

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.

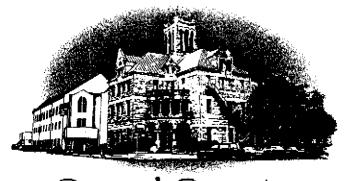
Inspection and licensing of a facility indicates only that the facility meets certain minimum requirements. It does not impede any governmental entity in taking the proper steps to prevent or control pollution, to abate nuisance, or to protect the public health.

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

Comal County Environmental Health

10U



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 * * *

<u>APPLICATION</u> ON-SI	FOR PERMIT FOR AUTHORIZATION FOR PERMIT FOR AUTHORIZATIONS OF THE PERMIT FOR AUTHORIZATION OF	ON TO CONSTRUCT AN SE TO OPERATE DE SOR
	PRINT CLEARLY COMPLETING ALL INFORM	MILON
PROPERTY OWNERS NAME:	Nainn Inc.	PERMIT#:(REVISED)
MAILING ADDRESS	1931 Sable	
CITY, STATE, ZIP CODE:	San Antonia TX	782,7 RECEIVED
PHONE #:		AUG 0 6 2002
LEGAL DESCRIPTION OF PROP		ENNIFORMATAIRA
SUBDIVISION NAME:	Dak Village No-th	ENVIRONMENTAL HEALTH
	BLOCK:ACREAGE/LEGAL:	
STREET NAME/ADDRESS: 52	84 Hawkeye crry: I	Bulverde ZIP: 78163
PROPERTY MUST BE MAR LOCATION MAP TO THE I PROOF OF OWNERSHIP.	KED ON-SITE WITH THE STREET ADD PROPERTY MUST BE ATTACHED WITH	RESS. LOT# & OWNERS NAME. A HITHIS APPLICATION ALONG WITH
IS PROPERTY LOCATED OVER TO PLANNING MATERIALS MUST B	THE EDWARDS RECHARGE ZONE? YES SE COMPLETED BY A REGISTERED SANITARIA	NO IF YES, SITE EVALUATION & NO PROFESSIONAL ENGINEER.
TYPE OF DEVELOPMENT:	3BK	
SINGLE FAMILY RES	IDENCE 1998 TOTAL SQR. FT. OF DW	VELLING 240 GALLONS PER DAY
COMMERCIAL	TYPE OF BUSINESS/INSTITUTION:	
·	NUMBER OF OCCUPANTS	GALLONS PER DAY
SITES GENERATING MO PERMITTING THROUGH	RE THAN 5000 GALLONS PER DAY ARE REQU H THE TEXAS NATURAL RESOURCE CONSERV	IRED TO OBTAIN /ATION COMMISSION.
SOURCE OF WATER: PUBLIC	PRIVATE WELL	
PLANNING MATERIALS & SITE	EVALUATION AS REQUIRED COMPLETED BY:	Viginia Captro (16
SYSTEM DESCRIPTION:	The stay	with drawfield
SIZE OF SEPTIC SYSTEM REQUI	redibased on planning materials & sti	EVALUATION: CARACTER
TANK SIZE(S) 1000	GALLONS ABSORPTION/APPLIC	CATION AREA TROS SORT
ARE WATER SAVING DEVICES E	SEING UTILIZED WITHIN THE RESIDENCE:	1/YESNO 3768 actual
INFORMATION AND DOES NOT CO AUTHORITY AND DESIGNATED AG EVALUATION AND INSPECTION OF CONSTRUCT WILL NOT BE ISSUED PERMIT FOR THIS PROPERTY.	APPLICATION AND ALL ADDITIONAL INFORMATION CEAL ANY MATERIAL FACTS. AUTHORIZATION ENTS TO ENTER UPON THE ABOVE DESCRIBED PREPRIVATE SEWAGE PACILITIES. I ALSO UNDERSTATION THE PLOOD PLAIN ADMINISTRATOR HAS A	is hereby given to the permitting operty for the purpose of site/soil nd that a permit of authorization to
SIGNATURE OF OWNER	··· ·· -	



THE COUNTY OF COMAL STATE OF TEXAS

RECEIVED 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. 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 d on specific pieces of property. To achieve this notice, the

TNRCC requires a deed recording. Additionally, the owner metator to the OSSF permitting authority. This deed certification is not the TNRCC of the suitability of this OSSF, nor does it constitute.	iust provide proof of the of a representation of Wa	
that the appropriate OSSF was installed.		
A - OSSE requiring a maintenance contract, according to 30 i	Texas Administrative Co	ode .
§285.91(12) will be installed on the property described as (legent to be seen	20. 4000. Huz. A	Doc# 200206026157
The property is owned by (owner's full name):		98/87/2002 91:39:14 PM Filed & Recorded in Official Records of COMAL COUNTY JOY STREATER COUNTY CLERK
This OSSF must be covered by a continuous maintenance of OSSF must be performed by an approved maintenance component contract must be submitted to Comal County Engineer's Offichas been transferred.	ontract. All maintenance pany, and a signed mail ce within 30 days after ti	he property
The owner will, upon sale or transfer of the above described permit for the OSSF to the buyer or new owner. A copy of the can be obtained from the Comal County Engineer's Office.	property, request a tran re planning materials for	sfer of the r the OSSF
WITNES BY HAND(S) ON THIS 6 DAY OF ALL	2007 2007 COUNT	OF TEXAS Y OF COMAL 💆
Marin	FILED ar Public Re on the dat	certify that this document with and RECORDED in the Official ecords of Comal County, Texas e and time stamped thereon.
Owner(s) signature(s) SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 6	DAY OF	Du Streater No COUNTY CLERK
Hugust 2002 Suren E Hull	SUSAN F HULL Notary Public State of Texas My Commission Fin	16.0

Notary Public, State of Texas

April 28, 2006

Notary's Printed Name: My Commission Expires: _

Aug. 16 2002 11:36AM P1

8308091306

P# 82921



TREATMENT SYSTEM INITIAL SERVICE POLICY AUG 1 6 2002

	LOU T O COUC
His Service Policy ("Agreement") entered into this 2 day of	_
Proposition Comments of the Co	by unENWIRONMENTAL HEALTH
	("Merrica Creates Control ("Merrica
Service Provider agrees to operate and analysis and an	
Taken 75 les de la company de	reservicion only) Permit # 120 1 for the period of
and miding	for the period of
His Agreement will provide for all required impections, realing Provider and clome Owner agree to the following	The second of the secult 14/0#.
TOTALIST MIS COME CONTER OF TO USE FOLLOWING	will service of your HOOT Aerobic Treatment System Course
1 Service Possista about a service 2	struction calls (at least one every months), for a total of includes inspecting of the mechanical electrical and other
over the Iwo-year period inclusion to precious a year	Hervice calls (at least one every 🗸
historial component party to course proper function. The	shoot and servicing of the mechanical electrical and other
Operation, and replacing or repairing only component and for. Such inspections shall include an afflicant quality increasions.	struct and servicing of the mechanical, electrical and other includes inspecting the control panel, air pumps, air filtures and to be functioning correctly.
Posterior Francisco Francis Commission Commission Commission Commission Francis Commission Commissi	CONSISTENCE OF A LIBOUR AND ADDRESS OF THE PARTY OF THE P
examination for odors. A tent for chlorine residual and at la if any lumroper operation is observed by Secrete travider, wh	rill be taken and reported as necessary. Inhibidity, soum overflow and nich ensures the corrected of the time of the service visit. Home Owner as the correction.
chiering lablets designed the management residual of or least	Iring/L in the treatment avatem. This are the
the system needs chlorine tablets the Service Provider will ad 5. In the event that the Hoste Owner falls in their resempnishing	Iring/L in the treatment system. This can be accomplished by using HNG Pray: FABLETS. Upon inspection by Service Provider, if
Concidered as authorized and beautiful a duties as agreed to in the	o add the chloring lablets, it shall be considered a breach of this Hoot Homewhers Manual, Additionally, such failure may be Provider will conduct the manual distributions.
	Host Homeowners Manual. Additionally, such failure may be a Provider will contact the appropriate governmental authorities to
TOREY 10 COVER 1315 to see manual Land and	The state of the s
- SGCVING 1750 vidler, Abreen Must salahin, Ab hanan akan .	
will be writted by the Service Provider listed below or their authority to improductely remedied, the service provider will inform the	ized agent. If there are any imme which and a system
ate.	ized agent. If there are any items which need correction and can florite Owner, in writing, of the conditions and the estimated repair
Only additional visits, inspections in security continues and and	all the contract of the contra
Agencies the State or any other regulatory agency in your jur	is by specific Municipalities. Water/River Authorities, County
has follows: The HONEY Assessment town & decision of the second	
hischierer: The BOOT Chargespers Minimal must be arricity fold halge build-up, for remains other than due to warranted mechanics dditional charges. By signing this Agreement, buth Service Provi	at Orthogone are subject to invalidation. Pumping of
delitional charges. He signing this Agreement has Com-	minutes are the covered by this Agreement and with result in
guing this Agreement, both the Service Provider and the Home () issueoveres Manual and the Service Provider but made a reasons	witer swear that the Hatte Owner has received a come of the
issucowners Manual and the Service Provider has made a reasona	ble effort to explain all pertinent information to the Houseway.
Home Owner agrees that HOOT Accelde Such	home Inc. to an
Home Owner agrees that HOOT Aerobic Systabul bear no responsibility for service or any	forms, the 14 not a party to this Agreement, and
The second second second	rerms, congamons, or duties contained berein.
LOUIS CHANGE	
HOME OWNER	SERVICE PROVIDER
IMM HOULD	1
Name	Alley abstrum
5284 Hawkeye	1277 25 446
- I Tolking	Addition
Bulverde Tieras 78163	Aux Edguardels Jame 78/32
Bo 980 7496	1921 120 1050
102.2 21	(<u>A30</u>) <u>G=27 - 7/13</u>
10 Marin	Cheer 11 bothing of 101415
Signisture of Home Change	Managing of Service Provider and License !
Title how villes as a	· · · · · · · · · · · · · · · · · · ·
	ED BY THE SERVICE PROVIDER
HOO! Model ##550AN Blower/Panel Scrial # /550	63 HOOT MORE HASSON - 4600 - 750 .
White Capy - Home Owner Yellow Capy - Inpendige 1	First Con - 16 Kas Claboure Con Beaution Ann

Presence of 100 year flood some Presence of adjacent ponds, streams, water impoundments Existing or proposed water well in Scarby area Existing or proposed water well in Scarby area	YesYes	No No No	
Organized sewage service available to lot or tract Site Evaluator: Name: Vision conf RS PE DR Installer II)		License No:_	<u>Ps#123</u>

08/05/2002 18:12

AUG 0 6 2002

AEROBIC UNIT

HOOT SYSTEM #500 NIGHT PUMP AN

SPRINKLER

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

PUMP

BLASTER FILTERED EFFLUENT PUMP WITH FRANKLIN

MOTOR, FIELD SERVICABLE, I " DISCHARGE

CONNECTION #12EB 05

TIMER

PROGRAMMED TO SPRAY ONLY BETWEEN 12 MIDNIGHT AND 3 AM.

