



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 12/18/2023

Permit Number: 116742

Location Description: 475 SIR WINSTON DR
CANYON LAKE, TX 78133

Subdivision: TOM CREEK HILLS
Unit: 1
Lot: 3
Block: 0
Acreage: 1.0800

Type of System: Aerobic
Surface Irrigation

Issued to: JASON C. & JENNIFER M. WHITE

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

OS0036769

ENVIRONMENTAL HEALTH INSPECTOR

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						

RECEIVED

By Brandon Olvera at 9:21 am, Nov 20, 2023

**Waste Tracking Form**No. **71491****Generator Information**Generator Name: CENTRAL TEXAS SPACE
Address: 475 BER WINSTON County: _____ Telephone: _____This waste was removed from my: ☐ Grease Trap ☒ Septic Tank ☐ Other _____
☐ Grit Trap ☐ Chemical Toilet (Specify)OR This waste is: ☐ Sewer Sludge My waste tank or trap holds up to 2450 gallons.
☐ Water Treatment Sludge The transporter removed a total of 1000 gallons.
Date of last pumping: _____As the generator's representative, I certify that this waste contains no hazardous materials, was removed from this address on 11/6/23 at 3:00 ☐ a.m. ☒ p.m., and is to be transported to a facility that the Texas Commission on Environmental Quality has authorized to receive these wastes.

Generator Name (printed) _____ Generator's Signature _____

Transporter InformationBusiness Name: Candidated Pumping TCEQ Registration Number: 25930
Address: 2051 FM 20 GBRA Permit Number: 29
Seguin TX 78155 Vehicle Capacity: 2450 gallons
Telephone: 520 678 0950 Truck License Number: LN1439**Grease Trap Conditions**Inches of grease: _____ Inches of solids: _____ Method of measurement used: _____
Condition of trap: _____ AS A COURTESY TO THE CUSTOMER, PLEASE CHECK THE TRAP
FOR NEEDED REPAIRS AND NOTIFY THE OWNER IF REPAIRS ARE NEEDED.

The liquid waste hauler shall completely evacuate all traps and interceptors during servicing. It shall be unlawful to allow in the servicing of the trap, the discharge of liquid, semi-solids, or solids to be discharged back into a grease or grit trap after servicing.

On 11/9/23 I transported 1000 gallons of the waste described under **Generator Information** above to waste receiver: Guadalupe-Blanco River Authority - FM 20 plant TCEQ Permit or Registration No. WQ0010210002

I certify that the information provided above is correct and that only the waste certified for removal by the generator is contained in this waste transport vehicle. I am aware that falsification of this trip ticket may result in revocation of my waste transportation permit, criminal prosecution, and/or civil penalties.

Driver Name (printed) Jeff Wegman Driver Signature: [Signature]**Receiver Information**Business Name: Guadalupe-Blanco River Authority - FM 20 Plant TCEQ Permit or Registration No. WQ0010210002
Address: 4435 FM 20 East (Creekview), Lockhart, Texas 78644 Telephone: (512) 398-6391

As the representative of this business, I certify that each of the following statements is true:

- The Texas Commission on Environmental Quality has authorized this business to accept the waste specified under "Generator Information" above.
- The transporter named above delivered 1000 gallons of this waste to this business on 11/9/23 at 10:00 ☒ a.m. ☐ p.m.
- This waste has been recycled or disposed as required by the TCEQ authorization for this business.

Site Operator Name (printed) _____ Site Operator Signature _____

White copy - Transporter

Yellow copy - Generator

Pink copy - GBRA

Green copy - FM 20 Plant

Gold copy - GBRA



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: 116742
Issued This Date: 10/26/2023
This permit is hereby given to: JASON C. & JENNIFER M. WHITE

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

475 SIR WINSTON DR
CANYON LAKE, TX 78133

Subdivision: TOM CREEK HILLS
Unit: 1
Lot: 3
Block: 0
Acreage: 1.0800

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

		116742
<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

10/04/2023

Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

INCOMPLETE APPLICATION	
___ (Missing Items Circled, Application Refeused)	



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

Date August 25, 2023

Permit Number 116742

1. APPLICANT / AGENT INFORMATION

Owner Name JASON COLLIN WHITE & JENNIFER MICHELLE WHITE
Mailing Address 475 SIR WINSTON
City, State, Zip CANYON LAKE TEXAS 78133
Phone # 931-561-8992
Email jwtx12@outlook.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 TOM CREEK HILLS Unit 1 Lot 3 Block
Survey Name / Abstract Number Acreage
Address 475 SIR WINSTON DR City CANYON LAKE State TX Zip 78133

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) MOBILE HOME

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1848

☐ 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: \$ EXISTING (Structure Only)

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

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

Source of Water ☒ Public ☐ Private Well ☐ Rainwater Collection

4. SIGNATURE OF OWNER

By signing this application, I certify that:

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

Signature of Owner *[Signature]*

Date 19 SEP 2023

* * * 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 600NC3T Absorption/Application Area (Sq Ft) 4241Gallons Per Day (As Per TCEQ Table III) 240

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

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

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

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

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

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

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

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

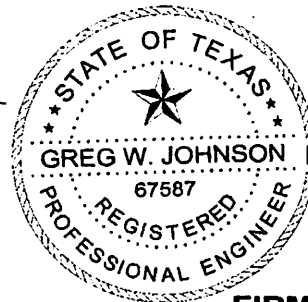
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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

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

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

If yes, indicate the city: _____

**FIRM #2585**

By signing this application, I certify that:

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

Signature of Designer _____

Date September 7, 2023

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):

1 UNIT/PHASE/SECTION BLOCK 3 LOT TOM CREEK HILLS SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by (insert owner's full name): JASON COLLIN WHITE & JENNIFER MICHELLE WHITE

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 19th DAY OF September, 2023

[Signature]

Owner(s) signature(s)

JASON C & JENNIFER M WHITE

Jason Collin White & Jennifer Michelle White

Owner (s) Printed name (s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 19 DAY OF

September, 2023

[Signature]
Notary Public Signature



Filed and Recorded
Official Public Records
Bobbie Koeppe, County Clerk
Comal County, Texas
09/28/2023 12:55:17 PM
LAURA 1 Pages(s)
202306031168



Bobbie Koeppe

Central Texas Aerobics, Inc.

2918 Dauer Ranch Rd.
New Braunfels, TX 78130

Phone: (830) 303-4065

Date:

www.septictex.com info@septictex.com

To: JASON COLLIN & JENNIFER MICHELLE
WHITE

Contract Period

Start Date: 12/18/2023
End Date: 12/18/2025

Phone: 375 SIR WINSTON DR Subdivision: TOM CREEK HILLS, UNIT 1, LOT 3

Site:

County: Comal County

Installer: Central Texas Aerobics, Inc.

Agency: Comal County Office of Environmental Health

Mfg/Brand: Clearstream / Clearstream 600 NC3T

Central Texas Aerobics, Inc.

3 visits per year - one every 4 months

Map Key: CCEO 28 F7 10: 754

CENTRAL TEXAS AEROBICS, INC.
2918 Dauer Ranch Rd. New Braunfels, Texas 78130
Phone (830)303-4065

INITIAL State Maintenance and Inspection Agreement (2 YEARS)

This contract (herein referred to as this "Agreement") is entered into by above customer (hereinafter referred to as the "Customer") and Central Texas Aerobics, Inc. By this agreement Central Texas Aerobics, Inc. agrees to render professional service, as described herein, and the Customer agrees to fulfill the terms of this Agreement as described herein.

This contract will provide for all required inspections, testing and service on your Aerobic Treatment System. Central Texas Aerobics, Inc. does not set up individual appointments for routine maintenance. (An appointment can be set up for an additional fee.) The policy will include the following:

1. 3 inspections a year (at least one every 4 months), over the one year period including inspection, adjustment, and servicing of the mechanical, electrical, and other applicable component parts to ensure proper function. This includes inspection of control panel, air pumps, air filter, diffuser operation and replacing or repairing any component not found to be operating correctly. Any alarm situation affecting the proper function of the Aerobic process will be addressed within a 48 hour time frame.

2. An effluent quality inspection consisting of a visual check for color, turbidity, odum overflow and examination for odors. A test for chlorine residual and Ph will be taken and reported as necessary.

3. If any improper operation is observed which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimate date and cost of correction.

4. Any additional visits, inspections, or sample collections required by specific Municipalities, Water/PWMA Authorities, County Agencies, the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

5. Pumping of sludge built-up is NOT covered by this contract and will result in additional charges. Replacing of parts due to misuse/abuse will not be covered under this contract. The Owner assumes full responsibility for the cost of parts and labor.

6. With STANDARD MAINTENANCE the customer is responsible for the chlorine tablets/liquid chlorine. The chlorine chamber must be filled before the service visit. If not, the service representative will add chlorine and you will be charged. The use of improper chlorine (such as swimming pool tablets) will VOID all warranties. Grass must be mowed around the aerobic system and the sprinkler needs in order to perform the maintenance inspection. If we cannot get to the system because of high grass, you will be charged a service call to come back out and inspect the system and the regulating authorities will be notified. The Owners Manual must be strictly followed or warranties are subject to invalidation.

Initials of Central Texas Aerobics, Inc. *WJ*

Initials of Owner X *JCW JMR*

7. At the conclusion of the initial service policy, our Company will make available for purchase on an annual basis a continuing service policy to cover normal maintenance inspections.

ACCESS BY CENTRAL TEXAS AEROBICS, Inc.

Central Texas Aerobics, Inc. or anyone authorized by them may enter the property at reasonable times without prior notice for the purpose of the above described Services. Central Texas Aerobics, Inc. May access the System components including the tanks by means of excavation for the purpose of evaluations if necessary. Soil is to be replaced with the excavated material as best as possible. IF YOU REQUIRE US TO MAKE AN APPOINTMENT

TO PERFORM INSPECTIONS, there will be a \$150.00 additional charge ANNUALLY for this service. If we go out to perform an inspection and we cannot gain access, there will be a service call of \$100.00 charged to come back and inspect.

PAYMENT FOR SERVICES

The initial (first two years) of STATE MAINTENANCE, the fee of \$600.00 (six hundred dollars) is included in the price of the septic system.

Payments not received within 30 days of the due date will be subject to a \$20.00 late penalty or 15% per month carrying charge, whichever is greater.

TERMINATION OF AGREEMENT

This agreement may be terminated by either party with ten days written notice in the event of substantial failure to perform in accordance with its terms by the other party without fault of the terminating party. If the agreement is so terminated, Central Texas Aerobics, Inc. will immediately notify the appropriate health authority of the termination.

LIMIT OF LIABILITY

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

DISPUTE RESOLUTION

If a dispute between the Customer and Central Texas Aerobics, Inc. arises that cannot be settled in good faith negotiations, then the parties shall choose a mutually acceptable arbitrator and shall share the cost of the arbitration services equally.

ENTIRE AGREEMENT

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

SEVERABILITY

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

APPOINTMENTS:

If we have to call to set up an appointment (to put dogs up, open gates, etc.) there will be an additional \$150.00 charge per year.

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

OWNER NAME:

JASON C. & JENNIFER M. WHITE

475 SIR WINSTON DR

Address

CANYON LAKE, TX 78133

City, State & Zip

SERVICE PROVIDER

Central Texas Aerobics, Inc.

2915 Dauer Ranch Rd

New Braunfels, TX 78133

(830)305-4065

(Area Code) Phone

Jason C. White
Jennifer M. White
MAILING ADDRESS:

19 SEP 23
DATE

Kyle Johnson
VIN: KYLE JOHNSON MP0001056

9/19/23
DATE

Home Phone: ()

WORK Phone: ()

CELL phone: ()

EMAIL:

Brand: CLEARSTREAM

Model: 600 NC3T

SERIAL:

CT Aerobics, Inc. Installation Date Installed:

INSTALLER: KYLE JOHNSON

GATE CODE #

DIRECTIONS TO PROPERTY (Continue on back) If UOGS, please explain:

www.septicex.com

Email: info@septicex.com

PHONE: 800-305-4065

ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: September 06, 2023

Site Location: TOM CREEK HILLS, UNIT 1, LOT 3

Proposed Excavation Depth: N/A

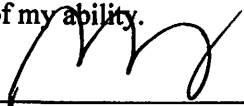
Requirements:

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 @ 2"	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

09/06/23
Date

OSSE SOIL EVALUATION REPORT INFORMATION

Date: September 07, 2023

Applicant Information:

JASON COLLIN & JENNIFER MICHELLE

Name: WHITE
Address: 475 SIR WINSTON DRIVE
City: CANYON LAKE State: TEXAS
Zip Code: 78133 Phone: (931) 561-8992

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 3 Unit 1 Blk Subd. TOM CREEK HILLS
Street Address: 475 SIR WINSTON DRIVE
City: CANYON LAKE Zip Code: 78133
Additional Info.: _____

Installer Information:

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

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

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 1848

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

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

Trash Tank Size 400 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 = 4241 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 = 700 Gal. 12.3 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

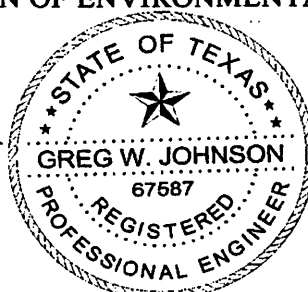
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

EXPOSED ROCK WILL BE COVERED WITH SOIL .

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

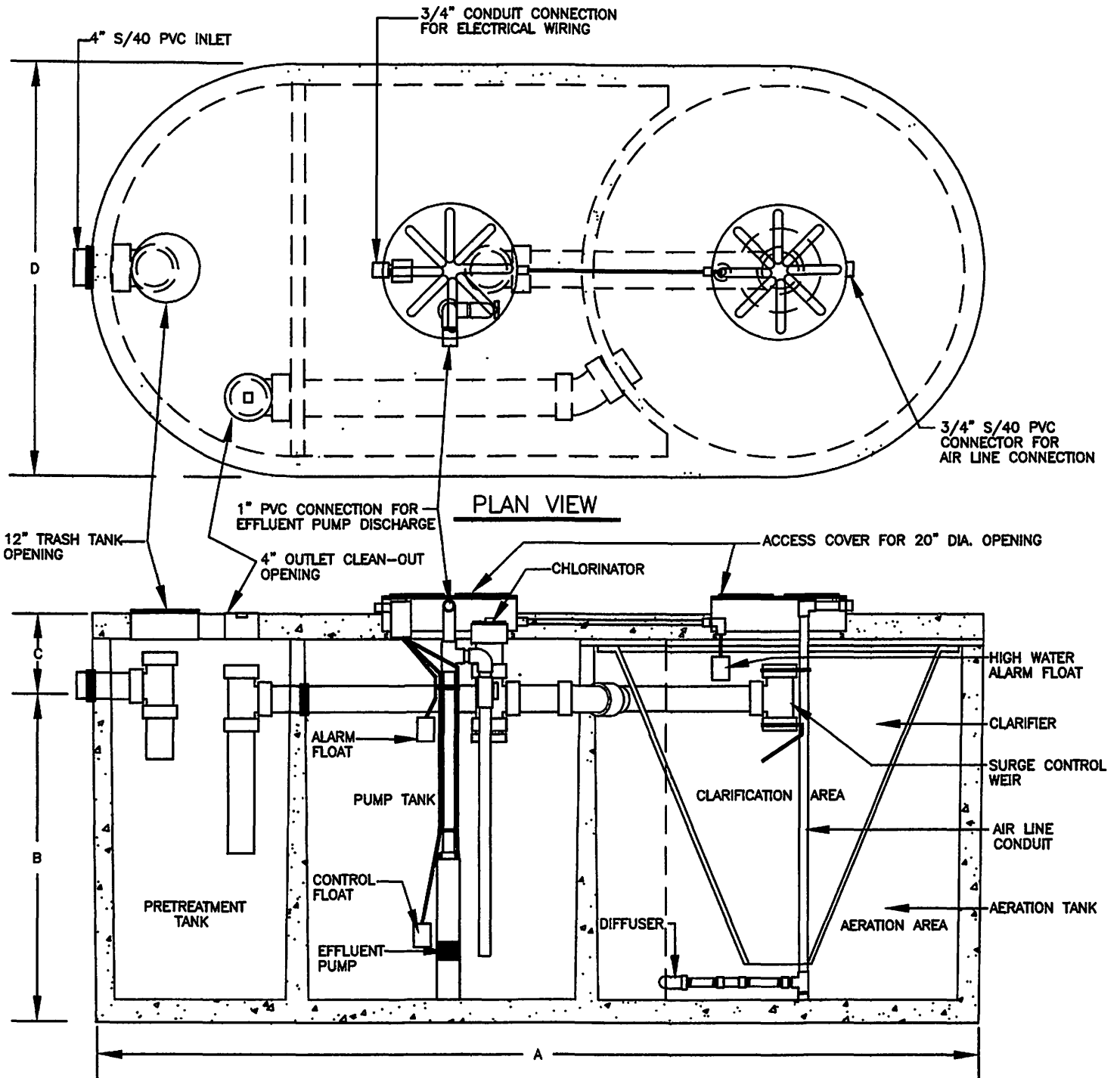
09/07/23
DATE



FIRM #2585

OWNER: JASON COLLIN & JENNIFER MICHELLE WHITE		DRAWN BY: EJS III	
STREET ADDRESS: 475 SIR WINSTON DRIVE			
LEGAL DESC: TOM CREEK HILLS		UNIT/SECTION/PHASE: 1	BLOCK: LOT: 3
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 9/7/2023	REVISED: 11/14/2023

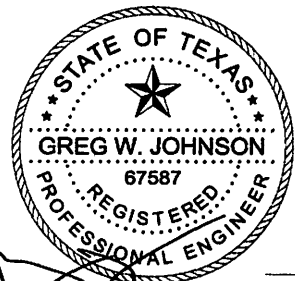
DESIGN DRAWINGS



MODEL NC3
SECTION

DIMENSIONAL DATA

MODEL	A	B	C	D
500NC3-500	12'-2"	60"	10"	75"
500NC3-750	13'-5"	60"	10"	75"
600NC3	12'-7"	60"	10"	82"



F-2585

09/07/2023

TANK NOTES:

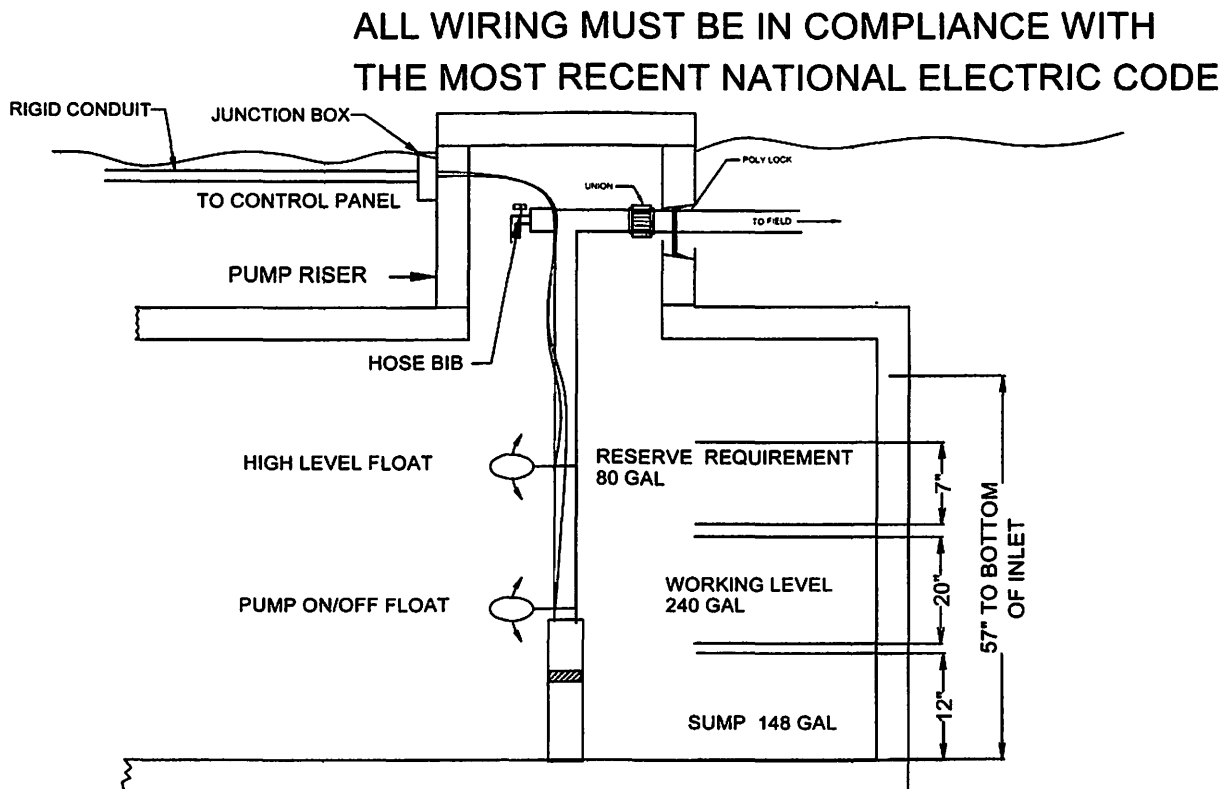
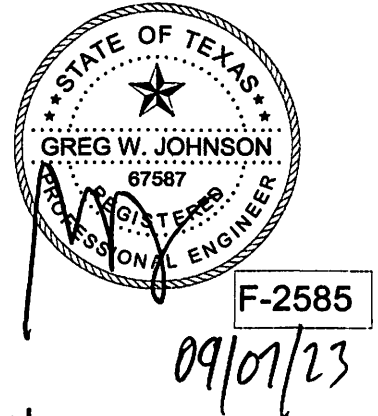
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

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

Tanks must be left uncovered and full of water for inspection by the permitting authority.



**TYPICAL PUMP TANK CONFIGURATION
CLEARSTREAM 600NC3T W/ 700 GAL PUMP TANK**

OPERATION

1. The pump must be submerged at all times during normal operation. Do not run pump dry.
2. Make sure that the float switches are set so that the pump stops before the pump runs dry or breaks suction. If necessary, adjust float switches to achieve this.
3. The motor bearings are lubricated internally. No maintenance is required or possible on the pump.

Table 1: Recommended Fusing Data
60 Hz/1 Phase 2-Wire Cable

Model	HP	Volt/Hz/Phase	Max Load Amps	Locked Rotor Amps	Fuse Size Standard/Dual Element
P10D	1/2	115/60/1	11.0	30.0	15
P20D	1/2	115/60/1	9.5	30.0	15
P30D	1/2	115/60/1	9.5	30.0	15

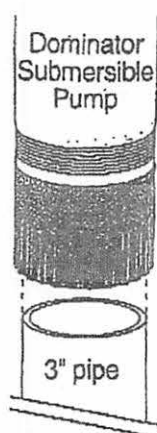


Figure 1: Insert a piece of 3" PVC pipe in the bottom of the motor to raise the pump in the tank.

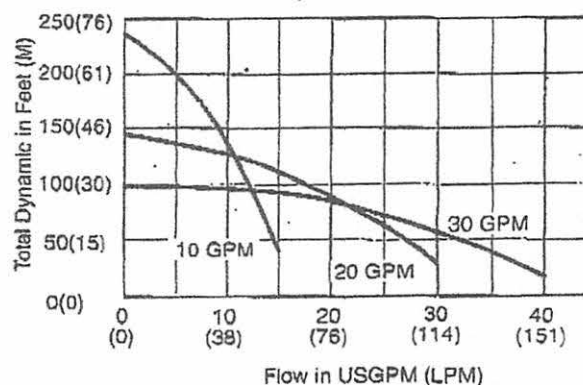


Figure 2: Performance in Feet of Head at Gallons Per Minute (GPM/LPM).

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
K-2 Plus

*

SIR WINSTON DRIVE

171.48'

20' UTILITY
EASEMENT

DRIVEWAY

SLEEVE WATER LINE WITH 2"-SCH-40
PVC PIPE WHEN ENTERING CLOSER
THAN 10' FROM SEPTIC SYSTEM OR
SEPTIC FIELD WHICH EXCEEDS
TAC 30 CHAPTER 290.44(e)(B)(i).

CLEARSTREAM
600NC3T AEROBIC
TREATMENT PLANT

EXISTING
3 BDRM RES.
1848sf

GARAGE/
SHED

SPRAY AREA = 4241sf
POLES

VOID

NOTE:
EXISTING SEPTIC
TANK TO BE
PUMPED, CRUSHED
AND BACK FILLED.
EXISTING SEPTIC
SYSTEM TO BE
ABANDONED



OWNER:	JASON COLLIN & JENNIFER MICHELLE WHITE			DRAWN BY:	EJS III
STREET ADDRESS:	475 SIR WINSTON DRIVE				
LEGAL DESC:	TOM CREEK HILLS	UNIT/SECTION/PHASE:	1	BLOCK:	LOT: 3
PREPARED BY:	GREG W. JOHNSON, P.E. F#002585	SCALE:	1"=50'	DATE:	9/7/2023
				REVISED:	

Independence Title/GF#2326348-SSA/VBJ

WARRANTY DEED WITH VENDOR'S LIEN

WHITE
Loan Number: 4048342
MIN:100670800040483422
Case Number: 62-62-6-1593497

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.

THE STATE OF TEXAS

)

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF COMAL

)

)

THAT JOHN M. SAMPLE AND WIFE, PAMELA J. SAMPLE, hereinafter called "Grantor" (whether one or more), for and in consideration of the sum of TEN Dollars (\$10.00) and other good and valuable consideration to Grantor paid by JASON COLLIN WHITE AND JENNIFER MICHELLE WHITE, HUSBAND AND WIFE, whose mailing address is 475 SIR WINSTON DRIVE, CANYON LAKE, TEXAS 78133, hereinafter called "Grantee" (whether one or more), the receipt of which is hereby acknowledged and confessed, and the further consideration of the execution and delivery by said Grantee of one certain promissory note(s) hereinafter called "Note", in the principal sum of \$283,500.00, of even date herewith, payable to the order of MOVEMENT MORTGAGE, LLC, hereinafter called "Mortgagee", bearing interest at the rate therein provided; said Note containing the usual reasonable attorney's fee clause and various acceleration of maturity clauses in case of default, and being secured by Vendor's Lien and superior title retained herein in favor of said Mortgagee, and being also secured by a Deed of Trust of even date herewith from Grantee to SCOTT R. VALBY, Trustee; and

WHEREAS, Mortgagee has, at the special instance and request of Grantee, paid to Grantor a portion of the purchase price of the property hereinafter described, as included in the above-described Note, said Vendor's Lien against said property securing the payment of said Note is hereby assigned, transferred and delivered to Mortgagee, Grantor hereby conveying to said Mortgagee the said superior title to said property, subrogating said Mortgagee to all the rights and remedies of Grantor in the premises by virtue of said liens; and

Grantor has GRANTED, SOLD, and CONVEYED, and by these presents does GRANT, SELL, and CONVEY unto said Grantee, the following described property, to-wit:
SEE EXHIBIT "A" ATTACHED HERETO AND INCORPORATED HEREIN

TO HAVE AND TO HOLD the above-described premises, together with all and singular, the rights and appurtenances thereunto in anywise belonging unto said Grantee, his heirs and assigns, forever. And Grantor does hereby bind himself, his heirs, executors, and administrators, to warrant and forever defend all and singular the said premises unto said Grantee, his heirs and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof.

GV241-0003973X (01/10)



(page 1 of 3 pages)



Taxes for the current year have been prorated and their payment is assumed by Grantee.



This conveyance is made subject to any and all valid and subsisting restrictions, easements, rights of way, reservations, maintenance charges together with any lien securing said maintenance charges, zoning laws, ordinances of municipal and/or other governmental authorities, conditions and covenants, if any, applicable to and enforceable against the above-described property as shown by the records of the County Clerk of said County.

BY ACCEPTANCE OF THIS GENERAL WARRANTY DEED, GRANTEE ACKNOWLEDGES THAT EXCEPT FOR THE WARRANTY OF TITLE CONTAINED HEREIN, GRANTOR HAS NOT MADE AND DOES NOT HEREBY MAKE ANY REPRESENTATION, WARRANTY OR COVENANT, EXPRESS OR IMPLIED, WITH RESPECT TO THE MERCHANTABILITY, CONDITION, QUALITY, DURABILITY, DESIGN, OPERATION, FITNESS OR SUITABILITY FOR USE OR PURPOSE OF THIS PROPERTY OR ANY PART OR PORTION THEREOF IN ANY RESPECT WHATSOEVER. THE PROPERTY IS SOLD, TRANSFERRED AND CONVEYED "WHERE IS" AND "AS IS". EXCEPT FOR THE EXPRESS WARRANTIES AS TO TITLE, ALL COVENANTS, AGREEMENTS, WARRANTIES OR REPRESENTATIONS ARE HEREBY EXPRESSLY NEGATED.

The use of any pronoun herein to refer to Grantor or Grantee shall be deemed a proper reference even though Grantor and/or Grantee may be an individual (either male or female), a corporation, a partnership or a group of two or more individuals, corporations and/or partnerships, and when this Deed is executed by or to a corporation, or trustee, the words "heirs, executors, and administrators" or "heirs and assigns" shall, with respect to such corporation or trustee, be construed to mean "successors and assigns".

It is expressly agreed that the Vendor's Lien is retained in favor of the payee of said Note against the above-described property, premises, and improvements, until said Note and all interest thereon shall have been fully paid according to the terms thereof, when this deed shall become absolute.

EXECUTED this 11th day of AUGUST, 2023.


JOHN M. SAMPLE

PAMELA J. SAMPLE



(page 2 of 3 pages)



STATE OF TEXAS

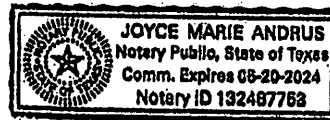
COUNTY OF ORANGE

This instrument was acknowledged before me this AUGUST 22, 2023 by JOHN M. SAMPLE; AND PAMELA J. SAMPLE.



Notary Public

GRANTEE'S ADDRESS:
475 SIR WINSTON DRIVE
CANYON LAKE, TEXAS 78133



(page 3 of 3 pages)



WHITE
Loan Number: 4048342
MID:10067080040483422
Case Number: 62-62-6-1593497

EXHIBIT "A"

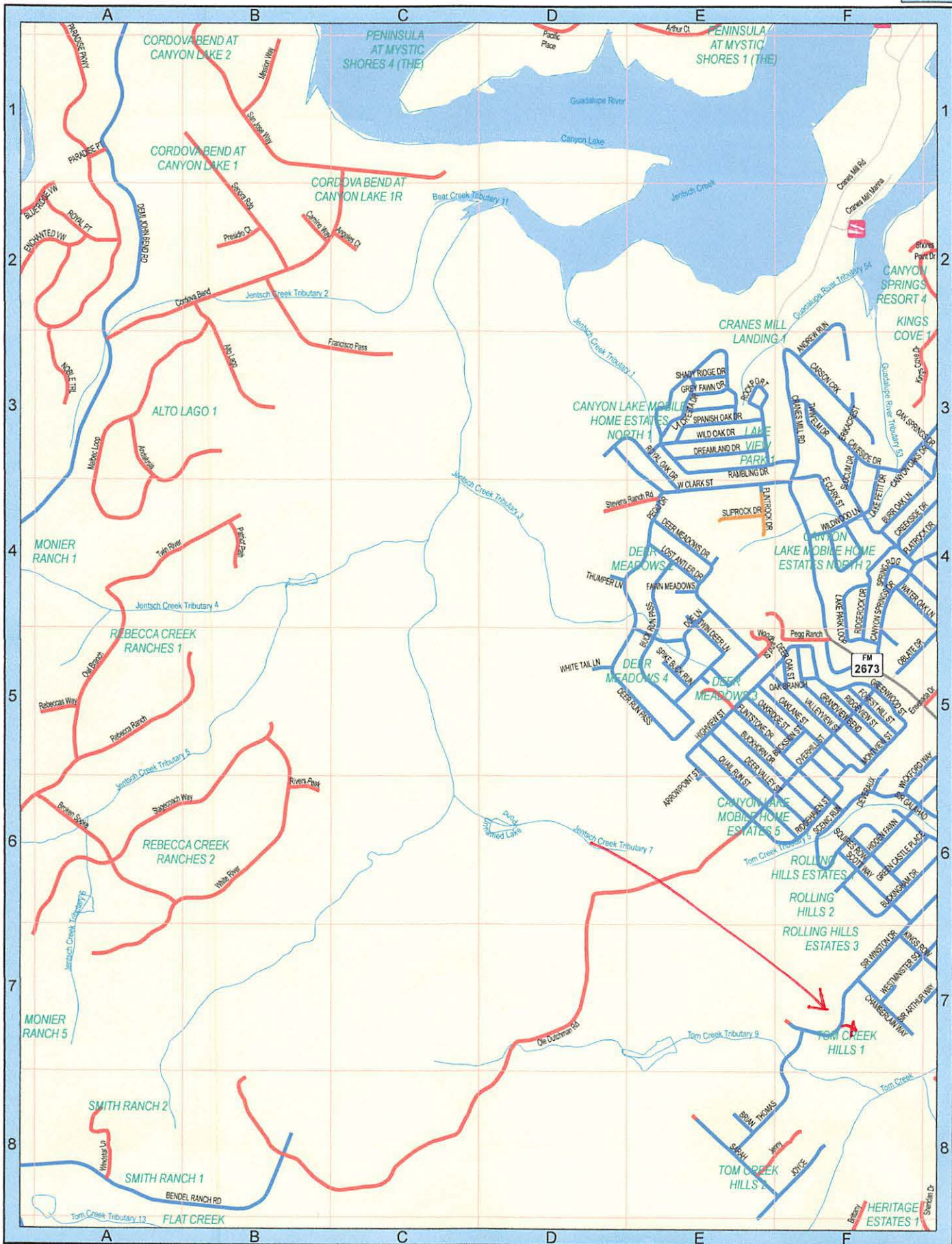
LOT 3 AND 4, TOM CREEK HILLS UNIT ONE, SITUATED IN COMAL COUNTY, TEXAS,
ACCORDING TO THE MAP OR PLAT THEREOF, RECORDED IN VOLUME 11, PAGES 133-
134, MAP AND PLAT RECORDS, COMAL COUNTY, TEXAS.



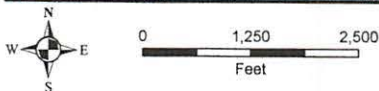
Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
08/24/2023 10:24:03 AM
LAURA 4 Pages(s)
202306027200



Bobbie Koepp



SEE PAGE 29



Central Texas Aerobics, Inc.

2918 Dauer Ranch Rd.
New Braunfels, TX 78130

(830) 303-4065
www.septictex.com
info@septictex.com

Printed:4/19/2024

Permit: 116742

Site: 475 Sir Winston Dr., Canyon Lake, TX 78133

Main Phone: 9315618992
Cell Phone: 8324281690

Jason & Jennifer White
475 Sir Winston Dr.
Canyon Lake, TX 78133

Agency: Comal County Office of Environmental Health
r: Comal County Office of Enviro

System Info: MFG: <u>Clearstream</u>	Brand: <u>Clearstream</u>	Aerator: <u>600 N, NC, NU</u>	Customer ID: <u>1313</u>
Treatment Type: <u>Aerobic</u>	Disposal Type: <u>Spray</u>	Aerator S/N: <u>23030537</u>	Insp ID: <u>19930</u>
Installed: <u>12/18/2023</u>	Warranty Expiration: <u>12/18/2025</u>	System S/N: <u>33437-06</u>	

Visit Details

Visit Date: 4/18/2024

Entered By: Kaydee Nelson



Scheduled Date: 4/18/2024

Contract Starts: 12/18/2023

Entered On: 4/19/2024

Contract Ends: 12/18/2025

Visit Results

Service Type: Scheduled Inspection

Count: Inspection 1 of 6

Method: Grab

License #

Expires

Technician: Byron Green

MT0002677

1/31/2027

Provider: Wm. Kyle Johnson #MP1058

MP0001058

12/31/2026

☒ Service Completed

Aerators: Operational

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Supply: Operational

Chlorine Residual: 0.2mg/L

Tank Lid / Riser: Secure

Electric Circuits: Operational

Distribution System: Operational

Drip/Sprayfield Veg: Operational

Alarm: Operational

Comments

- STATE MAINTENANCE INSPECTION

C1=(GRAB) STRIP/DPD C12. All tanks @ normal levels. System working properly at the time of service.

Provider: Wm. Kyle Johnson

Wm. Kyle Johnson

Central Texas Aerobics, Inc.

License: Number: MP0001058 Exp: 12/31/2026

Central Texas Aerobics, Inc.

2918 Dauer Ranch Rd.
New Braunfels, TX 78130
(830) 303-4065
www.septictex.com
central@septictex.com

Owner Phone: (931) 561-8992
Cell Phone: (832) 428-1690

Jason & Jennifer White

475 Sir Winston Dr.
Canyon Lake, TX 78133

Agency: Comal County Office of Environmental Health
r: Comal County Office of Enviro

Site Address: 475 Sir Winston Dr., Canyon Lake Permit #: 116742

System Info: MFG: Clearstream Brand: Clearstream Aerator: 600 N, NC, NU ID: 1313
Treatment Type: Aerobic Disposal Type: Spray Aerator S/N: 23030537 Insp ID: 20938
Installed: 12/18/2023 Warranty Expiration: 12/18/2025 System S/N: 33437-06
Visit Details <----->

Visit Date: 1/16/2025

Entered By: Kaydee Nelson

Scheduled Date: 12/18/2024

Contract Starts: 12/18/2023

Customer Emailed: 1/16/2025



Entered On: 1/16/2025

Contract Ends: 12/18/2025

Visit Results

Service Type: Scheduled Inspection

Printed: 1/16/2025

Count: Inspection 3 of 6

Method: Grab

License #

Expires

Technician: Jeremiah Farias

Provider: Wm. Kyle Johnson #MP1058

MP0001058

12/31/2026

☒ Service Completed

Aerators: Operational

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Supply: Operational

Floats: OP

Chlorine Residual: 0.2mg/L

Timer: OP

Tank Lid / Riser: Secured

Electric Circuits: Operational

Distribution System: Operational

Drip/Sprayfield Veg: Operational

Alarm: Operational

Comments

- STATE MAINTENANCE INSPECTION

C1=(GRAB) STRIP/DPD C12. All tanks @ normal levels. System working properly at the time of service. - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Copy emailed to the customer on 1/16/2025.

Provider: *Wm. Kyle Johnson*

Wm. Kyle Johnson

Central Texas Aerobics, Inc.

License: Number: MP0001058 Exp: 12/31/2026



'Leading the Industry in Wastewater Management'

Central Texas Aerobics, Inc.

2918 Dauer Ranch Rd.
New Braunfels, TX 78130
(830) 303-4065
www.SepticTex.com
Central@SepticTex.com

Owner Phone: (931) 561-8992
Cell Phone: (832) 428-1690

Jason & Jennifer White

475 Sir Winston Dr.
Canyon Lake, TX 78133

Agency: Comal County Office of Environmental Health
r: Comal County Office of Enviro

Site Address: 475 Sir Winston Dr., Canyon Lake Permit #: 116742

System Info: MFG: Clearstream Brand: Clearstream Aerator: 600 N, NC, NU ID: 1313
Treatment Type: Aerobic Disposal Type: Spray Aerator S/N: 23030537 Insp ID: 21304
Installed: 12/18/2023 Warranty Expiration: 12/18/2025 System S/N: 33437-06
Visit Details <----->

Visit Date: 4/18/2025

Entered By: Melanie Knebel

Scheduled Date: 4/18/2025

Time In: 10:08

Contract Starts: 12/18/2023

Customer Emailed: 4/22/2025



Entered On: 4/22/2025

Time Out: 10:20

Contract Ends: 12/18/2025

Visit Results

Service Type: Scheduled Inspection

Printed: 4/22/2025

Count: Inspection 4 of 6

Method: Grab

License #

Expires

Technician: Devin Divine

Provider: Wm. Kyle Johnson #MP1058

MP0001058

12/31/2026

☒ Service Completed

Aerators: Operational

Filters: Operational

Irrigation Pumps: Operational

Disinfection Device: Operational

Chlorine Supply: Operational

Floats: OP

Chlorine Residual: 0.2mg/L

Timer: OP

Tank Lid / Riser: Secured

Electric Circuits: Operational

Distribution System: Operational

Drip/Sprayfield Veg: Operational

Alarm: Operational

Comments

- STATE MAINTENANCE INSPECTION

C1=(GRAB) STRIP/DPD C12. All tanks @ normal levels. System working properly at the time of service. Spoke with homeowner about mowing in the spray field. - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Copy emailed to the customer on 4/22/2025.

Provider: *Wm. Kyle Johnson*

Wm. Kyle Johnson

Central Texas Aerobics, Inc.

License: Number: MP0001058 Exp: 12/31/2026