



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 04/20/2021 Permit Number: 112393

Location Description: 27332 FELSWAND PKWY
NEW BRAUNFELS, TX 78132

Subdivision: ROCKWALL RANCH
Unit: 5
Lot: 10
Block: 18
Acreage: 0.0000

Type of System: Aerobic
Surface Irrigation

Issued to: JOHN & ANGELA FINNEY

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

OS0035625

ENVIRONMENTAL HEALTH COORDINATOR

OS0035605

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Mike Batey OSSF Installer #: OS0000243

1st Inspection Date: 04-19-2021 2nd Inspection Date: 4/20/21 3rd Inspection Date: _____

Inspector Name: B. Olvera Inspector Name: Wes Magley Inspector Name: _____

Permit#: 112393 Address: 27332 Felswand Pkwy. / Rockwall Ranch

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	04-19-21	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)		04-19-21		
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)				

04-19-2021 BMO: Tank Set Level No Leaks, Cover Tank

4/20/21 WAM - Operational, 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	04-19-21	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)		04-19-21		
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-800			
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)	Surface Application			
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.	04-19-21	285.32(c)(1)		04-19-21		
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**

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



COMAL COUNTY

ENGINEER'S OFFICE

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

Permit Number: 112393
Issued This Date: 04/12/2021
This permit is hereby given to: JOHN & ANGELA FINNEY

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

27332 FELSWAND PKWY
NEW BRAUNFELS, TX 78132

Subdivision: ROCKWALL RANCH
Unit: 5
Lot: 10
Block: 18
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 8:09 am, Apr 09, 2021



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

		112393
Date Received	Initials	Permit Number

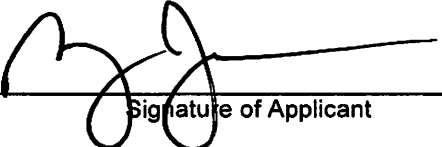
Instructions:

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

OSSF Permit

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

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

04/08/2021

Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

INCOMPLETE APPLICATION
___ (Missing Items Circled, Application Refeused)

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

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATEDate April 18, 2020Permit # 112393

Owner Name JOHN & ANGELA FINNEY
 Mailing Address 4110 WAXERLY KEY CT
 City, State, Zip KATY, TEXAS 77494
 Phone# 830-708-2427
 Email tsmith_development@yahoo.com

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

All correspondence should be sent to: ☐ Owner ☒ Agent ☐ BothMethod: ☐ Mail ☒ EmailSubdivision Name ROCKWALL RANCH Unit/Phase/Section 5 Lot 10 Block 18

Acreage/Legal _____

Street Name/Address 27332 FELSWAND PARKWAY City NEW BRAUNFELS Zip 78132**Type of Development:**☒ Single Family ResidentialType of Construction (House, Mobile, RV, Etc.) HOUSENumber of Bedrooms 6Indicate Sq Ft of Living Area 5255☐ 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: \$ 750,000 (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 CollectionAre Water Saving Devices Being Utilized Within the Residence? ☒ Yes ☐ No

By signing this application, I certify that:

- The completed application and all additional information submitted does not contain any false information and does not conceal any material facts.
- I certify that I am the property owner or I possess the appropriate land rights necessary to make the permitted improvements on said property.
- Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities.

- I also understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.

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

Signature of Owner Angela FinneyDate 4/17/21

* * * 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 & Soil Evaluation

Tank Size(s) (Gallons) SOLAR AIR SAIITX800-1000PT Absorption/Application Area (Sq Ft) 8016Gallons Per Day (As Per TCEQ Table III) 420

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

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

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

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

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

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

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

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

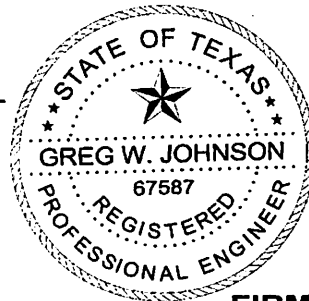
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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

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

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

If yes, indicate the city: _____

**FIRM #2585**

By signing this application, I certify that:

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

Signature of Designer Date April 21, 2020

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

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

I

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

II

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

5 UNIT/PHASE/SECTION 18 BLOCK 10 LOT ROCKWALL RANCH SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by (insert owner's full name): JOHN FINNEY & ANGELA FINNEY

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.

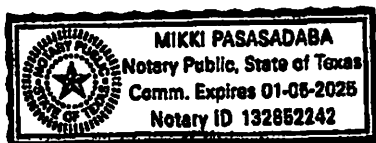
WITNESS BY HAND(S) ON THIS 7TH DAY OF APRIL, 2020 ^{MP}21

John + Angela Finney
Owner(s) signature(s)

John Finney
Angela Finney
Owner (s) Printed name (s)

John + Angela Finney SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 7TH DAY OF APRIL, 2020 ^{MP}21

Mikki Pasasadaba
Notary Public Signature



Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
04/08/2021 08:46:46 AM
TERRI 1 Pages(s)
202106018646



Bobbie Koepp

4-26-21

Shelly,

Please reinstate the
Contract @ 27332 Felsward Plung

Joan

P# 112393

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: ROCKWALL RANCH, UNIT 5, BLOCK 18, LOT 10

Property Address: 27332 FELSWAND PARKWAY

HOME OWNER

JOHN & ANGELA FINNEY
Name
4110 WAXERLY KEY CT
Address
KATY, TX 77494
City, State

Phone

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
Signature of Service Provider and License #
Thomas Hampton

EFFECTIVE DATE _____ EXPIRED DATE _____
INSTALLED _____

Model # _____ Blower/Fan/Panel Serial # _____

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

R.B.
65
4/1/21

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 JOHN & ANGELA FINNEY (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.

Greg W. Johnson, P.E.

