authorized agent. The planning materials and the OSSF design should not be considered final until a permit to construct has been issued.

Site Evaluator: NAME: Douglas R. Dowlearn, R.S. Signature:

and and

License No. OS9902 – Exp. 6/30/2023 TDH: #2432 – Exp. 2/28/2023





The installation site is on Lot 24, Phase 9 of the Rancho Del Lago Subdivision in Comal County, TX. The proposed OSSF will treat the wastewater from a 2 Bedroom (1050 sq. ft.) residence. The proposed method of wastewater treatment is aerobic treatment with spray irrigation. This method was chosen because of unsuitable soil conditions.

#### **PROPOSED SYSTEM:**

A 4" PVC pipe will discharge from the residence to a pre-treatment tank, which flows into a 600 gpd aerobic treatment plant. The aerobic tank effluent flows to a 768 gallon storage/pump tank containing a liquid chlorinator and a single 20 gpm submersible pump. Distribution is through 2 K-Rain Gear Driven pop-up sprinklers, with low angle (13 degrees) spray nozzles spraying a radius of 30 feet at 40 psi. Each sprinkler will spray 180 degrees of arc. An audio and visual alarm monitoring both high water and aerator failure will be placed in a noticeable location.

#### **DESIGN SPECIFICATIONS:**

Daily Waste Flow: 180 gpd Application rate: 0.064 Application area required: 180/.064 = 2813 ft. sq. Application area utilized: 2826 sq. ft. Pump tank reserve capacity: 90 gal minimum

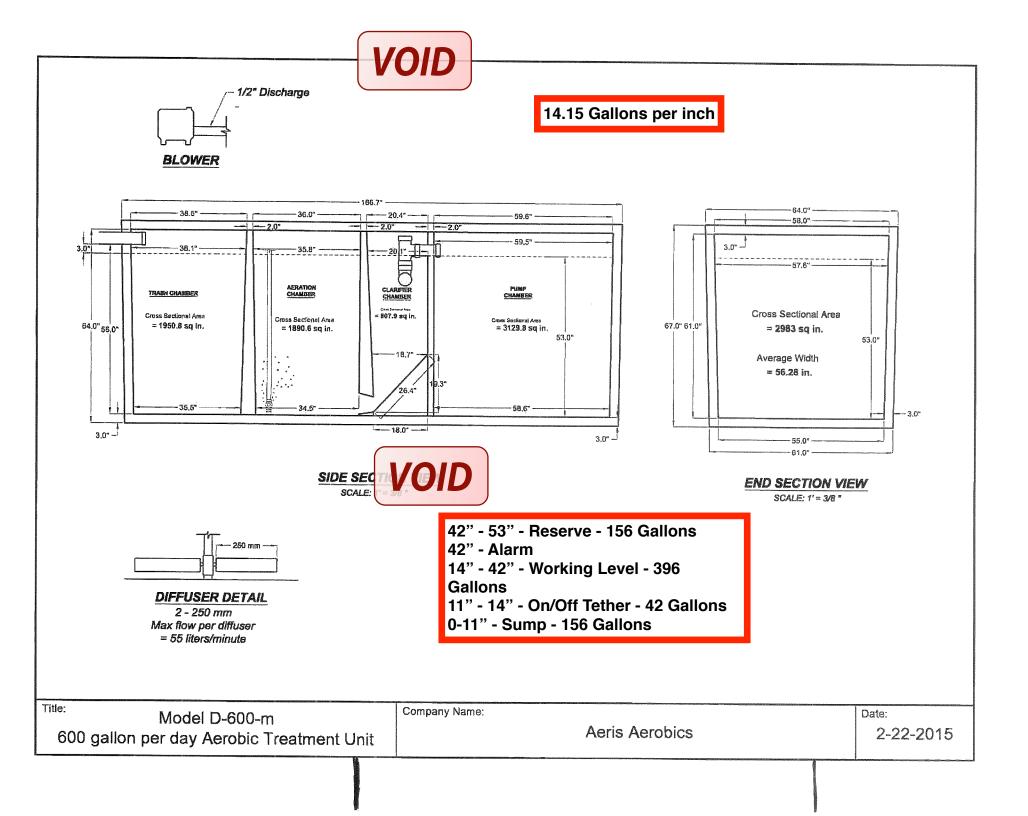


#### SYSTEM COMPONENTS:

4" SCH 40 PVC sewer line
1" purple PVC supply line
600 gpd aerobic treatment plant with manual or timed controls
Liquid chlorinator
2 K-Rain Gear Driven Pop-up Sprinkler
Pre-tank and 768 gallon pump tank

#### LANDSCAPING:

The native vegetation in the distribution area should consist of low level shrubs, plains grass, bluestem or bermuda. The entire area of the spray must be covered with a ground cover such as grass seed or sod prior to the final inspection. In the event the natural cover is disturbed, a suitable ground cover must be installed on all excavated areas.









