

Comal County

OFFICE OF COMAL COUNTY ENGINEER

License to Operate

On-site Sewage Treatment and Disposal Facility

Date Issued: 7/18/2001

Permit Number: 82418

Location Description:	663 Flightline Drive, Bulverde, TX 78163	
	Lot 11, Block 5, Kestrel Air Park Unit 1 Subdivision	
Type of System:	Aerobic Treatment with Surface Irrigation Discharge	
License issued to:	Floyd & Brenda Wilkes	

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

MENTAL HEALT DRUINATOP

This "License-Operate" (quort was printed on 7/18/2001 by, Count County Environmental Health, operator, using CASST Ver 2.1

195 David Jonas Drive • New Braunfels, Texas 78132-3760 • (830) 608-2090 FAX: (830) 608-2009

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

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824190

<u>APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN</u> <u>ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE</u>

		82418	
DATE: June 27, 2001		PERMIT:	
PROPERTY OWNERS NAME	FLOYD E. & BRENDA WILKES	- RECEIVED	
ADDRESS:	c/o 3030 OAK HOLLOW		
	NEW BRAUNFELS, TX 78132	JUN 2 8 2001	
		- COUNTY ENGINEEI	R
PHONE:	830-609-9090	_	
DESCRIPTION OF PROPERT	Г Ү :	_	
SUBDIVISION:	KESTREL AIR PARK UNIT: 1 LOT:	11 BLOCK: ACREAGE:	
OTDEET ADDRESS	663 FLIGHTLINE DRIVE CITY: BULV	ZIP CODE	<u>.</u>
. OF LUIDT DE MARVED	ON A SITE AND LOCATION MAP ALONG WITH PROOF OF OWNE	RSHIP ATTACHED WITH THIS APPLICATI	<u>UN.</u>
LOT MOST BE MANAGED	IF YES, SIT	E EVALUATION & PLANNING MATERIALS M	USIBE
IS PROPERTY LOCATED C COMPLETED BY A REGIST	TERED SANITARIAN OR PROFESSIONAL ENGINEER.	********	********
*******	***************************************		
TYPE OF DEVELOPMENT:	AILY RESIDENCE 2490 TOTAL SQR. FT. OF DWELLIN	IG 240 GALLONS PER DAY	
X SINGLE FAM	AL TYPE OF BUSINESS/INSTITUTION	····	_
COMMERCI			
	NUMBER OF OCCUPANTSG	ALLONS PER DAY	
SITES GENERA PERMITTING TI	TING MORE THAN 5000 GALLONS PER DAY ARE REQUIRED TO OBTA HROUGH THE TEXAS NATURAL RESOURCE CONSERVATION COMM	AIN ISSION.	
SOURCE OF WATER:	PUBLIC X PRIVATE		********
******	& SIJE EVALUATION AS REQUIRED COMPLETED BY GREG	W. JOHNSON, P.E.	
PLANNING MATERIALS	& SITE EVALUATION AS REQUIRED COMPLETED BY	ENT AND SURFACE IRRIGATION	
	PROPRIETARY; AEROBIC TREATM		
SIZE OF SEPTIC SYSTEM	I REQUIRED BASED ON PLANNING MATERIALS & SITE EVALUATION	797/	
	WECO 500 GPDGALLONS ABSORPTION/APPLICAT		
	VICES BEING UTILIZED? X YES NO		
INSTALLERS NAME: T.L	. WILLIAMS	****************	********
I CERTIFY THAT THE INFORMATION AND DO DESIGNATED AGENTS OF PRIVATE SEWAGE THE FLOOD PLAIN A	COMPLETED APPLICATION AND ALL ADDITIONAL INFORMAT DES NOT CONCEAL ANY MATERIAL FACTS. AUTHORIZATION IS F TO ENTER UPON THE ABOVE DESCRIBED PROPERTY FOR THE PI FACILITIES. I ALSO UNDERSTAND THAT A PERMIT OF AUTHORI DMINISTRATOR HAS APPROVED AND RELEASED THE DEVE	TION SUBMITTED DOES NOT CONTAIN A EREBY GIVEN TO THE PERMITTING AUTHO IRPOSE OF SITE/SOIL EVALUATION AND IN INFOSE OF SITE/SOIL EVALUATION AND IN	ORITY AND NSPECTION UED UNTIL
	OR APPOINTED AGENT 195 DAVID JONAS DRIVE, NEW BRAUNFELS, TEXAS 78132-3760 - (



OSSF SOIL EVALUATION REPORT INFORMATION

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Date: June 27, 2001	ou. D. L. des Information
· · · · · · · · · · · · · · · · · · ·	Site Evaluator Information: Name: Greg W. Johnson, P.E., R.S., S.E. 4042
	Name: Greg w. Johnson, P.E., R.B., S.E. 4942
Address: c/o 3030 OAK HOLLOW	Address: <u>170 Hollow Oak</u> City: <u>New Braunfels</u> State: <u>Texas</u>
Name: FLOYDE: & BRENDAL WISHES Address: c/o 3030 OAK HOLLOW City: NEW BRAUNFELS State: TX 830,600,9000	Zip Code: <u>78132</u> Phone & Fax (830)905-2778
Zip Code:Phone:830-609-9090	Zip Code: <u>/8152</u> I none & I ux <u>tosof, or zero</u>
	Installer Information:
Property Location: Lot 11 Unit 1 Blk 5 Subd. KESTREL AIR PAR Street Address: 663 FLIGHTLINE DRIVE City: BULVERDE Zip Code: 78163	K Name: TONY WILLIAMS
Lot <u>11</u> Unit <u>1</u> Blk <u>5</u> Subd. <u>KESTREL AIRTAN</u>	Company: T.L. WILLIAMS
Street Address: 665 FLIGHTEINE DRIVE	Address: 3030 OAK HOLLOW
City:	City: NEW BRAUNFELS State: TX
Additional Info.:	Zip Code: 78132 Phone 830-609-9090
the second disposed area	
Topography: Slope within proposed disposal area:	YES NO X
Presence of I 00 yr. Flood Zone:	YES NO X RECEIVED
Existing or proposed water well in nearby area.	$\underline{\text{YES}} NO \underline{X}$
Presence of adjacent ponds, streams, water impoundments	YESNO_XJUN 2 8 2001
Presence of upper water shed	V VES NO X
Organized sewage service available to lot (VOID	COUNTY ENGINEER
Design Calculations for Aerobic Treatment with S	pray Irrigation:
Design Calculations for Actionic Freedome to	(VO_{ID})
<u>Commercial</u>	
Q =GPD <u>Residential</u> Water conserving fixtures to be utilized?	Ves X No
<u>Residential</u> Water conserving fixtures to be utilized: Number of Bedrooms the septic system is sized for:	3 Total sq. ft. living area 2490
Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction)	on for water conserving fixtures)
Q gal/day = (Bedrooms + 1) + 75 GPD - (2076 reducted)	
Q = (3 + 1)*75-(20%) = 240	
Trash Tank Size 400 Gal. 500	GPD
TNRCC Approved Aerobic Plant Size 500	0.064 = 3750 sq. ft.
TNRCC Approved Aerobic Plant Size Req'd Application Area = $Q/Ri = \frac{240}{2000} / \frac{1}{1000}$	
Application Area Utilized = <u>3926</u> sq. ft. Pump Requirement <u>12</u> Gpm @ <u>41</u> Psi (F	Prediocket 0.5 HP 18 G.P.M. series or equivalent)
Pump Requirement <u>12</u> Gpm @ 41 Psi (r	TIMED TO DOSE IN PREDAWN HOURS
	Gal/inch.
Pump Tank Size = <u>825</u> Gal. <u>13.5-19</u>	Gal/Inch.
\mathbf{D}	W.
Alarms: Audible & Visual High Water Alarm & Visu	Ial Alt Pullip manufaction
Tablet Chlorinator	
SCH-40 or SDR-26 3" or 4" sewer line to tank	
Two way cleanout	
Pop-up rotary sprinkler heads w/ purple non-potable lids	
1" Sch-40 PVC discharge manifold APPLICATION AREA SHOULD BE SEEDED AND	MAINTAINED WITH VEGETATION.
APPLICATION AREA SHOULD DE SELELE MAL	
THAVE REPEORMED A THOROUGH INVESTIGATI	ON BEING A REGISTERED PROFESSIONAL ENGINEER
AND SITE EVALUATOR IN ACCORDANCE WITH (CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 THE AL RESOLUCES CONSERVATION COMMISSION
(REGARDING RECHARGE FEATURES), TEXAS NA	TURAL RESOURCES CONSERVATION COMMISSION
ARTERTIVE FEBRUARY 4,19977	
A W	12101 GREG W. JOHNSON

IGHNSON, P.E. 67587 - S.E. 4042 GREG

DATE



ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

June 26, 2001 Date Soil Survey Performed: ____ RECEIVED KESTREL AIR PARK, BLOCK 5, LOT 11 Site Location: ____ JUN 2 8 2001 Proposed Excavation Depth: _____ N/A 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.

Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III- blocky, platy or massive	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
TO 12"	TYPE III	CLAY		NONE	L.S. @ 12"	BROWN CLAY LOAN OVER LAYERED L.
	<u> </u>					

Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III- blocky, platy or massive	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
2	SAME	AS	ABOVE			
3	-					

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OSSF PERMIT INFORMATION SHEET

Date of Permit Application	Permit Number	Date of Permit Approval	Date of Flood Plain Approval
6128/01	82418	7-10-01	7-2-01
	trel air Park	n-1, L-11, 7	5-5
SYSTEM TYPE/DES	CRIPTION:	• •	
DATE OF PRELIMIN DESIGN MEETS TN		= <u>7-2-0</u> -00	oks good
LIST DEFICIENCIE RULES:	VED: <u>7-6-C</u> S IN PLANNING MA	TERIALS WHICH DC	NOT MEET TNRCC
	······································		
4			
	· · · · · · · · · · · · · · · · · · ·		
8			
		······	
INSPECTED BY:	H Yours	<u>A HON</u> .	
			vel, operational
DATE OF S-2:	NOTES/R	ESULTS:	
DATE OF S-3:	NOTES/F	ESULTS:(SYSTE	
DATE OF FINAL IN	ISPECTION:	(SYSTE	M COMPLETE)
INSTALLER:		TANK:(SIZE & NAM	ſE)
	SQ. FT. ABSC	ORPTION/APPLICATI	ON AREA
SERVICE AGREEM DATE ENTERED II	IENT RECEIVED: N SUMMARY SHEET	r: <u>7/24/01</u>	(START DATE)
DATE ENTERED IN	N (CASST) AEROBIC	: DATABASE:	

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- R.



System is installed at: 663 Flightlinc Drive Bulverde, TX 78163 Comal County Lot: 11 Blk: 5 Subdiv: Kestrel Air Park Unit 1	Permit Number: 82418 System Name: Primary Brand Name: Model: Serial Number:
Owner Information: Floyd & Brenda Wilkes c/o 3030 Oak Hollow New Braunfels, TX 78132 Home Phone: (830)609-9090	
The original contract for installation was written on This system was installed by: <u>.</u> The installation date was <u>7/18/01</u> . This system is to be inspected every <u>4</u> months. The most recent inspection for this system occured The next scheduled inspection for this system is due	on <u>.</u>
Permitting Agency: Comal County Environmental Health 195 David Jones Drive New Braunfels, TX 78132-3760 Contact: Brenda Ritzen, Environ Health Coordinator Phone: (830) 608-2090 Installation Company Info:	Maintenance Company Info:
Williams Construction HCR 3 Box 5A New Braunfels, TX 78132 Operator: Tony Williams Phone: (830) 609-9090	
Most Recent Date Comp. Visit Type Description of Repairs	nt Visits and Results

.

. . System Profile Printed: Wednesday, July 18, 2001

Property Notes: Pre- 07/03/01, S1-07/17/01, S3 - 07/18/01 final.

System Notes:

norweco 500gpd w/ 2 sprayheads @ 3926 sf. appl. area .

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

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824195

<u>APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN</u> <u>ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE</u>

PRINT CLEARLY COMPLETING ALL INFORMATION

					PERM	IT	82418	
DATE: June 27, 2001								
PROPERTY OWNERS NAME	FLOYD E. & BRENDA WILKI	<u> </u>					RECEI	VED
ADDRESS:	c/o 3030 OAK HOLLOW		<u> </u>				вы а с	2004
	NEW BRAUNFELS, TX 78132						JUN 28	<u>Y ZUU!</u>
				<u></u>		C	OUNTY EN	GINEER
PHONE:	830-609-9090							
DESCRIPTION OF PROPERT	ΓY:						5 400	164/20-
SUBDIVISION:	KESTREL AIR PARK	UN	IIT:	LOT:	<u> </u>	BLOCK:	AUF	79162
STREET ADDRESS:	663 FLIGHTLINE DRIVE	c	ITY:	BUL.	VERDE		ZIP CODE: _	/8163
LOT MUST BE MARKED	ON A SITE AND LOCATION MAD	ALONG	<u>with proc</u>	<u>of of own</u>	<u>FRSHIP /</u>	<u>ATTACHE</u>	<u>d with this a</u>	PPLICATION.
α το αρμάτα τα τάρα τημο	WER THE EDWARDS RECHARGE.	ZONE?	NO	IF YES, SI	TEEVALU	JATION &	PLANNING MAT	ERIALS MUST BE
COMPLETED BY A REGIS	TERED SANITARIAN OR PROFESS	ONAL EN	G1NEER.	*******	*******	*******	******	******
**********	••••							
TYPE OF DEVELOPMENT:	MILY RESIDENCE 2490	TOT	ALSOR FT	OF DWELL	ing	240	_GALLONS PE	RDAY
X SINGLE FAM	AL TYPE OF BUSINESS/	INSTITUT	ION	01				
COMMERCI								
	NUMBER OF							
SITES GENERA PERMITTING T	TING MORE THAN 5000 GALLONS HROUGH THE TEXAS NATURAL R	PER DAY ESOURCE	ARE REQUI CONSERVA	RED TO OBT TION COMM	TAIN AISSION.			
SOURCE OF WATER:	PUBLIC X	PRIVATE_						
				*****	********	********** UNICONI	•*************************************	*******
PLANNING MATERIALS	& SITE EVALUATION AS REQUIR	D COMPL	JETED BY	GREG	<u>J W. IO</u>	<u>המסטת,</u>		
SYSTEM DESCRIPTION	PROPRIETARY;	<u> </u>	AEROBIC	TREATM	MENT A	ND SUF	ALE INTERACE	ATION
	REQUIRED BASED ON PLANNING		ALS & SITE!	EVALUATIO)N			
TANK SIZE(S) NOR			ABSORPTIC	N/APPLICA	TION AR	НА	<u> 1926</u>	SQR. FT.
		YES		NO				
	VICES BEING UTILIZED?X							
INSTALLERS NAME: T.1	***+******				CTUZANI CI	IDAULTE	D DOES NOT CO	ONIAIN ANY PADAD
INFORMATION AND DO	COMPLETED APPLICATION AN DES NOT CONCEAL ANY MATER TO ENTER UPON THE ABOVE DI FACILITIES. I ALSO UNDERSTAI DMINISTRATOR HAS APPROV	SCRIBEI) PROPERTY	FOR THE	PURPOSE	OF SITE/3	SOIL EVALUATE	ON AND INSPECTION OT BE ISSUED UNTU
AX	·		_17	<u>) HOLLOW</u>	/ O<u>AK. N</u> V AGENT	EW BRA GIVE ADI	UNFELS, <u>TX 78</u> DRESS& PHONE I	1 <u>32 (830)905-2778</u> NUMBER
SIGNATURE OF OWNER	OR APPOINTED AGENT		It	SIGNED 6	I AOENT			
\mathcal{U}	195 DAVID JONAS DRIVE, NEW I	RAUNFE	LS, TEXAS 7	/8132-3760 -	(830-608-	2094 FAX	(830)608-2009	
\sim	TAP DEATH SOUVE DELAIT OFF.		,					

COMAL	L COUNTY FLOOD PLAIN DE	VELOPMENT PER	MIT APPLIC	ATION
		87418 -		87 * 18
	DATE:	une 27, 2001		
PPLICANT:	FLOYD E. & BRENDA WILKES	3PI	IONE #:83	0-609-9090
ATLING ADDRESS:	C/0 3030 OAK HOLLC)W		
	NEW BRAUNFELS, TX	/8132		
EGAL DESCRIPTION OF 1	PROPERTY LOCATION: (ATTACH REC DCK 5, LOT 11	CORDED DOCUMENT &	VICINITY MAP)	P #384 A-5
NATURE OF PROPOSI				RECEIVED
X RESIDENTIAL	NON-RESIDENTIAL	PLACEMENT	OF FILL	JUN 2 8 2001
	NATURAL WATERWAY OR WATER COU			COUNTY ENGINEER
	Y)			
COST OF NEW C	ONSTRUCTION	COST OF	SUBSTANTIA	L IMPROVEMENTS
X_HOUSE \$	125,000	RESIDENT	IAL \$	
MOBILE \$		NON-RESI	DENTIAL \$	
COMMERCIAL \$		COMMERCI	AL \$	
OTHER \$		OTHER \$	······································	
	PROVIDE PLANS AND SPEC		F THE PROPO	SED CONSTRUCTION
ARE PROPOSED BUILDIN	****FOR OFFI	HAZARD AREA?	NO	
IS A WATER POLLUTION	ABATEMENT PLAN REQUIRED?	YES NO	<u> </u>	

EXEMPTION CERTIFICATE

THE ABOVE NAMED APPLICANT HAS APPLIED FOR A DEVELOPMENT PERMIT.

THE APPLICATION HAS BEEN REVIEWED BY THE COUNTY ADMINISTRATOR AND IT IS HIS DETERMINATION THAT THE PROPOSED DEVELOPMENT IS NOT WITHIN AN IDENTIFIED FLOOD PLAIN OF COMAL COUNTY.

THIS CERTIFICATE EXEMPTS THE APPLICANT FROM DEVELOPMENT STANDARDS REQUIRED BY COMAL COUNTY FLOOD PLAIN MANAGEMENT REGULATIONS. WORK IS HEREBY AUTHORIZED TO PROCEED ON THE ABOVE.

THE COUNTY ADMINISTRATOR HAS REVIEWED THE PLANS AND SPECIFICATIONS OF THE PROPOSED DEVELOPMENT AND DESIRES TO MAKE THE FOLLOWING RECOMMENDATIONS FOR DEVELOPMENT OR DESIGN ALTERATIONS:

THE FLOOD HAZARD BOUNDARY MAPS AND OTHER FLOOD DATA USED BY THE COUNTY ADMINISTRATOR IN EVALUATING FLOOD HAZARDS TO FROPOSED DEVELOPMENTS ARE CONSIDERED REASONABLE AND ACCURATE FOR REGULATORY PURPOSES AND ARE BASED ON THE BEST SCIENTIFIC AND ENGINKERING DATA. ON RARE OCCASIONS, GREATER FLOODS CAN AND WILL OCCUR AND FLOOD HEIGHTS MAY BE INCREASED BY MAN-MADE OR NATURAL CAUSES. THIS EXEMPTION CERTIFICATE DOES NOT IMPLY THAT DEVELOPMENTS OUTSIDE THE IDENTIFIED AREAS OF SPECIAL FLOOD HAZARD WILL BE FREE FROM FLOODING OR FLOOD DAMAGE. ISSUANCE OF THIS EXEMPTION CERTIFICATE SHALL NOT CREATE LIABILITY ON THE PART OF COMAL COUNTY IN THE EVENT OF FLOODING OR FLOOD DAMAGE DOES

OCCUP OF WARNING BY APPLICANT/AGENT кNТ ACK LE D

COUNTY ADMINISTRATOR

DATE :

DATE:



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: 82418

Issued this date: July 16, 2001

This Permit is hereby given to: Floyd & Brenda Wilkes

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

663 Flightline Drive, Bulverde, TX 78163 Lot 11, Block 5, Kestrel Air Park Unit 1 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.

This "License Operate" report was printed on 7/17/2001 by Contal County Environmental Health, coperator, using CASST Ver.2.1

Doc# 200106019729 P#824/8

AFFIDAVIT TO THE PUBLIC

RECEIVED

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ENVIRONMENTAL HEALTH

THE COUNTY OF COMAL STATE OF TEXAS

Before me, the undersigned authority, on this day personally appeared <u>Floyd E. Wilkes</u>, who after being duly sworn, (PRINT PROPERTY OWNER(5) NAME(5) upon oath states that he/she is the owner of record of that certain tract or parcel of land lying and being situated in <u>COMAL</u> County, Texas, and being more particularly described as follows: Lot 11, Block 5, KESTREL AIR PARK Subdivision,

COMAL County, Texas

The undersigned further states that he/she will, upon sale or transfer of the above-described property, request a transfer of the permit to operate such surface application system to the buyer or transferee. Any buyer or transferee is hereby notified that a maintenance contract with an approved maintenance company will be required for use of the septic system.

Property Owner Signature

Property Owner Signature

This instrument was acknowledged before me on this the $\frac{1.9}{2}$ day of $\frac{JUNE}{2}$,2001.

Notary Public in and for the State of Texas

Notary's Printed Name: VALERIE WILLIAMS

My Commission Expires

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VALERIE WILLIAMS Notary Public, State of Texas by Commission Expires Apr. 6. 2097 AFE OF TEXAS

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.



COUNTY CLERK

Doc# 200106019729

Doc# 200106019729 # Pages 1 06/19/2001 02:09:18 PM

Filed & Recorded in

Official Records of

COMAL COUNTY JOY STREATER

COUNTY CLERK Fees \$9.00



Doc# 200106019729

AFFIDAVIT TO THE PUBLIC

RECEIVED

JUL 06 2001

ENVIRONMENTAL HEALTH

THE COUNTY OF	COMAL
STATE OF TEXAS	

т.

	Before me, the undersigned Floyd E. Wilkes	ned authority, o	n this day personally
appea	réd	, who a	tter being duly sworn,
	(PRINT PROPERTY OWNER(5		
	bath states that he/she is th		
parcel	of land lying and being situ	lated in <u>COMAL</u>	County,
Texas,	and being more particular		
	Lot 11, Block 5, KE	STREL AIR PARK	Subđivision,
	COMAL County, Texas		

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Property Owner Signature

Property Owner Signature

This instrument was acknowledged before me on this the $\frac{19}{19}$ day of $\frac{JUNE}{19}$, 2001.

Notary Public in and for the State of Texas

VALERIE WILLIAMS Notary's Printed Name: ロタヤ My Commission Expires:



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.

Doc# 200106019729 # Pages 1 06/19/2001 02:09:18 PM Filed & Recorded in Official Records of COMAL COUNTY JOY STREATER COUNTY CLERK Fees \$9.00



OSSF SOIL EVALUATION REPORT INFORMATION

Date: June 27, 2001

Applicant	Information:
Name:	FLOYD E. & BRENDA WILKES
Address:	C/O 3030 OAK HOLLOW
City: N	IEW BRAUNFELS State: TX
Zip Code:	78132 Phone: 830-609-9090

Site Evaluator Information:

Name: Greg W. Johnson, P	.E., R.S., S.E. 4042
Address: 170 Hollow Oak	
City: New Braunfels	State: Texas
	& Fax (830)905-2778

Installer Information: **Property Location:** Lot 11 Unit 1 Blk 5 Subd. KESTREL AIR PARK TONY WILLIAMS Name: Street Address: _____ 663 FLIGHTLINE DRIVE T.L. WILLIAMS Company: 3030 OAK HOLLOW BULVERDE Zip Code: 78163 Address: City: ТX City: NEW BRAUNFELS State: Additional Info.: 830-609-9090 78132 Phone Zip Code: Topography: Slope within proposed disposal area: 5 % Presence of I 00 yr. Flood Zone: YES NO X RECEIVED NO X Existing or proposed water well in nearby area. YES Presence of adjacent ponds, streams, water impoundments YES. NO X JUL 1 2 2001 YES. NO X Presence of upper water shed NO X Organized sewage service available to lot YES COUNTY ENGINEER

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial
Q = GPD
Residential Water conserving fixtures to be utilized? Yes X No
Number of Bedrooms the septic system is sized for: <u>3</u> Total sq. ft. living area <u>2490</u>
Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction for water conserving fixtures)
Q = (3 +1)*75-(20%) = 240
Trash Tank Size325 Gal.
TNRCC Approved Aerobic Plant Size 500 G.P.D.
Req'd Application Area = Q/Ri = 240 / 0.064 = 3750 sq. ft.
Application Area Utilized = <u>3926</u> sq. ft.
Pump Requirement12Gpm @41Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)
Dosing Cycle: ON DEMAND or X TIMED TO DOSE IN PREDAWN HOURS Pump Tank Size = 600 Gal. U.3 Gal/inch.
Pump Tank Size = 600 Gal. U.3 Gal/inch.
Reserve Requirement = 80 Gal. 1/3 day flow.
Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction
Tablet Chlorinator
SCH-40 or SDR-26 3" or 4" sewer line to tank
Two way cleanout
Pop-up rotary sprinkler heads w/ purple non-potable lids
1" Sch-40 PVC discharge manifold APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.
AFFLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEOLICITON.

I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 (REGARDING RECHARGE FEATURES), TEXAS NATURAL RESOURCES CONSERVATION COMMISSION (EFFECTIVE FEBRUARY 4,1997).

OHNSON, P.E. 67587 - S.E. 4042



ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed:	June 26, 2001	
Site Location:	KESTREL AIR PARK, BLOCK 5, LOT 11	RECEIVED
Proposed Excavation Depth:	N/A	JUN 2 8 2001
Requirements:	the proposed divorsa	COUNTY ENGINEER

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

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Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III- blocky, platy or massive	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
TO 12"	TYPE III	CLAY		NONE	L.S. @ 12"	BROWN CLAY LOAN OVER LAYERED L.

Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III- blocky, platy or massive	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0 i 2 3	SAME	AS	ABOVE			
4						

OSSF SOIL EVALUATION REPORT INFORMATION

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,

Date: June 27, 2001	Site Evaluator Information:
the set Information:	Name: Greg W. Johnson, P.E., R.S., S.E. 4042
Name: FLOYD E, & BRENDA WILKES	A damage 170 Hollow Oak
	C. Marine Desumfole Match 1988
Address:City:NEW BRAUNFELSState:TX	Zip Code: <u>78132</u> Phone & Fax (830)905-2778
Zip Code:78132 Phone:830-609-9090	мр соцо. <u></u>
- <i></i>	Installer Information:
Property Location: Lot <u>11</u> Unit <u>1</u> Blk <u>5</u> Subd. <u>KESTREL AIR 1</u> 663 FLIGHTLINE DRIVE	PARK Name: TONY WILLIAMS
Lot 11 Unit 1 Bik 5 Subt.	Company: <u>T.L. WILLIAMS</u>
Street Address: Give The Code: 7	8163 Address: 3030 OAK HOLEOW
City:	C_{1} NEW BRAUNILIA State $-$
Additional Info.:	Zip Code: <u>78132</u> Phone <u>830-609-9090</u>
Topography: Slope within proposed disposal area	5%
D	
relating or proposed water well in nearby area.	YES NO X RECEIVED
Presence of adjacent ponds, streams, water impounding	$\begin{array}{cccc} \text{res}_{\text{res}}_{\text{res}_{\text{res}}_{\text{res}_{\text{res}_{\text{res}}_{\text{res}_{\text{res}}_{\text{res}_{\text{res}}_{\text{res}_{\text{res}}_{\text{res}}_{\text{res}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}$
Presence of upper water shed	YES NO X JUN 2 8 2001
Organized sewage service available to lot	YESNO_XCOUNTY ENGINEER
-	
Design Calculations for Aerobic Treatment with	a Spray Irrigation:
Commercial	
·	
Q = GPD Residential Water conserving fixtures to be utilize	ed? Yes X No 2490
$- \qquad \qquad$	
Q gal/day = (Bedrooms +1) * 75 GPD - (20% redu	ection for water conserving fixtures)
Q = (3 + 1)*75-(20%)= 240	
$\pi = \sqrt{1 - \pi} = 1$, $Q_{\pi \alpha} = A00$ (ia).	
TASH TARK Size	G.P.D.
Req'd Application Area = $Q/Ri = \frac{240}{$	0.064 = 3750 sq. ft.
Application Area Utilized = 3926 sq.	<u>ft.</u> (1.1.1.1)
12 Decomposite 12 Group (a) 41 3^{-1}	SI (Noujacket wis in 10 million in 10 million
Pump Requirement ON DEMAND or >	TIMED TO DOSE IN PREDAWN HOURS
Dosing Cycle:ON DEMAND or Pump Tank Size =825 Gal13.5-19	Gal/inch.
Alarms: Audible & Visual High Water Alarm &	Visual Air Pump malfunction
Alarms: Audible & Visual Fight water Marin es	······ ().
Tablet Chlorinator SCH-40 or SDR-26 3" or 4" sewer line to tank	
SCI1-40 or SDR-26 5 of 4 Sewer hile to take	1
Two way cleanout Pop-up rotary sprinkler heads w/ purple non-potable	fids
1" Sch-40 PVC discharge manifold	
1" Sch-40 PVC discharge manifold APPLICATION AREA SHOULD BE SEEDED A	AND MAINTAINED WITH VEGETATION.
AFFLICATION AREA OF OTHER	
1 HAVE PERFORMED A THOROUGH INVESTIG	ATION BEING A REGISTERED PROFESSIONAL ENGINEER TH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40
AND SITE EVALUATOR IN ACCORDANCE WI	TH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40
(REGARDING RECHARGE FEATURES), 10 AAS	NATURAL RESOURCES CONSERVATION COMMISSION
(EFFECTIVE FEBRUARY 4,1997).	. /

HINSON, P.E. 67587 - S.E. 4042 GRE

P#82418

BJ'S AEROBIC SERVICE CO

1252 VISTA BONITA RECEIVED New BRAUNFELS TEXAS 78130 ME 18 PMG 830-634-1363

Aerobic Maintenance/Service Contract

LINVERONMENTAL HEALTH

In consideration of prepayment of this Service contract cost indicated below, this authorizes BF's service company agrees to the following:

() Initial 2 yr. Warranty () Continuing Service Agreement

During the service period specified, make regularly scheduled inspection calls each (4) four months on the system at the following address:

Langer -	Floyd E. Wilkes 663 Flightline oz Lot 11, BIKS	Kertal Ris Portel
ADDRESS:_	663 Flightline or NOT 11, OIK	nestra un lar a sub.a
CITY:	Comal County	
STATE:	Texas	
PHONE:		

Inspection calls will include:

A: An effluent quality inspection consisting of a visual check for color and an examination for odor.

B: Adjustment and servicing of any mechanical and electrical components that are out of order.

C Periodic sampling of the settled solids in the aeration chamber.

D: If any improper condition is observed, which cannot be corrected at inspection time, the user will be notified in writing of the conditions and the estimated date of corrections.

E Additional service, if any:

The cost of this service contract will be $s_{-} \leq c_{-}$ and is effective from $\frac{7/01}{10}$ to $\frac{7/03}{10}$

Additional service (as ordered by customer), additional chlorine (after startup dosage), replacement of any or all filters, replacement of "out of warranty" or no warranty components (alarms, compressors, etc.), laboratory test work, pumping of aerobic unit or pre-treatment tank (pumping done upon written authority from customer) is available at additional cost and payable at time service is rendered, or unless otherwise stated on invoice.

IMPORTANT: This warranty/service agreement does not cover the cost of service calls, labor or materials which are required due to "mis-use or abuse" of the system; failure to maintain electrical power to system; sprinklers that are broken, leaking, stopped up or otherwise malfunctioning; sewage flows exceeding the hydranhc/organic design capabilities; disposal of non-biodegradable materials, solvents, grease, oil, paint, ctc.; or any usage contrary to the requirements listed in the owners manual or as advised by authorized service representative

A schedule of charges or parts and additional service may be check by phoning the number above

(x) Jun E Wille Owner Signature date: Authorized Service Representative



1 . خ New Braunfels Title Co. 0/0 G.F.# 50964

RECORDED BY: TICOR TITLE AGENCY GF NO. 981017538 ∞ *ŧ5*0, 969

WARRANTY DEED WITH VENDOR'S LIEN

Date: November 16, 1998



Grantor: KNOWLTON PROPERTIES, LTD., a Texas limited partnership, formerly KNOWLTON PARTNERSHIP

DOC# 9806028077 RECEIVED

JUN 2 8 2003

COUNTY ENGINEER

Grantor's Mailing Address (including county):

KNOWLTON PROPERTIES, LTD. 18225 FM 2252 San Antonio, Texas 78266 Comal County

Grantee: FLOYD E. WILKES and wife, BRENDA WILKES

Grantee's Mailing Address (including county):

FLOYD E. WILKES BRENDA WILKES 2714 Pebble Breeze San Antonio, Texas 78232 Bexar County

Consideration:

TEN AND NO/100 DOLLARS and other good and valuable consideration and the further consideration of a note of even date that is in the principal amount of TWENTY FIVE THOUSAND FOUR HUNDRED FIFTY AND NO/100 DOLLARS (\$25,450.00) and is executed by Grantee, payable to the order of STATE BANK & TRUST OF SEGUIN, TEXAS Bank ("Lender"). The note is secured by a vendor's lien retained for the benefit of and transferred to Lender in this deed and by a deed of trust of even date, from Grantee to JOE H. BURNS, Trustee.

Property (including any improvements):

Being all that certain tract or parcel of land lying within Comal County, Texas, known and designated as Lot 11, Block 5, KESTREL AIR PARK, according to the map or plat thereof, recorded in Volume 12, Pages 314-316 of the Map and Plat Records of Comal County, Texas.

Reservations From and Exceptions to Conveyance and Warranty:

- Restrictive Covenants and By-laws as set forth in instruments recorded under Clerk's File Nos. 9806018978, 9806020209, 9906020210, 9806022625, 9806022626, 9806024803, 9806024804 and 9806026273 of the Official Public Records of Comal County, Texas, and Volume 12, Pages 314-316 of the Map and Plat Records of Comal County, Texas;
- Any titles or rights asserted by anyone, including, but not limited to, persons, the public, corporations, governments or other entities:
 - (a) To lands comprising the shores or beds of navigable or perennial rivers and streams; and,

Page 1 of 3 Pages

- (b) To statutory water rights, including riparian rights except as otherwise expressly conveyed;
- 3. Standby Fees, Taxes and Assessments, by any taxing authority for the year 1998 and subsequent years, and subsequent taxes and assessments by any taxing authority for prior years due to change in land usage or ownership;
- 4. The Vendor's Lien herein retained and assigned;
- 5. Visible and apparent easements, if any, affecting any portion of the above described real property;
- 6. Building setback line twenty-five (25) feet wide along the front property line and twelve (12) feet wide along side property lines of the subject property as set forth in instrument recorded under Clerk's File No. 9806018978 of the Official Public Records of Comal County, Texas, and as reflected by the plat recorded in Volume 12, Pages 314-316 of the Map and Plat Records of Comal County, Texas;
- 7. Utility easement twenty (20) feet wide along the front property line and twelve (12) feet wide along side property lines of the subject property as reserved in instrument recorded under Clerk's File No. 9806018978 of the Official Public Records of Comal County, Texas, and as reflected by the plat recorded in Volume 12, Pages 314-316 of the Map and Plat Records of Comal County, Texas;
- 8. Maintenance assessment payable to Kestrel Air Park Unit 1 Owners Association as set forth in instruments recorded under Clerk's File Nos. 9806018978 and 9806020209 of the Official Public Records of Comal County, Texas, said lien being subordinated to the lien of any first mortgage or Deed of Trust;
- 9. Establishment and designation of Architectural Control Committee as evidenced by instrument recorded under Clerk's File No. 9806020210 of the Official Public Records of Comal County, Texas.

Grantor, for the consideration, receipt of which is acknowledged, 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, executor, 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, except as to the reservations from and exceptions to conveyance and warranty.

The vendor's lien against and superior title to the property are retained until each note described is fully paid according to its terms, at which time this deed shall become absolute.

Lender, at Grantee's request, having paid in cash to Grantor that portion of the purchase price of the property that is evidenced by the note described, the vendor's lien and superior

Page 2 of 3 Pages

title to the property are retained for the benefit of Lender and are transferred to Lender without recourse on Grantor.

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

> KNOWLTON PROPERTIES, LTD. formerly KNOWLTON PARTNERSHIP BY: KNOWLTON MANAGEMENT COMPANY, LLC a Texas limited liability company, its General Partner

KIIA IN By≱ KNOWLTON, MEMBER SCOTT

ACKNOWLEDGMENT

STATE OF TEXAS

S

s

COUNTY OF COMAL

This instrument was acknowledged before me on November 18, 1998, by SCOTT KNOWLTON, member of KNOWLTON MANAGEMENT, LLC, a Texas limited liability company, general partner of KNOWLTON PROPERTIES, LTD., a Texas limited partnership, formerly KNOWLTON PARTNERSHIP, on behalf of KNOWLTON MANAGEMENT, LLC and KNOWLTON PROPERTIES, LTD.

um/ll State of Texas Notary Public,

AFTER RECORDING RETURN TO:

Mr. and Mrs. Floyd E. Wilkes 2714 Pebble Breeze San Antonio, Texas 78232

Doc# 9806028077 Doc# 9806028077 # Pages: 3 Date : 11-23-1998 Time : 04:07:18 P.M. Filed & Recorded in Official Records of COMAL County, TX. JOY STREATER COUNTY CLERK Rec. \$ 13.00

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Page 3 of 3 Pages

				ITEWA RER	ICE COMPAN OPERATOR	
125	JOHNSON 52 VISTA BO W BRAUNFEL		PCEIVI	PHO FAX ED EMAI	(830) (824-1363 824-1363 0@aol.com
Floys en 663 Flic Bulvelde	htline F		APR 16 20 UNTY ENG		•	tem Maintenance Reporting Record
1. Required frequency 7-03 Contract Start Date Actual Visit: Day of #1. #2. #3. (if needed) #4.		es per year or eve 7 / / / outh Date 7 / / 1 / / 1 / /	Vear 0/	lated after each maintenance com permitting author	inspection. One company. The second writy. The third copy voice for service by th gent:	all be completed, signed and py shall be retained by the i copy is sent to the local is sent to the system owned e maintenance company
2. System Inspection:	Date #1	Date #2	Date #3	Date #	4	Inspector
Inspected Item Chlorine Supply Aeratore. Air Filters: Air Pump: Irrigation Pump: Disinfection Device: Electrical Circuits: Distribution System: Spray Field Vegetation: As Noted 3. Repairs to System: Date #1.	(iist all compone	·····			No Signature Print Date #2 Signature Print Date #3 Signature Print Date #3 Signature Print Date #4 Signature Print	Honor Hoothuse G
4. Circle Tesi Perfora			mpa/100ml,	or trace	Results	Test Method
Date #1. BOI	D (Grab) TSS	G (Grab)	12 (Grab) (2 (Grab)	Fecal Coliform Fecal Coliform	Ing fl (my fl	
			L2 (Grab) L2 (Grab)	Fecal Coliform		
5. General Comments Date #1 Date #2	or Recommenda	tions:				

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BJ's Aerobic Maintenance Service Company Certified Class D Wastewater Operator

B. Johnson 1252 Vista Bonita New Braunfels, TX 78130

Phone (830) 624-1363 Fax (830) 624-1363 email bipaero@aol.com

Aerobic Maintenance/Service Contract Pete Johnson, Certified Maintenance Provider

In consideration of prepayment of this Service Contract cost indicated below, this Contract authorizes BJ's Aerobic Service Co. to

() Initial 2 year Warranty

X Continuing Service Agreement

During the service period specified, make regular inspection call and report each (4) months from the date of installation or the date of this Service Contract as required by T.N.R.C.C. regulations on the system at the following address:

Permit # 82418

Name: Floyd E. WilkES Address: 663 FlightLine DR City/State/Zip: SPLING BLANCH. TX Phone:

Inspection calls will include:

- A: An effluent quality inspection consisting of a visual check for color and examination for odor.
- B: Adjustment and servicing of any mechanical and electrical components that are out of order.
- C: Periodic sampling of settled soils in the aeration chamber.
- D: If any improper condition is observed which cannot be corrected at inspection time, the user will be notified in writing of the condition(s) and the estimated date of correction(s).
- E: Complaint response time is (48) forty-eight hours or less.

The cost of this Service Contract will be $\frac{6200}{200}$ and is effective from $\frac{2}{103}$ to $\frac{2}{100}$

Additional service (as ordered by customer), additional chlorine (after startup dosage). Replacement of any or all filters, replacement of "out of warranty" or no warranty components (alarms, compressors, etc.), laboratory test work, pumping of aerobic unit or pre-treatment tank (pumping done upon written authorization from by customer) is available at an additional cost and payable at the time the service is rendered, or unless otherwise stated on involce.

IMPORTANT: This Warranty/Service Contract does not cover the cost of service calls, labor or materials which are required due to "mis-use or abuse" of the system; failure to maintain electrical power to the system; sprinklers that are broken; leaking, stopped up or otherwise malfunctioning; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non-biodegradable materials, solvents, grease, oil, paint, etc.; or any usage contrary to the requirements listed in the system owners manual or as advised by Authorized Service Representative.

Owner is responsible to maintain chlorine in chlorinator at all times.

A schedule of charges or parts and additional service is available by calling the phone number above.

Agreed and Accepted

Authorized Service Representative

Date

Agel & Welke 26 Jun 03

1252	hnson Vista Bonita Braunfels, TX	78130		Phone Fax email EIVED	(830) 624-1363 (830) 624-1363 bjpaero@aol.com	
Floyo 667 Fl.0	wilk shflime	CS DN	027	0 2 200) ENGINEER	Aerobic System N Testing & Repor	
1. Required frequency months Contract Start Date Actual Visit: Day of W #1. #2. #3. (if needed) #4.	/eek Ma		<u>Gy</u> Year	lated after each in naintenance com permitting author long with an inv Authorized A	Reporting Record shall be conspection. One copy shall be pany. The second copy is set ity. The third copy is sent to oice for service by the maintenergent: $Pe+e \int_{\partial h} h \cdot v s$ mit #: $S \geq 4/1 S$	retained by the nt to the local the system own mance company
 2. System Inspection: Inspected Item Chlorine Supply: Aerators: Air Filters: Air Filters: Air Fump: Irrigation Pump: Disinfection Device: Electrical Circuits: Distribution System: Spray Field Vegetation: As Noted: 3. Repairs to System: (Date #1. Comments) 		Date #2 Operational Yes or No	Date #3 Operationa Yes or N	No Yes or	al Date #1 No Signature Print Date #2 Signature Print Date #3 Signature Print Date #3 Signature Print Date #4 Signature Print Print	ector
Date #2 Date #3 Date #4 4. Circle Test Perform <u>Method</u>	ed: (one is requi	red) mg/L,			Results	Test Hrch
Date.#3 BOI 5. General Comments	or Recommenda	S (Grab) C	L2 (Grab) L2 (Grab)	Fecal Coliform Fecal Coliform	······································	
Date #1 Date #2				(************************************		

	BJ's	s Aerobic M: Certified Ck	aintenance S iss D Wastewa	fervice Con iter Operator	ipany	
B. Johnson 1252 Vista Bonita New Braunfels, TX 78130				. (8	30) 624-1363 30) 624-1363 paero@aol.com	
Floys W. 667 Flict	Ikes https: Dr	L	RECEIVI		<u>ى ئەرىمە بەر بەر بەر بەر بەر بەر بەر بەر بەر بە</u>	
Bulviene,	TX -	,	0EP 0 %		erobic System	
			COUNTY ENG	NEER	Testing & Repo	rting Record
1. Required frequency of months Contract Start Date Actual Visit: Day of W #1. #2. #3. (if needed) #4.	/eek Mo	7 1 7 6 1 onth Date	o ≥ dated maint year along	after each inspected and the second s	borting Record shall be contained. One copy shall be the third copy is sent to for service by the maintain t: $Pefee Jo hous$ #: 82418	e retained by the ent to the local o the system owner tenance company.
2. System Inspection:	Date #1	Date #2	Date #3	Date #4	Ins	pector
Inspected Item	Operational Yes or No	Operational Yes or No	Operational Yes or No	Operational Yes or No	Date #4	
Chlorine Supply:					Signature //	
Aerators:		V			Date #2 = D 1	1
Air Filters:		2	1/1		Signature Elite	
Air Pump:		10	1/	+	Print	
Irrigation Pump:		+ <u>/</u>	1./	++	Date #3	0
Disinfection Device:				- 	Signature Peter	t
Electrical Circuits:		+		+	Print	*****
Distribution System:		+			Date #4	
Spray Field Vegetation:		14			Signature	
As Noted:		+		+	Print	
3. Repairs to System: (1 Date #1. <u>0</u> Date #2. <u>0</u> Date #3. <u>3</u> Date #4.						
	ed: (one is requir	ed) mg/L,	mpa/100ml,	or trace	Results	Test
4. Circle Test Performe					-	. /
				al Coliform	Im I	AACh
4. Circle Test Performe Method	(Grab) TSS	S (Grab) CE	(Grab) Fec	a comorm	VI YIA	
4. Circle Test Performe Method Date #1. BOD					Im 10	11
4. Circle Test Performe <u>Method</u> Date #1. BOD Date.#2 BOD	(Grab) TSS	S (Grab)	(Grab) Fec	al Coliform	1mg/l	<u> </u>
4. Circle Test Performe <u>Method</u> Date #1. BOD Date.#2 BOD	(Grab) TSS	S (Grab)	(Grab) Fec		1mg/l 1mg/l	<u> </u>
4. Circle Test Performe <u>Method</u> Date #1. BOD Date.#2 BOD Date.#3 BOD	(Grab) TSS (Grab) TSS	S (Grab) CL S (Grab) CL	(Grab) Fec	al Coliform	Imy/l Imy/l Imy/l	<u> </u>
4. Circle Test Performe <u>Method</u> Date #1. BOD Date.#2 BOD Date.#3 BOD 5. General Comments of	(Grab) TSS (Grab) TSS or Recommendat	S (Grab) CL S (Grab) CL ions:	2 (Grab) Fec. 2 (Grab) Fec.	al Coliform al Coliform	1my/l 1my/l	<u>ii</u> <u>n</u>
4. Circle Test Performe <u>Method</u> Date #1. BOD Date.#2 BOD Date.#3 BOD 5. General Comments of Date #1.	(Grab) TSS (Grab) TSS or Recommendat	S (Grab) CL S (Grab) CL ions:	2 (Grab) Fec 2 (Grab) Fec	al Coliform al Coliform	Imy/l Imy/l	
4. Circle Test Performe Method Date #1. BOD Date.#2 BOD Date.#3 BOD 5. General Comments o Date #1 Date #2	(Grab) TSS (Grab) TSS or Recommendat	S (Grab) CL S (Grab) CL ions:	2 (Grab) Fec (Grab) Fec	al Coliform al Coliform	Imy/l Imy/l Imy/l	<u>ii</u> <u>n</u>
4. Circle Test Performe <u>Method</u> Date #1. BOD Date.#2 BOD Date.#3 BOD 5. General Comments of Date #1.	(Grab) TSS (Grab) TSS or Recommendat	S (Grab) CL S (Grab) CL ions:	2 (Grab) Fec (Grab) Fec	al Coliform al Coliform	Imy/l Imy/l	<u>ii</u> <u>n</u>

Andreas and a standard standard standard of the standard standard standard standard standard standard standard Standard standard stan Standard standard sta				ICE SERVICE	
1252 New	OHNSON 2 VISTA BO BRAUNFEL	.s, TX 781		Phone Fax EMAIL EIVED	(830) 624-1363 (830) 624-1363 BJPAERO@AOL.COM
Floyo W. 663 Fligh Bulvekde,		L	SEP.	0 2 2) A	Aerobic System Maintenance Testing & Reporting Record
1. Required frequency of 7-03 Contract Start Date Actual Visit: Day of W #1. #2. #3. (if needed) #4.	Veek Mo	7 / / onth Date	01 Year	dated after each insp maintenance compan permitting authority.	borting Record shall be completed, signed and ection. One copy shall be retained by the y. The second copy is sent to the local The third copy is sent to the system owner for service by the maintenance company. $FERL_{6LJSN}$ t: $FERL_{6LJSN}$
2. System Inspection:	Date #1	Date #2	Date #3	Date #4	Inspector
Inspected Item Chlorine Supply: Aerators: Air Filters: Air Pump: Irrigation Pump: Disinfection Device: Electrical Circuits: Distribution System: Spray Field Vegetation: As Noted: Date #1. OK Date #3. OK Date #4. OK				No Yes or No	Date #1 Signature Print Date #2 Signature Print Date #3 Signature Print Date #4 Signature Print Date #4 Signature Print
4. Circle Test Performe	ed: (one is requi	red) mg/L	_mpa/100ml	, or trace	Results Test Method
Date #1. BOD Date #1. BOD	(Grab) TS (Grab) TS	S (Grab) C S (Grab) C	L2 (Grab) L2 (Grab) L2 (Grab) L2 (Grab)	Fecal Coliform Fecal Coliform Fecal Coliform Fecal Coliform	Imple MATH
5. General Comments					
Date #1.					
Date #2.					
Date #3.					
Date #4.					

BJ&S Aerobic Maintenance Service Company Certified Class D Wastewater Operator

Stacey Neuman 19020 FM 1957 San Antonio TX 78253

830-931-5957-phone

RECEIVED NOV 1 0 2005

COUNTY ENGINEER

Aerobic Maintenance/Service Contract Stacey Neuman, Certified Maintenance Provider Pete Johnson, Certified Maintenance Provider

Acrobic Maintenance Service Co. to provide the following:

In consideration of prepayment of this Service Contract cost indicated below, this Contract authorizes BJ&S ()Initial 2 year Warranty

Continuing Service Agreement

During this period specified, make regular inspection calls and report each (4) months from the date of installation or the date of this Service Contract as required by T.C.E.Q. regulations on the system at the following address:

NAME: Floud Wilkes

ADDRESS: 10103 82418 CITY/STATE/ZIP:S **PHONE:** 8010 \$20

Inspection calls will include:

A: An effluent quality inspection consisting of a visual check for color and examination for odor. B: Adjustment and servicing of any mechanical and electrical components that are out of order.

- C: Periodic sampling of settled soils in the aeration chamber.
- D: If any improper condition is observed which can not be corrected at inspection time, the user will be Notified in writing of the condition(s) and the estimated date of corrections. E: Complaint response time is (48) fourtyOeight hours or less.

The cost of the this Service Contract will be 200 and is effective from 0105 to 01/00.

Additional service (as ordered by the customer) additional chlorine (after start up dosage). Replacement of any or all filters replacement of "out of warranty" or no warranty components (alarms, compressors, etc.), laboratory test work, pumping of aerobic unit or pre-treatment tank (pumping done upon written authorization from by customer) is available at an additional and payable at the time the service is rendered, or unless otherwise stated on invoice.

IMPORTANT: This Warranty/Service Contract does not cover the cost of service calls, labor or materials which are required due to "mis-use or abuse" of the system; failure to maintain electrical power to the system; sprinklers that are broken; leaking, stopped up or otherwise malfunctioning; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non-biodegradable materials, solvents, grease, oil; or any usage contrary to the requirements listed in the system owners manual or as advised by Authorized Service Representative.

****OWNER IS RESPONSIBLE TO MAINTAIN CHLORINE AT ALL TIMES.****

A SCHEDULE OF CHARGES OR PARTS AND ADDITIONAL SERVICE IS AVAILABLE BY CALLING THE

Agreed and Accepted

ized Service Rep.

J's Aerobic	Maintenance Service	Company
Certified	Class D Wastewater Oper	rator

B Johnson 1252 Vista Bonita New Braunfels, TX 78130

В

(830) 624-1363 Phone (830) 624-1363 Fax email bjpaero@aol.com

Aerobic Maintenance/Service Contract Pete Johnson, Certified Maintenance Provider

In consideration of prepayment of this Service Contract cost indicated below, this Contract authorizes BJ's Aerobic Service Co. to provide the following:

() Initial 2 year Warranty

N Continuing Service Agreement

During the service period specified, make regular inspection call and report each (4) months from the date of installation or the date of this Service Contract as required by T.N.R.C.C. regulations on the system at the following address:

X Name: Floyd Wilkes X Address: 663 Flightline Dr X City/State/Zip: Spring Branch, TX 78070 P# 82418 Phone: 210-391-6980 RECEIV

Inspection calls will include:

RECEIVED

OCT 11 2006

- A: An effluent quality inspection consisting of a visual check for color and examination for odor.
- B: Adjustment and servicing of any mechanical and electrical components that are out of order. ENVIRONMENTAL HEALTH
- C: Periodic sampling of settled soils in the aeration chamber.
- D: If any improper condition is observed which cannot be corrected at inspection time, the user will be notified in writing of the condition(s) and the estimated date of correction(s).
- E: Complaint response time is (48) forty-eight hours or less.

The cost of this Service Contract will be $\frac{2000}{200}$ and is effective from $\frac{1000}{1000}$ to $\frac{1000}{2000}$

Additional service (as ordered by customer), additional chlorine (after startup dosage). Replacement of any or all filters, replacement of "out of warranty" or no warranty components (alarms, compressors, etc.), laboratory test work, pumping of aerobic unit or pre-treatment tank (pumping done upon written authorization from by customer) is available at an additional cost and payable at the time the service is rendered, or unless otherwise stated on invoice.

IMPORTANT: This Warranty/Service Contract does not cover the cost of service calls, labor or materials which are required due to "mis-use or abuse" of the system; failure to maintain electrical power to the system; sprinklers that are broken; leaking, stopped up or otherwise malfunctioning; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non-biodegradable materials, solvents, grease, oil, paint, etc.; or any usage contrary to the requirements listed in the system owners manual or as advised by Authorized Service Representative.

Owner is responsible to maintain chlorine in chlorinator at all times.

A schedule of charges or parts and additional service is available by calling the phone number above.

8-2-06

Moyal E Wilk 8-2-06 Owner signature

Authorized Service Representative

Agreed and Accepted

ROM :			FAX NO. :			Feb. 04 2	1085 104:58PM	P1
	B. Johnson	BI's Aer	obie Mainte duci Class D	Wash walci	vice Cor Operati	apany		
Monthlease	1252 Vista E New Braunfe	is, TX 78130		Phone Fax email	(83	0) 624-1363 0) 624-1363		•
115	p Wilkes Flighth LNG BRAN	AL DE	70 - 210 391	6980		Aerobic S Testing 8	ystem Main Reporting	Record
Contract Sta Actual Visit #1. #2. #3. Ef sended) #4.	Day of Weak	Micenth D	5,06 ato Year 1,06	Authoriz	each mapeet to company, authority. It an invoice fi red Agent Permit #	ton. One copy The second co he third copy is a service by the	all be completed, shall be retained py is sent to the l sent to the syste maintemarker co $h N + C$	by the local
2. System In	Operati	the second states of the second states and	Characteristics of the local division of the local division of the local division of the local division of the	CONTRACTOR OF A DESCRIPTION OF A DESCRIP	Date #4	Date #1 7	Inspector	PROPERTY OF A
Date #1 Date #2 Date #3	npty: np: Devico: system: System: Vegetation:	aponenis replace			es or No	Nepresizes Print Date #2 Signature Print Date #3 Signature Print Date #4 Signature Print	RECEIV OCT 11 20 VIRONMENTAL 1	06
4. Circle Tes	t Performed: (one is	required) n	ng/L, mpa/100r	ni, or trac		Recults		Test
Method						4	//	~
Date #1. Date #.2	BOD (Grab)	TSS (Grab)	CL2 (Grab)	> Focal Coli		ing l	Mach	
Date #.3	BOD (Grab) BOD (Grab)	TSS (Grab) TSS (Grab)	CL2 (Grab) CL2 (Grab)	Fecal Colif	57			
Date #4.	BOD (Onub)	TSS (Grab)	CL2 (Grab)	Fecal Coli	-			
Date #1 Date #2	omments or Recomm							

1038	nal Aerobic Management Systems 3 Krona Court 9 Braunfels, TX 78132	MC0000360	830-237-5760 Fax: (830-626-3127)
To:	Floyd & Brenda Wilkes 663 Flightline Drive Spring Branch, TX 78070	Permit No: 82418 3 inspections per ye	ear - one every 4 months RECEIVED
	663 Flightline Drive nty: Comal	Date installed: July	
м	AINTENANCE CONTRACT PERIOD:	Start Date: 8/28/2007	End Date: 8/27/2008

Installer: Tony Williams Agency: Comal County Environmental Health

Maintenance Co.: Comal Aerobic Management Systems Manufacturer: Cajun Aire

AGREEMENT

I. General: This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between Client's <u>Floyd & Brenda Wilkes</u> (hereinafter referred to as "Client") residing or doing business at <u>663 Flightline Drive, Bulverde, TX 78163</u> and Comal Aerobic Management Systems (hereinafter referred to as Contractor), located at 1038 Krona Court, New Braunfels, TX 78132, (830)237-5760. By this agreement, Contractor agrees to render services, as agreed described herein, and Client agrees to fulfill his/her/their responsibilities under the agreement as described herein.

II. Effective Dates: This agreement commences on <u>8/28/2007</u> and runs for <u>1</u> year(s) thereafter. If this is an initial agreement, Contractor relies on Client to notify Contractor of the date of first use. Contractor must receive such notification within two (2) business days of the systems first use. If no notification is given to the Contractor within 90 days after the equipment is installed, Contractor will assume commencement of the agreement being the day the equipment was installed.

III. Renewal Terms: This agreement shall automatically renew for an additional <u>1</u> year(s) on the same terms as this Agreement unless either party gives written notice of the termination or if the Client fails to submit payment for such renewal. Contractor or Client, if choosing to terminate the Contract, must give the other, the local regulatory Agency and the equipment manufacture written notice at least 30 days prior to the end of the Contract. State law requires that aerobic maintenance contracts are to be renewed at least 30 days prior the ending of said Contract. Contractor will notify the Client 60 days prior to the Contracts ending. Client understands that state and local laws require Client to maintain a service contract in force at all time for the system.

IV. Services by Contractor: Contractor will provide the following services (hereafter referred to as the "Services").

1. In compliance with Agency, <u>Comal County Environmental Health</u> and Manufacture's <u>Cajun Aire</u> requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three (3) times per year. Contractor does not provide chlorine. **Client is solely responsible for maintaining chlorine in the chlorinator at all times.**

2. Contractor will provide a weather proof tag on the control panel containing company name, phone numbers and inspection dates.

3. Contractor will report all findings to the appropriate regulatory authority and to the Client, as required by both the State's on-site rules and the local Agency's rules. All findings must be reported to the local Agency within 14 days.

The Contractor's inspection will include the following: EFFLUENT QUALITY (color, turbidity, overflow and odor), ALARM FUNCTION, DISTRIBUTION SYSTEM, MECHANICAL OPERATION OF AERATION PUMP, CLEANING OF AERATION FILTERS, OPERATION OF EFFLUENT PUMP AND CHLORINE AVAILABILITY IN THE CHLORINATOR. (BOD & TSS annually on Commercial Accounts, Client is responsible for charges)
 Contractor will respond to Client complaints, calls regarding visual or audible alarms, suspicious conditions or any problems that might confront the Client within 48 hours, excluding weekends and holidays. The Contractor will maintain a 24 hour answering service at 830-237-5760. These unscheduled responses may be billed to the Client.

V. Client's Responsibilities:

SEP 0 4 2007

1. Maintain chlorinator and proper chlorine supply, if OSSF is equipped with one. COUNTY ENGINEER

2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.

3. Maintain a current license to operate, abide by conditions and limitations of that license and all requirements for an OSSF from State and the local agency as well as manufacturer's recommendations.

4. Immediately notify the Contractor of any alarms or problems with, including the failure of the OSSF.

5. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor, at Client's own expense.

6. Contractor will not be responsible for any warranty work; Client must contact the Installer for warranty problems. Contractor will repair warranty items if the installer cannot complete the repairs, however Client will be responsible for all charges. Contractor does provide warranties on work and parts provided by CAMS.

- 7. Not allow the backwash from water treatment or water conditioning equipment to enter the OSSF.
- 8. Maintain site drainage to prevent adverse effects on OSSF.

9. Promptly and fully pay Contractor's bills, fees or invoices as described herein.

VI. Site Location: Services are to be performed at the property at _663 Flightline Drive

VII. Access by Contractor: Contractor is hereby granted an easement to the OSSF for the purpose of performing Services. Contractor may enter the property at reasonable times without prior notice for the purpose of performing the above described Services or repairs. Contractor will require access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of elevation required by the manufacturer and/or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client as additional service at the rate of \$50.00 per hour plus materials billed at list price. Excavated soil is to be replaced as best as reasonably possible.

VIII. Payments: The fee for this agreement, <u>\$200.00</u> only covers the Services described herein. This fee does not cover equipment or labor supplied for non warranty repairs or for charges for unscheduled Client requested trips to the Client's site. Payments for such additional services are due when services are provided or rendered. Payments not received within 10 days from due date will be subject to a \$20.00 late penalty and/or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees and all costs of collection incurred by Contractor in collection of any unpaid debt(s).

IX. 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 held valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but 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.

1	11. 111	
Signature:	a ville	Date: 8/27/2007
0		
2 Work		210-391-6080
	n/Xillh 1	
signature:	M/1/100 n	Date: 8/27/2007
James H. Sigkies	S Jr. MP0000996	
V		
	2 Work	Signature:Cell: 9 WorkCell: s Signature:MW//////////////////////////////

Comal Aerobic Management Systems	MC0000360
1038 Krona Court	
New Braunfels, TX 78132	

830-237-5760 FAX 830-626-3127

TO: Floyd & Brenda Wilkes 663 Flightline Drive Spring Branch, TX 78070 830-438-8529

Permit No.: 82418

3 inspections per year-one every 4 months

SITE: 663 Flightline Drive

County: Comal Manufacturer: Cajun Aire Gate Code: Map: 38\$ A4

Inspection Type:

RECEIVED SEP 0 4 2007 COUNTY ENGINEER

Item: Operational Inoperative N/A Aerator: Air Compressor Filter: Air Compressor: Irrigation Pump: **Disinfection Device:** Chlorine Supply: OK System Light: Spray Field Vegetation: Sprinkler/Drip Backwash:

IT'S RECOMMENDED THAT THE SEPTIC SYSTEM BE PUMPED EVERY 3 YEARS Test Results and Observations: Chlorine Residual: $\Im > 1$ HACH

PSI: 2.7

CFM: _2-1

Repairs Made: (Y Add Chlorine: (Y) N **Repairs and Comments:** allow. drie. IM Inspector: m Date:

Dec	11 2007 4:21PM	Comal Aerobic	Management	830 626-3127	p.15
-	Comal Aerobic Mar 1038 Krona Court		MC0000360	830-2 FAX 830-1	237-5760 626-3127
	New Braunfels, TX	78132			
	TO: Floyd & Brenda 663 Flightline Di Spring Branch,	rive	Permit No.: 824 3 inspections pe	118 er year-one every 4 i	
	830-438-8529 T				RECEIVED
	SITE: 663 Flightline	Drive			DEC 1 2 2007
	County: Comal Manufacturer: Caju Gate Code: #1704 Map: 384 A4 Inspection Type:			CC	OUNTY ENGINEER
	Item:	#: 663 Flightline Drive DEC 1 2 2007 nty: Comal utacturer: Cajun Aire 0 Code: #1704 : 384 A4 ection Type: Utactured : Operational Inoperative N/A :			
	Aerator: Air Compressor Filte Air Compressor: Irrigation Pump: Disinfection Device: Chlorine Supply: OK System Light: Spray Field Vegetat Sprinkler/Drip Backy	ion:			
	Test Results and Ot	servations:	TIC SYSTEM BI	E PUMPED EVERY	3 YEARS
	PSI: 2.8				
	Repairs Made: (A) Repairs and Comm difference (Comm D. 4 CEM auffe	nents: Found 4.	1 PSI of back	Correct &	Manus and
	Inspector:	fim kedle	Date:	12/7/07	7

Comal Aerobic Management Systems 1038 Krona Court	RECE	VED		
New Braunfels, TX 78132	APR 18	3 2008		
	COUNTY E	NGINEER	3/31/2008	Phone: (830) 237-5760 Fax: (830) 626-3127
To: Mr. Floyd Wilkes 663 Flightline Dr. Spring Branch, TX 78070 Agency: Comal County Environmental Health County: Comal Subdivision: Inspection Type:	tion # _ 3 of	Br Sy Ae Phone: (830) Cell: (210) Work:	438-8529 Se 391-6080 Ot	Aire t: 8/28/2007 - 8/27/2008 spections per year: rvice Due: 4/28/2008 ther:
Item Operational Aerator: Air Compressor Filter: Air Compressor: Irragation Pump: Disinfection device: Chlorine supply: Alarm System Light: Spray field vegetation: Sprinkler / Drip backwash:	Inoperative	N/A		
Test Results and Observations: Residual CIVblorine: <u>= >(ppm //AC4/</u> CFM: <u>J</u> , <u>O</u> PSI: <u>J</u> , <u>5</u> Repairs made: Y D Add Chlorine: V N Repairs and Comments: <u>Only 1 tablet</u> <u>Guality is Wecdent</u> , <u>th</u> <u>Jyilem</u> ,	eft in chle and you	nimiter ad Ger bag	ded 3 table ling Oleri	ne in your
Inspector: Jim Sechly	Date:	GPS: . /	02/ 384 A4 /. /704	ID = 74
830 626-3127

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AUG 2 5 2008

COUNTY ENGINEER

Phone: (830) 237-5760 Fax: (830) 626-3127

Permit Number: 82418

Installed:

	Contract Period		
Phone: (830) 438-8529 Subdivision:	Start Date:	8/28/2008	
Site: 663 Flightline Dr. Spring Branch, TX 78070	End Date:	8/27/2009	
County: Comal Installer:		ement Systems	
Agency: Comal County Environmental Health	3 inspections/yr - one e	every 4 months	
MFG: Cajun Aire	Map Key: 384 A4		

AGREEMENT

I. General: This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Comal Aerobic Management Systems (hereinafter referred to as Contractor), located at 1038 Krona Court, New Braunfels, TX 78132, (830)237-5760. By this agreement, Contractor agrees to render services, as agreed described herein, and Client agrees to fulfill his/her/their responsibilities under the agreement as described herein.

II. Effective Dates: This agreement runs for 1 year after the Start Date above. If this is an initial agreement, Contractor relies on Client to notify Contractor of the date of first use. Contractor must receive such notification within two (2) business days of the systems first use. If no notification is given to the Contractor within 90 days after the equipment is installed, Contractor will assume commencement of the agreement being the day the equipment was installed.

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p.4

Date: 7/2/2008

1038 Krona Court

To: Mr. Floyd Wilkes 663 Flightline Dr. Spring Branch, TX 78070

New Braunfels, TX 78132

Comal Aerobic Management Systems

830 626-3127

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AUG 2 5 2008

COUNTY ENGINEER

V. Client's Responsibilities:

1. Maintain chlorinator and proper chlorine supply, if OSSF is equipped with one.

2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF. 3. Maintain a current license to operate, abide by conditions and limitations of that license and all requirements for an OSSF from State and the local agency as well as manufacturer's recommendations.

4. Immediately notify the Contractor of any alarms or problems with, including the failure of the OSSF.

5. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor, at Client's own expense.

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8. Maintain site drainage to prevent adverse effects on OSSF.

9. Promptly and fully pay Contractor's bills, fees or invoices as described herein.

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Clients ALE CHA OYD WILKESSignature: Printed Name: 210 39/6980 Date: <u>8/25/08</u> Client Phone Numbers: Home: 830 4388529 Work: Cell: 210

Contractor: Comal Aerobic Management Systems Signature: MC0000360

James H(Sickles Jr. MP0000990

p.16

Comal Aerobic Management Systems 1038 Krona Court New Braunfels, TX 78132				RECEIVED
8/23/2008			(830) 237-5760	COLDEME SOUTHEER
Mr. Floyd Wilkes			_	Permit: 82418
663 Flightline Dr. Spring Branch, TX 78070 Work: Site: 663 Flightline Dr. Spring Branch, TX 78070 Agency: Comal County Environmental Health County: Comal Subdivision:	Home:	(210) 391-6080 (830) 438-8529 Other:	ID: Inspections per year Appointment? [Mfg: Cajun Brand: S/N: S/N:	: 3 GPD: 0
Service Duc: 8/28/2008 Contract expires: 8/27/	/2009			
Inspection Type: Inspection	on # of	for the cont	ract year	
ItemOperationalAerator:Image: Air Compressor Filter:Air Compressor:Image: Air Compressor:Irragation Pump:Image: Air Compressor:Disinfection device:Image: Air Compressor:Chlorine supply:Image: Air Compressor:Alarin System Light:Image: Air Compressor:Spray field vegetation:Image: Air Compressor:Sprinkler / Drip backwash:Image: Air Compressor:	Inoperative	N/A		
Test Results and Observations: Residual Cl\hlorine: = > / ppm HACH CFM: PSI:				
Repairs made: DN Add Chlorine: DN Repairs and Comments: Found 4.5 PS/ diffusno, now have 3.6 PS/ duality is good, will berne (juil unites. Check Hore (hum flood, Ocher Alori Inspector:	Lafting (Date:	lonur and Lonure O Lin 5-7 Dorie in plone in plone in 8 f 2 6	1.2 CFM ai 2.4 CFM days with A system. Set	flow. Flula riflow. Mites mene O ² going a princy
			р. «-	

Area/Map: 002 / 384 A4

GPS: ./.

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DEC 10 2008

COUNTY ENGINEER

11/28/2008	Phone: (830) 237-5760
	Fax: (830) 626-3127

To: Mr. Floyd Wilkes		PermitNo:	82418
663 Flightline Dr. Spring Branch, TX 78070		Brand/Mfg.: System S/N: Aerator S/N:	
			Contract: 8/28/2008 - 8/27/2009 Inspections per year: 3
Agency: Comal County Environmental Health County: Comal		Phone: (830) 438-8529 Cell: (210) 391-6080	Service Due: 12/28/2008
Subdivision:	1.7	Work:	
Inspection Type: Inspectio	on # \mathcal{J} of \mathcal{J}	for the contract year	
Item Operational	Inoperative	N/A	
Aerator:	<u>.</u>		
Air Compressor:			
Irragation Pump:			
Chlorine supply:			
Alarm System Light:			
Spray field vegetation: Sprinkler / Drip backwash:			
Test Results and Observations: Residual Cl\hlorine: <u>571ppm</u> HACH			
CFM: 2-4 PSI: 2-8			
Repairs made: (2) N Add Chlorine: Y/(2) Repairs and Comments: Formal 5.0 PS	of backfre	mun and 1.7	CFM auflow
Repairs and Comments: Found 5.0 PS	e 2.8PG/ q	Dachfressur	and d. Y CFMainflow
Water quality inford in	el imprase	to excelle	tin 5-7 days.
Odded alonine to the sy	yten, Er	engthing is	good at this
- lime. A. D. M.			
Inspector:MM Malles	Date:	Area: 002 / 384 A4	
\cup		GPS: . / .	ID = 7 4

p.12

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APR 0 8 2009

Comal Aerobic Management Systems 1038 Krona Court New Braunfels, TX 78132

COUNTY ENGINEER

3/31/2009 Phone: (830) 237-5760 Fax: (830) 626-3127

830 626-3127

To: Mr. Floyd Wilkes 663 Flightline Dr. Spring Branch, TX 78070	PermitNo: 82418 Brand/Mfg.: Cajun Aire - Cajun Aire System S/N: Aerator S/N: Contract: 8/28/2008 - 8/27/2009
Agency: Comal County Environmental Health County: Comal Subdivision:	Inspections per year: 3 Phone: (830) 438-8529 Service Due: 4/28/2009 Cell: (210) 391-6080 Other: Work: Other:
Inspection Type: Inspection #	$3_{\text{of}} 3_{\text{for the contract year}}$
Item Operational Inoper Aerator:	ative N/A
Test Results and Observations: Residual Cl\hlorine: = 71 ppm HAGH	
CFM:	
Repairs made: (?) N Add Chlorine: Y/O Repairs and Comments: <u>Flumbel diffunn</u> t	aut light blub in HUA. Everything
Is excellent, Replaced Jumes	aut light blub in HUA. Evoutting
is good at this time.	
Inspector:	Date: $\frac{\sqrt{7/09}}{\sqrt{7/09}}$
\bigvee	GPS: $/$. ID = 74

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AUG 2 0 2009

COUNTY ENGINEE

7/31/2009 Phone: (830) 237-5760 Fax: (830) 626-3127

To: Mr. Floyd Wilkes PermitNo: 82418 663 Flightline Dr. Brand/Mfg.: Cajun Aire - Cajun Aire System S/N: Spring Branch, TX 78070 Aerator S/N: Contract: 8/28/2009 - 8/27/2010 Inspections per year: 3 Agency: Comal County Environmental Health Phone: (830) 438-8529 Service Due: 8/28/2009 County: Comal Cell: (210) 391-6080 Other: Subdivision: Work: of *S* for the contract year Inspection # Inspection Type: N/A Item Operational Inoperative Aerator: Air Compressor Filter: Air Compressor: Irragation Pump: Disinfection device: Chlorine supply: Alarm System Light: Spray field vegetation: Sprinkler / Drip backwash: Test Results and Observations: Residual Cl\hlorine: $= 2 / 0 \rho m$ HACH CFM: 2.2 PSI: 3-5 Repairs made: Y/ 🕑 Add Chlorine: Y/ 🚱 Repairs and Comments: Everything is Males Ruslity Date: Inspector: 384 A4 GPS: J ID = 74

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RECEIVED AUG 2 0 2009 COUNTY ENGINEER

Phone: (830) 237-5760 Fax: (830) 626-3127

Permit Number: 82418

Installed

		Contract Period		
Phone: (830) 438-8529 Subdivision:		Start Date:	8/28/2009	
Site: 663 Flightline Dr. Spring Branch, TX 78070		End Date:	8/27/2010	
County:-Comal	ويتورد الامرابية فيتحصر الدائين المتعجب الراري والامرا	Comal Aerobic Manag	ement Systems	
Installer:		3 inspections/yr - one	•	
Agency: Comal County Environmental Health		5 hispectonary - one	every 4 months	
MFG: Cajun Aire		Map Key: 384 A4	ļ	

AGREEMENT

I. General: This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Comal Aerobic Management Systems (hereinafter referred to as Contractor), located at 1038 Krona Court, New Braunfels, TX 78132, (830)237-5760. By this agreement, Contractor agrees to render services, as agreed described herein, and Client agrees to fulfill his/her/their responsibilities under the agreement as described herein.

II. Effective Dates: This agreement runs for 1 year after the Start Date above. If this is an initial agreement, Contractor relies on Client to notify Contractor of the date of first use. Contractor must receive such notification within two (2) business days of the systems first use. If no notification is given to the Contractor within 90 days after the equipment is installed, Contractor will assume commencement of the agreement being the day the equipment was installed.

III. Renewal Terms: This agreement shall renew for an additional 1 year on the same terms as this Agreement unless either party gives written notice of the termination or if the Client fails to submit payment for such renewal. Contractor or Client, if choosing to terminate the Contract, must give the other and the local regulatory Agency written notice at least 30 days prior to the end of the Contract.

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1. In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three (3) times per year. Contractor does not provide chlorine. Client is solely responsible for maintaining chlorine in the chlorinator at all times.

2. Contractor will provide a weather proof tag on the control panel containing company name, phone numbers and inspection dates.

 Contractor will report all findings to the appropriate regulatory authority and to the Client, as required by both the State's on-site rules and the local Agency's rules. All findings must be reported to the local Agency within 14 days.
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 Contractor will respond to Client complaints, calls regarding visual or audible alarms, suspicious conditions or any problems that might confront the Client within 48 hours, excluding weekends and holidays. The Contractor will maintain a 24 hour answering service at 830-237-5760. These unscheduled responses may be billed to the Client.

p.4

Date: 7/17/2009

1038 Krona Court

To: Mr. Floyd Wilkes 663 Flightline Dr. Spring Branch, TX 78070

New Braunfels, TX 78132

Comal Aerobic Management Systems

V. Client's Responsibilities:

1. Maintain chlorinator and proper chlorine supply, if OSSF is equipped with one.

 Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
 Maintain a current license to operate, abide by conditions and limitations of that license and all requirements for an OSSF from State and the local agency as well as manufacturer's recommendations.

4. Immediately notify the Contractor of any alarms or problems with, including the failure of the OSSF.

5. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor, at Client's own expense.
 6. Contractor will not be responsible for any warranty work; Client must contact the Installer for warranty problems.

Contractor will repair warranty items if the installer cannot complete the repairs, however Client will be responsible for all charges. Contractor does provide warranties on work and parts provided by CAMS.

- 7. Not allow the backwash from water treatment or water conditioning equipment to enter the OSSF.
- 8. Maintain site drainage to prevent adverse effects on OSSF.
- 9. Promptly and fully pay Contractor's bills, fees or invoices as described herein.

VI. Access by Contractor: Contractor is hereby granted an easement to the OSSF for the purpose of performing Services. Contractor may enter the property at reasonable times without prior notice for the purpose of performing the above described Services or repairs. Contractor will require access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of elevation required by the manufacturer and/or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client as additional service at the rate of \$50.00 per hour plus materials billed at list price. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement, only covers the Services described herein. This fee does not cover equipment or labor supplied for non warranty repairs or for charges for unscheduled Client requested trips to the Client's site. Payments for such additional services are due when services are provided or rendered. Payments not received within 10 days from due date will be subject to a \$20.00 late penalty and/or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees and all costs of collection incurred by Contractor in collection of any unpaid debt(s). Due date of invoices is 30 days after invoice date.

VIII. 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 held valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but 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.

Clients-Printed Name: Floy d Wilkesignature: Woyd Wilk Date: 8-16-09-Client Phone Numbers: Home: <u>630 436 552</u> Work: Cell; <u>210 391 6980</u> Contractor: Comal Aerobic Management Systems Signature: <u>MWM Hubber</u> Date: <u>8/18/09</u> MC0000360 James H. Aickles Jr. MP0000996

Dec 10 2009 3:12PM Comal Aerobic Management 830 626-3127 p.20 **Comal Aerobic Management Systems** 1038 Krona Court New Braunfels, TX 78132 11/24/2009 Phone: (830) 237-5760 Fax: (830) 626-3127 To: Mr. Floyd Wilkes PermitNo: 82418 Brand/Mfg.: ¢ajun Aire - Cajun Aire 663 Flightline Dr. System S/N: Spring Branch, TX 78070 Aerator S/N: Contract: 8/28/2009 - 8/27/2010 Inspections per year: 3 Agency: Comal County Environmental Health Phone: (830) 438-8529 Service Due: 12/28/2009 County: Comal Cell: (210) 391-6080 Other Subdivision: Work: Inspection # 2 of 3 for the contract year Inspection Type: Item Operational Inoperative N/A Aerator: Air Compressor Filter: Air Compressor: Irragation Pump: Disinfection device: Chlorine supply: Alarm System Light: Spray field vegetation: Sprinkler / Drip backwash: Test Results and Observations: Arriving Residual Chlorine (Grab): mg/L Leaving Residual Chlorine (Grab):__ mg/L PSI: 2.8 CFM: Repairs made: (Y) N Add Chlorine: Y (N) un to get above readings. Mote quality lent, Let time as times to correct time. + +, 0. AD is avec out they time. Repairs and Comments: Date: Inspector: 384 A4 Area: 002 GPS: ./ ID = 74

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Comal Aerobic Management Systems 1038 Krona Court New Braunfels, TX 78132

COUNTY ENGINEER

				3/31/2010	Phone: (830) 237-5760 Fax: (830) 626-3127
To: Mr. Floyd Wilkes 663 Flightline Dr. Spring Branch, TX 78	070			N:	ire - Cajun Aire
Agency: Comal County Env County: Comal Subdivision:	<u> </u>		Phone: (830) 438-852 Cell: (210) 391-608 Work:	Contract Ins Se	:: 8/28/2009 - 8/27/2010 pections per year: 3 rvice Due: 4/28/2010 her:
Inspection Type:	•••		for the contract year		
ltem Aerator: Air Compressor Filter: Air Compressor: Irragation Pump:	Operational	Inoperative	N/A		
Disinfection device: Chlorine supply: Alarm System Light: Spray field vegetation: Sprinkler / Drip backwash:	KKK				
Test Results and Observation Arriving Residual Chlorine (Leaving Residual Chlorine (Grab):mg/				
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Inspector:	lichles	Date:	Area: 002/ 384 A4		
•			GPS: ./.		D = 74

		7/2	7/2010	Phone: (830) 237-5760 Fax: (830) 626-3127
To: Mr. Floyd Wilkes		PermitNo:		
663 Flightline Dr. Spring Branch, TX 78070		Brand/Mfg.: System S/N: Aerator S/N:	Cajun A	ize - Cajun Aire
Agency: Comal County Environmental Health County: Comal Subdivision: Inspection Type:	ection # of	Phone: (830) 438-8529 Cell: (210) 391-6080 Work: Z for the contract year	Ins Se	t: 8/28/2010 - 8/27/2011 spections per year: 3 strvice Due: 8/28/2010 ther:
	,			
Item Operational Aerator:	Inoperative	N/A		
Air Compressor Filter:				
Air Compressor:				
Irragation Pump:				
Chlorine supply:				
Alarm System Light:				
Spray field vegetation:				
Sprinkler / Drip backwash:		· · · · · ·		
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COUNTY ENGINEE

Phone: (830) 237-5760 Fax: (830) 626-3127

Permit Number: 82418

Installed:

	Contrac	t Period
Phone: (830) 438-8529 Subdivision:	Start Date:	8/28/2010
Site: 663 Flightline Dr. Spring Branch, TX 78070	End Date:	8/27/2011
County: Comal	Comal Aerobic Manag	ement Systems
Installer:	3 inspections/yr - one e	every 4 months
Agency: Comal County Environmental Health		-
MFG: Cajun Aire	Map Key: 384 A4	

AGREEMENT

I. General: This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Comal Aerobic Management Systems (hereinafter referred to as Contractor), located at 1038 Krona Court, New Braunfels, TX 78132, (830)237-5760. By this agreement, Contractor agrees to render services, as agreed described herein, and Client agrees to fulfill his/her/their responsibilities under the agreement as described herein.

II. Effective Dates: This agreement runs for 1 year after the Start Date above. If this is an initial agreement, Contractor relies on Client to notify Contractor of the date of first use. Contractor must receive such notification within two (2) business days of the systems first use. If no notification is given to the Contractor within 90 days after the equipment is installed, Contractor will assume commencement of the agreement being the day the equipment was installed.

III. Renewal Terms: This agreement shall renew for an additional 1 year on the same terms as this Agreement unless either party gives written notice of the termination or if the Client fails to submit payment for such renewal. Contractor or Client, if choosing to terminate the Contract, must give the other and the local regulatory Agency written notice at least 30 days prior to the end of the Contract.

IV. Services by Contractor: Contractor will provide the following services (referred to as the "Services").

1. In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three (3) times per year. Contractor does not provide chlorine. Client is solely responsible for maintaining chlorine in the chlorinator at all times.

2. Contractor will provide a weather proof tag on the control panel containing company name, phone numbers and inspection dates.

 Contractor will report all findings to the appropriate regulatory authority and to the Client, as required by both the State's on-site rules and the local Agency's rules. All findings must be reported to the local Agency within 14 days.
 The Contractor's inspection will include the following; EFFLUENT QUALITY (color, turbidity, overflow and odor), ALARM FUNCTION, DISTRIBUTION SYSTEM, MECHANICAL OPERATION OF AERATION PUMP, CLEANING OF AERATION FILTERS, OPERATION OF EFFLUENT PUMP AND CHLORINE AVAILABILITY IN THE CHLORINATOR. (BOD & TSS annually on Commercial Accounts, Client is responsible for charges)
 Contractor will respond to Client complaints, calls regarding visual or audible alarms, suspicious conditions or any problems that might confront the Client within 48 hours, excluding weekends and holidays. The Contractor will maintain a 24 hour answering service at 830-237-5760. These unscheduled responses may be billed to the Client.

Date: 7/1/2010

1038 Krona Court

To: Mr. Floyd Wilkes 663 Flightline Dr. Spring Branch, TX 78070

New Braunfels, TX 78132

Comal Aerobic Management Systems

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COUNTY ENGINEER

V. Client's Responsibilities:

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1. Maintain chlorinator and proper chlorine supply, if OSSF is equipped with one.

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 Maintain a current license to operate, abide by conditions and limitations of that license and all requirements for an OSSF from State and the local agency as well as manufacturer's recommendations.

4. Immediately notify the Contractor of any alarms or problems with, including the failure of the OSSF.

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VIII. 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 held valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but 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.

Clients Printed Name: Fleyd Wilkes Signature: Flyd Wills Date: 7-30-2010	
Client Phone Numbers: Home: 830 438 85 29 Work: Cell: 210 391 6980	
Client Phone Numbers: Home: <u>830 436 85 29</u> Work: <u>Cell: 210 391 6980</u> Contractor: Comal Aerobic Management Systems Signature: <u>Market J. Date: 7/3//10</u> MC0000360 James H. Sickles Jr. MP0000996	

11/25/2010 Press: (80) 323-5760 To: Mr. Floyd Wilkes 63 Flightline Dr. Spring Branch, TX 78070 PurultNo: 82418 BandMdg: Cajun Aire - Cajun Aire System Sint County: Comal Agency: Comal County Environmental Health County: Comal Promotion of the contract year Agency: Comal County Environmental Health County: Comal Phone: (830) 438-832 Suddivision: Work: Inspection Type: Utility Conservations # 2 of Z for the contract year Item Operational Inoperative NA Arit Compressor Filter: Wilke Arit Compressor: Wilke Sprinker / Drop backwash: Work: Treating Residual Choirine (Grab):	The Dradines, The 70.	102				
To: Mr. Floyd Wilkes PermitNo: 82418 663 Pfightline Dr. BrandMg: Cajun Aire Cajun Aire System SN: Spring Branch, TX 78070 Contract: 8/28/2010 - 8/27/2011 Agency: Conal County Edivironmental Health Phone: (830) 438-832 County: Conal Work: Subdivision: Work: Inspection Type: Multifulfuspection # 2 of 2 for the contract year Item Operational Air Compressor Filter: Health Air Compressor Filter: Health Chorine supply: Health Jointheriting Residual Chlorine (Grab): Mg/L Leaving Residual Chlorine: Y/D Repain and Company: Mg/L Ay Effering And Company: Mg/L Leaving Residual Chlorine: Y/D Repain and Company: Mg/L Ay Effering Contract, V/D Repains and Company: Ay Effering Contract, V/D				11/3	5/2010	Phone: (830) 237-5760
663 Pfightline Dr. Spring Branch, TX 78070 Brand Afg: Colum Aire Calun Aire Spring Branch, TX 78070 Agency: Comal County Environmental Health Agency: Comal County Environmental Health County: Comal Subdivition: Agency: Comal County Environmental Health County Comal Subdivition: County Comal Subdivition: County Environmental Health County Comal Subdivition: County Environmental Health County Comal Subdivition: County Comal Subdivition: County Environmental Health County Comal Subdivition: County Environmental Health County Comal Subdivition: County Comal Subdivition: County Comal Subdivition: County Environmental Health County Comal Subdivition: County Comal Subdivition: County County Subdivition: County Environmental Health County Environmental Health County County County County Subdivition: County County Subdivition: County Environmental Health County Environmental Health County County County County Subdivition: County Environmental Health County Environmental Health County County County County County Subdivition: County Environmental Health County Environmental Health County Environmental Health County County Subdivition: County Environmental Health County						
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			4	/1/2011	Phone: (830) 237-5760 Fax: (830) 626-3127
To: Mr. Floyd Wilkes			PermitNo:	82418	
663 Flightline Dr. Spring Branch, TX 78070	I				ire - Cajun Aire
Agency: Comal County Environ	nmental Health		Phone: (830) 438-8529	Ins	t: 8/28/2010 - 8/27/2011 spections per year: 3 spectors Due: 4/28/2011
County: Comal Subdivision:			Cell: (210) 391-6080 Work:	Ot	her:
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Item C	perational	Inoperative	N/A		
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Date: 7/11/2011

Phone: (830) 237-5760 Fax: (830) 626-3127

Permit Number: \$2418

To: Mr. Floyd Wilkes 663 Flightline Dr. Spring Branch, TX 78070

installed:

		Contract Period
	ne: (830) 438-8529 Subdivision: te: 663 Flightline Dr. Spring Branch, TX 78070	Start Date: 8/28/2011 End Date: 8/27/2012
	ty: Comal	Comal Aerobic Management Systems 3 inspections/yr - one every 4 months
0	zy: Comal County Environmental Health G: Cajun Aire	Map Key: 384 A4

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I. General: This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Comal Aerobic Management Systems (hereinafter referred to as Contractor), located at 1038 Krona Court, New Braunfels, TX 78132, (830)237-5760. By this agreement, Contractor agrees to render services, as agreed described herein, and Client agrees to fulfill his/her/their responsibilities under the agreement as described herein.

II. Effective Dates: This agreement runs for 1 year after the Start Date above. If this is an initial agreement, Contractor relies on Client to notify Contractor of the date of first use. Contractor must receive such notification within two (2) business days of the systems first use. If no notification is given to the Contractor within 90 days after the equipment is installed, Contractor will assume commencement of the agreement being the day the equipment was installed.

III. Renewal Terms: This agreement shall renew for an additional 1 year on the same terms as this Agreement unless either party gives written notice of the termination or if the Client fails to submit payment for such renewal. Contractor or Client, if choosing to terminate the Contract, must give the other and the local regulatory Agency written notice at least 30 days prior to the end of the Contract.

IV. Services by Contractor: Contractor will provide the following services (referred to as the "Services").

 In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three (3) times per year. Contractor does not provide chlorine. Client is solely responsible for maintaining chlorine in the chlorinator at all times.

2. Contractor will provide a weather proof tag on the control panel containing company name, phone numbers and inspection dates.

 Contractor will report all findings to the appropriate regulatory authority and to the Client, as required by both the State's on-site rules and the local Agency's rules. All findings must be reported to the local Agency within 14 days.
 The Contractor's inspection will include the following; EFFLUENT QUALITY (color, turbidity, overflow and odor), ALARM FUNCTION, DISTRIBUTION SYSTEM, MECHANICAL OPERATION OF AERATION PUMP, CLEANING OF AERATION FILTERS, OPERATION OF EFFLUENT PUMP AND CHLORINE AVAILABILITY IN THE CHLORINATOR. (BOD & TSS annually on Commercial Accounts, Client is responsible for charges)
 Contractor will respond to Client complaints, calls regarding visual or audible alarms, suspicious conditions or any problems that might confront the Client within 48 hours, excluding weekends and holidays. The Contractor will maintain a 24 hour answering service at \$30-237-5760. These unscheduled responses may be billed to the Client.

p.7

V. Client's Responsibilities:

1. Maintain chlorinator and proper chlorine supply, if OSSF is equipped with one.

 Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
 Maintain a current license to operate, abide by conditions and limitations of that license and all requirements for an OSSF from State and the local agency as well as manufacturer's recommendations.

4. Immediately notify the Contractor of any alarms or problems with, including the failure of the OSSF.

5. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor, at Client's own expense.

6. Contractor will not be responsible for any warranty work; Client must contact the Installer for warranty problems. Contractor will repair warranty items if the installer cannot complete the repairs, however Client will be responsible for all charges. Contractor does provide warranties on work and parts provided by CAMS.

- 7. Not allow the backwash from water treatment or water conditioning equipment to enter the OSSF.
- 8. Maintain site drainage to prevent adverse effects on OSSF.
- 9. Promptly and fully pay Contractor's bills, fees or invoices as described herein.

VI. Access by Contractor: Contractor is hereby granted an easement to the OSSF for the purpose of performing Services. Contractor may enter the property at reasonable times without prior notice for the purpose of performing the above described Services or repairs. Contractor will require access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of elevation required by the manufacturer and/or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client as additional service at the rate of \$50.00 per hour plus materials billed at list price. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement, only covers the Services described herein. This fee does not cover equipment or labor supplied for non warranty repairs or for charges for unscheduled Client requested trips to the Client's site. Payments for such additional services are due when services are provided or rendered. Payments not received within 10 days from due date will be subject to a \$20.00 late penalty and/or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees and all costs of collection incurred by Contractor in collection of any unpaid debt(s). Invoice due when service is completed. Contract Fee: 325-90

VIII. 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 held valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but 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.

Clients Printed Name: Floyd Wilkes Signature: Had Wilke Date: 210 391 6980 Date: 8/12/2011 Client Phone Numbers: Home: 830 4388529 Work: Contractor: Comal Aerobic Management Systems Signature: James H. Sickles Jr. MP0000996 MC0000360

Aug 22 2011 8:04PM Comal Aerobic Mana	gement 830 6	26-312	7 p.14
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Comal Aerobic Management Systems			
1038 Krona Court			
New Braunfels, TX 78132			
	7/2	8/2011	Phone: (830) 237-5760
			Fax: (830) 626-3127
To: Mr. Floyd Wilkes	PermitNo: Brand/Mfg.:		Cointra Aires
663 Flightline Dr. Spring Branch, TX 78070	System S/N:	Cajun Ane	- Cajun Ane
~F	Aerator S/N:	Contract	
			28/2011 - 8/27/2012 ctions per year: 3
Agency: Comal County Environmental Health	Phone: (830) 438-8529	Servi	ce Due: 8/28/2011
County: Comal	Cell: (210) 391-6080	Other	
Subdivision:	Work:		
Inspection Type: of of of	for the contract year		
Item Operational Inoperative	N/A		
Aerator:			
Air Compressor Filter:			
Air Compressor:			
Disinfection device:			
Chlorine supply:			
Alarm System Light:			
Spray field vegetation:			
Test Results and Observations: A 10			
Arriving Residual Chlorine (Grab): // ./ Omg/L Leaving Residual Chlorine (Grab): // ./ Omg/L			
CFM: 2.6 PSI: 30			
Repairs made: N Add Chlorine: YN			
Repairs and Comments:			
	0		
Water quality is good	<i>Y</i>		
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Inspector: Date:	710/11		
	Area: 002/ 384 A4		
	GPS: . / .	IJ	= 74
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Jan 02 2012 4:12PM Comal Aerobic Management 830 626-3127 p.6 **Comal Aerobic Management Systems 1038 Krona Court** New Braunfels, TX 78132 Phone: (830) 237-5760 11/29/2011 Fax: (830) 626-3127 PermitNo: 82418 To: Mr. Floyd Wilkes Brand/Mfg.: Cajun Aire - Cajun Aire 663 Flightline Dr. System S/N: Spring Branch, TX 78070 Aerator S/N: Contract: 8/28/2011 - 8/27/2012 Inspections per year: 3 Agency: Comal County Environmental Health Phone: (830) 438-8529 Service Due: 12/28/2011 County: Comal Cell: (210) 391-6080 Other: Subdivision: Work: Inspection # 4 of 5 for the contract year Inspection Type N/A Item Operational Inoperative Aerator: Air Compressor Filter: Air Compressor: Irragation Pump: Disinfection device: Chlorine supply: Alarm System Light: Spray field vegetation: Sprinkler / Drip backwash: Test Results and Observations: Arriving Residual Chlorine (Grab): UIT mg/L Leaving Residual Chlorine (Grab): 0.15 mg/L 312 CFM: 2. Z.PSI: Repairs made: Y N Add Chlorine: Y Repairs and Co Immer this Date: 12 Inspector: 384 A4 krea: 602 / GPS: ./. ID = 74

1038 Krona Court

New Braunfels, TX 78132

4/1/2012 Phone: (830) 237-5760 Fax: (830) 626-3127 PermitNo: 82418 To: Mr. Floyd Wilkes Brand/Mfg.: Cajun Aire - Cajun Aire 663 Flightline Dr. System S/N: Spring Branch, TX 78070 Aerator S/N: Contract: 8/28/2011 - 8/27/2012 Inspections per year: 3 Agency: Comal County Environmental Health Phone: (830) 438-8529 Service Due: 4/28/2012 County: Comal Cell: (210) 391-6080 Other: Subdivision: Work: Inspection # 3 of 3 for the contract year Inspection Type: Operational Inoperative N/A Item Aerator: Air Compressor Filter: Air Compressor: Irragation Pump: **Disinfection device:** Chlorine supply: Alarm System Light: Spray field vegetation: Sprinkler / Drip backwash: Test Results and Observations: Arriving Residual Chlorine (Grab): 0.15 mg/L Leaving Residual Chlorine (Grab): U.15 mg/L СГМ: 2. 2 PSI: dd Chlorine: Y 🖉 Repairs made: Y/N Repairs and Comments: sged thistin Date: 🥌 Inspector:

384 A4 GPS: ./.

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				7/3	30/2012	Phone: (830) 237-5760 Fax: (830) 626-3127
To Mar Floud William				PermitNo:	82418	
To: Mr. Floyd Wilkes 663 Flightline Dr. Spring Branch, TX 780	070				Cajun A	ire - Cajun Aire
Agency: Comal County Env County: Comal Subdivision: Inspection Type:	1 Aud	tion #0	3	hone: (830) 438-8529 Cell: (210) 391-6080 Work: the contract year	Contrac In Se	t: 8/28/2012 - 8/27/2013 spections per year: 3 ervice Duc: 8/28/2012 ther:
Item	Operational	Inoperative		N/A		
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Air Compressor Filter:						
Air Compressor:						
Irragation Pump:						
Disinfection device:	~					
Chlorine supply:			_			
Alarm System Light:						
Spray field vegetation:						
Sprinkler / Drip backwash:						
Test Results and Observations Arriving Residual Chlorine (C Leaving Residual Chlorine (G	Grab): 0, 10 mg/ Grab): 0, 10 mg/					
CFM: <u>2.6</u> PSI: <u>3</u>						
Repairs made: Y / Add Repairs and Confirments:	Chlorine: Y/N					
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Inspector:	Lichile	Date:	81	15/12		
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Date: 7/12/2012

Phone: (830) 237-5760 Fax: (830) 626-3127

Permit Number: 82418

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	oyd Wilkes ghtline Dr. ; Branch, TX 78070	Installed:		
		Contract	t Period	
		Start Date:	8/28/2012	
	330) 438-8529 Subdivision:63 Flightline Dr. Spring Branch, TX 78070	End Date:	8/27/2013	
County: C	omal	 Comal Aerobic Manag	ement Systems	
Installer:		3 inspections/yr - one e	very 4 months	
Agency: C	omal County Environmental Health			
MFG: C	ajun Aire	Map Key: 384 A4		

AGREEMENT

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Clients Printed Name: Floyd Wilkes Signatu	ure: <u>Flate Willes</u> Date: 7-15-2012
Client Phone Numbers: Home: 30 438899	7 Work: A Gell: 210 39/6980
Contractor: Comal Aerobic Management Systems	Mork: Cell: 210 39/6980 Signature: Import 10000000000 Date: 8/20/20/2 James H Sickles Jr. MP00000000 MP000000000 MP000000000000000000000000000000000000
MC0000360	James H/Sickles Jr. MP0000996
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Dec 17 2012 9:08PM Comal Aerobic Management 830 626-3127

Comal Aerobic Management Systems 1038 Krona Court New Braunfels, TX 78132

Item Operational Inoperative N/A Aerator:			12	1/2012	Phone: (830) 237-5760 Fax: (830) 626-3127
10: mor. body whats 66 Fighthine Dr. Spring Branch, TX 78070 BrandMf2: Cajun Aire - Cajun Aire System 57N: Aerator S/N: Contract: 8/28/2012 - 8/27/2013 Inspections per year: 3 Service Due: 12/28/2012 - Contract: 8/28/2012 - 8/27/2013 Inspections per year: 3 Service Due: 12/28/2012 - Contract: 8/28/2012 - 8/27/2013 Inspections per year: 3 Service Due: 12/28/2012 - Other: Agency: Comal County Environmental Health: County: Comal Subdivision: Phone: (830) 438-8529 Contract: 8/28/2012 - 8/27/2013 Inspections per year: 3 Service Due: 12/28/2012 - Contract: 8/28/2012 - 8/27/2013 Inspectors per year: 3 Service Due: 12/28/2012 - Contract: 8/28/2012 - 8/27/2013 Inspectors per year: 3 Service Due: 12/28/2012 - Work: Inspection Type: Compension: Marcompressor: Work: Inspection Pump: Service Due: 12/28/2012 - Gottors supply: Alar Compressor: Work: Inspection device: Service Due: 12/28/2012 - Gottors supply: Alar Compressor: Service Due: 12/28/2012 - Gottors supply: Alar System Light: Service Due: 12/28/2012 - Gottors supply: Alar Marcomplexity in gradie Service Due: 12/28/2012 - Gottors supply:	The Mer Thend William		PermitNo:	82418	
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Contract: 828/2012-827/2013 Inspection per year: 3 Service Due: 12/28/2012 Cutty: Comal Subdivision: Inspection Type: Adduated Inspection # 2 of 3 for the contract year Inspection Type: Adduated Inspection # 2 of 3 for the contract year Item Operational Inoperative N/A Aerator: At Compressor Filter: At Compressor Filter: At Compressor: Irragation Pump: Disinfection device: Chlorine supply: Alam System Light: Sprinkler / Drip backwash: Test Results and Observations: Arriving Residual Chlorine (Grab): 1.15 mg/L Leaving Residual Chlorine (Grab): 1.15 mg/L CFM: 2.16 PSI: 7.10 Repairs and Comfents:					
County: Comal Subdivision: Inspection Type: A Child Will Inspection # 2 of Mork: Work:				Contract	
Subdivision: Inspection Type: A Child Will Inspection # 2 of 3 for the contract year Item Operational Inoperative N/A Aerator: Air Compressor Filter: Air Compressor: Irragation Pump: Disinfection device: Chlorine supply: Alam System Light: Sprinkler / Drip backwash: Test Results and Observations: Arriving Residual Chlorine (Grab) 1.15 mg/L Leaving Residual Chlorine (Grab) 1.15 mg/L CFM: 2.16 PSI: 3.10 Repairs made: Y/O Add Chlorine: Y/O Repairs made: Y/O Add Chlorine: Y/O Repairs made: Y/O Add Chlorine: Y/O Repairs and Completity <i>Underle Quality is grod.</i> <i>High Leaving propuly at this fame</i> , <i>First Ludges in</i> <i>P* tank</i> Inspector: <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Impector:</i> <i>Im</i>					
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Item Operational Inoperative N/A Aerator: Air Compressor Filter: Air Compressor Filter: Sprinkler / Drip backwash: Test Results and Observations: Arriving Residual Chlorine (Grab) 0.15 mg/L Leaving Residual Chlorine (Grab) 0.15 mg/L Leaving Residual Chlorine: Y/O Repairs made: Y/O Add Chlorine: Y/O Repairs made: Y/O Add Chlorine: Y/O Repairs and Comfents: Augustu augustify is growth. Augustu is functioning propuly of this time. Finished Starker Date: ISAMUE Inspector: Inspector: Mittille Date: ISAMUE Acces: 002/ 384 Ad	Subdivision:		Work:		
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Air Compressor Filter:	Item Operational	Inoperative	N/A	:	
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Inspector: Jim Michiles Date: 12/11/12 Area: 002/ 384 A4	Arriving Residual Chlorine (Grab): 0, 15 mg Leaving Residual Chlorine (Grab): 0, 15 mg CFM: 2.6 PSI: 7.0 Repairs made: Y/O Add Chlorine: Y/C Repairs and Comments:))	0	att	
GPS: ./. ID = 74	- I - Vulle	Date:	12/11/12 Area 002/ 384 A4	7	in Aludge in
	V		GPS: . / .	I	D = 74

Phone: (830) 237-5760 3/31/2013 Fax: (830) 626-3127 PermitNo: 82418 To: Mr. Floyd Wilkes Brand/Mfg.: Cajun Aire - Cajun Aire 663 Flightline Dr. System S/N: Spring Branch, TX 78070 Aerator S/N: Contract: 8/28/2012 - 8/27/2013 Inspections per year: 3 Agency: Cornal County Environmental Health Phone: (830) 438-8529 Service Due: 4/28/2013 County: Cornal Cell: (210) 391-6080 Other: Subdivision: Work: for the contract year spection # 2of Inspection Type Item Operational Inoperative N/A Aerator: Air Compressor Filter: Air Compressor: Irragation Pump: Disinfection device: Chlorine supply: Alarm System Light: Spray field vegetation: Sprinkler / Drip backwash: Test Results and Observations: Arriving Residual Chlorine (Grab): mg/L Leaving Residual Chlorine (Grab): U. / Ung/L CFM: 2 PSI: Repairs made: Y Add Chlorine: Repairs and Comme M Date: Inspector: Area: 002 / 384 A4 **GPS:** . / . ID = 74

Aug 06 2013 8:12PM

Comal Aerobic Management

Comal Aerobic Management Systems 1038 Krona Court New Braunfels, TX 78132

Date: 7/1/2013

Phone: (830) 237-5760 Fax: (830) 626-3127

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Permit Number: 82418

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To: Mr. Floyd Wilkes 663 Flightline Dr. Spring Branch, TX 78070

Installed:

		Contract renou				
_		Start Date: 8/28/201	3			
	(830) 438-8529 Subdivision:	End Date: 8/27/201	4			
Site:	663 Flightline Dr. Spring Branch, TX 78070	End Date: 0/2//201	* 			
County:	Comal	Comal Aerobic Management Systems				
Installer:		3 inspections/yr - one every 4 months	•			
Agency:	Comal County Environmental Health					
	Cajun Aire	Map Key: 384 A4				
		Map Key: 384 A4				

AGREEMENT

I. General: This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Comal Aerobic Management Systems (hereinafter referred to as Contractor), located at 1038 Krona Court, New Braunfels, TX 78132, (830)237-5760. By this agreement, Contractor agrees to render services, as agreed described herein, and Client agrees to fulfill his/her/their responsibilities under the agreement as described herein.

II. Effective Dates: This agreement runs for 1 year after the Start Date above. If this is an initial agreement, Contractor relies on Client to notify Contractor of the date of first use. Contractor must receive such notification within two (2) business days of the systems first use. If no notification is given to the Contractor within 90 days after the equipment is installed, Contractor will assume commencement of the agreement being the day the equipment was installed.

III. Renewal Terms: This agreement shall renew for an additional 1 year on the same terms as this Agreement unless either party gives written notice of the termination or if the Client fails to submit payment for such renewal. Contractor or Client, if choosing to terminate the Contract, must give the other and the local regulatory Agency written notice at least 30 days prior to the end of the Contract.

IV. Services by Contractor: Contractor will provide the following services (referred to as the "Services").
1. In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three (3) times per year. Contractor does not provide chlorine. Client is solely responsible for maintaining chlorine in the chlorinator at all times.

2. Contractor will provide a weather proof tag on the control panel containing company name, phone numbers and inspection dates.

3. Contractor will report all findings to the appropriate regulatory authority and to the Client, as required by both the State's on-site rules and the local Agency's rules. All findings must be reported to the local Agency within 14 days.
4. The Contractor's inspection will include the following; EFFLUENT QUALITY (color, turbidity, overflow and odor), ALARM FUNCTION, DISTRIBUTION SYSTEM, MECHANICAL OPERATION OF AERATION PUMP, CLEANING OF AERATION FILTERS, OPERATION OF EFFLUENT PUMP AND CHLORINE AVAILABILITY IN THE CHLORINATOR. (BOD & TSS annually on Commercial Accounts, Client is responsible for charges)
5. Contractor will respond to Client complaints, calls regarding visual or audible alarms, suspicious conditions or any problems that might confront the Client within 48 hours, excluding weekends and holidays. The Contractor will maintain a 24 hour answering service at 830-237-5760. These unscheduled responses may be billed to the Client.

V. Client's Responsibilities:

1. Maintain chlorinator and proper chlorine supply, if OSSF is equipped with one.

 Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
 Maintain a current license to operate, abide by conditions and limitations of that license and all requirements for an OSSF from State and the local agency as well as manufacturer's recommendations.

4. Immediately notify the Contractor of any alarms or problems with, including the failure of the OSSF.

5. Provide for pumping of tanks, generally every 3 years or as suggested by the Contractor, at Client's own expense.

6. Contractor will not be responsible for any warranty work; Client must contact the Installer for warranty problems. Contractor will repair warranty items if the installer cannot complete the repairs, however Client will be responsible for all charges. Contractor does provide warranties on work and parts provided by CAMS.

7. Not allow the backwash from water treatment or water conditioning equipment to enter the OSSF.

8. Maintain site drainage to prevent adverse effects on OSSF.

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9. Promptly and fully pay Contractor's bills, fees or invoices as described herein.

VI. Access by Contractor: Contractor is hereby granted an easement to the OSSF for the purpose of performing Services. Contractor may enter the property at reasonable times without prior notice for the purpose of performing the above described Services or repairs. Contractor will require access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of elevation required by the manufacturer and/or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client as additional service at the rate of \$50.00 per hour plus materials billed at list price. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement, only covers the Services described herein. This fee does not cover equipment or labor supplied for non warranty repairs or for charges for unscheduled Client requested trips to the Client's site. Payments for such additional services are due when services are provided or rendered. Payments not received within 10 days from due date will be subject to a \$20.00 late penalty and/or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees and all costs of collection incurred by Contractor in collection of any unpaid debt(s). Invoice due when service is completed. Contract Fee: \$725.00

VIII. 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 held valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but 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.

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 Clients Printed Name: Floyd Wilkes Signature: Algod Wilks Date: 8/3/2013
Client Phone Numbers: Home: 6304368529 Work: 1 Cell: 210 3916980
Client Phone Numbers: Home: <u>6304366529</u> Work: Cell: <u>210 3916980</u> Contractor: Comal Aerobic Management Systems Signature: <u>MW/1</u> <u>WilkL</u> Date: <u>8(5)</u> MC0000360 James H. Sickles Jr. MP0000996

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(President)、Paul (Perus)、Peters)

	7/30/2013 Phone: (830) 237-5760 Fax: (830) 626-3127
To: Mr. Floyd Wilkes 663 Flightline Dr. Spring Branch, TX 78070 Agency: Comal County Environmental Health	PermitNo: 82418 Brand/Mfg.: Cajun Aire - Cajun Aire System S/N: Aerator S/N: Contract: 8/28/2013 - 8/27/2014 Inspections per year: 3 Phone: (830) 438-8529 Service Due: 8/28/2013
County: Comal Subdivision:	Cell: (210) 391-6080 Other:
Inspection Type: Item Operational Inoperative Aerator: Air Compressor Filter: Irragation Pump: Disinfection device: Chlorine supply: Alarm System Light: Spray field vegetation: Sprinkler / Drip backwash: Inspection # Inoperative Inspection #	
Test Results and Observations: Arriving Residual Chlorine (Grab): 10 mg/L Leaving Residual Chlorine (Grab): 0.10 mg/L	
CFM: 2-5 PSI: 3.3 Repairs made: Y/A Add Chlorine: Y/A Repairs and Comments: 	nod. Auckedfor roots-
Inspector: Date	e: $\frac{9/19/15}{\text{Area: }002/384 \text{ A4}}$ GPS: ./. ID = 74

Comal Aerobic Management Systems 1038 Krona Court	
New Braunfels, TX 78132	
	11/17/2013 Phone: (830) 237-5760 Fax (830) 626-3127
To: Mr. Floyd Wilkes 663 Flightline Dr. Spring Branch, TX 78070	PermitNo: 82418 Brand/Mfg.: Cajun Aire - Cajun Aire System S/N: Aerator S/N:
	Contract: 8/28/2013 - 8/27/2014
Agency: Comal County Environmental Health County: Comal Subdivision:	Inspectionsper year: 3 Phone: (830) 438-8529 Service Due: 12/28/2013 Cell: (210) 391-6080 Other: Work:
Inspection Type: Achilic Inspection # A	of for the contract year
Item Operational Inoperative Aerator:	ve N/A
Air Compressor:	
Irragation Pump: Disinfection device:	
Chlorine supply: Alarm System Light: Spray field vegetation: Sprinkler / Drip backwash:	
Test Results and Observations: Arriving Residual Chlorine (Grab): 0.10 mg/L Leaving Residual Chlorine (Grab): 0.10 mg/L	
CFM: 2.6 PSI: 3. 4 Repairs made: Y B Add Chlorine: Y B	
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Watch for possible nee	dopanyport in
next 4- Smouth	0
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Comal Aerobic Management Systems 1038 Krona Court New Braunfels, TX 78132

			3/.	31/2014	Phone: (830) 237-5760 Fax: (830) 626-3127
To: Mr. Floyd Wilkes			PermitNo:	82418	
663 Flightline Dr. Spring Branch, TX 78	3070		Brand/Mfg.: System S/N: Aerator S/N:		ire - Cajun Aire
			ACIENT S/N.	Contrac	t: 8/28/2013 - 8/27/2014 spections per year: 3
Agency: Comal County Env County: Comal	vironmental Health		Phone: (830) 438-8529 Cell: (210) 391-6080	Se	rvice Due: 4/28/2014 her:
Subdivision:			Work:		
Inspection Type: AOA	Idul Inspe	ection # 3 of	5_ for the contract year		
Item	Operational	Inoperative	N/A		
Aerator:		-			
Air Compressor Filter:					
Air Compressor:					
Irragation Pump:					
Disinfection device:					
Chlorine supply:					
Alarm System Light:					
Spray field vegetation:					
Sprinkler / Drip backwash:					
Arriving Residual Chlorine (Leaving Residual Chlorine (Grab): 0, 10 mg	y/L y/L			
CFM: <u>2.6</u> PSI: Repairs made: Y/ Add	Chlorine: Y				
Inspection Ports Secured Aft	er Inspection L.	5			
Repairs and Comments:	later q	ualit	y is good.	0	
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