



# COMAL COUNTY

## ENGINEER'S OFFICE

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

Issued This Date: 04/21/2021 Permit Number: 112286

Location Description: 319 PARADISE HILLS  
NEW BRAUNFELS, TX 78132

Subdivision: RIVER CHASE  
Unit: 7  
Lot: 1111  
Block: 0  
Acreage: 0.0000

Type of System: Aerobic  
Surface Irrigation

Issued to: KELTON K. & JACLYN F. CRAVEN

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

OS0034792

ENVIRONMENTAL HEALTH INSPECTOR

Licensing Authority  
Comal County Environmental Health

ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

# Comal County Environmental Health OSSF Inspection Sheet

# FINAL

Installer Name: Scott Schneider

OSSF Installer #: OS0026996

1st Inspection Date: 04-20-2021

2nd Inspection Date: \_\_\_\_\_

3rd Inspection Date: 04-21-2021

Inspector Name: B. Olvera

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

Inspector Name: B. Olvera

Permit#: 112286

Address: 319 Paradise Hills / River Chase

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	04-20-21	285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)		04-20-21		
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards		285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)		285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot		285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)		285.32(a)(5)				
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G)285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(I)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

04-20-2021 BMO: Tank Set Level No Leaks, Operational, Ready For Cover

04-21-2021 BMO: Covered

**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If SingleTank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(I) 285.32(b)(1)(E)(i) 285.32(b)(1)(D) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(i) 285.32(b)(1)(B) 285.32(b)(1)(A) 285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used	04-20-21	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)		04-20-21		
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed			SA-600			
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number			Solar Air			
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

**Comal County Environmental Health  
OSSF Inspection Sheet**

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

**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0% EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field ( 1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom ) EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes ( 3/16 - 1/4" dia. Hole Size ) 5 ft. Apart		285.33(b)(3)(A) 285.33(b)(3)(A) 285.33(b)(3)(B) 285.91(13) 285.33(b)(3)(D) 285.33(b)(3)(F)				
33	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.	04-20-21	285.32(c)(1)		04-20-21		
34	AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions						
35	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.						
36	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump						
37	PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions						
38	PUMP TANK Secondary restraint system provided						
39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						

**Comal County Environmental Health  
OSSF Inspection Sheet**

**FINAL**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?	04-20-21	285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(iii)(III)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)		04-20-21		
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed		285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)				04-21-21 
42	APPLICATION AREA Area Installed						
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						



# COMAL COUNTY

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## ENGINEER'S OFFICE

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

Permit Number: 112286  
Issued This Date: 03/24/2021  
This permit is hereby given to: KELTON K. & JACLYN F. CRAVEN

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

319 PARADISE HILLS  
NEW BRAUNFELS, TX 78132

Subdivision: RIVER CHASE  
Unit: 7  
Lot: 1111  
Block: 0  
Acreage: 0.0000

#### 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.

**RECEIVED**

By KG at 8:33 am, Mar 23, 2021



**COMAL COUNTY**

ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION  
CHECKLIST**

Staff will complete shaded items

--	--

Date Received

Initials

112286
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Permit Number

**Instructions:**

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

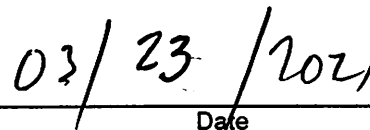
**OSSF Permit**

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

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



Signature of Applicant



Date

\_\_\_ COMPLETE APPLICATION

Check No. \_\_\_\_\_ Receipt No. \_\_\_\_\_

INCOMPLETE APPLICATION

\_\_\_ (Missing Items Circled, Application Refused)



**RECEIVED**

By KG at 8:32 am, Mar 23, 2021

COMAL COUNTY  
ENGINEER'S OFFICE**ON-SITE SEWAGE FACILITY APPLICATION**195 DAVID JONAS DR  
NEW BRAUNFELS, TX 78132  
(830) 608-2090  
WWW.CCEO.ORGDate March 3, 2021Permit Number 112286**1. APPLICANT / AGENT INFORMATION**Owner Name KELTON KREESE CRAVEN & JACLYN

FOSTER CRAVEN

Agent Name GREG JOHNSON, P.E.Mailing Address 6581 FM 306Agent Address 170 HOLLOW OAKCity, State, Zip NEW BRAUNFELS TEXAS 78132City, State, Zip NEW BRAUNFELS TEXAS 78132Phone # 830-629-4663Phone # 830-905-2778Email cherie@sohtx.comEmail gregjohnsonpe@yahoo.com**2. LOCATION**Subdivision Name RIVER CHASEUnit 7Lot 1111Block Survey Name / Abstract Number  Acreage Address 319 PARADISE HILLSCity NEW BRAUNFELSState TXZip 78132**3. TYPE OF DEVELOPMENT**☒ Single Family ResidentialType of Construction (House, Mobile, RV, Etc.) HOUSENumber of Bedrooms 4Indicate Sq Ft of Living Area 2545☐ Non-Single Family Residential