PUMP TANK

(see diagram) I 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

I" 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 ÷ .064 = 3750 P

CALCULATIONS

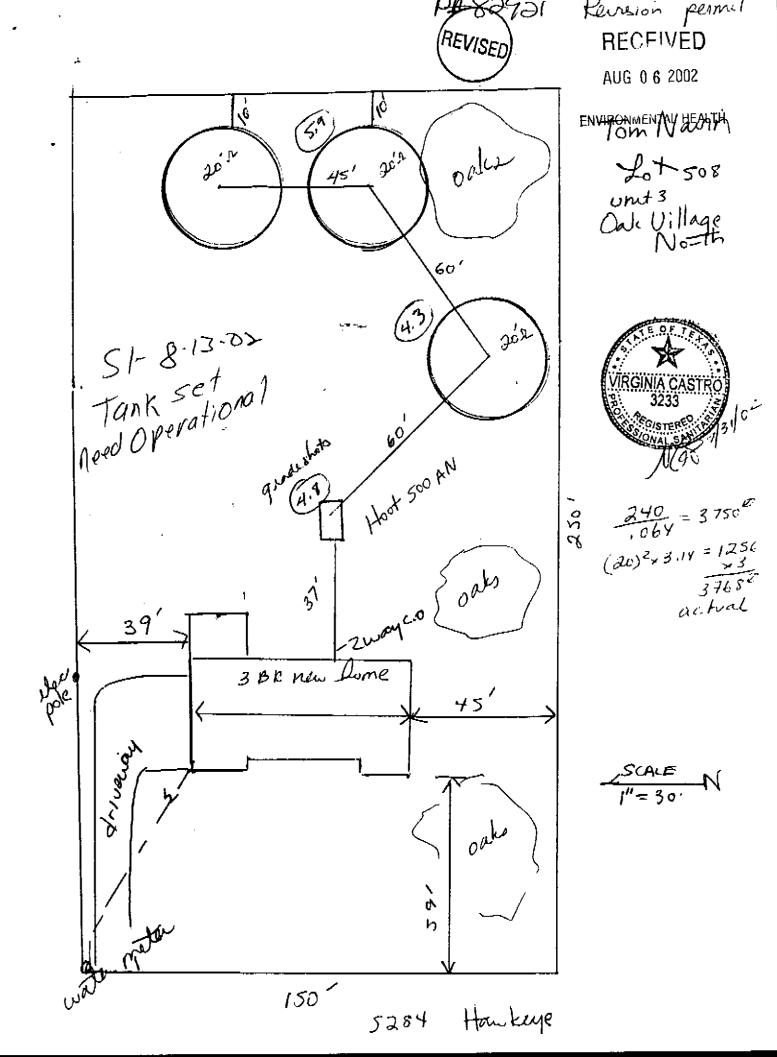
EACH SPRINKLER HAS A RADIUS OF 15 TO 50 FEET, WITH AVERAGE OF 30 FT.

A = TTr

 $A = 3.14 (320)^2$

A= 1236 x3 = 3768 #

MINIMUM REQUIREMENTS 3 SPRINKLERS 20 12.



OSSF PERMIT INFORMATION SHEET

Date of Permit	Permit Number	Date of Permit	Date of Flood Plain
Application		Approval	Approval
1/21/01	82921	2-7-02	N/A Cityof Delvese
LOCATION Da	x Village	North 4-3	, L-508
SYSTEM TYPE/DES	SCRIPTION:		
INFORMATION FRO	OM PRELIMINARY I NARY INSPECTION:	NSPECTION	Les fholes
DATE OF PRELIMIT	MAK I MORECHON.	<u> </u>	_
DESIGN WEETS IN	RCC RECOINDING		mit -
AFFIDAVII KECEI	VED: S IN PLANNING MAT	TERIALS WHICH DO	NOT MEET TNRCC
	5 IN PLANNING MAX	DIGADO WINON 25	(6)
RULES:	St holes	ouised-	V 0X(51)
2	1-2	/	
3. — A	Test De	eded	Up. 8-D56
4	bpe thro	ray ofor	cen Sifeok
5		<u>:</u>	Car parting
6		 	
7			
8			
9			· · · · · · · · · · · · · · · · · · ·
10			<u> </u>
INICTALLATION IN	SPECTION INFORMA	ATION:	
INSPECTED BY:	HYoung	3	
DATE OF S-1: 8	//3-00 NOTES/RI	ESULTS: Tanks	et, Need Operational
		·	
DATE OF S-2:_ 8-	16.02 NOTES/RI	esults: Oferation	onal, covered, complete
	NOTES/RI		
DATE OF FINAL IN	ISPECTION:	(SYSTEN	(COMPLEIE)
INSTALLER:		TANK:(SIZE & NAM	E)
	SQ. FT. ABSO	RPTION/APPLICATIO	N AREA
SERVICE AGREEM	MENT RECEIVED:	(START DATE)
DATE ENTERED II	N SUMMAKY SHEET		
DATE ENTERED R	N (CASST) AEROBIC	DATABASE:	

System Profile

Printed: Tuesday, August 20, 2002

System is installed at:

5284 Hawkeye Bulverde, TX 78163

Comal County

Lot: 508 Subdiv: Oak Village North Unit 3

Permit Number: 82921 System Name: Primary

Brand Name: Model:

Scrial Number:

Owner Information:

Naim, Inc. 1931 Sable San Antonio, TX 78217

The original contract for installation was written on .

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 occured 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

System is Under Warranty

4222 FM 482

New Braunfels, TX 78132 Operator: Jerry Watkins Phone: (830) 606-4732

Fax: (830) 608-1396

Most Recent Visits and Results

Description of Repairs Date Comp. Visit Type

Property Notes:

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

System Notes:

No. BROO3-02

CITY OF BULVERDE, TEXAS APPLICATION FOR A BUILDING PERMIT Pd. #5456 RECEIVED

ALL DATA MUST BE COMPLETE

JAN 2 1 2002

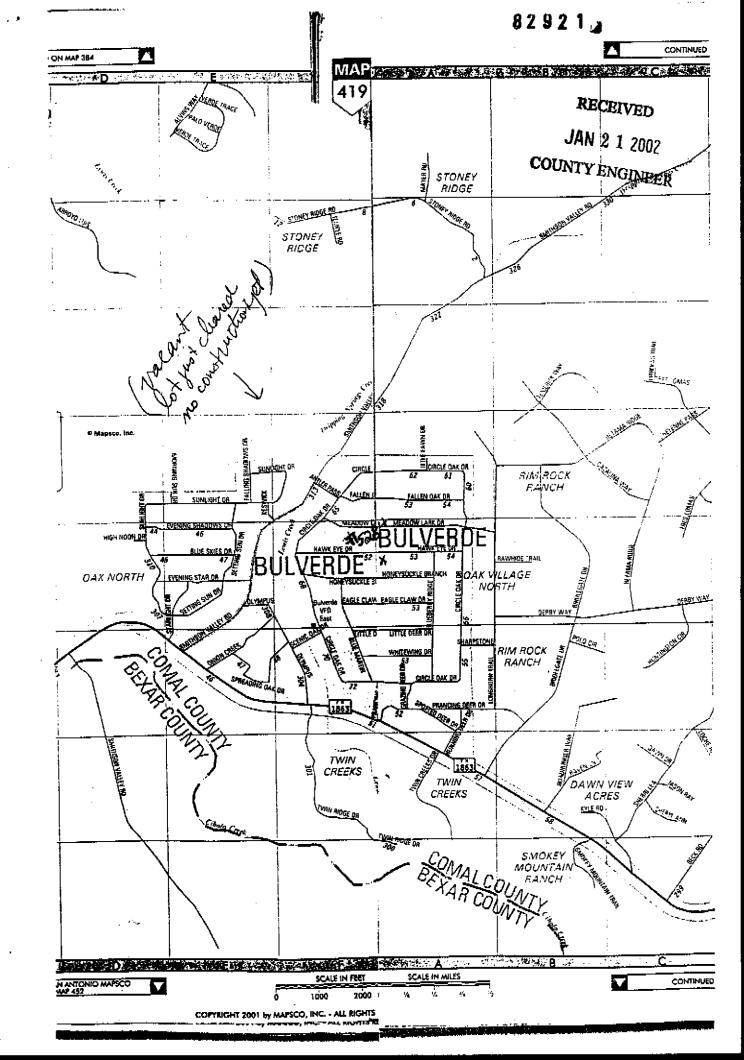
Type Project: Residential/Commercial/Other Residential/Commerc	ADD DATE MOST ==	OAN 2 1 7002
Subdivision: DAK VI MARK NORTH Unit No. Block No. Lot No. 508 Physical Address of Proposed Construction: 5284 HAWKEYE Applicant's Name and Current Address: NAM INC (931 SABLE SATY 78217 Telephone No. 210 824 4400 Fax No. 310 828 3882 Contractor/Company: (see no. 5 below) NAM INC Contact Person: JON ATAN Address: 153 SABLE SATY 78217 Telephone(s): 210 824 4400 Fax: 310 828 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. 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. 13. Fee of unitiating construction, contractor must have a portable sanitary toilet and a dumpster (minimum 30 cubic yard capacity) on site. 14. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4	D Residential Desires	ate: 1-14-COUNTY ENGINEER
Physical Address of Proposed Construction: \$284 HAWLEYE Applicant's Name and Current Address: NATON INC. 1931 SABLE SATY 78217 Telephone No. 210 824 4400 Fax No. 310 828 3882 Contractor/Company: (see no. 5 below) NATON INC. Contact Person: TOMNATON Address: 1931 SABLE SATY 78217 Telephone(s): 210 824 4400 Fax: 310 828 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, couractor must have a portable sanitary toilet and a dumpster (minimum 30 cubic yard capacity) on site. 13. For questions opniact the Building Inspection Department at 830-438-3612. 14. Applicant's Signspare	Type Project: Residential/Commercial/Ottle 15 = 5 10 17 15 15 15 15 15 15 15 15 15 15 15 15 15	~
Applicant's Name and Current Address: NAME S.A. TX 78217 Telephone No. 210 824 4400 Fax No. 210 628 3882 Contractor/Company: (see no. 5 below) NAME IN C. Contact Person: John Sale A. TX 78217 Telephone(s): 210 824 4400 Fax: 310 828 3882 Notes: 1.3 Sale A. TX 78217 Telephone(s): 210 824 4400 Fax: 310 828 3882 Notes: 1. All projects must have a scale drawing or sketch of the project for which the permit is being applied. 1. All projects must have a scale drawing or sketch of the project for which the 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. 5. 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. 12. Held and A. A. T. A.	Subdivision: DAK V: AGE WOLTH Unit No Block No	Lot NoS <u>Q8'</u>
Telephone No. 2/0 824 4400 Fax No. 2/0 828 3882 Contractor/Company: (see no. 5 below) **MA'CA INC** Contact Person: **Joan Asian** Address:	Physical Address of Proposed Construction: 5284 HAWKEY	<u> </u>
Telephone No. 2/0 824 4400 Fax No. 2/0 828 3882 Contractor/Company: (see no. 5 below) **MA'CA INC** Contact Person: **Joan Asian** Address:	Applicant's Name and Current Address: Name NG NG	
Contractor/Company: (see no. 5 below) **MA'ON** INC** Contact Person: **TomMa'ON** Address: **1931* SABLE** 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. 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 driveway 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. 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 contract the Building Inspection Department at 830-438-3612. Applicant's Signsture* Date	1921 SABLE S.A. TX 78217	
Contact Person: Townsian Address: 133	Telephone No. 210 824 4400 Fax No. 210 86	28 <u>3882</u>
Address: 193		
Address: 193	464 '0 1 146	
Telephone(s): 210 824 4400 Fax: 310 828 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. 1. The permit does not remove the responsibility of the applicant to contact and gain approval from the appropriate architectural control committee. 1. Date		
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Applicant's Signature Date	For questions conject the Building Inspection Department at 830-438-3612.	
Applicant's Signature	1-14-2002	
Approved by: 12 200 Date: 1-16-02	Applicant's Signature Date	
	Approved by: Date: Date:	<u> 2</u>

1/14/00 - ralled Ken Swan will come en

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OAK VILLAGE NORTH

UNIT NO. 3



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

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE
PRINT CLEARLY COMPLETING ALL INFORMATION
PERMIT#: REVISED
PROPERTY OWNERS NAME: Name:
MAILING ADDRESS 1931 SA STE
CITY, STATE, ZIP CODE:
PHONE #: AUG V 6 ZUUZ
SUBDIVISION NAME: Oak Uillage 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: 38K
single family residence 1999 total sqr. 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: VISINIA (20 +10)
SYSTEM DESCRIPTION: 5 TOWN STAND STA
SIZE OF SEPTIC SYSTEM REQUIRED BASED ON PLANNING MATERIALS & SITE EVALUATION:
TANK SIZE(S) 1000 GALLONS ABSORPTION/APPLICATION AREA TANK SORT
ARE WATER SAVING DEVICES BEING UTILIZED WITHIN THE RESIDENCE:NO 3 748 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 EMTER 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.



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, OS7722

Environmental Health Coordinator

BR/si

08/05/2002 18:12

08/05/2002 18:12

AEROBIC UNIT

HOOT SYSTEM #500 NIGHT PUMP AN

SPRINKLER

K-RAIN, K-2 PROFESSIONAL SERIES, 5" RISER, POP-UP HEIGHT RECEIVED

1/2" THREADED INLET, LOW ANGLE NOZZLE 12°

PUMP

BLASTER FILTERED EFFLUENT PUMP WITH FRANKLIN

MOTOR, FIELD SERVICABLE, 1 1/2" DISCHARGE

AUG 0 6 2002

CONNECTION #12EB 05

TIMER

PROGRAMMED TO SPRAY ONLY BETWEEN 12 MIDNIGHT AND 3 AM.

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. DEEB (INCLUDES 4., 2VND 6VD) BEGRIBES 9.,

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 ÷ ·064 = 3750 P

CALCULATIONS

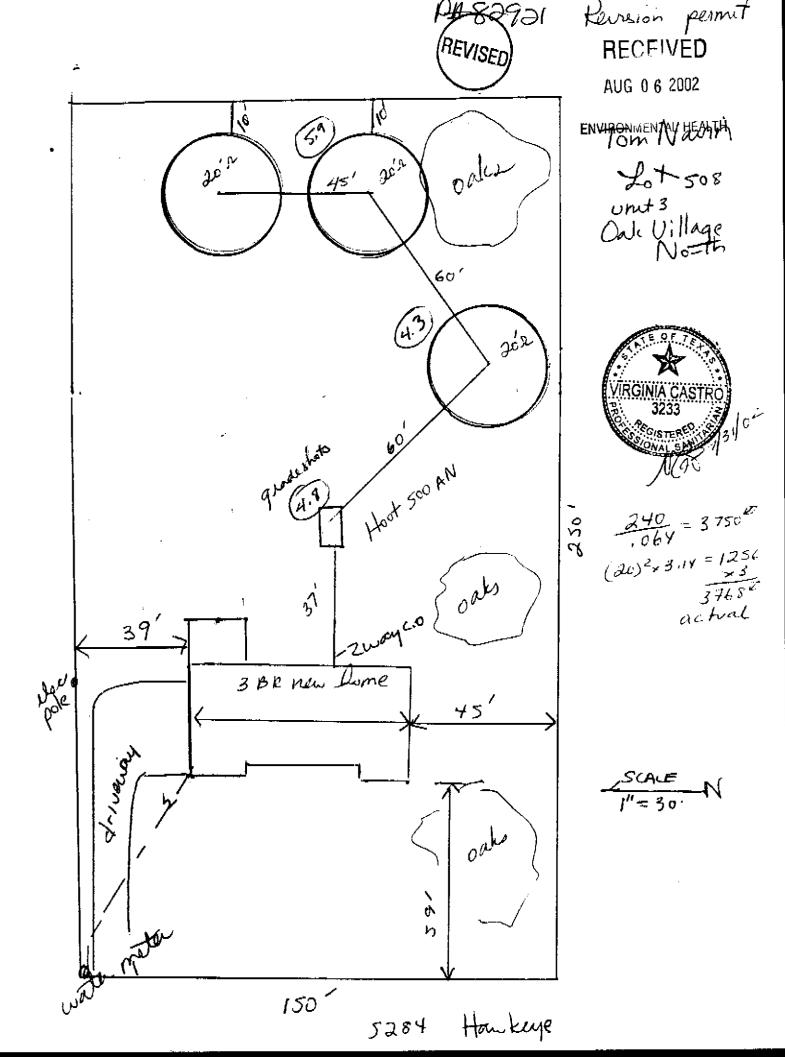
EACH SPRINKLER HAS A RADIUS OF 15 TO 50 FEET, WITH AVERAGE OF 30 FT.

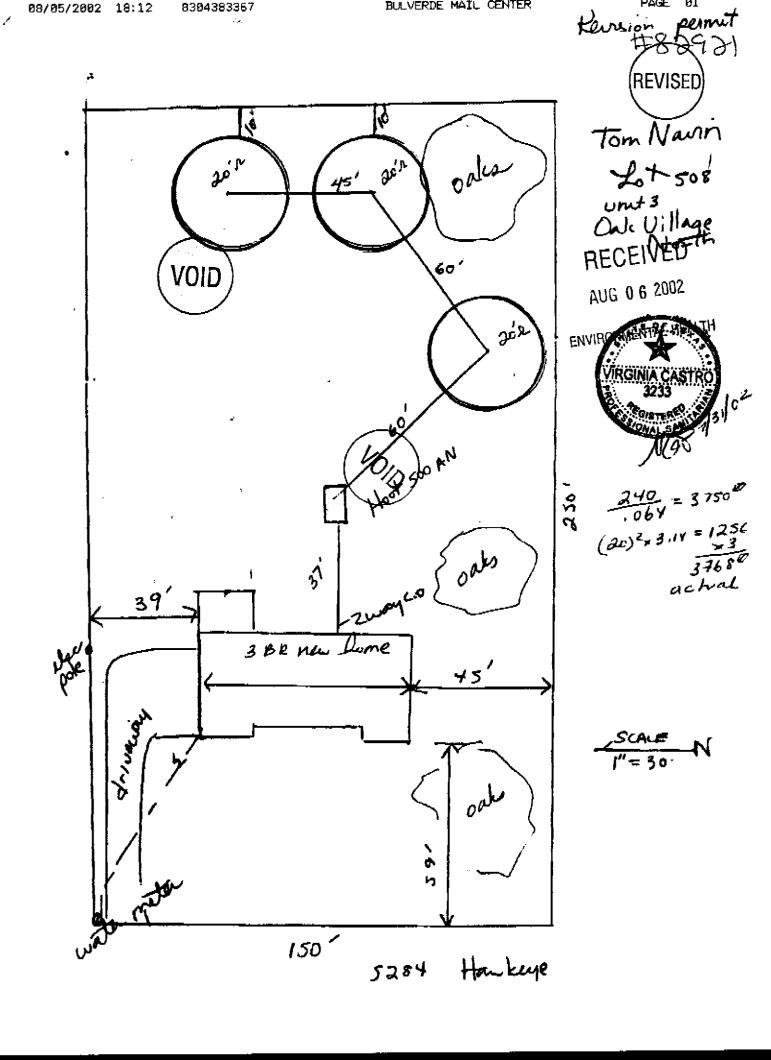
 $A = TTr^2$

 $A = 3.14 (320)^2$

A= 1256 x7 = 3748 \$

MINIMUM REQUIREMENTS 3 SPRINKLERS 2012.

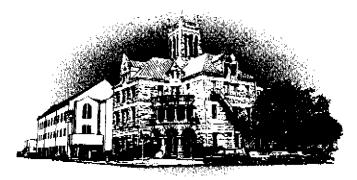




* * * COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH * * *

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

PRINT CLEARLY COMPLETING ALL INFORMATION	2921
DATE:PERMIT#:	
PROPERTY OWNERS NAME: Name: Name: Name:	
MAILING ADDRESS 1931 Sable	<u>. </u>
CITY, STATE, ZIP CODE: San Antonis TY 78217	RECEIVED
PHONE #:	AN 2 1 2002
LEGAL DESCRIPTION OF PROPERTY:	TY ENGINEER
SUBDIVISION NAME: Oak Village No-th	
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# & OWN LOCATION MAP TO THE PROPERTY MUST BE ATTACHED WITH THIS APPLICATIO PROOF OF OWNERSHIP.	ERS NAME. A ON ALONG WITH
IS PROPERTY LOCATED OVER THE EDWARDS RECHARGE ZONE? YES NO IF YES, SIT PLANNING MATERIALS MUST BE COMPLETED BY A REGISTERED SANITARIAN OR PROFESSIONAL E	E EVALUATION & INGINEER.
TYPE OF DEVELOPMENT: 3BR	
single family residence 1999 total sqr. ft. of dwelling 240	GALLONS PER DAY
COMMERCIAL TYPE OF BUSINESS/INSTITUTION:	
NUMBER OF OCCUPANTSGALLONS PER I	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:	astro
SYSTEM DESCRIPTION: 5tandard: Septic Tank WITS CIVIL	iteld
SIZE OF SEPTIC SYSTEM REQUIRED BASED ON PLANNING MATERIALS & SITE EVALUATION:	
TANK SIZE(S) 1000 GALLONS ABSORPTION/APPLICATION AREA /	200 sqr.f1
ARE WATER SAVING DEVICES BEING UTILIZED WITHIN THE RESIDENCE:NO	
I CERTIFY THAT THE COMPLETED APPLICATION AND ALL ADDITIONAL INFORMATION SUBMITTED DOES NOT INFORMATION AND DOES NOT CONCEAL ANY MATERIAL FACTS. AUTHORIZATION IS HEREBY GIVEN TO THE AUTHORITY AND DESIGNATED AGENTS TO ENTER UPON THE ABOVE DESCRIBED PROPERTY FOR THE PURPOSE EVALUATION AND INSPECTION OF PRIVATE SEWAGE FACILITIES. I ALSO UNDERSTAND THAT A PERMIT OF AUTHORITY WILL NOT BE ISSUED UNTIL THE FLOOD PLAIN ADMINISTRATOR HAS APPROVED AND RELEASED PERMIT FOR THIS PROPERTY.	PERMITTING SE OF SITE/SOIL UTHORIZATION TO



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: Nairn, 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:

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: JAN 2 1 2002 28 Site Location: & COUNTY ENGINEER Proposed Excavation Depth: County: Registration Number: K Name of Site Evaluator: At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Requirements: 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 way me Soil Boring Number Observations Restrictive Drainage Texture Soil Depth Horizon (Mottles/ Class Texture (Feet) Water Table) none \coprod Soil Boring Number Observations Restrictive Drainage Texture Soil Depth Horizon (Mottles/ Class Texture (Feet) Water Table) Features of Site Area Yes Presence of 100 year flood zone Presence of adjacent ponds, streams, water impoundments Yes Existing or proposed water well in nearby area Yes Organized sewage service available to lot or tract Čas, Ry#3233 License No:__ Site Evaluator, Name: Jaju/A (Ortho Signature: (Circle one RS) PE, DR, Installer II)

Oll-Dire Demer abo.

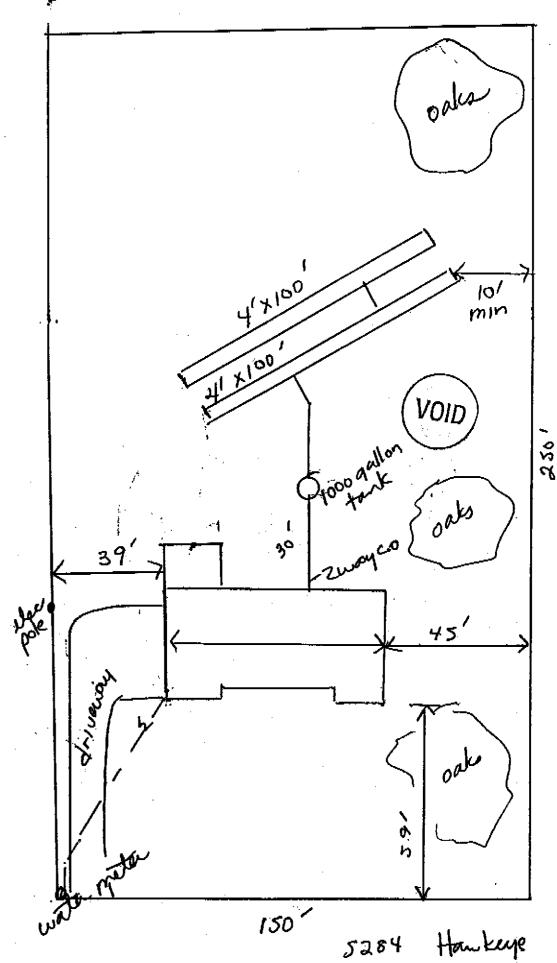
JAN 2 1 2002

COUNTY ENGINEER

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

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

	PRINT CLEARLY COMPLETING ALL INFORMATION	22023
DATE:	PERMIT#:	82921
PROPERTY OWNERS NAME:	Nairn, Inc.	
MAILING ADDRESS	1931 Sable	
CITY, STATE, ZIP CODE:	San Antonio TX 78217	RECEIVED
PHONE #:		JAN 2 1 2002
LEGAL DESCRIPTION OF PROI		DUNTY ENGINEER
SUBDIVISION NAME:	Oak Village North	
UNIT: 3 LOT: 50	8 BLOCK: ACREAGE/LEGAL:	
STREET NAME/ADDRESS: 52	84 Hawkeye CITY: Bulverde	zip: <u>78163</u>
	KED ON-SITE WITH THE STREET ADDRESS, LOT# & O PROPERTY MUST BE ATTACHED WITH THIS APPLICA	
IS PROPERTY LOCATED OVER TPLANNING MATERIALS MUST 1	THE EDWARDS RECHARGE ZONE? YES NO IF YES BE COMPLETED BY A REGISTERED SANITARIAN OR PROFESSION**********************************	, SITE EVALUATION & AL ENGINEER.
TYPE OF DEVELOPMENT:	3BR	•
SINGLE FAMILY RES	SIDENCE 1998 TOTAL SQR. FT. OF DWELLING 246	GALLONS PER DAY
COMMERCIAL	TYPE OF BUSINESS/INSTITUTION:	
19 · 19 · · · · · · · · · · · · · · · ·	NUMBER OF OCCUPANTSGALLONS I	PER DAY
	ORE THAN 5000 GALLONS PER DAY ARE REQUIRED TO OBTAIN THE TEXAS NATURAL RESOURCE CONSERVATION COMMISSION	ON.
SOURCE OF WATER: PUBLIC		**************
PLANNING MATERIALS & SITE	EVALUATION AS REQUIRED COMPLETED BY: VIGINIA	<u>Castro</u>
SYSTEM DESCRIPTION: 5	tandard: septic tank with dr	anitield
SIZE OF SEPTIC SYSTEM REQUI	IRED BASED ON PLANNING MATERIALS & SITE EVALUATION:	_
TANK SIZE(S) 1000	GALLONS ABSORPTION/APPLICATION AREA	1200 sqr. ft
ARE WATER SAVING DEVICES	BEING UTILIZED WITHIN THE RESIDENCE? YES	10
INFORMATION AND DOES NOT CO AUTHORITY AND DESIGNATED AG EVALUATION AND INSPECTION O	APPLICATION AND ALL ADDITIONAL INFORMATION SUBMITTED DOES ONCEAL ANY MATERIAL FACTS. AUTHORIZATION IS HEREBY GIVEN TO GENTS TO ENTER UPON THE ABOVE DESCRIBED PROPERTY FOR THE PUOF PRIVATE SEWAGE FACILITIES. I ALSO UNDERSTAND THAT A PERMIT OF UNTIL THE FLOOD PLAIN ADMINISTRATOR HAS APPROVED AND RELE	NOT CONTAIN ANY FALSE THE PERMITTING RPOSE OF SITE/SOIL DE AUTHORIZATION TO

is assured the a morning $Soil\ Evaluation\ Report\ Information$ 82921 RECEIVED Date Soil Survey Performed: -JAN 2 1 2002 5 285 Site Location: SCOUNTY ENGINEER Proposed Excavation Depth: County: _ Registration Number: <u>E</u> Name of Site Evaluator: At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Requirements: 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_ Observations Restrictive Drainage Texture Soil Depth Horizon (Mottles/ Class Texture (Feet) Water Table) none Soil Boring Number Observations Restrictive Drainage Soil Texture Depth Horizon (Mottles/ Class Texture (Feet) Water Table) Features of Site Area

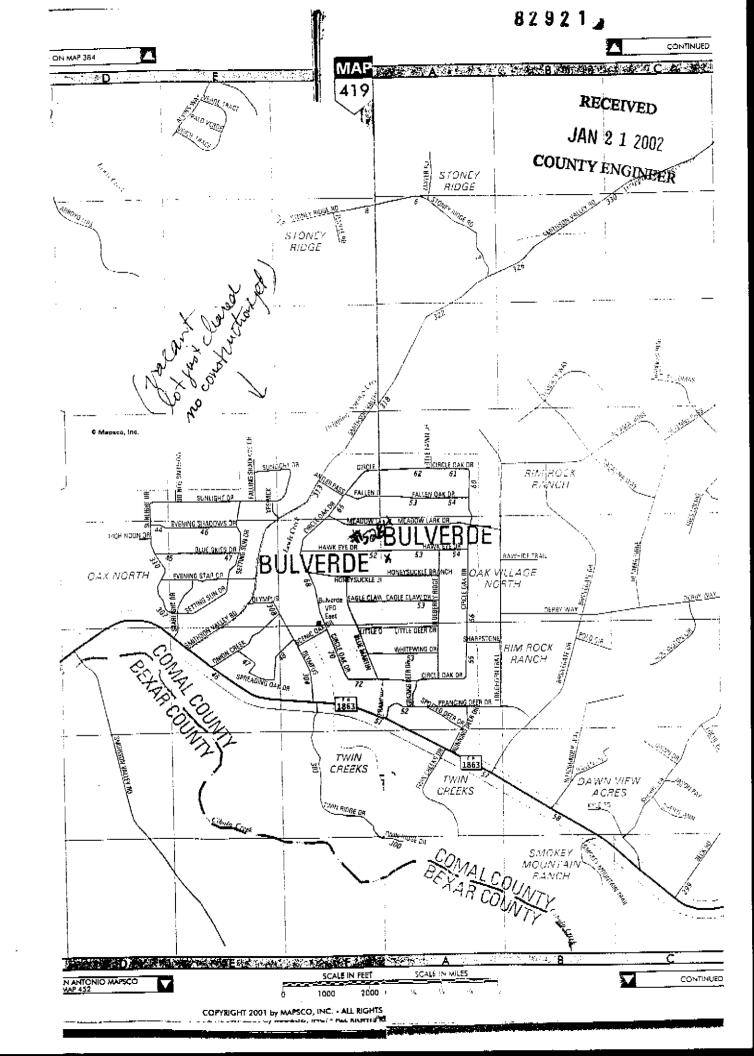
Presence of 100 year flood zone Presence of adjacent ponds, streams, water impoundments Existing or proposed water well in nearby area	Yes Yes	No No No	
Organized sewage service available to lot of the) <u></u>	License No	Py#3233
Name: NS PE, DR, Installer II)		·-	

No. 3

OAK VILLAGE NORTH

UNIT NO. 3

SUCKLE



No. BROO3-02

CITY OF BULVERDE, TEXAS APPLICATION FOR A BUILDING PERMIT Pd. #5456 RECEIVED

Δ 1	ı.	DATA	MUST	BE	COMPL	ΕT	E
-----	----	------	------	----	-------	----	---

JAN 2 1 2002

	Date: 1-14-COUNTY ENGINEER
Type Project: Residential/Commercial/Other Residential/Commercial/Other	
Subdivision: DAK V: 1/AGE WORLTH Unit No. 3 Block No	Lot No. <u>SO</u> \$
Description: 5284 HAWKE	<u> YE</u>
Applicant's Name and Current Address: NAIRN INC	
1021 SARIE SA-TX 78217	
Telephone No. 210 824 4400 Fax No. 210	828 3882
Contractor/Company: (see no. 5 below)	
NAIRN INC	
Contact Person: TonNainn	
Address: 1931 SABLE S.A. 7X	18211
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 project fee is \$30.00) Checks for permit fees will be made out to: City of Bulverde. (Commercial perfee 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 Submit a Plat Plan or sketch showing the location of Building(s), septic tank, lines from meter or well to building. A driveway permit must be obtained from the City (Gated communities are extended by the County of the System permit must be obtained from Comal County and a septic system. 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 should be notified to complete a final inspection. This permit does not remove the responsibility of the applicant to contact appropriate architectural control committee. Before initiating construction, contractor must have a portable sanitary toilet capacity) on site. For questions contact the Building Inspection Department at 830-438-3612. 	n Builder's Code. drain field, well (if required) and water excluded). (Fee is \$30.00) stem design shall be forwarded to City on. er system, electrical system), the City et and gain approval from the
Approved by: Date: 1-16-	·02_

1/14/00 - called Kon Swan 6. D come or

FILED BY
ALAMO TITLE

WARRANTY DEED

82921

RECEN

Date:

September 27, 2001.

JAN 2 1 2002

Grantor:

Leland D. Brokaw and Grace M. Brokaw, whose address is 9COUNTY Wood. 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, Comai 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.

