



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 08/31/2021 Permit Number: 112408

Location Description: 445 INDIAN SCOUT
SPRING BRANCH, TX 78070

Subdivision: CYPRESS COVE
Unit: 2
Lot: 451
Block: 0
Acreage: 0.0000

Type of System: Aerobic
Drip Irrigation

Issued to: THE SOURCE REAL ESTATE SERVICES, LLC

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

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

Alterations to this permit including, but not limited to:

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

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

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

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

Licensing Authority
Comal County Environmental Health

ENVIRONMENTAL HEALTH INSPECTOR
OS0032485

ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

Comal County Environmental Health

OSSF Inspection Sheet

Installer Name: _____

OSSF Installer #: _____

1st Inspection Date: _____

2nd Inspection Date: _____

3rd Inspection Date: _____

Inspector Name: _____

Inspector Name: _____

Inspector Name: _____

Permit#:

Address:

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

Inspector Notes:

**Comal County Environmental Health
OSSF Inspection Sheet**

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

**Comal County Environmental Health
OSSF Inspection Sheet**

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

**Comal County Environmental Health
OSSF Inspection Sheet**

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



COMAL COUNTY

ENGINEER'S OFFICE

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

Permit Number: 112408
Issued This Date: 04/14/2021
This permit is hereby given to: THE SOURCE REAL ESTATE SERVICES, LLC

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

445 INDIAN SCOUT
SPRING BRANCH, TX 78070

Subdivision: CYPRESS COVE
Unit: 2
Lot: 451
Block: 0
Acreage: 0.0000

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Drip Irrigation

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

Call (830) 608-2090 to schedule inspections.



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

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

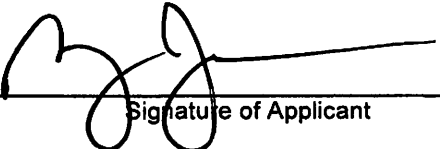
Instructions:

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

OSSF Permit

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

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



Signature of Applicant



Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

INCOMPLETE APPLICATION (Missing Items Circled, Application Refused)
--



ON-SITE SEWAGE FACILITY APPLICATION

Date April 2, 2021

Permit Number _____

1. APPLICANT / AGENT INFORMATION

Owner Name THE SOURCE REAL ESTATE SERVICES LLC
Mailing Address PO BOX 592133
City, State, Zip SAN ANTONIO TX 78259
Phone # 210-304-0039
Email medlorenzo23@yahoo.com

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

2. LOCATION

Subdivision Name CYPRESS COVE Unit 2 Lot 451 Block _____
Survey Name / Abstract Number _____ Acreage _____
Address 445 INDIAN SCOUT City SPRING BRANCH State TX Zip 78070

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) HOUSE

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1390

☐ 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: \$ 185,000 (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]
Signature of Owner

4/13/21
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 DRIP TUBING

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

Tank Size(s) (Gallons) NUWATER B-550-PC Absorption/Application Area (Sq Ft) 2000Gallons Per Day (As Per TCEQ Table III) 240

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

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

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

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

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

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

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

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

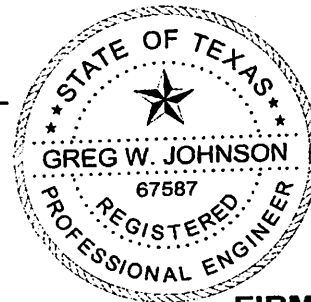
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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

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

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

If yes, indicate the city: _____

**FIRM #2585**

By signing this application, I certify that:

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

Signature of Designer Date April 9, 2021

Bobbie Koepf

WASTEWATER TREATMENT FACILITYYY MONITORING AGREEMENT

Regulatory Authority COMAL

A&R Construction LLC
2102 Oak Valley Drive
New Braunfels TX, 78132
Off. (830) 837-0050

Permit/License Number _____

Customer THE SOURCE REAL ESTATE SERVICES, LLC

Site Address 445 INDIAN SCOUT

City SPRING BRANCH Zip 78070

Mailing Address P.O. BOX 592133, S.A. TX 78259

County COMAL Map # 319 F3

Phone 210-304-0039

Email medlorenzo23@yahoo.com

I. General: This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between THE SOURCE REAL ESTATE SERVICES, LLC (hereinafter referred to as "Customer") and A&R Construction, LLC. By this agreement, A&R Construction, LLC and its employees (hereinafter inclusively referred to as "Contractor") agree to render services at the site address stated above, as described herein, and the Customer agrees to fulfill his/her/their responsibilities, as described herein.

II. Effective Date:

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

III. Termination of Agreement:

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

IV. Services:

Contractor will:

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

b. Provide a written record of visits to the site.

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

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

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

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

V. Disinfection:


Customer's Initials

Tm
Contractor's Initials

X Not required; ___required. The responsibility to maintain the disinfection device(s) and provide any necessary chemicals is that of the Customer.

VI. Electronic Monitoring:

Electronic Monitoring is not included in this Agreement.

VII. Performance of Agreement:

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

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

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

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

VIII. Customer's Responsibilities:

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

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

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

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

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

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

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

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

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

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

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

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

IX. Access by Contractor:

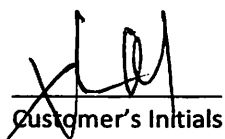
Contractor is hereby granted an easement to the OSSF for the purpose of performing services described herein. Contractor may enter the property during Contractor's normal business hours and/or other reasonable hours without prior notice to Customer to perform the Services and/or repairs described herein.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

X. Limit of Liability:

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

XI. Indemnification:

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


Customer's Initials

Tm
Contractor's Initials

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

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

XII. Severability:

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

XIII. Fee for Services:

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

XIV. Payment:


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


XV. Application or Transfer of payment:

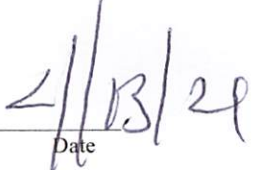
The fees paid for this agreement may be transferred to subsequent property owner(s); however, this Agreement is not transferable. Customer shall advise the subsequent property owner(s) of the State requirement that they sign a replacement agreement authorizing Contractor to perform the herein described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

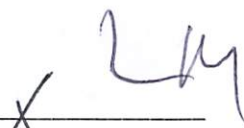
XVI. Entire Agreement:

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


A&R Construction, LLC,
Contractor
MP#0002228


Customer Signature


Date


Customer's Initials

Tm
Contractor's Initials

ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: April 08, 2021

Site Location: CYPRESS COVE, SECTION 2, LOT 451

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	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 4"	BROWN
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

04/08/2021
Date

Date: April 09, 2021

Name: The SOURCE REAL ESTATE SERVICES, LLC.
Address: P.O. BOX 592133
City: SAN ANTONIO **State:** TEXAS
Zip Code: 78259 **Phone:** (210) 304-0039

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

Lot **451** Unit ____ Blk ____ Subd. ____ **CYPRESS COVE**
Street Address: **445 INDIAN SCOUT**
City: **SPRING BRANCH** Zip Code: **78070**
Additional Info.:

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

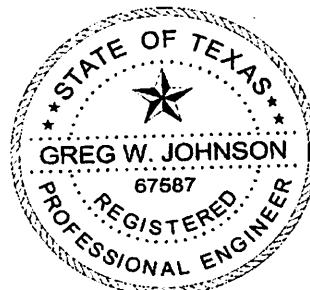
Topography: Slope within proposed disposal area: 6 to 8 %

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

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. 67587 - S.E. 11561

04/09/2021
DATE

**FIRM #2585**

**AEROBIC TREATMENT
DRIP TUBING SYSTEM
DESIGNED FOR:
THE SOURCE REAL ESTATE SERVICES, LLC
P.O. BOX 592133
SAN ANTONIO, TX 78259**

SITE DESCRIPTION:

Located in Cypress Cove Section 2, Lot 451 at 445 Indian Scout, the proposed system will serve a three bedroom residence (1390 sf.) situated in an area with shallow Type III soil as described in the Soil Evaluation Report. Native grasses and oak trees were found throughout this property. An aerobic treatment plant utilizing drip irrigation was chosen as the most appropriate system to serve the conditions on this lot.

PROPOSED SYSTEM:

A 3-inch SCH-40 pipe discharges from the residence into a NuWater B-550 600gpd aerobic plant containing a 353-gallon pretreatment tank, an aerobic treatment plant, and a 768-gallon pump chamber containing a submersible (Franklin C1 20XC1-05P4-W115) well pump. The well pump is activated by a time controller allowing the distribution ten times per day with an 8 minute run time with float setting at 240 gallons. A high level audible and visual alarm will activate should the pump fail. Distribution is through a self flushing 100 micron disc filter (Arkal) then through a 1" SCH-40 manifold to a 2000 sf. drip tubing field, with *Netifim Bioline* drip lines set approximately two feet apart with ***0.61 gph*** emitters set every two feet, as per the attached schematic. A pressure regulator PMR-MF 30psi installed in the pump tank on the manifold to the field will maintain pressure at 30 psi. A 1" SCH-40 return line is installed to periodically flush the system by cycling a 1" ball valve. Solids caught in the disc filter are continuously flushed each cycle back to the pump tank. Vacuum breakers installed at the highest point on each manifold will prevent siphoning of effluent from higher to lower parts of the field. Field area will be scarified and built up with ~8" of Type II or Type III soil, then the drip tubing will be laid and capped with ~6" of Type II or Type III soil (***NOT SAND***). The field area will be sodded with grass prior to system startup. **Tank must have at grade risers on each opening with watertight caps that must be at least 65# or have a padlock or can only be removed with tools. A secondary plug, cap, or suitable restraint must be provided below riser cap to prevent tank entry should the cap be damaged or removed, in compliance with Chapter §285.38.**

DESIGN SPECIFICATIONS:

Daily waste flow: 240 GPD Table III

Pretreatment tank size: 353 Gal

Plant Size: NuWater B550 600gpd (TCEQ Approved)

Pump tank size: 768 Gal

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

Application Rate: $R_a = 0.2$ gal/sf

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

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

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

Pump Requirement (cont.): Franklin C1 20XC1-05P4-W115 submersible well pump

MINIMUM SCOUR VELOCITY (MSV) > 2 FPS

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

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

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

$$\text{MSV} = 1.5 \text{ gpm PER LINE} * 3 \text{ LINES} = 4.5 \text{ GPM MIN FLOW RATE}$$

IN RETURN MANIFOLD W/ NOM. DIA 1.049" ID

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

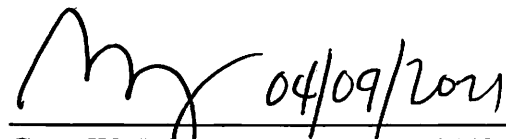
$$\text{MSV} = 2(3.14159((1.049/12)^5)/4) * 7.48 * 60$$

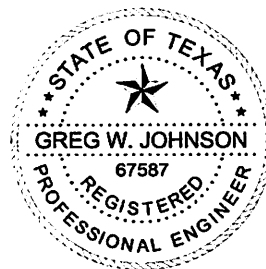
$$\text{MSV} = 5.4 \text{ GPM}$$

PIPE AND FITTINGS:

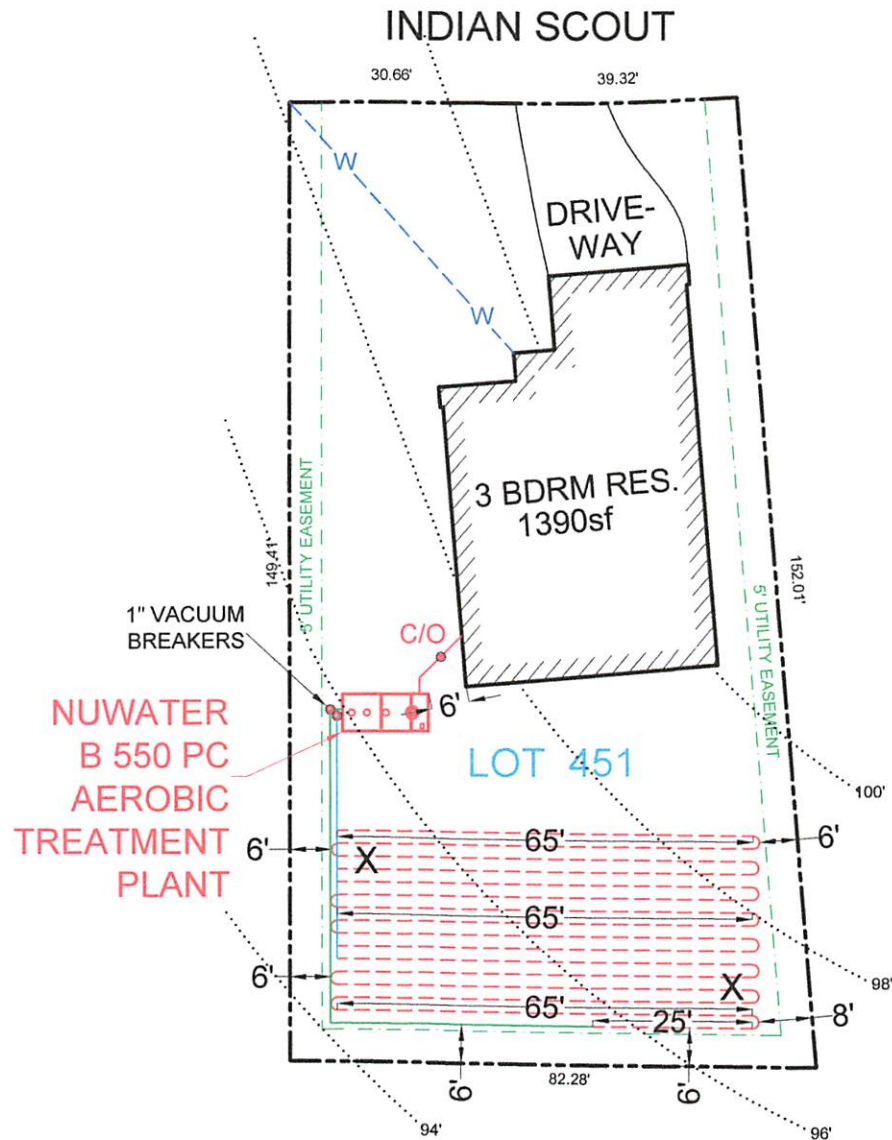
All pipes and fittings in this drip tubing system shall be 1" schedule 40 PVC. All joints shall be sealed with approved solvent-type PVC cement. Clipper type cutters are recommended to prevent PVC burrs during cutting of pipes causing possible plugging.

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


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



X= TEST HOLE



OWNER: The SOURCE REAL ESTATE SERVICES, LLC.		DRAWN BY: EJS III	
STREET ADDRESS: 445 INDIAN SCOUT			
LEGAL DESC: CYPRESS COVE		UNIT/SECTION/PHASE: 2	BLOCK: LOT: 451
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=30'	DATE: 4/9/2021	REVISED:

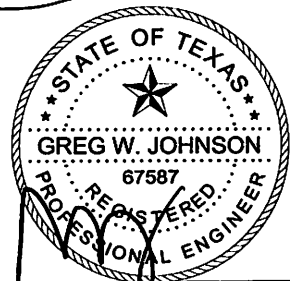
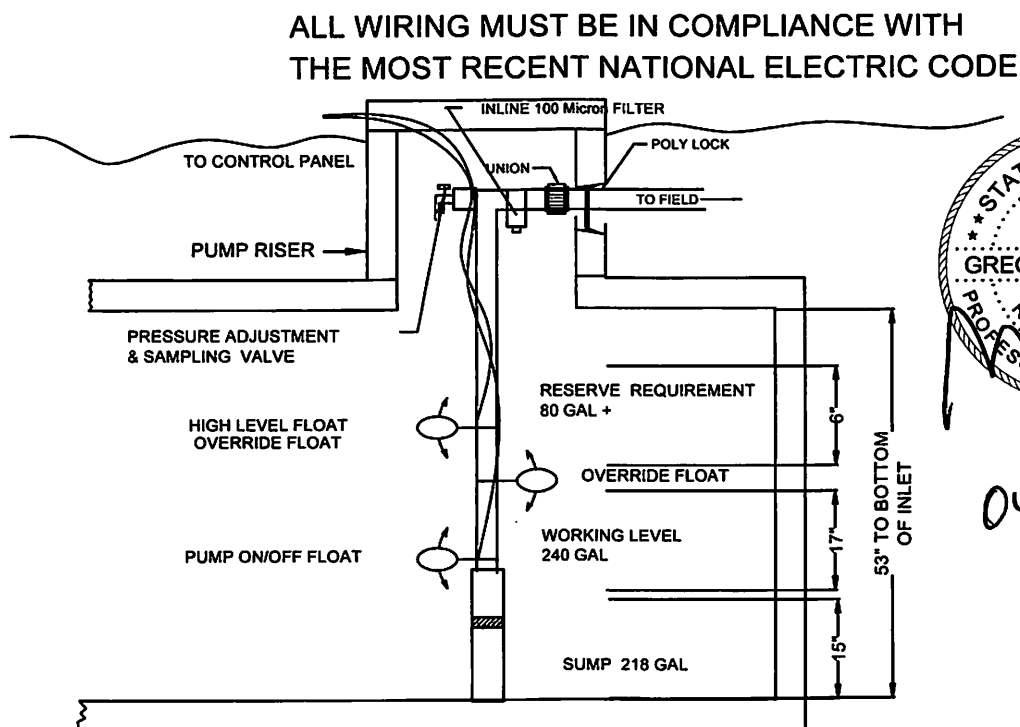
TANK NOTES:

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

04/09/2021

**TYPICAL PUMP TANK CONFIGURATION
NU-WATER 550PC -400PT 768 GAL PUMP TANK**

Arkal 1" Super Filter

Catalog No. 1102 0 _ _ _

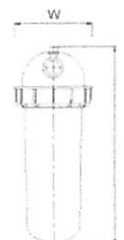
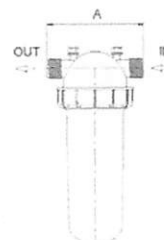
Features

- ♦ A "T" shaped filter with two 1" male threads.
- ♦ A "T" volume filter for in-line installation on 1" pipelines.
- ♦ The filter prevents clogging due to its enlarged filtering area that collects sediments and particles.
- ♦ Manufactured entirely from fiber reinforced plastic.
- ♦ A cylindrical column of grooved discs constitutes the filter element.
- ♦ Spring keeps the discs compressed.
- ♦ Screw-on filter cover.
- ♦ Filter discs are available in various filtration grades.



Technical Data

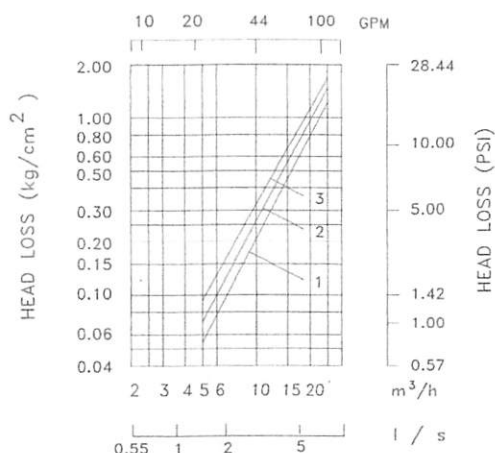
Inlet/outlet diameter	1" BSPT (male)	1" NPT (male)
	25.0 mm – nominal diameter	
	33.6 mm – pipe diameter (O. D.)	
Maximum pressure	10 atm	145 psi
Maximum flow rate	8 m ³ /h (1.7 l/sec)	35 gpm
General filtration area	500 cm ²	77.5 in ²
Filtration volume	600 cm ³	37 in ³
Filter length L	340 mm	13 13/32"
Filter width W	130 mm	5 3/32"
Distance between end connections A	158 mm	6 7/32"
Weight	1.420 kg	3.13 lbs.
Maximum temperature	70° C	158 °F
pH	5-11	5-11



Filtration Grades

- Blue (400 micron / 40 mesh)
- Yellow (200 micron / 80 mesh)
- Red (130 micron / 120 mesh)
- Black (100 micron / 140 mesh)
- Green (55 micron)

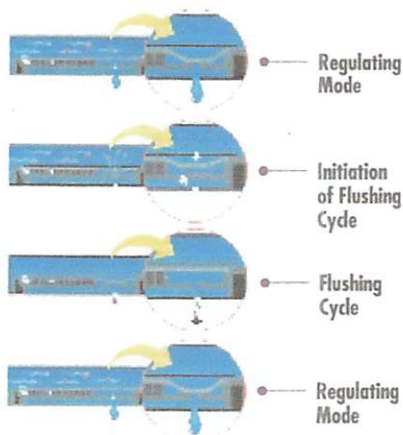
Head Loss Chart





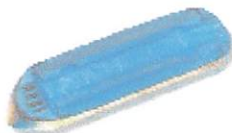
Bioline® Dripperline

Pressure Compensating Dripperline for Wastewater



Bioline's Self-Cleaning, Pressure Compensating Dripper is a fully self-contained unit molded to the interior wall of the dripper tubing.

As shown at left, Bioline is continuously self-cleaning during operation, not just at the beginning and end of a cycle. The result is dependable, clog free operation, year after year.



Product Advantages

The Proven Performer

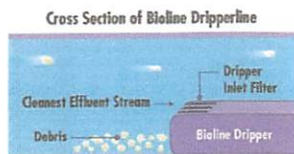
- Tens of millions of feet used in wastewater today.
- Bioline is permitted in every state allowing drip disposal.
- Backed by the largest, most quality-driven manufacturer of drip products in the U.S.
- Preferred choice of major wastewater designers and regulators.
- Proven track record of success for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

Quality Manufacturing with Specifications Designed to Meet Your Needs

- Pressure compensating drippers assure the highest application uniformity - even on sloped or rolling terrain.
- Excellent uniformity with runs of 400 feet or more - reducing installation costs.
- Highest quality-control standards in the industry: Cv of 0.25 (coefficient of manufacturer's variation).
- A selection of flows and spacings to satisfy the designer's demand for almost any application rate.

Long-Term Reliability

- Protection against plugging:
 - Dripper inlet raised 0.27" above wall of tubing to prevent sediment from entering dripper.
 - Drippers impregnated with Vinyzene to prevent buildup of microbial slime.
 - Unique self-flushing mechanism passes small particles before they can build up.



Root Safe

- A physical barrier on each Bioline dripper helps prevent root intrusion.
- Protection never wears out - never depletes - releases nothing to the environment.
- Working reliably for up to 15 years in subsurface wastewater installations.
- Additional security of chemical root inhibition with Techfilter - supplies Trifluralin to the entire system, effectively inhibiting root growth to the dripper outlets.



Applications

- For domestic strength wastewater disposal.
- Installed following a treatment process.
- Can be successfully used on straight septic effluent with proper design, filtration and operation.
- Suitable for reuse applications using municipally treated effluent designated for irrigation water.

Specifications

Wall thickness (mil): 45*

Nominal flow rates (GPH): .4, .6, .9*

Common spacings: 12", 18", 24"*

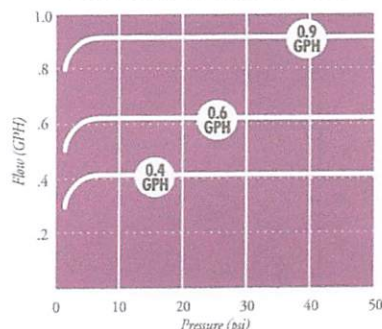
Recommended filtration: 120 mesh

Inside diameter: .570"

Color: Purple tubing indicates non-potable source

*Additional flows, spacings, and pipe sizes available by request. Please contact Netafim USA Customer Service for details.

BIOLINE Flow Rate vs. Pressure



NETAFIM USA

5470 E. Home Ave. • Fresno, CA 93727
888.638.2346 • 559.453.6800
FAX 800.695.4753
www.netafimusa.com

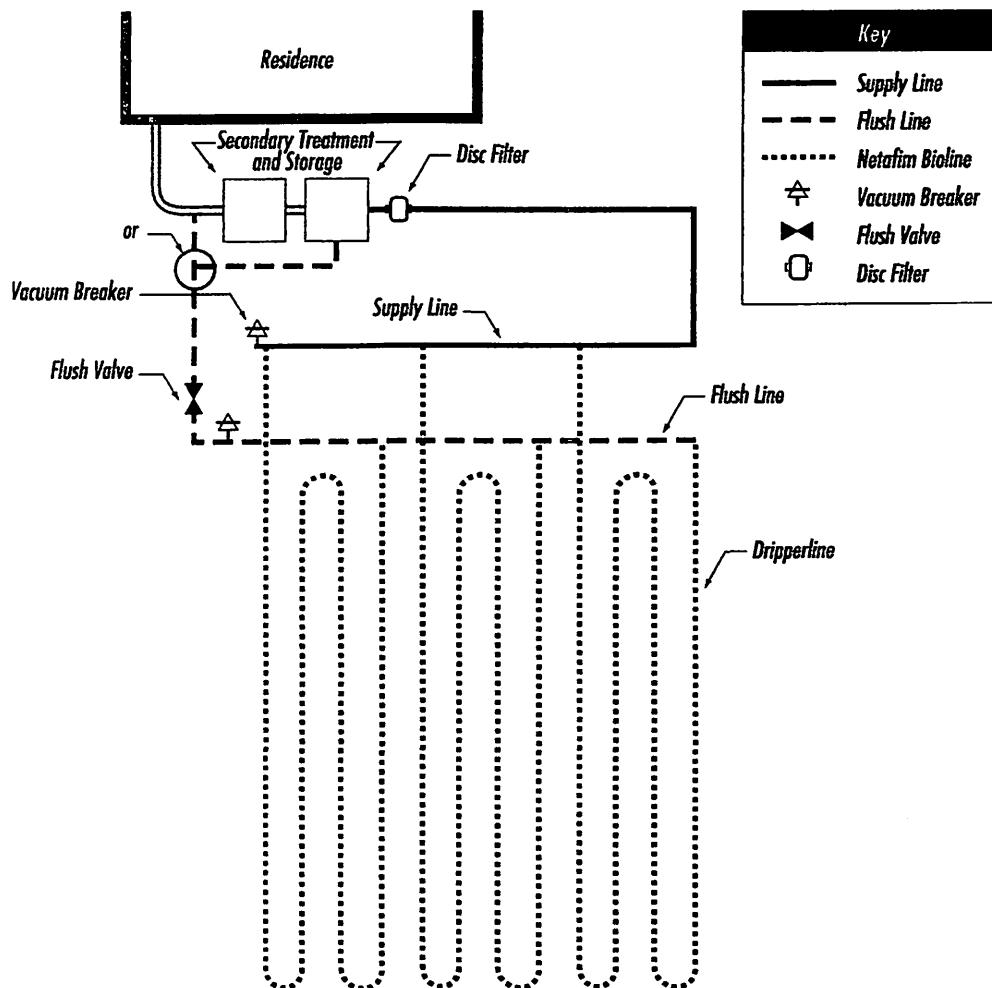
NETAFIM WASTEWATER DISPERSAL SYSTEM DESIGN GUIDE

SAMPLE DESIGNS

SINGLE TRENCH LAYOUT

Rectangular field with supply and flush manifold on same side and in same trench;

- Locate supply and flush manifold in same trench
- Dripperlines are looped at the end opposite the supply and flush manifolds
- The longest Bioline length should not exceed 400 ft. Drip fields 200 ft. in length might loop the Bioline once; drip dispersal fields under 100 ft. might be looped twice, as illustrated



Alamo Title Company
4000082100932 LR

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

Date: March 15, 2021

Grantor: Steven Manus

Grantor's Mailing Address:

2171 El Camino Real
Palo Alto, California 94306

Grantee: The Source Real Estate Services LLC

Grantee's Mailing Address:

P. O. Box 592133
San Antonio, Texas 78259

Consideration:

Cash and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged.

Property (including any improvements):

Lot 451, Cypress Cove, Section 2, Comal County, Texas, according to map thereof recorded in Volume 1, Page 60, Map and Plat Records of Comal County, Texas.

Reservations from Conveyance:

None

Exceptions to Conveyance and Warranty:

Validly existing easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded and validly existing instruments, other than conveyances of the surface fee estate, that affect the Property; and taxes for 2021, which Grantee assumes and agrees to pay, and subsequent assessments for that and prior years due to change in land usage, ownership, or both, the payment of which Grantee assumes.

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

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

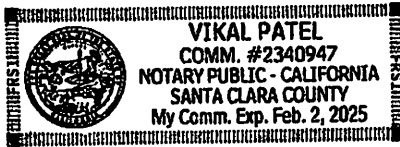
Steven Manus

Steven Manus

STATE OF CALIFORNIA)

COUNTY OF SANTA CLARA)

This instrument was acknowledged before me on March 15, 2021, by Steven Manus.



[Signature]

Notary Public, State of California
My commission expires: 02-02-2025

PREPARED IN THE OFFICE OF:

David L. Ricker
P. O. Box 1571
Boerne, Texas 78006
Tel: (210) 737-6097
Fax: (210) 690-3635

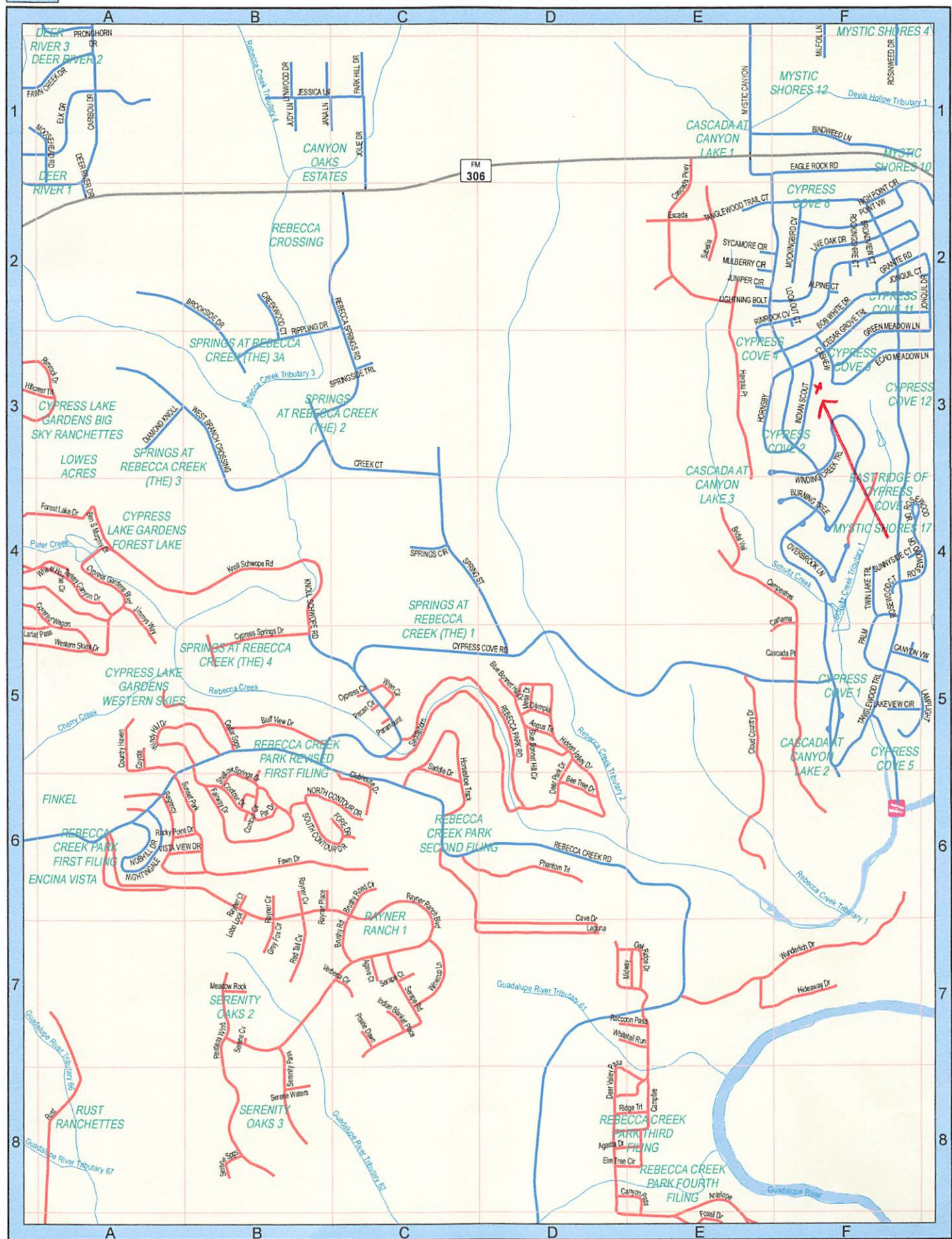
AFTER RECORDING RETURN TO:

Alamo Title Company
434 N. Loop 1604 West, #2208
San Antonio, Texas 78232

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
03/25/2021 02:02:31 PM
LAURA 2 Pages(s)
202106015698



Bobbie Koepp



0 1,250 2,500
Feet

0 0.25 0.5
Miles

A&R Construction
2102 Oak Valley Drive
New Braunfels, TX 78132

Phone: (830) 837-0050

www.buildingwithar.com tyler@buildingwithar.com

To: Lorenzo Medina The Source Real Estate
445 Indian Scout
Spring Branch, TX 78070

Printed: 12/22/2021
Site: 445 Indian Scout
Spring Branch, TX 78070
(210) 304-0039

