

# Comal County Environmental Health

## OSSF Inspection Sheet

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

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

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

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

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

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

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

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

Permit#:

Address:

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

Inspector Notes:

**Comal County Environmental Health  
OSSF Inspection Sheet**

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

**Comal County Environmental Health  
OSSF Inspection Sheet**

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

**Comal County Environmental Health  
OSSF Inspection Sheet**

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

**Comal County Environmental Health  
OSSF Inspection Sheet**

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



# COMAL COUNTY

---

## ENGINEER'S OFFICE

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

Permit Number: 118609  
Issued This Date: 05/21/2025  
This permit is hereby given to: KARL W. & LINDA J. VANDIVER

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

172 OVERLOOK PASS  
SPRING BRANCH, TX 78070

Subdivision: THE OVERLOOK AT RIVER CROSSING  
Unit: 0  
Lot: 41  
Block: 0  
Acreage: 1.0300

#### APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic  
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.



COMAL COUNTY  
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

195 DAVID JONAS DR  
NEW BRAUNFELS, TX 78132  
(830) 608-2090  
[WWW.CCO.ORG](http://WWW.CCO.ORG)

Date April 21, 2025

Permit Number 118609

1. APPLICANT / AGENT INFORMATION

Owner Name KARL W. & LINDA A. JOHNSON-VANDIVER  
Mailing Address 172 OVERLOOK PASS  
City, State, Zip SPRING BRANCH TEXAS 78070  
Phone # 830-388-1125  
Email lindievandiver@me.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 THE OVERLOOK AT RIVER CROSSING Unit \_\_\_\_\_ Lot 41 Block \_\_\_\_\_  
Survey Name / Abstract Number \_\_\_\_\_ Acreage \_\_\_\_\_  
Address 172 OVERLOOK PASS City SPRING BRANCH State TX Zip 78070

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 5

Indicate Sq Ft of Living Area 4243

☐ 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: \$ EXISTING (Structure Only)

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

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

Source of Water ☒ Public ☐ Private Well ☐ Rainwater Collection

4. SIGNATURE OF OWNER

By signing this application, I certify that:

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

Signature of Owner

Date





COMAL COUNTY  
ENGINEER'S OFFICE

## ON-SITE SEWAGE FACILITY APPLICATION

195 DAVID JONAS DR  
NEW BRAUNFELS, TX 78132  
(830) 608-2090  
[WWW.CCEO.ORG](http://WWW.CCEO.ORG)

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) CLEARSTREAM 600 NC3T  
(#116561) Absorption/Application Area (Sq Ft) 5772

Gallons Per Day (As Per TCEQ Table III) 360

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

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

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

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

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

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

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

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

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

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

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

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

(if yes, the 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 app

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

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



**FIRM #2585**

By signing this application, I certify that:

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

\_\_\_\_\_  
Signature of Designer

April 22, 2025  
\_\_\_\_\_  
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 (OSSF's), 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):

D UNIT/PHASE/SECTION \_\_\_\_\_ BLOCK 41 LOT The Overlook at River Crossing SUBDIVISION \_\_\_\_\_

IF NOT IN SUBDIVISION: \_\_\_\_\_ ACREAGE \_\_\_\_\_ SURVEY \_\_\_\_\_

The property is owned by (insert owner's full name): Karl W. Vandiver and Linda A. Johnson-Vandiver

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 24 DAY OF May, 20 22

Karl Vandiver  
Owner(s) signature(s) Karl W. Vandiver

Linda A. Johnson-Vandiver  
Owner (s) Printed name (s) Linda A. Johnson-Vandiver

KARL W. & LINDA A. VANDIVER SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 24 DAY OF

May 24, 20 22  
[Signature]  
Notary Public Signature



Filed and Recorded  
Official Public Records  
Bobbie Koepp, County Clerk  
Comal County, Texas  
06/06/2022 08:29:39 AM  
LAURA 1 Pages(s)  
202206026225



Bobbie Koepp

**CCEO**  
**COPY**

**Countryside Construction, Inc.**  
**300 Chapman Parkway, Canyon Lake, TX. 78133**  
**Phone: 830-899-2615 or 1-888-379-3721 Fax: 830-899-6662**  
**Septic System Service Agreement**

In consideration of payment for this service contract, we will abide by and agree to its terms and conditions:

Name: Karl W. Vandiver and Linda A. Johnson-Vandiver Address: 172 Overlook Pass  
Sub-Div./County: The Overlook at River Crossing/Comal City, State, Zip Code Spring Branch, TX 78070  
Permit #: \_\_\_\_\_ TYPE, Model# & SIZE: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Phone: 210-639-8990

( X ) Initial Two Year Service & Two Year Limited Warranty

Legal Description: Lot 41, The Overlook at River Crossing, Comal County, Texas

The effective date of the initial maintenance contract shall be the date the License to Operate is issued.

This contract will be in effect FROM: LTO TO: \_\_\_\_\_

Countryside Construction, Inc. will provide the following:

- An inspection every (4) four months which will include: Servicing of the mechanical & electrical components as necessary to insure system is functioning as engineer designed, pulling and cleaning the Norweco Brand aerator shaft, cleaning compressor air filters of other brands, check chlorine, conduct solids test to determine if system should be pumped, back flushing tubing for drip irrigation fields and checking sprinklers on above ground systems.
- 1) The property owner is responsible for "purchasing and keeping chlorine" in the chlorinator, (if applicable). If the chlorine test reveals "No Chlorine" in the system, the property owner may incur an additional cost.
  - 2) If any improper operation is observed (which cannot be corrected at that time) the property owner will be notified immediately of the conditions and the estimated cost.
  - 3) ANY PARTS, WARRANTY OR NON-WARRANTY, FREIGHT CHARGES, LABOR OR SERVICE CALLS NOT PAID IN FULL AT THE END OF (30) DAYS SHALL REMAIN THE PROPERTY OF COUNTRYSIDE CONSTRUCTION AND AUTHORIZES CONTRACTOR TO REMOVE AND REPOSSESS ANY PARTS INSTALLED. CLIENT FURTHER AGREES TO PAY ANY LABOR COST OF THE INSTALLATION AND REASONABLE COST OF REMOVAL OF SAID PARTS.
  - 4) THE SIGNING OF THIS SERVICE AGREEMENT AUTHORIZES COUNTRYSIDE CONSTRUCTION TO ENTER THE PROPERTY TO EXECUTE ALL TERMS OF THIS CONTRACT.

Countryside Construction, Inc., will warranty installation of the septic system to be according to state and county regulations and the designs approved by the county. HOMEOWNER WILL BE RESPONSIBLE FOR SERVICE CALLS, LABOR AND SHIPPING COSTS ON ANY "WARRANTIED PARTS" EXCHANGED DURING WARRANTY. All other components will be according to manufacturer's warranties.

Important: As Countryside Construction, Inc. cannot control what or how much effluent goes into this septic system, we cannot warranty how the system will function. Refer to manufacturers or installer's instructions, for suggestions on septic operation. If necessary, between inspections, it is the property owner's responsibility to clean the micron filters on drip irrigation systems. This service agreement does not cover the cost of "service calls, labor or materials that are required or parts out of warranty, the failure to maintain electrical power to the system, sprinklers that are broken, leaking, stopped-up or otherwise mal-functioning; or sewage flows exceeding the hydraulic/organic design capabilities and the input of non-biodegradable materials (solvents, grease, oil, paints, etc.), or any usage contrary to the requirements as advised by authorized service representative. Laboratory test work is available at an additional cost. Chlorine, filters, or parts that are out of warranty are available at a reasonable cost.

This contract does not include the pumping of a tank or of any compartment of a tank, or settlement of soil on or around any part of the system regardless of reason:

Violations of the warranty also include: disconnecting the alarm, restricting ventilation to the aerator, overloading the system above its rated capacity; or flooding by external means. Rodent, insect or fire ant damage or any other form of unusual abuse is a violation.

A renewal service contract should be "activated" (30) thirty days before expiration of existing contract. We will contact property owner prior to expiration of existing contract.

Serviced by: Countryside Construction Inc.

Walker Chapman – Installer's Licensee #OS0002929-OSSF

Maintenance Provider Licensee #MP0000035

(X) [Signature] Print Name (X) Linda Vandiver Date: 5/24/21  
Property Owner Signature

(X) Walker Chapman Date: 5/24/22 Authorized Service Representative (revised 08/13/2020)

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

April 22, 2025

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

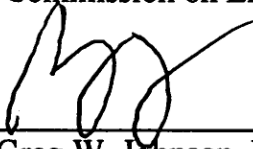
RE- SEPTIC DESIGN  
172 OVERLOOK PASS  
THE OVERLOOK AT RIVER CROSSING, LOT 41  
SPRING BRANCH, TX 78070  
VANDIVER RESIDENCE

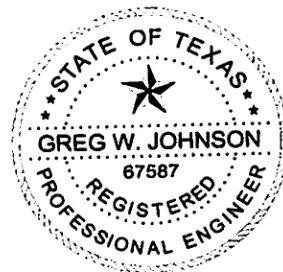
Brandon/Brenda,

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).

 04/22/25  
\_\_\_\_\_  
Greg W. Johnson, P.E. No. 67587 / F#2585  
170 Hollow Oak  
New Braunfels, Texas 78132 - 830/905-2778



**Greg W. Johnson, P.E.**

170 Hollow Oak  
New Braunfels, Texas 78132  
830/905-2778

April 22, 2025

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

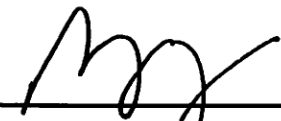
RE- Septic Design  
172 OVERLOOK PASS  
THE OVERLOOK AT RIVER CROSSING, LOT 41  
SPRING BRANCH, TX 78070  
VANDIVER RESIDENCE

**Brandon/Brenda,**

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

If I can be of further assistance please contact me.

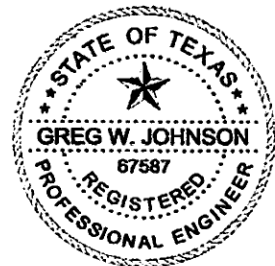
Respectfully yours,



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

April 22, 2025

Date



# ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: April 21, 2025

Site Location: The OVERLOOK at RIVER CROSSING, LOT 41

Proposed Excavation Depth: N/A

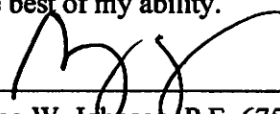
**Requirements:**

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

SOIL BORING NUMBER <u>        </u> SURFACE EVALUATION <u>        </u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 6"	BROWN
1						
2						
3						
4						
5						

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

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

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

04/21/25  
Date



# OSSF SOIL EVALUATION REPORT INFORMATION

Date: April 22, 2025

## **Applicant Information:**

**KARL W. VANDIVER & LINDA A.**  
Name: JOHNSON-VANDIVER  
Address: 172 OVERLOOK PASS  
City: SPRING BRANCH State: TEXAS  
Zip Code: 78070 Phone: (830) 388-1125

## **Site Evaluator 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

## **Property Location:**

**The OVERLOOK at RIVER** **Installer Information:**  
Lot 41 Unit      Blk      Subd. CROSSING  
Street Address: 172 OVERLOOK PASS  
City: SPRING BRANCH Zip Code: 78070  
Additional Info.:     

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

**Topography:** Slope within proposed disposal area: 3 %

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

## **Design Calculations for Aerobic Treatment with Spray Irrigation:**

### **Commercial**

Q =      GPD

**Residential** Water conserving fixtures to be utilized? Yes X No     

Number of Bedrooms the septic system is sized for: 5 Total sq. ft. living area 4243

Q gal/day = (Bedrooms +1) \* 75 GPD - (20% reduction for water conserving fixtures)

Q = (5 +1)\*75-(20%)= 360

Trash Tank Size 400 Gal.

TCEQ Approved Aerobic Plant Size 600 G.P.D.

Req'd Application Area = Q/Ri = 360 / 0.064 = 5625 sq. ft.

Application Area Utilized = 5772 sq. ft.

Pump Requirement 12 Gpm @ 41 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)

Dosing Cycle:      ON DEMAND or X TIMED TO DOSE IN PREDAWN HOURS

Pump Tank Size = 700 Gal. 12.3 Gal/inch.

Reserve Requirement = 120 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

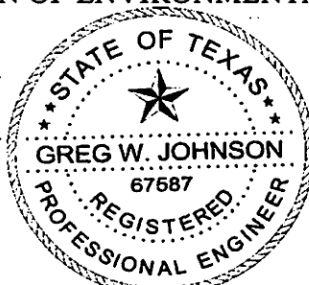
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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)

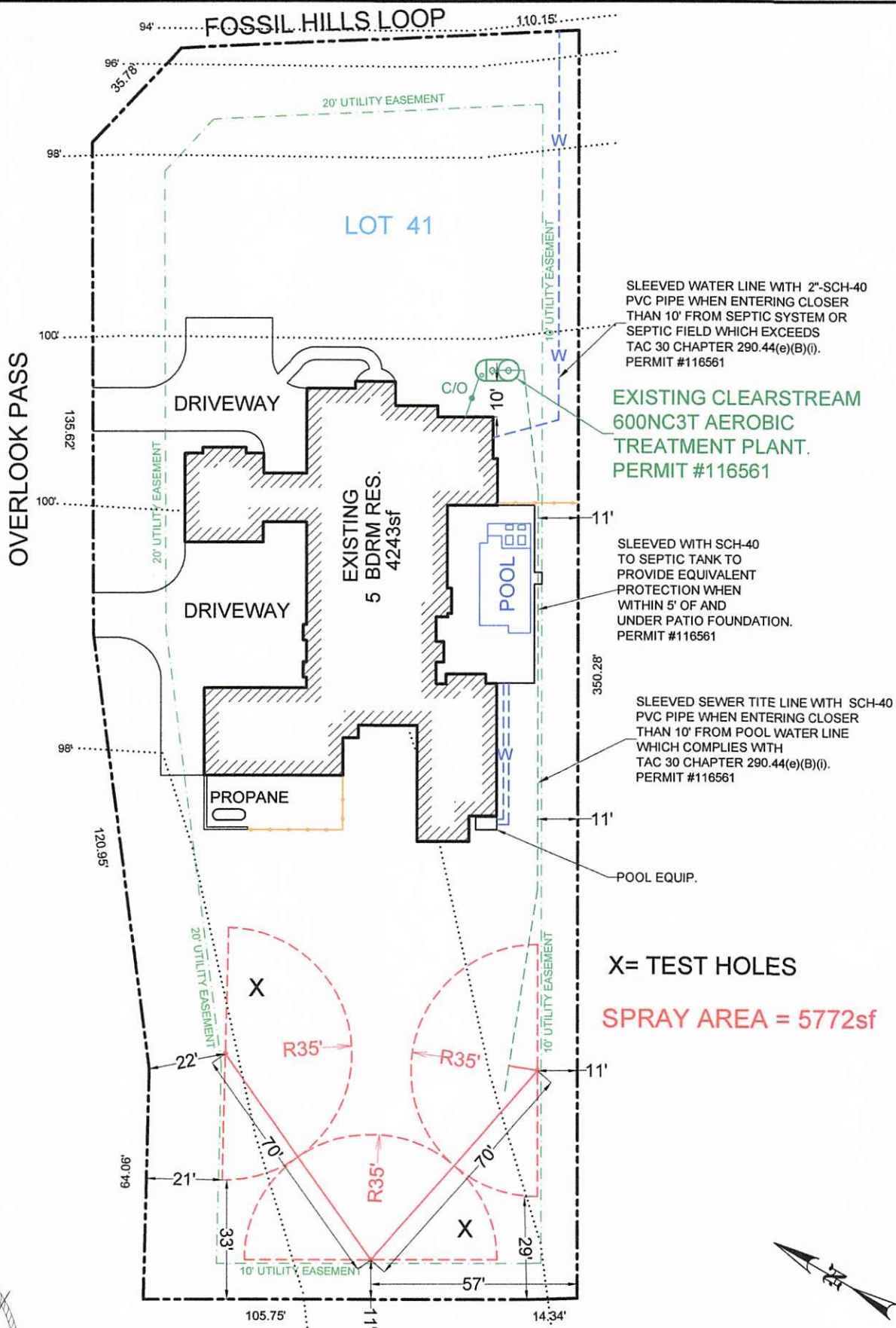
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

04/22/25  
DATE



**FIRM #2585**

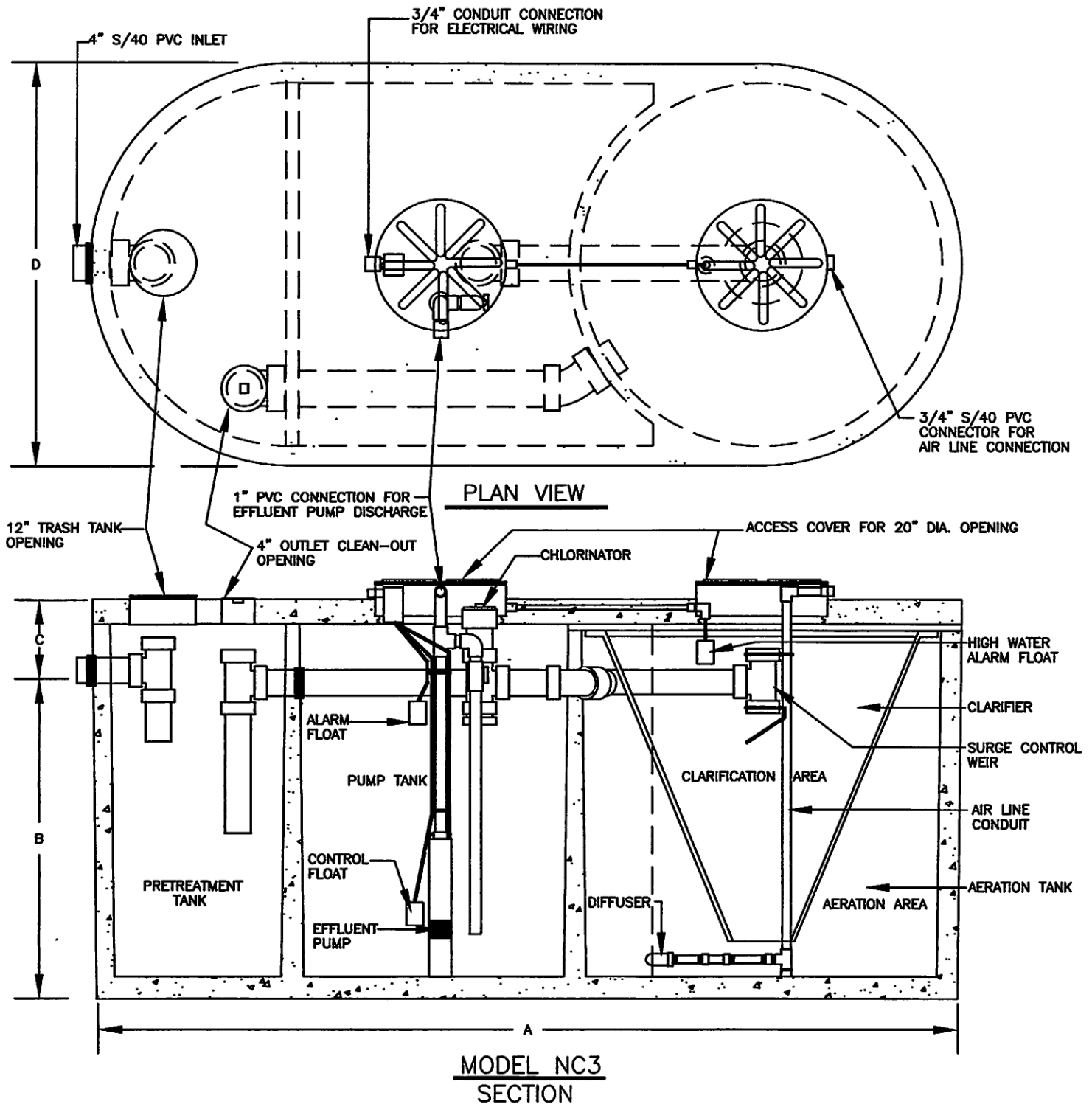
NOTE:  
RELOCATING  
SEPTIC SPAY  
HEADS BY  
OWNERS  
REQUEST.



OWNER:		KARL W. VANDIVER & LINDA A. JOHNSON-VANDIVER			DRAWN BY:		EJS III		
STREET ADDRESS:		172 OVERLOOK PASS							
LEGAL DESC:		The OVERLOOK at RIVER CROSSING		UNIT/SECTION/PHASE:		BLOCK:		LOT: 41	
PREPARED BY:		GREG W. JOHNSON, P.E. F#002585		SCALE:		1"=40'		DATE: 4/22/2025	
						REVISED:			



# DESIGN DRAWINGS



## DIMENSIONAL DATA

MODEL	A	B	C	D
500NC3-500	12'-2"	60"	10"	75"
500NC3-750	13'-5"	60"	10"	75"
600NC3	12'-7"	60"	10"	82"



F-2585

04/22/25

## TANK NOTES:

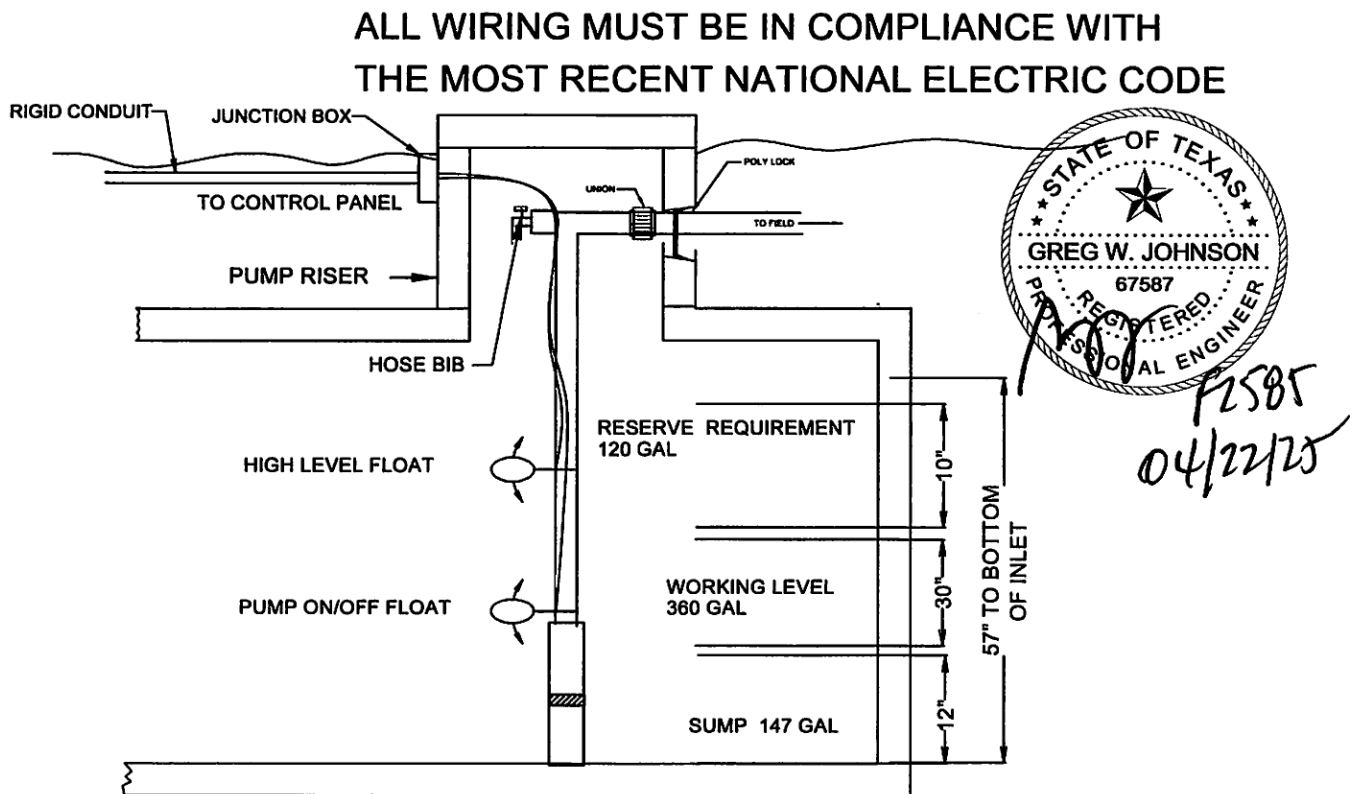
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

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

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

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



**TYPICAL PUMP TANK CONFIGURATION**

**CLEARSTREAM 600NC3T W/ 700 GAL PUMP TANK**

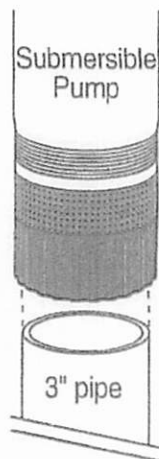


Figure 1: Insert a 3" PVC pipe in the bottom of the motor to raise the pump in the tank.

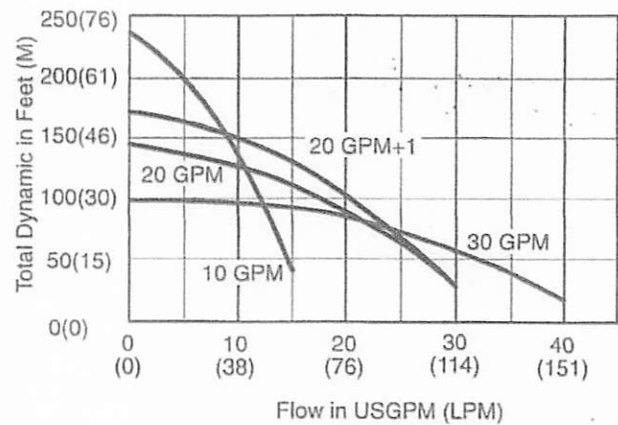


Figure 2: Performance in Feet of Head at Gallons per Minute (M@LPM).

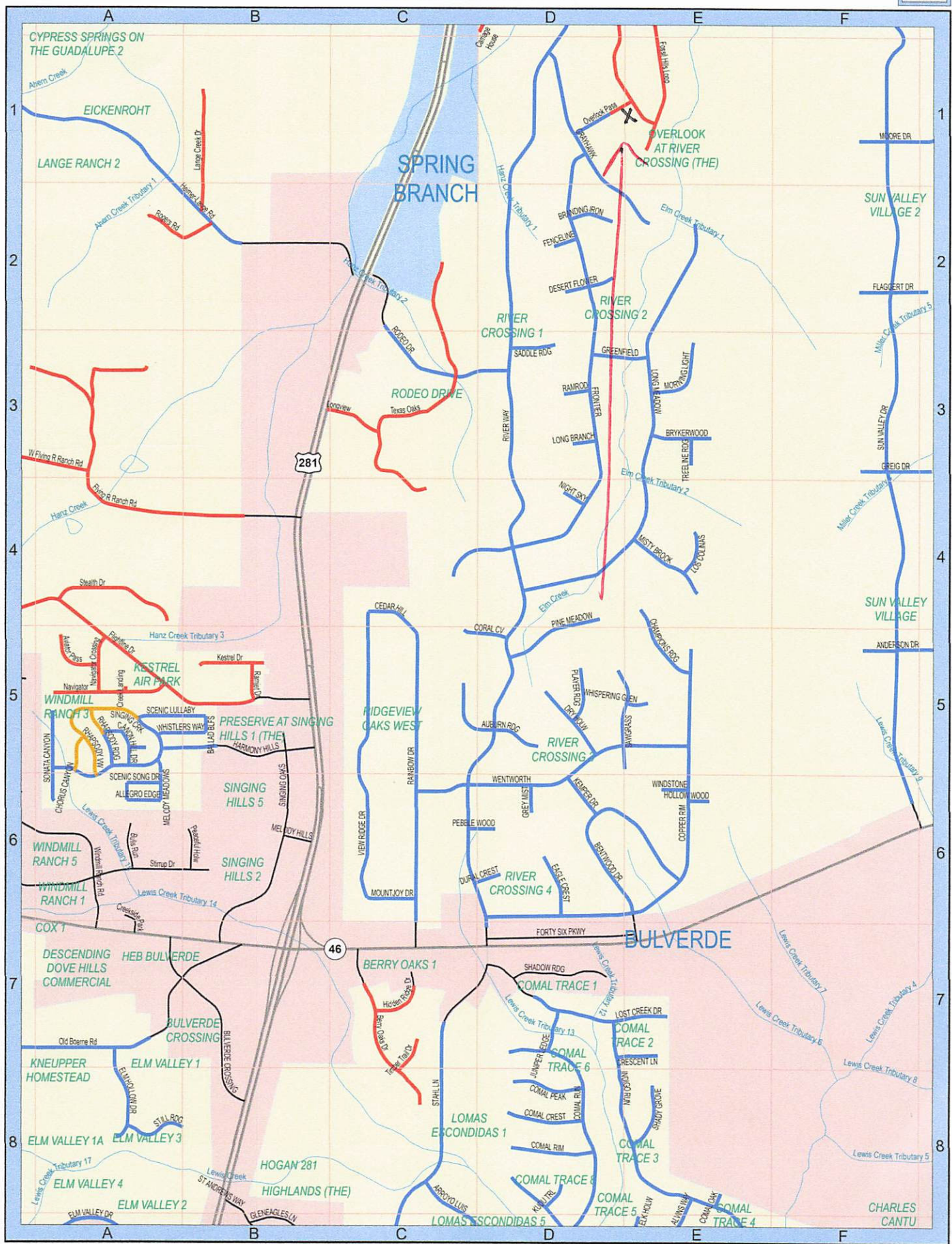
### 3 TURBO

HARTANGLE 13° LOW ANGLE TRAJECTORY											
2.0LA	30	29	16	0.37	0.42	2.1	8.8	0.36	9	11	
	40	33	19	0.34	0.39	2.8	10.1	0.43	9	10	
	50	34	21	0.35	0.40	3.4	10.4	0.48	9	10	
2.5LA	30	31	21	0.42	0.49	2.1	9.4	0.48	11	12	
	40	35	26	0.41	0.47	2.8	10.7	0.59	10	12	
	50	36	29	0.43	0.50	3.4	11.0	0.66	11	13	
3.5LA	30	31	27	0.54	0.62	2.1	9.4	0.61	14	16	
	40	35	32	0.50	0.58	2.8	10.7	0.73	13	15	
	50	37	35	0.49	0.57	3.4	11.3	0.79	13	14	
4.5LA	30	35	30	0.53	0.61	2.1	10.1	0.68	13	16	
	40	37	34	0.48	0.55	2.8	11.3	0.77	12	14	
	50	37	41	0.58	0.67	3.4	11.3	0.93	15	17	

■ Square spacing based on 50% of diameter  
 ▲ Triangular spacing based on 50% of diameter  
 Note: All precipitation rates are calculated for 180° operation.  
 Divide by 2 for full circle precipitation rates

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

Model	HP	Voltz/Hz/ Phase	Max Load Amps	Locked Rotor Amps	Fuse Size Standard/ Dual Element
10DOM05121	1/2	115/60/1	11.0	30.0	15
20DOM05121	1/2	115/60/1	9.5	30.0	15
30DOM05121	1/2	115/60/1	9.5	30.0	15
10DOM05221	1/2	230/60/1	5.5	14.5	10
20DOM05221	1/2	230/60/1	4.6	14.5	10
30DOM05221	1/2	230/60/1	4.6	14.5	10
20DOM05121+1	1/2	115/60/1	10.6	30.0	15
20DOM05221+1	1/2	230/60/1	5.3	14.5	10



SEE PAGE 40



**CCEO  
COPY**



# COMAL COUNTY

## ENGINEER'S OFFICE

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

Issued This Date: **08/30/2023**

Permit Number: **116561**

Location Description: 172 OVERLOOK PASS  
SPRING BRANCH, TX 78070

Subdivision: THE OVERLOOK AT RIVER CROSSING  
Unit: 0  
Lot: 41  
Block: 0  
Acreage: 1.0200

Type of System: Aerobic  
Surface Irrigation

Issued to: KARL W. & LINDA A. VANDIVER

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

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

Alterations to this permit including, but not limited to:

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

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

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

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

Licensing Authority  
**Comal County Environmental Health**

Assistant  
**OS0034792**

ENVIRONMENTAL HEALTH INSPECTOR

**OS0038255**

ENVIRONMENTAL HEALTH COORDINATOR

OWNER: KARL W. VANDIVER & LINDA A. JOHNSON-VANDIVER					DRAWN BY: EJS III	
STREET ADDRESS: 172 OVERLOOK PASS						
LEGAL DESC: The OVERLOOK at RIVER CROSSING			UNIT/SECTION/PHASE:		BLOCK:	LOT: 41
PREPARED BY: GREG W. JOHNSON, P.E. F#002585		SCALE: 1"=40'	DATE: 6/6/2022		3rd REVISION: 8/29/2023	


**From:** [Ritzen,Brenda](#)  
**To:** [lindievandiver@me.com](mailto:lindievandiver@me.com); "[gregjohnsonpe@yahoo.com](mailto:gregjohnsonpe@yahoo.com)"  
**Subject:** Permit 118609  
**Date:** Monday, May 19, 2025 2:17:00 PM  
**Attachments:** [image001.png](#)

---

**Re: Karl W. Vandiver & Linda A. Johnson-Vandiver  
The Overlook at River Crossing Lot 41  
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 property owner signatures are needed on the permit application.
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](http://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](http://WWW.CCEO.ORG)

**VOID**

Date April 21, 2025

Permit Number 118609

### 1. APPLICANT / AGENT INFORMATION

Owner Name KARL W. & LINDA A. JOHNSON-VANDIVER  
Mailing Address 172 OVERLOOK PASS  
City, State, Zip SPRING BRANCH TEXAS 78070  
Phone # 830-388-1125  
Email lindievandiver@mc.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 THE OVERLOOK AT RIVER CROSSING Unit        Lot 41 Block         
Survey Name / Abstract Number        Acreage         
Address 172 OVERLOOK PASS City SPRING BRANCH State TX Zip 78070

### 3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 5

Indicate Sq Ft of Living Area 4243

☐ 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       

**VOID**

Estimated Cost of Construction: \$ EXISTING (Structure Only)

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

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

Source of Water ☒ Public ☐ Private Well ☐ Rainwater Collection

### 4. SIGNATURE OF OWNER

By signing this application, I certify that:

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

Signature of Owner

Date 4/22/25

FILED BY ATC  
VENTURA PLAZA  
GF # 40008210419 NU

WARRANTY DEED

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: October 14, 2021

Grantor: LANCE V. DANNHAUS

Grantor's Mailing Address:

Grantee: KARL W. VANDIVER and LINDA A. JOHNSON-VANDIVER

Grantee's Mailing Address: 6215 Rattler Pass, San Antonio, Texas 78266

Consideration: TEN AND NO/100 DOLLARS (\$10.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged.

Property (including any improvements):

Lot 41, The Overlook at River Crossing, Comal County, Texas, according to plat thereof recorded in Volume 14, Pages 174-175, Map and Plat Records of Comal County, Texas.

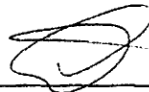
Reservations from Conveyance and Exceptions to Conveyance and Warranty:

This conveyance is made and accepted subject to conditions, restrictions, and easements appearing of record, if any, in Comal County, Texas, which affect the hereinabove described property; and

Grantor, for the Consideration and subject to the Reservations from Conveyance 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 way belonging, to have and hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

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

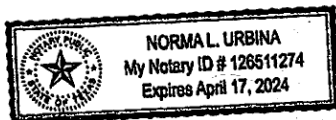
EXECUTED this the 14 day of October, A.D., 2021.



LANCE V. DANNHAUS

STATE OF TEXAS           §  
COUNTY OF BEXAR       §

This instrument was acknowledged before me on the 14 day of October, 2021, by LANCE V. DANNHAUS.

  
NOTARY PUBLIC, STATE OF TEXAS

AFTER RECORDING RETURN TO:  
KARL W. VANDIVER and  
LINDA A. JOHNSON-VANDIVER  
6215 Rattler Pass  
San Antonio, Texas 78266

**Filed and Recorded**  
**Official Public Records**  
**Bobbie Koepp, County Clerk**  
**Comal County, Texas**  
**10/14/2021 10:28:51 AM**  
**TERRI 2 Pages(s)**  
**202106053697**



*Bobbie Koepp*



**COMAL COUNTY**  
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION  
CHECKLIST**

*Staff will complete shaded items*

		118609
<i>Date Received</i>	<i>Initials</i>	<i>Permit Number</i>

**Instructions:**

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

**OSSF Permit**

- ☒ Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate
- ☒ Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer
- ☒ Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials shall consist of a scaled design and all system specifications.
- ☒ Required Permit Fee - See Attached Fee Schedule
- ☒ Copy of Recorded Deed
- ☒ Surface Application/Aerobic Treatment System
- ☒ Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public

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

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

\_\_\_\_\_  
Signature of Applicant

04/29/2025

\_\_\_\_\_  
Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

INCOMPLETE APPLICATION
___ (Missing Items Circled, Application Refeused)