### Preliminary Field Check For Drip Systems

<b>RECEIVED</b> By Kathy Griffin	at 4:11 pm, Mar 05, 2025
	COMAL COUNTY
	ENGINEER'S OFFICE

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

Date	Per	mit Number1	18449
1. APPLICANT / AGENT INFORMATION			
Owner Name	Agent Name		
PPLICANT / AGENT INFORMATION         her Name         ing Address         ing Address         , State, Zip         ne #         iil         DCATION         division Name         division Name	<b>D</b> , <i>"</i>		
APPLICANT / AGENT INFORMATION         Image         illing Address         y, State, Zip         one #         mail         COCATION         bdivision Name         bdivision Name         mrvey Name / Abstract Number         dress         TYPE OF DEVELOPMENT         Single Family Residential         Type of Construction (House, Mobile, RV, Etc.)         Number of Bedrooms         Indicate Sq Ft of Living Area         Non-Single Family Residential         (Planning materials must show adequate land area for doul         Type of Facility         Offices, Factories, Churches, Schools, Parks, Etc 1         Restaurants, Lounges, Theaters - Indicate Number or         Hotel, Motel, Hospital, Nursing Home - Indicate Num         Travel Trailer/RV Parks - Indicate Number of Spaces         Miscellaneous         Stimated Cost of Construction: \$	<b>F</b> "		
Subdivision Name	Unit	Lot	Block
Single Family Residential			
Type of Construction (House, Mobile, RV, Etc.)			
Indicate Sq Ft of Living Area			
Non-Single Family Residential			
(Planning materials must show adequate land area for doub	ling the required land needed for	treatment units and	disposal area)
Type of Facility			
Offices, Factories, Churches, Schools, Parks, Etc Ir	ndicate Number Of Occupants	Lot Block Acreage State Zip or treatment units and disposal area)                              	
Estimated Cost of Construction: \$	(Structure Only)		
Is any portion of the proposed OSSF located in the United	States Army Corps of Engine	eers (USACE) flow	age easement?
Yes No (If yes, owner must provide approval from USA	CE for proposed OSSF improvement	s within the USACE flo	wage easement)
Late       Perform Number         1. APPLICANT / AGENT INFORMATION         Owner Name       Agent Name         Mailing Address       Agent Address         City, State, Zip       City, State, Zip         Phone #       Phone #         Email       Email         2. LOCATION       Subdivision Name         Subdivision Name       Unit       Lot         Block       Block         Survey Name / Abstract Number       Acreage         Address       City       State       Zip         3. TYPE OF DEVELOPMENT       Single Family Residential       Type of Construction (House, Mobile, RV, Etc.)       Number of Bedrooms         Indicate Sq Ft of Living Area       Indicate Sq Ft of Living Area       Indicate Sq Ft of Living Area         Mon-Single Family Residential       (Planning materials must show adequate land area for doubling the required land needed for treatment units and disposal are Type of Facility         Offices, Factories, Churches, Schools, Parks, Etc Indicate Number Of Occupants       Restaurants, Lounges, Theaters - Indicate Number of Beds         Travel Trailer/RV Parks - Indicate Number of Spaces       Miscellaneous       Estimated Cost of Construction: \$ (Structure Oniy)         Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE flowage easend Source of Water   public   Private Well   Rainwater <td></td>			
4. SIGNATURE OF OWNER			
<ul> <li>The completed application and all additional information submittee facts. I certify that I am the property owner or I possess the approproperty.</li> <li>Authorization is hereby given to the permitting authority and design site/soil evaluation and inspection of private sewage facilities</li> <li>I understand that a permit of authorization to construct will not be by the Comal County Flood Damage Prevention Order.</li> </ul>	opriate land rights necessary to m gnated agents to enter upon the a issued until the Floodplain Admin	ake the permitted in bove described prop nistrator has perform	pprovements on said perty for the purpose of ed the reviews required

ngvist Signature of Owner



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

Planning Materials & Site Evaluation as Required Completed By
System Description
Size of Septic System Required Based on Planning Materials & Soil Evaluation
Tank Size(s) (Gallons)   Absorption/Application Area (Sq Ft)
Gallons Per Day (As Per TCEQ Table III)
(Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ.)
Is the property located over the Edwards Recharge Zone? Yes No
(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))
Is there an existing TCEQ approved WPAP for the property? 🔄 Yes 📃 No
(If yes, the R.S. or P.E. shall certify that the OSSF design complies with all provisions of the existing WPAP.)
Is there at least one acre per single family dwelling as per 285.40(c)(1)? Yes No
If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP? 🗌 Yes 🗌 No
(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A Permit to Construct will not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional office.)
Is the property located over the Edwards Contributing Zone? Yes No
Is there an existing TCEQ approval CZP for the property? 🔄 Yes 🔄 No
(If yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP.)
If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? 🗌 Yes 🗌 No
(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to Construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)
Is this property within an incorporated city?  Yes No
If yes, indicate the city:

By signing this application, I certify that:

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

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

Signature of Designer

Date



202506006132 03/05/2025 08:15:24 AM 1/2

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 (OSSF's), this document is filed in the Deed Records of Comal County, Texas.

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 OSSF's 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.

#### LOT 526, RIVER CHASE, UNIT 5

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

HALEIGH ALMQUIST

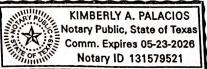
This OSSF must be covered by a continuous maintenance contract for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally. Upon sale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

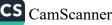
DAY OF tebran WITNESS BY HAND(S) ON THIS

Owner(s) signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 19 DAY OF 2025 rebular

Notary Public, State of Texas







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

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



Created 7/27/15

CS CamScanner

Maintenance Service Provider 15188 FM 306 Canyon Lake, TX 78133 Office (830)964-2365



<u>SERVICE ADDRESS</u> 144 River Chase Way <u>Installer</u>

<u>TERM</u> 2 year

### **Routine Maintenance and Inspection Agreement**

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between Hill Country Day School; (referred to as "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP349) (hereinafter referred to as "Contractor") are located at 15188 FM 306 Canyon Lake, Texas 78133 (830) 964-2365. By this Agreement, the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein. This contract will provide for all required inspections, testing, and service for your Aerobic Treatment System. The policy will include the following:

1. 3 inspections a year (at least once every 4 months), this includes inspections of the entire aerobic system, adjustment, and servicing of the mechanical, electrical, and other applicable parts to ensure proper function. This includes inspecting the control panel, air pumps, air filters, and diffuser operation. Any alarm situation affecting the proper function of the Aerobic process will be addressed within a 48-hour time frame. Repair work on non-warranty parts will include price for parts & labor. The prices will be quoted before work is performed.

2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow, and examination for odors. A test for chlorine residual and pH will be taken and reported as necessary.

**3.** If any improper operation is observed, that cannot be corrected during the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.

4. If the system is a spray field application the Property Owner will be responsible for the chlorine. The chlorine must be filled before or during the service visit. Aerobic systems with a drip field do not require chlorine.

5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, and County Agencies the TCEQ, or any other authorized regulatory agency in your jurisdiction will be covered by this policy. BOD and TSS testing is covered by this contract.

The Property Owner Manual must be strictly followed or warranties are subject to invalidation. Pumping of sludge build-up is not covered by this policy and will result in additional charges.

#### ACCESS BY CONTRACTOR

The Contractor or anyone authorized by the Contractor may enter the property at reasonable times without prior notice for the above-described Services. The contractor may access the System components including the tanks through excavation for evaluations if necessary. Soil is to be replaced with the excavated material as best as possible.

#### **Termination of Agreement**

Either party may terminate this agreement within ten days with a written notice in the event of substantial failure to perform under its terms by the other party without fault of the terminating party. If this Agreement is so terminated, the Contractor will immediately notify the appropriate health authority of the termination.

#### Limit of Liability

In no event shall the Contractor be liable for indirect, consequential, incidental, or punitive damages, whether in contract tort or any other theory. In no event shall the Contractor's liability for direct damages exceed the price for the services described in this Agreement.

#### **Dispute Resolution**

If a dispute between the Client and the Contractor arises that cannot be settled in good faith negotiations then the parties shall choose a mutually acceptable mediator and shall share the cost of the mediation services equally.

#### Entire Agreement

This Agreement contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement either oral or written.

#### <u>Severability</u>

If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

**Property Owner** 

<u>Name</u> Hill Country Day School

<u>Email</u> hello@hillcountrydayschool.com

Service Address 144 River Chase Way

<u>Phone</u> 512-415-5145

EFFECTIVE DATE \_\_\_\_\_

EXPIRED DATE

SERVICE PROVIDER

Aerobic Services of South Texas LLC.

15188 FM 306 Canyon Lake, TX 786133

(830) 964-2365

Jame 2. Houto

Signature of Service Provider and License # [Thomas Hampton, OS0024597 / MP0000349]



\*The effective date of this initial maintenance contract shall be the date the license to operate is issued.

## SITE & SYSTEM DESCRIPTION/EVALUATION

The System is designed for a total of 1300 GPD. The OSSF is designed to serve a newly proposed Daycare School. They are expecting up to 140 Students @ 12 Gallons Per Day and 10 Teachers @ 8 GPD for a total of 1760 Gallons Per Day Monday-Friday. Flow Averaging will be used with the Equalization Tank to compensate for being closed Saturday and Sunday to keep the Aerobic Treatment Unit properly fed and reduce surging of the Aerobic Treatment Unit. NO FOOD PREPARATION IS ALLOWED. There will be a Break Room with a microwave and convenience kitchen for staff members only. The sizing was determined as specified in Texas Commission on Environmental Quality (TCEQ) On-Site Sewage Facility §285.91 (3) Table III Water Usage Rate. Water saving devices (low flow fixtures) will be used.

Water for the proposed structures will be supplied by City of New Braunfels Public Water.

The site evaluation reveals Class III soils, suitable for an Aerobic Drip System utilizing a .2 Ra.

Buchanan 1500 Gallon Trash Tank, 2750 Gallon EO Tank, Nu-Water B1500, and a 2750 Gallon Pump Tank. This system is considered a "package system" and will be checked to ensure that it was installed according to the manufacturer's instructions. Duplex Pumps will be located in the Flow Equalization Tank and Pump Tank.

### **BOD 5 Considerations:**

BOD5 will be assumed to be residential strength NO FOOD PREP @ 300 mg/L

BOD 5 = Q X BOD5 X 8.34 / gallon / 1,000,000

Q= gallons per day waste flow

BOD5= waste strength mg/L

#BOD5= the total waste to be processed in pounds per day

Q= 1300 GPD @ 300 mg/l BOD5

#BOD5 = 1300 GPD x 300 mg/L x 8.34 / gallon / 1,000,000#BOD5 = 3.25 #BOD.

The capacity of the NuWater B-1500 is 4.50 #BOD per day.



## **On-Site Sewage Facility Soil Evaluation Report Information**

### Date Soil Survey Performed: 01-14-2025

**County:** COMAL **Proposed Excavation Depth: DRIP** Name of Site Evaluator: Johnathan Brooks Registration Number: SE 0035835

### **Requirements:**

nature of Site Evaluato

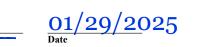
At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Soil boring locations or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to depth of at least two feet below the proposed excavation depth.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

S	Soil Boring	Number	1				
Depth (Feet)		Texture Class	Soil Texture	Structure (For Class III blocky,platy or massive)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	Sandy Clay						
1			Loam / Caliche				
2	2 23" III Mix		Mix	Blocky	No evidence of groundwater.	22" ROCK	
3							
4							
5							
	oil Boring			•			
	Depth Feet)	Texture Class	Soil Texture	Structure (For Class III blocky,platy or massive)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0			Sandy Clay				
1	16"	III	Loam / Caliche	Blocky	No evidence of	17" ROCK	
2			Mix		groundwater.		
3							
4							
5							

Features of Site Area

Presence of 100 year flood zone Presence of adjacent ponds, streams, water impoundments Existing or proposed water well in nearby area Organized sewage service available to lot or tract

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



es X	No X No X
es	No X
es	No X

#### NOTES

Refer to site plan for component placement and follow manufacturer's instructions. Follow all guidelines and setbacks as imposed by TCEQ 285 and local regulating authority.

Water conservation devices are required.

NOTE: I am a septic designer not a surveyor. All property lines and property pins must be verified prior septic installation

This system has been designed to process 1300 GPD and follows the ninimum requirements o TCEQ §285 On-Site Sewage Facilities and local regulatory rules. For prope system functioning 1300 GPD should not be exceeded

Neither the designer, Johnathan Brooks or Black River Services LLC can in no way be held liable for a failure that occurs due to exceeding the design flow The site evaluation and subsequent design are ba on technical information currently available. The performance of the OSSF not and cannot be guaranteed even though all provisions of the Standards have been complied with. I failure occurs, additions to the OSSF may have to be made. By accepting this design, the owner understands that the design will not be liable for more than the agreed upon desig

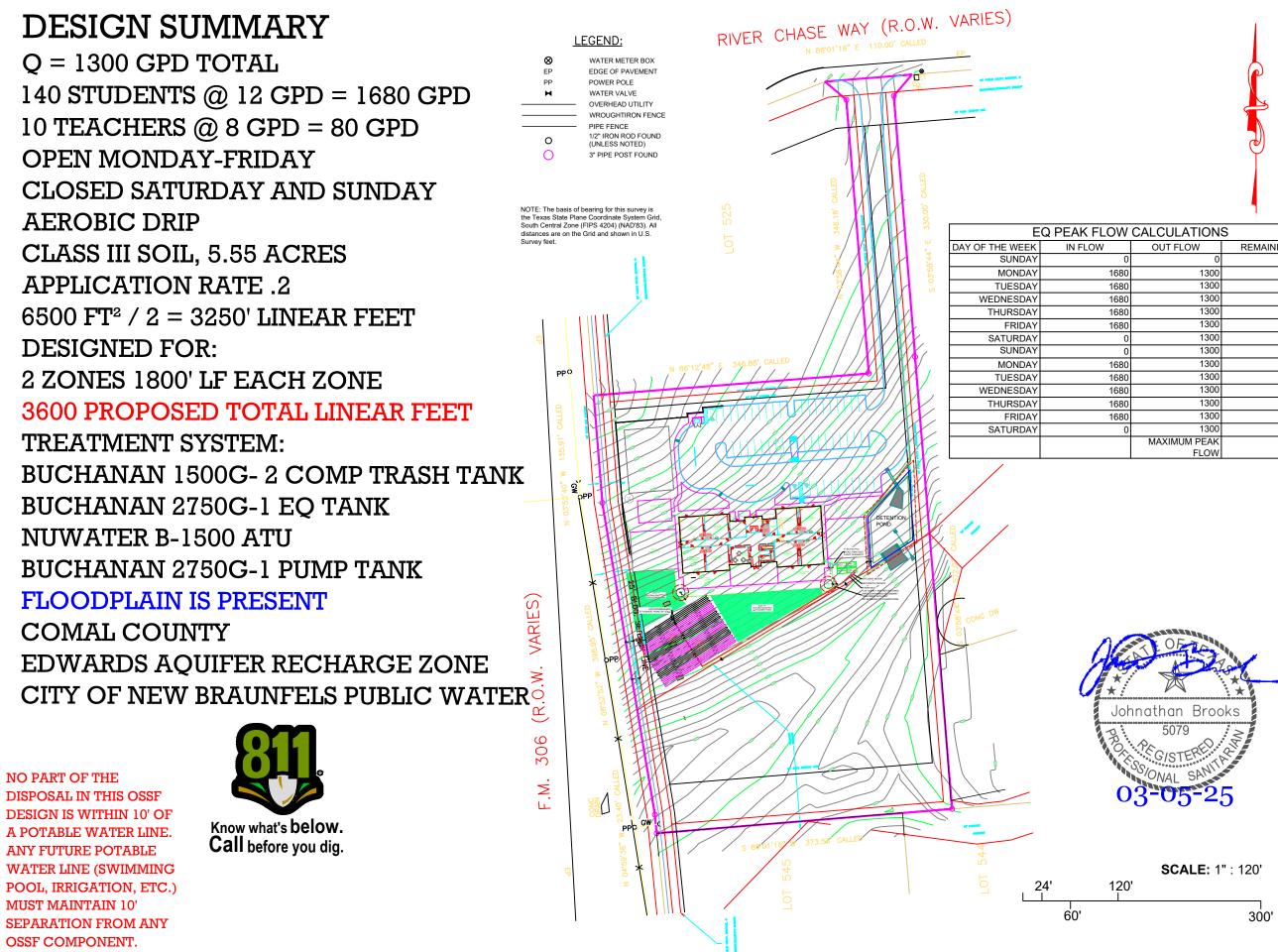
The ultimate functioning of this OSSF is left to up its correct installation, lack of unforeseen natural events such as flood or groundwater, and the proper use by the owner or occupants.

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PAGE #		3	OF	14

PROJECT TITLE







CALCULATION	S
OUT FLOW	REMAINING
0	0
1300	380
1300	760
1300	1140
1300	1520
1300	1900
1300	600
1300	0
1300	380
1300	760
1300	1140
1300	1520
1300	1900
1300	600
MAXIMUM PEAK FLOW	1900

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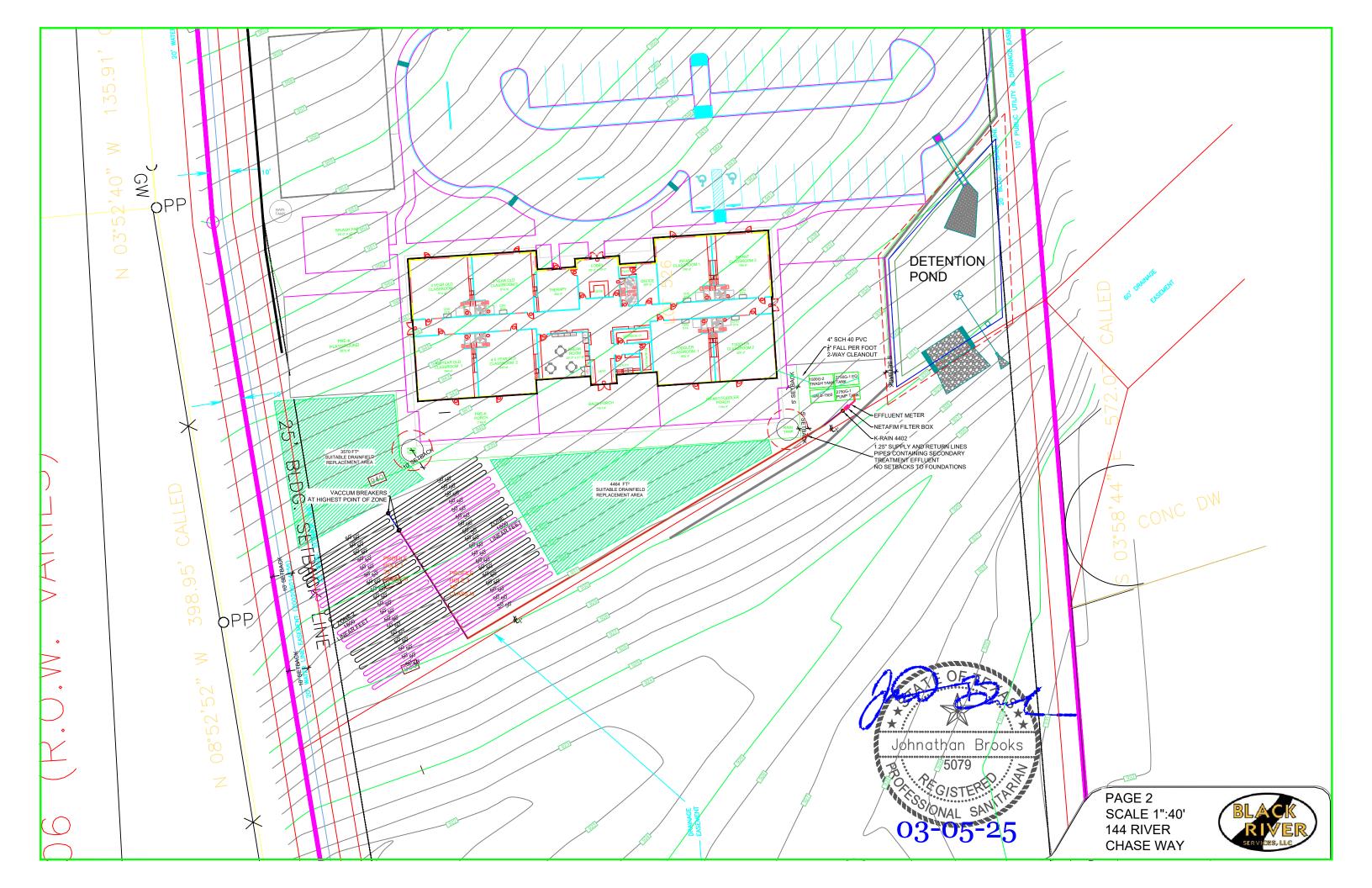
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PAGE #		1 OF 14

PROJECT TITLE







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Soil B	oring Numbe	er 1				
Depth (Feet)	Texture Class	e Soil Texture	Structure (For Class III blocky,platy or massive)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	Sandy Clay Loam / Caliche					
1		Loam / Caliche				
2 23"	3" III Mix		Blocky	Blocky No evidence of groundwater.		
3						
4						
5						
Soil B	oring Numbe					
Depth (Feet)	Texture Class	e Soil Texture	Structure (For Class III blocky,platy or massive)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0		Sandy Clay				
1 16"	III	Loam / Caliche	Blocky	No evidence of	17" ROCK	
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3						
4						
5						

Features of Site Area Presence of 100 year flood zone

Presence of adjacent ponds, streams, water impoundments Existing or proposed water well in nearby area Organized sewage service available to lot or tract

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



es X	No X No X
es	No X
es	No X

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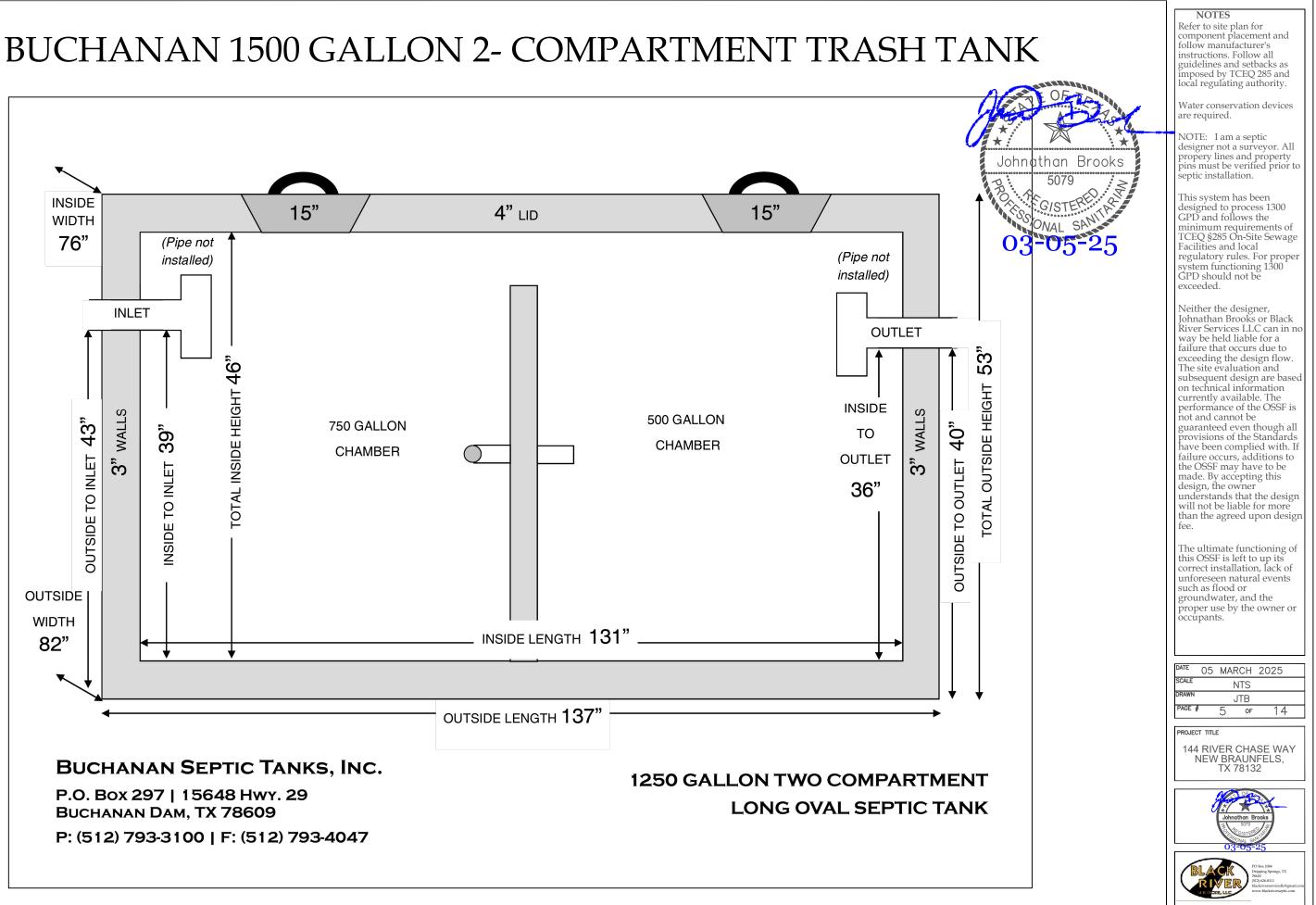
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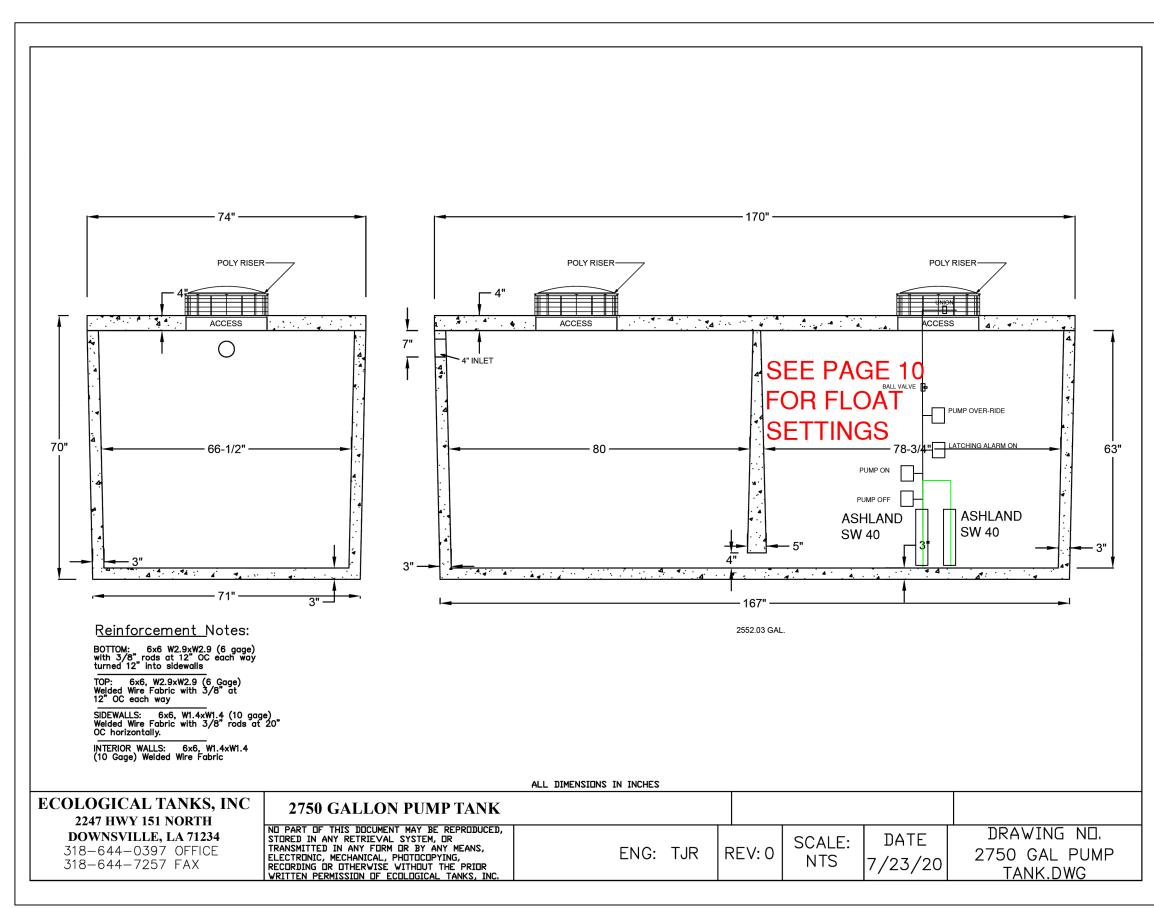


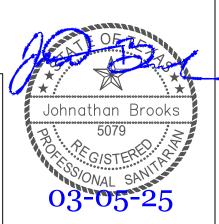
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3.	Infiltrati	on Loading	g Rate(ILR):		0.2		gal/day/ft^2								ft		-						
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									0.5	_HP	1	Phase	115	Volts		GPM @	100.1						
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	Dunyi	1011				oqit		21.	Dosing Se	chedule			Peak Flow	v Adiustr	ment	0.00	Minutes						
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	Daily F	low	ŀ	ILLR		ft			Total Rest Ti	me:	1360.0		Minutes	Total Re	st Time	1360.0	Minutes						
1.	Dosing A. Wie	dth							<b>Peak</b> Zone 1	9.1	GPM	10.0	Min/Dose	91.2	Gal/Dose	4.0	Cycles/D						
••	6500.		1 5	50.00	= 1	130.00			Zone 2	9.1	GPM	10.0	Min/Dose	91.2	Gal/Dose		Cycles/E						
	Dosing	Area	Dosing	A. Length	_	ft	-		Zone 3	0.0	GPM	0.0	Min/Dose		Gal/Dose		Cycles/E						
									Zone 4	0.0	GPM	0.0	_Min/Dose		Gal/Dose		_Cycles/D						
	Dosing Design Design Width				onath	50.00	٩.		Zone 5 Zone 6	0.0	_GPM _GPM	0.0	_Min/Dose Min/Dose		Gal/Dose Gal/Dose		_Cycles/D Cycles/D						
	Design widen	150.00	_11 _Aujus	leu boang i	Lengui				Avg			0.0	0036			0.0							
2.	Required Drip	-		_	_				Zone 1	9.1	GPM	-	Min/Dose		Gal/Dose		Cycles/D						
	6500.	00	_ /		=3	250.00	_		Zone 2	9.1	GPM	0	Min/Dose	91.2	Gal/Dose		_Cycles/E						
	Dosing Area		Drip IIr	ne Spacing		ft			Zone 3	0.0	GPM	0.0	_Min/Dose	0.0	Gal/Dose		_Cycles/D						
2	Required Zon								Zone 4 Zone 5	0.0	_GPM GPM	0.0	_Min/Dose Min/Dose	0.0	Gal/Dose Gal/Dose		_Cycles/D Cycles/D						
э.	50.0		1 1	50.00	-	0.33	-	2	Zone 5 Zone 6	0.0	_GPM GPM	0.0	Min/Dose	0.0	Gal/Dose	•	Cycles/L Cycles/L						
	Dosing A. Ler			00.00 //CL+	-	eoretical	 Desid	 gn Zones		0.0			0036		- 0ai/D03e	0.0							
	Zone Breakou	-					Deal		Portion of P	eak Daily	Flow	100%											
		a.	b.	C.	d.	e.	f.	g.	h.	i.	j.	k.	Ι.	m.	n.	о.	р.						
		Zone Dosing	Linear Ft.		Dosing Flow		Field Flush	Required Total Flow			Main Sup	ply Line		rn Flush	Line	Static Liff	Total Field						
	Zone No.	one No. Area		ne No. T		1e No. I -		NO. I - I	of Tubing	Lateral (ft)		of Distal Ends	Rate	(RTF)	Head	Pipe		Head	Pipe		f Hood	(ft)	Head Loss
		(sqft)	(ft)		(gpm)		(gpm)	(gpm)	(ft)	Nom.	Len. of Run (ft.)	Head Loss (ft)	Nom. Dia (in)	Len. of Run (ft )	Head Loss (ft)		(TFHL)						
	Zone 1	3600.0	1800.0	300.0	9.1	4.0	6.4	15.5	51.5	1 1/4		13.1	1 1/4	· · · ·	2.5	5.0	72.1						
	Zone 2	3600.0				4.0	6.4	15.5	51.5	1 1/4		13.1	1 1/4		2.5	5.0	72.1						
	Zone 3	0.0	0.0			5.0	8.0	8.0	0.0	0	0.0	0.0	0	0.0	0.0	0.0	0.0						
	Zone 4	0.0				5.0	8.0	8.0	0.0	0	0.0	0.0	0	0.0	0.0	0.0	0.0						
	Zone 5 Zone 6	0.0 0.0				0.0	0.0	0.0	0.0	0	0.0 0.0	0.0 0.0	0	0.0	0.0 0.0	0.0	0.0						
	Note: (14c) L									-													
	···, -	<b>J</b>	<b>,</b> •						J, -			,	,		( - ) -	<b>J</b>	<b>J</b>						
					_			Notes:															
5.	Max	Required	Total Flow:		<b>15.5</b>	1 a.a. 4 4	_																
				(∟argest I	RTF Based	a on 14g.)																	
6.	Max	Total Field	Head Loss:		72.1																		
	max					d on 14p.)	-																

10576 Total	NOTES Refer to site plan for component placement and follow manufacturer's instructions. Follow all guidelines and setbacks as imposed by TCEQ 285 and local regulating authority. Water conservation devices
Johnathan Brooks 5079 G/STERE	Are required. NOTE: I am a septic designer not a surveyor. All propery lines and property pins must be verified prior to septic installation.
03-05-25	This system has been designed to process 1300 GPD and follows the minimum requirements of TCEQ §285 On-Site Sewage Facilities and local regulatory rules. For proper system functioning 1300 GPD should not be exceeded.
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	The ultimate functioning of this OSSF is left to up its correct installation, lack of unforeseen natural events such as flood or groundwater, and the proper use by the owner or occupants.
	DATE 05 MARCH 2025
	SCALE NTS DRAWN JTB
	PAGE # 4 OF 14
	PROJECT TITLE 144 RIVER CHASE WAY NEW BRAUNFELS, TX 78132
	Johnstian Brooks
	CORe 184 Proper Swing, TX 76/30 19/20 10



# 2750 GALLON FLOW EQUALIZATION





#### NOTES

Refer to site plan for component placement and follow manufacturer's instructions. Follow all guidelines and setbacks as imposed by TCEQ 285 and local regulating authority.

Water conservation devices are required.

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PROJECT TITLE

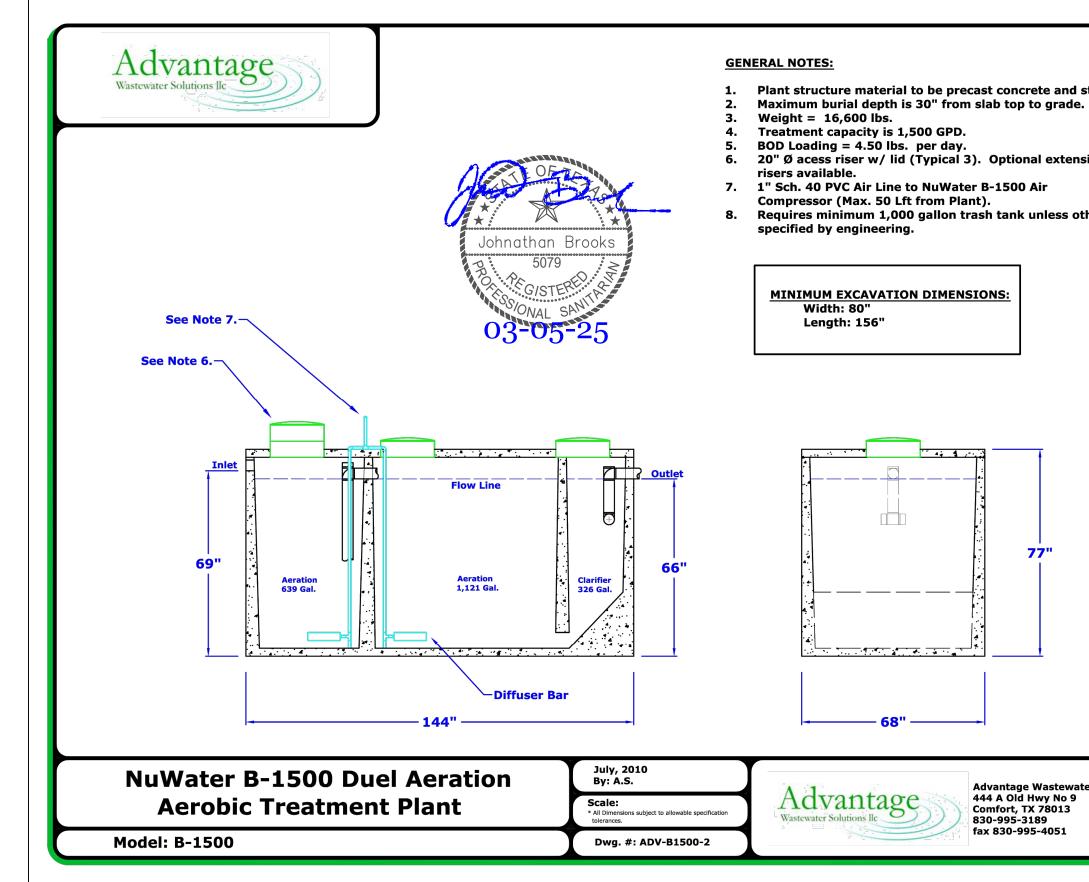




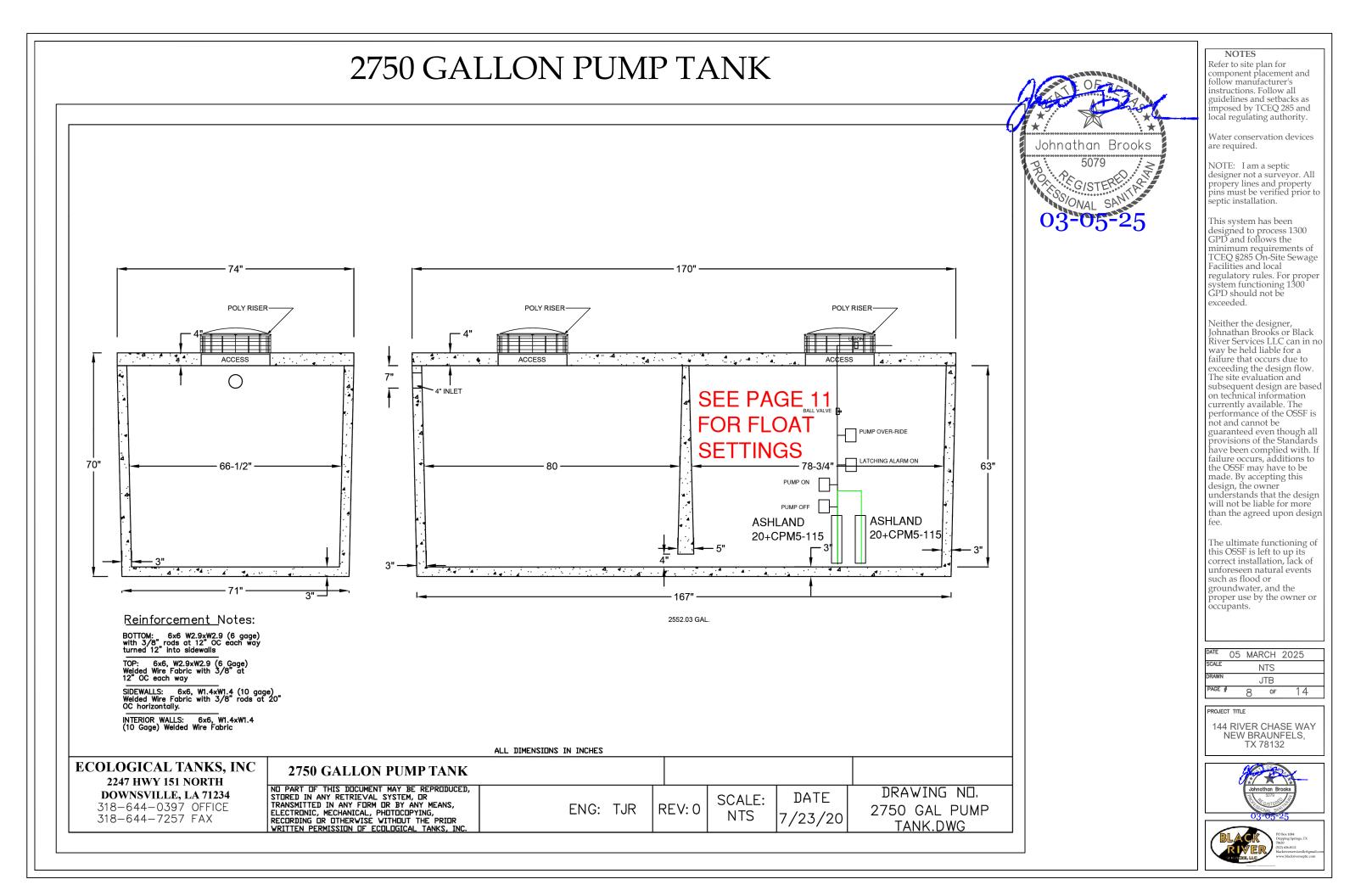


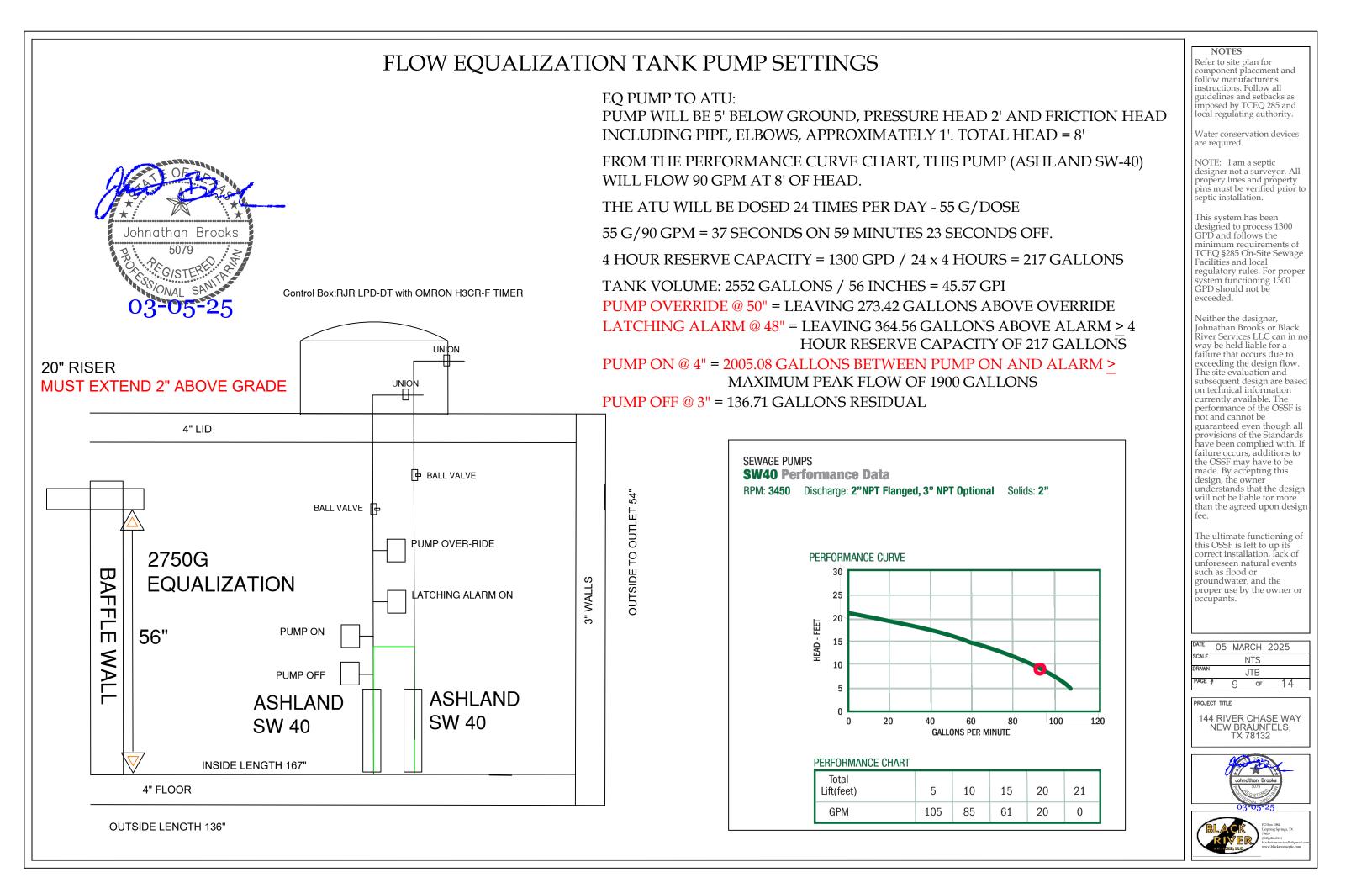
PO Box 1084 Dripping Springs, TX 78620 (512) 626-8111 blackriverservicesllc@gmail.com

# NUWATER B-1500 ATU



	NOTES Refer to site plan for component placement and follow manufacturer's instructions. Follow all guidelines and setbacks as imposed by TCEQ 285 and local regulating authority.
	Water conservation devices are required.
steel.	NOTE: I am a septic designer not a surveyor. All propery lines and property pins must be verified prior to septic installation.
sion :herwise	This system has been designed to process 1300 GPD and follows the minimum requirements of TCEQ §285 On-Site Sewage Facilities and local regulatory rules. For proper system functioning 1300 GPD should not be exceeded.
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	DATE 05 MARCH 2025 Scale NTS Drawn JTB
	PAGE # 7 OF 14 PROJECT TITLE 144 RIVER CHASE WAY NEW BRAUNFELS,
er Solutions IIc.	Johnathan Brooks
	PO Ise 1084 Dependencing, TX Program Series, TX Pro





## **BUCHANAN 2750 GALLON PUMP TANK**

TOTAL RUN =80 ITOTAL REST=136

80 MIN 1360MIN CONTROLLER MODEL ETI 217 TIMER MODEL NUMBER Omron H3CRF8 / REPEAT CYCLE TMER OR EQUAL

2 ZONES

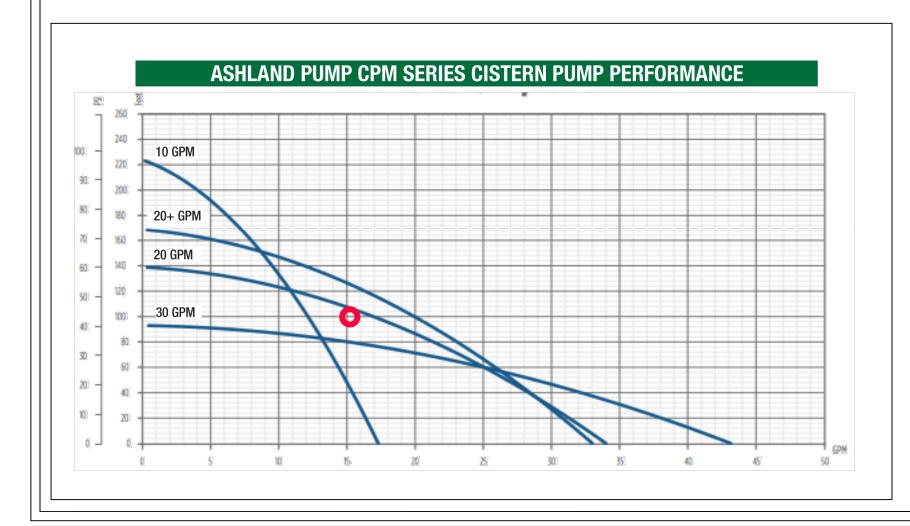
EACH DOSE 10 MIN EACH ZONE DOSED 4 TIMES A DAY PUMP TO FIELD:

REQUIRED: 15.5 GPM @ 100.1' TOTAL DYNAMIC HEAD SPECIFIED PUMP: Ashland 20CPM5-115 SEE PUMP CUR SEE PAGE 4.

TANK VOLUME: 2552 GALLONS / 56 INCHES = 45.57 G 4 HOUR RESERVE CAPACITY = 1300 GPD / 24 x 4 HOU

PUMP OVERRIDE @ 50" = LEAVING 273.42 GALLONS A LATCHING ALARM @ 45" = LEAVING 501.27 GALLONS HOUR RESERVE CAPACIT

PUMP ON @ 4" = 1868.37 GALLONS BETWEEN PUMP O DAILY FLOW 975 GALLONS PUMP OFF @ 3" = 136.71 GALLONS RESIDUAL





1	
	<b>NOTES</b> Refer to site plan for component placement and follow manufacturer's instructions. Follow all guidelines and setbacks as imposed by TCEQ 285 and local regulating authority. Water conservation devices
	are required.
D RVE BELOW	NOTE: I am a septic designer not a surveyor. All propery lines and property pins must be verified prior to septic installation.
GPI JRS = 217 GALLONS ABOVE OVERRIDE S ABOVE ALARM <u>&gt;</u> 4	This system has been designed to process 1300 GPD and follows the minimum requirements of TCEQ §285 On-Site Sewage Facilities and local regulatory rules. For proper system functioning 1300 GPD should not be exceeded.
FY OF 217 GALLONS N AND ALARM ≥ 75%	Johnathan Brooks or Black River Services LLC can in no way be held liable for a failure that occurs due to exceeding the design flow. The site evaluation and subsequent design are based on technical information currently available. The performance of the OSSF is not and cannot be guaranteed even though all provisions of the Standards have been complied with. If failure occurs, additions to the OSSF may have to be made. By accepting this design, the owner understands that the design will not be liable for more than the agreed upon design fee.
05-5-5 As nathan Brooks 5079 ≥	The ultimate functioning of this OSSF is left to up its correct installation, lack of unforeseen natural events such as flood or groundwater, and the proper use by the owner or occupants.
BIONAL SANITA	DATE 05 MARCH 2025 Scale NTS DRAWN JTB PAGE # 10 of 14
	PROJECT TITLE 144 RIVER CHASE WAY NEW BRAUNFELS, TX 78132
	Johnsthon Brooks 079 03-05-25
	Picket Revealed a second secon

# **INSTALLATION NOTES**

#### INSTALLATION NOTES

Installer shall maintain all minimum required separation distances as set forth by TCEQ Title 30 Chapter 285 as well as any additional local requirements.

MINIMUM SEPARATION FROM TANK = 5' to foundations, swimming pools, and property lines; 5' to drainage easements; 10' to water lines and 50' to existing or proposed water wells.

There should be a minimum of 1/8'' (preferably  $\frac{1}{4''}$ ) per foot of fall in the tightline from the home to the tank. Tightline will be 3 or 4''Schedule 40 pipe. Two-way clean-outs will be installed within 3' from the home and every 100'. There will be no 90° fittings.

All tanks are to be set level on a layer with a minimum thickness of 4 inches of sand, sandy loam or pea gravel.

Once ATU/tank hole is dug and level a minimum of 4" of sand, sandy loam, or pea gravel must be placed as a pad under ATU/tanks. Tank excavations must be backfilled with soil or pea gravel that is free of rock larger than <sup>1</sup>/<sub>2</sub> inch in diameter. Class IV soils are not acceptable for use as backfill material. If the top of the tank extends above the ground surface, soil may be mounted over tank to maintain slope to provide drainage from tank.

All chambers of the ATU/tank should be filled with water until the ATU/tank has been leak tested by the regulating authority.

MINIMUM SEPARATION FROM DRAINFIELD: 1' from easements; 20' from property lines, 10' from grade breaks, 10' from water lines and at least 100' from existing or proposed water wells.

Vacuum Breakers installed at highest points on both Supply and Return lines. Return line must return to Pump Tank.

Install check valves between supply line and drip field at each connection to prevent backflow.

Provide two-way cleanouts every 100' or less in sewer line per 285.5.

Install 3800 linear feet of Drip Tubing. 10 total connections to Supply Line and 10 total connections to Return Line.

Backfill with at least 6" Class III soil. If any areas of the drain field are at 10% or more slope, erosion matting/blanket of 80% vegetation may be required prior to final approval.

Sleeve the sewer line in Schedule 40 PVC or construct a line out of Schedule 80 PVC when crossing under or within 5' of driveways.

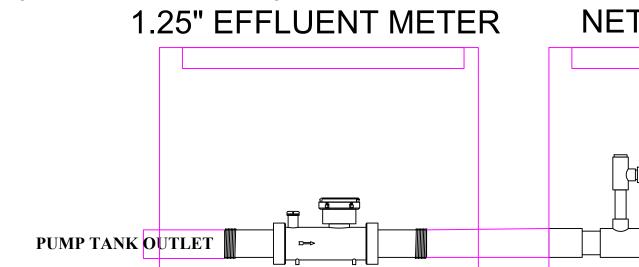
Alarm System: An audio/visual high water alarm will be installed on this system. RJR LPD-DT with OMRON H3CR-F TIMER or equal. The alarm/light will be installed in a high visible location close to the pump tank.

Box A will contain: 1.25" Effluent Meter.

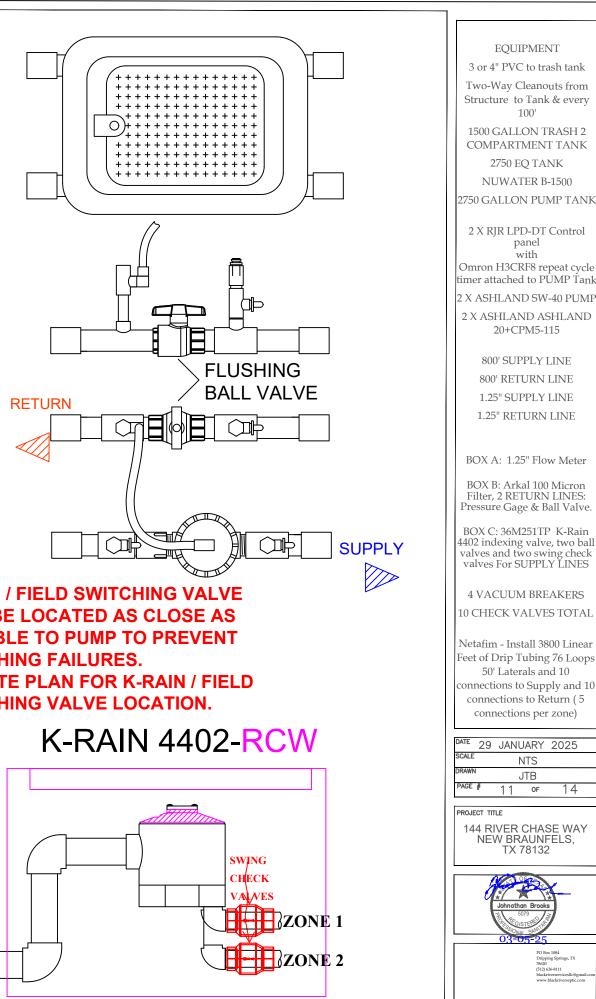
Box B will contain: (1) 40 PSI Regulator used to maintain the 20 PSI for the flushing cycle; (2) Arkal 100 Micron Filter; (3) Pressure Gauge of not less than 40 PSI installed to regulate flow to emitter field; (4) Ball /Flush Valve (Generic 1" PVC Ball Valve with continuous flushing port).

Box C will contain: (1) K-Rain 4402 with two zones.

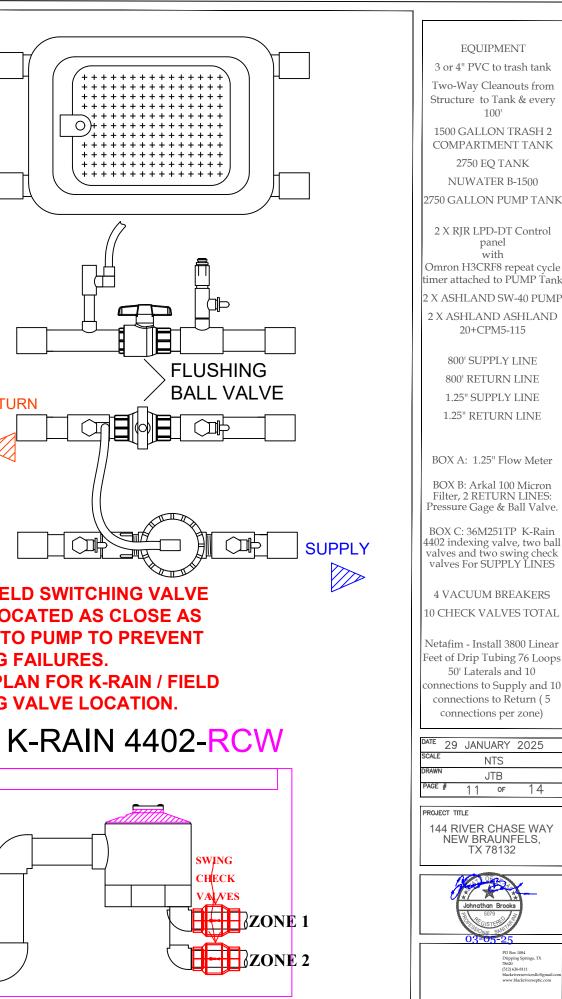
This is a representative drawing. No fittings will be greater than 45° in the construction of this system. System may differ slightly from design based on conditions encountered during installation.

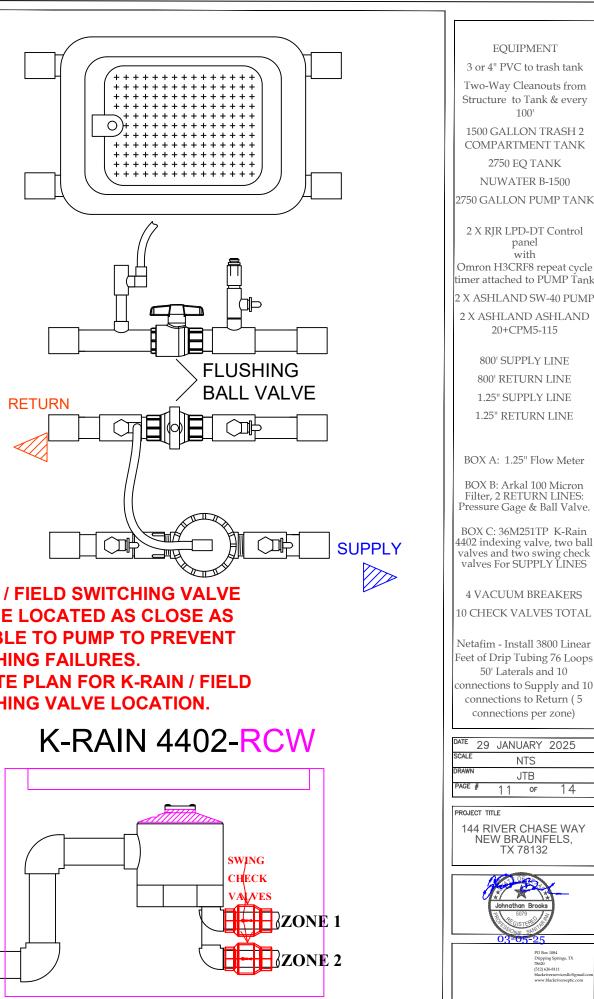


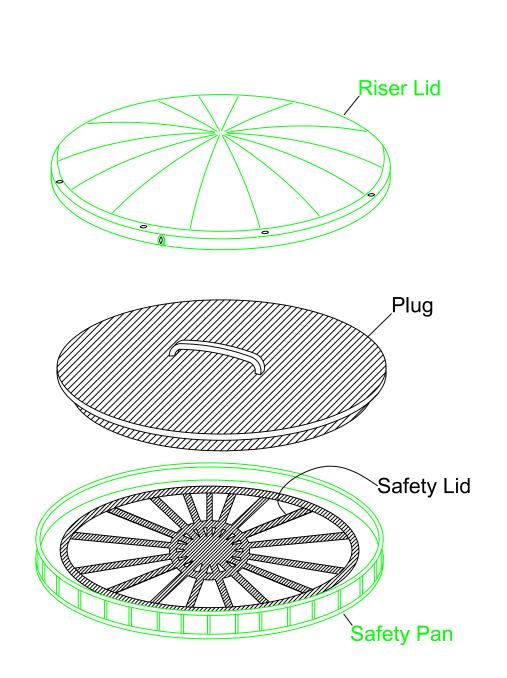




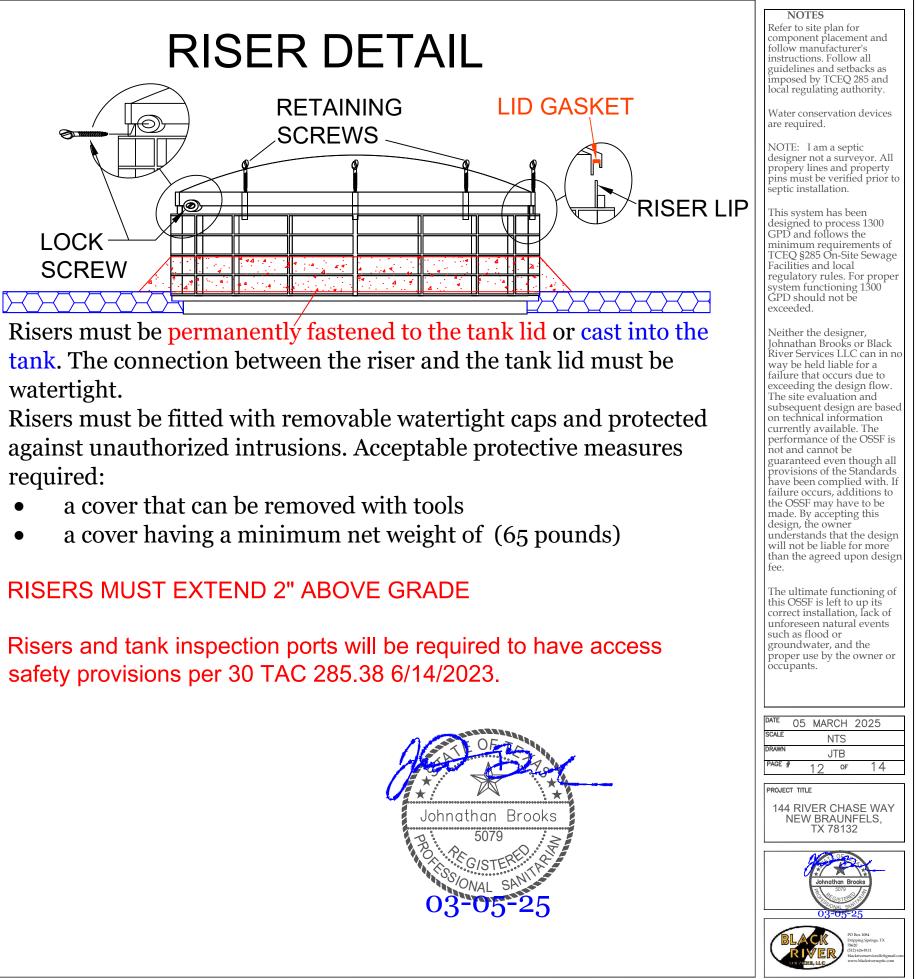
**K-RAIN / FIELD SWITCHING VALVE** IS TO BE LOCATED AS CLOSE AS **POSSIBLE TO PUMP TO PREVENT** SWITCHING FAILURES. **SEE SITE PLAN FOR K-RAIN / FIELD** SWITCHING VALVE LOCATION.







Secondary lid / safety component options

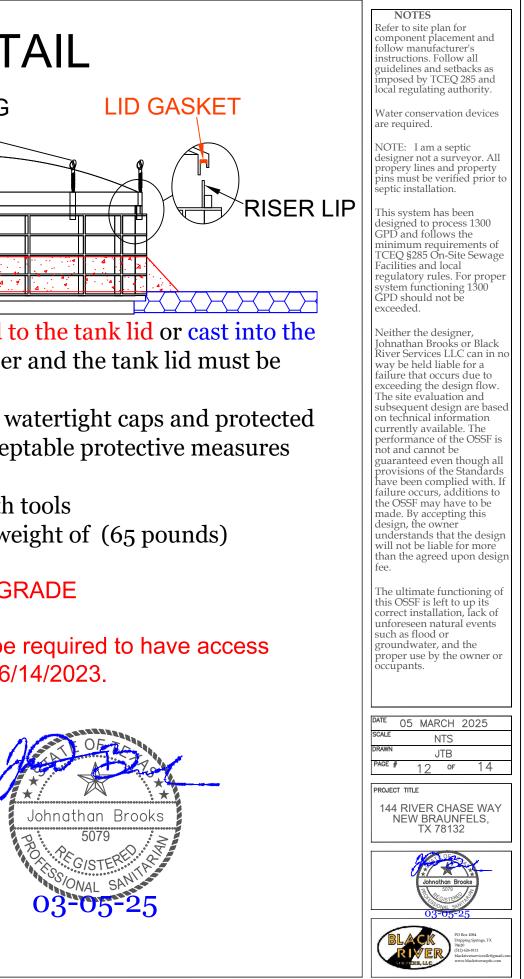


watertight.

required:

## **RISERS MUST EXTEND 2" ABOVE GRADE**

safety provisions per 30 TAC 285.38 6/14/2023.



# **Cross Section Detail of Drainfield**

## Detail of Drip Tubing On 2' Centers

Each line of tubing is to be installed as close as possible to level.

It is recommended the sandy loam covering the drainfield and the surrounding disturbed area be covered with erosion control mat and seeded with Bermuda or Rye in winter (1lb per 400 sq.ft.), or sod may be sprigged over the area or arranged in a tight checkerboard pattern, or the area may be hydromulched.

8" Loam Over Tubing

CLASS II OR III FOR ADDED SOIL

Natural Ground

I & Mixed Soil Zone 2" Minimum Amended

> Minimum 12" soil below tubing existing or added 6" soil to be added above tubing

# ANY ADDED SOILS DEPTH MUST BE **MEASURED AFTER 90% COMPACTION**

# Longitudinal Cross Section Detail of Drainfield

# along peaked or varying slope

SIDE BERM AS NEEDED It is recommended the sandy loam covering the drainfield and the surrounding disturbed area be covered with erosion control mat and seeded with Bermuda or Rye in winter (1lb per 400 sq.ft.), or sod may be SEE SITE PLAN sprigged over the area or arranged in a tight checkerboard pattern, or the area may be hydromulched. CLASS II OR III FOR ADDED SOIL, 8" MIN ABOVE TUBING 12" Minimum

Natural Ground

Minimum 12" soil below below tubing **MUST MAINTAIN 12" FROM** ABANDONED DRAINFIELDS



Netafim Bioline Tubing On 2-ft Spacing



#### NOTES

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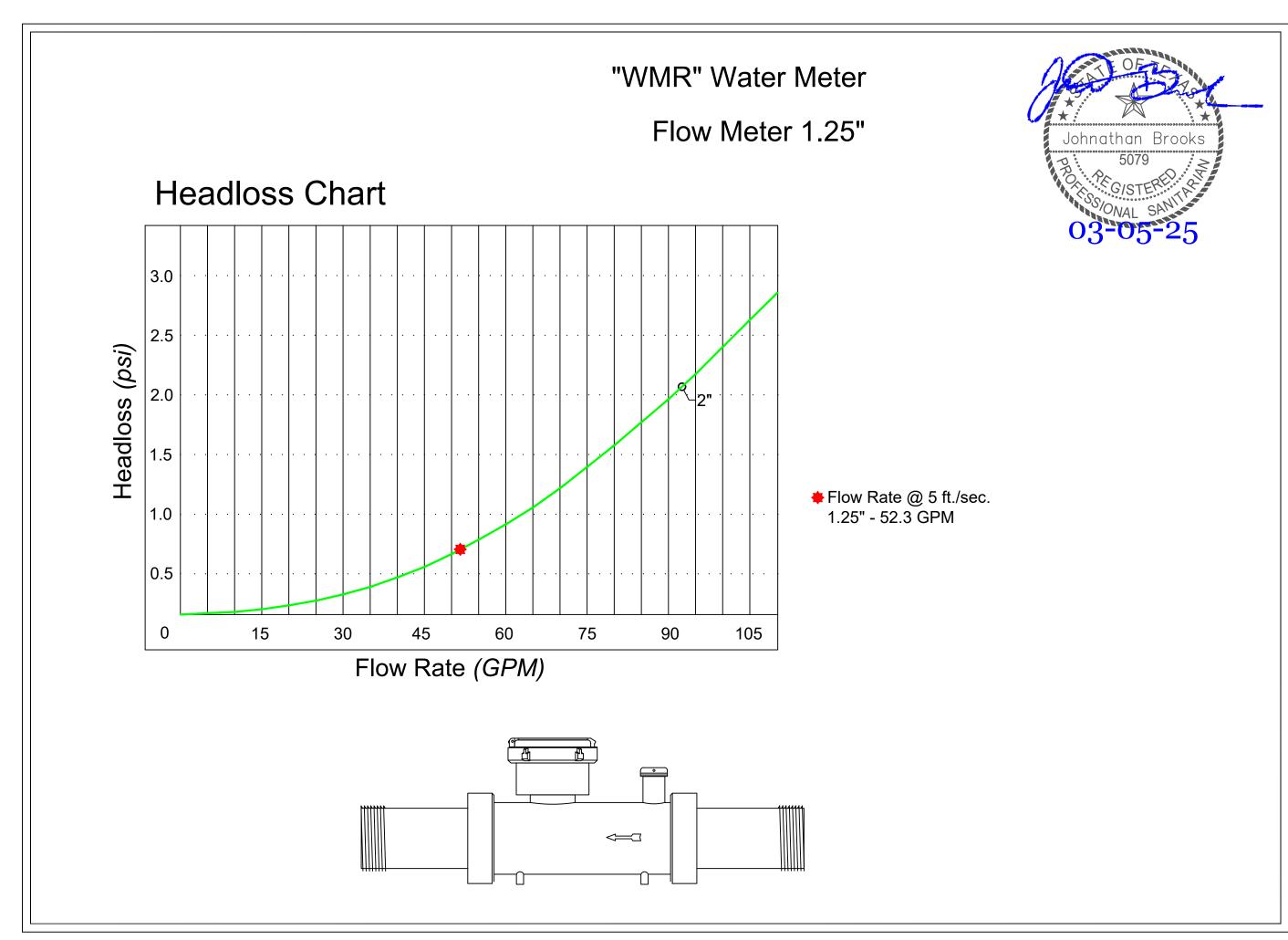
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PAGE #		13	OF	14	

PROJECT TITLE







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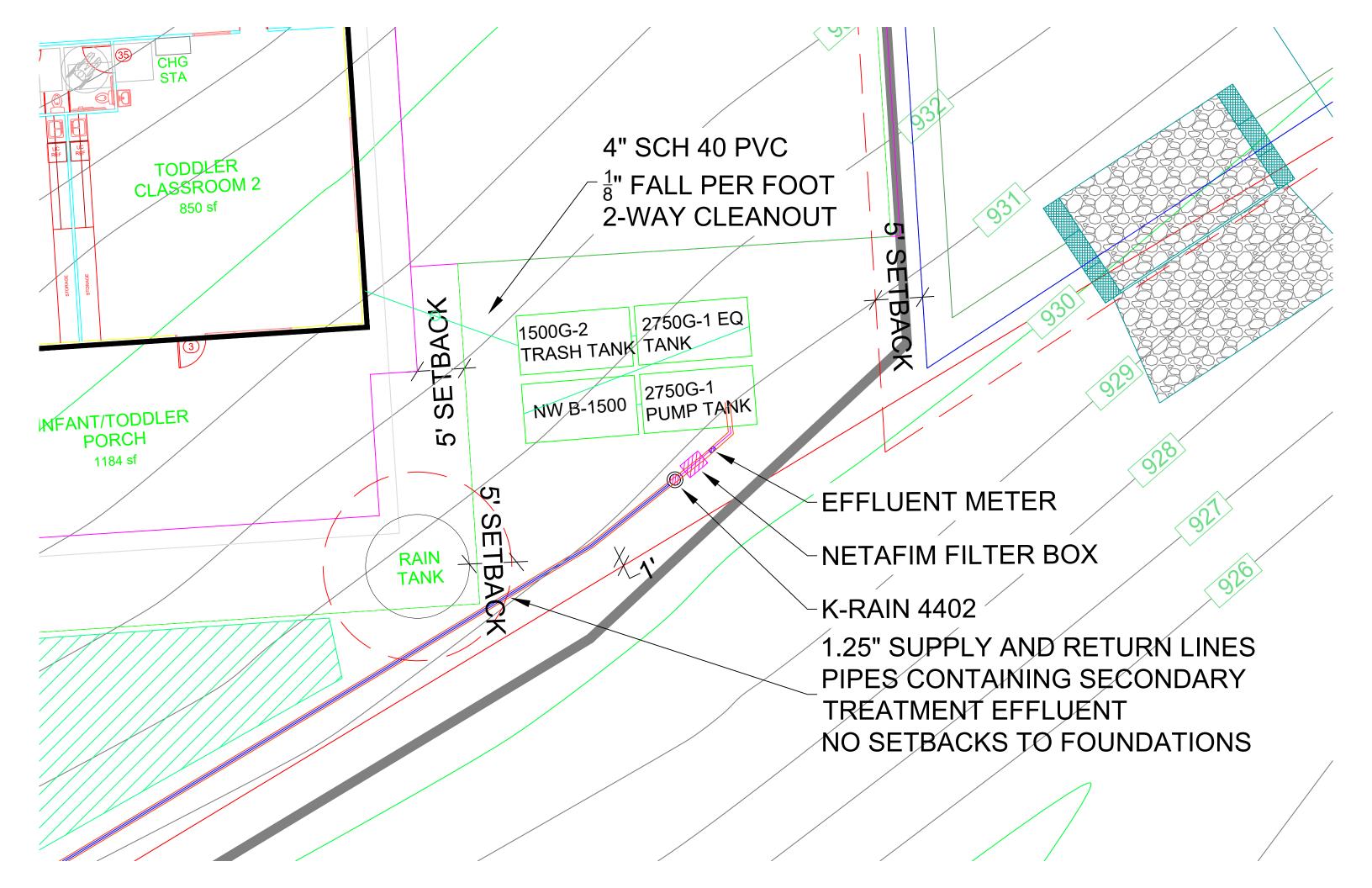
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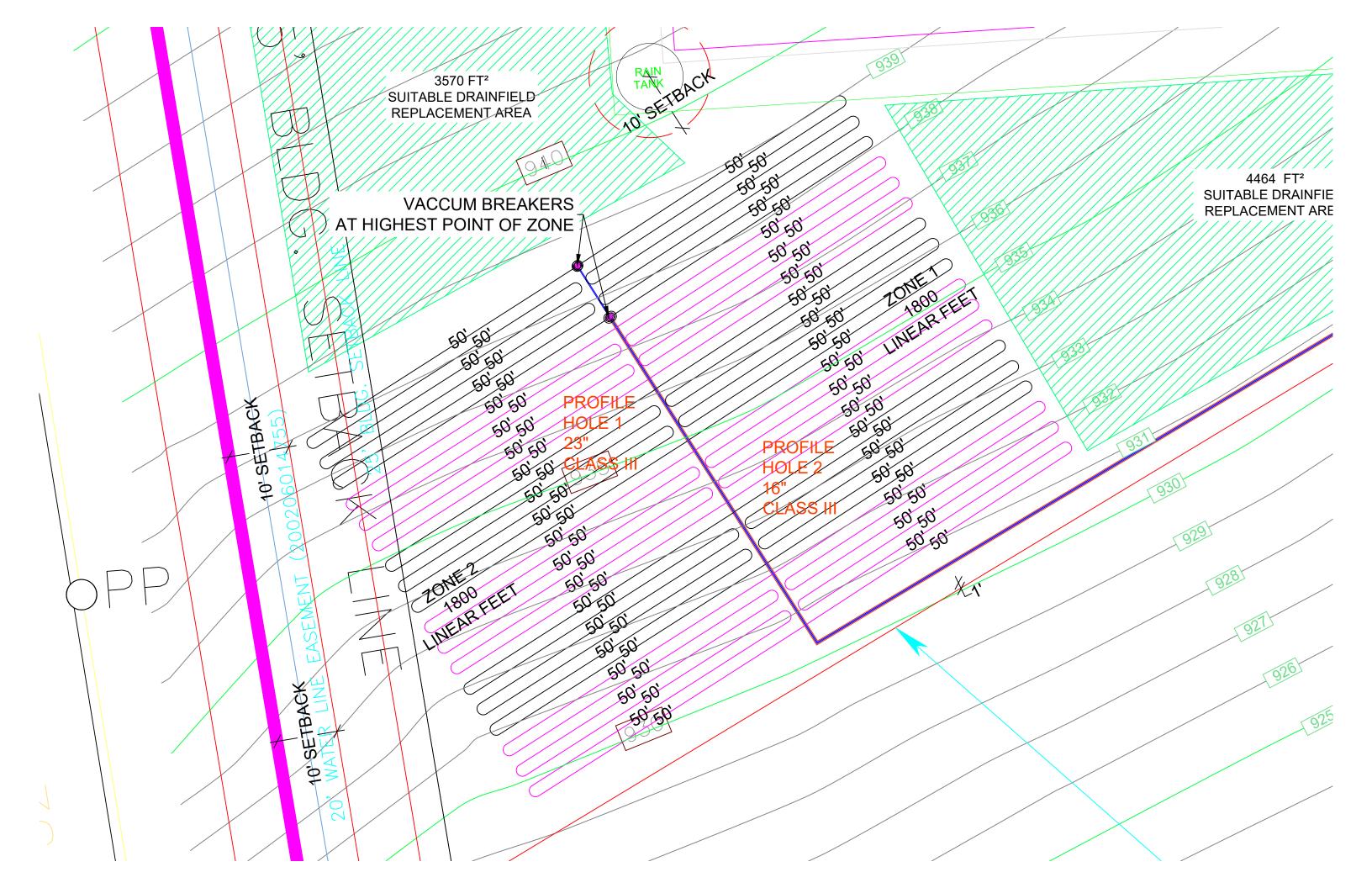
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PROJECT TITLE

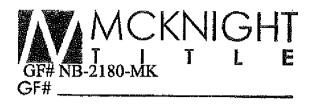








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## GENERAL WARRANTY DEED

### NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REVOKE 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.

§ §

§

THE STATE OF TEXAS

COUNTY OF COMAL

KNOW ALL MEN BY THESE PRESENTS:

THAT THE UNDERSIGNED, **RIVERVIEW CALVARY CHAPEL**, hereinafter referred to as "Grantor", whether one or more, for and in consideration of the sum of TEN DOLLARS (\$10.00) cash, and other good and valuable consideration in hand paid by the Grantee, herein named, whose address is3212 **SHOOTING STAR ROAD**, **NEW BRAUNFELS**, **TEXAS 78132**, the receipt and sufficiency of which is hereby fully acknowledged and confessed, has GRANTED, SOLD and CONVEYED, and by these presents does hereby GRANT, SELL and CONVEY unto **HALEIGH ALMQUIST**, **A MARRIED WOMAN**, **NOT JOINED HEREIN BY MY SPOUSE**, **AS THE HEREIN CONVEYED PROPERTY CONSTITUTES NO PART OF MY BUSINESS OR RESIDENTIAL HOMESTEAD**, herein referred to as "Grantee", whether one or more, all Grantor's right, title and interest in and to the real property described as follows, to-wit:

### LOT 526, RIVER CHASE, UNIT FIVE, COMAL COUNTY, TEXAS, ACCORDING TO PLAT THEREOF RECORDED IN VOLUME 14, PAGES 118-124, MAP AND PLAT RECORDS OF COMAL COUNTY, TEXAS.

### Commonly known as: 144 RIVER CHASE WAY, NEW BRAUNFELS, TEXAS 78132

This conveyance, however, is made and accepted subject to any and all validly existing encumbrances, conditions and restrictions, relating to the hereinabove described property as now reflected by the records of the County Clerk of COMAL County, Texas.

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 and/or assigns forever; and Grantor does hereby bind Grantor's heirs, executors, administrators, successors and/or assigns, to WARRANT AND FOREVER DEFEND all and singular the said premises unto the said Grantee, Grantee's heirs, executors, administrators, successors and/or assigns, to claim the same or any part thereof.

Current ad valorem taxes on said property having been prorated, the payment thereof is assumed by Grantee.

GENERAL WARRANTY DEED

Page 1 of 2

TO BE EFFECTIVE this 26TH day of APRIL, 2024.

**GRANTOR:** 

**RIVERVIEW CALVARY CHAPEL** 

BY: NAME: EDWARD HERNANDEZ

TITLE: PRESIDENT

### ACKNOWLEDGMENT

THE STATE OF TEXAS S COUNTY OF COMAL S

The foregoing instrument was acknowledged before me on the <u>20</u> day of APRIL, 2024, by EDWARD HERNANDEZ, AS PRESIDENT, OF RIVERVIEW CALVARY CHAPEL, on behalf of said Entity and in the capacity herein stated.



NOTARY PUBLIC, STATE OF\_ iexas MY COMMISSION EXPIRES: 172 23.2025

AFTER RECORDING, RETURN TO:

HALEIGH ALMQUIST 3212 SHOOTING STAR ROAD NEW BRAUNFELS, TEXAS 78132

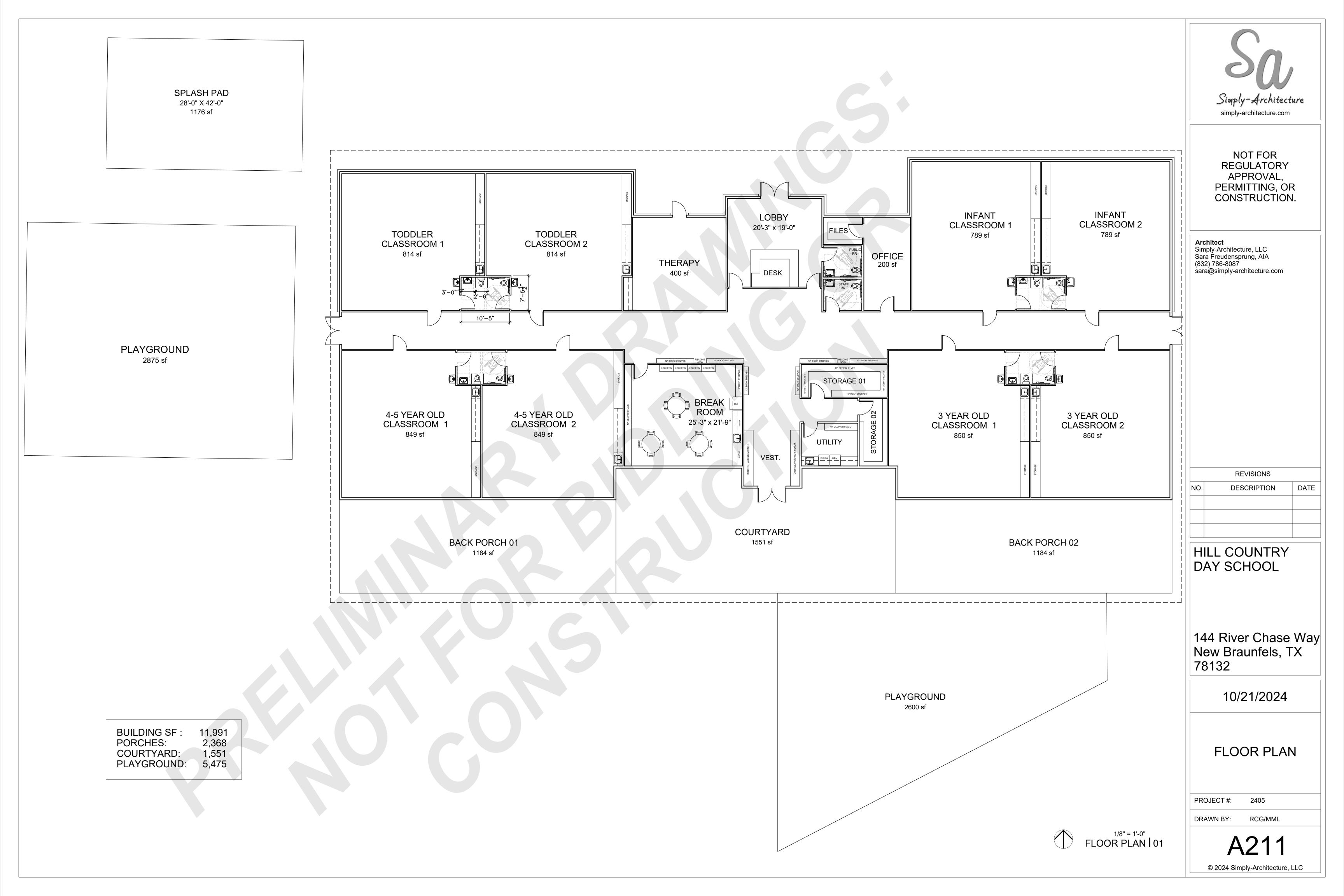
Filed and Recorded Official Public Records Bobbie Koepp, County Clerk Comal County, Texas 04/30/2024 02:00:31 PM TERRI 2 Pages(s) 202406012962





GENERAL WARRANTY DEED

Page 2 of 2





### OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

Date Received Initials

Permit Number

118449

Instructions:

RECEIVED

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.

OSSE	Permit
0001	i cinni

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.
- imes Required Permit Fee See Attached Fee Schedule
- imes | 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.

GREG NESBITT

Signature of Applicant

\_\_\_ COMPLETE APPLICATION

Check No.

Receipt No.

03-05-25

Date

INCOMPLETE APPLICATION
– (Missing Items Circled, Application Refeused)

Revised: September 2019