# Comal County Environmental Health
# OSSF Inspection Sheet

**Installer Name:** Barker **OSSF Installer #:** OS0008287

**1st Inspection Date:** 6/10/24 **2nd Inspection Date:** 10/21/25 **3rd Inspection Date:**

**Inspector Name:** Connor **Inspector Name:** Corey Allen **Inspector Name:**

**Permit#:** 117405 **Address:** 580 COMPASS ROSE

| 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 | X | 285.31(a)<br>285.30(b)(1)(A)(iv)<br>285.30(b)(1)(A)(v)<br>285.30(b)(1)(A)(iii)<br>285.30(b)(1)(A)(ii)<br>285.30(b)(1)(A)(i) | | X | | |
| 2 | SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances<br>Meet Minimum Standards | X | 285.91(10)<br>285.30(b)(4)<br>285.31(d) | | X | | |
| 3 | SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26) | X | 285.32(a)(1) | | X | | |
| 4 | SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot | X | 285.32(a)(3) | | X | | |
| 5 | SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends) | X | 285.32(a)(5) | | X | | |
| 6 | PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements | | 285.32(b)(1)(G)<br>285.32(b)(1 )(E)(iii)<br>285.32(b)(1)(E)(iv)<br>285.32(b)(1)(F)<br>285.32(b)(1)(B)<br>285.32(b)(1)(C)(i)<br>285.32(b)(1)(C)(ii)<br>285.32(b)(1)(D)<br>285.32(b)(1)(E)<br>285.32(b)(1)(A)<br>285.32(b)(1)(E)(ii)(II)<br>285.32(b)(1)(E)(i)<br>285.32(b)(1)(E)(ii)(I) | | | | |
| 7 | PRETREATMENT Grease Interceptors if required for commercial | | 285.34(d) | | | | |

**Inspector Notes:** **6/10/24 JC Tank good, cover.**
**10/21/25 CA: Missing spray head. Spray areas seeded. Need op**

# 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 SingleTank, 2Compartments Provided withBaffle SEPTIC TANK Inlet Flowline Greater than3" and " T " Provided on Inlet and OutletSEPTIC TANK Septic Tank(s) MeetMinimum Requirements | | 285.32(b)(1)<br>(E)285.91(2)285.32(b)(1)<br>(F)285.32(b)(1)(E)<br>(iii)285.32(b)(1)(E)(ii)<br>(II)285.32(b)(1)(E)(ii)<br>(I)285.32(b)(1)(E)<br>(i)285.32(b)(1)<br>(D)285.32(b)(1)(C)<br>(ii)285.32(b)(1)(C)<br>(i)285.32(b)(1)<br>(B)285.32(b)(1)<br>(A)285.32(b)(1)(E)(iv) | | | | |
| 9 | ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used | X | 285.32(b)(1)(F)<br>285.32(b)(1)(G)<br>285.34(b) | | X | | |
| 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 providedSEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions | | 285.38(d)<br>285.38(e) | | | | |
| 12 | SEPTIC TANK Tank Volume Installed | | | | | | |
| 13 | PUMP TANK Volume Installed | | | | | | |
| 14 | AEROBIC TREATMENT UNIT Size Installed | X | | | X | | |
| 15 | AEROBIC TREATMENT UNIT Manufacturer<br>AEROBIC TREATMENT UNIT Model Number | X<br>X | | Solar Aerobic : per design | X<br>X | | |
| 16 | DISPOSAL SYSTEM Absorptive | | 285.33(a)(4)<br>285.33(a)(1)<br>285.33(a)(2)<br>285.33(a)(3) | | | | |
| 17 | DISPOSAL SYSTEM Leaching Chamber | | 285.33(a)(1)<br>285.33(a)(3)<br>285.33(a)(4)<br>285.33(a)(2) | | | | |
| 18 | DISPOSAL SYSTEM Evapo-transpirative | | 285.33(a)(3)<br>285.33(a)(4)<br>285.33(a)(1)<br>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)<br>285.33(a)(3)<br>285.33(a)(1)<br>285.33(a)(2) | | | | |
| 22 | DISPOSAL SYSTEM Gravelless Pipe | | 285.33(a)(3)<br>285.33(a)(2)<br>285.33(a)(4)<br>285.33(a)(1) | | | | |
| 23 | DISPOSAL SYSTEM Mound | | 285.33(a)(3)<br>285.33(a)(1)<br>285.33(a)(2)<br>285.33(a)(4) | | | | |
| 24 | DISPOSAL SYSTEM Other (describe) (Approved Design) | x | 285.33(d)(6)<br>285.33(c)(4) | surface spray | x | | |
| 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<br>DRAINFIELD Excavation Depth<br>DRAINFIELD Excavation Separation<br>DRAINFIELD Depth of Porous Media<br>DRAINFIELD Type of Porous Media | | | | | | |
| 29 | DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place | | 285.33(b)(1)(E) | | | | |
| 30 | DRAINFIELD Leaching Chambers<br>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<br>EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0%<br>EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field ( 1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom )<br>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<br>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)<br>285.33(b)(3)(A)<br>285.33(b)(3)<br>(B)285.91(13)<br>285.33(b)(3)(D)<br>285.33(b)(3)(F) | | | | |
| 33 | AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines. | X | 285.32(c)(1) | | X | | |
| 34 | AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided<br>AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank<br>AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions | X<br>X<br>X<br>X | | | X<br>X<br>X<br>X | | |
| 35 | AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place. | X | | | X | | |
| 36 | PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction<br>PUMP TANK Sampling Port Provided in the Treated Effluent Line<br>PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required<br>PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump | | | | | | |
| 37 | PUMP TANK Inspection/Clean Out Port & Risers Provided<br>PUMP TANK Secondary restraint system provided<br>PUMP TANK Riser permanently fastened to lid or cast into tank<br>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? | X | 285.33(d)(2)(G)(iii)(II)<br>285.33(d)(2)(G)(iii)(III)<br>285.33(d)(2)(G)(v)<br>285.33(d)(2)(G)(iii)<br>285.33(d)(2)(G)(iv)<br>285.33(d)(2)(G)(i)<br>285.33(d)(2)(G)(ii)<br>285.33(d)(2)(G)(iii)(I) | | X | | |
| 41 | APPLICATION AREA Low Angle Nozzles Used / Pressure is as required<br>APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads?<br>APPLICATION AREA The Landscape Plan is as Designed | X<br>X | 285.33(d)(2)(G)<br>(i)285.33(d)(2)<br>(A)285.33(d)(2)(F) | | X<br>X | | |
| 42 | APPLICATION AREA Area Installed | X | | | X | | |
| 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: | 117405 |
| Issued This Date: | 05/08/2024 |
| This permit is hereby given to: | HABI LAND, LLC |

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

580 COMPASS ROSE
CANYON LAKE, TX 78133

| | |
|---|---|
| Subdivision: | THE SUMMIT NORTH |
| Unit: | 4 |
| Lot: | 171 |
| Block: | 0 |
| Acreage: | 0.6700 |

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 2:02 pm, Apr 18, 2024*

COMAL COUNTY
ENGINEER'S OFFICE

# ON-SITE SEWAGE FACILITY APPLICATION

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

Date March 12, 2024 Permit Number 117405

## 1. APPLICANT / AGENT INFORMATION

| | | | |
|---|---|---|---|
| Owner Name | HABI LAND, LLC | Agent Name | GREG JOHNSON, P.E. |
| Mailing Address | 7551 CALLAGHAN ROAD # 103 | Agent Address | 170 HOLLOW OAK |
| City, State, Zip | SAN ANTONIO TEXAS 78229 | City, State, Zip | NEW BRAUNFELS TEXAS 78132 |
| Phone # | 210-464-8120 | Phone # | 830-905-2778 |
| Email | rescoservices1@gmail.com | Email | gregjohnsonpe@yahoo.com |

## 2. LOCATION

Subdivision Name THE SUMMIT NORTH Unit PHASE 4 Lot 171 Block

Survey Name / Abstract Number Acreage

Address 580 COMPASS ROSE City CANYON LAKE State TX Zip 78133

## 3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1792

☐ 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: $ 350,000 (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

03 / 18 / 2024
Date


Revised January 2021

#117405

THE SUMMIT NORTH, PHASE 4, LOT 171

COMAL COUNTY
ENGINEER'S OFFICE

# ON-SITE SEWAGE FACILITY APPLICATION

195 DAVID JONAS DR
EELS, TX 78132
608-2090
WWW.CCEO.ORG

**REVISED**
*1:09 pm, Jun 13, 2024*

**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)** SOLAR AIR SA600· LP **Absorption/Application Area (Sq Ft)** 4148

**Gallons 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.)

**Is there at least one acre per single family dwelling as per 285.40(c)(1)?** ☐ Yes ☐ No

**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 ap

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

**If yes, indicate the city:** _____

STATE OF TEXAS
GREG W. JOHNSON
67587
REGISTERED
PROFESSIONAL ENGINEER

**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

April 15, 2024
Date

# 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):

4 UNIT/PHASE/SECTION _____ BLOCK 171 LOT THE SUMMIT NORTH SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY

The property is owned by (insert owner's full name): HABI LAND, LLC

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 transfered 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 March ,20 24

Owner(s) signature(s)

Eugenio Murillo - MANAGER
Owner (s) Printed name (s)

EUGENIO MURILLO SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 18th DAY OF March ,20 24

Notary Public Signature

CALEB MATTHEW STRATMANN
Notary Public, State of Texas
Comm. Expires 08-07-2027
Notary ID 134466963

CALEB MATTHEW STRATMANN
Notary Public, State of Texas
Comm. Expires 08-07-2027
Notary ID 134466963

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
04/15/2024 08:21:53 AM
LAURA 1 Pages(s)
202406011069

Bobbie Koepp

**REVISED**
*10:05 am, May 08, 2024*



LUNA
ENVIRONMENTAL

# WASTEWATER TREATMENT SYSTEM MAINTENANCE CONTRACT

| Customer | Residential | Initial Contract |
|---|---|---|
| Habi Land LLC | ☑ | ☑ |

| Site Address | Agency |
|---|---|
| 580 Compass Rose, Canyon Lake, TX 78133 | Comal County |

| Email | Phone | Permit Number |
|---|---|---|
| rescoservices1@gmail.com | (210) 464-8120 | |

System Details
Treatment: Aerobic Surface Application Liquid Bleach / System: 600 Max GPD

## 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. 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. Dates:

This agreement is for an initial 2-year maintenance contract and begins once the License to Operate (LTO) has been issued.

### III. Services by Contractor:

1. Inspect and perform routine maintenance on the On-Site Sewage Facility ("OSSF") in compliance with code, regulations, and/or rules of the Texas Commission on Environmental Quality ("TCEQ") and county in which the OSSF is located and the manufacturer's requirements, at a frequency of approximately once every four (4) months.

2. Inspection, adjustment, and servicing of the mechanical, electrical, and other components to ensure proper functioning. This includes inspecting control panels, air pumps, air filters, diffusers, floats, and spray heads.

3. Effluent Inspection will include the following: effluent quality (color, turbidity, overflow, and odor), testing effluent chlorine and pH levels, when necessary, alarm function, filters, operation of effluent pump and chlorinator. Unless otherwise agreed to, Contractor does not provide chlorine. BOD and TSS annually on commercial accounts, additional charges apply.

4. Notify Client of any repairs needed to keep OSSF in proper working condition and up to regulatory standards. Items under warranty may be repaired while the technician is on-site. Additional charges may apply for labor and service calls. Repair quotes of non-warranty items must be approved by Client before work is performed.

5. Report to the appropriate regulatory authority and to Client, as required by the State of Texas' on-site rules and, if required, TCEQ or County rules. All findings must be reported to the appropriate regulatory authority within 14 days.

6. Visit site within 48 hours of a service request.

7. Provide Customer Support line at 855-560-9909.

EM

**REVISED**
*10:05 am, May 08, 2024*



## IV. Client Responsibilities:

1. Maintain Chlorinator and proper chlorine supply, unless otherwise specified.
2. Provide all necessary lawn or yard maintenance and remove all obstructions, including dogs and other animals as needed to allow the OSSF to function properly and the Contractor easy and safe access to all parts of
3. Immediately notify Contractor of any alarms or system problems.
4. Have tanks pumped out as directed by manufacturer, typically every 3 years.
5. Be available by text, phone, or in person when the Contractor is on site in case of required repair approvals or questions.
6. Maintain site drainage to prevent adverse effects on OSSF.
7. Promptly pay Contractor's bills, fees, and invoices in full.

## V. Access By Contractor:

Access By Contractor: The contractor or anyone authorized by the contractor may enter the property at reasonable times without prior notice for the purpose of repairs and services described herein.

## VI. Termination of This Agreement:

Either party may terminate this agreement with 30 days' written notice in the event of the other party's substantive failure to perform in accordance with this agreement without fault of the terminating party. Is this agreement is terminated, the Contractor will notify the appropriate regulatory authority.

## VII. Limitation of Liability:

In no event shall the Contractor be liable for indirect, consequential, incidental, or punitive damages, whether in contract, tort, or any other theory of liability. In no event shall the Contractor's liability for the direct damages exceed payments by the Client under this agreement.

## VIII. Payment Terms:

The fee for this agreement only covers the services described herein. This fee does not cover equipment or labor for non-warranty repairs, labor for warranty repairs, or service charges resulting from unscheduled, Client requested trips to the Client's OSSF. Payments not received within 30 days from the date of invoicing will be subject to a $30.00 late penalty and or a 1.5% monthly carrying charge, whichever is greater. By signing this contract, the Client authorizes 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. All invoices are due upon receipt by Client.

## IX. Severability:

If any provision of this agreement shall be held 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 this 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.

| | |
|---|---|
| Habi Land LLC | Luna Environmental / Ryan Seidensticker |
| Customer Name | Maintenance Provider Name |
| Customer Signature | Ryan Seidensticker License # MP0001708 |
| | Maintenance Provider Signature |

Additional Comments / Special Terms

# ON-SITE SEWERAGE FACILITY
# SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: **March 12, 2024**

Site Location: **The SUMMIT NORTH, PHASE 4, LOT 171**

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 **SURFACE EVALUATION**

| Depth (Feet) | Texture Class | Soil Texture | Gravel Analysis | Drainage (Mottles/ Water Table) | Restrictive Horizon | Observations |
|---|---|---|---|---|---|---|
| 0 – 10" | III | CLAY LOAM | N/A | NONE OBSERVED | LIMESTONE @ 10" | BROWN |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

SOIL BORING NUMBER **SURFACE EVALUATION**

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

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

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

03/12/24
Date

# OSSF SOIL EVALUATION REPORT INFORMATION

**REVISED**
1:09 pm, Jun 13, 2024

**Date:** March 13, 2024

**Applicant Information:**

Name: HABI LAND, LLC.
Address: 7551 CALLAGHAN ROAD #103
City: SAN ANTONIO State: TEXAS
Zip Code: 78229 Phone: (210) 464-8120

**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 171 Unit 4 Blk ___ Subd. The SUMMIT NORTH
Street Address: 580 COMPASS ROSE
City: CANYON LAKE Zip Code: 78133
Additional Info.: ___

**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: 3 Total sq. ft. living area 1792
Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction for water conserving fixtures)
Q = ( 3 +1)*75-( 20%)= 240
Trash Tank Size 376 Gal.
TCEQ Approved Aerobic Plant Size 600 G.P.D.
Req'd Application Area = Q/Ri = 240 / 0.064 = 3750 sq. ft.
Application Area Utilized = 4148 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 = 778 Gal. 18.75 Gal/inch.
Reserve Requirement = 80 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)

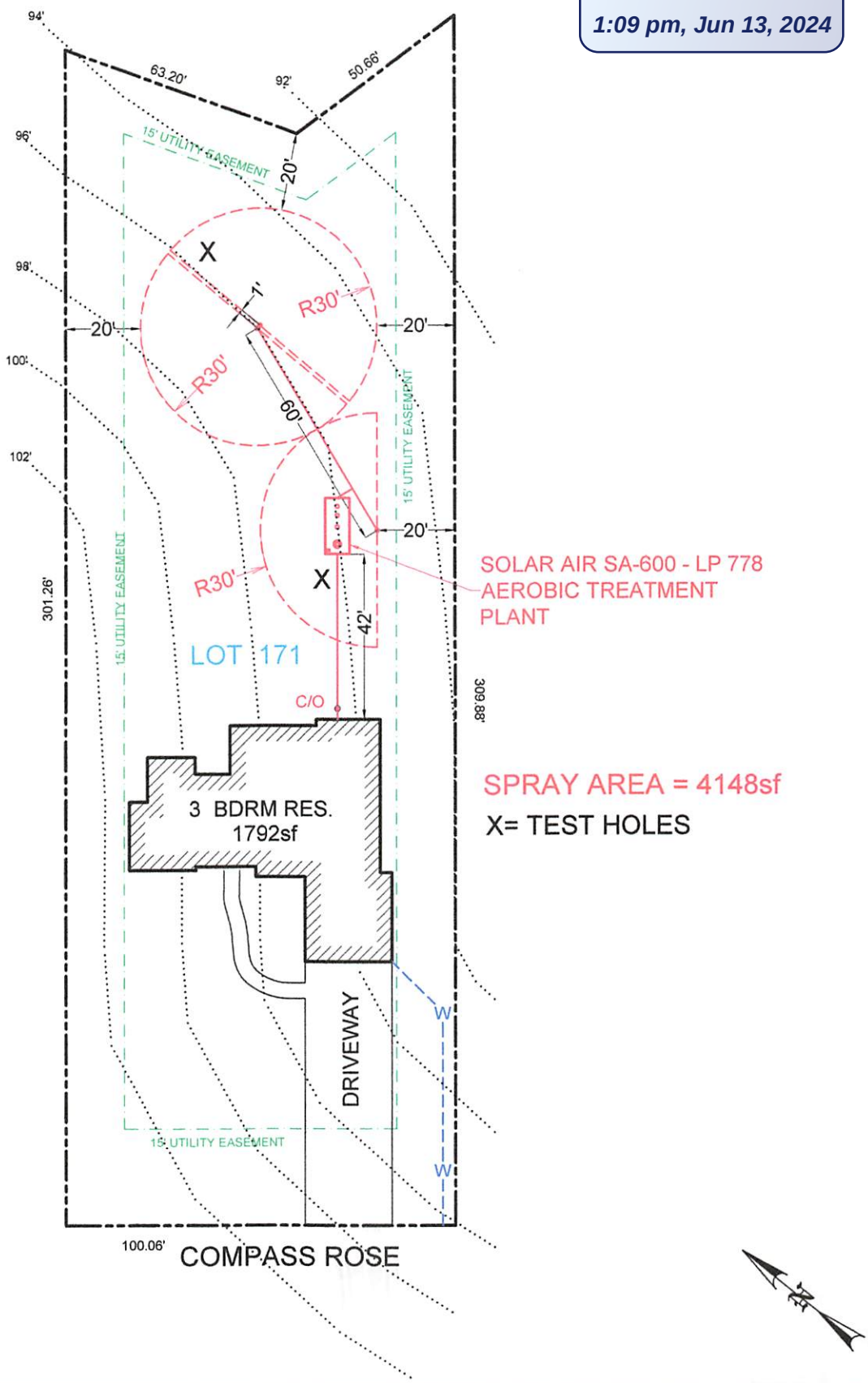
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

03/13/24
DATE

STATE OF TEXAS
GREG W. JOHNSON
67687
REGISTERED
PROFESSIONAL ENGINEER

FIRM #2585

**REVISED**
*1:09 pm, Jun 13, 2024*




STATE OF TEXAS
GREG W. JOHNSON
67587
REGISTERED
PROFESSIONAL ENGINEER

| | | | | | |
|---|---|---|---|---|---|
| OWNER: HABI LAND, LLC. | | | | DRAWN BY: EJS III | |
| STREET ADDRESS: 580 COMPASS ROSE | | | | | |
| LEGAL DESC: The SUMMIT NORTH | | UNIT/SECTION/PHASE: 4 | BLOCK: | LOT: 171 | |
| PREPARED BY: GREG W. JOHNSON, P.E. F#002585 | SCALE: 1"=40' | DATE: 3/13/2024 | REVISED: 6/9/2024 | | |

TANK NOTES:

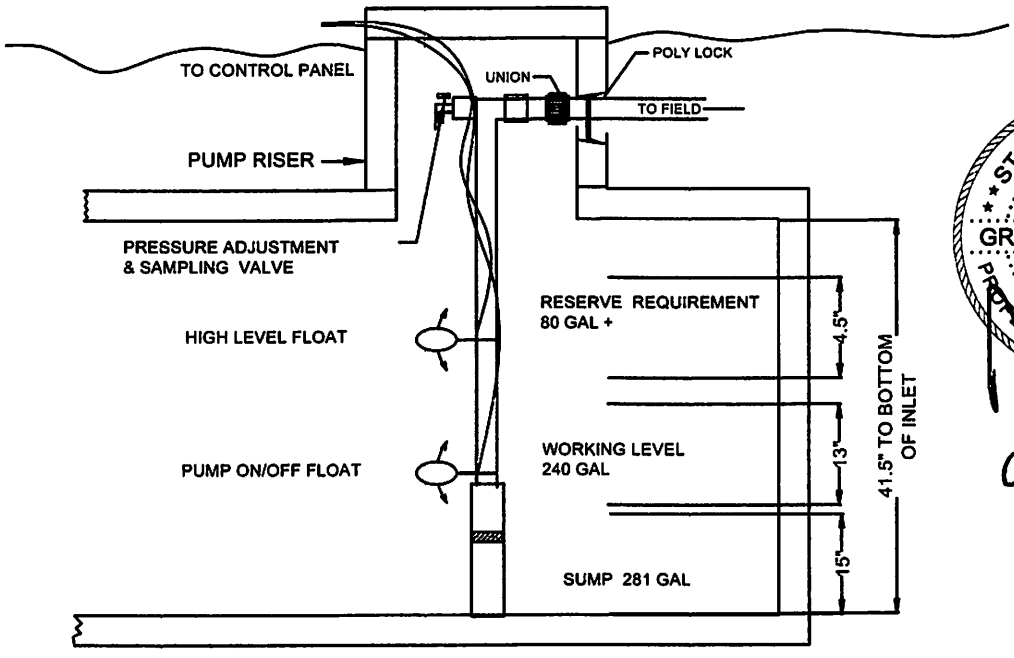
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

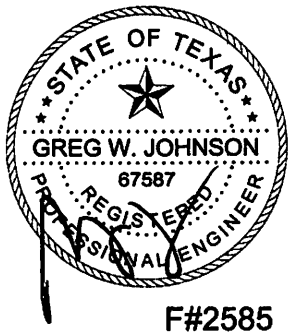
Tightlines to the tank shall be SCH-40 PVC.

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

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




F#2585

03/13/24

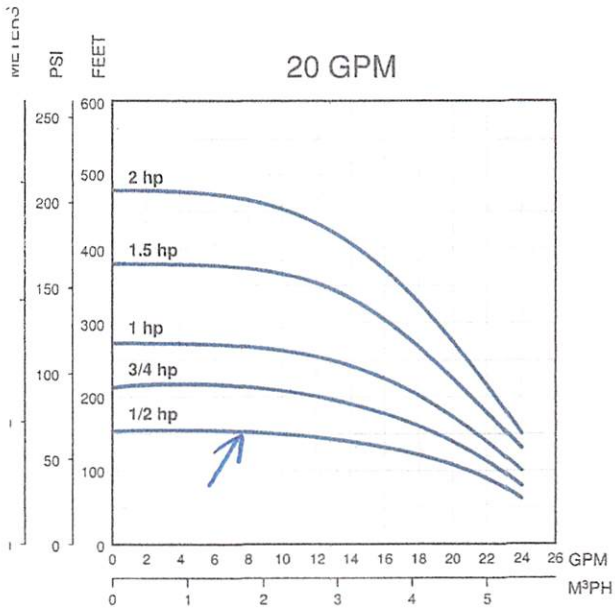
TYPICAL PUMP TANK CONFIGURATION
SOLAR-AIR SA-600 LP 778 GAL PUMP TANK

## 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
*

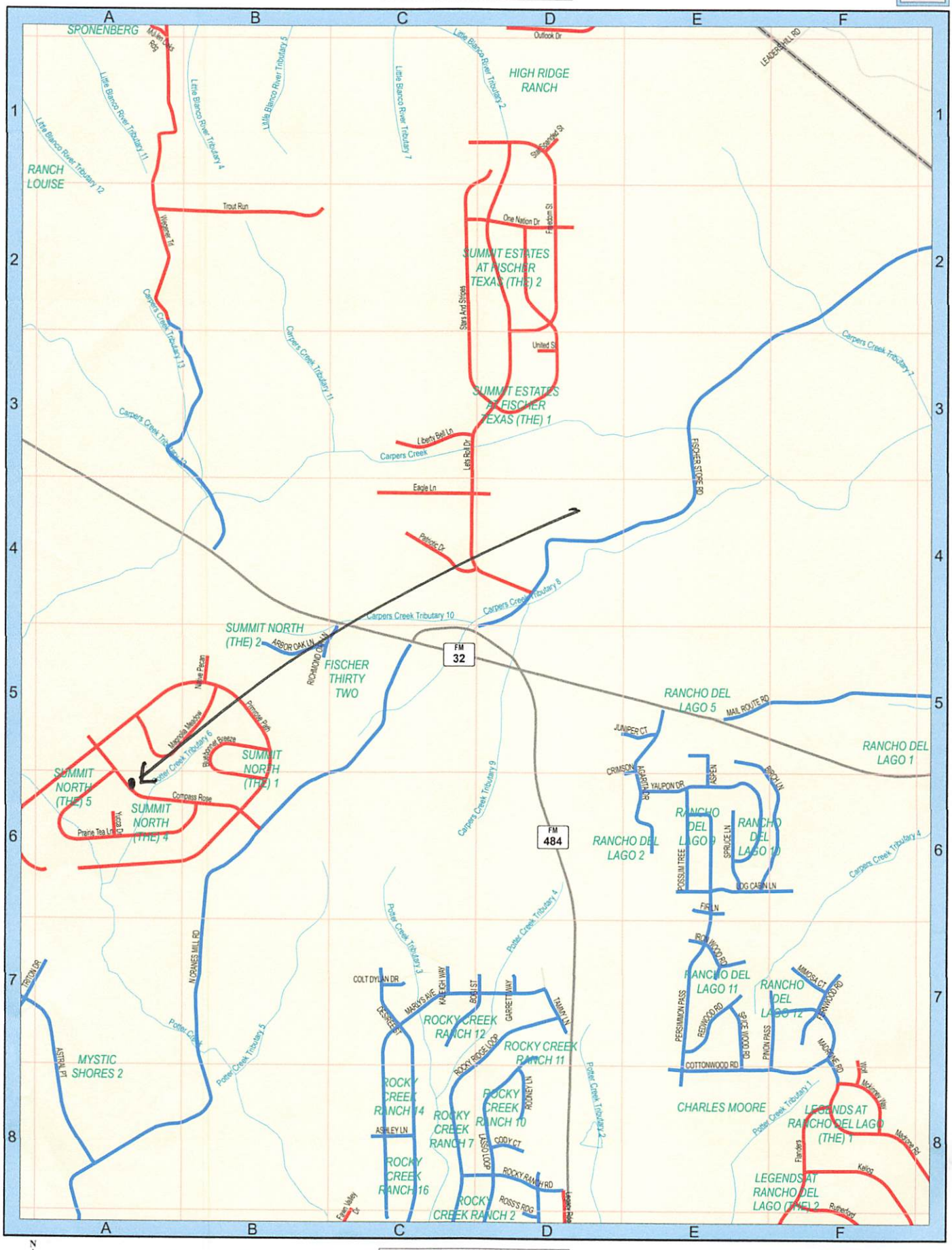



## Thermoplastic Units Ordering Information

| 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 |

SEE PAGE 7




N W E S

0 1,250 2,500 Feet

0 0.25 0.5 Miles

Produced by the Comal County Engineer's Office - 7/17/2023

**From:** Ritzen, Brenda
**To:** "Greg Johnson"
**Cc:** rockysep@gvtc.com
**Subject:** RE: 580 COMPASS ROSE - HABI LAND #117405
**Date:** Thursday, June 13, 2024 1:12:00 PM
**Attachments:** image001.png

---

Greg,

The permit file has been updated.

Thank you,


**Brenda Ritzen**
Environmental Health Coordinator
195 David Jonas Dr.
New Braunfels, TX 78132
DR:OS00007722
830-608-2090
www.cceo.org


---

**From:** Greg Johnson <gregjohnsonpe@yahoo.com>
**Sent:** Thursday, June 13, 2024 11:36 AM
**To:** Ritzen, Brenda <rabbjr@co.comal.tx.us>
**Cc:** rockysep@gvtc.com
**Subject:** 580 COMPASS ROSE - HABI LAND #117405



---

REVISED.
THX,
GREG

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

170 Hollow Oak

New Braunfels, TX 78132

THE SUMMIT NORTH, PHASE 4, LOT 171

COMAL COUNTY
ENGINEER'S OFFICE

# ON-SITE SEWAGE FACILITY APPLICATION

VOID

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

**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)** SOLAR AIR SA600· LP **Absorption/Application Area (Sq Ft)** 4241

**Gallons 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.)

**Is there at least one acre per single family dwelling as per 285.40(c)(1)?** ☐ Yes ☐ No

**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.)

VOID

**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 ap

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

**If yes, indicate the city:** _____

STATE OF TEXAS
GREG W. JOHNSON
67587
REGISTERED
PROFESSIONAL ENGINEER

**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

April 15, 2024
Date

# OSSF SOIL EVALUATION REPORT INFORMATION

VOID

**Date:** March 13, 2024

**Applicant Information:**

Name: HABI LAND, LLC.
Address: 7551 CALLAGHAN ROAD #103
City: SAN ANTONIO State: TEXAS
Zip Code: 78229 Phone: (210) 464-8120

**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 171 Unit 4 Blk ___ Subd. The SUMMIT NORTH
Street Address: 580 COMPASS ROSE
City: CANYON LAKE Zip Code: 78133
Additional Info.: ___

**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 3 total sq. ft. living area 1792

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

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

Trash Tank Size 376 Gal.

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

Req'd Application Area = Q/Ri = 240 / 0.064 = 3750 sq. ft.

Application Area Utilized = 4241 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 = 778 Gal. 18.75 Gal/inch.

Reserve Requirement = 80 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)

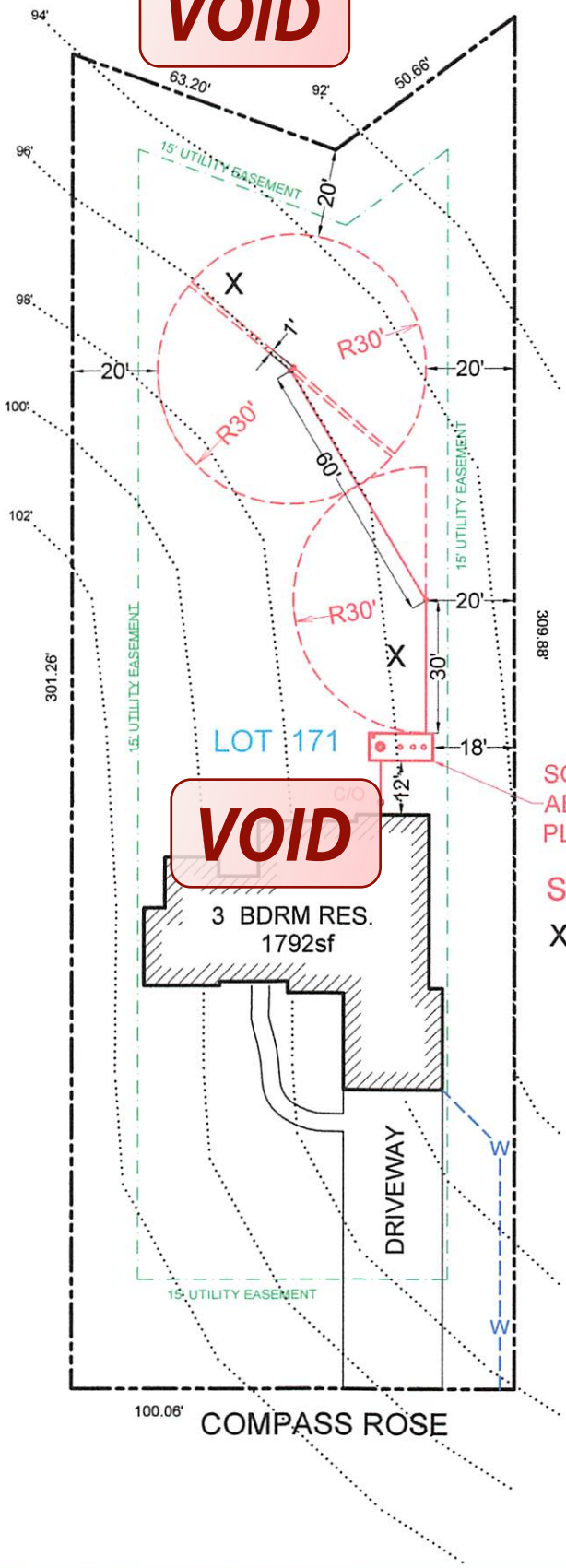
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

03/13/24
DATE

STATE OF TEXAS
GREG W. JOHNSON
67587
REGISTERED
PROFESSIONAL ENGINEER

FIRM #2585

VOID




STATE OF TEXAS
GREG W. JOHNSON
67587
REGISTERED
PROFESSIONAL ENGINEER

| | | | | | |
|---|---|---|---|---|---|
| OWNER: HABI LAND, LLC. | | | | | DRAWN BY: EJS III |
| STREET ADDRESS: 580 COMPASS ROSE | | | | | |
| LEGAL DESC: The SUMMIT NORTH | | UNIT/SECTION/PHASE: 4 | BLOCK: | LOT: 171 | |
| PREPARED BY: GREG W. JOHNSON, P.E. F#002585 | SCALE: 1"=40' | DATE: 3/13/2024 | REVISED: | | |

**From:** Ritzen, Brenda
**To:** Resco Services; "(gregjohnsonpe@yahoo.com)"
**Subject:** Permit 117405
**Date:** Tuesday, April 30, 2024 4:23:00 PM
**Attachments:** image001.png

---

**Re: Habi Land, LLC**
**The Summit North Phase 4 Lot 171**
**Application for Permit for Authorization to Construct an On-Site Sewage Facility (OSSF)**

**Owner / Agent :**

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

1. **The property owner must sign the maintenance contract.**
2. **Revise as needed and resubmit.**

**Thank you,**


COMAL COUNTY TEXAS

**Brenda Ritzen**
Environmental Health Coordinator
195 David Jonas Dr.
New Braunfels, TX 78132
DR:OS00007722
830-608-2090
www.cceo.org

# WASTEWATER TREATMENT SYSTEM MAINTENANCE CONTRACT

| Customer | Residential | Initial Contract |
|---|---|---|
| Habi Land LLC | ☑ | ☑ |

| Site Address | Agency |
|---|---|
| 580 Compass Rose, Canyon Lake, TX 78133 | Comal County |

| Email | Phone | Permit Number |
|---|---|---|
| rescoservices1@gmail.com | (210) 464-8120 | |

System Details

Treatment: Aerobic Surface Application Liquid Bleach / System: 600 Max GPD

## 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. 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. Dates:

This agreement is for an initial 2-year maintenance contract and begins once the License to Operate (LTO) has been issued.

### III. Services by Contractor:

1. Inspect and perform routine maintenance on the On-Site Sewage Facility ("OSSF") in compliance with code, regulations, and/or rules of the Texas Commission on Environmental Quality ("TCEQ") and county in which the OSSF is located and the manufacturer's requirements, at a frequency of approximately once every four (4) months.



2. Inspection, adjustment, and servicing of the mechanical, electrical, and other components to ensure proper functioning. This includes inspecting control panels, air pumps, air filters, diffusers, floats, and spray heads.

3. Effluent Inspection will include the following: effluent quality (color, turbidity, overflow, and odor), testing effluent chlorine and pH levels, when necessary, alarm function, filters, operation of effluent pump and chlorinator. Unless otherwise agreed to, Contractor does not provide chlorine. BOD and TSS annually on commercial accounts, additional charges apply.

4. Notify Client of any repairs needed to keep OSSF in proper working condition and up to regulatory standards. Items under warranty may be repaired while the technician is on-site. Additional charges may apply for labor and service calls. Repair quotes of non-warranty items must be approved by Client before work is performed.

5. Report to the appropriate regulatory authority and to Client, as required by the State of Texas' on-site rules and, if required, TCEQ or County rules. All findings must be reported to the appropriate regulatory authority within 14 days.

6. Visit site within 48 hours of a service request.

7. Provide Customer Support line at 855-560-9909.

## IV. Client Responsibilities:

1. Maintain Chlorinator and proper chlorine supply, unless otherwise specified.
2. Provide all necessary lawn or yard maintenance and remove all obstructions, including dogs and other animals as needed to allow the OSSF to function properly and the Contractor easy and safe access to all parts of
3. Immediately notify Contractor of any alarms or system problems.
4. Have tanks pumped out as directed by manufacturer, typically every 3 years.
5. Be available by text, phone, or in person when the Contractor is on site in case of required repair approvals or questions.
6. Maintain site drainage to prevent adverse effects on OSSF.
7. Promptly pay Contractor's bills, fees, and invoices in full.

## V. Access By Contractor:

Access By Contractor: The contractor or anyone authorized by the contractor may enter the property at reasonable times without prior notice for the purpose of repairs and services described herein.

## VI. Termination of This Agreement:

Either party may terminate this agreement with 30 days' written notice in the event of the other party's substantive failure to perform in accordance with this agreement without fault of the terminating party. Is this agreement is terminated, the Contractor will notify the appropriate regulatory authority.

## VII. Limitation of Liability:

In no event shall the Contractor be liable for indirect, consequential, incidental, or punitive damages, whether in contract, tort, or any other theory of liability. In no event shall the Contractor's liability for the direct damages exceed payments by the Client under this agreement.

## VIII. Payment Terms:

The fee for this agreement only covers the services described herein. This fee does not cover equipment or labor for non-warranty repairs, labor for warranty repairs, or service charges resulting from unscheduled, Client requested trips to the Client's OSSF. Payments not received within 30 days from the date of invoicing will be subject to a $30.00 late penalty and or a 1.5% monthly service charge, whichever is greater. By signing this contract, the Client authorizes 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. All invoices are due upon receipt by Client.



## IX. Severability:

If any provision of this agreement shall be held 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 this 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.

| Habi Land LLC | Luna Environmental / Ryan Seidensticker |
|---|---|
| DocuSigned by: Habi Land LLC 3FDDD4036B3C4CA... | Ryan Seidensticker |
| Customer Name | Maintenance Provider Name |
| Customer Signature | Maintenance Provider Signature |
| | License # MP0001708 |

Additional Comments / Special Terms

First American Title GF# 2853814-SA30

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**

**Date:** February 6, 2024

**Grantor:** Jose De Jesus Marquez

**Grantor's Mailing Address:**

6930 Crested Quail, San Antonio, TX 78250

**Grantee:** Habi Land, LLC

**Grantee's Mailing Address:**

7551 Callaghan Rd # 103 San Antonio, TX 78229

**Consideration:** TEN AND NO/100 DOLLARS and other good and valuable consideration.

**Property (including any improvements):**

**Lot 171, THE SUMMIT NORTH, PHASE 4, according to map or plat thereof recorded in Volume 13, Page 150, of the Map and/or Plat records of Comal County, Texas.**

**Reservations From and Exceptions to Conveyance and Warranty:** This conveyance, however, is made and accepted subject to the following matters, to the extent same are in effect at this time: any and all restrictions, covenants, assessments, reservations, outstanding mineral interests held by third parties, conditions, and easements, if any, relating to the hereinabove described property, but only to the extent they are still in effect and shown of record in the hereinabove mentioned County and State or to the extent that they are apparent upon reasonable inspection of the property; and to all zoning laws, regulations and ordinances of municipal and/or other governmental authorities, if any, but only to the extent they are still in effect and relating to the hereinabove described property. Ad valorem taxes on said property for the current year, having been prorated, the payment thereof is assumed by Grantee.

The Contract between Grantor as the Seller and Grantee as the Buyer, if any, may contain limitations as to warranty or other agreed matters; to the extent that the Contract provides for any such limitations or other agreed matters to survive the closing and this conveyance, then such limitations or other agreed matters are hereby deemed incorporated by reference. The warranty of title contained in this Deed is hereby expressly excluded from the limitations or other agreed matters referenced in this paragraph.

Grantor, for the consideration, receipt of which is acknowledged, 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.

**GRANTEE ACCEPTS THE PROPERTY "AS IS". "AS IS" MEANS THE PRESENT CONDITION OF THE PROPERTY WITH ANY AND ALL DEFECTS AND WITHOUT WARRANTY EXCEPT FOR THE WARRANTIES OF TITLE.**

When the context requires, singular nouns and pronouns include the plural.

Jose De Jesus Marquez

**ACKNOWLEDGMENT**

**STATE OF TEXAS** §
§
**COUNTY OF BEXAR** §

This instrument was acknowledged before me on this the 6th day of February, 2024, by Jose De Jesus Marquez

SYLVIA A. DUBOSE
Notary Public, State of Texas
Comm. Expires 08-19-2026
Notary ID 7847084

Notary Public, State of Texas

PREPARED IN THE OFFICE OF:
Ramirez Law Firm
14607 San Pedro, Suite 130
San Antonio, TX 78232

**AFTER RECORDING RETURN TO:**
**Habi Land, LLC**
7551 Callaghan Rd #103
San Antonio, Tx 78229

**Filed and Recorded**
**Official Public Records**
**Bobbie Koepp, County Clerk**
**Comal County, Texas**
**02/06/2024 04:21:20 PM**
**CHRISTY 2 Pages(s)**
**202406003623**

Bobbie Koepp

RECEIVED
By Kathy Griffin at 2:03 pm, Apr 18, 2024

COMAL COUNTY
ENGINEER'S OFFICE

# OSSF DEVELOPMENT APPLICATION CHECKLIST

*Staff will complete shaded items*

| | | |
|---|---|---|
| | | 117405 |
| *Date Received* | *Initials* | *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

- [X] Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate
- [X] Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer
- [X] 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.
- [X] Required Permit Fee - See Attached Fee Schedule
- [X] Copy of Recorded Deed
- [X] Surface Application/Aerobic Treatment System
  - [X] Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public
  - [X] 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

04/18/2024
Date

___ COMPLETE APPLICATION

Check No. _____ Receipt No._____

INCOMPLETE APPLICATION
—— (Missing Items Circled, Application Refeused)

Revised: September 2019