



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 04/06/2023 Permit Number: 114968

Location Description: 1443 BIRCH LN
FISCHER, TX 78623

Subdivision: RANCHO DEL LAGO
Unit: 10
Lot: 83
Block: 0
Acreage: 0.0000

Type of System: Aerobic
Surface Irrigation

Issued to: TEXAS HILL COUNTRY COTTAGES, 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 facility has not been remodeled and is functioning properly.

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 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: 114968
Issued This Date: 08/09/2022
This permit is hereby given to: TEXAS HILL COUNTRY COTRTAGES, LLC

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

1443 BIRCH LN
FISCHER, TX 78623

Subdivision: RANCHO DEL LAGO
Unit: 10
Lot: 83
Block: 0
Acreage: 0.0000

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

RECEIVED

By Kathy Griffin at 10:30 am, Aug 02, 2022



COMAL COUNTY
ENGINEER'S OFFICE

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

		114968
<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

8/1/2022

Date

<input type="checkbox"/> COMPLETE APPLICATION Check No. _____ Receipt No. _____
--

<input checked="" type="checkbox"/> INCOMPLETE APPLICATION (Missing Items Circled, Application Refused)
--



COMAL COUNTY ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

114968

Date June 24, 2022

Permit Number

1. APPLICANT / AGENT INFORMATION

Owner Name TEXAS HILL COUNTRY COTTAGES, LLC
Mailing Address 824 SHELLY DRIVE
City, State, Zip CANYON LAKE TEXAS 78133
Phone # 713-409-8263
Email erinl12@gmail.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 RANCHO DEL LAGO Unit PHASE 10 Lot 83 Block
Survey Name / Abstract Number Acreage
Address 1443 BIRCH LANE City FISCHER State TX Zip 78623

3. TYPE OF DEVELOPMENT

[X] Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1552

[] 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: \$ 300,000 (Structure Only)

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

[] Yes [X] No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

Source of Water [X] Public [] Private Well [] Rainwater Collection

4. SIGNATURE OF OWNER

By signing this application, I certify that:

- The completed application and all additional information submitted does not contain any false information and does not conceal any material facts. I certify that I am the property owner or I possess the appropriate land rights necessary to make the permitted improvements on said property.
- Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities..
- I understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

Signature of Owner

Date 7/5/2022

#114968

REVISED
8:47 am, Mar 27, 2023

*** * * 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) SOLAR AIR SA600LP Absorption/Application Area (Sq Ft) 4219

Gallons 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 No

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

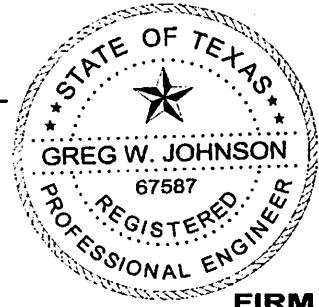
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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: _____



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]
Signature of Designer

June 27, 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 (OSSF's), 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):

10 UNIT/PHASE/SECTION _____ BLOCK **83** LOT _____ **RANCHO DEL LAGO** SUBDIVISION _____

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY _____

The property is owned by (insert owner's full name): TEXAS HILL COUNTRY COTTAGES, LLC

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 5th DAY OF July, 2022

[Signature]
Owner(s) signature(s)

ERIN LINN - MANAGER
Owner (s) Printed name (s)

ERIN LINN SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 5th DAY OF

[Signature], 2022
Notary Public Signature

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
07/28/2022 10:43:41 AM
TERRI 1 Pages(s)
202206034307



[Signature]
Bobbie Koepf

CLEAR CHOICE SEPTIC SERVICES

Contract Holder: TEXAS HILL COUNTRY COTTAGES Address: 1443 BIRCH LANE Permit: _____ Lot: 83
Subdivision: RANCO DEL LAGO County: Comal Phone: 713-409-8283 Email: erlin12@gmail.com
System Type: Solar Aire-SA -600 GPD Manufacturer service notes: _____

Initial Two-Year Service Agreement

The start date of the six-time visit service contract shall begin the date the license to operate (LTO) is issued.

This contract will be in effect FROM: _____ TO: _____ and will provide the following:

1. An inspection/service call every four months which will include: inspection, adjustments and servicing of the mechanical and electrical components as necessary to ensure that the system functions correctly.
2. An effluent inspection will consist of a visual check for color, turbidity, scum layer in the clarifier and an examination for odors.
3. The property owner is responsible for purchasing and keeping chlorine in the chlorinator (if applicable). If the chlorine test reveals no chlorine in the system, the property owner will be notified and may incur an additional cost.
4. If any incorrect operation is observed the property owner will be contacted immediately of the conditions and a solution must be met at that time or more charges may apply.
5. All parts, warranty or non-warranty, freight charges, labor or service calls that have not been paid for, remain the property of CLEAR CHOICE SEPTIC SERVICES and will result in the repossession of parts before end of contract date.
6. The response time to a service call by the Contract Holder regarding concerns of the system will be within 48 hours from the time received. (phone contact is an acceptable response)
7. The signing of this Service Agreement authorizes Clear Choice Septic Services to enter the property to complete all terms of this contract.

