



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 04/01/2024

Permit Number: 116810

Location Description: 2141 SKYLINE DR
CANYON LAKE, TX 78133

Subdivision: CHARLES BERGERMANN S#953, A-835
Unit: 0
Lot: 0
Block: 0
Acreage: 1.5400

Type of System: Aerobic
Surface Irrigation

Issued to: YOLANDA I. ZAHORIK

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

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

Alterations to this permit including, but not limited to:

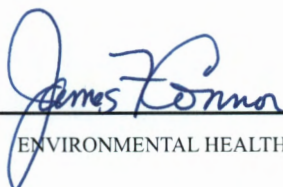
- Increase in the square feet of living area
- Increase in the number of bedrooms
- A change of use (i.e. residential to commercial)
- Relocation of system components (including the relocation of spray heads)
- Installation of landscaping
- Adding new structures to the system

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

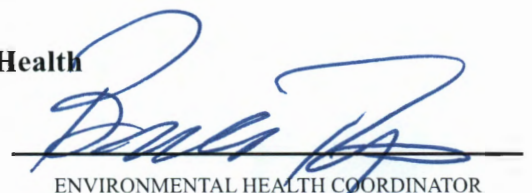
Inspection and licensing of a facility indicates only that the facility meets certain minimum requirements. It does not impede any governmental entity in taking the proper steps to prevent or control pollution, to abate nuisance, or to protect the public health.

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

Licensing Authority
Comal County Environmental Health


ENVIRONMENTAL HEALTH INSPECTOR

OS0032485


ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

Comal County Environmental Health

OSSF Inspection Sheet

Installer Name: _____

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: 116810
Issued This Date: 11/20/2023
This permit is hereby given to: YOLANDA I. ZAHORIK

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

2141 SKYLINE DR
CANYON LAKE, TX 78133

Subdivision: CHARLES BERGERMANN S#953, A-835
Unit: 0
Lot: 0
Block: 0
Acreage: 1.5400

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.

RECEIVED

By Kathy Griffin at 10:36 am, Oct 23, 2023



COMAL COUNTY

ENGINEER'S OFFICE

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

--	--

Date Received

Initials

116810

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

10/19/2023

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 September 23, 2023

Permit Number 116810

1. APPLICANT / AGENT INFORMATION

Owner Name YOLANDA I. ZAHORIK
Mailing Address 2141 SKYLINE DRIVE
City, State, Zip CANYON LAKE TEXAS 78133
Phone # 830-481-5025
Email zahoriky@gvtc.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 _____ Unit _____ Lot _____ Block _____
Survey Name / Abstract Number Charles Bergermann Survey No. 953 Abstract No. 835 Acreage 1.5368
Address 2141 SKYLINE DRIVE City CANYON LAKE State TX Zip 78133

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 2

Indicate Sq Ft of Living Area 1430

☐ 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: \$ 280,000 (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.

Yolanda I. Zahorik
Signature of Owner

Oct 9, 2023
Date

#116810

CHARLES BERGEMANN SURVEY #953, A-835, 1.5368 AC

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

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

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) NUWATER B550 600gpd Absorption/Application Area (Sq Ft) 3185

Gallons Per Day (As Per TCEQ Table III) 180

(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 ☐ No

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

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

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

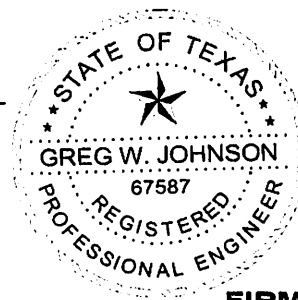
(if yes, the P.E. or R.S. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

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

If yes, indicate the city: _____

RECEIVED

By Brandon Olvera at 10:11 am, Apr 03, 2024



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 3, 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):

UNIT/PHASE/SECTION _____ BLOCK _____ LOT _____ SUBDIVISION _____

IF NOT IN SUBDIVISION: 1.5368 ACREAGE CHARLES BERGEMANN SURVEY #953, A-835 SURVEY

The property is owned by (insert owner's full name): YOLANDA L ZAHORIK

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 18th DAY OF October, 2023

X Yolanda Zahorik
Owner(s) signature(s)

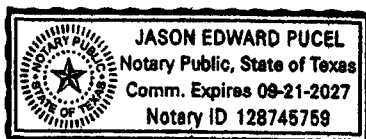
Yolanda Zahorik
YOLANDA L ZAHORIK
Owner (s) Printed name (s)

YOLANDA L ZAHORIK

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 18th DAY OF

Oct. 18, 2023

[Signature]
Notary Public Signature



THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
10/19/2023 01:22:07 PM
TERRI 1 Pages(s)
202306033348



Bobbie Koepp

GRUENE AEROBIC SERVICES 420 Bear Creek Dr. New
Braunfels, TX 78132

(830) 387-0550

grueneaerobicservices@gmail.com

2141 SKYLINE DRIVE

CANYON LAKE, TX 78133

Charles Bergermann Survey #953, A-835,

being 1.5368 acres

**INITIAL
TWO YEAR SERVICE POLICY**

Gruene Aerobic Services will operate and maintain the sewage treatment spray system located at **PERMIT NUMBER**
YOLANDA I. ZAHORIK, for the period of **Two (2) year**

Beginning AT LICENSE TO OPERATE and ending _____

During this period, we will conduct visual inspections every **FOUR (4)** months. We will visually inspect the treatment plant, effluent quality, color, turbidity, odor, sludge and scum buildup. A mechanical visual inspection will include, aerator, irrigation pump, lines and fittings, alarm tests and electrical control conditions. We will also visually inspect the irrigation pump station, spray heads, pressure lines, other tanks, pumps, filters and appurtenances.

This agreement will not cover costs of service calls, labor, or materials which are due to "mis-use" or "abuse" of the system; failure to maintain electrical power to system; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non biodegradable materials (i.e. *baby wipes, plastic, feminine hygiene products*), chemicals, solvents, grease, oil, paint, etc.; or any usage contrary to the requirements listed in the owner's manual or as advised by an authorized service representative. All testing and reporting is required by **COMAL** County and State regulations. Copies of this contract and all reports will be submitted to the County. ** The system must be accessible at the time of the inspection between the hours of 8AM and 4PM, Monday thru Friday. There will be an extra charge for special appointments. ** Adding chlorine tablets is the responsibility of the owner/user. **Response time for service calls will be within **TWO (2)** work days between the hours of 8AM-4PM Monday thru Friday.

Owner Signature and Date 

Maintenance Operator 

Maintenance Operator's License No. MP0001745

Plant Make, Model and Serial No. SOLAR AIR SA600LP

Owner Contact Phone Number and Email

830-481-5025 zahoriky@gvtc.com

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

October 3, 2023

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

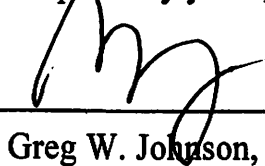
RE- Septic Design
2141 SKYLINE DRIVE
CHARLES BERGEMANN SURVEY #953, A-835,
BEING 1.5368 AC
CANYON LAKE, TX 78133
ZAHORIK RESIDENCE

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.

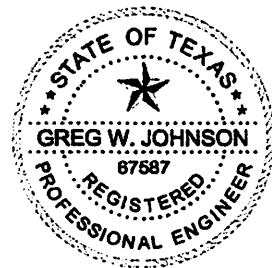
Respectfully yours,



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

October 3, 2023

Date



ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: October 02, 2023

Site Location: 1.5368 ACRES OUT OF THE CHARLES BERGEMANN SURVEY No. 953, A-835

Proposed Excavation Depth: N/A

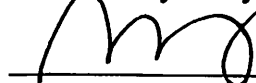
Requirements:

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 @ 8"	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

10/02/2023
Date

OSSF SOIL EVALUATION REPORT

RECEIVED

By Brandon Olvera at 10:13 am, Apr 03, 2024

Date: October 03, 2023

Applicant Information:

Name: YOLANDA I. ZAHORIK
Address: 2141 SKYLINE DRIVE
City: CANYON LAKE State: TEXAS
Zip Code: 78133 Phone: (830) 481-5025

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 SEE BELOW Unit Blk Subd.
Street Address: 2141 SKYLINE DRIVE
City: CANYON LAKE Zip Code: 78133
Additional Info.: 1.5368 ACRES OUT OF THE CHARLES
BERGEMANN SURVEY No. 953, A-835

Installer Information:

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

Topography: Slope within proposed disposal area: 8 to 10 %

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

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = GPD

Residential Water conserving fixtures to be utilized? Yes X No

Number of Bedrooms the septic system is sized for: 2 Total sq. ft. living area 1430

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

Q = (2 +1)*75-(20%)= 180

Trash Tank Size 353 Gal.

TCEQ Approved Aerobic Plant Size 600 G.P.D.

Req'd Application Area = Q/Ri = 180 / 0.064 = 2813 sq. ft.

Application Area Utilized = 3185 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 = 168 Gal. 14.5 Gal/inch.

Reserve Requirement = 60 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

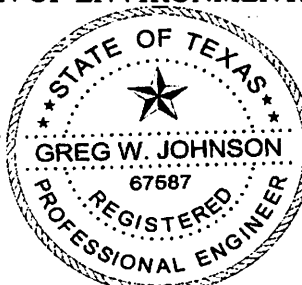
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

EXPOSED ROCK WILL BE COVERED WITH SOIL .

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

10/03/13
DATE



FIRM #2585

Olvera,Brandon

From: Greg Johnson <gregjohnsonpe@yahoo.com>
Sent: Tuesday, November 14, 2023 5:51 AM
To: Olvera,Brandon
Subject: Re: 116810

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

Brandon,

The waterline is greater than ten feet.

Thanks,

Greg

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

170 Hollow Oak

New Braunfels, TX 78132

Office/Fax (830) 905-2778

Email: gregjohnsonpe@yahoo.com

On Monday, November 13, 2023 at 04:02:01 PM CST, Olvera,Brandon <olverb@co.comal.tx.us> wrote:

Good Afternoon,

The file has been updated. It looks like the property line is 15 ft from the edge of spray. What is the distance from the waterline to the edge of spray?

By Brandon Olvera at 10:13 am, Apr 03, 2024

1.5368 ACRES OUT
OF THE CHARLES
BERGEMANN
SURVEY No. 953,
A-835

[illegible]

OWNER: YOLANDA I. ZAHORIK		DRAWN BY: EJS III	
STREET ADDRESS: 2141 SKYLINE DRIVE			
LEGAL DESC: CHARLES BERGEMANN SURVEY No. 953, A-835			ACREAGE: 1.5368
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 10/3/2023	2nd REVISION: 3/27/2024

Assembly Details

OSSF

RECEIVED

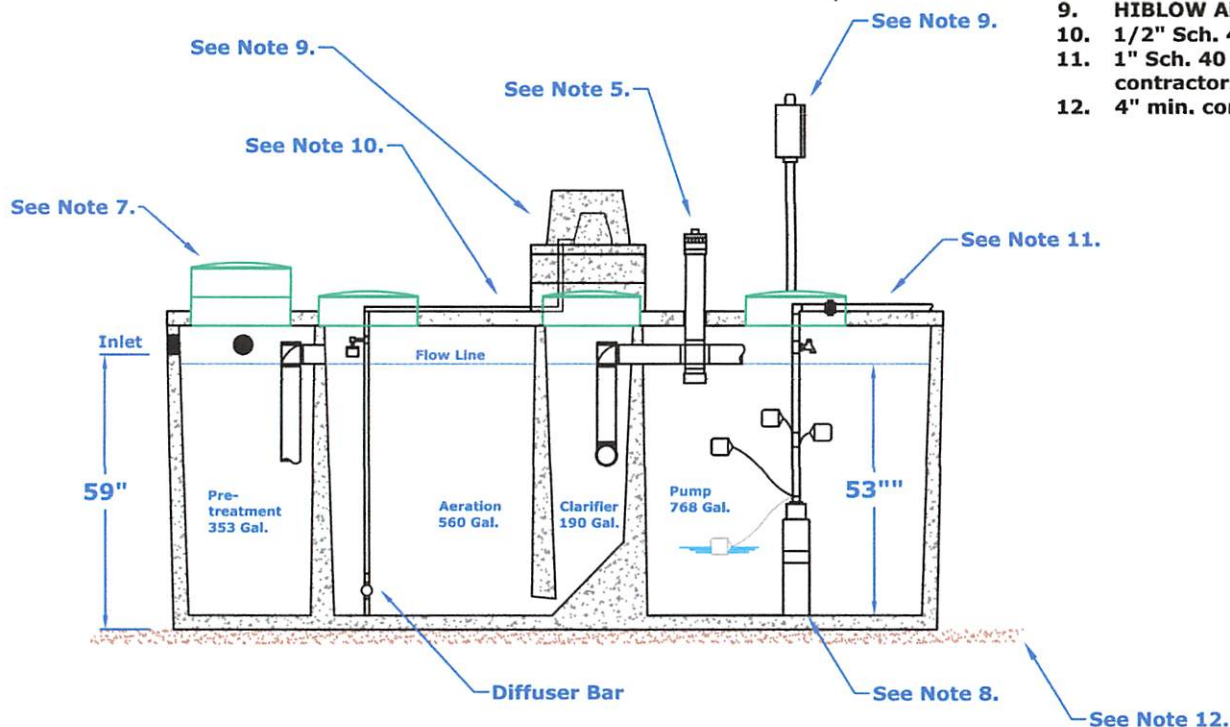
By Brandon Olvera at 10:13 am, Apr 03, 2024



Handwritten: 1700 F2585
03/27/24

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 = 14,900 lbs.
4. Treatment capacity is 600 GPD. Pump compartment set-up for a 360 GPD Flow Rate (4 bedroom, < 4,000 sq/ft living area). Please specify for additional set-up requirements. BOD Loading = 1.62 lbs. per day.
5. Standard tablet chlorinator or Optional Liquid chlorinator. NSF approved chlorinators (tablet & liquid) available.
6. Bio-Robix B-550 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



DIMENSIONS:

Outside Height: 67"
Outside Width: 63"
Outside Length: 164"

MINIMUM EXCAVATION DIMENSIONS:

Width: 76"
Length: 176"

**NuWater B-550 (600 GPD)
Aerobic Treatment Plant (Assembled)**

Model: B-550-PC-400PT

March, 2012 - Rev 1
By: A.S.

Scale:

* All Dimensions subject to allowable specification tolerances.

Dwg. #: ADV-B550-3

Advantage
Wastewater Solutions Inc.

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

RECEIVED

By Brandon Olvera at 10:13 am, Apr 03, 2024

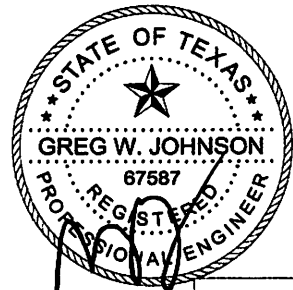
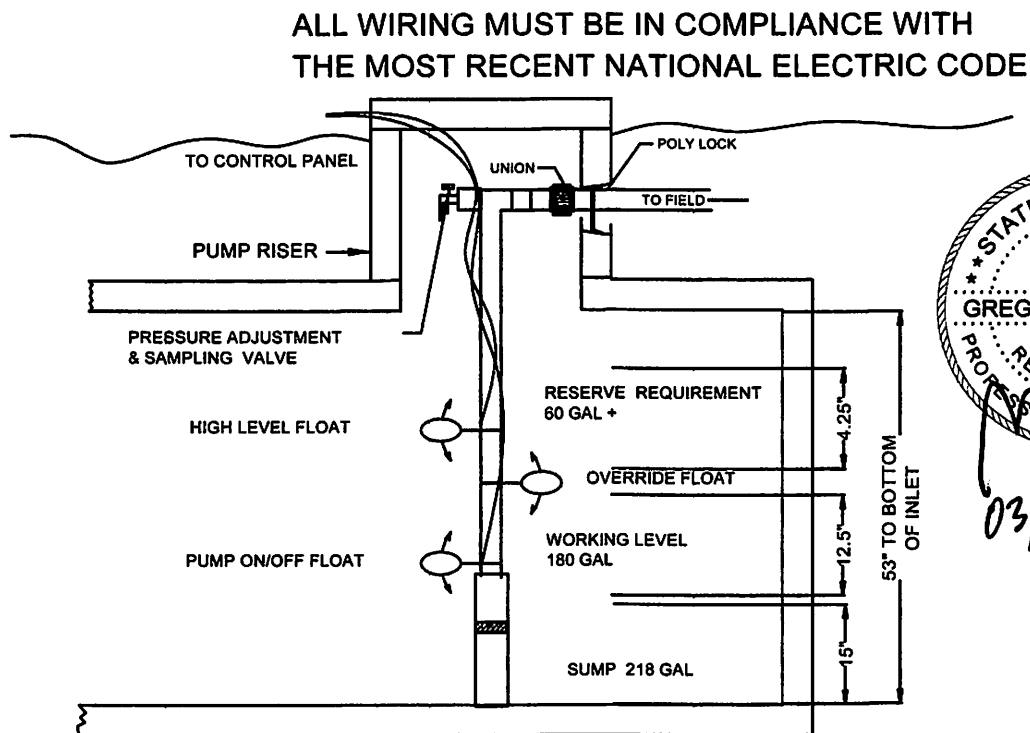
TANK NOTES:

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



F-2585

**TYPICAL PUMP TANK CONFIGURATION
NU-WATER 550PC -400PT 768 GAL PUMP TANK**

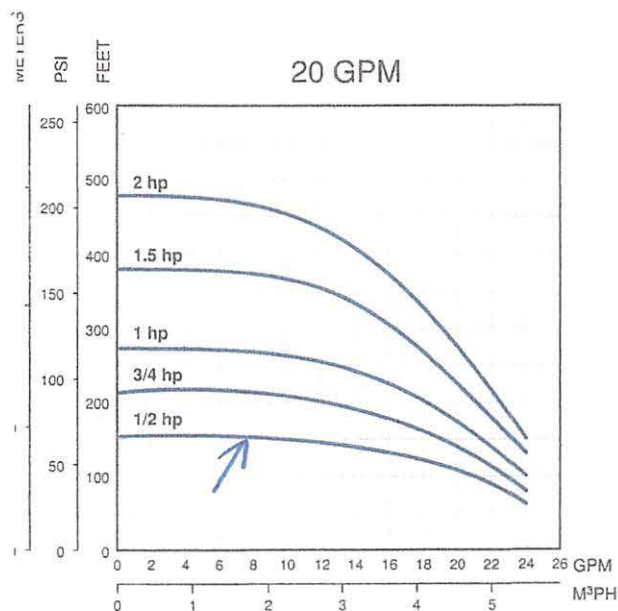
Thermoplastic Performance

LOW ANGLE NOZZLE PERFORMANCE CHART

Nozzle	PSI	Radius	GPM
#1	30	22'	1.5
	40	24'	1.7
	50	26'	1.8
	60	28'	2.0
#3	30	29'	3.0
	40	32'	3.1
	50	35'	3.5
	60	37'	3.8
#4	30	31'	3.4
	40	34'	3.9
	50	37'	4.4
	60	38'	4.7
#6	40	38'	6.5
	50	40'	7.3
	60	42'	8.0
	70	44'	8.6

KRAIN
Pro-Plus

X



Thermoplastic Units Ordering Information

1/2 - 1.5 HP Single-Phase Units

Order No.	Model	GPM	HP	Volt	Wire	Wt.
94741005	10FE05P4-2W115	10	1/2	115	2	24
94741010	10FE05P4-2W230	10	1/2	230	2	24
94741015	10FE07P4-2W230	10	3/4	230	2	28
94741020	10FE1P4-2W230	10	1	230	2	31
94741025	10FE15P4-2W230	10	1.5	230	2	46
94742005	20FE05P4-2W115	20	1/2	115	2	25
94742010	20FE05P4-2W230	20	1/2	230	2	25
94742015	20FE07P4-2W230	20	3/4	230	2	28
94742020	20FE1P4-2W230	20	1	230	2	31
94742025	20FE15P4-2W230	20	1.5	230	2	40

Thermoplastic 1/2 - 2 HP Pump Ends

Order No.	Model	GPM	HP	Volt	Wire	Wt.
94751005	10FE05P4-PE	10	1/2	N/A	N/A	6
94751010	10FE07P4-PE	10	3/4	N/A	N/A	7
94751015	10FE1P4-PE	10	1	N/A	N/A	8
94751020	10FE15P4-PE	10	1.5	N/A	N/A	12
94752005	20FE05P4-PE	20	1/2	N/A	N/A	6
94752010	20FE07P4-PE	20	3/4	N/A	N/A	7
94752015	20FE1P4-PE	20	1	N/A	N/A	8
94752020	20FE15P4-PE	20	1.5	N/A	N/A	10
94752025	20FE2P4-PE	20	2	N/A	N/A	11

Olvera,Brandon

From: Olvera,Brandon
Sent: Friday, November 3, 2023 2:27 PM
To: 'zahoriky@gvtc.com'
Subject: 116810

RE: 2141 Skyline Dr.

1.5368 Acres Out of

Charles Bergermann Survey No. 953 Abstract No. 835

Property Owner & Agent,

We received planning materials for the referenced permit application and found those planning materials to be deficient. To continue processing this permit, we need the following:

- ✓ Both Names on the Deed need to be on the application.
- ✓ Certify that the sleeving of the waterline complies with TAC 290.
- 3. Revise accordingly and resubmit.

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

Thank You,

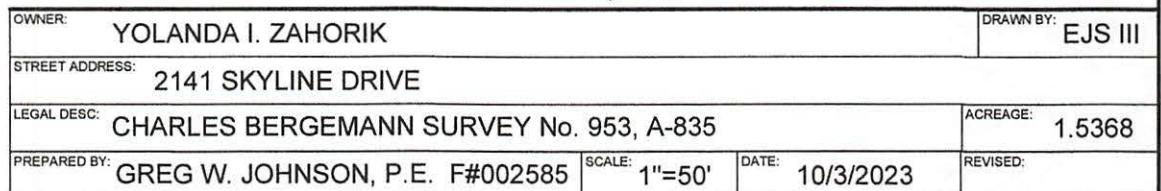
Note: Beginning January 1, 2024 our reinspection fees will be changing to \$150.00. Permit fee includes 3 inspections, \$150 each additional inspection

Brandon Olvera | Designated Representative OS0034792 | 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

VOID

~~A- TEST HOLES~~



* * * 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) SOLAR AIR SA600LP Absorption/Application Area (Sq Ft) 3185Gallons Per Day (As Per TCEQ Table III) 180

(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 certified by a Professional Engineer (R.S.) or Professional Engineer (R.S.))

Is there an existing TCEQ approved CZP 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 CZP.)

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

(If yes, the R.S. or P.E. 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 the property located over the Edwards Contributing Zone? ☒ Yes ☐ NoIs there an existing TCEQ approval CZP for the property? ☐ Yes ☒ No

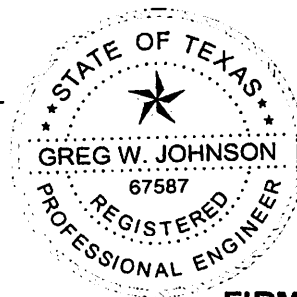
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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

A handwritten signature in black ink, appearing to read "Greg W. Johnson", written over a horizontal line.

Signature of Designer

October 3, 2023

Date

OSSF SOIL EVALUATION REPORT INFORMATION

Date: October 03, 2023

Applicant Information:

Name: YOLANDA I. ZAHORIK
Address: 2141 SKYLINE DRIVE
City: CANYON LAKE State: TEXAS
Zip Code: 78133 Phone: (830) 481-5025

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 SEE BELOW Unit Blk Subd.
Street Address: 2141 SKYLINE DRIVE
City: CANYON LAKE Zip Code: 78133
Additional Info.: 1.5368 ACRES OUT OF THE CHARLES
BERGEMANN SURVEY No. 953, A-835

Installer Information:

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

Topography: Slope within proposed disposal area: %

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

Design Calculation for Aerobic Treatment Unit Irrigation

Commercial

Q = G.P.D.
Residential Water conservation fixtures utilized? X Yes No
Number of Bedrooms sq. ft. living area
Q gal/day = (Bedrooms * 75 GPD) + (Reduction for water conservation fixtures)

Q = 2 * 75 + 1 * 75 = 225 G.P.D.
Tran Tank Size 376 Gal.
TCU Approved Aerobic Plant Size 600 G.P.D.
Req. Application Area = Q/Ri = 180 / 0.064 = 2813 sq. ft.

Application Area Utilized = 3185 sq. ft.

Pump Requirement = 12 G.P.D. @ 41 Psi (Bedrock 0.5 HP 18 G.P.D. series or equivalent)

Dosing Cycle: ON DEMAND or X TIMED TO DOSE IN PREDAWN HOURS

Pump Tank Size = 778 Gal. 18.75 Gal/inch.

Reserve Requirement = 60 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 .

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

10/03/23
DATE



FIRM #2585

#116810

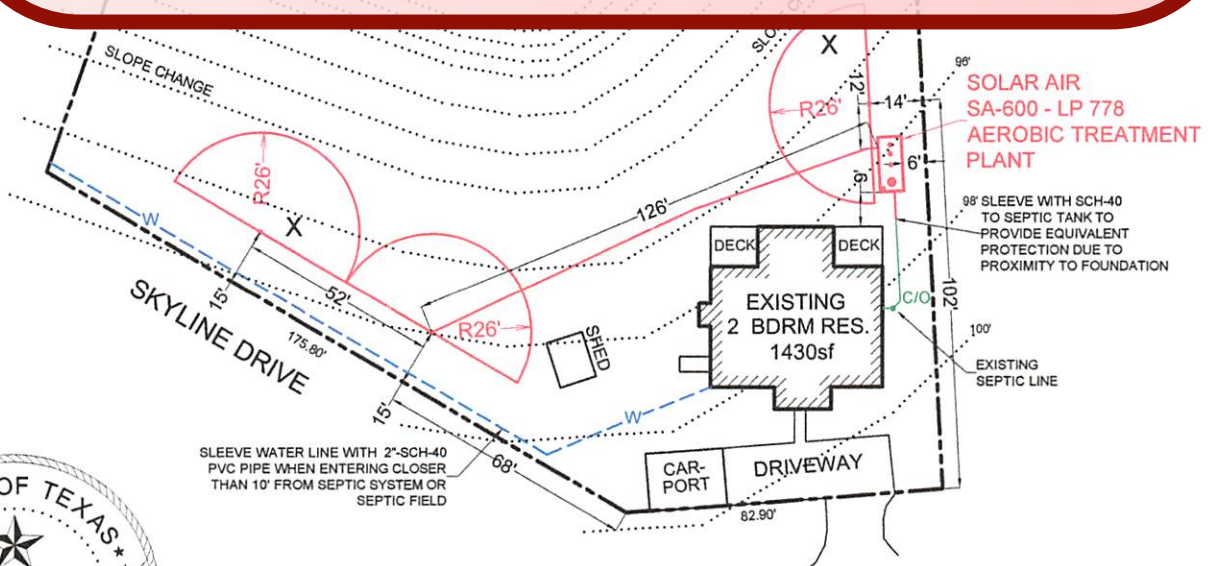
RECEIVED

By Brandon Olvera at 8:05 am, Mar 28, 2024

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

VOID

SPRAY AREA = 3185sf
X= TEST HOLES



OWNER: YOLANDA I. ZAHORIK			DRAWN BY: EJS III		
STREET ADDRESS: 2141 SKYLINE DRIVE					
LEGAL DESC: CHARLES BERGEMANN SURVEY No. 953, A-835				ACREAGE: 1.5368	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585		SCALE: 1"=50'	DATE: 10/3/2023	REVISED: 3/26/2024	

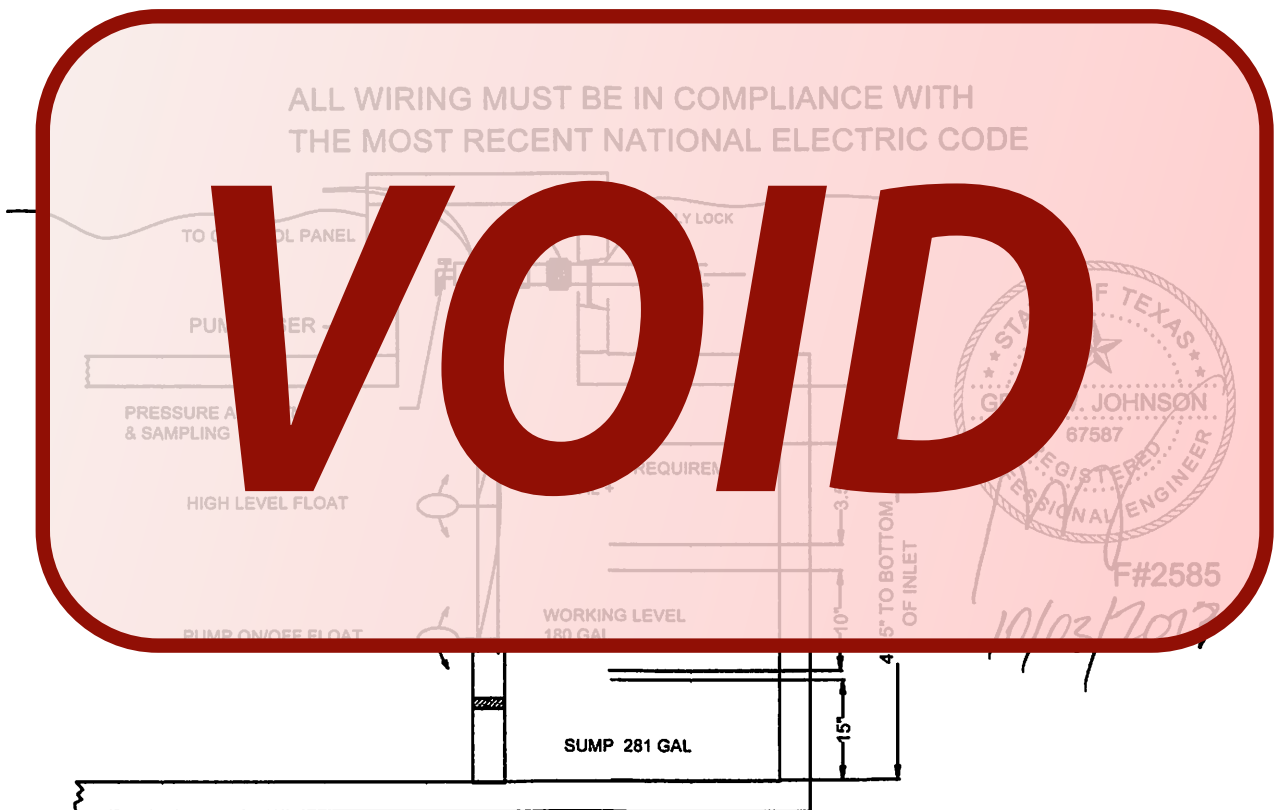
TANK NOTES:

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
SOLAR-AIR SA-600 LP 778 GAL PUMP TANK**

NBTC-BRANCH GF #44,979

4
T**GENERAL WARRANTY DEED RESERVING VENDOR'S
LIEN IN FAVOR OF THIRD PARTY**

THE STATE OF TEXAS

§

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF COMAL

§

THAT CLARENCE E. COLLINS, JR. AND WIFE, TERESA A. COLLINS, hereinafter called Grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) cash and other good and valuable consideration in hand paid by JAMES J. ZAHORIK and wife, YOLANDA I. ZAHORIK, hereinafter called Grantee, the receipt and sufficiency of which is hereby acknowledged and confessed, and the further consideration of the execution and delivery by the said Grantee of one certain Promissory Note of even date herewith in the principal sum of SIXTY-FOUR THOUSAND, EIGHT HUNDRED AND NO/100 (\$64,800.00) DOLLARS, payable to the order of RANDOLPH-BROOKS FEDERAL CREDIT UNION, hereinafter called Mortgagee, said Note being payable as therein provided, bearing interest at the rate therein specified, providing for attorney's fees and acceleration of maturity at the rate and in the events therein set forth, and payment of said Note being secured by a vendor's lien and superior title retained herein in favor of said Mortgagee, and by Deed of Trust of even date herewith from Grantee to MORTON M. BAIRD, II, Trustee, to which reference is hereby made for all purposes; and,

WHEREAS, Mortgagee has, at the special instance and request of said Grantee herein, paid to Grantor herein \$64,800.00 of the purchase money for the property hereinafter described as represented by the above described Note, said Note, together with the vendor's lien and Deed of Trust Lien against said property securing the payment of said Note is, without recourse upon the Grantor herein, hereby assigned, transferred

and delivered to Mortgagee, the Grantor hereby conveying to the said Mortgagee the said superior title to said property, and subrogating the said Mortgagee unto all the rights and remedies of Grantor in the premises by virtue of said Note and liens; the indebtedness evidenced by said Note being due and payable in equal monthly instalments, both principal and interest being due and payable at the office of **RANDOLPH-BROOKS FEDERAL CREDIT UNION;**

HAS GRANTED, SOLD and CONVEYED, and by these presents does GRANT, SELL and CONVEY unto the said Grantee, the following described property, to-wit:

1.5368 acres situated in Comal County, Texas, said 1.5368 acres out of the Charles Bergemann Survey No. 953, Abstract No. 835, said 1.5368 acres being further described in Exhibit "A", attached hereto.

This conveyance is made subject to, all and singular, the restrictions, easements and covenants, if any, applicable to and enforceable against the above described property as reflected by the records of the County Clerk of Comal County, Texas.

Taxes for the current year have been prorated and are assumed by Grantee.

It is expressly agreed and stipulated that a vendor's lien is retained in favor of the payee in said Note against the above described property, premises and improvements, until said Note, and all interest thereon, is fully paid according to the face and tenor, effect and reading thereof, when this deed shall become absolute.

TO HAVE AND TO HOLD the above described premises, together with, all and singular, the rights and appurtenances thereto in anywise belonging unto the said Grantee, Grantee's heirs and assigns forever.

Grantor does hereby bind Grantor, Grantor's heirs, executors, administrators and successors to warrant and forever defend, all and singular, the said premises unto the

said Grantee, Grantee's heirs, executors, administrators, successors and assigns, against every person whomsoever claiming or to claim the same or any part thereof.

EXECUTED on this the 28TH day of JUNE, 1996.

Clarence E. Collins, Jr.
CLARENCE E. COLLINS, JR.

Teresa A. Collins
TERESA A. COLLINS

STATE OF TEXAS
COUNTY OF COMAL

§
§

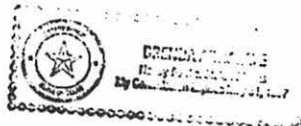
This instrument was acknowledged before me on this the 28TH day of JUNE, 1996, by CLARENCE E. COLLINS, JR. AND WIFE, TERESA A. COLLINS.

Blenda Aguayo
Notary Public in and for the
State of Texas.

GRANTEE'S MAILING ADDRESS:

2141 SKYLINE DRIVE

CANYON LAKE, TEXAS 78133



323.DEEDS

1.5368 acres situated in Comal County, Texas, said 1.5368 acres out of the Charles Bergemann Survey No.953, Abstract No. 835, said 1.5368 acres being further described as follows:

BEGINNING at a found 1/2" iron pin in the North R.O.W. line of Skyline Drive for the most southerly corner of this tract, said point bears N 13 deg. 04' 30" E. from the Northwest Corner of Lot 23, Skyline Acres, Unit No. 1, as recorded in Volume 2, Page 83, of the Map and Plat Records of Comal County, Texas;

THENCE Leaving the North R.O.W. line of Skyline Drive N. 19 deg. 08' 00" E. a distance of 352.28 feet to a found 1/2" iron pin for the Northwest Corner of this tract;

THENCE S. 77 deg. 15' 45" E. a distance of 100.28 feet to a found 1/2" iron pin for the Northeast Corner of this tract;

THENCE S. 03 deg. 00' 28" E. a distance of 394.31 feet to a found 1/2" iron pin in the North R.O.W. line of Skyline Drive for the Southeast corner of this tract;

THENCE along the North R.O.W. line of Skyline Drive S. 83 deg. 33' 00" W. a distance of 82.90 feet to the **POINT OF BEGINNING** containing 1.5368 acres, more or less.

Any reference in the foregoing legal description is not a guarantee that the area or boundary description is accurate. Any reference herein to area or quantity is for information and/or descriptive purposes only and does not override Item #2 of Schedule B hereof.

EXHIBIT "A"

Doc# 9606013116
Pages: 4
Date : 07-01-1996
Time : 04:18:10 P.M.
Filed & Recorded in
Official Records
of Comal County, TX.
JOY STREETER
COUNTY CLERK
Rec. # 15.00

DOC# 9606013116

RECEIVED

By Brandon Olvera at 3:52 pm, Nov 13, 2023

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

JUL 16 2014

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-14-096000

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)			2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy)		
JAMES JOSEPH ZAHORIK			JULY 7, 2014		
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	6. BIRTHPLACE (City & State or Foreign Country)		
MALE	SEPTEMBER 29, 1952	61	GALVESTON, TX		
7. SOCIAL SECURITY NUMBER			8. MARITAL STATUS AT TIME OF DEATH		
452-94-5744			<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
10a. RESIDENCE STREET ADDRESS			9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)		
2141 SKYLINE DRIVE			YOLANDA HERNANDEZ		
10b. APT. NO.			10c. CITY OR TOWN		
10d. COUNTY			10e. STATE		
COMAL			TEXAS		
11. FATHER'S NAME			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE		
CHARLES JOHN ZAHORIK			SARAH CAMPO		
13. PLACE OF DEATH (CHECK ONLY ONE)					
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If outside city limits, give precinct NO)		16. FACILITY NAME (If not institution, give street address)	
COMAL		PRECINCT 1, 78133		2141 SKYLINE DRIVE	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
YOLANDA ZAHORIK - WIFE			2141 SKYLINE DRIVE, CANYON LAKE, TX 78133		
19. METHOD OF DISPOSITION			20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)			NICK DIAZ JR, BY ELECTRONIC SIGNATURE - 7641		
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			23. LOCATION (City/Town, and State)		
SUNSET			SAN ANTONIO, TX		
24. NAME OF FUNERAL FACILITY			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)		
ZOELLER FUNERAL HOME			615 LANDA STREET, NEW BRAUNFELS, TX 78130		
26. CERTIFIER (Check only one)					
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.					
<input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER			28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)
JIM CHUDLEIGH, BY ELECTRONIC SIGNATURE			JULY 14, 2014	F1450	08:43 AM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)					32. TITLE OF CERTIFIER
JIM CHUDLEIGH 7620 DEER RUN, VOLENTE, TX 78641					MD
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)					YEARS
a. LATE EFFECT OF PANCREATIC CANCER					
Due to (or as a consequence of):					
b.					
Due to (or as a consequence of):					
c.					
Due to (or as a consequence of):					
d.					
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1.					
34. WAS AN AUTOPSY PERFORMED?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY:					
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
40e. LOCATION (Street and Number, City, State, Zip Code)					
40f. COUNTY OF INJURY					
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR	
02-0488		JULY 16, 2014		REGISTRAR - COMAL COUNTY CLERK, ELECTRONICALLY FILED	
EDR NUMBER 000001541011					

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

WARNING

VS-112 REV 1/2006

LHA

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

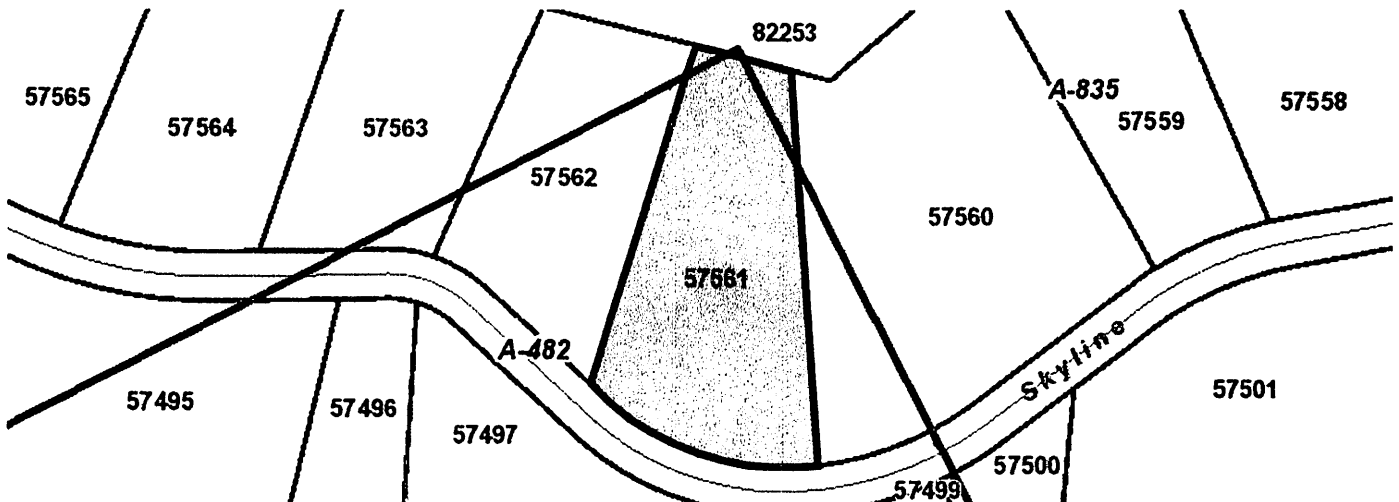
ISSUED

JUL 17 2014

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

GERALDINE R. HARRIS
STATE REGISTRAR

Map



Property Details

Account

Property ID: 57561 Geographic ID: 500800007600

Type: Real Zoning:

Property Use:

Location

Situs Address: 2141 SKYLINE DR CANYON LAKE, TX 78133

Map ID: 4J Mapsco:

Legal Description: SKYLINE ACRES 2, LOT 9 (A-835 SUR-953 C BERGMAN), ACRES 1.537

Abstract/Subdivision: 500800-2 - SKYLINE ACRES 2

Neighborhood: 357A701

Owner

Owner ID: 957246

Name: ZAHORIK YOLANDA I

Agent:

Mailing Address: PO BOX 1746
CANYON LAKE, TX 78133-0005

% Ownership: 100.0%

Exemptions: HS - HOMESTEAD
For privacy reasons not all exemptions are shown online.

Property Values

Improvement Homesite Value: \$164,970 (+)

Improvement Non-Homesite Value:	\$0 (+)
Land Homesite Value:	\$117,290 (+)
Land Non-Homesite Value:	\$0 (+)
Agricultural Market Valuation:	\$0 (+)
Market Value:	\$282,260 (=)
Agricultural Value Loss: ⓘ	\$0 (-)
Homestead Cap Loss: ⓘ	\$66,132 (-)
Appraised Value:	\$216,128
Ag Use Value:	\$0

In order to see most current ownership information click on "advanced" and change the year to 2024.

Information provided for research purposes only. Legal descriptions and acreage amounts are for appraisal district use only and should be verified prior to using for legal purpose and or documents. Please contact the Appraisal District to verify all information for accuracy.

Property Taxing Jurisdiction

Owner: ZAHORIK YOLANDA I %Ownership: 100.0%

Entity	Description	Market Value	Taxable Value
046	COMAL COUNTY	\$282,260	\$109,676
046LR	COMAL COUNTY LATERAL ROAD	\$282,260	\$109,676
ES2	(ESD2) COMAL COUNTY EMERGENCY SERVICES DISTRICT NO. 2 (EMS)	\$282,260	\$216,128
ES3	(ESD3) COMAL COUNTY EMERGENCY SERVICES DISTRICT NO. 3 (FIRE)	\$282,260	\$216,128
SCIS	COMAL ISD	\$282,260	\$49,676

Property Improvement - Building

Description: RESIDENTIAL Type: RESIDENTIAL State Code: A1 Living Area: 1,426.00sqft Value: \$164,970

Type	Description	Class CD	Exterior Wall	Year Built	SQFT
WD	Wood Deck	*	MS,SV		120.00
WD	Wood Deck	*		1996	140.00
SEP1	Septic System	*		0	1.00
STPR	Det Storage	FAIR	MS,SV	0	96.00
RES	Residential 1 Story	FAIR	MS,SV	1996	1,426.00
PC	Covered Porch (attached)	*	MS,SV		96.00
PC	Covered Porch (attached)	*	MS,SV		200.00

Property Land

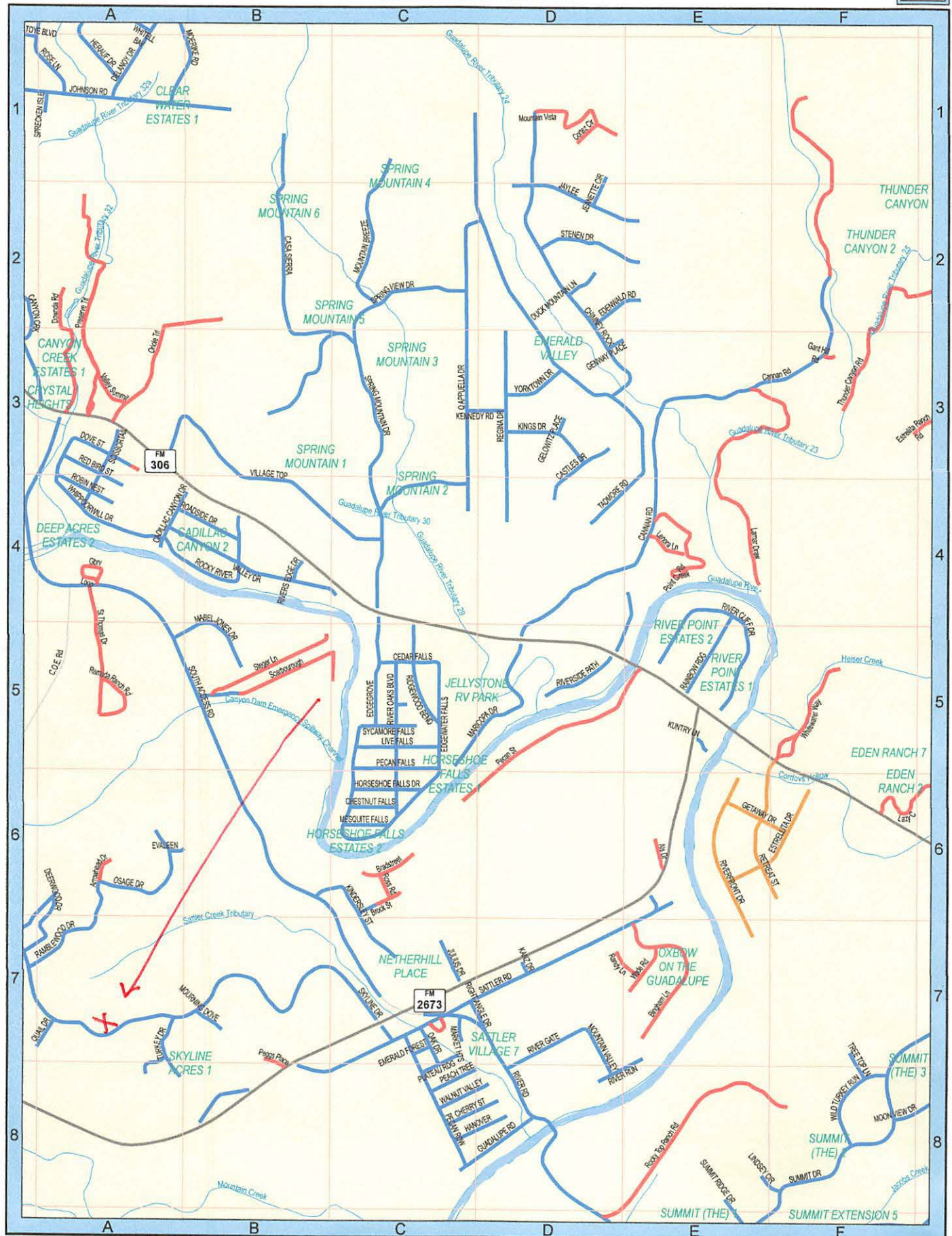
Type	Description	Acreage	Sqft	Eff Front	Eff Depth	Market Value	Prod. Value
RES	Residential	1.5370	66,951.72	0.00	0.00	\$117,290	\$0

Property Roll Value History

Year	Improvements	Land Market	Ag Valuation	HS Cap Loss	Appraised
2024	N/A	N/A	N/A	N/A	N/A
2023	\$164,970	\$117,290	\$0	\$66,132	\$216,128
2022	\$169,530	\$49,380	\$0	\$22,430	\$196,480
2021	\$131,770	\$49,380	\$0	\$2,532	\$178,618
2020	\$131,270	\$31,110	\$0	\$0	\$162,380
2019	\$145,900	\$31,110	\$0	\$9,172	\$167,838
2018	\$121,470	\$31,110	\$0	\$0	\$152,580
2017	\$131,190	\$22,220	\$0	\$0	\$153,410
2016	\$119,000	\$22,220	\$0	\$0	\$141,220
2015	\$114,060	\$22,220	\$0	\$0	\$136,280
2014	\$106,500	\$22,220	\$0	\$2,759	\$125,961
2013	\$92,290	\$22,220	\$0	\$0	\$114,510

Property Deed History

Deed Date	Type	Description	Grantor	Grantee	Volume	Page	Number
7/7/2014	DTH	DEATH CERTIFICATE	ZAHORIK JAMES J & YOLANDA I	ZAHORIK YOLANDA I	142-14-096000		
7/1/1996	WD	WARRANTY DEED		ZAHORIK JAMES J & YOLANDA I	96060	13116	0
4/12/1996	WD	WARRANTY DEED			96060	07565	9606007565
4/11/1996	WD	WARRANTY DEED			96060	07564	9606007564
4/9/1986	WD	WARRANTY DEED			502	740	502740
8/10/1979	WD	WARRANTY DEED			285	376	285376



SEE PAGE 32

