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

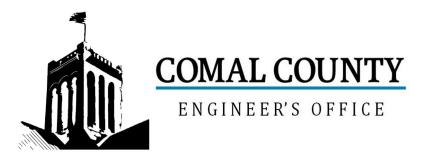
Permit#: Address: No. Description Answer Citations 1st Insp. 2nd Insp. 3rd Insp. Notes SITE AND SOIL CONDITIONS & 285.31(a) SETBACK DISTANCES Site and Soil 285.30(b)(1)(A)(iv) Conditions Consistent with Submitted Planning Materials 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)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

**Inspector Notes:** 

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If SingleTank, 2Compartments Provided withBaffle SEPTIC TANK Inlet Flowline Greater than3" and " T " Provided on Inlet and OutletSEPTIC TANK Septic Tank(s) MeetMinimum Requirements		285.32(b)(1) (E)285.91(2)285.32(b)(1) (F)285.32(b)(1)(E) (iii)285.32(b)(1)(E)(ii) (I)285.32(b)(1)(E)(ii) (I)285.32(b)(1)(E) (i)285.32(b)(1)(C) (ii)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)				
	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system providedSEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
	SEPTIC TANK Tank Volume Installed						
	PUMP TANK Volume Installed						
	AEROBIC TREATMENT UNIT Size Installed						
14	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)				

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
	DISPOSAL SYSTEM Drip Irrigation						
			285.33(c)(3)(A)-(F)				
19							
	DISPOSAL SYSTEM Soil		205 22(4)(4)				
20	Substitution		285.33(d)(4)				
	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(4)				
			285.33(a)(3) 285.33(a)(1)				
24			285.33(a)(1) 285.33(a)(2)				
21	DISPOSAL SYSTEM Gravelless Pipe						
			285.33(a)(3)				
			285.33(a)(2)				
			285.33(a)(4) 285.33(a)(1)				
22							
	DISPOSAL SYSTEM Mound		285.33(a)(3)				
			285.33(a)(1)				
			285.33(a)(2) 285.33(a)(4)				
23	DISPOSAL SYSTEM Other						
	(describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)				
24			265.55(0)(4)				
	DRAINFIELD Absorptive Drainline 3" PVC						
	or 4" PVC						
25	DRAINFIELD Area Installed						
26							
	DRAINFIELD Level to within 1 inch						
	per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
27							
	DRAINFIELD Excavation Width						
	DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation						
	DRAINFIELD Depth of Porous Media						
	DRAINFIELD Type of Porous Media						
28							
	DRAINFIELD Pipe and Gravel -		205 22/5//4//5/				
29	Geotextile Fabric in Place		285.33(b)(1)(E)				
	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End						
	Plates w/Splash Plate, Inspection						
	Port & Closed End Plates in Place		285.33(c)(2)				
	(per manufacturers spec.)						
30							
	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length						
	& Width, and Adequate		285.33(d)(1)(C)(i)				
	Separation Distance between						
31	Trenches						

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.						
	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						
	PUMP TANK Secondary restraint system provided						
	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						



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

Permit Number:	118246
Issued This Date:	02/03/2025
This permit is hereby given to:	JEREMY & ALYSON WEHDE

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

1229 STALLION SPRINGS DR FISCHER, TX 78623

Subdivision:STALLION SPRINGSUnit:1Lot:151Block:0Acreage:0.7200

### APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.





# OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

118246

Date Received Initials

Permit Number

Instructions:

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

OSSF	Permit
------	--------

 $\langle$  Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate

 $\langle |$  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.

X Required Permit Fee - See Attached Fee Schedule

Copy of Recorded Deed

Surface Application/Aerobic Treatment System

Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public

Signed Maintenance Contract with Effective Date as Issuance of License to Operate

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

Signature of Applicant

12/27/2024

Date

\_\_\_\_ COMPLETE APPLICATION
Check No. \_\_\_\_\_ Receipt No. \_\_\_\_\_

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

	COUNTY BR'S OFFICE ON-SITE SE	WAGE FACILI	TY APPLIC	ATION	1	NEW BRAU (830	/ID JONAS DR INFELS, TX 78132 ) 608-2090 /.CCEO.ORG
Date Dece	ember 11, 2024			Permit Nu	umb e r	1182	246
	AGENT INFORMATION			rennit Ni	umber		
Owner Name	JEREMY & ALYSON WEHE	DE Ag	ent Name		GREG JC	HNSON.	P.E.
Mailing Address	31069 PANTHER DRIVE		ent Address			and the second data was a second data w	
City, State, Zip	BULVERDE TEXAS 78163		y, State, Zip			and the second second second	
Phone #	210-438-7274						and the second state of the second state of the second
Email	jeremy@gacustombuilthomes.c	om En	nail	gr	egjohnsor	npe@yaho	o.com
2. LOCATION							
Subdivision Name	STALLION SI	PRINGS	Ur	nit l	Lot	151	Block
Survey Name / Ab	ostract Number				Ac	reage	
Address	1229 STALLION SPRINGS DRIVI	E City	FISCI	HER	State	TX Z	ip 78623
3. TYPE OF DEVE	ELOPMENT				-		
Single Famil	y Residential						
Type of Con	struction (House, Mobile, RV, Etc.)	)	HOUSE				
Number of E							
Indicate Sq	Ft of Living Area 2074						
Non-Single F	amily Residential						
(Planning mat	terials must show adequate land area f	or doubling the requ	lired land need	ed for treatme	ent units a	and dispos	al area)
Type of Faci	ility					a alopeo	araicaj
Offices, Fac	tories, Churches, Schools, Parks, E	Etc Indicate Nur	nber Of Occur	pants			
Restaurants	, Lounges, Theaters - Indicate Nun	nber of Seats					
Hotel, Motel	, Hospital, Nursing Home - Indicate	Number of Beds					
Travel Traile	er/RV Parks - Indicate Number of S	paces				line degrade o	
Miscellaneou	us	and the second					
Estimated Cost of	of Construction: \$450,000	(Struct	ure Only)				
	the proposed OSSF located in the			naineers (II	SACE) f	000000	
Yes X No	o (If yes, owner must provide approval from	n USACE for propose	d OSSE improve	mante within th	DAGE) I	owage ea	asement?
Source of Water	Public Private Well	Rainwater Collection		mento within t	HE USAUE	nowage ea	isement)
4. SIGNATURE OF	hanned hanned						
property.	ication and all additional information su am the property owner or I possess the	e appropriate latio i	ights necessary	to make the	permitted	improven	nents on said
- Authorization is here	aby given to the permitting authority an and inspection of private sewage faciliti	d designated agent	s to enter upon	the above de	escribed p	roperty for	the purpose of
- I understand that a p	permit of authorization to construct will	es not be issued until	he Floodplain A	Administrator	has perfo	rmed the -	Outours and in t
- I affirmatively conse	ty Flood Damage Prevention Order. nt to the online posting public release of	of my e-mail address	2 2000 alain		.ioo perio	med tile f	eviews required
		any of man addres	DIDT/	n this permit	applicatio	on, as appl	icable.
Signature of Own	er C56CD9D3BEC049E		LIL/	24			
							Page 1 of 2 Revised January 2021

		STALLION SPRING	GS, UNIT 1, LOT 151
COMALCOUNTY ENGINEER'S OFFICE ON-SITE SEWAG	E FACILITY A	PPLICATION	195 DAVID JONAS DR NEW BRAUNFELS, TX 78132 (830) 608-2090 <u>WWW CCEO ORG</u>
Planning Materials & Site Evaluation as Required Complet	ed By	GREG W. JOHNS	ON, P.E.
System Description PROPRIETARY; AERC	BIC TREATME	NT AND SURFACE IRR	LIGATION
Size of Septic System Required Based on Planning Materi	als & Soil Evaluati	on	
Tank Size(s) (Gallons) CLEARSTREAM 600	NC3T	Absorption/Application Ar	rea (Sq Ft) 4926
Gallons Per Day (As Per TCEQ Table 111) 300			
(Sites generating more than 5000 gallons per day are required to	obtain a permit thro	ough TCEQ.)	
Is the property located over the Edwards Recharge Zone?	Yes X No	0	······································
(if yes, the planning materials must be completed by a Registered	J Sanitarian (R.S.) o	r Professional Engineer (P.E	.))
Is there an existing TCEQ approved WPAP for the propert	y? 🗌 Yes 🔀	Νο	
(if yes, the R.S. or P.E. shall certify that the OSSF design compli	es with all provision:	s 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 developm	ent activity require	e a TCEQ approved WPAI	P? ∏Yes ⊠ No
(if yes, the R.S or P.E. shall certify that the OSSF design will con be issued for the proposed OSSF until the proposed WPAP has t			
Is the property located over the Edwards Contributing Zon	e? 🗙 Yes 🗌	No	
Is there an existing TCEQ approval CZP for the property?	Yes X N	0	
(if yes, the P.E. or R.S. shall certify that the OSSF design compli-	es with all provisions	s of the existing CZP.)	
If there is no existing CZP, does the proposed developmer	nt activity require a	a TCEQ approved CZP?	Yes 🗙 No
(if yes, the R.S. or P.E. shall certify that the OSSF design will consistent for the proposed OSSF until the UP has been approved by			Permit to Construct will not be
Is this property within an incorporated city?  Yes	No	514 × 75	
If yes, indicate the city:		GREG W. JOHNSON	
		P. GISTERED W	FIRM #2585
By signing this application, I certify that:			
- The information provided above is true and correct to the bes	at of my knowledge.		
- I affirmatively consent to the online posting/public release of	my e-mail address a	associated with this permit ap	plication, as applicable.
	Dec	ember 13, 2024	
Signature of Designer	Date		

#### AFFIDAVIT

#### THE COUNTY OF COMAL STATE OF TEXAS

#### **CERTIFICATION OF OSSF REOUIRING MAINTENANCE**

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities (OSSF's), this document is filed in the Deed Records of Cornal County, Texas.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEO) 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.

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

UNIT/ HASE/SECTION	BLOCK _	151	_tot_	STALLION SPRINGS	SUBDIVISION

**IF NOT IN SUBDIVISION:** ACBRAGE SURVEY

The property is owned by (insert owner's full name):

JEREMY WEHDE & ALYSON WEHDE

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 acrobic 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.

S BY HAND(S) ON THIS 23<sup>20</sup> DAY OF December 20/24 JEREMY WEHDE Wende m ALYSON WEHDE

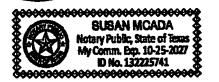
Owner(s) signature(s)

Owner (s) Printed name (s)

JEREMY WEHDE & ALYSON WEHDE SWORN TO AND SUBSCRIBED BEFORE ME ON THIS ART DAY OF

20 au LNO

Notary Public Signature



**Filed and Recorded Official Public Records Bobbie Koepp, County Clerk Comal County, Texas** 12/27/2024 08:10:11 AM MARY 1 Pages(s) 202406039363

Bobbie Keepp

PERMIT#

SOTX SEPTIC SERVICES 15656 CRANES MILL RD. CANYON LAKE, TX 78133 (830) 481-3249 SOTXSERVICES@GMAIL.COM

### **On-Site Sewage Facility (OSSF) Service Agreement**

I. General: This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between JEREMY & ALYSON WEHDE (hereinafter referred to as "Client") and SOTX Septic Services (hereinafter to as "Contractor"). By this agreement, Contractor agrees to render services, as described herein, and the Client agrees to fulfill his/her/their responsibilities under this agreement as described herein.

II. Effective Dates: This agreement commences on receipt of full payment and runs for two (2) years. Agreement's... Starting Date: (Date License to Operate is Issued) Ending Date: (2yrs. From Date of LTO)

- III. Services by Contractor: Contractor will provide the following services (hereinafter referred to as the "Services"):
  - In compliance with Agency (TCEQ and/or County) and manufacturer's requirements, inspect and perform routine maintenance on the On-Site Sewage Facility (hereinafter referred to as the "OSSF") three (3) times per year (approximately once every four (4) months).
  - Report to the appropriate regulatory authority and to the Client, as is required by both the State's onsite rules and the local Agency's rules, if more stringent. All findings must be reported to the local Agency within 14 days.
  - If any components of the OSSF are found to need repair during the inspection, the Contractor will notify the Client of the repairs needed.
  - 4. Visit in response to Client's request(s) for unscheduled service(s) within two business days from the date of Contractor's receipt of Client's request. All unscheduled responses are in addition to the fee covered by this Agreement and will be billed to the Client.
  - Provide notification of arrival to site to the homeowner or to site personnel. Additionally, written notification of the visit will be left at the site or with site personnel upon completion or inspection, as well as, forwarded to agency within 14 days.
- IV. Site Location: The Services are to be performed at the property located at:

1229 STALLION SPRINGS DRIVE, FISCHER, TEXAS 78623

STALLION SPRINGS, UNIT 1, LOT 151

V. Payment(s): The fee for this Agreement only covers the Services describes herein. This fee does not cover equipment, parts or labor supplied for the repairs or charges for unscheduled Client-request trips to the site. Payments for such additional services are due when service is provided or rendered. Payments not received within 30 days from due date will be subjected to a \$20.00 late penalty and / or a 1.5% carrying charge, whichever is greater, in addition the reasonable attorney's fees and all costs of collection incurred by Contractor in collection of any unpaid debt(s). By signing this contract, the Client is authorizing the Contractor to remove any parts which were installed but not paid for at the end of 30 days. The Client is still responsible for any labor costs associated with the installation and remove of said parts.

Contractor:

Client's Responsibilities: The Client is responsible for each and all the following:

- 1. Maintain chlorinator and provide proper chlorine supply, if OSSF is equipped with same.
- 2. Provide all necessary yard or lawn maintenance and removal of obstacles as needed to allow the OSSF to function properly, and to allow Contractor easy access to all parts of the OSSF.
- Maintain a current license to operate and abide by the conditions and limitations of that license and all requirements for on-site sewage facilities (OSSF's) from the State and local regulatory agency, as well as manufacturer's recommendations.
- 4. Immediately notify the Contractor and Agency of all problems with, including the failure of the OSSF.
- 5. Upon receiving a written notification of services needed from the Contractor, it becomes the Client's responsibility to contact the Contractor to authorize the service. If the Client chooses to use a different contractor to perform the service, the Client's responsible for ensuring the contractor holds the proper license (installer II) and is certified by the manufacturer. Also, the Client is responsible for ensuring proper notification is given to the Agency, as required by the State and local Agency rules.
- Provide the Contractor with water usage records, upon request, for evaluation by the Contractor of the OSSF performance.
- 7. Clients residing in Harris County should allow for samples at both the inlet and outlet to the OSSF to be obtained by the Contractor for the purpose of evaluating the OSSF's performance when requested by the Client. If these samples are sent to the lab for testing, the Client will directly pay the lab for the cost of the testing plus pay the Contractor for all man-hours expended in providing this additional service at the rate of \$75.00 per hour measured from office to site, site to lab, and lab to office, otherwise known as portal to portal.
- 8. Not allow the backwash from water treatment or water conditioning equipment to enter the OSSF.
- 9. Provide for pumping of tanks, when needed, at Clients expense.
- 10. Maintain site drainage to prevent adverse effects on OSSF.
- 11. Promptly and fully pay Contactor's bills, fees, or invoices as described herein.
- VI. Access by Contractor: Contractor, or personnel authorized by the Contractor, may enter the property at reasonable times without prior notice for the purpose of performing the above-described Services. Contractor will require access to the OSSF electrical and physical components, including tanks, by means of manways or risers for the purpose of evaluations required by manufacturer, and/ or rules. If such manways or risers are not in place, excavation together with other labor and materials will be required and will be billed to Client as additional service at the rate of \$75.00 per hour, plus materials billed at list price. Excavated soil is to be replaced as best as reasonably possible.
- VII. Application or Transfer of Payments: The fees paid for this agreement may transfer to subsequent owner(s); however, this agreement will not transfer. The subsequent owner(s) must sign a similar agreement authorizing Contractor to perform the above-described Services and accepting Client's responsibilities. This replacement Agreement must be signed and received within 30 days of transfer of ownership. Contractor will apply all funds received from Client first to any past due obligations arising from this Agreement including late charges, return check charges, and charges for repairs or services not paid within 30 days of invoicing. The consumption of the payment in this manner may lead to early termination of the agreement by Contractor.
- VIII. Termination of Agreement: This Agreement may be terminated by either party within 30 days written notice in the event of substantial failure to perform in accordance with its terms by the other party without fault of the terminating party. If this Agreement is so terminated, Contractor shall be paid at the rate of \$75.00 per hour for any work performed, but not yet paid. The party terminating will immediately notify the other party, the equipment manufacturer, and the regulatory agency of the termination.
- IX. Limits of Liability: In no event shall the Contractor be liable for indirect, consequential, incidental or punitive damages, whether in contact tort or any other theory. In no event the Contractor's liability for direct damages exceed the price for the Services described in this Agreement.
- X. Severability: If any provision in the Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If court finds that any provision of this

Customer:

Contractor: CDH

Initials...

Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be written, construed, and enforced as so limited.

- XI. Performance of Agreement: Commencement of performance by Contractor under this agreement is contingent on the following conditions (1) Contractor receiving a fully execute original copy of this agreement. (2) Contractor receiving payment in full for the fee as described in Section V. If the above conditions are not met, then Contractor is not obligated to perform any portion of this agreement.
   XII. Entire Agreement: This agreement contains the entire agreement parties, and there are no other promises
- XII. Entire Agreement: This agreement contains the entire agreement parties, and there are no other promises or conditions in any other agreement, oral or written.

Client (And/or authorized agent)		0/17/2
Printed Name: JEREMY WEHDE	Signature:	Date:Date:
Printed Name: ALYSON WEHDE	Signature:	Date:
Physical Address: 1229 STALLION SPRIN	IGS DRIVE , FISCHE	R Zip: <u>78623</u>
Mailing Address: 31069 PANTHER DR	, BULVERDI	E, TX Zip: 78163
Phone # Cell	# 210-438-7274	County: COMAL
Email: jeremy@gacustombuilthomes.com	Gate	Code:
=====Contractor===	Contr	actor====================================
SOTX Septic Services	Clarence D. Hinds Jr	Clarence D Hinds Qr.
15656 Cranes Mill Rd.	Lic #: 05	SSF Installer II #: OS0030965
Canyon Lake, TX 78133	Mainten	nance Provider #: MP0002439
830-481-3249		
sotxservices@gmail.com	Installer Name: BRA	D PARKER
	Phone #: 830-	310-2344
	Email: park	er.construction@yahoo.com
	Lic #: OS#	0035249
	Manufacture	er: CLEARSTREAM
		D: 600 800 1000 Other:
		al: Spray Drip Other:

Custome

Contractor: CDH

#### **ON-SITE SEWERAGE FACILITY** SOIL EVALUATION REPORT INFORMATION

December 12, 2024 Date Soil Survey Performed: \_\_\_\_\_

**STALLION SPRINGS, UNIT 1, LOT 151** 

N/A Proposed Excavation Depth: \_\_\_\_\_

**Requirements:** 

Site Location: \_

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

SOI	L BORING	NUMBER SUR	FACE EVALUAT	ION			
	Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0 1 2	6"	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 6"	BROWN
3 4							
5							

Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
)	SAME		AS		ABOVE	
2						
;						
,						
; [						

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

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

2/12/24

Date

# **OSSF SOIL EVALUATION REPORT INFORMATION**

Date: December 13, 2024

# **Applicant Information:**

	Site Evaluator Information:
Name: JEREMY & ALYSON WEHDE	Name: Greg W. Johnson, P.E., R.S., S.E. 11561
Address: c/o 31069 PANTHER DRIVE	Address: 170 Hollow Oak
City: BULVERDE State: TEXAS	City: <u>New Braunfels</u> State: <u>Texas</u>
Zip Code: Phone: (210) 438-7274	Zip Code: <u>78132</u> Phone & Fax (830)905-2778
-	
Property Location:	Installer Information:
Lot 151 Unit 1 Blk Subd. STALLION SPRING	GS Name:
Street Address: 1229 STALLION SPRINGS DRIVE	Company:
City: FISCHER Zip Code: 78623	Address:
Additional Info.:	
	Zip Code: Phone
Topography: Slope within proposed disposal area:	
Presence of 100 yr. Flood Zone:	YESNO_X
Existing or proposed water well in nearby area.	YESNO_X
Presence of adjacent ponds, streams, water impoundments	
Presence of upper water shed	YES NO_X
Organized sewage service available to lot	YES NO_X
Design Calculations for Aerobic Treatment with Spi	ray Irrigation:
	ing migution.
Commercial	
Q = GPD	
Residential Water conserving fixtures to be utilized? Y	es <u>X</u> No
Number of Bedrooms the septic system is sized for:	
Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction	
$Q = (\_4\_+1)*75-(20\%) = \300$	Tor water conserving fixtures)
Trash Tank Size Gal.	· · · · · · · · · · · · · · · · · · ·
TOEO Approved Apprhice Diant Size 600 (al.	מתי
TCEQ Approved Aerobic Plant Size <u>600</u>	J.P.D.
Req'd Application Area = $Q/Ri = 300$ / 0.	$\frac{1004}{1004} = \frac{4088}{1000}$ sq. ft.
Application Area Utilized = $4926$ sq. ft.	
Pump Requirement <u>12</u> Gpm @ <u>41</u> Psi (Re	djacket 0.5 HP 18 G.P.M. series or equivalent)
Dosing Cycle:ON DEMAND or	FIMED TO DOSE IN PREDAWN HOURS
Pump Tank Size = 700 Gal. 12.3 Gal.	al/inch.
Reserve Requirement = $100$ Gal. $1/3$ day fl	ow.
Alarms: Audible & Visual High Water Alarm & Visual	
With Chlorinator NSF/TCEQ APPROVED	
SCH-40 or SDR-26 3" or 4" sewer line to tank	
Two way cleanout	
Pop-up rotary sprinkler heads w/ purple non-potable lids	
1" Sch-40 PVC discharge manifold	
APPLICATION AREA SHOULD BE SEEDED AND	MAINTAINED WITH VEGETATION
EXPOSED ROCK WILL BE COVERED WITH SOIL	
I HAVE PERFORMED A THOROUGH INVESTIGATION	
AND SITE EVALUATOR IN ACCORDANCE WITH CHA	
(REGARDING RECHARGE FEATURES), TEXAS CO	
(EFFECTIVE DECEMBER 29, 2016)	SMMISSION OF ENVIRONMENTAL QUALITY
(EFFECHIVE DECEMBER 29, 2010)	TE OF TEL
	12/2 620 - 70
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561	DATE GREG W. JOHNSON
5125 HI FOLLIGOLY I .D. I HVV200 - 0.D. 11001	67587 O. C.
	FIRM #2585
	COMAL EN 22
	WITH THE STATE

# Greg W. Johnson, P.E. 170 Hollow Oak New Braunfels, Texas 78132 830/905-2778

December 13, 2024

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

RE-Septic Design **1229 STALLION SPRINGS DRIVE** STALLION SPRINGS, UNIT 1, LOT 151 FISCHER, TX 78623 WEHDE RESIDENCE

# Brandon/Brenda,

Due to the lack of available application area it is necessary to have the setback from the property line to the spray at ten feet as required by TCEQ Chapter 285 rules Table X. I hereby request a variance to the twenty foot setback to property lines as required by Comal County Order and equivalent protection will be maintained by including a battery backup to the timer clock to assure sprayers to only spray during the predawn hours. In my professional opinion this variance will not pose a threat to the environment or public health.

If I can be of further assistance please contact me.

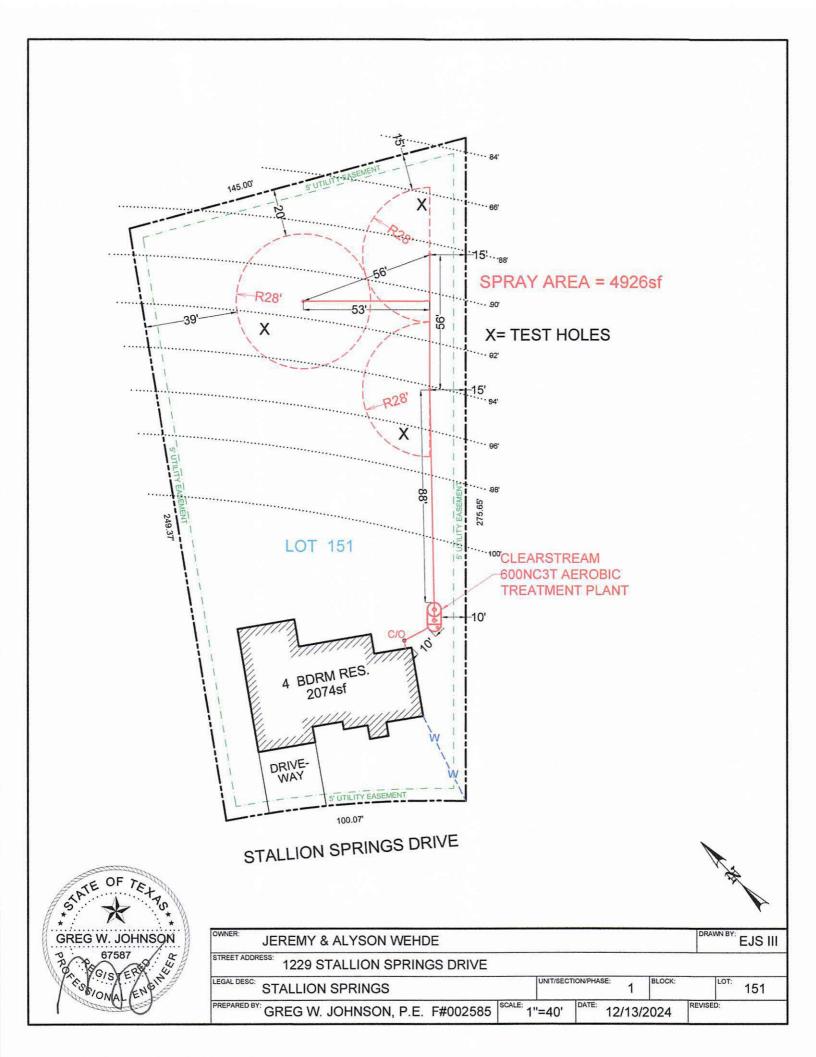
Respectfully yours,

Greg W. Johnson, P.E., F#2585

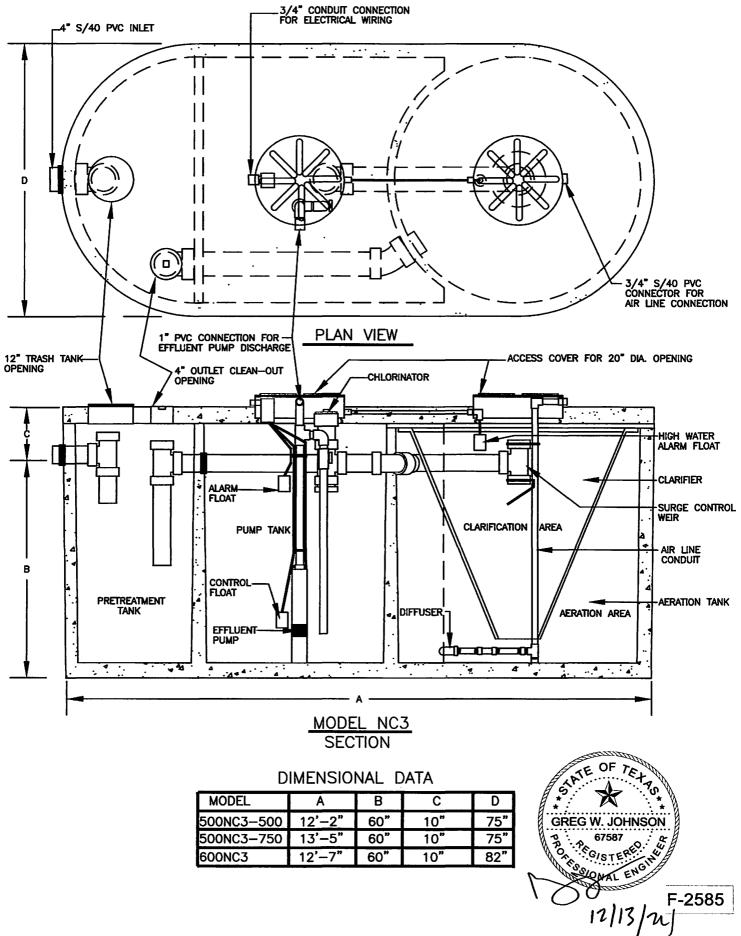
December 13, 2024

Date





DESIGN DRAWINGS



TANK NOTES:

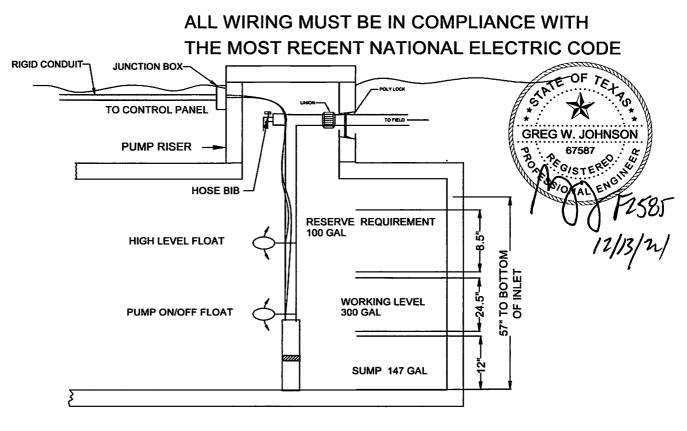
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

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

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

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



# TYPICAL PUMP TANK CONFIGURATION CLEARSTREAM 600NC3T W/ 700 GAL PUMP TANK

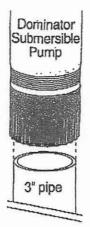
#### OPERATION

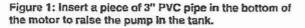
- The pump must be submerged at all times during normal operation. Do not run pump dry.
- Make sure that the float switches are set so that the pump stops before the pump runs dry or breaks suction. If necessary, adjust float switches to achieve this.
- The motor bearings are lubricated internally. No maintenance is required or possible on the pump.

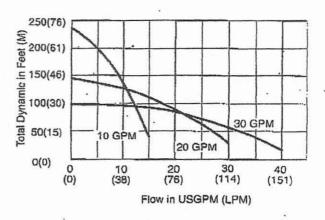
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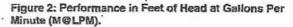
#### Table 1: Recommended Fusing Data 60 Hz/1 Phase 2-Wire Cable

Model	HP _	Voltz/Hz/ Phase	Max Load Amps	Locked Rotor Amps	Fuse Size Standard/ Dual Element
P100	1/2	· 115/60/1	11.0	30.0	15
P20D	1/2	115/60/1	9.5	. 30.0	15
P30D	1/2	115/60/1	9.5	30.0	15









Nazzle	PSI	Radius	GPM	1.1	
#1	30	22'	1.5	- K¢	ZAIN Z PLU
	40	24"	1.7		0
	50	26'	1.8	K-7	7 Più
	60	28'	2.0		- 100
#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	_	
50 60	40	38.	6.5		
	50	40'	7.3		
	60	42'	8.0		
	70	44'	8.6		

COMAL COUNTY ENGINEER'S OFFICE

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

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

Date Decem 1. APPLICANT / AG	ber 11, 2024 SENT INFORMATION	P	Permit Number118246	
Owner Name	JEREMY & ALYSON WEHDE	Agent Name	GREG JOHNSON, P.E.	
Mailing Address	31069 PANTHER DRIVE	Agent Address	170 HOLLOW OAK	
City, State, Zip	BULVERDE TEXAS 78163		NEW BRAUNFELS TEXAS 78132	
Phone #	210-438-7274	Phone #	830-905-2778	
Email	jeremy@gacustombuilthomes.com	Email	gregjohnsonpe@yahoo.com	
2. LOCATION				
Subdivision Name	STALLION SPRINGS	Unit	1 Lot 151 Block	
Survey Name / Abs	tract Number		Acreage	
Address	229 STALLION SPRINGS DRIVE	City FISCHEI	R State TX Zip 7862	
3. T PE OF DEVEL	OPMENT			
Single Family				
Type of Const	truction (House, Mobile, RV, Etc.)			
Number of Be				
Indicate Sq Ft	ing Area 4			
Non-Single Fa	esidentia			
(Planning mater	the store ate is for doubling t	red la ded f	nent units ar sal area)	
Type of Facilit			sar area)	
Offices, Facto		nber		
Restaurants, I		noer cupa		
Hotel, Motel, I		ands		
	RV Parks - Indicate Number of Spaces			
Miscellaneous				
Est pated Cost of		(Structure Only)		
Source of Water	(If yes, owner must provide approval from USACE for		nts within the USACE flowage easement)	
		ollection		
SIGNATURE OF				
The completed applic	ation and all additional information submitted doe m the property owner or I possess the appropriate	s not contain any false inf e land rights necessary to	ormation and does not conceal any material make the permitted improvements on said	
Authorization is hereb site/soil evaluation an understand/that a pe	by given to the permitting authority and designated d inspection of private sewage facilities ermit of authorization to construct will not be issue Flood Damage Prevention Order.			
affirmatively consent	to the online posting/public release of my e-mail	address associated with t	his permit application, as applicable.	
Signature of Owne	r	Date	Page 1 of	

ENGINEER'S OFFICE

January 24, 2025

118246

RE: 1229 Stallion Springs Dr. Stallion Springs 1 Lot 151

Dear Property Owner & Agent,

Thank you for your submission. We have reviewed the planning materials for the referenced permit application, and unfortunately, they are insufficient. To proceed with processing this permit, we require the following:

- **V**. Both Owners need to sign the application.
- 2. Revise accordingly and resubmit.

If you have any questions, you can email me or call the office.

Thank You,



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

# WARRANTY DEED

Date:	November 26, 2024

Grantor: Saul Monsisvais

Grantor's Mailing Address (including county): 215 Cain Drive, Cedar Hill, Dallas County, Texas 75104

Grantee: Jeremy Wehde and Alyson Wehde

Grantee's Mailing Address (including county): 31069 Panther Drive, Bulverde, Comal County, Texas 78163

**Consideration:** 

TEN AND NO/100 DOLLARS (\$10.00) AND OTHER GOOD AND VALUABLE CONSIDERATION

Property (including any improvements):

Lot 151, STALLION \$PRINGS, UNIT 1, a subdivision in Comal County, Texas, according to plat thereof recorded in <u>Volume 6, Pages 189-193</u>, Map and Plat Records of Comal County, Texas.

#### Reservations from and Exceptions to Conveyance and Warranty:

This conveyance is made and accepted subject to any and all conditions, restrictions, and easements, if any, relating to the hereinabove-described property, to the extent, and only to the extent, that the same may still be in force and effect, shown of record in the office of the County Clerk of Comal County, Texas.

Grantor, for the consideration and subject to the reservations from and exceptions to conveyance and warranty, grants, sells, and conveys to Grantee the property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to conveyance and warranty.

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

1

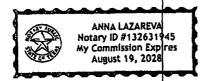
Say Monsisvais

energian encore

(acknowledgment)

STATE OF TEXAS COUNTY OF Dellas

This instrument was acknowledged before me on the <u>LE</u> day of <u>NCVEMBER</u>, 2024, by Saul Monsisvais.



Notary Public State of Totas Notary's name (printed) Ahno LazaRera Notary's commission expires: 08 [19] 2028

Filed and Recorded Official Public Records Bobbie Koepp, County Clerk Comal County, Texas 11/27/2024 11:13:34 AM TRACY 2 Pages(s) 202406036429

Babbie Koepp

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PREPARED IN THE LAW OFFICE OF: BECK & BECK 4940 Broadway, Suite 315 San Antonio, Texas 78209

. . .

AFTER RECORDING RETURN TO:

