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

Perm	it#:		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)(E) 285.32(b)(1)(E) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

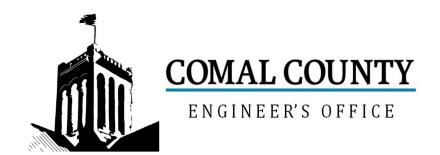
Inspector Notes:

N-	December 41	A mar	Citotiana	Net	1 at 1	2 m d 1	7 mal 1
No.	Description SEPTIC TANK Tank(s) Clearly	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	Marked SEPTIC TANK IsingleTank, 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) (i)285.32(b)(1)(E) (i)285.32(b)(1)(C) (ii)285.32(b)(1)(C) (ii)285.32(b)(1)(C) (ii)285.32(b)(1) (B)285.32(b)(1) (A)285.32(b)(1)(E)(iv)				
1	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)				
	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						
12							
	PUMP TANK Volume Installed						
1	AEROBIC TREATMENT UNIT Size Installed						
14							
	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number						
15	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)				
18			203.33(a)(2)				

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
	DISPOSAL SYSTEM Drip Irrigation	Allowei	Citations	Notes	13t 1113p.	Ziiu iiisp.	Sid ilisp.
	DIST COAL STOTENT DITP ITTIGATION		20E 22(a)(2)(A) (E)				
			285.33(c)(3)(A)-(F)				
19	DISPOSAL SYSTEM Soil						
20	Substitution		285.33(d)(4)				
20	DISPOSAL SYSTEM Pumped						
	Effluent		285.33(a)(4) 285.33(a)(3)				
			285.33(a)(1)				
21			285.33(a)(2)				
	DISPOSAL SYSTEM Gravelless Pipe						
	·		285.33(a)(3)				
			285.33(a)(2)				
			285.33(a)(4)				
22			285.33(a)(1)				
22	DISPOSAL SYSTEM Mound		205 22/ 1/51				
			285.33(a)(3) 285.33(a)(1)				
			285.33(a)(1) 285.33(a)(2)				
23			285.33(a)(4)				
23	DISPOSAL SYSTEM Other						
	(describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)				
24			263.33(C)(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	DDAINEIEID E						
	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
29			(-/\-/\-/				
	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 Separation Distance between		285.33(d)(1)(C)(i)				
	Trenches						
31							

	OSSI IIISPECTION SHEET						
No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
	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)				
	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						
	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						
	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						

	· · · · · · · · · · · · · · · · · · ·						
No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
	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)(iii) 285.33(d)(2)(G)(iii)(I)				
	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)				
	APPLICATION AREA Area Installed						
	PUMP TANK Meets Minimum Reserve Capacity Requirements						
	PUMP TANK Material Type & Manufacturer						
	PUMP TANK Type/Size of Pump Installed						



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

Permit Number: 118563

Issued This Date: 05/12/2025

This permit is hereby given to: THOMAS H. SMITH, II & JENNIFER A. SMITH

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

1205 LAKE BLF

CANYON LAKE, TX 78133

Subdivision: Beaty, Seale, & Forward Survey 909 A-795

Unit: 0
Lot: 0

Block: 0

Acreage: 3.0000

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic

Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.





ON-SITE SEWAGE FACILITY APPLICATION

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

Date 01/13/2025		F- 1	Permit Number
1. APPLICANT / AC	GENT INFORMATION		
Owner Name T	homas H Smith II & Jennifer A Smith	Agent Name	GREG W. JOHNSON, P.E.
Mailing Address	c/o 23011 FM 306	Agent Address	170 Hollow Oak
City, State, Zip	Canyon Lake, TX 78133	City, State, Zip	New Braunfels, TX 78132
Phone #	830-935-4936	Phone #	830-905-2778
Email	traci@psseptics.com	Email	gregjohnsonpe@yahoo.com
2. LOCATION Subdivision Name	stract Number A0795 Beaty Seale, o	Unit	Lot Block
Survey Name / Abs	stract Number A0795 Beats Seale	and Forward Stage	9.A-195 Acreage 3.0
Address 1205 Lal	ke Bluff	City Canyon Lake	State TX Zip 78133
3. TYPE OF DEVEL			
X Single Family			
	struction (House, Mobile, RV, Etc.)	OUSE	
Number of Bo	3		
	t of Living Area 2194		
	amily Residential		
	erials must show adequate land area for doubling	ng the required land needed	for treatment units and disposal area)
	ity		
	ories, Churches, Schools, Parks, Etc Ind		ants
	Lounges, Theaters - Indicate Number of S		
	Hospital, Nursing Home - Indicate Numbe		
	r/RV Parks - Indicate Number of Spaces	-	
	is		
Estimated Cost of	of Construction: \$	(Structure Only)	
	the proposed OSSF located in the United	States Army Corps of En	gineers (USACE) flowage easement?
	(If yes, owner must provide approval from USAC		
Source of Water	Public Private Well		
4. SIGNATURE OF			
By signing this application of the completed application facts. I certify that I		does not contain any false viate land rights necessary	information and does not conceal any material to make the permitted improvements on said
site/soil evaluation a	and inspection of private sewage facilities.		the above described property for the purpose of
by the Comal Count	permit of authorization to construct will not be is ty Flood Damage Prevention Order. Int to the online posting/public release of my e-r		dministrator has performed the reviews required h this permit application, as applicable.
Signature of Own	Smith Thems Smith	5Apr	25 Page 1 of 2
Signature or OWI	ICI		



ON-SITE SEWAGE FACILITY APPLICATION

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

Planning Materials & Site E	valuation as Required Completed By	GREG W. JOHNSON, P.E.
System Description	PROPRIETARY; AEROBIC TR	EATMENT AND SURFACE IRRIGATION
Size of Septic System Requ	uired Based on Planning Materials & Soi	l Evaluation
Tank Size(s) (Gallons)	MAXX AIR M600	Absorption/Application Area (Sq Ft)5654
Gallons Per Day (As Per TC	EQ Table 111) 360 DESIGN RATE	_
(Sites generating more than 50	000 gallons per day are required to obtain a	permit through TCEQ.)
(if yes, the planning materials	the Edwards Recharge Zone? Yes must be completed by a Registered Sanitaria	an (R.S.) or Professional Engineer (P.E.))
(if yes, the R.S. or P.E. shall c	ertify that the OSSF design complies with all	provisions of the existing WPAP.)
Is there at least one acre po	er single family dwelling as per 285.40(c)(1)? X Yes No
(if yes, the R.S or P.E. shall co		ity require a TCEQ approved WPAP? Yes No No all-provisions of the proposed WPAP. A Permit to Construct will not oved by the appropriate regional office.)
Is the property located over	the Edwards Contributing Zone? X	es No
Is there an existing TCEQ a	approval CZP for the property? Yes	No
(if yes, the P.E. or R.S. shall c	ertify that the OSSF design complies with all	provisions of the existing CZP.)
(if yes, the R.S. or P.E. shall c	•	require a TCEQ approved CZP? Yes No No all provisions of the proposed CZP. A Permit to Construct will not be ropriate reg
Is this property within an inc	corporated city?	STA TO
If yes, indicate the city:		GREG W. JOHNSON 9 9 67587 GISTER FIRM #2585
By signing this application, I	certify that:	
·	above is true and correct to the best of my kn he online posting/public release of my e-mail	nowledge. address associated with this permit application, as applicable.
/'()/		January 21, 2025
Signature of Designer		Date

AFFIDAVIT

THE COUNTY OF COMAL STATE OF TEXAS

IF

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.

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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.

TT

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/PHASE/SECTION BLOCK	LOT	SUBDIVISION
NOT IN SUBDIVISION: 3 ACREAGE B	EATY, SEALE AND FORWARD SUR NO 909, ABS 79	SURVEY
The property is owned by (insert owner's full	name): Thomas H Smith II & Jennifer A Smith	1
This OSSF must be covered by a continuous the initial two-year service policy, the owner or residence shall either obtain a maintenance copersonally.	maintenance contract for the first two years. Aft f an aerobic treatment system for a single family entract within 30 days or maintain the system	er
Upon sale or transfer of the above-described transferred to the buyer or new owner. A copy obtained from the Comal County Engineer's O	y of the planning materials for the OSSF can be	
WITNESS BY HAND(S) ON THIS <u>0.5</u> DAY	OF APRIL 20 25	
Thomas Souls.	Thomas H Smith II	
Denneler Smith	Jennifer A Smith	
Owner(s) signature(s)	Owner (s) Printed name (s)	_
SWOR	N TO AND SUBSCRIBED BEFORE ME ON THI	S 3 ⁴ DAY OF
APR (L ,20 25	THIS AREA FOR COMAL COUNTY CLERK RECORDING	
Town Rintale	Filed and Recorded	
Notary Public Signature	Official Public Records	
	Bobbie Koepp, County C	lerk
TAMMY TAMOUR BRIETZKE Notary Public, State of Texas	Comal County, Texas	
Comm. Expires 01-14-2029	04/14/2025 09:26:07 AM	
Notary ID 135229893	TERRI 1 Pages(s)	
(Notary Seal Here)	202506010585	
	Bobbie Koep	P

WASTEWATER TREATMENT FACILITY MONITORING AGREEMENT

Regulatory Authority	Permit/License Number
Block Creek Aerobic Services, LLC	Customer Thomas H Smith II & Jannifer A Smith
444 A Old Hwy #9	Site Address 1205 Lake Bluff
Comfort, TX 78013	City Canvon Lake, TX Zip 78133
Off. (830) 995-3189	Mailing Address
Fax. (830) 995-4051	Mailing Address County_ComaiMap #
• •	Phone
	Email
Thomas H Smith II & Jennifer A Smith (hercinaft LLC. By this agreement, Block Creek Aerobic Servi	fter referred to as "Agreement") is entered into by and between ter referred to as "Customer") and Block Creek Aerobic Services, ces, LLC and its employees (hereinafter inclusively referred to as a stated above, as described herein, and the Customer agrees to fulfill
II. Effective Date: This Agreement commences on LTO	and ends on 2 YEARS FROM LTO
for a total of two (2) years (initial agreement) or one (1) Customer shall notify the Contractor within two (2) commencement. If no notification is received by Contra- county authority mandates, the date of commencement wi	year (thereafter). If this is an initial agreement (new installation), the business days of the system's first use to establish the date of actor within ninety (90) days after completion of installation or where II be the date the "License to operate" (Notice of Approval) was issued a not commence at the same time as any warranty period of installed
party to perform in accordance with the terms of this terminating party must provide written notice to the not Agreement. If this Agreement is terminated, Contractor for which compensation has not been received. After the prepayment for services will be refunded to customer with terminating this Agreement for any reason, including no	arty for any reason, including for example, substantial failure of either Agreement, without fault or liability of the terminating party. The on-terminating party thirty (30) days prior to the termination of this will be paid at the rate of \$75.00 per hour for any work performed and he deduction of all outstanding charges, any remaining monies from vithin thirty (30) days of termination of this Agreement. Either partyn-renewal, shall notify in writing the equipment manufacturer and the ays prior to the date of such termination. Nonpayment of any kind shall ract.
IV. Services: Contractor will:	
recommended by the treatment system manufar visits to site per year. The list of items check Acration including compressor and diffusers, of and anything else required as per the manufacture.	p on the On-Site Sewage Facility (hereinafter referred to as OSSF) as cturer, and required by state and/or local regulation, for a total of three ked at each visit shall be the: control panel, Electrical circuits, timer, CFM/PSI measured, lids safety pans, pump, compressor, sludge levels, rer.
 b. Provide a written record of visits to control panel. 	o the site by means of an inspection tag attached to or contained in the
failing or inoperative during the course of a routhe service(s) cost less than \$100.00, Custor Customer for said service(s). When service cossupplies at the site, Contractor will notify Customust notify Contractor of arrangements to affect d. Provide sample collection and labor	the necessary materials at site, any component of the OSSF found to be tine monitoring visit. If such services are not covered by warranty, and ner hereby authorizes Contractor to perform the service(s) and bill its are greater than \$100.00, or if contractor does not have the necessary tomer of the required service(s) and the associated cost(s). Customer t repair of system with in two (2) business days after said notification. oratory testing of TSS and BOD on a yearly basis (commercial systems
f. Visit site in response to Customer	and all reports to the regulatory agency and the Customer. 's request for unscheduled services within forty-eight (48) hours of the cluded) of said request. Unless otherwise covered by warranty, costs for istomer.
V. Disinfection:	
gis Hu	RC sandana
	© copyright

Customer's initials and rights reserved Contractor's initials

____Not required; X required. The responsibility to maintain the disinfection device(s) and provide any necessary chemicals is that of the Customer.

VI. Electronic Monitoring:

Electronic Monitoring is not included in this Agreement.

VII. Performance of Agreement:

Commencement of performance by Contractor under this Agreement is contingent on the following conditions:

- a. If this is an initial Agreement (new installation):
- Contractor's receipt of a fully executed original copy or facsimile of this agreement and all documentation requested by Contractor.

If the above conditions are not met, Contractor is not obligated to perform any portion of this Agreement.

VIII. Customer's Responsibilities:

The customer is responsible for each and all of the following:

- a. Provide all necessary yard or lawn maintenance and removal of all obstacles, including but not limited to dogs and other animals, vehicles, trees, brush, trash, or debris, as needed to allow the OSSF to function properly, and to allow Contractor safe and easy access to all parts of the OSSF.
 - b. Protect equipment from physical damage including but not limited to that damage caused by insects.
- c. Maintain a current license to operate, and abide by the conditions and limitations of that license, and all requirements for and OSSF from the State and/or local regulatory agency, whichever requirements are more stringent, as well as the proprietary system's manufacturer recommendations.
- d. Notify Contactor immediately of any and all alarms, and/or any and all problems with, including failure of, the OSSF.
- e. Provide, upon request by Contractor, water usage records for the OSSF so that the Contractor can perform a proper evaluation of the performance of the OSSF.
- f. Allow for samples at both the inlet and outlet of the OSSF to be obtained by Contractor for the purpose of evaluating the OSSF's performance. If these samples are taken to a laboratory for testing, with the exception of the service provided under Section IV (d) above, Customer agrees to pay Contractor for the sample collection and transportation, portal to portal, at a rate of \$35.00 per hour, plus the associated fees for laboratory testing.
 - g. Prevent the backwash or flushing of water treatment or conditioning equipment from entering the OSSF.
- h. Prevent the condensation from air conditioning or refrigeration units, or the drains of icemakers, from hydraulically overloading the aerobic treatment units. Drain lines may discharge into the surface application pump tank if approved by system designer.
- i. Provide for pumping and cleaning of tanks and treatment units, when and as recommended by Contactor, at Customer's expense.
 - j. Maintain site drainage to prevent adverse effects on the OSSF.
 - k. Pay promptly and fully, all Contractor's fees, bills, or invoices as described herein.

IX. Access by Contractor:

Contractor is hereby granted an easement to the OSSF for the purpose of performing services described herein. Contractor may enter the property during Contractor's normal business hours and/or other reasonable hours without prior notice to Customer to perform the Services and/or repairs described herein. Contractor shall have access to the OSSF electrical and physical components. Tanks and treatment units shall be accessible by means of man ways, or risers and removable covers, for the purpose of evaluation as required by State and/or local rules and the proprietary system manufacturer. It is Customers responsibility to keep lids exposed and accessible at all times.

X. Limit of Liability:

Contractor shall not be held liable for any incidental, consequential, or special damages, or for economic loss due to expense, or for loss of profits or income, or loss of use to Customer, whether in contract tort or any other theory. In no event shall Contractor be liable in an amount exceeding the total Fee for Services amount paid by Customer under this Agreement.

XI. Indemnification:

Customer (whether one or more) shall and does hereby agree to indemnify, hold harmless and defend Contractor and each of its successors, assigns, heirs, legal representatives, devisees, employees, agents and/or counsel (collectively "Indemnitees") from and against any and all liabilities, claims, damages, losses, liens, causes of action, suits, fines, judgments and other expenses (including, but not limited to, attorneys' fees and expenses and costs of investigation), of any kind, nature or description, (hereinafter collectively referred to as "Liabilities") arising out of, caused by, or resulting, in whole or in part, from this Agreement.

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© copyright

RC

Customer's Initials

Contractor's Initials

THIS INDEMNITIFCATION APPLIES EVEN IF SUCH LIABILITIES ARE CAUSED BY THE CONCURRENT OR CONTRIBUTORY NEGLIGENCE OR BY THE STRICT LIABILITY OF ANY INDEMNITEE.

Customer hereby waives its right of recourse as to any Indemnitee when Indemnification applies, and Customer shall require its insurer(s) to waive its/their right of subrogation to the extent such action is required to render such waiver of subrogation effective. Customer shall be subrogated to Indemnitees with respect to all rights Indemnitees may have against third parties with respect to matters as to which Customer provides indemnity and/or defense to Indemnitees. No Indemnification is provided to Indemnitees when the liability or loss results from (1) the sole responsibility of such Indemnitee; or, (2) the willful misconduct of such Indemnitee. Upon irrevocable acceptance of this Indemnification obligation, Customer, in its sole discretion, shall select and pay counsel to defend Indemnitees of and from any action that is subject to this Indemnification provision. Indemnitees hereby covenant not to compromise or settle any claim or cause of action for which Customer has provided Indemnification without the consent of Customer.

XII. Severability:

If any provision of the "Proposal and Contract" 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 the "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.

The Fee for Services does not include any fees for equipment, material, labor necessary for non-warranty repairs. unscheduled inspections, or Customer requested visits to the site.

XIV. Payment:

Full payment is due upon execution of this Agreement (Required of new Customer). For any other service(s) or repair(s) provided by Contractor the Customer shall pay the invoice(s) for said service(s) or repair(s) within thirty (30) days of the invoice date. The Contractor shall mail all invoices on the date of invoice. All payments not received within thirty (30) days from the invoice date will be subject to a \$29.00 late penalty and a 1.5% per month carrying charge, as well as any reasonable attorney's fees, and all collection and court costs incurred by Contractor in collection of unpaid debt(s). Contractor may terminate contract at any time for nonpayment for services. Any check returned to Contractor for any reason will be assessed a \$30.00 return check fee.

XV. Application or Transfer of payment:

The fees paid for this agreement may be transferred to subsequent property owner(s); however, this Agreement is not transferable. Customer shall advise the subsequent property owner(s) of the State requirement that they sign a replacement agreement authorizing Contractor to perform the herein described Services, and accepting Customer's Responsibilities. This replacement Agreement must be signed and received in Contractor's offices within ten (10) business days of date of transfer of property ownership. Contractor will apply all funds received from Customer first to any past due obligation arising from this Agreement including late fees or penalties, return check fees, and/or charges for services or repairs not paid within thirty (30) days of invoice date. Any remaining monies shall be applied to the funding of the replacement Agreement. The consumption of funds in this manner may cause a reduction in the termination date of effective coverage per this Agreement. See Section IV.

XVI. Entire Agreement:

This agreement contains the entire Agreement of the parties, and there are no other conditions in any other agreement,

Rudy Carson

Block Creek Aerobic Services, LLC.

Contractor MP# 0002036

RC

Customer's Initials

Contractor's Initials

ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: January 20, 2025	
Site Location:	3.00 ACRES - SEE ATTACHED DEED
Proposed Excavation Depth:N/A	
Locations of soil boring or dug pits must be For subsurface disposal, soil evaluations mu proposed excavation depth. For surface disp	rmed on the site, at opposite ends of the proposed disposal area. shown on the site drawing. ust be performed to a depth of at least two feet below the bosal, the surface horizon must be evaluated. restrictive features on the form. Indicate depths where features appear.

Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
10"	111	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 10"	BROWN
3						
1	•					
5						

SOIL BORING	NUMBER SUR	FACE EVALUAT	ION			
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	SAME		AS		ABOVE	
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.	
the best of my ability.	01/20/25
1 (1 /)	

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

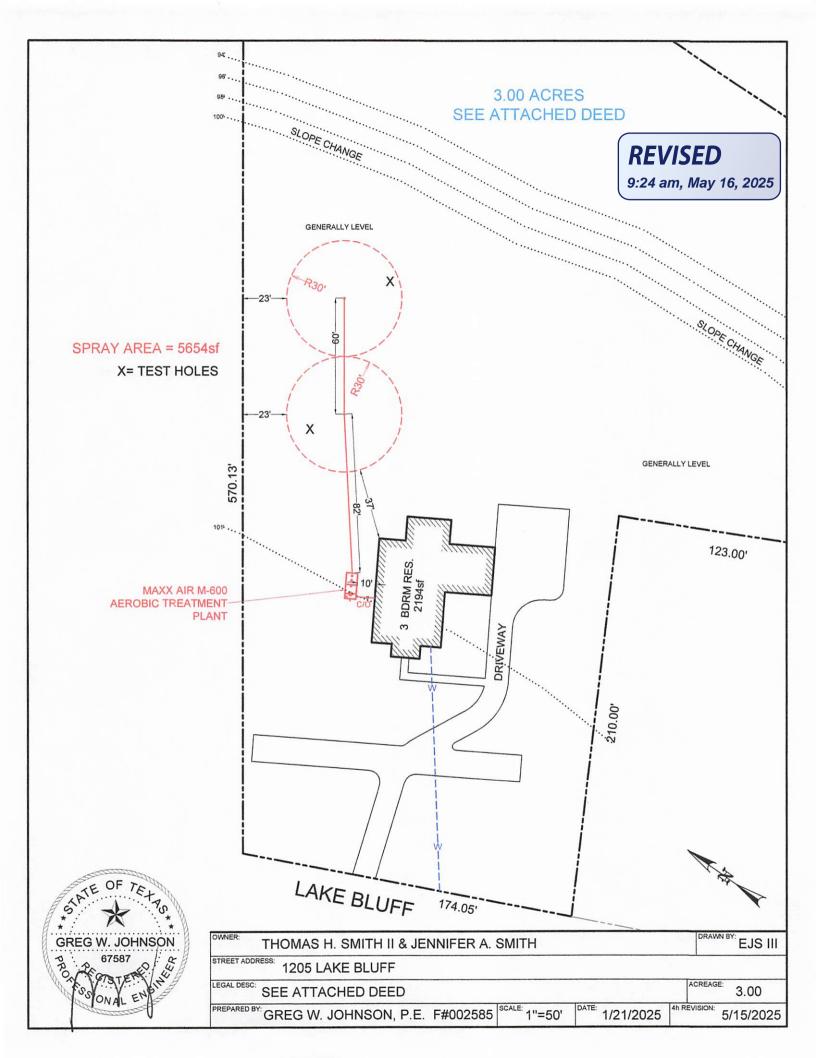
Date

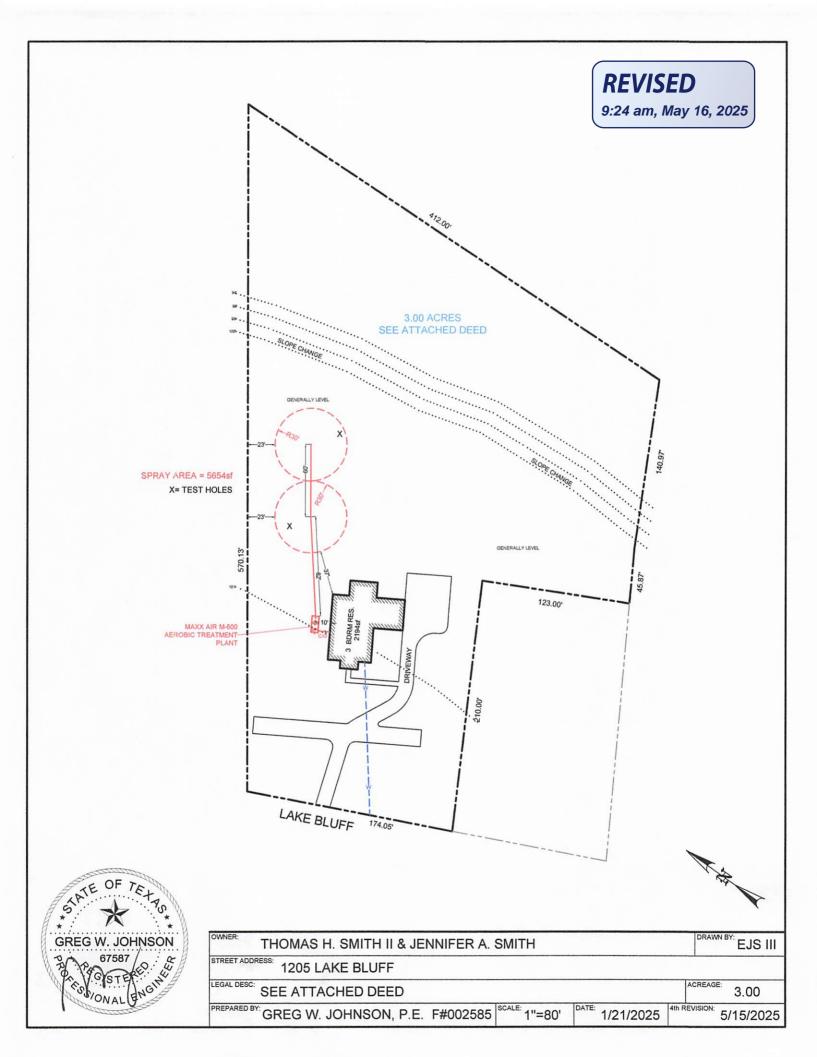
OSSF SOIL EVALUATION REPORT INFORMATION

#118563

FIRM #2585

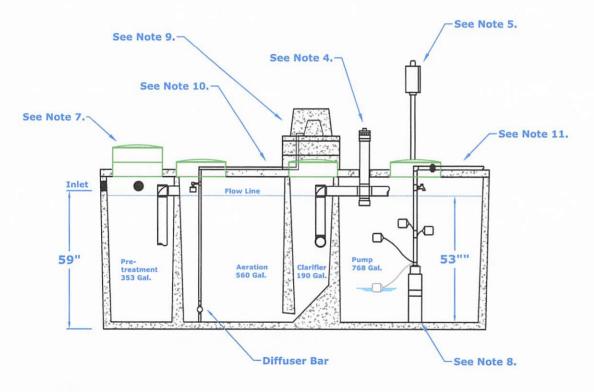
Date: January 21, 2025 Applicant Information: Site Evaluator Information: THOMAS H. SMITH II & JENNIFER A. Name: Greg W. Johnson, P.E., R.S., S.E. 11561 SMITH Name: c/o 23011 F.M. 306 Address: Address: 170 Hollow Oak CANYON LAKE State: **TEXAS** City: New Braunfels State: Texas City: Zip Code: 78133 Phone: (830) 935-4936 Zip Code: 78132 Phone & Fax (830)905-2778 **Property Location:** Installer Information: REVISED Lot MELOW Unit ____ Blk ___ Subd. Name: 1205 LAKE BLUFF Street Address: Company:____ 9:24 am, May 16, 2025 City:___ CANYON LAKE Zip Code: ___ Address:___ Additional Info.: 3.00 ACRES - SEE ATTACHED City: State: Zip Code: ____ DEED Phone_ Topography: Slope within proposed disposal area: GENERALLY LEVEL % Presence of 100 vr. Flood Zone: YES NOXExisting or proposed water well in nearby area. YES NO X Presence of adjacent ponds, streams, water impoundments YES NO X Presence of upper water shed YES NO X Organized sewage service available to lot YES NO X Design Calculations for Aerobic Treatment with Spray Irrigation: Commercial GPD Residential Water conserving fixtures to be utilized? Yes ___ Number of Bedrooms the septic system is sized for: ____3 ___ Total sq. ft. living area ____2194 Q gal/day = (Bedrooms +1) * 75 GPD - (20%, reduction for water conserving fixtures) Q = (3 +1)*75-(20%)=(360 Des 13 L) NOTE: 3 BDRM RES. @ 240 Trash Tank Size 353 Gal. TCEQ Approved Aerobic Plant Size G.P.D. Reg'd Application Area = O/Ri = 0.064 5654 Application Area Utilized = ____ __ sq. ft. Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent) Pump Requirement ____12 __ Gpm @ ___ ON DEMAND or X TIMED TO DOSE IN PREDAWN HOURS Dosing Cycle: 768 Gal. 14.5 Gal/inch. Pump Tank Size = Reserve Requirement = _____ Gal. 1/3 day flow. Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction With Chlorinator NSF/TCEO 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 BEING A REGISTERED PROFESSIONAL ENGINEER AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY (EFFECTIVE DECEMBER 29, 2016) GREG W. JOHNSON





GENERAL NOTES:

- 1. Plant structure material to be precast concrete and steel.
- 2. Weight = 14,900 lbs.
- Treatment capacity is 600 GPD. BOD Loading = 1.62 lbs. per day.
- Standard tablet chlorinator or Optional Liquid chlorinator. NSF approved chlorinators (tablet & liquid) available.
- 5. Control Center w/ Timer for night spray application. .
- 20" Ø acess riser w/ lid (Typical 4). Optional extension risers available.
- 8. 20 GPM 1/2 HP, high head effluent pump.
- 9. Air Compressor w/ concrete housing.
- 10. 1/2" Sch. 40 PVC Air Line (Max. 50 Lft from Plant).
- 11. 1" Sch. 40 PVC pipe to distribution system provided by contractor.

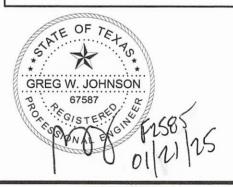


DIMENSIONS:

Outside Height: 67" Outside Width: 63" Outside Length: 164"

MINIMUM EXCAVATION DIMENSIONS:

Width: 76" Length: 176"



Maxx Air M-600 (600 GPD)
Aerobic Treatment Plant (Assembled)

Dec, 2013 By: A.S.

Scale:

 All Dimensions subject to allowable specification tolerances.

Dwg. #: ADV-B550-3



Advantage Wastewater Solutions IIc. 444 A Old Hwy No 9 Comfort, TX 78013 830-995-3189 fax 830-995-4051

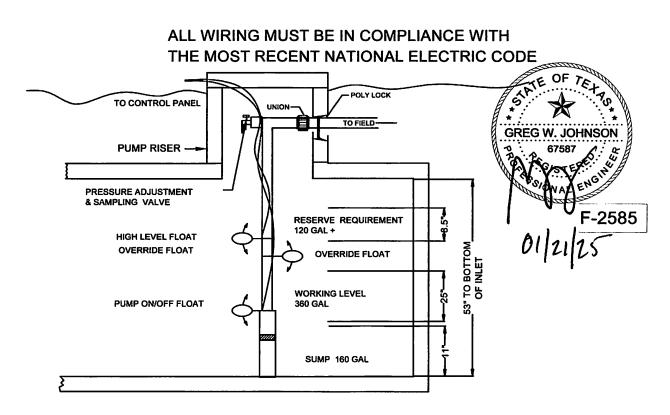
TANK NOTES:

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



TYPICAL PUMP TANK CONFIGURATION MAXX AIR M600 - 768 GAL PUMP TANK

CISTERN PUMPS CPM Series

Ashland Pump - CPM Series

The Ashland Pump CPM Series is designed to operate in filtered effluent/gray water applications. The bottom suction design allows for maximum drawdown of fluid and the hydraulic stages are able to pass 1/8" solids without damage to the pump.

Installations in cistern tanks, rain basin catchments or anywhere drawdown levels need to be maximized are ideal applications for the Ashland Pump CPM Series.

APPLICATIONS

- · Filtered Effluent Water Pumping
- Gray Water Pumping
- · Water Feature / Aeration Applications
- Rain Water Basin Applications

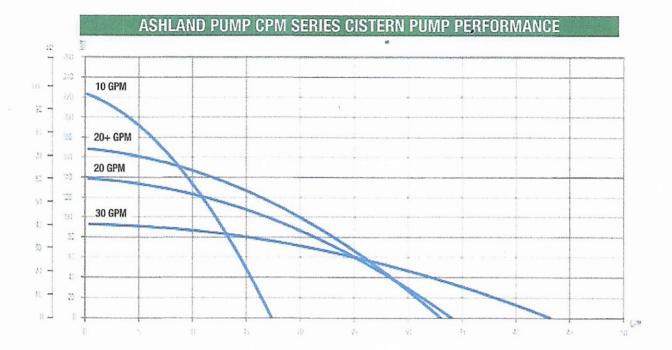
FEATURES

- Bottom suction design for maximum drawdown
- Able to pass 1/8" solids
- · Available in 10, 20 and 30 GPM flow rates
- ½ HP, 115V and 230V single phase motors
- Heavy duty discharge with stainless steel internal threads
- 600 Volt, 10' SJ00W jacketed lead
- High shut-off pressure
- Quiet operation
- Standard removable base for stable mounting

ORDERING INFORMATION

		CP	M SERIES	CISTERN F	PUMP	
Model/Order No.	GPM	HP	Voltage/Ph.	Stage Count	Length (in.)	Shipping Wt. (lbs.)
10CPM5-115	10		115/1	7	26	17
10CPM5-230	10		230/1	7	26	17
20CPM5-115	20		115/1	5	25	16
20CPM5-230	20	1/2	230/1	5	25	16
20+CPM5-115	20+	1"-	115/1	6	26	17
20+CPM5-230	20+		230/1	6	26	17
30CPM5-115	30		115/1	4	25	16
30CPM5-230	30		230/1	4	25	16







Low Angle Performance Data

NOZZLE	PRESSURE			RAD	RADIUS		FLOW RATE		
NOZZEL	PSI	kPa	Bars	Ft.	M.	GPM	L/M	M³/H	
#1.0	30	207	2.1	22	6.7	1.2	4.5	.27	
# 1.0	40	276	2.8	24	7.3	1.7	6.4	.39	
	50	345	3.4	26	7.9	1.8	6.8	.41	
	60	414	4.1	28	8.5	2.0	7.6	.45	
#3.0	30	207	2.1	29	8.8	3.0	11.4	.68	
#3.0	40	276	2.8	32	9.8	3.1	11.7	.70	
	50	345	3.4	35	10.7	3.5	13.2	.80	
	60	414	4.1	37	11.3	3.8	14.4	.86	
#4.0	30	207	2.1	31	9.4	3.4	12.9	.77	
#4.0	40	276	2.8	34	10.4	3.9	14.8	.89	
	50	345	3.4	37	11.3	4.4	16.7	1.00	
	60	414	4.1	38	11.6	4.7	17.8	1.07	
#6.0	40	275	2.8	38	11.6	6.5	24.6	1.48	
#6.0	50	344	3.4	40	12.2	7.3	27.7	1.66	
	60	413	4.1	42	12.8	8.0	30.3	1.82	
	70	482	4.8	44	13.4	8.6	32.6	1.96	

*All precipitation rates calculated for 180° operation. For the precipitation rate for a 36

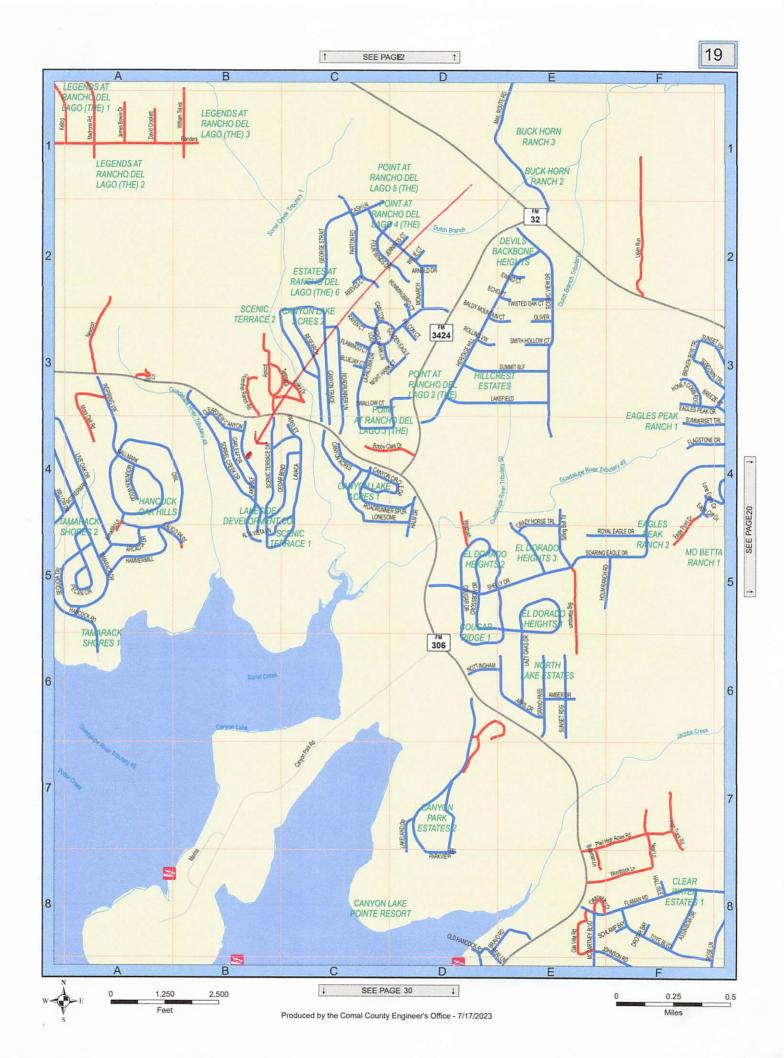


PUMP

Honest, Professional, Dependable

1899 Cottage Street, Ashland, Ohio 44805

Telephone: 855 281-6830 • Fax: 877 326-1994 • ashlandpump.com

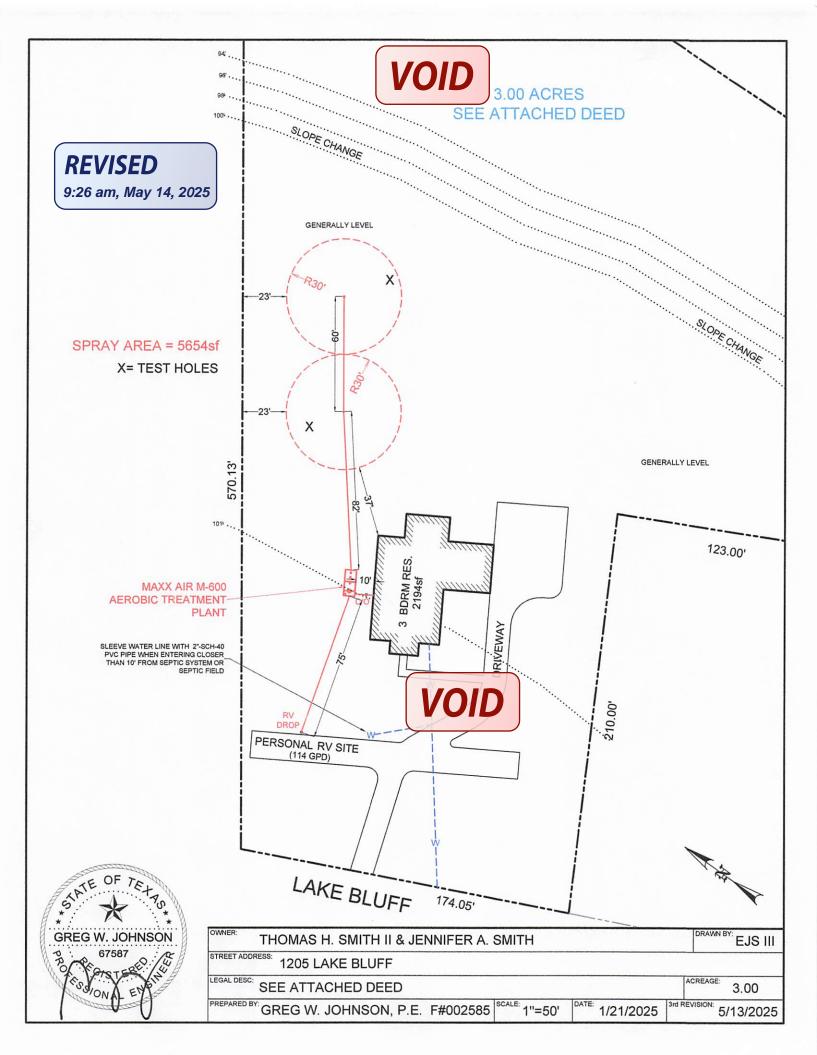


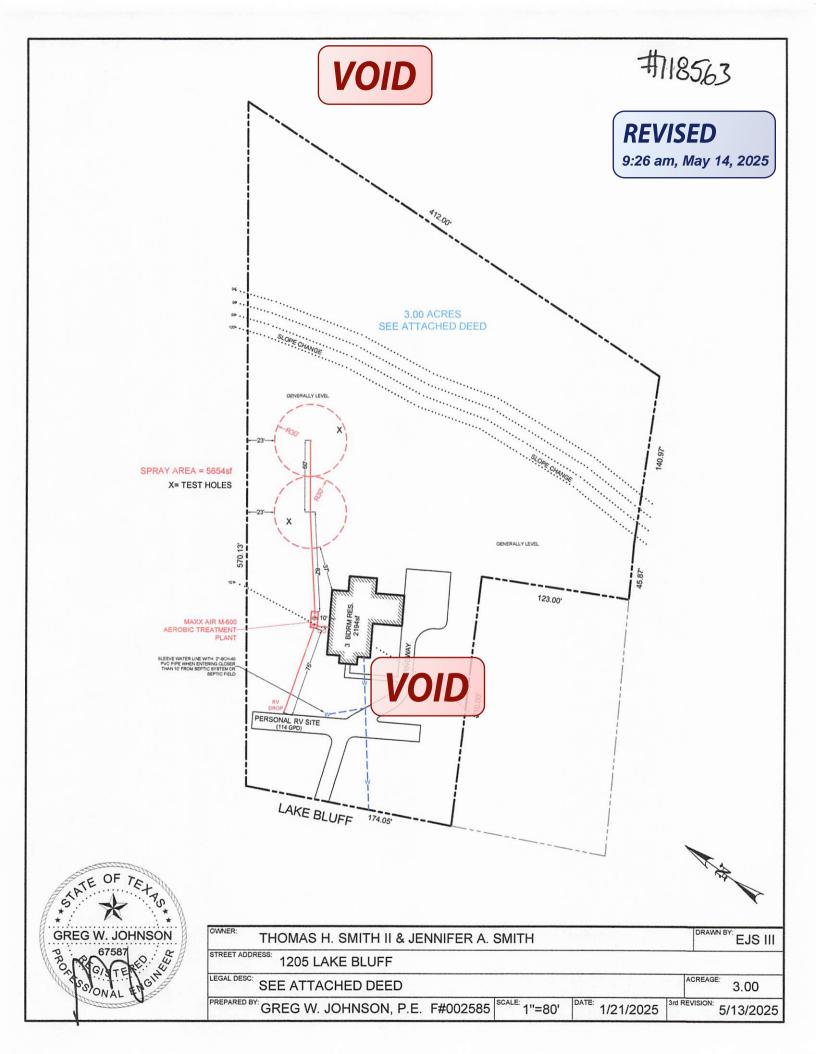
OSSF SOIL EVA VOID DRT INFORMATION

REVISED
10:14 am, May 12, 2025

Date: January 21, 2025

Applicant Information:	
THOMAS H. SMITH II & JENNIFER A. Site Eval	uator Information:
	reg W. Johnson, P.E., R.S., S.E. 11561
Address: c/o 23011 F.M. 306 Address	170 Hollow Oak
	ew Braunfels State: Texas : 78132 Phone & Fax (830)905-2778
Zip Code Phone: Zip Code	76132 Frione & Pax 1630/703-2776
Property Location: Insta	ller Information:
LOT RELEW UNIT BIK SUDG.	me:
Street Address: 1205 LAKE BLUFF City: CANYON LAKE Zip Code: 78133	mpany:
Ad	dress:
	y: State:
DEED Zi _l	Code: Phone
Topography: Slope within proposed disposal area: GENERALLY LEVEL	%
	NO X
	NO X
Presence of adjacent ponds, streams, water impoundments YES_	NO_X
Presence of upper water shed YES_	
Organized sewage service available to lot YES_	NO <u>_X</u> _
Design Calculations for Aerobic Treatment with Spray Irriga Commercial	tion:
Q =GPD	
Residential Water conserving fixtures to be utilized? YesX_	No
Number of Bedrooms the septic system is sized for:3 Total	al sq. ft. living area 2194
Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction for water	conserving fixtures)
0=(3 +1)*75 (2006)= 354 (360 Dls 45 b)	OTE: 3 BDRM RES. @ 240 + PERSONAL RV
Irash Tank Size Gal.	DROP @ 114 GPD = 354 GPD
TCEQ Approved Aerobic Plant Size 600 G.P.D.	
	<u>5625</u> sq. ft.
Application Area Utilized = 5654 sq. ft.	
Pump Requirement 12 Gpm @ 41 Psi (Redjacket 0. Dosing Cycle: ON DEMAND or X TIMED TO	HP 18 G.P.M. series or equivalent)
Dosing Cycle: ON DEMAND or X IIMED 10	DOSE IN PREDAWN HOURS
Pump Tank Size = 768 Gal. 14.5 Gal/inch.	
Reserve Requirement = 10 Gal. 1/3 day flow.	malfunction
Alarms: Audible & Visual High Water Alarm & Visual Air Pump With Chlorinator NSF/TCEQ APPROVED	manunction
SCH-40 or SDR-26 3" or 4" sewer line to tank	
Pop-up rotary sprinkler heads w/ purple non-potable lids VOID	
1" Sch-40 PVC discharge manifold	
APPLICATION AREA SHOULD BE SEEDED AND MAINTA	INED WITH VEGETATION.
EXPOSED ROCK WILL BE COVERED WITH SOIL.	ADDICATED BY ADDICATED AND ADDICATED BY ADDI
I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285	
(REGARDING RECHARGE FEATURES), TEXAS COMMISSION	
(EFFECTIVE DECEMBER 29, 2016)	OF S
	ATE
AYXX 01/212	
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561 DATE	GREG W. JOHNSON
OKLO W. JOHNSON, F.E. F#002303 * S.E. 11301 DATE	67587
	FIRM #2585
	CONONAL ENG
	262 116 € ± 48 12 m²





From: Ritzen,Brenda
To: Greg Johnson
Cc: Traci Field

 Subject:
 RE: 1205 LAKE BLUFF - SMITH #118563

 Date:
 Wednesday, May 14, 2025 9:32:00 AM

Attachments: <u>image001.png</u>

Greg,

The permit file has been updated.

Thank you,



Brenda Ritzen

Environmental Health Coordinator 195 David Jonas Dr. New Braunfels, TX 78132 DR:OS00007722 830-608-2090 www.cceo.org

From: Greg Johnson <gregjohnsonpe@yahoo.com>

Sent: Wednesday, May 14, 2025 7:13 AM **To:** Ritzen, Brenda < rabbjr@co.comal.tx.us> **Cc:** Traci Field < traci@psseptics.com>

Subject: 1205 LAKE BLUFF - SMITH #118563

This email originated from outside of the organization.

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

- Comal IT

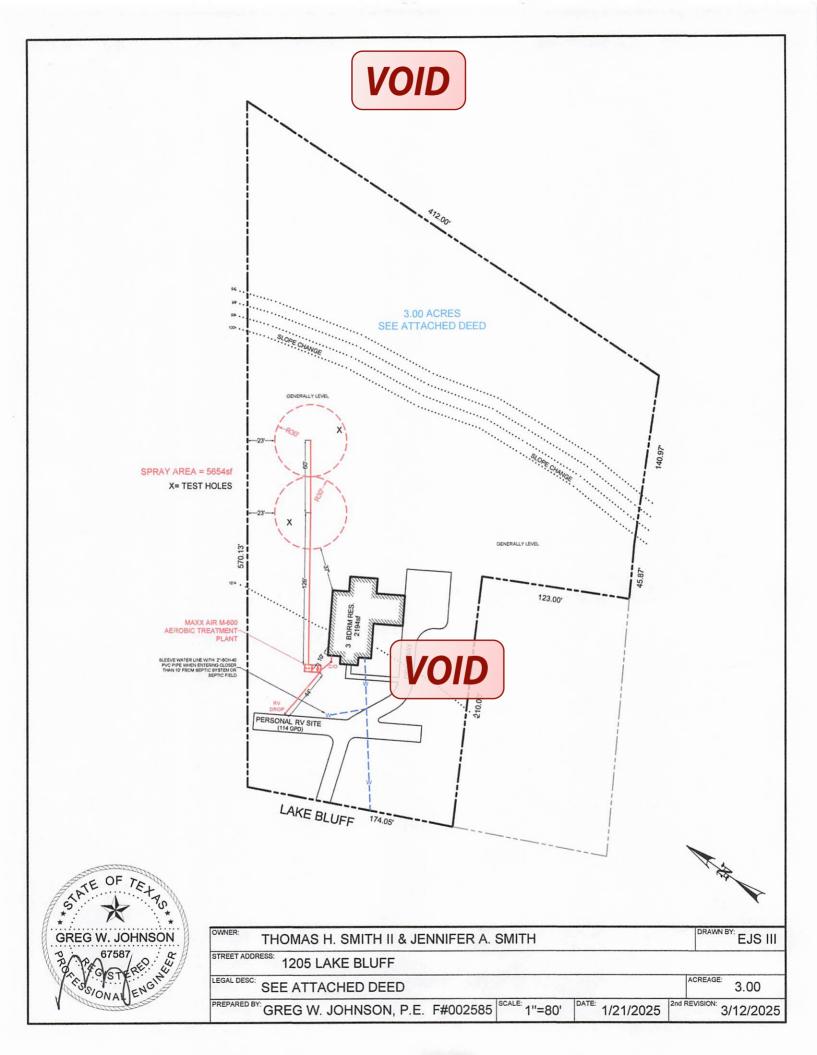
REVISED TANK PLACEMENT.

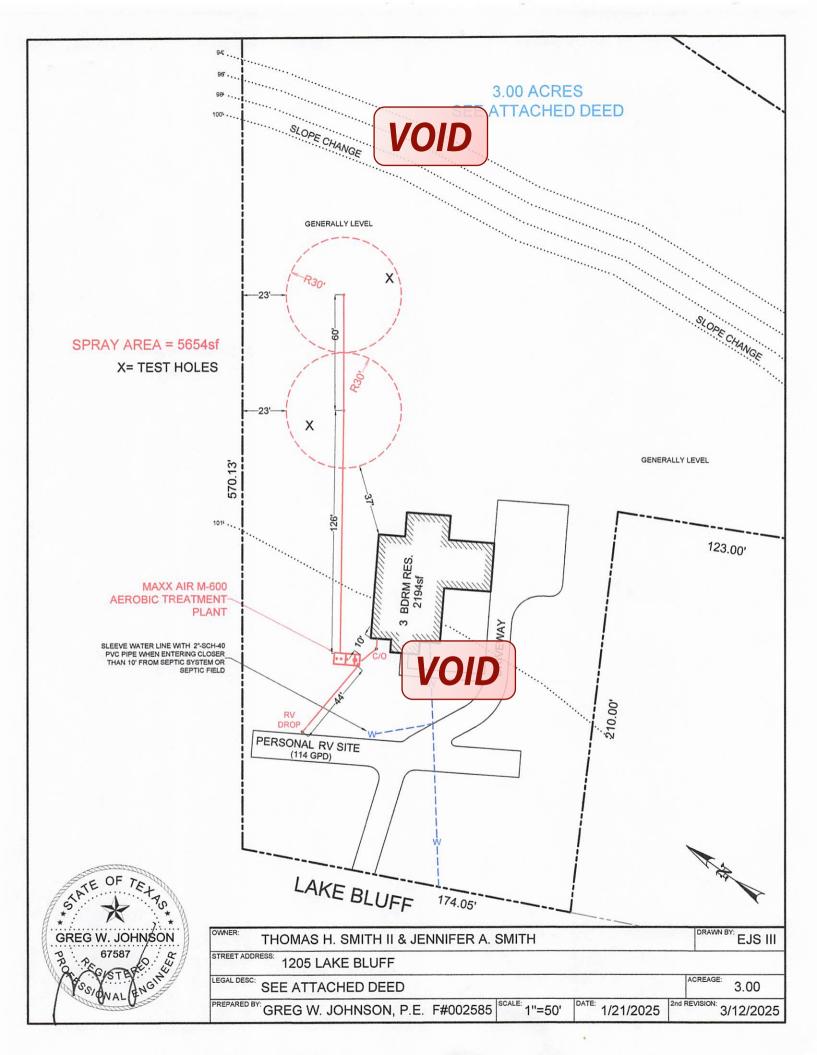
THX, GREG

Send for Greg W. Johnson, P.E., R.S.)

170 Hollow Oak

New Braunfels, TX 78132





From: Ritzen, Brenda

To: <u>Traci Field; "(gregjohnsonpe@yahoo.com)"</u>

Subject: Permit 118563

Date: Tuesday, May 6, 2025 9:37:00 AM

Attachments: <u>image001.png</u>

Re: Thomas J. Smith II & Jennifer A. Smith

3.0 acres, 1205 Lake Bluff

Application for Permit for Authorization to Construct an On-Site Sewage Facility (OSSF)

Owner / Agent :

The following information is needed before I can continue processing the referenced permit submittal:

- Permit application indicates the subdivision name as Lakeside Dev but it does not appear that the property is part of a subdivision.
- The 2nd page of the permit application indicates the design rate is 360 gpd but rate used for spray area is 354 gpd.
- 3. Revise as needed and resubmit.

Thank you,



Brenda Ritzen

Environmental Health Coordinator 195 David Jonas Dr. New Braunfels, TX 78132 DR:OS00007722 830-608-2090 www.cceo.org







ON-SITE SEWAGE FACILITY APPLICATION

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

Date 01/13/202	25	Permit Number				
1. APPLICANT /	AGENT INFORMATION					
Owner Name	Thomas H Smith II & Jennifer A Smith	Agent Name	GREG W. JOHNSON, P.E.			
Mailing Address	c/o 23011 FM 306	Agent Address	170 Hollow Oak			
City, State, Zip	Canyon Lake, TX 78133	City, State, Zip	New Braunfels, TX 78132			
Phone #	830-935-4936	Phone #	830-905-2778			
Email	traci@psseptics.com	Email	gregjohnsonpe@yahoo.com			
2. LOCATION						
Subdivision Nam	neLakeside Dev	Unit				
Survey Name / A	Abstract Number A0795 Beaty Seale	and forward Stago	9, A-195 Acreage 3.0			
Address 1205		City Canyon Lake	State TX Zip 78133			
3. TYPE OF DEV	/ELOPMENT					
X Single Fam	nily Residential					
Type of Co	onstruction (House, Mobile, RV, Etc.)	HOUSE				
	f Bedrooms 3					
Indicate S	q Ft of Living Area 2194					
	Family Residential					
	naterials must show adequate land area for doub	oling the required land needed	for treatment units and disposal area)			
	acility					
	actories, Churches, Schools, Parks, Etc In		nts			
Restauran	its, Lounges, Theaters - Indicate Number of	f Seats				
Hotel, Mot	tel, Hospital, Nursing Home - Indicate Numl	ber of Beds				
Travel Tra	iller/RV Parks - Indicate Number of Spaces					
	eous					
Estimated Cos	st of Construction: \$	(Structure Only)				
	of the proposed OSSF located in the United	d States Army Corps of Eng	gineers (USACE) flowage easement?			
Yes X	No (If yes, owner must provide approval from USA					
Source of Wat	er Public Private Well					
4. SIGNATURE						
- The completed a	olication, I certify that: pplication and all additional information submitte at I am the property owner or I possess the appr	ed does not contain any false in copriate land rights necessary t	nformation and does not conceal any material to make the permitted improvements on said			
site/soil evaluation	nereby given to the permitting authority and desion and inspection of private sewage facilities.					
- I understand that	t a permit of authorization to construct will not be ounty Flood Damage Prevention Order. Insent to the online posting/public release of my					
A	Smith 1/2 1 +					
Signature of C	where	A SAPRE	Page 1 of			
Cigricitate of C	111100					

OSSF SOIL EVALUATION REPORT INFORMATION

Date: January 21, 2025 Applicant Information: uator Information: THOMAS H. SMITH II & JENNIFE Freg W. Johnson, P.E., R.S., S.E. 11561 SMITH Name: c/o 23011 F.M. 306 : 170 Hollow Oak Address: TEXAS CANYON LAKE State: City: New Braunfels State: Texas City: Zip Code: 78133 Phone: (830) 935-4936 Zip Code: 78132 Phone & Fax (830)905-2778 **Property Location:** Installer Information: Lot MELOW Unit ____ Blk ___ Subd. Name: 1205 LAKE BLUFF Street Address: Company:___ CANYON LAKE Zip Code: 78133 City:____ Address:___ 3.00 ACRES - SEE ATTACHED City: State: Additional Info.: Phone DEED Zip Code: Topography: Slope within proposed disposal area: GENERALLY LEVEL % NO X Presence of 100 yr. Flood Zone: YES Existing or proposed water well in nearby area. NO X YES NO X Presence of adjacent ponds, streams, water impoundments YES Presence of upper water shed YES NO X YES NO X Organized sewage service available to lot Design Calculations for Aerobic Treatment with Spray Irrigation: Commercial GPD Residential Water conserving fixtures to be utilized? Yes X No Number of Bedrooms the septic system is sized for: ____3 ___ Total sq. ft. living area ___ Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction for water conserving fixtures) Q = (3 +1)*75-(20%)=NOTE: 3 BDRM RES. @ 240 + PERSONAL RV Trash Tank Size 353 Gal. DROP @ 114 GPD = 354 GPD TCEQ Approved Aerobic Plant Size G.P.D. 5531 sq. ft. Req'd Application Area = Q/Ri = 3545654 Application Area Utilized = Pump Requirement ____12 Gpm @. HP 18 G.P.M. series or equivalent) DOSE IN PREDAWN HOURS Dosing Cycle: ON DEMAND or Pump Tank Size = 768 Gal. 14.5 Gal/inch. Reserve Requirement = 118 __ Gal. 1/3 day flow. Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction 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 BEING A REGISTERED PROFESSIONAL ENGINEER AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY (EFFECTIVE DECEMBER 29, 2016)

FIRM #2585



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 WITH VENDOR'S LIEN

Dates

October 15, 2019

Grantor:

JOSE R YBARRA and spouse, TERESA YBARRA

Grantor's Mailing Address (including county)

3442 Dive PARK Lane

_ County. TX 78253

Grantee:

THOMAS H SMITH II and spouse, JENNIFER A SMITH

Grantse's Mailing Address: 417 Cactus Flower

(including county)

Cibolo, Guzdalupe County, TX 78108

Consideration: TEN AND NO/100 DOLLARS (\$10.00) and other valuable consideration and a note of even date in the principal amount of Forty-Eight Thousand and no/100 DOLLARS (\$48,000.00) executed by Grantee payable to the order of RANDOLPH-BROOKS FEDERAL CREDIT UNION. The note is secured by a vendor's lien retained in favor of RANDOLPH-BROOKS FEDERAL CREDIT UNION in this deed and by a deed of trust of even date from Grantee to MORTON W. BAIRD II, Trustee.

Property (including any improvements):

A 3.0 acre tract of land out of the Beaty, Seale, and Forward Survey No. 909 and being also a portion of the HANO F. GUENTHER 1009.9 acre tract, Comal County, Texas; said 3.0 acre tract being more particularly described in Exhibit "A" attached hereto and incorporated herein for all purposes.

Reservations from and Exceptions to Conveyance and Warranty:

This conveyance is made subject to any easements, conditions, mandatory homeowners assessments and/or restrictions of record affecting the title to the hereinbefore described property; including but not limited to any reservation or conveyance of all oil, gas and other mineral interests recorded in Volume 104, Page 304 of the Deed Records, 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 and for the property to Grantee and Grantor's heirs, executors, administrators, and successors to warrant and for the property to Grantee and

teriod 10-85

(5-92)

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.

The vendor's lien against and superior title to the property are retained until each note described is fully paid according to its terms, at which time this deed shall become absolute.

RANDOLPH-BROOKS FEDERAL CREDIT UNION, at Grantee's request, has paid in each to Granter that portion of the purchase price of the property that is evidenced by the note described above. The vendor's lien and superior title to the property are retained for the benefit of RANDOLPH-BROOKS FEDERAL CREDIT UNION and are transferred to that party without recourse on Granter.

When the context requires, singular nouns and pronouns include the plural, THE STATE OF TEXAS (Acknowledgment) COUNTY OF BELAR This instrument was acknowledged before me on the 15 day of by JOSE R YBARRA C. Nuccitated
Notary Public, State of Gases C. IVANCLUALA 7
Notary's Name (printed) Notary's commission expires 7-25-2 (C. MARQUARDT Notary Public, State of Texas Comm. Expires 03-25-2021 THE STATE OF TEXAS (Acknowledgment) Notary ID 129367120 COUNTY OF JEKAK 15 This instrument was acknowledged before me on the by TERESA YBARRA (NA Library's Name (printed) C. MARQUARDT Notary Public, State of Texas THE STATE OF TEXAS (Acknowledgment) Comm. Expires 03-25-2021 COUNTY OF Notary ID 129367120 This instrument was acknowledged before me on the day of Ъу Notary Public, State of Texas Notaty's Name (printed) Notary's commission expines

Rovinci 10-85 BID-00460-000002-0000



EXHIBIT A

A 3.0 acre tract of land out of the Beaty, Seale, and Forward Survey No. 909 and being also a portion of the HANO F. GUENTHER 1009.9 acre tract, Comal County, Texas, and being more particularly described by metes and bounds as follows to-wit:

BEGINNING at an iron stake found in the westerly line of JOHN H. COCKE SURVEY NO. 34, being for the northerly corner of the T.M. BLAKE SURVEY NO. 35, and being the easterly corner of the said BEATY, SEALE & FORWARD SURVEY NO. 909 and the easterly corner of the tract herein described;

THENCE: along the common boundary line between JOHN H. COCKE SURVEY NO. 34, and BEATY SEALE & FORWARD SURVEY NO. 909 North 1° 34' 49" west a distance of 412.00 feet to an iron stake set for the most northerly corner of the tract herein described;

THENCE: severing the lands of said Hammo F. Guenther South 54° 39' 30" West a distance of 570.13 feet to an Iron stake found in the easterly Right-of-Way line of Lakeside Drive;

THENCE: along said Right-Of-Way line South 24° 14' East a distance of 174.80 feet to an iron stake found for the westerly comer of a 0.601 acre tract now or formerly owned by Charles Quinn;

THENCE: along said Quinn's northerly line North 61° 27' East a distance of 210.0 feet to an Iron stake found for the northerly corner of said Quinn trect;

THENCE: South 26° 33' East a distance of 123.0 feet to an Iron stake in the line between Survey No. 909 and the NO. 35:

THENCE: North 59° 45' East a distance of 45.87 feet to an iron stake;

THENCE: North 63° 02' 41" East to the POINT OF BEGINNING.

NOTE: COMPANY DOES NOT REPRESENT THAT THE ABOVE ACREAGE AND/OR SQUARE FOOTAGE CALCULATIONS ARE CORRECT.

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
10/17/2019 11:07:16 AM
TERRI 3 Pages(s)
201906037301







OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

118563

1. '			
	Date Received	Initials	Permit Number
nstructions:			
Place a check mark next to all items that apply. For items Checklist must accompany the completed application.	s that do not apply, place	"N/A". This	OSSF Development Application
DSSF Permit			•
Completed Application for Permit for Authorization to	o Construct an On-Site S	Sewage Fac	ility and License to Operate
Site/Soil Evaluation Completed by a Certified Site E	valuator or a Professiona	al Engineer	
Planning Materials of the OSSF as Required by the of a scaled design and all system specifications.	TCEQ Rules for OSSF (Chapter 285	. Planning Materials shall consist
Required Permit Fee - See Attached Fee Schedule			
Copy of Recorded Deed			
Surface Application/Aerobic Treatment System			
Recorded Certification of OSSF Requiring Ma	intenance/Affidavit to the	Public	
Signed Maintenance Contract with Effective D	Date as Issuance of Licer	nse to Opera	ate
affirm that I have provided all information required f constitutes a completed OSSF Development Applicat		ent Applica	ntion and that this application
100	04	/15/20	025
Signature of Applicant			Date
COMPLETE APPLICATION	(Miss		ETE APPLICATION rcled, Application Refeused)
Check No Receipt No			Revised: September 2019