



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 12/20/2023 Permit Number: 116770

Location Description: 770 OAK BREEZE
SPRING BRANCH, TX 78070

Subdivision: SPRING BRANCH ESTATES
Unit: 1
Lot: 24
Block: 2
Acreage: 1.8400

Type of System: Aerobic
Surface Irrigation

Issued to: MATTHEW D. & SAMANTHA J. MCKEE

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

OS0038255

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:

exposed for inspection, field to design, operational, cover, remove any rocks in spray areas, check for battery backup on final

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)				

12/18/23 CH: RV drop removed, tight line for detached structure must be removed per new design, tight line penetration into tank must be uncovered for inspection, tight line to main structure and field covered, no battery backup

12/20/23 CH: Tight line penetration to tank good, additional tight line not installed, battery backup installed, covered

**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						

Olvera,Brandon

From: Olvera,Brandon
Sent: Tuesday, November 14, 2023 9:26 AM
To: Matt Mckee; Susan Winters
Subject: RE: 770 OAK BREEZE - MCKEE #116770

Good Morning,

File has been updated. Update all the documents with the new absorption area.

Thank You,

Note: Beginning January 1, 2024 our reinspection fees will be changing to \$150.00. Permit fee includes 3 inspections, \$150 each additional inspection

Brandon Olvera	**Designated Representative OS0034792**	
Comal County	www.cceo.org	195 David Jonas Dr, New Braunfels, TX-78132
t: 830-608-2090	f: 830-608-2078	e: olverb@co.comal.tx.us



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: 116770
Issued This Date: 11/01/2023
This permit is hereby given to: MATTHEW D. & SAMANTHA J. MCKEE

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

770 OAK BREEZE
SPRING BRANCH, TX 78070

Subdivision: SPRING BRANCH ESTATES
Unit: 1
Lot: 24
Block: 2
Acreage: 1.8400

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

RECEIVED

By Kathy Griffin at 3:03 pm, Oct 09, 2023



COMAL COUNTY

ENGINEER'S OFFICE

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

--	--

Date Received

Initials

116770

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

10/09/2023

Date

___ COMPLETE APPLICATION

Check No. _____ Receipt No. _____

INCOMPLETE APPLICATION

___ (Missing Items Circled, Application Refused)

RECEIVED

By Brandon Olvera at 8:08 am, Dec 15, 2023

COMAL COUNTY
ENGINEER'S OFFICE**ON-SITE SEWAGE FACILITY APPLICATION**195 DAVID JONAS DR
NEW BRAUNFELS, TX 78132
(830) 608-2090
WWW.CCEO.ORGDate September 20, 2023

Permit Number

116770**1. APPLICANT / AGENT INFORMATION**Owner Name MATTHEW D. MCKEE & SAMANTHA J. MCKEEAgent Name GREG JOHNSON, P.E.Mailing Address 1176 MOSSY HOLLOW ROADAgent Address 170 HOLLOW OAKCity, State, Zip SPRING BRANCH TEXAS 78070City, State, Zip NEW BRAUNFELS TEXAS 78132Phone # 830-500-8608Phone # 830-905-2778Email matt.mckee0@gmail.comEmail gregjohnsonpe@yahoo.com**2. LOCATION**Subdivision Name SPRING BRANCH ESTATES Unit 1 Lot 24 Block 2

Survey Name / Abstract Number _____ Acreage _____

Address 770 OAK BREEZE City SPRING BRANCH State TX Zip 78070**3. TYPE OF DEVELOPMENT**☒ Single Family ResidentialType of Construction (House, Mobile, RV, Etc.) MOBILE HOMENumber of Bedrooms 2897-Indicate Sq Ft of Living Area 4+☐ 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: \$ 200,000 (Structure Only)

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

☐ Yes ☒ No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)Source of Water ☐ Public ☒ Private Well ☐ Rainwater Collection**4. SIGNATURE OF OWNER**

By signing this application, I certify that:

- The completed application and all additional information submitted does not contain any false information and does not conceal any material facts. I certify that I am the property owner or I possess the appropriate land rights necessary to make the permitted improvements on said property.

- Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities.

- I understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.

- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

Signature of Owner

Date

10-4-2310/4/23

* * * 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) AERIES D840 Absorption/Application Area (Sq Ft) 8042Gallons Per Day (As Per TCEQ Table III) 480

(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

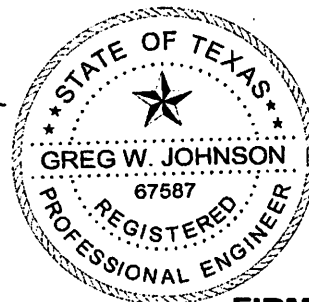
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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 be "M. Jones", written over a horizontal line.

Signature of Designer

September 29, 2023
Date

**THE COUNTY OF COMAL
STATE OF TEXAS**

CERTIFICATION OF SINGLE FAMILY DWELLING

According to Texas Commission of Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of COMAL COUNTY, TEXAS.

I

MATTHEW D. &

Before me this day appeared **SAMANTHA J. MCKEE**, being the owners of the referenced property at **770 OAK BREEZE**. They further state that the Residence and any additional living space on this property will be occupied only by a single family.

An OSSF requiring a Certification of Single Family Dwelling, will be installed on the property described as:

1 UNIT 2 BLOCK 24 LOT SPRING BRANCH ESTATES SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY

The property is owned by MATTHEW D. MCKEE & SAMANTHA J. MCKEE

WITNESS MY HAND ON THIS 4 OF DAY OF Oct, 2023.