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

April 21, 2020

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

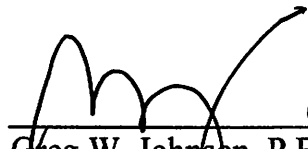
RE- SEPTIC DESIGN
27332 FELSWAND PARKWAY
ROCKWALL RANCH UNIT 5, BLOCK 18, LOT 10
NEW BRAUNFELS, TX 78132
FINNEY RESIDENCE

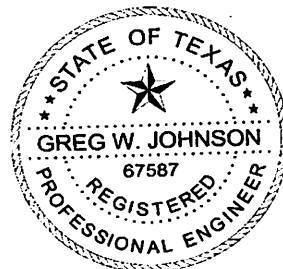
Ms. Brenda Ritzen/Sandra Hernandez,

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).

 04/21/2020
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: April 20, 2020

Site Location: ROCKWALL RANCH, UNIT 5, BLOCK 18, LOT 10

Proposed Excavation Depth: N/A

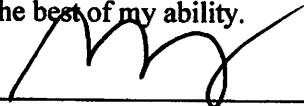
Requirements:

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						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	IV	CLAY	N/A	NONE OBSERVED	LIMESTONE @ 10"	BROWN STONY
1						
2						
3						
4						
5						

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

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


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

04/20/2020
Date

OSSF SOIL EVALUATION REPORT INFORMATION

Date: April 21, 2020

Applicant Information:

Name: JOHN & ANGELA FINNEY
Address: 4110 WAXERLY KEY COURT
City: KATY State: TEXAS
Zip Code: 77494 Phone: (830) 708-2427

Site Evaluator Information:

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

Property Location:

Lot 10 Unit 5 Blk 18 Subd. ROCKWALL RANCH
Street Address: 27332 FELSWAND PARKWAY
City: NEW BRAUNFELS Zip Code: 78132
Additional Info.: _____

Installer Information:

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

Topography: Slope within proposed disposal area: 2 %

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

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = _____ GPD

Residential Water conserving fixtures to be utilized? Yes X No _____

Number of Bedrooms the septic system is sized for: 6 Total sq. ft. living area 5255

Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction for water conserving fixtures)

Q = (6 +1)*75-(20%)= 420

Trash Tank Size 461 Gal.

TCEQ Approved Aerobic Plant Size 800 G.P.D.

Req'd Application Area = $Q/R_i = \frac{420}{0.064} = 6563$ sq. ft.

Application Area Utilized = 8016 sq. ft.

Pump Requirement 12 Gpm @ 41 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)

Dosing Cycle: _____ ON DEMAND or X TIMED TO DOSE IN PREDAWN HOURS

Pump Tank Size = 1000 Gal. 18.9 Gal/inch.

Reserve Requirement = 140 Gal. 1/3 day flow.

Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction

With Chlorinator NSF/TCEQ APPROVED

SCH-40 or SDR-26 3" or 4" sewer line to tank

Two way cleanout

Pop-up rotary sprinkler heads w/ purple non-potable lids

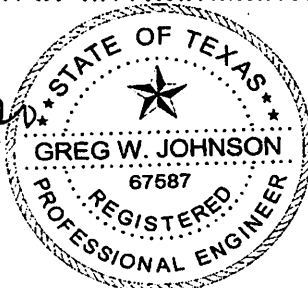
1" Sch-40 PVC discharge manifold

APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

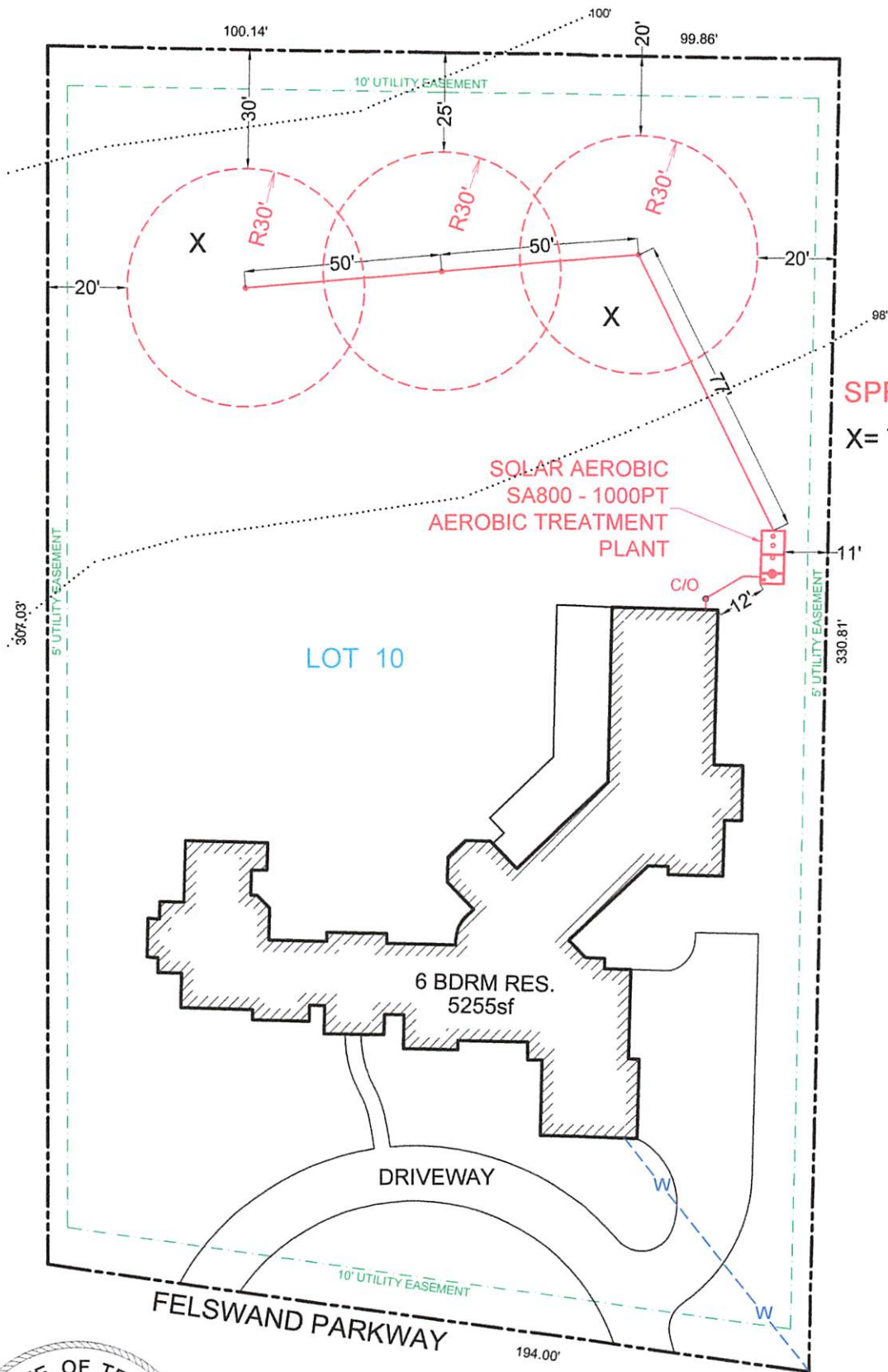
I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY (EFFECTIVE DECEMBER 29, 2016)

GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

04/21/2020
DATE



FIRM #2585



OWNER: JOHN & ANGELA FINNEY				DRAWN BY: EJS III	
STREET ADDRESS: 27332 FELSWAND PARKWAY					
LEGAL DESC: ROCKWALL RANCH			UNIT/SECTION/PHASE: 5	BLOCK: 18	LOT: 10
PREPARED BY: GREG W. JOHNSON, P.E. F#002585		SCALE: 1"=40'	DATE: 4/21/2020		REVISED:

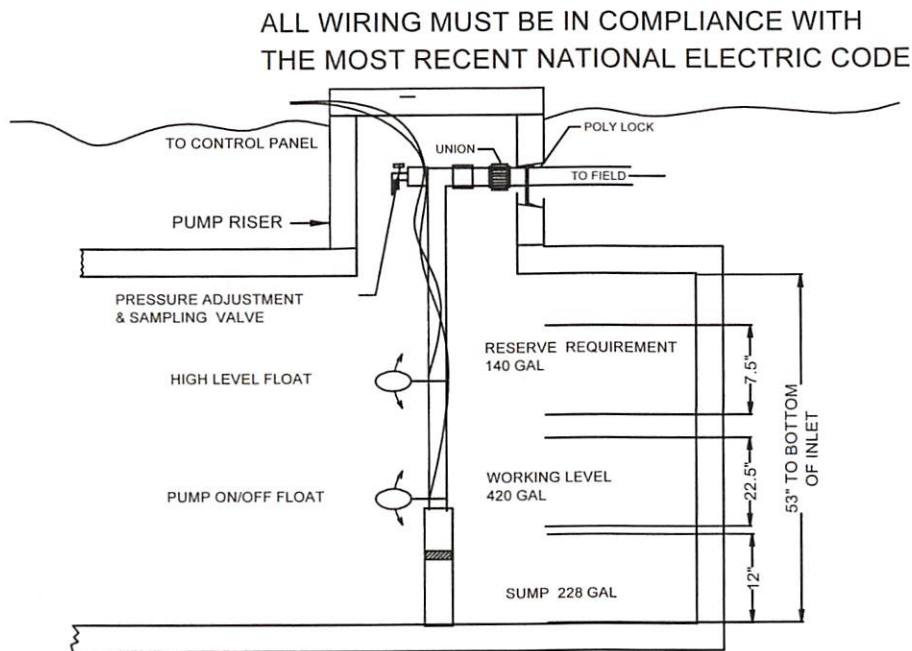
TANK NOTES:

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.

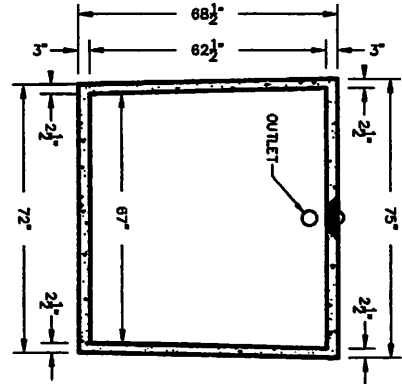
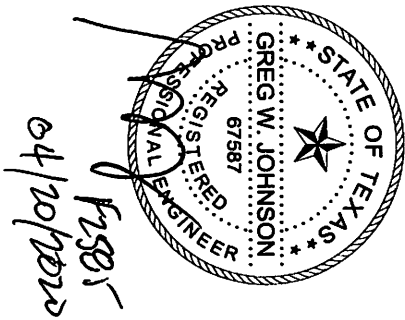
A two way sanitary tee is required between residence and tank.