Luland D.	υ	14_			<u></u>
Leland D.	Broka	W			
Ma	are	~ m	L.Br	Jean	ノ_
Grace M.	Broka	W			

THE STATE OF TEXAS

§

THE COUNTY OF BEXAR

§

Leland D. Brokaw acknowledged this instrument before me on this the

day of

CHANDRA KOEPP Noteny Public, State of Texas My Commission Expires 04-18-2002

THE STATE OF TEXAS

S

THE COUNTY OF BEXAR

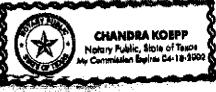
5

Grace M. Brokaw acknowledged this instrument before me on this the

20⁴¹

day of

_, 2001.



After Recording, Return To:

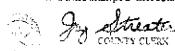
Nairn, Inc. 1931 Sable San Antonio, Texas 78217 Dock 288106632278
Papes 8
Bate: 10/8/2001 12:33:29 PM
Filed & Recorded in
Official Records of
COMMIC COUNTY
JOY STREATER
COUNTY CLERK

THOT TEXA!

Notary Public, State of Texas

Notary Public, State of Texas

als is to certify that this document was TLED and RECORDED in the Official Of the Records of Comal County, Toxas The date and time stamped thereon.



Aerobic Septic System Inspection Report

Submitted by:

Aerobic Services of South Texas

RECEIVED

JAN 0 8 2003

COUNTY ENGINEER

4222 FM 482

New Braunfels, TX 78132 Phone: (830) 627-1785

Fax: (830) 608-1396 Contact: Jerry Watkins

Pormit Number: \$2921

Installation Date: 8/9/2002

Scheduled Report

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. Date of inspection visit: 1/2002 Required frequency of visits is every 4 months. Owner: Carolann Haroutunian 2. System inspected: Property Address: 5284 Hawkeye System Name: Primary City, State., ZipCodc: Bulverde, TX 78163 Serial Num: 13563 Inspected by: Jerry Watkins Model Num: 500 An Not Applicable Operational Inoperative inspected Item Acrators **Filters** Irrigation Pumps Recirculation Pumps Disinfection Device Chlorine Supply Electrical Circuits Distribution System Sprayfield Vegetation/Seedin Other Item (Specify) Repairs to system (list all components replaced): Noine 3. Tests required and results: 4. Test Results | Required Method Test Check of YES mg/1, mpn/100 ml, or trace BOD (Grab) TSS (Grab) 6rat $U_{\bullet}(t)$ Cl2 (Grab) Feeal Coliform

5. Comments:

тика покрыть элем концот перотт was printed on 11 и до 2002 год; элемпой элемноез от доши, таказ, торканот, октяда, долог, мен. 21



TREATMENT SYSTEM INITIAL SERVICE POLICY

This Service Policy ("Agreement") entered into this Z day of	August by and herween RECEIVED
This Service Policy ("Agreement") entered into this 2 day of "Tome Owner"	") and Bearder Delegate ("Service
Silvene Denvidas annas la maria	AUG 2 7 200/
A large of Tever 10 operate and maintain the Hoof Armbio	System located at 5284 Hawkeye
the Provider agrees to operate and maintain the Hoot Aembin (legal 6 to 2) years beginning 1-8-52 and ending 1-9-5	pursuant to the terms below.
his Agreement will provide for all required inspections, testing a rounder and ilome Owner agree to the following:	and service of your HOOT Aerobic Treatment System. Service
Service Provider shall perform over the two-year period including inspection, adjust applicable component parts to ensure proper function. This is operation, and replacing or repairing any component not four Such inspections shall include an effluent quality inspection on examination for odors. A lest for chlorine realdual and pit will may improper operation is observed by Service Provider, whit will be notified immediately in writing of the conditions and those Owner agrees to maintain a chlorine residual of at least the chlorine tablets designed for wastewater use. NOT SWIMMI the system needs chlorine tablets the Service Provider will add in the event that the Home Owner fails in their responsibility to Agreement and the Home Owner's duties as agreed to in the formsidered an unlawful act in some jurisdictions, and Service report such violation. Initials of Service Provider Initials of the Home Owner fails in their responsibility to cover tahor for normal inspection, maintenance and repail Service Provider agrees that within 48 hours of a request for sealing the content agrees that within 48 hours of a request for sealing the visited by the Service Provider Provider Provider will inform the late. Any additional-visits, inspections or sample collections requirer Agencies the State or any other regulatory agency in your juriselyment. For reasons other than due to warranted mechanication of the farges. By signing this Agreement, both Service Provider and the Home Owner Agreement, both the Service Provider and the Itome Owner Agreement, both the Service Provider has made a reasonal Home Owner Agreement, both the Service Provider has made a reasonal thome Owner Agreement, both the Service Provider has made a reasonal thome Owner Agreement, both the Service Provider has made a reasonal thome Owner Agreement, both the Service Provider has made a reasonal thome Owner Agreement, both the Service Provider has made a reasonal thome Owner Agreement.	includes inspecting the control panel, air pumps, air filters, diffuser and to be functioning norreally, ontsisting of a visual cheek for color, turbidity, soum overflow and ill be taken and reported as necessary, only to taken and reported as necessary, ich cannot be corrected at the time of the service visit. I finne Owner estimated date of correction. Integ! In the treatment system. This can be accomplished by using ING POOL FABLETS. Upon inspection by Service Provider, if the time and charge the Home Owner. In the treatment system of the considered a breach of this floot Homeowners Manual. Additionally, such failure may be a Provider will contact the appropriate governmental authorities to immediate for the lifetime of the system, as required by state law satisfable; for purchase on an annual basis, a continuing service in cervice (weekends and holidays excluded), flome Owner's system is red agent. If there are any items which need correction and can Home Owner, in writing, of the conditions and the estimated repair of by specific Municipalities, Water/River Authorities, County risdiction will be covered by this Agreement. Inwell or all wantanties are subject to invalidation. Pumping of the rider and Homeowner care to the table and learned learned to the later.
HOME OWNER,	SERVICE PROVIDER
TAM The	_
Name	Number of Register Company Representative
5384 Hawken	1422) Show the Company Representative
Delity 19	Address
Duliverde, Lexas 78/63	Two Brownfels Teyes 78132
83119811 7496	City Day 1775
Phone	(ASO) Gal - 1/83
Tom Varia	Character Heles HICKHIS
Signature of Tome Owner	Signature of Service Provider and License it.
WIND PARTY IN A 100 TO	
	FED BY THE SERVICE PROVIDER
HOOT Model #/ SOAN Blower/Panel Serial #/350	6.3 HOOT MOID #//SOD - 400 - 750
	32.7 11001 Wilder 1720 - 120 - 120 -
White Copy - Home Owner Yellow Copy - Insuffer	Pilik Copy - 11001 Goldonrod Copy - Regulatory Agency
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	 -
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process &	

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

APR 1 7 2003

COUNTY ENGINEER

03/27/03

To: Carolann Haroutunian 5284 Hawkeye Bulverde, TX 78163			PermitNo:		
Site: 5284 Hawkeye 418 F-5	5 Bulverde, TX 78163		Contract expires:		
Agency: Comal County Environment County: Comal Subdivision: Comal Trace	al Health		Aerobic Services of S (830) 980-7496 04/09/03	outh Texas	
Inspection Type: School	Aled	.,,		· · · · · · · · · · · · · · · · · · ·	
Item Aerator:	Operational	Inoperative	N/A		
Irrigation pump:					
Air compressor:					
Disinfection device:					
Chlorine supply:		17 18 18 18 18 18	 		
Spray field vegetation:					
Sprinkler / Drip backwash:			•		
Photocell Test:					
Fecal Coliform: Chlorine Residual: Test Method: BOD: TSS: Commercial Lab: Date Submitted:	(As Required)				
Repairs made: Y					
Repairs and Comments:	•				
		100-11			
				nactin	5
				<u> </u>	Ų
Inspector: () (i)	thems	Date:	4-8-03	_	

RECEIVED

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

New Brauntels, TX 78132 (830) 627-1785 Fax: (830) 626-9519

AUG 1 8 2003 COUNTY ENGINEER

07/03/03

To: Carolana Haroutunian 5284 Hawkeye Bulverde, TX 78163		1	PermitNo: 82921 S/N: 13563 Inspections per year: 3		
Site: 5284 Hawkeye 418 F-5 Bulverde, TX 78163		•	08/09/04		
Agency: Comal County Environen		Distributor:	Acrobic Services of Sou	ith Texas	
County: Comal		Owner Phone:	(830) 980-7496	····	
Subdivision: Comal Trace	· · · · · · · · · · · · · · · · · · ·	Service Due;	08/07/03		
Inspection Type: School	wled				-
Item	Operational	Inoperative	N/A		
Aerator:					
Irrigation pump				•	
Air compressor:			<u></u>		
Disinfection device:					
Chlorine supply:					
Spray field vegetation:		<u></u>			
Sprinkler / Drip backwash: Photocell Test:					
Photocen Test.					
Test Results and observations	s: (As Required)				
Fecal Coliform:					
Chlorine Residual:	ADDED				
Test Method:	KINGO	,			
BOD:					
TSS:	1. 110-1-1-1				
100.	***************************************				
Repairs made: Y N					
Repairs and Comments:					
. International					
					
			1.0	- DA	A. W
		<u>,</u>	**-	<i>PU</i> .	STED
· Chillett	_		9 10 - 2		- : !!
Inspector Wall		Date: <u> </u>	8-15-03	_	
(11.0)					

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

APR 1 7 2003

COUNTY ENGINEER

03/27/03

To: Carolann Haroutunian 5284 Hawkeye Bulverde, TX 78163 Site: 5284 Hawkeye 418 F-3 Agency: Comal County Environment		Distributor:	PermitNo: Inspections per year: Contract expires: Aerobic Services of S	3 08/09/04	
County: Comal Subdivision: Comal Trace			(830) 980-7496		
Inspection Type: School	Wed				
Item Aerator: Irrigation pump: Air compressor: Disinfection device: Chlorine supply:	Operational	Inoperative	N/A 		
Spray field vegetation: Sprinkler / Drip backwash: Photocell Test: Test Results and observations	s: (As Required)				
Fecal Coliform: Chlorine Residual: Test Method: BOD: TSS: Commercial Lab: Date Submitted:	ADDED				
Repairs made: Y					
Repairs and Comments:					
				POSTED	S
Inspector:	alteris	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 1 8 2003

COUNTY ENGINEER

07/03/03

10: Carolann Haroutunian 5284 Hawkeye			PermitNo: 82921 S/N: 13563	
Bulverde, TX 78163 Site: 5284 Hawkeye 418 F-5 Agency: Comal County Environmenta County: Comal		Distributor:	THE POST OF THE PO	
Subdivision: Comal Trace		Owner Phone: Service Due:	(830) 980-7496 08/07/03	
Inspection Type: Schedu	Sed	4.00		
Item Aerator:	Operational	Inoperative	N/A	
Irrigation pump: Air compressor: Disinfection device:				
Chlorine supply: Spray field vegetation:				
Sprinkler / Drip backwash: Photocell Test:	<u> </u>			
Test Results and observations:	(As Required)			
Fecal Coliform: Chlorine Residual: Test Method: BOD: TSS:	Apped			
Repairs made: Y N				
Repairs and Comments:				
				DNetrn
Inspector: Wall	iws	Date:(B-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 0 7 2000	11/25/03
			COUNTY EMONALINE	
To: Carolann Haroutunian				ID = 884
5284 Hawkeye Bulverde, TX 78163			PermitNo: 82921 S/N: 13563	
Site: 5284 Hawkeye 418 F5 Agency: Comal County Environment County: Comal Subdivision: Comal Trace Inspection Type: 5chedu	ntal Health	Manufacturer: Owner Phone: Service Due:	Inspections per year: 3 Contract expires: 08/09/04 Comal Concrete Products (830) 438-7285 12/07/03	
Item		With the second		
Aerator:	Operational	Inoperative	N/A	
Actator. Irrigation pump:		-		
Air compressor:				
Disinfection device:				
Chlorine supply:		-		
Spray field vegetation:				
Sprinkler / Drip backwash:				
Photocell Test:	-		-	
notocch Test.				
Test Results and observations	: (As Required)			
Secal Coliform:				
Chlorine Residual:	10	· · · · · · · · · · · · · · · · · · ·		
Test Method:	Court			
BOD:				
SS:				
Repairs made: Y/N				
Lepairs and Comments:				

Inspector: ___

Date: $12 \cdot 3/\cdot 0$



HAPPY HOLIDAYS FROM AEROBIC SERVICES!!



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

(830) 627-1785 Fax: (830) 626-9519

RECEIVED

COUNTY ENGINEER

04/02/04

To: Carolann Haroutunian				ID =	884
5284 Hawkeye Bulverde, TX 78163			PermitNo: 82921 S/N: 13563		
			Inspections per year:	3	
Site: 5284 Hawkeye 418 F5 I Agency: Comal County Environment County: Comal Subdivision: Comal Trace		Manufacturer: Owner Phone: Service Due:	Contract expires: Comal Concrete Produ (830) 438-7285	08/09/04	
Inspection Type: School	ed				-
Item Aerator: Irrigation pump: Air compressor: Disinfection device: Chlorine supply: Spray field vegetation: Sprinkler / Drip backwash: Photocell Test:	Operational	Inoperative	N/A		
Test Results and observations	: (As Required)				
Fecal Coliform: Chlorine Residual: Test Method: BOD: TSS:	1.0 gas				
Repairs made: Y/N					
Repairs and Comments:					
					_
					_
Inspector: Serry	Vatuns	Date: <u></u>	1-7-04	_	
	STED		34	9-04	

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

(830) 627-1785 Fax: (830) 626-9519

ABOBIVED AUG DE 2004

COUNTY ENGINEER 7/30/2004

Fo: Carolann Haroutunian 5284 Hawkeye			PermitNo:			
Bulverde, TX 78163				13563		
Site: 5284 Hawkeye 418 F5 E Agency: Comal County Environment County: Comal Subdivision: Comal Trace	al Health		Comal Concret (830) 438-728	e Products	8/9/2005	
Inspection Type: Scheb	lee)	MATERIAL STATE OF THE STATE OF				
Item Aerator: Irrigation pump: Air compressor: Disinfection device: Chlorine supply: Spray field vegetation: Sprinkler / Drip backwash: Photocell Test:	Operational / / / / / / / / / / / / / / / / / /	Inoperative	N/A			
Test Results and observations	: (As Required)					
Fecal Coliform: Chlorine Residual: Test Method: BOD: TSS:	1.0 Gras					
Repairs made: Y/N						
Repairs and Comments:						
						- - -
Inspector: All My	Watkin	S Date: 8	Z'8-11	o- 94		-
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Aerobic Services of South Texas, Inc. 4222 FM 482 New Braunfels, TX 78132 (830) 627-1785 Fax: (830) 626-9519

RECEIVED
SEP 1 3 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 Jerry Watkins (hereinafter referred to as "Client") residing or doing business at 5324 Houkey 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, seum 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.
- 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



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 warrantied 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

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

Aerobic Services of South Texas Inc.

4222 FM 482

New Braunfels, Texas 78132

830-627-1785

Blower/Panel Serial # 135163

cense # 466964615

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



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

PermitNo: 82921 To: Carolann Haroutunian Brand: Hoot RECEIVED 5284 Hawkeye S/N: 13563 Bulverde, TX 78163 Inspections per year: 3 DEC 2 8 2004 Contract expires: 08/09/05 Site: 5284 Hawkeye 418 F5, Bulverde TX 78163 Manufacturer: Comal Concrete Products **COUNTY ENGINEER** Agency: Comal County Environmental Health Owner Phone: County: Comal Service Due: 12/09/04 Subdivision: Comal Trace Inspection Type: School de N/A Inoperative Operational Item 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: Test Method: BOD: TSS: Repairs made: Y DV Repairs and Comments: erry Watkins Date: 12-22-09 ID = 884

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

Site: 5284 Hawkeye 418 F5, 1	Bulverde TX 78163		Contract expires: 08/09/05	
Agency: Comal County Environmen		Manufacturer:	Comal Concrete Products	
County: Comal		Owner Phone:		
Subdivision: Comal Trace		Service Due:	04/22/05	
Inspection Type: schedule	d			
Item	Operational	Inoperative	N/A	
Aerator:		•		
Irrigation pump:				
Air compressor:		A		
Disinfection device:				
Chlorine supply:				
Spray field vegetation:				
Sprinkler / Drip backwash:				
Photocell Test:				
			all and the desired and the second a	
Fecal Coliform: Chlorine Residual: Test Method: BOD: TSS:	0.6 0.6			
Repairs made: Y				
Repairs and Comments:				
ANT-CHEVEN G	ate	•	4,	
Inspector. Jerry U	Jalkins	Date:	Area:	
POST	ED	CAXE	ID = 884	

APR 2 2 2006

RECEIVED

AUG 0 1 2005

COUNTY ENGINEER

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



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

To: Carolann Haroutunian

5284 Hawkeve

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

Maintenance Co.: Aerobic Services of South Texas

Agency: Comal County Environmental Health

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 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 onlying 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 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



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 warrantied 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

SERVICE PROVIDER

Signature

(22) 122

0 50

Blower/Panel Serial # 13563

Aerobic Services of South Texas Inc.

4222 FM 482

New Braunfels, Texas 78132

830-627-1785

P

License # WW0022425

RECEIVED

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



AUG 1 5 2005

COUNTY ENGINEER

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

3

To: Carolann Haroutunian 5284 Hawkeye Bulverde, TX 78163

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163

Agency: Comal County Environmental Health

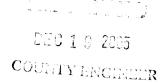
PermitNo:	82921
Brand:	Hoot
S/N:	13563
Inspections pe	r year:

Contract expires: 8/9/2006

Manufacturer: Comal Concrete Products

County: Comal	14.	Owner Pl		
Subdivision: Comal Trace Out	village work	Service Due: 8/21/2005		
Inspection Type:		· · · · · · · · · · · · · · · · · · ·		
Item	Operational	Inoperative	N/A	
Aerator:				
Irrigation pump:				
Air compressor:				
Disinfection device:				
Chlorine supply:				
Spray field vegetation:				
Sprinkler / Drip backwash:				
Photocell Test:			<u> </u>	
Test Results and observation Fecal Coliform: Chlorine Residual: Test Method: BOD: TSS:	(As Required)			
Repairs made: Y N				
Repairs and Comments:				
<i>9</i>				
Inspector: Wan 27	76	Date: <u>\$</u>	-9	





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

To: Carolann Haroutunian 5284 Hawkeve Bulverde, TX 78163

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163

Agency: Comal County Environmental Health

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

Contract expires: 8/9/2006

Manufacturer: Comal Concrete Products

County: Comal	Owner Phone:					
Subdivision: Oak Village North		Service	Service Due: 12/21/2005			
Inspection Type: Scheo	1/0					
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 observation	s: (As Required)					
Chlorine Residual:		<u> </u>				
Test Method:	6,0	6				
BOD:						
TSS:						
Access Ports Secured YES	NO					
Repairs made: YES NO						
Repairs and Comments:						
- Qe						
Inspector:	-2 3/L	Date: <u>/2</u>	-13-05			
•	/		Area: /			
	_			ID = 884		

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RECEIVED MAY 0 1 2006 COUNTY ENGINEER

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

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

To: Carolann Haroutunian 5284 Hawkeye Bulverde, TX 78163

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163

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

Contract expires: 8/9/2006

Agency: Comal County Environmental Health County: Comal Subdivision: Oak Village North		Manufacturer: Owner Phone: Service Due:		
Inspection Type: Sehed	uled		112112000	
Item Aerator: Irrigation pump: Air compressor: Disinfection device: Chlorine supply: Spray field vegetation: Sprinkler / Drip backwash:	Operational	Inoperative	N/A	
Photocell Test: Test Results and observations Chlorine Residual: Test Method: BOD: TSS: Access Ports Secured YES Repairs made: YES	S: (As Required) CRAB NO			
Repairs and Comments: 5451em OK				
Inspector: <u>Romes</u>	200 Ja	Date: 4:34.	Area: /	ID = 884

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APR 2 5 2006
BY:

MAILED APR 2 8 2006

JUL 3 1 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

General

JUL 2 5 2006

This Work for Hire Agreement (hereinafter referred **BYthis "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.

Payment for Services

JUL 3 1 2006

The Client will pay compensation to the Contractor for the Services in the amount of \$225.00 (Two Hundred Pwenty 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

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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 \$30 - 23 2 - 92 < 1

Phone #

Blower/Panel Serial # 13563

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

830-627-1785

gnature

License #'s WW0022425 & OS002497

8/3/2006 (830) 627-1785 Fax: (830) 629-9291

To: Carolann Haroutunian PermitNo: 82921 5284 Hawkeye Brand: Hoot Bulverde, TX 78163 S/N: 13563 Inspections per year: 3 Site: 5284 Hawkeye 418 F5, Bulverde TX 78163 Contract expires: 8/9/2007 Agency: Comal County Environmental Health Manufacturer: Comal Concrete Products County: Comal Owner Phone: Subdivision: Oak Village North Service Due: 8/24/2006 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) Chlorine Residual: Test Method: BOD: TSS: Access Ports Secured XES NO Repairs made: YES NO Repairs and Comments: system C Date: 9-6-6

SEP 0 7 2006

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RECEIVED JAN 0 8 2007 COUNTY ENGINEER

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

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

> > JAN 0 6 2006

To: Carolann Haroutunian 5284 Hawkeye Bulverde, TX 78163

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163

Agency: Comal County Environmental Health

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

Contract expires: 8/9/2007

Manufacturer: Comal Concrete Products

County: Comal	Owner Phone:				
Subdivision: Oak Village North		Service Due: 12/24/2006			
Inspection Type: Skelu	(sel				
Item	Operational	Inoperative	N/A		
Aerator:					
Irrigation pump:	-/				
Air compressor:			1		
Disinfection device:					
Chlorine supply:					
Spray field vegetation:					
Sprinkler / Drip backwash:					
Controls/ Electric Circuits		<u> </u>			
Test Results and observation	ns: (As Required)				
Chlorine Residual:	.19				
Test Method:	1.90				
BOD:					
TSS:					
Access Ports Secured VES	/ NO				
Repairs made: YES NO					
Repairs and Comments:					
Ð.					
*					
(2/1-2) •	Date: /	7-29-4		
Inspector:	12-	Date. <u>17</u>		Area: /	
				ID = 884	
				12.001	
	TO-lar				
	TOTA				

RECEIVED APR 3 0 2007 COUNTY ENGINEER

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

To: Carolann Haroutunian 5284 Hawkeye Bulverde, TX 78163

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163

Agency: Comal County Environmental Health

County: Comal

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

Contract expires: 8/9/2007 Manufacturer: Hoot Aerobic Systems Inc.

