



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: **05/18/2022** Permit Number: **114311**

Location Description: 978 BELLE OAKS BLVD
CITY OF BULVERDE, TX 78163

Subdivision: BELLE OAKS RANCH
Unit: 1
Lot: 14
Block: 2
Acreage: 0.0000

Type of System: Aerobic
Surface Irrigation

Issued to: SITTERLE HOMES, LTD

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

Assistant
OS0034792

OS0037176

ENVIRONMENTAL HEALTH INSPECTOR

ENVIRONMENTAL HEALTH COORDINATOR

Comal County Environmental Health

OSSF Inspection Sheet

Installer Name: _____

OSSF Installer #: _____

1st Inspection Date: _____

2nd Inspection Date: _____

3rd Inspection Date: _____

Inspector Name: _____

Inspector Name: _____

Inspector Name: _____

Permit#:

Address:

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

Inspector Notes:

**Comal County Environmental Health
OSSF Inspection Sheet**

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

**Comal County Environmental Health
OSSF Inspection Sheet**

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

**Comal County Environmental Health
OSSF Inspection Sheet**

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

**Comal County Environmental Health
OSSF Inspection Sheet**

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



COMAL COUNTY

ENGINEER'S OFFICE

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

Permit Number: 114311
Issued This Date: 05/10/2022
This permit is hereby given to: SITTERLE HOMES, LTD

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

978 BELLE OAKS BLVD
CITY OF BULVERDE, TX 78163

Subdivision: BELLE OAKS RANCH
Unit: 1
Lot: 14
Block: 2
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.



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

195 DAVID JONAS DR
NEW BRAUNFELS, TX 78132
(830) 608-2090
WWW.CCEO.ORG

Date March 14, 2022

Permit Number 114311

1. APPLICANT / AGENT INFORMATION

Owner Name SITTERLE HOMES, LTD
Mailing Address 2015 EVANS RD STE 100
City, State, Zip SAN ANTONIO TEXAS 78258
Phone # 210-241-6948
Email kgolsch@sitterlehomes.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 BELLE OAKS RANCH Unit PHASE I Lot 14 Block 2
Survey Name / Abstract Number _____ Acreage _____
Address 978 BELLE OAKS BLVD. City BULVERDE State TX Zip 78163

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 5

Indicate Sq Ft of Living Area 3532

☐ 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: \$ 600,000 (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

4/5/22
Date

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

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

Planning 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) NUWATER B-550-PC **Absorption/Application Area (Sq Ft)** 5654

Gallons Per Day (As Per TCEQ Table III) 360

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

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

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

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

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

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

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

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

Is there an existing TCEQ approval CZP for the property? ☒ Yes ☐ No

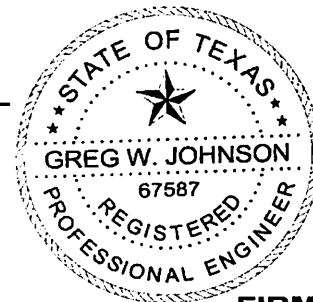
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

If there is no existing CZP, does the proposed development 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

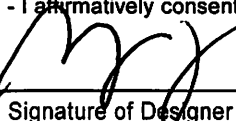
If yes, indicate the city: BULVERDE



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

March 16, 2022
Date

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

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

I

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

II

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

1 UNIT/PHASE/SECTION 2 BLOCK 14 LOT BELLE OAKS RANCH SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY

The property is owned by (insert owner's full name): SITTERLE HOMES, LTD

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.

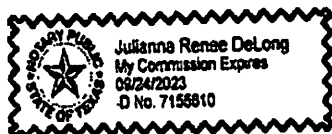
WITNESS BY HAND(S) ON THIS 5 DAY OF APRIL, 20 22

Kirk Golach
Owner(s) signature(s)

Kirk Golach Sitterle Homes
Owner (s) Printed name (s)

Kirk Golach SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 5 DAY OF April, 20 22

Julianne Rense DeLong
Notary Public Signature



Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
04/06/2022 10:04:50 AM
TERRI 1 Pages(s)
202206016014



Bobbie Koepp

4/5/22
978 Belle Oaks
JR

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 SITTERLE HOMES, LTD (referred to as "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP 349) (hereinafter referred to as "Contractor") located at 15188 FM 306, Texas 78133 (830) 964-2365. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein.

