

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:

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|-----|---|--------|---|-------|-----------|-----------|-----------|
| 8 | SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements | | 285.32(b)(1) (E) 285.91(2) 285.32(b)(1) (F) 285.32(b)(1)(E) (iii) 285.32(b)(1)(E)(ii) (II) 285.32(b)(1)(E)(ii) (I) 285.32(b)(1)(E) (i) 285.32(b)(1) (D) 285.32(b)(1)(C) (ii) 285.32(b)(1)(C) (i) 285.32(b)(1) (B) 285.32(b)(1) (A) 285.32(b)(1)(E)(iv) | | | | |
| 9 | ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used | | 285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b) | | | | |
| 10 | SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped | | 285.38(d) | | | | |
| 11 | SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions | | 285.38(d) 285.38(e) | | | | |
| 12 | SEPTIC TANK Tank Volume Installed | | | | | | |
| 13 | PUMP TANK Volume Installed | | | | | | |
| 14 | AEROBIC TREATMENT UNIT Size Installed | | | | | | |
| 15 | AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number | | | | | | |
| 16 | DISPOSAL SYSTEM Absorptive | | 285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3) | | | | |
| 17 | DISPOSAL SYSTEM Leaching Chamber | | 285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2) | | | | |
| 18 | DISPOSAL SYSTEM Evapo-transpirative | | 285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2) | | | | |

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|-----|---|--------|--|-------|-----------|-----------|-----------|
| 19 | DISPOSAL SYSTEM Drip Irrigation | | 285.33(c)(3)(A)-(F) | | | | |
| 20 | DISPOSAL SYSTEM Soil Substitution | | 285.33(d)(4) | | | | |
| 21 | DISPOSAL SYSTEM Pumped Effluent | | 285.33(a)(4) 285.33(a)(3) 285.33(a)(1) 285.33(a)(2) | | | | |
| 22 | DISPOSAL SYSTEM Gravelless Pipe | | 285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1) | | | | |
| 23 | DISPOSAL SYSTEM Mound | | 285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4) | | | | |
| 24 | DISPOSAL SYSTEM Other (describe) (Approved Design) | | 285.33(d)(6) 285.33(c)(4) | | | | |
| 25 | DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC | | | | | | |
| 26 | DRAINFIELD Area Installed | | | | | | |
| 27 | DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation | | 285.33(b)(1)(A)(v) | | | | |
| 28 | DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media | | | | | | |
| 29 | DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place | | 285.33(b)(1)(E) | | | | |
| 30 | DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.) | | 285.33(c)(2) | | | | |
| 31 | LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches | | 285.33(d)(1)(C)(i) | | | | |

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|-----|--|--------|---|-------|-----------|-----------|-----------|
| 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 | | | | | | |

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|-----|---|--------|--|-------|-----------|-----------|-----------|
| 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: 117336
Issued This Date: 04/15/2024
This permit is hereby given to: MICHAEL WITT

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

622 SYCAMORE FALLS
CANYON LAKE, TX 78133

Subdivision: RIVERS EDGE
Unit: 3
Lot: 1
Block: E
Acreage: 0.0000

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Septic Tank
Leaching Chambers

This permit gives permission for the construction of the above referenced on-site facility to commence. Installation must be completed by an installer holding a valid registration card from the Texas Commission on Environmental Quality (TCEQ). Installation and inspection must comply with current TCEQ and Comal County requirements.

Call (830) 608-2090 to schedule inspections.

RECEIVED

By Kathy Griffin at 12:42 pm, Apr 01, 2024



COMAL COUNTY

ENGINEER'S OFFICE

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

| | |
|--|--|
| | |
|--|--|

Date Received

Initials

| |
|--------|
| 117336 |
|--------|

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

04/01/2024

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.ORGDate June 7, 2023Permit Number 117336

1. APPLICANT / AGENT INFORMATION

Owner Name MICHAEL WITT
Mailing Address c/o 23011 FM 306
City, State, Zip CANYON LAKE TEXAS 78133
Phone # 830-935-4936
Email paul@psseptics.comAgent 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 RIVER'S EDGE Unit 3 Lot 1 Block E
Survey Name / Abstract Number _____ Acreage _____
Address 622 SYCAMORE FALLS City CANYON LAKE State TX Zip 78133

3. TYPE OF DEVELOPMENT

☒ Single Family ResidentialType of Construction (House, Mobile, RV, Etc.) HOUSENumber of Bedrooms 3Indicate Sq Ft of Living Area 2247☐ 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: \$ 400,000 (Structure Only)

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

☐ Yes ☒ No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)Source of Water ☒ Public ☐ Private Well ☐ Rainwater Collection

4. SIGNATURE OF OWNER

By signing this application, I certify that:

- The completed application and all additional information submitted does not contain any false information and does not conceal any material facts. I certify that I am the property owner or I possess the appropriate land rights necessary to make the permitted improvements on said property.
- Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities.
- I understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

Signature of Owner

Date

#117336

RIVERS EDGE, UNIT 3, BLOCK E, LOT 1

* * * 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; SEPTIC TANK AND LEACHING CHAMBERS

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

Tank Size(s) (Gallons) 1000 GAL. DUAL COMP. SEPTIC TANK + 500 PUMP Absorption/Application Area (Sq Ft) 913Gallons Per Day (As Per TCEQ Table III) 240

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

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

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

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

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

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

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

Is the property located over the Edwards Contributing Zone? ☒ Yes ☐ NoIs there an existing TCEQ approval CZP for the property? ☐ Yes ☒ No

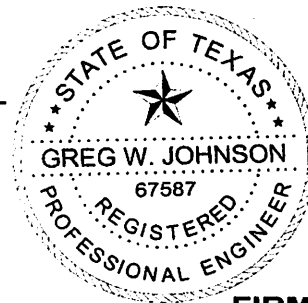
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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

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

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

If yes, indicate the city: _____



FIRM #2585

RECEIVED

By Brandon Olvera at 11:01 am, Apr 18, 2024

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

June 9, 2023

ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: June 08, 2023

Site Location: RIVER'S EDGE, UNIT 3, BLOCK "E", LOT 1

Proposed Excavation Depth: 18" to 36"

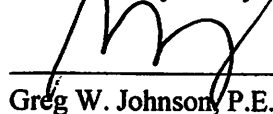
Requirements:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area.
Locations of soil boring or dug pits must be shown on the site drawing.
For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.
Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

| SOIL BORING NUMBER <u>1</u> | | | | | | |
|-----------------------------|---------------|--------------|-----------------|---------------------------------|---------------------|--------------|
| Depth (Feet) | Texture Class | Soil Texture | Gravel Analysis | Drainage (Mottles/ Water Table) | Restrictive Horizon | Observations |
| 0 | III | CLAY LOAM | | | | BROWN |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | III | SILTY LOAM | N/A | NONE OBSERVED | NONE OBSERVED | LT. BROWN |

| SOIL BORING NUMBER <u>2</u> | | | | | | |
|-----------------------------|---------------|--------------|-----------------|---------------------------------|---------------------|--------------|
| Depth (Feet) | Texture Class | Soil Texture | Gravel Analysis | Drainage (Mottles/ Water Table) | Restrictive Horizon | Observations |
| 0 | SAME | | AS | | ABOVE | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.


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

06/08/2023
Date

OSSF SOIL EVALUATION REPORT INFORMATION

Date: June 09, 2023

Applicant Information:

Name: MICHAEL WITT
Address: c/o 23011 F.M. 306
City: CANYON LAKE State: TEXAS
Zip Code: 78133 Phone: (830) 935-4935

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 1 Unit 3 Blk E Subd. RIVER'S EDGE
Street Address: 1264 RIVER OAKS BLVD.
City: CANYON LAKE Zip Code: 78133
Additional Info.: _____

Installer Information:

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

Topography: Slope within proposed disposal area: 1 %
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 Leaching Chambers:

Commercial

Q = _____ GPD _____

Residential Water conserving fixtures to be utilized? Yes X No _____
Number of Bedrooms the septic system is sized for: 3 Total sq. ft. living area 2247

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

Q = (3 + 1) * 75 - (20 %) = 240

A = Q/Ra = 240 / 0.20 = 1200 sq. ft.

Tank Size = (~3 * Q) = 1000 Gal. Dual Comp.

Excavation Length & Width

L = 0.75A/(W+2) (<3' Wide) = 913 / VARIES = VARIES of VARIES 55 - 5' PANELS

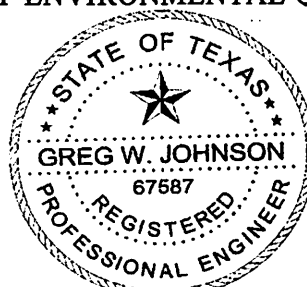
or

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

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

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

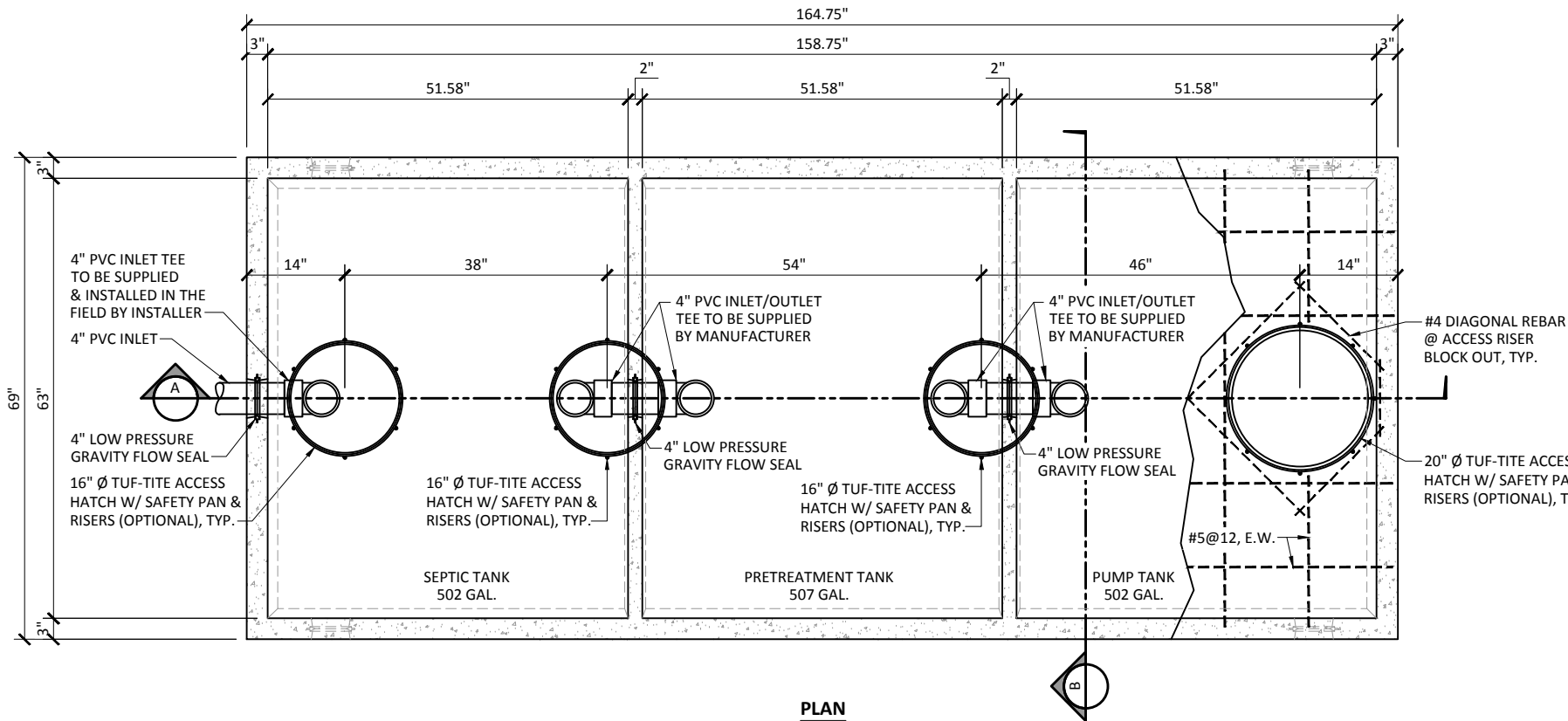
06/09/23
DATE



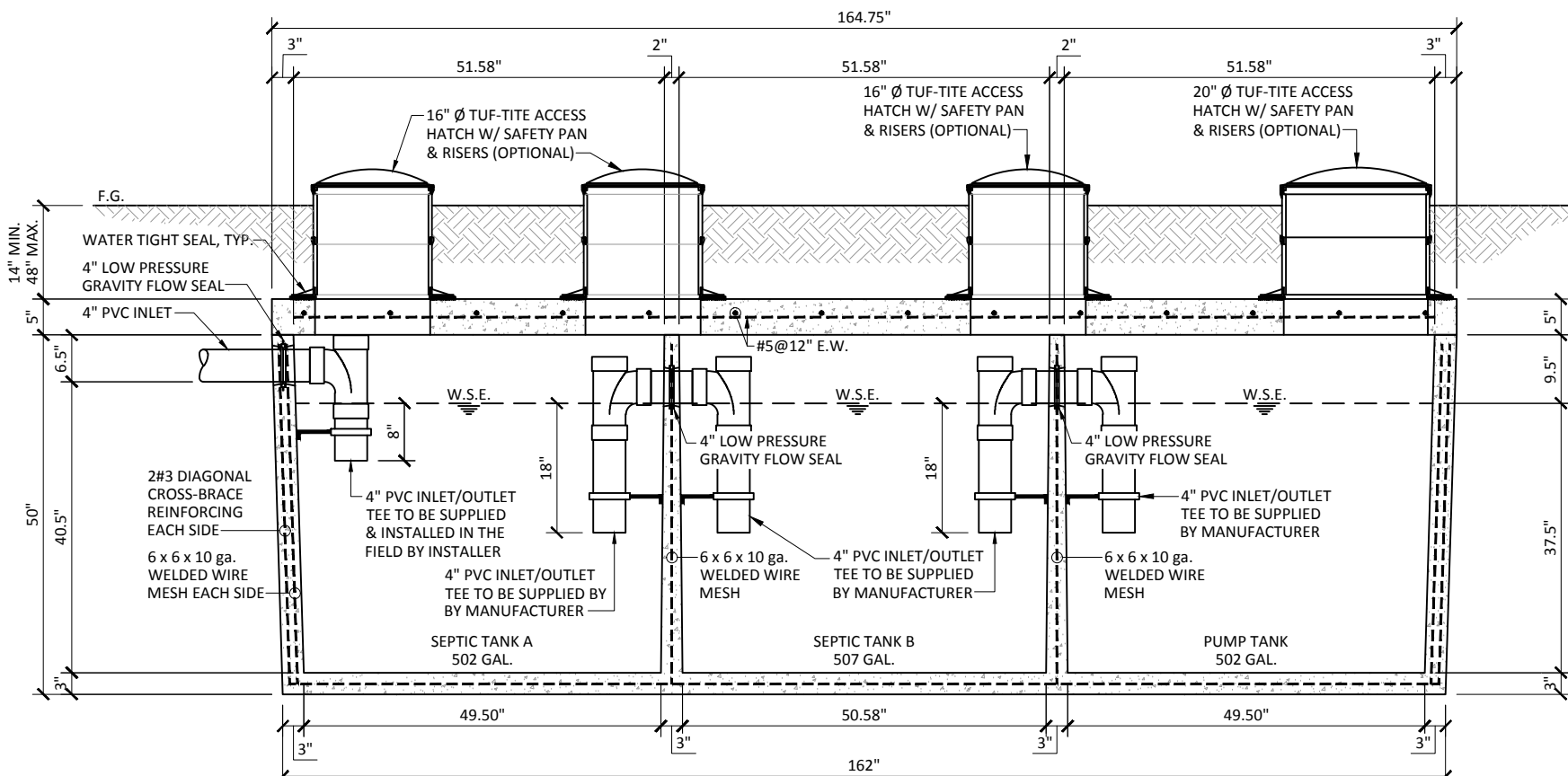
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REVISED

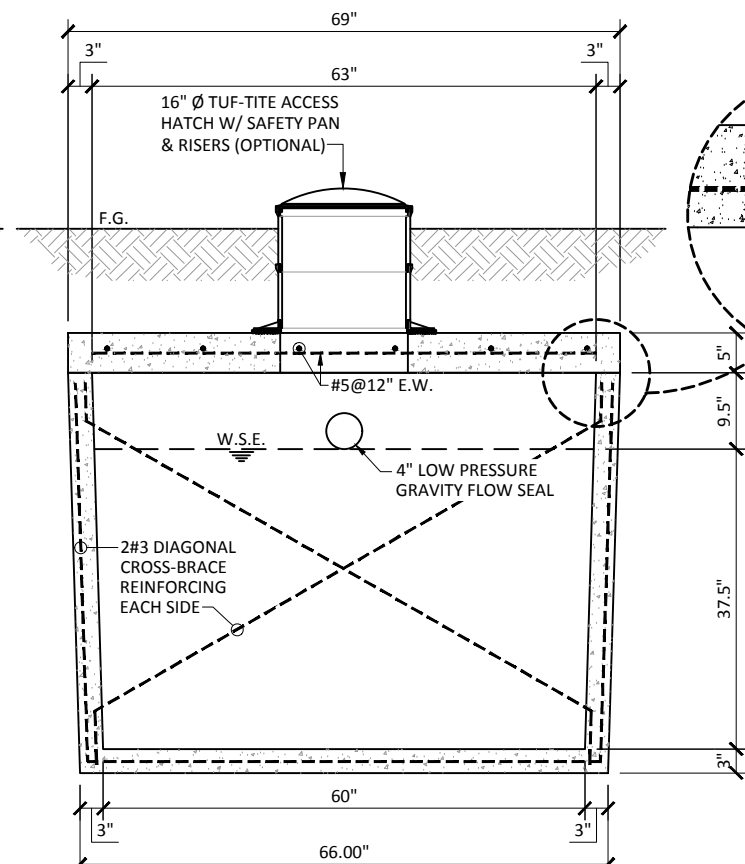
8:36 am, Apr 26, 2024



PLAN



SECTION 'A'



SECTION 'B'

SCALE: 1" = 1'-0" (24"x36")
2" = 1'-0" (11"x17" 8.5" X 11")

CONCRETE SPECIFICATIONS:

1. THE MINIMUM COMPRESSIVE STRENGTH SHALL BE 4500 psi @ 28 DAYS OF AGE.
2. THE CONCRETE COVER FOR REINFORCING BARS, MATS, OR FABRIC SHALL NOT BE LESS THAN 1 IN.

GENERAL NOTES :

1. THIS TANK IS TO BE BUILT AND INSTALLED PER THE CURRENT EDITION OF ASTM C1227-12 STANDARD SPECIFICATION FOR PRECAST CONCRETE SEPTIC TANKS.
2. ACCESS COVERS MAY BE BURIED BELOW GRADE W/ A MINIMUM 6" COVER, BUT NOT TO EXCEED 12". IF COVER EXCEEDS 12", RISERS WILL BE REQUIRED TO MAKE TOP OF COVER MEET REQUIREMENTS.
3. TANKS SHALL BE CLEARLY MARKED WITHIN 2'-0" OF TANK INLET, PROVIDING THE FOLLOWING INFORMATION:
 - MANUFACTURED NAME OR TRADEMARK OF MANUFACTURER
 - MANUFACTURED DATE
 - TANK CAPACITY
 - EXTERNAL LOAD CAPACITY (SEE DETAIL THIS SHEET)
3. EXPOSED ACCESS OPENINGS 12" O.D. OR LARGER SHALL BE PROVIDED WITH A LOCK SYSTEM, TO PREVENT UNAUTHORIZED ENTRANCE.
4. ANY ACCESS OPENING 8" O.D. AND LARGER SHALL BE CLEARLY MARKED "ENTRANCE TO TANK COULD BE FATAL"
5. ALL INLET/OUTLET FITTINGS TO BE 4" Ø TUF-TITE LOW PRESSURE GRAVITY SEAL (MODEL No. TS-4PRO) CAST INTO TANK WALL.
6. BAFFLES OR TEES SHALL BE PLACED AT THE INFLUENT PIPE. SHALL EXTEND AT LEAST 8 IN. BELOW THE LIQUID LEVEL AND AT LEAST 5 IN. ABOVE THE LIQUID LEVEL. (BY INSTALLER)
7. WHEN USED AS A CONVENTIONAL SEPTIC TANK, PER ASTM 1227-12 THE MIN. DISTANCE BETWEEN THE INLET & OUTLET TO BE A MIN. OF 6' FEET. THE SEPTIC TANK SYSTEM SHALL INCLUDE TWO COMPARTMENTS.

| TANK DIMENSIONS | | |
|----------------------|--------|-----|
| TANK LENGTH (TOP) | 164.75 | in. |
| TANK LENGTH (BOTTOM) | 162.00 | in. |
| TANK WIDTH (TOP) | 69.00 | in. |
| TANK WIDTH (BOTTOM) | 66.00 | in. |
| TANK HEIGHT | 50.00 | in. |
| WALL THICKNESS | 3.00 | in. |
| FLOOR THICKNESS | 3.00 | in. |
| LID THICKNESS | 5.00 | in. |
| BOTTOM TO INLET | 40.50 | in. |

| TANK VOLUMES | | | | |
|---------------------------|-------|------|------|-----|
| SEPTIC TANK A CAPACITY | 502 | gal. | | |
| SEPTIC TANK B CAPACITY | 507 | gal. | | |
| PUMP TANK CAPACITY | 502 | gal. | | |
| WATER DEPTH | 37.5 | in. | | |
| TANK CONCRETE VOLUME | 63.66 | FT³ | 2.36 | YD³ |
| TANK LID CONCRETE VOLUME | 30.24 | FT³ | 1.12 | YD³ |
| TANK WEIGHT (EMPTY) | 9549 | lbs. | | |
| LID WEIGHT | 4536 | lbs. | | |
| TOTAL TANK WEIGHT (EMPTY) | 14085 | lbs. | | |



GTS

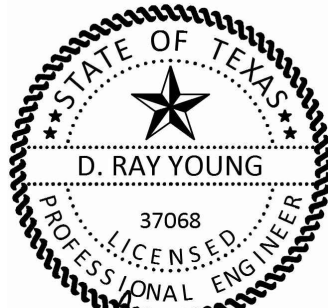
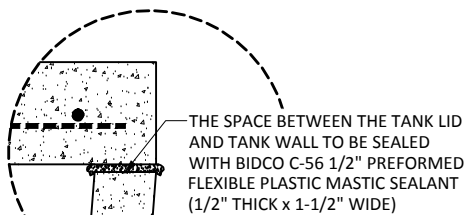
MODEL NO.

DZ1500LP-3 COMP
MANF date: XX-XX-XXXX
TANK CAP.: 1511 GAL.
48" MAX. COVER

TANK MARKING DETAIL

NTS

SPRAY PAINT MARKING ON TANK LID
WITHIN 2'-0" OF INLET OF THE TANK



| REVISION | DATE |
|-------------|-------|
| DESCRIPTION | M/D/Y |
| | |
| | |
| | |
| | |

WATERENGINEERS, INC.
Water & Wastewater Treatment Consultants
TEXAS BOARD OF PROFESSIONAL ENGINEERS FIRM No. 2066
17230 HUFFMEISTER ROAD
CYPRESS, TEXAS 77429
TEL: 281-373-0500
FAX: 281-373-1113

THIS DRAWING CONTAINS CONFIDENTIAL PROPRIETARY INFORMATION AND MAY NOT BE REPRODUCED, COPIED, OR USED TO CONSTRUCT ANY PROJECT OTHER THAN THAT FOR WHICH IT WAS ISSUED WITHOUT PRIOR PERMISSION FROM WATERENGINEERS, INC.

WASTEWATER TREATMENT STRUCTURE

GATCO TREATMENT SYSTEMS, LP
32107 ROCHEN RD
WALLER, TEXAS 77484
TELEPHONE: 936-372-5403



SHEET NAME:

DZ1500LP
3- COMPARTMENT
SEPTIC / SEPTIC /
PUMP TANK

DRAWN BY: JLW
CHECKED BY: DRY
PROJECT No.: 4604.19
DATE: 3/16/2016
SHEET No.:

RECEIVED

By Brandon Olvera at 11:03 am, Apr 18, 2024

TANK NOTES:

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

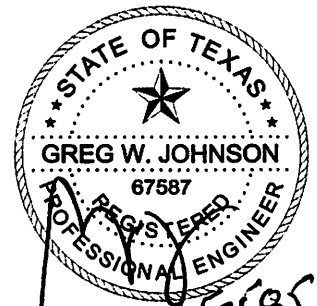
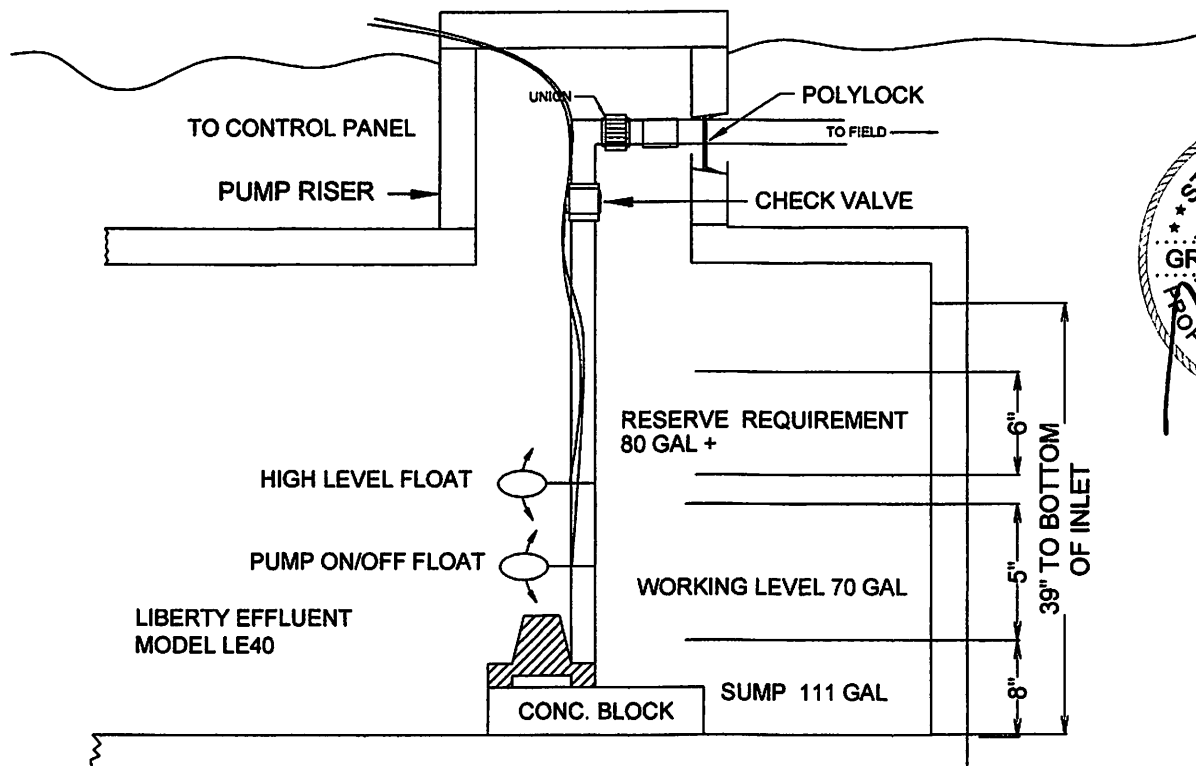
Tightlines to the tank shall be SCH-40 PVC.

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

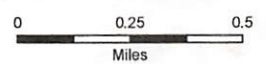
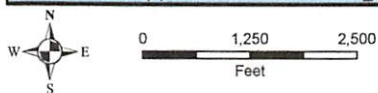
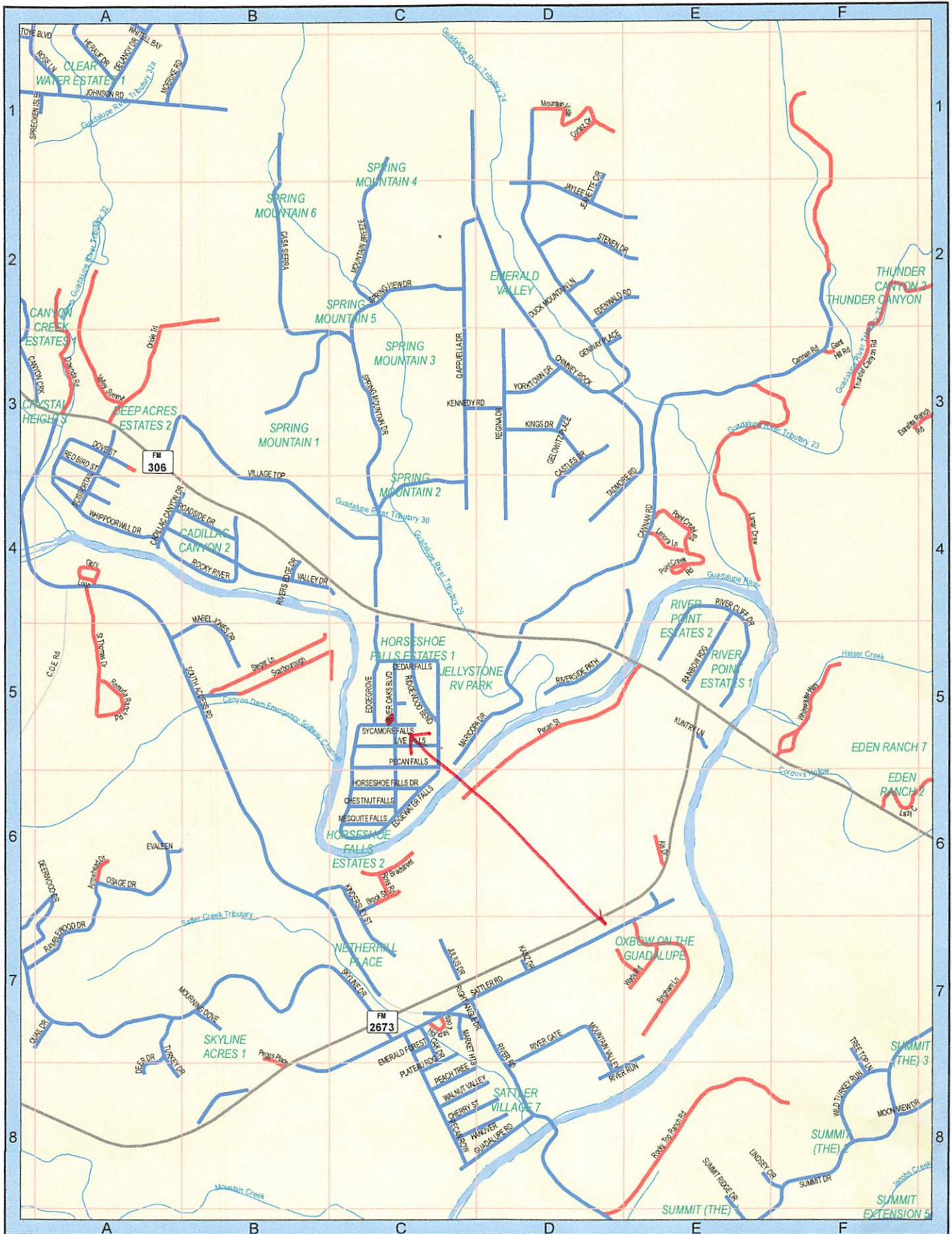
Tanks must be left uncovered and full of water for inspection by the permitting authority.

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



F2585
04/16/24

TYPICAL PUMP TANK CONFIGURATION
500 GAL 3RD COMP. OF
1500 GAL 3 COMP.



Olvera,Brandon

From: Olvera,Brandon
Sent: Thursday, April 18, 2024 12:08 PM
To: Greg Johnson
Cc: Kyle Krohn; Traci Field
Subject: RE: 622 SYCAMORE FALLS - WITT #117336

Good Morning,

File has been updated.



1. Show a cross section of the entire tank.

2. Include the use of an audible and visual alarm in the planning materials

Thank You,

| **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 |

From: Greg Johnson <gregjohnsonpe@yahoo.com>
Sent: Tuesday, April 16, 2024 9:59 AM
To: Olvera,Brandon <Olverb@co.comal.tx.us>
Cc: Kyle Krohn <kyle@psseptics.com>; Traci Field <traci@psseptics.com>
Subject: 622 SYCAMORE FALLS - WITT #117336

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

REVISED TO ADD PUMP CHAMBER DUE TO STUBOUT DEPTH.
THX,
GREG

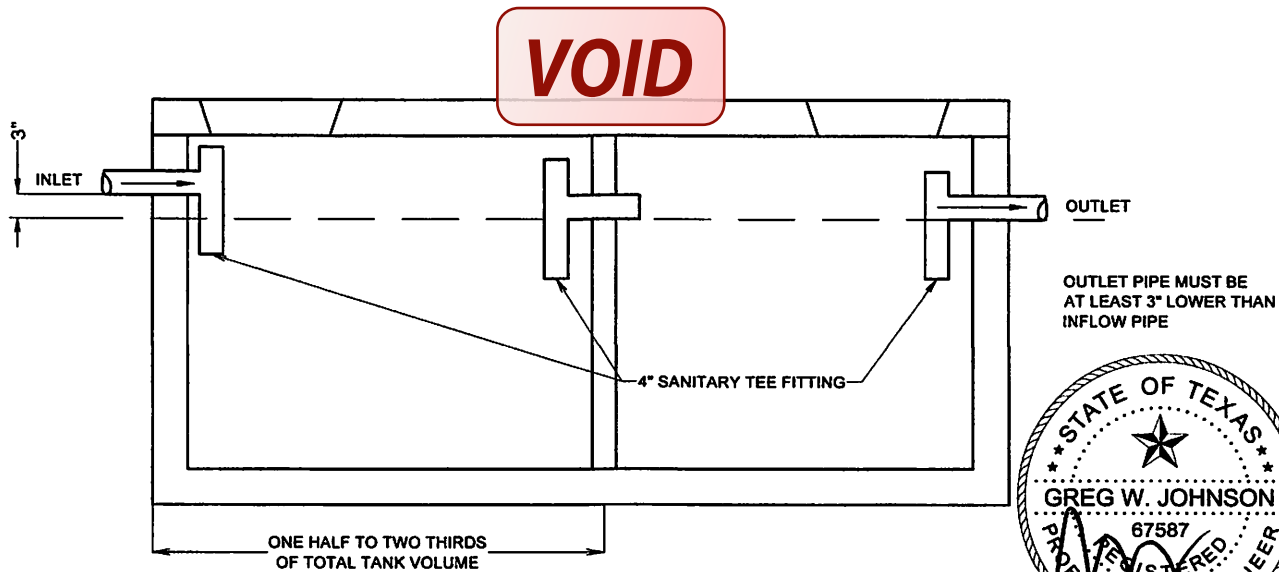
Send for Greg W. Johnson, P.E.,R.S.)

170 Hollow Oak

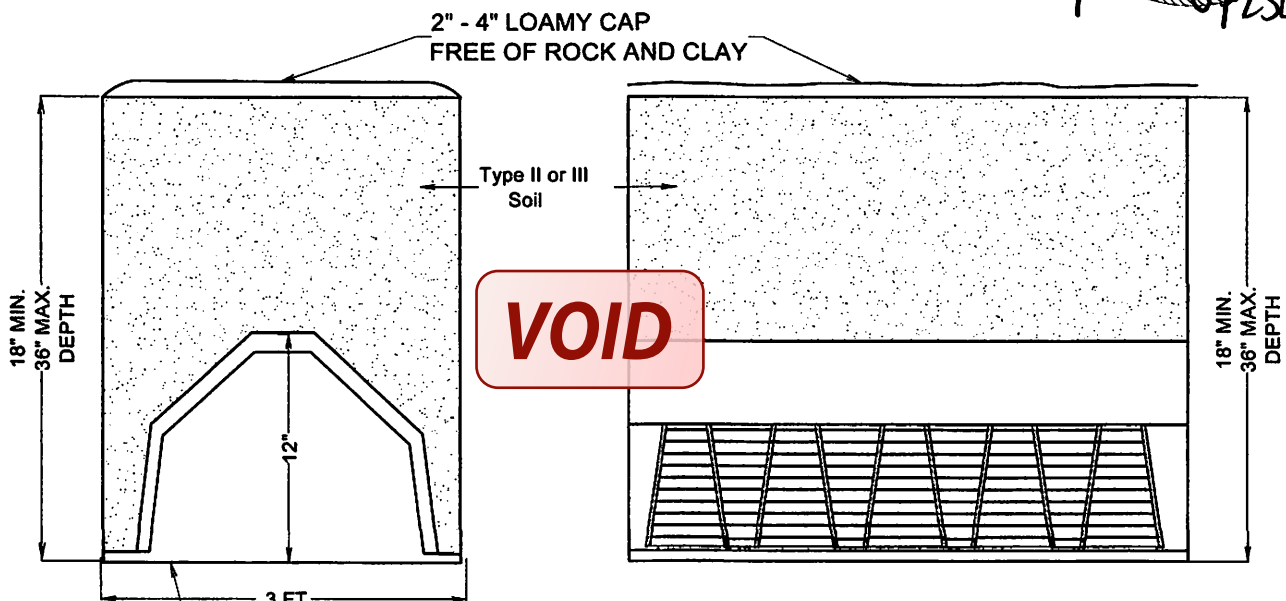
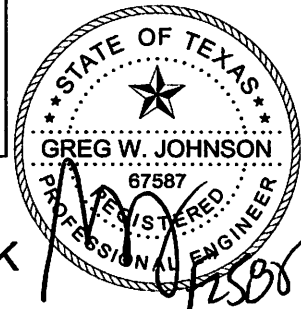
New Braunfels, TX 78132

Office/Fax (830) 905-2778

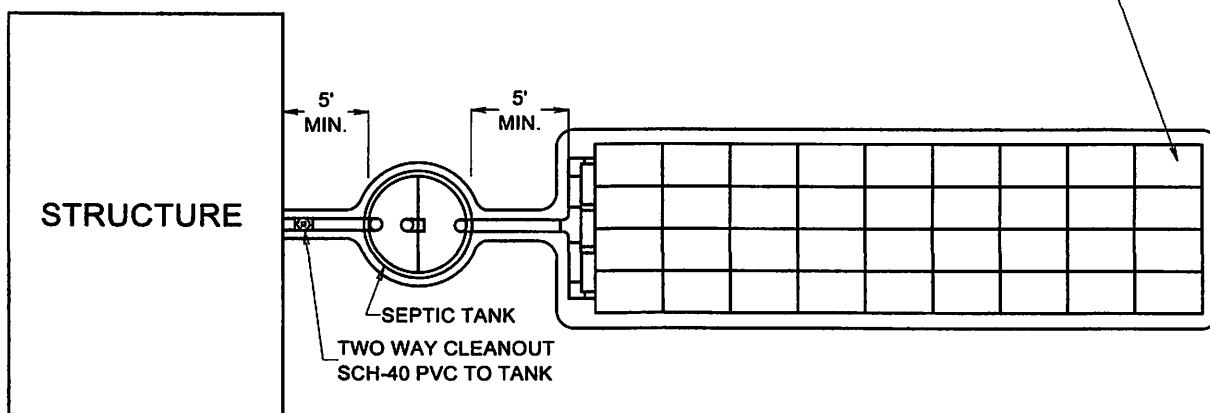
Email: gregjohnsonpe@yahoo.com



TYPICAL TWO COMPARTMENT SEPTIC TANK



HANCOR LEACHING CHAMBER DETAIL



HANCOR LEACHING CHAMBER DETAIL

* * * 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; SEPTIC TANK AND LEACHING CHAMBERS

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

Tank Size(s) (Gallons) 1000 GAL. DUAL COMP. SEPTIC TANK Absorption/Application Area (Sq Ft) 913Gallons Per Day (As Per TCEQ Table III) 240

(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 Registered Professional Engineer (R.S.) or Professional Engineer (P.E.)

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 approved CZP for the property? ☐ Yes ☒ No

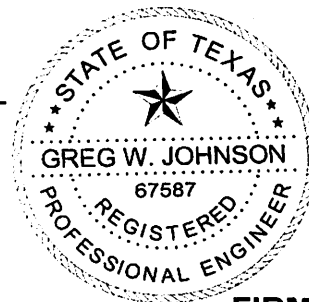
(If yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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

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

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

If yes, indicate the city: _____



FIRM #2585

By signing this application, I certify that:

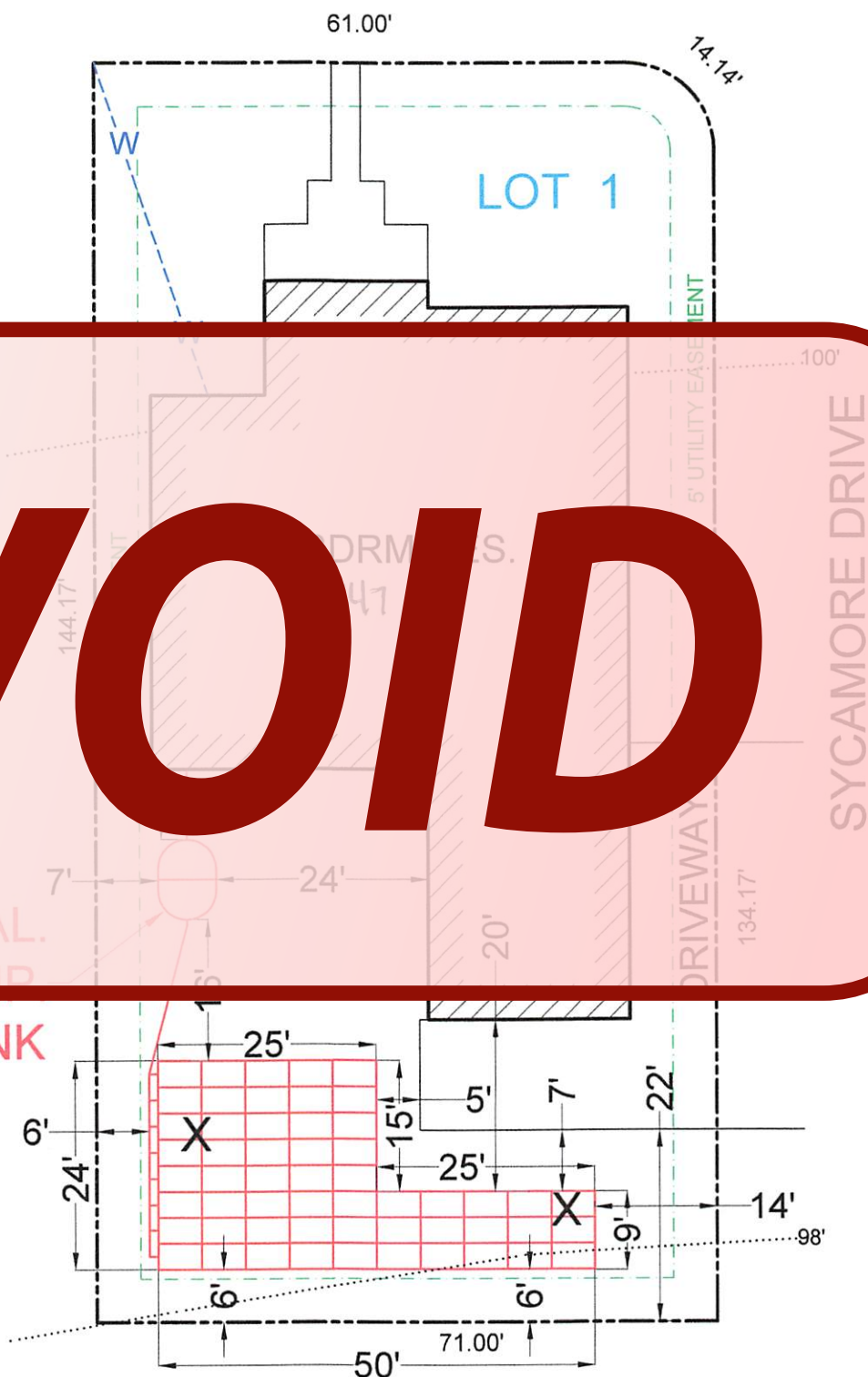
- The information provided above is true and correct to the best of my knowledge.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable

Signature of Designer _____

Date June 9, 2023

1 = TEST HOLE

RIVERS OAK BLVD.



| | | | | | |
|---|--|---------------|-----------------------|-------------------------|--------|
| OWNER: MICHAEL WITT | | | | DRAWN BY: EJS III | |
| STREET ADDRESS: 622 SYCAMORE FALLS | | | | | |
| LEGAL DESC: RIVER'S EDGE | | | UNIT/SECTION/PHASE: 3 | BLOCK: E | LOT: 1 |
| PREPARED BY: GREG W. JOHNSON, P.E. F#002585 | | SCALE: 1"=20' | DATE: 6/9/2023 | 2nd REVISION: 9/25/2023 | |

Stc / GF#1748432 / RDS

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

WARRANTY DEED WITH VENDOR'S LIEN

STATE OF TEXAS

§

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF COMAL

§

That **ROBERT KOURY**, hereinafter called Grantor (whether one or more), in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations, to said Grantor in hand paid by **MICHAEL WITT**, a single person, hereinafter called Grantee (whether one or more), whose mailing address is: 909 Ivy Lane, San Antonio, TX 78209, the receipt of which is hereby acknowledged, and for the further consideration of the sum of \$101,250.00, to Grantor in hand paid by **JEFFERSON BANK**, which amount is advanced at the special instance and request of the Grantee herein, and as evidence thereof, the Grantee has executed and delivered one certain promissory note of even date herewith for the sum of **ONE HUNDRED ONE THOUSAND TWO HUNDRED FIFTY AND NO/100 DOLLARS (\$101,250.00)**, payable to the order of **JEFFERSON BANK**, whose mailing address is as set forth in the hereinafter mentioned Deed of Trust, bearing interest and payable as in said note provided; said note containing the usual provisions for attorney's fees and acceleration of maturity in case of default, and being secured by Vendor's Lien herein and hereby expressly retained in favor of the Grantor, on the property hereinafter described, and as further security for the payment of said note, the **SUPERIOR TITLE** and **VENDOR'S LIEN** to said property are hereby transferred and conveyed to **JEFFERSON BANK** without recourse against Grantor, said note being also secured by Deed of Trust of even date herewith to **DANNY B. BUTLER**, Trustee; has **GRANTED, SOLD** and **CONVEYED**, and by these presents Grantor does **GRANT, SELL** and **CONVEY** unto the Grantee above named, the following described real property together with all improvements thereon situated in Comal County, Texas, described as follows, to-wit:

Lot One (1), Block E, RIVER'S EDGE, UNIT THREE (3), situated in Comal County, Texas, according to map or plat thereof recorded in Volume 5, Page 100, Map and Plat Records of Comal County, Texas.

TO HAVE AND TO HOLD the said premises, together with the rights, hereditaments and appurtenances thereto belonging, unto the said Grantee above named, Grantee's heirs, successors and/or assigns forever. And Grantor does hereby bind Grantor, Grantor's heirs, successors and/or assigns to **WARRANT AND FOREVER DEFEND** the title to said property unto the said Grantee above named, Grantee's heirs, successors and/or assigns, against every person whomsoever lawfully claiming or to claim the same, or any part thereof.

Grantee assumes taxes for the current year on the property hereby conveyed.

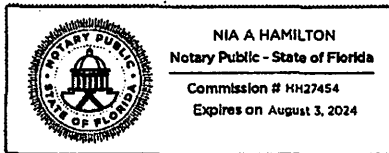
This conveyance and the warranties of title given herein are made subject to any and all restrictions, easements, setback lines, covenants, conditions, reservations, terms and provisions of record affecting the property herein conveyed.

EXECUTED ON THE FOLLOWING DATE: 08/19/2022

Robert Koury
ROBERT KOURY

Florida (ACKNOWLEDGEMENT)
STATE OF §
COUNTY OF Polk §

This instrument was ACKNOWLEDGED before me, on this the 19th day of
August, 20 22, by ROBERT KOURY,
who produced driver license as identification.



Nia A Hamilton
Notary Public, State of Florida
Nia A Hamilton
08/03/2024
HH27454

Notarized online using audio-video communication

AFTER RECORDING RETURN TO:
908 Ivy Lane
San Antonio, TX 78209

Prepared in the Law Offices of:
West & West
Attorneys at Law, P.C.
2929 Mossrock, Suite 204
San Antonio, Texas 78230

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
08/19/2022 01:16:57 PM
TERRI 2 Pages(s)
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 Bobbie Koepp