

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: 117240
Issued This Date: 03/26/2024
This permit is hereby given to: James and Leanna Leinneweber

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

92 SUN VALLEY DR
SPRING BRANCH, TX 78070

Subdivision: Sun Valley Village
Unit: 2
Lot: 92
Block: -
Acreage: 2.7300

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 10:56 am, Feb 28, 2024



COMAL COUNTY
ENGINEER'S OFFICE

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

--	--

Date Received

Initials

117240

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

2/28/24

Date



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

RECEIVED

By Brandon Olvera at 2:39 pm, Mar 26, 2024

Permit Number _____

1. APPLICANT / AGENT INFORMATION

Owner Name James and Leanna Leinneweber
Mailing Address 92 Sun Valley Dr
City, State, Zip Spring Branch, TX 78070
Phone # _____
Email _____

Agent Name Doug Dowlearn R.S.
Agent Address 703 Oak Dr.
City, State, Zip Blanco, TX 78606
Phone # 210-878-8100
Email TXSEPTIC@GMAIL.COM

2. LOCATION

Subdivision Name Sun Valley Village Unit 2 Lot 92 Block _____
Survey Name / Abstract Number _____ Acreage 2.7250
Address 92 Sun Valley Dr City Spring Branch State TX Zip 78070

3. TYPE OF DEVELOPMENT

Single Family Residential
Type of Construction (House, Mobile, RV, Etc.) House
Number of Bedrooms 2
Indicate Sq Ft of Living Area <1500

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: \$ 15000 (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

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 and public release of my e-mail address associated with this permit application, as applicable.

James Leinneweber [Signature]
43F9A022C38B4A5... 2A722FF8BD43406...

3/20/2024

Signature of Owner

Date

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

Planning Materials & Site Evaluation as Required Completed By _____

System Description _____

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

Tank Size(s) (Gallons) _____ Absorption/Application Area (Sq Ft) _____

Gallons Per Day (As Per TCEQ Table III) _____

(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 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 this property within an incorporated city? Yes No

If yes, indicate the city: _____

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

Page 2 of 2

1/CB



202406005112 02/20/2024 04:17:58 PM 1/1

COUNTY OF COMAL
STATE OF TEXAS

AFFIDAVIT TO THE PUBLIC

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality (TCEQ) Rules for On-Site Sewage Facilities (OSSFs), this document is filed in the Deed Records of Comal County, Texas.

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, give 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 owners 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.

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):

SUN VALLEY VILLAGE, UNIT 2, LOT 92

The property is owned by (Insert owner's full name):

James and Leanna Leinneweber

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 OSSF may be obtained from Comal County Engineer's Office.

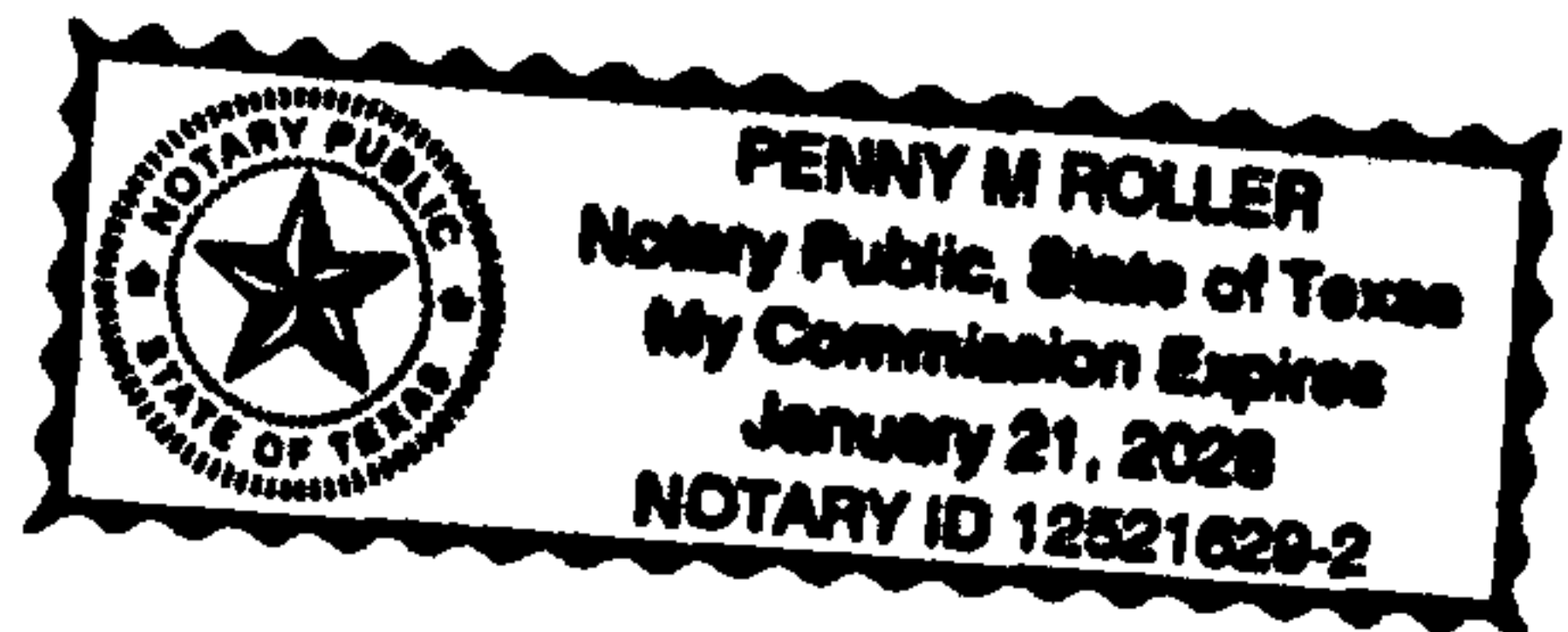
WITNESS BY HAND(S) ON THIS 20 DAY OF February 2024

[Signature]
Owner(s) signature(s)

[Signature]
James Leinneweber / MR.
(PRINTED NAME) / TITLE

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 20 DAY OF February 2024

[Signature]
Notary Public, State of Texas
Notary's Printed Name: Penny M. Roller
My Commission Expires: January 21 2028



Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
02/20/2024 04:17:58 PM
LAURA 1 Page(s)
202406005112



Bobbie Koepf

RECEIVED

By Brandon Olvera at 1:04 pm, Mar 11, 2024

Luna Environmental Service Agreement

(Formerly AMS & PS Septic Supply)

Agreement

I. General: This work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Luna Environmental, LLC (hereinafter referred to as Contractor), located at 4222 FM 482 New Braunfels, Texas 78132, (830-312-8776) or (830-850-0080). By this agreement, Contractor agrees to render services, as described herein, and Client agrees to fulfill his/her/ their responsibilities under the agreement as described herein.

II. Effective Dates: If this is an Initial Install Contract, the contract will be for three years and BEGINS when the License To Operate (LTO) has been issued. A 30-day written notice is required if there is a cancellation before the year of the agreement is up. The written notice will be sent to the local regulatory Agency and any of the agreement unused funds is non-refundable.

III. Contractor or Client, if choosing to terminate the contract, must give the other party and the local regulatory Agency written notice Thirty (30) Days prior to the ending of the Contract.

IV. Services by Contractor: Contractor will provide the following services (Referred to as the "Services").

1. In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three times per year. The contractor does not provide chlorine. Client is solely responsible for maintaining the chlorine in the chlorinator at all times.
2. Contractor will provide a weatherproof tag on the control panel containing company name, phone number and inspection dates.
3. Contractor will do inspections 3 times a year, every 4 months.
4. Contractor will report all findings to the appropriate regulatory and authority and to the Client, as required by both the State's On-Site rules and the local Agency's rules. All findings must be reported to local Agency's within 14 days, email is acceptable.
5. The contractor's inspection will include the following: Effluent Quality (Color, Turbidity, overflow and Odor), Alarm Function Filters, Operation of Effluent Pump and Chlorine Availability in the

RECEIVED*By Brandon Olvera at 1:04 pm, Mar 11, 2024*

Chlorinator, (BOD and TSS Annually on Commercial Accounts, Client is responsible for charges for test)

6. Contractor will respond to client calls and complaints, regarding visual or audible alarms, suspicious conditions and or problems that might confront the Client within 48 hours, excluding weekend and holidays. The Contractor will maintain a 24-hour answering service at 830-312-8776. The unscheduled responses may be billed to the client at a going rate.

V. Clients Responsibilities:

1. Maintain Chlorinator and Proper Chlorine supply, if OSSF is equipped with.
2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
3. Immediately notify the Contractor of any alarms or problems with, including failure of the OSSF.
4. Provide for pumping of the tanks, generally every 3 years or as suggested by the Contractor at Clients own expense.
5. Upon receiving a written notification of services needed from the Contractor, it becomes the Client's responsibility to contact the Contractor to authorize the service.
6. Contractor will not be responsible for any warranty work; Client must contact the Installer for Warranty Problems.
7. Not allow the backwash from water treatment of water conditioning equipment to enter the OSSF.
8. Maintain site drainage to prevent adverse effects on OSSF.
9. Promptly and fully pay Contractor's Bills, Fees or invoices as described herein.

VI. Contractor will schedule with client, dates to perform the above-described Services of repairs. If Contractor is not able to access the site on the date of appointment, a charge of \$75.00 will be billed if the inspection for repairs is not able to be completed and are required to be scheduled on another date. The contractor requires access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of evaluation of system and equipment as required by the manufacturer and /or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client an additional service at a rate of \$75.00 per hour plus materials billed at list process. Excavated soil is to be replaced as best as reasonably possible.

RECEIVED

By Brandon Olvera at 1:04 pm, Mar 11, 2024

VII. Payments: The fee for this agreement only covers the Services described herein. This fee does not cover equipment or labor supplied for non-warranty repairs or for charges for unscheduled Client request trips to the Client’s site of pumping of the OSSF. Payments not received within 30 days from the date will be subject to a \$30.00 late penalty and or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney’s fees. All cost of collection incurred by contractor in collection of any unpaid debt. By signing this contract, the Client is authorizing the Contractor to remove any parts which were installed but not paid for at the end of 30 days. The Client is still responsible for any labor costs associated with the installation and removal of said parts. Invoice due when service is completed. The contract fee is \$ INCLUDED WITH SEPTIC.

VIII. Severability: If any provision of this agreement shall be considered to be invalid or unenforceable for any reason the remaining provisions shall continue to be held valid and enforceable. If a court finds that any provision of the agreement is invalid or unenforceable, by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed and enforced as so limited.

Client

Print Name: James Leinneweber

Signature: DocuSigned by:
James Leinneweber
43F8A022C8884A5

Client Address: 92 Sun Valley Dr. Spring Branch, TX 78070

Client Phone Number: 210-797-2996

Email Address: _____

Contractor Luna Environmental LLC:

MP Signature: *Ryan Seidensticker*

MP NUMBER: 0001708

Contract Date: LTO to 2 YEARS FROM LTO County: _____

Permit #: _____

OSSF SOIL EVALUATION REPORT INFORMATION

Date: 2/28/2024

Applicant Information:

Name: James and Leanna Leinneweber
Address: 92 Sun Valley Dr
City, State & Zip Code: Spring Branch, TX 78070
Phone:
Email:

Site Evaluator Information:

Name: Douglas R. Dowlearn
Company: D.A.D. Services, Inc.
Address: 703 Oak Drive
City, State & Zip: Blanco, TX 78606
Phone: (210)240-2101 **Fax:** (866)260-7687
Email: txseptic@gmail.com

Subdivision: Sun Valley Village **Unit: 2 Lot: 92**
Street/Road Address: 92 Sun Valley Dr
City: Spring Branch **Zip:** 78070
Additional Info: Comal County

Installer Information:

Name: JR AVILA
Company:
Address:
City, State & Zip:
Phone:

Depth	Texture Class	Soil Texture	Structure (For Class III - blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observation
Soil Boring #1 60"	III	0-12" Clay Loam 12"+ Limestone	Blocky	<30% Gravel	12"+ Limestone	None
Soil Boring #2 60"		Same as above				

DESIGN SPECIFICATIONS

Application Rate (RA): 0.064

OSSF is designed for: 2 Bedroom <1500 Sq. Ft Residence
180 gallons per day

An aerobic treatment/spray disposal system is to be utilized based on the site evaluation.
2813 sq. ft. disposal area required
600 gallon/day aerobic tank required

Calculations: Absorption Area: $Q/RA = 180/0.064 = 2813$ Sq. Ft.

FEATURES OF SITE AREA

Presence of 100-year flood zone: NO

Existing or proposed water well in nearby area: YES

Presence of adjacent ponds, streams, water impoundments: NO

Presence of upper water shed: NO

Organized sewage service available to lot: NO

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability. The site evaluation and OSSF design are subject to approval by the TCEQ or the local authorized agent. The planning materials and the OSSF design should not be considered final until a permit to construct has been issued.

Site Evaluator:

NAME: Douglas R. Dowlearn, R.S.

Signature:



License No. OS9902 - Exp. 6/30/2026

TDH: #2432 - Exp. 2/28/2025

RECEIVED

By Brandon Olvera at 2:41 pm, Mar 26, 2024

D.A.D SERVICES, INC.
DOUG DOWLEARN
PO BOX 212, BULVERDE, TX 78163
Designed for:
James & Leanna Leinneweber

The installation site is on Lot 92 of the Sun Valley Villages Subdivision, Unit 2 in Comal County, TX. The proposed OSSF will treat the wastewater from a 2-bedroom (<1500 sq. ft.) residence. The proposed method of wastewater treatment is aerobic treatment with spray irrigation. This method was chosen because of unsuitable soil conditions.

PROPOSED SYSTEM:

A 3" or 4" PVC pipe will discharge from the residence to a pre-treatment tank, which flows into a 600 gpd aerobic treatment plant. The aerobic tank effluent flows to a 768 gallon storage/pump tank containing a **liquid chlorinator** and a single 20 gpm submersible pump. **Distribution is set to spray in the pre-dawn hours of midnight to 5:00 am through 2 K-Rain Gear Driven pop-up sprinklers, with low angle (13 degrees) spray nozzles spraying a radius of 30 feet at 40 psi. Each sprinkler will spray 180 degrees of arc.** An audio and visual alarm monitoring both high water and aerator failure will be placed in a noticeable location.

DESIGN SPECIFICATIONS:

Daily Waste Flow: 180 gpd
Application rate: 0.064
Application area required: $180/0.064 = 2813$ ft. sq.
Application area utilized: 2827 sq. ft.
Pump tank reserve capacity: 60 gal minimum



Douglas R. Dowlearn

SYSTEM COMPONENTS:

SCH 40 PVC sewer line
1" purple PVC supply line
600 gpd aerobic treatment plant with timed controls set to spray in the pre-dawn hours of midnight to 5:00 am
Liquid chlorinator
Pre-treatment tank and 768 gallon pump tank
2 K-Rain Gear Driven pop-up sprinklers

LANDSCAPING:

The entire surface application area must consist of an area with vegetation capable of growth, before system start up. **In the event the surface application area does not have vegetation capable of growth, the bare area shall be seeded or sodded. If the non-vegetative area consists of rock or caliche, 3" of class II or III soil, capable of growing and sustaining vegetative growth, will be added before it is seeded or sodded.**

250.00



SCALE 1" = 40'

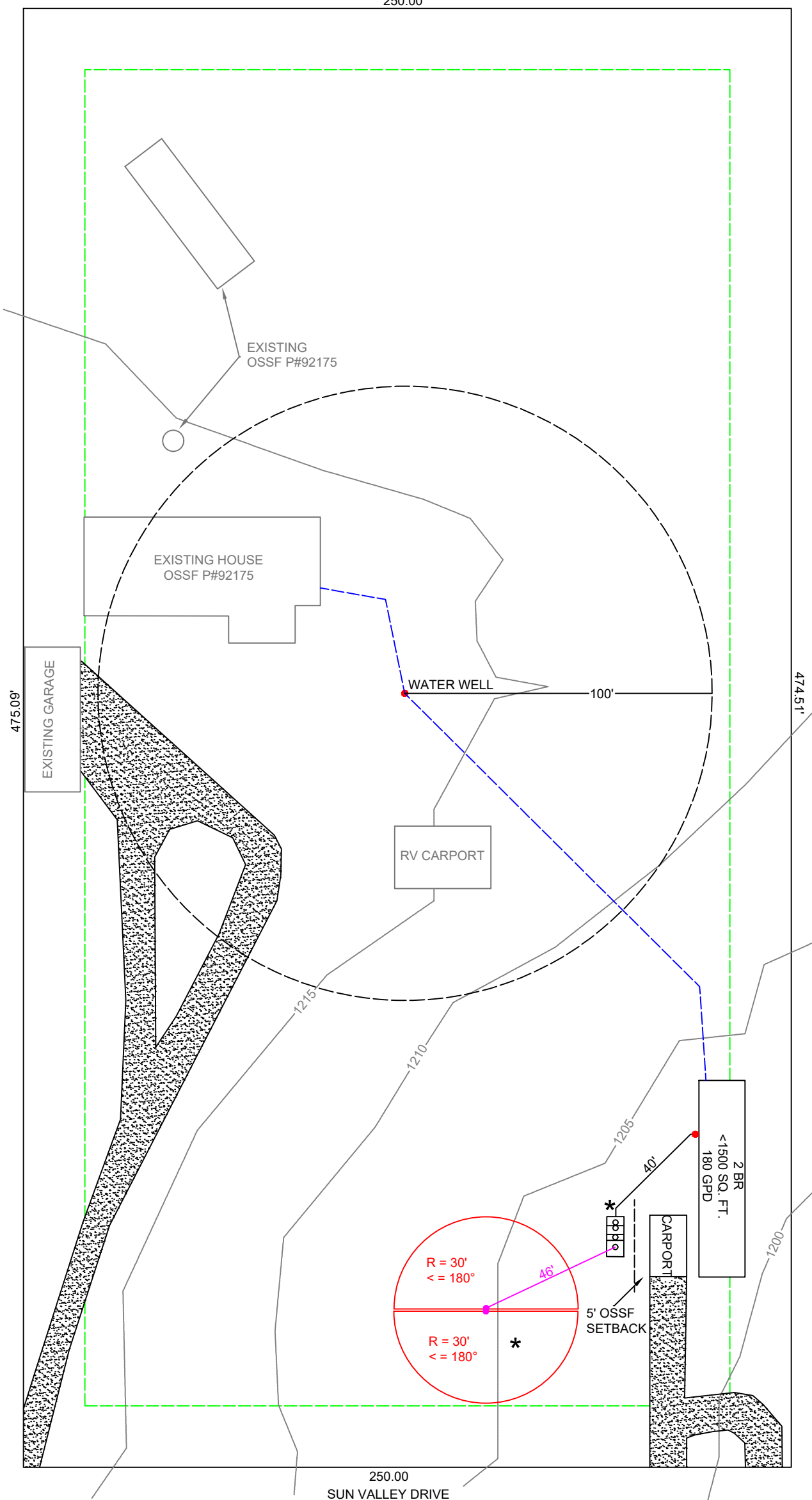
JAMES & LEANNA LEINNEWEBER
92 SUN VALLEY DRIVE
SPRING BRANCH, TX 78070
SUN VALLEY VILLAGE
UNIT 2, LOT 92

NOTES:

- 1" SCH 40 PURPLE PIPE TO ALL SPRAY HEADS.
- 3" OR 4" SCH 40 PVC PIPE FROM STRUCTURE TO TANK.
- SEWER PIPE CONNECTING THE STRUCTURE TO THE TANK MUST HAVE AT MINIMUM 1/8" FALL PER 1'.
- CLEANOUT WITHIN 3' OF STRUCTURE.
- TOTAL SPRAY AREA = 2827 SQ. FT.
- TANK WILL BE WATER TIGHT AND MANUFACTURED ACCORDING TO ASTM DESIGNATION: C 1227.
- SPRINKLERS SHALL BE LOCATED AT LEAST 10' AWAY FROM TREES WITHIN THE DISTRIBUTION AREA.
- DRAINFIELD SHALL BE GREATER THAN 100' FROM PRIVATE WELLS, AND GREATER THAN 150' FROM PUBLIC WELLS. VERIFY WELL LOCATION(S) ON SITE.

KEY

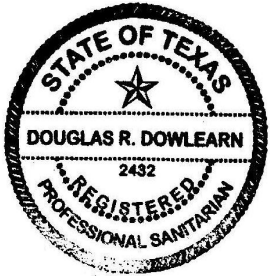
	- 2 WAY CLEANOUT
	- 20' OSSF SPRAY SETBACK
	- 1" SCH 40 PVC PURPLE PIPE
	- PROPOSED WATER LINE
	- TEST HOLE
	- 600 GPD AEROBIC TREATMENT UNIT
	- DRIVE/WALKWAY



Douglas R. Dowlearn

Assembly Details

OSSF



14.49 Gallons per Inch

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

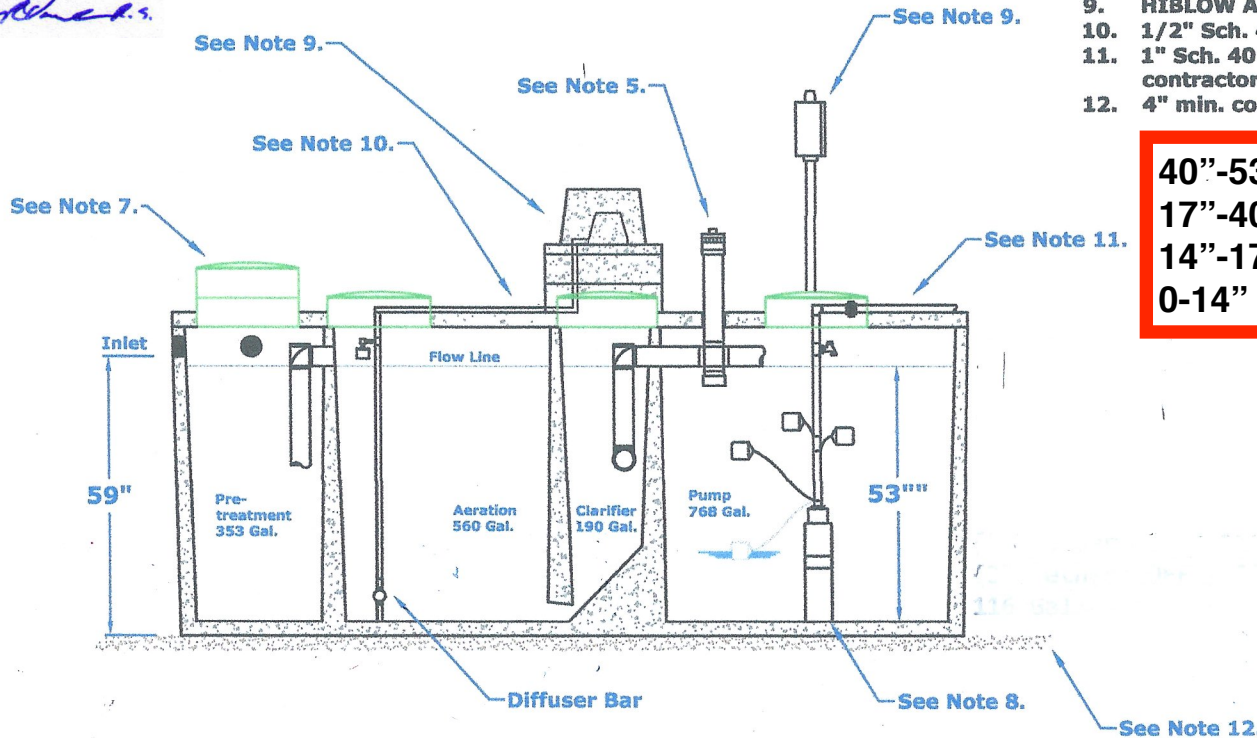
**40"-53" - Reserve - 188 Gallons
 17"-40" - Working Level - 334 Gallons
 14"-17" - On/Off Tether - 43 Gallons
 0-14" - Sump - 203 Gallons**

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



COMAL COUNTY

ENGINEER'S OFFICE

March 14, 2024

James Leineweber
92 Sun Valley Dr.
Spring Branch, TX 78070

Re: Assigned Address

To Whom It May Concern:

Please be advised the request for a physical address on the property referenced below has been approved. The address assigned to the property is:

Property ID	Legal Description	Assigned Address
61117	SUN VALLEY VILLAGE 2, LOT 92	92 SUN VALLEY UNIT 2 SPRING BRANCH, TX 78070

Please display this address where it is visible from the road with 6" or larger reflective numbers so emergency personnel can easily locate the property should there be an emergency. Check with your local post office to verify the correct city and zip code before using the assigned address for mailing purposes. If you receive mail at a post office box, your mailing address will not change. In this case the address listed above will be used for location purposes only.

If you have questions or need further assistance, please let us know.

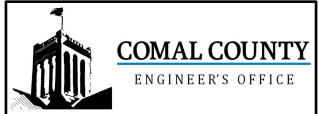
Sincerely,

Avery Helms
GIS Technician- Address Coordinator

Cc:

- ❖ Comal Appraisal District
- ❖ Bexar Metro 9-1-1
- ❖ United States Postal Service
- ❖ PEC

ASSIGNED ADDRESS(S): 92 SUN VALLEY SPRING BRANCH, TX 78070
SUB ADDRESS: UNIT 2



Legend

- Address
- Street
- ⬡ Parcel

NOTES:

PROPERTY ID: 61117
LEGAL DESCRIPTION:
SUN VALLEY VILLAGE
2, LOT 92

N
SCALE: 1" = 100'



For information concerning the source of the data, please contact:
Comal County Engineer's Office
195 David Jonas Drive
New Braunfels, TX 78132
(830) 608 - 2090

This product is for informational purposes and may not have been prepared for or be suitable for legal, engineering, or surveying purposes. It does not represent an on-the-ground survey and represents only the approximate relative location of property boundaries.



COMAL COUNTY

ENGINEER'S OFFICE

RE: *92 Sun Valley Dr.*
Sun Valley Village 2
Lot 92

Dear Property Owner & Agent,

Thank you for your submission. We have reviewed the planning materials for the referenced permit application, and unfortunately, they are insufficient. To proceed with processing this permit, we require the following:

- ✓ Both Applicants need to sign the application.
- ✓ Planning materials mention an existing ATU.
 - a. Is the ATU a new or existing?
- 3. Revise accordingly and resubmit.

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

Thank You,

| **Brandon Olvera** | **Designated Representative OS0034792** |

| Comal County | www.cceo.org | f: 830-608-2078 | e: olverb@co.comal.tx.us |

Date 2/20/24

1. APPLICANT / AGENT INFORMATION

Owner Name James and Leanna Leinneweber
Mailing Address 92 Sun Valley Dr
City, State, Zip Spring Branch, TX 78070
Phone # 210-797-2996
Email Robert.Rebecca@rcdc.org

Agent Name Doug Cowiean R.S.
Agent Address 703 Oak Dr.
City, State, Zip Blanco, TX 78005
Phone # 210-878-8100
Email TXSEPTIC@GMAIL.COM

2. LOCATION

Subdivision Name Sun Valley Village Sun Valley Village Unit 2 Lot 92 Block _____
Survey Name / Abstract Number _____ Acreage 2.7250 2.7250
Address 92 Sun Valley Dr 92 Sun Valley Dr City Spring Branch State TX Zip 78070

3. TYPE OF DEVELOPMENT

Single Family Residential
Type of Construction (House, Mobile, RV, Etc.) House
Number of Bedrooms 2
Indicate Sq Ft of _____ Area _____
 Non-Single Family Residential
Having materials _____ for double _____ treatment _____
Type of Facility _____
Offices, Factorial _____ School _____
Restaurants, Loam _____
Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds _____
Travel Trailer/RV Parks - Indicate Number of Spaces _____

VOID

Estimated Cost of Construction \$ 15000 (Structure Only)

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

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

Source of Water Public Private Well Rainwater

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 [Signature]

Date 2/20/24

OSSF SOIL EVALUATION REPORT INFORMATION

Date:2/28/2024

Applicant Information:

Name: James and Leanna Leinneweber
Address: 92 Sun Valley Dr
City, State & Zip Code: Spring Branch, TX 78070
Phone:
Email:

Site Evaluator Information:

Name: Douglas R. Dowlearn
Company: D.A.D. Services, Inc.
Address: 703 Oak Drive
City, State & Zip: Blanco, TX 78606
Phone: (210)240-2101 **Fax:** (866)260-7687
Email: txseptic@gmail.com

Subdivision: Sun Valley Village **Unit:** 2 **Lot:** 92
Street/Road Address: 92 Sun Valley Dr
City : Spring Branch **Zip:** 78070
Additional Info: Comal County

Installer Information:

Name: JR AVILA
Company:
Address:
City, State & Zip:
Phone:

Depth	Texture Class	Soil Texture	Structure (For Class III - blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
Soil Boring #1 0-50"	III	0-12" Clay Loam 12-18" siltstone	Blocky	<20% Gravel	12"+	None
Soil Boring #2 0-50"		as a				

VOID

FEATURES OF SITE AREA

- Presence of 100-year flood zone: NO
- Presence of upper water shed: NO
- Existing or proposed water well in nearby area: YES
- Organized sewage service available to lot: NO
- Presence of adjacent ponds, streams, water impoundments: NO

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability. The site evaluation and OSSF design are subject to approval by the TCEQ or the local authorized agent. The planning materials and the OSSF design should not be considered final until a permit to construct has been issued.

Site Evaluator:

NAME: Douglas R. Dowlearn, R.S.

Signature:



License No. OS9902 - Exp. 6/30/2026

TDH: #2432 - Exp. 2/28/2025

2
T

NOTICE OF CONFIDENTIALITY RIGHTS. IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OF THE FOLLOWING INFORMATION FROM THIS INSTRUMENT BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

CASH WARRANTY DEED

STATE OF TEXAS

§
§
§

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF BEXAR

DATE: May 11, 2007

GRANTOR:

JANICE EVERAGE
7707 FM 1696
Bedias, TX 77831

GRANTEE:

JAMES LEINNEWEBER and wife, LEANNA LEINNEWEBER
86 Sun Valley Dr.
Spring Branch, TX 78070

CONSIDERATION:

For and in consideration of the sum of TEN DOLLARS (\$10.00) cash, and other good and valuable consideration in hand paid by the Grantee, herein named, the receipt and sufficiency of which is hereby fully acknowledged and confessed.

PROPERTY:

Lot 92, SUN VALLEY VILLAGE, UNIT TWO, Comal County, Texas, according to plat recorded in Volume 4, Page(s) 38-39, Map and Plat Records, Comal County, Texas.

RESERVATIONS FROM AND EXCEPTIONS TO CONVEYANCE AND WARRANTY:

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

GRANTOR:

Janice Everage

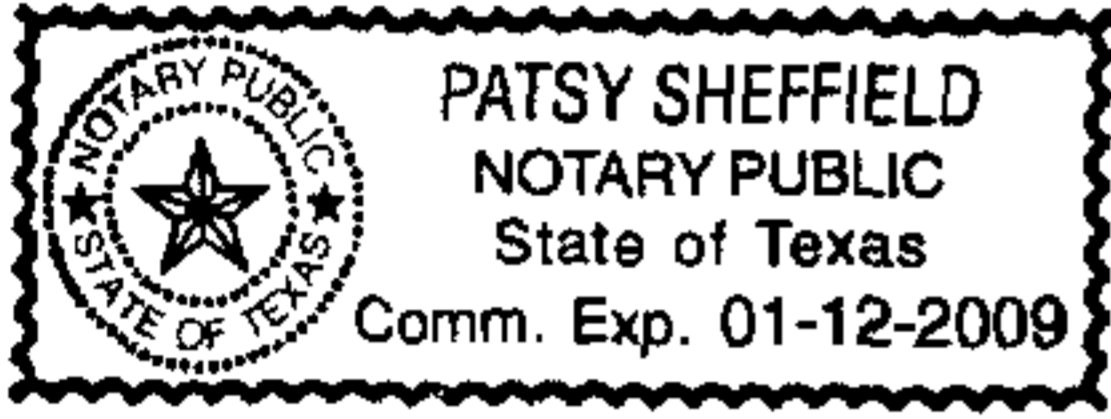
JANICE EVERAGE

STATE OF TEXAS

§
§

COUNTY OF Grimes

This instrument was acknowledged before me on this 14 day of May, 2007 by JANICE EVERAGE.



Patsy Sheffield

Notary Public in and for the State of Texas

Patsy Sheffield

Printed Name of Notary

My Commission Expires: 01-12-09

Doc# 200706021246
Pages 2
05/18/2007 9:52AM
Official Records of
COMAL COUNTY
JOY STREATER
COUNTY CLERK
Fees \$20.00

Joy Streater

PREPARED IN THE LAW OFFICES OF:

BOATNER & HAMAD, P.C.
26605 Bulverde Road
San Antonio, Texas 78260

This instrument was prepared solely from information and on instructions given to us by our client. No title opinion or other information has been furnished to us or given by us in connection with its preparation.

Damon M. Boatner, Attorney