# 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.

FIVE STAR TITLE GF# 068471 AM

#### Warranty Deed with Vendor's Lien

**Date:** MAY 23, 2016

**Grantor:** PATRICIA GOMEZ, INDIVIDUALLY AND AS ATTORNEY-IN-FACT FOR IRWIN RAY GOMEZ

**Grantor's Mailing Address:** 

150 Gomez Ln. Seguin, Texas 78155 Guadalupe County

Grantee: ALFREDO A. GARZA, A MARRIED MAN

**Grantee's Mailing Address:** 

8709 Casa Verde Road, Unit#D143



#### **Consideration**:

Cash and a note of even date executed by Grantee and payable to the order of in the principal amount of NINE THOUSAND ONE HUNDRED TWENTY AND NO/100 DOLLARS (\$9,120.00). The note is secured by a first and superior vendor's lien and superior title retained in this deed in favor of SECURITY STATE BANK & TRUST and by a first-lien deed of trust of even date from GRANTEE to WILLIAM H. COWDEN, JR. Trustee.

#### Property (including any improvements):

BEING Lot 24, RANCHO DEL LAGO, PHASE NINE, situated in Comal County, Texas, according to the Map or Plat thereof recorded in/under Volume 7, Page 93, Map and Plat Records of Comal County, Texas.

#### **Reservations from and exceptions to Conveyance and Warranty:**

Validly existing easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded and validly existing instruments, other than conveyances of the surface fee estate,



that affect the Property; and taxes for 2016, which Grantee assumes and agrees to pay, and subsequent assessments for that and prior years due to change in land usage, ownership, or both, the payment of which Grantee assumes.

Grantor, for the consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

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.

SECURITY STATE BANK & TRUST, 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 SECURITY STATE BANK & TRUST and are transferred to SECURITY STATE BANK & TRUST, without recourse against Grantor.

BY: PATRICIA GOM ØRNEY-**IN-FACT** PATRICIA GO

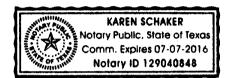


#### STATE OF TEXAS COUNTY OF GUADALUPE

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This instrument was acknowledged before me on this 23 day of MAY, 2016 BY PATRICIA GOMEZ, INDIVIDUALLY AND AS ATTORNEY-IN-FACT FOR IRWIN RAY GOMEZ.



Notary Public, State of TE rorato

Printed Name of Notary Public

After recording, return to:

FIVE STAR TITLE, LLC 304 N. Austin Street Seguin, Texas 78155



Filed and Recorded Official Public Records Bobbie Koepp, County Clerk Comal County, Texas 05/26/2016 11:42:24 AM CHRISTY 3 Page(s) 201606021369 Cobbie Koepp

#### COUNTRYSIDE CONSTRUCTION, INC. 300 CHAPMAN PARKWAY CANYON LAKE, DX 78133

Phone: 830-899-2615 Fax: 830-899-6662

#### **IESTING AND REPORTING RECORD**

This Testing and Reporting Fecord shall be completed, signed and dated after each inspection.

1. Inspection Date: MARCH 17,2021 Installed: 11/17/2020 Service Expires:11/17/2022

BILLING ADDRES PAUL & MARIH 237 CAMPBELI CANYON LAKE	S MILLER L DR	PHYSICAL ADDRESS: 237 CAMPBELL DR CANYON LAKE, TX	78133	
TELEPHONE: ALT. PHONE:	830-837-3238	LOT: LT 1,	PERMIT# : COUNTY : SN :	111285 COMAL 20030215
SUBDIVISION:	WOODLANDS (THE)	MEG: CLEARSTREAM-600	MAPSCO:	20030215 N/A

NOTES: TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative	2. Action taken or Repairs or
Aerators SCFM/Compressors PSI	2.0		Needed repairs to system (list all components replaced):
(Record Pressure Reading)	3.0		checked compressor
Filters			
Irrigation Pumps			Checked pump
Recirculation Pumps	NA		· · · · · · · · · · · · · · · · · · ·
Disinfection Device			checked floats
Chlorine Supply			
Electrical Circuits			checked sprinklers
Distribution System	V,		
Sprayfield Vegetation			checked timer
Back Flush Drip Field, if applicable	NA		
Other as Noted			SYSTEM OPERATING AS DESIGNED? G/N
Access Posts are Secure	d		(Y=) No

