



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: **08/15/2022** Permit Number: **114885**

Location Description: 2949 OAK HOLLOW DR
NEW BRAUNFELS, TX 78132

Subdivision: ROLLING OAKS
Unit: 0
Lot: 59
Block: 0
Acreage: 0.0000

Type of System: Aerobic
Surface Irrigation

Issued to: PARRIS E. CHENY

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

Assistant
OS0034792

ENVIRONMENTAL HEALTH INSPECTOR

ENVIRONMENTAL HEALTH COORDINATOR

OS0032485

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: _____

OSSF Installer #: _____

1st Inspection Date: _____

2nd Inspection Date: _____

3rd Inspection Date: _____

Inspector Name: _____

Inspector Name: _____

Inspector Name: _____

Permit#:		Address:					
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)				

Inspector Notes:

**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						
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)(4) 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.		285.32(c)(1)				
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						
35	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.						
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?		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)				
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

ENGINEER'S OFFICE

Permit of Authorization to Construct an On-Site Sewage Facility Permit Valid For One Year From Date Issued

Permit Number: 114885
Issued This Date: 07/21/2022
This permit is hereby given to: PARRIS E. CHENY

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

2949 OAK HOLLOW DR
NEW BRAUNFELS, TX 78132

Subdivision: ROLLING OAKS
Unit: 0
Lot: 59
Block: 0
Acreage: 0.0000

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 8:44 am, Aug 10, 2022 WWW.CCTO.ORG

Date May 9, 2022

Permit Number 114885

1. APPLICANT / AGENT INFORMATION

Owner Name PARRIS E. CHENEY Agent Name GREG JOHNSON, P.E.
Mailing Address 2949 OAK HOLLOW DRIVE Agent Address 170 HOLLOW OAK
City, State, Zip NEW BRAUNFELS TEXAS 78132 City, State, Zip NEW BRAUNFELS TEXAS 78132
Phone # 936-232-0546 Phone # 830-905-2778
Email mitchell@cutoutconstruction.com Email gregjohnsonpe@yahoo.com

2. LOCATION

Subdivision Name ROLLING OAKS Unit Lot 59 Block
Survey Name / Abstract Number Acreage
Address 2949 OAK HOLLOW DRIVE City NEW BRAUNFELS State TX Zip 78132

3. TYPE OF DEVELOPMENT

[X] Single Family Residential REMODELED HOUSE + Personal RV
Type of Construction (House, Mobile, RV, Etc.) HOUSE
Number of Bedrooms 4
Indicate Sq Ft of Living Area 3023

[] 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: \$ 200,000 (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 [] Public [X] Private Well [] Rainwater Collection

4. SIGNATURE OF OWNER

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. I certify that I am the property owner or I possess the appropriate land rights necessary to make the permitted improvements on said property.
- 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.

Signature of Owner Parris Cheney

Date 6-13-22

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

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

REVISED 8:44 am, Aug 10, 2022

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) SOLAR AIR SAT 800-1000 PT Absorption/Application Area (Sq Ft) 1068

Gallons Per Day (As Per TCEQ Table III) 420 DESIGN RATE

(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? [X] Yes [] 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? [X] Yes [] 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? [] Yes [X] No

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

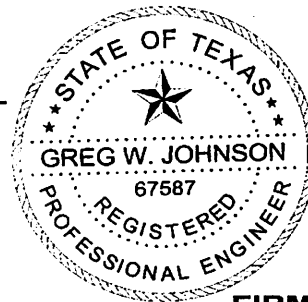
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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 May 16, 2022

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 PARRIS E. CHENEY, being the owners of the referenced property at 2949 OAK HOLLOW DRIVE. 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 59 LOT ROLLING OAKS SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by PARRIS E. CHENEY

WITNESS MY HAND ON THIS 13 OF DAY OF June, 2022.

Parris Cheney
OWNER (SIGNATURE)

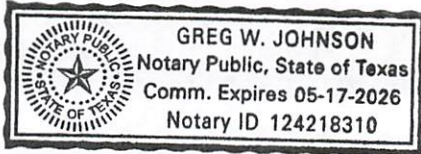
OWNER (SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS DAY OF 6-13, 2022 BY

PARRIS E. CHENEY
OWNER NAME (PRINTED)

PARRIS CHENEY
OWNER NAME (PRINTED)

[Signature]
Notary Public Signature



(Notary Seal)

RECORDED AS RECEIVED
DOCUMENT HAS
POOR QUALITY

202206031958 07/12/2022 03:15:23 PM 1/1

AFFIDAVIT

**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 (OSSFs), 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.

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):

_____ UNIT/PHASE/SECTION _____ BLOCK 59 LOT _____ ROLLING OAKS _____ SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY

The property is owned by (insert owner's full name): PARRIS E. CHENEY

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.

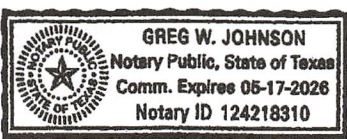
WITNESS BY HAND(S) ON THIS 13 DAY OF JUNE, 2022

Parris Cheney
Owner(s) signature(s)
PARRIS E. CHENEY

PARRIS E. CHENEY
Owner (s) Printed name (s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 6-13 DAY OF 2022

Greg W. Johnson
Notary Public Signature



Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
07/12/2022 03:15:23 PM
CHRISTY 1 Pages(s)
202206031958

 Bobbie Koepf

WASTEWATER TREATMENT FACILITY MONITORING AGREEMENT

Regulatory Authority COMAL
Block Creek Aerobic Services, LLC
444 A Old Hwy #9
Comfort, TX 78013
Off. (830) 995-3189
Fax. (830) 995-4051

Permit/License Number _____
Customer PARRIS E. CHENEY
Site Address 2949 OAK HOLLOW DRIVE
City NEW BRAUNFELS Zip 78132
Mailing Address SAME
County COMAL Map # CCEO PG 46, A7
Phone _____
Email _____

2 YEAR CONTRACT
2 YEAR WARRANTY ON PARTS AND LABOR

SUBDIVISION/LEGAL: ROLLING OAKS, LOT 59

I. General: This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between PARRIS E. CHENEY (hereinafter referred to as "Customer") and Block Creek Aerobic Services, LLC. By this agreement, Block Creek Aerobic Services, LLC and its employees (hereinafter inclusively referred to as "Contractor") agree to render services at the site address stated above, as described herein, and the Customer agrees to fulfill his/her/their responsibilities, as described herein.

