



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: **12/06/2023** Permit Number: **116377**

Location Description: 3136 SUMMIT DR
NEW BRAUNFELS, TX 78132

Subdivision: THE SUMMIT
Unit: 2
Lot: 61
Block: 0
Acreage: 1.1400

Type of System: Aerobic
Surface Irrigation

Issued to: AARON M. FAVARA & ERIN WILLIAMS

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

Assistant
OS0034792

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: 116377
Issued This Date: 07/03/2023
This permit is hereby given to: AARON M. FAVARA & ERIN WILLIAMS

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

3136 SUMMIT DR
NEW BRAUNFELS, TX 78132

Subdivision: THE SUMMIT
Unit: 2
Lot: 61
Block: 0
Acreage: 1.1400

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.



Date May 27, 2023

Permit Number _____

1. APPLICANT / AGENT INFORMATION

Owner Name AARON MICHAEL FAVARA & ERIN WILLIAMS
Mailing Address 5114 CREEKLINE DRIVE
City, State, Zip AUSTIN TEXAS 78745
Phone # 214-399-3900
Email afavara1@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 THE SUMMIT Unit PHASE 2 Lot 6I Block _____
Survey Name / Abstract Number _____ Acreage _____
Address 3136 SUMMIT DRIVE City NEW BRAUNFELS State TX Zip 78132

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 2

Indicate Sq Ft of Living Area 720 sf

☐ 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: \$ 150,000 (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.

Aaron Michael Favara & Erin Williams
Signature of Owner

6/13/2023
Date

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

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

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

Tank Size(s) (Gallons) CLEARSTREAM 600 NC3T Absorption/Application Area (Sq Ft) 4954Gallons Per Day (As Per TCEQ Table III) 300

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

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

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

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

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

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

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

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

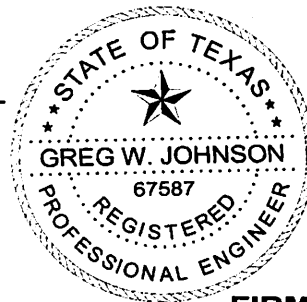
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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

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

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

If yes, indicate the city: _____

**FIRM #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

A handwritten signature in black ink, appearing to read "David Jonas", written over a horizontal line.

Signature of Designer

MAY 3, 2023

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):

2 UNIT/PHASE/SECTION BLOCK 61 LOT THE SUMMIT SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by (insert owner's full name): AARON MICHAEL FAVARA & ERIN WILLIAMS

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 13 DAY OF JUNE, 2023

[Signature]

AARON FAVARA

[Signature]

Erin K Williams

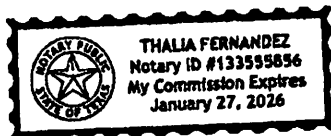
Owner(s) signature(s)

Owner (s) Printed name (s)

Aaron Favara & Erin K Williams SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 13th DAY OF

June, 2023

[Signature]
Notary Public Signature



Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
06/23/2023 10:26:41 AM
TRACY 1 Pages(s)
202306019837



Bobbie Koepp

Countryside Construction, Inc.
300 Chapman Parkway, Canyon Lake, TX. 78133
Phone: 830-899-2615 or 1-888-379-3721 Fax: 830-899-6662

Septic System Service Agreement

In consideration of payment for this service contract, we will abide by and agree to its terms and conditions:

Name: AARON M. FAVARA & ERIN WILLIAM S Address: 3136 SUMMIT DRIVE
Sub-Div./County: THE SUMMIT / COMAL City, State, Zip Code NEW BRAUNFELS, TX 78132
Permit #: _____ TYPE, Model# & SIZE: CLEARSTREAM 600NC3T Serial #: _____
Phone: 214-399-3900

(X) Initial Two Year Service & Two Year Limited Warranty

Legal Description: LOT 61, THE SUMMIT, PHASE 2, COMAL COUNTY

The effective date of the initial maintenance contract shall be the date the License to Operate is issued.

