



# COMAL COUNTY

## ENGINEER'S OFFICE

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

Issued This Date: **09/23/2019** Permit Number: **109554**

Location Description: 1125 LOST TRL  
NEW BRAUNFELS, TX 78132

Subdivision: Royal Forrest  
Unit:  
Lot: 224  
Block:  
Acreage:

Type of System: Aerobic  
Surface Irrigation

Issued to: James Michael Byrd, Jr. & Julia Kathleen Byrd

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

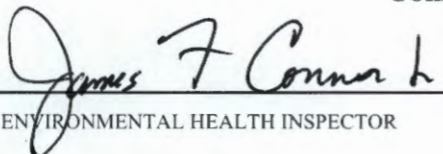
may require a new permit. **It is the responsibility of the owner to apply for a new permit, if applicable.**

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

  
ENVIRONMENTAL HEALTH INSPECTOR

OS0032485

  
ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

## Comal County Environmental Health OSSF Inspection Sheet

Installer Name: Swoyer      OSSF Installer #: OS 0026238  
 1st Inspection Date: 9/16/19      2nd Inspection Date: \_\_\_\_\_      3rd Inspection Date: 9-23-19 final  
 Inspector Name: Mike T.      Inspector Name: \_\_\_\_\_      Inspector Name: Connor  
 Permit #: 109554      Address: 1125 Lost Trl. / Royal Forest

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)		9/16/19		
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)(iii) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(i)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

MT- ~~9/16/19~~ 9/16/19  
 Tank set, leveled  
 operational ✓  
 Ready For Cover.  
 Remove all cover rocks.

9-23-19  
 LOCKED GATE  
 NO ACCESS  
 Covered  
 wheels covered

**Comal County Environmental Health  
OSSF Inspection Sheet**

*Final*

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)		9/16/19		
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)				✓
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: Swoyer OSSF Installer #: OS 0026238

1st Inspection Date: 9/16/19 2nd Inspection Date: \_\_\_\_\_ 3rd Inspection Date: \_\_\_\_\_

Inspector Name: Mike T. Inspector Name: \_\_\_\_\_ Inspector Name: \_\_\_\_\_

Permit#: 109554 Address: 1125 Lost Trl. / Royal Forest

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)		9/16/19		
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)				

MT- ~~9/16/19~~ 9/16/19

Tank set, leveled  
operational ✓  
Ready For Cover.  
Remove or cover rocks.

**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	✓		800	9/16/19		
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number	✓		maxx aide			
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)				
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)				

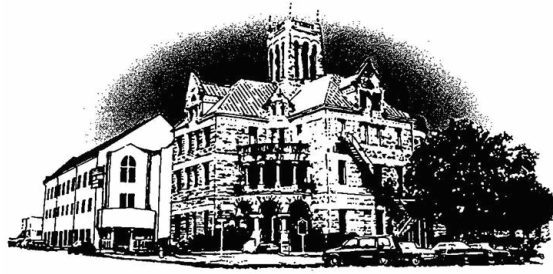
**Comal County Environmental Health  
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0% EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field ( 1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom ) EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes ( 3/16 - 1/4" dia. Hole Size ) 5 ft. Apart		285.33(b)(3)(A) 285.33(b)(3)(A) 285.33(b)(3)(B) 285.91(13) 285.33(b)(3)(D) 285.33(b)(3)(F)				
33	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.	<input checked="" type="checkbox"/>	285.32(c)(1)		9/16/19		
34	AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions	<input checked="" type="checkbox"/>					
35	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.	<input checked="" type="checkbox"/>					
36	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump						
37	PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions						
38	PUMP TANK Secondary restraint system provided						
39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						

**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?	<input checked="" type="checkbox"/>	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)		9/16/19 		
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	<input checked="" type="checkbox"/>	285.33(d)(2)(G)(i) 285.33(d)(2)(A) 285.33(d)(2)(F)				
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: 109554  
Issued This Date: 08/21/2019  
This permit is hereby given to: James Michael Byrd, Jr. & Julia Kathleen Byrd

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

1125 LOST TRL  
NEW BRAUNFELS, TX 78132

Subdivision: Royal Forrest

Unit:

Lot: 224

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.

**REVISED**

8:37 am, Aug 21, 2019

**COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH \*\*\*  
APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN  
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE**

Date \_\_\_\_\_

Permit # 109554

Owner Name JAMES MICHAEL BYRD, JR & JULIA KATHLEEN BYRD

Agent Name GREG W. JOHNSON, P.E.

Mailing Address c/o 23011 FM 306

Agent Address 170 Hollow Oak

City, State, Zip Canyon Lake, TX 78133

City, State, Zip New Braunfels, TX 78132

Phone # 830-935-4936

Phone # 830-905-2778

Email paul@paulswoyerseptics.com

Email gregjohnsonpe@yahoo.com

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

Subdivision Name ROYAL FORREST Unit \_\_\_\_\_ Lot 224 Block \_\_\_\_\_

Acreage/Legal \_\_\_\_\_

Street Name/Address 1125 LOST TRAIL City NEW BRAUNFELS Zip 78132

**Type of Development:**

Single Family Residential

2- ONE BEDROOM APARTMENTS & 2 PERSONAL RV'S & PERSONAL SHOP

Type of Construction (House, Mobile, RV, Etc.) \_\_\_\_\_

Number of Bedrooms 1 + 1

Indicate Sq Ft of Living Area 560 + 740

AUG 09 2019

Non-Single Family Residential

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

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: \$ Existing (Structure Only)

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

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

Source of Water  Public  Private Well

Are Water Saving Devices Being Utilized Within the Residence?  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 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.

- James M Byrd Jr  
- Julia K Byrd  
Signature of Owner

July 17 2019  
Date

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

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE 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) MAXX AIR M800 Absorption/Application Area (Sq Ft) 5654

Gallons Per Day (As Per TCEQ Table III) 300

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

RECEIVED

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

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

AUG 09 2019

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.)

COUNTY ENGINEER

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

Is there an existing TCEQ approval CZP for the property? [ ] Yes [X] 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 August 6, 2019

**REVISED**

8:37 am, Aug 21, 2019

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

August 20, 2019

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


RE- JAMES MICHAEL BYRD, JR. & JULIA KATHLEEN BYRD  
1125 LOST TRAIL  
ROYAL FORREST, LOT 224  
NEW BRAUNFELS, TX 78132

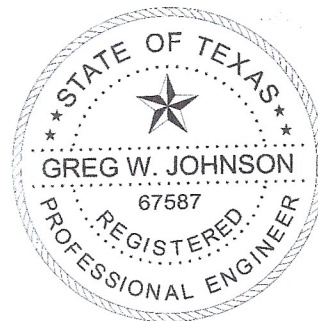
Ms. Brenda Ritzen,

The referenced property is located within the Edwards Aquifer Recharge Zone. This property is exempt from a WPAP because it is not a regulated activity according to §213.5(h)(2) "exempt ... does not exceed 20 % impervious cover on the site. To my knowledge no WPAP exists for this property.

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, 285.4 1, & 285.42, Texas Commission on Environmental Quality (Effective December 29, 2016).