II. Effective Date:

This Agreement commences on LTO and ends on _____ for a total of two (2) years (initial agreement) or one (1) year (thereafter). If this is an initial agreement (new installation), the Customer shall notify the Contractor within two (2) business days of the system's first use to establish the date of commencement. If no notification is received by Contractor within ninety (90) days after completion of installation or where county authority mandates, the date of commencement will be the date the "License to operate" (Notice of Approval) was issued by the permitting authority. This agreement may or may not commence at the same time as any warranty period of installed equipment, but in no case shall it extend the specified warranty.

III. Termination of Agreement:

This Agreement may be terminated by either party for any reason, including for example, substantial failure of either party to perform in accordance with the terms of this Agreement, without fault or liability of the terminating party. The terminating party must provide written notice to the non-terminating party thirty (30) days prior to the termination of this Agreement. If this Agreement is terminated, Contractor will be paid at the rate of \$75.00 per hour for any work performed and for which compensation has not been received. After the deduction of all outstanding charges, any remaining monies from prepayment for services will be refunded to customer within thirty (30) days of termination of this Agreement. Either party terminating this Agreement for any reason, including non-renewal, shall notify in writing the equipment manufacturer and the appropriate regulatory agency a minimum of thirty (30) days prior to the date of such termination. Nonpayment of any kind shall be considered breach of contract and a termination of contract.

IV. Services:

Contractor will:

- a. Inspect and perform routine upkeep on the On-Site Sewage Facility (hereinafter referred to as OSSF) as recommended by the treatment system manufacturer, and required by state and/or local regulation, for a total of three visits to site per year. The list of items checked at each visit shall be the: control panel, Electrical circuits, timer, Aeration including compressor and diffusers, CFM/PSI measured, lids safety pans, pump, compressor, sludge levels, and anything else required as per the manufacturer.
- b. Provide a written record of visits to the site by means of an inspection tag attached to or contained in the control panel.
- c. Repair or replace, if Contractor has the necessary materials at site, any component of the OSSF found to be failing or inoperative during the course of a routine monitoring visit. If such services are not covered by warranty, and the service(s) cost less than \$100.00, Customer hereby authorizes Contractor to perform the service(s) and bill Customer for said service(s). When service costs are greater than \$100.00, or if contractor does not have the necessary supplies at the site, Contractor will notify Customer of the required service(s) and the associated cost(s). Customer must notify Contractor of arrangements to affect repair of system with in two (2) business days after said notification.
- d. Provide sample collection and laboratory testing of TSS and BOD on a yearly basis (commercial systems only).
- e. Forward copies of this Agreement and all reports to the regulatory agency and the Customer.

PC

Customer's Initials



BS

Contractor's Initials

f. Visit site in response to Customer's request for unscheduled services within forty-eight (48) hours of the date of notification (weekends and holidays excluded) of said request. Unless otherwise covered by warranty, costs for such unscheduled responses will be billed to Customer.

V. Disinfection:

 Not required; X required. The responsibility to maintain the disinfection device(s) and provide any necessary chemicals is that of the Customer.

VI. Electronic Monitoring:

Electronic Monitoring is not included in this Agreement.

VII. Performance of Agreement:

Commencement of performance by Contractor under this Agreement is contingent on the following conditions:

a. If this is an initial Agreement (new installation):

1. Contractor's receipt of a fully executed original copy or facsimile of this agreement and all documentation requested by Contractor.

If the above conditions are not met, Contractor is not obligated to perform any portion of this Agreement.

VIII. Customer's Responsibilities:

The customer is responsible for each and all of the following:

a. Provide all necessary yard or lawn maintenance and removal of all obstacles, including but not limited to dogs and other animals, vehicles, trees, brush, trash, or debris, as needed to allow the OSSF to function properly, and to allow Contractor safe and easy access to all parts of the OSSF.

b. Protect equipment from physical damage including but not limited to that damage caused by insects.

c. Maintain a current license to operate, and abide by the conditions and limitations of that license, and all requirements for and OSSF from the State and/or local regulatory agency, whichever requirements are more stringent, as well as the proprietary system's manufacturer recommendations.

d. Notify Contactor immediately of any and all alarms, and/or any and all problems with, including failure of, the OSSF.

e. Provide, upon request by Contractor, water usage records for the OSSF so that the Contractor can perform a proper evaluation of the performance of the OSSF.

f. Allow for samples at both the inlet and outlet of the OSSF to be obtained by Contractor for the purpose of evaluating the OSSF's performance. If these samples are taken to a laboratory for testing, with the exception of the service provided under Section IV (d) above, Customer agrees to pay Contractor for the sample collection and transportation, portal to portal, at a rate of \$35.00 per hour, plus the associated fees for laboratory testing.

g. Prevent the backwash or flushing of water treatment or conditioning equipment from entering the OSSF.

h. Prevent the condensation from air conditioning or refrigeration units, or the drains of icemakers, from hydraulically overloading the aerobic treatment units. Drain lines may discharge into the surface application pump tank if approved by system designer.

i. Provide for pumping and cleaning of tanks and treatment units, when and as recommended by Contactor, at Customer's expense.

j. Maintain site drainage to prevent adverse effects on the OSSF.

k. Pay promptly and fully, all Contractor's fees, bills, or invoices as described herein.

IX. Access by Contractor:

Contractor is hereby granted an easement to the OSSF for the purpose of performing services described herein. Contractor may enter the property during Contractor's normal business hours and/or other reasonable hours without prior notice to Customer to perform the Services and/or repairs described herein. Contractor shall have access to the OSSF electrical and physical components. Tanks and treatment units shall be accessible by means of man ways, or risers and removable covers, for the purpose of evaluation as required by State and/or local rules and the proprietary system manufacturer. It is Customers responsibility to keep lids exposed and accessible at all times.

X. Limit of Liability:

Contractor shall not be held liable for any incidental, consequential, or special damages, or for economic loss due to expense, or for loss of profits or income, or loss of use to Customer, whether in contract tort or any other theory. In no event shall Contractor be liable in an amount exceeding the total Fee for Services amount paid by Customer under this Agreement.