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

1. 3 inspections a year/services calls (at least one every 4 months), for a total of 6 over the two year period including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, diffuser operation, Any alarm situation affecting the proper function of the Aerobic process will be address within a 48-hour time frame. Repair work on non-warranty parts will include price for parts & labor. The prices will be quoted before work is performed.
2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and pH will be taken and reported as necessary.
3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
4. The customer is responsible for the chlorine tablets; they must be filled before or during the service visit.
5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, and County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

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

ACCESS BY CONTRACTOR

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

Termination of Agreement

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

Limit of Liability

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

Dispute Resolution

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

Entire Agreement

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

Severability

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

Legal Description: BELLE OAKS RANCH, PHASE 1, BLOCK 2, LOT 14

Property Address: 978 BELLE OAKS BLVD

HOME OWNER

SITTERLE HOMES, LTD

Name

2015 EVANS RD, SUITE 100

Address

SAN ANTONIO, TX 78258

City, State

210-241-6948

Phone

Signature of Home Owner

SERVICE PROVIDER

Aerobic Services of South Texas Inc.

Name

15188 FM 306

Address

Canyon Lake, Texas 78133

City, State

(817) 464-1234

Phone

OS0024597/MP349
Thomas Hampton
Signature of Service Provider and License #

EFFECTIVE DATE _____ EXPIRED DATE _____ INSTALLED _____

Model # _____

Blower/Panel Serial # _____

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

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

March 16, 2022

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

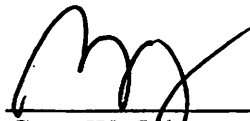
RE- SEPTIC DESIGN
978 BELLE OAKS BLVD
BELLE OAKS RANCH, PHASE 1, BLOCK 2, LOT 14
BULVERDE, TX 78163
SITTERLE HOMES, LTD

Brandon/Brenda,

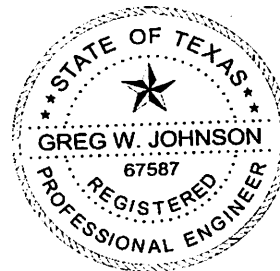
The referenced property is located within the Edwards Aquifer Contributing Zone. This OSSF design will comply with requirements in the CZP.

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

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

 03/16/2022

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



ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: March 15, 2022

Site Location: BELLE OAKS RANCH, PHASE 1, BLOCK 2, LOT 14

Proposed Excavation Depth: N/A

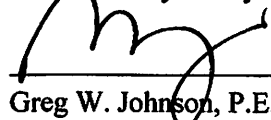
Requirements:

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

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

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

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


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

03/15/2022
Date

OSSF SOIL EVALUATION REPORT INFORMATION

Date: March 16, 2022

Applicant Information:

Name: SITTERLE HOMES, LTD.
Address: 2015 EVANS ROAD SUITE 100
City: SAN ANTONIO State: TEXAS
Zip Code: 78258 Phone: (210) 241-6948

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 14 Unit 1 Blk 2 Subd. BELLE OAKS RANCH
Street Address: 978 BELLE OAKS BLVD.
City: BULVERDE Zip Code: 78163
Additional Info.: _____

Installer Information:

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

Topography: Slope within proposed disposal area: 4 to 5 %

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

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: 5 Total sq. ft. living area 3532

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

Q = (5 +1)*75-(20%)= 360

Trash Tank Size 353 Gal.

TCEQ Approved Aerobic Plant Size 600 G.P.D.

Req'd Application Area = Q/Ri = 360 / 0.064 = 5625 sq. ft.

Application Area Utilized = 5654 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 = 768 Gal. 14.5 Gal/inch.