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

Type of Facility Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants Restaurants, Lounges, Theaters - Indicate Number of Seats Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds Travel Trailer/RV Parks - Indicate Number of Spaces Miscellaneous Estimated Cost of Construction: \$ 350,000 (Structure Only)

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

☐ Yes ☒ No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)Source of Water ☒ Public ☐ Private Well ☐ Rainwater Collection**4. SIGNATURE OF OWNER**

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 to the online posting/public release of my e-mail address associated with this permit application, as applicable.

  
Signature of Owner3/14/21  
Date

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

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN  
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATEPlanning Materials & Site Evaluation as Required Completed By GREG W. JOHNSON, P.E.System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) SOLAR AIR SA600LP Absorption/Application Area (Sq Ft) 4926Gallons Per Day (As Per TCEQ Table III) 300

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

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

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

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

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

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

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

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

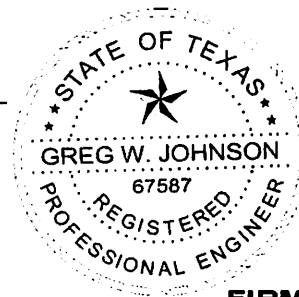
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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

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

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

If yes, indicate the city: \_\_\_\_\_

**FIRM #2686**

By signing this application, I certify that:

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

Signature of Designer

March 9, 2021

Date

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

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

**I**

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

**II**

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

7 UNIT/PHASE/SECTION BLOCK 1111 LOT RIVER CHASE SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by (insert owner's full name): KELTON KREESE CRAVEN & JACLYN FOSTER CRAVEN

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

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

WITNESS BY HAND(S) ON THIS 14 DAY OF March, 20 21

Jaclyn Craven  
Kelton Kreese Craven

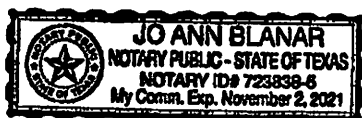
Jaclyn Foster Craven  
Kelton Kreese Craven

Owner(s) signature(s) Kelton Kreese + Jaclyn Foster Craven

Owner(s) Printed name(s)

Jo Ann Blanan SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 14 DAY OF March, 20 21

Jo Ann Blanan  
Notary Public Signature



(Notary Seal Here)

Filed and Recorded  
Official Public Records  
Bobbie Koepp, County Clerk  
Comal County, Texas  
03/22/2021 12:31:58 PM  
LAURA 1 Pages(s)  
202106014801



Bobbie Koepp

Booma S.O.H.

GJ

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 KELTON K. & JACLYN F. CRAVEN (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 corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
4. The 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 Designer 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.

Legal Description: RIVER CHASE, UNIT 7, LOT 1111

Property Address: 319 PARADISE HILLS

**HOME OWNER**

KELTON K. & JACLYN F. CRAVEN

Name

319 PARADISE HILLS

Address

NEW BRAUNFELS, TX 78132

City, State

Phone

[Signature]  
Signature of Home Owner

**SERVICE PROVIDER**

Aerobic Services of South Texas Inc.

Name

15188 FM 306

Address

Canyon Lake, Texas 78133

City, State

(830) 964 - 2365

Phone

OS0024597/MP349

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.

Greg W. Johnson, P.E.  
170 Hollow Oak  
New Braunfels, Texas 78132  
830/905-2778

March 9, 2021

Comal County Office of Environmental Health  
195 David Jonas Drive  
New Braunfels, Texas 78132-3760


RE- SEPTIC DESIGN  
319 PARADISE HILLS  
RIVER CHASE, UNIT 7, LOT 1111  
NEW BRAUNFELS, TX 78132  
CRAVEN RESIDENCE

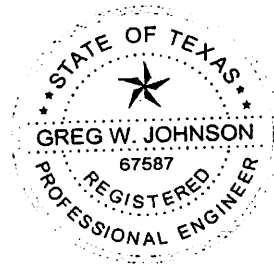
Ms. Brenda Ritzen/Sandra Hernandez,

The referenced property is located within the Edwards Aquifer Recharge Zone. This OSSF design will comply with requirements in the WPAP.

Temporary erosion and sedimentation controls should be utilized as necessary prior to construction. If any sensitive feature (caves, solution cavities, sink holes, etc.) is discovered during construction, activities must be suspended immediately and the applicant or his agent must immediately notify the TCEQ Regional Office. After that operations can only proceed after the Executive Director approves required additional engineered impact plans.

