



Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate On-site Sewage Treatment and Disposal Facility

Date Issued: 8/16/2002

Permit Number: 82921

Location Description: 5284 Hawkeye, Bulverde, TX 78163
Lot 508, Oak Village North Unit 3 Subdivision

Type of System: Aerobic Treatment with Surface Irrigation Discharge

License issued to: Nairn, Inc.


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 Natural Resource Conservation Commission.

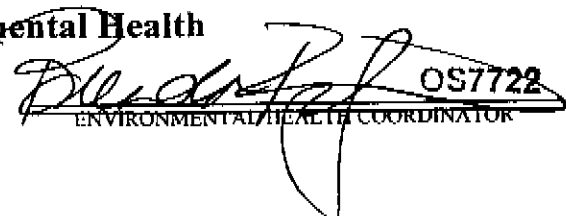
The license grants permission to operate the facility. It does not guarantee successful operation. It is the responsibility of the owner to maintain and operate the facility in satisfactory manner.

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


HEATHER LEWIS
ENVIRONMENTAL HEALTH INSPECTOR
OS8083


BRENDA P. [unclear]
ENVIRONMENTAL HEALTH COORDINATOR
OS7722

This "License-Operate" report was printed on 8/20/2002 by: Comal County Environmental Health, Operator, using CASST Ver.2.1



Comal County

OFFICE OF COMAL COUNTY ENGINEER

**PERMIT OF AUTHORIZATION TO CONSTRUCT
AN ON-SITE SEWAGE FACILITY
PERMIT VALID FOR ONE YEAR FROM DATE ISSUED**

Permit Number: 82921

Issued this date: February 7, 2002

This Permit is hereby given to: Naim, Inc.

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

5284 Hawkeye, Bulverde, TX 78163
Lot 508, Oak Village North Unit 3 Subdivision

APPROVED MIMNIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic Treatment with Surface Irrigation Discharge

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 Natural Resource Conservation Commission (TNRCC). Installation and inspection must comply with current TNRCC and Comal County requirements.

Call (830) 608-2090 to schedule inspections.

COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH

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

PH 82921

PRINT CLEARLY COMPLETING ALL INFORMATION

DATE: _____

PERMIT#: _____

PROPERTY OWNERS NAME: Nairn, Inc.

MAILING ADDRESS _____

CITY, STATE, ZIP CODE: _____

PHONE #: _____

LEGAL DESCRIPTION OF PROPERTY: _____

SUBDIVISION NAME: Oak Village North

UNIT: 3

LOT: 508

BLOCK: _____

ACREAGE/LEGAL: _____

STREET NAME/ADDRESS: 5284 Hawkeye

CITY: Bulverde

ZIP: 78163

PROPERTY MUST BE MARKED ON-SITE WITH THE STREET ADDRESS, LOT# & OWNERS NAME. A LOCATION MAP TO THE PROPERTY MUST BE ATTACHED WITH THIS APPLICATION ALONG WITH PROOF OF OWNERSHIP.

IS PROPERTY LOCATED OVER THE EDWARDS RECHARGE ZONE? YES _____ NO IF YES, SITE EVALUATION & PLANNING MATERIALS MUST BE COMPLETED BY A REGISTERED SANITARIAN OR PROFESSIONAL ENGINEER.

TYPE OF DEVELOPMENT: _____

3BR

SINGLE FAMILY RESIDENCE 1998 TOTAL SQ. FT. OF DWELLING 240 GALLONS PER DAY

COMMERCIAL TYPE OF BUSINESS/INSTITUTION: _____

NUMBER OF OCCUPANTS _____

GALLONS PER DAY _____

SITES GENERATING MORE THAN 5000 GALLONS PER DAY ARE REQUIRED TO OBTAIN PERMITTING THROUGH THE TEXAS NATURAL RESOURCE CONSERVATION COMMISSION.

SOURCE OF WATER: PUBLIC

PRIVATE WELL _____

PLANNING MATERIALS & SITE EVALUATION AS REQUIRED COMPLETED BY: Virginia Castro

SYSTEM DESCRIPTION: Standard septic tank with drainfield

SIZE OF SEPTIC SYSTEM REQUIRED BASED ON PLANNING MATERIALS & SITE EVALUATION: Proprietary aerobic treatment with submersible pump

TANK SIZE(S) 1000 GALLONS

ABSORPTION/APPLICATION AREA 7200 SQ. FT.

ARE WATER SAVING DEVICES BEING UTILIZED WITHIN THE RESIDENCE? YES _____ NO

3750 Required
3768 actual

I CERTIFY THAT THE COMPLETED APPLICATION AND ALL ADDITIONAL INFORMATION SUBMITTED DOES NOT CONTAIN ANY FALSE INFORMATION AND DOES NOT CONCEAL ANY MATERIAL FACTS. 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 ALSO UNDERSTAND THAT A PERMIT OF AUTHORIZATION TO CONSTRUCT WILL NOT BE ISSUED UNTIL THE FLOOD PLAIN ADMINISTRATOR HAS APPROVED AND RELEASED THE DEVELOPMENT PERMIT FOR THIS PROPERTY.

SIGNATURE OF OWNER: Tom Nairn



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ENVIRONMENTAL HEALTH



VC

THE COUNTY OF COMAL
STATE OF TEXAS

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AUG 07 2002

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

ENVIRONMENTAL HEALTH

According to Texas Natural Resource Conservation Commission Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of Comal County, Texas.

I
The Texas Health and Safety Code, Chapter 366 authorizes the Texas Natural Resource Conservation Commission (TNRCC) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the TNRCC 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 TNRCC, 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 TNRCC requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TNRCC of the suitability of this OSSF, nor does it constitute any guarantee by the TNRCC 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 (legal description):
unit 3 Lot 508 Oak Village North

Doc# 200206026157
Pages 1
8/7/2002 01:39:14 PM
Filed & Recorded in
Official Records of
COMAL COUNTY
JOY STREATER
COUNTY CLERK
Fees \$9.00

The property is owned by (owner's full name): Naian Inc.

This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved maintenance company, and a signed maintenance contract must be submitted to Comal County Engineer's Office within 30 days after the property has been transferred.

The owner will, upon sale or transfer of the above described property, request a transfer of the permit for the OSSF 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.

WITNES BY HAND(S) ON THIS 6th DAY OF August, 2002
STATE OF TEXAS
COUNTY OF COMAL

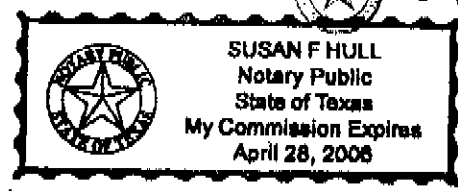
[Signature]
Owner(s) signature(s)

This is to certify that this document was FILED and RECORDED in the Official Public Records of Comal County, Texas on the date and time stamped thereon.

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 6th DAY OF

[Signature]
COUNTY CLERK

August 2002
[Signature]
Notary Public, State of Texas



Notary's Printed Name: Susan F. Hull
My Commission Expires: 04-28-06

Doc# 200206026157

82921



TREATMENT SYSTEM INITIAL SERVICE POLICY

RECEIVED
AUG 16 2002

This Service Policy ("Agreement") entered into this 9 day of August, 2002, by and between Home Owner and Beauvoir Beach ("Service Provider")

Service Provider agrees to operate and maintain the Hoot Aerobic System located at 5284 Hawks Eye (Legal description only) Permit # 12921 for the period of two (2) years beginning 8-9-02 and ending 8-9-04 pursuant to the terms below

This Agreement will provide for all required inspections, testing and service of your Hoot Aerobic Treatment System. Service Provider and Home Owner agree to the following:

1. Service Provider shall perform 3 inspections a year/service calls (at least one every 4 months) for a total of 7 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 the control panel, air pumps, air filters, diffuser operation, and replacing or repairing any component not found to be functioning correctly.
2. Such inspections shall include an effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and pH will be taken and reported as necessary.
3. If any improper operation is observed by Service Provider, which cannot be corrected at the time of the service visit, Home Owner will be notified immediately in writing of the conditions and estimated date of correction.
4. Home Owner agrees to maintain a chlorine residual of at least 1mg/L in the treatment system. This can be accomplished by using chlorine tablets designed for wastewater use. NOT SWIMMING POOL TABLETS. Upon inspection by Service Provider, if the system needs chlorine tablets the Service Provider will add them and charge the Home Owner.
5. In the event that the Home Owner fails in their responsibility to add the chlorine tablets, it shall be considered a breach of this Agreement and the Home Owner's duties as agreed to in the Hoot Homeowners Manual. Additionally, such failure may be considered an unlawful act in some jurisdictions, and Service Provider will contact the appropriate governmental authorities to report such violation.
6. Home Owner agrees to maintain a factory authorized service provider for the lifetime of the system, as required by state law applicable to aerobic systems. Service Provider agrees to make available, for purchase on an annual basis, a continuing service policy to cover labor for normal inspection, maintenance and repair.
7. Service Provider agrees that within 48 hours of a request for service (weekends and holidays excluded), Home Owner's system will be visited by the Service Provider listed below or their authorized agent. If there are any items which need correction and can not be immediately remedied, the service provider will inform the Home Owner, in writing, of the conditions and the estimated repair date.
8. Any additional visits, inspections or sample collections required by specific Municipalities, Water/ sewer Authorities, County Agencies the State or any other regulatory agency in your jurisdiction will be covered by this Agreement.

Disclaimer: The Hoot Homeowners Manual must be strictly followed as all warranties are subject to invalidation. Pumping of sludge build-up, for reasons other than due to warranted mechanical failure, are not covered by this Agreement and will result in additional charges. By signing this Agreement, both Service Provider and Homeowner agree to the terms contain herein. Further, by signing this Agreement, both the Service Provider and the Home Owner swear that the Home Owner has received a copy of the Homeowners Manual and the Service Provider has made a reasonable effort to explain all pertinent information to the Homeowner.

Home Owner agrees that Hoot Aerobic Systems, Inc. is not a party to this Agreement, and shall bear no responsibility for service or any terms, obligations, or duties contained herein.

HOME OWNER

Tom Martin
Name
5284 Hawks Eye
Address
Beauvoir Beach, Texas 78163
City
830-980-7496
Phone
Tom Martin
Signature of Home Owner

SERVICE PROVIDER

Cherry Withers
Name of Service Company Representative
4225 Sm. 482
Address
Beauvoir Beach, Texas 78132
City
(830) 627-1785
Phone
Cherry Withers 46964615
Signature of Service Provider and License #

THIS BOX MUST BE COMPLETED BY THE SERVICE PROVIDER

Hoot Model # H300AN Blower/Panel Serial # 13563 Hoot Model # H500-400-750

White Copy - Home Owner Yellow Copy - Inspector Pink Copy - H.O.S. Goldenrod Copy - Regulatory Agency

Soil Evaluation Report Information

Date Soil Survey Performed: 1/17/02

Site Location: 5284 Hawkkey Lot 508 Unit 3 Oak Village North

County: Camel Proposed Excavation Depth: 78" surface application

Name of Site Evaluator: Virginia Castro Registration Number: RS# 3233

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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.

ENVIRONMENTAL HEALTH

Soil Boring Number _____						
Depth (Feet)	Texture Class	Soil Texture	Soil drawing	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0		brown clay		none	none	Since origin field was uphill from excavation in this area revealed many areas of hardpan caliche and indurated limestone - so aeration was decided
1		hard caliche				
2		indurated limestone				
3						
4						
5						

Soil Boring Number _____						
Depth (Feet)	Texture Class	Soil Texture		Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0		same				
1						
2						
3						
4						
5						

Features of Site Area

- Presence of 100 year flood zone Yes _____ No
- Presence of adjacent ponds, streams, water impoundments Yes _____ No
- Existing or proposed water well in nearby area Yes _____ No
- Organized sewage service available to lot or tract Yes _____ No

Site Evaluator: Virginia Castro Signature: [Signature] License No: RS# 3233

Name: _____
 (Circle one) RS, PE, DR, Installer II)

REVISED

Revision permit
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ENVIRONMENTAL HEALTH
Tom N...

Lot 508
unit 3
Oak Village
North

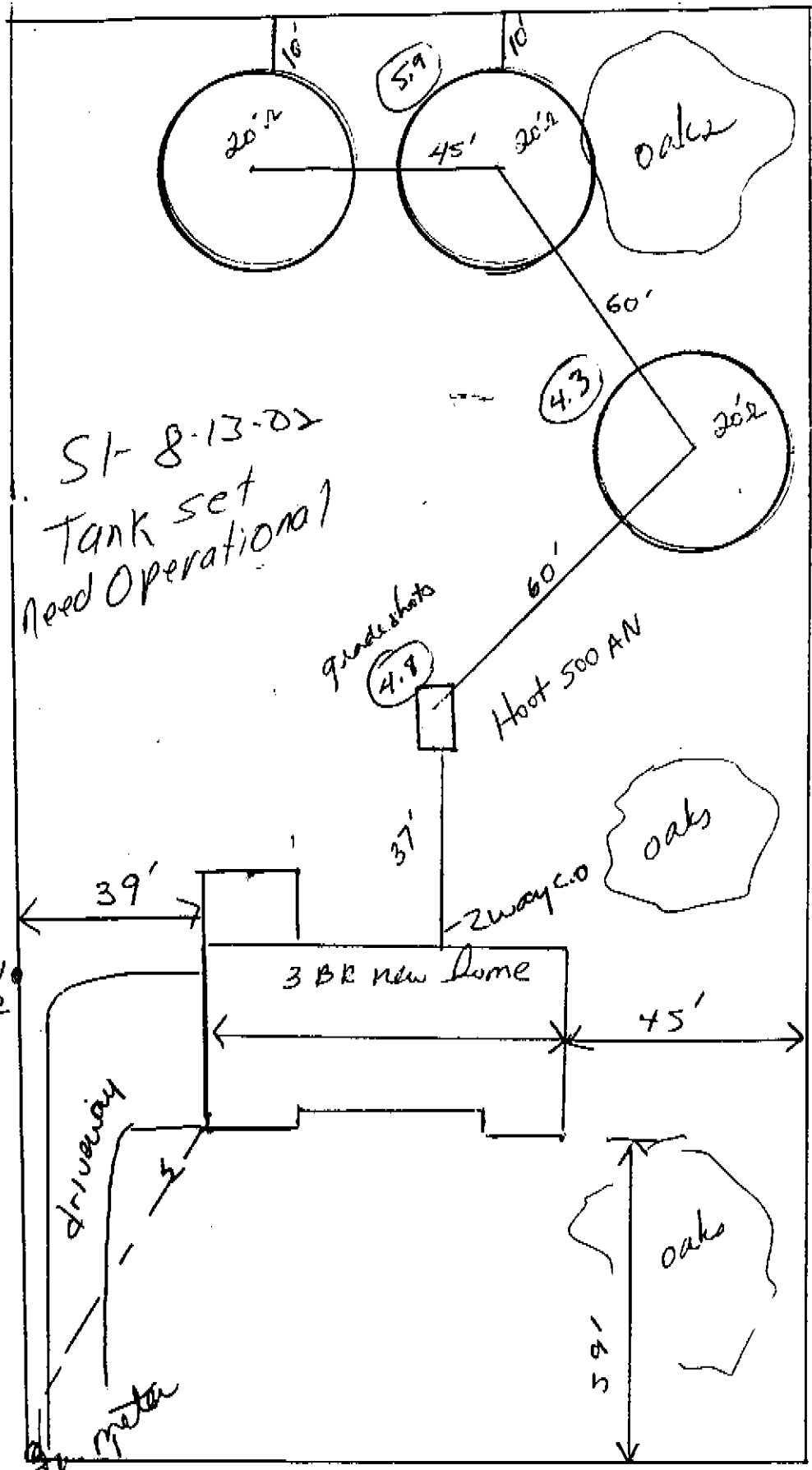


10/31/02
10/95

$$\frac{240}{.064} = 3750^{\circ}$$
$$(20)^2 \times 3.14 = 1256$$
$$\frac{1256 \times 3}{3768^{\circ}}$$

actual

SCALE
1" = 30'



SI-8-13-02
Tank set
need Operational

9 inch shots
4.9

Hoot 500 AN

37'

2 way c.o

39'

3 BR new home

75'

driveway

water meter

utility pole

150'

5284 Hawk eye

OSSF PERMIT INFORMATION SHEET

Date of Permit Application	Permit Number	Date of Permit Approval	Date of Flood Plain Approval
1/21/01	82921	2-7-02	N/A City of Dulverde

LOCATION Dave Village North W-3, L-508

SYSTEM TYPE/DESCRIPTION: _____

INFORMATION FROM PRELIMINARY INSPECTION

DATE OF PRELIMINARY INSPECTION: 1-22-02 no test holes

DESIGN MEETS TNRCC REQUIREMENTS:

AFFIDAVIT RECEIVED: Bldg. Permit

LIST DEFICIENCIES IN PLANNING MATERIALS WHICH DO NOT MEET TNRCC RULES:

1. 2 test holes required - ✓ OK (S)
2. _____
3. 1- Aff/Cert. Needed
4. Slope through system site. - ok as per USC.
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

INSTALLATION INSPECTION INFORMATION:

INSPECTED BY: H Young

DATE OF S-1: 8-13-02 NOTES/RESULTS: Tank set, need operational

DATE OF S-2: 8-16-02 NOTES/RESULTS: Operational, covered, complete

DATE OF S-3: _____ NOTES/RESULTS: _____

DATE OF FINAL INSPECTION: _____ (SYSTEM COMPLETE)

INSTALLER: _____ TANK: (SIZE & NAME) _____

_____ SQ. FT. ABSORPTION/APPLICATION AREA

SERVICE AGREEMENT RECEIVED: _____ (START DATE)

DATE ENTERED IN SUMMARY SHEET: _____

DATE ENTERED IN (CASST) AEROBIC DATABASE: _____

System Profile

Printed: Tuesday, August 20, 2002

System is installed at:

5284 Hawkeye
Bulverde, TX 78163
Comal County

Permit Number: 82921
System Name: Primary
Brand Name:
Model:
Serial Number:

Lot: 508 Subdiv: Oak Village North Unit 3

Owner Information:

Nairn, Inc.
1931 Sable
San Antonio, TX 78217

The original contract for installation was written on _

System is Under Warranty

This system was installed by: _

The installation date was 8/16/02.

This system is to be inspected every 4 months.

The most recent inspection for this system occurred on _

The next scheduled inspection for this system is due on 12/16/02.

Permitting Agency:

Comal County Environmental Health
195 David Jonas Drive
New Braunfels, TX 78132-3760
Contact: Sabra Jurgensen, Secretary
Phone: (830) 608-2090

Installation Company Info:

BulCoBexar Construction
P.O. Box 366
Bulverde, TX 78163
Operator: Bill Hardin
Phone: (830) 980-4868

Maintenance Company Info:

Aerobic Services of South Texas
4222 FM 482
New Braunfels, TX 78132
Operator: Jerry Watkins
Phone: (830) 606-4732
Fax: (830) 608-1396

Most Recent Visits and Results

<u>Date Comp.</u>	<u>Visit Type</u>	<u>Description of Repairs</u>

Property Notes:

Pre-01/22/02, S1- 08/13/02, S2- 08/16/02

System Notes:

82927

No. BR003-02

CITY OF BULVERDE, TEXAS
APPLICATION FOR A BUILDING PERMIT

pd. #5456 RECEIVED

ALL DATA MUST BE COMPLETE

JAN 21 2002

Date: 1-14-2002 COUNTY ENGINEER

Type Project: Residential/Commercial/Other Residential

Subdivision: oak village north Unit No. 3 Block No. _____ Lot No. 508

Physical Address of Proposed Construction: 5284 HAWKEYE

Applicant's Name and Current Address: NAIRN INC
1931 SABLE S.A. TX 78217

Telephone No. 210 824 4400 Fax No. 210 828 3882

Contractor/Company: (see no. 5 below)

NAIRN INC

Contact Person: TOM NAIRN

Address: 1931 SABLE S.A. TX 78217

Telephone(s): 210 824 4400 Fax: 210 828 3882

Notes:

1. All projects must have a scale drawing or sketch of the project for which the permit is being applied.
2. Checks for permit fees will be made out to: City of Bulverde. (Commercial permit fee is \$100.00; Residential permit fee is \$30.00)
3. No construction or project may begin before permit is obtained.
4. Fee will double if work begins prior to obtaining permit.
5. It is mandatory that all builders conform to the current version of the Uniform Builder's Code.
6. Submit a Plat Plan or sketch showing the location of Building(s), septic tank, drain field, well (if required) and water lines from meter or well to building.
7. A driveway permit must be obtained from the City (Gated communities are excluded). (Fee is \$30.00)
8. A septic system permit must be obtained from Comal County and a septic system design shall be forwarded to City Hall upon approval by the County.
9. The City must be notified when the foundation location is ready for inspection.
10. When all exterior surfaces and all utilities are completed (septic system, water system, electrical system), the City should be notified to complete a final inspection.
11. This permit does not remove the responsibility of the applicant to contact and gain approval from the appropriate architectural control committee.
12. Before initiating construction, contractor must have a portable sanitary toilet and a dumpster (minimum 30 cubic yard capacity) on site.

For questions contact the Building Inspection Department at 830-438-3612.

Tom Nairn
Applicant's Signature

1-14-2002
Date

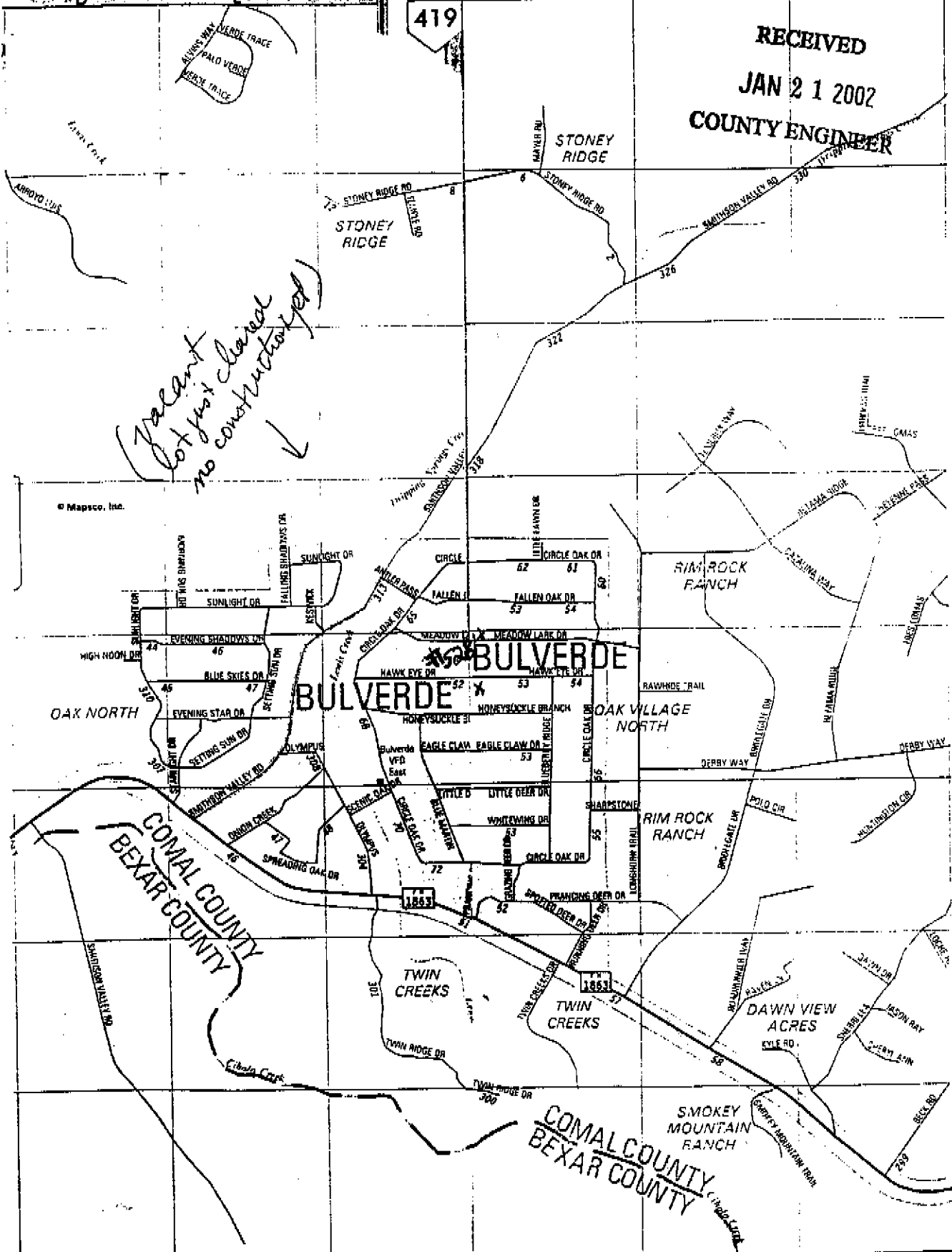
Approved by: [Signature] Date: 1-16-02

1/14/02 - called Ken Swan will come in

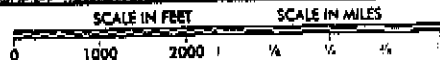
MAP 419

RECEIVED
JAN 21 2002
COUNTY ENGINEER

*Parent lot just cleared
no construction yet*



© Mapscor, Inc.



COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH

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

PH 82921

PRINT CLEARLY COMPLETING ALL INFORMATION

DATE: _____

PERMIT#: _____



PROPERTY OWNERS NAME: Nairn, Inc.

MAILING ADDRESS _____

1931 Sable

CITY, STATE, ZIP CODE: _____

San Antonio TX 78217

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PHONE #: _____

AUG 06 2002

LEGAL DESCRIPTION OF PROPERTY: _____

SUBDIVISION NAME: _____

Oak Village North

ENVIRONMENTAL HEALTH

UNIT: 3

LOT: 508

BLOCK: _____

ACREAGE/LEGAL: _____

STREET NAME/ADDRESS: 5284 Hawkeye

CITY: Bulverde

ZIP: 78163

PROPERTY MUST BE MARKED ON-SITE WITH THE STREET ADDRESS, LOT# & OWNERS NAME. A LOCATION MAP TO THE PROPERTY MUST BE ATTACHED WITH THIS APPLICATION ALONG WITH PROOF OF OWNERSHIP.

IS PROPERTY LOCATED OVER THE EDWARDS RECHARGE ZONE? YES _____ NO IF YES, SITE EVALUATION & PLANNING MATERIALS MUST BE COMPLETED BY A REGISTERED SANITARIAN OR PROFESSIONAL ENGINEER.

TYPE OF DEVELOPMENT: _____

3BR

SINGLE FAMILY RESIDENCE 1998 TOTAL SQ. FT. OF DWELLING 240 GALLONS PER DAY

COMMERCIAL _____

TYPE OF BUSINESS/INSTITUTION: _____

NUMBER OF OCCUPANTS _____

GALLONS PER DAY _____

SITES GENERATING MORE THAN 5000 GALLONS PER DAY ARE REQUIRED TO OBTAIN PERMITTING THROUGH THE TEXAS NATURAL RESOURCE CONSERVATION COMMISSION.

SOURCE OF WATER: _____

PUBLIC

PRIVATE WELL _____

PLANNING MATERIALS & SITE EVALUATION AS REQUIRED COMPLETED BY: Virginia Castro

SYSTEM DESCRIPTION: _____

Standard septic tank with drainfield
Proprietary aerobic treatment with surface irrigation



SIZE OF SEPTIC SYSTEM REQUIRED BASED ON PLANNING MATERIALS & SITE EVALUATION: _____

TANK SIZE(S) 1000 GALLONS

ABSORPTION/APPLICATION AREA 7200 SQ. FT.

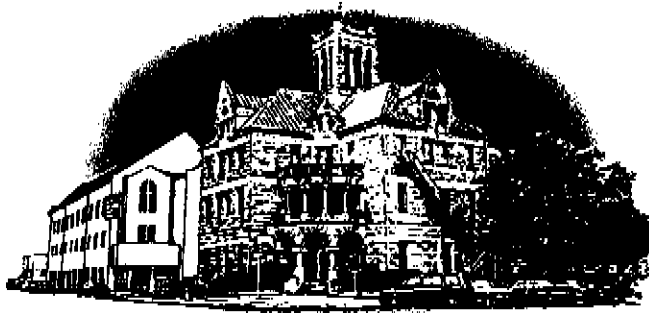
ARE WATER SAVING DEVICES BEING UTILIZED WITHIN THE RESIDENCE? YES _____ NO

3750/14gpd
3768 actual

I CERTIFY THAT THE COMPLETED APPLICATION AND ALL ADDITIONAL INFORMATION SUBMITTED DOES NOT CONTAIN ANY FALSE INFORMATION AND DOES NOT CONCEAL ANY MATERIAL FACTS. 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 ALSO UNDERSTAND THAT A PERMIT OF AUTHORIZATION TO CONSTRUCT WILL NOT BE ISSUED UNTIL THE FLOOD PLAIN ADMINISTRATOR HAS APPROVED AND RELEASED THE DEVELOPMENT PERMIT FOR THIS PROPERTY.

SIGNATURE OF OWNER

Tom Nairn



Comal County
OFFICE OF COMAL COUNTY ENGINEER

August 20, 2002

Nairn, Inc.
1931 Sable
San Antonio, TX 78217

Re: 5284 Hawkeye, Oak Village North, Unit 3, Lot #508, Bulverde, TX, Permit #82921
On-Site Sewage Facility Maintenance Contract

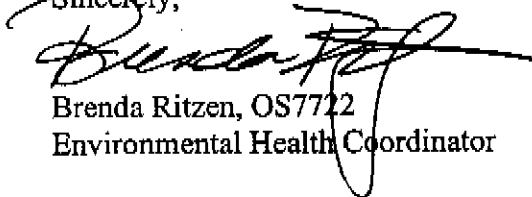
Dear Sirs,

Our records indicate that the wastewater generated by the improvements on the referenced property is treated and disposed of by an on-site sewage facility (OSSF) utilizing surface irrigation for distributing the effluent. Our records indicate that we have no current maintenance contract on file for this system. In order for us to finalize our records and issue the License to Operate, we need a copy of the signed maintenance contract.

Texas Natural Resource Conservation Commission Rules for On-Site Sewage Facilities Section 285.7 (c)(2) states that, "a copy of the signed maintenance contract shall be provided by the owner to the permitting authority before the authorization to construct is issued. Before the current contract expires, the owner of an OSSF is required to have a new maintenance contract signed. A copy of a new contract shall be submitted to the permitting authority at least 30 days before the contract expires."

Please submit a copy of the required maintenance contract **within 10 days of the receipt of this letter.** If you have any questions please contact our office.

Sincerely,



Brenda Ritzen, OS7712
Environmental Health Coordinator

BR/sj

#82921
REVISED

Soil Evaluation Report Information

Date Soil Survey Performed: 1/17/02
 Site Location: 5284 Hawkays Lot 508 Unit 3 Oak Village North
 County: Conal Proposed Excavation Depth: 184 surface application
 Name of Site Evaluator: Virginia Castro Registration Number: RS# 3233

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.

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ENVIRONMENTAL HEALTH

Soil Boring Number <u>1</u>						
Depth (Feet)	Texture Class	Soil Texture	Sp. Grav.	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0		brown clay loam hard caliche indurated limestone		none	none	Surface of main field was up hill from tank at 3' depth of excavation revealed many areas of hardpan caliche and indurated limestone - so aeration was decreased
1						
2						
3						
4						
5						

Soil Boring Number						
Depth (Feet)	Texture Class	Soil Texture		Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0		Same				
1						
2						
3						
4						
5						

Features of Site Area

Presence of 100 year flood zone Yes No
 Presence of adjacent ponds, streams, water impoundments Yes No
 Existing or proposed water well in nearby area Yes No
 Organized sewage service available to lot or tract Yes No

Site Evaluator: Virginia Castro Signature: [Signature] License No: RS# 3233
 Name: _____
 (Circle one: RS, PE, DR, Installer II)

5284 Hawkeye
Lot 508 unit 3
Oak Village North

P#82921
REVISED

AEROBIC UNIT HOOT SYSTEM #500 NIGHT PUMP AN

SPRINKLER K-RAIN, K-2 PROFESSIONAL SERIES, 5" RISER, POP-UP HEIGHT 12"
3/4" THREADED INLET, LOW ANGLE NOZZLE 12°

PUMP BLASTER FILTERED EFFLUENT PUMP WITH FRANKLIN MOTOR, FIELD SERVICABLE. 1 1/2" DISCHARGE CONNECTION #12EB 05

TIMER PROGRAMMED TO SPRAY ONLY BETWEEN 12 MIDNIGHT AND 5 AM. ENVIRONMENTAL HEALTH

PUMP TANK (see diagram) 1 PIECE (MONOLITHIC) CONCRETE TANK WITH POLYETHYLENE CLARIFIER HOPPER, 4 BUILT-IN COMPARTMENTS.

HOLDING CAPACITY TRASH TANK 400 GALLONS, PUMP 760 GALLONS (540 GAL RESERVED CAPACITY), AEROBIC TANK 920 GALLONS.

ELECTRIC 10-2 WIRE WITH GROUND. 30 AMP CIRCUIT 110 CURRENT TO CONTROL BOX.

DISTRIBUTION PIPE 1" PVC SCHEDULE 40

EXCAVATION SIZE 15' X 8' X 6' 1" DEEP (INCLUDES 4" SAND PAD) REQUIRES 6" COVER WHICH MAY BE MOUNDED.

REQUIRED AREA

GAL/DAY/RESIDENT	According to § 289.90 (3) TNRCC Regulations
APPLICATION RATE	.064 GAL / GALLONS OF USAGE PER DAY

$$240 \div .064 = 3750 \#$$

CALCULATIONS

EACH SPRINKLER HAS A RADIUS OF 15 TO 50 FEET, WITH AVERAGE OF 30 FT.

A = πr^2
A = $3.14 (20)^2$
A = $1256 \times 3 = 3768 \#$

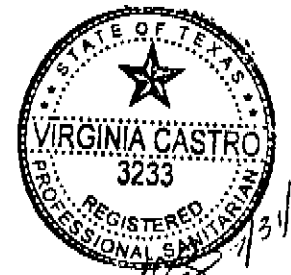
MINIMUM REQUIREMENTS 3 SPRINKLERS 20' R

04-82921
 REVISED

Revision permit
 RECEIVED
 AUG 06 2002

ENVIRONMENTAL HEALTH
 Tom N...

Lot 508
 unit 3
 Oak Village
 North



7/31/02
 VC

250'

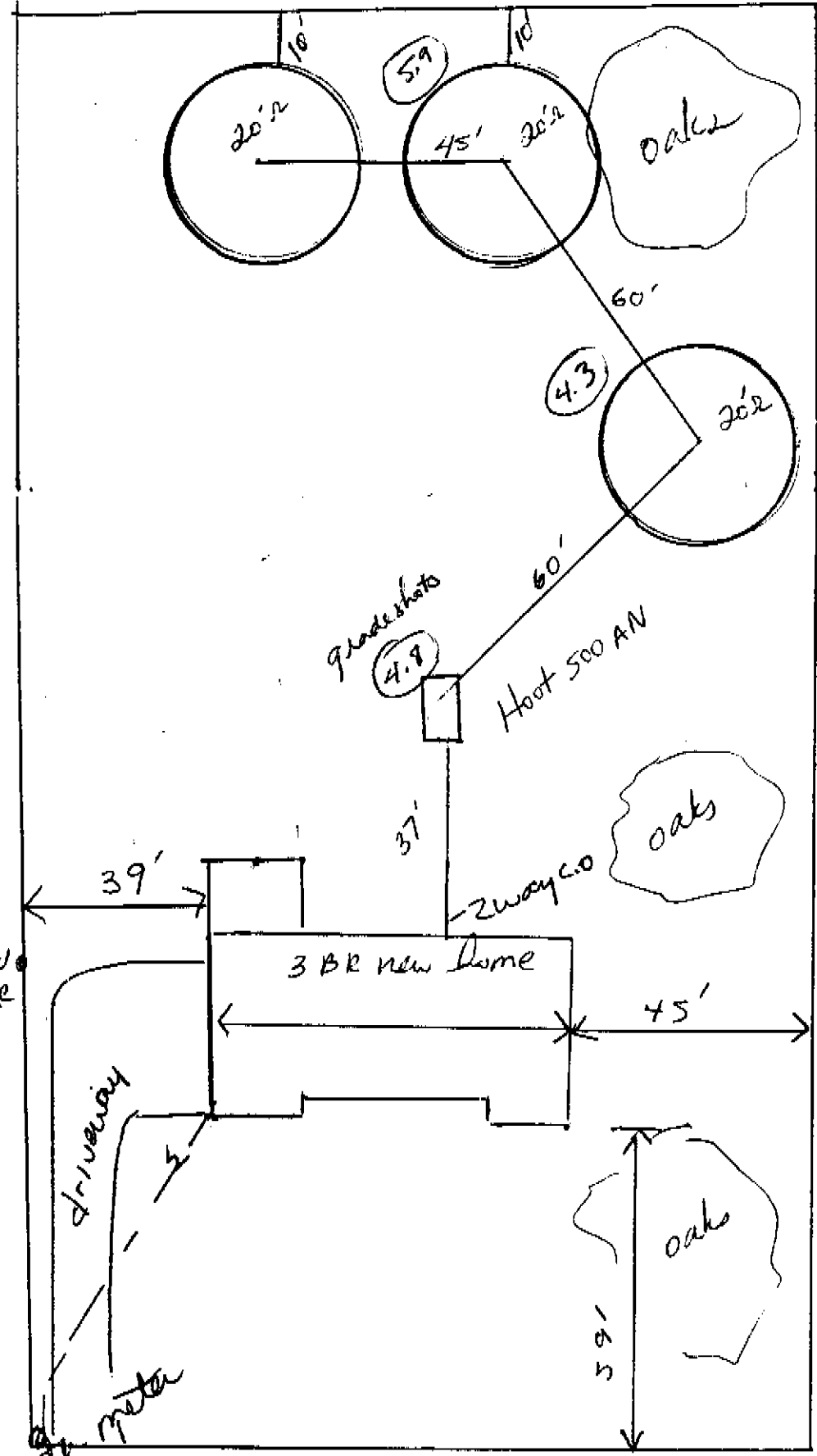
$$\frac{240}{.064} = 3750'$$

$$(20)^2 \times 3.14 = 1256$$

$$\frac{1256}{3} = 418.6$$

actual

SCALE
 1" = 30'



150'

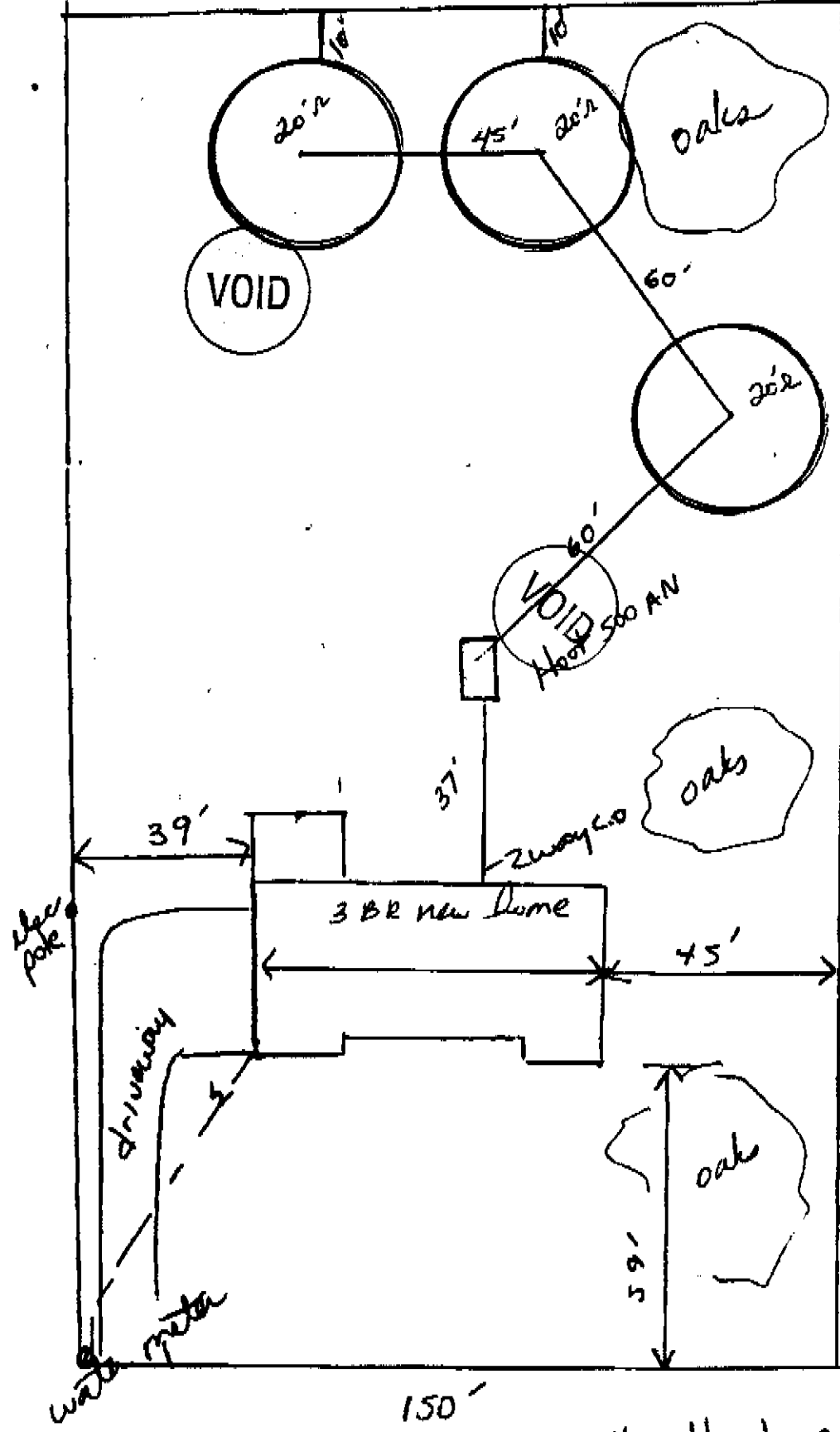
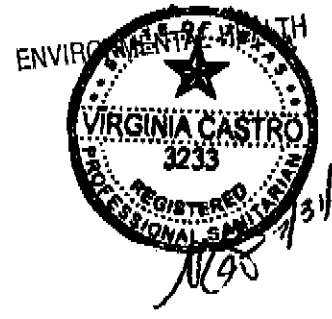
5284 Hawkeye

Revision permit #82921

REVISED

Tom Nauri
Lot 508
Unit 3
Oak Village
North
RECEIVED

AUG 06 2002



250'

$$\frac{240}{.064} = 3750^{\circ}$$

$$(20)^2 \times 3.14 = 1256$$

$$\frac{3768^{\circ}}{\times 3}$$

actual

SCALE
1" = 30' N

5284 Hawk eye

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

PRINT CLEARLY COMPLETING ALL INFORMATION

82921

DATE:

PERMIT#: 82921

PROPERTY OWNERS NAME: Nairn, Inc.

MAILING ADDRESS: 1931 Sable

CITY, STATE, ZIP CODE: San Antonio TX 78217

RECEIVED

PHONE #: JAN 21 2002

LEGAL DESCRIPTION OF PROPERTY: COUNTY ENGINEER

SUBDIVISION NAME: Oak Village North

UNIT: 3 LOT: 508 BLOCK: ACREAGE/LEGAL:

STREET NAME/ADDRESS: 5284 Hawkeye CITY: Bulverde ZIP: 78163

PROPERTY MUST BE MARKED ON-SITE WITH THE STREET ADDRESS, LOT# & OWNERS NAME. A LOCATION MAP TO THE PROPERTY MUST BE ATTACHED WITH THIS APPLICATION ALONG WITH PROOF OF OWNERSHIP.

IS PROPERTY LOCATED OVER THE EDWARDS RECHARGE ZONE? YES NO [checked] IF YES, SITE EVALUATION & PLANNING MATERIALS MUST BE COMPLETED BY A REGISTERED SANITARIAN OR PROFESSIONAL ENGINEER.

TYPE OF DEVELOPMENT: 3BR [checked] SINGLE FAMILY RESIDENCE 1998 TOTAL SQ. FT. OF DWELLING 240 GALLONS PER DAY

COMMERCIAL TYPE OF BUSINESS/INSTITUTION: NUMBER OF OCCUPANTS GALLONS PER DAY

SITES GENERATING MORE THAN 5000 GALLONS PER DAY ARE REQUIRED TO OBTAIN PERMITTING THROUGH THE TEXAS NATURAL RESOURCE CONSERVATION COMMISSION.

SOURCE OF WATER: PUBLIC [checked] PRIVATE WELL

PLANNING MATERIALS & SITE EVALUATION AS REQUIRED COMPLETED BY: Virginia Castro

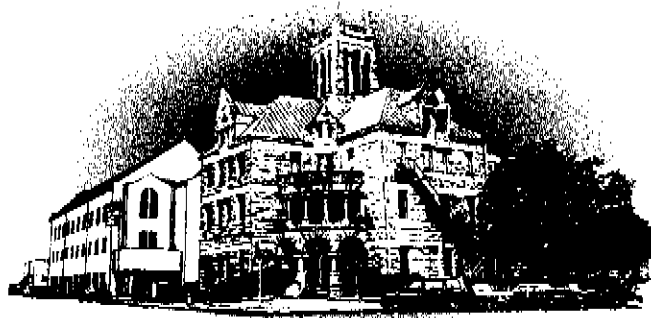
SYSTEM DESCRIPTION: standard: septic tank with drainfield

SIZE OF SEPTIC SYSTEM REQUIRED BASED ON PLANNING MATERIALS & SITE EVALUATION: TANK SIZE(S) 1000 GALLONS ABSORPTION/APPLICATION AREA 1200 SQ. FT.

ARE WATER SAVING DEVICES BEING UTILIZED WITHIN THE RESIDENCE? [checked] YES NO

I CERTIFY THAT THE COMPLETED APPLICATION AND ALL ADDITIONAL INFORMATION SUBMITTED DOES NOT CONTAIN ANY FALSE INFORMATION AND DOES NOT CONCEAL ANY MATERIAL FACTS. 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 ALSO UNDERSTAND THAT A PERMIT OF AUTHORIZATION TO CONSTRUCT WILL NOT BE ISSUED UNTIL THE FLOOD PLAIN ADMINISTRATOR HAS APPROVED AND RELEASED THE DEVELOPMENT PERMIT FOR THIS PROPERTY.

SIGNATURE OF OWNER: Tom Nairn



Comal County

OFFICE OF COMAL COUNTY ENGINEER

**PERMIT OF AUTHORIZATION TO CONSTRUCT
AN ON-SITE SEWAGE FACILITY
PERMIT VALID FOR ONE YEAR FROM DATE ISSUED**

Permit Number: 82921

Issued this date: February 7, 2002

This Permit is hereby given to: Naim, Inc.

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

5284 Hawkeye, Bulverde, TX 78163
Lot 508, Oak Village North Unit 3 Subdivision

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Septic Tank Treatment with Std Trenches/Beds Discharge

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 Natural Resource Conservation Commission (TNRCC). Installation and inspection must comply with current TNRCC and Comal County requirements.

Call (830) 608-2090 to schedule inspections.

Soil Evaluation Report Information

82921
RECEIVED

Date Soil Survey Performed: 1/18/02

Site Location: 5284 Hawk Eye

JAN 21 2002

County: Comal

Proposed Excavation Depth: 18" COUNTY ENGINEER

Name of Site Evaluator: Virginia Castro

Registration Number: RJ# 3233

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>1</u> <u>Bolan Clay Loam</u>						
Depth (Feet)	Texture Class	Soil Texture	% sand	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	dark gray brown brown clay loam 50% caliche caliche	under 15%	none	none	
1	III					
2	III					
3						
4						
5						

Soil Boring Number _____						
Depth (Feet)	Texture Class	Soil Texture	% sand	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0			Same			
1						
2						
3						
4						
5						

Features of Site Area

- | | | |
|---|-----------|--|
| Presence of 100 year flood zone | Yes _____ | No <input checked="" type="checkbox"/> |
| Presence of adjacent ponds, streams, water impoundments | Yes _____ | No <input checked="" type="checkbox"/> |
| Existing or proposed water well in nearby area | Yes _____ | No <input checked="" type="checkbox"/> |
| Organized sewage service available to lot or tract | Yes _____ | No <input checked="" type="checkbox"/> |

Site Evaluator Name: Virginia Castro Signature:

License No: RJ# 3233

(Circle one: RS, PE, DR, Installer II)

RECEIVED

JAN 21 2002

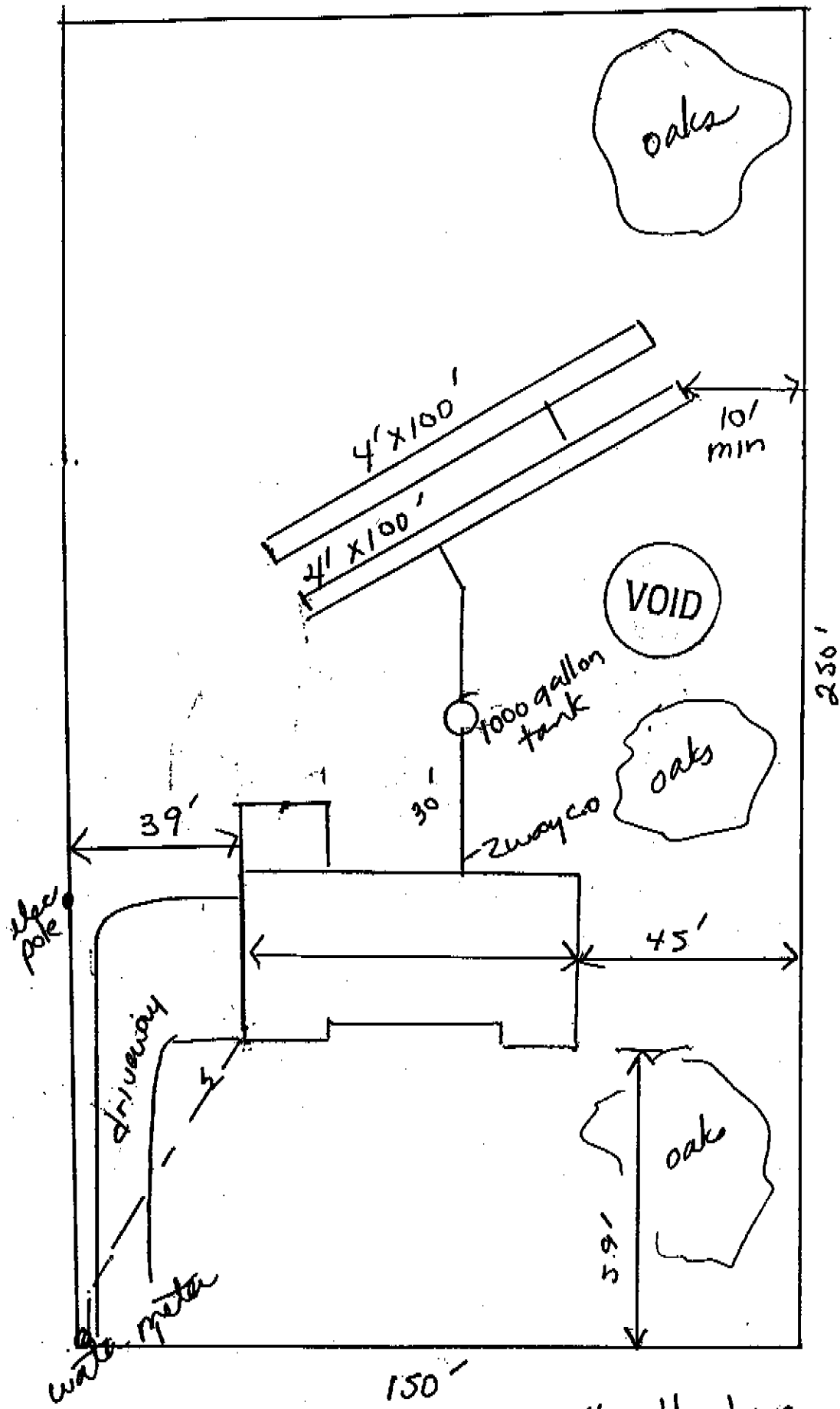
COUNTY ENGINEER

Tom Nanni

Lot 508
unit 3
Oak Village
North



1/21/02



250'

150'

5284 Hawkeye

SCALE
1" = 30' N

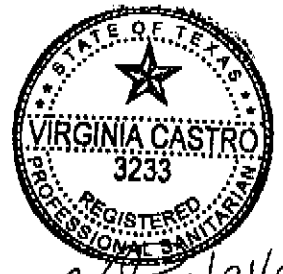
RECEIVED

JAN 21 2002

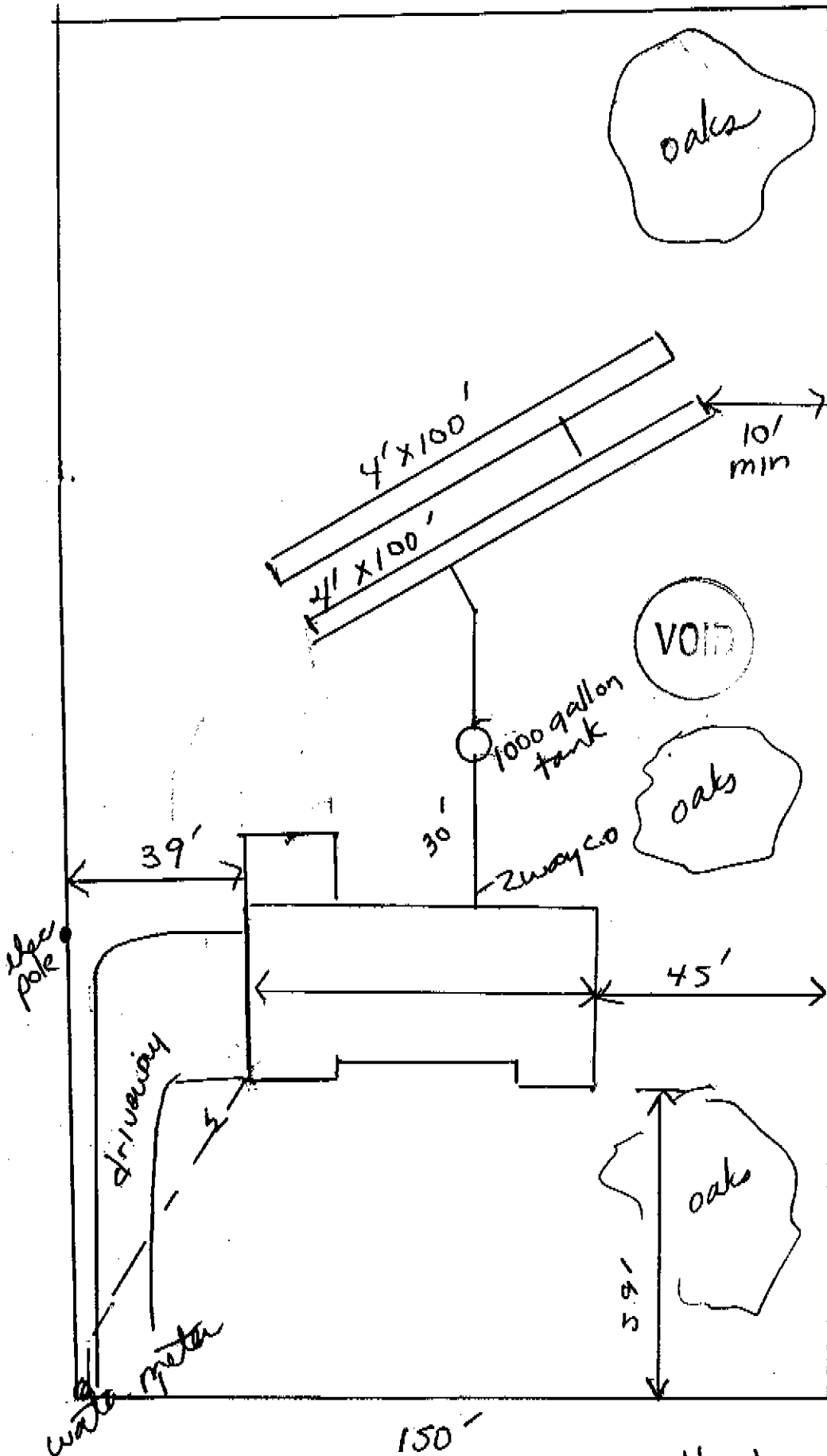
COUNTY ENGINEER

Tom Navin

Lot 508
Unit 3
Oak Village
North



1/21/02



SCALE
1" = 30' N

5284 Hawkeye

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

PRINT CLEARLY COMPLETING ALL INFORMATION

82921

DATE:

PERMIT#: 82921

PROPERTY OWNERS NAME:

Nairn, Inc.

MAILING ADDRESS

1931 Sable

CITY, STATE, ZIP CODE:

San Antonio TX 78217

RECEIVED

PHONE #:

JAN 21 2002

LEGAL DESCRIPTION OF PROPERTY:

COUNTY ENGINEER

SUBDIVISION NAME:

Oak Village North

UNIT: 3

LOT: 508

BLOCK:

ACREAGE/LEGAL:

STREET NAME/ADDRESS:

5284 Hawkeye

CITY:

Bulverde

ZIP: 78163

PROPERTY MUST BE MARKED ON-SITE WITH THE STREET ADDRESS, LOT# & OWNERS NAME. A LOCATION MAP TO THE PROPERTY MUST BE ATTACHED WITH THIS APPLICATION ALONG WITH PROOF OF OWNERSHIP.

IS PROPERTY LOCATED OVER THE EDWARDS RECHARGE ZONE? YES NO [checked] IF YES, SITE EVALUATION & PLANNING MATERIALS MUST BE COMPLETED BY A REGISTERED SANITARIAN OR PROFESSIONAL ENGINEER.

TYPE OF DEVELOPMENT:

3BR

[checked]

SINGLE FAMILY RESIDENCE

1998

TOTAL SQ. FT. OF DWELLING

240

GALLONS PER DAY

COMMERCIAL

TYPE OF BUSINESS/INSTITUTION:

NUMBER OF OCCUPANTS

GALLONS PER DAY

SITES GENERATING MORE THAN 5000 GALLONS PER DAY ARE REQUIRED TO OBTAIN PERMITTING THROUGH THE TEXAS NATURAL RESOURCE CONSERVATION COMMISSION.

SOURCE OF WATER:

PUBLIC [checked]

PRIVATE WELL

PLANNING MATERIALS & SITE EVALUATION AS REQUIRED COMPLETED BY:

Virginia Castro

SYSTEM DESCRIPTION:

standard: septic tank with drainfield

SIZE OF SEPTIC SYSTEM REQUIRED BASED ON PLANNING MATERIALS & SITE EVALUATION:

TANK SIZE(S)

1000

GALLONS

ABSORPTION/APPLICATION AREA

1200

SQ. FT.

ARE WATER SAVING DEVICES BEING UTILIZED WITHIN THE RESIDENCE?

[checked] YES

NO

I CERTIFY THAT THE COMPLETED APPLICATION AND ALL ADDITIONAL INFORMATION SUBMITTED DOES NOT CONTAIN ANY FALSE INFORMATION AND DOES NOT CONCEAL ANY MATERIAL FACTS. 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 ALSO UNDERSTAND THAT A PERMIT OF AUTHORIZATION TO CONSTRUCT WILL NOT BE ISSUED UNTIL THE FLOOD PLAIN ADMINISTRATOR HAS APPROVED AND RELEASED THE DEVELOPMENT PERMIT FOR THIS PROPERTY.

SIGNATURE OF OWNER

Tom Nairn

Soil Evaluation Report Information

82921
RECEIVED

Date Soil Survey Performed: 1/18/02
 Site Location: 5284 Hawk Eye
 County: Comal Proposed Excavation Depth: 18"
 Name of Site Evaluator: Virginia Castro Registration Number: RS#3233

JAN 21 2002

18" COUNTY ENGINEER

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>1</u> Botan Clay Loam						
Depth (Feet)	Texture Class	Soil Texture	pH	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0	III	dark gray brown under 15% brown clay loam 50% caliche		none	none	
1	III					
2	III					
3	III					
4	III					
5						

Soil Boring Number _____						
Depth (Feet)	Texture Class	Soil Texture	pH	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0			same			
1						
2						
3						
4						
5						

Features of Site Area

- Presence of 100 year flood zone Yes _____ No
- Presence of adjacent ponds, streams, water impoundments Yes _____ No
- Existing or proposed water well in nearby area Yes _____ No
- Organized sewage service available to lot or tract Yes _____ No

Site Evaluator Name: Virginia Castro Signature: [Signature] License No: RS#3233
 (Circle one: RS/PE, DR, Installer II)

JAN 21 2002

COUNTY ENGINEER

410	441	440	439	438	437	436	435	434	433	432	431
N0°37'E 250'	N0°37'E 250'	N0°37'E 250'	N0°37'E 250'	N0°37'E 250'	N0°37'E 250'	N0°37'E 250'	N0°37'E 250'	N0°37'E 250'	N0°37'E 250'	N0°37'E 250'	N0°37'E 250'
150'	150'	150'	150'	150'	150'	150'	150'	125'	150'	150'	150'

MEADOW LARK DRIVE N89°23'W

455	486	485	484	483	482	481	480	479	478	477	476
N0°37'E 250'	N0°37'E 300'	N0°37'E 300'	N0°37'E 300'	N0°37'E 300'	N0°37'E 300'	N0°37'E 300'	N0°37'E 300'	N0°37'E 300'	N0°37'E 300'	N0°37'E 300'	N0°37'E 300'
150'	150'	150'	150'	150'	150'	150'	150'	150'	150'	150'	150'

WYKE DRIVE N89°23'W

503	504	505	506	507	508	509	510	511	512	513
N0°37'E 250'	N0°37'E 250'	N0°37'E 250'	N0°37'E 250'	N0°37'E 250'	N0°37'E 250'	N0°37'E 250'	N0°37'E 250'	N0°37'E 250'	N0°37'E 250'	N0°37'E 250'
150'	150'	150'	150'	150'	150'	150'	150'	150'	150'	150'

SUCKLE DRIVE N89°23'W

514	515	516	517	518	519	520	521	522	523	524
N0°37'E 300'	N0°37'E 300'	N0°37'E 300'	N0°37'E 300'	N0°37'E 300'	N0°37'E 300'	N0°37'E 300'	N0°37'E 300'	N0°37'E 300'	N0°37'E 300'	N0°37'E 300'
150'	150'	150'	150'	150'	150'	150'	150'	150'	150'	150'

OAK VILLAGE NORTH

UNIT NO. 3

82927

No. BR003-02

CITY OF BULVERDE, TEXAS
APPLICATION FOR A BUILDING PERMIT

pd. #5456 RECEIVED

ALL DATA MUST BE COMPLETE

JAN 21 2002

Date: 1-14-2002 COUNTY ENGINEER

Type Project: Residential/Commercial/Other Residential

Subdivision: DAK VILLAGE NORTH Unit No. 3 Block No. _____ Lot No. 508

Physical Address of Proposed Construction: 5284 HAWKEYE

Applicant's Name and Current Address: NAIRN INC
1931 SABLE S.A. TX 78217

Telephone No. 210 824 4400 Fax No. 210 828 3882

Contractor/Company: (see no. 5 below)

NAIRN INC

Contact Person: TOM NAIRN

Address: 1931 SABLE S.A. TX 78217

Telephone(s): 210 824 4400 Fax: 210 828 3882

Notes:

- All projects must have a scale drawing or sketch of the project for which the permit is being applied.
- Checks for permit fees will be made out to: City of Bulverde. (Commercial permit fee is \$100.00; Residential permit fee is \$30.00)
- No construction or project may begin before permit is obtained.
- Fee will double if work begins prior to obtaining permit.
- It is mandatory that all builders conform to the current version of the Uniform Builder's Code.
- Submit a Plat Plan or sketch showing the location of Building(s), septic tank, drain field, well (if required) and water lines from meter or well to building.
- A driveway permit must be obtained from the City (Gated communities are excluded). (Fee is \$30.00)
- A septic system permit must be obtained from Comal County and a septic system design shall be forwarded to City Hall upon approval by the County.
- The City must be notified when the foundation location is ready for inspection.
- When all exterior surfaces and all utilities are completed (septic system, water system, electrical system), the City should be notified to complete a final inspection.
- This permit does not remove the responsibility of the applicant to contact and gain approval from the appropriate architectural control committee.
- Before initiating construction, contractor must have a portable sanitary toilet and a dumpster (minimum 30 cubic yard capacity) on site.

For questions contact the Building Inspection Department at 830-438-3612.

Tom Nairn
Applicant's Signature

1-14-2002
Date

Approved by: Ken Swan Date: 1-16-02

1/14/02 - called Ken Swan w. ll come c

**FILED BY
ALAMO TITLE**

82921

WARRANTY DEED

2/H

RECEIVED

JAN 21 2007

COUNTY ENGINEER

Date: September 27, 2001.

Grantor: Leland D. Brokaw and Grace M. Brokaw, whose address is 9000 Carolwood, San Antonio, Texas, 78213.

Grantee: Nairn, Inc., whose address is 1931 Sable, San Antonio, Texas, 78217.

Consideration:

Ten Dollars and other good and valuable consideration, the receipt of which is hereby acknowledged by Grantor.

Property: Lot 508, Oak Village North, Unit No. 3, in the City of Bulverde East, Comal County, Texas, according to plat thereof recorded in Volume 3, Pages 83-86, Map and Plat Records of Comal County, Texas.

Reservations from and Exceptions to Conveyance and Warranty:

Restrictive covenants appearing of record affecting the herein described Property as set forth in 252, Page 380; Volume 343, Page 46; and Volume 343, Page 48, Deed Records, Comal County, Texas and Doc. No. 9806010900, Official Records, Comal County, Texas. Electric easement measuring 10 feet by 100 feet, overriding the common boundary of Lots 508 and 507, as shown on the above mentioned plat. General Utility easement, 5 feet wide, along front, rear, and side lines of lot, as provided by instrument recorded in Volume 252, Page 380, Deed Records, Comal County, Texas, and as shown on above mentioned plat, and extended by instrument recorded under Doc. No. 9806010900, Official Records, Comal County, Texas. Terms and provisions of Declaration for Oak Village North Property Owners Association, recorded in Volume 252, Page 380 and Volume 343, Page 46, Deed Records, Comal County, Texas, including lien for maintenance, which lien is subordinate to the lien of any first mortgage. All oil, gas and other minerals of every character in and under the herein described property, reserved by instrument recorded in Volume 252, Page 380, Deed Records, Comal County, Texas. Taxes not yet due and payable, which Grantee assumes. All of the foregoing to the extent of the validity and enforceability thereof. Grantor, for the consideration and subject to the reservations from and exceptions to conveyance and warranty, grants, sells, and conveys to Grantee the property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors, and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof.

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

Leland D. Brokaw
Leland D. Brokaw

Grace M. Brokaw
Grace M. Brokaw

THE STATE OF TEXAS §

THE COUNTY OF BEXAR §

Leland D. Brokaw acknowledged this instrument before me on this the 20th day of September, 2001.



Chandra Koepf
Notary Public, State of Texas

THE STATE OF TEXAS §

THE COUNTY OF BEXAR §

Grace M. Brokaw acknowledged this instrument before me on this the 20th day of September, 2001.



Chandra Koepf
Notary Public, State of Texas

After Recording, Return To:
Nairn, Inc.
1931 Sable
San Antonio, Texas 78217

Doc# 200106032278
Pages 2
Date: 10/6/2001 12:33:29 PM
Filed & Recorded in
Official Records of
COMAL COUNTY
JOY STREATER
COUNTY CLERK
Fees \$11.00

STATE OF TEXAS
COUNTY OF COMAL
This is to certify that this document was
FILED and RECORDED in the Official
Public Records of Comal County, Texas
on the date and time stamped thereon.

Joy Streater
COUNTY CLERK

Doc# 200106032278

Comal

13563

Aerobic Septic System Inspection Report

Submitted by:

Aerobic Services of South Texas

4222 FM 482

New Braunfels, TX 78132

Phone: (830) 627-1785

Fax: (830) 608-1396

Contact: Jerry Watkins

RECEIVED

JAN 08 2003

COUNTY ENGINEER

Installation Date: 8/9/2002

Scheduled Report

Permit Number: 82921

This testing and reporting record shall be completed, signed and dated after each inspection. One copy shall be retained by the maintenance company. The second copy is to be sent to the local permitting authority and the third copy is to be sent to the system owner along with an invoice for services by the maintenance company.

1. Required frequency of visits is every 4 months.

Date of inspection visit: 12/18/2002

2. System inspected:

Owner: Carolann Haroutunian

System Name: Primary

Property Address: 5284 Hawkeye

418 F5

Serial Num: 13563

City, State, Zip Code: Bulverde, TX 78163

Model Num: 500 An

Inspected by: Jerry Watkins

Jerry Watkins
(Signature)

Inspected Item	Operational	Inoperative	Not Applicable
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disinfection Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine Supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprayfield Vegetation/Seeding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Item (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Repairs to system (list all components replaced):

Nairn

4. Tests required and results:

Test	Required	Results	Test Method
	Check if YES	mg/l, tppn/100 ml, or trace	
BOD (Grab)	<input type="checkbox"/>	_____	_____
TSS (Grab)	<input type="checkbox"/>	_____	_____
Cl ₂ (Grab)	<input checked="" type="checkbox"/>	<u>1.0</u>	<u>Grab</u>
Fecal Coliform	<input type="checkbox"/>	_____	_____

5. Comments:

[Signature]

POSTED



TREATMENT SYSTEM INITIAL SERVICE POLICY

This Service Policy ("Agreement") entered into this 2 day of August, 2002, by and between **RECEIVED**
Provider) Jerry Watkins ("Home Owner") and Goldenrod ("Service

AUG 27 2002

Service Provider agrees to operate and maintain the Hoot Aerobic System located at 5284 Hawkeye
Bulverde, Texas 78163 (Legal description only) Permit # 82921 to COUNTY ENGINEER
two (2) years beginning 8-2-02 and ending 8-2-04, pursuant to the terms below

This Agreement will provide for all required inspections, testing and service of your Hoot Aerobic Treatment System. Service Provider and Home Owner agree to the following:

1. Service Provider shall perform 3 inspections a year/service calls (at least one every 4 months) for a total of 3 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 the control panel, air pumps, air filters, diffuser operation, and replacing or repairing any component not found to be functioning correctly.
2. Such inspections shall include an effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and pH will be taken and reported as necessary.
3. If any improper operation is observed by Service Provider, which cannot be corrected at the time of the service visit, Home Owner will be notified immediately in writing of the conditions and estimated date of correction.
4. Home Owner agrees to maintain a chlorine residual of at least 1mg/L in the treatment system. This can be accomplished by using chlorine tablets designed for wastewater use. NOT SWIMMING POOL TABLETS. Upon inspection by Service Provider, if the system needs chlorine tablets the Service Provider will add them and charge the Home Owner.
5. In the event that the Home Owner fails in their responsibility to add the chlorine tablets, it shall be considered a breach of this Agreement and the Home Owner's duties as agreed to in the Hoot Homeowners Manual. Additionally, such failure may be considered an unlawful act in some jurisdictions, and Service Provider will contact the appropriate governmental authorities to report such violation.

Initials of Service Provider: JW Initials of Homeowner: _____

6. Home Owner agrees to maintain a factory authorized service provider for the lifetime of the system, as required by state law applicable to aerobic systems. Service Provider agrees to make available, for purchase on an annual basis, a continuing service policy to cover labor for normal inspection, maintenance and repair.
7. Service Provider agrees that within 48 hours of a request for service (weekends and holidays excluded), Home Owner's system will be visited by the Service Provider listed below or their authorized agent. If there are any items which need correction and can not be immediately remedied, the service provider will inform the Home Owner, in writing, of the conditions and the estimated repair date.
8. Any additional visits, inspections or sample collections required by specific Municipalities, Water/River Authorities, County Agencies the State or any other regulatory agency in your jurisdiction will be covered by this Agreement.

Disclaimer: The Hoot Homeowners Manual must be strictly followed or all warranties are subject to invalidation. Pumping of sludge build-up for reasons other than due to warranted mechanical failure, are not covered by this Agreement and will result in additional charges. By signing this Agreement, both Service Provider and Homeowner agree to the terms contain herein. Further, By signing this Agreement, both the Service Provider and the Home Owner swear that the Home Owner has received a copy of the Homeowners Manual and the Service Provider has made a reasonable effort to explain all pertinent information to the Homeowner.

Home Owner agrees that Hoot Aerobic Systems, Inc. is not a party to this Agreement, and shall bear no responsibility for service or any terms, obligations, or duties contained herein.

HOME OWNER
Jerry Watkins
 Name
5284 Hawkeye
 Address
Bulverde, Texas 78163
 City
(830) 980-7496
 Phone
Jerry Watkins
 Signature of Home Owner

SERVICE PROVIDER
Jerry Watkins
 Name of Service Company Representative
4222 Jim 482
 Address
New Braunfels, Texas 78132
 City
(830) 627-1785
 Phone
Jerry Watkins #46964615
 Signature of Service Provider and License #

THIS BOX MUST BE COMPLETED BY THE SERVICE PROVIDER
 Hoot Model # H500AN Blower/Panel Serial # 13563 Hoot Model # H500-400-750

White Copy - Home Owner Yellow Copy - Installer Pink Copy - Hoot Goldenrod Copy - Regulatory Agency

Comal

13563

Aerobic Services of South Texas, Inc.
4222 FM 482
New Braunfels, TX 78132

RECEIVED
APR 17 2003
COUNTY ENGINEER

03/27/03

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921

Site: 5284 Hawkeye 418 F-5 Bulverde, TX 78163

Inspections per year: 3
Contract expires: 08/09/04

Agency: Comal County Environmental Health

Distributor: Aerobic Services of South Texas

County: Comal

Owner Phone: (830) 980-7496

Subdivision: Comal Trace

Service Due: 04/09/03

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocell Test:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and observations: (As Required)

Fecal Coliform: _____
 Chlorine Residual: NDDED
 Test Method: _____
 BOD: _____
 TSS: _____
 Commercial Lab: _____
 Date Submitted: _____

Repairs made: Y

Repairs and Comments:

POSTED S

Inspector: Jerry Walthers

Date: 4-8-03

Aerobic Services of South Texas, Inc.
4222 FM 482
New Braunfels, TX 78132
(830) 627-1785 Fax: (830) 626-9519

RECEIVED
AUG 18 2003
COUNTY ENGINEER

07/03/03

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
S/N: 13563

Site: 5284 Hawkeye 418 F-5 Bulverde, TX 78163

Inspections per year: 3
Contract expires: 08/09/04

Agency: Comal County Environmental Health

Distributor: Aerobic Services of South Texas

County: Comal

Owner Phone: (830) 980-7496

Subdivision: Comal Trace

Service Due: 08/07/03

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocell Test:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and observations: (As Required)

Fecal Coliform: _____
Chlorine Residual: ADDED
Test Method: _____
BOD: _____
TSS: _____

Repairs made: Y N

Repairs and Comments:

POSTED

Inspector: Jerry Walters

Date: 8-15-03

Comal

13563

Aerobic Services of South Texas, Inc.
4222 FM 482
New Braunfels, TX 78132

RECEIVED
APR 17 2003
COUNTY ENGINEER

03/27/03

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921

Inspections per year: 3
Contract expires: 08/09/04

Site: 5284 Hawkeye 418 F-5 Bulverde, TX 78163

Agency: Comal County Environmental Health

Distributor: Aerobic Services of South Texas

County: Comal

Owner Phone: (830) 980-7496

Subdivision: Comal Trace

Service Due: 04/09/03

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocell Test:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and observations: (As Required)

Fecal Coliform: _____
 Chlorine Residual: NODED
 Test Method: _____
 BOD: _____
 TSS: _____
 Commercial Lab: _____
 Date Submitted: _____

Repairs made: Y/N

Repairs and Comments:

POSTED S

Inspector: Jerry Watkins

Date: 4-8-03

Aerobic Services of South Texas, Inc.
4222 FM 482
New Braunfels, TX 78132
(830) 627-1785 Fax: (830) 626-9519

RECEIVED
AUG 18 2003
COUNTY ENGINEER

07/03/03

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
S/N: 13563

Site: 5284 Hawkeye 418 F-5 Bulverde, TX 78163

Inspections per year: 3
Contract expires: 08/09/04

Agency: Comal County Environmental Health

Distributor: Aerobic Services of South Texas

County: Comal

Owner Phone: (830) 980-7496

Subdivision: Comal Trace

Service Due: 08/07/03

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Irrigation pump:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Air compressor:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Disinfection device:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Chlorine supply:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Spray field vegetation:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Sprinkler / Drip backwash:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Photocell Test:	<u>✓</u>	<u>_____</u>	<u>_____</u>

Test Results and observations: (As Required)

Fecal Coliform: _____
Chlorine Residual: ADDED
Test Method: _____
BOD: _____
TSS: _____

Repairs made: Y (N)

Repairs and Comments:

Inspector: Jerry Walters

Date: 8-15-03

POSTED

Aerobic Services of South Texas, Inc.
4222 FM 482
New Braunfels, TX 78132
(830) 627-1785 Fax: (830) 626-9519

RECEIVED

JAN 07 2004

11/25/03

COUNTY ENGINEER

ID = 884

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921

S/N: 13563

Inspections per year: 3

Contract expires: 08/09/04

Site: 5284 Hawkeye 418 F5 Bulverde, TX 78163

Agency: Comal County Environmental Health

County: Comal

Subdivision: Comal Trace

Manufacturer: Comal Concrete Products

Owner Phone: (830) 438-7285

Service Due: 12/07/03

Inspection Type: schedule

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocell Test:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and observations: (As Required)

Fecal Coliform: _____
Chlorine Residual: 1.0
Test Method: Grab
BOD: _____
TSS: _____

Repairs made: Y/N (N)

Repairs and Comments:

Inspector: _____

Date: 12-31-03

POSTED

HAPPY HOLIDAYS FROM AEROBIC SERVICES!!

MAILED
JAN 05 2004

Aerobic Services of South Texas, Inc.
4222 FM 482
New Braunfels, TX 78132
(830) 627-1785 Fax: (830) 626-9519

RECEIVED
APR 13 2004
COUNTY ENGINEER

04/02/04

ID = 884

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921

S/N: 13563

Inspections per year: 3

Contract expires: 08/09/04

Manufacturer: Comal Concrete Products

Owner Phone: (830) 438-7285

Service Due: 04/07/04

Site: 5284 Hawkeye 418 F5 Bulverde, TX 78163

Agency: Comal County Environmental Health

County: Comal

Subdivision: Comal Trace

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	/	_____	_____
Irrigation pump:	/	_____	_____
Air compressor:	/	_____	_____
Disinfection device:	/	_____	_____
Chlorine supply:	/	_____	_____
Spray field vegetation:	/	_____	_____
Sprinkler / Drip backwash:	/	_____	_____
Photocell Test:	/	_____	_____

Test Results and observations: (As Required)

Fecal Coliform: _____
Chlorine Residual: 1.0
Test Method: grab
BOD: _____
TSS: _____

Repairs made: Y / N

Repairs and Comments:

Inspector: Jerry Watkins

Date: 4-7-04

POSTED

MAILED
4-9-04

Aerobic Services of South Texas, Inc.
4222 FM 482
New Braunfels, TX 78132
(830) 627-1785 Fax: (830) 626-9519

RECEIVED

AUG 16 2004

COUNTY ENGINEER 7/30/2004

ID = 884

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
S/N: 13563

Inspections per year: 3

Contract expires: 8/9/2004

Site: 5284 Hawkeye 418 F5 Bulverde, TX 78163
Agency: Comal County Enviromental Health
County: Comal
Subdivision: Comal Trace

Manufacturer: Comal Concrete Products

Owner Phone: (830) 438-7285

Service Due: 8/7/2004

Warranty Expires: 8/9/2005

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	<u> </u>	<u> </u>
Irrigation pump:	<u>/</u>	<u> </u>	<u> </u>
Air compressor:	<u>/</u>	<u> </u>	<u> </u>
Disinfection device:	<u>/</u>	<u> </u>	<u> </u>
Chlorine supply:	<u>/</u>	<u> </u>	<u> </u>
Spray field vegetation:	<u>/</u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u>/</u>	<u> </u>	<u> </u>
Photocell Test:	<u>/</u>	<u> </u>	<u> </u>

Test Results and observations: (As Required)

Fecal Coliform: _____
Chlorine Residual: 1.0
Test Method: Gas
BOD: _____
TSS: _____

Repairs made: Y / N

Repairs and Comments:

Inspector: Jerry Watkins

Date: 8-16-04

POSTED

MAILED
AUG 20 2004

Aerobic Services of South Texas, Inc.
4222 FM 482
New Braunfels, TX 78132
(830) 627-1785 Fax: (830) 626-9519

RECEIVED

SEP 13 2004

COUNTY ENGINEER

6/2/2004

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
Inspections per year: 3

Date installed: 8/9/2002

Site: 5284 Hawkeye 418 F5 Bulverde, TX 78163
County: Comal

(830) 438-7285

Contract Start Date: 8/10/2004

Contract End Date: 8/9/2005

PLEASE SIGN AND RETURN WITH PAYMENT. THANK YOU

Installer: Bulco Bexar
Agency: Comal County Environmental Health

Maintenance Co.: Aerobic Services of South Texas
Manufacturer: Comal Concrete Products

ROUTINE MAINTENANCE AND INSPECTION AGREEMENT
RENEWAL CONTRACT

General

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between Carolann Haroutunian referred to as "Client" residing or doing business at 5284 Hawkeye and Jerry Watkins (hereinafter referred to as "Contractor") located at 4222 FM 482 New Braunfels, Texas 78132 (830) 627-1785. 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 HOOT Aerobic Treatment System. The policy will include the following:

1. Three inspections a year/services calls (at least one every 4 months), for a total of 3 over the one year period including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, diffuser operation, and replacing or repairing any component not found to be functioning correctly. Any alarm situation effecting the proper function of the Aerobic process will be address within a 48-hour timeframe. After the initial contract for the two year service agreement expires, the remaining one year warranty does not include labor prices. Repair work on non-warranty items will include charges for parts & labor. Prices will be quoted before work is performed.
2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and pH will be taken and reported as necessary.
3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
4. Customer is responsible for chlorine tablets; they must be filled before/during the service visit. If not, service representative will add them and you will be charged. JW Service Provider Initials AK Homeowner Initials.
5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, County Agencies the TNRCC or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

POSTED

MAILED
9/10/04

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 labor for normal inspection, maintenance and repair. According to state law, all owners of aerobic systems must maintain a factory authorized service provider for the lifetime of the system.

The HOOT Homeowners Manual must be strictly followed or warranties are subject to invalidation. Pumping of sludge build-up, for reasons other than due to warranted mechanical failure, are 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.

Payment for Services

The Client will pay compensation to the Contractor for the Services in the amount of \$200.00 (Two Hundred dollars). This compensation shall be payable in one lump sum payment upon acceptance of this agreement.

Termination of Agreement

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

Limit of Liability

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

Dispute Resolution

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

Entire Agreement

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

Severability

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

HOME OWNER

Signature

Phone #

Blower/Panel Serial #

SERVICE PROVIDER

Aerobic Services of South Texas Inc.
4222 FM 482
New Braunfels, Texas 78132
830-627-1785

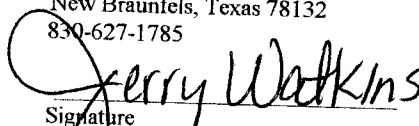
Signature

License # 466964615



(830) 237-9251

13563



Aerobic Services of South Texas
4222 FM 482
New Braunfels, TX 78132



11/30/04
(830) 627-1785
Fax: (830) 626-9519

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
Brand: Hoot
S/N: 13563
Inspections per year: 3
Contract expires: 08/09/05

RECEIVED

DEC 28 2004

COUNTY ENGINEER

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163
Agency: Comal County Environmental Health
County: Comal
Subdivision: Comal Trace

Manufacturer: Comal Concrete Products
Owner Phone:
Service Due: 12/09/04

Inspection Type: Schedule

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocell Test:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and observations: (As Required)

Fecal Coliform: _____
Chlorine Residual: 1.0
Test Method: Grub
BOD: _____
TSS: _____

Repairs made: Y N

Repairs and Comments:

Inspector: Jerry Watkins Date: 12-22-04

Area:
ID = 884

POSTED

RECEIVED
DEC 28 2004

Aerobic Services of South Texas
4222 FM 482
New Braunfels, TX 78132



03/31/05
(830) 627-1785
Fax: (830) 626-9519

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
Brand: Hoot
S/N: 13563
Inspections per year: 3
Contract expires: 08/09/05

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163
Agency: Comal County Environmental Health
County: Comal
Subdivision: Comal Trace

Manufacturer: Comal Concrete Products
Owner Phone:
Service Due: 04/22/05

Inspection Type: scheduled

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocell Test:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and observations: (As Required)

Fecal Coliform: _____
Chlorine Residual: 0.6
Test Method: Grady
BOD: _____
TSS: _____

Repairs made: Y N

Repairs and Comments:

1. A/S - Chlorine Gate

Inspector: Jerry Watkins

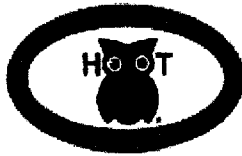
Date: 4-21-05

Area:
ID = 884

POSTED

FAXED
APR 22 2005

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130



RECEIVED
AUG 01 2005
COUNTY ENGINEER

06/15/05
(830) 627-1785
Fax: (830) 629-9291

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
3 inspections per year - one every 4 months

Date installed: 08/09/02

Site: 5284 Hawkeye 418 F5 Bulverde, TX 78163
County: Comal

Maintenance Contract Period:	Start Date: 08/10/05	End Date: 08/09/06
------------------------------	----------------------	--------------------

PLEASE SIGN AND RETURN WITH PAYMENT. THANK YOU

Installer: Bulco Bexar
Agency: Comal County Environmental Health

Maintenance Co.: Aerobic Services of South Texas
Manufacturer: Comal Concrete Products

ROUTINE MAINTENANCE AND INSPECTION AGREEMENT
RENEWAL CONTRACT

General

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2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and pH will be taken and reported as necessary.
3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
4. Customer is responsible for chlorine tablets; they must be filled before/during the service visit. If not, service representative will add them and you will be charged. Service Provider Initials AW Homeowner Initials CH.
5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, County Agencies the TNRCC or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

POSTED

MAILED
7-29-05

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 labor for normal inspection, maintenance and repair. According to state law, all owners of aerobic systems must maintain a factory authorized service provider for the lifetime of the system.

The HOOT Homeowners Manual must be strictly followed or warranties are subject to invalidation. Pumping of sludge build-up, for reasons other than due to warranted mechanical failure, are not covered by this policy and will result in additional charges.

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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.

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Entire Agreement

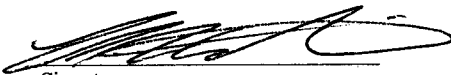
This Agreement contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement either oral or written.

Severability

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HOME OWNER

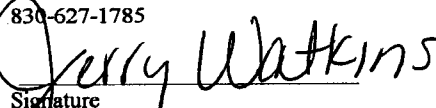
SERVICE PROVIDER


Signature

(830) 237-9251
Phone #

Blower/Panel Serial # 13563

Aerobic Services of South Texas Inc.
4222 FM 482
New Braunfels, Texas 78132
830-627-1785


Signature

License # WW0022425

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130



RECEIVED

AUG 15 2005

COUNTY ENGINEER

8/2/2005
(830) 627-1785
Fax: (830) 629-9291

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921

Brand: Hoot

S/N: 13563

Inspections per year: 3

Contract expires: 8/9/2006

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163

Agency: Comal County Environmental Health

Manufacturer: Comal Concrete Products

County: Comal

Owner Phone:

Subdivision: ~~Comal Trace~~ *Oak Village North*

Service Due: 8/21/2005

Inspection Type: _____

Item	Operational	Inoperative	N/A
Aerator:	<u>/</u>	_____	_____
Irrigation pump:	<u>/</u>	_____	_____
Air compressor:	<u>/</u>	_____	_____
Disinfection device:	<u>/</u>	_____	_____
Chlorine supply:	<u>/</u>	_____	_____
Spray field vegetation:	<u>/</u>	_____	_____
Sprinkler / Drip backwash:	<u>/</u>	_____	_____
Photocell Test:	<u>/</u>	_____	_____

Test Results and observations: (As Required)

Fecal Coliform: _____
 Chlorine Residual: 1.0
 Test Method: Crab
 BOD: _____
 TSS: _____

Repairs made: Y N

Repairs and Comments:

Inspector: *Alan D. Zyt*

Date: 8-9-05

Area: /

ID = 884

MAILED
AUG 12 2005

POSTED

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130



DEC 10 2005
 COUNTY ENGINEER

11/30/2005
 (830) 627-1785
 Fax: (830) 629-9291

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
 Brand: Hoot
 S/N: 13563
 Inspections per year: 3
 Contract expires: 8/9/2006

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163
 Agency: Comal County Environmental Health
 County: Comal
 Subdivision: Oak Village North

Manufacturer: Comal Concrete Products
 Owner Phone:
 Service Due: 12/21/2005

Inspection Type: Schedule

Item	Operational	Inoperative	N/A
Aerator:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Irrigation pump:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Air compressor:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Disinfection device:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Chlorine supply:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Spray field vegetation:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Sprinkler / Drip backwash:	<u>✓</u>	<u>_____</u>	<u>_____</u>
Photocell Test:	<u>✓</u>	<u>_____</u>	<u>_____</u>

Test Results and observations: (As Required)

Chlorine Residual: 1.0
 Test Method: Grab
 BOD: _____
 TSS: _____

Access Ports Secured YES / NO
 Repairs made: YES / NO

Repairs and Comments:

Inspector: [Signature]

Date: 12-13-05

Area: /

ID = 884

RECEIVED
 DEC 14 2005
 FY: _____

MAILED
 DEC 16 2005

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130

RECEIVED
MAY 01 2006
COUNTY ENGINEER

3/31/2006
(830) 627-1785
Fax: (830) 629-9291

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
Brand: Hoot
S/N: 13563
Inspections per year: 3
Contract expires: 8/9/2006

Manufacturer: Comal Concrete Products
Owner Phone:
Service Due: 4/21/2006

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163
Agency: Comal County Environmental Health
County: Comal
Subdivision: Oak Village North

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation pump:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocell Test:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and observations: (As Required)

Chlorine Residual: .4

Test Method: GRAB

BOD: _____

TSS: _____

Access Ports Secured YES NO

Repairs made: YES NO

Repairs and Comments:

System OK

Inspector: Thomas [Signature]

Date: 4-24-6

Area: /

ID = 884

RECEIVED
APR 25 2006
BY: _____

MAILED
APR 28 2006

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130

RECEIVED
JUL 31 2006
COUNTY ENGINEER

5/24/2006
(830) 627-1785
Fax: (830) 629-9291

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
3 inspections per year - one every 4 months

Date installed: 8/9/2002

Site: 5284 Hawkeye 418 F5 Bulverde, TX 78163
County: Comal

Maintenance Contract Period: Start Date: 8/10/2006 End Date: 8/10/2007

PLEASE SIGN AND RETURN WITH PAYMENT. THANK YOU

Installer: Bulco Bexar
Agency: Comal County Environmental Health

Maintenance Co.: Aerobic Services of South Texas
Manufacturer: Comal Concrete Products

ROUTINE MAINTENANCE AND INSPECTION AGREEMENT

MAILED
7-28-06

RENEWAL CONTRACT
RECEIVED
JUL 25 2006

[Handwritten Signature]
JUL 25 2006
BY: _____

General

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between the client named above (referred to as to "Client") and Aerobic Services of South Texas (hereinafter referred to as "Contractor") located at 1528 E. Common St. Suite 10 New Braunfels, Texas 78130 (830) 627-1785. 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. Three inspections a year/services calls (at least one every 4 months), for a total of 3 over the one year period including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, diffuser operation, and replacing or repairing any component not found to be functioning correctly. Any alarm situation effecting the proper function of the Aerobic process will be address within a 48-hour timeframe.
2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and PH will be taken and reported as necessary.
3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
4. Customer is responsible for chlorine tablets; they must be filled before/during the service visit.
5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy. Price includes BOD Lab Testing that when required by TCEQ.

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.

RECEIVED

JUL 31 2006

COUNTY ENGINEER

Payment for Services

The Client will pay compensation to the Contractor for the Services in the amount of \$225.00 (Two Hundred Twenty Five Dollars). This compensation shall be payable in one lump sum payment upon acceptance of this agreement.

Termination of Agreement

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

Limit of Liability

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

Dispute Resolution

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

Entire Agreement

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

Severability

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

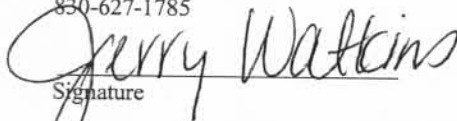
HOME OWNER

SERVICE PROVIDER


Signature

Aerobic Services of South Texas Inc.
1528 E. Commom St. Suite 10
New Braunfels, Texas 78130
830-627-1785

830-237-9251
Phone #


Signature

Blower/Panel Serial # 13563

License #'s WW0022425 & OS002497

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130

RECEIVED
JAN 08 2007
COUNTY ENGINEER

12/1/2006
(830) 627-1785
Fax: (830) 629-9291

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
Brand: Hoot
S/N: 13563
Inspections per year: 3
Contract expires: 8/9/2007

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163
Agency: Comal County Environmental Health
County: Comal

Manufacturer: Comal Concrete Products
Owner Phone:
Service Due: 12/24/2006

Subdivision: Oak Village North

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controls/ Electric Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and observations: (As Required)

Chlorine Residual: 1.5

Test Method: APD

BOD: _____

TSS: _____

Access Ports Secured YES / NO

Repairs made: YES NO

Repairs and Comments:

Inspector: [Signature]

Date: 12-29-06

Area: /

ID = 884

RECEIVED
JAN 02 2006
BY: _____

MAILED
JAN 06 2006

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130

RECEIVED
APR 30 2007
COUNTY ENGINEER

4/6/2007
(830) 627-1785
Fax: (830) 629-9291

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
Brand: Hoot
S/N: 13563
Inspections per year: 3

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163
Agency: Comal County Environmental Health
County: Comal
Subdivision: Oak Village North

Contract expires: 8/9/2007
Manufacturer: Hoot Aerobic Systems Inc.
Owner Phone:
Service Due: 4/29/2007

Inspection Type: Schedule

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controls/ Electric Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and observations: (As Required)

Chlorine Residual: 0.17
Test Method: DPD
BOD: _____
TSS: _____
Access Ports Secured YES / NO
Repairs made: YES / NO

Repairs and Comments:

Inspector: Tom Hampton
Tom Hampton

Date: 04-26-07

Area: /

ID = 884

RECEIVED
APR 27 2007
BY: _____

MAILED
APR 27 2007

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130

RECEIVED
AUG 13 2007
COUNTY ENGINEER

Date: 5/25/2007
Company Phone: (830) 627-1785
Fax: (830) 629-9291
Permit No: 82921

To: **Carolann Haroutunian**
5284 Hawkeye
Bulverde, TX 78163

Installed: 8/9/2002

Contract Period
Start Date: 8/9/2007
End Date: 8/9/2008

Phone:
Site: 5284 Hawkeye 418 F5, Bulverde, TX 78163
County: Comal
Installer: Bulco Bexar
Agency: Comal County Environmental Health
Mfg: Hoot Aerobic Systems Inc.

**PLEASE SIGN AND
RETURN WITH PAYMENT.
THANK YOU**

Aerobic Services of South Texas
3 inspections per year - one every 4 months
Recommended GPD: gallons per day

ROUTINE MAINTENANCE AND INSPECTION AGREEMENT
RENEWAL CONTRACT

RECEIVED
AUG 06 2007
BY:

MAILED
8-10-07

General

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2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and PH will be taken and reported as necessary.
3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
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RECEIVED
AUG 13 2007
COUNTY ENGINEER

Payment for Services

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Entire Agreement

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

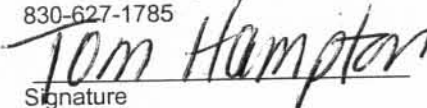
Severability

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

HOME OWNER

SERVICE PROVIDER

Aerobic Services of South Texas Inc.
1528 E. Commom St. Suite 10
New Braunfels, Texas 78130
830-627-1785


Signature
Tom Hampton

License# OS002497


Signature

830-237-4251
Phone #

Blower/Panel Serial # 13563

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130

RECEIVED
AUG 27 2007
COUNTY ENGINEER

8/2/2007 Phone: (830) 627-1785
Fax: (830) 629-9291

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
Brand/Mfg.: Hoot - Hoot Aerobic Systems In
System S/N:
Aerator S/N: 13563

Contract: 8/10/2006 - 8/9/2007
Inspections per year: 3
Service Due: 8/26/2007
Other:

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163
Agency: Comal County Environmental Health
County: Comal

Phone:
Cell: (830) 237-9251
Work:

Subdivision: Oak Village North

Inspection Type: Scheduled

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

Test Results and observations: (As Required)

Chlorine Residual: 2.5

Test Method: ND

BOD:

TSS:

Access Ports Secured YES / NO

Repairs made: YES / NO

Repairs and Comments:

Inspector: Tom Hampton
Tom Hampton

Date: 8-23-07

Area: /
ID = 884

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AUG 24 2007
BY:

MAILED

AUG 24 2007

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130



RECEIVED
JAN 11 2008
COUNTY ENGINEER

12/3/2007 Phone: (830) 627-1785
Fax: (830) 629-9291

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc
System S/N:
Aerator S/N: 13563

Contract: 8/10/2007 - 8/9/2008
Inspections per year: 3
Service Due: 12/23/2007
Other:

Phone:
Cell: (830) 237-9251
Work:

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163
Agency: Comal County Environmental Health
County: Comal
Subdivision: Oak Village North

Inspection Type: Schedule

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

Test Results and observations: (As Required)

Chlorine Residual: 0.8

Test Method: DPD

BOD: _____

TSS: _____

Access Ports Secured YES/NO

Repairs made: YES/NO

Repairs and Comments:

Pump 4-5" air 3' DPD-08 PSI 114 Did treatment to 9999
NO IT

Inspector: TOM HAMPTON
Tom Hampton

Date: 12-31-07

Area: /

ID = 884

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JAN 01 2008
BY: _____

MAILED
1-4-08

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130



RECEIVED
MAY 12 2008
COUNTY ENGINEER

4/7/2008 Phone: (830) 627-1785
Fax: (830) 629-9291

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc
System S/N:
Aerator S/N: 13563

Contract: 8/10/2007 - 8/9/2008
Inspections per year: 3
Service Due: 4/30/2008
Other:

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163
Agency: Comal County Environmental Health
County: Comal

Phone:
Cell: (830) 237-9251
Work:

Subdivision: Oak Village North

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u> ✓ </u>	<u> </u>	<u> </u>
Irrigation pump:	<u> </u>	<u> </u>	<u> </u>
Air compressor:	<u> </u>	<u> </u>	<u> </u>
Disinfection device:	<u> </u>	<u> </u>	<u> </u>
Chlorine supply:	<u> </u>	<u> </u>	<u> </u>
Spray field vegetation:	<u> </u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u> </u>	<u> </u>	<u> </u>
Controls/ Electric Circuits	<u> </u>	<u> </u>	<u> </u>

Test Results and observations: (As Required)

Chlorine Residual: .06

Test Method: DPD

BOD:

TSS:

Access Ports Secured YES / NO

Repairs made: YES / NO

Repairs and Comments:

System OK

Inspector: Tom Hampton

Date: 5-2-8

Area: /
ID = 884

RECEIVED
MAY 05 2008

MAILED
MAY 09 2008

RECEIVED

JUL 2 9 2008

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130



COUNTY ENGINEER

Phone: (830) 627-1785

Fax: (830) 629-9291

Date: 5/27/2008

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

Permit No: 82921

Installed: 8/9/2002

Warranty Expired: 8/9/2005

Contract Period
Start Date: 8/9/2008
End Date: 8/9/2009

Phone: Subdivision: Oak Village North
Site: 5284 Hawkeye 418 F5, Bulverde, TX 78163

County: Comal

Installer: Bulco Bexar

Agency: Comal County Environmental Health

Mfg: Hoot Aerobic Systems Inc.

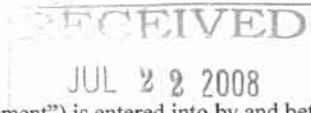
**PLEASE SIGN AND
RETURN WITH PAYMENT.
THANK YOU**

Aerobic Services of South Texas
3 inspections per year - one every 4 months
gallons per day
Map Key:

ROUTINE MAINTENANCE AND INSPECTION AGREEMENT
RENEWAL CONTRACT

MAILED

JUL 2 5 2008



General

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between the client named above (referred to as "Client") and Aerobic Services of South Texas (hereinafter referred to as "Contractor") located at 1528 E. Common St. Suite 10 New Braunfels, Texas 78130 (830) 627-1785. 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:

- 3 inspections a year/services calls (at least one every 4 months), for a total of 3 over the one year period including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, diffuser operation, and replacing or repairing any component not found to be functioning correctly. Any alarm situation effecting the proper function of the Aerobic process will be address within a 48-hour timeframe. After the contract for the two year services agreement expires, work on the remaining warranty does not include labor prices. Repair work on non-warranty parts will include price for parts & labor. The prices will be quoted before work is performed.
- An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and PH will be taken and reported as necessary.
- 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.
- Customer is responsible for chlorine tablets; they must be filled before/during the service visit.
- Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy. Price includes BOD Lab Testing that when required by TCEQ.

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.

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JUL 23 2008

COUNTY ENGINEER

Payment for Services

The Client will pay compensation to the Contractor for the Services in the amount of \$245.00 (Two Hundred Forty Five Dollars). This compensation shall be payable in one lump sum payment upon acceptance of this agreement.

Termination of Agreement

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

Limit of Liability

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

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HOME OWNER

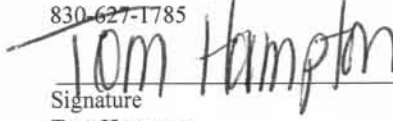
SERVICE PROVIDER



Signature

838-237-9251
Phone #

Aerobic Services of South Texas Inc.
1528 E. Commom St. Suite 10
New Braunfels, Texas 78130
830-627-1785



Signature
Tom Hampton

Blower/Panel Serial # 13543

License# OS002497

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130

COUNTY ENGINEER



MAILED

SEP 05 2008

8/11/2008 Phone: (830) 627-1785
Fax: (830) 629-9291
www.aerobicservices.com

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc
System S/N:
Aerator S/N: 13563

Contract: 8/10/2008 - 8/9/2009
Inspections per year:
Service Due: 8/10/2008
Other:

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163
Agency: Comal County Environmental Health
County: Comal
Subdivision: Oak Village North

Phone:
Cell: (830) 237-9251
Work:

Installed: 8/9/2002

Inspection Type: Scheduled

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

Test Results and observations: (As Required)

Chlorine Residual: 8.5

Test Method: SPS

BOD: _____

TSS: _____

Access Ports Secured YES / NO

Repairs made: YES / NO

Repairs and Comments:

9

Inspector: [Signature]
Tom Hampton
OS24597

Date: 9/4/08

Area: /
GPS: /

ID = 884

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130

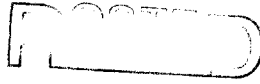
MAILED
JAN 23 2009



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FEB 02 2009
COUNTY ENGINEER

12/19/2008 Phone: (830) 627-1785
Fax: (830) 629-9291
www.aerobicservices.com

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163



PermitNo: 82921
Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc
System S/N:
Aerator S/N: 13563

Contract: 8/10/2008 - 8/9/2009
Inspections per year: 3
Service Due: 12/10/2008
Other:

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163
Agency: Comal County Environmental Health
County: Comal
Subdivision: Oak Village North
Instaled: 8/9/2002

Phone:
Cell: (830) 237-9251
Work:

Inspection Type: std

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

Test Results and observations: (As Required)
Chlorine Residual: 0.9
Test Method: DPD
BOD: _____
TSS: _____
Access Ports Secured YES / NO
Repairs made: YES / NO

Repairs and Comments:

Inspector: [Signature]
Tom Hampton
OS24597

Date: 1/16/09

Area: / 418 F8
GPS: /

ID = 884

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APR 15 2009

COUNTY ENGINEER

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX. 78130

MAILED

APR 10 2009



3/30/2009 Phone: (830) 627-1785

Fax: (830) 629-9291

www.aerobicservices.com

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc
System S/N: 13563
Aerator S/N: 13563

Contract: 8/10/2008 - 8/9/2009

Inspections per year: 3

Service Due: 4/10/2009

Other:

Site: 5284 Hawkeye. 418 F5, Bulverde TX 78163

Agency: Comal County Environmental Health

County: Comal

Instaled: 8/9/2002

Phone:

Cell: (830) 237-9251

Work:

Subdivision: Oak Village North

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<u> ✓ </u>	<u> </u>	<u> </u>
Irrigation pump:	<u> </u>	<u> </u>	<u> </u>
Air compressor:	<u> </u>	<u> </u>	<u> </u>
Disinfection device:	<u> </u>	<u> </u>	<u> </u>
Chlorine supply:	<u> </u>	<u> </u>	<u> </u>
Spray field vegetation:	<u> </u>	<u> </u>	<u> </u>
Sprinkler / Drip backwash:	<u> </u>	<u> </u>	<u> </u>
Controls/ Electric Circuits	<u> </u>	<u> </u>	<u> </u>

Test Results and observations: (As Required)

Chlorine Residual: .26

Test Method: SPD

BOD:

TSS:

Access Ports Secured YES / NO

Repairs made: YES / NO

Repairs and Comments:

System OK

Inspector: Tom Hampton
OS24597

Date: 4-6-9

Area: / 418 F5

GPS: /

ID = 884

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Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130

MAILED

JUL 10 2009



COUNTY ENGINEER

Date: 5/27/2009

Phone: (830) 627-1785

Fax: (830) 629-9291

www.aerobicservices.com

To: **Carolann Haroutunian**
5284 Hawkeye
Bulverde, TX 78163

Permit No: 82921

Installed: 8/9/2002

Warranty Expired: 8/9/2005

Contract Period
Start Date: 8/9/2009
End Date: 8/9/2010

Phone: Subdivision: Oak Village North
Site: 5284 Hawkeye 418 F5, Bulverde, TX 78163
County: Comal
Installer: Bulco Bexar
Agency: Comal County Environmental Health
Mfg: Hoot Aerobic Systems Inc.

Aerobic Services of South Texas
3 inspections per year - one every 4 months
gallons per day
Map Key: 418 F5

**ROUTINE MAINTENANCE AND INSPECTION AGREEMENT
RENEWAL CONTRACT**

General

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between the client named above (referred to as to "Client") and Aerobic Services of South Texas (hereinafter referred to as "Contractor") located at 1528 E. Common St. Suite 10 New Braunfels, Texas 78130 (830) 627-1785. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein. This contract will provide for all required inspections, testing and service for your Aerobic Treatment System. The policy will include the following:

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

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.

Payment for Services

The Client will pay compensation to the Contractor for the Services in the amount of \$295.00 (Two Hundred Ninety Five Dollars). This compensation shall be payable in one lump sum payment upon acceptance of this agreement.

Termination of Agreement

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

Limit of Liability

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

Dispute Resolution

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

Entire Agreement

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

Severability

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HOME OWNER



Signature

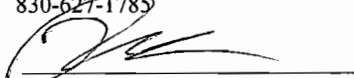
832-237-9251

Phone #

Blower/Panel Serial # 13563

SERVICE PROVIDER

Aerobic Services of South Texas Inc.
1528 E. Commom St. Suite 10
New Braunfels, Texas 78130
830-627-1785



Signature

Tom Hampton

License# OS0024597

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130

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AUG 28 2009



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SEP 03 2009
COUNTY ENGINEER

POSTED

8/7/2009 Phone: (830) 627-1785
Fax: (830) 629-9291
www.aerobicservices.com

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc
System S/N: 13563
Aerator S/N: 13563

Contract: 8/10/2009 - 8/9/2010
Inspections per year: 3
Service Due: 8/9/2009
Other:

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163

Agency: Comal County Environmental Health

County: Comal

Subdivision: Oak Village North

Instaled: 8/9/2002

Phone:
Cell: (830) 237-9251
Work:

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controls/ Electric Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and observations: (As Required)

Chlorine Residual: 1.0

Test Method: DPO

BOD: _____

TSS: _____

Access Ports Secured YES / NO

Repairs made: YES NO

Repairs and Comments:
Needs A 1/4" check valve

Inspector: [Signature]
Tom Hampton
OS24597

Date: 8-25-09

Area: / 418 F5

GPS: /

ID = 884

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130

MAILED
APR 23 2010



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APR 26 2010

COUNTY ENGINEER

4/13/2010 Phone: (830) 627-1785
Fax: (830) 629-9291
www.aerobicservices.com

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc
System S/N: 13563
Aerator S/N: 13563

Contract: 8/10/2009 - 8/9/2010
Inspections per year: 3
Service Due: 4/9/2010
Other: (830) 237-8247

Phone:
Cell: (830) 237-9251
Work:

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163
Agency: Comal County Environmental Health
County: Comal Installed: 8/9/2002
Subdivision: Oak Village North

Inspection Type: Schedule

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controls/ Electric Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and observations: (As Required)

Chlorine Residual: 23
Test Method: DPD
BOD: _____
TSS: _____
Access Ports Secured YES / NO
Repairs made: YES / NO

Repairs and Comments:

Good

Inspector: [Signature]
Tom Hampton
OS24597

Date: 4-16-10

Area: / 418 F5
GPS: /

ID = 884

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130

RECEIVED

JUL 26 2010



COUNTY ENGINEER

MAILED

JUL 23 2010

Date: 5/26/2010

Phone: (830) 627-1785

Fax: (830) 629-9291

www.aerobicservices.com

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

Permit No: 82921

Installed: 8/9/2002

Warranty Expired: 8/9/2005

ENTERED

Contract Period

Start Date: 8/9/2010

End Date: 8/9/2011

Phone: Subdivision: Oak Village North

Site: 5284 Hawkeye 418 F5, Bulverde, TX 78163

County: Comal

Installer: Bulco Bexar

Agency: Comal County Environmental Health

Mfg: Hoot Aerobic Systems Inc.

Aerobic Services of South Texas

3 inspections per year - one every 4 months
gallons per day

Map Key: 418 F5

**ROUTINE MAINTENANCE AND INSPECTION AGREEMENT
RENEWAL CONTRACT**

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JUL 26 2010

COUNTY ENGINEER

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HOME OWNER

SERVICE PROVIDER



Aerobic Services of South Texas Inc.
1528 E. Commom St. Suite 10
New Braunfels, Texas 78130
830-627-1785

Signature



Signature

Tom Hampton

License# OS0024597

830-237-9251

Phone #

Aerobic Services of South Texas
1528 E. Common St. Suite 10
New Braunfels, TX 78130

MAILED
SEP 10 2010



RECEIVED
SEP 13 2010
COUNTY ENGINEER

8/20/2010 Phone: (830) 627-1785
Fax: (830) 629-9291
www.aerobicservices.com

To: Carolann Haroutunian
5284 Hawkeye
Bulverde, TX 78163

ENTERED

PermitNo: 82921
Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc
System S/N: 13563
Aerator S/N: 13563

Contract: 8/10/2010 - 8/9/2011
Inspections per year: 3
Service Due: 8/9/2010
Other: (830) 237-8247

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163
Agency: Comal County Environmental Health
County: Comal Installed: 8/9/2002
Subdivision: Oak Village North

Phone:
Cell: (830) 237-9251
Work:

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controls/ Electric Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and observations: (As Required)

Chlorine Residual: .09
Test Method: ORP
BOD: _____
TSS: _____

Sudge Levels
Aeration 1 1/2'
Clarifier 2'
Pump 9'

Access Ports Secured YES / NO
Repairs made: YES NO

Repairs and Comments:

R

Inspector: [Signature]
Tom Hampton
OS24597

Date: 9-2-10

Area: / 418 F5
GPS: /

ID = 884

RECEIVED

APR 18 2011

COUNTY ENGINEER

Aerobic Services of South Texas
1153 FM 2673
Canyon Lake, TX 78133



MAILED

APR 15 2011

3/25/2011 Phone: (830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com

PermitNo: 82921
Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc
System S/N: 13563
Aerator S/N: 13563

Contract: 8/10/2010 - 8/9/2011
Inspections per year: 3
Service Due: 4/9/2011
Other:

To: New Owner
5284 Hawkeye
Bulverde, TX 78163

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163
Agency: Comal County Environmental Health
County: Comal
Subdivision: Oak Village North

Instaled: 8/9/2002

Phone:
Cell:
Work:

Inspection Type: Sched MT

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controls/ Electric Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and observations: (As Required)

Chlorine Residual: 0.38
Test Method: DPD
BOD: _____
TSS: _____

Sludge Levels
Aeration 3'
Clarifier 3'
Pump 1'

Access Ports Secured YES / NO
Repairs made: YES / NO

Repairs and Comments:

Inspector: TOM HAMPTON
Tom Hampton
OS24597

Date: 4/7/11

Area: / 418 F5
GPS: /

ID = 884

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Aerobic Services of South Texas
1153 FM 2673
Canyon Lake, TX 78133



COUNTY ENGINEER

Date: 5/23/2011

MAINT
AUG 05 2011

Phone: (830) 964-2365

Fax: (830) 964-2659

www.aerobicservices.com

To: **New Owner**
5284 Hawkeye
Bulverde, TX 78163

Permit No: 82921

Installed: 8/9/2002

Warranty Expired: 8/9/2005



Contract Period

Start Date: 8/9/2011

End Date: 8/9/2012

Phone: Subdivision: Oak Village North
Site: 5284 Hawkeye 418 F5, Bulverde, TX 78163
County: Comal
Installer: Bulco Bexar
Agency: Comal County Environmental Health
Mfg: Hoot Aerobic Systems Inc.

Aerobic Services of South Texas
3 inspections per year - one every 4 months
gallons per day
Map Key: 418 F5

**ROUTINE MAINTENANCE AND INSPECTION AGREEMENT
RENEWAL CONTRACT**

General

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between the client named above (referred to as to "Client") and Aerobic Services of South Texas (hereinafter referred to as "Contractor") located at 1153 FM 2673 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 calls (at least one every 4 months), for a total of 3 over the one year period including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, diffuser operation, and replacing or repairing any component not found to be functioning correctly. Any alarm situation effecting the proper function of the Aerobic process will be address within a 48-hour timeframe. After the contract for the two year services agreement expires, work on the remaining warranty does not include labor prices. Repair work on non-warranty parts will include price for parts & labor. The prices will be quoted before work is performed.
2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and PH will be taken and reported as necessary.
3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
4. Owner is responsible for chlorine tablets; Must be filled before or during the service visit.
5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

The 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.

Payment for Services

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The Client will pay compensation to the Contractor for the Services in the amount of \$295.00 (Two Hundred Ninety Five Dollars).
This compensation shall be payable in one lump sum payment upon acceptance of this agreement.

COUNTY ENGINEER

Termination of Agreement

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

Limit of Liability

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

Dispute Resolution

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

Entire Agreement

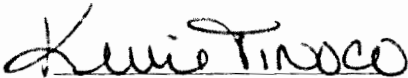
This Agreement contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement either oral or written.

Severability

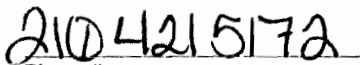
If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this agreement is invalid or unenforceable, but that by limiting such provision it would become valid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

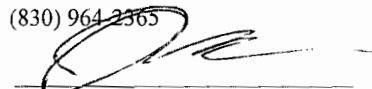
HOME OWNER

SERVICE PROVIDER


Signature

Aerobic Services of South Texas Inc.
1153 Fm 2673
Canyon Lake, Tx 78133


Phone #

(830) 964-2365

Signature
Tom Hampton

License# OS0024597 / MP 349

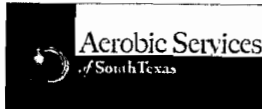


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SEP 19 2011

COUNTY ENGINEER

Aerobic Services of South Texas
1153 FM 2673
Canyon Lake, TX 78133



MAILED

SEP 16 2011

8/9/2011 Phone: (830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com

PermitNo: 82921
Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc
System S/N: 13563
Aerator S/N: 13563

Contract: 8/10/2011 - 8/9/2012
Inspections per year: 3
Service Due: 8/9/2011
Other:

Phone: (210) 421-5172
Cell:
Work:

Installed: 8/9/2002

To: Kellie Tinoco
5284 Hawkeye
Bulverde, TX 78163

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163
Agency: Comal County Environmental Health
County: Comal
Subdivision: Oak Village North

Inspection Type: Scheduled

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

Test Results and observations: (As Required)
Chlorine Residual: 0.06
Test Method: DPO
BOD: _____
TSS: _____
Access Ports Secured (YES) / NO
Repairs made: YES / NO

Sludge Levels
Aeration 0"
Clarifier 0"
Pump 4"

Repairs and Comments:
Soft malfunction broken sprayhead
no chlorine added courtesy tab LN
DC

Inspector: [Signature] Date: 09/13/11
Tom Hampton
OS24597

Area: / 418 F5
GPS: / ID = 884

Aerobic Services of South Texas
1153 FM 2673
Canyon Lake, TX 78133

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DEC 27 2011

COUNTY ENGINEER

MAILED
 DEC 23 2011



11/29/2011

Phone: (830) 964-2365

Fax: (830) 964-2659

www.aerobicservices.com

To: **Kellie Tinoco**
5284 Hawkeye
Bulverde, TX 78163

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PermitNo: **82921**

Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc.

System S/N: 13563

Aerator S/N: 13563

Contract: 8/10/2011 - 8/9/2012

Inspections per year: 3

Service Due: 12/9/2011

Other:

Phone: (210) 421-5172

Cell:

Work:

Installed: 8/9/2002

Site: 5284 Hawkeye, Bulverde TX 78163

Agency: Comal County Environmental Health

County: Comal

Subdivision: Oak Village North

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controls/ Electric Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Results and observations: (As Required)

Chlorine Residual: 0.0 c/l

Test Method: DPD

BOD: _____

TSS: _____

Access Ports Secured YES / NO

Repairs made: YES / NO

Sludge Levels ["]
 Aeration 0
 Clarifier 2
 Pump 6

Repairs and Comments:

Inspector: DC

 Tom Hampton
 MP349/OS24597

Date: 12/21/11

MAKE SURE TO TIGHTEN CHECK VALVE. DO A TREATMENT EVERY INSPECTION.

Area: / 418 F5

GPS:

ID = 884

5284 Hawkeye, Bulverde

Aerobic Services of South Texas
1153 FM 2673
Canyon Lake, TX 78133

APR 27 2012



3/27/2012 Phone: (830) 964-2365
 Fax: (830) 964-2659
 www.aerobicservices.com

To: Kellie Tinoco
5284 Hawkeye
Bulverde, TX 78163

PermitNo: 82921
 Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc.
 System S/N: 13563
 Aerator S/N: 13563

Contract: 8/10/2011 - 8/9/2012
 Inspections per year: 3
 Service Due: 4/9/2012
 Other:

Site: 5284 Hawkeye, Bulverde TX 78163

Agency: Comal County Environmental Health
 County: Comal

Installed: 8/9/2002

Phone: (210) 421-5172
 Cell:
 Work:

3

Inspection Type: Schedule

Item	Operational	Inoperative	N/A
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation pump:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection device:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine supply:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray field vegetation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler / Drip backwash:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controls/ Electric Circuits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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APR 30 2012
COUNTY ENGINEER

Test Results and observations: (As Required)

Chlorine Residual: 0.15
 Test Method: DPD
 BOD: _____
 TSS: _____

Sludge Levels
 Aeration 0
 Clarifier 26"
 Pump 0

Access Ports Secured YES NO
 Repairs made: YES NO

Repairs and Comments:
Treatment

Inspector: Tom Hampton
 Tom Hampton VP
 MP349/OS24597

Date: 4/23/12

MAKE SURE TO TIGHTEN CHECK VALVE. DO A TREATMENT EVERY INSPECTION.

Area: / 418 F5
 GPS: ID = 884

5284 Hawkeye, Bulverde