

# OSSF PERMIT INFORMATION SHEET

Date of Permit Application	Permit Number	Date of Permit Approval	Date of Flood Plain Approval
9/30/02	83580	9-26-02	N/A Barwede (Pa)

LOCATION Oak Village North US, L-4465 Beaches  
 SYSTEM TYPE/DESCRIPTION: 5408 Meadow Lark Or.

**INFORMATION FROM PRELIMINARY INSPECTION**

DATE OF PRELIMINARY INSPECTION: \_\_\_\_\_  
 DESIGN MEETS TNRCC REQUIREMENTS:  \_\_\_\_\_  
 AFFIDAVIT RECEIVED: 9-3-02

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

1. Remodel of septic only -
2. No building construction
3. Building Permit not required.
4. \_\_\_\_\_
5. (1) Need SE certified site
6. + soil evaluation
7. mt-5/31/19 - nobody home. left card.
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**INSTALLATION INSPECTION INFORMATION:**

INSPECTED BY: \_\_\_\_\_

DATE OF S-1: 10-3-02 NOTES/RESULTS: Tank set

DATE OF S-2: 10-8-02 NOTES/RESULTS: Operational, covered, complete  
6/10/19 - old tank remove - tight line Replaced.

DATE OF S-3: \_\_\_\_\_ NOTES/RESULTS: \_\_\_\_\_  
 DATE OF FINAL INSPECTION: \_\_\_\_\_ (SYSTEM COMPLETE)

INSTALLER: Carl Foltz TANK: (SIZE & NAME) \_\_\_\_\_

SQ. FT. ABSORPTION/APPLICATION AREA

SERVICE AGREEMENT RECEIVED: \_\_\_\_\_ (START DATE)  
 DATE ENTERED IN SUMMARY SHEET: \_\_\_\_\_  
 DATE ENTERED IN (CASST) AEROBIC DATABASE: \_\_\_\_\_

# OSSF PERMIT INFORMATION SHEET

Date of Permit Application	Permit Number	Date of Permit Approval	Date of Flood Plain Approval
9/30/02	83580	9-26-02	N/A Barwede / Pen

LOCATION Oak Village North US, L-465 .Gleches

SYSTEM TYPE/DESCRIPTION: 5408 Meadow Lark Ok.

**INFORMATION FROM PRELIMINARY INSPECTION**

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 DESIGN MEETS TNRCC REQUIREMENTS:  \_\_\_\_\_  
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7. mt- 5/31/19 - wobody home. left card.
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

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\_\_\_\_\_ SQ. FT. ABSORPTION/APPLICATION AREA

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DATE ENTERED IN SUMMARY SHEET: \_\_\_\_\_

DATE ENTERED IN (CASST) AEROBIC DATABASE: \_\_\_\_\_

Permit #83580  
moved sprinklers

Hoyt Accident



5-22-19

Old tank to be pumped, crushed, and filled in

The Hoot H500 Night Pump AN will work properly without 3 to 4% in drain field area

150' the Septic Tank

Maria Mann  
Unit 3 Lot 465  
Oak Village North  
5408 Meadowlark I

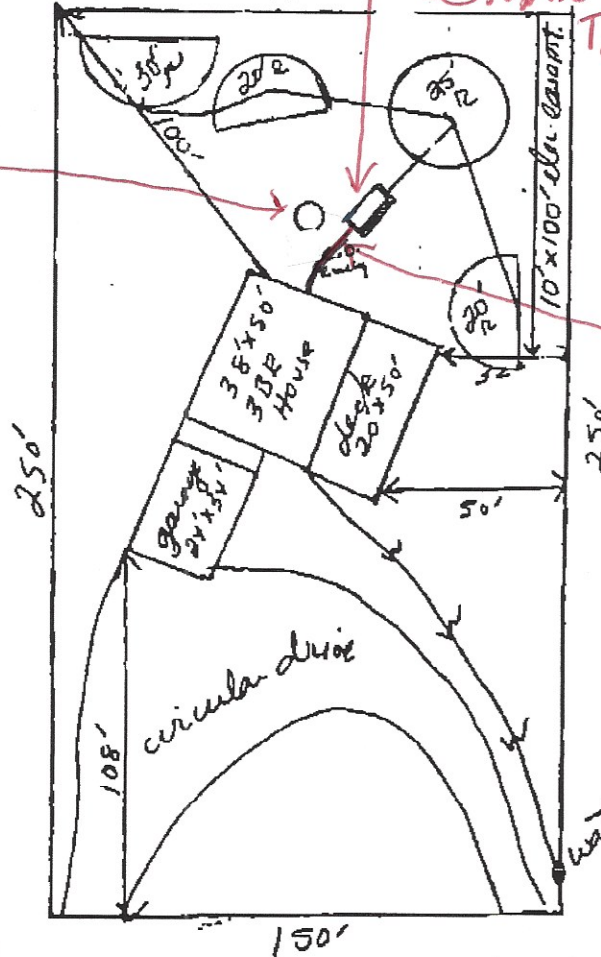
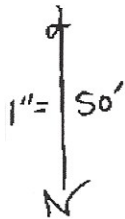
Permit #83580



$$\frac{3BR = 240 \text{ gpd}}{.064} = 3750$$

New tight line Sch 40 PVC

well on property over 100' away



water meter

$$\begin{aligned} 2 \frac{1}{2} \text{ R } 20' &= 1256 \\ 1 \text{ R } 25' &= 1962.5 \\ 1 \frac{1}{2} \text{ R } 30' &= 1413 \\ \hline &4631.5 \end{aligned}$$

← Meadow Lark Drive →



Revised 10/4/02

Revised "as is" 10/4/02

no other wells nearby except 2 mentioned

well across street over 100' away

## Ritzen, Brenda

---

**From:** Ritzen, Brenda  
**Sent:** Wednesday, May 22, 2019 9:54 AM  
**To:** 'hoyt@gvvc.com'; 'Carl'  
**Cc:** Hernandez, Sandra; 'Keith,eismann@yahoo.com'  
**Subject:** RE: 83580.pdf

Hoyt,

If the sewer pipe to and from the old tank will be abandoned, please remove it from the design.

Thank you,

Brenda Ritzen, OS0007722  
Environmental Health Coordinator  
Comal County Engineers Office  
195 David Jonas Drive  
New Braunfels, Texas 78132  
830-608-2090  
[www.cceo.org](http://www.cceo.org)

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**From:** hoyt@gvvc.com <hoyt@gvvc.com>  
**Sent:** Wednesday, May 22, 2019 9:49 AM  
**To:** 'Carl' <carleoff@yahoo.com>; Ritzen, Brenda <rabbjr@co.comal.tx.us>  
**Cc:** Hernandez, Sandra <rabsah@co.comal.tx.us>; 'Keith,eismann@yahoo.com' <keith.eismann@yahoo.com>  
**Subject:** RE: 83580.pdf

Here is the singed site map with the statements as per the email from Carl Eoff.

Let me know if you need anything else.

Thanks,

Hoyt Seidensticker

**REVISED**

9:50 am, May 22, 2019

Permit #83580  
moved sprinklers  
Hoyt Accident

**VOID**

Maria Mann  
Unit 3 Lot 465  
Oak Village North  
5408 Meadowlark I

Permit #83580



5-22-19

Old tank to be pumped, crushed, and filled in

The Hoot H500 Night Pump AN will work properly without 3 to 4% in drain field area

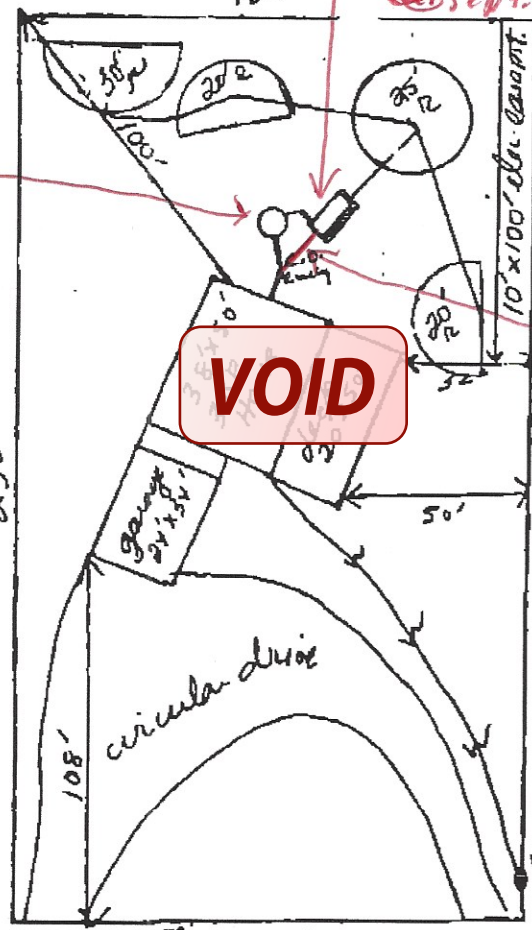
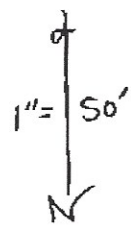
150' the Septic Tank