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

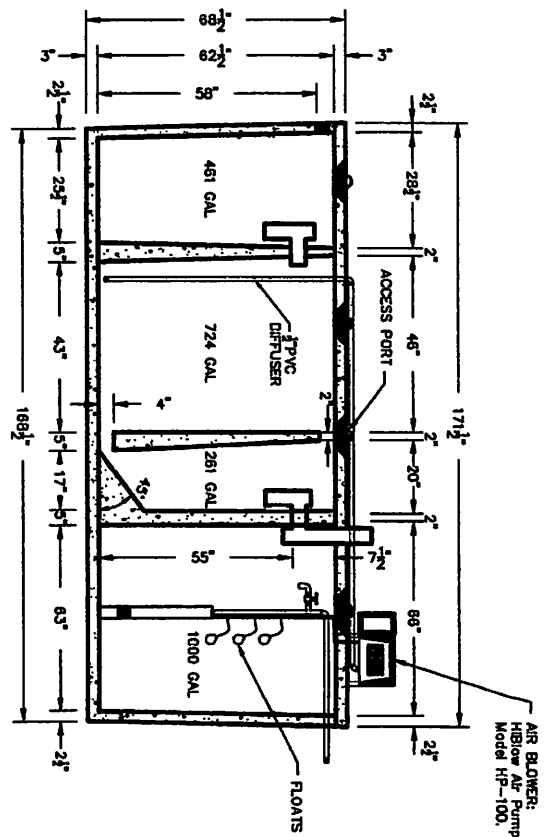


Handwritten: 67587
04/21/2020

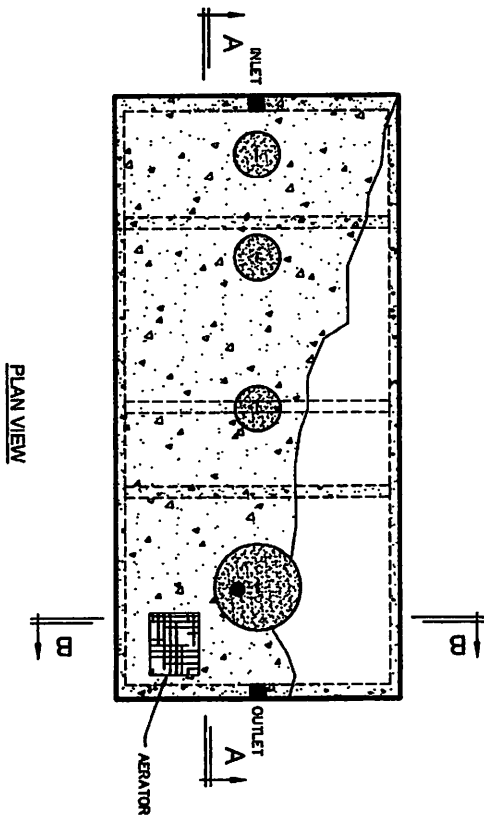
TYPICAL PUMP TANK CONFIGURATION
1000 GAL PUMP TANK - SAIITX-800 1000 PT



SECTION B-B



SECTION A-A



PLAN VIEW

DESIGNER:	ESC
DRAWN:	ESC
CHECKED:	
DATE:	
BY:	
FOR:	
APPROVED:	
DATE:	

MODEL SA800-1000PT
SEWER TREATMENT SYSTEM

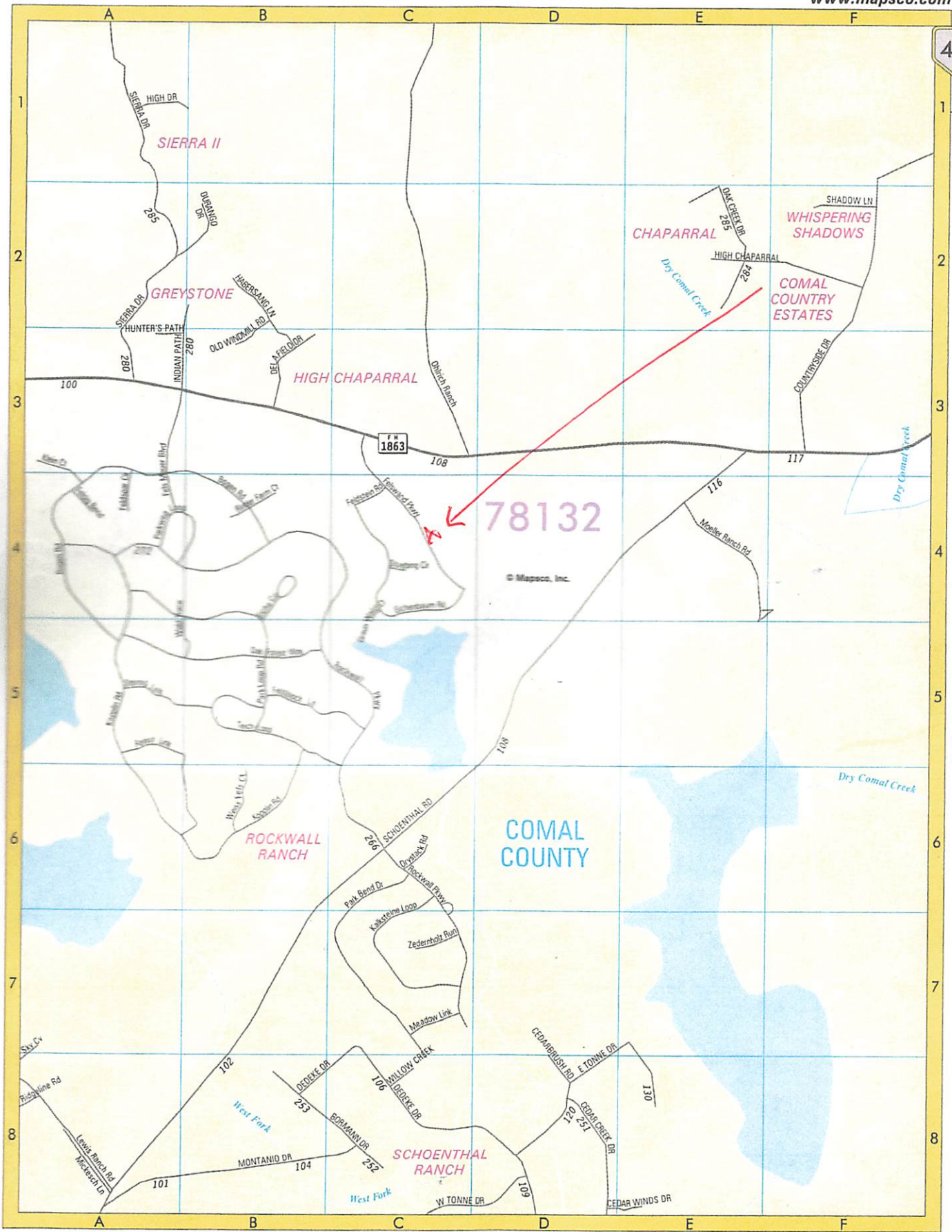
SOLAR AEROBIC
6754 HWY 90 EAST
LAKE CHARLES, LA 70615
PHONE: (337) 439-0680

TREATMENT PLANT

SA-5

DATE: MAY 2011

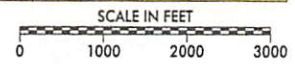
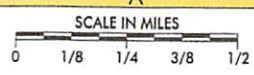
SCALE: NONE



455



CONTINUED ON MAP 456



From: Gros,Allyse
To: ["John Finney"](#)
Subject: RE: 27332 Felswand
Date: Wednesday, April 21, 2021 3:04:00 PM

Mr. Finney,

We received notification from Aerobic Services of South Texas that the contract in the initial permit submittal was cancelled. Please contact your Maintenance Provider and have them submit a signed contract to our office.

