

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 | | | | | | |

WEIDNER SEPTIC

SEPTIC & DRAINAGE
COLUMBIA, MO 65201
COLUMBIA, MO 65201
800.875.2700

WEIDNER SEPTIC

SEPTIC & DRAINAGE
COLUMBIA, MO 65201
COLUMBIA, MO 65201
800.875.2700

NEW INSTALLATION

NAME Wendy Smith
ADDRESS 500 W. 1st St.
CITY St. Louis
STATE MO ZIP 63101
PHONE 314.241.1234

TYPE OF SYSTEM CONCRETE
12' DIA.
12' DIA.
12' DIA.

EXISTING SYSTEM

NAME Wendy Smith
ADDRESS 500 W. 1st St.
CITY St. Louis
STATE MO ZIP 63101
PHONE 314.241.1234

REPAIRS & MAINTENANCE

NAME Wendy Smith
ADDRESS 500 W. 1st St.
CITY St. Louis
STATE MO ZIP 63101
PHONE 314.241.1234

Customer is responsible for calling 800.875.2700
prior to any work and providing all needed
information to the service technician.
Weidner Septic & Drainage



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: 118651
Issued This Date: 06/03/2025
This permit is hereby given to: John Stevens

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

519 PENNY
CANYON LAKE, TX 78133

Subdivision: The Oaks
Unit: 9
Lot: 58R & 59R
Block: N/A
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.



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

Date 5/1/2025

Permit Number 118651

1. APPLICANT / AGENT INFORMATION

Owner Name John Stevens
Mailing Address 519 Penny Drive
City, State, Zip Canyon Lake, Texas 78133
Phone # 210-317-7256
Email charlescowboy@yahoo.com

Agent Name Brian Erxleben, R.S. 3637
Agent Address 562 S. Hwy 123 Bypass #128
City, State, Zip Seguin, Texas 78155
Phone # 830-660-9133
Email bandverx@gmail.com

2. LOCATION

Subdivision Name The Oaks Unit 9 Lot 58R/59R Block NA
Survey Name / Abstract Number _____ Acreage _____
Address 519 Penny Drive City Canyon Lake State Texas Zip 78133

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 1

Indicate Sq Ft of Living Area 600

☐ Non-Single Family Residential

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

Type of Facility _____

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

Restaurants, Lounges, Theaters - Indicate Number of Seats _____

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

Travel Trailer/RV Parks - Indicate Number of Spaces _____

Miscellaneous _____

Estimated Cost of Construction: \$ 80,000 (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 [Signature]

Date 5-6-25



ON-SITE SEWAGE FACILITY APPLICATION

Planning Materials & Site Evaluation as Required Completed By Brian Erxleben, R.S. 3637

System Description Aerobic Treatment/Surface Application

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

Tank Size(s) (Gallons) 600 gpd Absorption/Application Area (Sq Ft) 2826

Gallons Per Day (As Per TCEQ Table III) 180

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

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

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

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

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

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

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

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

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

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

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

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

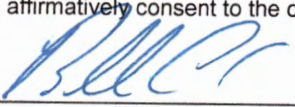
(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to Construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

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

If yes, indicate the city: _____

By signing this application, I certify that:

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



Signature of Designer

5-1-25

Date

3/05



202506014322 05/15/2025 02:29:35 PM 1/3

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, 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 (commission) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the TCEQ 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 owners 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 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:

UNIT 9 BLOCK LOTS 58R & 59R SUBDIVISION *The Oaks*

IF NOT IN SUBDIVISION: ACRES SURVEY

The property is owned by John Stevens.

This OSSF shall 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 Environmental Health Department**.

WITNESS MY HAND ON THIS 7 DAY OF May, 2025.

John Stevens
OWNER/AGENT NAME (SIGNATURE)

OWNER/AGENT NAME (SIGNATURE)

John Stevens
OWNER/AGENT NAME (PRINTED)

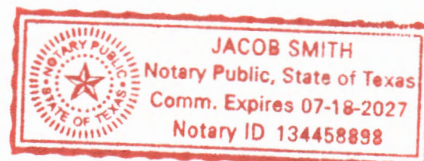
OWNER/AGENT NAME (PRINTED)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 7th DAY OF May, 2025

Jacob Smith
Notary Public, State of Texas

Notary's Printed Name: Jacob Smith

Commission Expires: 07/18/27



AFFIDAVIT TO THE PUBLIC

THE COUNTY OF COMAL
STATE OF TEXAS

Before me, the undersigned authority, on this day personally appeared John Stevens who after being by me duly sworn, upon oath states that he is the owner of record of the certain tracts or parcels of land lying and being situated in **Comal County**, Texas, and being more particularly described as follows:

TRACT 1 LOT 58R SUBDIVISION *The Oaks*

UNIT 9 BLOCK

AND

TRACT 2 LOT 59R SUBDIVISION *The Oaks*

UNIT 9 BLOCK

The undersigned further states that the on-site sewage facility for the referenced properties crosses the boundary between the described properties. These properties cannot be sold separately and must be sold as one. Any buyer or transferee is hereby notified of this requirement.

WITNESS MY HAND ON THIS 7 DAY OF May, 2025

John Stevens

OWNER/AGENT NAME (SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 2th DAY OF May, 2025

John Stevens

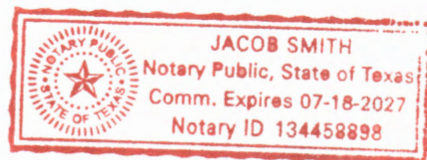
OWNER/AGENT NAME (PRINTED)

Jacob Smith

Notary Public, State of Texas

Notary's Printed Name: Jacob Smith

Commission Expires: 07/18/27





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

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

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
05/15/2025 02:29:35 PM
TERRI 3 Page(s)
202506014322



Bobbie Koepp

Advanced Aerobic Repair Services

487 Perryman St New Braunfels Texas 78130

John Weige 830-708-3000 phone/text

TCEQ License MP0002077

Aerobic Maintenance / Service Contract

Name: John Stevens
Address: 519 Penny Drive
City/ST/ZIP: Canyon Lake, Texas 78133
Phone: 210-317-7256

Start Date: Date License to Operate
is issued

End Date: 2 yrs from start date

County: Comal

Agency: EH

Manufacturer: Solar Air SA 600

The cost of this service contract will be \$ _____ and due at the time of contract. If payment is not received the contract will be terminated. Failure to make necessary repairs can also lead to termination of contract. Improperly functioning systems require Maintenance Provider report to proper authorities.

This contract will provide all required inspections; reporting and tracking of your Aerobic Treatment Unit (ATU). The contract will cover the following:

1. Three (3) inspections per year (at least every four months) Inspections will include the following:

- A) An effluent quality inspection consisting of a visual check for color and examination of odor.
- B) Adjustment and servicing of any mechanical and electrical components that are out of order
- C) Periodic sampling of settled soils in aeration chamber
- D) if any improper condition is observed which cannot be corrected at inspection time, the

owner/user will be notified of the condition. It is the responsibility of the user/owner to contact the maintenance company to schedule repairs

E) Complaint response time is 48 hours or less

2. The owner/user is responsible for maintaining a chlorine residual of 0.1 mg/ml in pump chambers AT ALL TIMES. The maintenance provider DOES NOT SUPPLY CHLORINE. Owner/User is responsible to maintain chlorine in chlorinator. (maintenance provider will assist if needed)

3. The owner is responsible for eradication of fire ants. The owner is also responsible to keep vegetation to a minimum around unit and spray heads. High vegetation or fire ants may negate the inspection. A re-inspection can be scheduled for an additional fee.

4. This contract DOES NOT COVER system/tank pumping

5. No repairs will be made with consent of the owner/user

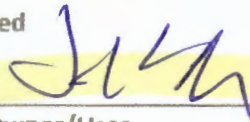
6. Maintenance provider or Authorized Agent is granted an easement/access to the system and enter property at reasonable times. Failure to access system will require re-inspection for an additional fee.

Important: This contract does not cover customer ordered service calls; labor or materials which are required due to misuse or abuse of the system; failure to maintain electrical power to the system; sprinklers that are broken, leaking, stopped up or otherwise malfunctioning; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non-biodegradable materials, solvents, grease, oil, paints ETC; or any usage contrary to the requirements listed in the systems owner's manual or by Authorized Service Representative.

Agreed and Accepted



Authorized Service Representative Date



Owner/User

5-6-25

Date

OSSF SOIL EVALUATION REPORT INFORMATION
COMAL COUNTY

DATE: 5-1-25

Applicant Information:

Name: John Stevens
Address: 519 Penny Drive
City: Canyon Lake State: Texas Zip: 78133
Ph: (210) 317-7256 Fax:

Site Evaluator Information:

Name: Brian Erxleben
Address: 562 S. Hwy 123 Bypass #128
City: Seguin State: Texas Zip: 78155
Ph: (830) 660-9133 email: bandverx@gmail.com

Property Location:

Lots: 58R & 59R Block:
Subdivision: The Oaks, Unit 9
Street/Road Address: 519 Penny Drive
City: Canyon Lake State: TX Zip: 78133
Additional:

Installer Information:

Name: Charles Mager, OS0027258
Company: Cowboy Septic
Address: 1301 Tom Creek Lane
City: Canyon Lake State: TX Zip: 78133
Ph: (830) 624-6746 charlescowby@yahoo.com

SCHEMATIC of LOT of TRACT

Show:

- North arrow, adjacent streets, property lines, dimensions, location of buildings, easements, swimming pools, water lines, and other structures where known.
- Location of existing or proposed water wells within 150 feet of property.
- Indicate slope or provide contour lines from the structure to the farthest location for the proposed soil absorption or irrigation area.
- Location of soil boring or dug pits (show with respect to a known reference point).
- Location of drainage ways, water impoundment areas, cut or fills bank, sharp slopes and breaks.

Lot Size: 0.65 acres

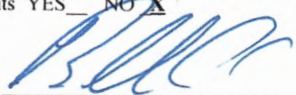
SITE DRAWING

SEE SITE PLAN

FEATURES OF SITE AREA

| | | | |
|---|-------------------|---|-------------------|
| Presence of 100 year flood zone | YES__ NO <u>X</u> | Presence of upper water shed | YES__ NO <u>X</u> |
| Existing or proposed water well in nearby area | YES__ NO <u>X</u> | Organized sewage service available to lot | YES__ NO <u>X</u> |
| Presence of adjacent ponds, streams, water impoundments | YES__ NO <u>X</u> | | |

Site Evaluator:

NAME: BRIAN ERXLEBEN Signature:  License No: 11458

COMAL COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

OSSF SOIL EVALUATION FORM

Owners Name: John Stevens
 Physical Address: 519 Penny Drive Canyon Lake, Texas 78133
 Name of Site Evaluator: Brian Erxleben, S.E. #11458
 Date Performed: 5-1-25 Proposed Excavation Depth: NA

Requirements:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil evaluation must be shown on the application site drawing or designer's 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.
 Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depths.

| SOIL BORING NUMBER <u>1 & 2</u> | | | | | | |
|-------------------------------------|---------------|--------------|---|---------------------------------|---------------------|----------------------|
| Depth (Feet) | Texture Class | Soil Texture | Structure (For Class III- blocky, platy or massive) | Drainage (Mottles/ Water Table) | Restrictive Horizon | Observations |
| 0 | Type 4 | Clay | N/A | None | None | Aerobic Spray |
| 1 | Rock | | | | Yes | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

| SOIL BORING NUMBER _____ | | | | | | |
|--------------------------|---------------|--------------|---|---------------------------------|---------------------|--------------|
| Depth (Feet) | Texture Class | Soil Texture | Structure (For Class III- blocky, platy or massive) | Drainage (Mottles/ Water Table) | Restrictive Horizon | Observations |
| 0 | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

FEATURES OF SITE AREA

| | |
|---|-------------------------|
| Presence of 100 year flood zone | YES ___ NO <u>X</u> ___ |
| Presence of adjacent ponds, streams, water impoundments | YES ___ NO <u>X</u> ___ |
| Existing or proposed water well in nearby area | YES ___ NO <u>X</u> ___ |
| Organized sewage available to lot or tract | YES ___ NO <u>X</u> ___ |
| Recharge features within 150 feet | YES ___ NO <u>X</u> ___ |

I certify that the above statements are true and are based on my own field observations.

Signature of Site Evaluator



Date

5-1-25

Brian Erxleben, R.S., S.E.
562 S. Hwy 123 Bypass #128
Seguin, Texas 78155
Mobile (830) 660-9133 bandverx@gmail.com

OSSF DESIGN

Owner: **John Stevens**
Location: **519 Penny Drive Canyon Lake, Texas 78133**
Phone: **(210) 317-7256**
Date: **5-1-25**

Development: **Residence with water saving devices** Bedrooms: **1** Sq. Ft: **600**

Q: **180 gpd** Soil: **N/A** R_i : **0.064 gal/ft²/day**

System Type: **Aerobic/Surface Application (Solar Air SA II 600)**

Minimum Required ATU Treatment Capacity: **360 gpd**

Trash Tank: 476 gall Aerobic Tank: 600 gpd Pump Tank: 768 gall

Supply Line: **Sch 40, 1" purple (~110')** Check Valve Required: **No**

Minimum Application Area (A): 2813 ft² ($A = Q/R_i$)

Sprinklers: **K-Rain Proplus Low Angle**

| Number | Nozzle | PSI | Pattern | Radius | Area/head | GPM/head | R_i |
|-----------|-----------|-----------|-------------|--------------|----------------------------|------------|--------------|
| S1 | #4 | 30 | 180° | 30 ft | 1413 ft² | 3.4 | 0.060 |
| S2 | #4 | 30 | 180° | 30 ft | 1413 ft² | 3.4 | 0.060 |

Overlap Area: 0 Actual Application Area: **2826 ft²** GPM: **6.8 GPM**

TDH Calculations:

$$\text{Friction Head } (H_f) = \frac{1.2(10.4397)(L)(Q)^{1.85}}{(C)^{1.85}(D)^{4.8655}} = 8 \text{ ft}$$

L = Length of equivalent pipe length (D) in feet

C = Hazen – Williams flow coefficient (150 for schedule 40)

Q = Flow rate, gpm

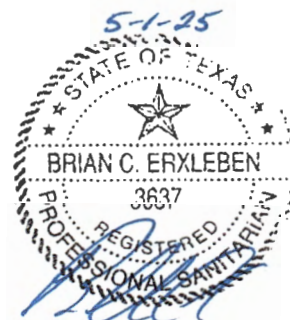
D = Internal pipe diameter, inches

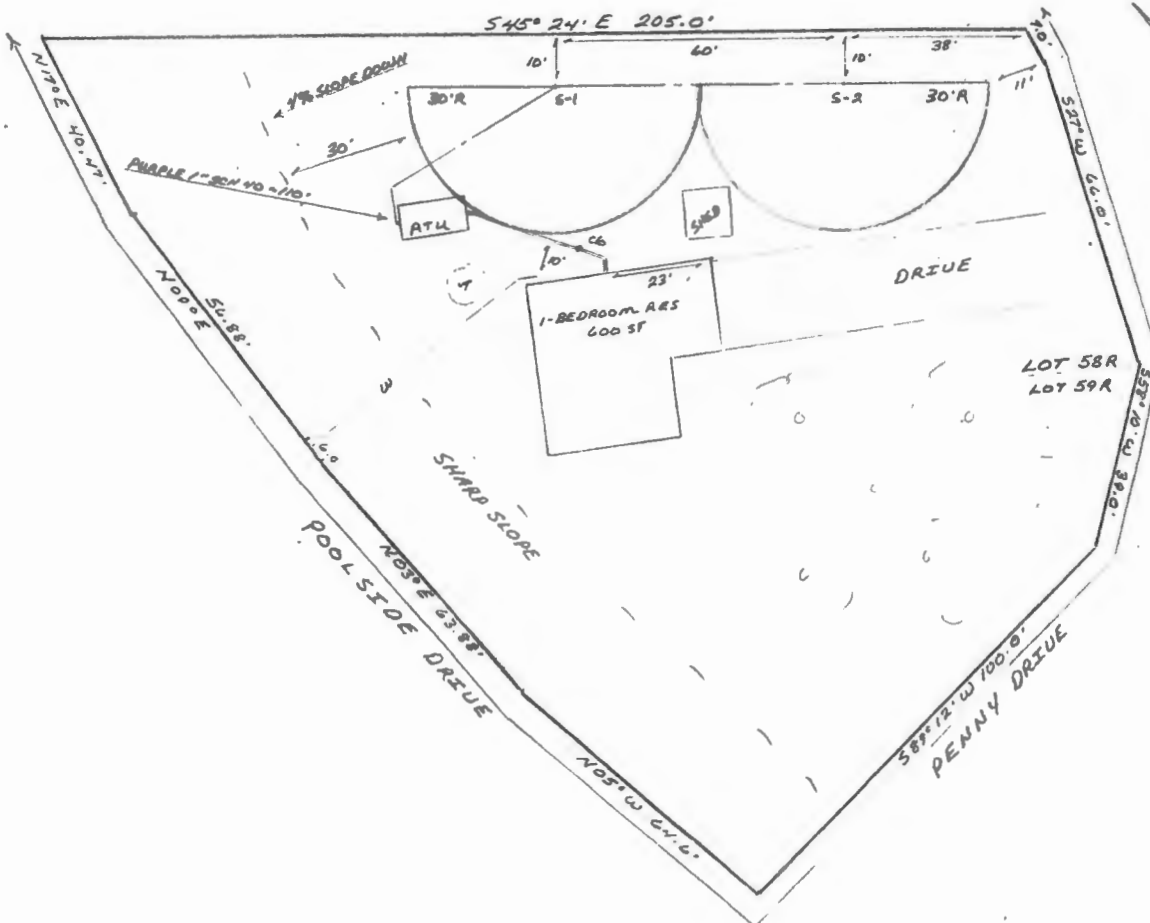
Pressure Head (H_p) = 70 ft (2.31)(psi) Elevation Head (H_e) = 5 ft

TDH = **83 ft** ($H_f + H_p + H_e$)

Pump Requirements: **6.8 GPM @ 83 ft TDH** Pump Used: **StaRite 20 gpm, 050 HP**

- **Timer set to spray between 12:00 AM & 5:00 AM**
- **Liquid chlorinator**





NOTES:

1. The structure crosses lot lines and the lots are combined by affidavit.
2. Design replaces an existing OSSF. An existing septic tank (T) is to be pumped and filled.
3. Install a 2-way cleanout in a 3" sch 40 tightline from the house to the ATU, minimum slope 1/8 in/ft.
4. ATU is a Solar Air SA600.
5. Supply line to the sprinklers is purple 1" sch 40.
6. S1-2 are K-Rain Proplus low angle sprinklers with #4 nozzles operating @ 30 psi, 180° pattern, 30' radius. Due to trees and sharp slopes, adequate space is not available to provide a 20' setback between the spray area and the property line. A variance is requested to locate the spray area 10' from the property line. A battery backup shall be installed in the control panel to insure that the timer does not lose power and that the system sprays only between the hours of 12:00 AM & 5:00 AM providing the equivalent protection of a 20' separation between the spray area and the property line.
7. There shall be no obstruction within 10' of the sprinkler heads.
8. Audible & visual alarms, external disconnect within site of the pump tank, pump & alarms on separate breakers and external wiring in conduit are required.
9. Timer set to spray between 12:00 AM & 5:00 AM.
10. Liquid chlorinator.
11. Any excavations and/or exposed rock in the disposal area shall be covered with topsoil and seasonal grasses shall be seeded over the disposal area in order to minimize run-off & erosion.



LOTS 58R & 59R
THE OAKS, UNIT 9
0.65 ACRES

PROPERTY IS LOCATED OUTSIDE OF THE 100-YEAR FLOODPLAIN & WITHIN THE CONTRIBUTING ZONE. THERE IS NO CZP FOR THE SUBDIVISION. DEVELOPMENT IS A SINGLE FAMILY RESIDENCE WITH <20% IMPERVIOUS MATERIAL AND NO CZP IS REQUIRED.

SITE PLAN & OSSF DESIGN:

JOHN STEVENS
519 PENNY DRIVE
CANYON LAKE, TEXAS 78133

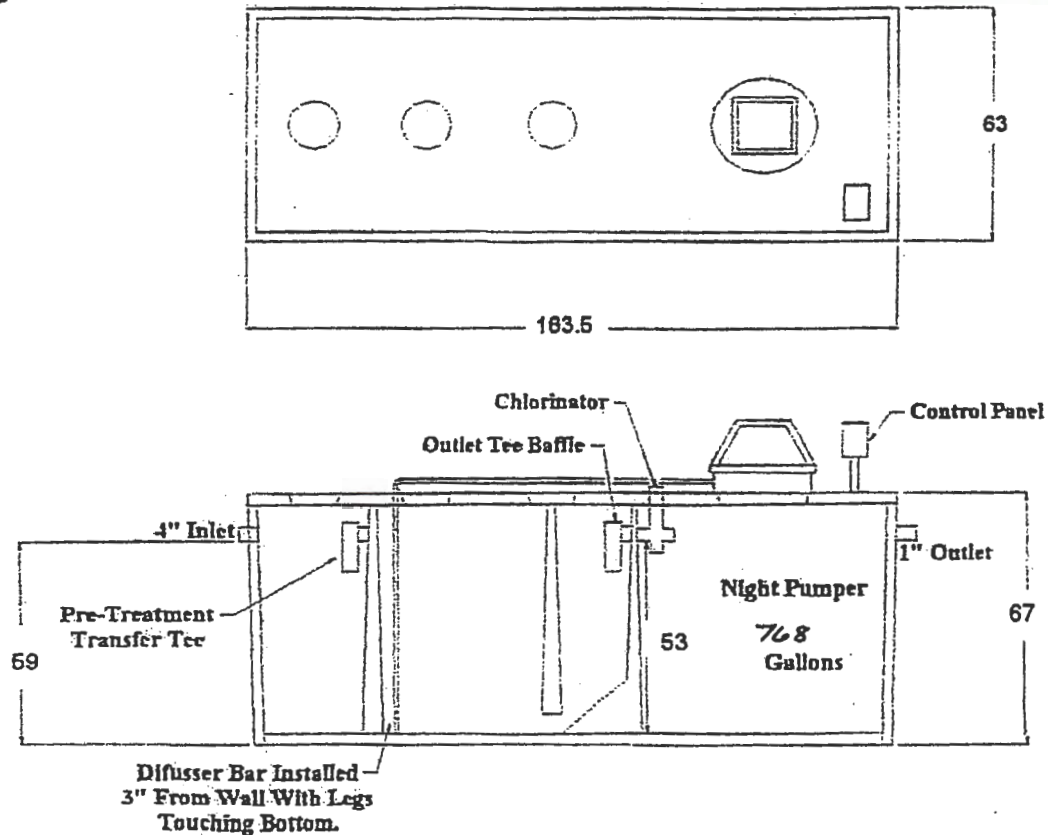
BRIAN C. ERXLEBEN, R.S.
562 S. HWY 123 BYPASS #128
SEGUIN, TEXAS 78155
(830) 660-9133

DATE: 5-1-25

SCALE: 1" = 60'



SA II N 600



600 GPD FINAL ASSEMBLY

Q'S UP TO 360 GPD

LIQUID DEPTH: 55"

GALL/IN: 13.96

HIGH WATER ALARM ON TO BOTTOM OF INLET: 9" (126 GALL)

PUMP ON TO HIGH WATER ALARM ON: 26" (363 GALL)

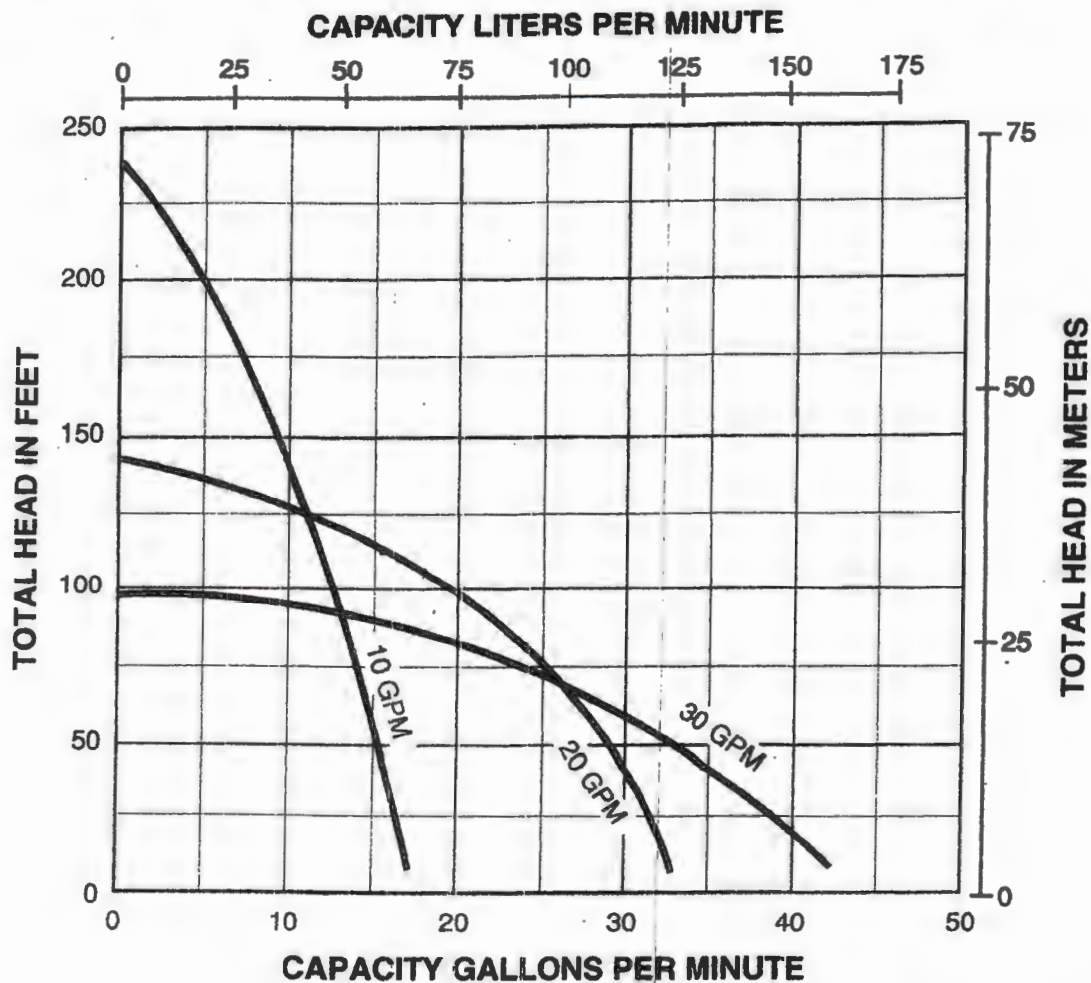
PUMP OFF TO PUMP ON: 6" (84 GALL)

BOTTOM TO PUMP OFF: 14" (195 GALL)



4" multi-stage submersible pump

PUMP PERFORMANCE

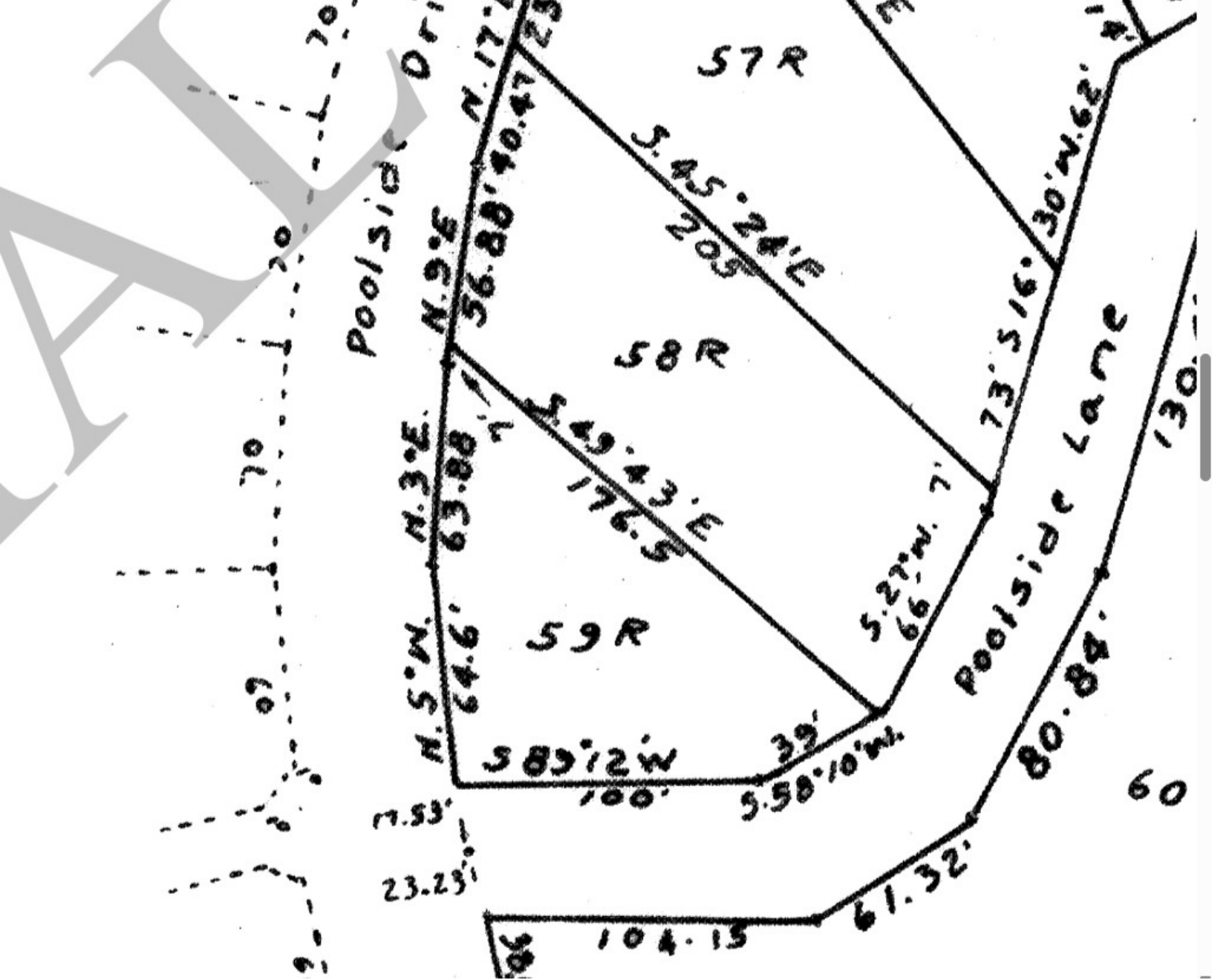


PUMP PERFORMANCE (Capacity in Gallons per Minute)

| Pump Model | PSI | | | | | | | | | | | |
|------------|-----|------|------|------|------|------|------|-----|-----|-----|-----|-----|
| | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 |
| 10DOM05121 | | | 15.0 | 13.7 | 12.7 | 11.5 | 10.2 | 8.4 | 6.5 | 4.3 | 1.0 | |
| 20DOM05121 | | | 30.0 | 26.0 | 21.5 | 14.2 | 4.4 | | | | | |
| 30DOM05121 | | 38.5 | 33.3 | 25.8 | 16 | | | | | | | |

PUMP PERFORMANCE (Capacity in Liters per Minute)

| Pump Model | Bar | | | | | | | | | | | |
|------------|-----|-------|-------|------|------|------|------|------|------|------|------|------|
| | 0 | .69 | 1.38 | 2.07 | 2.76 | 3.45 | 4.13 | 4.82 | 5.51 | 6.20 | 6.89 | 7.58 |
| 10DOM05121 | | | 56.8 | 51.9 | 48.1 | 43.5 | 38.6 | 31.8 | 24.6 | 16.3 | 3.8 | |
| 20DOM05121 | | | 113.6 | 98.4 | 81.4 | 53.7 | 16.7 | | | | | |
| 30DOM05121 | | 145.7 | 126.0 | 97.7 | 60.6 | | | | | | | |



SPRINKLER INSTALLATION

7 INSTALL AND BURY

Thread the sprinkler onto the pipe. Bury the sprinkler flush to grade.

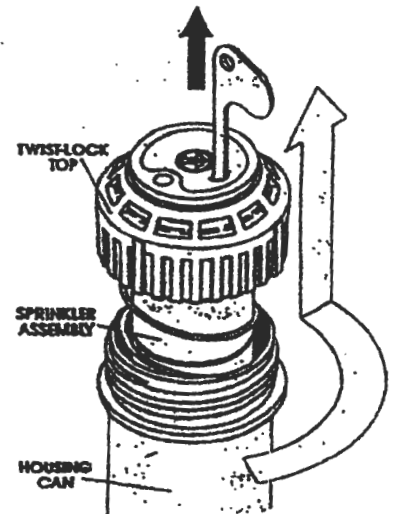
POINTING THE LEFT START

8 TURN THE CAN

You can orient the **LEFT START** position (the point where the sprinkler will begin spraying) by simply turning the entire sprinkler housing can on the pipe. Visually point the nozzle retention screw where you want it to begin spraying.

OR TURN THE LOWER PORTION OF THE RISER

Pull the riser up with your **KEY**. Grab the **LOWER** portion of the riser, and rotate it to orient the nozzle to the desired **LEFT** starting position: **IMPORTANT: DO NOT GRAB THE TOP PORTION OF THE RISER.**



9 INSPECTING THE FILTER

Unscrew the top and lift complete sprinkler assembly out of the housing can. The filter is on the bottom of the sprinkler assembly and can easily be pulled out, cleaned and re-installed.

STANDARD NOZZLE PERFORMANCE CHART

| Nozzle | PSI | Radius | GPM |
|--------|-----|--------|------|
| #1 | 30 | 33' | 1.0 |
| | 40 | 35 | 1.3 |
| | 50 | 38 | 1.4 |
| | 60 | 38' | 1.5 |
| #2 | 30 | 38' | 2.1 |
| | 40 | 39' | 2.5 |
| | 50 | 40' | 3.0 |
| | 60 | 41' | 3.1 |
| #3 | 30 | 41' | 2.8 |
| | 40 | 42' | 3.3 |
| | 50 | 45' | 3.6 |
| | 60 | 46' | 4.2 |
| #4 | 30 | 43' | 3.9 |
| | 40 | 45' | 4.5 |
| | 50 | 47' | 5.4 |
| | 60 | 52' | 5.8 |
| #5 | 40 | 49' | 6.2 |
| | 50 | 51' | 7.0 |
| | 60 | 54' | 7.9 |
| | 70 | 55' | 8.1 |
| #8 | 40 | 47' | 8.0 |
| | 50 | 51' | 8.9 |
| | 60 | 53' | 9.6 |
| | 70 | 55' | 10.6 |

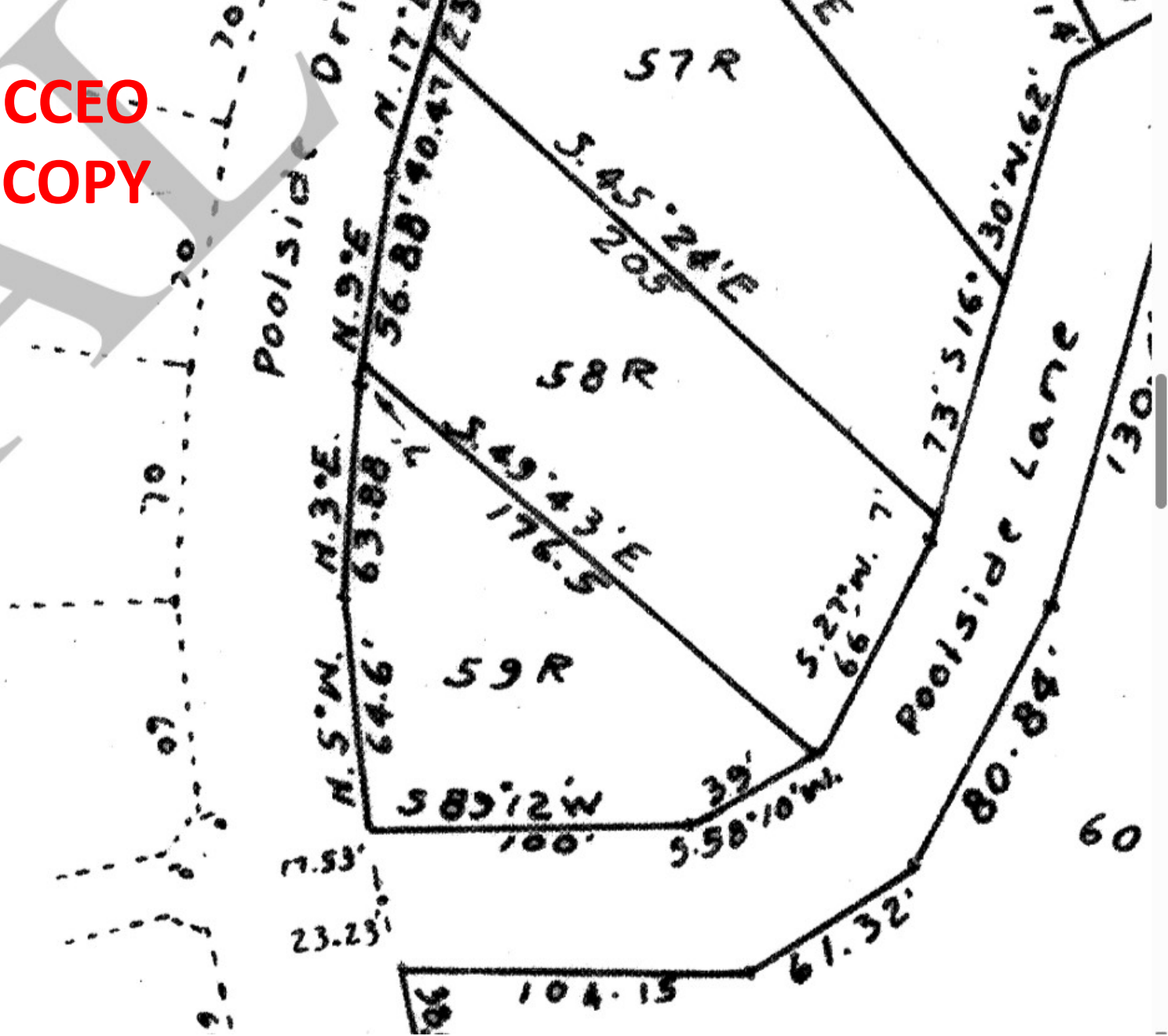
LOW ANGLE NOZZLE PERFORMANCE CHART

| 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 |
| #5 | 40 | 38' | 6.5 |
| | 50 | 40' | 7.3 |
| | 60 | 42' | 8.0 |
| | 70 | 44' | 8.6 |

DATA REPRESENTS TEST RESULTS IN ZERO WIND. ADJUST FOR LOCAL CONDITIONS. RADIUS MAY BE REDUCED WITH NOZZLE RETENTION SCREW.

© 1996 K-Rain Mfg. Corp.

CCEO
COPY



From: [Ritzen,Brenda](#)
To: bandverx@gmail.com
Cc: [Charles Mager](#)
Subject: Permit 118651
Date: Monday, June 2, 2025 1:59:00 PM
Attachments: [image001.png](#)


Re: John Stevens

The Oaks Unit 9 Lot 58R & 59R

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

Brian :

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

1.  Demonstrate that no OSSF can be designed on the same lot which
contains the single family dwelling.
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

**GENERAL WARRANTY DEED RESERVING VENDOR'S
LIEN IN FAVOR OF THIRD PARTY**

WHEREAS, Mortgagee has, at the special instance and request of said Grantee herein, paid to Grantor herein **\$130,430.00** of the purchase money for the property hereinafter described as represented by the above described Note, said Note, together with the vendor's lien and Deed of Trust Lien against said property securing the payment

of said Note is, without recourse upon the Grantor herein, hereby assigned, transferred and delivered to Mortgagee, the Grantor hereby conveying to the said Mortgagee the said superior title to said property, and subrogating the said Mortgagee unto all the rights and remedies of Grantor in the premises by virtue of said Note and liens; the indebtedness evidenced by said Note being due and payable as therein provided, both principal and interest being due and payable at the office of **ROCKET MORTGAGE, LLC**;

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

Lots 58R and 59R, THE OAKS SUBDIVISION, UNIT IX, Comal County, Texas, according to the plat thereof recorded in Volume 4, Page(s) 100, Map and Plat Records of Comal County, Texas.

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

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

It is expressly agreed and stipulated that a vendor's lien is retained in favor of the payee in said Note against the above described property, premises and improvements, until said Note, and all interest thereon, is fully paid according to the face and tenor, effect and reading thereof, when this deed shall become absolute.

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

Grantor does hereby bind Grantor, Grantor's heirs, executors, administrators and successors to warrant and forever defend, all and singular, the said premises unto the said

Grantee, Grantee's heirs, executors, administrators, successors and assigns, against every person whomsoever claiming or to claim the same or any part thereof.

DATED this the 10th of May, 2024.

Donald K. Stevens Trustee
DONALD K. STEVENS, Trustee of the
STEVENS FAMILY TRUST

STATE OF TEXAS
COUNTY OF Comal

§
§

This instrument was acknowledged before me on this the 10 day of May, 2024, by
DONALD K. STEVENS, Trustee of the STEVENS FAMILY TRUST.



[Signature]
Notary Public, State of Texas

5 deeds
Old republic Title Co (RS)
GF #15481NB

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
05/10/2024 02:10:00 PM
TAMMY 3 Pages(s)
202406014219

 Bobbie Koepf

RECEIVED

By Kathy Griffin at 10:03 am, May 19, 2025



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

OS-15-2025 BM6

Date Received

Initials

118651

Permit Number

Instructions:

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

OSSF Permit

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

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

Signature of Applicant

5-6-25

Date

___ COMPLETE APPLICATION

Check No. _____ Receipt No. _____

INCOMPLETE APPLICATION

___ (Missing Items Circled, Application Refeused)