Clear Choice Septic Services will complete service of the septic system according to state and manufacturer regulations and the designs approved by the state. Contract holder will be responsible for service calls, labor and shipping costs on any parts under Warranty or exchanged during Warranty, additional fees may apply. All other components will be according to Manufacturer's Warranty and specification.

Attention: Clear Choice Septic Service cannot control quality or amount of effluent that goes into this septic system, we cannot warranty how the system will operate. See manufacturer or installer instructions for suggestions on septic operation. This Service Agreement does not cover cost of service calls, labor, parts or materials that are required for service, failure to maintain access from restricting vegetation, locked gates, unfriendly animals or electrical power to the system may result in a voided contract. Contract will not cover service calls such as sprinklers that are broken, leaking, stopped up or otherwise malfunctioning, sewage flows exceeding the hydraulic/organic design capabilities and the input of non-biodegradable materials (feminine products, sanitary wipes, solvents, grease, oil, paints, etc.), or any usage contrary to the requirements as advised by authorized Maintenance Provider. Inspection dates can be adjusted to allow inspection date under contract to take place of service call. Service call price may be adjusted at Clear Choice Septic Services discretion, without notice. This Contract does not include the pumping of tank or of any compartment of a tank or settlement of soil on or around any part of the system regardless of reason. Violations of this Contract also include: disconnecting the alarm, restricting ventilation to the aerator, overloading the system above its rated capacity; or flooding by external means. Ground water, rodent, insect or fire ant damage or any other form of unusual abuse is a violation. A renewal Service Contract should be activated 30 days before expiration of existing Contract. We will contact the Contract Holder prior to expiration of existing contract. As we take pleasure in servicing our active/retired military and senior community please have correct identification on hand when signing contract. (expired ID's are not valid) CLEAR CHOICE SEPTIC SERVICES has the right to refuse service to any party for any reason. Funds that have been paid for contract will be applied to any service calls and or labor. Remaining funds will be distributed at Clear Choices discretion. Contract holders will be notified 30 days before contract is terminated. The signing of this contract is an acknowledgment and agreement of all terms listed above.

Serviced by: Clear Choice Septic Services, 1659 State Hwy 46 W Ste 155-200 New Braunfels, TX 78132
Phone: 830-624-5859

Justin Trevino Maintenance Provider License # MP0002136


Contract Holder Signature/Property Owner

Date: 7/5/2022

Erin Linn
Printed Name


Authorized Maintenance Provider

Date: 7-29-22

**ON-SITE SEWERAGE FACILITY
SOIL EVALUATION REPORT INFORMATION**

Date Soil Survey Performed: June 24, 2022

Site Location: RANCHO DEL LAGO, PHASE 10, LOT 83

Proposed Excavation Depth: N/A

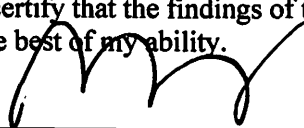
Requirements:

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		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 @ 8"	BROWN
1						
2						
3						
4						
5						

SOIL BORING NUMBER		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

06/24/2022
Date

OSSF SOIL EVALUATION REPORT INFORMATION

REVISED

8:47 am, Mar 27, 2023

Date: June 27, 2022

Applicant Information:

Name: TEXAS HILL COUNTRY COTTAGES, LLC.
Address: 824 SHELLY DRIVE
City: CANYON LAKE State: TEXAS
Zip Code: 78133 Phone: (713) 409-8263

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 83 Unit 10 Blk Subd. RANCHO DEL LAGO
Street Address: 1443 BIRCH LANE
City: FISCHER Zip Code: 78623
Additional Info.:

Installer Information:

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

Topography: Slope within proposed disposal area: 8 to 15 %

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

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = _____ GPD

Residential Water conserving fixtures to be utilized? Yes X No

Number of Bedrooms the septic system is sized for: 3 Total sq. ft. living area 1552

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

Q = (3 +1)*75-(20%)= 240

Trash Tank Size 376 Gal.

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

Req'd Application Area = Q/Ri = 240 / 0.064 = 3750 sq. ft.

Application Area Utilized = 4219 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 = 778 Gal. 18.75 Gal/inch.

Reserve Requirement = 80 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

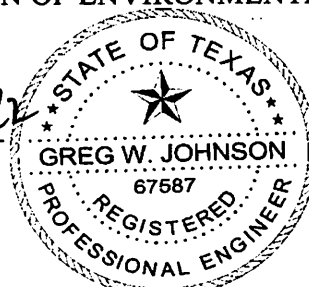
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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)

