

# Comal County Environmental Health

## OSSF Inspection Sheet

Installer Name: \_\_\_\_\_

OSSF Installer #: \_\_\_\_\_

1st Inspection Date: \_\_\_\_\_

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

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

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

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

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

Permit#:

Address:

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

Inspector Notes:

**Comal County Environmental Health  
OSSF Inspection Sheet**

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

**Comal County Environmental Health  
OSSF Inspection Sheet**

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

**Comal County Environmental Health  
OSSF Inspection Sheet**

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

**Comal County Environmental Health  
OSSF Inspection Sheet**

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



# COMAL COUNTY

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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: 118250  
Issued This Date: 02/07/2025  
This permit is hereby given to: CHRIS KEINZLEN & MARGARET EVERTS

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

1035 FLINT LN  
SPRING BRANCH, TX 78070

Subdivision: MYSTIC SHORES  
Unit: 11  
Lot: 1378  
Block: 0  
Acreage: 1.6100

#### APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic  
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.



# COMAL COUNTY

ENGINEER'S OFFICE

## OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

		118250
Date Received	Initials	Permit Number

### Instructions:

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

### OSSF Permit

- ☒ 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.

Signature of Applicant

12/30/2024

Date

\_\_\_ COMPLETE APPLICATION

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

INCOMPLETE APPLICATION

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

## ON-SITE SEWAGE FACILITY APPLICATION

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

Permit Number 118250

Owner Name	CHRIS KIENZLEN & MARGARET EVERTS
Mailing Address	1035 FLINT LANE
City, State, Zip	SPRING BRANCH TEXAS 78070
Phone #	512-963-0341
Email	ckienzlen@markeys.com

Agent Name	GREG JOHNSON, P.E.
Agent Address	170 HOLLOW OAK
City, State, Zip	NEW BRAUNFELS TEXAS 78132
Phone #	830-905-2778
Email	gregjohnsonpe@yahoo.com

Subdivision Name MYSTIC SHORES Unit 11 Lot 1378 Block  
Survey Name / Abstract Number Acreage  
Address 1035 FLINT LANE City SPRING BRANCH State TX Zip 78070

☒ Single Family ResidentialType of Construction (House, Mobile, RV, Etc.) EXISTING HOUSE & DETACHED OFFICE/SHOP

Number of Bedrooms	4
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Indicate Sq Ft of Living Area 2591 + 600

☐ 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: \$ 120,000 (Structure Only)

Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement?

☐ Yes ☒ No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

Source of Water ☒ Public ☐ Private Well ☐ Rainwater Collection

#### 4. SIGNATURE OF OWNER

By signing this application, I certify that:

- The completed application and all additional information submitted does not contain any false information and does not conceal any material facts. I certify that I am the property owner or I possess the appropriate land rights necessary to make the permitted improvements on said property.
- Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities..
- I understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

Signature of Owner

Date \_\_\_\_\_



COMALCOUNTY  
ENGINEER'S OFFICE

## ON-SITE SEWAGE FACILITY APPLICATION

MYSTIC SHORES, UNIT 11, LOT 1378

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

Planning Materials & Site Evaluation as Required Completed By \_\_\_\_\_

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) EXISTING SOLAR AIR SA600LP (#111199) Absorption/Application Area (Sq Ft) 6008

Gallons Per Day (As Per TCEQ Table 111) 380

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

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

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

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

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

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

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

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

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

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

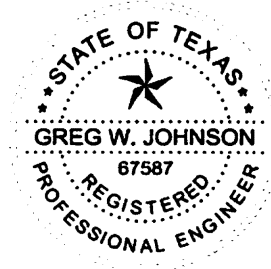
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP.)

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

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

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

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



**FIRM #2585**

By signing this application, I certify that:

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

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

Signature of Designer

December 13, 2024  
Date

**AFFIDAVIT**



202006033413 08/12/2020 11:52:01 AM 1/1

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 (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

**II**

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

11 UNIT/PHASE/SECTION BLOCK 1378 LOT MYSTIC SHORES SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by (insert owner's full name): CHRIS KIENZLEN & MARGARET EVERTS

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 1 DAY OF August, 20 20

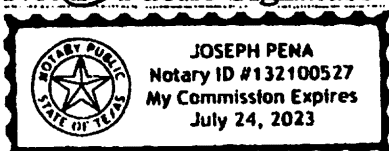
Chris Kienzlen  
Margaret Everts  
Owner(s) signature(s)

Chris Kienzlen  
Margaret Everts  
Owner (s) Printed name (s)

Chris Kienzlen + Margaret Everts  
August 1<sup>st</sup>, 20 20

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 2<sup>nd</sup> DAY OF

[Signature]  
Notary Public Signature



(Notary Seal Here)

THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY

Filed and Recorded  
Official Public Records  
Bobbie Koepf, County Clerk  
Comal County, Texas  
08/12/2020 11:52:01 AM  
TERRI 1 Page(s)  
202006033413



Bobbie Koepf

**THE COUNTY OF COMAL  
STATE OF TEXAS**

**CERTIFICATION OF SINGLE FAMILY DWELLING**

According to Texas Commission of Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of **COMAL COUNTY, TEXAS**.

I

Before me this day appeared **CHRIS KIENZLEN & MARGARET EVERTS**, being the owners of the referenced property at **1035 FLINT LANE**. They further state that the Residence and any additional living space on this property will be occupied only by a single family.

An OSSF requiring a Certification of Single Family Dwelling, will be installed on the property described as:

11 UNIT        BLOCK 1378 LOT        MYSTIC SHORES SUBDIVISION

IF NOT IN SUBDIVISION:        ACREAGE        SURVEY

The property is owned by CHRIS KIENZLEN & MARGARET EVERTS

WITNESS MY HAND ON THIS 17 OF DAY OF December, 2024.

X *Chris Kienzlen*  
OWNER (SIGNATURE)

X *Margaret Everts*  
OWNER (SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 17<sup>th</sup> DAY OF December, 2024 BY

CHRIS KIENZLEN  
OWNER NAME (PRINTED)

MARGARET EVERTS  
OWNER NAME (PRINTED)

*Emily N Heidelberg*  
Notary Public Signature



**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  
1035 FLINT LANE  
MYSTIC SHORES, UNIT 11, LOT 1378  
SPRING BRANCH, TX 78070  
KIENZLEN/EVERTS RESIDENCE

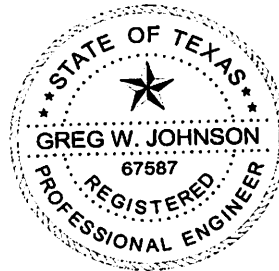
**Brandon/Brenda,**

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

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

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

 12/13/24  
\_\_\_\_\_  
Greg W. Johnson, P.E. No. 67587 / F#2585  
170 Hollow Oak  
New Braunfels, Texas 78132 - 830/905-2778



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

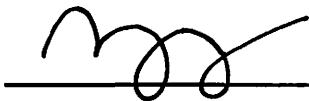
RE- Septic Design  
1035 FLINT LANE  
MYSTIC SHORES, UNIT 11, LOT 1378  
SPRING BRANCH, TX 78070  
KIENZLEN - EVERTS RESIDENCE

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.

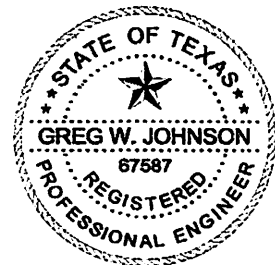
Respectfully yours,



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

12/13/24

Date



# ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: December 12, 2024

Site Location: MYSTIC SHORES, UNIT 11, LOT 1378

Proposed Excavation Depth: N/A

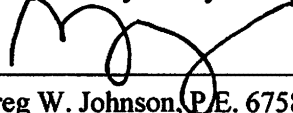
**Requirements:**

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

SOIL BORING NUMBER <u>          </u> SURFACE EVALUATION <u>          </u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 8"	BROWN
1						
2						
3						
4						
5						

SOIL BORING NUMBER <u>          </u> SURFACE EVALUATION <u>          </u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	SAME		AS		ABOVE	
1						
2						
3						
4						
5						

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

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

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

**FIRM #2585**

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

January 27, 2025

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

RE: Septic Design #118250  
1035 Flint Lane  
Mystic Shores, Unit 11, Lot 1378  
Spring Branch, TX 78070  
KIENZLEN / EVERTS Residence

Brandon,

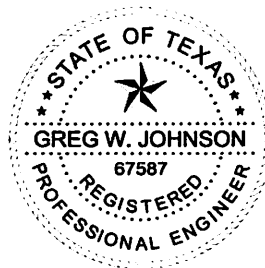
A portion of the waterline enters slightly less than ten feet from portions of the septic system. A variance is required to Chapter 285 Table X & 290.44(e)(8). Equivalent protection will be maintained by sleeving the water service line with SCH-40 PVC within ten feet of the septic system. I hereby request a variance to Chapter 285 Table X & 290.44(e)(8).

If I can be of further assistance please contact me.

Respectfully yours,



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



LOT 1378

PERSONAL SHOP  
W/RESTROOM  
600sf  
(20 GPD)

LIFT STATION WITH  
ALARM AND SEPTIC  
LINES INSTALLED BY  
A LICENSED PLUMBER

524.99'

90'

SPRAY AREA = 6008sf

92'

X= TEST HOLES

11' 1" .94'

96'

98'

100'

EXISTING SOLAR AIR SA-600 -  
LP 778 AEROBIC  
TREATMENT PLANT.  
PERMIT #111199

WATER LINE  
INSTALLED BY  
A LICENSED  
PLUMBER

11'

563.68'

POOL  
EQUIP.

EXISTING  
5 BDRM RES.  
2591sf

FENCE

DRIVEWAY

10' UTILITY EASEMENT

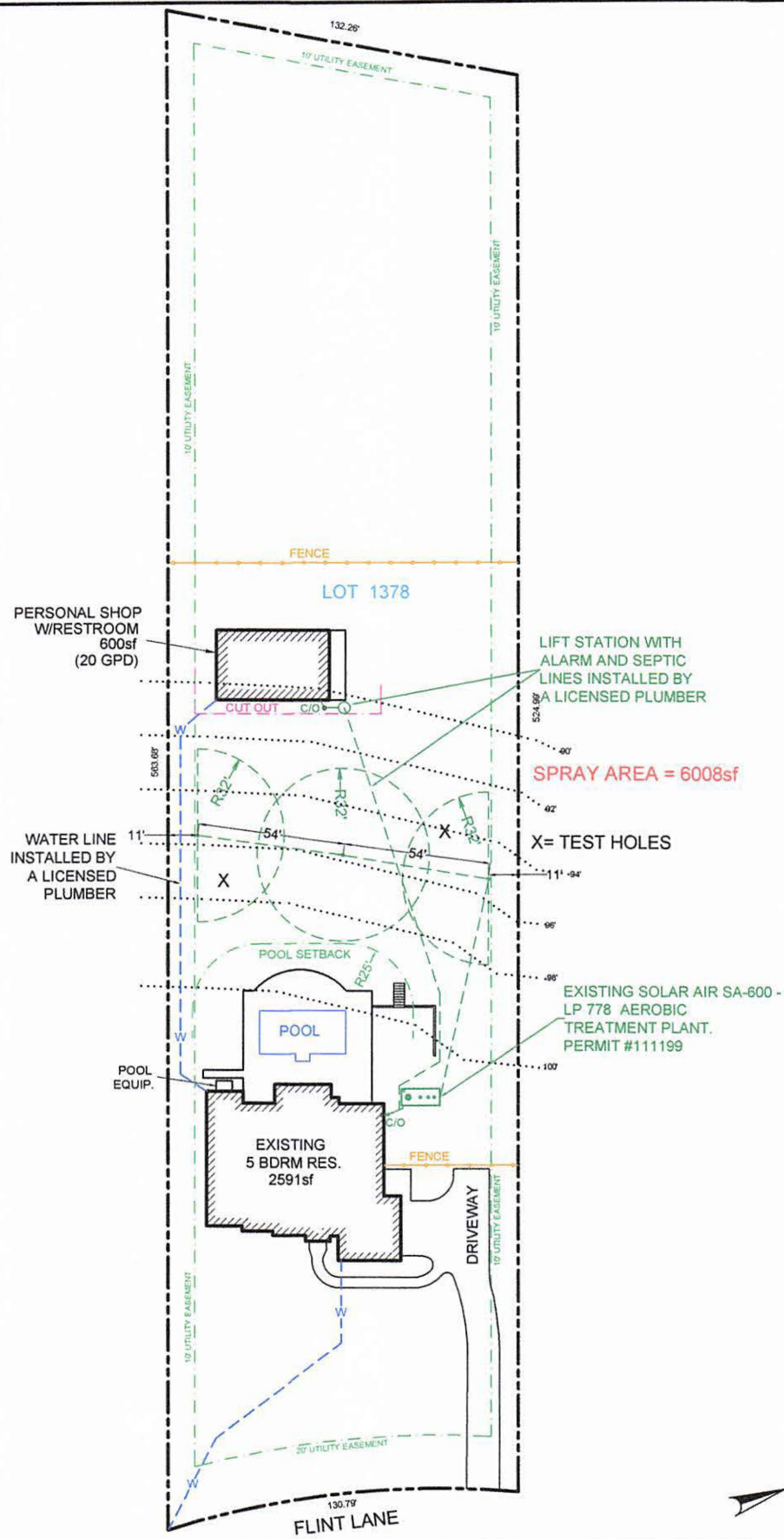
130.79'  
FLINT LANE

10' UTILITY EASEMENT

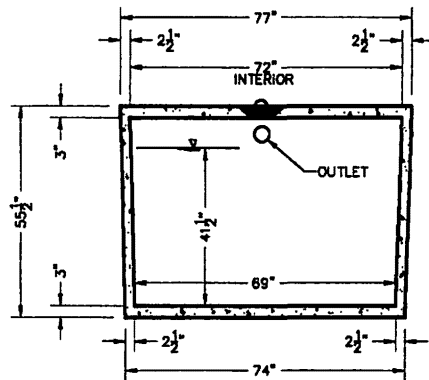
20' UTILITY EASEMENT



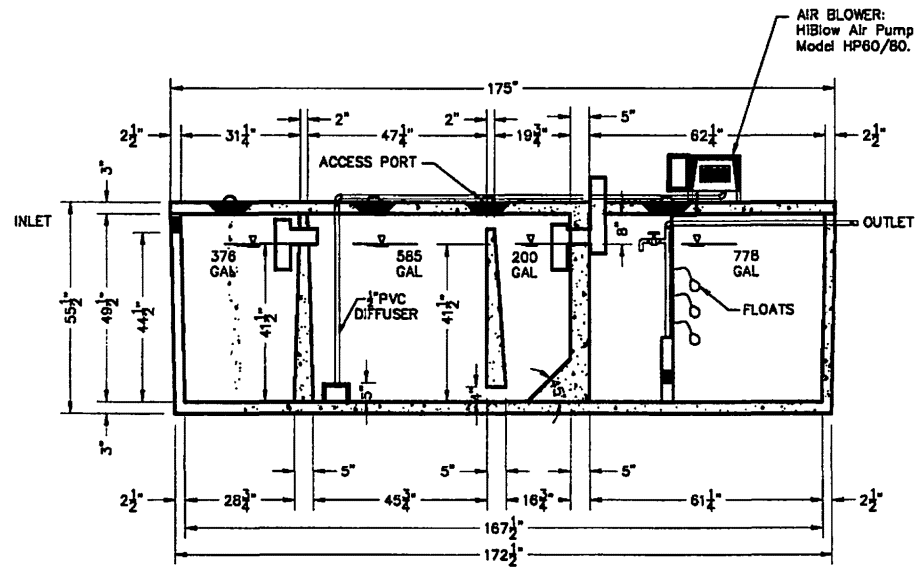
OWNER:	CHRIS KIENZLEN & MARGARET EVERTS					DRAWN BY:	EJS III
STREET ADDRESS:	1035 FLINT LANE						
LEGAL DESC:	MYSTIC SHORES			UNIT/SECTION/PHASE:	11	BLOCK:	LOT: 1378
PREPARED BY:	GREG W. JOHNSON, P.E. F#002585		SCALE:	1"=40'	DATE:	12/13/2024	REVISED:



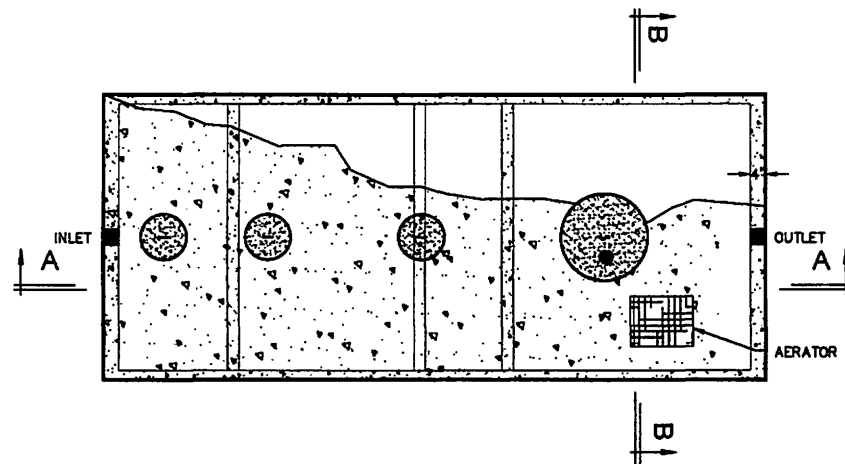
OWNER: CHRIS KIENZLEN & MARGARET EVERTS				DRAWN BY: EJS III	
STREET ADDRESS: 1035 FLINT LANE					
LEGAL DESC: MYSTIC SHORES			UNIT/SECTION/PHASE: 11	BLOCK:	LOT: 1378
PREPARED BY: GREG W. JOHNSON, P.E. F#002585		SCALE: N.T.S.	DATE: 12/13/2024		REVISED:



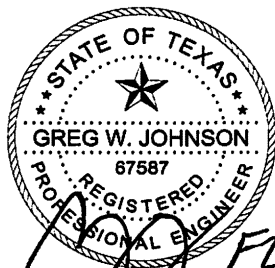
SECTION B-B



SECTION A-A



PLAN VIEW



*FL585*  
*12/13/24*

DATE: DEC 2010	SHEET: SA-3
PROJECT NO:	SCALE: 3/4" = 1'-0"
REVISIONS	DATE
SOLAR AEROBIC 6754 HWY 90 EAST LAKE CHARLES, LA 70615 PHONE: (337) 439-0880	
MODEL SA 600LP RESIDENTIAL WASTEWATER TREATMENT SYSTEM	
DESIGNER: ESC	
DRAWN: ESC	
CHECKED: ESC	

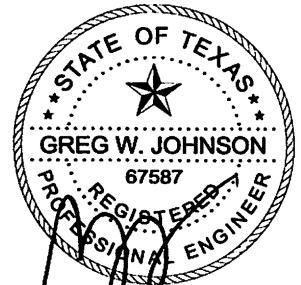
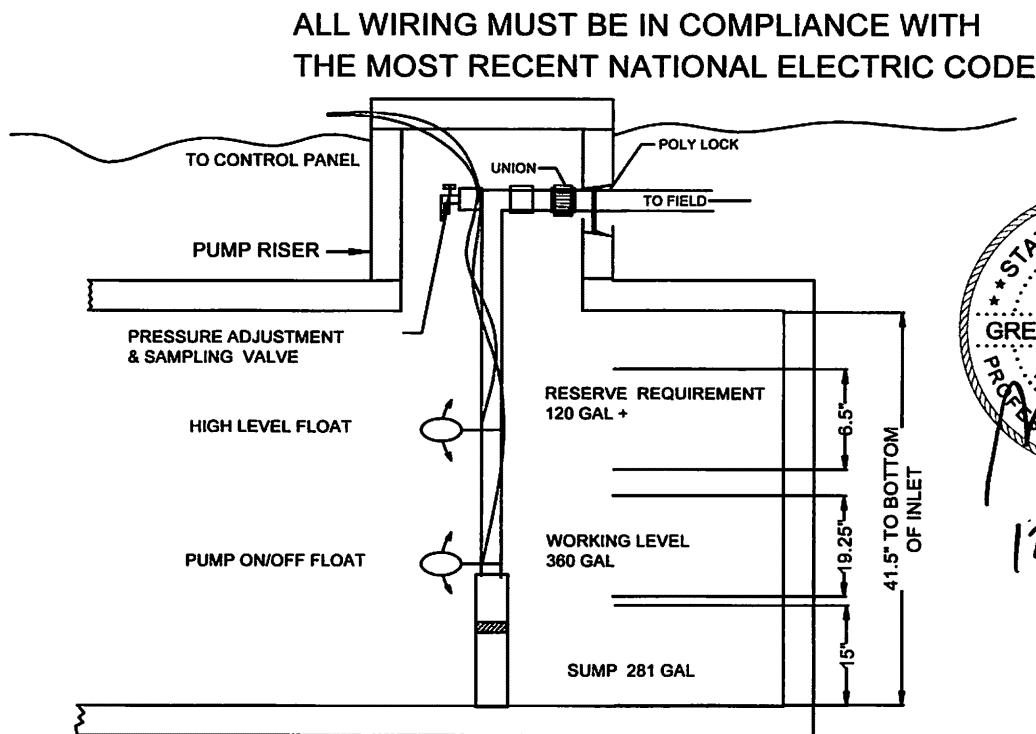
## TANK NOTES:

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



F#2585

12/13/21

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

## Environmental Series Pumps

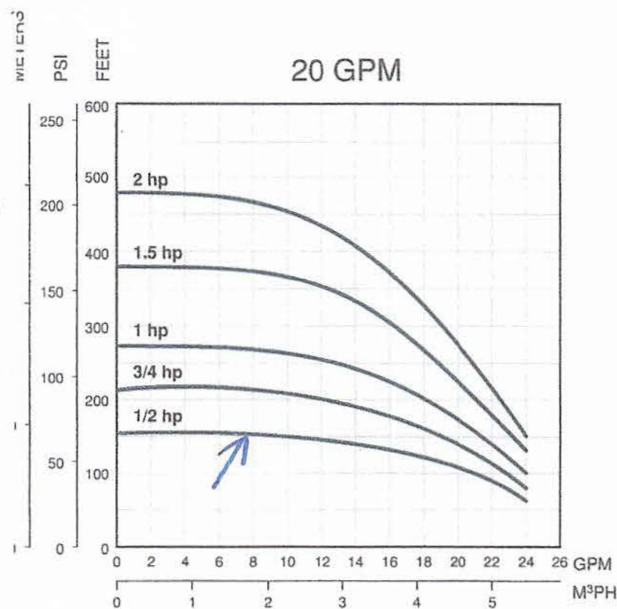
## Thermoplastic Performance

LOW ANGLE NOZZLE PERFORMANCE CHART

Nozzle	PSI	Radius	GPM
#1	30	22'	1.5
	40	24'	1.7
	50	26'	1.8
	60	28'	2.0
#3	30	29'	3.0
	40	32'	3.1
	50	35'	3.5
	60	37'	3.8
#4	30	31'	3.4
	40	34'	3.9
	50	37'	4.4
	60	38'	4.7
#6	40	38'	6.5
	50	40'	7.3
	60	42'	8.0
	70	44'	8.6

KRAIN  
Pro-Plus

X



## Thermoplastic Units Ordering Information

## 1/2 - 1.5 HP Single-Phase Units

Order No.	Model	GPM	HP	Volt	Wire	Wt.
94741005	10FE05P4-2W115	10	1/2	115	2	24
94741010	10FE05P4-2W230	10	1/2	230	2	24
94741015	10FE07P4-2W230	10	3/4	230	2	28
94741020	10FE1P4-2W230	10	1	230	2	31
94741025	10FE15P4-2W230	10	1.5	230	2	46
94742005	20FE05P4-2W115	20	1/2	115	2	25
94742010	20FE05P4-2W230	20	1/2	230	2	25
94742015	20FE07P4-2W230	20	3/4	230	2	28
94742020	20FE1P4-2W230	20	1	230	2	31
94742025	20FE15P4-2W230	20	1.5	230	2	40

## Thermoplastic 1/2 - 2 HP Pump Ends

Order No.	Model	GPM	HP	Volt	Wire	Wt.
94751005	10FE05P4-PE	10	1/2	N/A	N/A	6
94751010	10FE07P4-PE	10	3/4	N/A	N/A	7
94751015	10FE1P4-PE	10	1	N/A	N/A	8
94751020	10FE15P4-PE	10	1.5	N/A	N/A	12
94752005	20FE05P4-PE	20	1/2	N/A	N/A	6
94752010	20FE07P4-PE	20	3/4	N/A	N/A	7
94752015	20FE1P4-PE	20	1	N/A	N/A	8
94752020	20FE15P4-PE	20	1.5	N/A	N/A	10
94752025	20FE2P4-PE	20	2	N/A	N/A	11



# COMAL COUNTY

---

ENGINEER'S OFFICE

RE: *1035 Flint Lane*  
*Mystic Shores 11*  
*Lot 1378*

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:

- ✓ 285.91(10) There is a 10ft separation distance from edge of spray and waterlines.
- 2. Revise accordingly and resubmit.

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

Thank You,

| **Brandon Olvera** | **Designated Representative OS0034792** |

| Comal County | [www.cceo.org](http://www.cceo.org) | f: 830-608-2078 | e: [olverb@co.comal.tx.us](mailto:olverb@co.comal.tx.us) |

CCEO  
COPY



**COMAL COUNTY**  
ENGINEER'S OFFICE

**License to Operate On-Site Sewage Treatment and Disposal Facility**

Issued This Date: **09/29/2020** Permit Number: **111199**

Location Description: 1035 FLINT LN  
SPRING BRANCH, TX 78070  
Subdivision: Mystic Shores  
Unit: 11  
Lot: 1378  
Block:  
Acreage:

Type of System: Aerobic  
Surface Irrigation

Issued to: Chris Kienzlen & Margaret Everts

This license is authorization for the owner to operate and maintain a private facility at the location described in accordance to the rules and regulations for on-site sewerage facilities of Comal County, Texas, and the Texas Commission on Environmental Quality.

The license grants permission to operate the facility. It does not guarantee successful operation. It is the responsibility of the owner to maintain and operate the facility in a satisfactory manner.

Alterations to this permit including, but not limited to:

- Increase in the square feet of living area
- Increase in the number of bedrooms
- A change of use (i.e. residential to commercial)
- Relocation of system components (including the relocation of spray heads)
- Installation of landscaping
- Adding new structures to the system

may require a new permit. **It is the responsibility of the owner to apply for a new permit, if applicable.**

Inspection and licensing of a facility indicates only that the facility meets certain minimum requirements. It does not impede any governmental entity in taking the proper steps to prevent or control pollution, to abate nuisance, or to protect the public health.


This license to operate is valid for an indefinite period. The holder may transfer it to a succeeding owner, provided the facility has not been remodeled and is functioning properly.

Licensing Authority

Comal County Environmental Health

  
ENVIRONMENTAL HEALTH INSPECTOR

OS0032485

  
ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

# CCEO

\*\*\* COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH \*\*\*

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN  
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

# COPY

Date July 23, 2020

Permit # 111199

Owner Name CHRIS KIENZLEN & MARGARET EVERTS

Agent Name GREG W. JOHNSON, P.E.

Mailing Address 6581 FM 306

Agent Address 170 HOLLOW OAK

City, State, Zip NEW BRAUNFELS TEXAS 78132

City, State, Zip NEW BRAUNFELS, TX 78132

Phone# 830-629-4663

Phone # (830) 905-2778

Email cherie@sohtx.com

Email gregjohnsonpe@yahoo.com

All correspondence should be sent to: ☐ Owner ☒ Agent ☐ Both

Method: ☐ Mail ☒ Email

Subdivision Name MYSTIC SHORES Unit/Phase/Section 11 Lot 1378 Block

Acreage/Legal

Street Name/Address 1035 FLINT LANE City SPRING BRANCH Zip 78070

**Type of Development:**

☒ Single Family Residential

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

Number of Bedrooms 5

Indicate Sq Ft of Living Area 2591

☐ 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: \$ 400,000 (Structure Only)

Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement?

☐ Yes ☒ No (If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

Source of Water ☒ Public ☐ Private Well ☐ Rainwater Collection

Are Water Saving Devices Being Utilized Within the Residence? ☒ Yes ☐ No

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 also 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.

Chris Kienzlen & Margaret Everts  
Signature of Owner

Date 8/1/20

# CCEO

# COPY

\* \* COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH \* \* \*

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN  
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

Planning Materials & Site Evaluation as Required Completed By GREG W. JOHNSON, P.E.System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) SOLAR AIR SA600LP Absorption/Application Area (Sq Ft) 6000Gallons Per Day (As Per TCEQ Table III) 360

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

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

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

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

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

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

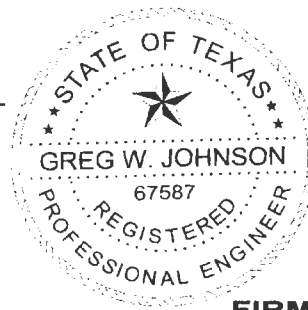
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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

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

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

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

**FIRM #2585**

By signing this application, I certify that:

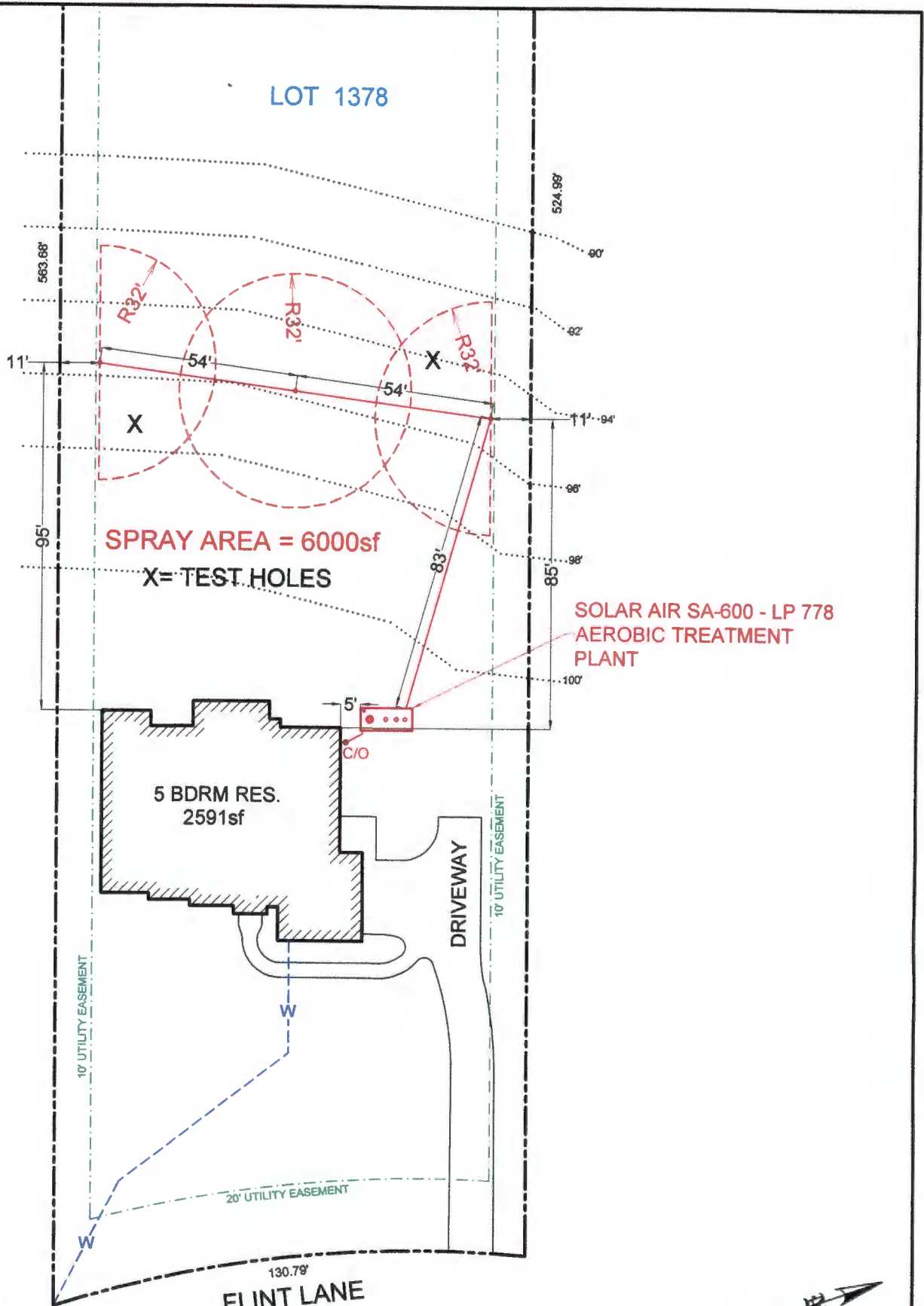
- The information provided above is true and correct to the best of my knowledge.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable

Signature of Designer

Date

July 24, 2020

CCEO  
COPY



OWNER:	CHRIS KIENZLEN & MARGARET EVERTS					DRAWN BY:	EJS III		
STREET ADDRESS:	1035 FLINT LANE								
LEGAL DESC:	MYSTIC SHORES				UNIT/SECTION/PHASE:	11	BLOCK:	LOT: 1378	
PREPARED BY:	GREG W. JOHNSON, P.E. F#002585			SCALE:	1"=40'	DATE:	7/24/2020	REVISED:	7/27/2020

[illegible]

OWNER: CHRIS KIENZLEN & MARGARET EVERTS		DRAWN BY: EJS III	
STREET ADDRESS: 1035 FLINT LANE			
LEGAL DESC: MYSTIC SHORES	UNIT/SECTION/PHASE: 11	BLOCK:	LOT: 1378
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: N.T.S.	DATE: 7/24/2020	REVISED: 7/27/2020

SAN MARCOS TITLE CO.  
GF # 0287745MT

201806021657 06/04/2018 02:53:24 PM 1/2

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

**GENERAL WARRANTY DEED**

THE STATE OF TEXAS                    §  
COUNTY OF COMAL                    §      KNOW ALL MEN BY THESE PRESENTS:

THAT SHARON PETERS REAL ESTATE, INC. a Texas Corporation., hereinafter called Grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) cash and other good and valuable consideration in hand paid by CHRIS KLENZIEN and wife, MARGARET EVERTS, hereinafter called Grantee, the receipt and sufficiency of which is hereby acknowledged;

HAS GRANTED, SOLD and CONVEYED, and by these presents does GRANT, SELL and CONVEY unto the said Grantee the following described property situated in Comal County, Texas, to-wit:

Lot 1378, MYSTIC SHORES, UNIT ELEVEN, a subdivision in Comal County, Texas according to map and/or plat thereof recorded in Volume 15, page 40, Map and Plat Records, Comal County, Texas.

This conveyance is made subject to, all and singular, the mortgages, restrictions, conditions, easements and covenants, if any, applicable to and enforceable against the above described property as reflected by the records of the County Clerk of Comal County, Texas.

Taxes for the current year have been prorated and are thereafter assumed by Grantee.

TO HAVE AND TO HOLD the above described premises, together with, all and singular, the rights and appurtenances thereto in anywise belonging unto the said Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever.

Grantor does hereby bind Grantor, Grantor's heirs, executors, administrators, and successors to warrant and forever defend, all and singular, the said premises unto the said Grantee, Grantee's heirs, executors, administrators, successors, and assigns against any person whomever claiming or to claim the same or any part thereof.

DATED this the 1st day of June, 2018.

SHARON PETERS REAL ESTATE, INC., a  
Texas Corporation

BY: 

SHARON PETERS, President

STATE OF TEXAS  
COUNTY OF Flays

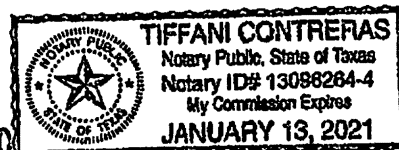
§  
§

This instrument was acknowledged before me on this the 1st day of June, 2018, by SHARON PETERS, President of SHARON PETERS REAL ESTATE, INC., a Texas Corporation.

  
Notary Public, State of Texas

GRANTEE'S MAILING ADDRESS:

1035 Flint Dr  
Spring Branch, TX 78070



5689F.deads  
San Marcos Title (TC)  
GF #28774SMT

2

Filed and Recorded  
Official Public Records  
Bobbie Koepp, County Clerk  
Comal County, Texas  
06/04/2018 02:53:24 PM  
LAURA 2 Pages(s)  
201806021657



*Bobbie Koepp*

**CORRECTION AFFIDAVIT AS TO RECORDED ORIGINAL INSTRUMENTS**

**[Non-material correction pursuant to § 5.028, Texas Property Code, where the parties to the recorded original instrument have not signed the correction affidavit (instrument)]**

**Date:** June 23, 2020

**GF No:** 028774SMT

**Title Company:** San Marcos Title Company

**Affiant:** Jennifer Taylor

**Description of Original Instruments (include name of instrument, date, parties, and recording information):**

General Warranty Deed dated June 1, 2018, executed by SHARON PETERS REAL ESTATE, INC., a Texas Corporation to CHRIS KLENZIEN and wife, MARGARET EVERTS recorded on June 4, 2018 in Document No. 201806021657, Official Public Records of Comal County, Texas.

**Affiant on oath swears that the following statements are true and within the personal knowledge of Affiant:**

1. My name is Jennifer Taylor. My business address is 100 E San Antonio, Suite 101., San Marcos, Texas 78666. I am over the age of eighteen (18) years and am otherwise competent to make this Correction Affidavit.
2. I have personal knowledge of the facts relevant to the correction of the above referenced Original Instrument as evidenced by the following facts (describe facts indicating personal knowledge below):

Sandra David was the Escrow Officer and closed the transaction relating to the Original Instrument and have personal knowledge of the facts relevant to the correction of the Original Instruments.

3. I am making this Affidavit as a correction instrument pursuant to §5.028 of the Texas Property Code, with regard to the following clerical error in the Original Instruments (describe error below):

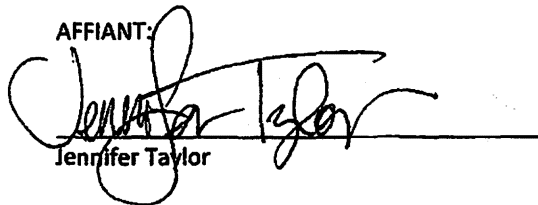
Grantee's name is misspelled on the General Warranty Deed.

4. The Original Instrument should correctly read as follows with respect to the clerical error described above, this being a non-material change to the Original Instrument (Insert corrected language below)

Description of Original Instrument on General Warranty Deed should read:

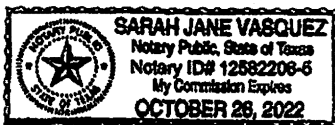
General Warranty Deed dated June 1, 2018, executed by SHARON PETERS REAL ESTATE, INC., a Texas Corporation to CHRIS KIENZLEN and wife, MARGARET EVERTS, recorded on June 4, 2018 in Document No. 201806021657, Official Public Records of Comal County, Texas.

AFFIANT:

  
Jennifer Taylor

STATE OF TEXAS           §  
COUNT OF HAYS         §

SWORN TO AND SUBSCRIBED before me on this 23<sup>rd</sup> day of June 2020, by Jennifer Taylor, to certify which witness my hand and seal of office.

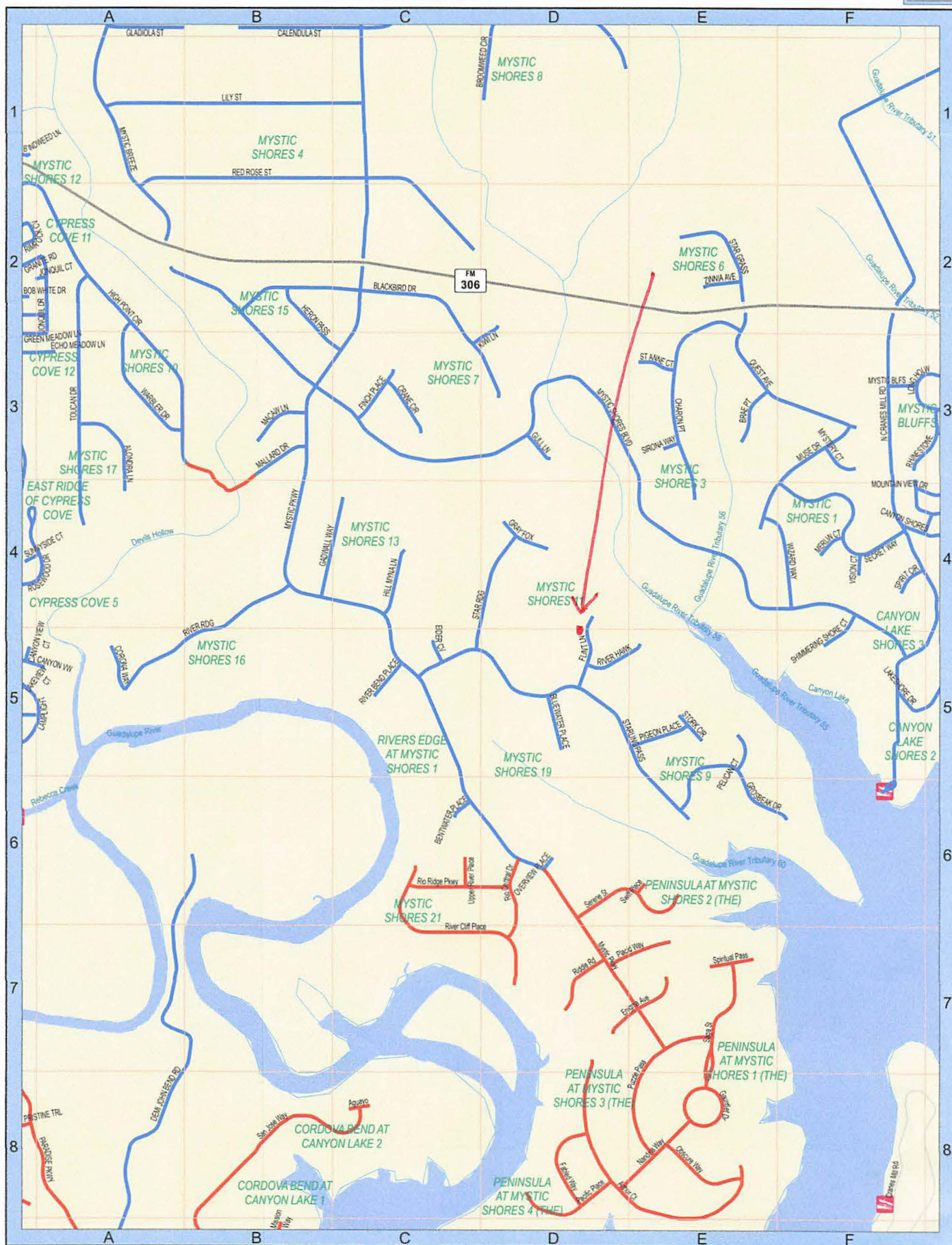


  
Notary Public, State of Texas

Filed and Recorded  
Official Public Records  
Bobbie Koepp, County Clerk  
Comal County, Texas  
06/23/2020 10:10:36 AM  
TERRI 2 Pages(s)  
202006023979







SEE PAGE 18