



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 12/06/2023

Permit Number: 115982

Location Description: 5735 RAWHIDE TRL
BULVERDE, TX 78163

Subdivision: RIM ROCK RANCH
Unit: 1
Lot: 31
Block: 0
Acreage: 2.0000

Type of System: Aerobic
Surface Irrigation

Issued to: CHRISTOPHER S. & MELISSA R. CARLSON

This license is authorization for the owner to operate and maintain a private facility at the location described in accordance to the rules and regulations for on-site sewerage facilities of Comal County, Texas, and the Texas Commission on Environmental Quality.

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

Alterations to this permit including, but not limited to:

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

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

Inspection and licensing of a facility indicates only that the facility meets certain minimum requirements. It does not impede any governmental entity in taking the proper steps to prevent or control pollution, to abate nuisance, or to protect the public health.

This license to operate is valid for an indefinite period. The holder may transfer it to a succeeding owner, provided the facility has not been remodeled and is functioning properly.

Licensing Authority
Comal County Environmental Health

ENVIRONMENTAL HEALTH INSPECTOR

OS0038255

ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

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: 115982
Issued This Date: 04/13/2023
This permit is hereby given to: CHRISTOPHER S. & MELISSA R. CARLSON

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

5735 RAWHIDE TRL
BULVERDE, TX 78163

Subdivision: RIM ROCK RANCH
Unit: 1
Lot: 31
Block: 0
Acreage: 2.0000

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.



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

		115982
<i>Date Received</i>	<i>Initials</i>	<i>Permit Number</i>

Instructions:

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

OSSF Permit

- ☒ Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate
- ☒ Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer
- ☒ Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials shall consist of a scaled design and all system specifications.
- ☒ Required Permit Fee - 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

03/18/2023

Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

INCOMPLETE APPLICATION
___ (Missing Items Circled, Application Refused)



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 March 8, 2023 Permit Number 115982

1. APPLICANT / AGENT INFORMATION

Owner Name	<u>CHRISTOPHER S. CARLSON & MELISSA RAE CARLSON</u>	Agent Name	<u>GREG JOHNSON, P.E.</u>
Mailing Address	<u>5735 RAWHIDE TRAIL</u>	Agent Address	<u>170 HOLLOW OAK</u>
City, State, Zip	<u>BULVERDE TEXAS 78163</u>	City, State, Zip	<u>NEW BRAUNFELS TEXAS 78132</u>
Phone #	<u>210-364-8733</u>	Phone #	<u>830-905-2778</u>
Email	<u>rustlerf16@gmail.com</u>	Email	<u>gregjohnsonpe@yahoo.com</u>

2. LOCATION

Subdivision Name RIM ROCK RANCH Unit 1 Lot 31 Block
 Survey Name / Abstract Number Acreage
 Address 5735 RAWHIDE TRAIL City BULVERDE State TX Zip 78163

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) EXISTING HOUSE & GARAGE W/ TOILET & PAVILLION SINK

Number of Bedrooms 4

Indicate Sq Ft of Living Area 3000

☐ 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.

Christopher S. Carlson
Signature of Owner

13 Mar 23
Date

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

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATEPlanning 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) EXISTING JET J-500/500 GAL ^(#79339) Absorption/Application Area (Sq Ft) 5522Gallons Per Day (As Per TCEQ Table III) 320

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

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

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

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

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

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 ☐ NoIs there an existing TCEQ approval CZP for the property? ☐ Yes ☒ No

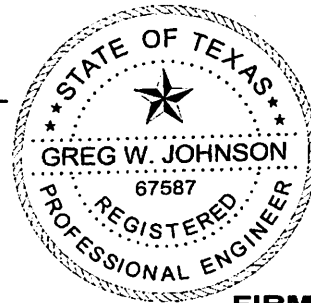
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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

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

Is this property within an incorporated city? ☐ Yes ☒ No

If yes, indicate the city: _____

**FIRM #2585**

By signing this application, I certify that:

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

Signature of Designer

Date March 10, 2023

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 BLOCK 31 LOT RIM ROCK RANCH SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by (insert owner's full name): CHRISTOPHER S. CARLSON & MELISSA RAE CARLSON

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.

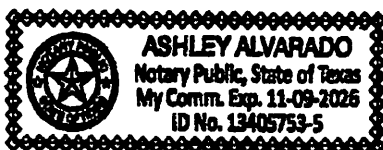
WITNESS BY HAND(S) ON THIS 13 DAY OF MARCH, 20 23

X Christopher S. Carlson
X Melissa R Carlson
Owner(s) signature(s)

CHRISTOPHER S. CARLSON
MELISSA RAE CARLSON
Owner (s) Printed name (s)

CHRISTOPHER S. & MELISSA RAE CARLSON SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 13 DAY OF MARCH, 20 23

ashley alvarado
Notary Public Signature



Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
03/17/2023 10:53:03 AM
TERRI 1 Pages(s)
202306008269



Bobbie Koepp

THE COUNTY OF COMAL
STATE OF TEXAS

CERTIFICATION OF SINGLE FAMILY DWELLING

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

I

CHRISTOPHER S. & MELISSA

Before me this day appeared RAE CARLSON, being the owners of the referenced property at 5735 RAWHIDE TRAIL. 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:

1 UNIT BLOCK 31 LOT RIM ROCK RANCH SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by CHRISTOPHER S. CARLSON & MELISSA RAE CARLSON

WITNESS MY HAND ON THIS 13 OF DAY OF march, 20 23.

X Christopher S. Carlson
OWNER (SIGNATURE)

X Melissa Rae Carlson
OWNER (SIGNATURE)

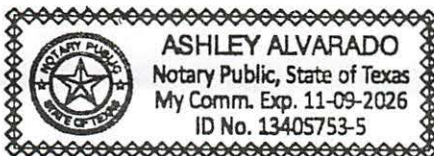
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 13 DAY OF march, 20 23 BY

CHRISTOPHER S. CARLSON
OWNER NAME (PRINTED)

MELISSA RAE CARLSON
OWNER NAME (PRINTED)

Ashley Alvarado

Notary Public Signature



(Notary Seal)

ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: March 08, 2023

Site Location: RIM ROCK RANCH, UNIT 1, LOT 31

Proposed Excavation Depth: N/A

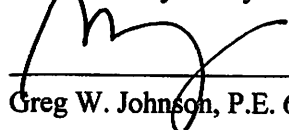
Requirements:

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 <u> </u> SURFACE EVALUATION						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 24"	BROWN
1						
2						
3						
4						
5						

SOIL BORING NUMBER <u> </u> 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.

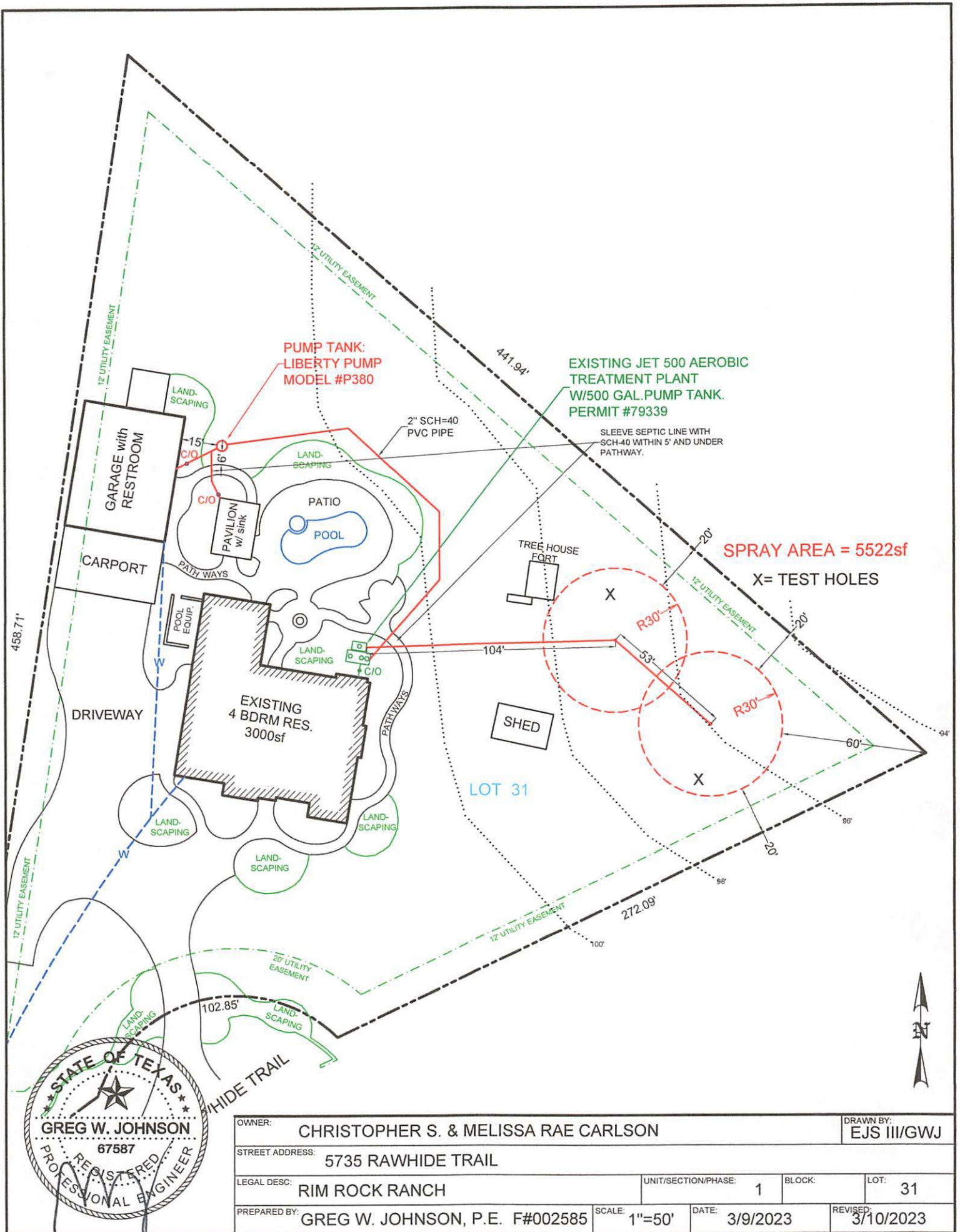

Greg W. Johnson, P.E. 67587-F2585, S.E. 11561

03/08/2023
Date

A circular professional engineer seal for the State of Texas. The outer ring contains the text "STATE OF TEXAS" at the top and "REGISTERED PROFESSIONAL ENGINEER" at the bottom, separated by two stars on each side. In the center is a five-pointed star. Below the star, the name "GREG W. JOHNSON" is printed in a bold, sans-serif font, followed by the registration number "67587" in a smaller font.

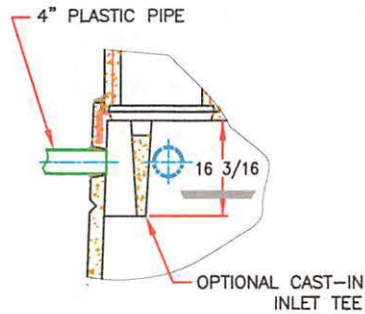


OWNER: CHRISTOPHER S. & MELISSA RAE CARLSON		DRAWN BY: EJS III/GWJ	
STREET ADDRESS: 5735 RAWHIDE TRAIL			
LEGAL DESC: RIM ROCK RANCH		UNIT/SECTION/PHASE: 1	BLOCK: LOT: 31
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=60'	DATE: 3/9/2023	REVISED: 3/10/2023



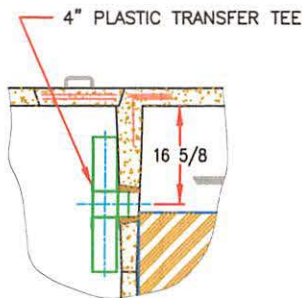
OWNER: CHRISTOPHER S. & MELISSA RAE CARLSON			DRAWN BY: EJS III/GWJ	
STREET ADDRESS: 5735 RAWHIDE TRAIL				
LEGAL DESC: RIM ROCK RANCH		UNIT/SECTION/PHASE: 1	BLOCK:	LOT: 31
PREPARED BY: GREG W. JOHNSON, P.E. F#002585		SCALE: 1"=50'	DATE: 3/9/2023	REVISED: 3/10/2023

DETAIL 1



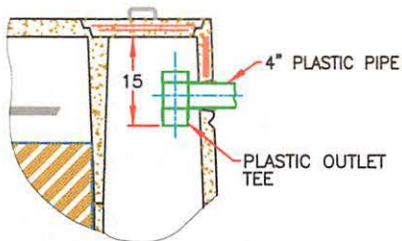
OPTIONAL INLET TEE

DETAIL 2

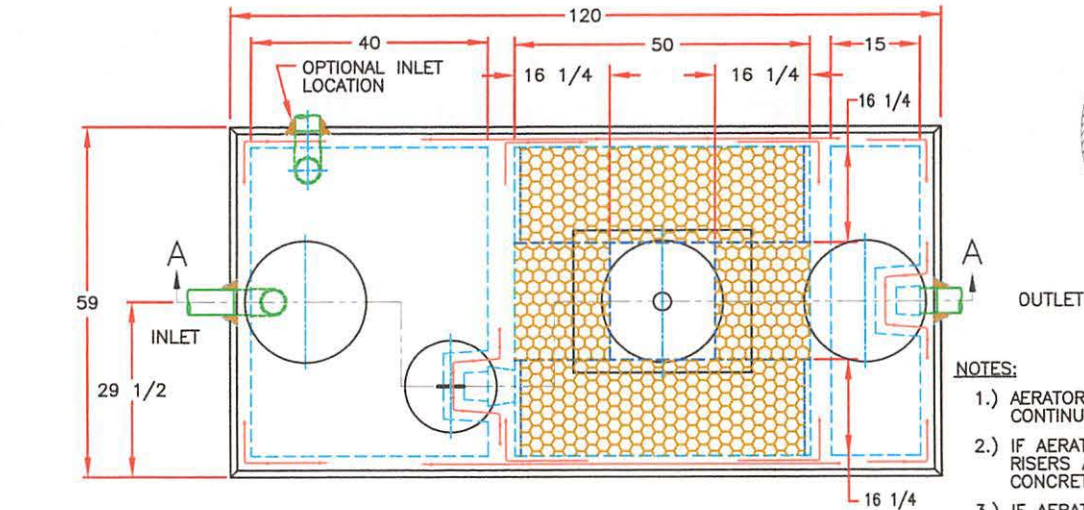


OPTIONAL TRANSFER TEE

DETAIL 3

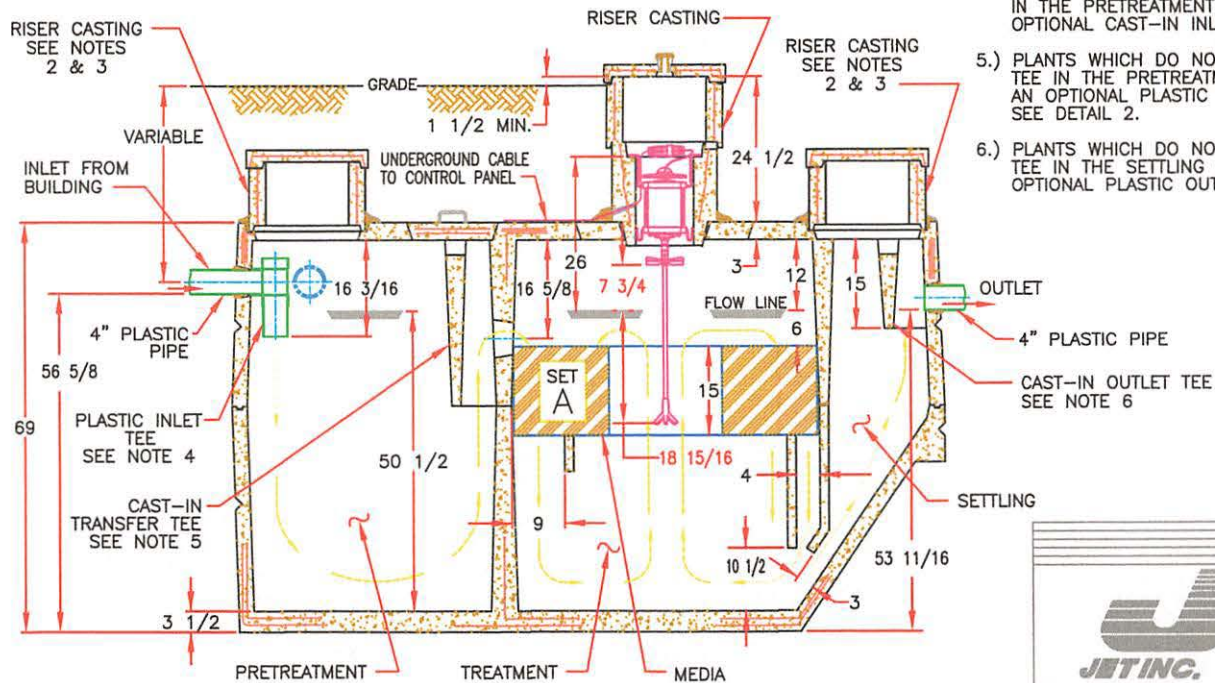


OPTIONAL OUTLET TEE



NOTES:


- 1.) AERATOR MODEL 700LL IN CYCLED OR CONTINUOUS OPERATION MUST BE USED.
- 2.) IF AERATOR MOUNTING CASTING HAS NO RISER, RISERS ARE NOT REQUIRED HERE. REMOVABLE CONCRETE COVERS ARE REQUIRED.
- 3.) IF AERATOR MOUNTING CASTING HAS A RISER(S), COVERED RISERS ARE REQUIRED HERE. RISERS SHOULD BE DEVELOPED TO GRADE OR TO 6"-12" BELOW GRADE.
- 4.) PLANTS WHICH DO NOT USE A PLASTIC INLET TEE IN THE PRETREATMENT COMPARTMENT MAY USE AN OPTIONAL CAST-IN INLET TEE. SEE DETAIL 1.
- 5.) PLANTS WHICH DO NOT HAVE A CAST-IN TRANSFER TEE IN THE PRETREATMENT COMPARTMENT MAY USE AN OPTIONAL PLASTIC TRANSFER TEE. SEE DETAIL 2.
- 6.) PLANTS WHICH DO NOT HAVE A CAST-IN OUTLET TEE IN THE SETTLING COMPARTMENT MAY USE AN OPTIONAL PLASTIC OUTLET TEE. SEE DETAIL 3.



SECTION A-A

Figure 1
NSF Test Plant (500 GPD)

PATENTED

	REVISED:	05-18-01f
	DRAWN BY:	R. P. T.
	APPROVED BY:	D.S.M.
	DATE:	1-18-95
500 GPD PLANT COMPONENT PARTS & INSTALLATION	SCALE:	NONE
©MMI JET INC.	DRAWING NUMBER:	J-500

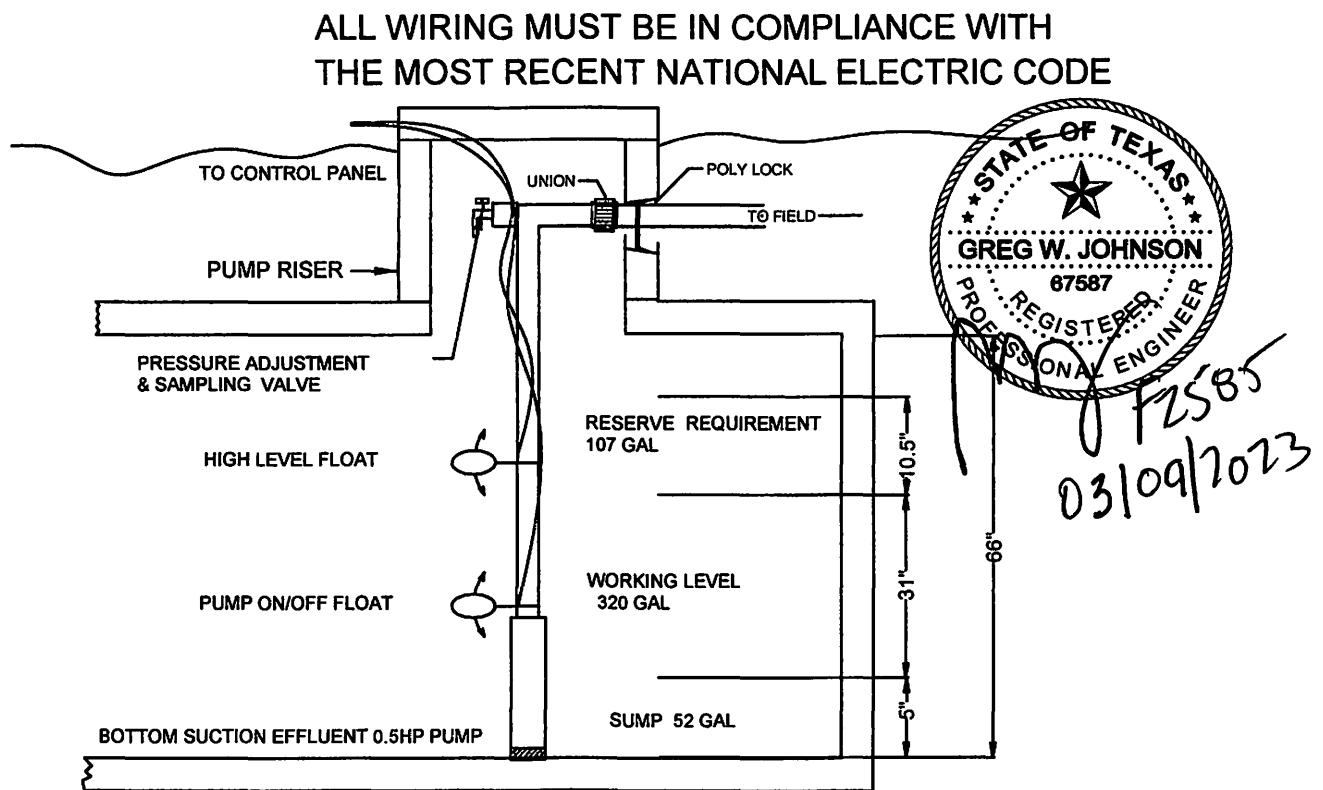
TANK NOTES:

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

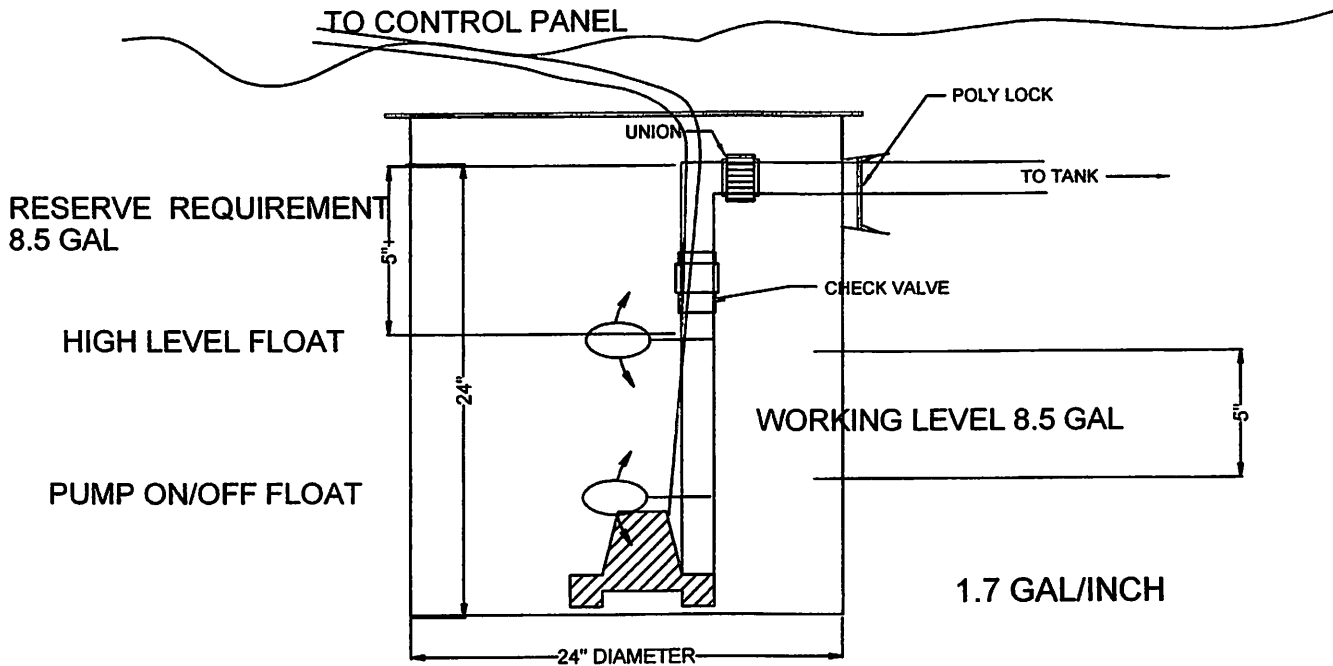


TYPICAL PUMP TANK CONFIGURATION
500 GAL PUMP TANK - 10.3 gal/in.

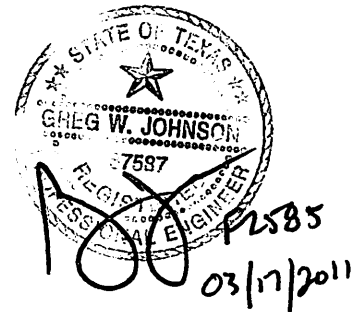
RECEIVED

By Brandon M. Olvera at 10:17 am, Apr 11, 2023

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



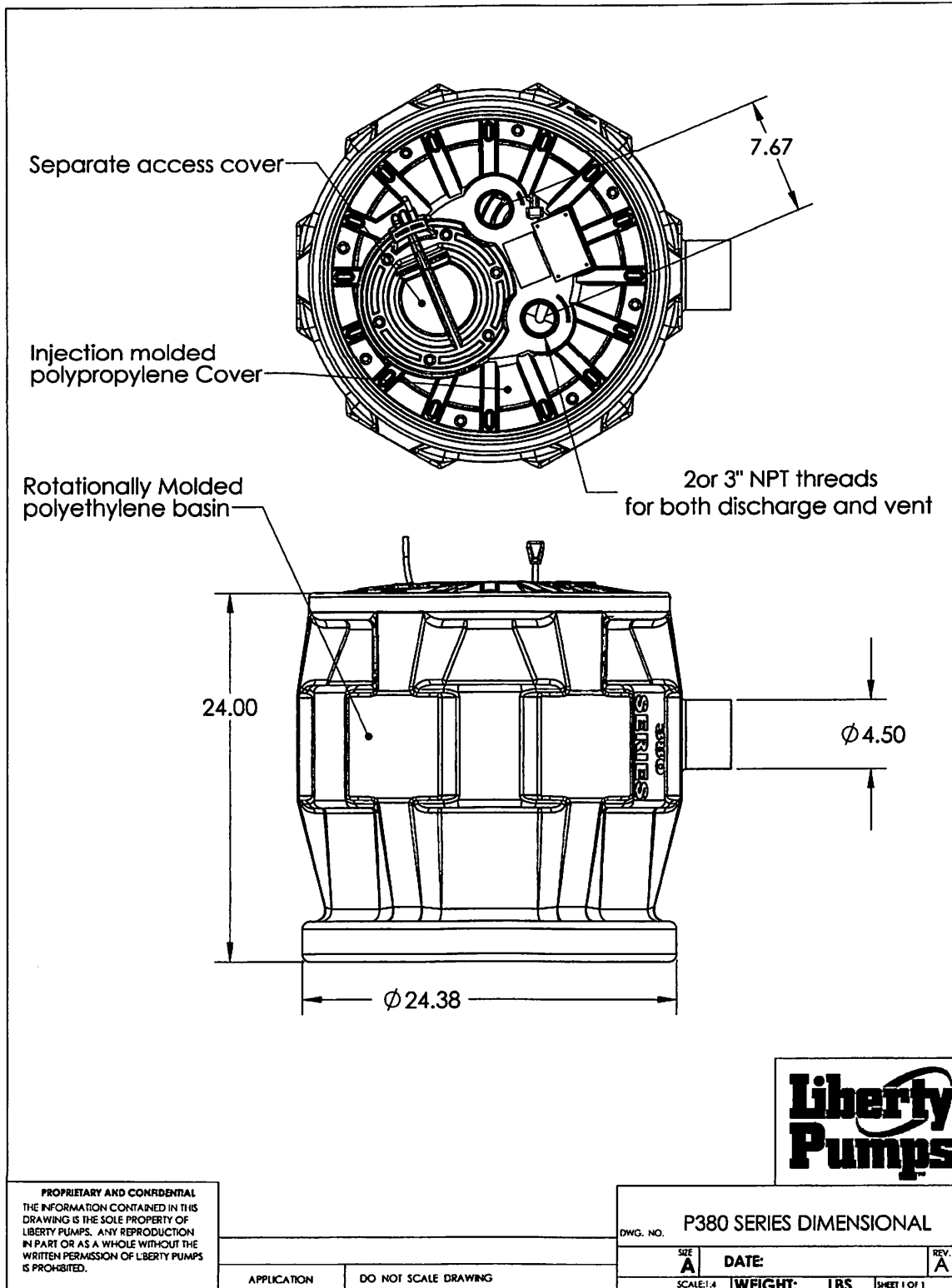
TYPICAL PUMP TANK CONFIGURATION LIBERTY PUMPS PRO380 Series



RECEIVED

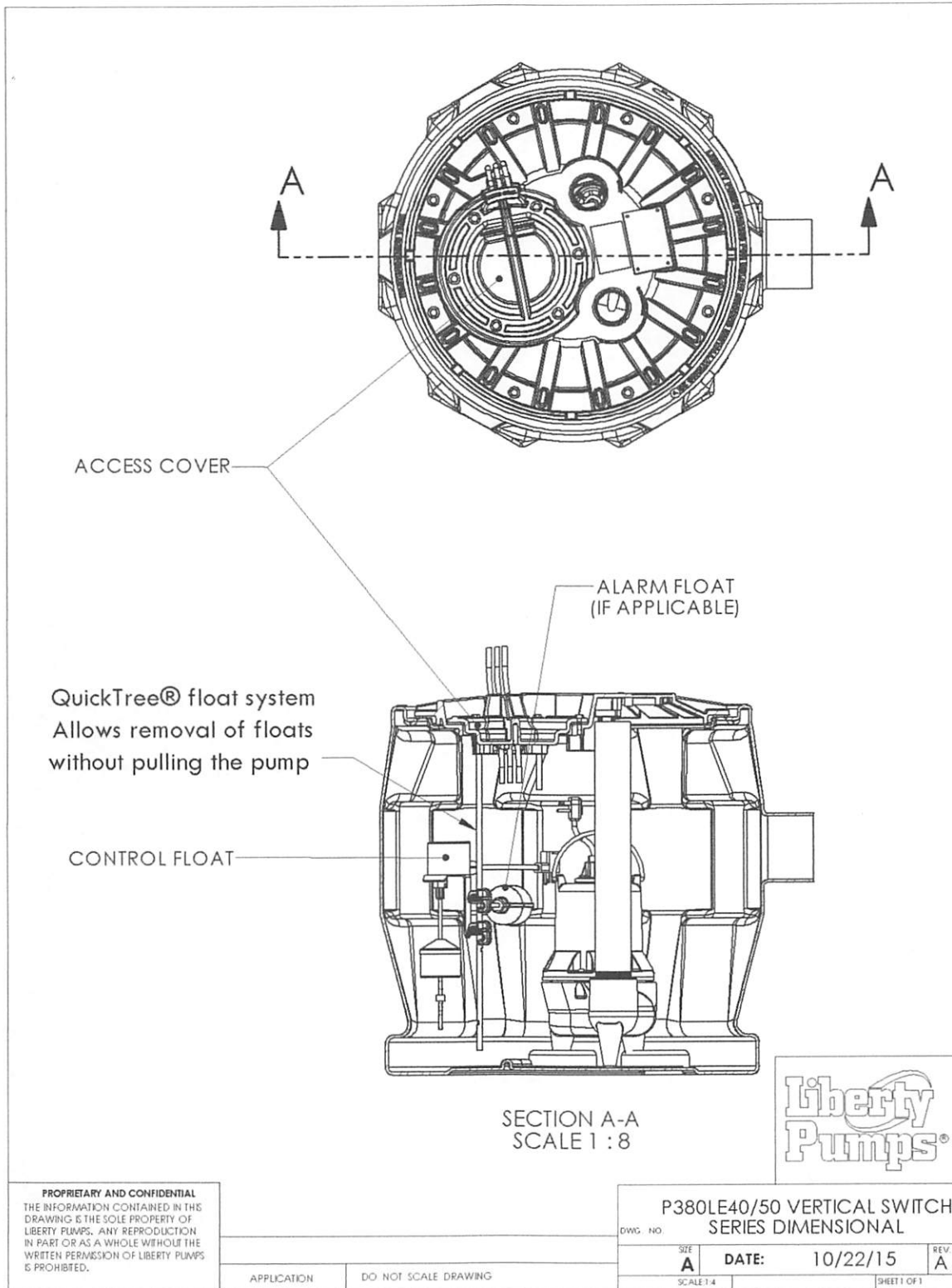
By Brandon M. Olvera at 10:17 am, Apr 11, 2023

P380-Series Dimensional Data



RECEIVED

By Brandon M. Olvera at 10:17 am, Apr 11, 2023



Olvera,Brandon

From: Olvera,Brandon
Sent: Thursday, April 6, 2023 9:24 AM
To: 'Greg Johnson'; 'rustlerf16@gmail.com'
Subject: 115982

RE: 5735 Rawhide Trail
Rim Rock Ranch 1
Lot 31

Property Owner & Agent,

We received planning materials for the referenced permit application on 03-20-2023 and found those planning materials to be deficient. In order to continue processing this permit, we need the following:

- ✓. Submit the pump tank details for the Liberty pump shown on the design.
2. Revise accordingly and resubmit.

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

Thank You,


Brandon Olvera | Designated Representative | Comal County | www.cceo.org

195 David Jonas Dr, New Braunfels, TX-78132 | t: 830-608-2090 | f: 830-608-2078 | e: olverb@co.comal.tx.us

Olvera,Brandon

From: Olvera,Brandon
Sent: Tuesday, April 11, 2023 10:20 AM
To: 'Greg Johnson'
Cc: rustlerf16@gmail.com
Subject: RE: 5735 RAWHIDE TRAIL - CARLTON #115982

Good Morning,

 File has been updated.
What are the expected gallons per day of flow from the garage with restroom and the pavilion with sink?

Thank You,

Brandon Olvera | Designated Representative | Comal County | www.cceo.org

195 David Jonas Dr, New Braunfels, TX-78132 | t: 830-608-2090 | f: 830-608-2078 | e: olverb@co.comal.tx.us

From: Greg Johnson <gregjohnsonpe@yahoo.com>
Sent: Thursday, April 6, 2023 1:50 PM
To: Olvera,Brandon <Olverb@co.comal.tx.us>
Cc: rustlerf16@gmail.com
Subject: Re: 5735 RAWHIDE TRAIL - CARLTON #115982

This email originated from outside of the organization.
Do not click links or open attachments unless you recognize the sender and know the content is safe.

- Comal IT

LIBERTY P380 INFO.
THX,
GREG

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

170 Hollow Oak

New Braunfels, TX 78132

Office/Fax (830) 905-2778

Email: gregjohnsonpe@yahoo.com

On Thursday, April 6, 2023 at 09:23:42 AM CDT, Olvera,Brandon <olverb@co.comal.tx.us> wrote:

**AmeriPoint Title
Bulverde Office**

Doc# 200506044531

GF# 05601

GF No.: 122103

GENERAL WARRANTY DEED

AmeriPoint Title N.B.

GF# 123103

211
↑ THE STATE OF TEXAS

COUNTY OF COMAL

§

KNOW ALL MEN BY THESE PRESENTS:

§

THAT JAMES D. FORINASH AND AURORA FORINASH, HUSBAND AND WIFE, hereinafter referred to as "Grantor" (whether one or more), for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable consideration to Grantor in hand paid by CHRISTOPHER S. CARLSON AND MELISSA RAE CARLSON, HUSBAND AND WIFE, whose mailing address is 5735 RAWHIDE TRAIL, BULVERDE, TEXAS 78163 hereinafter referred to as "Grantee" (whether one or more), the receipt and sufficiency of which is hereby acknowledged and confessed, and for the further consideration of the execution and delivery by said Grantee of one certain Promissory Note in the original principal sum of \$269,600.00, being of even date herewith, payable to the order of ABN AMRO MORTGAGE GROUP, INC., hereinafter called "Mortgagee," and bearing interest at the rate therein provided; said Note containing an attorney's fee clause and acceleration of maturity clause in case of default, and being secured by Vendor's Lien and Superior Title retained herein in favor of said Grantor and assigned to Mortgagee, and also being secured by a Deed of Trust of even date herewith from Grantee to ROBERT K. FOWLER, Trustee; and

WHEREAS, Mortgagee has, at the special instance and request of Grantee, paid to Grantor a portion of the purchase price of the property hereinafter described, as evidenced by the above described Promissory Note, and said Vendor's Lien and Superior Title against said property securing the payment of said Promissory Note are hereby assigned, transferred and delivered without recourse to Mortgagee, Grantor hereby conveying to said Mortgagee the said Superior Title to said property, subrogating said Mortgagee to all rights and remedies of Grantor in the premises by virtue of said liens;

And Grantor has BARGAINED, SOLD, GRANTED AND CONVEYED, and by these presents does BARGAIN, SELL, GRANT AND CONVEY, unto said Grantee, the following described real property, to-wit:

ALL THAT CERTAIN TRACT OR PARCEL OF LAND LYING AND BEING SITUATED IN COMAL COUNTY, TEXAS, BEING KNOWN AND DESIGNATED AS LOT 31, RIM ROCK RANCH UNIT ONE, ACCORDING TO MAP OR PLAT RECORDED IN VOL. 12, PAGE 116-120, MAP AND PLAT RECORDS, COMAL COUNTY, TEXAS

TO HAVE AND TO HOLD the above described premises, together with all and singular the rights and appurtenances thereunto in anywise belonging unto said Grantee and Grantee's heirs and assigns, FOREVER. Grantor does hereby bind Grantor and Grantor's heirs, executors, and administrators, TO WARRANT AND FOREVER DEFEND all and singular the said premises unto the said Grantee and Grantee's heirs and assigns, against every person whomsoever lawfully claiming, or to claim the same, or any part thereof.

Taxes of every nature for the current year have been prorated and are assumed by GRANTEE. This conveyance is made subject to, all and singular, the restrictions, mineral reservations, royalties, conditions, easements, and covenants, if any, applicable to and enforceable against the above-described property as reflected by the records of the County Clerk of the aforesaid County.

But it is expressly agreed that the Grantor herein reserves and retains for Grantor and Grantor's heirs and assigns, a Vendor's Lien, as well as the Superior Title, against the above described property, premises and improvements, until the above described Promissory Note and all interest thereon have been fully paid according to the terms thereof, when this Deed shall become absolute, which Vendor's Lien and Superior Title have been assigned, transferred, and delivered without recourse to Mortgagee as set forth above.

WHEN this Deed is executed by more than one person, or when the GRANTOR or GRANTEE is more than one person, the instrument shall read as though pertinent verbs, nouns and pronouns were changed to correspond; and when executed by or to a legal entity other than a natural person, the words "heirs, executors and administrators" or "heirs and assigns" shall be construed to mean "successors and assigns." Reference to any gender shall include either gender and, in the case of a legal entity other than a natural person, shall include the neuter gender, all as the case may be.

DATED the 17 day of November, 2005.

James D. Forinash
JAMES D. FORINASH

Aurora Forinash
AURORA FORINASH

THE STATE OF Texas §
COUNTY OF Comal §

This instrument was acknowledged before me on the 18 day of November, 2005, by JAMES D. FORINASH AND AURORA FORINASH, HUSBAND AND WIFE.



Teresa Kriewald
Notary Public


THE STATE OF _____ §
COUNTY OF _____ §

This instrument was acknowledged before me on the _____ day of _____, 20____, by _____.

Notary Public

After Recording, Return To:
CHRISTOPHER S. CARLSON AND
MELISSA RAE CARLSON
5735 RAWHIDE TRAIL
BULVERDE, TEXAS 78163

Doc# 200506044531
Pages 2
11/23/2005 10:37AM
Official Records of
COMAL COUNTY
JOY STREATER
COUNTY CLERK
Fees \$20.00

 Joy Streater

Doc# 200506044531