Signature of Greg W. Johnson, P.E. F#002585 - S.E. 11561

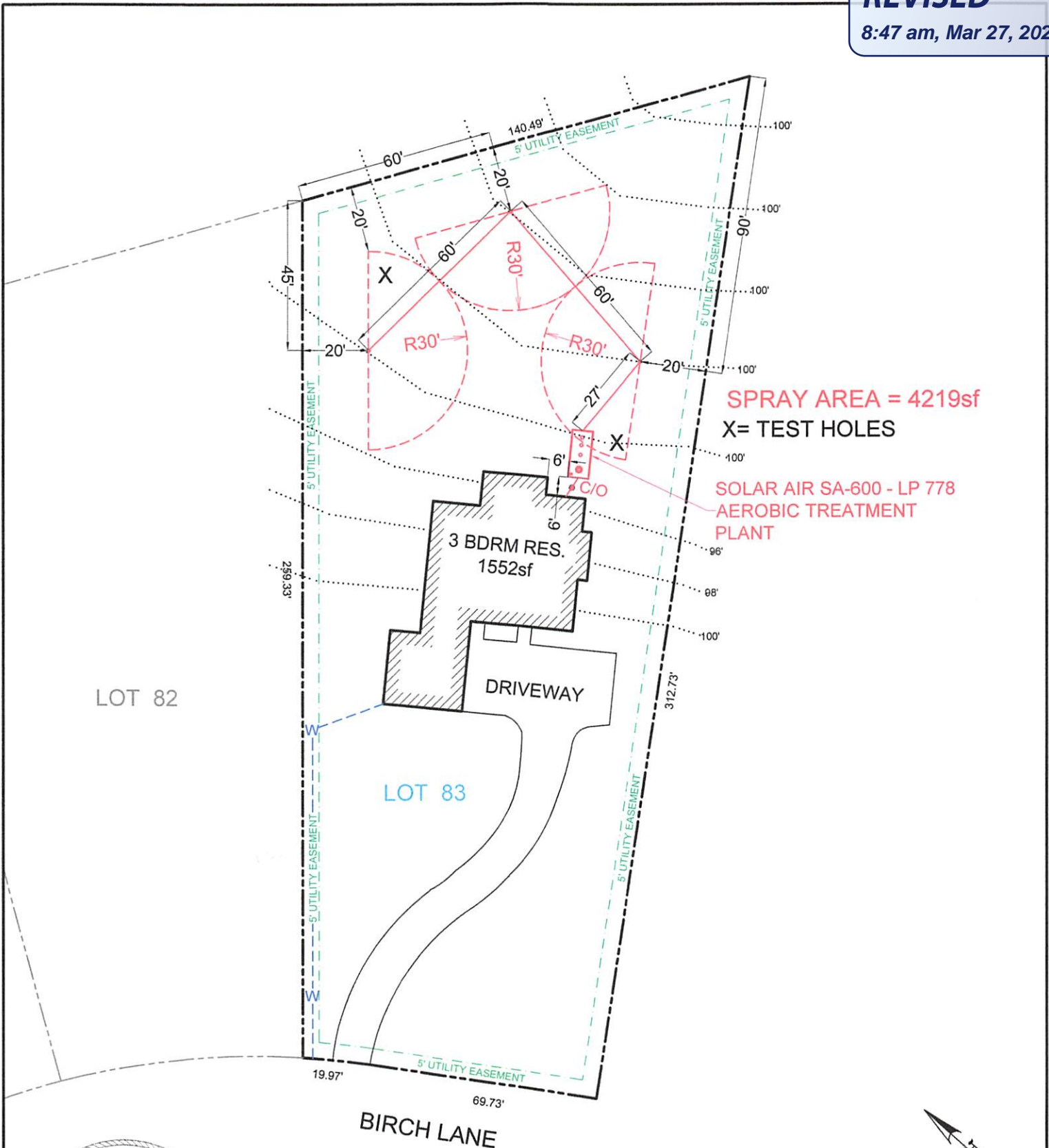
06/27/22 DATE



FIRM #2585

REVISED

8:47 am, Mar 27, 2023



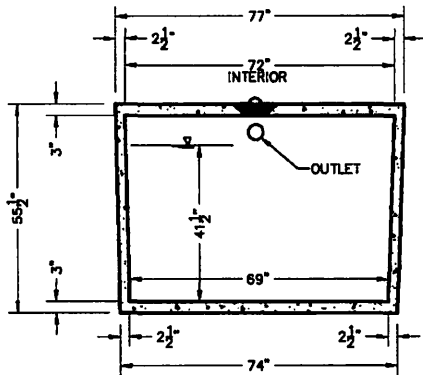
SPRAY AREA = 4219sf

X= TEST HOLES

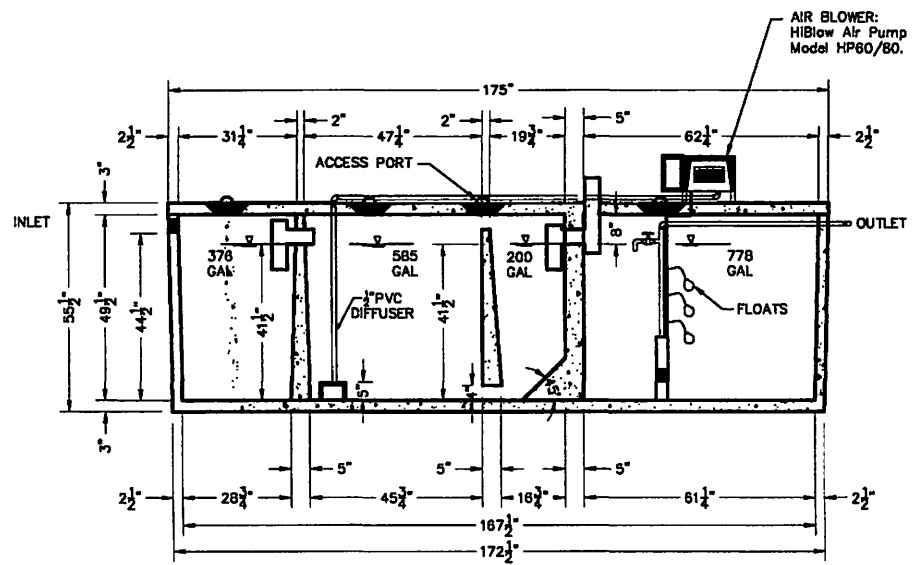
**SOLAR AIR SA-600 - LP 778
AEROBIC TREATMENT
PLANT**