Reserve Requirement = 120 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

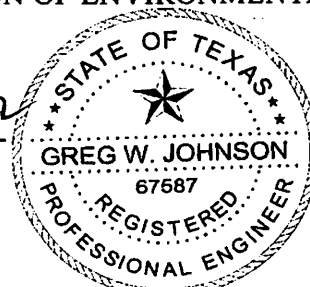
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

EXPOSED ROCK WILL BE COVERED WITH SOIL OR MULCH.

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

03/16/2022
DATE



FIRM #2585



OWNER: SITTERLE HOMES, LTD.		DRAWN BY: EJS III	
STREET ADDRESS: 978 BELLE OAKS BLVD.			
LEGAL DESC: BELLE OAKS RANCH		UNIT/SECTION/PHASE: 1	BLOCK: 2
		LOT: 14	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 3/16/2022	REVISED:

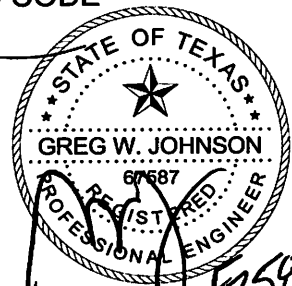
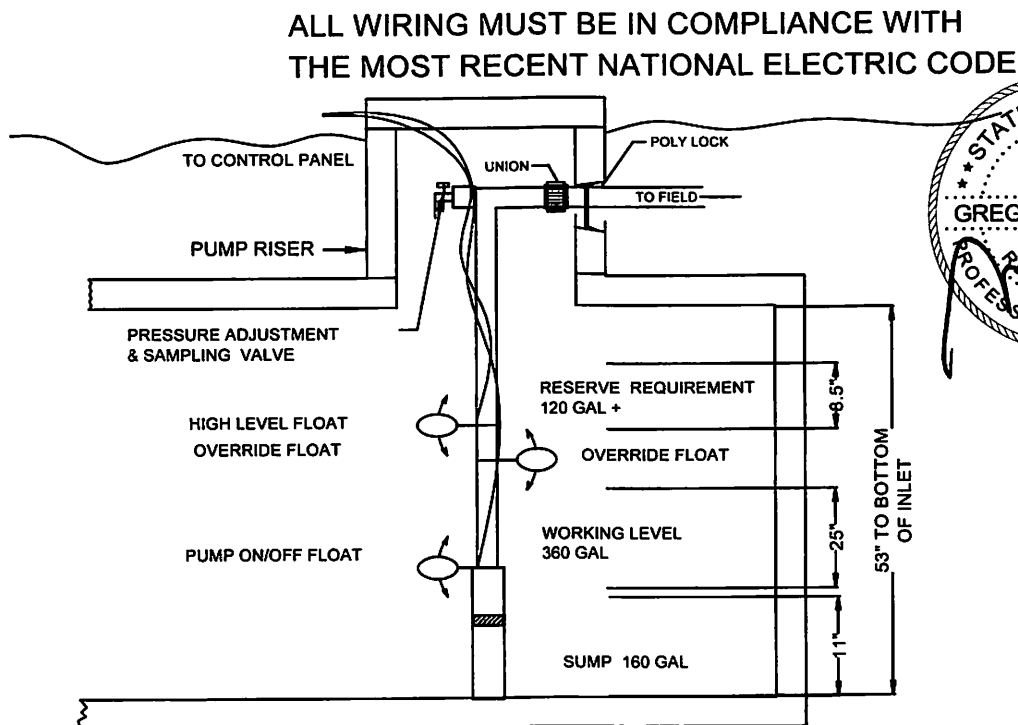
TANK NOTES:

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.

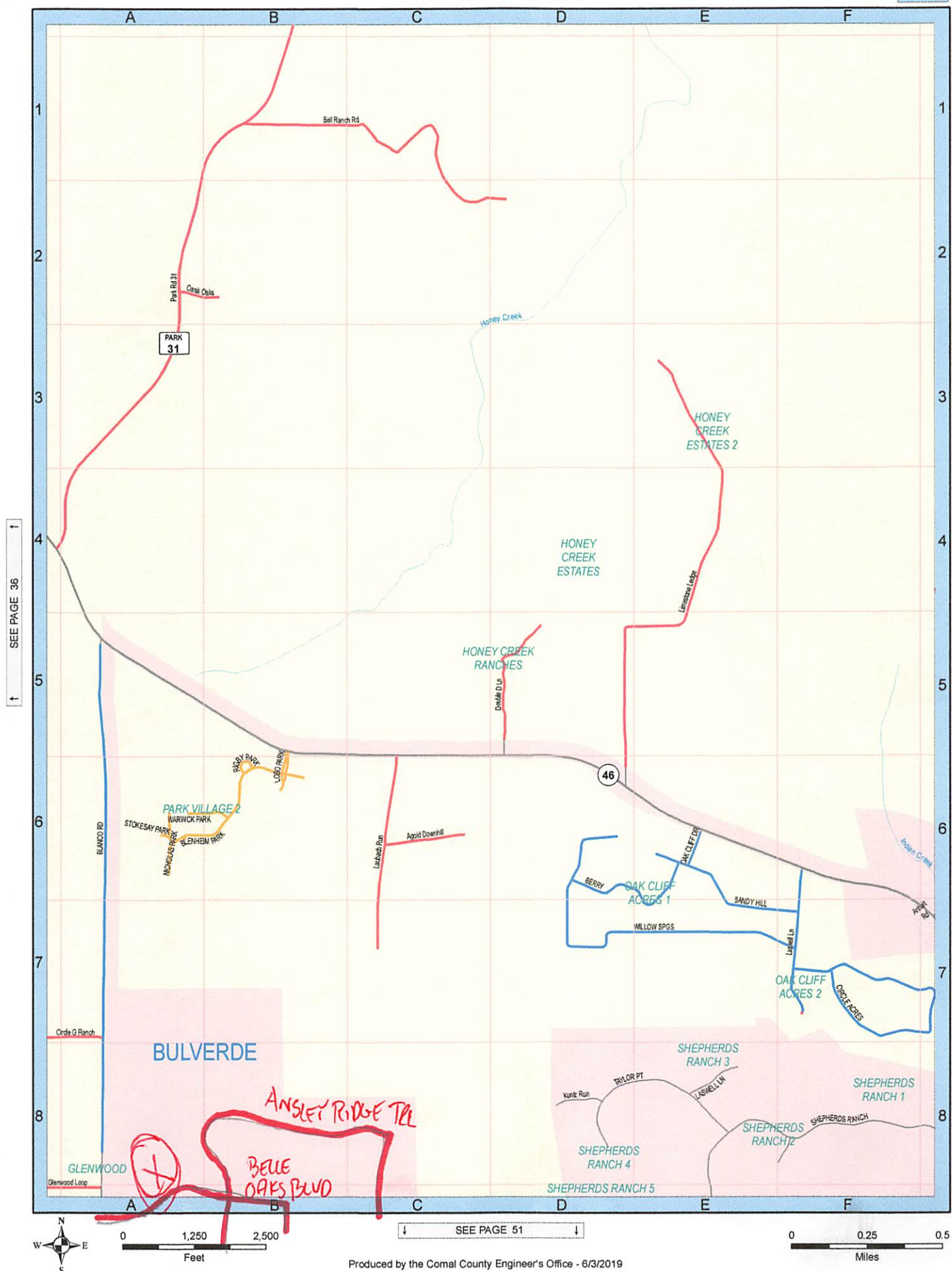
A two way sanitary tee is required between residence and tank.

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



F2585
03/16/2022

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



**RECEIVED**

By Brenda Ritzen at 8:26 am, May 10, 2022

CITY OF BULVERDE
New Single Family (Residential) Permit

PERMIT# 2021-41

DATE ISSUED 2/4/2021

PROJECT ADDRESS: 978 Belle Oaks Blvd Bulverde, TX 78163

LOCATION NAME: BELLE OAKS RANCH PHASE I, BLOCK 2, LOT 14

SUBDIVISION: Belle Oaks

OWNER: Sitterle Homes

CONTRACTOR: Sitterle Homes - Frank & Kathleen Sitterle

ADDRESS: 2015 Evans Road Suite 100

CITY, STATE, ZIP: San Antonio, TX 78258

PHONE: (210) 494-9192

EMAIL ADDRESS: contractadmin@sitterlehomes.com

CONTACT NAME: Kathleen Sitterle

ALT PHONE: (210) 494-9192

SQ FT: 0.00

PROJECT VALUATION: 0.00

PLAN REVIEW BY:

NOTES: Form survey required.