REVISED

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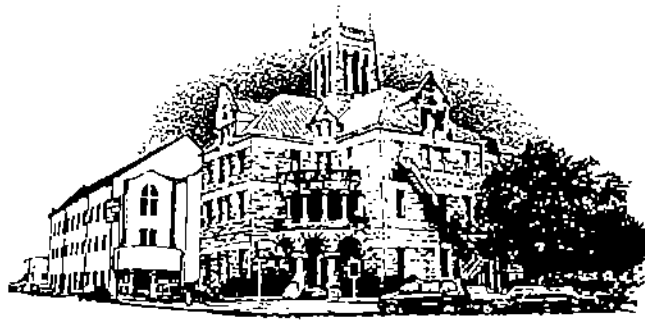


Revised "as is" 10/4/02

← Meadow Lark Drive →

no other wells nearby except 2 mentioned

well across street over 100' away



**Comal County**  
OFFICE OF COMAL COUNTY ENGINEER

**License to Operate**  
**On-site Sewage Treatment and Disposal Facility**

Date Issued: 10/8/2002

Permit Number: 83580

Location Description: 5408 Meadow Lark Drive, Bulverde, TX 78163  
Lot 465, Oak Village North, Unit 3 Subdivision

Type of System: Aerobic Treatment with Surface Irrigation Discharge

License issued to: Susan Tullos


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.

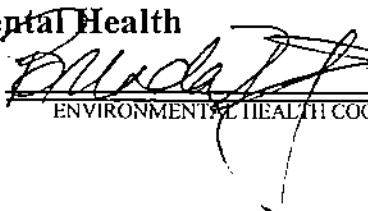
The license grants permission to operate the facility. It does not guarantee successful operation. It is the responsibility of the owner to maintain and operate the facility in a satisfactory manner.

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**  
**OS8083**  
ENVIRONMENTAL HEALTH INSPECTOR

  
**OS7722**  
ENVIRONMENTAL HEALTH COORDINATOR

# System Profile

Printed: Tuesday, February 10, 2004

## System is installed at:

5408 Meadow Lark Drive  
Bulverde, TX 78163  
Comal County

Permit Number: 83580  
System Name: Primary  
Brand Name:  
Model:  
Serial Number:

---

## Owner Information:

Susan, Tullos  
5408 Meadow Lark Dr.  
Bulverde, TX 78163  
Home Phone: (830)980-4868

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The original contract for installation was written on .  
This system was installed by: Bill Harden.  
The installation date was 10/8/2002.  
This system is to be inspected every 4 months.  
The most recent inspection for this system occurred on 10/17/2003.  
The next scheduled inspection for this system is due on 2/3/2004.

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## Permitting Agency:

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

## Installation Company Info:

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

## Maintenance Company Info:

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

## Most Recent Visits and Results

Date Comp.	Visit Type	Description of Repairs
10/17/2003	Sched. Insp.	
6/13/2003	Sched. Insp.	

## Property Notes:

S1- 10/03/02, S2-10/08/02

## System Notes:

83580



# TREATMENT SYSTEM INITIAL SERVICE POLICY

RECEIVED  
OCT 11 2002  
COUNTY ENGINEER

This Service Policy ("Agreement") entered into this    day of   , by and between    ("Home Owner") and    ("Service Provider")

Service Provider agrees to operate and maintain the Hoot Aerobic System located at   , (legal description only) Permit #   , for the period of two (2) years beginning    and ending   , pursuant to the terms below:

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

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

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

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

### HOME OWNER

### SERVICE PROVIDER

Name   

Address   

City   

Phone   

Signature of Home Owner Marie L Mann

Name of Service Company Representative   

Address   

City   

Phone   

Signature of Service Provider and License #   

THIS BOX MUST BE COMPLETED BY THE SERVICE PROVIDER

HOOT Model #    Blower/Panel Serial #    HOOT Mold #



# OSSF PERMIT INFORMATION SHEET

Date of Permit Application	Permit Number	Date of Permit Approval	Date of Flood Plain Approval
9/30/02	83580	9-26-02	N/A Berwede/Remode

LOCATION Oak Village North US, L-465 gleaves

SYSTEM TYPE/DESCRIPTION: \_\_\_\_\_

**INFORMATION FROM PRELIMINARY INSPECTION**

DATE OF PRELIMINARY INSPECTION: \_\_\_\_\_

DESIGN MEETS TNRCC REQUIREMENTS:

AFFIDAVIT RECEIVED: 9-3-02

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

1. Remodel of septic, only -
2. No building construction
3. Building permit not required.
4. \_\_\_\_\_
5. (1) Need SE certified site
6. + soil evaluator
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**INSTALLATION INSPECTION INFORMATION:**

INSPECTED BY: \_\_\_\_\_

DATE OF S-1: 10-3-02 NOTES/RESULTS: Tank set

DATE OF S-2: 10-8-02 NOTES/RESULTS: Operational, covered, complete

DATE OF S-3: \_\_\_\_\_ NOTES/RESULTS: \_\_\_\_\_

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INSTALLER: \_\_\_\_\_ TANK: (SIZE & NAME) \_\_\_\_\_

\_\_\_\_\_ SQ. FT. ABSORPTION/APPLICATION AREA

SERVICE AGREEMENT RECEIVED: \_\_\_\_\_ (START DATE)

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DATE ENTERED IN (CASST) AEROBIC DATABASE: \_\_\_\_\_



# 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: 83580

Issued this date: September 26, 2002

This Permit is hereby given to: Joe & Marie Mann

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

5408 Meadow Lark Drive, Bulverde, TX 78163  
Lot 465, Oak Village North, Unit 3 Subdivision

APPROVED MINIMUM 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.**

11c

RECEIVED

SEP 03 2002

THE COUNTY OF COMAL  
STATE OF TEXAS

COUNTY ENGINEER

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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 certain types of OSSFs are located on specific pieces of property. To achieve this notice, the TNRCC requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TNRCC of the suitability of this OSSF, nor does it constitute any guarantee by the TNRCC that the appropriate OSSF was installed.

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code §285.91(12) will be installed on the property described as (legal description as shown on recorded warranty deed):

Unit III Lot 465  
Oak Village North  
5408 Meadow Jack  
Comal County TEXAS.

The property is owned by (owner's full name as shown on recorded warranty deed):  
MARIE L. MANN

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

The owner will, upon sale or transfer of the above described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the Comal County Engineer's Office.

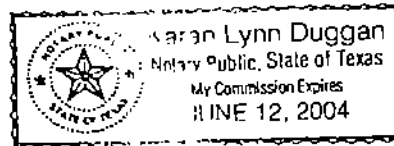
WITNES BY HAND(S) ON THIS 19<sup>th</sup> DAY OF August, 2002

Marie L Mann TX DL. 03241254  
Owner(s) signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 20 DAY OF August, 2002

Karan Duggan  
Notary Public, State of Texas

Notary's Printed Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



Doc# 200206029271  
# Pages 1  
8/3/2002 10:08:07 AM  
Filed & Recorded in  
Official Records of  
COMAL COUNTY  
JOY STREATER  
COUNTY CLERK  
Fees \$9.00

STATE OF TEXAS  
COUNTY OF COMAL

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



Joy Streater  
COUNTY CLERK

Doc# 200206029271

Marie Mann  
Unit 3 Lot 465  
Oak Village North  
5408 Meadowlark

83589 RECEIVED  
SEP 03 2002  
COUNTY ENGINEER

AEROBIC UNIT HOOT SYSTEM #500 NIGHT PUMP AN  
SPRINKLER K-RAIN, K-2 PROFESSIONAL SERIES. 5" RISER. POP-UP HEIGHT  
3/4" THREADED INLET, LOW ANGLE NOZZLE 12°  
PUMP BLASTER FILTERED EFFLUENT PUMP WITH FRANKLIN  
MOTOR. FIELD SERVICABLE. 1 1/4" DISCHARGE  
CONNECTION #12EB 05  
TIMER PROGRAMMED TO SPRAY ONLY BETWEEN 12 MIDNIGHT AND 5 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" 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

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

CALCULATIONS

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

$$A = \pi r^2$$

$$A = 3.14 (20)^2$$

$$A = 1256 \# \times 3 = 3768$$

MINIMUM REQUIREMENTS 3 SPRINKLERS

# On-Site Sewerage Facility Soil Evaluation Report Information

marie merritt  
P# 83580

Date Soil Survey Performed: 8/1

Site Location: 5408 Meadow Lark Dr Unit 3 Lot 455 Oak Village North

County: Comal Proposed Excavation Depth: \_\_\_\_\_

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

REVISED

### Requirements:

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

Ferguson  
p 418  
Soil #86  
area where  
B-B  
adjacent to  
S-D  
RECEIVED  
SEP 26 2002  
ENVIRONMENTAL HEALTH

Soil Boring Number 1

Depth (Feet)	Texture Class	Soil Texture	For Class III % gravel	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations % slope
0	IV	brn clay				4%
1	IV	foam				Original system requires dynamic extra soil substitution or aerobic
2		with large surface boulders				
3						
4	IV	light reddish brown fracture limestone				
5						

Soil Boring Number 2

Depth (Feet)	Texture Class	Soil Texture	For Class III % gravel	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations % slope
0						suitable for aerobic spray Peyton 094089 9/26/2002
1		same				
2						
3						
4						
5						

### Features of Site Area

Presence of Recharge Features: Yes  No   
 Presence of 100 year flood zone: Yes  No  Flood Zone C  
 Presence of adjacent ponds, streams, water impoundments: Yes  No   
 Existing or proposed water well in nearby area: Yes  No   
 Organized drainage service available for lot or tract: Yes  No   
 Site Evaluator: Virginia Carter, RS License No: 3233

\* if gravel is over 30% with 2mm sieve use 5mm sieve to determine % (must be 6.75mm sieve)

Permit #83580  
moved sprinklers

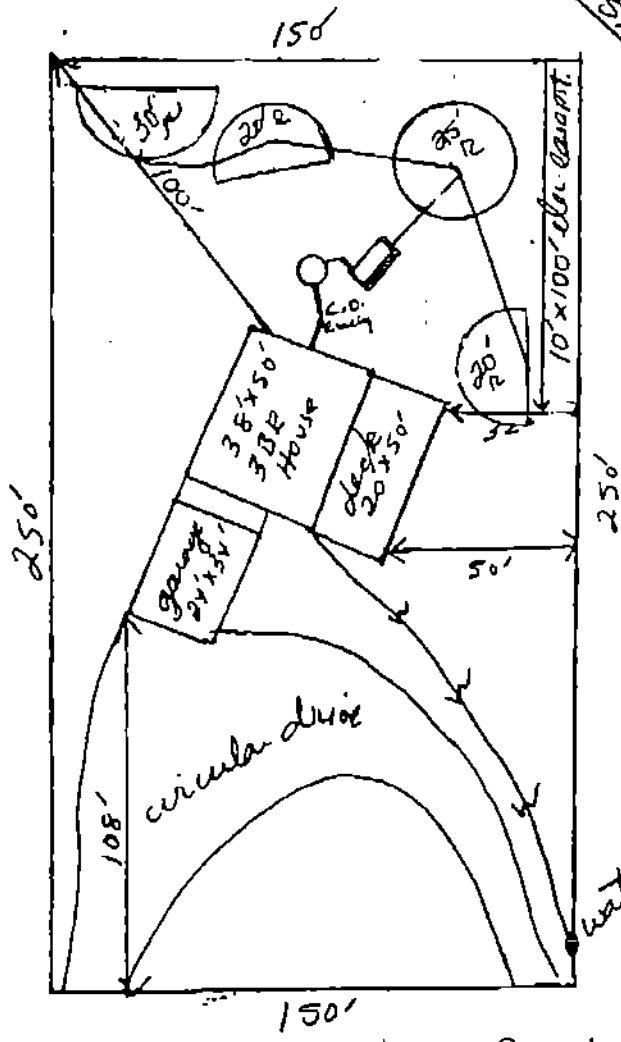
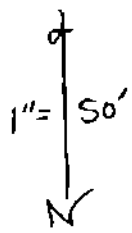
Maria Mann  
Unit 3 Lot 465  
Oak Village North  
5408 Meadowlark I  
P#83580

3 to 4% in drain field area

REVISED

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well on prop. over 100' away



water meter

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Revised  
"as is"  
10/4/02

← Meadow Lark Drive →

no other wells nearby except 2 mentioned

well across street over 100' away

Bill's copy

83580

Marié Mann  
Unit 3 Lot 465  
Oak Village North  
5408 Meadowlark L

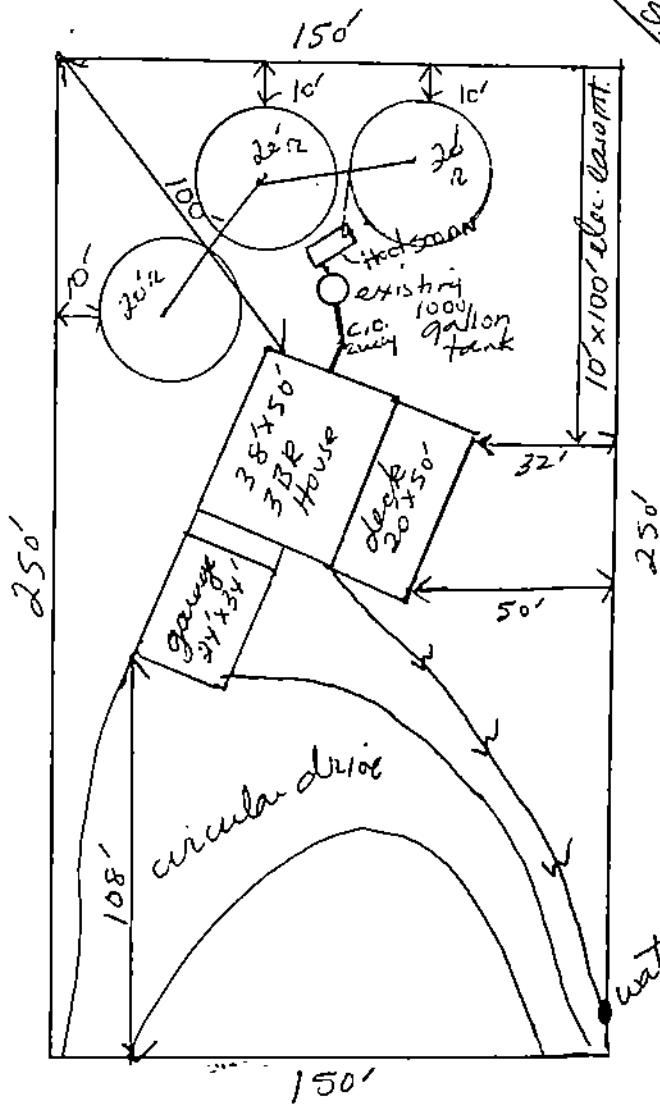
RECEIVED

SEP 03 2002

COUNTY ENGINEER

VOID

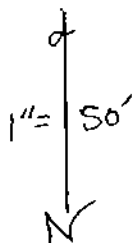
3 to 4% in drain field area  
slope



$3BR = \frac{240 \text{ gpd}}{.064}$   
 $= 3750 \text{ #}$   
 3 sprinkler 20'2'  
 $1256 \text{ #} \times 3 = 3768 \text{ #}$

well on property over 100' away

VOID



← Meadow Lark Drive →

no other wells nearby except 2 mentioned

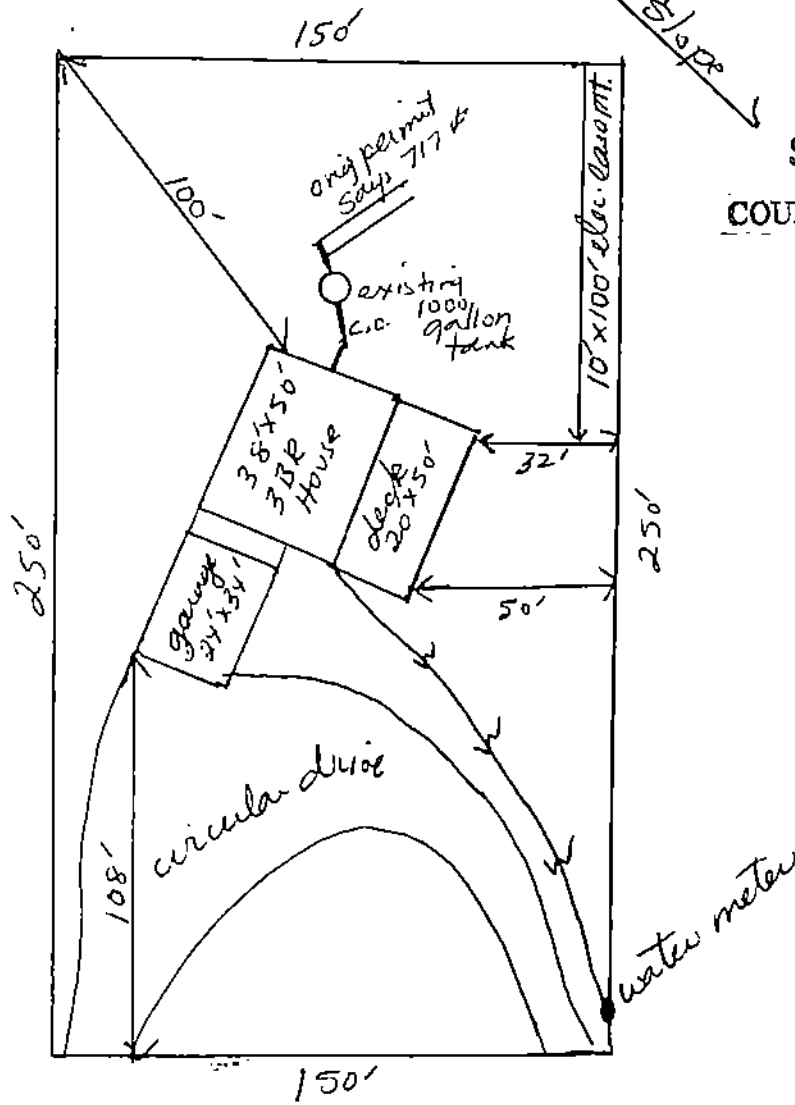
well across street  
over 100' away

"As is"

Marie Mann  
Unit 3 Lot 465  
Oak Village North  
5408 Meadowlark I

3 to 4% in drain field area  
83580  
RECEIVED  
SEP 03 2002  
COUNTY ENGINEER

1" = 50'  
N



well on this property over 100' away

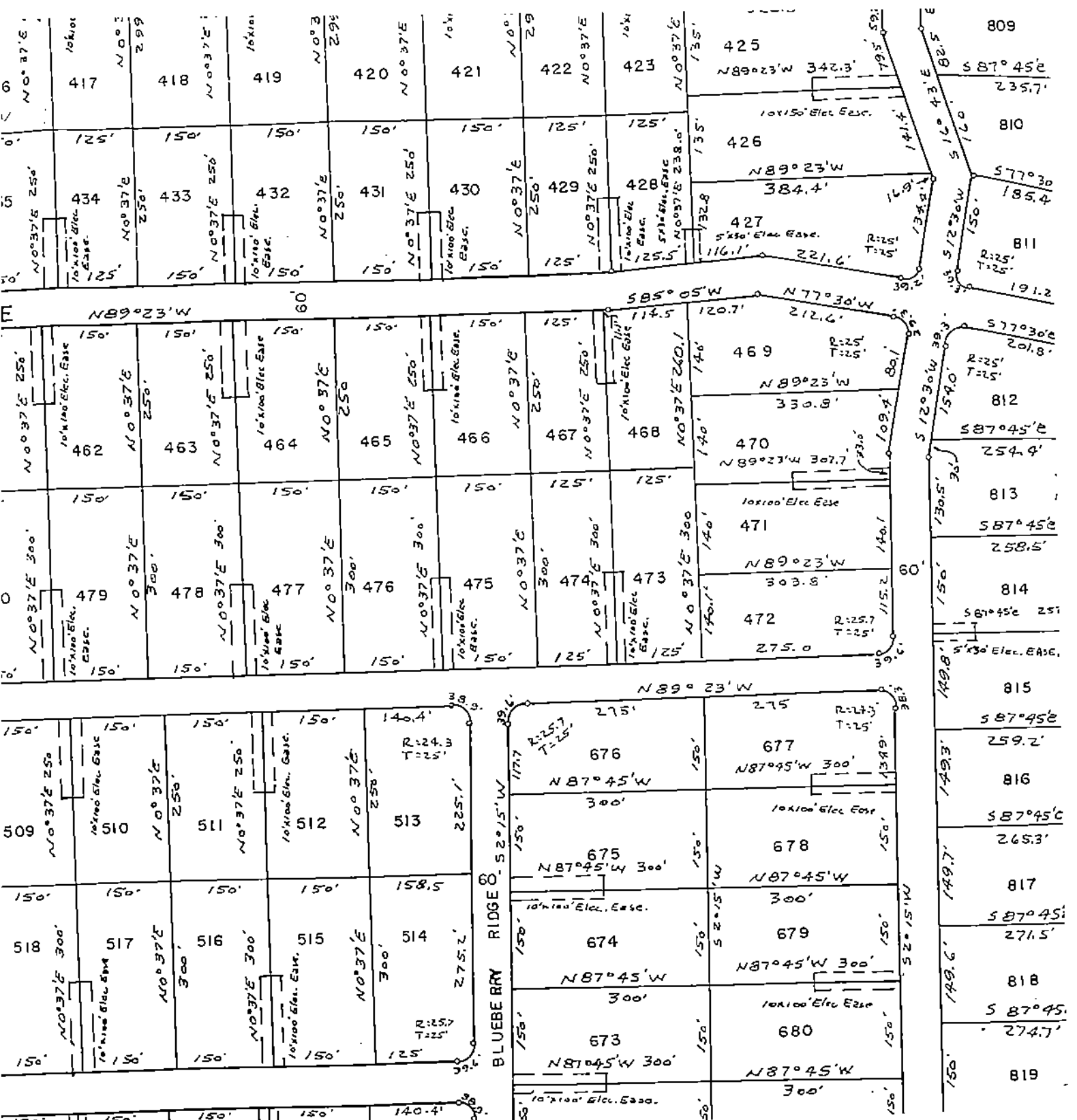


← Meadow Lark Drive →

no other wells nearby except 2 mentioned

well across street over 100' away





NORTH

11 = 100'

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SEP 03 2002

COUNTY ENGINEER

*Vol 3 Pg 85 m/p*

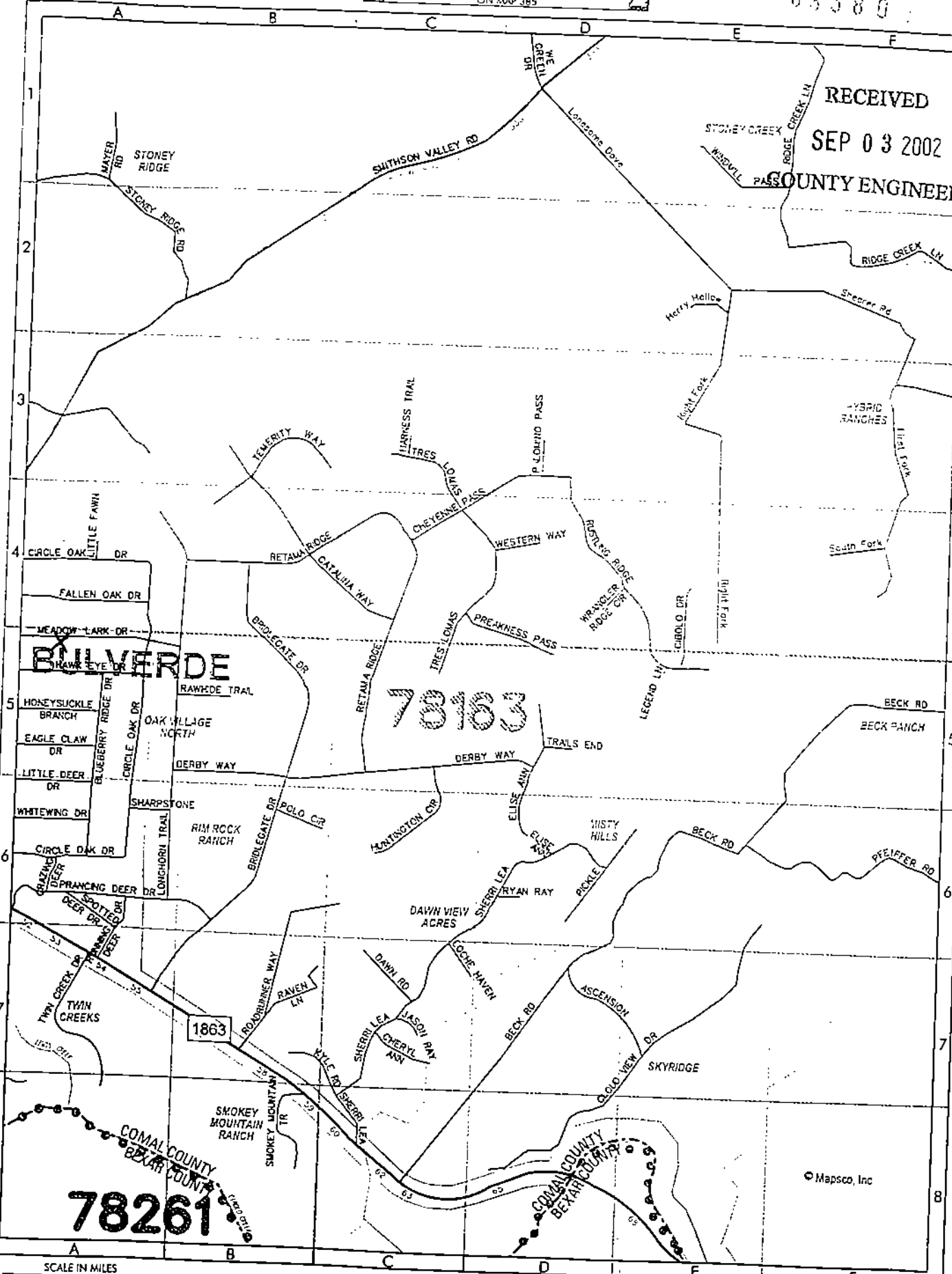
Scale: One inch equals 2200 ft.

CONTINUED IN COMAL-GUADALUPE MAPSCO ON MAP 385

83580

MA 41

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SEP 03 2002  
COUNTY ENGINEER



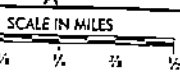
CONTINUED IN COMAL-GUADALUPE MAPSCO ON MAP 420

BULVERDE

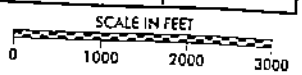
78163

78261

1863



CONTINUED ON MAP 453



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H2195V690



Comal County  
OFFICE OF COMAL COUNTY ENGINEER

September 16, 2002

Joe E. & Maire Mann  
5408 Meadow Lark  
Bulverde, Texas 78163

Re: Oak Village North Unit 3 Lot 465, Permit #83580,  
Application for Permit of Authorization to Construct On-Site Sewage Facility

Dear Mr. & Mrs. Mann,

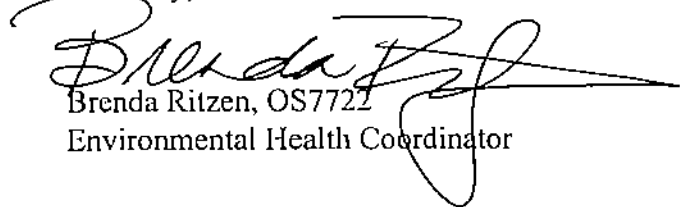
We received the referenced permit application on September 3, 2002, and found the planning materials to be deficient.

The following items are required by the Texas Commission on Environmental Quality (TCEQ) Regulations and should have been included with the original design. We are requesting that your site evaluator/designer review the TNRCC Regulations and include these items within your planning materials. These items are as follows:

1. Site and soil evaluation must be completed by a TCEQ Certified Site and Soil Evaluator.

We realize this permit is important to you and thank you for your patience and assistance.

Sincerely,



Brenda Ritzen, OS7722  
Environmental Health Coordinator

83580

DATE

4-16-84

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SEP 03 2002

COUNTY ENGINEER

ENCLOSED PLEASE FIND YOUR (X) SEPTIC SYSTEM LICENSE (X) FLOOD ZONE  
CERTIFICATION. KEEP ALL IMPORTANT PAPERS IN A SECURE LOCATION. IF  
YOU HAVE ANY QUESTIONS ABOUT YOUR SEPTIC SYSTEM LICENSE CALL THE  
COUNTY SANITARIANS OFFICE AT 625-8571. IF YOU HAVE QUESTIONS ABOUT  
THE FLOOD ZONE CERTIFICATION CALL THE COUNTY ENGINEER AT 625-5719.

THANK YOU:

*Diana*

NOTICE OF BASIC  
COMAL COUNTY DEVELOPMENT PERMIT

835807

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SEP 03 2002

STATE OF TEXAS

COUNTY OF COMAL

COUNTY ENGINEER

This Permit No. 66433 is issued on 4-9-84

and is effective immediately.

This Permit is issued to Joe Mann  
and is not transferrable.

This Permit authorizes the permittee to construct development in accordance with requirements of Comal County Flood Plain Management Regulations on the following described property:

Lot 465 Oak Village North (S)

(Lot, Block, Subdivision, Street Address)

The permittee applied in Comal County for a basic development permit on the above described location. The application has been reviewed by the County Flood Plain Administrator and he has determined that construction can proceed as long as the following special provisions are incorporated into the development.

SPECIAL PROVISIONS:

Flood Zone C

C. B. McCoy  
COUNTY FLOOD PLAIN ADMINISTRATOR  
COMAL COUNTY, TEXAS

Joe Mann,

We have inspected your PRIVATE SEWAGE DISPOSAL SYSTEM and find that it has been constructed and installed in conformity to the minimum standards of this department. We do not warrant that this system will function for any specific amount of time, as this depends on geological conditions over which we have no control. The following impediments to proper functioning have been noted.

Date of inspection 4-10-84 Size of System 1046 Gal. 717 Sq.Ft.  
Location Oak Village North, Lot 465, Unit 3 Permit # 66433

D. Driveways from County Roads ~~shall~~  
interfere with flow in the roadside ditches.  
Paved surfaces following the contour of the  
ditch are recommended.

Further information regarding drainage  
figures may be obtained from the County  
at 625-5719.

0664 0326

339087

83580

FILED FOR RECORD

1989 JAN 30 AM 10 14

RELEASE OF LIEN

Date: January 3, 1989

ROSIE ROSENBERG  
COUNTY CLERK COMAL COUNTY

Note:

BY Jo Burt  
\$3.00 pd.

Date: February 3, 1984

Original Amount: \$6,800.00

RECEIVED

Maker: Joe E. Mann and wife, Marie L. Mann

SEP 03 2002

Payee: Donna G. Smith

COUNTY ENGINEER

Date of Maturity: February 1, 1989

Holder of Note and Lien: Donna G. Smith

Holder's Mailing Address (including county):

Box 621  
APO NY, 09755-5362

Note & Lien are Described in the Following Documents Recorded in:

Warranty Deed with Vendor's Lien dated February 3, 1984, from Donna G. Smith, as Grantor, to Joe E. Mann and wife, Marie L. Mann, as Grantee, recorded in Volume 375, Page 753, of the Official Public Records of Real Property of Comal County, Texas, and Deed of Trust of even date therewith, from Joe E. Mann and wife, Marie L. Mann, as Grantor, to Charles H. Teal, Trustee, for the benefit of the said Donna G. Smith, recorded in Volume 375, Page 757, of the Official Public Records of Real Property of Comal County, Texas.

Property (including any improvements) Subject to Lien:

All that certain tract or parcel of land lying and being situated in Comal County, Texas, known and designated as Lot 465, Oak Village North, Unit 3, according to plat recorded in Volume 3, Pages 83-86 of the Plat Records of Comal County, Texas.

Holder of the note acknowledges its payment and releases the property from the liens.

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

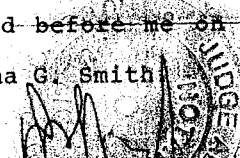
Donna G. Smith  
Donna G. Smith

WITH U.S. FORCES ABROAD  
AT APO NEW YORK 09755

\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)

This instrument was acknowledged before me on the 28th day of December, 1988, by Donna G. Smith

*WSS*



Commissioned officer authorized to take acknowledgments

Printed or stamped name of officer taking acknowledgment:  
DAVID W. WOFFORD, Maj, USAF  
Judge Advocate

After recording return to:  
Joe E. & Marie L. Mann  
HC 56, Box 1543-B  
Bulverde, TX 78163

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

PRINT CLEARLY COMPLETING ALL INFORMATION

DATE: \_\_\_\_\_ PERMIT#: 835801  
PROPERTY OWNERS NAME: Joe E & Marie Mann Remodel of original  
MAILING ADDRESS: P.O. Box permit # 66433  
CITY, STATE, ZIP CODE: Bulverde TX 78163 installed '84  
PHONE #: (830) 980 4868 RECEIVED  
LEGAL DESCRIPTION OF PROPERTY: \_\_\_\_\_ SEP 03 2002  
SUBDIVISION NAME: Oak Village North COUNTY ENGINEER  
UNIT: 3 LOT: 465 BLOCK: \_\_\_\_\_ ACREAGE/LEGAL: 0.86

STREET NAME/ADDRESS: 5408 Meadow Lark Dr. CITY: Bulverde TX 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:  
 SINGLE FAMILY RESIDENCE 3BR TOTAL SQ. FT. OF DWELLING 1900 GALLONS PER DAY 240  
 COMMERCIAL TYPE OF BUSINESS/INSTITUTION: \_\_\_\_\_  
NUMBER OF OCCUPANTS \_\_\_\_\_ GALLONS PER DAY \_\_\_\_\_

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

SOURCE OF WATER: PUBLIC  PRIVATE WELL \_\_\_\_\_

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

SYSTEM DESCRIPTION: proprietary aerobic treatment/surface irrigation  
SIZE OF SEPTIC SYSTEM REQUIRED BASED ON PLANNING MATERIALS & SITE EVALUATION: 3750 ft. required

TANK SIZE(S) 1.4 x 500 AN GALLONS ABSORPTION/APPLICATION AREA 3768 actual SQ. FT.

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

I CERTIFY THAT THE COMPLETED APPLICATION AND ALL ADDITIONAL INFORMATION SUBMITTED DOES NOT CONTAIN ANY FALSE INFORMATION AND DOES NOT CONCEAL ANY MATERIAL FACTS. AUTHORIZATION IS HEREBY GIVEN TO THE PERMITTING AUTHORITY AND DESIGNATED AGENTS TO ENTER UPON THE ABOVE DESCRIBED PROPERTY FOR THE PURPOSE OF SITE/SOIL EVALUATION AND INSPECTION OF PRIVATE SEWAGE FACILITIES. I ALSO UNDERSTAND THAT A PERMIT OF AUTHORIZATION TO CONSTRUCT WILL NOT BE ISSUED UNTIL THE FLOOD PLAIN ADMINISTRATOR HAS APPROVED AND RELEASED THE DEVELOPMENT PERMIT FOR THIS PROPERTY.

Marie L. Mann  
SIGNATURE OF OWNER



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

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COUNTY ENGINEER

09/24/03

ID - 939

Susan Tullos

To: ~~Marie Mann~~  
5408 Meadow Lark Dr.  
Bulverde, TX 78163

Permit No: 83580  
S/N: 14135

Inspections per year: 3

Contract expires 10/03/04

Site: 5408 Meadow Lark Dr. 419 A5 Bulverde, TX 78163

Agency: Comal County Environmental Health

Manufacturer: Comal Concrete Products

County: Comal

Owner Phone: (830) 980-0437

Subdivision: \_\_\_\_\_

Service Due: 10/11/03

Inspection Type: Scheduled

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

Test Results and observations: (As Required)

Fecal Coliform: \_\_\_\_\_  
Chlorine Residual: 1.0  
Test Method: GRAB  
BOD: \_\_\_\_\_  
TSS: \_\_\_\_\_

Repairs made: Y  N

Repairs and Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector: \_\_\_\_\_

Date: 10-17-03

MAILED

POSTED

# Soil Evaluation Report Information

Date Soil Survey Performed: 8/1

Site Location: 5408 Meadow Lark Dr Unit 3 Lot 465 Oakville North

County: Comal

Proposed Excavation Depth: \_\_\_\_\_

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

**Requirements:**

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

Ferguson  
Op 418  
Soils #86  
area where  
B.B.  
adjacent to  
C-D  
  
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SEP 03 2002  
COUNTY ENGINEER  
83580

Soil Boring Number <u>1</u>						
Depth (Feet)	Texture Class	Soil Texture	For Class III % gravel	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations % slope
0	IV	brn clay		VOID		40% original system requires hydraulic extra soil substitution or aerobic
1	IV	with foam large surface boulders				
2						
3						
4	III	clay reddish brown fracture interior				
5						

Soil Boring Number <u>2</u>						
Depth (Feet)	Texture Class	Soil Texture	For Class III % gravel	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations % slope
0				VOID		
1		same				
2						
3						
4						
5						

**Features of Site Area**

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

Site Evaluator: Virginia Castro RS Signature \_\_\_\_\_ License No. 3233

\* if gravel is over 30% with 2 mm sieve use 0.075 mm sieve to determine % (must be < 2.0% 0.075)

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

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MAR 01 2004  
COUNTY ENGINEER

01/28/04

ID = 939

To: Susan Tullos  
5408 Meadow Lark Dr.  
Bulverde, TX 78163

PermitNo: 83580

S/N: 14135

Inspections per year: 3

Contract expires: 10/03/04

Manufacturer: Comal Concrete Products

Owner Phone: (830) 980-0437

Service Due: 02/03/04 Warranty Expires: 10/03/05

Site: 5408 Meadow Lark Dr. 419 AS Bulverde, TX 78163

Agency: Comal County Environmental Health

County: Comal

Subdivision:

Inspection Type: Scheduled

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

Test Results and observations: (As Required)

Fecal Coliform: \_\_\_\_\_

Chlorine Residual: 1.0

Test Method: Gran

BOD: \_\_\_\_\_

TSS: \_\_\_\_\_

Repairs made: Y / N

Repairs and Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector: Jerry Walker

Date: 2-23-04

POSTED

MAILED  
2.27.04

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

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 JUN 16 2003  
 COUNTY ENGINEER  
 05/30/03

To: Marie Mann  
 5408 Meadow Lark Dr.  
 Bulverde, TX 78163

PermitNo: 83580

S/N: 14135

Inspections per year: 3

Contract expires: 10/03/04

Site: 5408 Meadow Lark Dr. 419 A-5 Bulverde, TX 78163

Distributor: Aerobic Services of South Texas

Agency: Comal County Environmental Health

Owner Phone: (830) 980-0437

County: Comal

Service Due: 06/13/03

Subdivision:

Inspection Type: Scheduled

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

Test Results and observations: (As Required)

Fecal Coliform: \_\_\_\_\_  
 Chlorine Residual: 1.0  
 Test Method: GRAB  
 BOD: \_\_\_\_\_  
 TSS: \_\_\_\_\_

Repairs made: Y  N

Repairs and Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Inspector: Jerry Watkins

Date: 6-13

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JUL 06 2004

COUNTY ENGINEER

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

6/1/2004

ID = 939

To: Susan Tullos  
5408 Meadow Lark Dr.  
Bulverde, TX 78163

PermitNo: 83580  
S/N: 14135

Inspections per year: 3

Contract expires: 10/3/2004

Manufacturer: Comal Concrete Products

Owner Phone: (830) 980-0437

Service Due: 6/3/2004 Warranty Expires: 10/3/2005

Site: 5408 Meadow Lark Dr. 419 A5 Bulverde, TX 78163

Agency: Comal County Environmental Health

County: Comal

Subdivision:

Inspection Type: Scheduled

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

Test Results and observations: (As Required)

Fecal Coliform: \_\_\_\_\_  
 Chlorine Residual: 1.0  
 Test Method: Grub  
 BOD: \_\_\_\_\_  
 TSS: \_\_\_\_\_

Repairs made: Y / N

Repairs and Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Inspector: Jerry Watkins

Date: 6-30-04

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MAILED  
JUL 02 2004

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

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SEP 20 2004  
COUNTY ENGINEER  
7/30/2004

To: Susan Tullos  
5408 Meadow Lark Dr.  
Bulverde, TX 78163

PermitNo: 83580  
Inspections per year: 3

Date installed: 10/3/2002

Site: 5408 Meadow Lark Dr. 419 A5 Bulverde, TX 78163  
County: Comal

(830) 980-0437

Contract Start Date: 10/4/2004

Contract End Date: 10/3/2005

**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 Susan Tullos (referred to as "Client") residing or doing business at 5408 Meadow Lark Dr. and Jerry Watkins (hereinafter referred to as "Contractor") located at 4222 FM 482 New Braunfels, Texas 78132 (830) 627-1785. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein. This contract will provide for all required inspections, testing and service for your HOOT Aerobic Treatment System. The policy will include the following:

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

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MAILED  
9/17/04

At the conclusion of the initial service policy, our company will make available, for purchase on an annual basis, a continuing service policy to cover labor for normal inspection, maintenance and repair. According to state law, all owners of aerobic systems must maintain a factory authorized service provider for the lifetime of the system.

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

**ACCESS BY CONTRACTOR**

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

**Payment for Services**

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

**Termination of Agreement**

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

**Limit of Liability**

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

**Dispute Resolution**

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

**Entire Agreement**

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

**Severability**

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

**HOME OWNER**

**SERVICE PROVIDER**

*Susan Lullas*

Signature

(830) 438-4341

Phone #

Blower/Panel Serial #

14135

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

*Jerry Watkins*

Signature

License # 466964615

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



09/27/04  
(830) 627-1785  
Fax: (830) 626-9519

To: Susan Tullos  
5408 Meadow Lark Dr. <sup>419</sup> ~~419~~ A5  
Bulverde, TX 78163

PermitNo: 83580  
Brand:  
S/N: 14135  
Inspections per year: 3  
Contract expires: 10/03/05  
Manufacturer: Comal Concrete Products  
Owner Phone: (830) 980-0437  
Service Due: 10/03/04 Warranty Expires: 10/03/05

Site: 5408 Meadow Lark Dr. 419 A5, Bulverde TX 78163  
Agency: Comal County Environmental Health  
County: Comal

Subdivision:

Inspection Type: scheduled

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

RECEIVED  
OCT 21 2004  
ENVIRONMENTAL HEALTH

Test Results and observations: (As Required)

Fecal Coliform: \_\_\_\_\_  
Chlorine Residual: 0.06  
Test Method: Grab  
BOD: \_\_\_\_\_  
TSS: \_\_\_\_\_

Repairs made: Y  N

Repairs and Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector: Jerry Watkins  
HAVE A HAPPY & SAFE HALLOWEEN

Date: 10-20-04

Area:  
ID = 939

POSTED

FXED  
10/20/04



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



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

To: Susan Tullos  
5408 Meadow Lark Dr.  
Bulverde, TX 78163

PermitNo: 83580  
Brand:  
S/N: 14135  
Inspections per year: 3

Site: 5408 Meadow Lark Dr. 419 A5, Bulverde TX 78163  
Agency: Comal County Environmental Health  
County: Comal

Contract expires: 10/03/05  
Manufacturer: Comal Concrete Products  
Owner Phone: (210) 445-8760  
Service Due: 04/17/05

Subdivision:

Inspection Type: scheduled

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

Test Results and observations: (As Required)

Fecal Coliform: \_\_\_\_\_  
Chlorine Residual: 0  
Test Method: Grab  
BOD: \_\_\_\_\_  
TSS: \_\_\_\_\_

Repairs made: Y  N

Repairs and Comments:

Inspector: Jerry Watkins

Date: 4-21-05

Area:  
ID = 939

**POSTED**

**FAXED**  
APR 22 2004

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



RECEIVED  
AUG 22 2005  
COUNTY ENGINEER

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

To: Susan Tullos  
5408 Meadow Lark Dr.  
Bulverde, TX 78163

PermitNo: 83580  
Brand:  
S/N: 14135  
Inspections per year: 3  
Contract expires: 10/3/2005

Site: 5408 Meadow Lark Dr. 419 A5, Bulverde TX 78163  
Agency: Comal County Environmental Health  
County: Comal  
Subdivision:

Manufacturer: Comal Concrete Products  
Owner Phone: (210) 445-8760  
Service Due: 8/21/2005

Inspection Type: scheduled

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

Test Results and observations: (As Required)

Fecal Coliform: \_\_\_\_\_  
Chlorine Residual: 1.0  
Test Method: Crab  
BOD: \_\_\_\_\_  
TSS: \_\_\_\_\_

Repairs made: Y  N

Repairs and Comments:

Inspector: Phelan Wright

Date: 8/6-05

Area: /

ID = 939

POSTED

MAILED  
AUG 19 2005

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



RECEIVED  
SEP 06 2005  
COUNTY ENGINEER

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

To: Susan Tullos  
5408 Meadow Lark Dr.  
Bulverde, TX 78163

PermitNo: 83580  
3 inspections per year - one every 4 months

Date installed: 10/3/2002

Site: 5408 Meadow Lark Dr. 419 A5 Bulverde, TX 78163  
County: Comal

(210) 445-8760

<b>Maintenance Contract Period:</b>	<b>Start Date: 10/4/2005</b>	<b>End Date: 10/3/2006</b>
-------------------------------------	------------------------------	----------------------------

**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 Susan Tullos (referred to as "Client") residing or doing business at 5408 Meadow Lark Dr and Jerry Watkins (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 HOOT Aerobic Treatment System. The policy will include the following:

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

POSTED

MAILED  
9-2-05

At the conclusion of the initial service policy, our company will make available, for purchase on an annual basis, a continuing service policy to cover labor for normal inspection, maintenance and repair. According to state law, all owners of aerobic systems must maintain a factory authorized service provider for the lifetime of the system.

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

Susan E. Lullas

Signature

(210) 445-8760

Phone #

Blower/Panel Serial #

14135

#### SERVICE PROVIDER

Aerobic Services of South Texas Inc.

1528 E. Commom St. Suite 10

New Braunfels, Texas 78130

830-627-1785

Jerry Watkins

Signature

License # WW0022425

RECEIVED

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



COUNTY ENGINEER

10/4/2005  
(830) 627-1785  
Fax: (830) 629-9291

To: Susan Tullos  
5408 Meadow Lark Dr.  
Bulverde, TX 78163

PermitNo: 83580  
Brand: Hoot  
S/N: 14135  
Inspections per year: 3  
Contract expires: 10/3/2006

Site: 5408 Meadow Lark Dr. 419 A5, Bulverde TX 78163  
Agency: Comal County Environmental Health  
County: Comal

Manufacturer: Comal Concrete Products  
Owner Phone: (210) 445-8760  
Service Due: 10/3/2005

Subdivision:

Inspection Type: Schedule

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

Test Results and observations: (As Required)

Fecal Coliform: \_\_\_\_\_  
Chlorine Residual: 0.2  
Test Method: Grab  
BOD: \_\_\_\_\_  
TSS: \_\_\_\_\_

Repairs made: Y  N

Repairs and Comments: Adjusted chlorine level

Inspector: [Signature]

Date: 10-29-05

Area: /

ID = 939

RECEIVED  
OCT 28 2005  
BY: \_\_\_\_\_

MAILED  
OCT 28 2005

RECEIVED

FEB 27 2006

COUNTY ENGINEER

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

1/30/2006  
(830) 627-1785  
Fax: (830) 629-9291

To: Susan Tullos  
5408 Meadow Lark Dr.  
Bulverde, TX 78163

PermitNo: 83580  
Brand: Hoot  
S/N: 14135  
Inspections per year: 3

Contract expires: 10/3/2006

Site: 5408 Meadow Lark Dr. 419 A5, Bulverde TX 78163

Agency: Comal County Environmental Health

Manufacturer: Comal Concrete Products

County: Comal

Owner Phone: (210) 445-8760

Subdivision:

Service Due: 2/3/2006

Inspection Type: Scheduled

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

Test Results and observations: (As Required)

Chlorine Residual: 1.6

Test Method: GRAIB

BOD:                     

TSS:                     

Access Ports Secured YES / NO

Repairs made: YES / NO

Repairs and Comments: System OK

Inspector: Jerry Watkins Date: 2-17-6

Area: /

ID = 939

RECEIVED  
FEB 20 2006  
BY: \_\_\_\_\_

MAILED  
FEB 24 2006

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

RECEIVED  
 JUL 05 2006  
 COUNTY ENGINEER

6/2/2006  
 (830) 627-1785  
 Fax: (830) 629-9291

To: Susan Tullos  
 5408 Meadow Lark Dr.  
 Bulverde, TX 78163

PermitNo: 83580  
 Brand: Hoot  
 S/N: 14135  
 Inspections per year: 3

Site: 5408 Meadow Lark Dr. 419 A5, Bulverde TX 78163

Contract expires: 10/3/2006

Agency: Comal County Enviromental Health

Manufacturer: Comal Concrete Products

County: Comal

Owner Phone: (210) 445-8760

Subdivision:

Service Due: 6/3/2006

Inspection Type: Scheduled

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

Test Results and observations: (As Required)

Chlorine Residual: 0.6

Test Method: Grab

BOD:     

TSS:     

Access Ports Secured  YES / NO

Repairs made:  YES / NO

Repairs and Comments:

Inspector: Blum 2/2/06

Date: 6-29-06

Area: /

ID = 939

RECEIVED  
 JUN 30 2006  
 BY:     

**MAILED**  
 JUN 30 2006

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

RECEIVED  
AUG 14 2006  
COUNTY ENGINEER

7/25/2006  
(830) 627-1785  
Fax: (830) 629-9291

To: Susan Tullos  
5408 Meadow Lark Dr.  
Bulverde, TX 78163

PermitNo: 83580  
3 inspections per year - one every 4 months

Date installed: 10/3/2002

Site: 5408 Meadow Lark Dr. 419 A5 Bulverde, TX 78163  
County: Comal

(210) 445-8760

<b>Maintenance Contract Period:</b>	<b>Start Date: 10/4/2006</b>	<b>End Date: 10/4/2007</b>
-------------------------------------	------------------------------	----------------------------

**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

RECEIVED  
AUG 08 2006  
BY: \_\_\_\_\_

MAILED  
8-11-06

General

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

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

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

**ACCESS BY CONTRACTOR**

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



RECEIVED

AUG 14 2006

COUNTY ENGINEER

Payment for Services

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

Termination of Agreement

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

Limit of Liability

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

Dispute Resolution

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

Entire Agreement

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

Severability

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

HOME OWNER

SERVICE PROVIDER

Susan E. Jullos

Signature

445-7682

Phone #

Blower/Panel Serial # 14135

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

Gerry Watkins

Signature

License #'s WW0022425 & OS002497

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

RECEIVED  
FEB 16 2007  
COUNTY ENGINEER

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

To: Susan Tullos  
5408 Meadow Lark Dr.  
Bulverde, TX 78163

PermitNo: 83580  
Brand: Hoot  
S/N: 14135  
Inspections per year: 3  
Contract expires: 10/3/2007  
Manufacturer: Hoot Aerobic Systems Inc.  
Owner Phone: (830) 438-4341  
Service Due: 2/20/2007

Site: 5408 Meadow Lark Dr. 419 A5, Bulverde TX 78163  
Agency: Comal County Environmental Health  
County: Comal  
Subdivision:

Inspection Type: Scheduled

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

Test Results and observations: (As Required)

Chlorine Residual: 1.04

Test Method: DPO

BOD: \_\_\_\_\_

TSS: \_\_\_\_\_

Access Ports Secured  YES /  NO

Repairs made: YES /  NO

Repairs and Comments:

System OK

Inspector: [Signature]  
Tom Hampton

Date: 2-7-7

Area: /  
ID = 939

RECEIVED  
FEB 08 2007  
BY: \_\_\_\_\_

MAILED  
FEB 09 2007

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

RECEIVED  
JUL 02 2007  
COUNTY ENGINEER

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

To: Susan Tullos  
5408 Meadow Lark Dr.  
Bulverde, TX 78163

PermitNo: 83580  
Brand/Mfg.: Hoot - Hoot Aerobic Systems In  
System S/N: 14135  
Aerator S/N: 14135

Contract: 10/4/2006 - 10/3/2007  
Inspections per year: 3  
Service Due: 6/7/2007  
Other:

Site: 5408 Meadow Lark Dr. 419 A5, Bulverde TX 78163  
Agency: Comal County Environmental Health  
County: Comal

Phone: (830) 438-4341  
Cell: (210) 445-8760  
Work:

Subdivision:

Inspection Type: Scheduled

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

Test Results and observations: (As Required)

Chlorine Residual: 1.02  
Test Method: DPD  
BOD: \_\_\_\_\_  
TSS: \_\_\_\_\_  
Access Ports Secured  YES / NO  
Repairs made: YES /  NO

Repairs and Comments:

Inspector: Tom Hampton  
Tom Hampton

Date: 6-27-07

Area: /

ID = 939

RECEIVED  
JUN 28 2007  
BY: \_\_\_\_\_

MAILED  
6-29-07

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

RECEIVED  
AUG 27 2007  
COUNTY ENGINEER

Date: 7/23/2007  
Company Phone: (830) 627-1785  
Fax: (830) 629-9291  
Permit No: 83580

To: Susan Tullos  
5408 Meadow Lark Dr.  
Bulverde, TX 78163

Installed: 10/3/2002

**Contract Period**

**Start Date: 10/3/2007**

**End Date: 10/3/2008**

Phone: (830) 438-4341

Site: 5408 Meadow Lark Dr. 419 A5, Bulverde, TX 78163

County: Comal

Installer: Bulco Bexar

Agency: Comal County Environmental Health

Mfg: Hoot Aerobic Systems Inc.

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

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

ROUTINE MAINTENANCE AND INSPECTION AGREEMENT  
RENEWAL CONTRACT

RECEIVED  
AUG 24 2007

MAILED  
8.24.07

General

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

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.
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.

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Payment for Services

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

Termination of Agreement

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

Limit of Liability

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

Dispute Resolution

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

Entire Agreement

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

Severability

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

HOME OWNER

Susan Jules

Signature

(210) 445-7682

Phone #

Blower/Panel Serial # 14135

SERVICE PROVIDER

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

TOM HAMPTON

Signature

Tom Hampton

License# OS002497

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

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 OCT 10 2007  
 COUNTY ENGINEER

10/2/2007 Phone: (830) 627-1785  
 Fax: (830) 629-9291

To: Susan Tullos  
 5408 Meadow Lark Dr.  
 Bulverde, TX 78163

PermitNo: 83580  
 Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc  
 System S/N: 14135  
 Aerator S/N: 14135

Contract: 10/4/2007 - 10/3/2008

Inspections per year: 3

Service Due: 10/27/2007

Other:

Site: 5408 Meadow Lark Dr. 419 A5, Bulverde TX 78163  
 Agency: Comal County Environmental Health  
 County: Comal

Phone: (830) 438-4341  
 Cell: (210) 445-8760

Subdivision:

Work:

Inspection Type: Schedule

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

Test Results and observations: (As Required)

Chlorine Residual: .08

Test Method: DPD

BOD: \_\_\_\_\_

TSS: \_\_\_\_\_

Access Ports Secured YES / NO

Repairs made: YES / NO

Repairs and Comments:

pump 6" air  $\phi$  DPD .08 PSI 127 Did ~~not~~ treatment LC 9999

Inspector: Tom Hampton  
 Tom Hampton

Date: 10-4-07

Area: /

ID = 939

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 10-05-07

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



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FEB 19 2008  
COUNTY ENGINEER

2/1/2008 Phone: (830) 627-1785  
Fax: (830) 629-9291

To: Susan Tullos  
5408 Meadow Lark Dr.  
Bulverde, TX 78163

PermitNo: 83580  
Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc  
System S/N: 14135  
Aerator S/N: 14135

Site: 5408 Meadow Lark Dr. 419 A5, Bulverde TX 78163  
Agency: Comal County Environmental Health  
County: Comal

Contract: 10/4/2007 - 10/3/2008  
Inspections per year: 3  
Service Due: 2/4/2008  
Other: (210) 445-8760  
Phone: (210) 445-7682  
Cell:  
Work:

Subdivision:

Inspection Type: Schedule

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

Test Results and observations: (As Required)  
Chlorine Residual: 0.09  
Test Method: DAD  
BOD: \_\_\_\_\_  
TSS: \_\_\_\_\_  
Access Ports Secured YES/NO  
Repairs made: YES/NO

Repairs and Comments:

Inspector: Tom Hampton

Date: 2/12/08

Area: /  
ID = 939

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BY: \_\_\_\_\_

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FEB 15 2008

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

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JUL 18 2008  
COUNTY ENGINEER

6/16/2008 Phone: (830) 627-1785  
Fax: (830) 629-9291

To: Susan Tullos  
5408 Meadow Lark Dr.  
Bulverde, TX 78163

PermitNo: 83580  
Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc  
System S/N: 14135  
Aerator S/N: 14135

Contract: 10/4/2007 - 10/3/2008

Inspections per year:  
Service Due: 6/12/2008  
Other: (210) 445-8760

Site: 5408 Meadow Lark Dr. 419 A5, Bulverde TX 78163  
Agency: Comal County Environmental Health  
County: Comal

Phone: (210) 445-7682  
Cell:  
Work:

Subdivision:

Installed: 10/3/2002

Inspection Type: scheduled

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

Test Results and observations: (As Required)

Chlorine Residual: 5.0

Test Method: \_\_\_\_\_

BOD: \_\_\_\_\_

TSS: \_\_\_\_\_

Access Ports Secured  YES / NO

Repairs made: YES  NO

Repairs and Comments:

Inspector: Tom Hampton  
OS24597

Date: 7-10-08

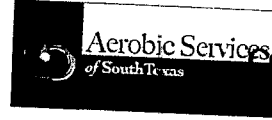
Area: /  
GPS: /

ID = 939



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

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COUNTY ENGINEER

10/24/2008 Phone: (830) 627-1785  
Fax: (830) 629-9291  
www.aerobicservices.com

To: Susan Tullos  
5408 Meadow Lark Dr.  
Bulverde, TX 78163

POSTED

PermitNo: 83580  
Brand/Mfg.: Hoot - Hoot Aerobic Systems Inc  
System S/N: 14135  
Aerator S/N: 14135

Contract: 10/4/2007 - 10/3/2008

Inspections per year:  
Service Due: 10/4/2008  
Other: (210) 445-8760

Site: 5408 Meadow Lark Dr. 419 A5, Bulverde TX 78163

Agency: Comal County Environmental Health

County: Comal

Subdivision:

Phone: (210) 445-7682

Cell:

Work:

Installed: 10/3/2002

Inspection Type: Scheduled

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

Test Results and observations: (As Required)

Chlorine Residual: 0.16

Test Method: DPD

BOD: \_\_\_\_\_

TSS: \_\_\_\_\_

Access Ports Secured  YES  NO

Repairs made:  YES  NO

Repairs and Comments:

Inspector: [Signature]  
Tom Hampton  
OS24597

Date: 11/04/08

Area: / 419 A5

GPS: /

ID = 939