

# Comal County

OFFICE OF COMAL COUNTY ENGINEER

## License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: **08/26/2019** Permit Number: **109073**

Location Description: **364 WARBLER DR  
SPRING BRANCH, TX 78070**

Subdivision: **Mystic Shores**  
Unit: **10**  
Lot: **1149**  
Block:  
Acreage:

Type of System: **Aerobic  
Surface Irrigation**

Issued to: **Paysco Properties, LLC**

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 Commission on Environmental Quality.

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

Alterations to this permit including, but not limited to:

- Increase in the square feet of living area
- Increase in the number of bedrooms
- A change of use (i.e. residential to commercial)
- Relocation of system components (including the relocation of spray heads)
- Installation of landscaping
- Adding new structures to the system

may require a new permit. **It is the responsibility of the owner to apply for a new permit, if applicable.**

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**

*James F Connor*  
ENVIRONMENTAL HEALTH INSPECTOR

OS0032485

*Sandra Ann Hernandez*  
ENVIRONMENTAL HEALTH COORDINATOR

OS-0025599

## Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Countryside      OSSF Installer #: 050002929  
 1st Inspection Date: 8-20-19      2nd Inspection Date: \_\_\_\_\_      3rd Inspection Date: 8-26-19 *final*  
 Inspector Name: Connor      Inspector Name: \_\_\_\_\_      Inspector Name: Connor  
 Permit#: 109073      Address: Mystic Shores 364 Warbler Dr.

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	✓	285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)		✓		
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	✓	285.91(10) 285.30(b)(4) 285.31(d)		✓		
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	✓	285.32(a)(1)		✓		
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 inch Per Foot	✓	285.32(a)(3)		✓		
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	✓	285.32(a)(5)		✓		
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(I)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

*Tank set level no leaks operational cover all  
 cover rocks in spray area.  
 rocks covered 8-26-19 so  
 all covered*

**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(E) 285.91(2) 285.32(b)(1)(F) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(I) 285.32(b)(1)(E)(i) 285.32(b)(1)(D) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(i) 285.32(b)(1)(B) 285.32(b)(1)(A) 285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used	✓	285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)		✓		
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed	✓			✓		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		<i>Clearstream 600NC37</i>	✓		
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				



**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
19	DISPOSAL SYSTEM Drip Irrigation		285.33(c)(3)(A)-(F)				
20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)	—	285.33(d)(6) 285.33(c)(4)	<i>aerobic spray</i>	✓		
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric In Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates In Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(I)				



**Comal County Environmental Health  
OSSF Inspection Sheet**

32.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
	<p>EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling</p> <p>EFFLUENT DISPOSAL SYSTEM Topographic Slopes &lt; 2.0%</p> <p>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field ( 1000 Linear ft. for 2 bedrooms or Less &amp; an additional 400 ft. for each additional bedroom )</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. &amp; Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully</p> <p>EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) &amp; Pipe Holes ( 3/16 - 1/4" dia. Hole Size ) 5 ft. Apart</p>		<p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(A)</p> <p>285.33(b)(3)(B)</p> <p>285.91(13)</p> <p>285.33(b)(3)(D)</p> <p>285.33(b)(3)(F)</p>				
32							
33	<p>AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.</p>	/	285.32(c)(1)		/		
34	<p>AEROBIC TREATMENT UNIT Inspection/Clean Out Port &amp; Risers Provided</p> <p>AEROBIC TREATMENT UNIT Secondary restraint system provided</p> <p>AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank</p> <p>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions</p>	/			/		
35	<p>AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.</p>	/			/		
36	<p>PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials &amp; construction</p> <p>PUMP TANK Sampling Port Provided in the Treated Effluent Line</p> <p>PUMP TANK Check Valve and/or Anti-Siphon Device Present When Required</p> <p>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump</p>						
37	<p>PUMP TANK Inspection/Clean Out Port &amp; Risers Provided</p> <p>PUMP TANK Secondary restraint system provided</p> <p>PUMP TANK Riser permanently fastened to lid or cast into tank</p> <p>PUMP TANK Riser cap protected against unauthorized intrusions</p>						
38	<p>PUMP TANK Secondary restraint system provided</p>						
39	<p>PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried</p>	/			/		

**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?	/	285.33(d)(2)(G)(iii)(II)285.33(d)(2)(G)(iii)(III)285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)		/		
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed	/ / ✓	285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)	<i>Cover rocks spray area</i>	/ /		✓
42	APPLICATION AREA Area Installed	/			/		
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						

## Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Countryside OSSF Installer #: 05000 2929

1st Inspection Date: 8-20-19 2nd Inspection Date: \_\_\_\_\_ 3rd Inspection Date: \_\_\_\_\_

Inspector Name: Connor Inspector Name: \_\_\_\_\_ Inspector Name: \_\_\_\_\_

Permit#: 109073 Address: Mystic Shores 364 Warbler Dr.

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials	✓	285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)		✓		
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards	✓	285.91(10) 285.30(b)(4) 285.31(d)		✓		
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	✓	285.32(a)(1)		✓		
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	✓	285.32(a)(3)		✓		
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)	✓	285.32(a)(5)		✓		
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G)285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(I)				
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*tank set level no leaks operational cover all cover rocks in spray area.*



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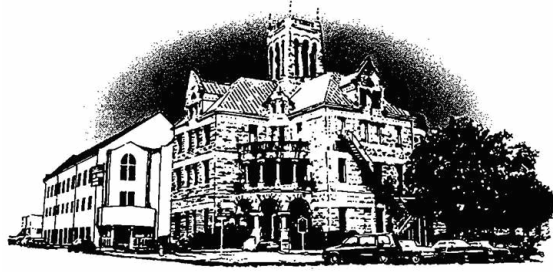
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OSSF Inspection Sheet**

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42	APPLICATION AREA Area Installed	/			/		
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						



# 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: 109073  
Issued This Date: 05/08/2019  
This permit is hereby given to: Paysco Properties, LLC

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

364 WARBLER DR  
SPRING BRANCH, TX 78070

Subdivision: Mystic Shores  
Unit: 10  
Lot: 1149  
Block:  
Acreage:

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic  
Surface Irrigation

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 Commission on Environmental Quality (TCEQ). Installation and inspection must comply with current TCEQ and Comal County requirements.

Call (830) 608-2090 to schedule inspections.

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded

<i>items Date Received</i>	<i>initials</i>

<i>Permit Number</i>

Instructions:

Place a check mark next to all items that apply. For items that do not apply, place "N/A". This OSSF Development Application Checklist must accompany the completed application.

OSSF Permit

- Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate
- Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer
- Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials shall consist of a scaled design and all system specifications.
- Required Permit Fee
- Copy of Recorded Deed
- Surface Application/Aerobic Treatment System
  - Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public
  - Signed Maintenance Contract with Effective Date as Issuance of License to Operate

RECEIVED  
APR 29 2019  
COUNTY ENGINEER

I affirm that I have provided all information required for my OSSF Development Application and that this application constitutes a completed OSSF Development Application.

  
\_\_\_\_\_  
Signature of Applicant

04/29/19  
\_\_\_\_\_  
Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

___ INCOMPLETE APPLICATION	
(Missing Items Circled, Application Refused)	



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

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

Date April 17, 2019

Permit # 109073

Owner Name PAYSICO PROPERTIES, LLC a Texas LLC
Mailing Address 851 RIVER CLIFF DRIVE
City, State, Zip CANYON LAKE TEXAS 78133
Phone# 830-237-6307
Email karen@rivercliffhomes.com

Agent Name GREG W. JOHNSON, P.E.
Agent Address 170 HOLLOW OAK
City, State, Zip NEW BRAUNFELS, TX 78132
Phone # (830) 905-2778
Email gregjohnsonpe@yahoo.com

All correspondence should be sent to: [ ] Owner [X] Agent [ ] Both Method: [ ] Mail [X] Email

Subdivision Name MYSTIC SHORES Unit/Phase/Section 10 Lot 1149 Block
Acreage/Legal
Street Name/Address 364 WARBLER DRIVE City SPRING BRANCH Zip 78070

Type of Development:

[X] Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) HOUSE

Number of Bedrooms 3

Indicate Sq Ft of Living Area 2298

RECEIVED

APR 29 2019

COUNTY ENGINEER

[ ] Commercial or Institutional Facility

(Planning materials must show adequate land area for doubling the required land needed for treatment units and disposal area)

Type of Facility

Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants

Restaurants, Lounges, Theaters - Indicate Number of Seats

Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds

Travel Trailer/RV Parks - Indicate Number of Spaces

Miscellaneous

Estimated Cost of Construction: \$ 350,000 (Structure Only)

Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement?

[ ] Yes [X] No (if yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

Source of Water [X] Public [ ] Private Well

Are Water Saving Devices Being Utilized Within the Residence? [X] Yes [ ] No

By signing this application, I certify that:

- the completed application and all additional information submitted does not contain any false information and does not conceal any material facts.
-Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities.
-I also understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.
-I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

Signature of Owner

Date 4-25-19

#109173

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

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

REVISED 2:38 pm, Aug 15, 2019

Planning Materials & Site Evaluation as Required Completed By GREG W. JOHNSON, P.E.

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

Size of Septic System Required Based on Planning Materials & Soil Evaluation

Tank Size(s) (Gallons) CLEARSTREAM 600NC3T Absorption/Application Area (Sq Ft) 3803

Gallons Per Day (As Per TCEQ Table III) 240

(Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ)

Is the property located over the Edwards Recharge Zone? [ ] Yes [X] No

(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))

Is there an existing TCEQ approved WPAP for the property? [ ] Yes [X] No

(if yes, the R. S. or P. E. shall certify that the OSSF design complies with all provisions of the existing WPAP.)

If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP? [ ] Yes [ ] No

(If yes, the R.S. or P. E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A Permit to Construct will not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional office.)

Is the property located over the Edwards Contributing Zone? [X] Yes [ ] No

Is there an existing TCEQ approval CZP for the property? [X] Yes [ ] No

(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? [ ] Yes [ ] No

(if yes, the P.E. or R.S. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

Is this property within an incorporated city? [ ] Yes [X] No

If yes, indicate the city: \_\_\_\_\_



FIRM #2585

By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable

Signature of Designer (Handwritten Signature)

Date April 23, 2019



Greg W. Johnson, P.E.  
170 Hollow Oak  
New Braunfels, Texas 78132  
830/905-2778

April 23, 2019

Comal County Office of Environmental Health  
195 David Jonas Drive  
New Braunfels, Texas 78132-3760

RE- SEPTIC DESIGN  
364 WARBLER DRIVE  
MYSTIC SHORES, UNIT 10, LOT 1149  
SPRING BRANCH, TX 78070  
PAYSCO PROPERTIES, LLC

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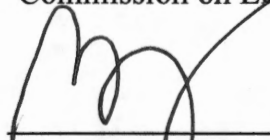
Ms. Brenda Ritzen/Sandra Hernandez,

COUNTY ENGINEER

The referenced property is located within the Edwards Aquifer Contributing Zone. This OSSF design will comply with requirements in the CZP.

Temporary erosion and sedimentation controls should be utilized as necessary prior to construction. If any sensitive feature (caves, solution cavities, sink holes, etc.) is discovered during construction, activities must be suspended immediately and the applicant or his agent must immediately notify the TCEQ Regional Office. After that operations can only proceed after the Executive Director approves required additional engineered impact plans.

Designed in accordance with Chapter 285, Subchapter D, §285.40, 285.41, & 285.42, Texas Commission on Environmental Quality (Effective December 29, 2016).



04/23/19

Greg W. Johnson, P.E. No. 67587 / F#2585  
170 Hollow Oak  
New Braunfels, Texas 78132 - 830/905-2778





**AFFIDAVIT**



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**THE COUNTY OF COMAL  
STATE OF TEXAS**

*Yes*

**CERTIFICATION OF OSSF REQUIRING MAINTENANCE**

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities (OSSF's), this document is filed in the Deed Records of Comal County, Texas.

**I**

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

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**II**

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

COUNTY ENGINEER

10 UNIT/PHASE/SECTION \_\_\_\_\_ BLOCK 1149 LOT \_\_\_\_\_ MYSTIC SHORES \_\_\_\_\_ SUBDIVISION

IF NOT IN SUBDIVISION: \_\_\_\_\_ ACREAGE \_\_\_\_\_ SURVEY

The property is owned by **(insert owner's full name):** PAYSCO PROPERTIES, LLC, a Texas LLC

This OSSF must be covered by a continuous maintenance contract for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the Comal County Engineer's Office.

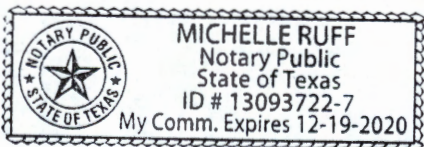
WITNESS BY HAND(S) ON THIS 25 DAY OF April, 2019

[Signature]  
Owner(s) signature(s)

Karen Payne  
Owner (s) Printed name (s)

Karen Diane Payne SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 25 DAY OF April, 2019

[Signature]  
Notary Public Signature



(Notary Seal Here)

THIS AFFIDAVIT IS FILED FOR RECORD ONLY

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
04/29/2019 02:23:19 PM  
TERRI 1 Page(s)  
201906014429



*Bobbie Koepf*



**Countryside Construction, Inc.**  
**300 Chapman Parkway, Canyon Lake, TX. 78133**  
**Phone: 830-899-2615 or 1-888-379-3721 Fax: 830-899-6662**  
**Septic System Service Agreement**

In consideration of payment for this service contract, we will abide by and agree to its terms and conditions:

Name: PAYSCO PROPERTIES, LLC Address: 364 WARBLER DRIVE  
Sub-Div./County: MYSTIC SHORES / COMAL City, State-Zip: SPRING BRANCH, TX 78070  
Permit #: \_\_\_\_\_ Model #: CLEARSTREAM 600NC3T Serial #: \_\_\_\_\_  
Phone #: 830-237-6307

(X) Initial Two Year Service Agreement & Two Year Limited Warranty  
 ( ) One Year Service Agreement

The effective date of this initial maintenance contract shall be the date the License to Operate is issued.

Legal Description: MYSTIC SHORES, UNIT 10, LOT 1149

This contract will be in effect FROM LTO TO \_\_\_\_\_ and will provide the following:

- A: An inspection/service call every (4) four months which will include: inspection, adjustments and servicing of the mechanical & electrical components as necessary to insure proper function of the system.
- B: An effluent quality inspection consisting of a visual check for color, turbidity, scum, overflow and odor.
- C: **The property owner is responsible for "purchasing and keeping chlorine" in the chlorinator, (if applicable). If the chlorine test reveals "No Chlorine" in the system, the property owner may incur an additional cost.**
- D: If any improper operation is observed (which cannot be corrected at that time) the property owner will be notified immediately of the conditions and the estimated cost.
- E: The response time to a complaint by the property owner regarding operation of the system, shall be within "48 hours," from the time of notification.
- F: **ANY PARTS, WARRANTY OR NON-WARRANTY, OR FREIGHT CHARGES, LABOR OR SERVICE CALLS DUE NOT PAID FOR REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND COULD RESULT IN REPOSSION OF PARTS BY COUNTRYSIDE CONSTRUCTION.**
- G: **THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZES COUNTRYSIDE CONSTRUCTION TO ENTER THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.**

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COUNTY ENGINEER

Countryside Construction, Inc., will warranty installation of the septic system to be according to state and county regulations and the designs approved by the county. **HOMEOWNER WILL BE RESPONSIBLE FOR SERVICE CALLS, LABOR AND SHIPPING COSTS ON ANY "WARRANTED PARTS" EXCHANGED DURING WARRANTY.** All other components will be according to manufacture's warranties.

**Important:** As Countryside Construction, Inc. **cannot control what or how much effluent goes into this septic system, we cannot warranty how the system will function.** Refer to manufacturers or installer's instructions, for suggestions on septic operation. This service agreement **does not** cover the cost of **"Service Calls, Labor or Materials** that are required or **parts out of warranty,** the failure to maintain electrical power to the system, **sprinklers that are broken,** leaking, stopped-up or otherwise mal-functioning; or sewage flows exceeding the hydraulic/organic design capabilities and the input of non-biodegradable materials (solvents, grease, oil, paints, etc.), or any usage contrary to the requirements as advised by authorized service representative. Laboratory test work is available at an additional cost. Chlorine, filters, or parts that are out of warranty are available at a reasonable cost.

This contract **does not** include the **pumping of a tank** or of any **compartment of a tank, or settlement of soil on or around any part of the system regardless of reason:**

**Violations of the warranty** also include: Disconnecting the alarm, restricting ventilation to the aerator, over loading the system above its rated capacity; or flooding by external means. Rodent, insect or Fire Ant damage or any other form of unusual abuse is a violation.

A renewal service contract **should** be **"Activated" (30) thirty days** before expiration of existing contract. We will contact property owner prior to expiration of existing contract.

Serviced by: Countryside Construction Inc.  
Walker Chapman - Operator Licensee #2929

(X) [Signature] Print Name (X) Karen Payne Date: 4-25-19  
Property Owner Signature

(X) [Signature] Date: 4/25/19 Authorized Service Representative (revised 10/9/09)

**ON-SITE SEWERAGE FACILITY  
SOIL EVALUATION REPORT INFORMATION**

Date Soil Survey Performed: April 22, 2019

Site Location: MYSTIC SHORES, UNIT 10, LOT 1149

Proposed Excavation Depth: N/A

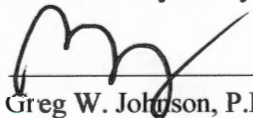
**Requirements:**

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

SOIL BORING NUMBER		SURFACE EVALUATION				
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	<b>III</b>	<b>CLAY LOAM</b>	<b>N/A</b>	<b>NONE OBSERVED</b>	<b>LIMESTONE @ 6"</b>	<b>BROWN</b>
1						
2						
3						
4						
5						

SOIL BORING NUMBER		SURFACE EVALUATION				
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	<b>SAME</b>		<b>AS</b>		<b>ABOVE</b>	
1						
2						
3						
4						
5						

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.

  
Greg W. Johnson, P.E. 67587-F2585, S.E. 11561

04/22/19  
Date



OSSF SOIL EVALUATION REPORT INFORMATION

REVISED
2:38 pm, Aug 15, 2019

Date: April 23, 2019

Applicant Information:

Name: PAYSCO PROPERTIES, LLC.
Address: 851 RIVER CLIFF DRIVE
City: CANYON LAKE State: TEXAS
Zip Code: 78133 Phone: (830) 237-6307

Site Evaluator Information:

Name: Greg W. Johnson, P.E., R.S., S.E. 11561
Address: 170 Hollow Oak
City: New Braunfels State: Texas
Zip Code: 78132 Phone & Fax (830)905-2778

Property Location:

Lot 1149 Unit 10 Blk Subd. MYSTIC SHORES
Street Address: 364 WARBLER DRIVE
City: SPRING BRANCH Zip Code: 78070
Additional Info.:

Installer Information:

Name:
Company:
Address:
City: State:
Zip Code: Phone

Topography: Slope within proposed disposal area: 15 %
Presence of 100 yr. Flood Zone: YES NO X
Existing or proposed water well in nearby area. YES NO X
Presence of adjacent ponds, streams, water impoundments YES NO X
Presence of upper water shed YES NO X
Organized sewage service available to lot YES NO X

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: 3 Total sq. ft. living area 2298

Q gal/day = (Bedrooms +1) \* 75 GPD - (20% reduction for water conserving fixtures)

Q = (3 +1)\*75-(20%)= 240

Trash Tank Size 400 Gal.

TCEQ Approved Aerobic Plant Size 700 G.P.D.

Req'd Application Area = Q/Ri = 240 / 0.064 = 3750 sq. ft.

Application Area Utilized = 3803 sq. ft.

Pump Requirement 12 Gpm @ 41 Psi (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 = 700 Gal. 12.3 Gal/inch.

Reserve Requirement = 80 Gal. 1/3 day flow.

Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction

With Chlorinator NSF/TCEQ APPROVED

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.

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 COMMISSION OF ENVIRONMENTAL QUALITY (EFFECTIVE DECEMBER 29, 2016)

Handwritten signature of Greg W. Johnson
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

04/23/19
DATE



FIRM #2585





**TANK NOTES:**

Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

A two way sanitary tee is required between residence and tank.

A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

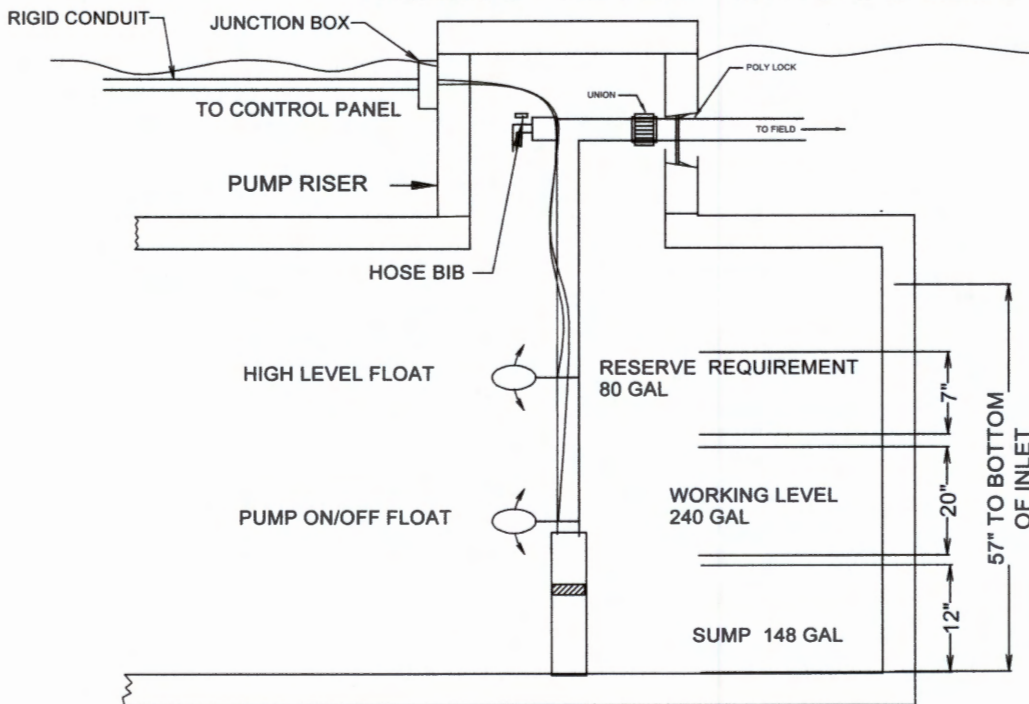
Tanks must be left uncovered and full of water for inspection by the permitting authority.



F-2585

04/23/19

**ALL WIRING MUST BE IN COMPLIANCE WITH THE MOST RECENT NATIONAL ELECTRIC CODE**

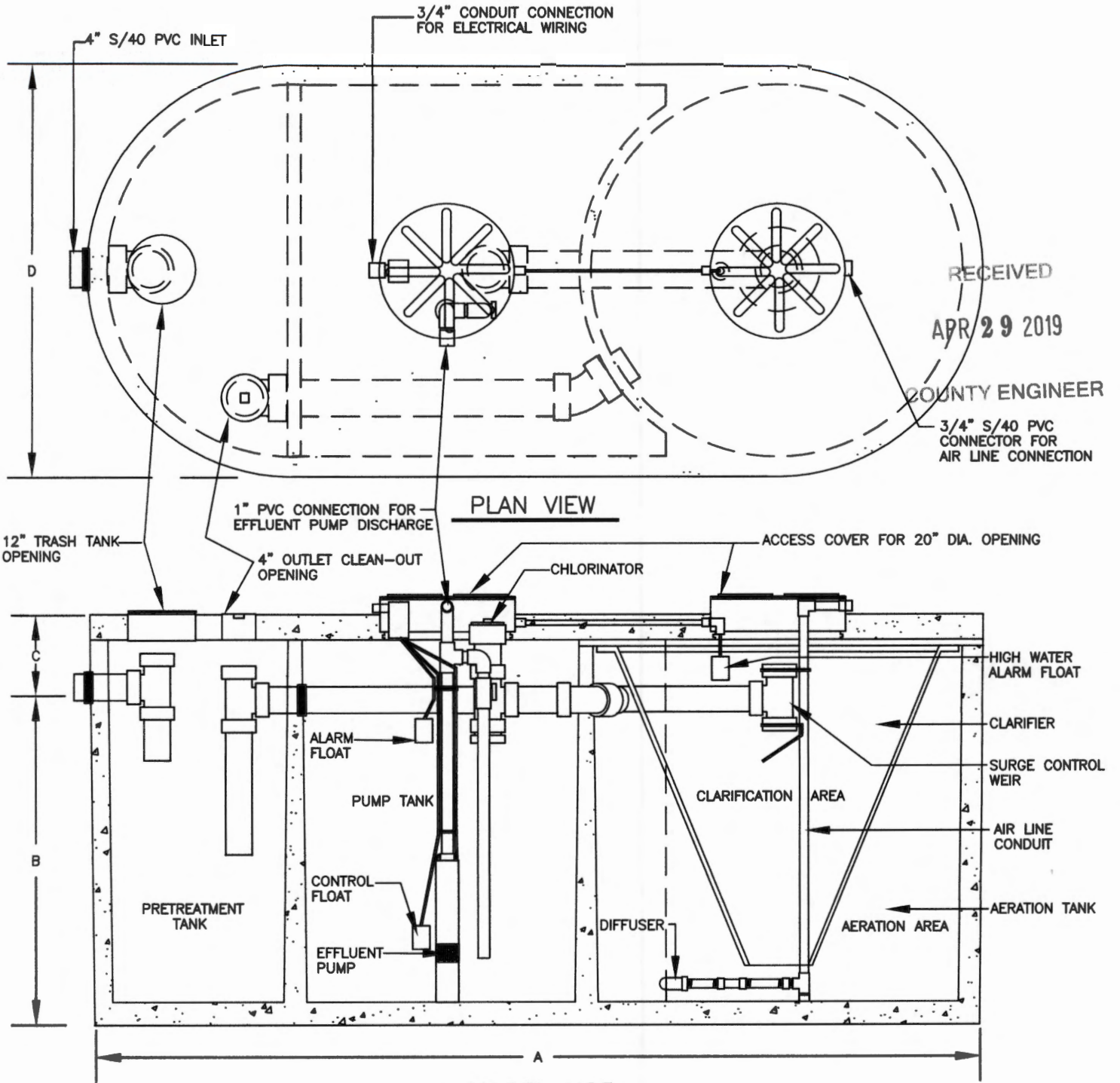


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**TYPICAL PUMP TANK CONFIGURATION  
CLEARSTREAM 600NC3T W/ 700 GAL PUMP TANK**



# DESIGN DRAWINGS



**MODEL NC3  
SECTION**

## DIMENSIONAL DATA

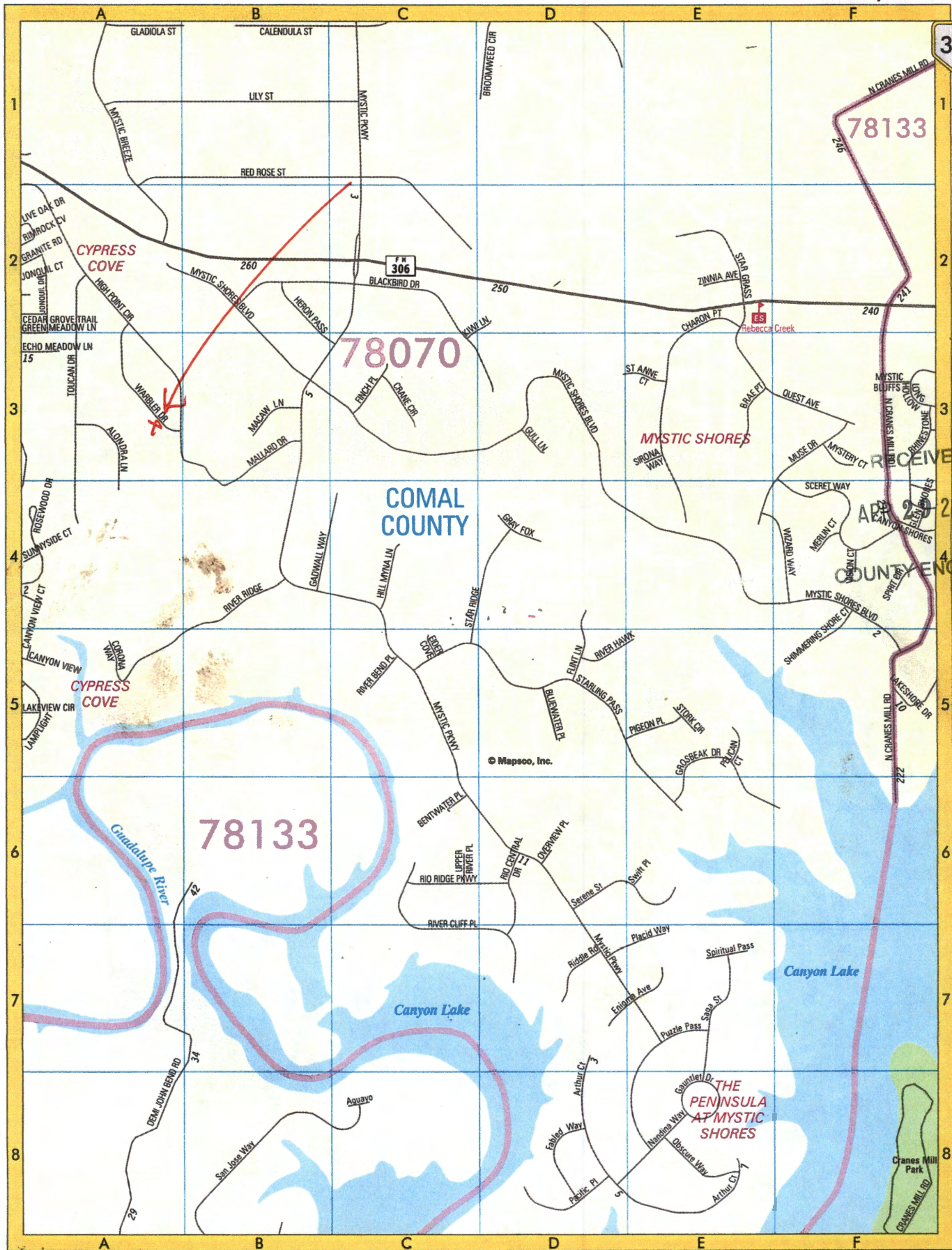
MODEL	A	B	C	D
500NC3-500	12'-2"	60"	10"	75"
500NC3-750	13'-5"	60"	10"	75"
600NC3	12'-7"	60"	10"	82"



F-2585

04/23/19





CONTINUED ON MAP 32

COUNTY ENGINEER





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

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



Planning Materials & Site Evaluation as Required Completed By GREG W. JOHNSON, P.E.

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

Size of Septic System Required Based on Planning Materials & Soil Evaluation

Tank Size(s) (Gallons) CLEARSTREAM 600NC3T Absorption/Application Area (Sq Ft) 6019

Gallons Per Day (As Per TCEQ Table III) 240

(Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ)

Is the property located over the Edwards Recharge Zone?  Yes  No

(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))

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Is there an existing TCEQ approved WPAP for the property?  Yes  No

(if yes, the R. S. or P. E. shall certify that the OSSF design complies with all provisions of the existing WPAP.)

COUNTY ENGINEER

If there is no existing WPAP, does the proposed development require a TCEQ approved WPAP?  Yes  No

(If yes, the R.S. or P. E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A Permit to Construct will not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional office.)



Is the property located over the Edwards Contributing Zone?  Yes  No

Is there an existing TCEQ approval CZP for the property?  Yes  No

(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP?  Yes  No

(if yes, the P.E. or R.S. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

Is this property within an incorporated city?  Yes  No

If yes, indicate the city: \_\_\_\_\_



FIRM #2585

By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable

\_\_\_\_\_  
Signature of Designer

April 23, 2019  
\_\_\_\_\_  
Date

**OSSF SOIL EVALUATION REPORT INFORMATION**

Date: April 23, 2019

**Applicant Information:**



Name: PAYSCO PROPERTIES, ILLC.  
Address: 851 RIVER CLIFF DRIVE  
City: CANYON LAKE State: TEXAS  
Zip Code: 78133 Phone: (830) 237-6307

**Site Evaluator Information:**

Name: Greg W. Johnson, P.E., R.S., S.E. 11561  
Address: 170 Hollow Oak  
City: New Braunfels State: Texas  
Zip Code: 78132 Phone & Fax (830)905-2778

**Property Location:**

Lot 1149 Unit 10 Blk \_\_\_\_\_ Subd. MYSTIC SHORES  
Street Address: 364 WARBLER DRIVE  
City: SPRING BRANCH Zip Code: 78070  
Additional Info.: \_\_\_\_\_

**Installer Information:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_

**Topography:** Slope within proposed disposal area: 15 %  
Presence of 100 yr. Flood Zone: YES \_\_\_\_\_ NO X  
Existing or proposed water well in nearby area. YES \_\_\_\_\_ NO X  
Presence of adjacent ponds, streams, water impoundments YES \_\_\_\_\_ NO X  
Presence of upper water shed YES \_\_\_\_\_ NO X  
Organized sewage service available to lot YES \_\_\_\_\_ NO X

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**Design Calculations for Aerobic Treatment with Spray Irrigation:**

Commercial

Q = \_\_\_\_\_ GPD \_\_\_\_\_ COUNTY ENGINEER

Residential Water conserving fixtures to be utilized? Yes \_\_\_\_\_ No X

Number of Bedrooms the septic system is sized for: 3 Total sq. ft. living area 2298

Q gal/day = (Bedrooms +1) \* 75 GPD - (20% reduction for water conserving fixtures)

Q = (3 +1)\*75-(20%)= 240

Trash Tank Size 400 Gal.

TCEQ Approved Aerobic Plant Size 700 G.P.D.

Req'd Application Area = Q/Ri = 240 / 0.064 = 3750 sq. ft.

Application Area Utilized = 6019 sq. ft.

Pump Requirement 12 Gpm @ 41 Psi (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 = 700 Gal. 12.3 Gal/inch.

Reserve Requirement = 80 Gal. 1/3 day flow.

Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction

With Chlorinator NSF/TCEQ APPROVED

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.

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 COMMISSION OF ENVIRONMENTAL QUALITY (EFFECTIVE DECEMBER 29, 2016)

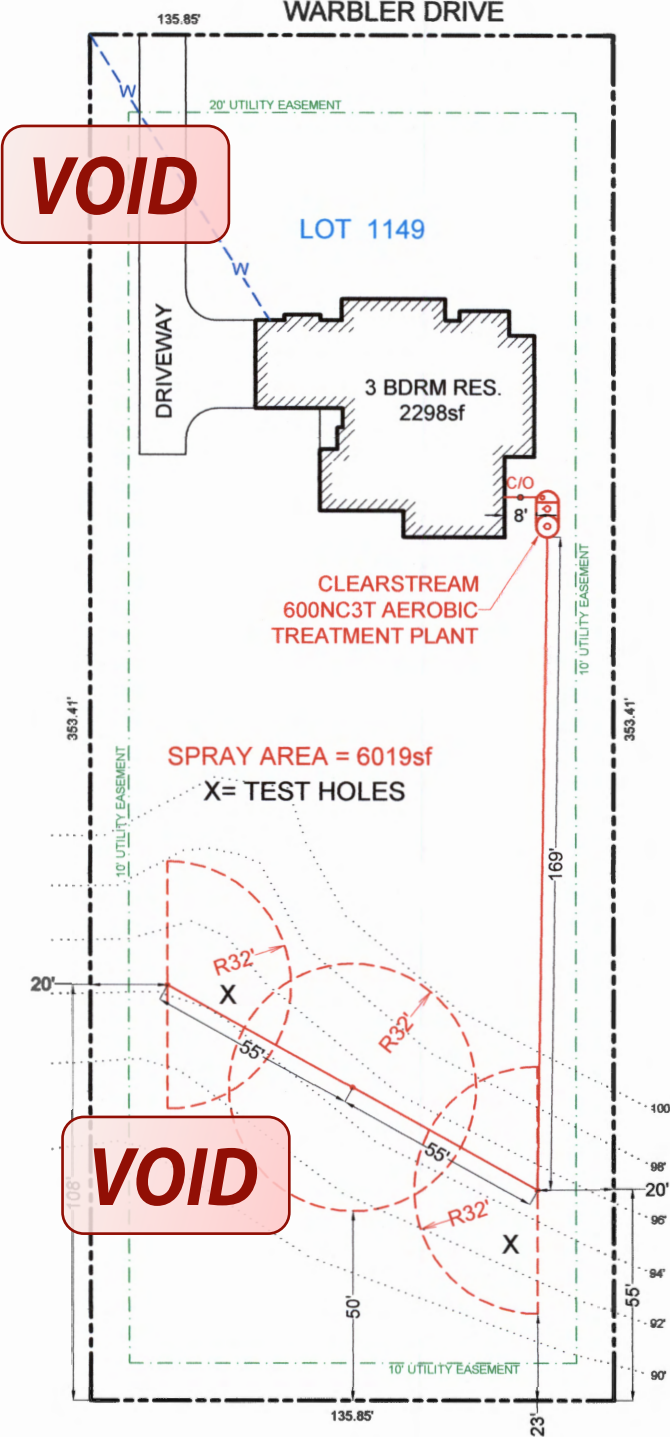
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

04/23/19  
DATE



FIRM #2585





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COUNTY ENGINEER

**VOID**



OWNER: PAYSCO PROPERTIES, LLC.		DRAWN BY: EJS III	
STREET ADDRESS: 364 WARBLER DRIVE			
LEGAL DESC: MYSTIC SHORES	UNIT/SECTION/PHASE: 10	BLOCK:	LOT: 1149
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 4/23/2019	REVISED:

Capital Title  
GF# 19-400455-BV

**General Warranty Deed**

Notice of confidentiality rights: If you are a natural person, you may remove or strike any or all of the following information from any instrument that transfers an interest in real property before it is filed for record in the public records: your Social Security number or your driver's license number.

Date: February 15<sup>th</sup>, 2019

Grantor: Phillip A. Schreiner and Lourdes A. Schreiner, husband and wife

Grantor's Mailing Address: 12022 Indigo Bend, San Antonio, TX 78230

Grantee: **Pysco Properties, LLC**, a Texas LLC

Grantee's Mailing Address: 851 River Cliff Dr., Canyon Lake, TX 78133

Consideration: the sum of TEN DOLLARS (\$10.00) cash, and other good and valuable consideration

Property (including any improvements):

**Lot 1149, MYSTIC SHORES, UNIT TEN**, Comal County, Texas, according to the Plat thereof recorded in Volume 14, Pages 353-358, Map and Plat Records, Comal County, Texas

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APR 29 2019

COUNTY ENGINEER

Reservations from Conveyance: None

Exceptions to Conveyance and Warranty:

This conveyance is made and accepted subject to all restrictions, encumbrances, easements, covenants, and conditions relating to the Property filed for record in Comal County, Texas.

Grantor, for the Consideration, and subject to the Reservations from the 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 way belonging, to have and to hold to Grantee and Grantee's successors and assigns forever. Grantor binds Grantor and Grantor's successors and assigns to warranty and forever defend all and singular the Property to Grantee and Grantee's successors and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

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



EXECUTED this 15<sup>th</sup> day of February, 2019.

Phillip Schreiner  
Phillip A. Schreiner

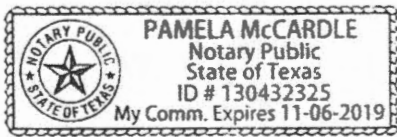
Lourdes A. Schreiner  
Lourdes A. Schreiner

THE STATE OF Texas §  
COUNTY OF Comal §

Before me, a Notary Public, the foregoing instrument was acknowledged on 15<sup>th</sup> day of February, 2019 by Phillip A. Schreiner and Lourdes A. Schreiner who personally appeared before me, and who is known to me through Photo ID to be the person(s) who executed it for the purposes and consideration expressed therein, and in the capacity stated.

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APR 29 2019



Pam McCardle COUNTY ENGINEER  
NOTARY PUBLIC, STATE OF  
Texas

AFTER RECORDING, RETURN TO:  
851 RiverCliff DR.  
Canyon Lake, TX  
78133

PREPARED IN THE LAW OFFICE OF  
Shaddock & Associates, P. C.  
2400 N. Dallas Parkway, Ste. 560  
Plano, Texas 75093

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
02/15/2019 03:34:47 PM  
LAURA 2 Pages(s)  
201906005492



Bobbie Koepf

COUNTRYSIDE CONSTRUCTION, INC.  
 300 CHAPMAN PARKWAY  
 CANYON LAKE, TX 78133

Phone: 830-899-2615  
 Fax: 830-899-6662

TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: DECEMBER 26, 2019 Installed: 8/26/2019 Service Expires: 8/26/2021

BILLING ADDRESS:  
 \* PAYSICO PROPERTIES  
 364 WARBLER DR  
 SPRING BRANCH, TX 78070

PHYSICAL ADDRESS:  
 851 RIVER CLIFF  
 CANYON LAKE, TX 78133

TELEPHONE: 830-237-6532 (GREG PAYNE) LOT: LT 1149, PERMIT#: 109073  
 ALT. PHONE: COUNTY: COMAL  
 SN: 18040080  
 SUBDIVISION: MYSTIC SHORES Manufacturer: CLEARSTREAM -500 MAPSCO: N/A

NOTES:  
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative	2. Action taken or Repairs or Needed repairs to system (list all components replaced):
Aerators			
SCFM/Compressors PSI Record Pressure Reading	1.25		
Filters	/		
Irrigation Pumps	/		CHECKED PUMP,
Recirculation Pumps	N/A		FLOATS, CHLORINE,
Disinfection Device	/		SPRINKLERS, Alarm,
Chlorine Supply	/		Compressor
Electrical Circuits	/		
Distribution System	/		
Sprayfield Vegetation	/		
Back Flush Drip Field, if applicable	N/A		
Other as Noted	/		
Access Posts are Secured			SYSTEM OPERATING AS DESIGNED? Y/N Yes No

3. Tests required and results:

	Required		Results mg/l mpn/100ml or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/	CLEAR	
Cl (Grab)	/			
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Thomas 11

Date of completion: 12/17/19 Start Job Time: 4:00 Stop Job Time: 4:15

Maintenance Provider: Walker Chapman



COUNTRYSIDE CONSTRUCTION, INC.  
 300 CHAPMAN PARKWAY  
 CANYON LAKE, TX 78133

Phone: 830-899-2615  
 Fax: 830-899-6662

**TESTING AND REPORTING RECORD**

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: AUGUST 26, 2020 Installed: 8/26/2019 Service Expires: 8/26/2021

BILLING ADDRESS:  
 JASPER & DEANNA BROWN  
 364 WARBLER LANE  
 SPRING BRANCH, TX 78070

PHYSICAL ADDRESS:  
 364 WARBLER LANE  
 CANYON LAKE, TX 78133

TELEPHONE: 512-751-3787  
 ALT. PHONE: 512-431-9032

LOT: LT 1149, PERMIT#: 109073  
 COUNTY: COMAL  
 SN: 18040080  
 MAPSCO: N/A

SUBDIVISION: MYSTIC SHORES MFG: CLEARSTREAM -500

NOTES:  
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI (Record Pressure Reading)	125	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	/	
Back Flush Drip Field, if applicable	N/A	
Other as Noted	/	

2. Action taken or Repairs or Needed repairs to system (list all components replaced):

CHECKED PUMP  
 Alarm, SPRINKLERS,  
 Timer, COMPRESSOR,

SYSTEM OPERATING AS DESIGNED?  Y  N

Access Ports are Secured  Yes  No

3. Tests required and results:

	Required		Results mg/l mpn/100ml or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/	Clear	
Cl (Grab)	/			
Fecal Coliform				

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Maintenance Technician: Thomas 11  
 Date of completion: 8/17/20 Start Job Time: 10:30 Stop Job Time: 10:45  
 Maintenance Provider: Walker Chapman

COUNTRYSIDE CONSTRUCTION, INC.  
 300 CHAPMAN PARKWAY  
 CANYON LAKE, TX 78133

Phone: 830-899-2615  
 Fax: 830-899-6662

**TESTING AND REPORTING RECORD**

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: DECEMBER 26, 2020 Installed: 8/26/2019 Service Expires: 8/26/2021

BILLING ADDRESS:  
 JASPER & DEANNA BROWN  
 364 WARBLER LANE  
 SPRING BRANCH, TX 78070

PHYSICAL ADDRESS:  
 364 WARBLER LANE  
 CANYON LAKE, TX 78133

TELEPHONE: 512-751-3787  
 ALT. PHONE: 512-431-9032

LOT: LT 1149, PERMIT#: 109073  
 COUNTY: COMAL  
 SN: 18040080  
 MAPSCO: N/A

SUBDIVISION: MYSTIC SHORES MFG: CLEARSTREAM -500

NOTES:  
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators SCFM/Compressors PSI (Record Pressure Reading)	B/O	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	N/A	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

2. Action taken or Repairs or Needed repairs to system (list all components replaced):

checked compressor  
~~Radical aerator~~, checked  
 Filter  
 aerator, checked pump, float,  
 chlorine, sprinklers, and  
 set time.

SYSTEM OPERATING AS DESIGNED?  Yes  No

3. Tests required and results:

	Required		Results mg/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/	6.12	grab
Cl (Grab)	/		1.0	90
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: [Signature]

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Date of completion: 12/16/20 Start Job Time: \_\_\_\_\_ Stop Job Time: \_\_\_\_\_

Maintenance Provider: Walker Chapman



COUNTRYSIDE CONSTRUCTION, INC.  
 300 CHAPMAN PARKWAY  
 CANYON LAKE, TX 78133

Phone: 830-899-2615  
 Fax: 830-899-6662

### TESTING AND REPORTING RECORD

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: DECEMBER 26, 2020 Installed: 8/26/2019 Service Expires: 8/26/2021

BILLING ADDRESS:  
 JASPER & DEANNA BROWN  
 364 WARBLER LANE  
 SPRING BRANCH, TX 78070

PHYSICAL ADDRESS:  
 364 WARBLER LANE  
 CANYON LAKE, TX 78133

TELEPHONE: 512-751-3787  
 ALT. PHONE: 512-431-9032

LOT: LT 1149. FERMIT#: 109073

COUNTY: COMAL

SN: 18040080

SUBDIVISION: MYSTIC SHORES MFG: CLEARSTREAM -800

MAPSCO: N/A

NOTES:  
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
BCFM/Compress-ure PWT (Record Pressure Reading)	510	
Filters	/	
Irrigation Pumps	/	
Recirculation Pumps	N/A	
Disinfection Device	/	
Chlorine Supply	/	
Electrical Circuits	/	
Distribution System	/	
Sprayfield Vegetation	N/A	
Back Flush Drip Field, if applicable	N/A	
Other as Noted		

2. Action taken or Repairs or  
 Needed repairs to system (list all  
 components replaced):

Checked compressor  
~~Replaced aerators~~, checked  
 A.I. for  
 aerators, checked pump, float,  
 chlorine, sprinklers, and  
 set time.

SYSTEM OPERATING AS DESIGNED?  Yes  No

Access Ports are Secured

Yes

No

3. Tests required and results:

	Required		Results mg/l mpn/100ml or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		/	6.1ccr	grab
Cl (Grab)		/	1.0	0.90
Fecal Coliform				

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Dunn

5

Date of completion: 12/16/20 Start Job Time: \_\_\_\_\_

Stop Job Time: \_\_\_\_\_

Maintenance Provider: Walter Chapman

COUNTRYSIDE CONSTRUCTION, INC.  
 300 CHAPMAN PARKWAY  
 CANYON LAKE, TX 78133

Phone: 830-899-2615  
 Fax: 830-899-6662

**TESTING AND REPORTING RECORD**

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: APRIL 26, 2021 Installed: 8/26/2019 Service Expires: 8/26/2021

BILLING ADDRESS:  
 JASPER & DEANNA BROWN  
 364 WARBLER LANE  
 SPRING BRANCH, TX 78070

PHYSICAL ADDRESS:  
 364 WARBLER LANE  
 CANYON LAKE, TX 78133

TELEPHONE: 512-751-3787  
 ALT. PHONE: 512-431-9032

LOT: LT 1149,

PERMIT#: 109073  
 COUNTY: COMAL  
 SN: 18040080  
 MAPSCO: N/A

SUBDIVISION: MYSTIC SHORES MFG: CLEARSTREAM -500

NOTES:  
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative
Aerators		
SCFM/Compressors PSI (Record Pressure Reading)	3.0	
Filters	✓	
Irrigation Pumps	✓	
Recirculation Pumps	NK	
Disinfection Device	✓	
Chlorine Supply	✓	
Electrical Circuits	✓	
Distribution System	✓	
Sprayfield Vegetation	✓	
Back Flush Drip Field, if applicable	NK	
Other as Noted	✓	
Access Posts are Secured		

2. Action taken or Repairs or  
 Needed repairs to system (list all  
 components replaced):

checked compressor  
 Pump  
 floats  
 sprinklers  
 set timer

SYSTEM OPERATING AS DESIGNED?  Yes

(yes)

No

3. Tests required and results:

	Required		Results mg/l mpn/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)		✓		Grab
Cl (Grab)	✓		1.0	OTO
Fecal Coliform	✓			

Copies of this report have been forwarded to the following: COMAL county / homeowner.

Maintenance Technician: Ban

3

Date of completion: 6-20-21 Start Job Time: \_\_\_\_\_ Stop Job Time: \_\_\_\_\_

Maintenance Provider: Walter Chapman



COUNTRYSIDE CONSTRUCTION, INC.  
 300 CHAPMAN PARKWAY  
 CANYON LAKE, TX 78133

Phone: 830-899-2615  
 Fax: 830-899-6662

**TESTING AND REPORTING RECORD**

This Testing and Reporting Record shall be completed, signed and dated after each inspection.

1. Inspection Date: AUGUST 26, 2021 Installed: 8/26/2019 Service Expires: 8/26/2021

BILLING ADDRESS:  
 JASPER & DEANNA BROWN  
 364 WARBLER LANE  
 SPRING BRANCH, TX 78070

PHYSICAL ADDRESS:  
 364 WARBLER LANE  
 CANYON LAKE, TX 78133

TELEPHONE: 512-751-3787  
 ALT. PHONE: 512-491-9032

LOT: LT 1149, PERMIT#: 109073  
 COUNTY: CUMAL  
 SN: 18040080  
 MAFCO: N/A

SUBDIVISION: MYSTIC SHORES MFG: CLEARSTREAM -500

NOTES:  
 TYPE OF SYSTEM: SPRAY

Inspected Item:	Operational	Inoperative	2. Action taken or Repairs or Needed repairs to system (list all components replaced):
Aerators			
SCFM/Compressors PSI (Record Pressure Reading)	1.25		Cleaned filter
Filters	✓		
Irrigation Pumps	✓		ctd pump & floats
Recirculation Pumps	NA		
Disinfection Device	✓		ctd alarm & spray heads
Chlorine Supply	✓		
Electrical Circuits	✓		
Distribution System	✓		
Sprayfield Vegetation	✓		
Back Flush Drip Field, if applicable	NA		
Other as Noted			
Access Posts are Secured			SYSTEM OPERATING AS DESIGNED? Y/N <input checked="" type="radio"/> Yes <input type="radio"/> No

3. Tests required and results:

	Required		Results mg/l mpr/100mi or Trace	Test Method
	Yes	No		
BOD (Grab)				
TSS (Grab)	✓		Clear	Grab
Cl (Grab)	✓		1.0	OTO
Fecal Coliform				

Copies of this report have been forwarded to the following: CUMAL county / Homeowner.

Maintenance Technician: Corey

Date of completion: 9-3-21 Start Job Time: \_\_\_\_\_ Stop Job Time: \_\_\_\_\_

Maintenance Provider: Walker Chapman