Designed in accordance with Chapter 285, Subchapter D, §285.40, 285.41, & 285.42, Texas Commission on Environmental Quality (Effective December 29, 2016).

 03/09/2021  
Greg W. Johnson, P.E. No. 67587 / F#2585  
170 Hollow Oak  
New Braunfels, Texas 78132 - 830/905-2778



# ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: March 08, 2021

Site Location: RIVER CHASE, UNIT 7, LOT 1111

Proposed Excavation Depth: N/A

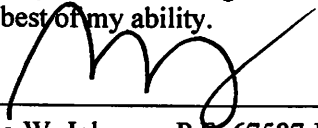
**Requirements:**

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

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

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

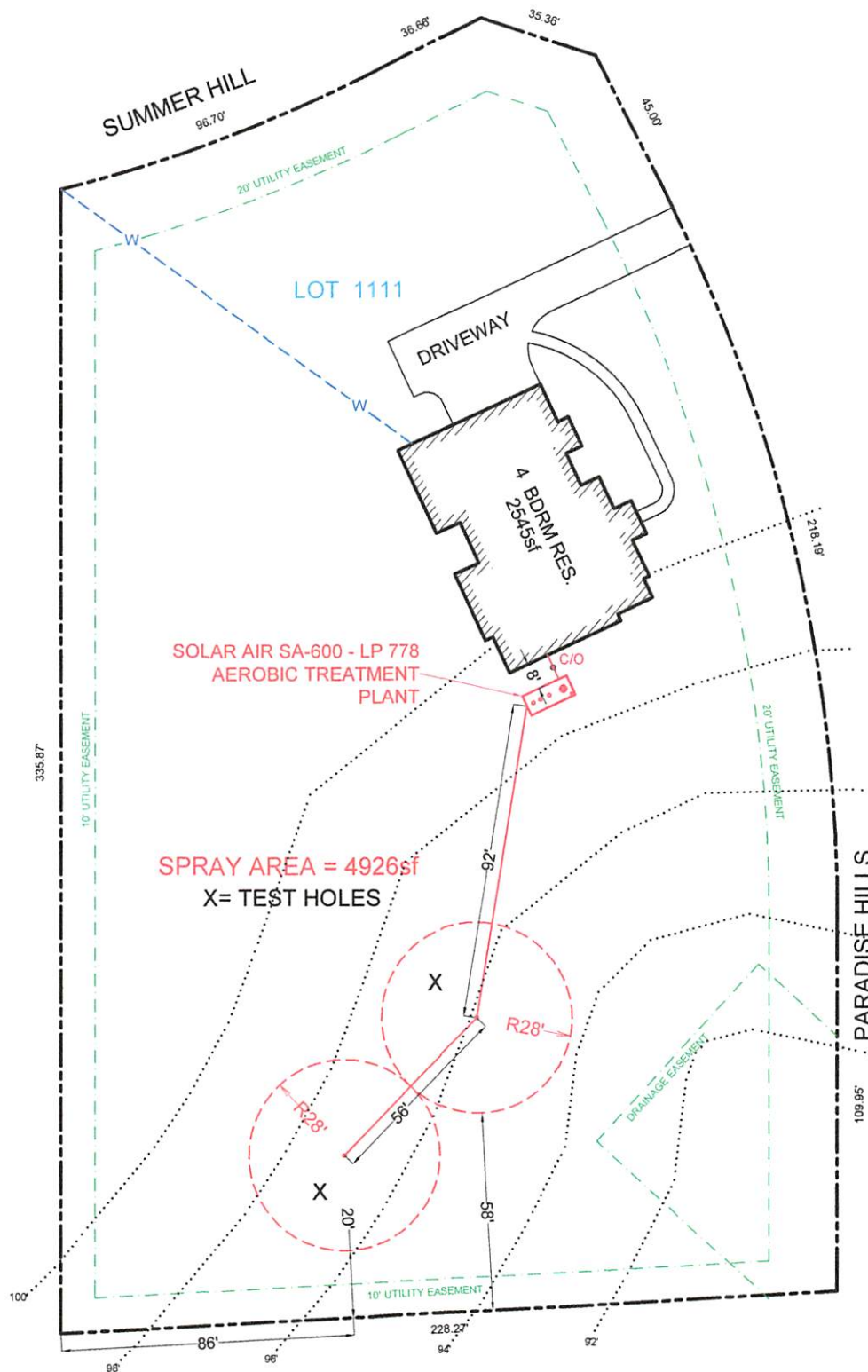
I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.

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

03/08/2021  
\_\_\_\_\_  
Date

**FIRM #2585**





OWNER: KELTON KREESE & JACLYN FOSTER CRAVEN		DRAWN BY: EJS III	
STREET ADDRESS: 319 PARADISE HILLS			
LEGAL DESC: RIVER CHASE	UNIT/SECTION/PHASE: 7	BLOCK:	LOT: 1111
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 3/9/2021	REVISED:

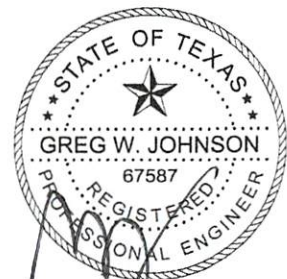
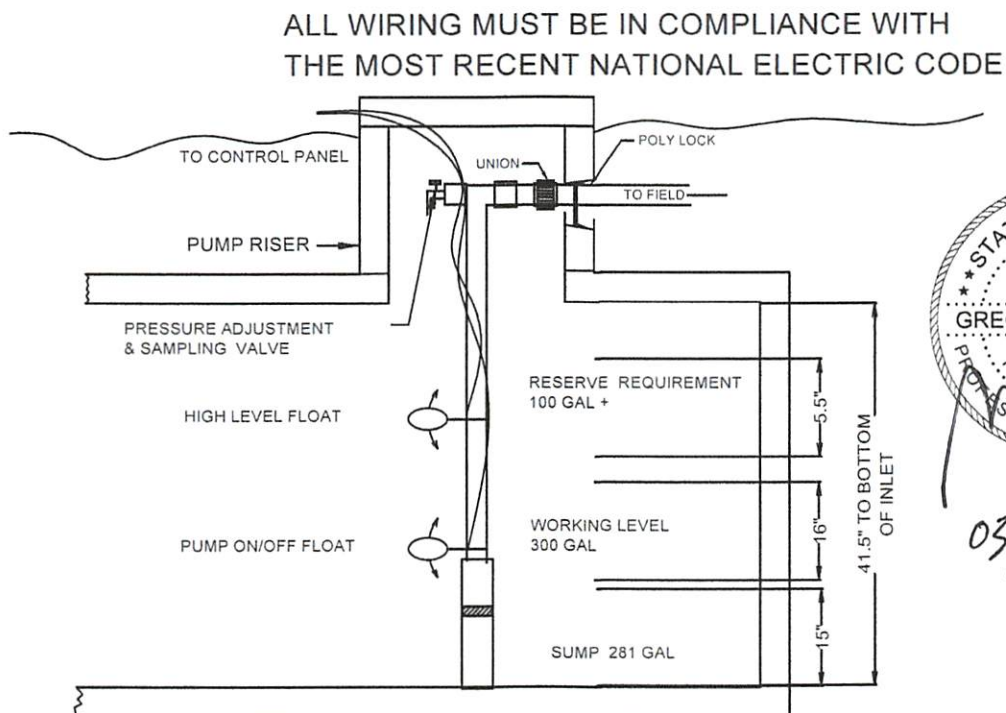
## TANK NOTES:

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

Tightlines to the tank shall be SCH-40 PVC.

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

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



F#2585

03/09/2021

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

Alamo Title Co. GF# 4000142000793

**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**

STATE OF TEXAS

COUNTY OF COMAL

§  
§  
§

KNOW ALL MEN BY THESE PRESENTS:

Date: September 9, 2020

Grantor: NICHOLAS LAWRENCE HERNANDEZ, an unmarried person, and ASHLEIGH JEAN SMITH, an unmarried person

Grantor's Mailing Address:

2915 Burnt Oak  
San Antonio, Texas 78232  
Bexar County

Grantee: KELTON KRESE CRAVEN and JACLYN FOSTER CRAVEN, husband and wife

Grantee's Mailing Address:

319 Paradise Hills  
New Braunfels, Texas 78132  
Comal County

Consideration:

TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable consideration.

Property (including any improvements):

Lot 1111, RIVER CHASE, UNIT SEVEN, Comal County, Texas, according to plat recorded in Volume 15, Pages 3-13, Map and Plat Records, 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.

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.

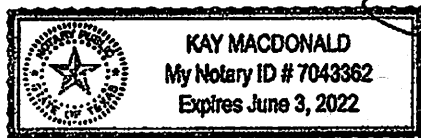
GRANTOR:

  
NICHOLAS LAWRENCE HERNANDEZ

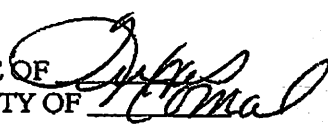
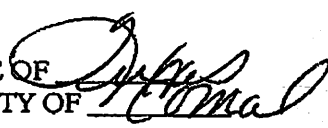
  
ASHLEIGH JEAN SMITH

STATE OF  §  
COUNTY OF  §

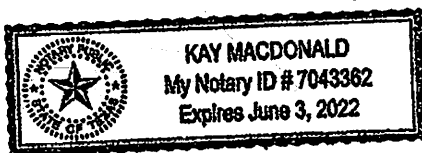
This instrument was acknowledged before me on September 9, 2020, by NICHOLAS LAWRENCE HERNANDEZ, an individual.