3. Tests required and results:

Requ	ired	Results	Test
Yes	No	mg/1 mpn/100mi or Trace	Method
	V		Carab
		1.0	Cto
		Required       Yes     No	Yes No mg/l mpn/100mi or

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas	_
Date of completion: 3/5/2/ Start Job Time:	
Maintenance Provider: Walkenclupum	-

11

Stop Job Time:

#### Block Creek Concrete Products, LLC 444 A Old Hwy No 9 Comfort, TX 78013

Phone: (830) 995-3189 Fax: (830) 995-4051

To: Home Owner 950 Country Pike Canyon Lake, TX 78133 Printed:8/27/2021 Site: 950 Country Pike Canyon Lake, TX 78133

Permit #: 112285	Customer ID: 7480
Agency: Comal County	Contract Dates: 4/27/2021 - 4/27/2023
County: Comal Sub:	Scheduled Date: 8/27/2021 Inspection 1 of
Mfg / Brand: Advantage Wastewater LLC - Nu Water	Installed: 4/16/2021
Treatment Type: Aerobic With Chlorine System S/N: 5991	Warranty End: 4/16/2023
Disposal: Surface Application	GPS Coordinates - Latitude: 29.925156 Longitude: -98.254593
Service Type: Scheduled Inspection	This counts as a type of "Scheduled Inspection"
Visit Date: 8/27/2021 Time In: 03:53 PM	Out: 03:58 PM Entered By: Alejandro Gonzalez
Method: Grab	
Technician: Alex Seidensticker	
Maint. Provider: Rudy Carson	- <u>-</u>
Chlorine Residual: <u>.1</u>	
Chionne Residual. 1	
	Y Problem
	Indicated
Comments	Service Completed
-unable to access property.	
	- Technician noted that there was a problem or issue with this
Scheduled Inspection.	
	Insp ID #:1129
Provider:	Technician: Alex Seidensticker
Provider: Rudy Carson	
License #: MP0002036	License #: MP0001961 Expires: 9/30/2021

K

Block Creek Concrete Products, LLC 444 A Old Hwy No 9 Comfort, TX 78013

> Phone: (830) 995-3189 Fax: (830) 995-4051

To: Home Owner 950 Country Pike Canyon Lake, TX 78133 Printed:12/21/2021 Site: 950 Country Pike Canyon Lake, TX 78133

		(	Customer ID:	7480		
Permit #: <b>112285</b>		Co	ntract Dates:	4/27/2021 -	4/27/2023	
Agency: Comal County County: Comal Su Mfg / Brand: Advantage Wastewater LLC Treatment Type: Aerobic With Chlorine Sys			eduled Date:	M	Installed: /arranty End	
Disposal: Surface Application		GPS Coordinate	s - Latitude:	29.925156 l	Longitude: -9	8.254593
Service Type: Scheduled Insp Visit Date: 12/21/2021	Time In: <u>135</u>	Out: <u>140</u>	This count Entered		of "Schedule ro Gonzale	
Method: <u>Grab</u> Technician: Alejandro Gonzalez Maint. Provider: Rudy Carson						

Chlorine Residual: N/A

Comments no gate combination, no phone number

Service Completed

Insp ID #:118081

Provider: Kudy Lars

License #: MP0002036

4

Technician: Alejandro Gonzalez

Block Creek Concrete Products, LLC 444 A Old Hwy No 9 Comfort, TX 78013

> Phone: (830) 995-3189 Fax: (830) 995-4051

To: Home Owner 950 Country Pike Canyon Lake, TX 78133

Printed:4/19/2022 Site: 950 Country Pike Canyon Lake, TX 78133

And the second			Customer ID: 7480	
Permit #: <b>112285</b>			Contract Dates: 4/27/2021 - 4/2	27/2023
Agency: Comal County		S	Scheduled Date: 4/27/2022	Inspection 3 of 6
County: Comal			Installed: 4/16/2021	
Mfg / Brand: Advantage Wastewater LLC - Nu Water Treatment Type: Aerobic With Chlorine System S/N: 5991 Disposal: Surface Application			War	ranty End: 4/16/2023
		GPS Coordina	ates - Latitude: 29.925156 Loi	
Service Type: Scheduled Inspection			This counts as a type of '	
		Krampota		
Visit Date: <u>4/19/2022</u>	Time In: 215pm	Out: 225pm		
Method: Grab				
- · · · Dennie W/ Krompot	а			
Technician: Ronnie W Krampot				

Chlorine Residual: n/a

Tank Lid / Riser: Declined

Comments

✓ Service Completed

- Customer Declined technician request to secure the tank lid. - Unable to inspect due to no gate access and no contact informatin - Please complete customer information sheet and return to office so we can better serve you in the future. Thanks

Insp ID #:124176



Technician: Ronnie W Krampota



License Info: MT0001175 Expires: 7/31/2023

					Phone: (830) 995-3189 Fax: (830) 995-4051
To: Home Owner				B.1.1.1.1	
950 Country Pik	e			Printed:8/18/2022	Main Phone:
Canyon Lake, T				Insp ID #:129326	Work:
					Cell Phone:
D					Alt Cell:
Permit #: 112285				Customer	ID: 7480
Agency: Comal County County: Comal				Contract Dates: 4/27/2	2021 - 4/27/2023
Mfg / Brand: Advantage W	astewator LLC	Nu Mater		Scheduled Date: 8/27/2	022 Inspection 4 of 6
Treatment Type: Aerobic With	Chlorine Svs	- Nu vvater			Installed: 4/16/2021
Disposal: Surface Appli	cation	iem 6/14. 5551		GPS Coordinates Latit	Warranty End: 4/16/2023
Service Type: Sche	Contraction of the local division of the loc	ection		GPS Coordinates: Latitude: 29.925	
Visit Date: 8/18/2	2022	Time In:	0.00	Entered By: Dal	ype of "Scheduled Inspection" ton James Vann
Method: Grab		rane m.	Out: 350		
Technician: Dalton	lames Vann				
Maint. Provider: Rudy Ca	arson				
Aerators: Oper	ational				
Filters: Oper	ational				
Irrigation Pumps: Open	ational				
Disinfection Device: Open	ational				
Chlorine Supply: Open	ational				
Chlorine Residual: .1			Floats: OP		
			Timer: OP		
Electric Circuits: Operation	ational	Tank Lic	d / Riser: Declined		
Distribution System: Operation	ational				
Sprayfield Veg: Opera	tional				
Alarm: Opera	tional				
2	luonai				
Comments					✓ Service Completed
- Customer Declined technici	an request to	secure the tank	lidNo access to p	property, no gate code or cust info	Please call us to undet
your oust mit					i rease can us to update
				Site: 950 Country	Pike, Canyon Lake, TX 78133
Provider: Rudy Ca			Technician: 7	alton James Vann	
and the second se			2	mon punce vann	
License Info: MP0002036 Expire	s:		License Info: MT0	001113 Expires: 2/28/2025	
			n I	RIAL	

UHAM

Phone: (830) 995-3189 Fax: (830) 995-4051

To: Home Ow 950 Coun Canyon L					:11/21/2022 #:133865	Main Phone: Work: Cell Phone: Alt Cell:	
Permit #: <b>112285</b>					Customer I	The second s	
Agency: Comal Coun County: Comal	ty				ates: 4/27/20	)21 - 4/27/2023	
	ntage Wastewater LLC - N	Nu Wator		Scheduled D	)ate: 12/27/2		spection 5 of 6
Treatment Type: Aerol	bic With Chlorine Syste	m S/N: 5991				Installed: 4	
Disposal: Surfa	ce Application			GPS Coordinates: Latitu	de: 29.92515	Warranty End: 4 6 Longitude: -98	/16/2023 254593
Service Type:	Scheduled Inspe	ection		✓ This co	ounts as a typ	be of "Scheduled I	nspection"
Visit Date:	11/21/2022	Time In: 105pm	Out: 115pm	Enter	ed By: Ronr	nie W Krampota	
Method: Technician: F Maint. Provider: F	Ronnie W Krampota			-			
Chlorine Residua	1: <u>N/A</u>		Floats: OP Timer: OP				
		Tank Lid	/ Riser: <u>Declined</u>				
Comments						Service Co	moleted
- Customer Declined Please complete cus	technician request to s tomer information shee	ecure the tank lie t and return to o	d Unable to insp ffice or call us so	we can better serve yo	ou in the futu	0 50-50 000 000 00000000000000000000000	ation -
Provider: Rudy	i Carson		Technician: R	onnie W Krampota			
License Info: MP000203	6 Expires: 11/30/2025		License Info: MT0	001175 Expires: 7/31/20	)23		
			$\bigwedge$				