 08/20/19  
\_\_\_\_\_  
Greg W. Johnson, P.E. No.67587/F#2585  
170 Hollow Oak  
New Braunfels, Texas 78132 - 830/905-2778



1/c

**AFFIDAVIT**



201906027716 08/09/2019 01:13:46 PM 1/1

**THE COUNTY OF COMAL  
STATE OF TEXAS**

**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.

RECEIVED

**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):**

AUG 09 2019

UNIT/PHASE/SECTION \_\_\_\_\_ BLOCK 224 LOT \_\_\_\_\_ ROYAL FORREST \_\_\_\_\_ COUNTY ENGINEER SUBDIVISION

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

The property is owned by **(insert owner's full name):** JAMES MICHAEL BYRD, JR & JULIA KATHLEEN BYRD

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 17 DAY OF July, 2019  
X James Michael Byrd Jr JAMES MICHAEL BYRD, JR  
X Julia K Byrd JULIA KATHLEEN BYRD  
Owner(s) signature(s) Owner (s) Printed name (s)

James & Julia Byrd SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 17 DAY OF  
June, 2019

C Villareal  
Notary Public Signature



THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
08/09/2019 01:13:46 PM  
JESSICA 1 Page(s)  
201906027716



Bobbie Koepf

**THE COUNTY OF COMAL  
STATE OF TEXAS**

**CERTIFICATION OF SINGLE FAMILY DWELLING**

According to Texas Commission of Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of COMAL COUNTY, TEXAS.

I

Before me this day appeared JAMES M. & JULIA K. BYRD, being the owners of the referenced property at 1125 Lost Trail, New Braunfels, TX 78132. They further state that the Residence and any additional living space on this property will be occupied only by a single family.

An OSSF requiring a Certification of Single Family Dwelling, will be installed on the property described as:

           UNIT            BLOCK   224   LOT   ROYAL FORREST   SUBDIVISION

IF NOT IN SUBDIVISION:            ACREAGE            SURVEY

The property is owned by JAMES MICHAEL BYRD, JR & JULIA KATHLEEN BYRD

WITNESS MY HAND ON THIS 10<sup>th</sup> OF DAY OF August, 2019.

James M Byrd Jr  
OWNER (SIGNATURE)

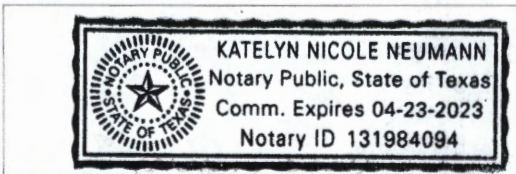
Julia K Byrd  
OWNER (SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 10<sup>th</sup> DAY OF August, 2019 BY

JAMES MICHAEL BYRD, JR  
OWNER NAME (PRINTED)

JULIA KATHLEEN BYRD  
OWNER NAME (PRINTED)

Katelyn Neumann  
Notary Public Signature



RECEIVED  
AUG 09 2019  
COUNTY ENGINEER



PAUL SWOYER SEPTIC SUPPLY & SERVICE  
23011 FM 306  
CANYON LAKE, TX 78133

MP#0001708  
CHRISTOPHER RYAN SEIDENSTICKER

**PROPERTY LEGAL DESCRIPTION:**

ROYAL FORREST, LOT 224

**Customer:** JAMES MICHAEL BYRD, JR & JULIA KATHLEEN BYRD

**Site Address:** 1125 LOST TRAIL

**City/State:** NEW BRAUNFELS, TX **Zip:** 78132

**County:** COMAL **Permit#:**

**Phone Number:** 830 837 6368

**E-mail:** JB-1085@msn.com

**I. General:** This On-Site Sewage Facility Service Agreement (hereinafter referred to as "Agreement") is entered into by and between JAMES MICHAEL BYRD, JR & JULIA KATHLEEN BYRD (hereinafter referred to as "Client") and PS Supply & Service, LLC (hereinafter referred to as "Contractor"). By this agreement, Contractor agrees to render services, as described herein (the "Services"), and the client agrees to fulfill his/her/their responsibilities under this agreement herein.

AUG 09 2019

**II. Effective Dates:** This agreement commences on the date of License to Operate is issued for Three (3) years.

Date of License to Operate: LTO Last Date of Service: 3 yrs from LTO

COUNTY ENGINEER

**III. Services by Contractor:** Contractor will provide the following Services:

1. Inspect and perform routine maintenance on the On-Site Sewage Facility ("OSSF") in compliance with the code, regulations, and/or rules of the Texas Commission on Environmental Quality ("TCEQ") and county in which the OSSF is located (the "County") and the manufacturer's requirements, at a frequency of approximately once every four (4) months.
2. Report to the appropriate regulatory authority and to Client, as required by the State of Texas' on-site rules and, if required, TCEQ or County rules. All findings must be reported to the appropriate regulatory authority within 14 days.
3. Notify Client and repair any components of the OSSF that are found to be in need of repair during the inspection. If warranty, you just do it. If not, Client will be responsible. Repairs will be made so brought up to compliance and bill forward.
4. Visit site in response to Client's request for unscheduled service within two business days from the date of Contractor's actual receipt of Client's request. Unscheduled service visits are not included in the fee agreement herein and will be billed to the client in addition to fees under this Agreement.
5. Provide notification of arrival to site to the Client or to site personnel. Additionally, Contractor will leave written notification of the visit at the site or with site personnel upon completion of inspection, and forward such notice to the appropriate regulatory authority within fourteen (14) days.

**IV. Payment(s):** Client shall pay to Contractor included w/ septic, for the Services describe herein (the "Inspection and Routine Maintenance Fee"), excepting those described in Section III (4), or Section IX, herein. The Fee does not include equipment, parts or labor supplied for anything beyond routine inspection and routine maintenance. Payments for such additional services are due at the time services are provided or rendered. Payments not received within thirty (30) days from the due date will be subject the greater of a \$20.00 late penalty or 1.5% carrying charge on the original balance for each month or portion thereof a balance in past due. If for any reason such charges are found to be usurious by a court of competent jurisdiction, such charges shall be reduced to the maximum allowable by law. By signing this contract, Client authorizes Contractor to remove any parts installed, but not paid in full at the end of the thirty (30) days. Client agrees to pay for any labor cost associated with the installation and the reasonable cost of removal of said parts.

Client: JB  
Jm BSA

Contractor: PS

RECEIVED

AUG 09 2019

COUNTY ENGINEER

**V. Client's Responsibilities:** Client is responsible for each and all of the following:

1. To maintain chlorinator and provide proper chlorine supply, if OSSF is so equipped.
2. To provide all necessary yard or lawn maintenance and removal of obstacles as needed to allow the OSSF to function properly, and to allow Contractor ready access to all parts of the OSSF.
3. To maintain a current license to operate, and abide by the conditions and limitations of that license and all requirements for on-site sewage facilities from the State and local regulatory agency.
4. To maintain the OSSF in accordance with manufacturer's recommendations.
5. To immediately notify Contractor and Agency of any and all problems with, the OSSF, including failure thereof.
6. Upon receipt of any written notification of required services from Contractor, to contact Contractor and authorize the required service. If Client elects a different contractor to perform the required service, Client is responsible for ensuring the substitute contractor holds the proper license (Installer II) and is certified by the manufacturer. Additionally, Client shall be responsible for ensuring proper notification is given to the appropriate regulatory authority, as required by the State and/or local regulatory authority rules.
7. To provide Contractor with water usage records, upon request, for evaluation by Contractor of the OSSF performance.
8. To pay required sampling charges for samples collected for testing (e.g. Biological Oxygen Demand/Total Suspended Solids ("BOD/TSS")) that may be required on the OSSF.
9. To prevent backwash from water treatment or water conditioning equipment to enter the OSSF.
10. To provide, at Client's expense, for pumping of tanks as needed.
11. To maintain site drainage sufficient to prevent adverse effects on the OSSF.
12. To promptly and fully pay Contractor's bills, fees, or invoices as described herein.

**VI. Access by Contractor:** Client agrees to allow Contractor, or personnel authorized by the Contractor, to enter the property at reasonable times without prior notice for the purpose of performing the Services described herein. Such entry shall include access to the OSSF electrical and physical components, including tanks, by means of manways or risers for the purpose of evaluations required by the manufacturer, and/or regulatory authority rules. If such manways or risers are not in place, Client shall allow and be responsible for payment of required excavation, including labor and materials, necessary to allow access to the OSSF or any required components. Such excavation shall be billed at the rate of \$75.00 per hour for labor, plus materials billed at list price. Contractor shall make only those efforts reasonable under the circumstances to replace excavated soil.