  
Notary Public, State of \_\_\_\_\_

STATE OF  §  
COUNTY OF  §

This instrument was acknowledged before me on September 9, 2020, by ASHLEIGH JEAN SMITH, an individual.



  
Notary Public, State of \_\_\_\_\_

AFTER RECORDING RETURN TO:

KELTON KREESE CRAVEN and JACLYN FOSTER CRAVEN  
\_\_\_\_\_  
\_\_\_\_\_

Filed and Recorded  
Official Public Records  
Bobbie Koepp, County Clerk  
Comal County, Texas  
09/09/2020 01:55:45 PM  
JESSICA 3 Pages(s)  
202006038427

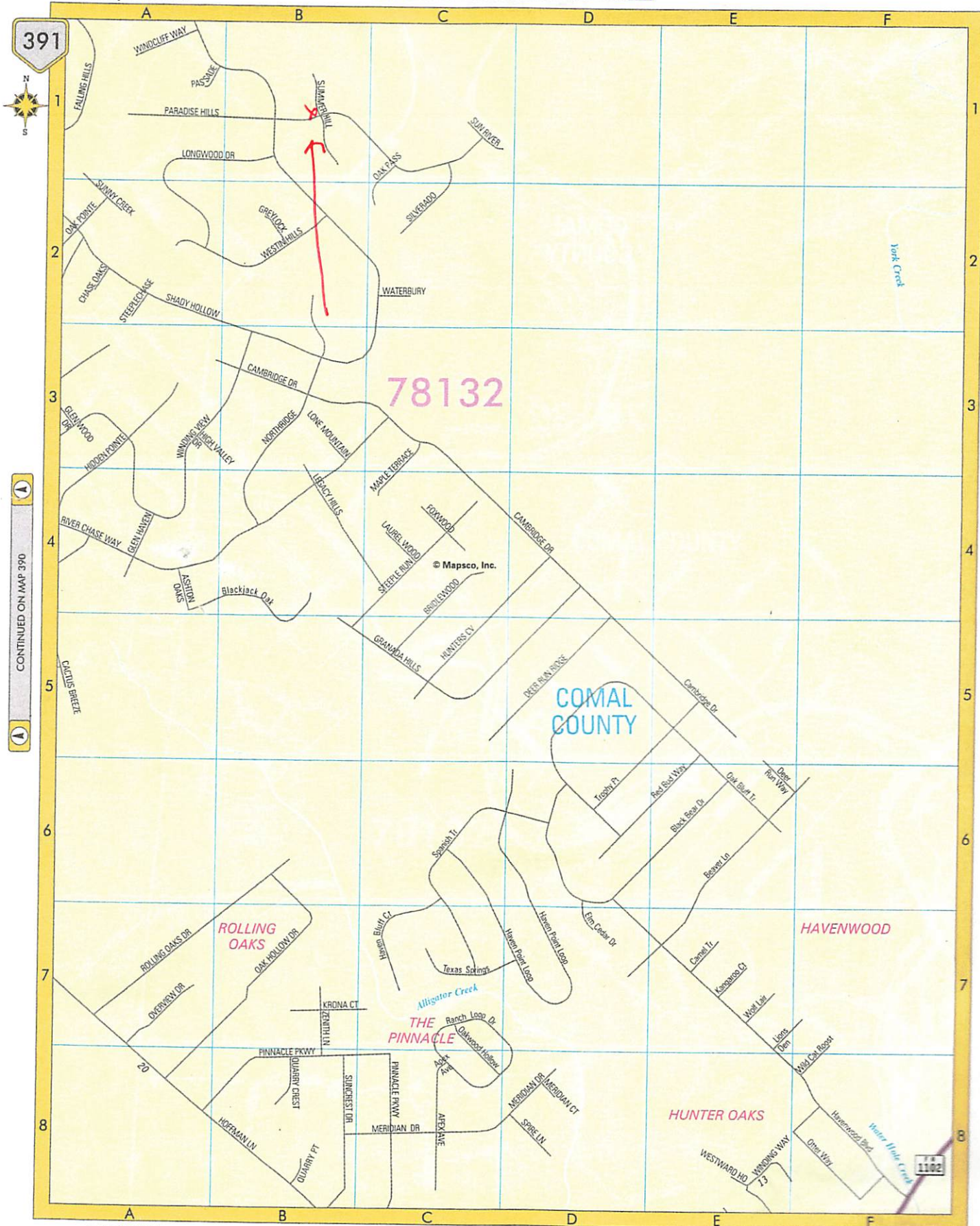




**After Recording Return to:**

Aiamo Title Company  
494 South Seguin St., Ste 100  
New Braunfels, TX 78130





SCALE IN MILES  
0 1/8 1/4 3/8 1/2

CONTINUED ON MAP 425

SCALE IN FEET  
0 1000 2000 3000

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

MAILED

Printed: 6/17/2021

Phone: (830) 964-2365  
Fax: (830) 964-2659  
www.aerobicservices.com  
Permit #: 112286

To: Kelton & Jaclyn Cravens  
319 Paradise Hill  
New Braunfels, TX 78132

Tech: Not Assigned  
Brand/Mfg.: Solar Aire 600 LP778 -  
System S/N:  
Aerator and S/N:

Agency: Comal County Environmental Health  
County: Comal  
Subdivision: River Chase

Contract: 4/21/2021 - 4/21/2023  
Inspections per year: 3  
Service Due: 8/21/2021  
Alt Phone:  
Installed: 4/19/2021  
Phone: (979) 213-0460  
Cell: (361) 227-2156  
Work:

Inspection Type: 5/6/2021

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u>  </u>	<u>  </u>
Irrigation pump:	<u>/</u>	<u>  </u>	<u>  </u>
Air compressor:	<u>/</u>	<u>  </u>	<u>  </u>
Disinfection device:	<u>/</u>	<u>  </u>	<u>  </u>
Chlorine supply:	<u>/</u>	<u>  </u>	<u>  </u>
Spray field vegetation:	<u>/</u>	<u>  </u>	<u>  </u>
Sprinkler / Drip backwash:	<u>/</u>	<u>  </u>	<u>  </u>
Controls/ Electric Circuits	<u>/</u>	<u>  </u>	<u>  </u>

Air Pressure 40

Test Results and observations: (As Required)

Chlorine Residual: 2.73

Test Method: APD

BOD:   

TSS:   

Access Ports Secured YES/NO

Repairs made: YES/NO NO

Mixed Liquor  
Aeration 0  
Sludge Levels  
Clarifier 0  
Pump 0

Repairs and Comments:

Inspector: mark  
Tom Hampton VP  
MP349/OS24597

Date: 9-20-21

~~get phone #~~

Area: / 0  
GPS:

ID = 61116243

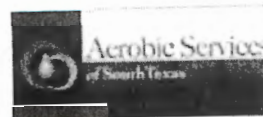
319 Paradise Hill, New Braunfels

New H/O Requests  
a walk through  
courtesy call please



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

ENTERED



Printed: 10/13/2021

Phone: (830) 964-2365  
Fax: (830) 964-2659  
www.aerobicservices.com  
Permit #: 112286

To: Kelton & Jaclyn Craven  
319 Paradise Hill  
New Braunfels, TX 78132

Tech: Not Assigned  
Brand/Mfg.: Solar Aire 600 LP778 -  
System S/N:  
Aerator and S/N:

Agency: Comal County Environmental Health  
County: Comal  
Subdivision: River Chase

Installed: 4/19/2021  
Phone: (979) 213-0460  
Cell: (361) 227-2156  
Work:

Contract: 4/21/2021 - 4/21/2023  
Inspections per year: 3  
Service Due: 12/21/2021  
Alt Phone: (2)

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u>  </u>	<u>  </u>
Irrigation pump:	<u>/</u>	<u>  </u>	<u>  </u>
Air compressor:	<u>/</u>	<u>  </u>	<u>  </u>
Disinfection device:	<u>/</u>	<u>  </u>	<u>  </u>
Chlorine supply:	<u>/</u>	<u>  </u>	<u>  </u>
Spray field vegetation:	<u>/</u>	<u>  </u>	<u>  </u>
Sprinkler / Drip backwash:	<u>/</u>	<u>  </u>	<u>  </u>
Controls/ Electric Circuits	<u>/</u>	<u>  </u>	<u>  </u>

Air Pressure 40

Test Results and observations: (As Required)

Chlorine Residual: 0.24

Test Method: DPS

BOD:   

TSS:   

Access Ports Secured YES/NO

Repairs made: YES/NO

Mixed Liquor  
Aeration 0  
Sludge Levels  
Clarifier 0  
Pump 0

Repairs and Comments:

sat timer to spray 2-3 AM

Inspector: Tom Hampton  
Tom Hampton VP  
MP349/OS24597

Date: 12/23/21

Area: / 0  
GPS:

ID = 61116243

319 Paradise Hill, New Braunfels



MAILED

ENTERED



Aerobic Services of South Texas  
15188 FM 306  
Canyon Lake, TX 78132

Phone: (830) 964-2365  
Fax: (830) 964-2659  
www.aerobicservices.com  
Permit #: 112286

Printed: 3/23/2022

To: Kelton & Jaclyn Craven  
319 Paradise Hill  
New Braunfels, TX 78132

Tech: Not Assigned  
Brand/Mfg.: Solar Aire 600 LP778 -  
System S/N:  
Aerator and S/N:

Contract: 4/21/2021 - 4/21/2023  
Inspections per year: 3  
Service Due: 4/21/2022  
Alt Phone: (3)

Agency: Comal County Environmental Health  
County: Comal  
Subdivision: River Chase

Installed: 4/19/2021  
Phone: (979) 213-0460  
Cell: (361) 227-2156  
Work:

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u>  </u>	<u>  </u>
Irrigation pump:	<u>/</u>	<u>  </u>	<u>  </u>
Air compressor:	<u>/</u>	<u>  </u>	<u>  </u>
Disinfection device:	<u>/</u>	<u>  </u>	<u>  </u>
Chlorine supply:	<u>/</u>	<u>  </u>	<u>  </u>
Spray field vegetation:	<u>/</u>	<u>  </u>	<u>  </u>
Sprinkler / Drip backwash:	<u>/</u>	<u>  </u>	<u>  </u>
Controls/ Electric Circuits	<u>/</u>	<u>  </u>	<u>  </u>

Air Pressure 40

Test Results and observations: (As Required)

Chlorine Residual: 1.6  
Test Method: D/D  
BOD:     
TSS:     
Access Ports Secured YES / NO  
Repairs made: YES / NO

Mixed Liquor     
Aeration 12  
Sludge Levels     
Clarifier 12  
Pump 2

Repairs and Comments:

Inspector: Seth  
Tom Hampton VP  
MP349/OS24597

Date: 5-3-22

Area: / 0  
GPS:

ID = 61116243

319 Paradise Hill, New Braunfels

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



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

To: Kelton & Jaclyn Craven  
319 Paradise Hill  
New Braunfels, TX 78132  
Agency: CCEH  
County: CCEH  
Permit No: 112286

Tech: Ricky  
Phone: (979) 213-0460  
Alt Ph: (361) 227-2156  
Date: 2022-09-01  
Service Due:

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A	
Aerator:	[X]	[ ]	[ ]	Air Pressure: 80
Irrigation pump:	[X]	[ ]	[ ]	
Air compressor:	[X]	[ ]	[ ]	
Disinfection device:	[X]	[ ]	[ ]	
Chlorine supply:	[X]	[ ]	[ ]	
Spray field vegetation:	[X]	[ ]	[ ]	
Sprinkler / Drip backwash:	[X]	[ ]	[ ]	
Controls / Electric Circuits:	[X]	[ ]	[ ]	

Test Results and observations: (As Required)

Chlorine Residual: 0.01  
Test Method: DPD  
BOD:  
TSS:  
Access Ports Secured: Yes [X] / NO [ ]  
Repairs Made: Yes [ ] / NO [X]

Mixed Liquor  
Aeration: 0  
Sludge Levels  
Clarifier: 15  
Pump: 0

Repairs and Comments:  
System in good working order.

RN

Inspector: Tom Hampton VP  
MP349/OS24597  
Date: 2022-09-01

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



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

To: Kelton & Jaclyn Craven  
319 Paradise Hill  
New Braunfels, TX 78132  
Agency: CCEH  
County: Comal  
Permit No: 112286

Tech: Ricky  
Phone: (979) 213-0460  
Alt Ph: (361) 227-2156  
Date: 2023-01-06  
Service Due:

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	[X]	[ ]	[ ]
Irrigation pump:	[X]	[ ]	[ ]
Air compressor:	[X]	[ ]	[ ]
Disinfection device:	[X]	[ ]	[ ]
Chlorine supply:	[X]	[ ]	[ ]
Spray field vegetation:	[X]	[ ]	[ ]
Sprinkler / Drip backwash:	[X]	[ ]	[ ]
Controls / Electric Circuits:	[X]	[ ]	[ ]

Air Pressure: 68

Test Results and observations: (As Required)

Chlorine Residual: 0.62  
Test Method: DPD  
BOD:  
TSS:  
Access Ports Secured: Yes [X] / NO [ ]  
Repairs Made: Yes [ ] / NO [X]

Mixed Liquor  
Aeration: 0

Sludge Levels

Clarifier: 15  
Pump: 1

Repairs and Comments:

R. Nick

Inspector: \_\_\_\_\_ Date: 2023-01-06  
Tom Hampton VP  
MP349/OS24597

Aerobic Services  
15188 FM 306  
Canyon Lake, TX 78133



Canyon Lake: (830) 964-2365  
Bastrop: (512) 303-6922  
info@aerobicsservices.com  
bastrop@aerobicsservices.com  
MP349 / OS24597  
www.aerobicsservices.com

To:	Kelton & Jaclyn Craven	Tech:	Seth
	319 Paradise Hill	Phone:	(979) 213-0460
	New Braunfels, TX 78132	Alt Ph:	(361) 227-2156
Agency:	Comal	Date:	2024-06-03
County:	Comal	Service Due:	
Permit No:	112286		

Inspection Type:	Scheduled			
Item	Operational	Inoperative	Not Present	
Aerator:	[X]	[ ]	[ ]	Air Pressure: 48
Irrigation Pump:	[X]	[ ]	[ ]	
Air Compressor:	[X]	[ ]	[ ]	
Pump Screen:	[X]	[ ]	[ ]	
Chlorinator:	[X]	[ ]	[ ]	
Spray Field Vegetation:	[X]	[ ]	[ ]	
Filters:	[X]	[ ]	[ ]	
Sprinkler / Drip Backwash:	[X]	[ ]	[ ]	
Controls / Electric Circuits:	[X]	[ ]	[ ]	

Test Results and Observations: (As Required)

Chlorine Residual (ppm):	0.04	Mixed Liquor: all measurements in inches
Test Method:	Dpd	Aeration: 0
BOD:		Sludge Levels
TSS:		Clarifier: 24
Tank Lids Secured:	Yes [X] / NO [ ]	Pump: 4
Pump Out Needed:	Yes [X] / NO [ ]	
Repairs Made	Yes [ ] / NO [X]	

Repairs and Comments:  
System needs pumping. Please call our office to schedule.

*Sm*

Inspector:		Date:	2024-06-03
------------	--	-------	------------

Tom Hampton, VP  
MP349/OS24597

Aerobic Services  
15188 FM 306  
Canyon Lake, TX 78133



Canyon Lake: (830) 964-2365  
Bastrop: (512) 303-6922  
info@aerobicervices.com  
bastrop@aerobicervices.com  
MP349 / OS24597  
www.aerobicervices.com

To:	Kelton & Jaclyn Craven	Tech:	Seth
	319 Paradise Hill	Phone:	(979) 213-0460
	New Braunfels, TX 78132	Alt Ph:	(361) 227-2156
Agency:	Comal	Date:	2024-06-03
County:	Comal	Service Due:	
Permit No:	112286		

Inspection Type:	Scheduled			
Item	Operational	Inoperative	Not Present	
Aerator:	[X]	[ ]	[ ]	Air Pressure: 48
Irrigation Pump:	[X]	[ ]	[ ]	
Air Compressor:	[X]	[ ]	[ ]	
Pump Screen:	[X]	[ ]	[ ]	
Chlorinator:	[X]	[ ]	[ ]	
Spray Field Vegetation:	[X]	[ ]	[ ]	
Filters:	[X]	[ ]	[ ]	
Sprinkler / Drip Backwash:	[X]	[ ]	[ ]	
Controls / Electric Circuits:	[X]	[ ]	[ ]	

Test Results and Observations: (As Required)

Chlorine Residual (ppm):	0.04	Mixed Liquor: all measurements in inches
Test Method:	Dpd	Aeration: 0
BOD:		Sludge Levels
TSS:		Clarifier: 24
Tank Lids Secured:	Yes [X] / NO [ ]	Pump: 4
Pump Out Needed:	Yes [X] / NO [ ]	
Repairs Made	Yes [ ] / NO [X]	

Repairs and Comments:  
System needs pumping. Please call our office to schedule.

Inspector:	Date: 2024-06-03
------------	------------------

Tom Hampton, VP  
MP349/OS24597

Aerobic Services  
15188 FM 306  
Canyon Lake, TX 78133



Canyon Lake: (830) 964-2365  
Bastrop: (512) 303-6922  
info@aerobicservices.com  
bastrop@aerobicservices.com  
MP349 / OS24597  
www.aerobicservices.com

To:	Kelton & Jaclyn Craven	Tech:	Robert Salinas
	319 Paradise Hill	Phone:	(979) 213-0460
	New Braunfels, TX 78132	Alt Ph:	(361) 227-2156
Agency:	Comal County Environmental Health	Date:	2024-11-06
County:	Comal	Service Due:	
Permit No:	112286		

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

Test Results and Observations: (As Required)

Chlorine Residual (ppm):	0.09	Mixed Liquor: all measurements in inches	
Test Method:	DPD	Aeration:	0
BOD:	N/a	Sludge Levels	
TSS:	N/a	Clarifier:	12
Tank Lids Secured:	Yes [X] / NO [ ]	Pump:	0
Pump Out Needed:	Yes [ ] / NO [X]		
Repairs Made	Yes [ ] / NO [X]		

Repairs and Comments:  
System in working order

Inspector: \_\_\_\_\_ Date: 2024-11-06

Tom Hampton, VP  
MP349/OS24597