This contract will be in effect FROM: LTD TO

Countryside Construction, Inc. will provide the following:

- An inspection every (4) four months which will include: Servicing of the mechanical & electrical components as necessary to insure system is functioning as engineer designed, pulling and cleaning the Norweco Brand aerator shaft, cleaning compressor air filters of other brands, check chlorine, conduct solids test to determine if system should be pumped, back flushing tubing for drip irrigation fields and checking sprinklers on above ground systems.
- 1) 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 may incur an additional cost.
- 2) If any improper operation is observed (which cannot be corrected at that time) the property owner will be notified immediately of the conditions and the estimated cost.
- 3) ANY PARTS, WARRANTY OR NON-WARRANTY, FREIGHT CHARGES, LABOR OR SERVICE CALLS NOT PAID IN FULL AT THE END OF (30) DAYS SHALL REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND AUTHORIZES CONTRACTOR TO REMOVE AND REPOSSESS ANY PARTS INSTALLED. CLIENT FURTHER AGREES TO PAY ANY LABOR COST OF THE INSTALLATION AND REASONABLE COST OF REMOVAL OF SAID PARTS.
- 4) THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZES COUNTRYSIDE CONSTRUCTION TO ENTER THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.

Countryside Construction, Inc. will warranty installation of the septic system to be according to state and county regulations and the designs approved by the county. **HOMEOWNER WILL BE RESPONSIBLE FOR SERVICE CALLS, LABOR AND SHIPPING COSTS ON ANY "WARRANTIED PARTS" EXCHANGED DURING WARRANTY.** All other components will be according to manufacturer's warranties.

Important: As Countryside Construction, Inc. cannot control what or how much effluent goes into this septic system, we cannot warranty how the system will function. Refer to manufacturers or installer's instructions, for suggestions on septic operation. If necessary, between inspections, it is the property owner's responsibility to clean the micron filters on drip irrigation systems. This service agreement does not cover the cost of "service calls, labor or materials that are required or parts out of warranty, the failure to maintain electrical power to the system, sprinklers that are broken, leaking, stopped-up or otherwise mal-functioning; or sewage flows exceeding the hydraulic/organic design capabilities and the input of non-biodegradable materials (solvents, grease, oil, paints, etc.), or any usage contrary to the requirements as advised by authorized service representative. Laboratory test work is available at an additional cost. Chlorine, filters, or parts that are out of warranty are available at a reasonable cost.

This contract does not include the pumping of a 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 the warranty also include: disconnecting the alarm, restricting ventilation to the aerator, overloading the system above its rated capacity; or flooding by external means. Rodent, insect or fire ant damage or any other form of unusual abuse is a violation. A renewal service contract should be "activated" (30) thirty days before expiration of existing contract. We will contact property owner prior to expiration of existing contract.

Serviced by: Countryside Construction, Inc.

Walker Chapman - Installer's Licensee #OS0002929-OSSF Aaron Favara Maintenance Provider Licensee #MP0000035
(X) Erin Williams Print Name (X) Aaron Favara Date: 6/13/2023
Property Owner Signature

(X) Walker Chapman Date: 6/13/2023 Authorized Service Representative (revised 08/13/2020)

Greg W. Johnson, P.E.

170 Hollow Oak

New Braunfels, Texas 78132

830/905-2778

May 31, 2023

Comal County Office of Environmental Health

195 David Jonas Drive

New Braunfels, Texas 78132-3760

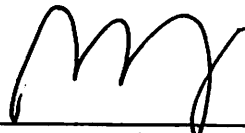
RE- SEPTIC DESIGN
3136 SUMMIT DRIVE
THE SUMMIT, PHASE 2, LOT 61
NEW BRAUNFELS, TX 78132
FAVARA / WILLIAMS RESIDENCE

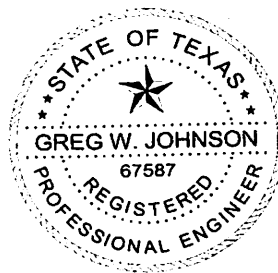
Brandon /Brenda,

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

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

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

 05/31/2023
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: May 30, 2023

Site Location: The SUMMIT, PHASE 2, LOT 61

Proposed Excavation Depth: N/A

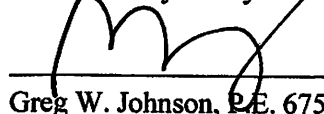
Requirements:

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

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

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

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


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

05/30/2023
Date

RECEIVED

By Brenda Ritzen at 8:38 am, Jul 03, 2023

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

June 30, 2023

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

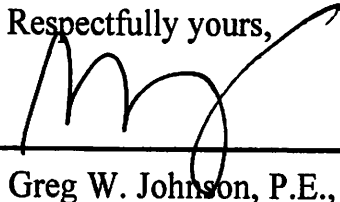
RE- Septic Design #116377
3136 SUMMIT DRIVE
THE SUMMIT PHASE 2, LOT 61
NEW BRAUNFELS, TX 78132
FAVARA / WILLIAMS RESIDENCE

Brandon/Brenda,

Due to the lack of available application area it is necessary to have the setback from the property line to the spray at ten feet as required by TCEQ Chapter 285 rules Table X. I hereby request a variance to the twenty foot setback to property lines as required by Comal County Order and equivalent protection will be maintained by including a battery backup to the timer clock to assure sprayers to only spray during the predawn hours. In my professional opinion this variance will not pose a threat to the environment or public health.

If I can be of further assistance please contact me.

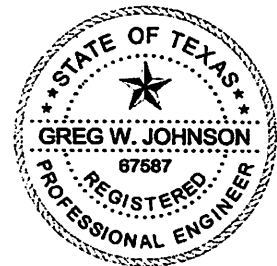
Respectfully yours,



Greg W. Johnson, P.E., F#2585

06/30/2023

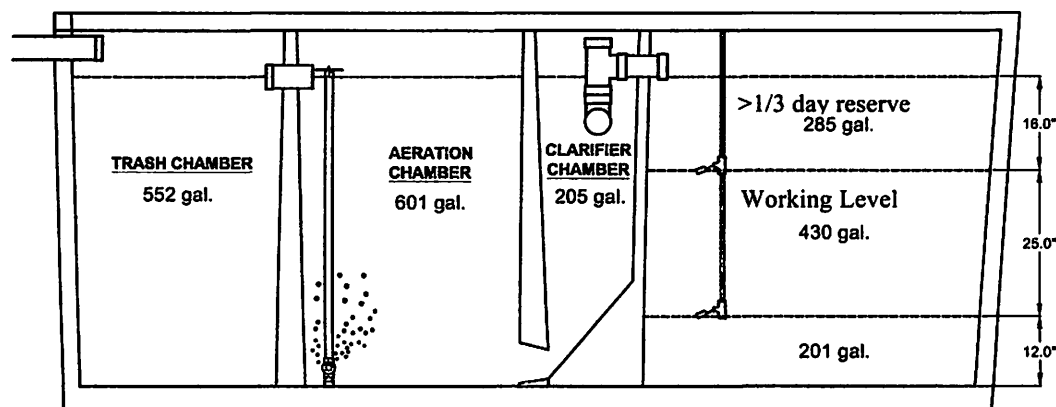
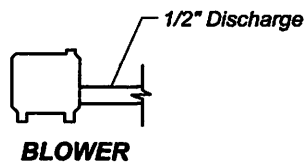
Date



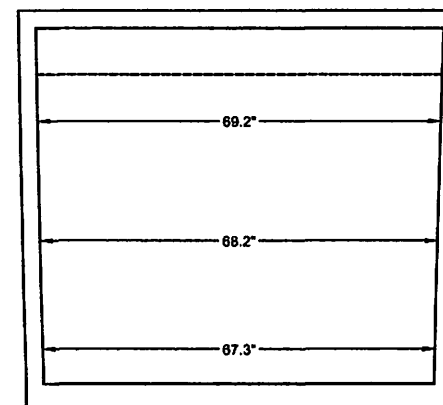
100.00'



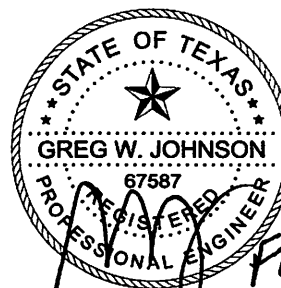
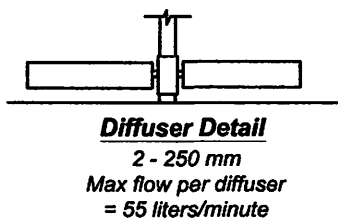
OWNER:		AARON MICHAEL FAVARA & ERIN WILLIAMS			DRAWN BY:		EJS III				
STREET ADDRESS:		3136 SUMMIT DRIVE									
LEGAL DESC:		The SUMMIT		UNIT/SECTION/PHASE:		2		BLOCK:	LOT:	61	
PREPARED BY:		GREG W. JOHNSON, P.E. F#002585		SCALE:		1"=40'		DATE:		5/31/2023	REVISED:



SIDE SECTION VIEW
SCALE: 1" = 3/8"



END SECTION VIEW
SCALE: 1" = 3/8"



FL805
05/31/2013

Title:

**Model D-840
Night Time Pumping**

Company Name:

Aeris Aerobics

Date:

5-8-2014

Environmental Series Pumps

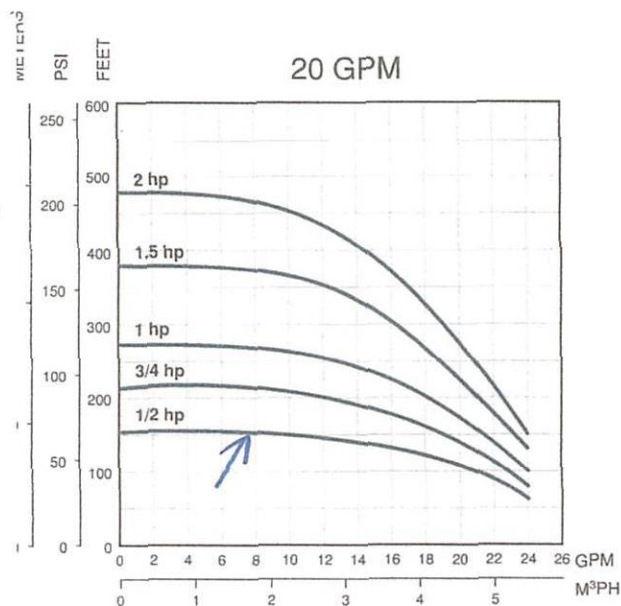
Thermoplastic Performance

LOW ANGLE NOZZLE PERFORMANCE CHART

Nozzle	PSI	Radius	GPM
#1	30	22'	1.5
	40	24'	1.7
	50	26'	1.8
	60	28'	2.0
#3	30	29'	3.0
	40	32'	3.1
	50	35'	3.5
	60	37'	3.8
#4	30	31'	3.4
	40	34'	3.9
	50	37'	4.4
	60	38'	4.7
#6	40	38'	6.5
	50	40'	7.3
	60	42'	8.0
	70	44'	8.6

KRAIN
Pro-Plus

*



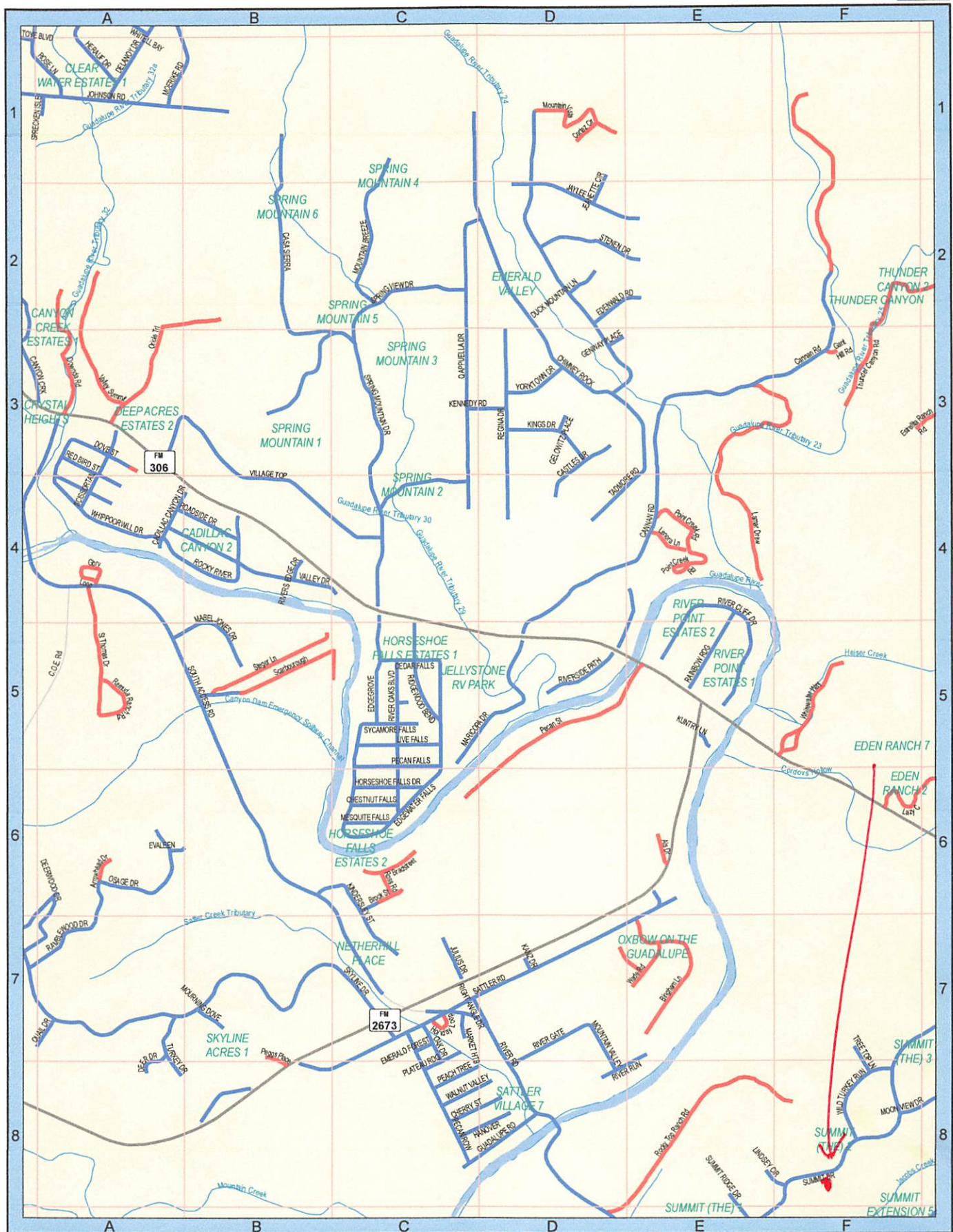
Thermoplastic Units Ordering Information

1/2 - 1.5 HP Single-Phase Units

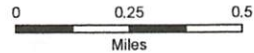
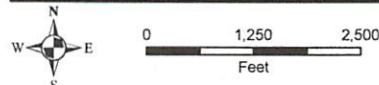
Order No.	Model	GPM	HP	Volt	Wire	Wt.
94741005	10FE05P4-2W115	10	1/2	115	2	24
94741010	10FE05P4-2W230	10	1/2	230	2	24
94741015	10FE07P4-2W230	10	3/4	230	2	28
94741020	10FE1P4-2W230	10	1	230	2	31
94741025	10FE15P4-2W230	10	1.5	230	2	46
94742005	20FE05P4-2W115	20	1/2	115	2	25
94742010	20FE05P4-2W230	20	1/2	230	2	25
94742015	20FE07P4-2W230	20	3/4	230	2	28
94742020	20FE1P4-2W230	20	1	230	2	31
94742025	20FE15P4-2W230	20	1.5	230	2	40

Thermoplastic 1/2 - 2 HP Pump Ends

Order No.	Model	GPM	HP	Volt	Wire	Wt.
94751005	10FE05P4-PE	10	1/2	N/A	N/A	6
94751010	10FE07P4-PE	10	3/4	N/A	N/A	7
94751015	10FE1P4-PE	10	1	N/A	N/A	8
94751020	10FE15P4-PE	10	1.5	N/A	N/A	12
94752005	20FE05P4-PE	20	1/2	N/A	N/A	6
94752010	20FE07P4-PE	20	3/4	N/A	N/A	7
94752015	20FE1P4-PE	20	1	N/A	N/A	8
94752020	20FE15P4-PE	20	1.5	N/A	N/A	10
94752025	20FE2P4-PE	20	2	N/A	N/A	11



SEE PAGE 32



From: [Ritzen, Brenda](#)
To: ["\(gregjohnsonpe@yahoo.com\)"](#)
Cc: ["afavara1@gmail.com"](#)
Subject: Permit 116377
Date: Friday, June 30, 2023 1:54:00 PM
Attachments: [image001.png](#)

**Re: Aaron Michael Favara & Erin Williams
The Summit Phase 2 Lot 61
Application for Permit for Authorization to Construct an On-Site
Sewage Facility (OSSF)**

Greg :

I have reviewed the planning materials for the referenced permit submittal and found the following information is needed before I can continue processing this permit:

- 1 ✓ Permit application indicates 1 bedroom planning materials are for a 2 bedroom residence.**
- 2 ✓ Maintain required 20 ft. setback with the edge of the spray areas to the property lines.**
- 3. Revise as needed and resubmit.**

Thank you,



Brenda Ritzen
Environmental Health Coordinator
195 David Jonas Dr.
New Braunfels, TX 78132
DR:OS00007722
830-608-2090
www.cceo.org



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE TREATMENT FACILITY APPLICATION

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

VOID

Date May 27, 2023

Permit Number 116377

1. APPLICANT / AGENT INFORMATION

Owner Name AARON MICHAEL FAVARA & ERIN WILLIAMS
Mailing Address 5114 CREEKLINE DRIVE
City, State, Zip AUSTIN TEXAS 78745
Phone # 214-399-3900
Email afavara1@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 THE SUMMIT Unit PHASE 2 Lot 6I Block
Survey Name / Abstract Number Acreage
Address 3136 SUMMIT DRIVE City NEW BRAUNFELS State TX Zip 78132

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 1

Indicate Sq Ft of Living Area 120

☐ 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: \$ 150,000 (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.

Aaron Favara
Signature of Owner

6/13/2023
Date

SPACE ABOVE THIS LINE FOR RECORDING INFORMATION

ATC-NEW BRAUNFELS
4000142300235 WARRANTY DEED

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: MAY 12, 2023

GF# 4000142300235

Grantor: MARLYS B. NEWMAN, A SINGLE PERSON

Grantor's Mailing Address: 3118 SUMMIT DRIVE, NEW BRAUNFELS, TEXAS 78132

Grantee: AARON MICHAEL FAVARA AND ERIN WILLIAMS, A MARRIED COUPLE

Grantee's Mailing Address: 3136 SUMMIT DRIVE, CANYON LAKE, TEXAS 78132

Consideration: TEN AND NO/100-----(\$10.00)-----DOLLARS and other good and valuable consideration, the receipt of which is hereby acknowledged and confessed;

GRANTEE IS ACQUIRING THE PROPERTY DESCRIBED HEREIN AS THEIR REPLACEMENT PROPERTY IN CONNECTION WITH AN EXCHANGE UNDER §1031 OF THE INTERNAL REVENUE CODE OF 1986, BY DIRECT CONVEYANCE PURSUANT TO EXCHANGE AGREEMENT DATED MAY 18, 2023.

Property (including any improvements):

LOT 61, THE SUMMIT, PHASE 2, COMAL COUNTY, TEXAS, ACCORDING TO PLAT THEREOF RECORDED IN VOLUME 7, PAGE 175, DEED AND PLAT RECORDS OF COMAL COUNTY, TEXAS.

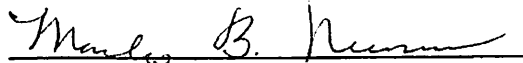
Reservations from Conveyance: NONE

Exceptions to Conveyance and Warranty:

THIS CONVEYANCE IS EXECUTED, DELIVERED AND ACCEPTED SUBJECT TO AD VALOREM TAXES FOR THE CURRENT YEAR, ROLLBACK TAXES DUE TO THIS CONVEYANCE OR GRANTEE'S USE OF THE SUBJECT PROPERTY, MAINTENANCE FUND LIENS, ZONING ORDINANCES, UTILITY DISTRICT ASSESSMENTS AND STANDBY FEES, IF ANY, ANY AND ALL VALID UTILITY EASEMENTS CREATED BY THE DEDICATION DEED OR PLAT OF THE SUBDIVISION IN WHICH SAID REAL PROPERTY IS LOCATED, RECORDED EASEMENTS, MINERAL RESERVATIONS AND LEASES, RESTRICTIONS, COVENANTS, CONDITIONS, RIGHTS OF WAY EASEMENTS, IF ANY, AFFECTING THE HEREIN DESCRIBED PROPERTY BUT ONLY TO THE EXTENT THE SAME ARE VALID AND SUBSISTING.

Grantor, for the consideration and subject to the Reservations from Conveyance and 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 wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor hereby binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, 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 Exceptions to Conveyance and Warranty.

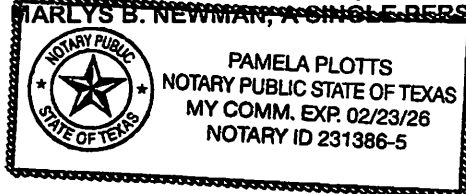
When the context requires, singular nouns and pronouns include the plural.



MARLYS B. NEWMAN

(Acknowledgment)

THE STATE OF TEXAS
COUNTY OF Comal

This instrument was acknowledged before me on the 18 day of May 2023 by
MARLYS B. NEWMAN, A SINGLE PERSON.




Notary Public, State of Texas
Notary's Name (printed):
Notary's commission expires:

NOTICE: This document affects your legal rights. Read it carefully before signing.

AFTER RECORDING RETURN TO:
AARON MICHAEL FAVARA AND ERIN WILLIAMS,
A MARRIED COUPLE
3136 SUMMIT DRIVE
CANYON LAKE, TEXAS 78132

PREPARED IN THE LAW OFFICE OF:
NEWMAN & LAWLER
A PROFESSIONAL LIMITED LIABILITY COMPANY
ATTORNEYS AT LAW
200 BAILEY AVE., SUITE 100
FORT WORTH, TEXAS 76107

After Recording Return to:
Alamo Title Company
494 South Seguin St., Ste 100
New Braunfels, TX 78130

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
05/18/2023 04:30:44 PM
CHRISTY 3 Pages(s)
202306015369



Bobbie Koepp



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

--	--

Date Received

Initials

116377

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

06/24/2023

Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

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

COUNTRYSIDE CONSTRUCTION, INC.
300 CHAPMAN PARKWAY
CANYON LAKE, TX 78133

Phone: 830-899-2615
Fax: 830-899-6662

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: APRIL 6, 2024 Installed: 12/6/2023 Service Expires: 12/06-2025

BILLING ADDRESS:

* AARON FAVARA & ERIN WILLIAMS
3136 SUMMIT DR
CANYON LAKE, TX 78132

PHYSICAL ADDRESS:

3136 SUMMIT DR
CANYON LAKE, TX 78132

TELEPHONE: 214-399-3900

LOT: LT 61,

PERMIT#: 116377

ALT. PHONE:

COUNTY: COMAL

GATE CODE:

SN:

SUBDIVISION: THE SUMMIT MFG: AERIS D 840

MAPSCO:

N/A

NOTES:

TYPE OF SYSTEM: GRAY

Inspected Item: Operational Inoperative

Aerators		
SCFM/Compressors PSI	2.5	
Record Pressure Reading		
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

2. Action taken or Repairs or Needed repairs to system (list all components replaced):

checked pump,
Alarms, sprinklers,
floats, chlorine
Compressor

SYSTEM OPERATING AS DESIGNED? ☒ Yes ☐ No

Access Ports are Secured ☒ Yes ☐ No

3. Tests required and results:

	Required		Results	Test Method
	Yes	No		
BOD (Grab)			mg/l mpn/100ml or Trace	
TSS (Grab)		/		
Cl (Grab)	/			
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas

11

Date of completion: 4/10/24 Start Job Time:

Stop Job Time:

Maintenance Provider: Wadkin Chapman

COUNTRYSIDE CONSTRUCTION, INC.
300 CHAPMAN PARKWAY
CANYON LAKE, TX 78133

Phone: 830-899-2615
Fax: 830-899-6662

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: APRIL 6, 2024 Installed: 12/6/2023 Service Expires: 12/6/2025

BILLING ADDRESS:

* AARON FAVARA & ERIN WILLIAMS
3136 SUMMIT DR
CANYON LAKE, TX 78132

PHYSICAL ADDRESS:

3136 SUMMIT DR
CANYON LAKE, TX 78132

TELEPHONE: 214-399-3900

ALT. PHONE:

GATE CODE:

SUBDIVISION: THE SUMMIT MFG: AERIS D 840

LOT: LT 61,

PERMIT#: 116377

COUNTY: COMAL

SN:

MAPSCO: N/A

NOTES:

TYPE OF SYSTEM: SRAY

Inspected Item: Operational Inoperative

2. Action taken or Repairs or
Needed repairs to system (list all
components replaced):

Aerators		
SCFM/Compressors PSI		
Record Pressure Reading	2.5	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

Checked pump,
Alarms, chlorine,
sprinklers, chlorine,
Compressor

SYSTEM OPERATING AS DESIGNED? Y N

Access Posts are Secured

Yes

No

3. Tests required and results:

	Required		Results	Test Method
	Yes	No		
BOD (Grab)			mg/l mpn/100ml or Trace	
TSS (Grab)		/		
Cl (Grab)	/			
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas

11

Date of completion: 3/5/24 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walker Chapman

COUNTRYSIDE CONSTRUCTION, INC.
300 CHAPMAN PARKWAY
CANYON LAKE, TX 78133

Phone: 830-899-2615
Fax: 830-899-6662

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: AUGUST 6, 2024 Installed: 12/6/2023 Service Expires: 12-06-2025

BILLING ADDRESS:

* AARON FAVARA & ERIN WILLIAMS
3136 SUMMIT DR
CANYON LAKE, TX 78132

PHYSICAL ADDRESS:

3136 SUMMIT DR
CANYON LAKE, TX 78132

TELEPHONE: 214-399-3900

LOT: LT 61,

PERMIT#: 116377

ALT. PHONE:

COUNTY: COMAL

GATE CODE:

SN:

SUBDIVISION: THE SUMMIT MFG: AERIS D 840

MAPSCO: N/A

NOTES:

TYPE OF SYSTEM: GRAY

Inspected Item:	Operational	Inoperative	2. Action taken or Repairs or Needed repairs to system (list all components replaced):
Aerators			
SCFM/Compressors PSI			
Record Pressure Reading	1.25		ckd pump
Filters	-		
Irrigation Pumps	-		Floats alarm
Recirculation Pumps	NA		
Disinfection Device	-		2 Sprayers
Chlorine Supply	-		ckd chloring
Electrical Circuits	-		
Distribution System	-		
Sprayfield Vegetation	-		
Back Flush Drip Field, if applicable	NA		
Other as Noted			
Access Posts are Secured			SYSTEM OPERATING AS DESIGNED? <input checked="" type="checkbox"/> Y/N
			Yes No

3. Tests required and results:

	Required		Results	Test
	Yes	No		
BOD (Grab)				
TSS (Grab)				
Cl (Grab)	-		11	OT
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Richard

8

Date of completion: 8/1/24 Start Job Time:

Stop Job Time:

Maintenance Provider: Walter Chapman

COUNTRYSIDE CONSTRUCTION, INC.
300 CHAPMAN PARKWAY
CANYON LAKE, TX 78133

Phone: 830-899-2615
Fax: 830-899-6662

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: December 6, 2024 Installed: 12/6/2023 Service Expires: 12:00:00 AM

BILLING ADDRESS:

* AARON FAVARA & ERIN WILLIAMS
3136 SUMMIT DR
CANYON LAKE, TX 78132

PHYSICAL ADDRESS:

3136 SUMMIT DR
CANYON LAKE, TX 78132

TELEPHONE: 214-399-3900

LOT: LT 61,

PERMIT#: 116377

ALT. PHONE:

COUNTY: COMAL

GATE CODE:

SN:

SUBDIVISION: THE SUMMIT MFG: AERIS D 840

MAPSCO: N/A

NOTES:

TYPE OF SYSTEM: SRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI		
Record Pressure Reading	1.25	
Filters	—	
Irrigation Pumps	—	
Recirculation Pumps	N/A	
Disinfection Device	—	
Chlorine Supply	—	
Electrical Circuits	—	
Distribution System	—	
Sprayfield Vegetation	—	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

2. Action taken or Repairs or
Needed repairs to system (list all
components replaced):

Cleaned Filter

ckd pump

Floats alarms

2 Sprayers ckd

Chlorine

SYSTEM OPERATING AS DESIGNED? ☒ Y/N

Access Posts are Secured

Yes

No

3. Tests required and results:

	Required		Results mg/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)				
Cl (Grab)	—	—	11	OTO
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Richard

9

Date of completion: 12/6/24 Start Job Time: _____

Stop Job Time: _____

Maintenance Provider: Walker Chapin

COUNTRYSIDE CONSTRUCTION, INC.
300 CHAPMAN PARKWAY
CANYON LAKE, TX 78133

Phone: 830-899-2615
Fax: 830-899-6662

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: **April 6, 2025** Installed: 12/6/2023 Service Expires: 12:00:00 AM

BILLING ADDRESS:

* **AARON FAVARA & ERIN WILLIAMS**
3136 SUMMIT DR
CANYON LAKE, TX 78132

PHYSICAL ADDRESS:

3136 SUMMIT DR
CANYON LAKE, TX 78132

TELEPHONE: **214-399-3900**

LOT: **LT 61,**

PERMIT#: **116377**

ALT. PHONE:

COUNTY: **COMAL**

GATE CODE:

SN:

SUBDIVISION: **THE SUMMIT MFG: AERIS D 840**

MAPSCO:

N/A

NOTES:

TYPE OF SYSTEM: **SRAY**

Inspected Item: Operational Inoperative

Aerators		
SCFM/Compressors PSI	1.25	
Record Pressure Reading		
Filters		
Irrigation Pumps	-	
Recirculation Pumps	NA	
Disinfection Device	-	
Chlorine Supply	=	
Electrical Circuits		
Distribution System	-	
Sprayfield Vegetation	-	
Back Flush Drip Field, if applicable	NA	
Other as Noted		

2. Action taken or Repairs or Needed repairs to system (list all components replaced):

Cleaned Filter

chk pump

Floats alarms

2 Sprayers chk

Chlorine

SYSTEM OPERATING AS DESIGNED? **Y/N**

Access Posts are Secured

Yes

No

3. Tests required and results:

	Required		Results	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		-		
Cl (Grab)	-		11	OTD
Fecal Coliform				

Copies of this report have been forwarded to the following: **COMAL county / homeowner.**

Maintenance Technician: Richard

9

Date of completion: 4-5-25 Start Job Time: _____ Stop Job Time: _____

Maintenance Provider: Walter Chapman