**VII. Application or Transfer of Payment:** The fees paid for this agreement may transfer to any subsequent owner(s) of the property on which the OSSF is located. The subsequent owner(s) must sign a similar agreement authorizing Contractor to perform the above-described Services, and accepting Client's responsibilities. The replacement Agreement must be signed and received within 30 days of transfer of ownership. Contractor will apply all funds received from Client first to any past due obligations arising from this Agreement including late charges, return check charges, and charges for repairs or services not paid within 30 days of invoicing. The consumption of the payment in this manner may lead to termination of the agreement by Contractor

**VIII. Termination of Agreement:** This agreement may be terminated by either party with 30 days written notice. If this agreement is so terminated by Client, Contractor shall be paid at the rate of \$75.00 per hour for any worked performed or required, but not yet paid. If terminated by Contractor, all amounts outstanding shall be due within thirty days of termination. The party terminating will immediately notify the other party, the equipment manufacturer, and the regulatory agency of the termination.

**IX. Limitation of Liability:** In no event shall Contractor be liable for indirect, consequential, incidental or punitive damages, whether in contract, tort, or any other theory of liability. In no event shall the Contractor's liability for direct damages exceed payments by the Client under this Agreement.

**X. Severability and Reformation:** If any provision in this Agreement shall be held to be invalid or unenforceable for any reason, it shall be reformed to the minimum extent necessary to effect the intent of the Parties. If any provision is such that it cannot reasonably be reformed, it shall be struck from this Agreement and the remaining provisions shall continue to be valid and enforceable.

**XI. Performance of Agreement:** Commencement of performance by Contractor under this agreement is contingent on the following conditions: (1) Contractor receiving a fully executed original copy of this agreement. (2) Contractor receiving payment in full of the fee(s) described herein. If the above conditions are not met, then Contractor is from any obligation to perform any portion of this agreement.

**XII. Modification.** This Agreement may not be changed or modified except by an instrument in writing, signed by both Contractor and Client.

**XIII. Waiver.** Except as otherwise noted in this Agreement, the waiver by other party of a breach of any provision of this Agreement shall not operate or be construed as a continuing waiver or as a consent to or waiver of any subsequent breach hereof.

Client: JUB  
JUBSK

Contractor: KS



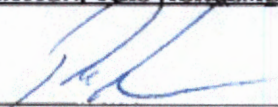
RECEIVED

August 2019

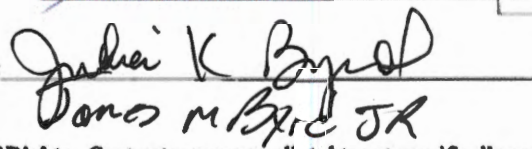
XIV. **Headings.** The Article and Section headings in this Agreement are for the convenience of reference only and do not constitute a part of this Agreement and shall not be deemed to limit or affect any of the provisions hereof.

XV. **GOVERNING LAW AND CHOICE OF VENUE.** EACH OF THE PARTIES HERETO HEREBY <sup>CONSENTS TO THE</sup> EXCLUSIVE JURISDICTION OF THE COURTS OF THE STATE OF TEXAS, COUNTY OF COMAL, AND TO THE <sup>UNIVERSITY</sup> STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF TEXAS – SAN ANTONIO DIVISION, AS WELL AS TO THE JURISDICTION OF ALL COURTS TO WHICH AN APPEAL MAY BE TAKEN FROM SUCH COURTS, FOR THE PURPOSE OF ANY SUIT, ACTION, OR OTHER PROCEEDING ARISING OUT OF, OR IN CONNECTION WITH, THIS AGREEMENT OR ANY OF THE TRANSACTIONS CONTEMPLATED HEREBY, INCLUDING, WITHOUT LIMITATION, ANY PROCEEDING RELATING TO ANCILLARY MEASURES IN AID OF ARBITRATION, PROVISIONAL REMEDIES AND INTERIM RELIEF, OR ANY PROCEEDING TO ENFORCE ANY ARBITRAL DECISION OR AWARD. EACH PARTY HERETO EXPRESSLY WAIVES ANY AND ALL RIGHTS TO BRING ANY SUIT, ACTION, OR OTHER PROCEEDING IN OR BEFORE ANY COURT OR TRIBUNAL OTHER THAN COURTS OF THE STATE OF TEXAS, COUNTY OF COMAL, AND COVENANTS THAT IT SHALL NOT SEEK IN ANY MANNER TO PROSECUTE OR DEFEND ANY DISPUTE OTHER THAN AS SET FORTH IN THIS ARTICLE XVI OR TO CHALLENGE OR SET ASIDE ANY DECISION, AWARD, OR JUDGMENT OBTAINED IN ACCORDANCE WITH THE PROVISIONS HEREOF. EACH OF THE PARTIES HERETO HEREBY EXPRESSLY WAIVES ANY AND ALL OBJECTIONS IT MAY HAVE TO VENUE, INCLUDING, WITHOUT LIMITATION, THE INCONVENIENCE OF SUCH FORUM, IN ANY OF SUCH COURTS.

XVI. **JURY TRIAL WAIVER.** THE PARTIES HEREBY UNCONDITIONALLY WAIVE THEIR RIGHT TO A JURY TRIAL OF ANY AND ALL CLAIMS OR CAUSES OF ACTION ARISING FROM OR RELATING TO THEIR RELATIONSHIP. THE PARTIES ACKNOWLEDGE THAT A RIGHT TO A JURY IS A CONSTITUTIONAL RIGHT, THAT THEY HAVE HAD AN OPPORTUNITY TO CONSULT WITH INDEPENDENT COUNSEL, AND THAT THIS JURY WAIVER HAS BEEN ENTERED INTO KNOWINGLY AND VOLUNTARILY BY ALL PARTIES TO THIS AGREEMENT. IN THE EVENT OF LITIGATION, THIS AGREEMENT MAY BE FILED AS A WRITTEN CONSENT TO A TRIAL BY THE COURT.

Approved by Contractor: 

MP#0001708  
CHRISTOPHER RYAN SEIDENSTICKER

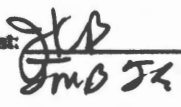
Approved by Client: 

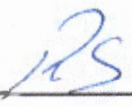
XVII. **Reservation of Rights.** Contractor reserves all rights not specifically granted herein.

XVIII. **Counterparts.** This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original but all of which together will constitute one and the same instrument.

XIX. **Counsel.** Contractor has previously recommended that Client engage counsel to assist him/her/it in reviewing this Agreement and all other matters relating to it. Contractor and Client shall each bear his/her/its own costs and expenses in connection with the negotiation and documentation of this Agreement.

XX. **Entire Agreement:** This agreement contains the entire agreement of the parties, and there are no promises or conditions in any other agreement, oral or written. The Parties expressly disclaim reliance on any prior statements, oral or written, by either party not expressly provided for herein.