XI. Indemnification:

Customer (whether one or more) shall and does hereby agree to indemnify, hold harmless and defend Contractor and each of its successors, assigns, heirs, legal representatives, devisees, employees, agents and/or counsel (collectively "Indemnitees") from and against any and all liabilities, claims, damages, losses, liens, causes of action, suits, fines, judgments and other expenses (including, but not limited to, attorneys' fees and expenses and costs of investigation), of any kind, nature or

 FC

Customer's Initials



BS

Contractor's Initials

description, (hereinafter collectively referred to as "Liabilities") arising out of, caused by, or resulting, in whole or in part, from this Agreement.

THIS INDEMNIFICATION APPLIES EVEN IF SUCH LIABILITIES ARE CAUSED BY THE CONCURRENT OR CONTRIBUTORY NEGLIGENCE OR BY THE STRICT LIABILITY OF ANY INDEMNITEE.

Customer hereby waives its right of recourse as to any Indemnitee when Indemnification applies, and Customer shall require its insurer(s) to waive its/their right of subrogation to the extent such action is required to render such waiver of subrogation effective. Customer shall be subrogated to Indemnitees with respect to all rights Indemnitees may have against third parties with respect to matters as to which Customer provides indemnity and/or defense to Indemnitees. No Indemnification is provided to Indemnitees when the liability or loss results from (1) the sole responsibility of such Indemnitee; or, (2) the willful misconduct of such Indemnitee. Upon irrevocable acceptance of this Indemnification obligation, Customer, in its sole discretion, shall select and pay counsel to defend Indemnitees of and from any action that is subject to this Indemnification provision. Indemnitees hereby covenant not to compromise or settle any claim or cause of action for which Customer has provided Indemnification without the consent of Customer.

XII. Severability:

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

XIII. Fee for Services:

The Fee for Services does not include any fees for equipment, material, labor necessary for non-warranty repairs, unscheduled inspections, or Customer requested visits to the site.

XIV. Payment:

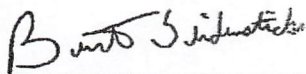
Full payment is due upon execution of this Agreement (Required of new Customer). For any other service(s) or repair(s) provided by Contractor the Customer shall pay the invoice(s) for said service(s) or repair(s) within thirty (30) days of the invoice date. The Contractor shall mail all invoices on the date of invoice. All payments not received within thirty (30) days from the invoice date will be subject to a \$29.00 late penalty and a 1.5% per month carrying charge, as well as any reasonable attorney's fees, and all collection and court costs incurred by Contractor in collection of unpaid debt(s). Contractor may terminate contract at any time for nonpayment for services. Any check returned to Contractor for any reason will be assessed a \$30.00 return check fee.

XV. Application or Transfer of payment:

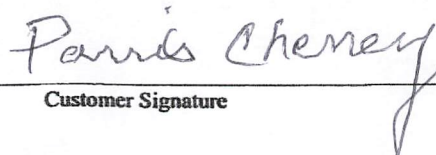
The fees paid for this agreement may be transferred to subsequent property owner(s); however, this Agreement is not transferable. Customer shall advise the subsequent property owner(s) of the State requirement that they sign a replacement agreement authorizing Contractor to perform the herein described Services, and accepting Customer's Responsibilities. This replacement Agreement must be signed and received in Contractor's offices within ten (10) business days of date of transfer of property ownership. Contractor will apply all funds received from Customer first to any past due obligation arising from this Agreement including late fees or penalties, return check fees, and/or charges for services or repairs not paid within thirty (30) days of invoice date. Any remaining monies shall be applied to the funding of the replacement Agreement. The consumption of funds in this manner may cause a reduction in the termination date of effective coverage per this Agreement. See Section IV.

XVI. Entire Agreement:

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



Block Creek Aerobic Services, LLC,
Contractor
MC# 0000042 and MC#0000002



Customer Signature

Date



Customer's Initials



BS

Contractor's Initials

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

May 16, 2022

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

RE- SEPTIC DESIGN
2949 OAK HOLLOW DRIVE
ROLLING OAKS, LOT 59
NEW BRAUNFELS. TX 78132
CHENEY RESIDENCE

Brandon /Brenda,

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

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).



05/16/2022

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



RECEIVED

By Brenda at 12:59 pm, Jul 21, 2022

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

July 21, 2022

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

RE- Septic Design #114885
2949 ROLLING OAKS
ROLLING OAKS, LOT 59
NEW BRAUNFELS, TX 78132
CHENEY RESIDENCE

Brandon/Brenda,

Due to the lack of available application area it is necessary to have the setback from the property line to the spray at ten feet as required by TCEQ Chapter 285 rules Table X. I hereby request a variance to the twenty foot setback to property lines as required by Comal County Order and equivalent protection will be maintained by including a battery backup to the timer clock to assure sprayers to only spray during the predawn hours. In my professional opinion this variance will not pose a threat to the environment or public health.

If I can be of further assistance please contact me.

Respectfully yours,



Greg W. Johnson, P.E., F#2585

July 21, 2022

Date



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

Date Soil Survey Performed: May 13, 2022

Site Location: ROLLING OAKS, LOT 59

Proposed Excavation Depth: N/A

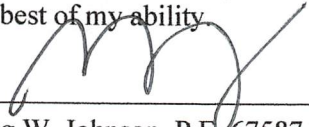
Requirements:

- 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	IV	CLAY	N/A	NONE OBSERVED	LIMESTONE @ 8"	BROWN
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	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

05/13/2022
Date

OSSE SOIL EVALUATION REPORT INFORMATION

Date: May 16, 2022

Applicant Information:

Name: PARRIS E. CHENEY
Address: 2949 OAK HOLLOW DRIVE
City: NEW BRAUNFELS State: TEXAS
Zip Code: 78132 Phone: (936) 232-0546

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 59 Unit Blk Subd. ROLLING OAKS
Street Address: 2949 OAK HOLLOW DRIVE
City: NEW BRAUNFELS Zip Code: 78132
Additional Info.:

Installer Information:

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

Topography: Slope within proposed disposal area: 8 %

Presence of 100 yr. Flood Zone: YES NO X
Existing or proposed water well in nearby area: YES X NO >100' (EXISTING)
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: 4 Total sq. ft. living area 3023

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

Q = (4 +1)*75-(20%) = 300+40 (DESIGN RATE 420 GPD)

Trash Tank Size 461 Gal.

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

Req'd Application Area = Q/Ri = 420 / 0.064 = 6563 sq. ft.

Application Area Utilized = 7068 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 = 1000 Gal. 16.1 Gal/inch.

Reserve Requirement = 140 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

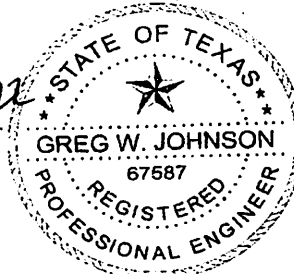
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

EXPOSED ROCK WILL BE COVERED WITH SOIL OR MULCH.

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 of Greg W. Johnson
GREG W. JOHNSON (P.E. F#002585 - S.E. 11561)

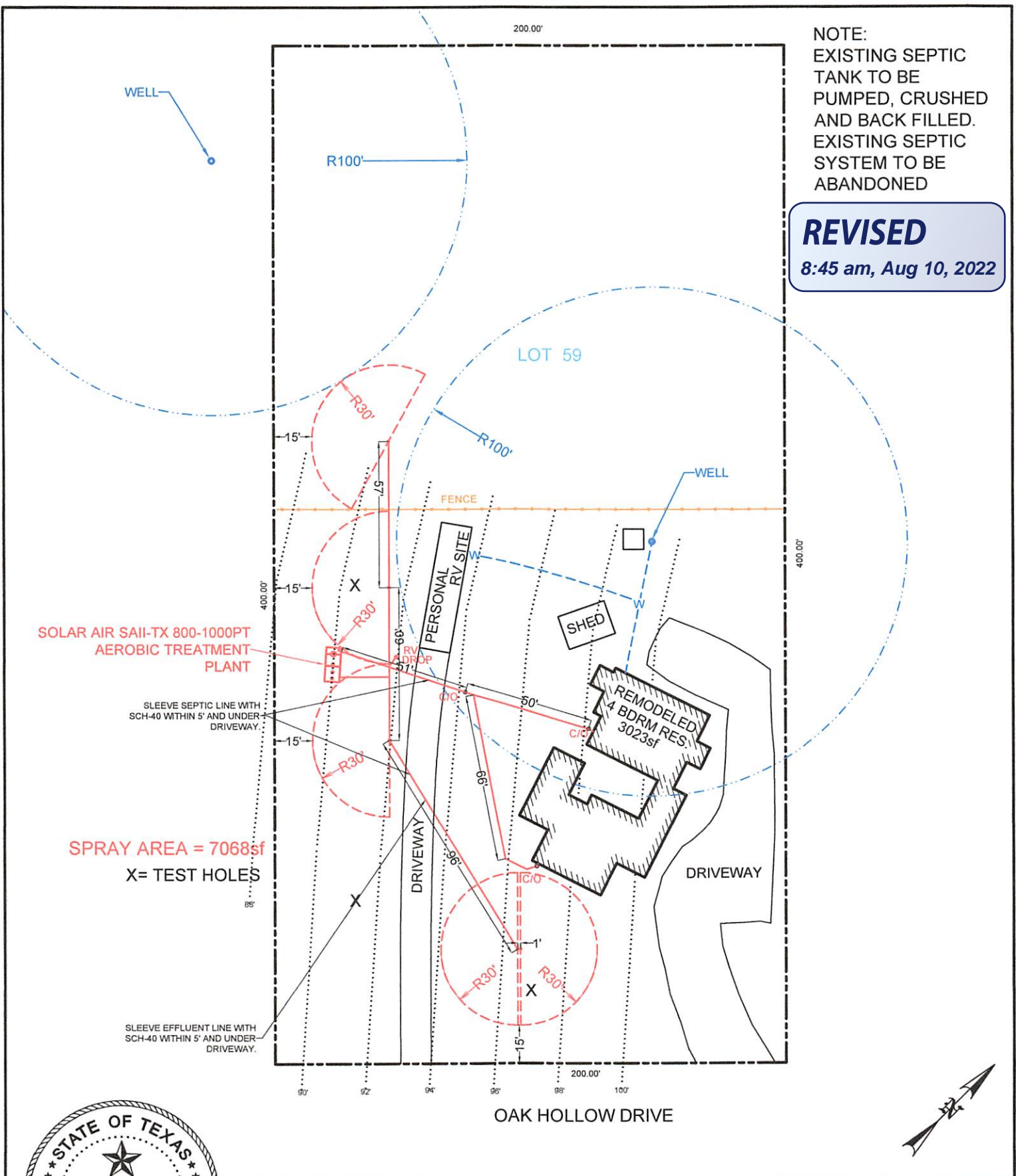
05/16/2022
DATE



FIRM #2585

NOTE:
 EXISTING SEPTIC
 TANK TO BE
 PUMPED, CRUSHED
 AND BACK FILLED.
 EXISTING SEPTIC
 SYSTEM TO BE
 ABANDONED

REVISED
 8:45 am, Aug 10, 2022



OWNER: PARRIS E. CHENEY		DRAWN BY: EJS III/GWJ	
STREET ADDRESS: 2949 OAK HOLLOW DRIVE			
LEGAL DESC: ROLLING OAKS	UNIT/SECTION/PHASE:	BLOCK:	LOT: 59
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 5/16/2022	3rd REVISION: 8/9/2022

REVISED

8:45 am, Aug 10, 2022

TANK NOTES:

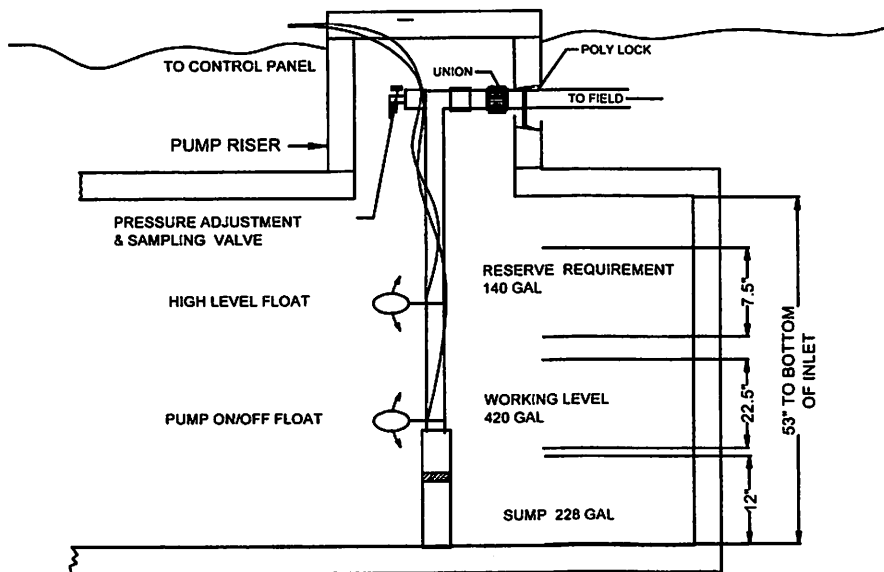
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

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

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



J. F. Johnson
08/9/2022

**TYPICAL PUMP TANK CONFIGURATION
1000 GAL PUMP TANK - SAITX-800 1000 PT**

Assembly Details

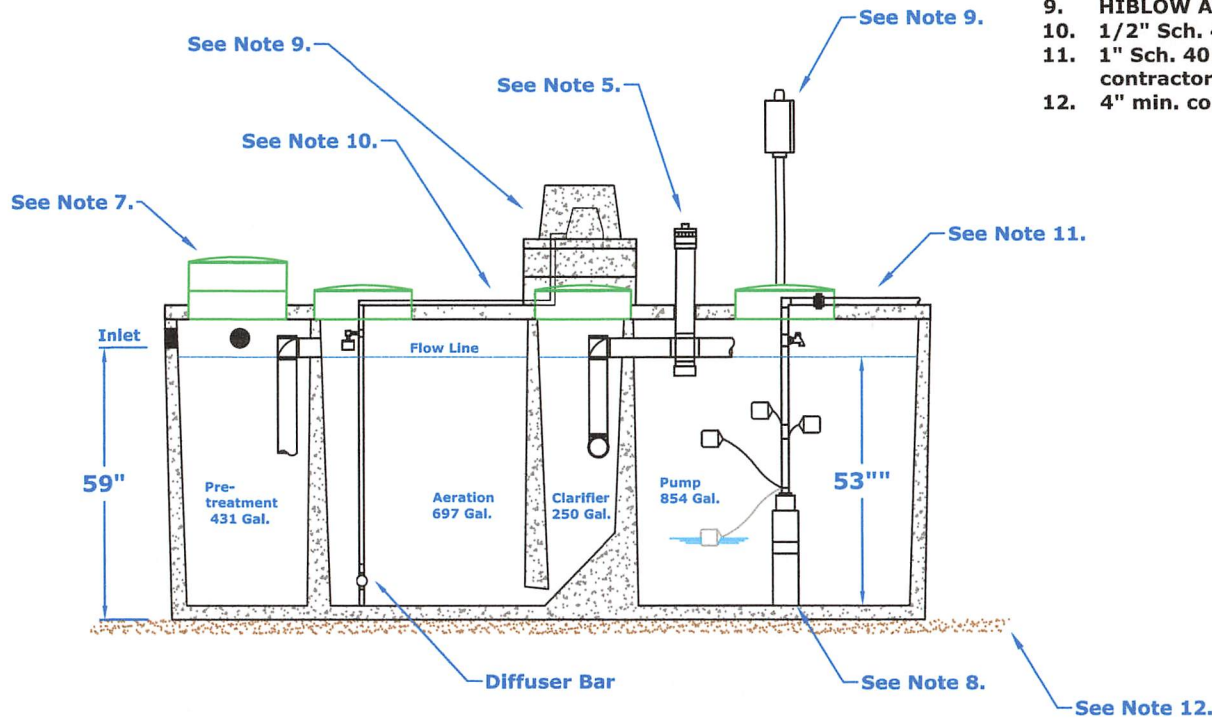
OSSF

DIMENSIONS:

Outside Height: 67"
 Outside Width: 75"
 Outside Length: 164.5"

MINIMUM EXCAVATION DIMENSIONS:

Width: 87"
 Length: 177"



GENERAL NOTES:

1. Plant structure material to be precast concrete and steel.
2. Maximum burial depth is 30" from slab top to grade.
3. Weight = 16,700 lbs.
4. Treatment capacity is 800 GPD. Pump compartment set-up for a 420 GPD Flow Rate (5 bedroom, < 4,501 sq/ft living area). Please specify for additional set-up requirements. BOD Loading = 2.60 lbs. per day.
5. Standard tablet chlorinator or Optional Liquid chlorinator. NSF approved chlorinators (tablet & liquid) available.
6. Bio-Robix B-800 Control Center w/ Timer for night spray application. Optional Micro Dose (min/sec) timer available for drip applications. Electrical Requirement to be 115 Volts, 60 Hz, Single Phase, 30 AMP, Grounded Receptacle.
7. 20" Ø access riser w/ lid (Typical 4). Optional extension risers available.
8. 20 GPM 1/2 HP, high head effluent pump.
9. HIBLOW Air Compressor w/ concrete housing.
10. 1/2" Sch. 40 PVC Air Line (Max. 50 Lft from Plant).
11. 1" Sch. 40 PVC pipe to distribution system provided by contractor.
12. 4" min. compacted sand or gravel pad by Contractor



Handwritten signature and date:
 [Signature] 05/16/2022

**NuWater B-800
 Aerobic Treatment Plant (Assembled)**

Model: B-800

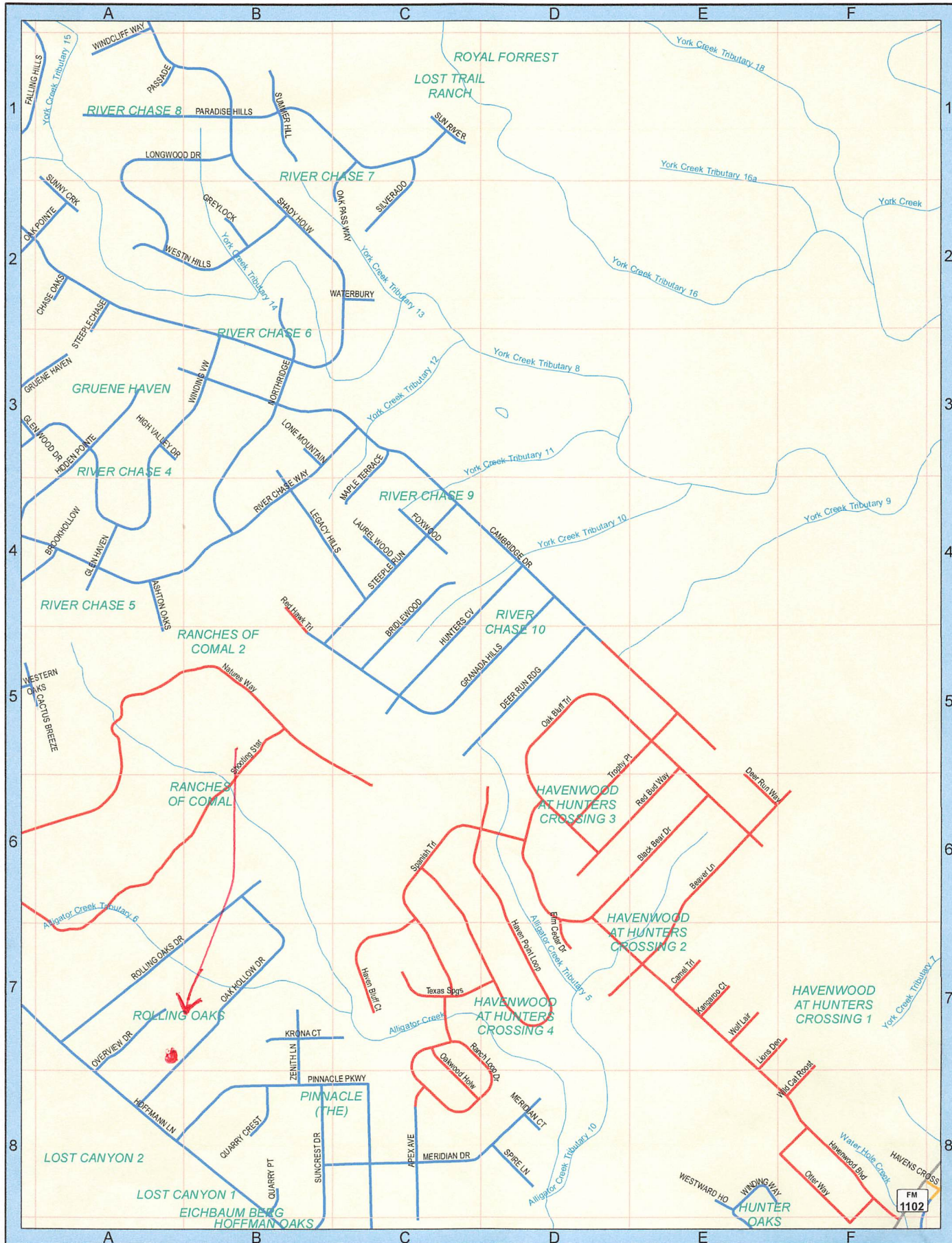
March, 2010
 By: A.S.

Scale:
 * All Dimensions subject to allowable specification tolerances.

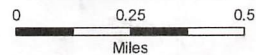
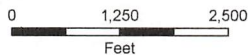
Dwg. #: ADV-B800-2



Advantage Wastewater Solutions llc.
 444 A Old Hwy No 9
 Comfort, TX 78013
 830-995-3189
 fax 830-995-4051



SEE PAGE 47



VOID



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

195 DAVID JONAS DR
NEW BRAUNFELS, TX 78132
(830) 608-2090
WWW.CCEO.ORG

Date May 9, 2022 Permit Number 114885

1. APPLICANT / AGENT INFORMATION

Owner Name <u>PARRIS E. CHENEY</u>	Agent Name <u>GREG JOHNSON, P.E.</u>
Mailing Address <u>2949 OAK HOLLOW DRIVE</u>	Agent Address <u>170 HOLLOW OAK</u>
City, State, Zip <u>NEW BRAUNFELS TEXAS 78132</u>	City, State, Zip <u>NEW BRAUNFELS TEXAS 78132</u>
Phone # <u>936-232-0546</u>	Phone # <u>830-905-2778</u>
Email <u>mitchell@cutoutconstruction.com</u>	Email <u>gregjohnsonpe@yahoo.com</u>

2. LOCATION

Subdivision Name ROLLING OAKS Unit _____ Lot 59 Block _____
 Survey Name / Abstract Number _____ Acreage _____
 Address 2949 OAK HOLLOW DRIVE City NEW BRAUNFELS State TX Zip 78132

3. TYPE OF DEVELOPMENT

Single Family Residential **REMODELED**
 Type of Construction (House, Mobile, RV, Etc.) HOUSE
 Number of Bedrooms 4
 Indicate Sq Ft of Living Area 3023

VOID

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: \$ 200,000 (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 Rainwater Collection

4. SIGNATURE OF OWNER

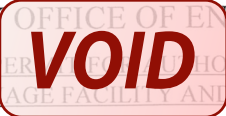
By signing this application, I certify that:
 - The completed application and all additional information submitted does not contain any false information and does not conceal any material facts. I certify that I am the property owner or I possess the appropriate land rights necessary to make the permitted improvements on said property.
 - 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.

Parris Cheney
Signature of Owner

6-13-22
Date

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

APPLICATION FOR PERMIT 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) NUWATER B-800-PCS Absorption/Application Area (Sq Ft) 7068

Gallons Per Day (As Per TCEQ Table III) 420 DESIGN RATE

(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? [X] Yes [] 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? [X] Yes [] 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? [] Yes [X] No

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

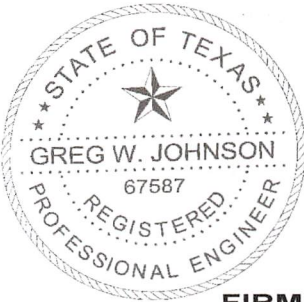
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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 May 16, 2022

OSSF SOIL EVALUATION REPORT INFORMATION

Date: May 16, 2022

Applicant Information:

Name: PARRIS E. CHENEY
Address: 2949 OAK HOLLOW DRIVE
City: NEW BRAUNFELS State: TEXAS
Zip Code: 78132 Phone: (936) 232-0546



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 59 Unit Blk Subd. ROLLING OAKS
Street Address: 2949 OAK HOLLOW DRIVE
City: NEW BRAUNFELS Zip Code: 78132
Additional Info.:

Installer Information:

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

Topography: Slope within proposed disposal area: 8 %

- Presence of 100 yr. Flood Zone: YES NO X
- Existing or proposed water well in nearby area. YES X NO >100' (EXISTING)
- 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: 4 Total sq. ft. living area 3023

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

Q = (4 +1)*75-(20%) = 300 (DESIGN RATE 420 GPD)

Trash Tank Size 431 Gal.

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

Req'd Application Area = Q/Ri = 420 / 0.064 = 6563 sq. ft.

Application Area Utilized = 7068 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 = 854 Gal. 16.1 Gal/inch.

Reserve Requirement = 140 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.

EXPOSED ROCK WILL BE COVERED WITH SOIL OR MULCH.

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)

05/16/2022
DATE



FIRM #2585

#114885

200.00'

VOID

NOTE:
EXISTING SEPTIC
TANK TO BE
PUMPED, CRUSHED
AND BACK FILLED.
EXISTING SEPTIC
SYSTEM TO BE
ABANDONED

REVISED
9:58 am, Jul 25, 2022



R100'

LOT 59

VOID



FENCE

NUWATER B-800 PCS
AEROBIC TREATMENT
PLANT

SLEEVE SEPTIC LINE WITH
SCH-40 WITHIN 5' AND UNDER
DRIVEWAY.

SPRAY AREA = 7068sf

X= TEST HOLES

SLEEVE SEPTIC LINE WITH
SCH-40 WITHIN 5' AND UNDER
DRIVEWAY.

REMODELED
4 BDRM RES.
3023sf

DRIVEWAY

DRIVEWAY

OAK HOLLOW DRIVE



OWNER: PARRIS E. CHENEY		DRAWN BY: EJS III		
STREET ADDRESS: 2949 OAK HOLLOW DRIVE				
LEGAL DESC: ROLLING OAKS	UNIT/SECTION/PHASE:	BLOCK:	LOT: 59	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 5/16/2022	3rd REVISION: 7/23/2022	



VOID

TANK NOTES:

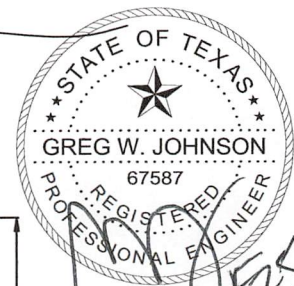
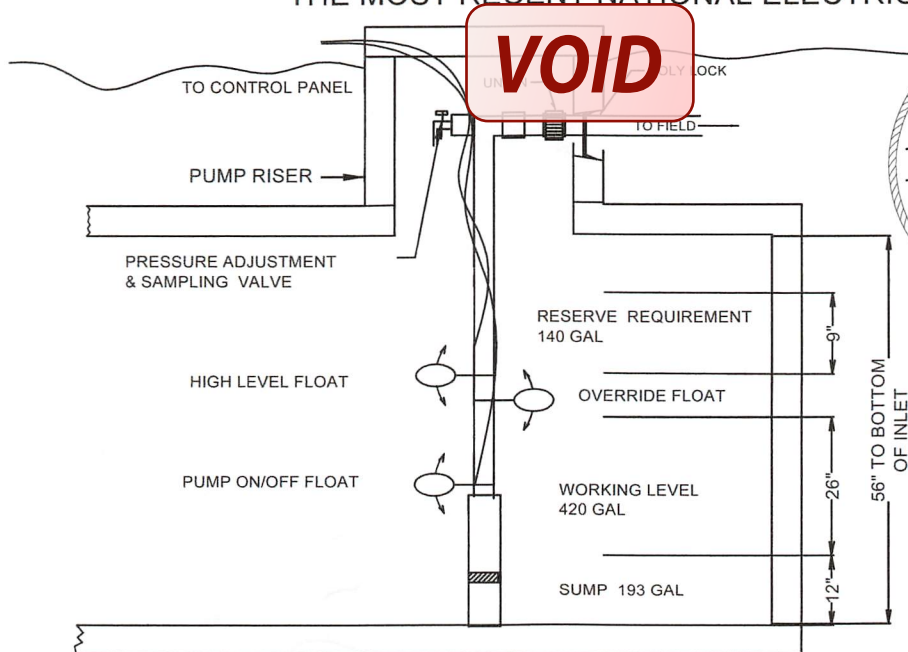
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

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

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



Handwritten signature and date:
5/16/2022

**TYPICAL PUMP TANK CONFIGURATION
NU-WATER B-800 PUMP TANK**

NOTE:
 EXISTING SEPTIC
 TANK TO BE
 PUMPED, CRUSHED
 AND BACK FILLED.
 EXISTING SEPTIC
 SYSTEM TO BE
 ABANDONED

VOID

R100'

200.00'



LOT 59

R100'

NUWATER B-800 PCS
 AEROBIC TREATMENT
 PLANT

FENCE

WELL

400.00'

SHED

REMODELED
 4 BDRM RES.
 3023sf

VOID

SLEEVE SEPTIC LINE WITH
 SCH-40 WITHIN 5' AND UNDER
 DRIVEWAY.

SPRAY AREA = 7068sf

X= TEST HOLES

88'

SLEEVE SEPTIC LINE WITH
 SCH-40 WITHIN 5' AND UNDER
 DRIVEWAY.

DRIVEWAY

DRIVEWAY

90' 92' 94' 96' 98' 100'

OAK HOLLOW DRIVE




OWNER: PARRIS E. CHENEY		DRAWN BY: EJS III	
STREET ADDRESS: 2949 OAK HOLLOW DRIVE			
LEGAL DESC: ROLLING OAKS	UNIT/SECTION/PHASE:	BLOCK:	LOT: 59
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 5/16/2022	2nd REVISION: 6/30/2022

From: [Ritzen, Brenda](#)
To: "mitchell@cutoutconstruction.com"; "[Greg Johnson](#)"
Subject: Permit 114885
Date: Monday, July 18, 2022 4:23:00 PM
Attachments: [image001.png](#)

Re: Parris E. Cheney
Rolling Oaks Lot 59
Application for Permit for Authorization to Construct an On-Site Sewage Facility (OSSF)

Owner / Agent :

The following information is needed before I can continue processing the referenced permit submittal:

1.  Maintain required 20 ft. setback from the edge of the spray areas to the property lines.
2. Revise as needed and resubmit.

Thank you,



Brenda Ritzen
Environmental Health Coordinator
195 David Jonas Dr.
New Braunfels, TX 78132
DR:OS00007722
830-608-2090
www.cceo.org

CT 94012945

WARRANTY DEED WITH VENDOR'S LIEN

2/1/1

Date: March 8, 1995

Grantor: JOHN J. STROH and wife, JULIE A. STROH

Grantor's Mailing Address: P. O. Box 29244, San Antonio
(including county) Bexar County, Texas 78229

Grantee: PARRIS E. CHENEY

Grantee's Mailing Address: 1971 Lou Ann Drive, New Braunfels
(including county) Comal County, Texas 78130

Consideration:

TEN AND NO/100 DOLLARS and other good and valuable consideration and a note of even date herewith in the principal amount of SEVEN THOUSAND SIX HUNDRED AND 00/100THS DOLLARS (\$7,600.00) executed by Grantee, payable to the order of Grantor. It is secured by a vendor's lien retained in this deed and by a Deed of Trust of even date from Grantee to EDWIN K. NOLAN, Trustee.

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 59, ROLLING OAKS SUBDIVISION, a subdivision in Comal County as recorded in Volume 7, Page 96 of the Map and Plat Records of Comal County, Texas.

Reservations from and Exceptions to Conveyance and Warranty:

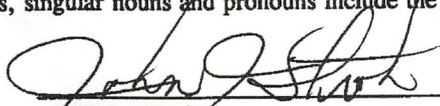
Current ad valorem taxes on said property having been prorated, the payment of the same are hereby assumed by Grantee.


This conveyance is made and accepted subject to the following matters, to the extent same are in effect at this time: Any and all restrictions, assessments, maintenance charges, covenants, conditions and easements, if any, relating to the hereinabove described property, but only to the extent they are still in effect and shown of record in the hereinabove mentioned County and State.

Grantor, for consideration and subject to the reservations from and exceptions to conveyance and warranty, grants, sells and conveys to Grantee the property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and to hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to conveyance and warranty.

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

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



JOHN J. STROH


JULIE A. STROH

THE STATE OF TEXAS

COUNTY OF

§
§
§

This instrument was acknowledged on this 11th day of April, 1995 by JOHN J. STROH and wife, JULIE A. STROH.

L. Jelanda Ghowski
NOTARY PUBLIC, STATE OF TEXAS

Printed Name: Jelanda Ghowski
Commission Expires: 01-19-97



Doc# = 465231
Pages: 2
Date : 05-03-1995
Time : 04:12:19 P.M.
Filed & Recorded in
Official Records
of COMAL County, TX.
JOY STREATER
COUNTY CLERK
Rec. \$ 11.00

After recording Return to:

Edwin K. Nolan
P.O. Box 2017
Canyon Lake, TX 78130-2017
Telephone (512) 964-3007
Fax (512) 964-3004

WDVL.stroh

Prepared in the Law Office of:

Edwin K. Nolan
P.O. Box 2017
Canyon Lake, TX 78130-2017
Telephone (512) 964-3007
Fax (512) 964-3004

RECEIVED

By Kathy Griffin at 8:40 am, Jul 13, 2022



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

--	--

Date Received

Initials

114885

Permit Number

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 - See Attached Fee Schedule
- 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

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

7-12-2022

Date

___ COMPLETE APPLICATION
Check No. _____ Receipt No. _____

INCOMPLETE APPLICATION ___ (Missing Items Circled, Application Refeused)

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



(830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com

To: Parris Cheney
2949 Oak Hollow Dr.
New Braunfels, TX 78132
Agency: Comal
County: Comal
Permit No: 114885

Tech: Jeff
Phone: (830) 608-9602 Date: 2022-09-21
Alt Ph: _____ Service Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A	
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Pressure: 56
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Test Results and observations: (As Required)

Chlorine Residual: .53
Test Method: Dpd
BOD: _____
TSS: _____

Mixed Liquor
Aeration: 46

Sludge Levels

Clarifier: 0
Pump: 0

Access Ports Secured: Yes [X] / NO []
Repairs Made: Yes [] / NO [X]

Repairs and Comments:
Breakers inside control panel for compressor and alarms were both off. Turned both breakers back on. Odor caused by compressor being off will dissipate over the next few days. System is in good working order.

Malb

Inspector: _____ Date: 2022-09-21

Tom Hampton VP
MP349/OS24597

Aerobic Services of South Texas
15188 FM 306
Canyon Lake, TX 78133



(830) 964-2365
Fax: (830) 964-2659
www.aerobicservices.com

To: Parris Cheney
2949 Oak Hollow Dr.
New Braunfels, TX 78132
Agency: CCEH
County: Comal
Permit No: 114885

Tech: Jeff
Phone: (830) 608-9602 Date: 2022-12-08
Alt Ph: _____ Service Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	N/A	
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Pressure: 58
Irrigation pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disinfection device:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chlorine supply:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spray field vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprinkler / Drip backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Test Results and observations: (As Required)

Chlorine Residual: 1.53
Test Method: Dpd
BOD: _____
TSS: _____

Mixed Liquor

Aeration: 58

Sludge Levels

Clarifier: 18

Pump: 1

Access Ports Secured: Yes [X] / NO []

Repairs Made: Yes [] / NO [X]

Repairs and Comments:
System is in good working order.

A handwritten signature in black ink, appearing to read "Tom Hampton".

Inspector: _____

Date: 2022-12-08

Tom Hampton VP
MP349/OS24597

Aerobic Services
15188 FM 306
Canyon Lake, TX 78133



Canyon Lake: (830) 964-2365
Bastrop: (512) 303-6922
info@aerobicservices.com
bastrop@aerobicservices.com
MP349 / OS24597
www.aerobicservices.com

To: Parris Cheney
2949 Oak Hollow Dr.
New Braunfels, TX 78132
Agency: Comal County Environmental Health
County: Comal
Permit No: 114885

Tech: Chris Bausch
Phone: (830) 608-9602 Date: 2024-05-30
Alt Ph: _____ Service _____
Due: _____

Inspection Type: Scheduled

Item	Operational	Inoperative	Not Present	
Aerator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Pressure: 56
Irrigation Pump:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air Compressor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pump Screen:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chlorinator:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spray Field Vegetation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Filters:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprinkler / Drip Backwash:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Controls / Electric Circuits:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Test Results and Observations: (As Required)

Chlorine Residual (ppm): 0.05
Test Method: Dpd
BOD: _____
TSS: _____
Tank Lids Secured: Yes / NO
Pump Out Needed: Yes / NO
Repairs Made Yes / NO

Mixed Liquor: all measurements in inches

Aeration: 58

Sludge Levels

Clarifier: 0

Pump: 5

Repairs and Comments:

Replaced 2x sprinkler heads.

CB

Inspector: _____

Date: 2024-05-30

Tom Hampton, VP
MP349/OS24597