

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)				

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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)				

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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: 115261
Issued This Date: 10/10/2022
This permit is hereby given to: JRROLAN,LLC

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

970 WHIPPOORWILL DR
CANYON LAKE, TX 78133

Subdivision: CANYON VALLEY ESTATES
Unit: 1
Lot: 3 & 3A
Block: 6
Acreage: 0.0000

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Leaching Chambers

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.

RECEIVED

By Kathy Griffin at 1:53 pm, Sep 29, 2022



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

115261

Date June 9, 2022

Permit Number _____

1. APPLICANT / AGENT INFORMATION

Owner Name JRROLAN LLC
Mailing Address c/o 426 FM 306
City, State, Zip NEW BRAUNFELS TEXAS 78132
Phone # 830-268-0045
Email becky@kurkhomes.com

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

2. LOCATION

Subdivision Name CANYON VALLEY ESTATES Unit 1 Lot 3&3A Block 6

Survey Name / Abstract Number _____ Acreage _____

Address 970 WHIPPOORWILL DRIVE City CANYON LAKE State TX Zip 78133

3. TYPE OF DEVELOPMENT

Single Family Residential

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

Number of Bedrooms 4

Indicate Sq Ft of Living Area 2819

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: \$ 560,000 (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.

Signature of Owner _____

Date Aug 25, 2022

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

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

REVISED 8:34 am, Oct 10, 2022

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

System Description PROPRIETARY; AEROBIC TREATMENT AND LEACHING CHAMBERS W/ LOW PRESSURE DOSING

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

Tank Size(s) (Gallons) CLEARSTREAM 600NC3T Absorption/Application Area (Sq Ft) 965

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)

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

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

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

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

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

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

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

Is there an existing TCEQ approval CZP for the property? [] 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 [X] 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 _____ Date October 8, 2022

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 (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.

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):

1 UNIT PHASE/SECTION 6 BLOCK 3 & 3A LOT CANYON VALLEY ESTATES SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY _____

The property is owned by (insert owner's full name): JRROLAN, LLC, a Texas limited liability company

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

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

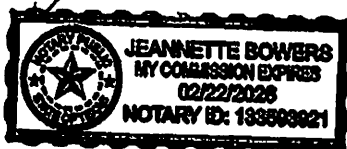
WITNESS BY HAND(S) ON THIS 25 DAY OF AUGUST, 2022

[Signature]
Owner(s) signature(s)

Jess Rolan
Owner (s) Printed name (s)

JESS ROLAN SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 25 DAY OF AUGUST, 2022

[Signature]
Notary Public Signature



POOR QUALITY

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF COMAL §
STATE OF TEXAS §

Before me, the undersigned authority, on this day personally appeared JESS ROLAN w/ JRROLAN, LLC who after being by me duly sworn, upon oath state that they are the owner of record of that certain tract or parcel of land lying and being situated in Comal County, Texas, and being more particularly described as follows:

1 UNIT/PHASE/SECTION 6 BLOCK 3 & 3A LOT CANYON VALLEY ESTATES SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY

The property is owned by (insert owner's full name): JRROLAN, LLC, a Texas limited liability company

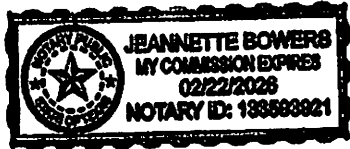
The undersigned further state that the on-site sewage facility for the referenced properties crosses the boundary between the properties. These properties cannot be sold separately and must be sold as one. Any buyer or transferee is hereby notified of this requirement.

WITNESS MY/OUR HAND(S) on this 25 day of Aug, 20 22.

x [Signature] Jess Rolan

SWORN TO AND SUBSCRIBED BEFORE ME on this 25 day of August, 20 22.

[Signature]
Notary Public Signature



Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
09/27/2022 12:02:00 PM
LOUISA 2 Pages(s)
202206042678

[Signature]
Bobbie Koepf

REVISED

3:31 pm, Oct 06, 2022

CANYON VALLEY ESTATES, UNIT 1,
BLOCK 6, LOT 3 & 3A
970 WHIPOORWILL DR.
CANYON LAKE, TX 78133

Septic Savvy Aerobic Service
Maintenance Provider Lic.# MP 0001595
P.O. Box 2613
Canyon Lake, Texas 78133
830-743-5001

Permit #: 115261 Model: CLEARSTREAM 600NC3T Serial #: _____
Name: JRROLAN, LLC Address: 970 WHIPOORWILL DR
County: COMAL City, State, Zip Code: CANYON LAKE, TX 78133

The initial maintenance agreement start date, shall be the issue date of the License to Operate.

Contract effective dates: Starting LICENSE TO OPERATE, Ending AT 2 YEARS

Providing the following:

- A: Inspection every 4th month, which includes servicing and adjustments of mechanical and electrical components as necessary for the proper function of the aerobic septic system.
- B: Inspection of effluent quality consisting of a visual check for color, turbidity, odor, scum and Overflow.
- C: The property owner is responsible for purchasing and keeping chlorine in the system (if applicable).
- D: If any improper operation of the aerobic septic system is observed, the homeowner will be notified of the conditions and any estimated cost to repair.
- E: The response time to a complaint regarding the proper operation of the aerobic septic system shall be within 72 hours from the time of notification by the home owner/property owner.
- F: The home owner / property owner is responsible for service call, labor and/or shipping costs on ALL warranted and non-warranted parts exchanged.
- G: The signing of this service agreement authorizes Septic Savvy Aerobic Service Rep, to enter the property to execute ALL terms of this service agreement.

IMPORTANT: Since I cannot control what or how much effluent enters the ATU, I cannot warranty how the system will function.

1. This maintenance agreement DOES NOT cover the costs of service calls, labor, materials or parts out of warranty; the failure to maintain electrical power to the system; sprinklers that are broken, leaking, stopped up or mal-functioning; sewage flows exceeding the hydraulic/organic design capabilities; the input of non-biodegradable materials (solvents, grease, oil, paints) or any usage contrary to the requirements as advised by authorized service representative. Laboratory test work is available for an additional cost.
2. This maintenance agreement does not include pumping out the system or any of its compartments; The settlement of soil on or around any part of the system.

Violations of the warranty include: Disconnecting the alarm(s), restricting ventilation to the aerator, overloading the system above its rated capacity, flooding by external means. Rodent, insect, fire ant damage or any other form of unusual abuse.

Property owner Signature [Signature] Print name Jess Rolan
Date 8-25-2022
Maintenance Provider Signature [Signature] Date 27 September 2022

ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: August 24, 2022

Site Location: CANYON VALLEY ESTATES, UNIT 1, BLOCK 6, LOTS 3 & 3A

Proposed Excavation Depth: 18" to 36"

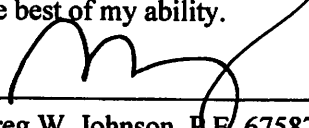
Requirements:

- 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 <u>1</u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	II	SANDY LOAM	N/A	NONE OBSERVED	NONE OBSERVED	LT. BROWN
1						
2						
3						
4						
5						

SOIL BORING NUMBER <u>2</u>						
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

08/24/2022

 Date

OSSE SOIL EVALUATION REPORT INFORMATION

Date: October 07, 2022

Applicant Information:

Name: JRROLAN, LLC
Address: c/o 426 FM 306
City: NEW BRAUNFELS State: TX
Zip Code: 78132 Phone: (830)268-0045

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:

CANYON VALLEY
Lot * Unit 1 Blk 6 Subd. ESTATES
Street Address: 970 WHIPPOORWILL
City: CANYON LAKE Zip Code: 78133
Additional Info.: * LOT 3 & 3A

Installer Information:

Name: BRAD PARKER
Company: PARKER CONSTRUCTION
Address: _____
City: _____ State: _____
Zip Code: _____ Phone 830-310-2344

Topography: Slope within proposed disposal area: 4 %
Presence of 100 yr. Flood Zone: YES X NO _____
Existing or proposed water well in nearby area. YES X NO _____ >100'
Presence of adjacent ponds, streams, water impoundments YES X NO _____ >50' TO RIVER
Presence of upper water shed YES _____ NO X
Organized sewage service available to lot YES _____ NO X

Design Calculations for Leaching Chambers:

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 2819

Q gal/day = (Bedrooms +1) * 75 GPD

Q = (4 + 1) * 75 - (20 %) = 300

A = Q/Ra = 300 / 0.25 = 1200 sq. ft.

**USING CLEARSTREAM 600NC3T W/ LIQUID
CHLORINATOR & LOW PRESSURE DOSED
DISTRIBUTION TO PROVIDE UNIFORM
DISTRIBUTION IN DRAINFIELD DUE TO
PROXIMITY TO RIVER**

Tank Size = (~3 * Q) = SEE NOTE Gal. Dual Comp.

Excavation Length & Width

L = 0.75A/(W+2) (<3' Wide) = _____ / _____ = _____ of _____

L = 0.75(A-2W)/(W+2) (>3' Wide) = 877.5 / 17 = 51.6 of 15' WIDE **USING 55 - 5' HANCOR
PANELS**

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).

10/07/2022

GREG W. JOHNSON, P.E. 67587 - F#2585

DATE



FIRM #2585

**LEACHING CHAMBER BED
AEROBIC SEPTIC SYSTEM
JJROLAN, LLC
c/o 426 FM 306
NEW BRAUNFELS, TEXAS 78133**

SITE DESCRIPTION:

Located in Canyon Valley Estates, Unit 1, Block 6, Lot 3 & 3A, at 970 Whippoorwill, the proposed system will serve a four bedroom residence (2819 sf). The proposed field area has deep Type II soils as described in the attached Soil Evaluation Report and slopes approximately four percent (4%). A septic system utilizing Aerobic treatment with disinfection and Hancor Leaching Chambers with low pressure dosing was chosen as the most appropriate system to serve these conditions.

PROPOSED SYSTEM:

A 3 inch SCH-40 pipe discharges from the residence into an Clearstream 600 NC3T 600 gpd aerobic plant with a 400 gallon trash tank and 700 gallon pump tank and liquid chlorinator. After processing treated effluent then enters a 700 gallon pump tank containing a submersible sewage pump activated by a mercury float switch. A high level audible and visual alarm will activate should the pump fail. Distribution is through a 2" SCH-40 manifold to a Hancor Leaching chamber panel bed as per the attached schematic. A ball valve on the manifold at the pump tank will regulate field head pressure. Trench depth should be 18-36" with Hancor Leaching chambers with 1" distribution pipe strapped in the panels as shown on attached trench profile. Bed will be backfilled with Type II Sandy Loam soils. The field should be capped with 4" of loamy soil over entire field area to aid in movement of effluent in the area between trenches. The field area must be seeded a hearty grass such as Bermuda/Rye grass blend.

DESIGN SPECIFICATIONS:

Daily waste flow: 300gpd **TCEQ Ch 285 Table III**

Aerobic size: Clearstream 600 NC3T 600 gpd ATU (TCEQ/NSF approved)

Pump tank size: 700 Gal

Reserve capacity after High Level: 100 gal. (>1/3 day usage)

Leaching Chamber Application Rate : 0.25 gal/sf

Total absorption area: $A=0.75Q/Ra = 0.75(300\text{gpd}/0.25) = 900 \text{ sf}$ (975 sf Actual).

Total length of manifold: 40' of 2" SCH-40

Total linear feet in laterals: 55' of 15' wide

Manifold Placement: End

Hole size: 3/16" in top

Hole spacing: 5'

of Holes: 55

Flow Rate per Hole: 0.59 gpm.

Antisiphon hole required

Elevation Head (pump to end of manifold): -6'

Friction Head: $(F = 1.2 * 0.5 * (40/100')) = 1'$

Pressure Head: 2' **Head Setting at bed**

Total Head: $Th = Eh + Ph + Fh$ $Th = -6' + 2 + 1' = -3'$

Pump requirement: $(0.59 \text{ gpm} * 55 \text{ holes}) = 32.45 \text{ GPM @ } -3' \text{ Head}$

Dosing volume: $V \text{ dose} = V \text{ manifold} + 5(V \text{ laterals})$

$$V \text{ dose} = (.162 * 40') + 5(.041 * 275') = 63 \text{ gal.}$$

Pump Tank Calculations: (12.25 gal/in.)

Volume below working level = $12" * 12.25 \text{ gal/in} = 147 \text{ gal}$

Working level = 63 gal = 5"


Reserve Requirement = $>1/3 \text{ day } 100 \text{ gal.} / 12.25 \text{ gal/in.} = 8"$

***Note: All wiring must be in conduit**

PIPE AND FITTINGS:

All pipes and fittings in this septic system shall be schedule 40 PVC. All joints shall be sealed with approved solvent-type PVC cement. The manifold shall be 2" in diameter and the lateral lines shall be 1" in diameter. Holes of proper size and spacing shall be placed so they face up when installed. Begin holes at half the above listed hole spacing from the manifold. Lateral lines shall be below the level of manifold and turn up with a removable cap below the finished grade. A submersible pump capable of providing at least 32.5 GPM @ 0 psi, such as the Liberty LE50 ½ hp effluent pump, shall be utilized for pumping effluent.

Designed in accordance with Chapter 285, Subchapter D, §285.30, Texas Commission on Environmental Quality (Effective December 29, 2016).


 10/07/2022

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



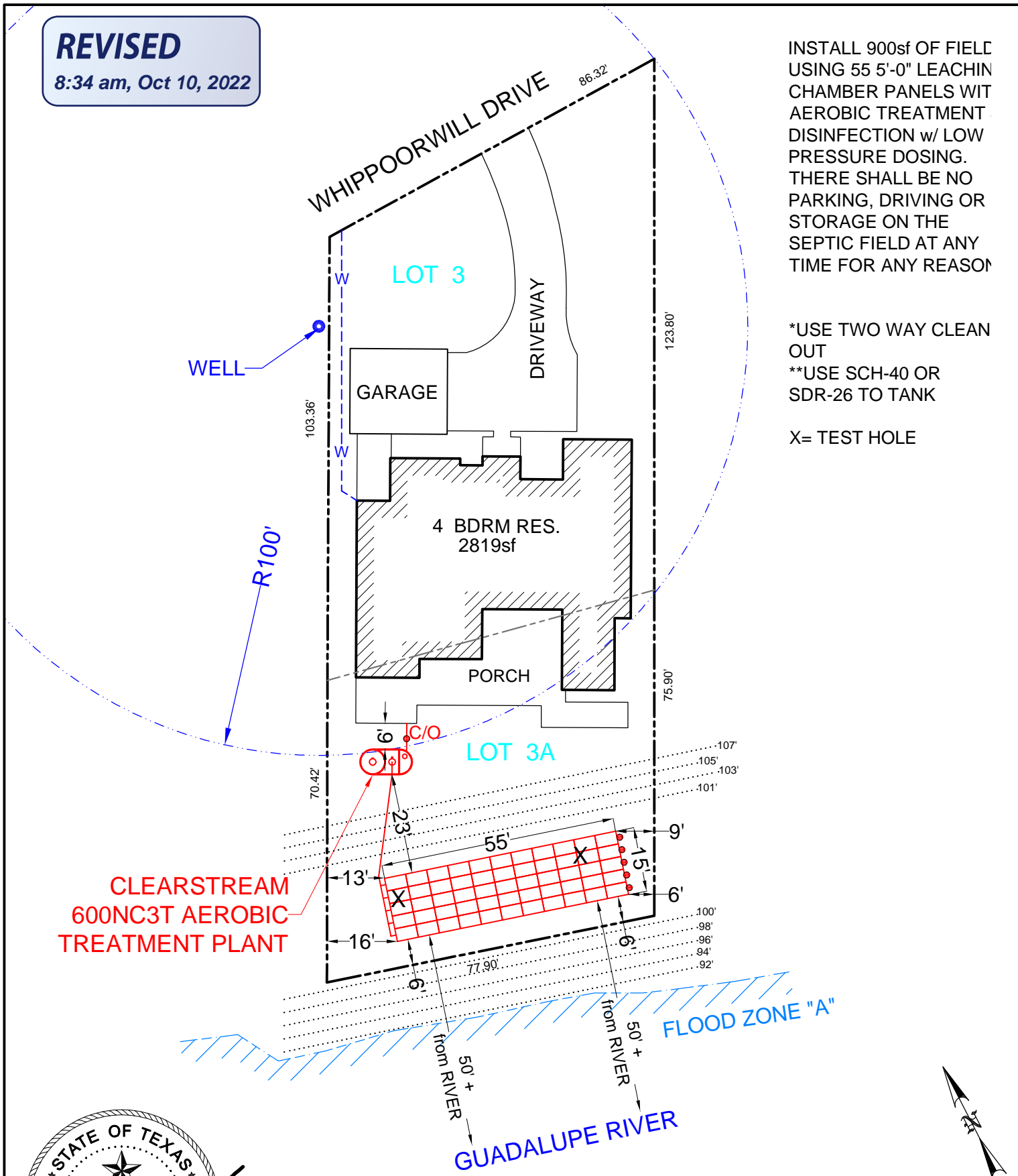
REVISED

8:34 am, Oct 10, 2022

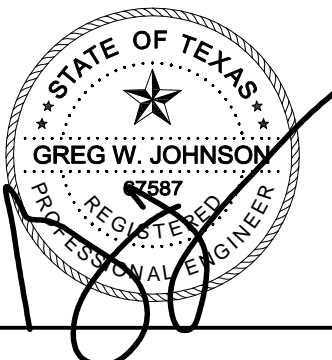
INSTALL 900sf OF FIELD USING 55 5'-0" LEACHIN CHAMBER PANELS WIT AEROBIC TREATMENT DISINFECTION w/ LOW PRESSURE DOSING. THERE SHALL BE NO PARKING, DRIVING OR STORAGE ON THE SEPTIC FIELD AT ANY TIME FOR ANY REASON

*USE TWO WAY CLEAN OUT
**USE SCH-40 OR SDR-26 TO TANK

X= TEST HOLE



**CLEARSTREAM
600NC3T AEROBIC
TREATMENT PLANT**



OWNER: JRROLAN, LLC.		DRAWN BY: EJS III		
STREET ADDRESS: 970 WHIPPOORWILL DRIVE				
LEGAL DESC: CANYON VALLEY ESTATES	UNIT/SECTION/PHASE: 1	BLOCK: 6	LOT: 3 & 3A	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=30'	DATE: 8/25/2022	REVISED: 10/7/2022	

TANK NOTES:

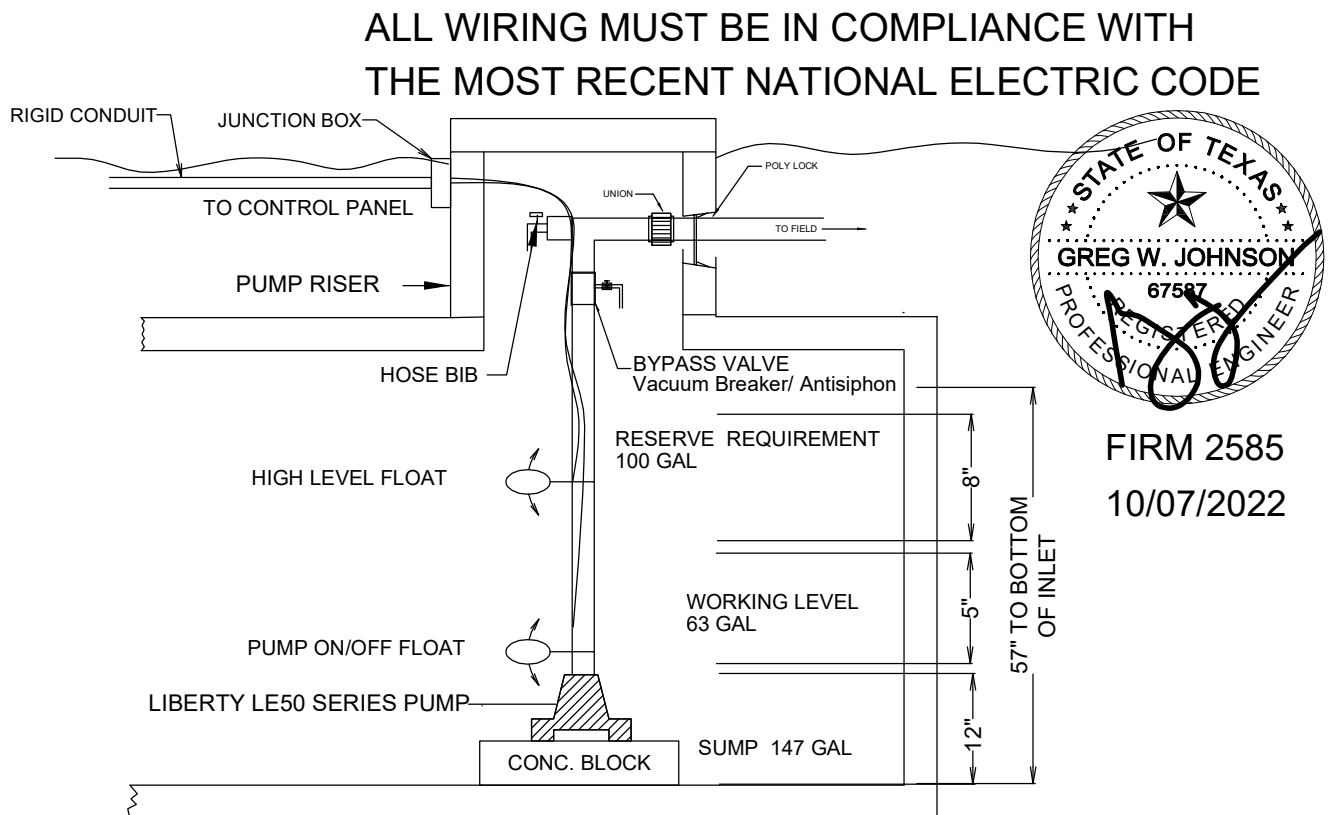
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

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

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

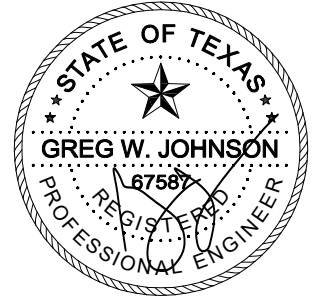


**TYPICAL PUMP TANK CONFIGURATION
CLEARSTREAM 600NC3T W/ 700 GAL PUMP TANK**

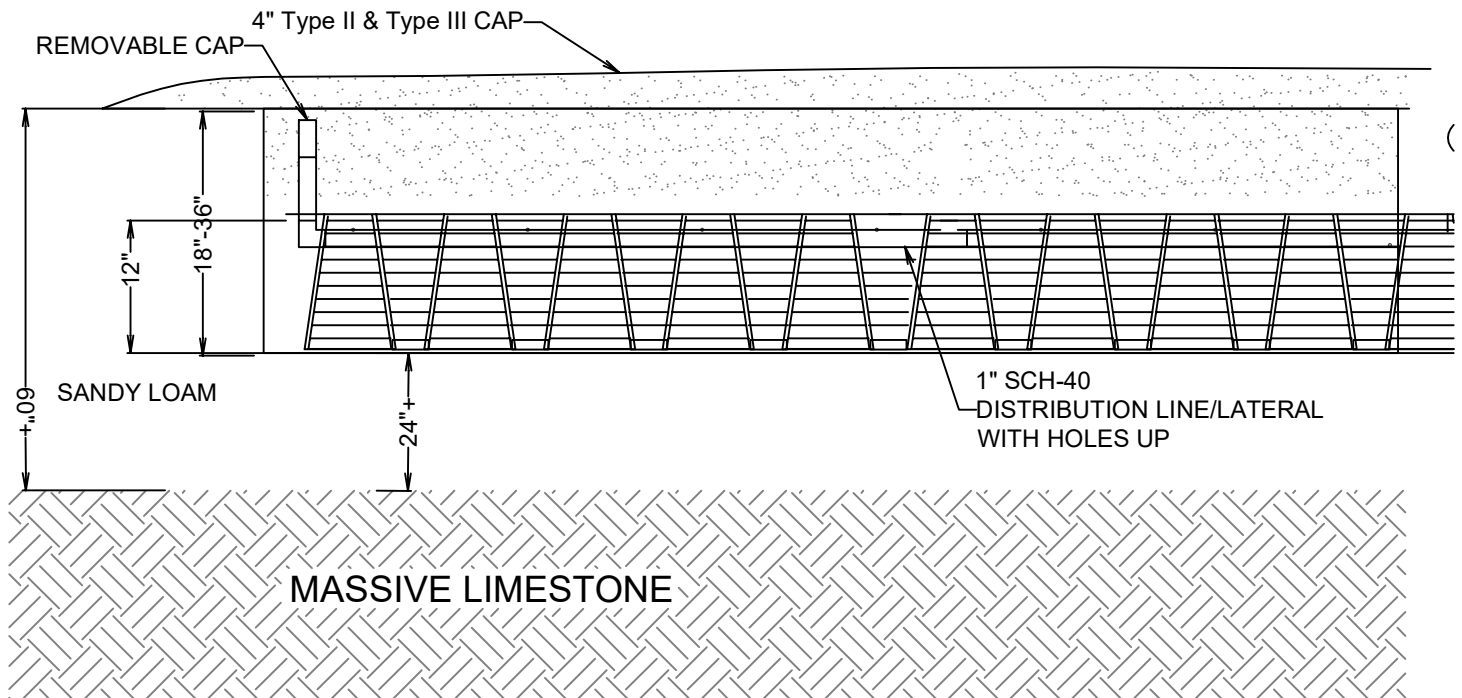
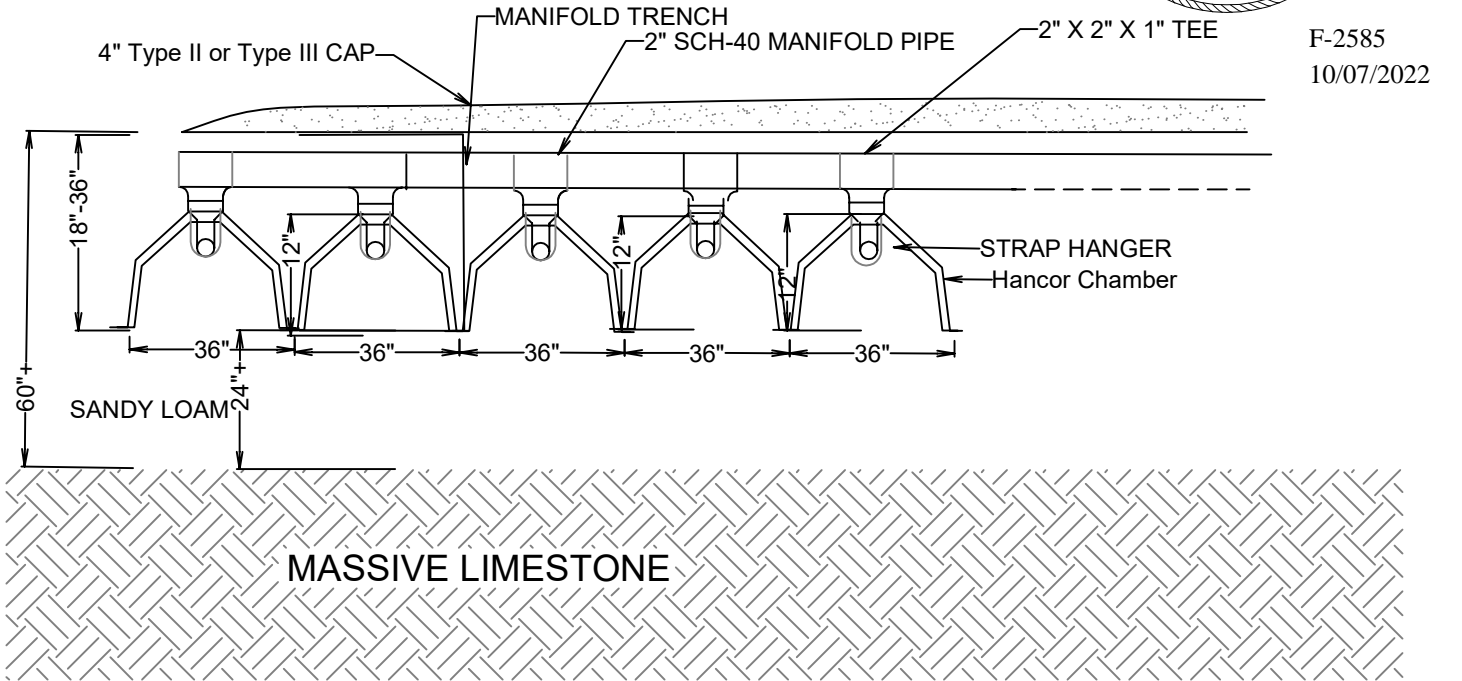
REVISED

8:35 am, Oct 10, 2022

TRENCH DETAIL

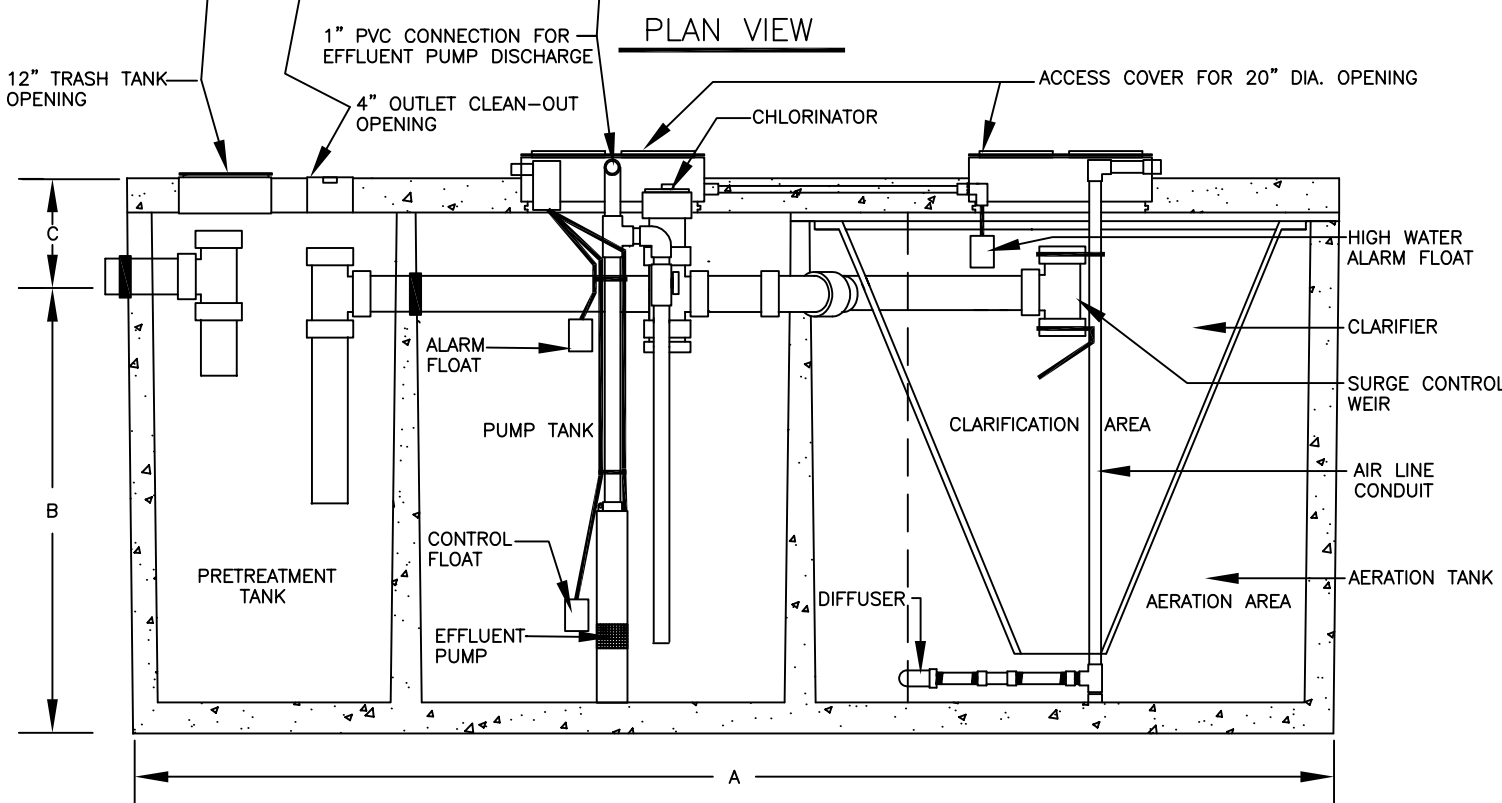
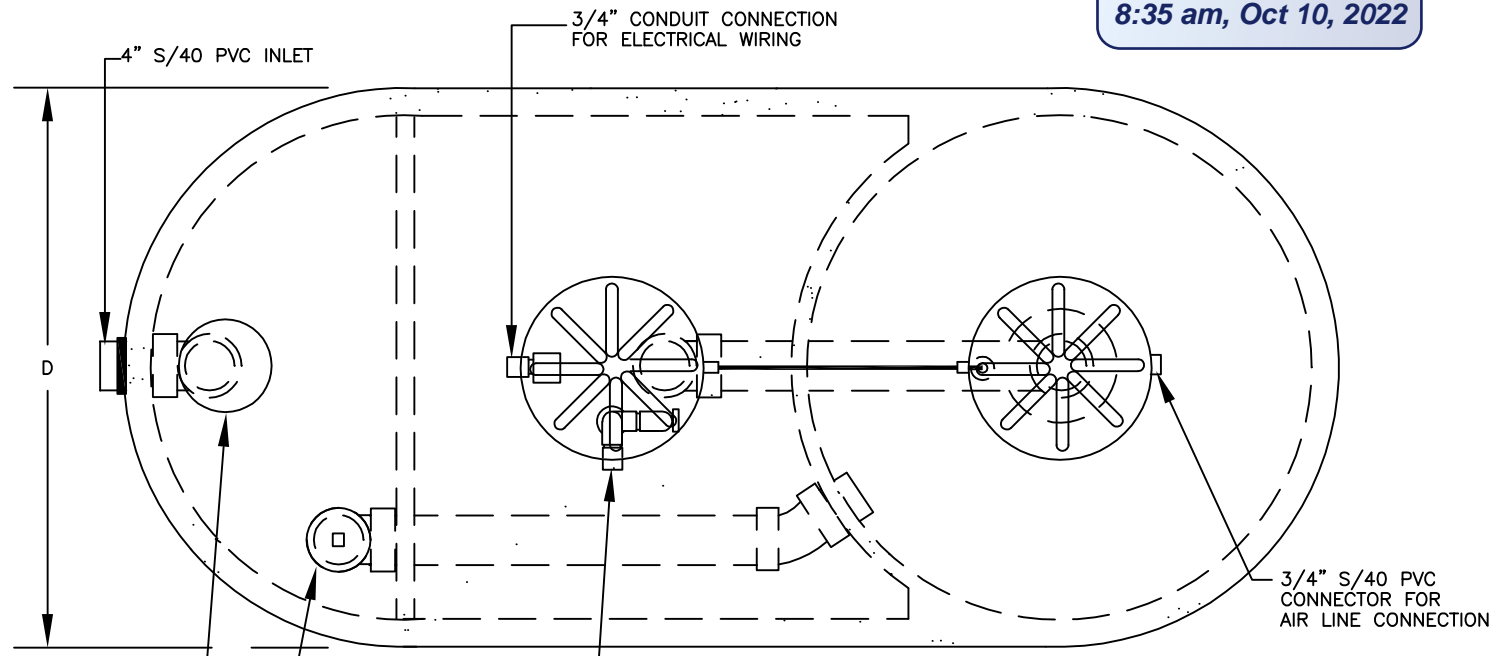


F-2585
10/07/2022



DESIGN DRAWINGS

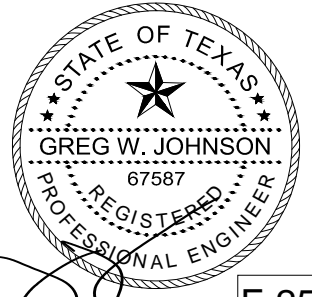
REVISED
8:35 am, Oct 10, 2022



MODEL NC3
SECTION

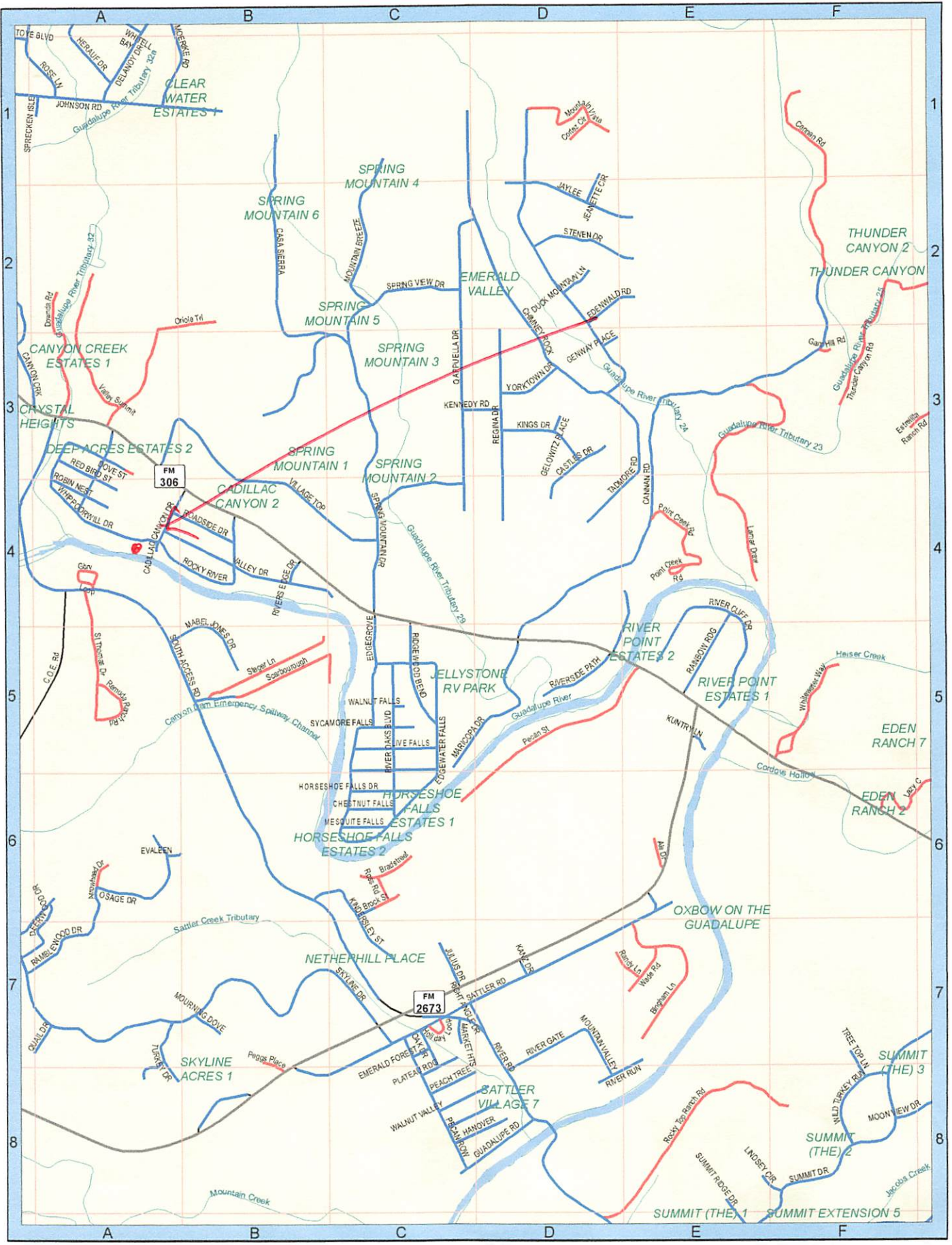
DIMENSIONAL DATA

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



100

F-2585



SEE PAGE 30

From: [Ritzen, Brenda](#)
To: ["Greg Johnson"](#)
Cc: ["becky@kurkhomes.com"](mailto:becky@kurkhomes.com)
Subject: Permit 115261
Date: Wednesday, October 5, 2022 4:11:00 PM
Attachments: [image001.png](#)

Re: JRRolan LLC
Canyon Valley Estates Unit 1 Lots 3 & 3A Block 6
Application for Permit for Authorization to Construct an On-Site Sewage Facility (OSSF)

Greg :

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

- ✓ The initial maintenance contract must indicate that the contract shall be for a duration of 2 years, and must identify the name of the maintenance provider.
- ✓ Provide verification that your method of treatment and disposal is compliant with Chapter 285.
3. 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

VOID

CANYON VALLEY ESTATES, UNIT 1,
BLOCK 6, LOT 3 & 3A
970 WHIPOORWILL DR.
CANYON LAKE, TX 78133

Septic Savvy Aerobic Service
Maintenance Provider Lic.# MP 0001595
P.O. Box 2613
Canyon Lake, Texas 78133
830-743-5001

Permit #: _____ Model: CLEARSTREAM 600NC3T Serial #: _____
Name: JRROLAN, LLC Address: 11505 ALBERTA DR
County: COMAL City, State, Zip Code: AUSTIN, TX 78739

The initial maintenance agreement start date, shall be the issue date of the License to Operate.

Contract effective dates: Starting _____, Ending _____

Providing the following:

- A: Inspection every 4th month, which includes servicing and adjustments of mechanical and electrical components as necessary for the proper function of the aerobic septic system.
- B: Inspection of effluent quality consisting of a visual check for color, turbidity, odor, scum and Overflow.
- C: The property owner is responsible for purchasing and keeping chlorine in the system (if applicable).
- D: If any improper operation of the aerobic septic system is observed, the homeowner will be notified of the conditions and any estimated cost to repair.
- E: The response time to a complaint regarding the proper operation of the aerobic septic system shall be within 72 hours from the time of notification by the homeowner/property owner.
- F: The home owner / property owner is responsible for all parts, materials, service call, labor and/or shipping costs on ALL warranted and non-warranted parts.
- G: The signing of this service agreement authorizes Septic Savvy Aerobic Service Rep, to enter the property to execute ALL terms of this service agreement.

VOID

IMPORTANT: Since I cannot control what or how much effluent enters the ATU, I cannot warranty how the system will function.

1. This maintenance agreement DOES NOT cover the costs of service calls, labor, materials or parts out of warranty; the failure to maintain electrical power to the system; sprinklers that are broken, leaking, stopped up or mal-functioning; sewage flows exceeding the hydraulic/organic design capabilities; the input of non-biodegradable materials (solvents, grease, oil, paints) or any usage contrary to the requirements as advised by authorized service representative. Laboratory test work is available for an additional cost.
2. This maintenance agreement does not include pumping out the system or any of its compartments; The settlement of soil on or around any part of the system.

Violations of the warranty include: Disconnecting the alarm(s), restricting ventilation to the aerator, overloading the system above its rated capacity, flooding by external means. Rodent, insect, fire ant damage or any other form of unusual abuse.

Property owner Signature _____ Print name Jess Rolan
Date 8-25-2022

Maintenance Provider Signature _____ Date 27 September 2022

*** 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 LEACHING CHAMBERS

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

Tank Size(s) (Gallons) CLEARSTREAM 600NC 2 Absorption/Application Area (Sq Ft) 965

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)

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

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

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

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

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

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



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

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

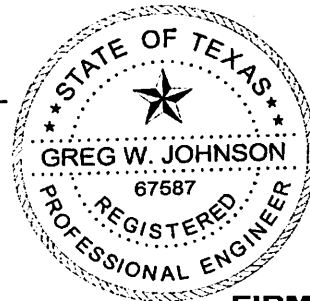
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? [] Yes [X] 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 25, 2022

OSSF SOIL EVALUATION REPORT INFORMATION

Date: August 25, 2022

Applicant Information:

Site Evaluator Information:

Name: JRROLAN, LLC. Name: Greg W. Johnson, P.E., R.S., S.E. 11561
 Address: c/o 426 F.M. 306 Address: 170 Hollow Oak
 City: NEW BRAUNFELS State: TEXAS City: New Braunfels State: Texas
 Zip Code: 78132 Phone: (830) 268-0045 Zip Code: 78132 Phone & Fax: (830)905-2778



Property Location:

Lot ^{SEC} 1 Unit 1 Blk 6 Subd. VANYON VALLEY ESTATES
 Street Address: 970 WHIPPOORWILL
 City: CANYON LAKE Zip Code: 78133
 Additional Info.: LOTS 3 & 3A

Installer Information:

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

Topography: Slope within proposed disposal area: 4 %
 Presence of 100 yr. Flood Zone: YES X NO _____
 Existing or proposed water well in nearby area: YES X NO _____ >100' (EXISTING)
 Presence of adjacent ponds, streams, water impoundments: YES X NO _____ >50' from RIVER
 Presence of upper water shed: YES _____ NO X
 Organized sewage service available to lot: YES _____ NO X

Design Calculations for Leaching Chambers:

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 2819

Q gal/day = (Bedrooms +1) * 75 GPD
 Q = (4 + 1) * 75 - (20 %) = 300

A = Q/Ra = 300 / 0.25 = 1200 sq. ft.

w/ Tablet Chlorinator
 NOTE: USING A CLEARSTREAM 600 NC2 AEROBIC TREATMENT PLANT DUE TO THE CLOSENESS OF THE GUADALUPE RIVER

Tank Size = (~3 * Q) = SEE NOTE Gal. Dual Comp.

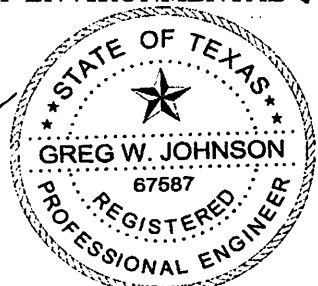


Excavation Length & Width
 L = 0.75A/(W+2) (<3' Wide) = _____ / _____ = _____ of _____
 or
 L=0.75(A-2W)/(W+2) (>3' Wide) = 81.5 / 17 = 51.6 of 15' WIDE SS-5' PANELS

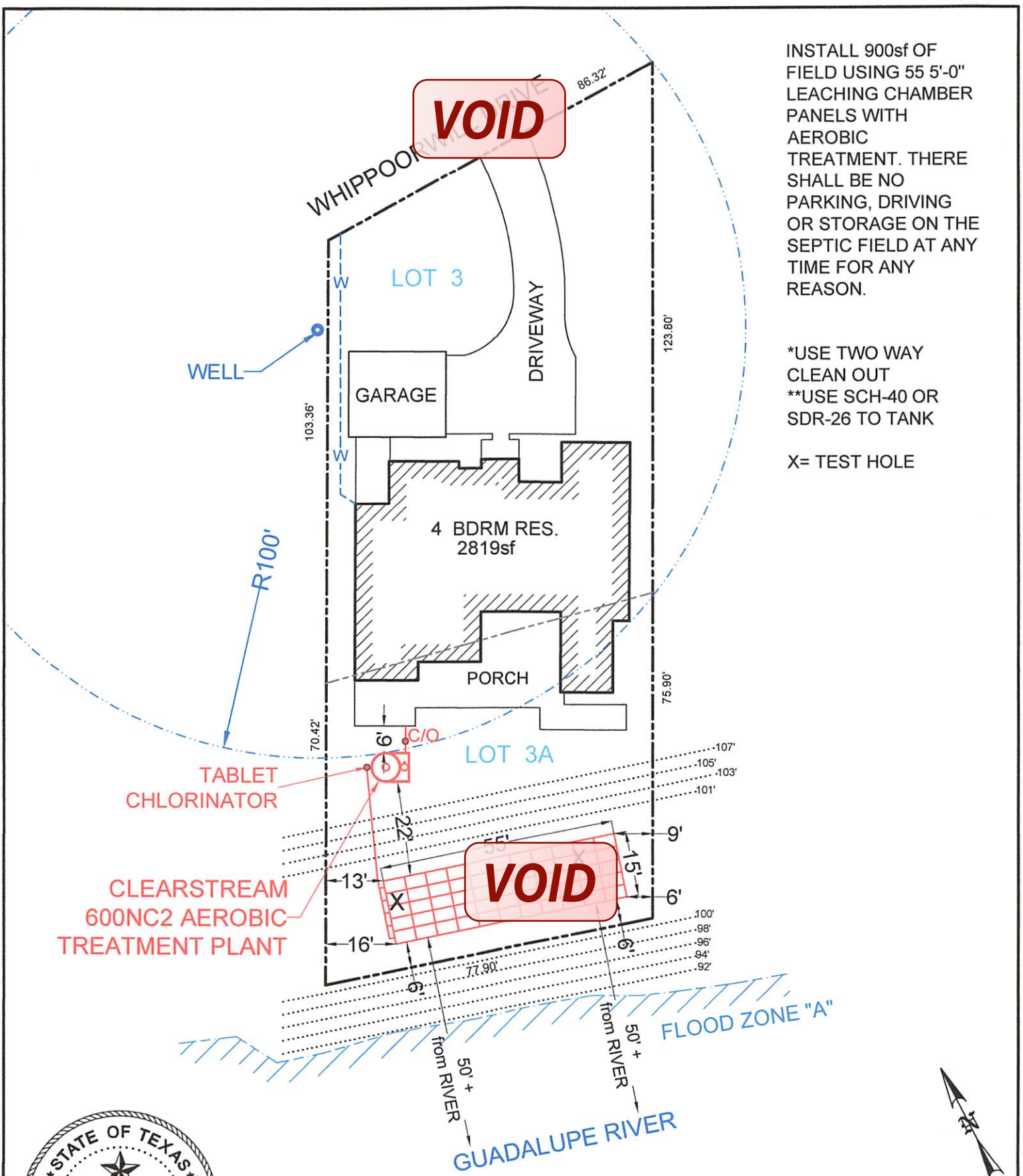
I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY (EFFECTIVE DECEMBER 29, 2016).

GREG W. JOHNSON, P.E. 67587 - F#2585

08/25/2022
 DATE



FIRM #2585



INSTALL 900sf OF FIELD USING 55 5'-0" LEACHING CHAMBER PANELS WITH AEROBIC TREATMENT. THERE SHALL BE NO PARKING, DRIVING OR STORAGE ON THE SEPTIC FIELD AT ANY TIME FOR ANY REASON.

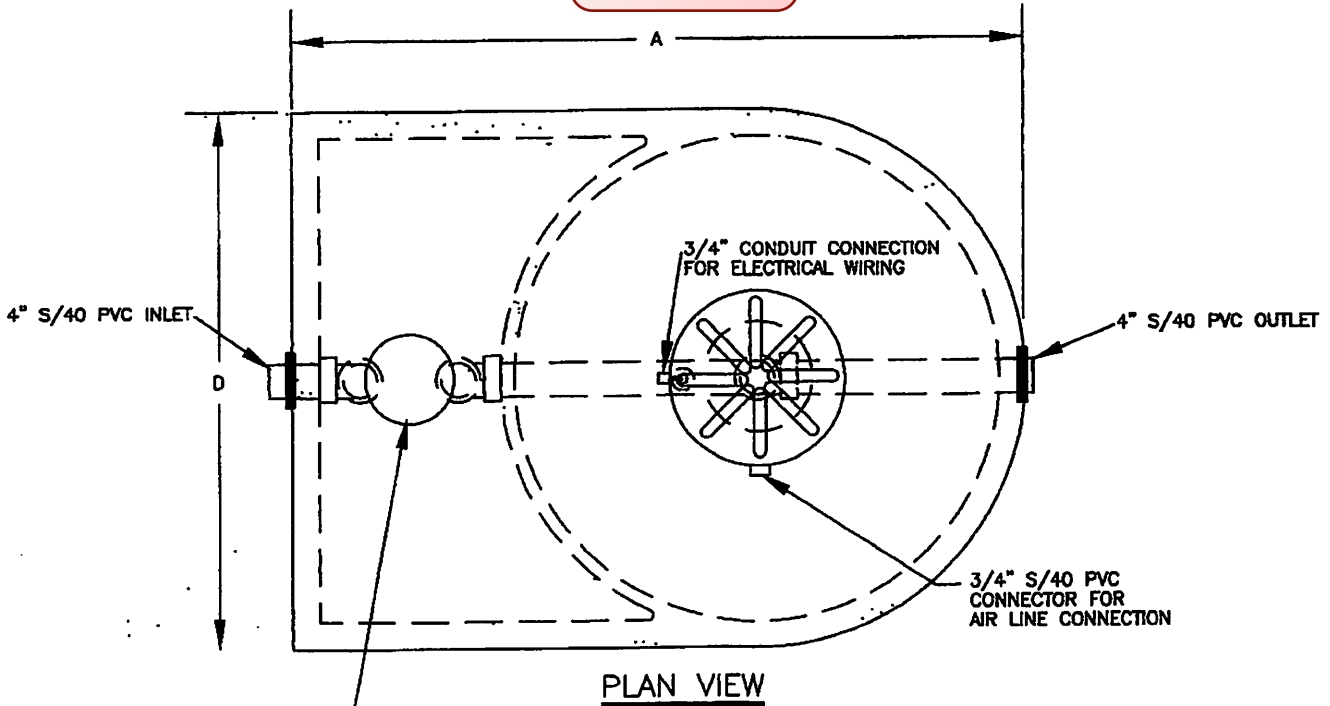
*USE TWO WAY CLEAN OUT
 **USE SCH-40 OR SDR-26 TO TANK

X= TEST HOLE

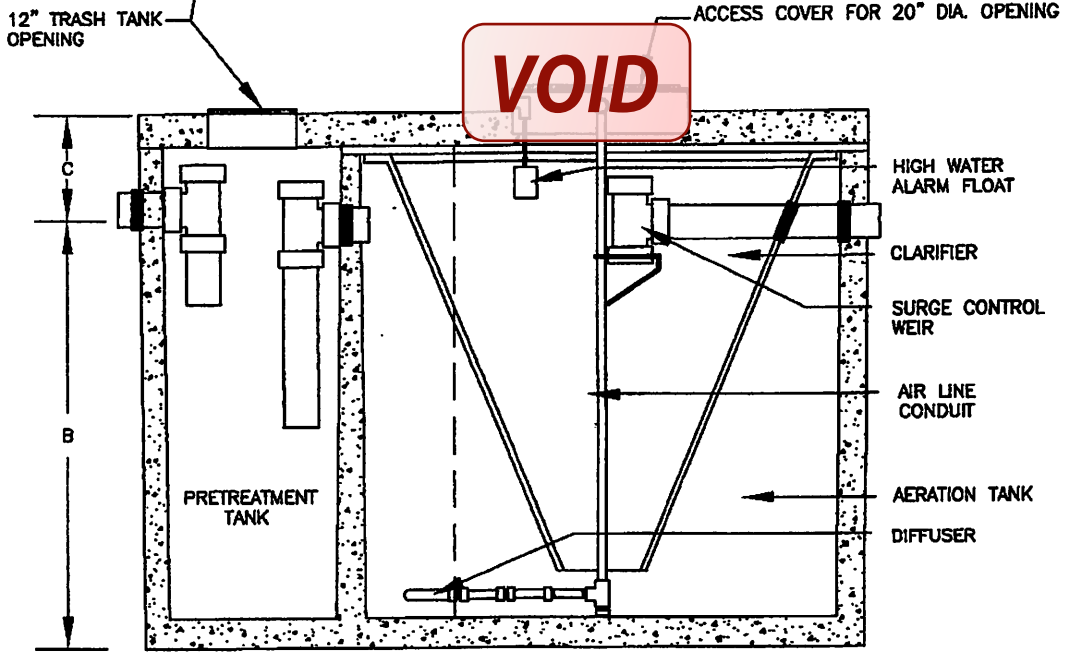


OWNER: JRROLAN, LLC.		DRAWN BY: EJS III		
STREET ADDRESS: 970 WHIPPOORWILL DRIVE				
LEGAL DESC: CANYON VALLEY ESTATES	UNIT/SECTION/PHASE: 1	BLOCK: 6	LOT: 3 & 3A	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=30'	DATE: 8/25/2022	REVISED:	

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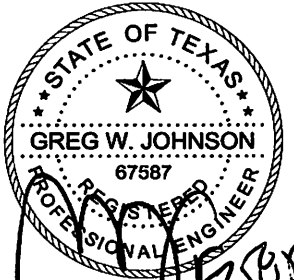
PLAN VIEW



MODEL NC2
SECTION

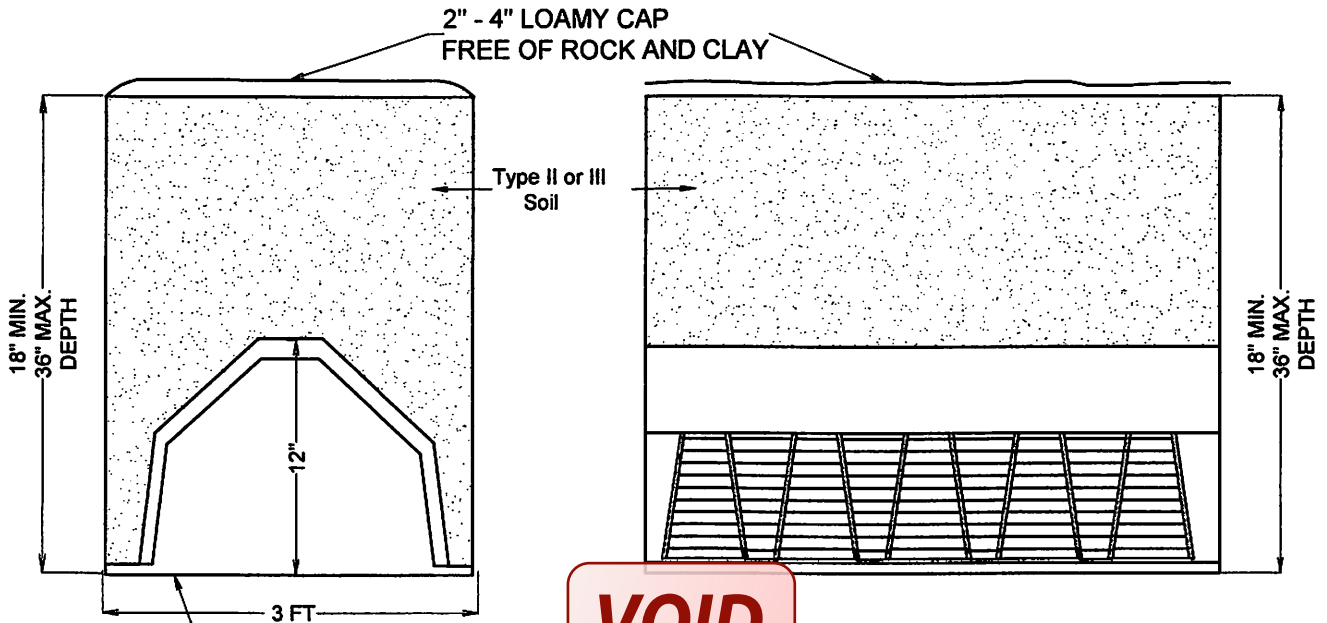
DIMENSIONAL DATA

MODEL	A	B	C	D
500 NC2	104"	60"	10-1/2"	75"
600 NC2	107"	60"	10-1/2"	82"
750 NC2	107"	70"	10-1/2"	82"
800 NC2	107"	72"	8-1/2"	82"



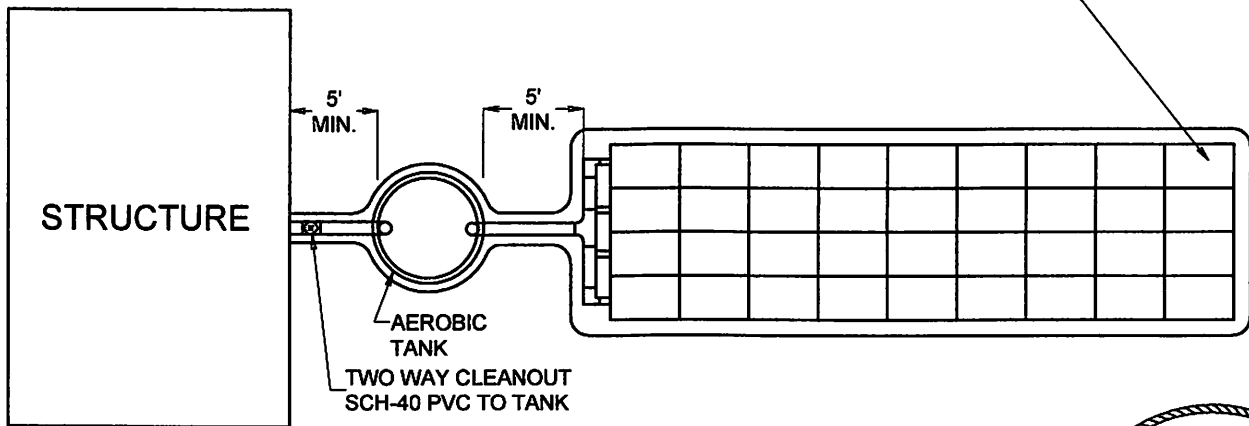
Handwritten signature and date:
08/28/2022

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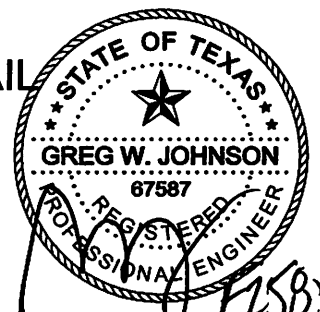


VOID

HANCOR LEACHING CHAMBER DETAIL



HANCOR LEACHING CHAMBER DETAIL



Handwritten signature and date:
08/25/2022

3/M



202006040842 09/22/2020 09:02:58 AM 1/3

GENERAL WARRANTY DEED

Date: SEPTEMBER 8, 2020

Grantor: Jesse Ray Rolan, Jr. and Rebecca Lynn Rolan, husband and wife

Grantor's Mailing Address:

Jesse Ray Rolan, Jr. and Rebecca Lynn Rolan
11505 Alberta Dr
Austin, Texas 78739

Grantee: JRRolan LLC, a Texas limited liability company

Grantee's Mailing Address:

JRRolan LLC
11505 Alberta Dr
Austin, Texas 78739

Consideration:

Cash and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged.

Property (including any improvements):

TRACT ONE: Lot 3 & 3A, CANYON VALLEY ESTATES 1, Block 6, Comal County, Texas

TRACT TWO: Lots 4 and 4A, Block 6, CANYON VALLEY ESTATES, Comal County, Texas, according to the plat recorded in Volume 1, Page 95 of the Map and Plat Records of Comal County, Texas.

Reservations from Conveyance:

None

Exceptions to Conveyance and Warranty:

Validly existing restrictive covenants common to the platted subdivision in which the Property is located; standby fees, taxes, and assessments by any taxing authority for the year 2020 and subsequent years, and subsequent taxes and assessments by any taxing authority for prior years due to change in land usage or ownership; validly existing utility easements created by the dedication deed or plat of the subdivision in which the Property is located; any discrepancies, conflicts, or shortages in area or boundary lines, or any encroachments or protrusions, or any overlapping of improvements; homestead or community property or survivorship rights, if any, of any spouse of Grantee; and any validly existing titles or rights asserted by anyone, including but not limited to persons,

the public, corporations, governments, or other entities, to (1) tidelands or lands comprising the shores or beds of navigable or perennial rivers and streams, lakes, bays, gulfs, or oceans, (2) lands beyond the line of the harbor or bulkhead lines as established or changed by any government, (3) filled-in lands or artificial islands, (4) water rights, including riparian rights, or (5) the area extending from the line of mean low tide to the line of vegetation or the right of access to that area or easement along and across that area.

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.

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.



Jesse Ray Rolan, Jr.



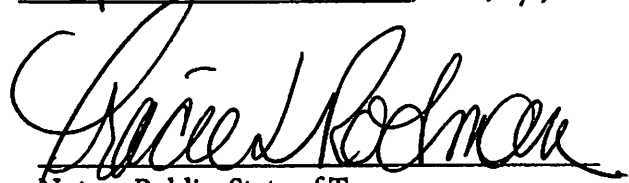
Rebecca Lynn Rolan

STATE OF TEXAS §

§

COUNTY OF TRAVIS §

This instrument was acknowledged before me on September 8, 2020, by Jesse Ray Rolan, Jr. and Rebecca Lynn Rolan.



Notary Public, State of Texas

Prepared in the Office of:
Law Office of Cameron Graber PC
1100 West Ave
Austin, Texas 78701
Telephone: 512.961.3938

After Filing, Return to: ←
Law Office of Cameron Graber PC
1100 West Ave
Austin, Texas 78701

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
09/22/2020 09:02:58 AM
CASHFOUR 3 Page(s)
202006040842



Bobbie Koepf

RECEIVED

By Kathy Griffin at 1:52 pm, Sep 29, 2022



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

--	--

Date Received

Initials

115261

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

9/29/2022

Date

<input type="checkbox"/> COMPLETE APPLICATION
Check No. _____ Receipt No. _____

<input type="checkbox"/> INCOMPLETE APPLICATION (Missing Items Circled, Application Refeused)
--