[Signature]
OWNER (SIGNATURE)

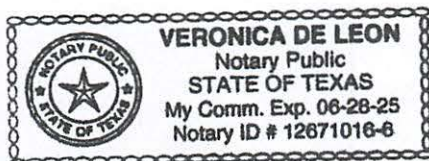
[Signature]
OWNER (SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 4 DAY OF Oct, 2023 BY

MATTHEW D. MCKEE
OWNER NAME (PRINTED)

SAMANTHA J. MCKEE
OWNER NAME (PRINTED)

[Signature]
Notary Public Signature



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 2 BLOCK 24 LOT SPRING BRANCH ESTATES SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACERAGE _____ SURVEY

The property is owned by (insert owner's full name): MATTHEW D. MCKEE & SAMANTHA J. MCKEE

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 4 DAY OF OCT, 2023

Matthew D. McKee

MATTHEW D. MCKEE

Owner(s)

Samantha J. McKee

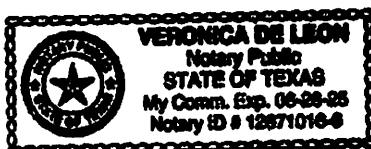
SAMANTHA J. MCKEE

Owner(s)

MATTHEW D. & SAMANTHA J. MCKEE SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 4 DAY OF

OCT, 2023

Veronica De Leon
Notary Public Signature



Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
10/06/2023 10:26:06 AM
CHRISTY 1 Pages(s)
202306032053



Bobbie Koepp

RECEIVED

By Brandon Olvera at 9:19 am, Dec 29, 2023

DAVID WINTERS SEPTICS, LLC
PO BOX 195
SPRING BRANCH, TX 78070
830-935-2477 OFFICE
830-935-2477 FAX
wintersseptics@gvte.com

Routine Maintenance and Inspection Agreement

This Work-for-Hire Agreement (hereafter referred to as this "Agreement") is entered into, by, and between _____ (referred to as "Client") and David Winters Septic's, LLC, Inc. (hereafter referred to as "Contractor") located at _____ Date beginning on Issue Date of and contract ending 2 years from Issue Date of License to Operate License to Operate
By this agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein.

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

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

At the conclusion of the initial service policy, our company will make available, for purchase on an annual basis, a continuing service policy cover NORMAL inspection, maintenance and repair.

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

This agreement does not cover any labor or parts for items which must be replaced due to acts of God, i.e., lightning strikes, high winds, flooding, freezing.

This agreement DOES NOT COVER materials or parts which must be replaced due to misuse or abuse of the system. These include but are not limited to: Sewage flows exceeding the recommended daily hydraulic design capabilities, Disposal of Non-Biodegradable materials, such as chemicals, grease or oil, sanitary napkins, tampons, baby wipes, disposable diapers, Clogs in the line between the house and the tank.

This agreement DOES NOT COVER LABOR OR PARTS for out- of- warranty items.

Service calls made outside of the regular maintenance schedule are subject to a **\$75.00 SERVICE CALL FEE** due at the time of service.

ACCESS BY CONTRACTOR

The contractor or anyone authorized by the contractor may enter the property at reasonable times without prior notice for the purpose of service described above.

PAYMENT AGREEMENT

The client will pay compensation to the contractor for the services in the amount of First 2 years included with new install. This compensation shall be payable in one lump sum payment upon acceptance of this agreement. Payments not received within 30 days of the above described due date will be subject to a \$25.00 late penalty.

TERMINATION OF THIS AGREEMENT

Either party may terminate this agreement within 10 days of written notice in the event of substantial failure to perform in accordance with its terms by other party without fault of the terminating party. If this agreement is terminated, the contractor will immediately notify the appropriate health authority.

LIMIT OF LIABILITY

The Contractor will not be liable for indirect, consequential, incidental or punitive damages, whether in contract or any other theory. In no event shall the Contractor's liability for direct damages exceed the price for the services described in this agreement.

Permit # _____

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

Client

Name

Address

City/State/Zip Code

830-500-8608
Phone

Matt.mckee0@gmail.com
Email address

M. McKee
Signature of Client

Contractor

David Winters Septic's, LLC, Inc.

P.O. Box 195

Spring Branch, Texas 780170

Office 830-935-2477 Fax 830-935-2477

By: David Winters

Signature of Contractor

Maintenance Provider #-MP0001686

RECEIVED

By Brandon Olvera at 4:25 pm, Dec 04, 2023

Olvera,Brandon

From: Greg Johnson <gregjohnsonpe@yahoo.com>
Sent: Friday, December 1, 2023 9:45 AM
To: Olvera,Brandon
Subject: 770 OAK BREEZE - MCKEE #116770

This email originated from outside of the organization.

Do not click links or open attachments unless you recognize the sender and know the content is safe.

- Comal IT

BRANDON,
PLEASE DESREGARD THE LAST REVISION SHOWING AN RV DROP BEING ADDED.
PLEASE RETURN TO THE LAST PERMITTED DESIGN.
THX,
GREG

Send for Greg W. Johnson, P.E., R.S.)

170 Hollow Oak

New Braunfels, TX 78132

Office/Fax (830) 905-2778

Email: gregjohnsonpe@yahoo.com

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

September 29, 2023

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

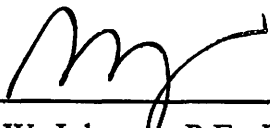
RE- Septic Design
770 OAK BREEZE
SPRING BRANCH ESTATES, UNIT 1, BLK 2, LOT 24
SPRING BRANCH, TX 78070
MCKEE RESIDENCE

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.

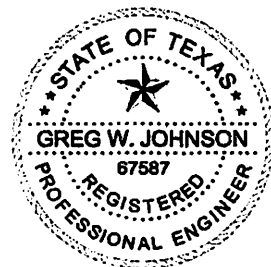
Respectfully yours,



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

September 29, 2023

Date



ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: September 28, 2023

Site Location: SPRING BRANCH ESTATES, UNIT 5, BLOCK 2, LOT 24

Proposed Excavation Depth: N/A


Requirements:

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

SOIL BORING NUMBER <u> </u> SURFACE EVALUATION <u> </u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	IV	CLAY	N/A	NONE OBSERVED	LIMESTONE @ 8"	BROWN
1						
2						
3						
4						
5						

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

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


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

09/28/2023
Date

OSSF SOIL EVALUATION REPORT

RECEIVED

By Brandon Olvera at 8:11 am, Dec 15, 2023

Date: September 29, 2023

Applicant Information:

Name: MATTHEW D. & SAMANTHA J. McKEE
 Address: 1176 MOSSY HOLLOW ROAD
 City: SPRING BRANCH State: TEXAS
 Zip Code: 78070 Phone: (830) 500-8608

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:

SPRING BRANCH
 Lot 24 Unit 1 Blk 2 Subd. ESTATES
 Street Address: 770 OAK BREEZE
 City: SPRING BRANCH Zip Code: 78070
 Additional Info.: _____

Installer Information:

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

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

Presence of 100 yr. Flood Zone: YES _____ NO X
 Existing or proposed water well in nearby area: YES X NO _____ >100'
 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: 4 Total sq. ft. living area 2897

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

Q = (4 +1)*75-(20%)= 300

Trash Tank Size 552 Gal.

TCEQ Approved Aerobic Plant Size 840 G.P.D.

Req'd Application Area = Q/Ri = 480 / 0.064 = 7500 sq. ft.

Application Area Utilized = 8450 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 = 916 Gal. 17.3 Gal/inch.

Reserve Requirement = 174 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

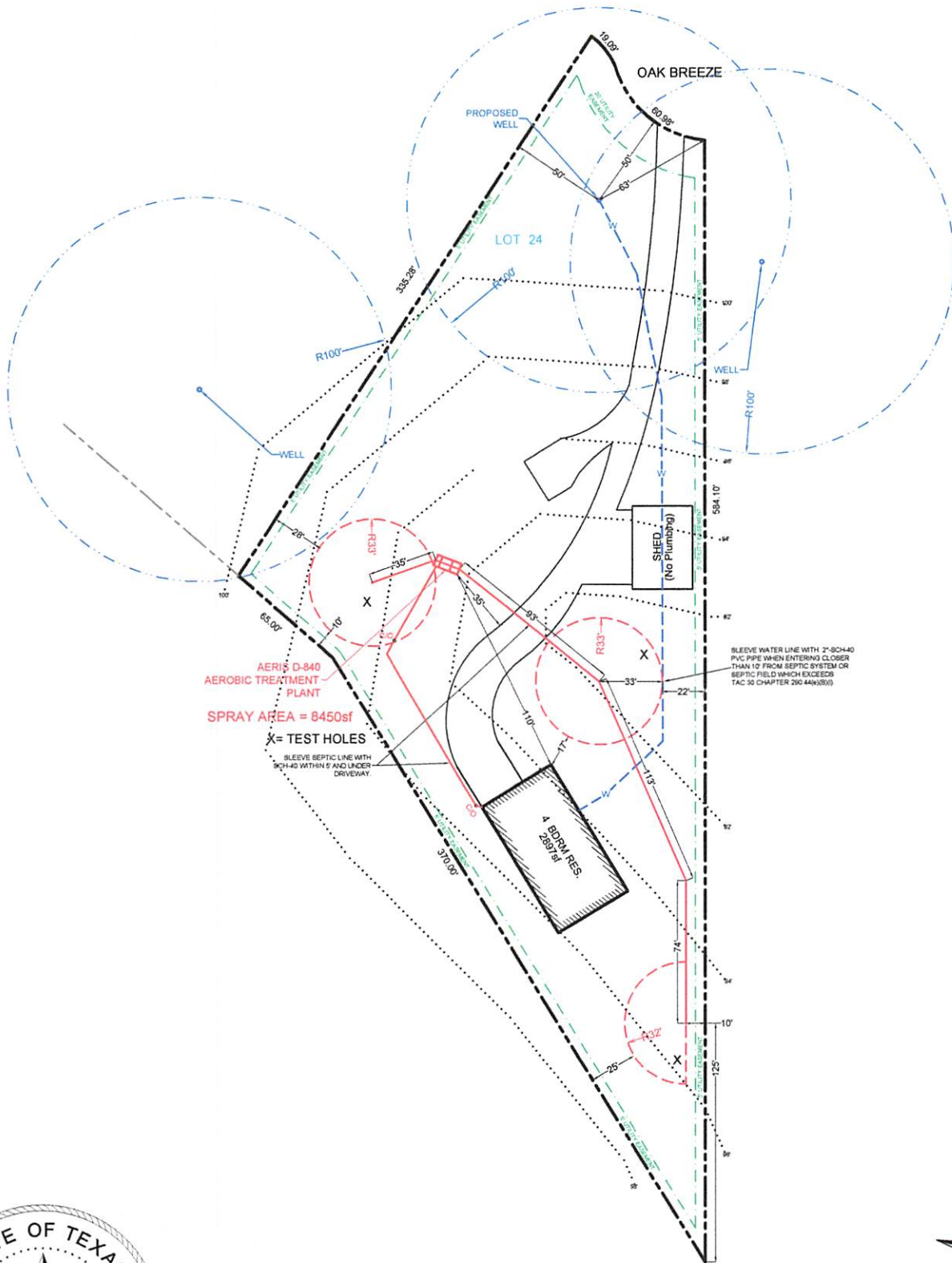
DATE



FIRM #2585

RECEIVED

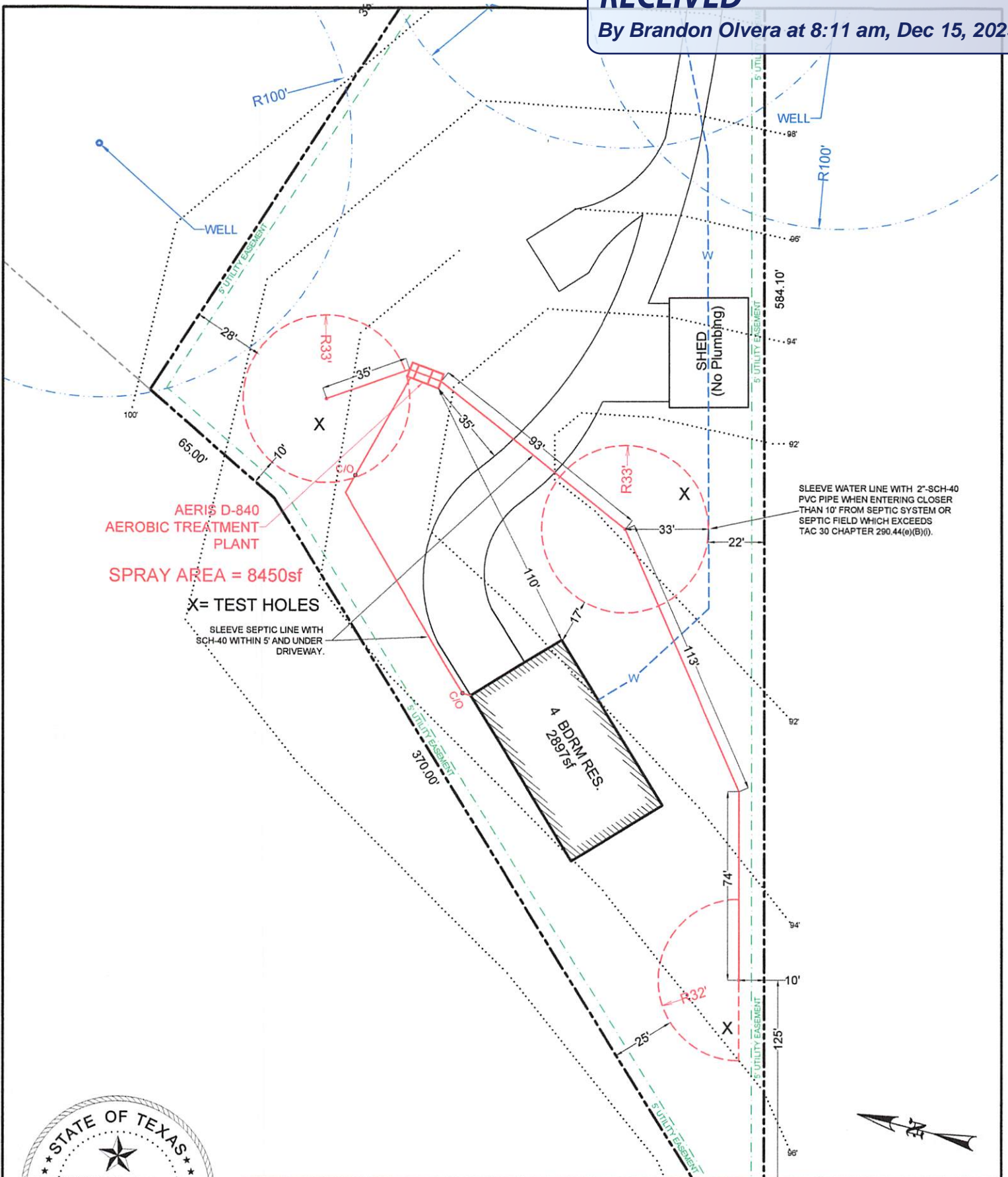
By Brandon Olvera at 8:11 am, Dec 15, 2023



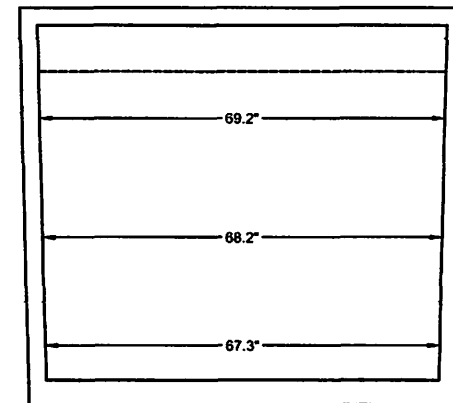
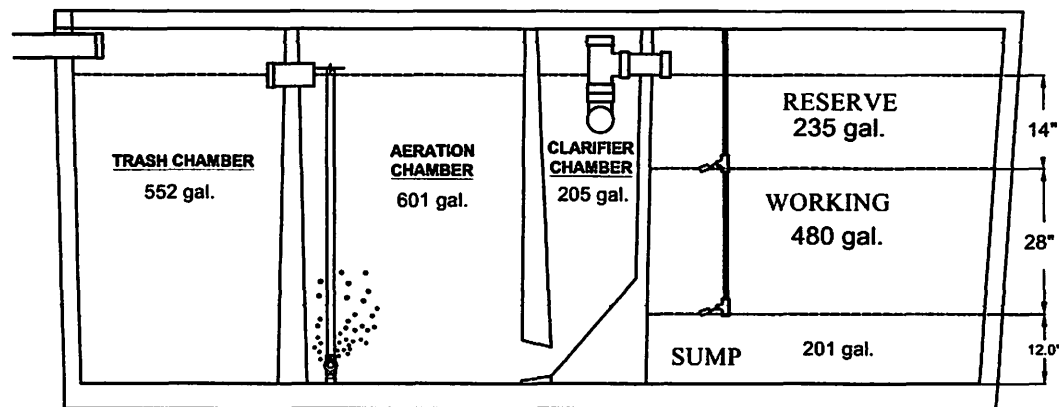
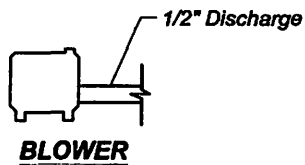
OWNER: MATTHEW D. & SAMANTHA J. McKEE		DRAWN BY: EJS III	
STREET ADDRESS: 770 OAK BREEZE			
LEGAL DESC: SPRING BRANCH ESTATES	UNIT/SECTION/PHASE: 1	BLOCK: 2	LOT: 24
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=80'	DATE: 9/29/2023	2nd REVISION: 12/7/2023

RECEIVED

By Brandon Olvera at 8:11 am, Dec 15, 2023

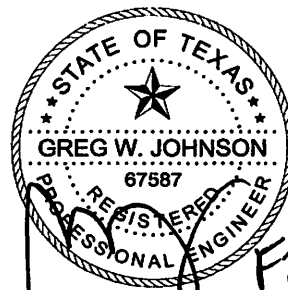
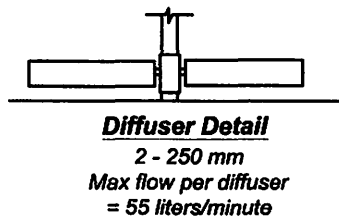


OWNER:	MATTHEW D. & SAMANTHA J. McKEE			DRAWN BY:	EJS III
STREET ADDRESS:	770 OAK BREEZE				
LEGAL DESC:	SPRING BRANCH ESTATES	UNIT/SECTION/PHASE:	1	BLOCK:	2
				LOT:	24
PREPARED BY:	GREG W. JOHNSON, P.E. F#002585	SCALE:	1"=50'	DATE:	9/29/2023
				2nd REVISION:	12/7/2023



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

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



F2585
09/29/23

Title:

**Model D-840
Night Time Pumping**

Company Name:

Aeris Aerobics

Date:

5-8-2014

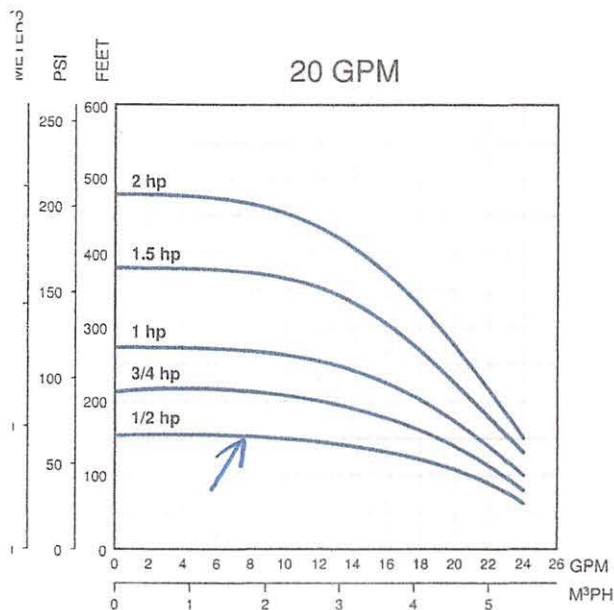
Thermoplastic Performance

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

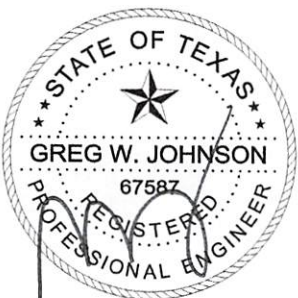
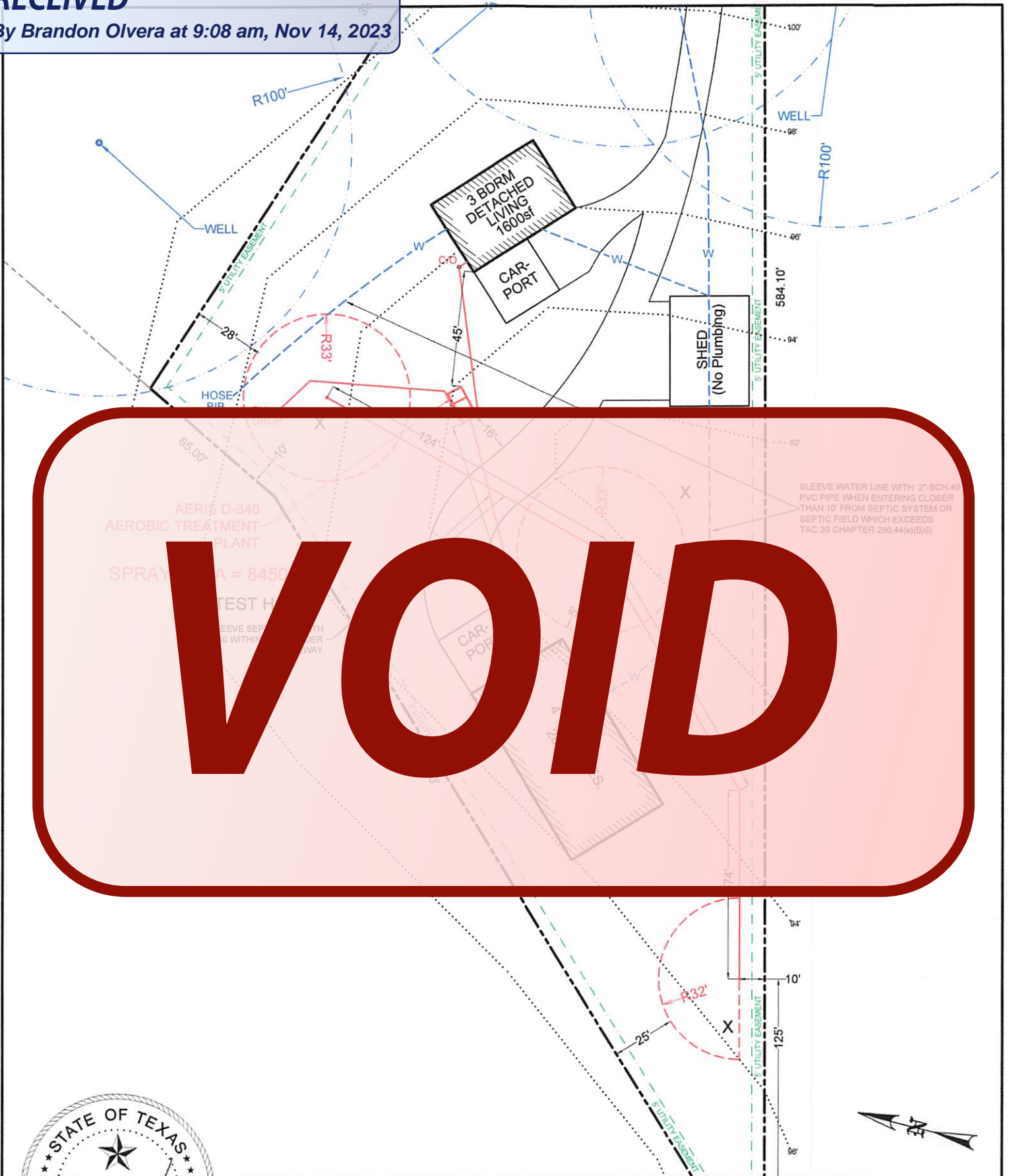
Order No.	Model	GPM	HP	Volt	Wire	Wt.
94741005	10FE05P4-2W115	10	1/2	115	2	24
94741010	10FE05P4-2W230	10	1/2	230	2	24
94741015	10FE07P4-2W230	10	3/4	230	2	28
94741020	10FE1P4-2W230	10	1	230	2	31
94741025	10FE15P4-2W230	10	1.5	230	2	46
94742005	20FE05P4-2W115	20	1/2	115	2	25
94742010	20FE05P4-2W230	20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

RECEIVED

By Brandon Olvera at 9:08 am, Nov 14, 2023



OWNER: MATTHEW D. & SAMANTHA J. McKEE		DRAWN BY: EJS III	
STREET ADDRESS: 770 OAK BREEZE			
LEGAL DESC: SPRING BRANCH ESTATES	UNIT/SECTION/PHASE: 1	BLOCK: 2	LOT: 24
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 9/29/2023	REVISED: 11/6/2023

By Brandon Olvera at 9:08 am, Nov 14, 2023

VOID



OWNER: MATTHEW D. & SAMANTHA J. McKEE		DRAWN BY: EJS III	
STREET ADDRESS: 770 OAK BREEZE			
LEGAL DESC: SPRING BRANCH ESTATES		UNIT/SECTION/PHASE: 1	BLOCK: 2
		LOT: 24	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=80'	DATE: 9/29/2023	REVISED: 11/6/2023

RECEIVED

By Kathy Griffin at 3:03 pm, Oct 09, 2023



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

Date September 20, 2023

Permit Number 116770

1. APPLICANT / AGENT INFORMATION

Owner Name MATTHEW D. MCKEE & SAMANTHA J. MCKEE
Mailing Address 1176 MOSSY HOLLOW ROAD
City, State, Zip SPRING BRANCH TEXAS 78070
Phone # 830-500-8608
Email matt.mckee0@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 SPRING BRANCH ESTATES Unit 1 Lot 24 Block 2
Survey Name / Abstract Number _____ Acreage _____
Address 770 OAK BREEZE City SPRING BRANCH State TX Zip 78070

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 2897+1600

Indicate Sq Ft of Living Area _____

☐ Non-Single Family Residential

(Planning materials must show adequate and appropriate doubling the lot area for additional units and total area)

Type of Facility _____

Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number of Units _____

Restaurants, Lounges, Etc. - Indicate Number of Seats _____

Hotel, Motel, Hospital, Home - Indicate Number of Units _____

Travel Trailer/RV Parks - Indicate Number of Spaces _____

Miscellaneous _____

Estimated Cost of Construction: \$ 500,000 (Structure Only)

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

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

Source of Water ☐ Public ☒ Private Well ☐ Rainwater Collection

4. SIGNATURE OF OWNER

By signing this application, I certify that:

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

[Signature]
Signature of Owner

[Signature]

10-4-23
Date

10/4/23

OSSE SOIL EVALUATION REPORT INFORMATION

Date: September 29, 2023

Applicant Information:

Name: MATTHEW D. & SAMANTHA J. McKEE
Address: 1176 MOSSY HOLLOW ROAD
City: SPRING BRANCH State: TEXAS
Zip Code: 78070 Phone: (830) 500-8608

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:

SPRING BRANCH
Lot 24 Unit 1 Blk 2 Subd. ESTATES
Street Address: 770 OAK BREEZE
City: SPRING BRANCH Zip Code: 78070
Additional Info.: _____

Installer Information:

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

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

Presence of 100 yr. Flood Zone: YES _____ NO X
Existing or proposed water well in nearby area: YES X NO _____ >100'
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 _____

VOID

Residential _____

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

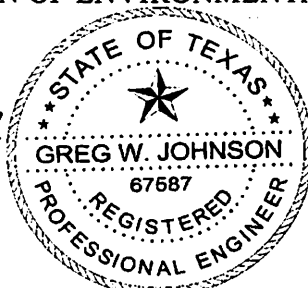
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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)

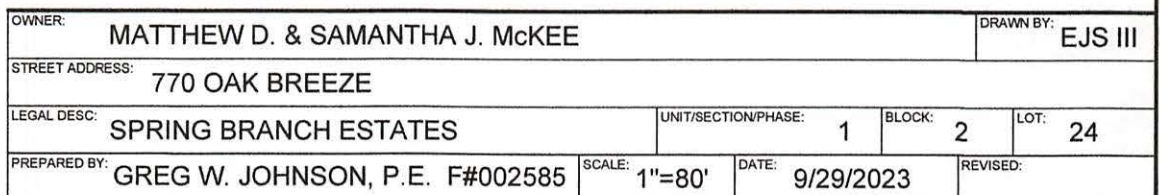

GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

09/29/23
DATE



FIRM #2585

By Brandon Olvera at 4:24 pm, Dec 04, 2023



RECEIVED

By Brandon Olvera at 4:24 pm, Dec 04, 2023

VOID



OWNER: MATTHEW D. & SAMANTHA J. McKEE		DRAWN BY: EJS III	
STREET ADDRESS: 770 OAK BREEZE			
LEGAL DESC: SPRING BRANCH ESTATES	UNIT/SECTION/PHASE: 1	BLOCK: 2	LOT: 24
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=40'	DATE: 9/29/2023	REVISED:

Notice of confidentiality rights: If you are a natural person, you may remove or strike any or all of the following information from any instrument that transfers an interest in real property before it is filed for record in the public records: your Social Security number or your driver's license number.

GENERAL WARRANTY DEED

Date: September 4, 2023

Grantor and Mailing Address:

Luis L. Cantu and Dawn Adams Cantu, a married couple
778 Oak Breeze
Spring Branch, Texas 78070

Grantee and Mailing Address:

Matthew D. McKee and Samantha J. McKee, a married couple
1176 Mossy Hollow Road
Spring Branch, Texas 78070

Consideration: Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged

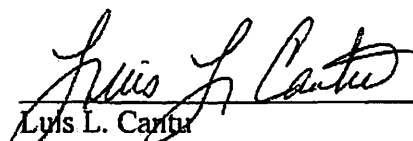
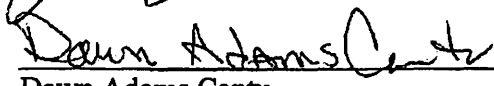
Property (including any improvements):

Lot 24, Block 2, SPRING BRANCH ESTATES, UNIT NO. 1, Comal County, Texas, according to plat thereof recorded in Volume 6, Pages 113-117, Map and Plat Records of Comal County, Texas.

Exceptions to Conveyance and Warranty: Any and all easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded restrictions, reservations, covenants, conditions, oil and gas leases, mineral severances, and other instruments, other than liens and conveyances, that affect the Property; rights of adjoining owners in any walls and fences situated on a common boundary; any discrepancies, conflicts or shortages in area or boundary lines; any encroachments or overlapping of improvements; and taxes for the current year and subsequent years, which Grantee assumes and agrees to pay any subsequent assessments for the current year and prior years due change in land usage, ownership, or both, the payment of which Grantee assumes.

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

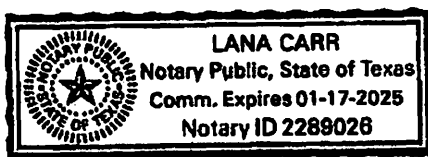
GRANTOR:



Luis L. Cantu

Dawn Adams Cantu

(Acknowledgment)

STATE OF TEXAS §
 §
COUNTY OF COMAL §

This instrument was acknowledged before me on the 4 day of September, 2023, by Luis L. Cantu and Dawn Adams Cantu.