Owner Phone

Subdivision: Oak Village North			Service Due: 4/29/2007			
Inspection Type: Scheo	A /		Service Due. 4/29	/2007		
Item Aerator: Irrigation pump: Air compressor: Disinfection device: Chlorine supply: Spray field vegetation: Sprinkler / Drip backwash: Controls/ Electric Circuits	Operational	Inoperative	N/A			
Test Results and observations Chlorine Residual: Test Method: BOD: TSS: Access Ports Secured Repairs made: YES	598	/ <u>/</u>	2			
Repairs and Comments:			H		<u>।</u>	
Inspector: Tom Hampton	provi	Date:	4-26-07			

Area: /

ID = 884

RECEIVED APR 2 7 2007



RECEIVED AUG 1 3 2007 COUNTY ENGINEER

Date: 5/25/2007

Company Phone: (830) 627-1785

Fax: (830) 629-9291

Permit No: 82921

Start Date: 8/9/2007

Installed: 8/9/2002

Contract Period

Phone:

Site: 5284 Hawkeye 418 F5, Bulverde, TX 78163

County: Comal

Installer: Bulco Bexar

To: Carolann Haroutunian

5284 Hawkeye Bulverde, TX 78163

Agency: Comal County Environmental Health

Mfg: Hoot Aerobic Systems Inc.

PLEASE SIGN AND RETURN WITH PAYMENT.

THANK YOU

End Date: 8/9/2008 Aerobic Services of South Texas

3 inspections per year - one every 4 months

Recommended GPD: gallons per day

ROUTINE MAINTENANCE AND INSPECTION AGREEMENT

AUG 0 6 2007

General

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between the client name 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. 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.
- 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.

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ACCESS BY CONTRACTOR

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RECEIVED AUG 1 3 2007 COUNTY ENGINEER

Payment for Services

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HOME OWNER

Signature

830-237-925

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# OS002497

AUG 2 7 2007 COUNTY ENGINEER

Phone: (830) 627-1785 8/2/2007 Fax: (830) 629-9291 To: Carolann Haroutunian PermitNo: 82921 Brand/Mfg.: Hoot - Hoot Aerobic Systems In System S/N: 5284 Hawkeye Bulverde, TX 78163 Aerator S/N: 13563 Contract: 8/10/2006 - 8/9/2007 Site: 5284 Hawkeye 418 F5, Bulverde TX 78163 Inspections per year: 3 Agency: Comal County Environmental Health Phone: Service Due: 8/26/2007 County: Comal Cell: (830) 237-9251 Other: Subdivision: Oak Village North Work: Inspection Type: 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: Test Method: BOD: TSS: Access Ports Secured (YES / NO Repairs made: YES / Repairs and Comments:

Date: 8-23-07

Area: /

ID = 884

RECEIVED
AUG 2 4 2007
BY:_____.

Tom Hampton

MAILED

AUG 2 4 2007



12/3/2007

Phone: (830) 627-1785 Fax: (830) 629-9291

PermitNo: 82921 To: Carolann Haroutunian Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc 5284 Hawkeye System S/N: Bulverde, TX 78163 Aerator S/N: 13563 Contract: 8/10/2007 - 8/9/2008 Site: 5284 Hawkeye 418 F5, Bulverde TX 78163 Inspections per year: 3 Service Due: 12/23/2007 Agency: Comal County Environmental Health Phone: Cell: (830) 237-9251 Other: County: Comal Work: Subdivision: Oak Village North Inspection Type: Schedule Inoperative N/A Operational Item Aerator: Irrigation pump: Air compressor: Disinfection device: Chlorine supply: Spray field vegetation: Sprinkler / Drip backwash: Controls/ Electric Circuits Test Results and observations: (As Required) 08 Chlorine Residual: Test Method: BOD: TSS: Access Ports Secured YES NO Repairs made: YES /NO Repairs and Comments: DPD-08 PSI 114 Did treatment 609999 PUMPUS" Date: 12.31.7 Inspector: Tom Hampton

JAN 0 1 2008
BY:____

MAILED 1-4-08

Area: /



4/7/2008

Phone: (830) 627-1785 Fax: (830) 629-9291

To: Carolann Haroutunian 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

Cell: (830) 237-9251

Phone:

Work:

Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc System S/N:

Aerator S/N: 13563

PermitNo: 82921

Contract: 8/10/2007 - 8/9/2008

Inspections per year: 3 Service Due: 4/30/2008

Other:

Item	Operational	Inoperative	N/A
Aerator:			
Irrigation pump:			
Air compressor:			
Disinfection device:			
Chlorine supply:			-
Spray field vegetation:			-
Sprinkler / Drip backwash:			1
opinikici / Drip backwasii.			_

Test Results and observations: (As Required)

Chlorine Residual:

Test Method:

BOD:

Inspector

TSS:

Access Ports Secured YES NO Repairs made: YES NO

Repairs and Comments:

Controls/ Electric Circuits

Tom Hampton

Date: 5-2-8

Area: /

ID = 884

MAY 0 5 2008

MAILED 800S & 0 YAM



COUNTY ENGINEER

Phone: (830) 627-1785

Fax: (830) 629-9291

Permit No: 82921 Installed: 8/9/2002

Warranty Expired: 8/9/2005

Contract Period

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

Aerobic Services of South Texas

3 inspections per year - one every 4 months

gallons per day Map Key:

Date: 5/27/2008

To: Carolann Haroutunian 5284 Hawkeye Bulverde, TX 78163

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

ROUTINE MAINTENANCE AND INSPECTION AGREEMENT RENEWAL CONTRACT

MAILED

JUL 2 5 2008

General

EIVED JUL 2 2 2008

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. 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.

JUL 2 8 2008

Payment for Services

COUNTY ENGINEER

The Client will pay compensation to the Contractor for the Services in the amount of \$245.00 (Two Hundered 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

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

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Entire Agreement

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Severability

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HOME OWNER

SERVICE PROVIDER

Signature

Phone #

Blower/Panel Serial # 13563

Aerobic Services of South Texas Inc. 1528 E. Commom St. Suite 10

New Braunfels, Texas 78130

Signature

830-627-1785

Tom Hampton

License# OS002497

MAILED

SEP 0.5 2008

COUNTY ENGINEER



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:

Cell: (830) 237-9251

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

Installed: 8/9/2002

Work:

Phone:

	2	111514111111111111111111111111111111111	
Inspection Type:	cliebel		
Item	Operational	Inoperative	N/A
Aerator:			
Irrigation pump:			
Air compressor:	1		

Disinfection device: Chlorine supply:

Spray field vegetation: Sprinkler / Drip backwash: Controls/ Electric Circuits

Test Results and observations: (As Required)

Chlorine Residual:

Test Method:

BOD:

TSS:

Access Ports Secured VE3 / NO

Repairs made: YES NO

Repairs and Comments:

Inspector: Tom Hampton OS24597

Date: 948

Area: /

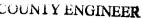
GPS: /

MAILED

JAN 2 3 2009



FEB 0 2 2009





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: 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:

Test Method:

BOD:

TSS: Access Ports Secured

Repairs made: YES

Repairs and Comments:

Inspector:

Tom Hampton OS24597

Date:

Area: / 418 F8

GPS: /

4PR 1 5 2009

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

Inspector:

Tom Hampton OS24597

MAILEDAPR 1 0 2009



3/30/2009

Phone: (830) 627-1785

COUNTY ENGINEE!

Fax: (830) 629-9291 www.aerobicservices.com To: Carolann Haroutunian PermitNo: 82921 Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc System S/N: 13563 5284 Hawkeye Bulverde, TX 78163 Aerator S/N: 13563 Contract: 8/10/2008 - 8/9/2009 Site: 5284 Hawkeye. 418 F5, Bulverde TX 78163 Inspections per year: 3 Agency: Comal County Environmental Health Phone: Service Due: 4/10/2009 County: Comal Instaled: 8/9/2002 Cell: (830) 237-9251 Other: Subdivision: Oak Village North Work: Inspection Type: School wed Operational Inoperative N/A Item Aerator: Irrigation pump: Air compressor: Disinfection device: Chlorine supply: Spray field vegetation: Sprinkler / Drip backwash: Controls/ Electric Circuits Test Results and observations: (As Required) .06 SPD Chlorine Residual: Test Method: BOD: TSS: Access Ports Secured VES NO Repairs made: YES /NO Repairs and Comments:

Area: / 418 F5

GPS: /

Date: 4-6.4

12: 1 : 7

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

MAILED

JUL 1 0 2009

COUNTY ENGINEER



Phone: (830) 627-1785 Fax: (830) 629-9291

www.aerobicservices.com

Permit No: 82921 Installed: 8/9/2002

Warranty Expired: 8/9/2005

Contract Period

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

Aerobic Services of South Texas

3 inspections per year - one every 4 months

gallons per day Map Key: 418 F5

To: Carolann Haroutunian

5284 Hawkeve

Bulverde, TX 78163

Phone:

Date: 5/27/2009

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.

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:

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ACCESS BY CONTRACTOR

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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

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Dispute Resolution

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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

832-237-9251 Phone#

Blower/Panel Serial # [3 563

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

MAILED

AUG 28 2009



SEP 03 2009







8/7/2009

Phone: (830) 627-1785 Fax: (830) 629-9291

www.aerobicservices.com

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

To: Carolann Haroutunian

Bulverde, TX 78163

5284 Hawkeye

Instaled: 8/9/2002

Phone: Cell: (830) 237-9251

Work:

Subdivision: Oak Village North 2 hotel

> Tom Hampton OS24597

Inspection Type:	MIKE!				
Item	Operational	Inoperative	N/A		
Aerator:	_1_	•			
Irrigation pump:					
Air compressor:					
Disinfection device:					
Chlorine supply:					
Spray field vegetation:					
Sprinkler / Drip backwash:					
Controls/ Electric Circuits					
Test Results and observations	s: (As Required)				
Chlorine Residual:					
Test Method:	OPD				
BOD:					
TSS:					
Access Ports Secured (E)	NO				
Repairs made: YES (NO)					
Repairs and Comments:	Check 1	Kilve			
PLOTOS H 14	[neck]	KIVE			
Inspector		Sate: _ 8	2507	,	

Area: / 418 F5

GPS: /

Area/Seq: /





MAILED

JAN 1 5 2010

1/8/2010 www.aerobicservices.com (830) 627-1785 Fax: (830) 629-9291 Carolann Haroutunian Permit: 82921 Installed: 8/9/2002 5284 Hawkeye ID: 884 Cell Phone: (830) 237-9251 Inspections per year: 3 GPD: Bulverde, TX 78163 Home: Commercial: Appointment? Work: Other: (830) 237-8247 Site: 5284 Hawkeye 418 F5 Bulverde, TX 78163 Mfg: Hoot Aerobic Systems Inc. Agency: Comal County Environmental Health Brand: Hoot County: Comal S/N: 13563 Subdivision: Oak Village North S/N: 13563 Service Due: 12/9/2009 Contract expires: 8/9/2010 Warranty Expired: 8/9/2005 Inspection Type: Schedu RECEIVED Item Operational Inoperative N/A Aerator: JAN 2 0 2010 Irrigation pump: Air compressor: **COUNTY ENGINEER** Disinfection device: Chlorine supply: Spray field vegetation: Sprinkler / Drip backwash: Controls/ Electric Circuits Test Results and observations: (As Required) Chlorine Residual: Test Method: BOD: TSS: Access Ports Secured XES/NO Repairs made: YES (NO Repairs and Comments: Date: 8//67/10 Inspector: Tom Hampton OS24597

GPS: /

MAILED

APR 23 2010

RECEIVED



Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc

APR 26 2010

COUNTY ENGINEER

4/13/2010

PermitNo: 82921

System S/N: 13563 Aerator S/N: 13563 Phone: (830) 627-1785

Fax: (830) 629-9291

www.aerobicservices.com

To: Carolann Haroutunian

5284 Hawkeye

Bulverde, TX 78163

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163

Agency: Comal County Environmental Health

County: Comal

Inspector:

Tom Hampton OS24597

Subdivision: Oak Village North

Instaled: 8/9/2002

Phone: Cell: (830) 237-9251 Contract: 8/10/2009 - 8/9/2010 Inspections per year: 3

Service Due: 4/9/2010 Other: (830) 237-8247

Work:

Inspection Type: Schedule

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 observation	s: (As Required)		•	
Chlorine Residual:	3. (13 Regulica)			
Test Method:	500			
BOD:	76D			
TSS:	110			
Access Ports Secured YES	NO			
Repairs made: YES / NO				
Repairs and Comments:				
<u> </u>				
The state of the s				
Inspector:		Date: 4	-16- 10	

Area: / 418 F5

GPS: /

RECEIVED

JUL 2 6 2010

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

MAILED

JUL 2 3 2010

Date: 5/26/2010

To: Carolann Haroutunian

Bulverde, TX 78163

5284 Hawkeye

Phone: (830) 627-1785 Fax: (830) 629-9291

www.aerobicservices.com

Aerobic Services COUNTY ENGINEER

Permit No: 82921

Installed: 8/9/2002 Warranty Expired: 8/9/2005

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.

Contract Period

Start Date: 8/9/2010 End Date: 8/9/2011

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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RECEIVED

Payment for Services JUL 2 6 2010

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HOME OWNER

Signature

830-237-9251

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

MAILED

SEP 1 0 2010

RECEIVED

SEP 1 3 2010



Aerobic Services

8/20/2010

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: 8/10/2010 - 8/9/2011

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

Agency: Comal County Environmental Health

County: Comal

Subdivision: Oak Village North

OS24597

Instaled: 8/9/2002

Phone:

Cell: (830) 237-9251

Inspection Type:

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163

Item	Operational	Inoperative	N/A	
Aerator:	_			
Irrigation pump:				
Air compressor:				
Disinfection device:				
Chlorine supply:				
Spray field vegetation:				
Sprinkler / Drip backwash:			projekt.	
Controls/ Electric Circuits				
Test Results and observations	s: (As Required)			Sudge Levels
Chlorine Residual:	.09			Aeration //
Test Method:	ORD			Clarifier 2.7
BOD:				Pump 911
TSS:		- 11 - 1		
Access Ports Secured YES/	NO			
Repairs made: YES (NO)	110			
125 (15)				
Repairs and Comments:				
2_				
			2	
Inspector:		Date: 9	2.10	
Tom Hampton			· · · · · · · · · · · · · · · · · · ·	_

Area: / 418 F5

GPS: /

RECEIVED

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

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163



DEC 2 0 2010

COUNTY ENGINEER

DEC 17 700

12/6/2010

Phone: (830) 964-2365

Fax: (830) 964-2659

www.aerobicservices.com

To: Carolann Haroutunian 5284 Hawkeye Bulverde, TX 78163 Chilebel

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: 12/9/2010

Other: (830) 237-8247

County: Comal Subdivision: Oak Village North

Agency: Comal County Environmental Health

Instaled: 8/9/2002

Cell: (830) 237-9251

Phone:

Subdivision: Oak Village North	1.0		Work:	
Inspection Type:ehe	dulid_			
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)			Sludge Levels
Chlorine Residual:	D.	36		Aeration 6
Test Method:	Ono			Clarifier /
BOD:				Pump 6"
TSS:				
Access Ports Secured XES/	VO			
Repairs made: YES (NO)	, ,			
Repairs made. 125 Tho				
Repairs and Comments:				

Date:

nspector: Forn Hampton OS24597

Area: / 418 F5

GPS: /

RECEIVED

APR 1 8 2011



COUNTY ENGINEER

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

Site: 5284 Hawkeye 418 F5, Bulverde TX 78163

To: New Owner

5284 Hawkeye Sulverde, TX 78163 MAILED

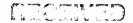
APR 15 2011

Fax: (830) 964-265	0
1 111 (020) 50 7 200	"
www.aerobicservices.co	m
PermitNo: 82921	
Brand/Mfg.: Hoot - Hoot Aerobic Systems In	ιĊ
System S/N: 13563 Aerator S/N: 13563	
Contract: 8/10/2010 - 8/9/201	Ì
Inspections per year: 3	
Service Due: 4/9/2011	
Other:	
4	
Sludge Levels 3	
Aeration 3	
Clarifier 3,	
Pump	

ID = 884

Agency: Comal County Environmental Health County: Comal Subdivision: Oak Village North	Instaled: 8/9/2002	Phone: Cell: Work:	Service Due: 4/9/2011 Other:
Inspection Type: Schol M	NI		
Item Operation	onal Inoperative	N/A	
Aerator:			
Irrigation pump:	-		
Air compressor:			
Air compressor: Disinfection device:			
Chlorine supply:			
Spray field vegetation:			
Sprinkler / Drip backwash:		(80)	
Controls/ Electric Circuits			
Fest Results and observations: (As Req Chlorine Residual: Fest Method: BOD: FSS: Access Ports Secured Repairs made: YES NO Repairs and Comments:	uired) O · 3B SPO		Sludge Levels Aeration Clarifier 7 Pump 7
nspector: Tom Hampton OS24597	Date:	17/11	

Area: / 418 F5 GPS: /





Phone: (830) 964-2365 Fax: (830) 964-2659

www.aerobicservices.com

Permit No 82921

Installed: 8/9/2002 Warranty Expired. 8/9/2005

Date: 5/23/2011

5284 Hawkeye

To: New Owner Bulverde, TX 78163

Phone:

Subdivision: Oak Village North

indital.

AUG 0 5 201

Site: 5284 Hawkeye 418 F5, Bulverde, TX 78163

County. Comal installer: Bulco Bexar

Agency: Comal County Environmental Health

Mfg: Hoot Aerobic Systems Inc.

Contract Period Start Date: 8/9/2011

End Date: 8/9/2012

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



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

Cignotura

2104215172

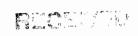
SERVICE PROVIDER

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

Signature

Tom Hampton

License# OS0024597 / MP 349





SEP 1 9 2011

COUNTY ENGINEER

MAKLED

SEP 16 2011

8/9/2011

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

Phone: (210) 421-5172

Service Due: 8/9/2011

Other:

Site: 5284 Hawkeve 418 F5, Bulverde TX 78163

Agency: Comal County Environmental Health

County: Comal

Subdivision: Oak Village North

Instaled: 8/9/2002

Cell:

Work:

Inspection Type: 5

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

Test Results and observations:	(As Required)
71.1 ' D ! J }.	

Chlorine Residual: Test Method:

30D: ΓSS:

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

Sludge Levels

Aeration Clarifier

Pump

tepairs and Comments:

spector:

Date:

Tom Hampton OS24597

Area: / 418 F5

GPS: /







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

DEC 2 7 2011

RECEIVED

COUNTY ENGINEER

11/29/2011

PermitNo: 82921

System S/N: 13563

Aerator S/N: 13563

Phone: (830) 964-2365

Fax: (830) 964-2659

www.aerobicservices.com

To: Kellie Tinoco 5284 Hawkeye Bulverde, TX 78163

Site: 5284 Hawkeye, Bulverde TX 78163

Agency: Comai County Environmental Health

nspector:

INSPECTION.

Tom Hampton MP349/OS24597

MAKE SURE TO TIGHTEN CHECK VALVE. DO A TREATMENT EVERY

Phone: (210) 421-5172

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

Inspections per year: 3

Service Due: 12/9/2011

County: Comal	Installed: 8/9/2002	Cell:	Other:
Subdivision: Oak Village North		Work:	
Inspection Type: Schooles			
ltem Operat	ional Inoperative	N/A	
Aerator:	. —		
Irrigation pump:			
Air compressor:	<u> </u>		
Disinfection device:	<u> </u>		
Chlorine supply:			
Spray field vegetation:	<u> </u>		
Irrigation pump: Air compressor: Disinfection device: Chlorine supply: Spray field vegetation: Sprinkler / Drip backwash:			
Controls/ Electric Circuits	<u></u>		
			.,
Test Results and observations: (As R	equired)		Sludge Levels
Chlorine Residual:	000		Aeration
Test Method:	1200		Clarifier <u>2</u>
BOD:			Pump
rss:			·
Access Ports Secured YES / NO			
Repairs made: YES (NO)			
topalis made: 145			
Repairs and Comments:			
		_	
DC			

Date: 12/21/(/

GPS:

Area: / 418 F5

ID = 884

5284 Hawkeye, Bulverde





3/27/2012

Phone: (830) 964-2365

Fax: (830) 964-2659

www.aerobicservices.com

To:	Kellie Tind	СО	
	5284 Hawl	(eye	9
	Bulverde,	ΤX	78163

EVERY INSPECTION.

PermitNo: 82921

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

System S/N: 13563 Aerator S/N: 13563

·			Aerator	S/N: 13563
Site: 5284 Hawkeye		163	Phone: (210) 42	Contract: 8/10/2011 - 8/9/2012 Inspections per year: 3 1-5172 Service Due: 4/9/2012
County: Comal		Installed: 8/9/2002	Cell:	Other:
Subdivision: Oak Village North			Work:	3
Inspection Type: Sch	edu/e			
Item	Operational	Inoperative	N/A	RECEIVED
Aerator:				ADD a A core
Irrigation pump:				APR 3 0 2012
Air compressor: Disinfection device:	<u></u>			COUNTY ENGINEER
Chlorine supply:				
Spray field vegetation:				
Sprinkler / Drip backwash:				
Controls/ Electric Circuits				
Test Results and observation	ns: (As Required	7015		ge Levels ation
Test Method:		PN	Clar	7
BOD:			Pump	
TSS:				
Access Ports Secured (YES)	NO			
Repairs made: YES NO				
Repairs and Comments:				
TM				
	7	A CONTRACTOR OF THE CONTRACTOR	1/28/12	
Inspector:		Date:	1/23/12	
Tom Hampton VP				
MP349/OS24597				

MAKE SURE TO TIGHTEN CHECK VALVE. DO A TREATMENT Area: / 418 F5

5284 Hawkeye, Bulverde

ID = 884

GPS: