

WAYNE A. ZWICKE
460 FRITZ ZWICKE ROAD
NEW BERLIN, TEXAS 78155
(210) 414-0044
TCEQ LICENSE MP0001911

AEROBIC MAINTENANCE / SERVICE CONTRACT

To: Courtney Buchman / Sophie Ott
244 Bluebonnet Breeze
Canyon Lake, Texas 78133

County: Comal

Agency: Comal County Environmental Health

Manufacturer: Aqua Aire

Start Date: April 21, 2023

End Date: April 21, 2024

Permit No.:

Installer: B & S Septic

Installed: April 21, 2020

Maintenance Co: WAZ

This contract will provide for all required inspections, reporting and tracking of your Aerobic Treatment Unit (ATU). This policy will cover the following:

1. 3 inspections per year (at least one during every four month period). Inspections will include the following:

- 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. (Does not include repairs/replacement of defective components.)**
- C. Periodic sampling of settled soils in the aeration chamber.**
- D. If any improper operation is observed, which can not be corrected at the time of inspection, the Owner will be notified on the inspection report of the condition. It is the Owner's responsibility to contact the Maintenance Company to schedule repairs.**

2. Response time for repairs is forty-eight (48) hours or less. Payment in full must be made at the time service is rendered. If the Owner defaults in payment the contract will be terminated.

3. The Owner is responsible for maintaining a chlorine residual of 0.1 mg/L in the pump chamber at all times. If the Owner fails in their responsibility to add chlorine they are in violation of law.

4. The Owner is responsible for the eradication of fire ants.

IMPORTANT: This Service Contract does not cover the cost of service calls, labor or materials which are required due to misuse or abuse of the system; failure to maintain electrical power to the system; replacement of 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.; pumping out of the tank as required; or any usage contrary to the requirements listed in the system owner's manual. Should an additional trip be required due to restricted access to the septic system due to locked gates, dogs, etc. an additional service call charge of \$85 will be required. By signing this contract the Owner agrees to the terms of said contract and grants permission to the Maintenance Company for unrestricted access to the Owner's property to perform work.

Owner: _____

Date: _____

Service Provider: _____

Date: _____



INFORMATION ABOUT ON-SITE SEWER FACILITY

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CONCERNING THE PROPERTY AT

244 Bluebonnet Breeze
Canyon Lake, tx

A. DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:

- (1) Type of Treatment System: ☒ Septic Tank ☐ Aerobic Treatment ☒ Unknown
- (2) Type of Distribution System: Sprinklers ☐ Unknown
- (3) Approximate Location of Drain Field or Distribution System: Sprinklers x3 ☐ Unknown
backyard.
- (4) Installer: _____ ☒ Unknown
- (5) Approximate Age: 3 years ☐ Unknown

B. MAINTENANCE INFORMATION:

- (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? ☒ Yes ☐ No
If yes, name of maintenance contractor: Wayne A. Zwick
Phone: 210 414 0044 contract expiration date: 4/21/2024
Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard on-site sewer facilities.)
- (2) Approximate date any tanks were last pumped? na
- (3) Is Seller aware of any defect or malfunction in the on-site sewer facility? ☐ Yes ☒ No
If yes, explain: _____
- (4) Does Seller have manufacturer or warranty information available for review? ☐ Yes ☒ No

C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:

- (1) The following items concerning the on-site sewer facility are attached:
☐ planning materials ☐ permit for original installation ☐ final inspection when OSSF was installed
☐ maintenance contract ☐ manufacturer information ☐ warranty information
- (2) "Planning materials" are the supporting materials that describe the on-site sewer facility that are submitted to the permitting authority in order to obtain a permit to install the on-site sewer facility.
- (3) It may be necessary for a buyer to have the permit to operate an on-site sewer facility transferred to the buyer.

(TXR-1407) 1-7-04

Initialed for Identification by Buyer EB, CB and Seller KO, UB

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Michael Barrow

Produced with Lone Wolf Transactions (zipForm Edition) 717 N Harwood St, Suite 2200, Dallas, TX 75201
Phone: (830)569-4455 Fax: www.lwolf.com


Cort & Kels

Information about On-Site Sewer Facility concerning _____

D. INFORMATION FROM GOVERNMENTAL AGENCIES: Pamphlets describing on-site sewer facilities are available from the Texas Agricultural Extension Service. Information in the following table was obtained from Texas Commission on Environmental Quality (TCEQ) on 10/24/2002. The table estimates daily wastewater usage rates. Actual water usage data or other methods for calculating may be used if accurate and acceptable to TCEQ.

<u>Facility</u>	<u>Usage (gal/day) without water- saving devices</u>	<u>Usage (gal/day) with water- saving devices</u>
Single family dwelling (1-2 bedrooms; less than 1,500 sf)	225	180
Single family dwelling (3 bedrooms; less than 2,500 sf)	300	240
Single family dwelling (4 bedrooms; less than 3,500 sf)	375	300
Single family dwelling (5 bedrooms; less than 4,500 sf)	450	360
Single family dwelling (6 bedrooms; less than 5,500 sf)	525	420
Mobile home, condo, or townhouse (1-2 bedroom)	225	180
Mobile home, condo, or townhouse (each add'l bedroom)	75	60

This document is not a substitute for any inspections or warranties. This document was completed to the best of Seller's knowledge and belief on the date signed. Seller and real estate agents are not experts about on-site sewer facilities. Buyer is encouraged to have the on-site sewer facility inspected by an inspector of Buyer's choice.

 9/29/23

Signature of Seller Date

 9/29/23

Signature of Seller Date

Receipt acknowledged by:

Signature of Buyer Date

Signature of Buyer Date

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ATU TESTING AND REPORTING RECORD

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

1. Actual date of visit 5/12/23

2. Owner Courtney Buchanan / Sophie O...
Property Address 244 Bluebonnet Breeze, Canyon Lake
Permit Number _____
Inspector B. L. L...

(Signature)

Unit	S/N	
<u>Inspected Item</u>	<u>Operational</u>	<u>Inoperative</u>
Aerators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Irrigation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disinfection Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chlorine Supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electrical Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Distribution System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sprayfield Vegetation/Seeding	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secured Access Port Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other as noted		

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

4. Tests required and results

<u>Test</u>	<u>Required</u>		<u>Results</u> mg/L. mpn/100 ml or trace	<u>Test Method</u>
	<u>Yes</u>	<u>No</u>		
BOD (Grab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TSS (Grab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CL2 (Grab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. General comments or recommendations Changed B. L. L...
Aerator Reset Timer Tested alarm,
pump, Plates and spray heads.

Thank You!