Printed:4/20/2023 Insp ID #:139	9415	Dharman
		Phone: (830) 995-3189 Fax: (830) 995-4051
To: Home Owner		Permit #: <b>112285</b>
950 Country Pike		Main Phone:
Canyon Lake, TX 7813	3	Work:
		Cell Phone:
		Alt Cell:
Agency: Comal County		Customer ID: 7480
County: Comal		Contract Dates: 4/27/2021 - 4/27/2023
Mfg / Brand: Advantage Wastewater	LLC - Nu Water	Scheduled Date: 4/27/2023 Inspection 6 of 6
Treatment Type: Aerobic With Chlorine Disposal: Surface Application	System S/N: 5991	Installed: 4/16/2021
the second		Warranty End: 4/16/2023 GPS Coordinates: Latitude: 29.925156 Longitude: -98.254593
Service Type: Scheduled In	Ispection	
Visit Date: 4/20/2023		This counts as a type of "Scheduled Inspection"
Method: Grab	Time In: Out: <u>128</u>	Entered By: Trenton L Soldan
Technician: Trenton L Soldan		
Maint. Provider: Rudy Carson		
Aerators: Operational	Cludera Laure	
Filters: Operational	Sludge Levels For Tank 1: <u>6</u> "	
Irrigation Pumps: Operational	For Tank 2: 0"	
Disinfection Device: Operational	For Tank 3: 0"	
Chlorine Supply: Operational Chlorine Residual: <u>1</u>		Turbidity: Good
Chiofine Residual: 1	Floats: OP	Sistery. Ood
	Timer: OP	
	Air Filter: Good	
	Air Filter: Good	
Electric Circuits: Operational	Tank Lid / Riser: Secured	
Distribution System: Operational		
Sprayfield Veg: Operational	128- 1X 0	
	Color: Good	
Alarm: Oncertion	Odor: Good	
Alarm: Operational		
Comments		A Service Completed
- Technician Secured the Tank Lid and	/or Riser prior to leaving location Clea	Service Completed aned compressor filter - Scum in pretreatment is 3".
		pretreatment is 3".

Site: 950 Country Pike, Canyon Lake, TX 78133

Provider: Rudy Carson License Info: MP0002036 Expires: 11/30/2025

Technician: Trenton L Soldan

License Info: MT0002287 Expires: 3/31/2025

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Phone: (830) 995-3189 Fax: (830) 995-4051

To: Home Owner 950 Country Pike Canyon Lake, TX 78133	Printed:9/7/2023 Main Phone: Insp ID #:144779 Work: Cell Phone: Alt Cell:
Permit #: <b>112285</b> Agency: Comal County County: Comal Mfg / Brand: Advantage Wastewater LLC - Nu Water Treatment Type: Aerobic With Chlorine System S/N: 5991 Disposal: Surface Application Service Type: <u>Service call</u> Visit Date: <u>9/7/2023</u> Time In: Out: 12	Customer ID: 7480 Contract Dates: 4/27/2021 - 4/27/2023 Scheduled Date: Installed: 4/16/2021 Warranty End: 4/16/2023 GPS Coordinates: Latitude: 29.925156 Longitude: -98.254593 Entered By: Dalton James Vann
Method: <u>Grab</u> Technician: Dalton James Vann Maint. Provider: Rudy Carson	
Aerators:       Operational Filters:       Sludge Levels For Tank 1:       Source 20"         Irrigation Pumps:       Operational Operational       For Tank 2:       12"         Disinfection Device:       Operational       For Tank 3:       1"         Chlorine Supply:       Operational       Floats:       OP         Chlorine Residual:       .4       Floats:       OP	
Electric Circuits: <u>Operational</u> Distribution System: <u>Operational</u> Sprayfield Veg: <u>Operational</u>	red
Alarm: <u>Operational</u> Comments	✓ Service Completed
- Technician Secured the Tank Lid and/or Riser prior to leaving location sprinkler closest to system with broken T underneath. Dug up spray line ar	fellow light on arrival, rebuilt AP 80 comopressorFound nd repaired.
Provider: Rudy Carson Technician	Site: 950 Country Pike, Canyon Lake, TX 78133 Dalton James Vann
	MT0001113 Expires: 2/28/2025
. Atta	m



### WASTEWATER TREATMENT SYSTEM MAINTENANCE CONTRACT

Customer		Residential Initial Contract
Stuart & Aleta Gilfillan		
Site Address		Agency
950 Country Pike, Canyon Lake, TX 78133		Comal County
Email	Phone	Permit Number
stuart.gilfillan@speedcast.com	(281) 630-8226	112285
System Details		
Treatment: Aerobic Surface Application Liquid Bleach / Sys	tem: Block Creek Concrete Products, Inc. 8	00 Max GPD

## AGREEMENT

#### I. General:

This work for hire agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Luna Environmental, LLC (hereinafter referred to as "Contractor"), located at 4222 FM 482 New Braunfels, Texas 78132. By this agreement, Contractor agrees to render services, as described herein, and Client agrees to fulfill his/her/their responsibilities under the agreement as described herein.

#### II. Dates & Fees:

This agreement provides maintenance from	3/12/2024	to	3/12/2025	for a total fee of	\$325.00
	-,,		-,,		

#### III. Services by Contractor:

1. Inspect and perform routine maintenance on the On-Site Sewage Facility ("OSSF") in compliance with code, regulations, and/or rules of the Texas Commission on Environmental Quality ("TCEQ") and county in which the OSSF is located and the manufacturer's requirements, at a frequency of approximately once every four (4) months.

2. Inspection, adjustment, and servicing of the mechanical, electrical, and other components to ensure proper functioning. This includes inspecting control panels, air pumps, air filters, diffusers, floats, and spray heads.

3. Effluent Inspection will include the following: effluent quality (color, turbidity, overflow, and odor), testing effluent chlorine and pH levels, when necessary, alarm function, filters, operation of effluent pump and chlorinator. Unless otherwise agreed to, Contractor does not provide chlorine. BOD and TSS annually on commercial accounts, additional charges apply.

4. Notify Client of any repairs needed to keep OSSF in proper working condition and up to regulatory standards. Items under warranty may be repaired while the technician is on-site. Additional charges may apply for labor and service calls. Repair quotes of non-warranty items must be approved by Client before work is performed.

5. Report to the appropriate regulatory authority and to Client, as required by the State of Texas' on-site rules and, if required, TCEQ or County rules. All findings must be reported to the appropriate regulatory authority within 14 days.

6. Visit site within 48 hours of a service request.

7. Provide Customer Support line at 855-560-9909.

#### IV. Client Responsibilities:

1. Maintain Chlorinator and proper chlorine supply, unless otherwise specified.

2. Provide all necessary lawn or yard maintenance and remove all obstructions, including dogs and other animals as needed to allow the OSSF to function properly and the Contractor easy and safe access to all parts of 3. Immediately notify Contractor of any alarms or system problems.

4. Have tanks pumped out as directed by manufacturer, typically every 3 years.

5. Be available by text, phone, or in person when the Contractor is on site in case of required repair approvals or questions.

6. Maintain site drainage to prevent adverse effects on OSSF.

7. Promptly pay Contractor's bills, fees, and invoices in full.

#### V. Access By Contractor:

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 repairs and services described herein.

#### **VI. Termination of This Agreement:**

Either party may terminate this agreement with 30 days' written notice in the event of the other party's substantive failure to perform in accordance with this agreement without fault of the terminating party. Is this agreement is terminated, the Contractor will notify the appropriate regulatory authority.

#### VII. Limitation 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 of liability. In no event shall the Contractor's liability for the direct damages exceed payments by the Client under this agreement.

#### VIII. Payment Terms:

The fee for this agreement only covers the services described herein. This fee does not cover equipment or labor for non-warranty repairs, labor for warranty repairs, or service charges resulting from unscheduled, Client requested trips to the Client's OSSF. Payments not received within 30 days from the date of invoicing will be subject to a \$30.00 late penalty and or a 1.5% monthly carrying charge, whichever is greater. By signing this contract, the Client authorizes the Contractor to remove any parts which were installed but not paid for at the end of 30 days. The Client is still responsible for any labor costs associated with the installation and removal of said parts. All invoices are due upon receipt by Client.

#### **IX. 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 held valid and enforceable. If a court finds that any provision of this agreement is invalid or unenforceable, 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.

Stuart & Aleta Gilfillan

DocuSigned by: Customer Name Stuart & Aleta Gilfillan

**Customer Signature** 

Luna Environmental / Ryan Seidensticker

Maintenance Provider Name

Ryan Seidensticker License # MP0001708

Maintenance Provider Signature

Additional Comments / Special Terms