Thank you,



Allyse N. Gros, OS0035605

Environmental Health Asst.

Comal County Engineer's Office

195 David Jonas Dr New Braunfels, TX 78132

830-608-2090 www.cceo.org

From: John Finney <john@allphaserenovations.com>

Sent: Wednesday, April 21, 2021 2:51 PM

To: Gros,Allyse <grosal@co.comal.tx.us>

Subject: 27332 Felswand

This email originated from outside of the organization.

Do not click links or open attachments unless you recognize the sender and know the content is safe.

- Comal IT

Hello Allyse, I thought I signed all the pages when we submitted for permit, was the maintenance portion not completed or did the engineer not forward that?

Thanks

John Finney
281-636-0043

From: Gros, Allyse
To: ["tsmith_development@yahoo.com"](mailto:tsmith_development@yahoo.com)
Subject: Permit 112393 Action Required
Date: Wednesday, April 21, 2021 9:17:00 AM

April 21, 2021

Re: 27332 Felswand Parkway, Rockwall Ranch Unit 5, Block 18, Lot 10
Application for Permit for Authorization to Construct an On-Site Sewage Facility (OSSF) and
License to Operate

Dear Property Owner,

Our office has received notification that the initial 2 year Maintenance Contract for the above referenced property has been cancelled. In accordance with the Texas Commission on Environmental Quality (TCEQ) Chapter 285 Rules this OSSF must be covered by a continuous service policy for the first 2 years. Please submit a new 2 year Maintenance Contract with an authorized Maintenance Provider to this office within 30 days of the date of this notice.

Thank you,



Allyse N. Gros, OS0035605

Environmental Health Asst.

Comal County Engineer's Office

*195 David Jonas Dr New Braunfels, TX 78132
830-608-2090 www.cceo.org*

Subject: License to Operate issued for Permit #112393

Date: Tuesday, April 20, 2021 at 9:00:02 PM Central Daylight Time

From: Comal County Engineers Office

To: info@aerobicservices.com

License To Operate Issued

Permit Number: 112393

Location: 27332 FELSWAND PKWY

Maintenance Provider: Aerobic Services of South Texas

Installer: Mike Batey

Please do not reply to this email

Contract

Canceled

R.B.
G.J.
4/7/21

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 "Agreement") is entered into by and between JOHN & ANGELA FINNEY (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 that 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.

VOID

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 Contractor 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 the provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

Legal Description: ROCKWALL RANCH, UNIT 5, BLOCK 18, LOT 10

Property Address: 27332 FELSWAND PARKWAY

HOME OWNER

JOHN & ANGELA FINNEY

Name

4110 WAXERLY KEY CT

Address

KATY, TX 77494

City, State

281-386-8008

Phone

Signature of Home Owner: [Signature]

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/Fan Serial # _____

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

OKT/GFB 1743 NF R
NB

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

GENERAL WARRANTY DEED

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

LUIS B. BONETA, II, AN UNMARRIED MAN ("Grantor"), whose mailing address is 8062 Ellis Rd, Bartlett, TN 38133

for
and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) cash and other good and valuable consideration to Grantor in hand paid by JOHN FINNEY AND ANGELA FINNEY ("Grantee"), whose mailing address is 4110 Waxley Key Ct. Katy, TX 77494

the receipt and sufficiency of which consideration is hereby acknowledged and confessed, has GRANTED, SOLD AND CONVEYED, and by these presents does GRANT, SELL AND CONVEY unto Grantee, the following real property, together with all improvements thereon (the "Property"):

LOT 10, BLOCK 18, ROCKWALL RANCH SUBDIVISION - UNIT 5, A SUBDIVISION IN COMAL COUNTY, TEXAS ACCORDING TO THE PLAT RECORDED IN DOCUMENT NO. 200706009705, OF THE OFFICIAL PUBLIC RECORDS OF COMAL COUNTY, TEXAS.

TO HAVE AND TO HOLD the Property, together with all and singular the rights and appurtenances thereto in any way belonging to have and to hold unto Grantee, and Grantee's heirs, successors and assigns, forever; and Grantor does hereby bind Grantor and Grantor's heirs and successors to WARRANT AND FOREVER DEFEND all and singular the Property unto Grantee, Grantee's heirs, successors and assigns, against every person whomsoever lawfully claiming or to claim the same, or any part thereof, provided, however, that this conveyance is made by Grantor and accepted by Grantee subject to (i) the liens securing payment of ad valorem taxes for the current and all subsequent years and (ii) easements, liens, reservations, covenants, conditions, and restrictions of record in Comal County, Texas, or visible or apparent on the ground to the extent the foregoing affect the Property. By acceptance of this deed, Grantee assumes and agrees to perform all of the obligations of Grantor under said easements, reservations, covenants, conditions and restrictions, and agrees to pay and indemnifies and agrees to hold Grantor harmless from and against all ad valorem taxes relating to the Property, for the current and all subsequent years.

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

EXECUTED AS OF AND EFFECTIVE the 19th day of March, 2019.

GRANTOR:

x Luis B. Boneta II
LUIS B. BONETA, II

ACKNOWLEDGMENT

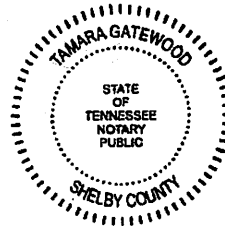
STATE OF Tennessee §
COUNTY OF Shelby §

Before me, a Notary Public, on the 19th day of March, 2019, personally appeared LUIS B. BONETA, II, who acknowledged that he did sign the foregoing instrument, and acknowledged to me that he executed the same for the uses and purposes and consideration therein expressed.

Tamara Gatewood 04/10/2022
Notary Public, State of Tennessee

PREPARED IN THE OFFICE OF:

THE HAY LEGAL GROUP PLLC
611 W. 5th Street, Suite 300
Austin, Texas 78701



Page 2 of 2

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
03/21/2019 12:30:30 PM
CSCHUL 2 Pages(s)
201906009478



Bobbie Koepf

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Phone: (830) 312-8776

AerobicSolutions.net office@aerobicsolutions.net

Customer ID

924

Contract Period

Start Date: 4/20/2021

End Date: 4/20/2023

(281) 636-0043

Email: john@allphaserenovations.com

Permit #: 112393

To: John & Angela Finney
27332 Felswand Parkway
New Braunfels, TX 78132

Site: 27332 Felswand Parkway, New Braunfels, TX 78132

County: Comal

Installer: Mike Batey

Agency: Comal County Environmental Health

Mfg/Brand: -SOLAR AIRE-

Aerobic Maintenance Solution LLC

3 visits per year - one every 4 months

Agreement

1. General: This work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Aerobic Maintenance Solutions LLC (hereinafter referred to as Contractor), located at 4222 FM 482 New Braunfels, Texas 78132, (830-312-8776). 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. Effective Dates: If this is an Initial Contract, contract will be for two years and begins when the License To Operate (LTO) has been issued. A 30 day written notice is required if there is a cancellation before the year of the agreement is up. The written notice will be sent to the local regulatory Agency and any of the agreement unused funds is non-refundable.

Contractor or Client, if choosing to terminate the contract, must give the other and the local regulatory Agency written notice after Thirty (30) Days prior to the ending of the Contract.

IV. Services by Contractor: Contractor will provide the following services (Referred to as the "Services").

1. In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three times per year. Contractor does not provide chlorine. Client is solely responsible for maintaining the chlorine in the chlorinator at all times.
2. Contractor will provide a weather proof tag on the control panel containing company name, phone number and inspection dates.
3. Contractor will do inspections 3 times a year, every 4 months.
4. Contractor will report all findings to the appropriate regulatory and authority and to the Client, as required by both the State's On-Site rules and the local Agency's rules. All findings must be reported to local Agency's within 14 days, email is acceptable.
5. The contractor's inspection will include the following; Effluent Quality (Color, Turbidity, overflow and Odor), Alarm Function Filters, Operation of Effluent Pump and Chlorine Availability in the Chlorinator, (BOD and TSS Annually on Commercial Accounts, Client is responsible for charges for test)
6. Contractor will respond to client calls and complaints, regarding visual or audible alarms, suspicious conditions and or problems that might confront the Client within 48 hours, excluding weekend and holidays. The Contractor will maintain a 24 hour answering service at 830-312-8776. The unscheduled responses may be billed to the client at going rate.

V. Clients Responsibilities:

1. Maintain Chlorinator and Proper Chlorine supply, if OSSF is equipped with.
2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
3. Immediately notify the Contractor of any alarms or problems with, including failure of the OSSF.
4. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor at Clients own expense.
5. Contractor will not be responsible for any warranty work; Client must contact the Installer for Warranty Problems.
6. Not allow the backwash from water treatment of water conditioning equipment to enter the OSSF.
7. Maintain site drainage to prevent adverse effects on OSSF.
8. Promptly and fully pay Contractor's Bills, Fees or invoices as described herein.

VI. Contractor will schedule with client, dates to perform the above described Services of repairs. If Contractor is not able to access the site on the date of appointment, a charge of \$75.00 will be billed if the inspection for repairs is not able to be completed and are required to be scheduled on another date. The contractor requires access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of evaluation of system and equipment as required by the manufacturer and /or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client an additional service at a rate of \$50.00 per hour plus materials billed at list process. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement only covers the Services described herein. This fee does not cover equipment or labor supplied for non-warranty repairs or for charges for unscheduled Client, request trips to the Client's site of pumping of the OSSF. Payments not received within 10 days from the date will be subject to a \$30.00 late penalty and or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees. And all cost of collection incurred by contractor in collection of any unpaid debt. Invoice due when service is completed. Contract fee is \$ 450.00

VIII. 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 the 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.

Client

Print Name: John Finney Signature: John Finney Date: 8/13/21

Client Phone number Home _____ Work _____ Cell 2816360043

Email Address john@allphaserenovations.com

Any Gate or Combo code for inspections #0043

Contractor **Aerobic Maintenance Solutions LLC:**

MP Signature: James H. Lickley

MP NUMBER MP0000996

8/13/2021

Date Printed: 8/10/2021

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Printed: 7/29/2021

Phone: (830) 312-8776

AerobicSolutions.net

Permit #: 112393

To: John & Angela Finney
 27332 Felswand Parkway
 New Braunfels, TX 78132

Tech: Not Assigned
 Brand/Mfg.: SOLAR AIRE -
 System S/N:
 Aerator and S/N:

Site: 27332 Felswand Parkway, New Braunfels

Contract: 4/20/2021 - 4/20/2023

Agency: Comal County Environmental Health

County: Comal

Phone: (281) 636-0043

inspections per year: 3

Service Due: 8/20/2021

Subdivision: Rockwall Ranch

Cell:

Alt Phone:

Work:

SCHEDULED

Inspection Type: **INSPECTION** Inspection # 1 of 6 for the contract year
 BRAND OF SEPTIC SYSTEM _____

Item	Operational	Inoperative	N/A
Aerator:	_____	_____	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	_____	_____
Air compressor:	<input checked="" type="checkbox"/>	_____	_____
Disinfection device:	<input checked="" type="checkbox"/>	_____	_____
Chlorine supply:	<input checked="" type="checkbox"/>	_____	_____
Spray field vegetation:	<input checked="" type="checkbox"/>	_____	_____
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	_____	_____
Photocell Test:	_____	_____	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>4</u>			

Test Results and observations: (As Required)

Chlorine Residual: .01Test Method: grab

BOD: _____

TSS: _____

Tank Lids Secured yesRepairs made: 0 / NSludge Levels: Tank 1: N/A Tank 2: 0" Tank 3: 0"

Repairs and Comments:

corrected wiring inside control panel.Inspector: LoganDate: 8/30

GATE CODE #0043

Area: / 0

GPS:

ID = 924

27332 Felswand Parkway, New Braunfels

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



Printed: 6/17/2021

Phone: (830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com
Permit #: 112393

To: John & Angela Finney
27332 Felswand Parkway
New Braunfels, TX 78132

Tech: Not Assigned
Brand/Mfg.: SA 800 -
System S/N:
Aerator and S/N:

Site: 27332 Felswand Parkway, New Braunfels
Agency: Comal County Environmental Health
County: Comal
Subdivision: Rockwall Ranch

Phone: (281) 636-0043
Cell: (281) 636-6293
Work:

Contract: 4/26/2021 - 4/26/2023
Inspections per year: 3
Service Due: 8/26/2021
Alt Phone: ①

Inspection Type: SCH

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

Air Pressure 58

Test Results and observations: (As Required)

Chlorine Residual: 0.07

Test Method: _____

BOD: _____

TSS: _____

Access Ports Secured YES / NO

Repairs made: YES NO

Mixed Liquor
Aeration 0
Sludge Levels
Clarifier 0
Pump 0

Repairs and Comments:

Inspector: Thomas Hampton
Tom Hampton VP
MP349/OS24597

Date: 9-14-21

Area: / 0
GPS:

ID = 61116217

27332 Felswand Parkway, New Braunfels

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



Phone: (830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com
Permit #: 112393

Printed: 10/13/2021

To: John & Angela Finney
27332 Felswand Parkway
New Braunfels, TX 78132

ENTERED

Site: 27332 Felswand Parkway, New Braunfels
Agency: Comal County Environmental Health
County: Comal
Subdivision: Rockwall Ranch

Tech: Not Assigned
Brand/Mfg.: SA 800 -
System S/N:
Aerator and S/N:

MAILED

Phone: (281) 636-0043
Cell: (281) 636-6293
Work:

Contract: 4/26/2021 - 4/26/2023
Inspections per year: 3
Service Due: 12/26/2021
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 78

Test Results and observations: (As Required)

Chlorine Residual: 1.03
Test Method: DPD
BOD:
TSS:

Mixed Liquor
Aeration 0
Sludge Levels
Clarifier 6
Pump 0

Access Ports Secured YES/NO
Repairs made: YES/NO

Repairs and Comments:

Inspector: Ricky
Tom Hampton VP
MP349/OS24597

Date: 12/30/21

#0043

Area: / 0
GPS:

ID = 61116217

27332 Felswand Parkway, New Braunfels

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Printed: 12/1/2021

Phone: (830) 312-8776

AerobicSolutions.net

Permit #: 112393

To: **John & Angela Finney**
27332 Felswand Parkway
New Braunfels, TX 78132

Tech: Not Assigned
Brand/Mfg.: SOLAR AIRE -
System S/N:
Aerator and S/N:

Site: 27332 Felswand Parkway, New Braunfels

Contract: 4/20/2021 - 4/20/2023

Agency: Comal County Environmental Health

Inspections per year: 3

County: Comal

Phone: (281) 636-0043

Service Due: 12/20/2021

Subdivision: Rockwall Ranch

Cell:

Alt Phone:

Work:

SCHEDULED

Inspection Type: **INSPECTION** Inspection # 2 of 6 for the contract year
BRAND OF SEPTIC SYSTEM _____

Item	Operational	Inoperative	N/A
Aerator:	_____	_____	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	_____	_____
Air compressor:	<input checked="" type="checkbox"/>	_____	_____
Disinfection device:	<input checked="" type="checkbox"/>	_____	_____
Chlorine supply:	<input checked="" type="checkbox"/>	_____	_____
Spray field vegetation:	<input checked="" type="checkbox"/>	_____	_____
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	_____	_____
Photocell Test:	_____	_____	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>4</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.5

Test Method: q/lab

BOD: _____

TSS: _____

Tank Lids Secured Yes

Repairs made: Y/N

Sludge Levels: Tank 1: N/A Tank 2: 2" Tank 3: 0"

Repairs and Comments:

Homeowner has a contract with Aerobic Services of South Texas as well.
Please call to clear confusion.

please Email Report.

Inspector: Lujan Date: 12/30

GATE CODE #0043

Area: / 0

GPS:

ID = 924

27332 Felswand Parkway, New Braunfels

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

Printed: 3/30/2022

Phone: (830) 312-8776

AerobicSolutions.net
Permit #: 112393

To: John & Angela Finney
27332 Felswand Parkway
New Braunfels, TX 78132

Tech: Not Assigned
Brand/Mfg.: SOLAR AIRE -
System S/N:
Aerator and S/N:

Site: 27332 Felswand Parkway, New Braunfels

Contract: 4/20/2021 - 4/20/2023

Agency: Comal County Environmental Health
County: Comal

Phone: (281) 636-0043
Cell:
Work:

Inspections per year: 3
Service Due: 4/20/2022
Alt Phone:

Subdivision: Rockwall Ranch **SCHEDULED**

Inspection Type: **INSPECTION** Inspection # 3 of 6 for the contract year
BRAND OF SEPTIC SYSTEM _____

Item	Operational	Inoperative	N/A
Aerator:	_____	_____	<u>✓</u>
Irrigation pump:	<u>✓</u>	_____	_____
Air compressor:	<u>✓</u>	_____	_____
Disinfection device:	<u>✓</u>	_____	_____
Chlorine supply:	<u>✓</u>	_____	_____
Spray field vegetation:	<u>✓</u>	_____	_____
Sprinkler / Drip backwash:	<u>✓</u>	_____	_____
Photocell Test:	_____	_____	<u>✓</u>
Air Compressor Reading: CFM: _____ PSI: <u>4</u>			

Test Results and observations: (As Required)

Chlorine Residual: 0.5

Test Method: grab

BOD: _____

TSS: _____

Tank Lids Secured yes

Repairs made: Y (N)

Sludge Levels: Tank 1: N/A Tank 2: 3 Tank 3: 0

Repairs and Comments:

Inspector: Logan

Date: 4/25

GATE CODE #0043

Area: / 0
GPS:

ID = 924

27332 Felswand Parkway, New Braunfels

Aerobic Maintenance Solution LLC
P O Box 311899
New Braunfels, TX 78131

8/31
call for
Ahead gate.