Permit #: **112408**

Agency: Comal County

County: Comal

Mfg / Brand: Nu Water - NuWater B-550

Treatment Type: Aerobic

Disposal: Absorption

Customer ID: 160

Contract Dates: 8/31/2021 - 8/31/2023

Scheduled Date: 12/31/2021

Inspection 1 of 6

Installed: 4/15/2021

Warranty End: 4/15/2023

Service Type: Scheduled Inspection

Visit Date: 12/22/2021

Time In: 10:55

Out: 11:00

Method: Grab

Technician: Doug Draeger

Maint. Provider: Tyler Mason

☒ This counts as a type of "Scheduled Inspection"

Entered By: Tyler Mason

☒ Copy emailed to Customer

Customer Emailed: 12/22/2021

Aerators: Operational

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Residual: 0.1mg/L

Tank Lid / Riser: Secured

Electric Circuits: Operational

Distribution System: Operational

Sprayfield Veg: Operational

Alarm: Operational

Comments

☒ **Service Completed**

House not finished. No power - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Copy emailed to the customer on 12/22/2021.

Insp ID #:598

A&R Construction
2102 Oak Valley Drive
New Braunfels, TX 78132

Phone: (830) 837-0050

www.buildingwithar.com tyler@buildingwithar.com

To: Michael O'Conner
445 Indian Scout
Spring Branch, TX 78070

Printed: 4/30/2022
Site: 445 Indian Scout
Spring Branch, TX 78070
(786) 999-4169

Permit #: **112408**
Agency: Comal County
County: Comal
Mfg / Brand: Nu Water - NuWater B-550
Treatment Type: Aerobic
Disposal: Absorption

Customer ID: 160
Contract Dates: 8/31/2021 - 8/31/2023
Scheduled Date: 4/30/2022 Inspection 2 of 6
Installed: 4/15/2021
Warranty End: 4/15/2023

Service Type: Scheduled Inspection

☒ This counts as a type of "Scheduled Inspection"

Visit Date: **4/13/2022**

Time In: 9:30

Out: 9:50

Entered By: Tyler Mason

Method: **Grab**

Technician: Doug Drager

Maint. Provider: Tyler Mason

Aerators: Operational

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Residual: 0.1mg/L

Turbidity: Good
Tank Lid / Riser: Secured

Electric Circuits: Operational
Distribution System: Operational
Sprayfield Veg: Operational

Color: Good
Odor: Good

Alarm: Operational

Comments

- Technician Secured the Tank Lid and/or Riser prior to leaving location.

☒ **Service Completed**

Insp ID #: 736

Your Septic's Health Report

Tyler Mason
MP0002228

(830) 837-0050 YourSepticTeam@gmail.com

Septic Inspection Report



Customer			County Information
Inspection		Agency	
Inspection Date		County	
Service Type		Contact	
Address	, TX	Permit #	
Email			
Mfg/Brand		Maint. Provider	Tyler Mason
Treatment Type	Aerobic	License	MP0002228 Expires:5/31/25
Disposal		Technician	
Installed		Method	Grab
Contract End		Time In	
Inspection Months		Time Out	

System Status

Aerators		Tank 1 (in)	
Filters		Tank 2 (in)	
Irrigation Pumps		Tank 3 (in)	
Disinfection Device		Chlorine Residual	
Tank needs pumping		Turbidity	
Electric Circuits		Color	
Distribution System		Odor	
Sprayfield Veg		Alarm	
TankLid/Riser		Overall Health	

Comments

For questions or to update owner information, please email YourSetpicTeam@gmail.com

Maintenance and Service Inspection Form

Cisco Septic Service

4754 Rakowitz Rd

Adkins, Tx 78101

ciscoseptic.com | 210-598-9090 | ciscoseptic@gmail.com

Aerobic Septic System Inspection Report

Agency	County	Permit Number
Comal	comal	112408
Client Name	Address	Date
Michael O' Conner	445 Indian Scout	
Technician Name	Time In	Time Out
Dillion	12:'30	12:50
Service Type	Inspections	Contract Period
Scheduled Inspection	5 Of 6 From	Aug.2021 To Aug. 2023
Installed	Maint. Provider	License Number
	Tyler Mason	MP#0002228 Exp 05/31/25

System Inspection

Disposal (Spray Or Drip)	Method
Drip	Grab

The following will be marked "Operational or Non-Operational or N/A"

Aeration	<u>0</u>	Distribution System	<u>0</u>
Filters	<u>0</u>	Sprayfield Vegetation	<u>0</u>
Irrigation Pumps	<u>0</u>	Alarm	<u>0</u>
Electric Circuits	<u>0</u>	Turbidity	<u>0</u>
Disinfection Device	<u>0</u>		

The following will be marked "Good or Bad "

Color	<u>Good</u>
Odor	<u>Good</u>

The following is the system overall health

Chloine Residual Amount	<u>Empty</u>
Needs Bleach?	<u>Yes or No</u>

Sludge in tank 1 (in)	<u>9</u>	Sludge in tank 3 (in)	<u>2</u>	Sludge in other tank (in)	<u></u>
Sludge in tank 2 (in)	<u>4</u>	Sludge in tank 4 (in)	<u></u>		

System needs pumping?	<u>Yes or No</u>
-----------------------	------------------

Comments to Customer

ts in drip field that are wet and have puddles sloid in pump tank are getting pumped recommend a pump out in

Maintenance and Service Inspection Form

Cisco Septic Service

4754 Rakowitz Rd

Adkins, Tx 78101

ciscoseptic.com | 210-598-9090 | ciscoseptic@gmail.com

Aerobic Septic System Inspection Report

Agency	County	Permit Number
Comal	Comal	112408
Client Name	Address	Date
Michael O'Connor	445 Indian Scout	8/24/2023
Technician Name	Time In	Time Out
Francisco Mendieta	246 PM	300 PM
Service Type	Inspections	Contract Period
Scheduled Inspection	# 6 Of # 6 From	8/1/2021 To 8/1/2023
Installed	Maint. Provider	License Number
	Tyler Mason	MP#0002228 Exp 05/31/25

System Inspection

Disposal (Spray Or Drip)	Method
Drip	Grab

The following will be marked "Operational or Non-Operational or N/A"

Aeration	<u>Operational</u>	Distribution System	<u>Operational</u>
Filters	<u>Operational</u>	Sprayfield Vegetation	<u>Operational</u>
Irrigation Pumps	<u>Operational</u>	Alarm	<u>Operational</u>
Electric Circuits	<u>Operational</u>	Turbidity	<u>Operational</u>
Disinfection Device	<u>Operational</u>		

The following will be marked "Good or Bad "

Color	<u>Good</u>
Odor	<u>Good</u>

The following is the system overall health

Chloine Residual Amount	<u>0</u>
Needs Bleach?	<u>No</u>

Sludge in tank 1 (in)	<u>1 in</u>	Sludge in tank 3 (in)	<u>1 in</u>	Sludge in other tank (in)	<u>N/A</u>
Sludge in tank 2 (in)	<u>1 in</u>	Sludge in tank 4 (in)	<u>0 in</u>		

System needs pumping?	<u>No</u>
-----------------------	-----------

Comments to Customer

Working properly.
Cleaned drip filter and air compressor filter

Maintenance and Service Inspection Form

Cisco Septic Service

Aerobic Septic System Inspection Report
ciscoseptic.com | 210-598-9090 | ciscoseptic@gmail.com

Agency	County	Permit Number
Comal	Comal	112408
Client Name	Address	Date
Michael O'Connor	445 Indian Scout	5/15/2024
Technician Name	Time In	Time Out
Francisco Mendieta	11:00 AM	11:20 AM
Service Type	Inspections	Contract Period
Scheduled Inspection	#2 Of #3 From	Sep-23 To Sep-24
Installed	Maint. Provider	License Number
	Tyler Mason	MP#0002228 Exp 05/31/25

System Inspection

Disposal (Spray Or Drip)	Method
Drip	Grab

The following will be marked "Operational or Non-Operational or N/A"

Aeration	Operational	Distribution System	Operational
Filters	Operational	Field Vegetation	Operational
Irrigation Pumps	Operational	Alarm	Operational
Electric Circuits	Operational	Turbidity	Operational
Disinfection Device	Operational		

The following will be marked "Good or Bad "

Color	Good
Odor	Good

The following is the system overall health

Chloine Residual Amount	Empty
Needs Bleach?	No

Sludge in tank 1 (in)	8	Sludge in tank 3 (in)	2	Sludge in other tank (in)	N/A
Sludge in tank 2 (in)	0	Sludge in tank 4 (in)	0		

System needs pumping?	No
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Comments to Customer

Overall system is working properly.

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Agency	County	Permit Number
Comal	Comal	112408
Client Name	Address	Date
Michael O'Connor	445 Indian Scout	9/10/2024
Technician Name	Time In	Time Out
Francisco Mendieta	3:40 PM	4:16 PM
Service Type	Inspections	Contract Period
Scheduled Inspection	#3 Of #3	From Sep-23 To Sep-24
Installed	Maint. Provider	License Number
	Tyler Mason	MP#0002228 Exp 05/31/25

System Inspection

Disposal (Spray Or Drip)	Method
drip	Grab

The following will be marked "Operational or Non-Operational or N/A"

Aeration	Operational	Distribution System	Operational
Filters	Operational	Field Vegetation	Operational
Irrigation Pumps	Operational	Alarm	Operational
Electric Circuits	Operational	Turbidity	Operational
Disinfection Device	Operational		

The following will be marked "Good or Bad "

Color	Good
Odor	Good

The following is the system overall health

Chloine Residual Amount	0.00 drip
Needs Bleach?	No

Sludge in tank 1 (in)	18	Sludge in tank 3 (in)	10	Sludge in other tank (in)	N/A
Sludge in tank 2 (in)	2	Sludge in tank 4 (in)	1		

System needs pumping?	No
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Comments to Customer

Overall system is working properly.
Please note this is your final contracted inspection. For renewal, please contact our office.

Maintenance and Service Inspection Form

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Agency	County	Permit Number
Comal	Comal	112408
Client Name	Address	Date
Michael O'Connor	445 Indian Scout	1/30/2025
Technician Name	Time In	Time Out
Francisco Mendieta	11:50 AM	12:04 AM
Service Type	Inspections	Contract Period
Scheduled Inspection	#1 Of #3	From Sep-24 To Sep-25
Installed	Maint. Provider	License Number
	Francisco Mendieta	MP#0002737 Exp 01/31/28

System Inspection

Disposal (Spray Or Drip)	Method
Drip	Grab

The following will be marked "Operational or Non-Operational or N/A"

Aeration	Operational	Distribution System	Operational
Filters	Operational	Field Vegetation	Operational
Irrigation Pumps	Operational	Alarm	Operational
Electric Circuits	Operational	Turbidity	Operational
Disinfection Device	Operational		

The following will be marked "Good or Bad "

Color	Good
Odor	Good

The following is the system overall health

Chloine Residual Amount	00 (drip)
Needs Bleach?	No

Sludge in tank 1 (in)	18	Sludge in tank 3 (in)	24	Sludge in other tank (in)	N/A
Sludge in tank 2 (in)	1	Sludge in tank 4 (in)	4		

System needs pumping?	No
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Comments to Customer

Overall system is working properly.