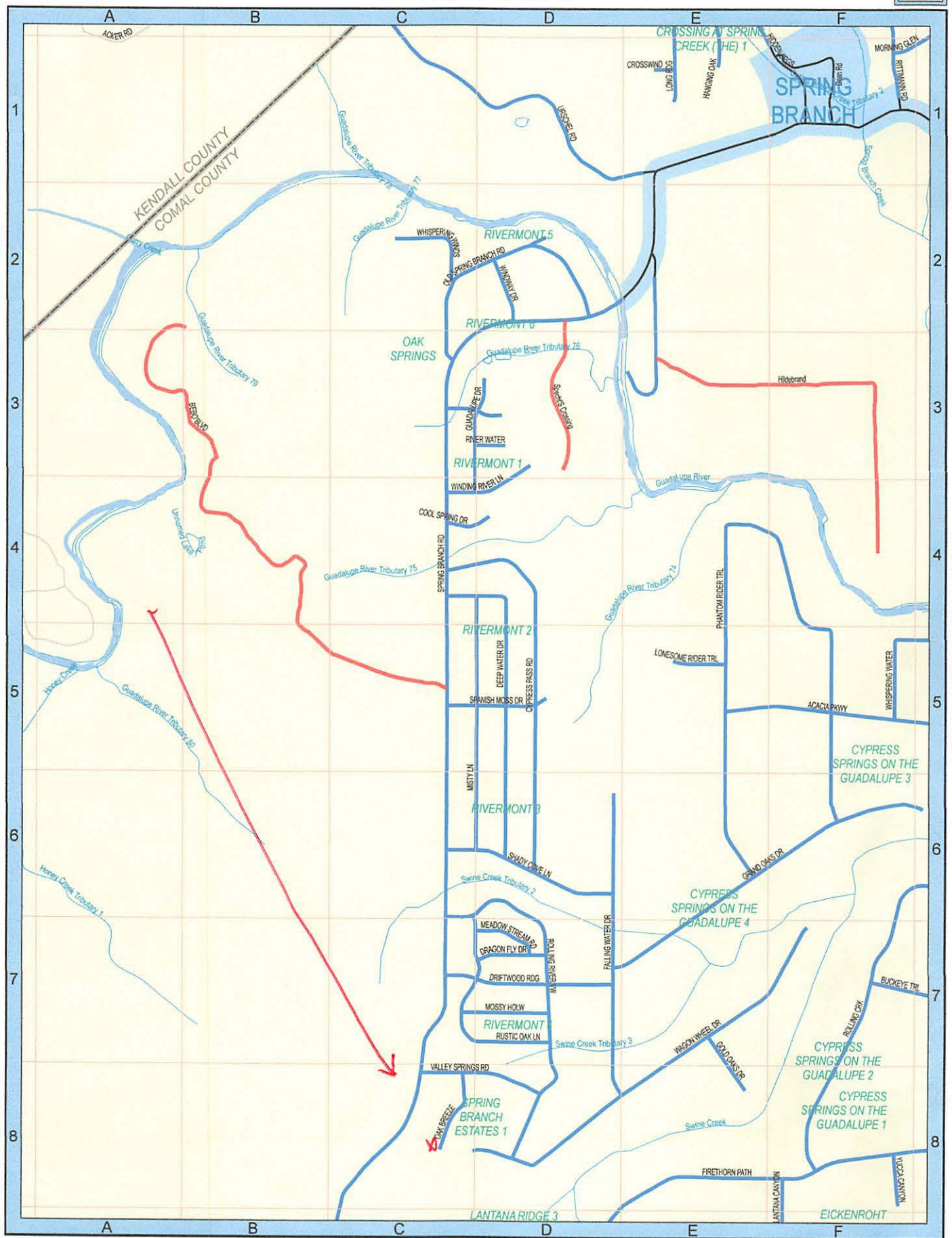

Notary Public, State of Texas

After Recording Return To:

Texas Lone Star Title LLC
c/o Law Office of Jason M. Rammel, P.C.
17130 Highway 46 W, Suite 5
Spring Branch, Texas 78070

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
09/06/2023 10:22:10 AM
LAURA 2 Pages(s)
202306028617

 Bobbie Koepp



0 1,250 2,500
Feet

0 0.25 0.5
Miles

Maintenance Service Provider
15188 FM 306
Canyon Lake, TX 78133
Office/Fax (830) 964-2365



SPRING BRANCH ESTATES, UNIT 1, BLK 2, LOT 24

SITE ADDRESS	INSTALLER	DATE
770 OAK BREEZE, SPRING BRANCH, TX 78070	J.R. AVILA	SEPTEMBER 29, 2023

Routine Maintenance and Inspection Agreement

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between MATTHEW D. & SAMANTHA J. MCKEE (referred to as "Client") and Aerobic Services of South Texas (Thomson W. Hamilton MP349) (hereinafter referred to as "Contractor") located at 15188 FM 306 Canyon Lake, Texas 78133 (830) 964-2365. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein.

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

1. 3 inspections a year services of at least every 4 months for a total of 6 visits per two year period including inspection, adjustment and service of the mechanical, electrical and other application component parts to ensure proper function. This includes inspection of the control panel, air pump, filter and user education. Any abnormal situation affecting the proper operation of the Aerobic process will be addressed within a 48-hour time frame. Minor work on non-warranty parts will be charged for parts and labor. The Contractor will be notified of any work is performed.
2. An effluent quality test consisting of color, clarity, odor, and pH will be performed. A test for chlorine residual and pH will be reported as necessary.
3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
4. The customer is responsible for the chlorine; it must be filled before or during the service visit.
5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, and County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy. BOD and TSS testing is covered by this contract.

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

ACCESS BY CONTRACTOR

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

Termination of Agreement

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



Limit of Liability

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

Dispute Resolution

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

Entire Agreement

This Agreement, whether oral or written, shall constitute the entire agreement between the parties.

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.

OWNER

MATTHEW J. MCKEE

NAME (PRINT)

matt.mckee@

EMAIL

830-500-8600

PHONE

SIGNATURE

EFFECTIVE DATE

ENTERED DATE

INSTALLED

Model

Blower Panel Serial

The effective date of this initial maintenance contract shall be the date the unit is installed.