

Comal County Environmental Health

OSSF Inspection Sheet

Installer Name: _____

OSSF Installer #: _____

1st Inspection Date: _____

2nd Inspection Date: _____

3rd Inspection Date: _____

Inspector Name: _____

Inspector Name: _____

Inspector Name: _____

Permit#:

Address:

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials		285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)				
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards		285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)		285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot		285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)		285.32(a)(5)				
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(I)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

Inspector Notes:

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1) (E) 285.91(2) 285.32(b)(1) (F) 285.32(b)(1)(E) (iii) 285.32(b)(1)(E)(ii) (II) 285.32(b)(1)(E)(ii) (I) 285.32(b)(1)(E) (i) 285.32(b)(1) (D) 285.32(b)(1)(C) (ii) 285.32(b)(1)(C) (i) 285.32(b)(1) (B) 285.32(b)(1) (A) 285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed						
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number						
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

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No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
19	DISPOSAL SYSTEM Drip Irrigation		285.33(c)(3)(A)-(F)				
20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(4) 285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)				
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)				

**Comal County Environmental Health
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No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0% EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom) EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart		285.33(b)(3)(A) 285.33(b)(3)(A) 285.33(b)(3)(B)285.91(13) 285.33(b)(3)(D) 285.33(b)(3)(F)				
33	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.		285.32(c)(1)				
34	AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions						
35	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.						
36	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump						
37	PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions						
38	PUMP TANK Secondary restraint system provided						
39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?		285.33(d)(2)(G)(iii)(II) 285.33(d)(2)(G)(iii)(III) 285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)				
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed		285.33(d)(2)(G) (i)285.33(d)(2) (A)285.33(d)(2)(F)				
42	APPLICATION AREA Area Installed						
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						



COMAL COUNTY

ENGINEER'S OFFICE

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

Permit Number: 118147
Issued This Date: 12/18/2024
This permit is hereby given to: Melinda Smith & Joseph Czek

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

2405 FM 484
CANYON LAKE, TX 78133

Subdivision: Rocky Creek Ranch
Unit: 9
Lot: 269
Block: 0
Acreage: 0.0000

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.



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

Date 10/31/2024

Permit Number 118147

1. APPLICANT / AGENT INFORMATION

Owner Name Melinda Smith & Joseph Czeck
Mailing Address 19905 Hastings Circle, Trl 2
City, State, Zip Alvin, Texas 77511
Phone # 832-541-0990
Email msmithtr@outlook.com

Agent Name Brian Erxleben, R.S. 3637
Agent Address 562 S. Hwy 123 Bypass #128
City, State, Zip Seguin, Texas 78155
Phone # 830-660-9133
Email bandverx@gmail.com

2. LOCATION

Subdivision Name Rocky Creek Ranch Unit 9 Lot 269 Block NA
Survey Name / Abstract Number _____ Acreage _____
Address 2405 FM 484 City Canyon Lake State Texas Zip 78133

3. TYPE OF DEVELOPMENT

☒ Single Family Residential
Type of Construction (House, Mobile, RV, Etc.) RV

Number of Bedrooms NA

Indicate Sq Ft of Living Area NA

☐ 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: \$ 100,000 (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

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.

Juan W. Gomez MG Smith
Signature of Owner

11/08/24
Date



ON-SITE SEWAGE FACILITY APPLICATION

Planning Materials & Site Evaluation as Required Completed By Brian Erxleben, R.S. 3637

System Description Aerobic Treatment/Surface Application

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

Tank Size(s) (Gallons) 600 gpd Absorption/Application Area (Sq Ft) 5654

Gallons Per Day (As Per TCEQ Table III) 360

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

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

If yes, indicate the city: _____

By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.

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

Signature of Designer

10-31-24
Date



202406036608 12/02/2024 11:49:51 AM 1/2

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, 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 (commission) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the TCEQ primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety Code, requires owners to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission 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:

PHASE 9 BLOCK LOT 269 SUBDIVISION *Rocky Creek Ranch*
IF NOT IN SUBDIVISION: ACRES SURVEY

The property is owned by Melinda Smith & Joseph Czek.

This OSSF shall be covered by a continuous maintenance contract for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from **the Comal County Environmental Health Department.**

WITNESS MY HAND ON THIS 11th DAY OF November, 2024.

MG Smith
OWNER/AGENT NAME (SIGNATURE)

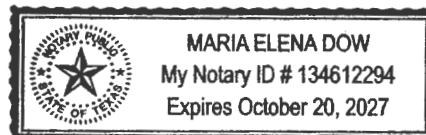
Joe W. Czek
OWNER/AGENT NAME (SIGNATURE)

MG Smith
OWNER/AGENT NAME (PRINTED)

Joe W. Czek
OWNER/AGENT NAME (PRINTED)

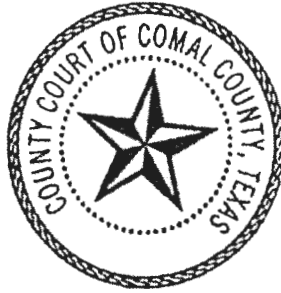
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 11th DAY OF November, 2024

Maria Elena Dow
Notary Public, State of Texas



Notary's Printed Name: Maria Elena Dow

Commission Expires: 10-20-2027



This page has been added to comply with the statutory requirement that the clerk shall stamp the recording information at the bottom of the last page.

This page becomes part of the document identified by the file clerk number affixed on preceding pages.

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
12/02/2024 11:49:51 AM
CHRISTY 2 Page(s)
202406036608



Bobbie Koepp

Advanced Aerobic Repair Services

487 Perryman St New Braunfels Texas 78130

John Weige 830-708-3000 phone/text

TCEQ License MP0002077

Aerobic Maintenance / Service Contract

Name: MELINDA SMITH / JOSEPH CZECK
Address: 2405 FM 484
City/ST/ZIP: CANYON LAKE, TX 78137
Phone: 832-541-0990

Start Date: DATE THE LICENSE TO OPERATE IS ISSUED

End Date: 2 YEARS FROM START DATE

County: Comal

Agency: EH

Manufacturer: SOLAR AIR SALOO

The cost of this service contract will be \$ _____ and due at the time of contract. If payment is not received the contract will be terminated. Failure to make necessary repairs can also lead to termination of contract. Improperly functioning systems require Maintenance Provider report to proper authorities.

This contract will provide all required inspections; reporting and tracking of your Aerobic Treatment Unit (ATU). The contract will cover the following;

1. Three (3) inspections per year (at least every four months) inspections will include the following:

A) An effluent quality inspection consisting of a visual check for color and examination of odor.

B) Adjustment and servicing of any mechanical and electrical components that are out of order

C) Periodic sampling of settled soils in aeration chamber

D) if any improper condition is observed which cannot be corrected at inspection time, the owner/user will be notified of the condition. It is the responsibility of the user/owner to contact the maintenance company to schedule repairs

E) Complaint response time is 48 hours or less

2. The owner/user is responsible for maintaining a chlorine residual of 0.1 mg/ml in pump chambers AT ALL TIMES. The maintenance provider DOES NOT SUPPLY CHLORINE. Owner/User is responsible to maintain chlorine in chlorinator. (maintenance provider will assist if needed)

3. The owner is responsible for eradication of fire ants. The owner is also responsible to keep vegetation to a minimum around unit and spray heads. High vegetation or fire ants may negate the inspection. A re-inspection can be scheduled for an additional fee.

4. This contract DOES NOT COVER system/tank pumping

5. No repairs will be made with consent of the owner/user

6. Maintenance provider or Authorized Agent is granted an easement/access to the system and enter property at reasonable times. Failure to access system will require re-inspection for an additional fee.

Important: This contract does not cover customer ordered service calls; labor or materials which are required due to misuse or abuse of the system; failure to maintain electrical power to the system; sprinklers that are broken, leaking, stopped up or otherwise malfunctioning; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non-biodegradable materials, solvents, grease, oil, paints ETC; or any usage contrary to the requirements listed in the systems owner's manual or by Authorized Service Representative.

Agreed and Accepted

22
Authorized Service Representative Date

M. Smith Joe W. Czek 11/10/24
Owner/User Date

OSSF SOIL EVALUATION REPORT INFORMATION
COMAL COUNTY

DATE: 10-31-24

Applicant Information:

Name: Melinda Smith/Joseph Czeck
Address: 19905 Hastings Circle Trailer 2
City: Alvin State: Texas Zip: 77511
Ph: (832) 541-0990 Fax:

Site Evaluator Information:

Name: Brian Erxleben
Address: 562 S. Hwy 123 Bypass #128
City: Seguin State: Texas Zip: 78155
Ph: (830) 660-9133 email: bandverx@gmail.com

Property Location:

Lot: 269 Block:
Subdivision: Rocky Creek Ranch, Phase 9
Street/Road Address: 2405 FM 484
City: Canyon Lake State: TX Zip: 78133
Additional:

Installer Information:

Name: Charles Mager, OS0027258
Company: Cowboy Septic
Address: 1301 Tom Creek Lane
City: Canyon Lake State: TX Zip: 78133
Ph: (830) 624-6746 charlescowby@yahoo.com

SCHEMATIC of LOT of TRACT

Show:

North arrow, adjacent streets, property lines, dimensions, location of buildings, easements, swimming pools, water lines, and other structures where known.

Location of existing or proposed water wells within 150 feet of property.

Indicate slope or provide contour lines from the structure to the farthest location for the proposed soil absorption or irrigation area.

Location of soil boring or dug pits (show with respect to a known reference point).

Location of drainage ways, water impoundment areas, cut or fills bank, sharp slopes and breaks.

Lot Size: 2.087 acres

SITE DRAWING

SEE SITE PLAN

FEATURES OF SITE AREA

Presence of 100 year flood zone	YES___ NO <u>X</u>	Presence of upper water shed	YES___ NO <u>X</u>
Existing or proposed water well in nearby area	YES___ NO <u>X</u>	Organized sewage service available to lot	YES___ NO <u>X</u>
Presence of adjacent ponds, streams, water impoundments	YES___ NO <u>X</u>		

Site Evaluator:

NAME: BRIAN ERXLEBEN Signature:  License No: 11458

COMAL COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

OSSF SOIL EVALUATION FORM

Owners Name: Melinda Smith/Joseph Czeck
 Physical Address: 2405 FM 484 Canyon Lake, Texas 78133
 Name of Site Evaluator: Brian Erxleben, S.E. #11458
 Date Performed: 10-21-24 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 evaluation must be shown on the application site drawing or designer's 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. Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depths.

SOIL BORING NUMBER <u>1 & 2</u>						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0						Aerobic spray
1 <u>12"</u>	Type 4 Rock	Clay	N/A	None	None Yes	
2						
3						
4						
5						

SOIL BORING NUMBER _____						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0						
1						
2						
3						
4						
5						

FEATURES OF SITE AREA

Presence of 100 year flood zone	YES ___ NO <u>X</u>
Presence of adjacent ponds, streams, water impoundments	YES ___ NO <u>X</u>
Existing or proposed water well in nearby area	YES ___ NO <u>X</u>
Organized sewage available to lot or tract	YES ___ NO <u>X</u>
Recharge features within 150 feet	YES ___ NO <u>X</u>

I certify that the above statements are true and are based on my own field observations.

Signature of Site Evaluator



Date

10-31-24

Brian Erxleben, R.S., S.E.
562 S. Hwy 123 Bypass #128
Seguin, Texas 78155
Mobile (830) 660-9133 bandverx@gmail.com

OSSF DESIGN

Owner: **Melinda Smith/Joseph Czeck**
Location: **2405 FM 484 Canyon Lake, Texas 78133**
Phone: **(832) 541-0990**
Date: **10-31-24**

Development: **RV with water saving devices** Bedrooms: **NA** Sq. Ft: **NA**

Q: **114 gpd Non- High Strength Volume (360 gpd design Q)** Soil: **N/A** R_i : **0.064 gall/ft²/day**

System Type: **Aerobic/Surface Application (Solar Air SA II 600)**

Minimum Required ATU Treatment Capacity: **600 gpd**

Trash Tank: 476 gall Aerobic Tank: 600 gpd Pump Tank: 768 gall

Supply Line: **Sch 40, 1" purple (~100')** Check Valve Required: **No**

Minimum Application Area (A): 5625 ft² ($A = Q/R_i$)

Sprinklers: **K-Rain Proplus Low Angle**

Number	Nozzle	PSI	Pattern	Radius	Area/head	GPM/head	R_i
S1	#4	30	360°	30 ft	2827 ft ²	3.4	0.064
S2	#4	30	360°	30 ft	2827 ft ²	3.4	0.064

Overlap Area: 0 Actual Application Area: **5654 ft²** GPM: **6.8 GPM**

TDH Calculations:

$$\text{Friction Head (H}_f\text{)} = \frac{1.2(10.4397)(L)(Q)^{1.85}}{(C)^{1.85}(D)^{4.8655}} = 8 \text{ ft}$$

L = Length of equivalent pipe length (D) in feet

C = Hazen – Williams flow coefficient (150 for schedule 40)

Q = Flow rate, gpm

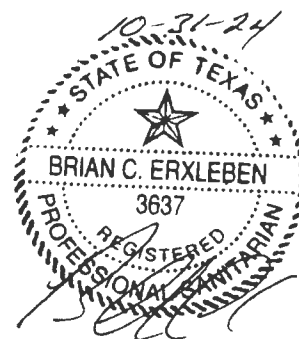
D = Internal pipe diameter, inches

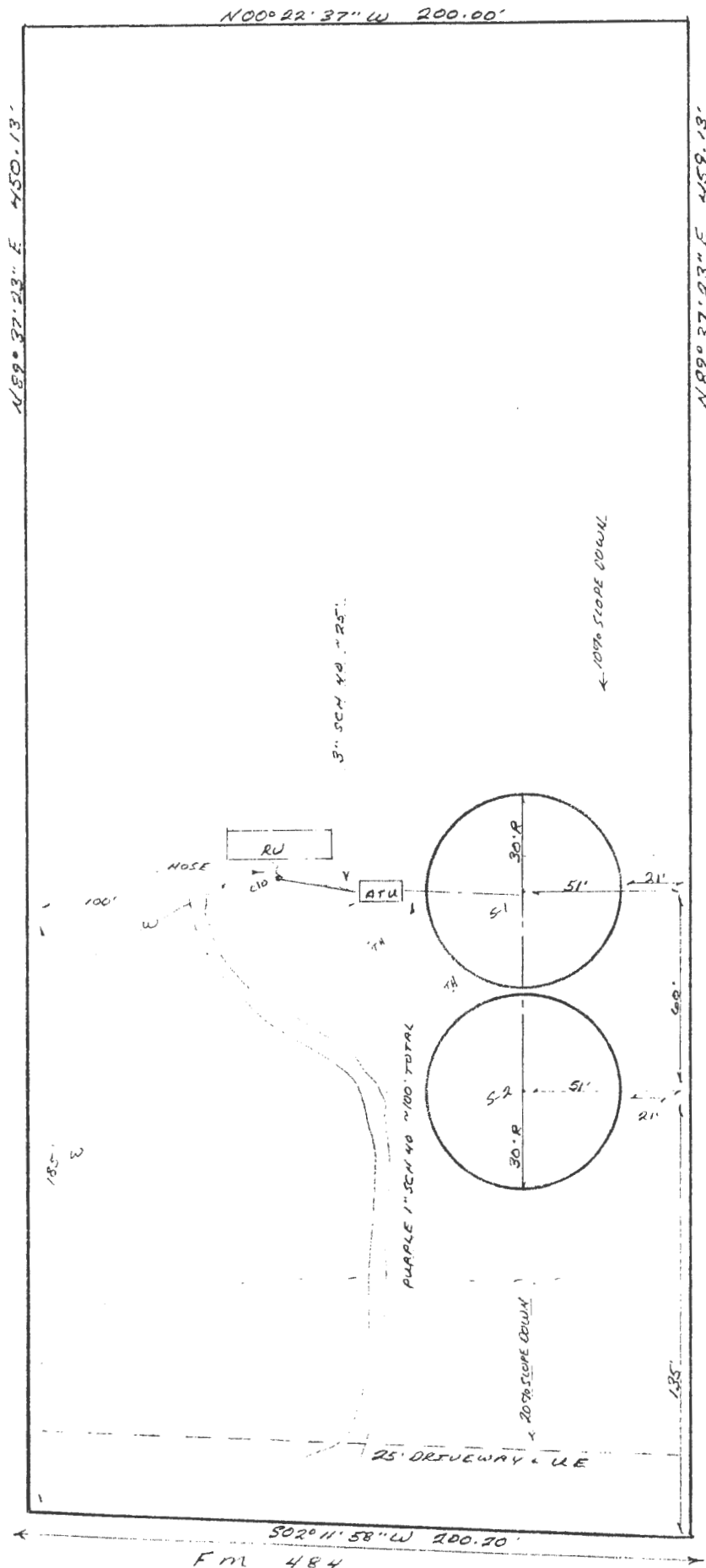
Pressure Head (H_p) = 70 ft (2.31)(psi) Elevation Head (H_e) = 5 ft

TDH = **83 ft** ($H_f + H_p + H_e$)

Pump Requirements: **6.8 GPM @ 83 ft TDH** Pump Used: **StaRite 20 gpm 0.50 HP**

- **Timer set to spray between 12:00 AM & 5:00 AM**
- **Liquid chlorinator**





LOT 269
ROCKY CREEK RANCH, PHASE 9
2.087 ACRES

PROPERTY IS LOCATED OUTSIDE OF THE 100-YEAR FLOODPLAIN AND WITHIN THE CONTRIBUTING ZONE. THERE IS NO CZP FOR THE SUBDIVISION. DEVELOPMENT IS A SINGLE FAMILY DWELLING WITH <20% IMPERVIOUS COVER AND A CZP IS NOT REQUIRED.

NOTES:

1. Design is for an RV with a wastewater flow of 114 gpd (not high strength wastewater). The design is for a maximum wastewater flow of 360 gpd.
2. Install a 1-way cleanout as a drop for the RV in a 3" or 4" sch 40 tightline from the RV to the ATU, minimum slope 1/8 in/ft.
3. ATU is a Solar Air SA600.
4. Supply line to the sprinklers is purple 1" sch 40.
5. S1 & S2 are K-Rain Proplus low angle sprinklers with #4 nozzles operating @ 30 psi, 360° pattern, 30' radius.
6. There shall be no obstruction within 10' of the sprinkler heads.
7. Audible & visual alarms, external disconnect within site of the pump tank, pump & alarms on separate breakers and external wiring in conduit are required.
8. Timer set to spray between 12:00 AM & 5:00 AM.
9. Liquid chlorinator.
10. Any excavations and/or exposed rock in the disposal area shall be covered with topsoil and seasonal grasses shall be seeded over the disposal area in order to minimize run-off & erosion.

SITE PLAN & OSSF DESIGN:

MELINDA SMITH & JOSEPH CZECK
2405 FM 484
CANYON LAKE, TEXAS 78133

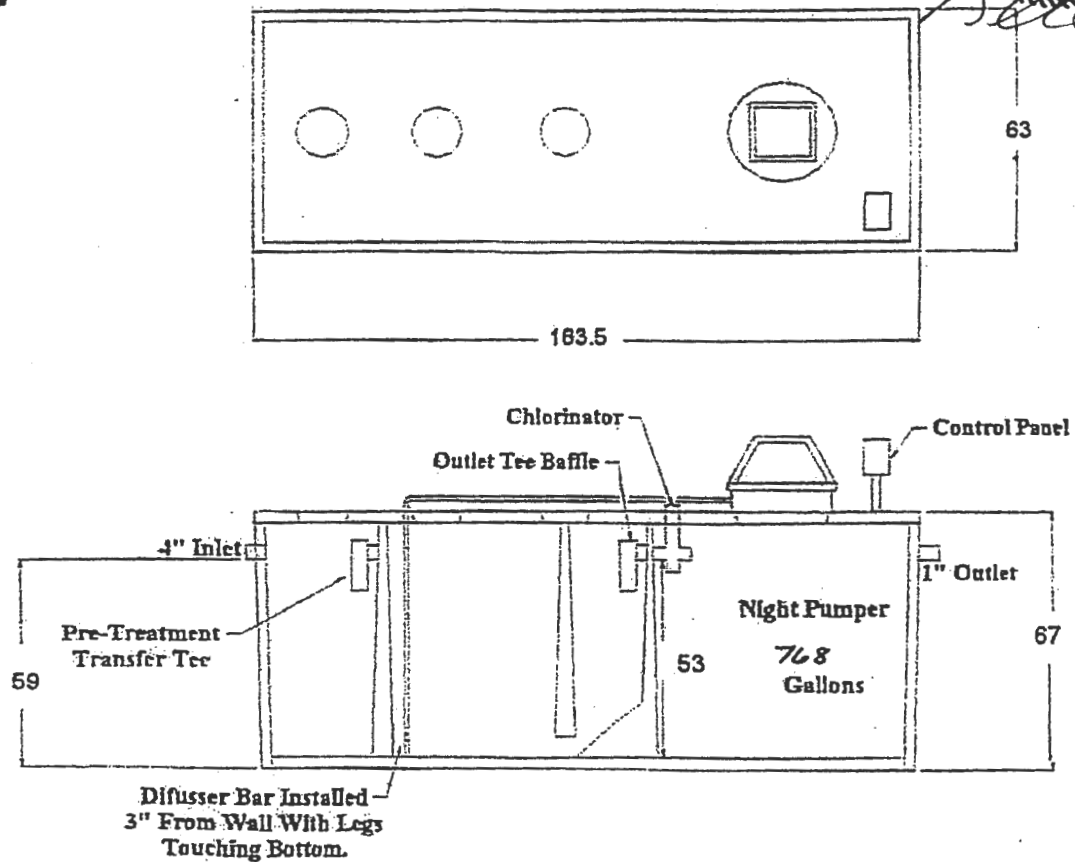
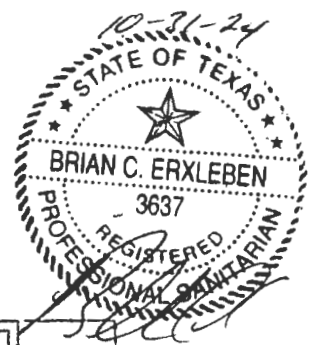
BRIAN C. ERXLEBEN, R.S.
562 S. HWY 123 BYPASS #128
SEGUIN, TEXAS 78155
(830) 660-9133

DATE: 10-21-24

SCALE: 1" = 50'



SA II N 600



600 GPD
FINAL ASSEMBLY

Q'S UP TO 360 GPD

LIQUID DEPTH: 55"

GALL/IN: 13.96

HIGH WATER ALARM ON TO BOTTOM OF INLET: 9" (126 GALL)

PUMP ON TO HIGH WATER ALARM ON: 26" (363 GALL)

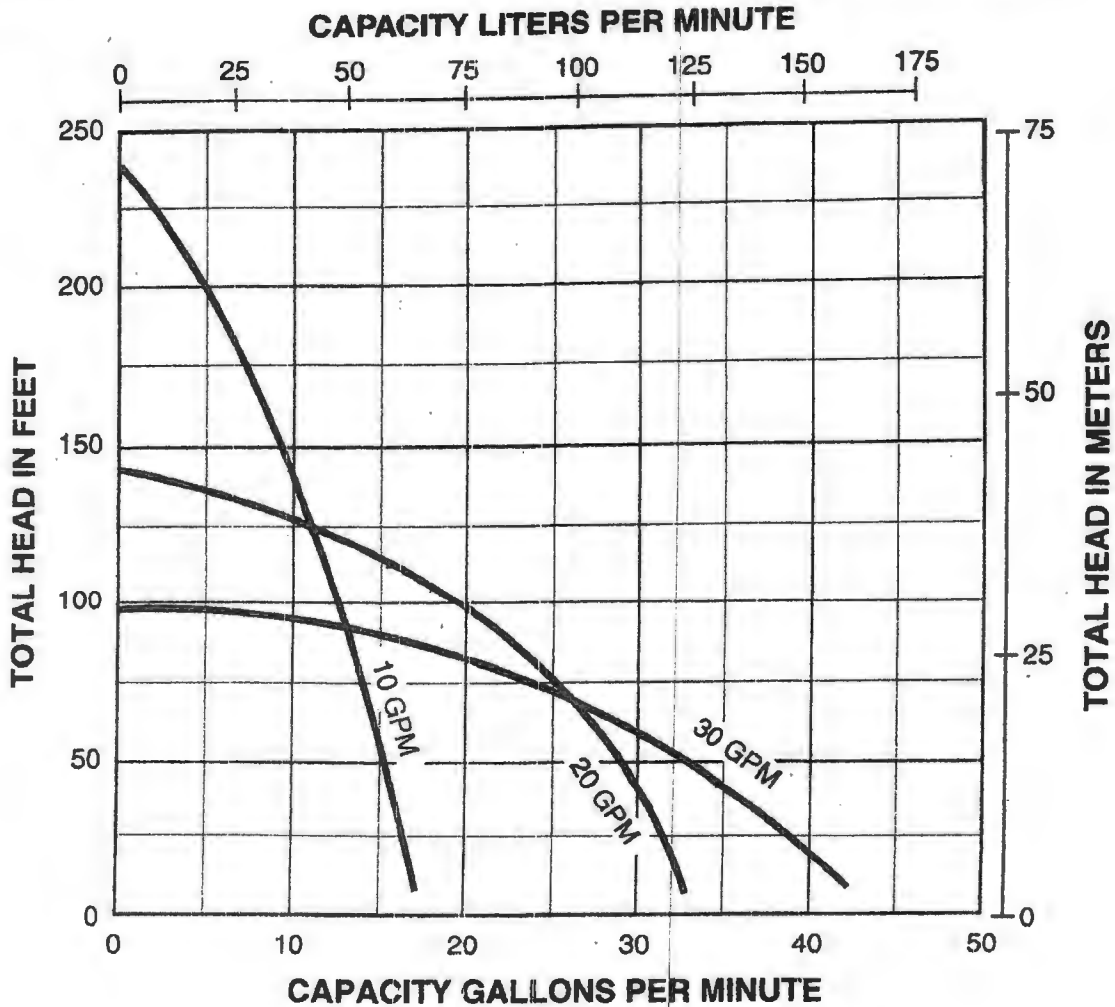
PUMP OFF TO PUMP ON: 6" (84 GALL)

BOTTOM TO PUMP OFF: 14" (195 GALL)



4" multi-stage submersible pump

PUMP PERFORMANCE



PUMP PERFORMANCE (Capacity in Gallons per Minute)

Pump Model	PSI											
	0	10	20	30	40	50	60	70	80	90	100	110
10DOM05121			15.0	13.7	12.7	11.5	10.2	8.4	6.5	4.3	1.0	
20DOM05121			30.0	26.0	21.5	14.2	4.4					
30DOM05121		38.5	33.3	25.8	16							

PUMP PERFORMANCE (Capacity in Liters per Minute)

Pump Model	Bar											
	0	.69	1.38	2.07	2.76	3.45	4.13	4.82	5.51	6.20	6.89	7.58
10DOM05121			56.8	51.9	48.1	43.5	38.6	31.8	24.6	16.3	3.8	
20DOM05121			113.6	98.4	81.4	53.7	16.7					
30DOM05121		145.7	126.0	97.7	60.6							

SPRINKLER INSTALLATION

7 INSTALL AND BURY

Thread the sprinkler onto the pipe. Bury the sprinkler flush to grade.

POINTING THE LEFT START

8 TURN THE CAN

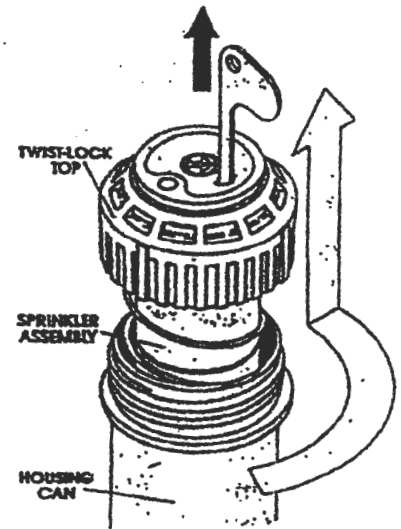
You can orient the LEFT START position (the point where the sprinkler will begin spraying) by simply turning the entire sprinkler housing can on the pipe. Visually point the nozzle retention screw where you want it to begin spraying.

OR TURN THE LOWER PORTION OF THE RISER

Pull the riser up with your KEY. Grab the LOWER portion of the riser, and rotate it to orient the nozzle to the desired LEFT starting position: **IMPORTANT: DO NOT GRAB THE TOP PORTION OF THE RISER.**

9 INSPECTING THE FILTER

Unscrew the top and lift complete sprinkler assembly out of the housing can. The filter is on the bottom of the sprinkler assembly and can easily be pulled out, cleaned and re-installed.



STANDARD NOZZLE PERFORMANCE CHART

Nozzle	PSI	Radius	GPM
#1	30	33'	1.0
	40	35	1.3
	50	38	1.4
	60	38'	1.5
#2	30	38'	2.1
	40	39'	2.5
	50	40'	3.0
	60	41'	3.1
#3	30	41'	2.8
	40	42'	3.3
	50	45'	3.6
	60	46'	4.2
#4	30	43'	3.9
	40	45'	4.5
	50	47'	5.4
	60	52'	5.8
#5	40	49'	6.2
	50	51'	7.0
	60	54'	7.9
	70	55'	8.1
#8	40	47'	8.0
	50	51'	8.9
	60	53'	9.6
	70	55'	10.6

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
#5	40	38'	6.5
	50	40'	7.3
	60	42'	8.0
	70	44'	8.6

DATA REPRESENTS TEST RESULTS IN ZERO WIND. ADJUST FOR LOCAL CONDITIONS. RADIUS MAY BE REDUCED WITH NOZZLE RETENTION SCREW.

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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

Date: September 17, 2024

Grantor: JASON M. FRANK. a single person

Grantor's Mailing Address: 2373 FM 484 Canyon Lake, TX 78133

Grantee: MELINDA SMITH and JOSEPH WILLIAM CZECK

Grantee's Mailing Address, and after Recording, Return to: 19905 Hastings Cir Tlr 2 Alvin, TX 77511

Consideration: Cash and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged.

Property (including any improvements):

Lot 269, ROCKY CREEK RANCH, PHASE 9, a subdivision in Comal County, Texas, according to map or plat thereof recorded in Volume 10, Page 132, Map and Plat Records, Comal County, Texas.

Reservations from Conveyance: None

Exceptions to Conveyance and Warranty: Validly existing easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded and validly existing instruments, other than conveyances of the surface fee estate, that affect the Property; and taxes for 2024, which Grantee assumes and agrees to pay, but not subsequent assessments for that and prior years due to change in land usage, ownership, or both, the payment of which Grantor 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.

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 such Contract provides for limitations or other agreed matters that will 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.

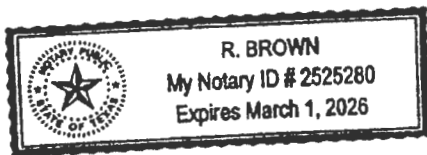
When the context requires, singular nouns and pronouns include the plural.



JASON M. FRANK

STATE OF TEXAS)

COUNTY OF Bexar)

This instrument was acknowledged before me on September 17, 2024 by JASON M. FRANK.




Notary Public, State of Texas

**Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
09/17/2024 02:45:06 PM
TERRI 2 Pages(s)
202406028154**



Bobbie Koepp

RECEIVED

By Kathy Griffin at 12:26 pm, Dec 02, 2024



COMAL COUNTY

ENGINEER'S OFFICE

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

--	--

Date Received

Initials

118147

Permit Number

Instructions:

Place a check mark next to all items that apply. For items that do not apply, place "N/A". This OSSF Development Application Checklist **must** accompany the completed application.

OSSF Permit

- ☒ Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate
- ☒ Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer
- ☒ Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials shall consist of a scaled design and all system specifications.
- ☒ Required Permit Fee - See Attached Fee Schedule
- ☒ Copy of Recorded Deed
- ☒ Surface Application/Aerobic Treatment System
 - ☒ Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public
 - ☒ Signed Maintenance Contract with Effective Date as Issuance of License to Operate

I affirm that I have provided all information required for my OSSF Development Application and that this application constitutes a completed OSSF Development Application.

Joe W. Cline M.G. Smith
Signature of Applicant

11/08/24
Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

INCOMPLETE APPLICATION	
___ (Missing Items Circled, Application Refeused)	