staller Name:	OSSF Installer #:	OSSF Installer #:			
1st Inspection Date:	2nd Inspection Date:	3rd Inspection Date:			
Inspector Name:	Inspector Name:	Inspector Name:			

Perm	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)(G)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(E) 285.32(b)(1)(E) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

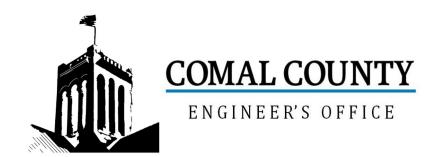
**Inspector Notes:** 

AL.	Di-si	Δ	Citation	N-4	1,41,	2	2
No.	Description SEPTIC TANK Tank(s) Clearly	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	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) (E)285.91(2)285.32(b)(1) (F)285.32(b)(1)(E) (iii)285.32(b)(1)(E)(ii) (I)285.32(b)(1)(E) (i)285.32(b)(1)(E) (i)285.32(b)(1) (D)285.32(b)(1)(C) (ii)285.32(b)(1)(C) (ii)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)				
	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) 285.38(e)				
	SEPTIC TANK Tank Volume						
12	Installed						
	PUMP TANK Volume Installed						
13	AEROBIC TREATMENT UNIT Size						
14							
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)				

	O331 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)				
	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)				
	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)				
	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)				
	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
	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)				

No.	Docorintian	Answer	Citations	Notes	1ct lease	2nd Inco	2rd Inco
NO.	Description  EFFLUENT DISPOSAL SYSTEM Utilized	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	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)				
	AEROBIC TREATMENT UNIT IS Aerobic Unit Installed According to Approved Guidelines.		285.32(c)(1)				
	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						
	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						
	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						

	1						
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)(iii) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iii)(I)				
	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)				
41	ADDUCATION ADDA Average trackelland						
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						



# Permit of Authorization to Construct an On-Site Sewage Facility Permit Valid For One Year From Date Issued

Permit Number: 117998

Issued This Date: 10/30/2024

This permit is hereby given to: LONNIE & DEBBIE LEHMANN

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

268 RED ROSE ST

SPRING BRANCH, TX 78070

Subdivision: MYSTIC SHORES

Unit: 4

Lot: 374

Block: 0

Acreage: 3.0000

#### APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic

Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.





# OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

117998

		Date Received	Initials	Permit Number
	ructions:			
	ce a check mark next to all items that apply. For items that cklist must accompany the completed application.	t do not apply, place	"N/A". This OSSF [	Development Application
oss	SF Permit			
X	Completed Application for Permit for Authorization to Co	onstruct an On-Site S	ewage Facility and	License to Operate
X	Site/Soil Evaluation Completed by a Certified Site Evalu	ator or a Professiona	al Engineer	
$\times$	Planning Materials of the OSSF as Required by the TCI of a scaled design and all system specifications.	EQ Rules for OSSF (	Chapter 285. Planni	ng Materials shall consist
$\times$	Required Permit Fee - See Attached Fee Schedule			
$\times$	Copy of Recorded Deed			
$\times$	Surface Application/Aerobic Treatment System			
	Recorded Certification of OSSF Requiring Mainte	nance/Affidavit to the	Public	
	Signed Maintenance Contract with Effective Date	as Issuance of Licer	se to Operate	
	firm that I have provided all information required for nestitutes a completed OSSF Development Application		ent Application an	d that this application
	180	10	/10/2024	
	Signature of Applicant		Date	
	COMPLETE APPLICATION  Check No. Receipt No	(Miss	INCOMPLETE AF	PPLICATION pplication Refeused)
	Olleck No. Nacelpt No.			



## **ON-SITE SEWAGE FACILITY APPLICATION**

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

Date				Permit Nu	mber	117998
1. APPLICANT / /	AGENT INFORMATION					
Owner Name	LONNIE LEHMANN & DEBBIE L	EHMANN	Agent Name	GRE	G W. JOHNSON	, P.E.
-	c/o 23011 FM 306		Agent Address	17	70 Hollow Oak	
	Canyon Lake, TX 78133	THE STREET S	City, State, Zip			
Phone #	830-935-4936	······································	Phone #		830-905-2778	
	traci@psseptics.com	and the second s	Email	gregjoh	nsonpe@yaho	o.com
2. LOCATION			_			
Subdivision Name	MYSTIC SHORES		Ur	nit 4	Lot 374	Block
	bstract Number					
	ED ROSE STREET		City SPRING BRA			
3. TYPE OF DEV					-	
X Single Fami	ily Residential					
Type of Co	nstruction (House, Mobile, RV, Et	tc.) HOUS	E			
Number of						
Indicate Sq	Ft of Living Area 2885					
	Family Residential					
	aterials must show adequate land are	ea for doubling the	e required land need	ed for treatme	ent units and dis	sposal area)
	cility					
	ctories, Churches, Schools, Parks			pants		
	s, Lounges, Theaters - Indicate N					
	el, Hospital, Nursing Home - Indic					
	er/RV Parks - Indicate Number o					
Miscellaneo						
Estimated Cost	of Construction: \$ 500,000	) (S	Structure Only)			
	of the proposed OSSF located in t		es Army Corps of E	Engineers (U	SACE) flowag	je easement?
Yes X	No (If yes, owner must provide approve	al from USACE for	proposed OSSF improv	ements within	the USACE flowa	ge easement)
Source of Wate	r X Public Private Well					
4. SIGNATURE C						
<ul> <li>The completed ap facts. I certify that property.</li> <li>Authorization is he</li> </ul>	ication, I certify that: plication and all additional informatio I am the property owner or I possess ereby given to the permitting authority and inspection of private sewage fa	s the appropriate y and designated	land rights necessar	y to make the	permitted impr	ovements on said
	a permit of authorization to construct		until the Floodplain	Administrator	has norformed	the reviews required

Signature of Owner

by the Comal County Flood Damage Prevention Order.

Date

affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.



### **ON-SITE SEWAGE FACILITY APPLICATION**

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

Planning Materials & Site Eva	luation as Required Completed By	GREG W. JOHNSON, P.E.
System Description	PROPRIETARY; AEROBIC	TREATMENT AND SURFACE IRRIGATION
Size of Septic System Require	ed Based on Planning Materials &	Soil Evaluation
Tank Size(s) (Gallons)	MAXX AIR M600	Absorption/Application Area (Sq Ft)5654
Gallons Per Day (As Per TCE)	Q Table 111)300	<del></del>
(Sites generating more than 5000	gallons per day are required to obtain	a permit through TCEQ.)
• •	ne Edwards Recharge Zone?	'es  No arian (R.S.) or Professional Engineer (P.E.))
	proved WPAP for the property?	
(If yes, the R.S. or P.E. shall cert	ify that the OSSF design complies with	all provisions of the existing WPAP.)
Is there at least one acre per	single family dwelling as per 285.4	O(c)(1)? X Yes No
(if yes, the R.S or P.E. shall cert	ify that the OSSF design will comply w	etivity require a TCEQ approved WPAP?  Yes No ith all-provisions of the proposed WPAP. A Permit to Construct will not opproved by the appropriate regional office.)
Is the property located over th	ne Edwards Contributing Zone?	Yes No
Is there an existing TCEQ app	proval CZP for the property? 🔀	es No
(if yes, the P.E. or R.S. shall cert	ify that the OSSF design complies with	all provisions of the existing CZP.)
(if yes, the R.S. or P.E. shall cert	• • •	vity require a TCEQ approved CZP? Yes No ith all provisions of the proposed CZP. A Permit to Construct will not be appropriate reg
Is this property within an incom	rporated city? Yes No	es * to.
If yes, indicate the city:		GREG W. JOHNSON  67587  GISTERE FIRM #2585
By signing this application, I co	ertify that:	
· ·	ove is true and correct to the best of m	•
- I affirmatively consent to the	online posting/public release of my e-r	nail address associated with this permit application, as applicable.
/ Y ) )		September 24, 2024
Signature of Designat		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.

T

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.

H

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code §285.91(12) will be installed on the property described as (insert legal description):

UNIT HASE/SECTION BLOCK 374	LOT	MYSTIC SHORES	SUBDIVISION
IF NOT IN SUBDIVISION:ACREAGE			SURVEY
The property is owned by (insert owner's full	BBMc):	LONNIE LEHMANN & DEBBIE LE	HMANN
This OSSF must be covered by a continuous of the initial two-year service policy, the owner of residence shall either obtain a maintenance copersonally.	f an aerob	ic treatment system for a single fa	enily
Upon sale or transfer of the above-described p transferred to the buyer or new owner. A copy obtained from the Comal County Engineer's O	of the p		m be
witness by hand(s) on this <u>20</u> day	01 <u>S</u> t	ptomber ,2024	
Lowin Loll		LONNIE LEHMANN	
Dellin Lehman		DEBBIE LEHMANN	
Owner(s) signature(s)	Ov	mer (s) Printed name (s)	
Lonnie + Debbie Lehmann swor	N TO ANI	SUBSCRIRED BEFORE ME ON	THIS 20 DAY OF
September, 20 24	114	IS AREA FOR COMAL COUNTY CLERK RECO	RDING PURPOSES ONLY
		Filed and Recorded	
Notary Public Signature		Official Public Recor	rds
		Bobbie Koepp, Coun	ity Clerk
Traci Field My Commission Expires		Comal County, Texas	S
4/29/2026 Notary ID 13773/672		09/30/2024 11:46:32	
		JESSICA 1 Pages(	s)
		202406029609	

Bobbie Koepp

#### WASTEWATER TREATMENT FACILITY MONITORING AGREEMENT

WASIEWAIER IREALWE	AT PACIENT MONTORING AGREEMENT
Regulatory Authority CMAL Block Creek Aerobic Services, LLC 444 A Old Hwy #9 Comfort, TX 78013 Off. (830) 995-3189 Fax. (830) 995-4051	Permit/License Number  Customer LONNIE LEHMANN & DEBBIE LEHMANN  Site Address 268 RED ROSE STREET  City SPRING BRANCH Zip 78070  Mailing Address  County COMAL Map # COO 17 R
MYSTIC SHORES, UNITY LOT 374	PhoneEmail
I. General: This Work for Hire Agreement (herein LONNIE LEHMANN & DEBBIE LEHMANN (herein LLC. By this agreement, Block Creek Aerobic Ser	nafter referred to as "Agreement") is entered into by and between after referred to as "Customer") and Block Creek Aerobic Services, vices, LLC and its employees (hereinafter inclusively referred to as ess stated above, as described herein, and the Customer agrees to fulfill
II. Effective Date: This Agreement commences on LTO	and ends on 2 YEARS FROM LTO
for a total of two (2) years (initial agreement) or one ( Customer shall notify the Contractor within two (2) commencement. If no notification is received by Cont county authority mandates, the date of commencement by the permitting authority. This agreement may or m equipment, but in no case shall it extend the specified with  III. Termination of Agreement:  This Agreement may be terminated by either	<ol> <li>year (thereafter). If this is an initial agreement (new installation), the</li> <li>business days of the system's first use to establish the date of tractor within ninety (90) days after completion of installation or where will be the date the "License to operate" (Notice of Approval) was issued may not commence at the same time as any warranty period of installed</li> </ol>
terminating party must provide written notice to the Agreement. If this Agreement is terminated, Contracto for which compensation has not been received. After prepayment for services will be refunded to customer terminating this Agreement for any reason, including the services will be refunded to customer terminating this Agreement for any reason, including the services will be refunded to customer terminating this Agreement for any reason, including the services will be refunded to customer terminating this Agreement for any reason, including the services will be refunded to customer terminating this Agreement for any reason, including the services will be refunded to customer terminating this Agreement for any reason, including the services will be refunded to customer terminating this Agreement for any reason.	non-terminating party thirty (30) days prior to the termination of this or will be paid at the rate of \$75.00 per hour for any work performed and the deduction of all outstanding charges, any remaining monies from within thirty (30) days of termination of this Agreement. Either party non-renewal, shall notify in writing the equipment manufacturer and the days prior to the date of such termination. Nonpayment of any kind shall
IV. Services:  Contractor will:	
a. Inspect and perform routine upker recommended by the treatment system manufaction visits to site per year. The list of items che Aeration including compressor and diffusers, and anything else required as per the manufaction.	eep on the On-Site Sewage Facility (hereinafter referred to as OSSF) as facturer, and required by state and/or local regulation, for a total of three ecked at each visit shall be the: control panel, Electrical circuits, timer, CFM/PSI measured, lids safety pans, pump, compressor, sludge levels, turer.
<ul> <li>c. Repair or replace, if Contractor has failing or inoperative during the course of a re the service(s) cost less than \$100.00, Cust</li> </ul>	as the necessary materials at site, any component of the OSSF found to be outine monitoring visit. If such services are not covered by warranty, and omer hereby authorizes Contractor to perform the service(s) and bill osts are greater than \$100.00, or if contractor does not have the necessary

d. Provide sample collection and laboratory testing of TSS and BOD on a yearly basis (commercial systems

e. Forward copies of this Agreement and all reports to the regulatory agency and the Customer.

f. Visit site in response to Customer's request for unscheduled services within forty-eight (48) hours of the date of notification (weekends and holidays excluded) of said request. Unless otherwise covered by warranty, costs for such unscheduled responses will be billed to Customer.

supplies at the site, Contractor will notify Customer of the required service(s) and the associated cost(s). Customer must notify Contractor of arrangements to affect repair of system with in two (2) business days after said notification.

V. Disinfection:

C copyright

RC

only).

Not required: X required. The responsibility to maintain the disinfection device(s) and provide any necessary chemicals is that of the Customer.

#### VI. Electronic Monitoring:

Electronic Monitoring is not included in this Agreement.

#### VII. Performance of Agreement:

Commencement of performance by Contractor under this Agreement is contingent on the following conditions:

a. If this is an initial Agreement (new installation):

 Contractor's receipt of a fully executed original copy or facsimile of this agreement and all documentation requested by Contractor.

If the above conditions are not met, Contractor is not obligated to perform any portion of this Agreement,

#### VIII. Customer's Responsibilities:

The customer is responsible for each and all of the following:

- a. Provide all necessary yard or lawn maintenance and removal of all obstacles, including but not limited to dogs and other animals, vehicles, trees, brush, trash, or debris, as needed to allow the OSSF to function properly, and to allow Contractor safe and easy access to all parts of the OSSF.
  - b. Protect equipment from physical damage including but not limited to that damage caused by insects.
- c. Maintain a current license to operate, and abide by the conditions and limitations of that license, and all requirements for and OSSF from the State and/or local regulatory agency, whichever requirements are more stringent, as well as the proprietary system's manufacturer recommendations.
- d. Notify Contactor immediately of any and all alarms, and/or any and all problems with, including failure of,
- e. Provide, upon request by Contractor, water usage records for the OSSF so that the Contractor can perform a proper evaluation of the performance of the OSSF.
- f. Allow for samples at both the inlet and outlet of the OSSF to be obtained by Contractor for the purpose of evaluating the OSSF's performance. If these samples are taken to a laboratory for testing, with the exception of the service provided under Section IV (d) above, Customer agrees to pay Contractor for the sample collection and transportation, portal to portal, at a rate of \$35.00 per hour, plus the associated fees for laboratory testing.
  - g. Prevent the backwash or flushing of water treatment or conditioning equipment from entering the OSSF.
- h. Prevent the condensation from air conditioning or refrigeration units, or the drains of icemakers, from hydraulically overloading the aerobic treatment units. Drain lines may discharge into the surface application pump tank if approved by system designer.
- Provide for pumping and cleaning of tanks and treatment units, when and as recommended by Contactor, at Customer's expense.
  - j. Maintain site drainage to prevent adverse effects on the OSSF.
  - k. Pay promptly and fully, all Contractor's fees, bills, or invoices as described herein.

#### IX. Access by Contractor:

Contractor is hereby granted an easement to the OSSF for the purpose of performing services described herein. Contractor may enter the property during Contractor's normal business hours and/or other reasonable hours without prior notice to Customer to perform the Services and/or repairs described herein. Contractor shall have access to the OSSF electrical and physical components. Tanks and treatment units shall be accessible by means of man ways, or risers and removable covers, for the purpose of evaluation as required by State and/or local rules and the proprietary system manufacturer. It is Customers responsibility to keep lids exposed and accessible at all times.

#### X. Limit of Liability:

Contractor shall not be held liable for any incidental, consequential, or special damages, or for economic loss due to expense, or for loss of profits or income, or loss of use to Customer, whether in contract tort or any other theory. In no event shall Contractor be liable in an amount exceeding the total Fee for Services amount paid by Customer under this Agreement.

#### XI. Indemnification:

Customer (whether one or more) shall and does hereby agree to indemnify, hold harmless and defend Contractor and each of its successors, assigns, heirs, legal representatives, devisees, employees, agents and/or counsel (collectively "Indemnitees") from and against any and all liabilities, claims, damages, losses, liens, causes of action, suits, fines, judgments and other expenses (including, but not limited to, attorneys' fees and expenses and costs of investigation), of any kind, nature or description, (hereinafter collectively referred to as "Liabilities") arising out of, caused by, or resulting, in whole or in part, from this Agreement.



## THIS INDEMNITIFCATION APPLIES EVEN IF SUCH LIABILITIES ARE CAUSED BY THE CONCURRENT OR CONTRIBUTORY NEGLIGENCE OR BY THE STRICT LIABILITY OF ANY INDEMNITEE.

Customer hereby waives its right of recourse as to any Indemnitee when Indemnification applies, and Customer shall require its insurer(s) to waive its/their right of subrogation to the extent such action is required to render such waiver of subrogation effective. Customer shall be subrogated to Indemnitees with respect to all rights Indemnitees may have against third parties with respect to matters as to which Customer provides indemnity and/or defense to Indemnitees. No Indemnification is provided to Indemnitees when the liability or loss results from (1) the sole responsibility of such Indemnitee; or, (2) the willful misconduct of such Indemnitee. Upon irrevocable acceptance of this Indemnification obligation, Customer, in its sole discretion, shall select and pay counsel to defend Indemnitees of and from any action that is subject to this Indemnification provision. Indemnitees hereby covenant not to compromise or settle any claim or cause of action for which Customer has provided Indemnification without the consent of Customer.

#### XII. Severability:

If any provision of the "Proposal and Contract" shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of the "Agreement" is invalid or unenforceable, but that 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.

#### XIII. Fee for Services:

The Fee for Services does not include any fees for equipment, material, labor necessary for non-warranty repairs, unscheduled inspections, or Customer requested visits to the site.

#### XIV. Payment:

Full payment is due upon execution of this Agreement (Required of new Customer). For any other service(s) or repair(s) provided by Contractor the Customer shall pay the invoice(s) for said service(s) or repair(s) within thirty (30) days of the invoice date. The Contractor shall mail all invoices on the date of invoice. All payments not received within thirty (30) days from the invoice date will be subject to a \$29.00 late penalty and a 1.5% per month carrying charge, as well as any reasonable attorney's fees, and all collection and court costs incurred by Contractor in collection of unpaid debt(s). Contractor may terminate contract at any time for nonpayment for services. Any check returned to Contractor for any reason will be assessed a \$30.00 return check fee.

#### XV. Application or Transfer of payment:

The fees paid for this agreement may be transferred to subsequent property owner(s); however, this Agreement is not transferable. Customer shall advise the subsequent property owner(s) of the State requirement that they sign a replacement agreement authorizing Contractor to perform the herein described Services, and accepting Customer's Responsibilities. This replacement Agreement must be signed and received in Contractor's offices within ten (10) business days of date of transfer of property ownership. Contractor will apply all funds received from Customer first to any past due obligation arising from this Agreement including late fees or penalties, return check fees, and/or charges for services or repairs not paid within thirty (30) days of invoice date. Any remaining monies shall be applied to the funding of the replacement Agreement. The consumption of funds in this manner may cause a reduction in the termination date of effective coverage per this Agreement. See Section IV.

XVI. Entire Agreement:

This agreement contains the entire Agreement of the parties, and there are no other conditions in any other agreement,

oral on written.

Rudy Carson

Block Creek Aerobic Services, LLC,

Contractor MP# 0002036 Customer Signature

Date

9/20/2024

- ff



## Greg W. Johnson, P.E.

170 Hollow Oak New Braunfels, Texas 78132 830/905-2778

September 24, 2024

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

RESEPTIC DESIGN
268 RED ROSE STREET
MYSTIC SHORES, UNIT 4, LOT 374
SPRING BRANCH, TX 78070
LEHMANN RESIDENCE

### Brandon/Brenda,

The referenced property is located within the Edwards Aquifer Contributing Zone. This OSSF design will comply with requirements in the CZP.

Temporary erosion and sedimentation controls should be utilized as necessary prior to construction. If any sensitive feature (caves, solution cavities, sink holes, etc.) is discovered during construction, activities must be suspended immediately and the applicant or his agent must immediately notify the TCEQ Regional Office. After that operations can only proceed after the Executive Director approves required additional engineered impact plans.

Designed in accordance with Chapter 285, Subchapter D, §285.40,285.41, & 285.42, Texas Commission on Environmental Quality (Effective December 29, 2016).

Greg W. Johnson, P.E. No. 67587 / F#

170 Hollow Oak

New Braunfels, Texas 78132 - 830/905-2778

## ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed:	September 23, 20	24
Site Location:	М	YSTIC SHORES, UNIT 4, LOT 374
Proposed Excavation Depth:	N/A	
Locations of soil boring	or dug pits must be show	on the site, at opposite ends of the proposed disposal area.  wn on the site drawing.

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.

Depth Texture (Feet) Class		Soil Gravel Texture Analysis		Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations	
6"	ш	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 6"	BROWN	
2	-						
3	1						
4	1						
5							

SOIL BORING	SOIL BORING NUMBER SURFACE EVALUATION										
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations					
0 1 2	SAME		AS		ABOVE						
3											
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

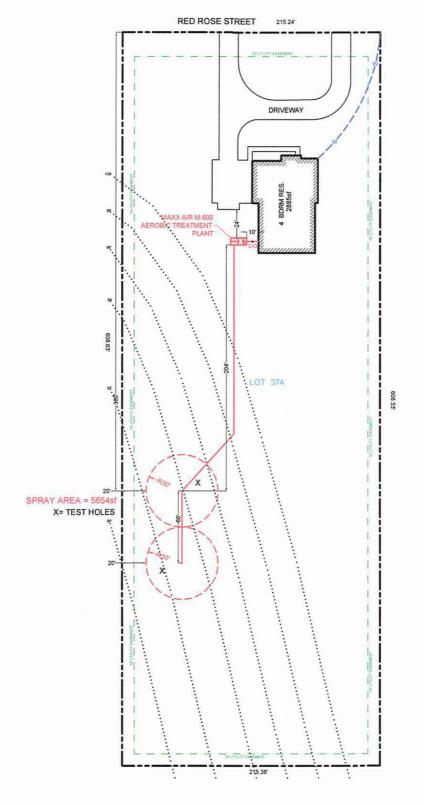
Date

#### OSSF SOIL EVALUATION REPORT INFORMATION

Date: September 24, 2024 Applicant Information: Site Evaluator Information: LONNIE & DEBBIE LEHMANN Name: Name: Greg W. Johnson, P.E., R.S., S.E. 11561 c/o 23011 F.M. 306 Address: 170 Hollow Oak Address: City: CANYON LAKE State: TEXAS City: New Braunfels State: Texas Zip Code: 78133 Phone: (830) 935-4936 Zip Code: 78132 Phone & Fax (830)905-2778 **Property Location: Installer Information:** Lot 374 Unit 4 Blk Subd. **MYSTIC SHORES** Name: 268 RED ROSE STREET Street Address: Company: City: SPRING BRANCH Zip Code: 78070 Address:\_\_\_\_\_ State: Additional Info.: City:\_\_\_\_ Zip Code: Phone Topography: Slope within proposed disposal area: 6 to 8 % 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 NO X YES Design Calculations for Aerobic Treatment with Spray Irrigation: Commercial O = \_\_\_\_\_ GPD Residential Water conserving fixtures to be utilized? Yes X No Number of Bedrooms the septic system is sized for: 4 Total sq. ft. living area 2885 Q gal/day = (Bedrooms +1) \* 75 GPD - (20% reduction for water conserving fixtures) Q = (4 +1)\*75-(20%)=Trash Tank Size 353 Gal. TCEQ Approved Aerobic Plant Size 600 G.P.D. Req'd Application Area = Q/Ri = 300 / 0.064 = Application Area Utilized = 5654 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 = 768 Gal. 14.5 Gal/inch. Reserve Requirement = 100 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

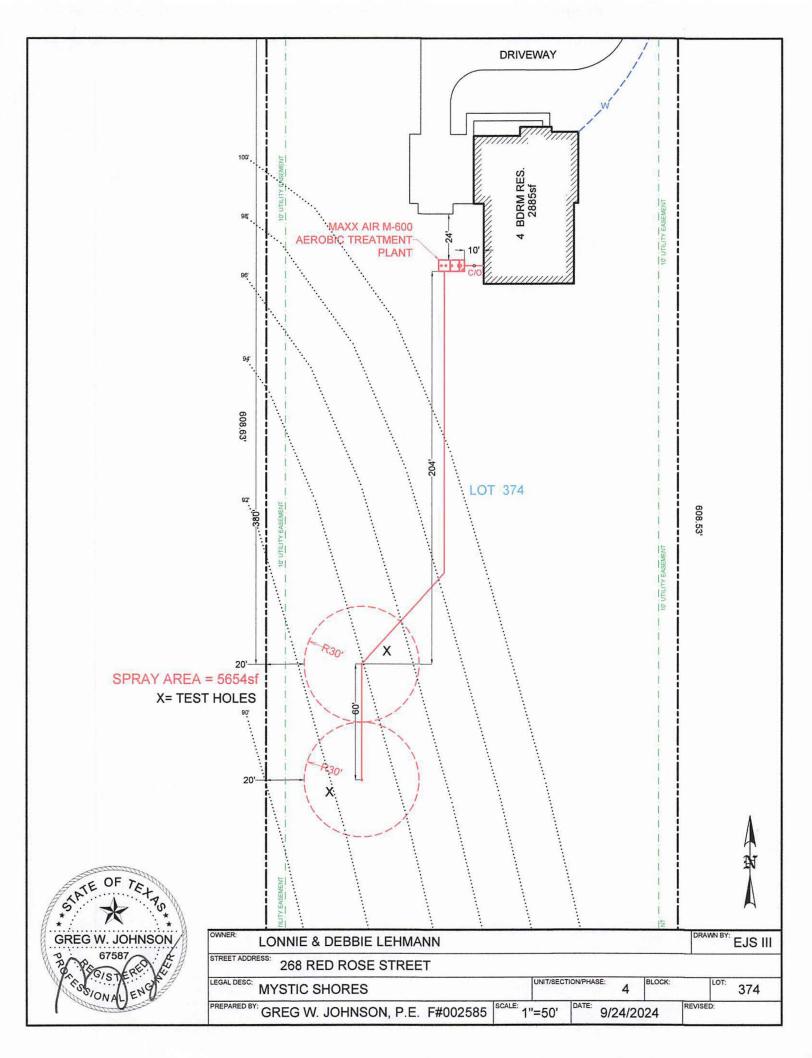
FIRM #2585





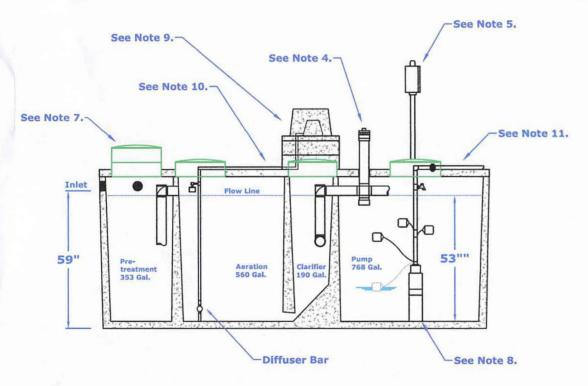


LONNIE & DEBBIE LEHMANN	DRAWN BY: EJS III			
STREET ADDRESS: 268 RED ROSE STREET				,-I
LEGAL DESC: MYSTIC SHORES	UNIT/SI	ECTION/PHASE:	10Т: 374	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=80	DATE: 9/24/2	024	REVISED:



#### **GENERAL NOTES:**

- 1. Plant structure material to be precast concrete and steel.
- 2. Weight = 14,900 lbs.
- Treatment capacity is 600 GPD. BOD Loading = 1.62 lbs. per day.
- Standard tablet chlorinator or Optional Liquid chlorinator. NSF approved chlorinators (tablet & liquid) available.
- 5. Control Center w/ Timer for night spray application. .
- 20" Ø acess riser w/ lid (Typical 4). Optional extension risers available.
- 8. 20 GPM 1/2 HP, high head effluent pump.
- . Air Compressor w/ concrete housing.
- 10. 1/2" Sch. 40 PVC Air Line (Max. 50 Lft from Plant).
- 1" Sch. 40 PVC pipe to distribution system provided by contractor.

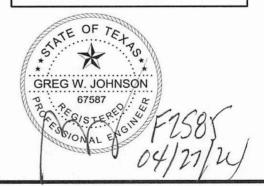


#### **DIMENSIONS:**

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

#### MINIMUM EXCAVATION DIMENSIONS:

Width: 76" Length: 176"



Maxx Air M-600 (600 GPD)
Aerobic Treatment Plant (Assembled)

Dec, 2013 By: A.S.

Scale:

All Dimensions subject to allowable specification tolerances.

Dwg. #: ADV-B550-3



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

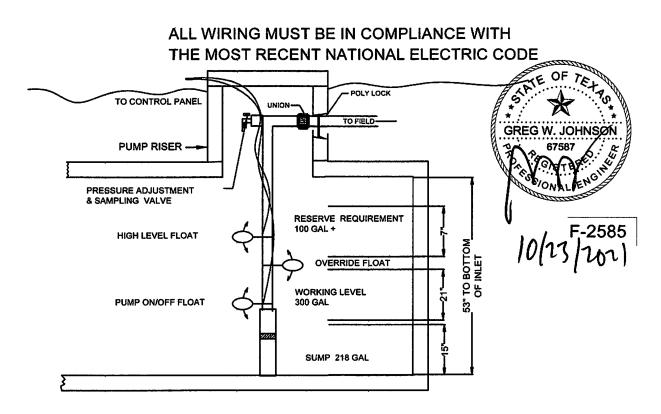
## **TANK NOTES:**

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

Tightlines to the tank shall be SCH-40 PVC.

A two way sanitary tee is required between residence and tank.

A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks



TYPICAL PUMP TANK CONFIGURATION MAXX AIR M600 768 GAL PUMP TANK

## CISTERN PUMPS

## **CPM Series**

## **Ashland Pump - CPM Series**

The Ashland Pump CPM Series is designed to operate in filtered effluent/gray water applications. The bottom suction design allows for maximum drawdown of fluid and the hydraulic stages are able to pass 1/8" solids without damage to the pump.

Installations in cistern tanks, rain basin catchments or anywhere drawdown levels need to be maximized are ideal applications for the Ashland Pump CPM Series.

#### **APPLICATIONS**

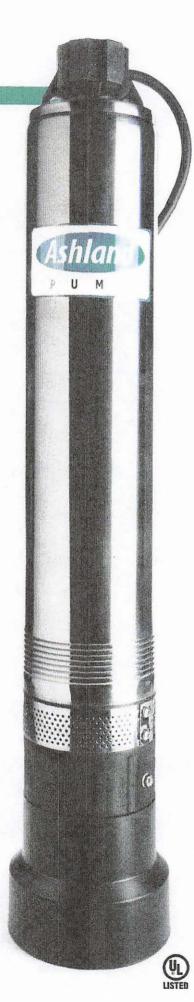
- Filtered Effluent Water Pumping
- Gray Water Pumping
- Water Feature / Aeration Applications
- Rain Water Basin Applications

#### **FEATURES**

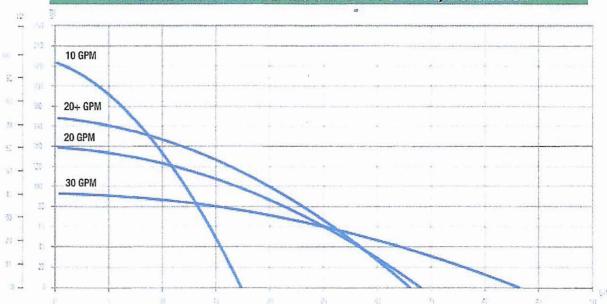
- Bottom suction design for maximum drawdown
- Able to pass 1/8" solids
- Available in 10, 20 and 30 GPM flow rates
- ½ HP, 115V and 230V single phase motors
- · Heavy duty discharge with stainless steel internal threads
- 600 Volt, 10' SJ00W jacketed lead
- · High shut-off pressure
- Quiet operation
- Standard removable base for stable mounting

#### ORDERING INFORMATION

		CP	M SERIES	CISTERN F	PUMP	
Model/Order No.	GPM	HP	Voltage/Ph.	Stage Count	Length (in.)	Shipping Wt. (lbs.)
10CPM5-115	10	1/2	115/1	7	26	17
10CPM5-230	10		230/1	7	26	17
20CPM5-115	20		115/1	5	25	16
20CPM5-230	20		230/1	5	25	16
20+CPM5-115	20+		115/1	6	26	17
20+CPM5-230	20+		230/1	6	26	17
30CPM5-115	30		115/1	4	25	16
30CPM5-230	30		230/1	4	25	16



## ASHLAND PUMP CPM SERIES CISTERN PUMP PERFORMANCE





## Low Angle Performance Data

NOZZLE	PRE	SSURE		RAD		FLOW RA		
	PSI	kPa	Bars	Ft.	M	GPM	L/M	M³/H
#1.0	30	207	2.1	22	6.7	1.2	4.5	.27
π 1.0	40	276	2.8	24	7.3	1.7	6.4	.39
	50	345	3.4	26	7.9	1.8	6.8	.41
	60	414	4.1	28	8.5	2.0	7.6	.45
#3.0	30	207	2.1	29	8.8	3.0	11.4	.68
#3.0	40	276	2.8	32	9.8	3.1	11.7	.70
	50	345	3.4	35	10.7	3.5	13.2	.80
	60	414	4.1	37	11.3	3.8	14.4	.86
440	30	207	2.1	31	9.4	3.4	12.9	.77
#4.0	40	276	2.8	34	10.4	3.9	14.8	.89
	50	345	3.4	37	11.3	4.4	16.7	1.00
	60	414	4.1	38	11.6	4.7	17.8	1.07
40.0	40	275	2.8	38	11.6	6.5	24.6	1.48
#6.0	50	344	3.4	40	12.2	7.3	27.7	1.66
	60	413	4.1	42	12.8	- 8.0	30.3	1.82
	70	482	4.8	44	13.4	8.6	32.6	1.96

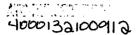
\*All precipitation rates calculated for 180° operation. For the precipitation rate for a 36



PUMP

Honest, Professional, Dependable

1899 Cottage Street, Ashland, Ohio 44805 Telephone: 855 281-6830 • Fax: 877 326-1994 • ashlandpump.com



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.

#### **General Warranty Deed**

THE STATE OF TEXAS §

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF COMAL &

Executed on date of acknowledgement to be Effective: September / 2021.

Grantor: Thomas Bradley Farquharson

Grantor's Mailing Address: 704 Glenview Ave, Glen Burnie, Anne Arundel County, MD 21061

Grantee: Lonnie Lehmann and Debbie Lehmann

Grantce's Mailing Address: 26814 Sparrow Ridge, San Antonio, Tx 78261

Consideration: TEN DOLLARS (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged.

Property (including any improvements): Lot 374, Mystic Shores, Unit Four, Comal County, Texas, according to plat thereof recorded in Volume 13, Pages 393-397, Map and Plat Records of Comal County, Texas.

Reservations from Conveyance: None.

Exceptions to Conveyance and Warranty: All presently recorded restrictions, reservations, easements, covenants and conditions that affect the property and taxes for the current year, the payment of which Grantee assumes.

Grantor, for the Consideration and subject to the Reservations from Conveyance and the 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 way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

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

Thomas Bradley Farquharson

THE STATE OF Texas

COUNTY OF Coma

This instrument was acknowledged before me on this the 10th day of 120th, 2021, by Thomas Bradley Farquharson.

ANDREA TONDRE
Notary Public, State of Texas
Comm. Expires 11-22-2021
Notary ID 8074972

Notary Public, State of Texas

AFTER RECORDING RETURN TO: Alamo Title Company GF No. 4000132100912 PREPARED IN THE LAW OFFICE OF: Kristen Quinney Porter, LLC P.O. Box 312643 New Braunfels, Texas 78131-2643

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
09/13/2021 11:54:26 AM
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