Client: 

Contractor: 

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

Date Soil Survey Performed: August 02, 2019

Site Location: 1125 LOST TRAIL - ROYAL FORREST, LOT 224

Proposed Excavation Depth: N/A

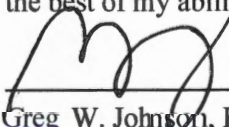
**Requirements:**

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	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 6"	BROWN
1						
2						
3						
4						
5						
						RECEIVED AUG 09 2019

SOIL BORING NUMBER		SURFACE EVALUATION					COUNTY ENGINEER
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations	
0	SAME	AS	ABOVE				
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

08/02/19  
Date



**FIRM #2585**

**OSSF SOIL EVALUATION REPORT INFORMATION**

Date: August 06, 2019

**Applicant Information:**

Name: JAMES MICHAEL BYRD, JR. & JULIA KATHLEEN BYRD  
Address: 1125 LOST TRAIL  
City: NEW BRAUNFELS State: TX  
Zip Code: 78132 Phone: \_\_\_\_\_

**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 224 Unit \_\_\_\_\_ Blk \_\_\_\_\_ Subd. ROYAL FORREST  
Street Address: 1125 LOST TRAIL  
City: NEW BRAUNFELS Zip Code: 78132  
Additional Info.: \_\_\_\_\_

**Installer Information:**

Name: GORDON PAUL SWOYER  
Company: PAUL SWOYER SEPTICS  
Address: 23011 FM 306  
City: CANYON LAKE State: TX  
Zip Code: 78133 Phone 830-935-4936

**Topography:** Slope within proposed disposal area: 4 %  
Presence of 100 yr. Flood Zone: YES \_\_\_\_\_ NO X  
Existing or proposed water well in nearby area: YES X NO \_\_\_\_\_ >100'  
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

RECEIVED

AUG 09 2019

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

COUNTY ENGINEER

Q = 300 GPD TWO - 1 BEDROOM APARTMENTS, 2-RV'S (PERSONAL) & PERSONAL SHOP

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

Number of Bedrooms the septic system is sized for: 1+1 Total sq. ft. living area 560 & 704

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

Q = (1+1)\*75-(20%)= 300

Trash Tank Size 431 Gal.

TCEQ Approved Aerobic Plant Size 800 G.P.D.

Req'd Application Area = Q/Ri = 300 / 0.064 = 4688 sq. ft.

Application Area Utilized = 5654 sq. ft.

Pump Requirement 6.2 Gpm @ 40 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 = 854 Gal. 16.1 Gal./inch.

Reserve Requirement = 100 Gal. 1/3 day flow.

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

With 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

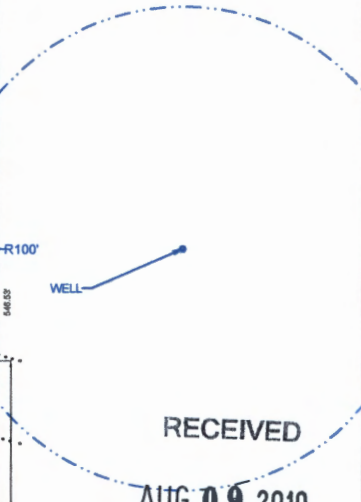
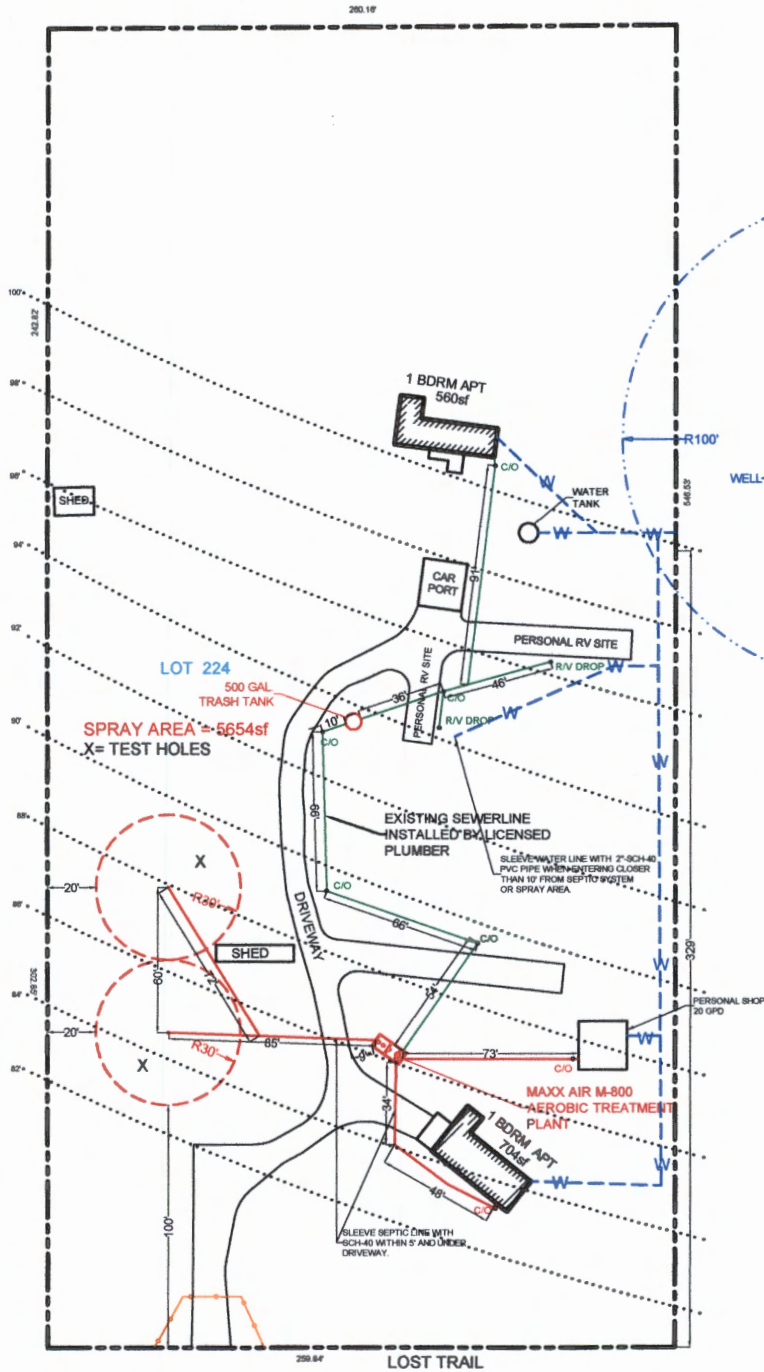
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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)

