

# Comal County Environmental Health

## OSSF Inspection Sheet

Installer Name: Jamieson, Joseph W

OSSF Installer #: OS0031389

1st Inspection Date: 10/27/25

2nd Inspection Date: \_\_\_\_\_

3rd Inspection Date: \_\_\_\_\_

Inspector Name: Hendry

Inspector Name: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

Permit#: **118237**

Address: **362 VALLEY RDG**

| 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 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: **10/27/25 CH:**

**Comal County Environmental Health  
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| 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)<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 provided SEPTIC 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 |                                                                                                                                                                                                                                                                                         | ProFlo 500; as 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)                                                                                                                                                                                                                            |                           |           |           |           |

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| No. | Description                                                                                                                                                           | Answer | Citations                                                    | Notes | 1st Insp. | 2nd Insp. | 3rd Insp. |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------|-------|-----------|-----------|-----------|
| 19  | DISPOSAL SYSTEM Drip Irrigation                                                                                                                                       | X      | 285.33(c)(3)(A)-(F)                                          |       | X         |           |           |
| 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)                                                                                                                    |        | 285.33(d)(6)<br>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<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)                                           |       |           |           |           |

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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<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)(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<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                                                       |       |                  |           |           |



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| 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

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## ENGINEER'S OFFICE

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

Permit Number: 118237  
Issued This Date: 04/28/2025  
This permit is hereby given to: SQR DEVELOPMENT LLC

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

362 VALLEY RDG  
CANYON LAKE, TX 78133

Subdivision: Scenic Heights  
Unit: 2  
Lot: 515  
Block: NA  
Acreage: 0.1300

#### 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  
ENGINEERS OFFICE

## ON-SITE SEWAGE FACILITY APPLICATION

195 DAVID JONAS DR  
NEW BRAUNFELS, TX 78132  
(830) 608-2090  
[WWW.CCEO.ORG](http://WWW.CCEO.ORG)

118237

Permit Number

Date

### 1. APPLICANT / AGENT INFORMATION

Owner Name SQR DEVELOPMENT LLC  
Mailing Address 2912 BARBED WIRE ST  
City, State, Zip Round Rock, TX 78664  
Phone # 512-590-3411  
Email chad.f@2x2capitalmanagement.com

Agent Name Marisa kane - Development and Consulting  
Agent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone # 8306605498  
Email bridgewayllc1@gmail.com

### 2. LOCATION

Subdivision Name SCENIC HEIGHTS Unit 2 Lot 515 Block \_\_\_\_\_  
Survey Name / Abstract Number \_\_\_\_\_ Acreage \_\_\_\_\_  
Address 362 Valley Ridge 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 2200

☐ 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: \$ 264,000 (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.

Signature of Owner

Date

12/10/24



## ON-SITE SEWAGE FACILITY APPLICATION

**REVISED**

10:44 am, Mar 07, 2025

NEW BRAUNFELS, TX 78132

(830) 608-2090

[WWW.CCEO.ORG](http://WWW.CCEO.ORG)

Planning Materials & Site Evaluation as Required Completed By Christine Nixon, PE

System Description AerobicDrip

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

Tank Size(s) (Gallons) 1245 Gal Absorption/Application Area (Sq Ft) 1200 Sq Ft

Gallons Per Day (As Per TCEQ Table III) 240 gpd

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

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

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

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

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

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

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

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

Is there an existing TCEQ approval CZP for the property? ☐ Yes ☒ No

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

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

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

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

If yes, indicate the city: \_\_\_\_\_

By signing this application, I certify that:

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

Christine Nixon  
Signature of Designer

03/04/2025  
Date



## AFFIDAVIT TO THE PUBLIC

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 (OSSFs), 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 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):

Scenic Heights 2, Lot 515

The property is owned by (insert owner's full name): SQR Development 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 transferred 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 03 DAY OF January, 2025

[Signature]  
Chadwick Fox

Owner(s) signature(s)

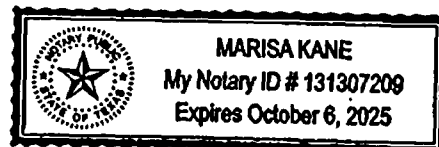
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 3 DAY OF

JAN 2025  
[Signature]  
Notary Public, State of Texas

Filed and Recorded  
Official Public Records  
Bobbie Koepp, County Clerk  
Comal County, Texas  
01/03/2025 02:08:55 PM  
TRACY 1 Pages(s)  
202506000252



*Bobbie Koepp*







## Red Stag Septic Services LLC

P: 210-364-8562

E: [redstagseptic@gmail.com](mailto:redstagseptic@gmail.com)

A: 439 Russian Sage New Braunfels Tx, 78130

**REVISED**

10:10 am, Apr 28, 2025

### Septic System Maintenance Contract

Customer Name: SQR Development LLC - Chadwick Fox

Customer Address: Lot 515 - 362 Valley Ridge, Canyon Lake, TX

Customer Number: \_\_\_\_\_

Red Stag Septic Services LLC will operate and maintain the aerobic septic system at the address above for 2 year(s) beginning at License to Operate and ending at 2 years from License to Operate.

During the period we will provide a total of 8 visual inspections occurring within the months circled below:

JAN **FEB** MAR APR **MAY** JUN JUL **AUG** SEP OCT **NOV** DEC

These inspections will consist of:

- ❖ Determining if tank needs to be pumped.
- ❖ Inspecting all floats, controls, and electrical components
- ❖ Inspecting pumps and aerators
- ❖ Clean filters

The property owner will be responsible for maintaining the chlorinator. Any additional work that is needed is **not** included in the service fee and will be completed and billed separately. Due to state regulations, if customer refuses to repair damaged or broken equipment necessary for the system's proper daily function; we will be forced to report customer to the appropriate county or city licensing authorities for noncompliance.

All complaints by the property owner regarding the operations of the system will be responded to within 3 business days at the site location listed above.

Service Fee **\$300.00**

Customer Signature

03/12/2025

Date

**Francisco Ruiz MP0002663**

Maintenance Provider

3/12/2025

Date

# COMAL COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

## OSSF SOIL EVALUATION FORM

Owners Name 2x2 Capital Development  
 Physical Address: Valley Ridge, Canyon Lake, TX 78133  
 Name of Site Evaluator Christine Nixon  
 Date Performed: March 1, 2022 Proposed Excavation Depth: 36" max

**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.

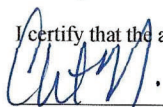
| SOIL BORING NUMBER _____   |                                      |                 |                                                    |                                 |                     |                               |
|----------------------------|--------------------------------------|-----------------|----------------------------------------------------|---------------------------------|---------------------|-------------------------------|
| Depth (Feet)               | Texture Class                        | Gravel Analysis | Structure (For Class III-blocky, platy or massive) | Drainage (Mottles/ Water Table) | Restrictive Horizon | Observations                  |
| 0<br>1<br>2<br>3<br>4<br>5 | 1-4" Top Soil<br><br>4" – below Rock | <30%            | Ty III                                             |                                 |                     | No indication of ground water |

| 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<br>1<br>2<br>3<br>4<br>5 | 1-4" Top Soil<br><br>4" – below Rock | <30%         | Ty III                                             |                                 |                     | No indication of ground water |

### 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

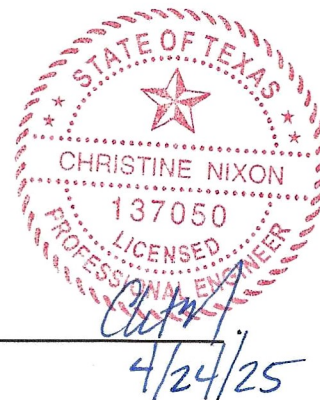
March 1, 2022

Date



**BURRIER NIXON ENGINEERS**

Reg. No. F-24967  
CHRISTINE NIXON, P.E.  
9901 BRODIE LN, STE 160, PMB 195  
AUSTIN, TX 78748  
(512) 694-0537



April 24, 2025

**SITE DESCRIPTION / EVALUATION**

The site is located in Comal County, 362 (Lot 515) Valley Ridge, Canyon Lake, TX 78133. The owner is SQR Development. The site is considered unsuitable for a standard sub-surface septic system (see attached site evaluation). A drip irrigation is being designed. The sizing was determined as specified in the Texas Commission on Environmental Quality On-Site Sewage Facility-Chapter 285.33 © (2) (D). The proper performance of the OSSF cannot be guaranteed even though all provision of the standards have been generally complied with. The on-site sewage facility irrigation area placed on the flattest portion of the site. The site is located outside the regulatory 100 year flood plain. Vegetation at the proposed site consists of natural grasses and no recharge features are located within the area. The system is being designed for a three-bedroom home less than 2500 square feet (Q=240 gpd). Water saving devices will be utilized, and public water is being supplied.

**SYSTEM DESCRIPTION**

The on-site sewage facility will utilize a proprietary treatment plant with drip irrigation disposal. A timer will be set to dose for 563 seconds (9.4 minutes) every three hours. That will deliver the needed 30 gallons 8 times per day. Additionally, the floats will be adjusted according to the attached pump tank cross section. Wastewater from the residence will flow to a pretreatment/trash tank, then to the treatment plant. After treatment, the effluent will flow to a pump tank for discharge through a drip irrigation pressure emitter system. The surface of the existing soil must be scarified (any large rocks greater than 6" in diameter must be removed during scarification and replaced with suitable soil). Because there is limited suitable soil, the installer will be required to place **12 inches of Type III soil on the natural ground before laying the drip tubing.** The drip lines will be placed on the fill and then covered with an additional 8" of soil (Ty III). A spin filter will be installed in the pressure lines that is 140 mesh or greater. A pressure regulator (set at 50 psi) with bypass will be installed in the supply line (see diagram). The drip emitter line must be flushed periodically. This is accomplished by opening the return line from the drip field to the pre-treatment tank. In this process, the velocity of water moving through the tubing must be at least 2 feet per second. To prevent plugging of the emitters, it is recommended that field flushing take place on a regular basis. Field flushing should be done at least several times per year. This will clean out the emitter lines, and will help prevent emitter blockage, slime buildup, and inorganic scale buildup. Gate valves shall be placed on the drip line before it connects to the return line. Each gate valve must be opened separately for flushing through each zone. **THE FLUSH RETURN SHOULD RETURN TO THE TRASH TANK.** All drip line connections to manifolds should have at least 18" of PVC (see detail). When running dipper lines that take turns, loops or series of loops back to the return flush line before making a connection, make a transition to solid tubing that will resist kinking and will not emit effluent in the turns (see detail).

The installer will provide the owner with an owner's manual containing the maintenance and operation instructions.

## CALCULATIONS AND SPECIFICATIONS

1. Required Drip Area (SA) =  $Q / R_i$   
where  $Q$  = daily usage rate  
 $R_i$  = effluent loading rate in gal/sq. ft./day  
  
Therefore: S.A. =  $240 / 0.2$   
S.A. = 1200 sq. ft.
2. Septic Tank Minimum Liquid Capacity  
Note: The trash tank and pump tank must comply with the applicable structural requirements from TCEQ OSSF Rules Sect. 285.32 and 285.34 (b)  
Since  $Q = 240$  gal / day  
Required Septic Tank Volume = 750 gallons  
Aerobic Treatment Capacity = 360 gpd  
  
System will consist of:  
400 gal. Single compartment pretreatment tank  
621 gallon per day Pro Flo 500 SLPT2 Aeration Chamber tank  
+ 224 gallon per day Pro Flo 500 SLPT2 Clarifier Tank  
= 1245 gal. liquid capacity  
  
Risers 2" above grade on all tank compartments  
  
771 gallon single compartment pump tank; capacity is available for at least 1/3 day's flow above the alarm-on level. The system will operate on demand. See pump tank cross section for float settings. A 155 mesh filter will be installed.

## Flow Rates

Emitter spacing---2 ft centers

Emitter line required  $1200 \text{ sq ft} / 2 \text{ ft spacing} = 600 \text{ ft}$ .

$$\text{Number of emitters} = 1260 \text{ sq ft} / (4 \text{ sq ft} / \text{emitter}) = 315 \text{ emitters}$$

Emitter flow rate = 0.6 Gal / Hr

$$\begin{aligned}\text{Total flow} &= 315 \text{ emitters} \times 0.6 \text{ gal / emitter / hr} = 189 \text{ gal / hr} \\ 189 \text{ gph} / 60 \text{ min / hr} &= 3.2 \text{ gpm}\end{aligned}$$

It has been established that proper scouring and flushing of any pipe system will require at least 1.6 gallons per minute flow at the outflow end of any pipe. Therefore, we should require a flow of at least 1.6 gallons per minute out of each dipper line connection that has been made to the return flush manifold pipe. The field will have 2 loops, 300 LF each (see site plan).

Flow rates and pump sizing:

2 connections x 1.6 gpm = 3.2 gpm  
Total flow = 3.2 gpm + 3.2 gpm = 6.4 gpm

### Head Calculation

Supply Line Loss—  $2.2 \text{ psi} / 100 \text{ ft of } 1 \text{ in.} \times 75 \text{ ft} = 1.7 \text{ psi}$

Return Flush Line—  $2.2 \text{ psi} / 100 \text{ ft of } 1 \text{ in.} \times 75 \text{ ft} = 1.7 \text{ psi}$



|                                                                                 |           |
|---------------------------------------------------------------------------------|-----------|
| Pressure required at the inlet of the drip tubing:                              | 40.0 psi  |
| Elevation from the pump to the highest drip tubing inlet: = 15 ft / 2.3psi/ft = | 6.5 psi   |
| Supply line loss 0.4psi/100ft x 100 ft =                                        | 1.7 psi   |
| Return line loss =                                                              | 1.7 psi   |
| 100 micron filter                                                               |           |
| Amiad 2" T Super filter                                                         | <0.28 psi |
| Total                                                                           | 49.9 psi  |
| 49.9 psi x 2.3 ft/psi = 115 ft of head                                          |           |

Pump Requirement = 6.4 gpm @ 115 ft  
Pump - Sta Rite Model 20DOMO5121 draw down to 5 inches

A Sta Rite Model 20DOMO5121 delivers 3.2 gpm to the field. To deliver the needed 30 gallons 8 times per day, the timer should be set to run for 563 seconds (9.4 minutes) every three hours.

### **TANKS**

The risers to all tanks must be permanently fastened to the tank lid or cast into the tank. The connection between the riser and the tank lid must be water tight and the risers must be fitted with a removable water tight cap and protected against unauthorized intrusions. Acceptable protection measures include a padlock, a cover that can be removed with tools, a cover having a minimum weight of 65 pounds sit into a recess of the tank lid or any other means approve by TCEQ. A secondary provision such as a plug, net or mesh in the riser is also required.

### **CONSTRUCTION / INSTALLATION**

Installer shall follow all manufacturers' instructions for installation of treatment plant, wiring, and aerator. All required setbacks are to be followed by the installer. After tank holes are dug, a minimum of four inches of sand, sandy loam clay, or pea gravel, free of rock shall be placed in the holes. Tanks may them be placed in the holes, which shall be left open until inspection, then backfilled with sand, sandy loam clay, or pea gravel, free of rock.

### **ELECTRICAL**

All electrical wiring shall be in accordance with the most recent edition of the National electric Code. Connections shall be in approved junction boxes and all external power wiring shall be in approved electrical conduit, buried and terminated at a main circuit breaker panel or sub-panel.

### **LANDSCAPING**

The drip irrigation area must be contoured to a uniform slope such that the drip tubing may be placed to avoid any sharp slopes. After contouring, the ground must be scarified and a thin layer of Ty III soil shall be placed over natural ground and then the drip lines may be placed on this Ty III soil. Areas that are bare or have been disturbed must be seeded or sodded with a mix of rye and bermuda grasses prior to system operation. It is highly recommended that a good stand of vegetation be established prior to system operation.

### **INSPECTION**

One open pit inspection will be performed when the system components are in place and operational. Comal County may require more inspections. Installer will give 48 hours notice to the designer for inspections.

## **MAINTENANCE REQUIREMENTS**

Permit approval requires the applicant to furnish to the regulatory authority a valid maintenance contract with a maintenance company. The maintenance company will verify that the system is operating properly and that they will provide on-going maintenance of the installation. The initial maintenance contract must be valid for a minimum of two years. A maintenance contract will authorize the maintenance company to maintain and repair the system as needed. Again, a copy of the signed maintenance contract between the property owner and an approved maintenance company shall be provided to the permitting authority prior to final permit approval.

The owner shall continuously maintain a signed written contract with a valid maintenance company and shall submit a copy of the contract to the permitting authority at least 30 days prior to the date service will cease.

If a maintenance company discontinues business, the property owner shall, within 30 days of the termination date, contract with another approved maintenance company and provide the permitting authority with a copy of the newly signed maintenance contract.

## **AFFIDAVIT**

Prior to issuance of a permit, a certified copy of an affidavit, which has been duly recorded at Comal County Clerk's office and filed in reference to the real property deed on which the aerobic system with drip emitters is to be installed, must be submitted. Such an affidavit shall state that the property shall not be transferred to a new owner without:

2. the new owner being advised that the property contains an aerobic treatment system with sub-surface drip emitters for wastewater disposal;
2. the permit issued to the previous owner of the property being transferred to the new owner in accordance with Sect. 285.20(5) of the TCEQ OSSF Rules, i.e.; the permit will be issued in the name of the owner of the OSSF. Permits shall be transferred to the new owner automatically upon legal sale of the OSSF. The transfer of an OSSF permit under this section shall occur upon actual transfer of the property on which the OSSF is located unless the ownership of the OSSF has been severed from the property;
3. the new owner submitting a valid signed maintenance contract to the permitting authority.

## **TESTING AND REPORTING**

The maintenance company shall inspect each permitted system as directed by the testing and reporting schedule shown in Sect 285.91 (4) of the TCEQ OSSF Rules, or as may be required by Comal County. The maintenance company shall report any responses to homeowner complaints, and the results of its maintenance findings to Comal County within ten days of the specified reporting frequency.

The frequency of testing and type of tests required are shown in Sect. 285.91 (4) of the TCEQ OSSF Rules.

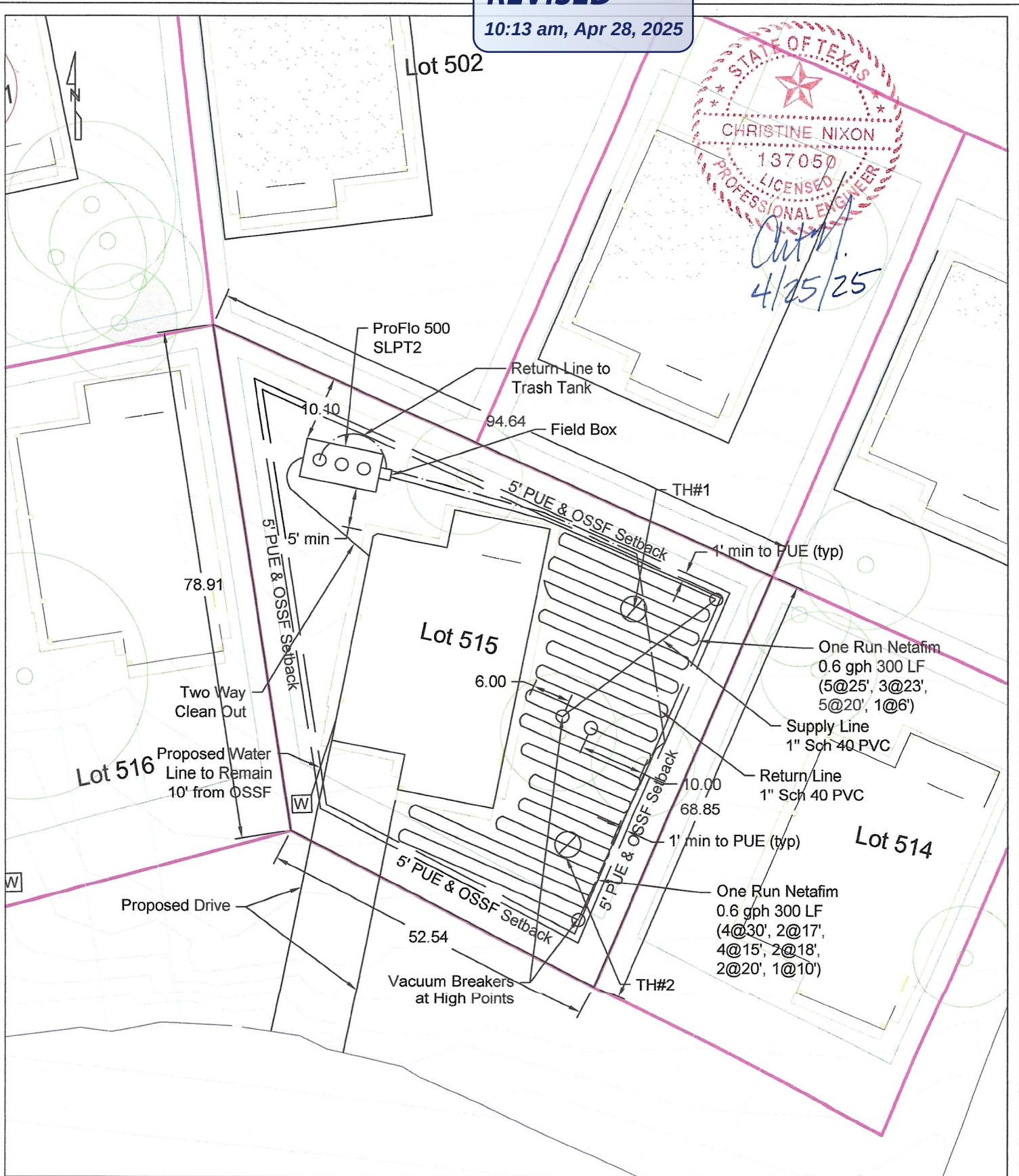
## **LICENSE TO OPERATE**

Contact Comal County for information.



**REVISED**

10:13 am, Apr 28, 2025



Date 4/25/2025

Drawn by Christine Nixon

Client

SQR Development

Burrier  
Engineering

Lot 515 Valley Ridge  
Canyon Lake, TX  
Comal County

Scale 1"=20'

# COMAL COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

## OSSF SOIL EVALUATION FORM

Owners Name 2x2 Capital Development  
 Physical Address: Valley Ridge, Canyon Lake, TX 78133  
 Name of Site Evaluator Christine Nixon  
 Date Performed: March 1, 2022 Proposed Excavation Depth: 36" max

**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.

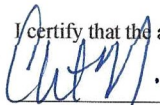
| SOIL BORING NUMBER _____   |                                      |                 |                                                    |                                |                     |                               |
|----------------------------|--------------------------------------|-----------------|----------------------------------------------------|--------------------------------|---------------------|-------------------------------|
| Depth (Feet)               | Texture Class                        | Gravel Analysis | Structure (For Class III-blocky, platy or massive) | Drainage (Mottles/Water Table) | Restrictive Horizon | Observations                  |
| 0<br>1<br>2<br>3<br>4<br>5 | 1-4" Top Soil<br><br>4" – below Rock | <30%            | Ty III                                             |                                |                     | No indication of ground water |

| 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<br>1<br>2<br>3<br>4<br>5 | 1-4" Top Soil<br><br>4" – below Rock | <30%         | Ty III                                             |                                |                     | No indication of ground water |

### 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.



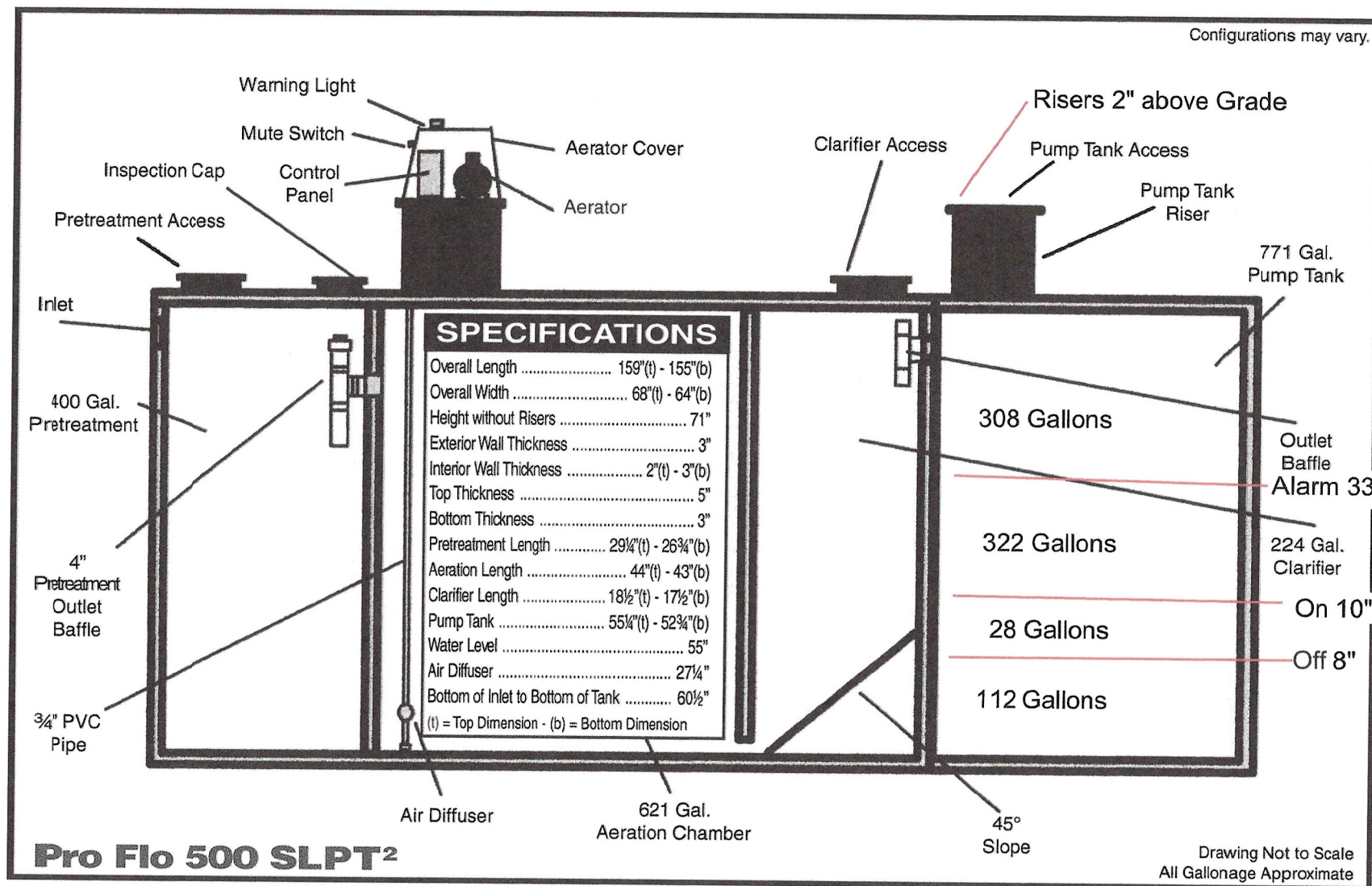
Signature of Site Evaluator

March 1, 2022

Date



# Pro Flo 500 SLPT<sup>2</sup> System Diagram





**From:** [Ritzen,Brenda](#)  
**To:** [Marisa Kane](#)  
**Cc:** [robert@eaglerocktx.com](mailto:robert@eaglerocktx.com); [Chadwick Fox](#)  
**Subject:** RE: Permit 118237  
**Date:** Friday, April 25, 2025 9:31:00 AM  
**Attachments:** [image001.png](#)

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**Re: SQR Development LLC  
Scenic Heights Unit 2 Lot 515  
Application for Permit for Authorization to Construct an On-Site  
Sewage Facility (OSSF)**

**Marisa :**

**I have reviewed the revised planning materials and found the following information is needed before I can continue processing the referenced permit submittal:**

- ✓ The maintenance contract indicates that the reporting months are circled but there are none circled.
- ✓ Portions of the drip tubing are within the indicated 1 ft. setback from the easement.
- ✓ Identify the property dimensions on the design.
- 4. Revise as needed and resubmit.

**Thank you,**



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

---

**From:** Marisa Kane <[bridgewayllc1@gmail.com](mailto:bridgewayllc1@gmail.com)>  
**Sent:** Thursday, April 24, 2025 4:31 PM



Red Stag Septic Services LLC

P: 210-364-8562

E: [redstagseptic@gmail.com](mailto:redstagseptic@gmail.com)

A: 439 Russian Sage New Braunfels Tx, 78130

**REVISED**

9:01 am, Apr 25, 2025

**VOID**

**Septic System Maintenance Contract**

Customer Name: SQR Development LLC - Chadwick Fox

Customer Address: Lot 515 - 362 Valley Ridge, Canyon Lake, TX

Customer Number: \_\_\_\_\_

Red Stag Septic Services LLC will operate and maintain the aerobic septic system at the address above for 2 year(s) beginning at License to Operate and ending at 2 years from License to Operate.

During the period we will provide a total of 8 visual inspections occurring within the months circled below:

**JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC**

These inspections will consist of:

- ❖ Determining if tank needs to be pumped.
- ❖ Inspecting all floats, controls, and electrical components
- ❖ Inspecting pumps and aerators
- ❖ Clean filters

**VOID**

The property owner will be responsible for maintaining the chlorinator. Any additional work that is needed is **not** included in the service fee and will be completed and billed separately. Due to state regulations, if customer refuses to repair damaged or broken equipment necessary for the system's proper daily function; we will be forced to report customer to the appropriate county or city licensing authorities for noncompliance.

All complaints by the property owner regarding the operations of the system will be responded to within 3 business days at the site location listed above.

Service Fee **\$300.00**

Customer Signature

03/12/2025

Date

**Francisco Ruiz MP0002663**

Maintenance Provider

3/12/2025

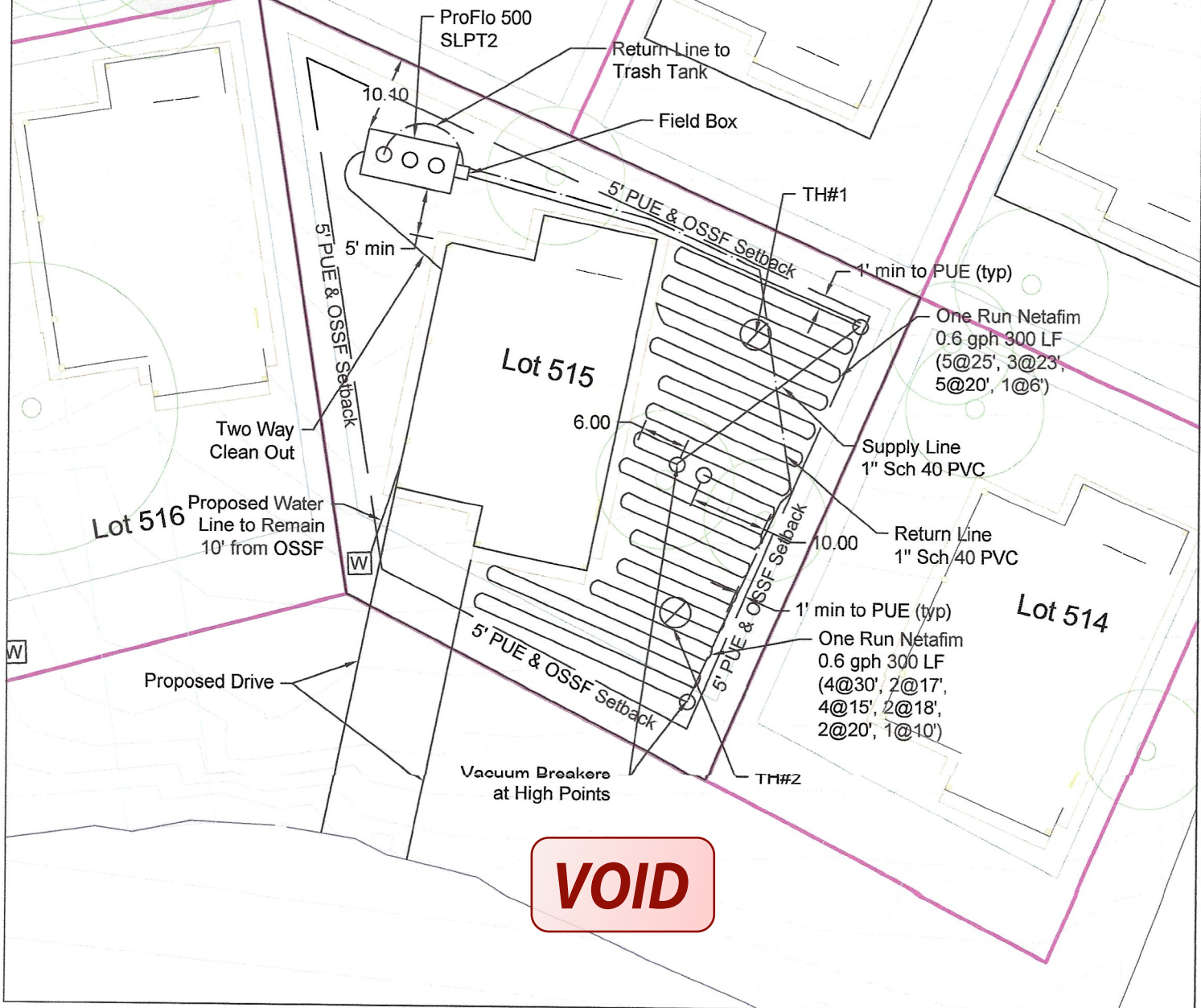
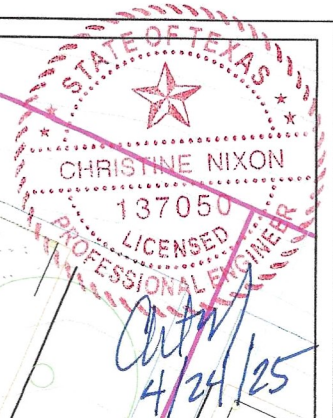
Date

**REVISED**

9:10 am, Apr 25, 2025

Lot 502

**VOID**



Date 4/24/2025

Drawn by Christine Nixon

Client

SQR Development

Burrier  
Engineering

Lot 515 Valley Ridge  
Canyon Lake, TX  
Comal County

Scale 1"=20'

**From:** [Ritzen,Brenda](#)  
**To:** ["Marisa Kane"](#)  
**Cc:** [chad.f@2x2capitalmanagement.com](mailto:chad.f@2x2capitalmanagement.com)  
**Subject:** RE: Permit 118237  
**Date:** Friday, March 7, 2025 10:51:00 AM  
**Attachments:** [image001.png](#)

---

**Re: SQR Development LLC  
Scenic Heights Unit 2 Lot 515  
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:**

-  **Maintenance provider must certify that the signature on the contract is his true signature.**
-  **Physical address of maintenance provider needed on the maintenance contract.**
-  **The maintenance contract must indicate that the start date of the contract is the date the "License to Operate" is issued (not LTO).**
- 4. The maintenance contract must indicate a maintenance schedule in accordance with state regulations, it must also provide the required minimum number of service visits for the 2 year period (8 over 2 years).**
- 5. Identify minimum 1 ft. separation distance from the drip tubing to the utility easement.**
- 6. Revise as needed and resubmit.**

**Thank you,**





**Brenda Ritzen**

Environmental Health Coordinator  
195 David Jonas Dr.  
New Braunfels, TX 78132  
DR:OS00007722  
830-608-2090  
[www.cceo.org](http://www.cceo.org)

---

**From:** Marisa Kane <[bridgewayllc1@gmail.com](mailto:bridgewayllc1@gmail.com)>  
**Sent:** Thursday, March 6, 2025 1:58 PM  
**To:** Ritzen,Brenda <[rabbjr@co.comal.tx.us](mailto:rabbjr@co.comal.tx.us)>  
**Cc:** [chad.f@2x2capitalmanagement.com](mailto:chad.f@2x2capitalmanagement.com)  
**Subject:** Re: Permit 118237

**This email originated from outside of the organization.**

**Do not click links or open attachments unless you recognize the sender and know the content is safe.**

- Comal IT

---

Good afternoon, Brenda,

Attached is the revised information requested for your review and approval.

Have a great day.

Regards,

**Marisa Kane**

Ph: 830-660-5498

Email: [Bridgewayllc1@gmail.com](mailto:Bridgewayllc1@gmail.com)

[www.consultingbridgeway.com](http://www.consultingbridgeway.com)

Development & Consulting Bridgeway, LLC

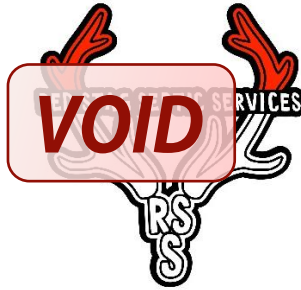
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Business Mission: Dedication to the highest quality of customer service, delivered with a sense of warmth, friendliness, individual pride and company spirit.

[Facebook](#)

**REVISED**

10:43 am, Mar 07, 2025



## Red Stag Septic Services LLC

### Septic System Maintenance Contract

210-364-8562  
P.O Box 310312  
New Braunfels Tx, 78131

- ❖ Customer Name: SQR Development LLC - Chadwick Fox
- ❖ Customer Address: Lot 515 Valley Ridge Canyon Lake Tx, 78133 (Lot 515)
- ❖ Customer Number: \_\_\_\_\_

Red Stag Septic Services LLC will operate and maintain the aerobic septic system at the address above for 2 year(s) beginning at LTO and ending at 2 years from LTO.

During the period we will provide a total of 4 visual inspections occurring within the months circled below:

**JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC**

These inspections will consist of:

- ❖ Determining if tank needs to be pumped
- ❖ Inspecting all floats, controls, and electrical components
- ❖ Inspecting pumps and aerators
- ❖ Clean filters

The property owner will be responsible for maintaining the chlorinator. Any additional work that is needed is **not** included in the service fee and will be completed and billed separately. Due to state regulations, if customer refuses to repair damaged or broken equipment necessary for the system's proper daily function; we will be forced to report customer to the appropriate county or city licensing authorities for noncompliance.

All complaints by the property owner regarding the operation of the system will be responded to within 3 business days at the site location listed above.

Service Fee: **\$300.00**

Chadwick Fox (Dec 23, 2024 13:43 CST)  
Customer Signature

23/12/24

Date



Francisco Ruiz  
**Francisco Ruiz MP0002663**  
Maintenance Provider

12/24/2024

Date


 BURRIER NIXON  
ENGINEERS

## BURRIER NIXON ENGINEERS

 Reg. No. F-24967  
 CHRISTINE NIXON, P.E.  
 9901 BROOKVIEW, PMB 195  
 AUSTIN, TX 78748  
 (512) 694-0537


March 4, 2025

SITE DESCRIPTION / EVALUATION

The site is located in Comal County, Lot 515 Valley Ridge, Canyon Lake, TX 78133. The owner is SQR Development. The site is considered unsuitable for a standard sub-surface septic system (see attached site evaluation). A drip irrigation is being designed. The sizing was determined as specified in the Texas Commission on Environmental Quality On-Site Sewage Facility-Chapter 285.33 © (2) (D). The proper performance of the OSSF cannot be guaranteed even though all provision of the standards have been generally complied with. The on-site sewage facility irrigation area placed on the flattest portion of the site. The site is located outside the regulatory 100 year flood plain. Vegetation at the proposed site consists of natural grasses and no recharge features are located within the area. The system is being designed for a three-bedroom home less than 2500 square feet (Q=240 gpd). Water saving devices will be utilized, and public water is being supplied.

SYSTEM DESCRIPTION

The on-site sewage facility will utilize a proprietary treatment plant with drip irrigation disposal. A timer will be set to dose for 563 seconds (9.4 minutes) every three hours. That will deliver the needed 30 gallons 8 times per day. Additionally, the floats will be adjusted according to the attached pump tank cross section. Wastewater from the residence will flow to a pretreatment/trash tank, then to the treatment plant. After treatment, the effluent will flow to a pump tank for discharge through a drip irrigation pressure emitter system. The surface of the existing soil must be scarified (any large rocks greater than 6" in diameter must be removed during scarification and replaced with suitable soil). Because there is limited suitable soil, the installer will be required to place **12 inches of Type III soil on the natural ground before laying the drip tubing.** The drip lines will be placed on the fill and then covered with an additional 8" of soil (Ty III). A spin filter will be installed in the pressure lines that is 140 mesh or greater. A pressure regulator (set at 50 psi) with bypass will be installed in the supply line (see diagram). The drip emitter line must be flushed periodically. This is accomplished by opening the return line from the drip field to the pre-treatment tank. In this process, the velocity of water moving through the return line must be at least 2 feet per second. To prevent plugging of the emitters, it is recommended that field flushing take place on a regular basis. Field flushing should be done at least several times per year. This will clean out the emitter lines, and will help prevent emitter blockage, slime buildup, and inorganic scale buildup. Gate valves shall be placed on the drip line before it connects to the return line. Each gate valve must be opened separately for flushing through each zone. THE FLUSH RETURN SHOULD RETURN TO THE TRASH TANK. All drip line connections to manifolds should have at least 18" of PVC (see detail). When running dipper lines that take turns, loops or series of loops back to the return flush line before making a connection, make a transition to solid tubing that will resist kinking and will not emit effluent in the turns (see detail).

The installer will provide the owner with an owner's manual containing the maintenance and operation instructions.





## BURRIER NIXON ENGINEERS

CHRISTINE NIXON, P.E.  
9901 BROOKSIDE LN, #160, PMB 195  
AUSTIN, TX 78748  
(512) 694-0537



November 19, 2024

### SITE DESCRIPTION / EVALUATION

The site is located in Comal County, Lot 515 Valley Ridge, Canyon Lake, TX 78133. The owner is 2x2 Capital Development. The site is considered unsuitable for a standard sub-surface septic system (see attached site evaluation). A drip irrigation is being designed. The sizing was determined as specified in the Texas Commission on Environmental Quality On-Site Sewage Facility-Chapter 285.33 © (2) (D). The proper performance of the OSSF cannot be guaranteed even though all provision of the standards have been generally complied with. The on-site sewage facility irrigation area placed on the flattest portion of the site. The site is located outside the regulatory 100 year flood plain. Vegetation at the proposed site consists of natural grasses and no recharge features are located within the area. The system is being designed for a three-bedroom home less than 2500 square feet (Q=240 gpd). Water saving devices will be utilized, and public water is being supplied.

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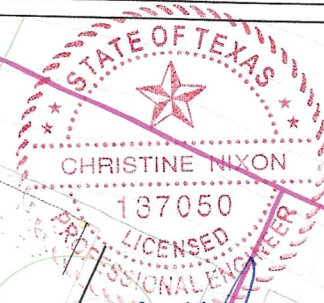
The installer will provide the owner with an owner's manual containing the maintenance and operation instructions.



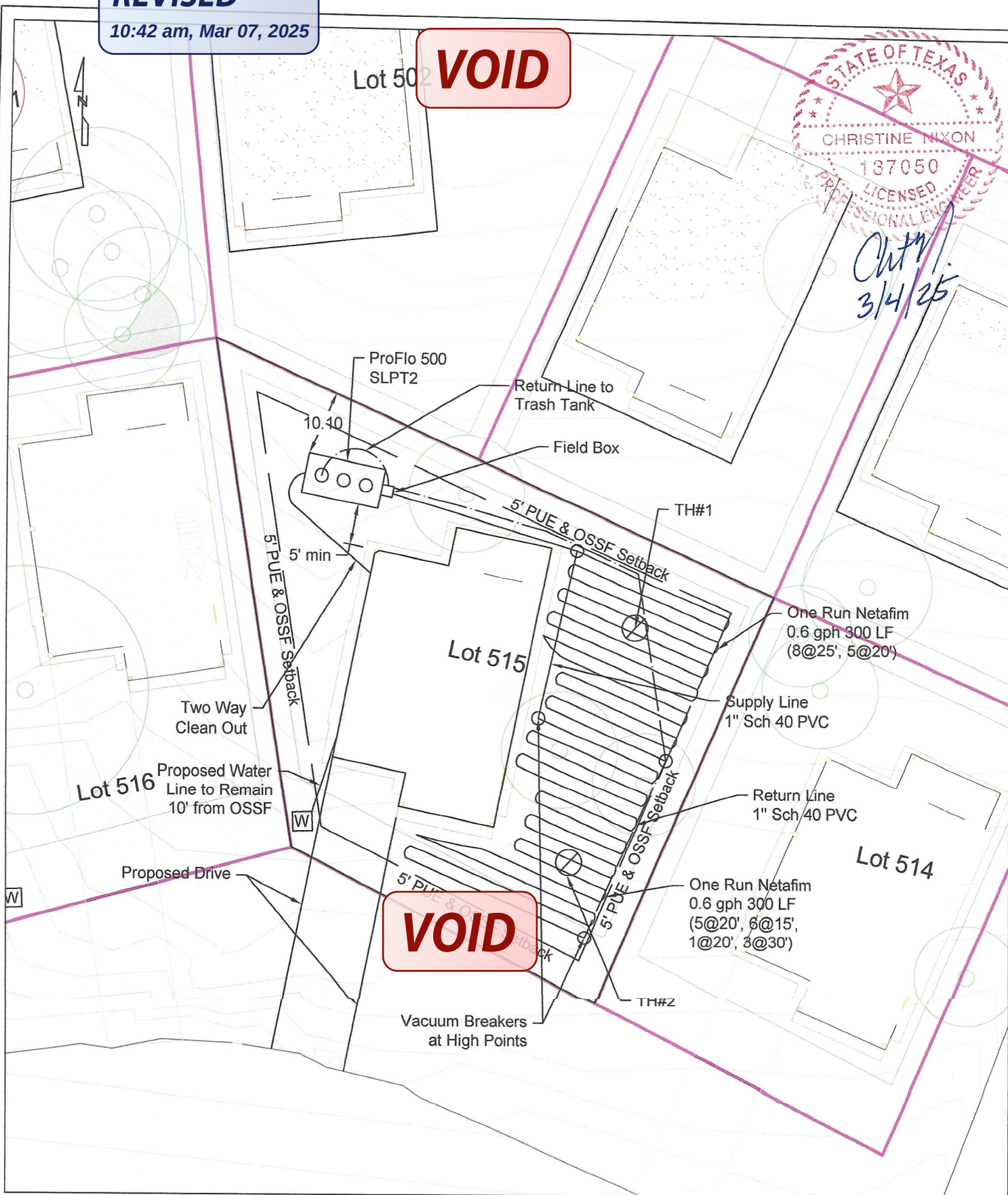
**REVISED**

10:42 am, Mar 07, 2025

**VOID**



*Chit #11*  
*3/4/25*



**VOID**

Date 3/4/2025

Drawn by christine Nixon

Client

SQR Development

Burrier  
Engineering

Lot 515 Valley Ridge  
Canyon Lake, TX  
Comal County

Scale 1"=20'



**VOID**

Planning Materials & Site Evaluation as Required Completed By Christine Nixon, PE

System Description AerobicDrip

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

Tank Size(s) (Gallons) 1245 Gal Absorption/Application Area (Sq Ft) 4926 Sq Ft

Gallons Per Day (As Per TCEQ Table III) 240 gpd

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

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

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

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

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

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

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

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

Is there an existing TCEQ approval CZP for the property? ☐ Yes ☒ No

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

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

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

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

If yes, indicate the city: \_\_\_\_\_

By signing this application, I certify that:

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

Christine Nixon  
Signature of Designer

1/2/25  
Date

**From:** [Ritzen,Brenda](#)  
**To:** [chad.f@2x2capitalmanagement.com](mailto:chad.f@2x2capitalmanagement.com); [bridgewayllc1@gmail.com](mailto:bridgewayllc1@gmail.com)  
**Subject:** Permit 118237  
**Date:** Tuesday, January 28, 2025 4:06:00 PM  
**Attachments:** [image001.png](#)

---

**Re: SQR Development LLC  
Scenic Heights Unit 2 Lot 515  
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. **Maintenance provider signature needed on the maintenance contract.**
2. **Physical address of maintenance provider needed on the maintenance contract.**
3. **The maintenance contract must indicate that the start date of the contract is the date the License to Operate is issued.**
4. **The maintenance contract must indicate a maintenance schedule in accordance with state regulations, it must also provide the required minimum number of service visits for the 2 year period ( 8 over 2 years).**
- ✓ **A different property owner is indicated within the planning materials.**
- ✓ **Clearly outline the location of the home/improvements.**
7. **Identify utility easements on the design.**
8. ✓ **Identify the separation distance from the OSSF components to the property lines.**
- ✓ **Show test hole locations on the design.**
- ✓ **Show driveway location on the design.**
- ✓ **A preliminary inspection is scheduled for tomorrow. Additional comments may be necessary when complete.**
12. **Revise as needed and resubmit.**

Thank you,



**Brenda Ritzen**

Environmental Health Coordinator

195 David Jonas Dr.

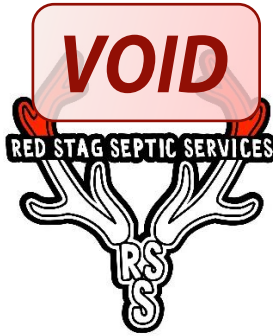
New Braunfels, TX 78132

DR:OS00007722

830-608-2090

[www.cceo.org](http://www.cceo.org)





## Red Stag Septic Services LLC

### Septic System Maintenance Contract

- ❖ Customer Name: \_\_\_\_\_
- ❖ Customer Address: **Lot 515 Valley Ridge Canyon Lake Tx, 78133 (Lot 515)**
- ❖ Customer Number: \_\_\_\_\_

Reg Stag Septic Services LLC will operate and maintain the aerobic septic system at the address above for **2** year(s) beginning at \_\_\_\_\_ and ending at \_\_\_\_\_.

During the period we will provide a total of **4** visual inspections occurring within the months circled below:

**JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC**

These inspections will consist of:

- ❖ Determining if tank needs to be pumped
- ❖ Inspecting all floats, controls, and electrical components
- ❖ Inspecting pumps and aerators
- ❖ Clean filters

**VOID**

The property owner will be responsible for maintaining the chlorinator. Any additional work that is needed is **not** included in the service fee and will be completed and billed separately. Due to state regulations, if customer refuses to repair damaged or broken equipment necessary for the system's proper daily function; we will be forced to report customer to the appropriate county or city licensing authorities for noncompliance.

All complaints by the property owner regarding the operations of the system will be responded to within 3 business days at the site location listed above.

Service Fee: **\$300.00**

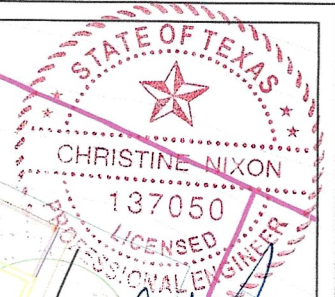
  
\_\_\_\_\_  
Chadwick Fox (Dec 23, 2024 13:43 CST)  
Customer Signature

**Francisco Ruiz MP0002663**  
Maintenance Provider

23/12/24  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**VOID**



*Christine Nixon*  
11/19/24

Lot 502

ProFlo 500  
SLPT2

Return Line to  
Trash Tank

Field Box

5' min

Lot 515

One Run Netafim  
0.6 gph 300 LF  
(8@25', 5@20')

Supply Line  
1" Sch 40 PVC

Two Way  
Clean Out

Lot 516

Return Line  
1" Sch 40 PVC

Proposed Drive

**VOID**

Lot 514

One Run Netafim  
0.6 gph 300 LF  
(5@20', 6@15',  
1@20', 3@30')

Proposed Water  
Line to Remain  
10' from OSSF

Vacuum Breakers  
at High Points

Date 11/19/2024

Drawn by Christine Nixon

Client  
2x2 Capital Development

Burrier  
Engineering

Lot 515 Valley Ridge  
Canyon Lake, TX  
Comal County

Scale 1"=20'



**MODIFICATION OF DEED OF TRUST**

**RECORDATION REQUESTED BY:**

First Financial Bank, N.A.  
Eastland Main Office  
201 E Main St  
P. O. Box 788  
Eastland, TX 76448-0788

**WHEN RECORDED MAIL TO:**

First Financial Bank, N.A.  
Credit Department  
P. O. Box 2559  
Abilene, TX 79604-2559

**SEND TAX NOTICES TO:**

SQR Development, LLC  
129 VALLEY RIDGE DR  
DRIPPING SPRINGS, TX 78620-3670

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE ONLY



\*#####%0735%12302023%#####\*

**THIS MODIFICATION OF DEED OF TRUST** dated December 30, 2023, is made and executed between SQR Development, LLC, a Texas limited liability company ("Grantor") and First Financial Bank, N.A., whose address is Eastland Main Office, 201 E Main St, P. O. Box 788, Eastland, TX 76448-0788 ("Lender").

**DEED OF TRUST.** Lender and Grantor have entered into a Deed of Trust dated December 30, 2022 (the "Deed of Trust") which has been recorded in COMAL County, State of Texas, as follows:

Deed of Trust recorded on January 3, 2023 as Instrument Number 202306000175 of the Official Public Records of Comal County, Texas and all subsequently executed modifications and/or extensions of such Deed of Trust.

**REAL PROPERTY DESCRIPTION.** The Deed of Trust covers the following described real property located in COMAL County, State of Texas:

Lots 494, 495, 498, 499, 501, 502, 503, 504, 514, 515, 516, 520, 521 and 522 of SCENIC HEIGHTS UNIT NO.2, a Subdivision in Comal County, Texas, according to the map or plat of record in Volume 2, Page 36, of the MAP AND PLAT Records of Comal County, Texas.

The Real Property or its address is commonly known as LOTS 494, 495, 498, 499, 501, 502, 503, 504, 514, 515, 516, 520, 521, AND 522 OF SCENIC HEIGHTS UNIT NO. 2, COMAL COUNTY, TX.

**MODIFICATION.** Lender and Grantor hereby modify the Deed of Trust as follows:

Extend maturity date from December 30, 2023 to February 28, 2026.

**CONTINUING VALIDITY.** Except as expressly modified above, the terms of the original Deed of Trust shall remain unchanged and in full force and effect. Consent by Lender to this Modification does not waive Lender's right to require strict performance of the Deed of Trust as changed above nor obligate Lender to make any future modifications. Nothing in this Modification shall constitute a satisfaction of the promissory note or other credit agreement secured by the Deed of Trust (the "Note"). It is the intention of Lender to retain as liable all parties to the Deed of Trust and all parties, makers and endorser to the Note, including accommodation parties, unless a party is expressly released by Lender in writing. Any maker or endorser, including accommodation makers, shall not be released by virtue of this Modification. If any person who signed the original Deed of Trust does not sign this Modification, then all persons signing below acknowledge that this Modification is given conditionally based on the representation to Lender that the non-signing person consents to the changes and provisions of this Modification or otherwise will not be released by it. This waiver applies not only to any initial extension or modification, but also to all such subsequent actions.

**GRANTOR ACKNOWLEDGES HAVING READ ALL THE PROVISIONS OF THIS MODIFICATION OF DEED OF TRUST AND GRANTOR AGREES TO ITS TERMS. THIS MODIFICATION OF DEED OF TRUST IS DATED DECEMBER 30, 2023.**



MODIFICATION OF DEED OF TRUST  
(Continued)

GRANTOR:

SQR DEVELOPMENT, LLC

By: [Signature]  
Chadwick Fox, Manager of SQR Development, LLC

CSA FAMILY LIMITED PARTNERSHIP, Manager of SQR Development, LLC

By: [Signature]  
Carole Crumley, President of CSA Family Limited Partnership

LENDER:

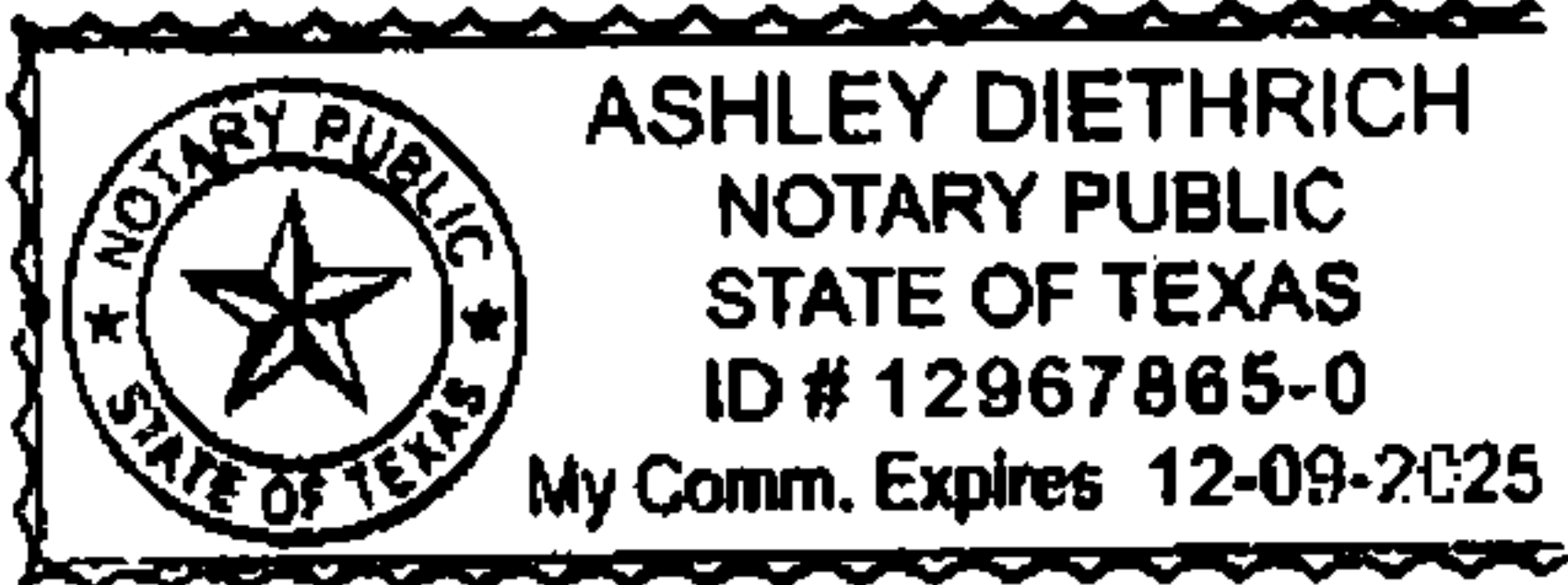
FIRST FINANCIAL BANK, N.A.

x [Signature]  
Ashley Diethrich, Vice President

LIMITED LIABILITY COMPANY ACKNOWLEDGMENT

STATE OF Texas  
COUNTY OF Eastland

)  
) SS  
)



This instrument was acknowledged before me on February 27, 20 24 by Chadwick Fox, Manager of SQR Development, LLC and Carole Crumley, President of CSA Family Limited Partnership, Manager of SQR Development, LLC, a Texas limited liability company, on behalf of said limited liability company.

[Signature]  
Notary Public, State of Texas



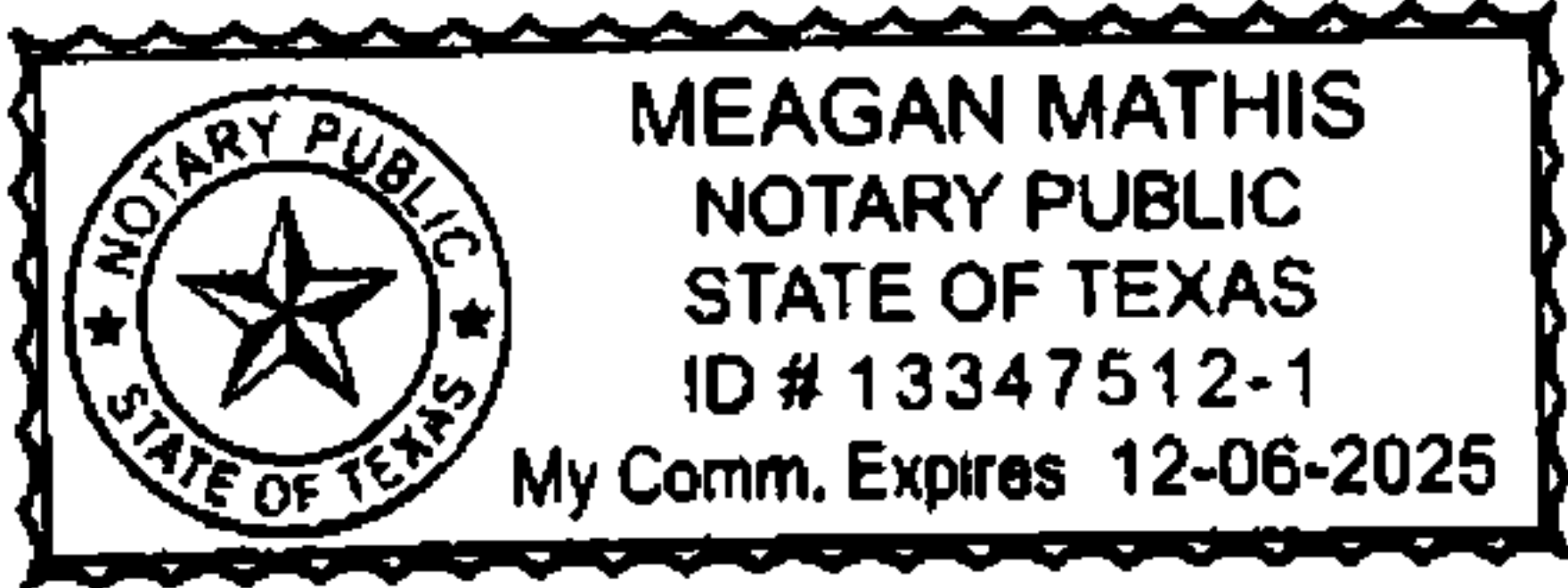
MODIFICATION OF DEED OF TRUST  
(Continued)

LENDER ACKNOWLEDGMENT

STATE OF Texas  
COUNTY OF Eastland

)  
) SS  
)

This instrument was acknowledged before me this 27<sup>th</sup> day of February, 2024 by Ashley Diethrich as Vice President of First Financial Bank, N.A..



Meagan Mathis  
Notary Public, State of Texas

Filed and Recorded  
Official Public Records  
Bobbie Koepp, County Clerk  
Comal County, Texas  
03/11/2024 08:02:52 AM  
CHRISTY 3 Pages(s)  
202406007203



Bobbie Koepp





**COMAL COUNTY**  
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION  
CHECKLIST**

*Staff will complete shaded items*

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

*Date Received*

*Initials*

|        |
|--------|
| 118237 |
|--------|

*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.**

*Marisa Kane*

\_\_\_\_\_  
Signature of Applicant

12/23/2024

\_\_\_\_\_  
Date

\_\_\_ COMPLETE APPLICATION

Check No. \_\_\_\_\_ Receipt No. \_\_\_\_\_

INCOMPLETE APPLICATION

\_\_\_ (Missing Items Circled, Application Refused)