

Comal County Environmental Health

OSSF Inspection Sheet

Installer Name: _____

OSSF Installer #: _____

1st Inspection Date: _____

2nd Inspection Date: _____

3rd Inspection Date: _____

Inspector Name: _____

Inspector Name: _____

Inspector Name: _____

Permit#:

Address:

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

Inspector Notes:

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|-----|---|--------|---|-------|-----------|-----------|-----------|
| 8 | SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements | | 285.32(b)(1) (E) 285.91(2) 285.32(b)(1) (F) 285.32(b)(1)(E) (iii) 285.32(b)(1)(E)(ii) (II) 285.32(b)(1)(E)(ii) (I) 285.32(b)(1)(E) (i) 285.32(b)(1) (D) 285.32(b)(1)(C) (ii) 285.32(b)(1)(C) (i) 285.32(b)(1) (B) 285.32(b)(1) (A) 285.32(b)(1)(E)(iv) | | | | |
| 9 | ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used | | 285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b) | | | | |
| 10 | SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped | | 285.38(d) | | | | |
| 11 | SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions | | 285.38(d) 285.38(e) | | | | |
| 12 | SEPTIC TANK Tank Volume Installed | | | | | | |
| 13 | PUMP TANK Volume Installed | | | | | | |
| 14 | AEROBIC TREATMENT UNIT Size Installed | | | | | | |
| 15 | AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number | | | | | | |
| 16 | DISPOSAL SYSTEM Absorptive | | 285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3) | | | | |
| 17 | DISPOSAL SYSTEM Leaching Chamber | | 285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2) | | | | |
| 18 | DISPOSAL SYSTEM Evapo-transpirative | | 285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2) | | | | |

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|-----|---|--------|--|-------|-----------|-----------|-----------|
| 19 | DISPOSAL SYSTEM Drip Irrigation | | 285.33(c)(3)(A)-(F) | | | | |
| 20 | DISPOSAL SYSTEM Soil Substitution | | 285.33(d)(4) | | | | |
| 21 | DISPOSAL SYSTEM Pumped Effluent | | 285.33(a)(4) 285.33(a)(3) 285.33(a)(1) 285.33(a)(2) | | | | |
| 22 | DISPOSAL SYSTEM Gravelless Pipe | | 285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1) | | | | |
| 23 | DISPOSAL SYSTEM Mound | | 285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4) | | | | |
| 24 | DISPOSAL SYSTEM Other (describe) (Approved Design) | | 285.33(d)(6) 285.33(c)(4) | | | | |
| 25 | DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC | | | | | | |
| 26 | DRAINFIELD Area Installed | | | | | | |
| 27 | DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation | | 285.33(b)(1)(A)(v) | | | | |
| 28 | DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media | | | | | | |
| 29 | DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place | | 285.33(b)(1)(E) | | | | |
| 30 | DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.) | | 285.33(c)(2) | | | | |
| 31 | LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches | | 285.33(d)(1)(C)(i) | | | | |

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| 32 | EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0% EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom) EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart | | 285.33(b)(3)(A) 285.33(b)(3)(A) 285.33(b)(3)(B) 285.91(13) 285.33(b)(3)(D) 285.33(b)(3)(F) | | | | |
| 33 | AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines. | | 285.32(c)(1) | | | | |
| 34 | AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions | | | | | | |
| 35 | AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place. | | | | | | |
| 36 | PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump | | | | | | |
| 37 | PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions | | | | | | |
| 38 | PUMP TANK Secondary restraint system provided | | | | | | |
| 39 | PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried | | | | | | |

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|-----|---|--------|--|-------|-----------|-----------|-----------|
| 40 | APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple? | | 285.33(d)(2)(G)(iii)(II) 285.33(d)(2)(G)(iii)(III) 285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I) | | | | |
| 41 | APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed | | 285.33(d)(2)(G) (i)285.33(d)(2) (A)285.33(d)(2)(F) | | | | |
| 42 | APPLICATION AREA Area Installed | | | | | | |
| 43 | PUMP TANK Meets Minimum Reserve Capacity Requirements | | | | | | |
| 44 | PUMP TANK Material Type & Manufacturer | | | | | | |
| 45 | PUMP TANK Type/Size of Pump Installed | | | | | | |



COMAL COUNTY

ENGINEER'S OFFICE

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

Permit Number: 118599
Issued This Date: 05/05/2025
This permit is hereby given to: Jonathan & Rosemarie Catalano

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

1317 SUNRISE PLACE
SPRING BRANCH, TX 78070

Subdivision: Mystic Shores
Unit: 20
Lot: 2199
Block: 0
Acreage: 0.0000

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 Comal County requirements.

Call (830) 608-2090 to schedule inspections.



Date 5/5/2025

Permit Number 118599

1. APPLICANT / AGENT INFORMATION

Owner Name JONATHAN & ROSEMARIE CATALANO
Mailing Address 891 ROADRUNNER SPUR
City, State, Zip CANYON LAKE, TX 78133
Phone # 571-758-7828
Email familycatalano2008@gmail.com

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

2. LOCATION

Subdivision Name MYSTIC SHORES Unit 20 Lot 2199 Block _____
Survey Name / Abstract Number _____ Acreage _____
Address 1317 SUNRISE PLACE City SPRING BRANCH State TX Zip 78070

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 5

Indicate Sq Ft of Living Area 4000

☐ Non-Single Family Residential

(Planning materials must show adequate land area for doubling the required land needed for treatment units and disposal area)

Type of Facility _____

Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants _____

Restaurants, Lounges, Theaters - Indicate Number of Seats _____

Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds _____

Travel Trailer/RV Parks - Indicate Number of Spaces _____

Miscellaneous _____

Estimated Cost of Construction: \$ 800,000 (Structure Only)

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

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

Source of Water ☒ Public ☐ Private Well ☐ Rainwater

4. SIGNATURE OF OWNER

By signing this application, I certify that:

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

Signature of Owner

Date

5/5/2025

#118599

MYSTIC SHORES, UNIT 20, LOT 2199

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

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

REVISED

11:54 am, May 19, 2025

Planning Materials & Site Evaluation as Required Completed By GREG W. JOHNSON, P.E.

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) SOLAR AIR SA II 800-10000PT Absorption/Application Area (Sq Ft) 6842

Gallons Per Day (As Per TCEQ Table III) 420 (DESIGN RATE)

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

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

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

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

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

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

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

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

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

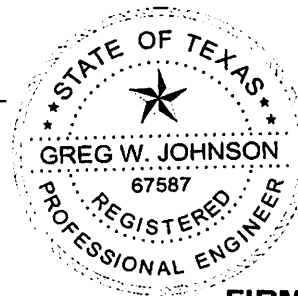
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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

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

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

If yes, indicate the city: _____



FIRM #2586

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]
Signature of Designer

January 31, 2024
Date

AFFIDAVIT**THE COUNTY OF COMAL
STATE OF TEXAS****CERTIFICATION OF OSSF REQUIRING MAINTENANCE**

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

I

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

II

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

20 UNIT/PHASE/SECTION BLOCK 2199 LOT MYSTIC SHORES SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by (insert owner's full name): JONATHAN CATALANO & ROSEMARIE CATALANO

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

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the Comal County Engineer's Office.

WITNESS BY HAND(S) ON THIS 7th DAY OF February, 20 24

Jonathan Catalano
X [Signature]
Owner(s) signature(s)

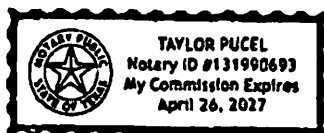
JONATHAN CATALANO
ROSEMARIE CATALANO
Owner(s) Printed name(s)

JONATHAN & ROSEMARIE CATALANO SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 7th DAY OF

February, 20 24

THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY

[Signature]
Notary Public Signature



Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
02/12/2024 08:04:28 AM
TERRI 1 Pages(s)
202406004153



Bobbie Koepf

**REVISED**

11:54 am, May 19, 2025

On-Site Sewage Facility (OSSF) Service Agreement

- I. **General:** This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between JONATHAN & ROSEMARIE CATALANO, (hereinafter referred to as "Client") and SOTX Septic Services (hereinafter to as "Contractor"). By this agreement, Contractor agrees to render services, as described herein, and the Client agrees to fulfill his/her/their responsibilities under this agreement as described herein.
- II. **Effective Dates:** This agreement commences on receipt of full payment and runs for two (2) years. Agreement's... Starting Date: (Date License to Operate is Issued) Ending Date: (2yrs. From Date of LTO)
- III. **Services by Contractor:** Contractor will provide the following services (hereinafter referred to as the "Services"):
1. In compliance with Agency (TCEQ and/or County) and manufacturer's requirements, inspect and perform routine maintenance on the On-Site Sewage Facility (hereinafter referred to as the "OSSF") three (3) times per year (approximately once every four (4) months).
 2. Report to the appropriate regulatory authority and to the Client, as is required by both the State's on-site rules and the local Agency's rules, if more stringent. All findings must be reported to the local Agency within 14 days.
 3. If any components of the OSSF are found to need repair during the inspection, the Contractor will notify the Client of the repairs needed.
 4. Visit in response to Client's request(s) for unscheduled service(s) within two business days from the date of Contractor's receipt of Client's request. All unscheduled responses are in addition to the fee covered by this Agreement and will be billed to the Client.
 5. Provide notification of arrival to site to the homeowner or to site personnel. Additionally, written notification of the visit will be left at the site or with site personnel upon completion or inspection, as well as, forwarded to agency within 14 days.
- IV. **Site Location:** The Services are to be performed at the property located at:
- 1317 SUNRISE PLACE SPRING BRANCH, TX 78070
- V. **Payment(s):** The fee for this Agreement only covers the Services describes herein. This fee does not cover equipment, parts or labor supplied for the repairs or charges for unscheduled Client-request trips to the site. Payments for such additional services are due when service is provided or rendered. Payments not received within 30 days from due date will be subjected to a \$20.00 late penalty and / or a 1.5% carrying charge, whichever is greater, in addition the reasonable attorney's fees and all costs of collection incurred by Contractor in collection of any unpaid debt(s). By signing this contract, the Client is authorizing the Contractor to remove any parts which were installed but not paid for at the end of 30 days. The Client is still responsible for any labor costs associated with the installation and remove of said parts.

Initials...

Customer: JRC RCContractor: CDH

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

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

Initials...

Customer: gpc lc

Contractor: CDH

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

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

Client... (And/or authorized agent)

Printed Name: JONATHAN CATALANO Signature: [Signature] Date: 5/15/25

Printed Name: ROSEMARIE CATALANO Signature: [Signature] Date: 5/15/25

Physical Address: 1317 SUNRISE PLACE SPRING BRANCH, TX Zip: 78070

Mailing Address: 891 Roadrunner Spur, Canyon Lake TX Zip: 78133

Phone # (210) 857-9490 Cell# (571) 758-7828 County: COMAL

Email: FAMILYCATALANO2008@GAMIL.COM Gate Code: _____

=====Contractor=====Contractor=====

SOTX Septic Services

15656 Cranes Mill Rd.

Canyon Lake, TX 78133

830-481-3249

sotxservices@gmail.com

Clarence D. Hinds Jr Clarence D Hinds Jr.

Lic #: OSSF Installer II #: OS0030965

Maintenance Provider #: MP0002439

Installer Name: Jesse Klaerner

Phone #: 210-838-3087

Email: impact.construction1@yahoo.com

Lic #: OS0039407

Manufacturer: Aerobic Spray

GPD: 600 800 1000 Other: _____

Disposal: Spray Drip Other: _____

Initials...

Customer: [Signature]

Contractor: CDH

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

January 31, 2024

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


RE- SEPTIC DESIGN
1317 SUNRISE PLACE
MYSTIC SHORES, UNIT 20, LOT 2199
SPRING BRANCH, TX 78070
CATALANO RESIDENCE

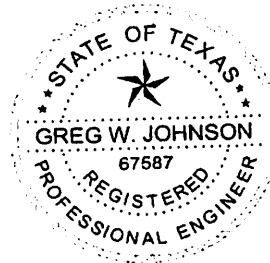
Brandon/Brenda,

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

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

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

 01/31/24
Greg W. Johnson, P.E. No. 67587 / F#2585
170 Hollow Oak
New Braunfels, Texas 78132 - 830/905-2778



ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: January 30, 2024

Site Location: MYSTIC SHORES, UNIT 20, LOT 2199

Proposed Excavation Depth: N/A

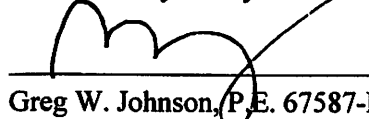
Requirements:

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

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

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

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


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

1/30/24
Date

REVISED

11:54 am, May 19, 2025

LOT 2199

700.08'

SPRAY AREA = 6842sf

X= TEST HOLES

SOLAR AIR
SA II-TX800 - 1000PT
AEROBIC TREATMENT
PLANT

SLEEVE WATER LINE WITH 2"-SCH-40
PVC PIPE WHEN ENTERING CLOSER
THAN 10' FROM SEPTIC SYSTEM OR
SEPTIC FIELD WHICH EXCEEDS
TAC 30 CHAPTER 290.44(e)(B)(i).

5 BDRM RES.
4000sf

HOSE
BIB

DRIVEWAY

SUNRISE PLACES

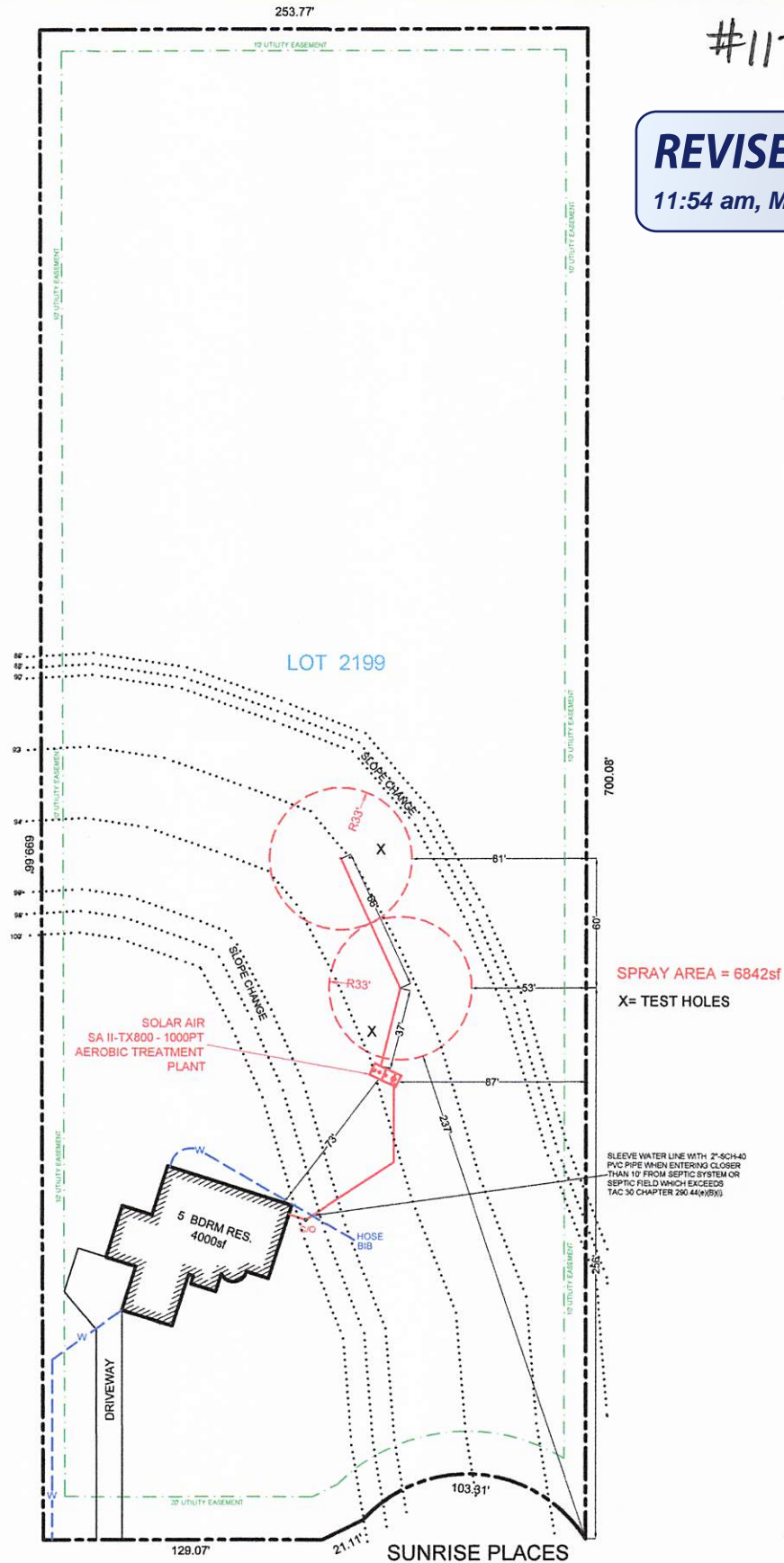


| | | | | | | |
|---|--|---------------|------------------------|--|-------------------------|-----------|
| OWNER: JONATHAN & ROSEMARIE CATALANO | | | | | DRAWN BY: EJS III | |
| STREET ADDRESS: 1317 SUNRISE PLACE | | | | | | |
| LEGAL DESC: MYSTIC SHORES | | | UNIT/SECTION/PHASE: 20 | | BLOCK: | LOT: 2199 |
| PREPARED BY: GREG W. JOHNSON, P.E. F#002585 | | SCALE: 1"=50' | DATE: 1/31/2024 | | 2nd REVISION: 5/12/2025 | |

#117196

REVISED

11:54 am, May 19, 2025



| | | | | | | |
|---|--|--|---------------|------------------------|-------------------------|-----------|
| OWNER: JONATHAN & ROSEMARIE CATALANO | | | | | DRAWN BY: EJS III | |
| STREET ADDRESS: 1317 SUNRISE PLACE | | | | | | |
| LEGAL DESC: MYSTIC SHORES | | | | UNIT/SECTION/PHASE: 20 | BLOCK: | LOT: 2199 |
| PREPARED BY: GREG W. JOHNSON, P.E. F#002585 | | | SCALE: 1"=80' | DATE: 1/31/2024 | 2nd REVISION: 5/12/2025 | |

REVISED

11:54 am, May 19, 2025

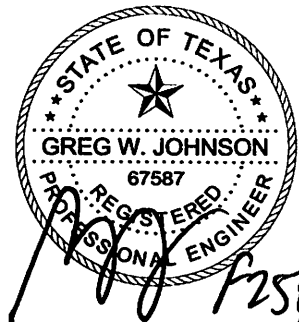
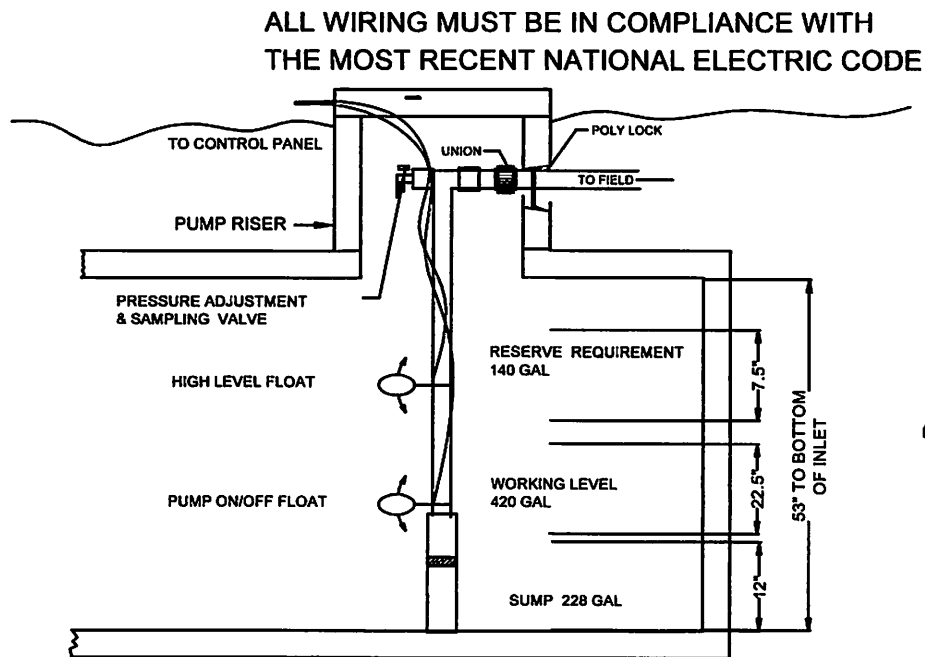
TANK NOTES:

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

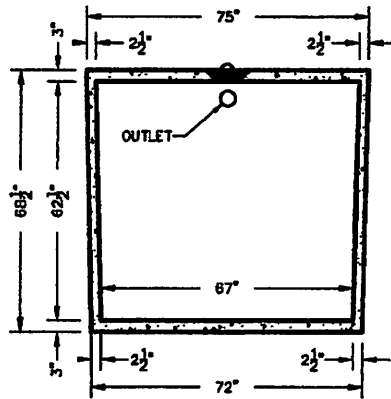


F2585
04/29/25

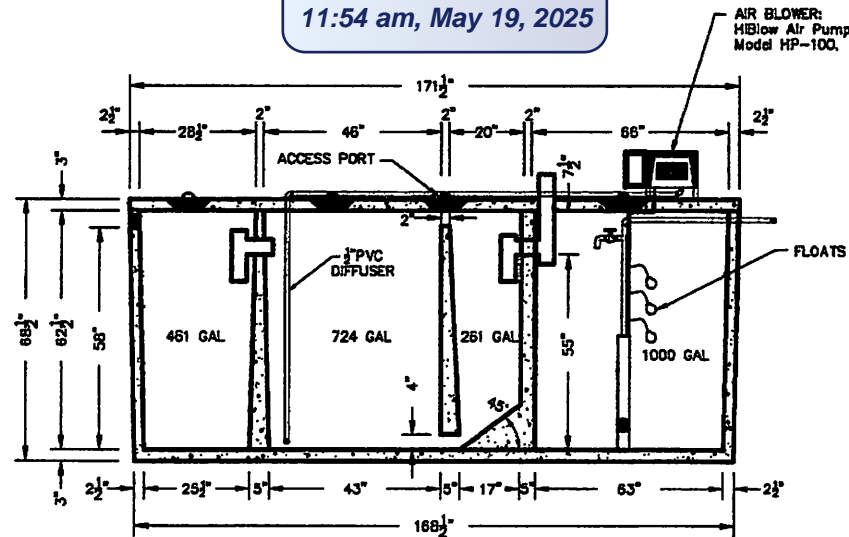
**TYPICAL PUMP TANK CONFIGURATION
1000 GAL PUMP TANK - SAIITX-800 1000 PT**

REVISED

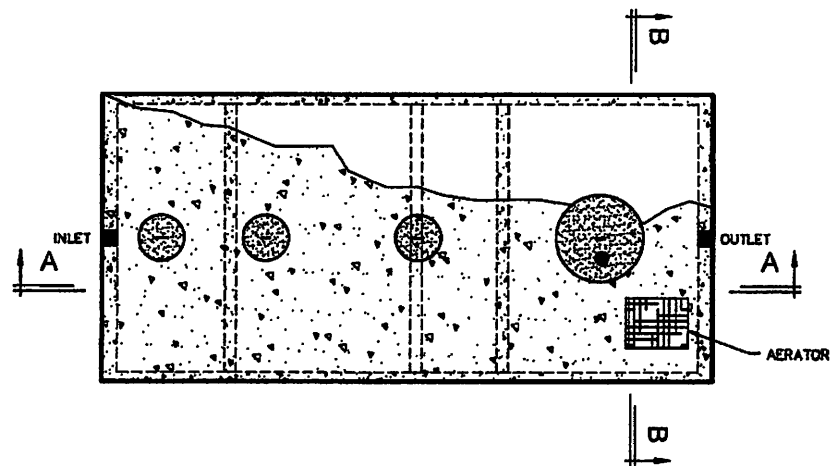
11:54 am, May 19, 2025



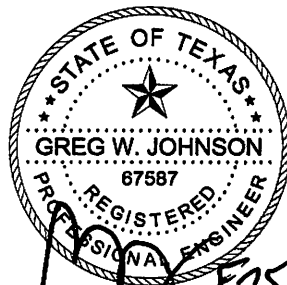
SECTION B-B



SECTION A-A



PLAN VIEW



*MJ F2585
04/29/25*

| | |
|----------|-----|
| DESIGNER | ESC |
| DRAWN | ESC |
| CHECKED | ESC |
| DATE | |

MODEL SA800-1000PT
SEWER TREATMENT SYSTEM

SOLAR AEROBIC
6754 HWY 90 EAST
LAKE CHARLES, LA 70615
PHONE: (337) 439-0680

| |
|-----------------|
| TREATMENT PLANT |
| SA-5 |
| JULY 2011 |
| DATE |

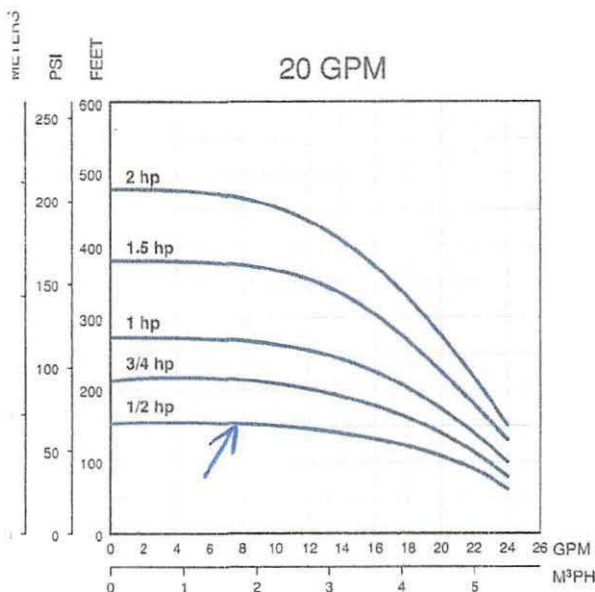
Thermoplastic Performance

LOW ANGLE NOZZLE PERFORMANCE CHART

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

KRAIN
Pro-Plus

X



Thermoplastic Units Ordering Information

1/2 - 1.5 HP Single-Phase Units

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

Thermoplastic 1/2 - 2 HP Pump Ends

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

From: [Ritzen,Brenda](#)
To: [Greg Johnson](#)
Cc: [Jesse Klaerner](#); [Katie Grisham](#)
Subject: RE: 1317 SUNRISE PLACE - CATALANO
Date: Monday, May 19, 2025 11:58:00 AM
Attachments: [image001.png](#)

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: Sunday, May 18, 2025 5:48 AM
To: Ritzen,Brenda <rabbjr@co.comal.tx.us>
Cc: Jesse Klaerner <impact.construction1@yahoo.com>; Katie Grisham <sotxservices@gmail.com>
Subject: 1317 SUNRISE PLACE - CATALANO

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.
THX,
GREG

Send for Greg W. Johnson, P.E.,R.S.)
170 Hollow Oak
New Braunfels, TX 78132

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

VOID

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

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

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

Tank Size(s) (Gallons) NUWATER B-800-PCS Absorption/Application Area (Sq Ft) 6842Gallons Per Day (As Per TCEQ Table III) 420 (DESIGN RATE)

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

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

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

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

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

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

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

Is the property located over the Edwards Contributing Zone? ☒ Yes ☐ NoIs there an existing TCEQ approval CZP for the property? ☒ Yes ☐ No

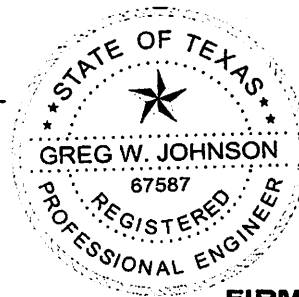
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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

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


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

If yes, indicate the city: _____

**FIRM #2586**

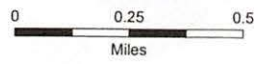
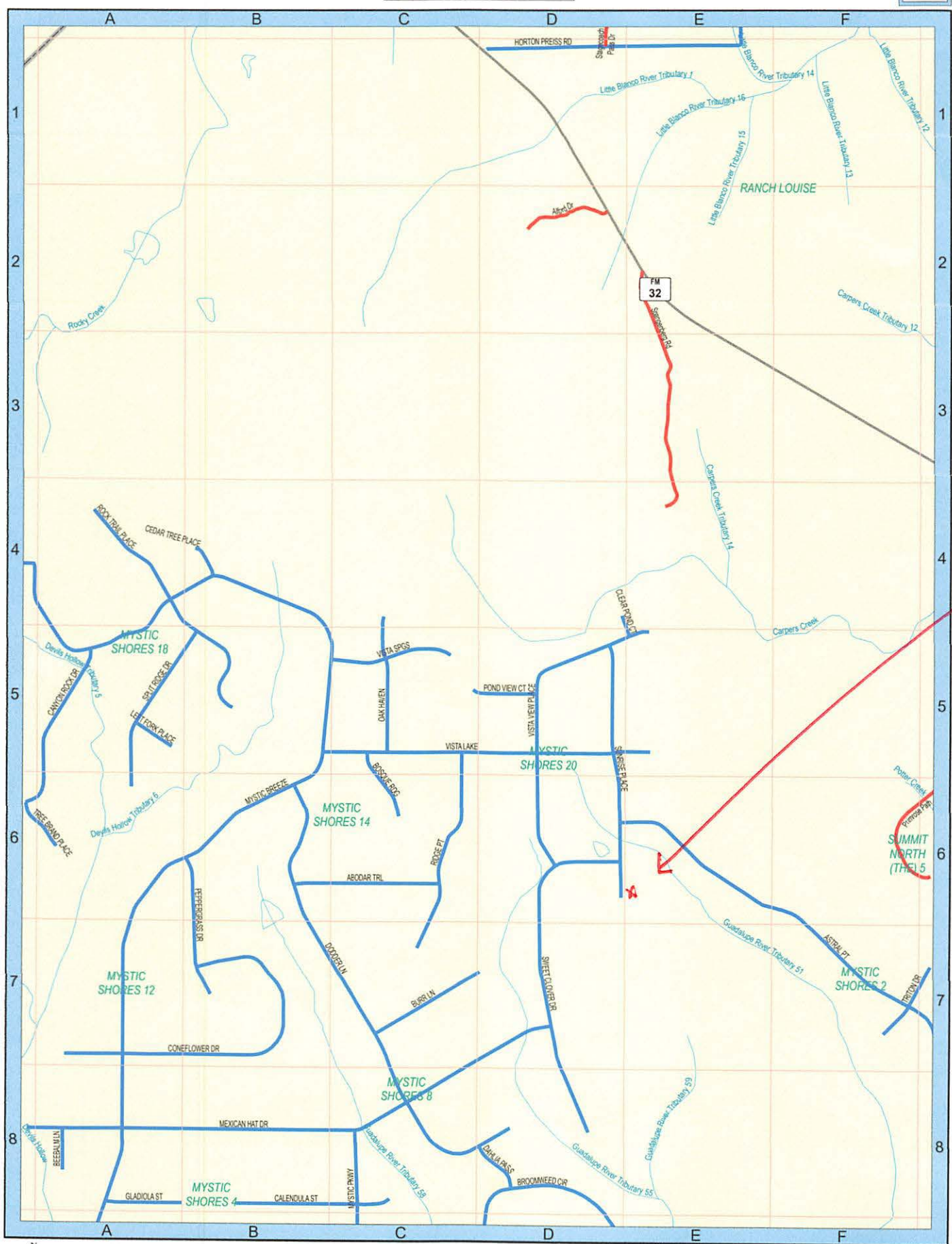
By signing this application, I certify that:

- 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

January 31, 2024



VOID

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



MYSTIC SHORES, UJNIT 20, LOT 2199

| SITE ADDRESS | INSTALLER | DATE |
|---|------------|------------------|
| 1317 SUNRISE PLACE, SPRING BRANCH, TX 78070 | J.R. AVILA | FEBRUARY 1, 2024 |

Routine Maintenance and Inspection Agreement

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between JONATHAN & ROSEMARIE CATALANO (referred to as "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP349) (hereinafter referred to as "Contractor") 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/services calls (at least one every 4 months), for a total of 6 over the **two year period** including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting the control panel, air pumps, air filters, 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, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
4. The customer is responsible for the chlorine; it must be filled **VOID** during the service visit.
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 Homeowners 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 purpose of the above described Services. The contractor may access the System components including the tanks by means of excavation for the purpose of 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 in accordance with 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.**

VOID



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 arbitrator and shall share the cost of the arbitration 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.

Severability

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.

HOME OWNER

JONATHAN & ROSEMARIE CATALANO
NAME ENTITY

familycatalano2008@gmail.com
EMAIL

(210)221-7371 or (571)758-7828
PHONE

[Signature]
SIGNATURE

EFFECTIVE DATE _____

EXPIRED DATE _____

INSTALLED _____

Model # _____

Blower Panel Serial # _____

SERVICE PROVIDER

Aerobic Services of South Texas, Inc.

15188 FM 306, Canyon Lake, TX 78133

817-094-3305

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

VOID

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

VOID

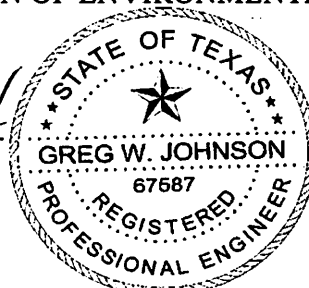
Applicant Information:

Name: Greg W. Johnson, P.E., R.S., S.E. 11561
Address: 170 Hollow Oak
City: New Braunfels State: Texas
Zip Code: 78132 Phone & Fax (830)905-2778

Name: _____
 Company: _____
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: _____

| | | |
|---|-----|-------------|
| Presence of 100 yr. Flood Zone: | YES | NO X |
| Existing 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 |

DATE _____

**FIRM #2585**

LOT 2199

VOID

700.08'

SPRAY AREA = 6842sf

X= TEST HOLES

NUWATER B-800 PCS
AEROBIC TREATMENT
PLANT

5 BDRM RES.
4000sf

VOID

SUNRISE PLACES



| | | | | | | |
|---|--|---------------|-----------------|------------------------|-------------------|-----------|
| OWNER: JONATHAN & ROSEMARIE CATALANO | | | | | DRAWN BY: EJS III | |
| STREET ADDRESS: 1317 SUNRISE PLACE | | | | | | |
| LEGAL DESC: MYSTIC SHORES | | | | UNIT/SECTION/PHASE: 20 | BLOCK: | LOT: 2199 |
| PREPARED BY: GREG W. JOHNSON, P.E. F#002585 | | SCALE: 1"=50' | DATE: 1/31/2024 | | REVISED: | |

Assembly Details

OSSF

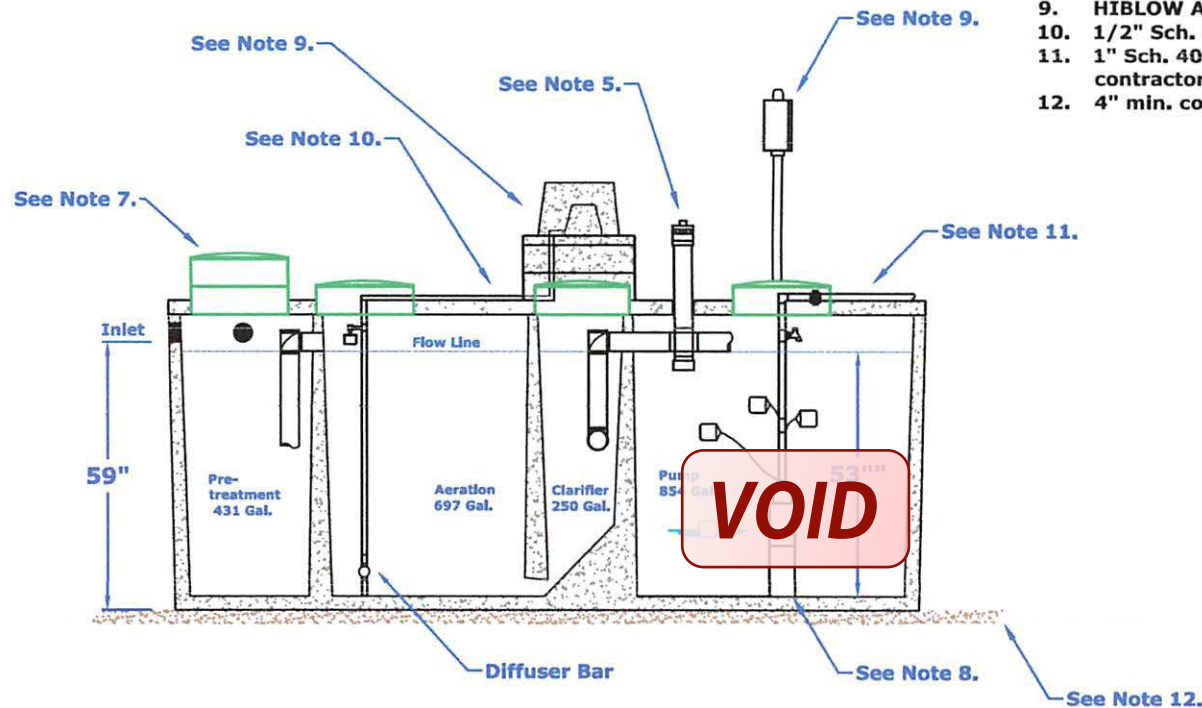
VOID

DIMENSIONS:

Outside Height: 67"
Outside Width: 75"
Outside Length: 164.5"

MINIMUM EXCAVATION DIMENSIONS:

Width: 87"
Length: 177"



GENERAL NOTES:

1. Plant structure material to be precast concrete and steel.
2. Maximum burial depth is 30" from slab top to grade.
3. Weight = 16,700 lbs.
4. Treatment capacity is 800 GPD. Pump compartment set-up for a 420 GPD Flow Rate (5 bedroom, < 4,501 sq/ft living area). Please specify for additional set-up requirements. BOD Loading = 2.60 lbs. per day.
5. Standard tablet chlorinator or Optional Liquid chlorinator. NSF approved chlorinators (tablet & liquid) available.
6. Bio-Robix B-800 Control Center w/ Timer for night spray application. Optional Micro Dose (min/sec) timer available for drip applications. Electrical Requirement to be 115 Volts, 60 Hz, Single Phase, 30 AMP, Grounded Receptacle.
7. 20" Ø access riser w/ lid (Typical 4). Optional extension risers available.
8. 20 GPM 1/2 HP, high head effluent pump.
9. HIBLOW 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.
12. 4" min. compacted sand or gravel pad by Contractor



NuWater B-800
Aerobic Treatment Plant (Assembled)

Model: B-800

March, 2010
By: A.S.

Scale:
• All Dimensions subject to allowable specification tolerances.

Dwg. #: ADV-B800-2

Advantage
Wastewater Solutions Inc.

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

Handwritten: F2585
01/31/24

VOID

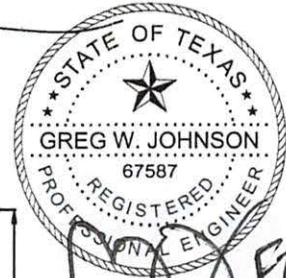
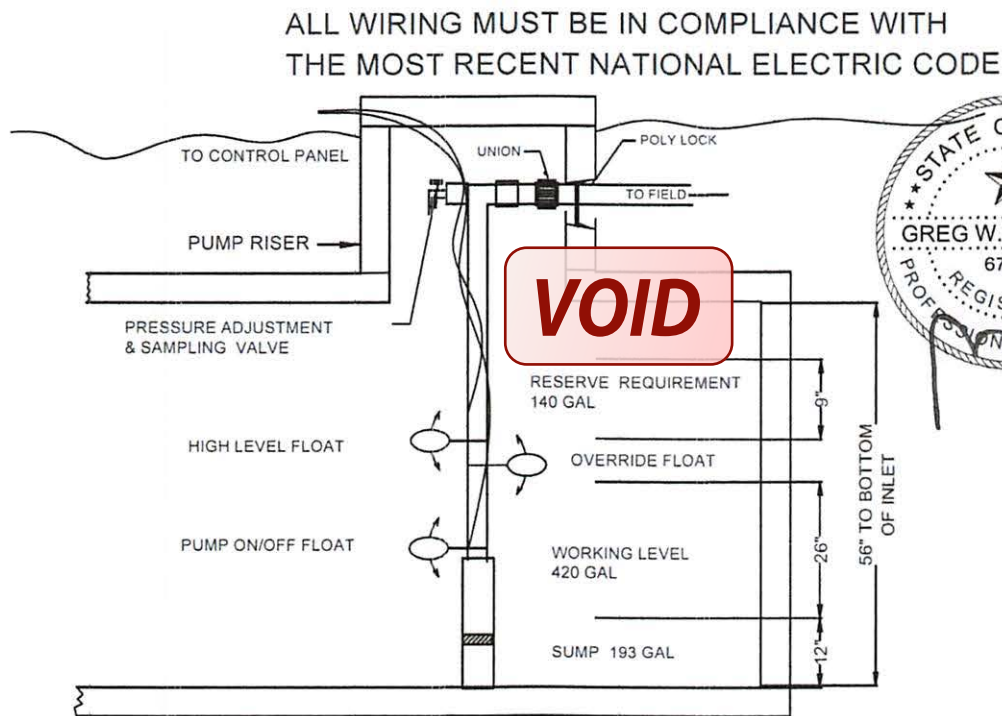
TANK NOTES:

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



FL585
01/31/24


**TYPICAL PUMP TANK CONFIGURATION
NU-WATER B-800 PUMP TANK**

From: [Ritzen,Brenda](#)
To: ["familycatalano2008@gmail.com"; "\(gregjohnsonpe@yahoo.com\)"](#)
Subject: Permit 118599
Date: Friday, May 2, 2025 3:58:00 PM
Attachments: [image001.png](#)

**Re: Jonathan & Rosemarie Catalano
Mystic Shores Unit 20 Lot 2199
Application for Permit for Authorization to Construct an On-Site
Sewage Facility (OSSF)**

Owner / Agent :

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

1.  Both owners actual signatures are required on the permit application or submit esignature confirmations.
2. 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



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

VOID

Date April 24, 2025

Permit Number 118599

1. APPLICANT / AGENT INFORMATION

Renewal of 117196

Owner Name JONATHAN & ROSEMARIE CATALANO
Mailing Address 891 ROADRUNNER SPUR
City, State, Zip CANYON LAKE TEXAS 78133
Phone # 571-758-7828
Email familycatalano2008@gmail.com

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

2. LOCATION

Subdivision Name MYSTIC SHORES Unit 20 Lot 2199 Block
Survey Name / Abstract Number Acreage
Address 1317 SUNRISE PLACE City SPRING BRANCH State TX Zip 78070

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 5

Indicate Sq Ft of Living Area 4000

☐ Non-Single Family Residential

(Planning materials must show adequate land area for doubling the required land needed for treatment units and disposal area)

Type of Facility

Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants

Restaurants, Lounges, Theaters - Indicate Number of Seats

Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds

Travel Trailer/RV Parks - Indicate Number of Spaces

Miscellaneous

Estimated Cost of Construction: \$ 800,000 (Structure Only)

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

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

Source of Water ☒ Public ☐ Private Well ☐ Rainwater Collection

VOID

4. SIGNATURE OF OWNER

By signing this application, I certify that:

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

Jonathan Catalano Rosemarie Catalano 4/25/2025
Signature of Owner Date

GENERAL WARRANTY DEED

**Texas Property Code Section 11.008.
CONFIDENTIAL INFORMATION IN REAL PROPERTY RECORDS**

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.

Date: April 12, 2021

Grantor: LOUIS DELUNA and SHELLEY DELUNA, husband and wife

Grantee: JONATHAN CATALANO and ROSEMARIE CATALANO

Grantee's Mailing Address (including county):

JONATHAN CATALANO
ROSEMARIE CATALANO
939 Langley St.
Colorado Springs, CO 80916
El Paso County

Consideration: TEN AND NO/100 DOLLARS and other good and valuable consideration.

Property (including any improvements):

LOT 2199, OF MYSTIC SHORES, UNIT 20, A SUBDIVISION IN COMAL COUNTY, TEXAS ACCORDING TO THE MAP OR PLAT THEREOF, RECORDED IN DOCUMENT NO. 200706008309 OF THE MAP AND PLAT RECORDS OF COMAL COUNTY, TEXAS.

Reservations From and Exceptions to Conveyance and Warranty:

This conveyance is made and accepted subject to any and all existing restrictions, mineral reservations and interests, conditions, covenants, easements and rights of way, if any, applicable to and enforceable against the above described real property as now reflected by the records of the County Clerk of the County in which the property is situated.

Current ad valorem taxes on the above described property as of the date hereof are assumed by Grantee and Grantee covenants and promises to pay the same.

GENERAL WARRANTY DEED
GF #2757521-02925

PAGE 2

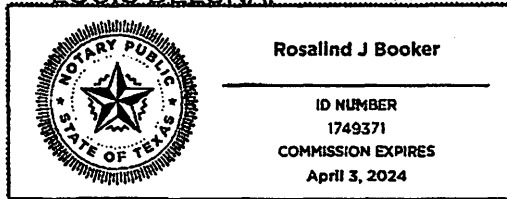
ACKNOWLEDGMENT

STATE OF Texas

COUNTY OF Collin

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§
§

This instrument was acknowledged before me on 04/12/2021, 2021, by
LOUIS DELUNA.



Notarized online using audio-video communication

Rosalind J Booker
Notary Public, State of Texas

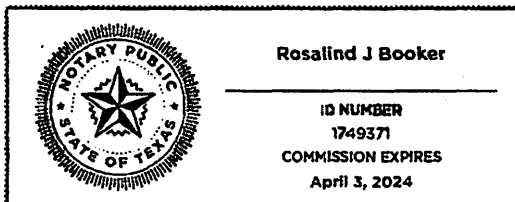
ACKNOWLEDGMENT

STATE OF Texas

COUNTY OF Collin

§
§
§

This instrument was acknowledged before me on 04/12/2021, 2021, by
SHELLEY DELUNA.



Notarized online using audio-video communication

Rosalind J Booker
Notary Public, State of Texas

AFTER RECORDING RETURN TO:

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
04/13/2021 12:08:54 PM
CSCHUL 3 Pages(s)
202106019617

 Bobbie Koepp

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COMAL COUNTY

ENGINEER'S OFFICE

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

Permit Number: 117196
Issued This Date: 03/12/2024
This permit is hereby given to: JONATHAN & ROSEMARIE CATALANO

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

1317 SUNRISE PLACE
SPRING BRANCH, TX 78070

Subdivision: MYSTIC SHORES
Unit: 20
Lot: 2199
Block: 0
Acreage: 4.0000

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 Comal County requirements.

Call (830) 608-2090 to schedule inspections.