Engineer plans to be on site.

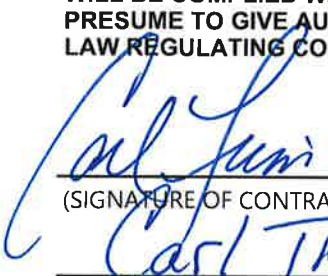
BB 3170

PERMIT TYPE	AMOUNT DUE
New Single-Family Residential	\$0.00
TOTAL:	\$2902.78

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS STARTED. SEPARATE PERMITS FOR ELECTRICAL, PLUMBING, MECHANICAL, AND PAVING ARE REQUIRED. ALL PERMITS REQUIRE FINAL INSPECTION.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISION OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.


(SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

PRINTED NAME

Sitterle Homes

PRINTED COMPANY NAME

Claudia Cardenas 03/17/2021

ISSUED BY

CITY OF BULVERDE

30360 Cougar Bend, Bulverde Texas 78163
830.438.3612 / 830.980.8832 metro / 830.438.4339 fax
www.bulverdetx.gov

Ritzen, Brenda

From: Ritzen, Brenda
Sent: Thursday, April 14, 2022 4:23 PM
To: 'kgolsch@sitterlehomes.com'
Cc: 'Greg Johnson'
Subject: Permit 114311

Re: Sitterle Homes, Ltd.
Belle Oaks Phase 1 Lot 14 Block 2
Application for Permit for Authorization to Construct an On-Site Sewage Facility (OSSF)

Owner / Agent :

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

1. ✓ Submit a copy of the approved building permit from the City of Bulverde.

Thank you,



Brenda Ritzen

Environmental Health Coordinator

195 David Jonas Dr.

New Braunfels, TX 78132

DR:OS00007722

830-608-2090

www.cceo.org

CORRECTION AFFIDAVIT AS TO A RECORDED ORIGINAL INSTRUMENT

(Non-material correction pursuant to §5.028, Texas Property Code)

Date: December 17, 2020
GF No: 4000081904118
Title Company: Alamo Title Company
Affiant: Tracy Vogel

Description of Original Instrument (include name of instrument, date, parties and recording information):

Special Warranty Deed Dated January 10, 2020, executed by SOUTHERLAND BELLE OAKS, LLC ("Grantor"), and SITTERLE HOMES, LTD (Grantee), DOC # 202006001047

Affiant on oath swears that the following statements are true and within the personal knowledge of Affiant:

1. My name is Tracy Vogel. My address is 434 N Loop 1604, West, Suite 2208, San Antonio, TX 78232. I am over the age of eighteen (18) years and am otherwise competent to make this Correction Affidavit.
2. I am employed as an Escrow Officer of Title Company. I closed the transaction relating to the Original Instrument and have personal knowledge of the facts relevant to the correction of the Original Instrument.

INCORRECT LEGAL:

Property (including any improvements): Lot 14, Block 2, Belle Oaks Ranch, Phase 1, a subdivision in Comal County, Texas, according to the map or plat thereof recorded in Document No. 201906022663, Map and Plat Records of Comal County, Texas.

3. I am making this Affidavit as a correction instrument pursuant to §5.028 of the Texas Property Code, with regard to the following clerical error in the Original Instrument:
4. The Original Instrument should correctly read as follows with respect to the clerical error described above, this being a non-material change to the Original Instrument (Insert corrected language below):


Property (including any improvements): Lot 10, Block 2, Belle Oaks Ranch, Phase 1, a subdivision in Comal County, Texas, according to the map or plat thereof recorded in Document No. 201906022663, Map and Plat Records, Comal County, Texas.

5. I have given notice of this correction of the Original Instrument by sending a copy of this Correction Affidavit by mail to each party to the Original Instrument in accordance with §5.028 (d) (2) of the Texas Property Code.

FILED BY ATC
VENTURA PLAZA

GF# 40000819041187V

AFFIANT:


Tracy Vogel

CORRECTION AFFIDAVIT AS TO A RECORDED ORIGINAL INSTRUMENT
(Texas)

STATE OF TEXAS

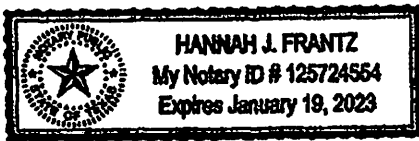
COUNTY OF
Bexar

SWORN TO AND SUBSCRIBED before me on this 17th day of December, 2020, by Tracy Vogel to
certify which witness my hand and seal of office.

My Commission Expires:

Hannah J. Frantz
Notary Public, State of Texas

Notary Name Printed: _____



Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
12/17/2020 10:05:08 AM
TERRI 2 Pages(s)
202006057425

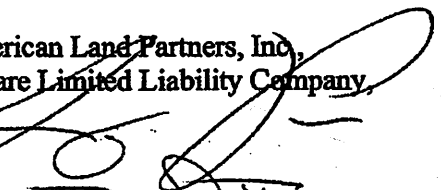


Bobbie Koepp

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

SOUTHERLAND BELLE OAKS, LLC
A Delaware Limited Liability Company

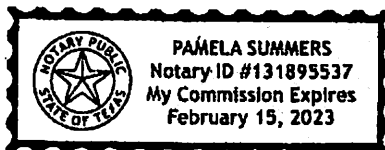
By: American Land Partners, Inc.,
A Delaware Limited Liability Company,
Manager

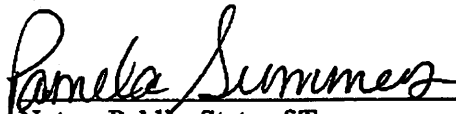
By: 
Printed Name: Jay Patterson
Authorized Agent

STATE OF TEXAS §

COUNTY OF Brewer §

This instrument was acknowledged before me on the 9 day of January, 2020, by Jay Patterson, Authorized Agent of American Land Partners, Inc., Manager of Southerland Belle Oaks, LLC, a Delaware Limited Liability Company, in the capacity therein stated.




Notary Public, State of Texas

AFTER RECORDING RETURN TO:
Alamo Title Company (SAT)
GF No. 4000081904118

PREPARED IN THE LAW OFFICE OF:
Kristen Quinney Porter
P.O. Box 312643
New Braunfels, Texas 78131-2643

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
01/10/2020 11:08:34 AM
CSCHUL 2 Pages(s)
202006001047





RECEIVED

By KG at 12:49 pm, Apr 11, 2022



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

--	--

Date Received

Initials

114311

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

4/6/2022

Date

___ COMPLETE APPLICATION

Check No. _____ Receipt No. _____

___ INCOMPLETE APPLICATION
(Missing Items Circled, Application Refeused)

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



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

To: Joe Zimmerman
978 Belle Oaks Blvd
Bulverde, TX 78163
Agency: Comal
County: Comal
Permit No: 114311

Tech: Seth
Phone: (210) 241-6948 Date: 9/14/22
Alt Ph: _____ Service Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A	
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Pressure: 52
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 type="checkbox"/>	<input checked="" 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"/>	

Test Results and observations: (As Required)

Chlorine Residual: 0.06
Test Method: Dpd
BOD: _____
TSS: _____
Access Ports Secured: Yes ☒ / NO ☐
Repairs Made: Yes ☐ / NO ☒

Mixed Liquor
Aeration: 40
Sludge Levels
Clarifier: 12
Pump: 1

Repairs and Comments:

A handwritten signature in black ink, appearing to be "SM".