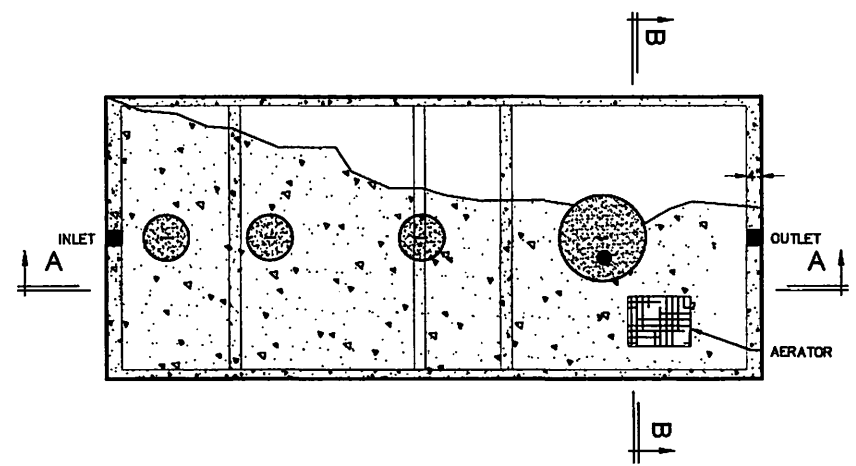
OWNER: TEXAS HILL COUNTRY COTTAGES, LLC.		DRAWN BY: EJS III	
STREET ADDRESS: 1443 BIRCH LANE			
LEGAL DESC: RANCHO DEL LAGO	UNIT/SECTION/PHASE: 10	BLOCK:	LOT: 83
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=40'	DATE: 6/27/2022	REVISED: 3/20/2023



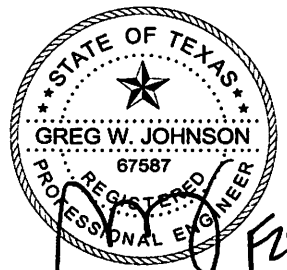
SECTION B-B



SECTION A-A



PLAN VIEW



Greg W. Johnson
 F2585
 06/25/2022

DATE: DEC 2018	PROJECT NO:	SHEET: SA-3
	SCALE: 3/8" = 1'-0"	
REVISIONS		
BY:	DATE:	
SOLAR AEROBIC 6754 HWY 80 EAST LAKE CHARLES, LA 70615 PHONE: (337) 439-0680		
MODEL SA 600LP RESIDENTIAL WASTEWATER TREATMENT SYSTEM		
DESIGNED: EBC	CHECKED: EBC	

TANK NOTES:

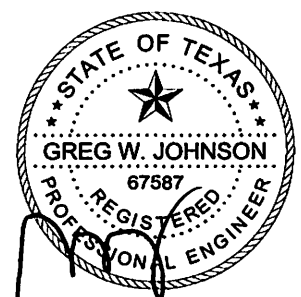
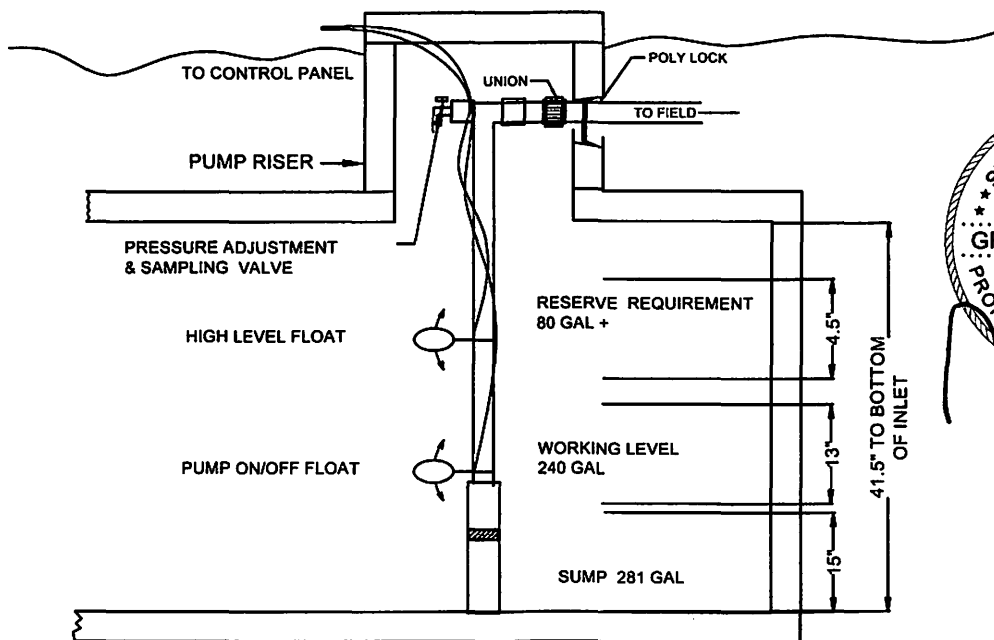
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

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

ALL WIRING MUST BE IN COMPLIANCE WITH THE MOST RECENT NATIONAL ELECTRIC CODE



F#2585

06/25/2022

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

*** 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) Absorption/Application Area (Sq Ft)

Gallons Per Day (As Per TCEQ Table III) 240

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

VOID

Is the property located over the Edwards Leachhead? [X] No

Is there an existing TCEQ approved WPAP for the property? [X] Yes

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

Is the property located over the Edwards Contributing Zone? [X] Yes [] No

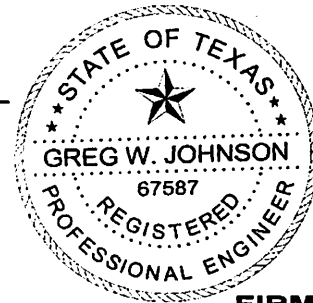
Is there an existing TCEQ approval CZP for the property? [] Yes [X] No

(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 [X] No

Is this property within an incorporated city? [] Yes [X] 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 June 27, 2022

OSSF SOIL EVALUATION REPORT INFORMATION

Date: June 27, 2022

Applicant Information:

Name: TEXAS HILL COUNTRY COTTAGES, LLC.
Address: 824 SHELLY DRIVE
City: CANYON LAKE State: TEXAS
Zip Code: 78133 Phone: (713) 409-8263

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 83 Unit 10 Blk ___ Subd. RANCHO DEL LAGO
Street Address: 1443 BIRCH LANE
City: FISCHER Zip Code: 78623
Additional Info.: _____

Installer Information:

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

Topography: Slope within proposed disposal area. 8 to 15 %
Presence of 100 yr. Flood Zone: YES ___ NO X
Existing or proposed water well in nearby area. YES ___ NO X
Presence of adjacent ponds, streams, water impoundments YES ___ NO X
Presence of upper water shed YES ___ NO X
Organized sewage system available to lot YES ___ NO X

Design Calculations: Aerobic Treatment Plant Sizing Investigation

Commercial

Q Residential Water consumption measures utilized? Yes ___ No ___
Number of Bedrooms ___ system designed for: ___ Total sq. ft. living area 15
Q gal/day = (Bedrooms * 5 GPD + Reduction in water conserving fixtures)
Q (3 + 1) * 75 = 240
Trash Tank Size ___ Gal.
TCEQ Approved Aerobic Plant Size 600 G.P.D.
Required Application Area = $Q/R_i = \frac{240}{0.064} = 3750$ sq. ft.
Application Area Utilized = 4241 sq. ft.
Pump Requirement 12 Gpm @ 41 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)

VOID

Dosing Cycle: ON DEMAND
Pump Tank Size = 778 Gal. 18.75 Gal/inch.
Reserve Requirement = 80 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.

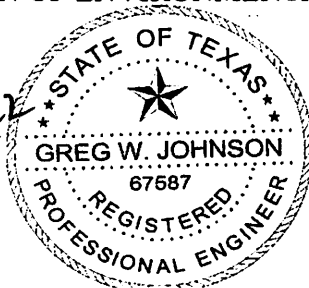
I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY (EFFECTIVE DECEMBER 29, 2016)



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

06/27/22

DATE



FIRM #2585

CTUT
21-610605-BV

Warranty Deed with Vendor's Lien

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.

Date: August 27, 2021

Grantor: Garry Neil Ellington and Dorothy Joann Ellington, a married couple

Grantor's Mailing Address: 11551 FM 32, Fischer, TX 78623

Grantee: Texas Hill Country Cottages, LLC, a Texas limited liability company

Grantee's Mailing Address: 824 Shelly Drive, Canyon Lake, TX 78133

Consideration:

Cash and other good and valuable consideration along with a note of even date executed by Grantee and payable to the order of Jefferson Bank in the principal amount of \$112,500.00 (One Hundred Twelve Thousand Five Hundred and 00/100 Dollars). The note is secured by a first and superior vendor's lien and superior title retained in this deed in favor of Jefferson Bank and by a first-lien deed of trust of even date from Grantee to Danny B. Butler, trustee.

Property (including any improvements):

Lots 80, 81, 82, and 83, Rancho Del Lago, Phase X, an Addition in Comal County, Texas, according to the Map or Plat thereof recorded in Volume 8, Pages 152-154, Map and Plat Records of Comal County, Texas.

Reservations from Conveyance: None

Exceptions to Conveyance and Warranty:

This conveyance, however, is made and accepted subject to any and all restrictions, encumbrances, easements, covenants, and conditions, if any, relating to the hereinabove described property as the same are filed for record in County Clerk's Office of Comal County, Texas.

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

whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

The Vendor's Lien against and Superior Title to the Property are retained until the Note described is fully paid according to its terms, at which time this Deed will become absolute. The Vendor's Lien and Superior Title herein retained are hereby transferred, assigned, sold, and conveyed to the payee of the Note, and the successors and assigns of the payee.

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

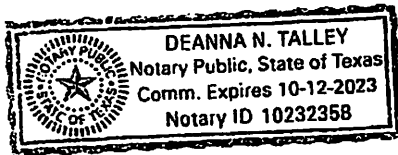
EXECUTED this 27th day of August, 2021 but to be EFFECTIVE the 27th day of August, 2021.

Garry Neil Ellington
Garry Neil Ellington

Dorothy Joann Ellington
Dorothy Joann Ellington

THE STATE OF TEXAS §
COUNTY OF Comal §
§

27 Before me, a Notary Public, the foregoing instrument was acknowledged on 27 day of August, 2021 by Garry Neil Ellington and Dorothy Joann Ellington who personally appeared before me, and who is known to me through PROS NO to be the person(s) who executed it for the purposes and consideration expressed therein, and in the capacity stated.



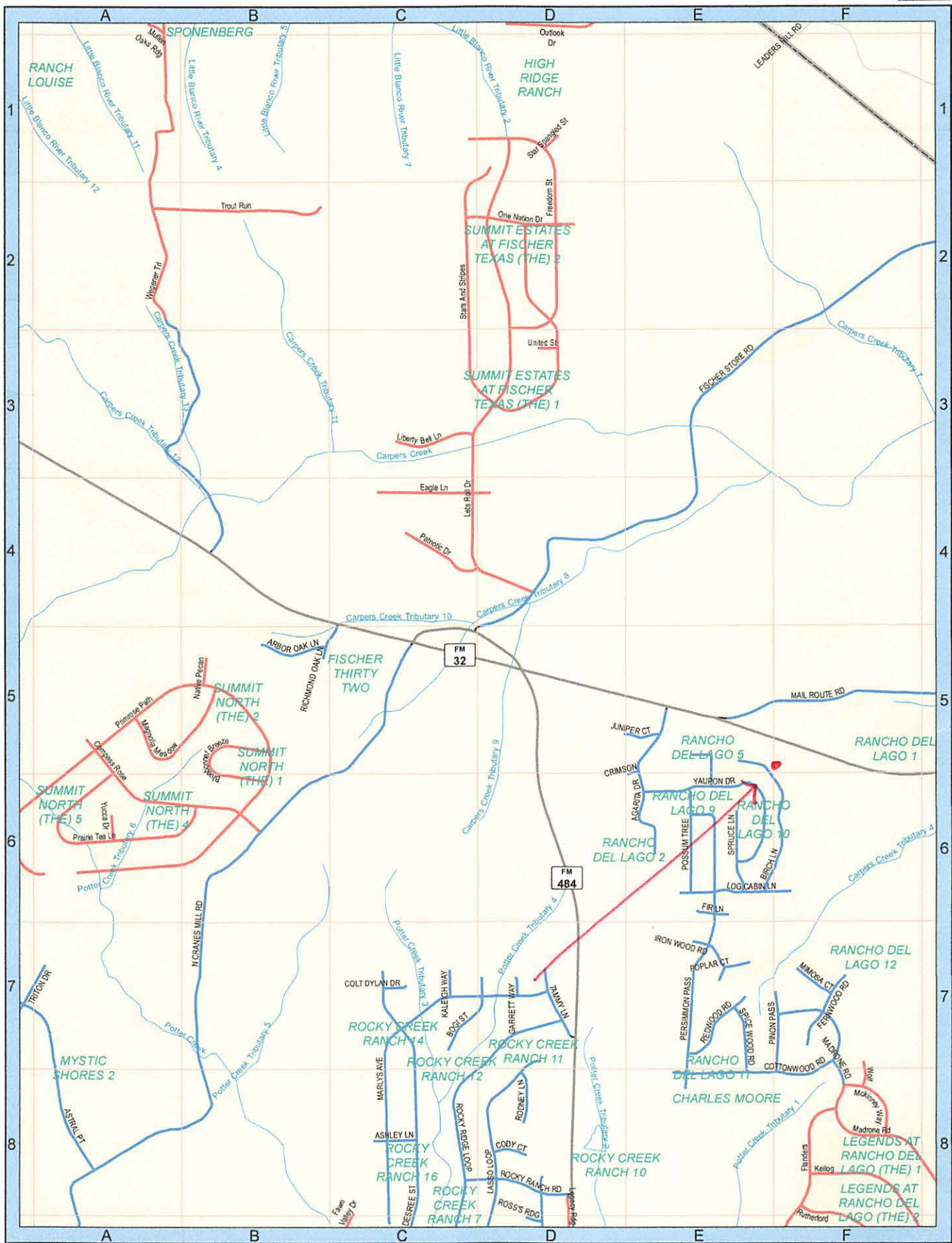
[Signature]
NOTARY PUBLIC, STATE OF Texas

AFTER RECORDING, RETURN TO:

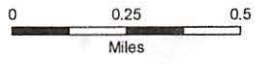
Filed and Recorded _____
Official Public Records _____
Bobbie Koepf, County Clerk
Comal County, Texas
08/30/2021 10:04:43 AM
CSCHUL 2 Pages(s)
202106045529

 Bobbie Koepf

PREPARED IN THE LAW OFFICE OF
Shaddock & Associates, P. C.
2400 N. Dallas Parkway, Ste. 560
Plano, Texas 75093



SEE PAGE 10



VM
9/26 50.

Inspection Date: 9/28/23 - 9:50 - 10:30
Service expires: 4/6/2025
Subdivision: Rancho Del Lago

1659 State Highway 46 W. Ste. 115-200
New Braunfels, TX 78132
830.624.5859

Clear Choice Septic Services

Routine Maintenance Inspection Report

This Inspection Report Record shall be completed, signed and dated after each inspection

Billing Address:
1443 Birch Lane Fischer, TX 78623

Site Address:
1443 Birch Lane Fischer, TX 78623

Contact: THEE Matt Setchell
Number: 580-533-8513

Lot: 83 Permit: 114968
County: Comal
Type of System: Spray

Manufacture/Size: Solar Aire-600 GPD

MatthewSetchell18719@gmail.com

Customer Notes:

INSPECTION ITEM:	YES	NO	TESTS REQUIRED AND RESULTS:		
Compressor Pressure Reading/ Aerators ACFM:	<u>3.0 PSI</u>			Required Yes/ No	Results mg/ 1 mpn/ 100mi or Trace
Filters are intact and operating:	<u>/</u>				
Irrigation Pumps have correct pressure:	<u>/</u>				
Recirculation Pumps active on system:	<u>N/A</u>		TSS (Grab test method)	<u>Y</u> <u>(N)</u>	<u>CLEAN</u>
Disinfection Device present & functioning properly:	<u>/</u>		C1 (OTO test method)	<u>(Y)</u> <u>N</u>	<u>1.0</u>
Chlorine Supply visible:	<u>/</u>				
Electrical Circuits functional:	<u>/</u>				
Sprinklers/ Drip Pad operating correctly:	<u>/</u>				
Dripfield/ Sprayfield Vegetation present:	<u>/</u>				
Back Flush Dripfield, if applicable:	<u>N/A</u>				

Access Ports are Secured:	YES	NO
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Service or repairs completed to system:
CLEANED AIR FILTER ON COMPRESSOR. CHECKED FLOATS, SPRINKLERS, AND NEEDS LIQUID CHLORINE. SET TIMER AND RINSED SYSTEM.

Copies of this Report have been sent to the following: County: Comal / Property Owner.

Date completed: 9/28/23 Arrival Time: 10:17am Departure Time: 10:58 am

Maintenance Technician: Joseph Smith

Maintenance Provider: [Signature]

Inspection Date: Dec 29th 2-4
 Service expires: 4/6/2025
 Subdivision: Rancho Del Lago

1659 State Highway 46 W. Ste. 115-200
 New Braunfels, TX 78132
 830.624.5859

Clear Choice Septic Services

Routine Maintenance Inspection Report

This Inspection Report Record shall be completed, signed and dated after each inspection

Billing Address:
 1443 Birch Lane Fischer, TX 78623

Site Address:
 1443 Birch Lane Fischer, TX 78623

Contact: THC Matt Satchell
 Number: 580-533-8513

Lot: 83 Permit: 114968
 County: Comal
 Type of System: Spray

Manufacture/Size: Solar Aire-600 GPD

Customer Notes:

INSPECTION ITEM:	YES	NO	TESTS REQUIRED AND RESULTS:		
Compressor Pressure Reading/ Aerators ACFM:	<u>3psi</u>			<u>Required</u> Yes/ No	<u>Results</u> mg/ 1 mpm/ 100mi or Trace
Filters are intact and operating:	/				
Irrigation Pumps have correct pressure:	/				
Recirculation Pumps active on system:	<u>NA</u>		TSS (Grab test method)	Y <u>(N)</u>	<u>Clear</u>
Disinfection Device present & functioning properly:	/		C1 (OTO test method)	<u>(Y)</u> N	<u>1.0</u>
Chlorine Supply visible:	/				
Electrical Circuits functional:	/				
Sprinklers/ Drip Pad operating correctly:	/				
Dripfield/ Sprayfield Vegetation present:	/				
Back Flush Dripfield, if applicable:	<u>NA</u>				

Access Ports are Secured:	<u>(YES)</u>	NO
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Service or repairs completed to system:
Cleaned Air filter on Compressor, Checked chlorine, floats & Sprinklers. Set timer & raised system.

Copies of this Report have been sent to the following: County: Comal / Property Owner.

Date completed: 12-29-23 Arrival Time: 3:35 Departure Time: 4:02
 Maintenance Technician: [Signature]
 Maintenance Provider: [Signature]

4pm

U

Inspection Date: 4-5-24
Service expires: 4/6/2025
Subdivision: Rancho Del Lago

1659 State Highway 46 W. Ste. 115-200
New Braunfels, TX 78132
830.624.5859

Clear Choice Septic Services

Routine Maintenance Inspection Report

This Inspection Report Record shall be completed, signed and dated after each inspection

Billing Address:
1443 Birch Lane Fischer, TX 78623

Site Address:
1443 Birch Lane Fischer, TX 78623

Contact: Matt Setchell
Number: 586-533-8513

Lot: 83 Permit: 114968
County: Comal
Type of System: Spray

Manufacture/Size: Solar Aire-600 GPD

Customer Notes:

INSPECTION ITEM:	YES	NO	TESTS REQUIRED AND RESULTS:		
Compressor Pressure Reading/ Aerators ACFM:	3.061			Required Yes/ No	Results mg/ 1 mpm/ 100mi or Trace
Filters are intact and operating:	✓				
Irrigation Pumps have correct pressure:	✓				
Recirculation Pumps active on system:	N/A		TSS (Grab test method)	Y <input checked="" type="checkbox"/> N	Clear
Disinfection Device present & functioning properly:	✓		C1 (OTO test method)	Y <input checked="" type="checkbox"/> N	1.0
Chlorine Supply visible:	✓				
Electrical Circuits functional:	✓				
Sprinklers/ Drip Pad operating correctly:	✓				
Dripfield/ Sprayfield Vegetation present:	✓				
Back Flush Dripfield, if applicable:	N/A				

Access Ports are Secured:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
---------------------------	---	-----------------------------

Service or repairs completed to system:
Cleaned air filter on compressor, checked plants, sprinklers, and bleach, set timer and rinsed system.

Copies of this Report have been sent to the following: County: Comal / Property Owner.

Date completed: 4-5-24 Arrival Time: 4:04 Departure Time: 4:31

Maintenance Technician: W. Galt

Maintenance Provider: CCS



10/12

Inspection Date: 8-13-24
Service expires: 4/6/2025
Subdivision: Rancho Del Lago

1659 State Highway 46 W. Ste. 115-200
New Braunfels, TX 78132
830.624.5859

Clear Choice Septic Services

Routine Maintenance Inspection Report

This Inspection Report Record shall be completed, signed and dated after each inspection

Billing Address:
1443 Birch Lane Fischer, TX 78623

Site Address:
1443 Birch Lane Fischer, TX 78623

Contact: Matt Setchell
Number: 586-533-8513

Lot: 83 Permit: 114968
County: Comal
Type of System: Spray

Manufacture/Size: Solar Aire-600 GPD

Customer Notes:

INSPECTION ITEM:	YES	NO	TESTS REQUIRED AND RESULTS:	
Compressor Pressure Reading/ Aerators ACFM:	3.0 PSI			Required Yes/ No Results mg/ 1 mpn/ 100mi or Trace
Filters are intact and operating:	✓			
Irrigation Pumps have correct pressure:	✓			
Recirculation Pumps active on system:	N/A		TSS (Grab test method)	Y/N Clear
Disinfection Device present & functioning properly:	✓		C1 (OTO test method)	Y/N 1.0
Chlorine Supply visible:	✓			
Electrical Circuits functional:	✓			
Sprinklers/ Drip Pad operating correctly:	✓			
Dripfield/ Sprayfield Vegetation present:	✓			
Back Flush Dripfield, if applicable:	N/A			
Access Ports are Secured:	YES	NO		

Service or repairs completed to system:
cleaned air filter on compressor checked floats, sprinklers and chlorine. set timer and rinsed system.

Copies of this Report have been sent to the following: County: Comal / Property Owner.

Date completed: 8-13-24 Arrival Time: 10:20 Departure Time: 10:59

Maintenance Technician: W. Yelth
Maintenance Provider: [Signature]

Inspection Date: goby
 Service expires: 4/6/2025
 Subdivision: Rancho Del Lago

1659 State Highway 46 W. Ste. 115-200
 New Braunfels, TX 78132
 830.624.5859

Clear Choice Septic Services

Routine Maintenance Inspection Report

This Inspection Report Record shall be completed, signed and dated after each inspection

Billing Address:
 1443 Birch Lane Fischer, TX 78623

Site Address:
 1443 Birch Lane Fischer, TX 78623

Contact: Matt Setchell
 Number: 586-533-8513

Lot: 83 Permit: 114968
 County: Comal
 Type of System: Spray

Manufacture/Size: Solar Aire-600 GPD

Customer Notes: 12/16/24-will be moving

INSPECTION ITEM:	YES	NO	TESTS REQUIRED AND RESULTS:		
Compressor Pressure Reading/ Aerators ACFM:	<u>3psi</u>			Required Yes/ No	Results mg/ 1 mpn/ 100mi or Trace
Filters are intact and operating:	<u>/</u>				
Irrigation Pumps have correct pressure:	<u>/</u>				
Recirculation Pumps active on system:	<u>N/A</u>		TSS (Grab test method)	Y <u>(N)</u>	<u>clear</u>
Disinfection Device present & functioning properly:	<u>/</u>		C1 (OTO test method)	<u>(Y)</u> N	<u>1.0</u>
Chlorine Supply visible:	<u>/</u>				
Electrical Circuits functional:	<u>/</u>				
Sprinklers/ Drip Pad operating correctly:	<u>/</u>				
Dripfield/ Sprayfield Vegetation present:	<u>/</u>				
Back Flush Dripfield, if applicable:	<u>N/A</u>				

Access Ports are Secured:	<u>(YES)</u>	NO
---------------------------	--------------	----

Service or repairs completed to system:
Cleaned Air filter on compressor, checked alarms, floats + sprinklers.
SA filter to raised system.

Copies of this Report have been sent to the following: County: Comal / Property Owner.

Date completed: 4-6-25 Arrival Time: 12:40 Departure Time: 1:00

Maintenance Technician: WY/T

Maintenance Provider: CF