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

08/06/19  
DATE

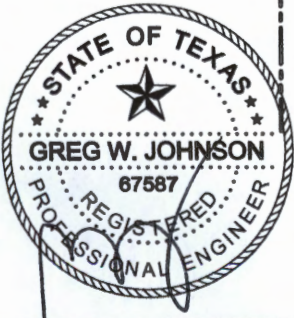
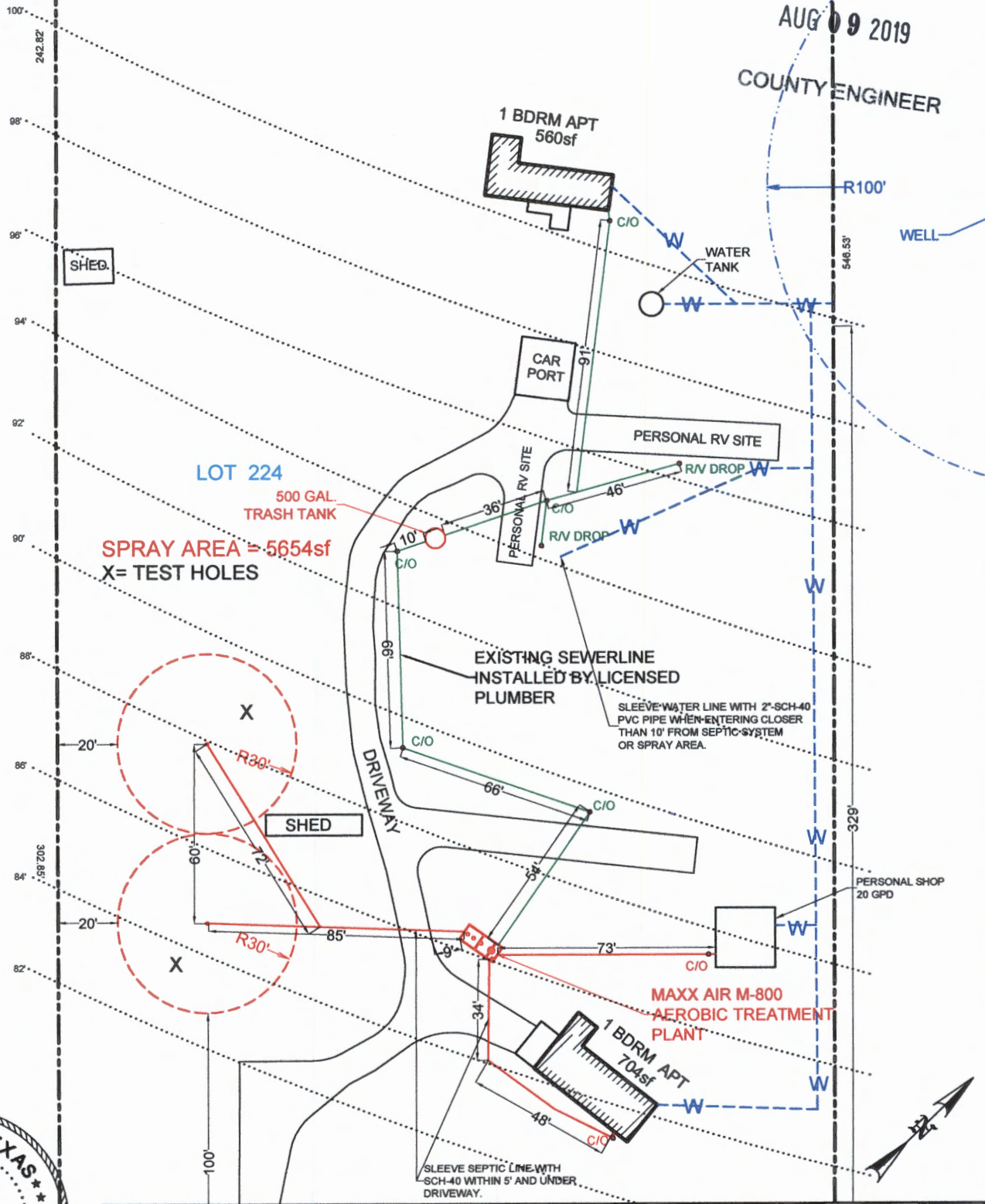




OWNER: JAMES MICHAEL BYRD Jr. & JULIA KATHLEEN BYRD		DRAWN BY: EJS III	
STREET ADDRESS: 1125 LOST TRAIL			
LEGAL DESC: ROYAL FORREST	UNIT/SECTION/PHASE:	BLOCK:	LOT: 224
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=80'	DATE: 7/19/2019	REVISED: 8/5/2019



RECEIVED  
 AUG 09 2019  
 COUNTY ENGINEER



OWNER: JAMES MICHAEL BYRD Jr. & JULIA KATHLEEN BYRD		DRAWN BY: EJS III	
STREET ADDRESS: 1125 LOST TRAIL			
LEGAL DESC: ROYAL FORREST	UNIT/SECTION/PHASE:	BLOCK:	LOT: 224
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 7/19/2019	REVISED: 8/5/2019

## Hernandez, Sandra

---

**From:** Greg Johnson <gregjohnsonpe@yahoo.com>  
**Sent:** Wednesday, August 21, 2019 7:03 AM  
**To:** Hernandez, Sandra  
**Subject:** Re: 109554 deficiency comments  
**Attachments:** 1125 Lost Trail - BYRD #109554 revised.pdf

Attached is the revised application and WPAP exemption letter.  
The Water tank is above ground.  
Licensed installer will install and connect the new trash tank.  
Thanks,  
Greg

Send for Greg W. Johnson, P.E., R.S.)

170 Hollow Oak

New Braunfels, TX 78132

Office/Fax (830) 905-2778

Email: [gregjohnsonpe@yahoo.com](mailto:gregjohnsonpe@yahoo.com)

On Monday, August 19, 2019, 11:56:00 AM CDT, Hernandez, Sandra <rabsah@co.comal.tx.us> wrote:

RE: Royal Forrest, Lot 224

Greg,

We received planning materials for the referenced property on August 09, 2019 and found those planning materials to be deficient. In order to continue processing this permit, we need the following information:

1. Permit application indicates cabins, but planning materials indicate apartments. Please clarify.
2. Indicate how the referenced property is exempt from a WPAP.
3. Indicate if the water tank is under or above ground.

## 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.

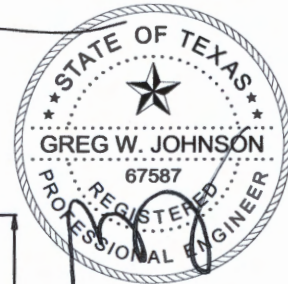
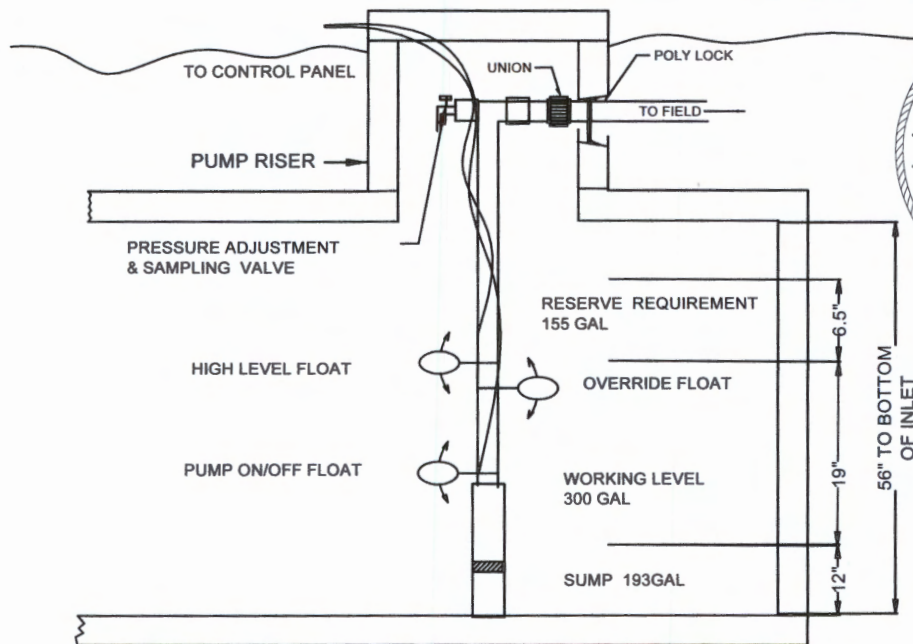
A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

RECEIVED

AUG 09 2019

COUNTY ENGINEER

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

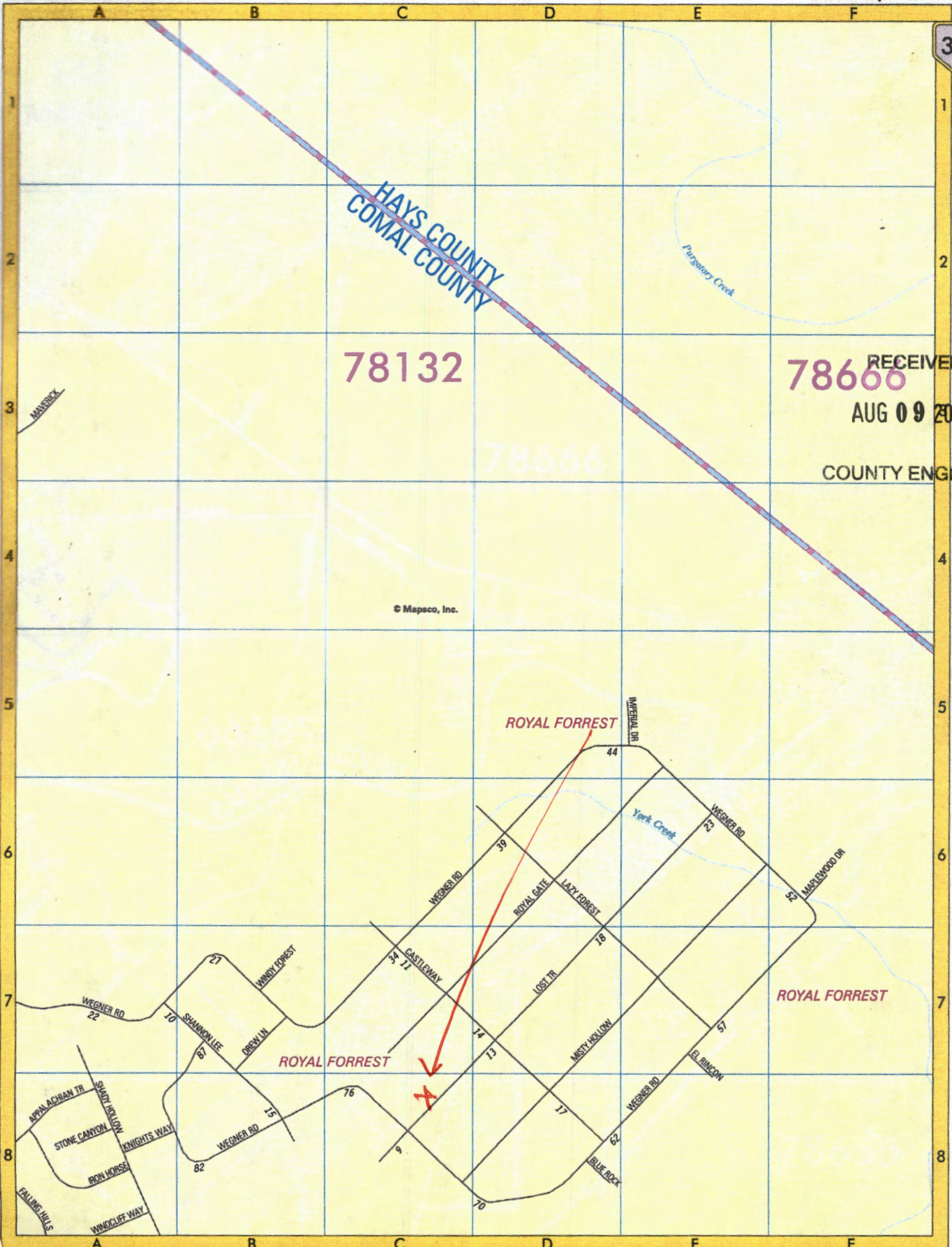


F-2585

08/06/19

**TYPICAL PUMP TANK CONFIGURATION  
MAXX AIR-M800 PUMP TANK**

359



78132

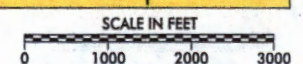
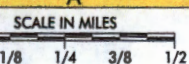
78666

RECEIVED  
AUG 09 2019

COUNTY ENGINEER

© Mapsco, Inc.

CONTINUED ON MAP 360





## Hernandez, Sandra

---

**From:** Hernandez, Sandra  
**Sent:** Monday, August 19, 2019 11:56 AM  
**To:** 'Greg Johnson'  
**Subject:** 109554 deficiency comments

RE: Royal Forrest, Lot 224

Greg,

We received planning materials for the referenced property on August 09, 2019 and found those planning materials to be deficient. In order to continue processing this permit, we need the following information:

- 1 ✓ Permit application indicates cabins, but planning materials indicate apartments. Please clarify.
- 2 ✓ Indicate how the referenced property is exempt from a WPAP.
- 3 ✓ Indicate if the water tank is under or above ground.
- 4 ✓ Indicate if the plumber installed tightline will be connected to the new trash tank by a licensed installer.
5. Revise accordingly and resubmit.

If you have any questions, you can email me or call the office.

Thank you,

*Sandra Ann Hernandez  
Environmental Health Asst.  
Comal County Engineer's Office  
cceo.org  
830-608-2090 (Ext. 3156)*

\*\*\* COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH \*\*\*  
APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN  
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

Date \_\_\_\_\_

**VOID**

Permit # 109554

Owner Name JAMES MICHAEL BYRD, JR & JULIA KATHLEEN BYRD Agent Name GREG W. JOHNSON, P.E.  
Mailing Address c/o 23011 FM 306 Agent Address 170 Hollow Oak  
City, State, Zip Canyon Lake, TX 78133 City, State, Zip New Braunfels, TX 78132  
Phone # 830-935-4936 Phone # 830-905-2778  
Email paul@paulswoyerseptics.com Email gregjohnsonpe@yahoo.com

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

Subdivision Name ROYAL FORREST Unit \_\_\_\_\_ Lot 224 Block \_\_\_\_\_

Acreage/Legal \_\_\_\_\_

Street Name/Address 1125 LOST TRAIL City NEW BRAUNFELS Zip 78132

**Type of Development:**

**VOID**

Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) 2 Bed Cabins / 2 RV Parks + Personal Shop

Number of Bedrooms 1 + 1

Indicate Sq Ft of Living Area 560 + 740

RECEIVED  
AUG 09 2019

Non-Single Family Residential

(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: \$ Existing (Structure Only)

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

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

Source of Water  Public  Private Well

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

By signing this application, I certify that:

- The completed application and all additional information submitted is true and correct and 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 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.

**VOID**

James M Byrd Jr  
Julia K Byrd  
Signature of Owner

July 17 2019  
Date

J/M

**General Warranty Deed**

**Date:** May 2, 2013



**Grantor:** James Michael Byrd and Patricia Kay Byrd Foss, as Custodians for James M. Byrd, Jr. and Julia Kathleen Byrd, under the Texas Uniform Gifts to Minors Act

**Grantor's Mailing Address:**

James Michael Byrd  
1045 Happy Hollow Drive, New Braunfels, Texas 78132

Patricia Kay Byrd Foss  
1175 Lost Trail, New Braunfels, Texas 78132

RECEIVED  
AUG 09 2019  
COUNTY CLERK

**Grantee:** James Michael Byrd, Jr.; and Julia Kathleen Byrd

**Grantee's Mailing Address:**

James Michael Byrd, Jr. and Julia Kathleen Byrd  
1175 Lost Trail, New Braunfels, Texas 78132

**Consideration:**

To legally convey the property to James Michael Byrd., Jr. and Julia Kay Byrd, who are no longer minors.

**Property (including any improvements):**

All that certain tract or parcel of land lying and being situated in Comal County, Texas, being known and designated as Lot 224, ROYAL FORREST SUBDIVISION, according to map or plat recorded in Volume 4, Page 4, Comal County, Texas Map and Plat Records.

**Reservations from Conveyance:**

None.

**Exceptions to Conveyance and Warranty:**

Validly existing easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded and validly existing instruments, other than conveyances of the surface fee estate, that affect the Property; and taxes for 2013, which Grantee assumes and agrees to pay, and subsequent assessments for that and prior years due to change in land usage, ownership, or both, the payment of which Grantee assumes.

Grantor, for the Consideration and subject to the Reservations from Conveyance and 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 it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, 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.

RECEIVED

AUG 09 2019

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

This instrument was prepared based on information furnished by the parties, and no independent title search has been made. COUNTY ENGINEER

James Michael Byrd  
James Michael Byrd

Patricia Kay Byrd Foss  
Patricia Kay Byrd Foss

STATE OF TEXAS )  
COUNTY OF COMAL )

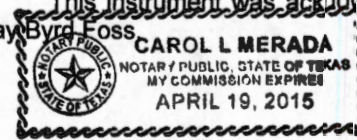
This instrument was acknowledged before me on May 3, 2013, by James Michael Byrd.



Carol L. Merada  
Notary Public, State of Texas

STATE OF TEXAS )  
COUNTY OF COMAL )

This instrument was acknowledged before me on May 2, 2013, by Patricia Kay Byrd Foss.



Carol L. Merada  
Notary Public, State of Texas

AFTER RECORDING RETURN TO:

DWAIN W BLASCHKE, P.L.L.C.  
Post Office Box 1744  
Canyon Lake, Texas 78133  
Tel: (830) 964-4442  
Fax: (830) 964-4426

Filed and Recorded  
Official Public Records  
Joy Streater, County Clerk  
Comal County, Texas  
05/06/2013 09:40:53 AM  
TRMMY 2 Page(s)  
201306018943



Joy Streater

**PS Septic Supply & Service**  
**23011 FM 306**  
**Canyon Lake, TX 78133**

(830) 850-0080  
 Fax: (830) 935-4932

**Permit #: 109554**

**To: James Byrd**  
**1125 Lost Trail**  
**New Braunfels, TX**

Tech: Not Assigned  
 Brand/Mfg.: MAXX AIR -  
 System S/N:  
 Aerator and S/N:

Contract: 10/3/2019 - 10/3/2022  
 Inspections per year: 3  
 Service Due: 2/3/2020  
 Alt Phone:  
 Warranty Ending:

Site: 1125 Lost Trail, New Braunfels  
 Agency: Comal County  
 County:  
 Subdivision: Royal Forest

Installed:  
 Phone: (830) 837-6369  
 Cell:  
 Work:

Inspection Type: \_\_\_\_\_ Inspection # \_\_\_\_\_ of \_\_\_\_\_ for the contract year

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

1-16  
 2-0  
 3-1

**Test Results and observations: (As Required)**

Fecal Coliform: \_\_\_\_\_  
 Chlorine Residual: \_\_\_\_\_ .14  
 Test Method: \_\_\_\_\_ ORAB  
 BOD: \_\_\_\_\_  
 TSS: \_\_\_\_\_  
 Commercial Lab: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_

Repairs made: Y / N

Repairs and Comments: Sum = 0

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

Area: / 0  
 GPS: 29 8426 -98.0808 ID = 1458

Printed 2/26/2020

1125 Lost Trail, New Braunfels

GATE ~~41100~~  
 9437

**PS Septic Supply & Service**  
**23011 FM 306**  
**Canyon Lake, TX 78133**

(830) 850-0080  
 Fax: (830) 935-4932

**Permit #: 109554**

**To: James Byrd**  
**1125 Lost Trail**  
**New Braunfels, TX**

Tech: Not Assigned  
 Brand/Mfg.: MAXX AIR -  
 System S/N:  
 Aerator and S/N:

Site 1125 Lost Trail, New Braunfels  
 Agency Comal County  
 County:  
 Subdivision Royal Forest

Contract: 10/3/2019 - 10/3/2022  
 Inspections per year: 3  
 Service Due: 6/3/2020  
 Alt Phone  
 Warranty Ending:

Inspection Type: \_\_\_\_\_ Inspection # \_\_\_\_\_ of \_\_\_\_\_ for the contract year

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

Test Results and observations: (As Required)

Fecal Coliform: \_\_\_\_\_  
 Chlorine Residual: \_\_\_\_\_  
 Test Method: \_\_\_\_\_  
 BOD: \_\_\_\_\_  
 TSS: \_\_\_\_\_  
 Commercial Lab: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_

Repairs made: Y/N

Repairs and Comments:

*NO ACCESS Due to Gate 2nd Attempt*  
*NO call back left message*

Inspector: *[Signature]* Date \_\_\_\_\_

Area / 0  
 GPS 29 8426 -98 0808 ID = 1458

Printed 7/7/2020

1125 Lost Trail, New Braunfels

**PS Septic Supply & Service**  
23011 FM 306  
Canyon Lake, TX 78133

**Phone: (830) 850-0080**  
**Fax: (830) 935-4932**

**To: James Byrd**  
**1125 Lost Trail**  
**New Braunfels, TX**

Printed: 11/3/2020  
Site: 1125 Lost Trail  
New Braunfels, TX  
(830) 837-6369

Permit #: **109554**

Agency: Comal County

County:

Mfg / Brand: - MAXX AIR

Treatment Type: Aerobic

Disposal: Surface Application

Sub: Royal Forest

GPS Coordinates - Latitude: 29.8426 Longitude: -98.0808

Customer ID: 1458

Contract Dates: 10/3/2019 - 10/3/2022

Scheduled Date: 10/3/2020

Inspection 3 of 9

**Service Type: Scheduled Inspection**

**Visit Date: 11/2/2020**

**Method: Grab**

**Technician: Ryan Seidensticker**

**Maint. Provider: Ryan Seidensticker**

This counts as a type of "Scheduled Inspection"

**Entered By: \_**

Chlorine Residual: N/A

Comments

No access

**Service Completed**

**Owner signature:** \_\_\_\_\_

Insp ID #:6420

**Provider:** *Christopher Ryan Seidensticker*  
*PS Septic Supply & Service*

**Technician:** *Christopher Ryan Seidensticker*  
*PS Septic Supply & Service*

License Info: MP0001708 Expires:

License Info: MP0001708 Expires: 9/1/2023

**PS Septic Supply & Service**  
23011 FM 306  
Canyon Lake, TX 78133

**Phone: (830) 850-0080**  
**Fax: (830) 935-4932**

**To: James Byrd**  
1125 Lost Trail  
New Braunfels, TX

Printed: 2/25/2021  
Site: 1125 Lost Trail  
New Braunfels, TX  
(830) 837-6369

Permit #: **109554**

Agency: Comal County

County:

Mfg / Brand: - MAXX AIR

Treatment Type: Aerobic

Disposal: Surface Application

Sub: Royal Forest

Customer ID: 1458

Contract Dates: 10/3/2019 - 10/3/2022

Scheduled Date 2/3/2021

Inspection 4 of 9

GPS Coordinates - Latitude: 29.843923 Longitude: -98.079906

**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"

**Visit Date: 2/24/2021**

**Entered By: \_**

**Method: Grab**

**Technician: Ryan Seidensticker**

**Maint. Provider: Ryan Seidensticker**

**Aerators: Operational**

**Filters: Operational**

**Irrigation Pumps: Operational**

**Disinfection Device: Operational**

**Chlorine Supply: Operational**

**Chlorine Residual: 0.02**

**Sludge Levels**

**For Tank 1: 17**

**For Tank 3: 6**

**Tank Lid / Riser: Secured**

**Sprinkler Drip Backwash: Good**

**Electric Circuits: Operational**

**Distribution System: Operational**

**Sprayfield Veg: Operational**

**Color: Good**

**Odor: Good**

**Alarm: Operational**

**Comments**

Scum on pretreatment: 3" M.D - Technician Secured the Tank Lid and/or Riser prior to leaving location.