Inspector: _____ Date: 9/14/22
Tom Hampton VP
MP349/OS24597

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



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

To: Joe Zimmerman
978 Belle Oaks Blvd
Bulverde, TX 78163
Agency: Comal
County: Comal
Permit No: 114311

Tech: Marc
Phone: (512) 426-9764
Alt Ph:
Date: 2023-10-12
Service Due:

Inspection Type: Scheduled

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

Test Results and Observations: (As Required)

Chlorine Residual: 0.10
Test Method: Dpd
BOD:
TSS:

Access Ports Secured: Yes [X] / NO []
Repairs Made: Yes [] / NO [X]

Mixed Liquor
Aeration: 0
Sludge Levels
Clarifier: 3
Pump: 1

Repairs and Comments:
Everything is working as it should. No issues.

MDL

Inspector: Date: 2023-10-12

Tom Hampton, VP
MP349/OS24597

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



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

To:	Joe Zimmerman	Tech:	Marc
	978 Belle Oaks Blvd	Phone:	(512) 426-9764
	Bulverde, TX 78163	Alt Ph:	
Agency:	Comal County Health	Date:	2024-01-24
County:	Comal	Service Due:	
Permit No:	114311		

Inspection Type: Scheduled

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

Test Results and Observations: (As Required)

Chlorine Residual:	0.12
Test Method:	Dpd
BOD:	
TSS:	

Access Ports Secured: Yes [X] / NO []

Repairs Made: Yes [] / NO [X]

Mixed Liquor Aeration: 0

Sludge Levels

Clarifier: 24 fog

Pump: 2

Repairs and Comments:
Did full inspection. No issues found.

ML

Inspector: _____ Date: 2024-01-24

Tom Hampton, VP
MP349/OS24597

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



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

To:	Dennis Coffman	Tech:	Nick
	981 Falling Water Dr.	Phone:	(210) 458-4615
	Spring Branch, TX 78070	Alt Ph:	(210) 415-7377
Agency:	Comal	Date:	2024-01-04
County:	Comal	Service Due:	
Permit No:	85709		

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

Test Results and Observations: (As Required)

Chlorine Residual:	_____	Mixed Liquor Aeration:	48
Test Method:	_____	Sludge Levels	
BOD:	_____	Clarifier:	36(heavy)
TSS:	_____	Pump:	0
Access Ports Secured:	Yes [X] / NO []		
Repairs Made:	Yes [X] / NO []		

Repairs and Comments:
2 light door panel replaced diaphragm on pressure switch Went out need a new door and that's all, system back to normal and stopped red goth green light chirping, system is In good shape went over a few things with H/O.

A handwritten signature in black ink, appearing to be "MR".

Inspector:	_____	Date:	2024-01-04
	Tom Hampton, VP MP349/OS24597		

Aerobic Services
15188 FM 306
Canyon Lake, TX 78133



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

To:	Joe Zimmerman	Tech:	Nick
	978 Belle Oaks Blvd	Phone:	(512) 426-9764
	Bulverde, TX 78163	Alt Ph:	
Agency:	Comal County Environmental Health	Date:	2024-05-28
County:	Comal	Service Due:	
Permit No:	114311		

Inspection Type:				
Item	Operational	Inoperative	Not Present	
Aerator:	[X]	[]	[]	Air Pressure: 62
Irrigation Pump:	[X]	[]	[]	
Air Compressor:	[X]	[]	[]	
Pump Screen:	[X]	[]	[]	
Chlorinator:	[X]	[]	[]	
Spray Field Vegetation:	[X]	[]	[]	
Filters:	[X]	[]	[]	
Sprinkler / Drip Backwash:	[X]	[]	[]	
Controls / Electric Circuits:	[X]	[]	[]	

Test Results and Observations: (As Required)

Chlorine Residual (ppm):	0.15	Mixed Liquor: all measurements in inches
Test Method:	Dpd	Aeration: 48
BOD:		Sludge Levels
TSS:		Clarifier: 32
Tank Lids Secured:	Yes [X] / NO []	Pump: 3
Pump Out Needed:	Yes [] / NO [X]	
Repairs Made	Yes [] / NO [X]	

Repairs and Comments:
System is fully operational, did fully inspection and cleaned filters. System has no repairs to notate everything is working as designed.

WR

Inspector:		Date:	2024-05-28
	Tom Hampton, VP MP349/OS24597		

Aerobic Services
15188 FM 306
Canyon Lake, TX 78133



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

To:	Joe Zimmerman	Tech:	Chris Bausch
	978 Belle Oaks Blvd	Phone:	(512) 426-9764
	Bulverde, TX 78163	Alt Ph:	
Agency:	Comal	Date:	2024-09-10
County:	Comal	Service Due:	
Permit No:	114311		

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

Test Results and Observations: (As Required)

Chlorine Residual (ppm):	0.00	Mixed Liquor: all measurements in inches
Test Method:	Dpd	Aeration: 52
BOD:		Sludge Levels
TSS:		Clarifier: 50
Tank Lids Secured:	Yes [X] / NO []	Pump: 2
Pump Out Needed:	Yes [] / NO [X]	
Repairs Made	Yes [X] / NO []	

Repairs and Comments:
Replaced pump float switch.

Inspector:		Date:	2024-09-10
	Tom Hampton, VP MP349/OS24597		

WORK ORDER

Aerobic Services
15188 FM 306, Canyon Lake, TX 78133
Canyon Lake: (830) 964-2365 | Bastrop:
(512) 303-6922
www.aerobicservices.com



Customer ID		Scheduled		Serviced	
173888		2024-09-10			
Customer Name and Site Address		Contact	Customer Email Address		
Joe Zimmerman 978 Belle Oaks Blvd Bulverde, TX Mailing: 978 Belle Oaks Blvd, Bulverde TX 78163		Joe Zimmerman	Doctorpsychaus@gmail.com		
		Main Phone	Secondary Phone		
		(512) 426-9764			
System Permit #	Brand of System				
114311	Nuwater				
Work Order Type	Assigned Technician		HEALTH DEPT		
Repair	Chris Bausch		Comal		
DESCRIPTION OF THE WORK ORDER (REASON OF CALL)					
Found on scheduled inspection.					
RESULTS OF WORK ORDER					
Replaced pump float switch.					
DIRECTIONS / INSTRUCTIONS FOR THE TECHNICIAN					

Customer's Signature

Date: 2024-09-10

Employee's Signature

ROUTINE MAINTENANCE AND INSPECTION AGREEMENT



Joe Zimmerman
978 Belle Oaks Blvd
Bulverde, TX 78163
P: (512) 426-9764

COUNTY: Comal

PERMIT: 114311

AGREEMENT LENGTH: 12 mos.

DESCRIPTION	TERM	AMOUNT	TAX	TOTAL
Residential Service Contract	09/10/24 - '25	370.00		370.00

GENERAL

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between the client named above (referred to as to "Client") and Aerobic Services (Thomas W. Hampton MP349) (hereinafter referred to as "Contractor") located at 15188 FM 306 Canyon Lake, Texas 78133. 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 per year (1 every 4 months), for a total of 3 over the one 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 addressed 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 client is responsible for chlorine.** Must be filled before or during the service visit.
- 5. Any additional visits, inspections or sample collection** required by specific Municipalities, Water/River Authorities, County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

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

ACCESS BY CONTRACTOR

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

Termination of Agreement

Either party may terminate this agreement within ten days of the start date by providing written notice if other party substantially fails to perform in accordance with the terms of the agreement, without fault of the terminating party. If this Agreement is so terminated, the Contractor will immediately notify the appropriate health authority. Customers will receive a pro rata refund for the balance of their contract if canceled after the initial 10 day period.

Limit of Liability

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

Dispute Resolution

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

Entire Agreement

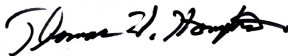
This Agreement contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement either oral or written.

Severability

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

SERVICE PROVIDER

Aerobic Services
15188 FM 306
Canyon Lake, TX 78133



Signature

Tom Hampton VP

License # OS0024597 / MP 349

PLEASE REMIT	370.00
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Customer Signature

***To pay online, proceed to the "Billing" section in your Customer Portal

IF MAILING YOUR PAYMENT: PLEASE RETURN THIS PORTION ALONG WITH YOUR PAYMENT
For Service at: 978 Belle Oaks Blvd, Bulverde, TX 78163