#5683

Phone: (830) 312-8776

Printed: 7/27/2022

AerobicSolutions.net

Permit #: 112393

To: John & Angela Finney
27332 Felswand Parkway
New Braunfels, TX 78132

Tech: Not Assigned
Brand/Mfg.: SOLAR AIRE -
System S/N:
Aerator and S/N:

Site: 27332 Felswand Parkway, New Braunfels

Contract: 4/20/2021 - 4/20/2023

Agency: Comal County Environmental Health

Inspections per year: 3

County: Comal

Phone: (281) 636-0043

Service Due: 8/20/2022

Subdivision: Rockwall Ranch

Cell:

Alt Cell:

Work:

SCHEDULED

Inspection Type: **INSPECTION** Inspection # 4 of 6 for the contract year

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Photocell Test:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Air Compressor Reading: CFM: _____ PSI: <u>3</u>			

Test Results and observations: (As Required)

Chlorine Residual: .1

Test Method: Grab

BOD: _____

TSS: _____

Tank Lids Secured yes

Repairs made: Y / N

Sludge Levels: Tank 1: N/A Tank 2: 3" Tank 3: 1"

Repairs and Comments: Please add bleach to chlorine reservoir

Inspector: Wes Nagley

Date: 9/1/22

GATE CODE #0043

Area: / 0

GPS:

ID = 924

27332 Felswand Parkway, New Braunfels

Last Visit: 8/30/2021

Gatco DBA Aerobic Maintenance Solutions
P O Box 311899
New Braunfels, TX 78131

Printed: 12/30/2022

Phone: (830) 312-8776

sherrie@gatcotreatment.com
Permit #: 112393

To: John & Angela Finney
27332 Felswand Parkway
New Braunfels, TX 78132

Tech: Not Assigned
Brand/Mfg.: SOLAR AIRE - **SA800RT**
System S/N: **C181**
Aerator and S/N:

Site: 27332 Felswand Parkway, New Braunfels
Agency: Comal County Environmental Health
County: Comal
Subdivision: Rockwall Ranch

Main Phone: (281) 636-0043
Cell:
Work:

Contract: 4/20/2021 - 4/20/2023
Inspections per year: 3
Service Due: 1/20/2023
Alt Cell:

Inspection Type: **SCHEDULED INSPECTION** Inspection # **5** of **6** for the contract year

Item	Operational	Inoperative	N/A
Control Panel:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerator / Air Compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetation field:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and observations: (As Required)

Air Pressure: CFM / **(PSI)** **3** Spray: **3**
Cleaned Air Filter: **Y** / N
Chlorine Residual: **6**
Test Method: **Grab** / BOD / TSS
Color/Odor: **Light / odorless**
Air Pressure: CFM / PSI
Cleaned Air Filter: **Y** / N
Water Pressure: **N/A**
System Flushed: **Y** / N
Color/Odor: **Y** / N
Drip Filter Cleaned: **Y** / N

Tank Lids Secured: **(Y)** / N Repairs Made: **Y** / **(N)** Pump Filter Cleaned: **Y** / **(N)** Pumping Required: **Y** / **(N)**

Sludge Levels: Tank 2: **N/A** Tank 3: **1"**

Repairs and Comments: **Reset timer. Cleaned chlorinator**

emitter

Inspector: **Was May** Date: **1/18/23**

Luna Environmental

4222 FM 482

New Braunfels, TX 78132

(830) 312-8776

sherrie@lunaenvironmental.com

Printed:7/12/2023

Permit: 112393

Site: 27332 Felswand Parkway, New Braunfels, TX 78132

Main Phone: 2816360043

John & Angela Finney

27332 Felswand Parkway

New Braunfels, TX 78132

Agency: Comal County Environmental Health

County: Comal

Subdivision: Rockwall Ranch

System Info: MFG: Brand: SOLAR AIRE

Customer ID: 924

Treatment Type: Aerobic

Disposal Type: Surface Application

Insp ID: 29974

System S/N: 0181

Visit Details

Visit Date: 7/5/2023

Entered By: Nicole Loria

GPS Lat: 29.70635 GPS Long: -98.27030

Scheduled Date: 5/25/2023

Contract Starts: 4/20/2021

Customer Emailed: 7/12/2023

Entered On: 7/12/2023

Contract Ends: 5/25/2023

Visit Results

Service Type: Scheduled Inspection

Count: Inspection 6 of 6

Method: Grab

License #

Expires

Technician: Wes Magley

Provider: Luna Environmental, LLC

☒ Service Completed

Aerators: Operational

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Supply: Operational

Chlorine Residual: .4

Sludge Level Tank 1: 3

Sludge Level Tank 2: N/A

Sludge Level Tank 3: 23

Sludge Level Tank 4: 2

Electric Circuits: Operational

Distribution System: Operational

Drip/Sprayfield Veg: Operational

Tank Lid / Riser: Secured

Insp. Port / Plug: Secured

Alarm: Operational

PSI Pressure: 2.3

Comments

- Scum on pretreatment 12 - Reset Timer - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Inspection Port Plug was noted as Secured prior to leaving. - Copy emailed to the customer on 7/12/2023.