**Service Completed**

**Owner signature: \_\_\_\_\_**

Insp ID #: 8111

**Provider: *Christopher Ryan Seidensticker***  
***PS Septic Supply & Service***

**Technician: *Christopher Ryan Seidensticker***  
***PS Septic Supply & Service***

License Info: MP0001708 Expires:

License Info: MP0001708 Expires: 9/1/2023



**PS Septic Supply & Service**  
23011 FM 306  
Canyon Lake, TX 78133

**Phone: (830) 850-0080**  
**Fax: (830) 935-4932**

**To: James Byrd**  
1125 Lost Trail  
New Braunfels, TX

Printed: 6/9/2021  
Site: 1125 Lost Trail  
New Braunfels, TX  
(830) 837-6369

---

Permit #: **109554** Customer ID: 1458  
Agency: Comal County Contract Dates: 10/3/2019 - 10/3/2022  
County: Sub: Royal Forest Scheduled Date 6/3/2021 Inspection 5 of 9  
Mfg / Brand: - MAXX AIR  
Treatment Type: Aerobic  
Disposal: Surface Application GPS Coordinates - Latitude: 29.843923 Longitude: -98.079906

---

**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"

**Visit Date: 6/8/2021**

**Entered By: .**

**Method: Grab**

**Technician: Ryan Seidensticker**

**Maint. Provider: Ryan Seidensticker**

**Aerators: Operational**

**Sludge Levels**

**Filters: Operational**

**For Tank 1: 8**

**Irrigation Pumps: Operational**

**Disinfection Device: Operational**

**For Tank 3: 1**

**Chlorine Supply: Operational**

**Chlorine Residual: 0.2mg/L**

**Tank Lid / Riser: Secured**

**Sprinkler Drip Backwash: Good**

**Electric Circuits: Operational**

**Distribution System: Operational**

**Sprayfield Veg: Operational**

**Color: Good**

**Odor: Good**

**Alarm: Operational**

**Comments**

Scum on pretreatment: 1" M.A - Technician Secured the Tank Lid and/or Riser prior to leaving location.

**Service Completed**

**Owner signature: \_\_\_\_\_**

Insp ID #: 10192

**Provider: Christopher Ryan Seidensticker**  
**PS Septic Supply & Service**

**Technician: Christopher Ryan Seidensticker**  
**PS Septic Supply & Service**

License Info: MP0001708 Expires:

License Info: MP0001708 Expires: 9/1/2023

**PS Septic Supply & Service**  
23011 FM 306  
Canyon Lake, TX 78133

**Phone: (830) 850-0080**  
**Fax: (830) 935-4932**

**To: James Byrd**  
**1125 Lost Trail**  
**New Braunfels, TX**

Printed: 2/21/2022  
Site: 1125 Lost Trail  
New Braunfels, TX  
(830) 837-6369

---

Permit #: **109554** Customer ID: 1458  
Agency: Comal County Contract Dates: 10/3/2019 - 10/3/2022  
County: Sub: Royal Forest Scheduled Date: 2/3/2022 Inspection 7 of 9  
Mfg / Brand: - MAXX AIR  
Treatment Type: Aerobic  
Disposal: Surface Application GPS Coordinates - Latitude: 29.843923 Longitude: -98.079906

---

**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"

**Visit Date: 2/18/2022**

**Entered By: Michelle Irvin**

**Method: Grab**

**Technician: Landon Gronvold**

**Maint. Provider: Ryan Seidensticker**

---

**Aerators: Operational**  
**Filters: Operational**  
**Irrigation Pumps: Operational**  
**Disinfection Device: Operational**  
**Chlorine Supply: Operational**  
**Chlorine Residual: .8**

**Sludge Levels**  
**For Tank 1: 14**  
**For Tank 2: 1**  
**For Tank 3: 4**

**Tank Lid / Riser: Secured**

**Sprinkler Drip Backwash: Good**

**Electric Circuits: Operational**  
**Distribution System: Operational**  
**Sprayfield Veg: Operational**

**Color: Good**  
**Odor: Good**

**Alarm: Operational**

**Comments**

Scum = 0" - Technician Secured the Tank Lid and/or Riser prior to leaving location.

**Service Completed**

Insp ID #:15569

**Provider: *Christopher Ryan Seidensticker***  
***PS Septic Supply & Service***

License Info: MP0001708 Expires:

License Info: MT0001995 Expires: 10/31/2023

**PS Septic Supply & Service**  
23011 FM 306  
Canyon Lake, TX 78133

**Phone: (830) 850-0080**  
**Fax: (830) 935-4932**

**To: James Byrd**  
**1125 Lost Trail**  
**New Braunfels, TX**

Printed:6/9/2022  
Site: 1125 Lost Trail  
New Braunfels, TX  
(830) 837-6369

---

Permit #: **109554** Customer ID: 1458  
Agency: Comal County Contract Dates: 10/3/2019 - 10/3/2022  
County: Sub: Royal Forest Scheduled Date: 6/3/2022 Inspection 8 of 9  
Mfg / Brand: - MAXX AIR  
Treatment Type: Aerobic  
Disposal: Surface Application GPS Coordinates - Latitude: 29.843923 Longitude: -98.079906

---

**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"

**Visit Date: 6/8/2022**

**Entered By: Michelle Irvin**

**Method: Grab**

**Technician: Not Assigned**

**Maint. Provider: Ryan Seidensticker**

**Aerators: Operational**

**Sludge Levels**

**Filters: Operational**

**For Tank 1: 8**

**Irrigation Pumps: Operational**

**For Tank 3: 6**

**Disinfection Device: Operational**

**Chlorine Supply: Operational**

**Chlorine Residual: .14**

**Tank Lid / Riser: Secured**

**Sprinkler Drip Backwash: Good**

**Electric Circuits: Operational**

**Distribution System: Operational**

**Sprayfield Veg: Operational**

**Color: Good**

**Odor: Good**

**Alarm: Operational**

**Comments**

**Service Completed**

Scum = 2" - Technician Secured the Tank Lid and/or Riser prior to leaving location.

Insp ID #:18468

**Provider: *Christopher Ryan Seidensticker***  
***PS Septic Supply & Service***

License Info: MP0001708 Expires:

**PS Septic Supply & Service**  
**23011 FM 306**  
**Canyon Lake, TX 78133**

Phone: (830) 850-0080  
Fax: (830) 935-4932

Printed: 10/19/2022 Insp ID #: 21858

Permit #: **109554**

**To: James Byrd**  
**1125 Lost Trail**  
**New Braunfels, TX**

Main Phone: (830) 837-6369  
Work:  
Cell Phone:  
Alt Cell:

Customer ID: 1458

Contract Dates: 10/3/2019 - 10/3/2022

Scheduled Date: 10/3/2022

Inspection 9 of 9

Agency: Comal County  
County:

Sub: Royal Forest

Mfg / Brand: - MAXX AIR

Treatment Type: Aerobic

Disposal: Surface Application

GPS Coordinates: Latitude: 29.843923 Longitude: -98.079906

**Service Type: Scheduled Inspection**

This counts as a type of "Scheduled Inspection"

**Entered By: Zach Brown**

**Visit Date: 10/18/2022**

Copy emailed to Customer

Customer Emailed: 10/19/2022

**Method: Grab**

**Technician: Not Assigned**

**Maint. Provider: Ryan Seidensticker**

**Aerators: Operational**

**Sludge Levels**

**Filters: Operational**

**For Tank 1: 2**

**Irrigation Pumps: Operational**

**For Tank 2: N/A**

**Disinfection Device: Operational**

**For Tank 3: 24**

**Chlorine Supply: Operational**

**For Tank 4: 6**

**Chlorine Residual: .9**

**Electric Circuits: Operational**

**Tank Lid / Riser: Secured**

**Distribution System: Operational**

**Insp. Port / Plug: Secured**

**Sprayfield Veg: Operational**

**Alarm: Operational**

**Comments**

**Service Completed**

- Scum on pretreatment 7 - Technician Secured the Tank Lid and/or Riser prior to leaving location. - Inspection Port Plug was noted as Secured prior to leaving. - Copy emailed to the customer on 10/19/2022.

Site: 1125 Lost Trail, New Braunfels, TX

**Provider: Christopher Ryan Seidensticker**  
**PS Septic Supply & Service**

License Info: MP0001708 Expires: