

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: 118681
Issued This Date: 07/14/2025
This permit is hereby given to: ROBERTO & VERONICA J. PEREZ

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

543 LEXINGTON PASS
CANYON LAKE, TX 78133

Subdivision: SCENIC HEIGHTS
Unit: 2
Lot: 284R
Block: 0
Acreage: 0.5100

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.



ON-SITE SEWAGE FACILITY APPLICATION

REVISED

8:16 am, Jul 14, 2025

Date May 19, 2025

Permit Number

1. APPLICANT / AGENT INFORMATION

Owner Name ROBERTO PEREZ & VERONICA JANE PEREZ
Mailing Address 543 LEXINGTON PASS
City, State, Zip CANYON LAKE TEXAS 78133
Phone # 210-834-5022
Email adrian@tcpmfs.org

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 SCENIC HEIGHTS Unit 1 Lot 284R Block
Survey Name / Abstract Number Acreage
Address 543 LEXINGTON PASS City CANYON LAKE State TX Zip 78133

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 2 + 1

Indicate Sq Ft of Living Area 1440 + 880

☐ 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: \$ 150,000 (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 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

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 SA600LP (#113746) Absorption/Application Area (Sq Ft) 3926

Gallons Per Day (As Per TCEQ Table III) 240

(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

May 21, 2025

Date

CERTIFICATION OF SINGLE FAMILY DWELLING

I

An OSSF requiring a Certification of Single Family Dwelling, will be installed on the property described as:

Notary Public Signature



CCEO
COPY

Aerobic Services of South Texas
5185 FM 306
Canyon Lake, TX 78133
(830) 964-2365

Roberto & Veronica Perez
543 Lexington Pass
Canyon Lake, TX 78130

P: (210) 845-3574



RENEWAL NOTICE

COUNTY: Comal

PERMIT: 113746

RENEWAL NOTICE Dated: 8/9/23
AGREEMENT LENGTH: 24 mos.

DESCRIPTION	TERM	AMOUNT	TAX	TOTAL
Residential 2yr Service Contract	08/03/25 - '25	700.00		700.00

Dear Roberto & Veronica Perez,

We are the service provider that currently maintains your AEROBIC SYSTEM. This letter is to inform you that your SERVICE CONTRACT is due to expire on 08/03/25. We would appreciate the opportunity to continue to serve you. Enclosed is a new contract for your signature and payment if you would like to renew! **If you could, please verify your address and phone number** as listed above and notify us of any corrections. The renewed contract is due thirty (30) days prior to the expiration of the current contract, and would extend your current agreement by 12 months. Your completed contract will be forwarded to the authorizing agency.

****ATTENTION CUSTOMERS****: Various counties **have charge late fees** if new service contracts are late. Please sign and return contracts with payment to our office **thirty days prior** to expiration date. We will then forward a copy to the appropriate county.

If you have any questions, please call us at **(830) 964-2365** to speak with our **Canyon Lake office**, or **512-303-6922** to speak with our **Bastrop office**.

Thank you for your business!

ROUTINE MAINTENANCE AND INSPECTION AGREEMENT



Roberto & Veronica Perez
543 Lexington Pass
Canyon Lake, TX 78130
P: (210) 845-3574

COUNTY: Comal

PERMIT: 113746

AGREEMENT LENGTH: 24 mos.

DESCRIPTION	TERM	AMOUNT	TAX	TOTAL
Residential 2yr Service Contract	08/03/25 - '25	700.00		700.00

GENERAL

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between the client named above (referred to as to "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. 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 per year (1 every 4 months), for a total of 3 over the one year period including inspection** adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting 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.

RECEIVED
By Brandon Olvera at 3:08 pm, Dec 01, 2023

- CCEO
COPY
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 client is responsible for chlorine. Must be filled before or during the service visit.

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

The property owner's 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 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.

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

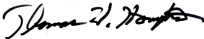
This Agreement contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement either oral or written.

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.

SERVICE PROVIDER

Aerobic Services of South Texas LLC
15188 FM 306
Canyon Lake, TX 78133


Signature

Tom Hampton VP

License# OS0024597 / MP 349

PLEASE REMIT	700.00
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Customer Signature

***To pay online, proceed to the "Billing" section in your Customer Portal

IF MAILING YOUR RENEWAL: PLEASE RETURN THIS PORTION ALONG WITH YOUR PAYMENT
For Service at: 543 Lexington Pass, Canyon Lake, TX 78130



Signed on: Wednesday, 08/09/2023

Roberto & Veronica Perez

PERMIT: 113746

COUNTY: Comal

TERM: 08/03/25 - '25

AGREEMENT LENGTH: 24 mos.

PLEASE REMIT	700.00
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Residential 2yr Service Contract

ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: May 20, 2025

Site Location: SCENIC HEIGHTS, UNIT 1, LOT 284R

Proposed Excavation Depth: n/a

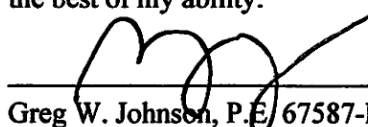
Requirements:

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.

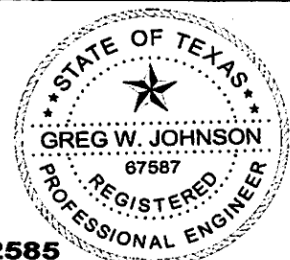
SOIL BORING NUMBER <u> </u> SURFACE EVALUATION						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 4"	BROWN
1						
2						
3						
4						
5						

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

05/20/25
Date

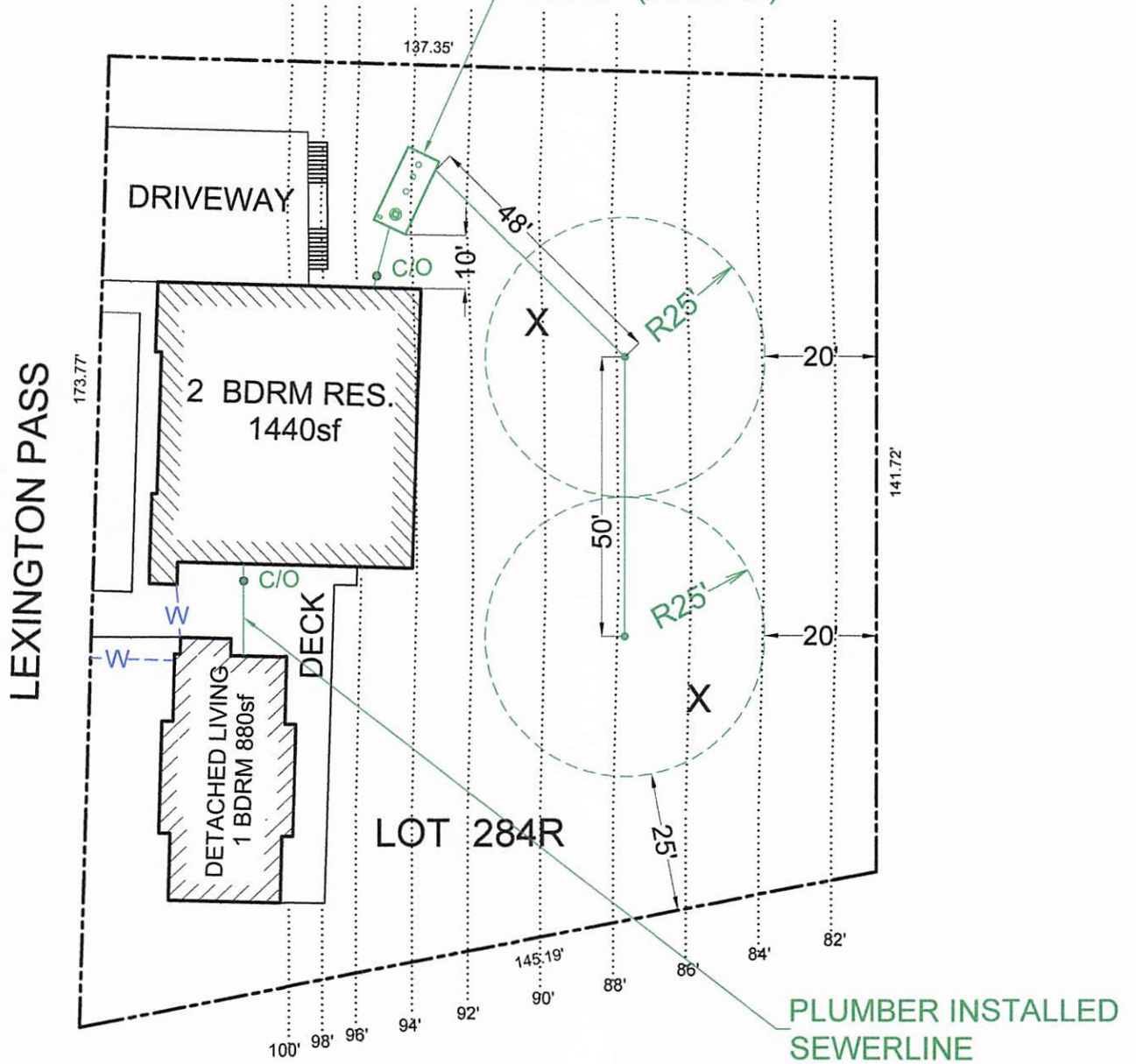


FIRM #2585

8:16 am, Jul 14, 2025

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)

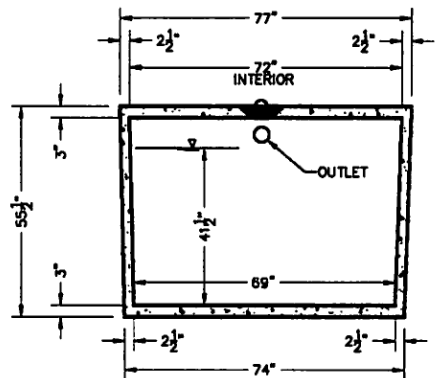
SOLAR AIR SA-600 - LP 778
AEROBIC TREATMENT
PLANT (#113746)



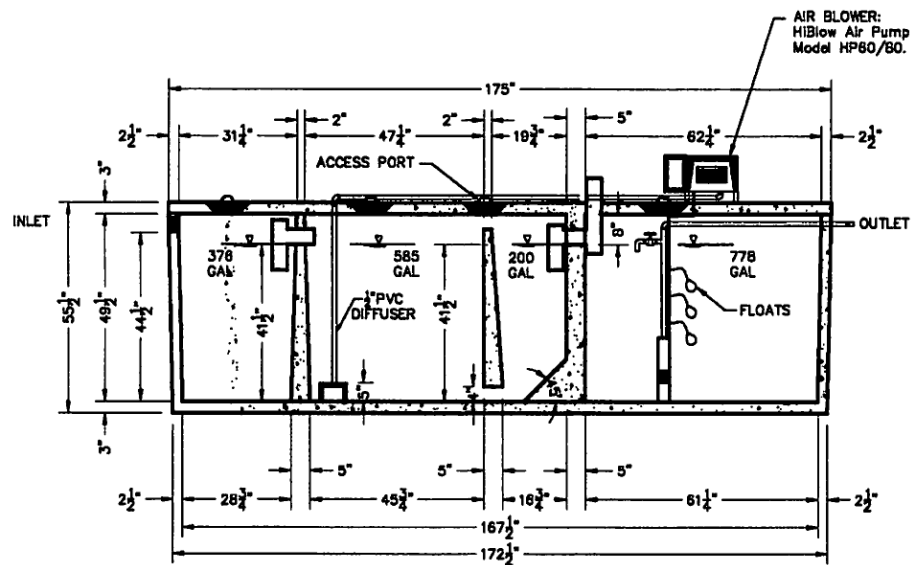
SPRAY AREA = 3926sf
X= TEST HOLES



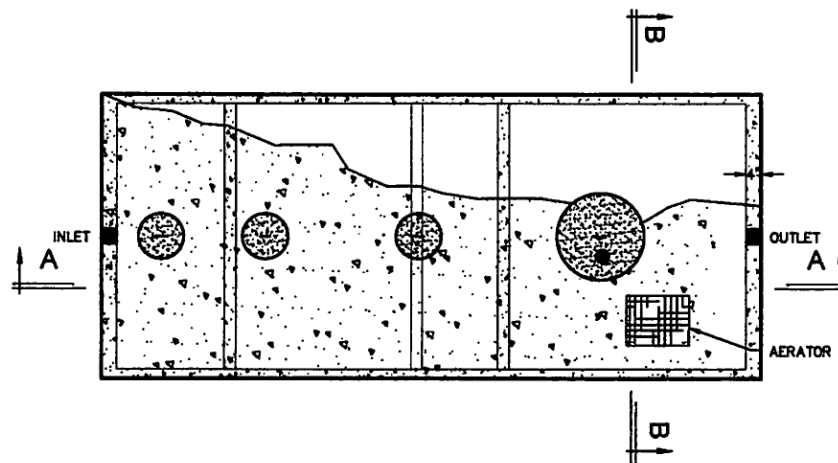
OWNER: ROBERTO & VERONICA JANE PEREZ		DRAWN BY: EJS III/GWJ	
STREET ADDRESS: 543 LEXINGTON PASS			
LEGAL DESC: SCENIC HEIGHTS	UNIT/SECTION/PHASE: 2	BLOCK:	LOT: 284R
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=30'	DATE: 05/21/2025	REVISED:



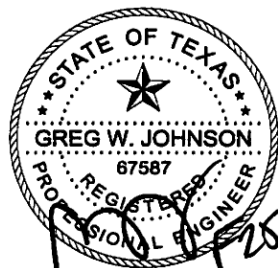
SECTION B-B



SECTION A-A



PLAN VIEW



P2506
05/21/25

DATE	DEC 2018
PROJECT NO	
SHEET	SA-3
SCALE	8 1/2" = 1'-0"
DATE	
REVISIONS	
BY	
DESCRIPTION	
DESIGNED BY	
DRAWN BY	
CHECKED BY	
PROJECT	SOLAR AEROBIC 6754 HWY 80 EAST LAKE CHARLES, LA 70615 PHONE: (337) 439-0680
MODEL	MODEL SA 600P RESIDENTIAL WASTEWATER TREATMENT SYSTEM

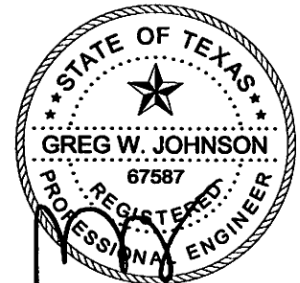
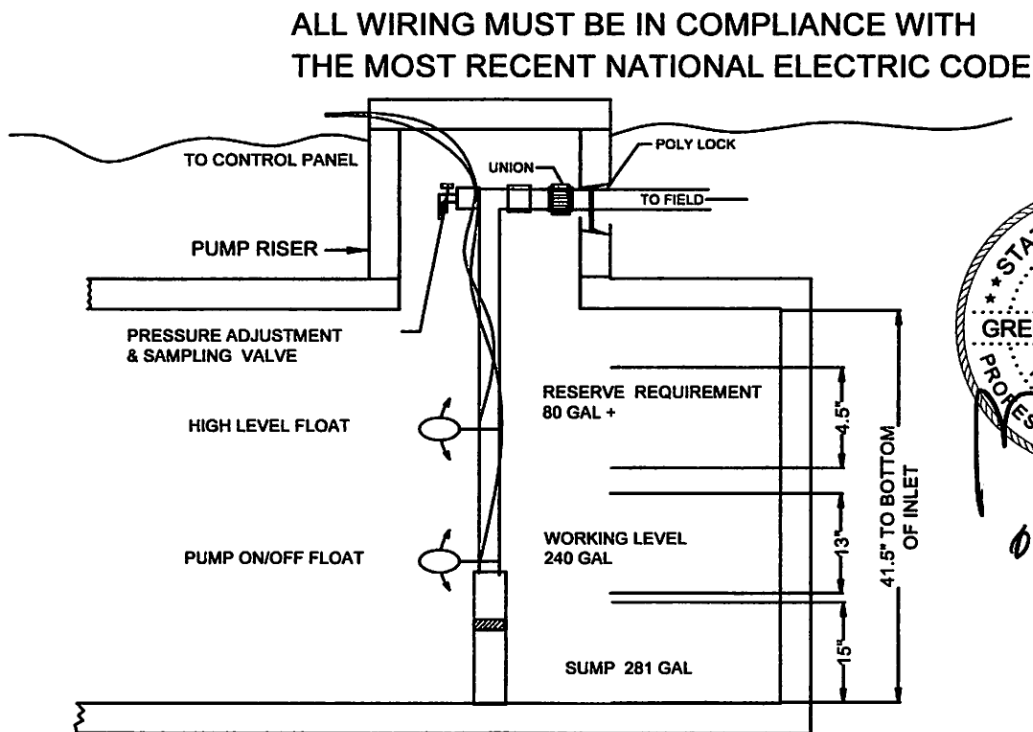
TANK NOTES:

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



F#2585

05/21/25

**TYPICAL PUMP TANK CONFIGURATION
SOLAR-AIR SA-600 LP 778 GAL PUMP TANK**

Environmental Series Pumps

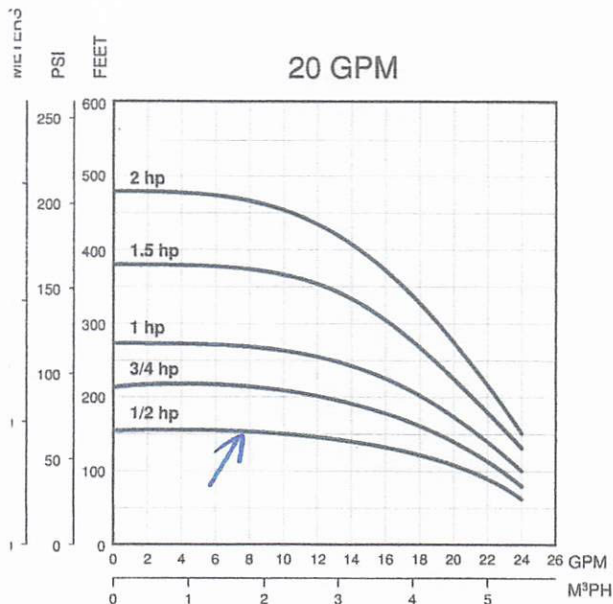
Thermoplastic Performance

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

**CORRECTION INSTRUMENT AS TO A RECORDED ORIGINAL INSTRUMENT –
WARRANTY DEED**

[Non-material correction pursuant to §5.028, Texas Property Code, where the parties to the recorded original instrument have not signed the correction affidavit (instrument)]

Date: December 12, 2016
GF No: 1602590-02
Title Company: Mission Title, LP

Affiant: Gregory M. Lyssy

Description of Original Instrument:

Warranty Deed dated July 7, 2016, from Ruben J. Serna and Rosalinda P. Serna to Roberto Perez and Veronica Jane Perez, recorded in Document No. 201606027303, Official Records of Comal County, Texas, conveying title to the following described property:

"Lots 284, 285 and 286, SCENIC HEIGHTS, UNIT 1, situated in Comal County, Texas, according to plat thereof, recorded in Volume 2, Page 35, Map and Plat Records of Comal County, Texas".

Affiant on oath swears that the following statements are true and within the personal knowledge of Affiant:

1. My name is Gregory M. Lyssy. My address is 114 W. Glenview Dr., Suite 200, San Antonio, Texas 78228. I am over the age of eighteen (18) years and am otherwise competent to make this Correction Affidavit.

2. I have personal knowledge of the facts relevant to the correction of the above referenced Original Instrument as evidenced by the following facts:

I am the President of Mission Title, LP and I have reviewed the title company's file records on the transaction.

3. I am making this Affidavit as a correction instrument pursuant to §5.028 of the Texas Property Code, with regard to the following clerical errors in the Original Instrument:

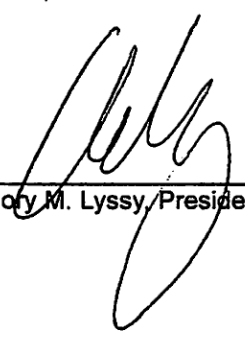
The subdivision unit number, as well as the plat recording information shown in the legal description were incorrect.

4. The Original Instrument should correctly read as follows with respect to the clerical errors described above, these being non-material changes to the Original Instrument:

Lots 284, 285 and 286, SCENIC HEIGHTS, UNIT 2, situated in Comal County, Texas, according to plat thereof, recorded in Volume 2, Page 36, Map and Plat Records of Comal County, Texas.

I have given notice of this correction of the Original instrument by sending a copy of this Correction Affidavit by mail to each party to the Original Instrument, in accordance with §5.028 (d) (2) of the Texas Property Code. The evidence of said notice is attached to this affidavit as required by §5.028 (d) (1) of the Texas Property Code.

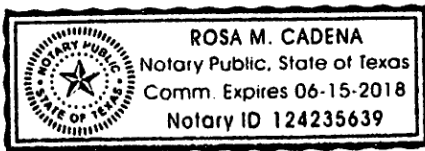
Mission Title, LP

By: 
Gregory M. Lyssy, President

STATE OF TEXAS

COUNTY OF BEXAR

SWORN TO AND SUBSCRIBED before me on this 12th day of December, 2016, by Gregory M. Lyssy, as President of Mission Title, L.P., on behalf of said limited partnership, to certify which witness my hand and seal of office.



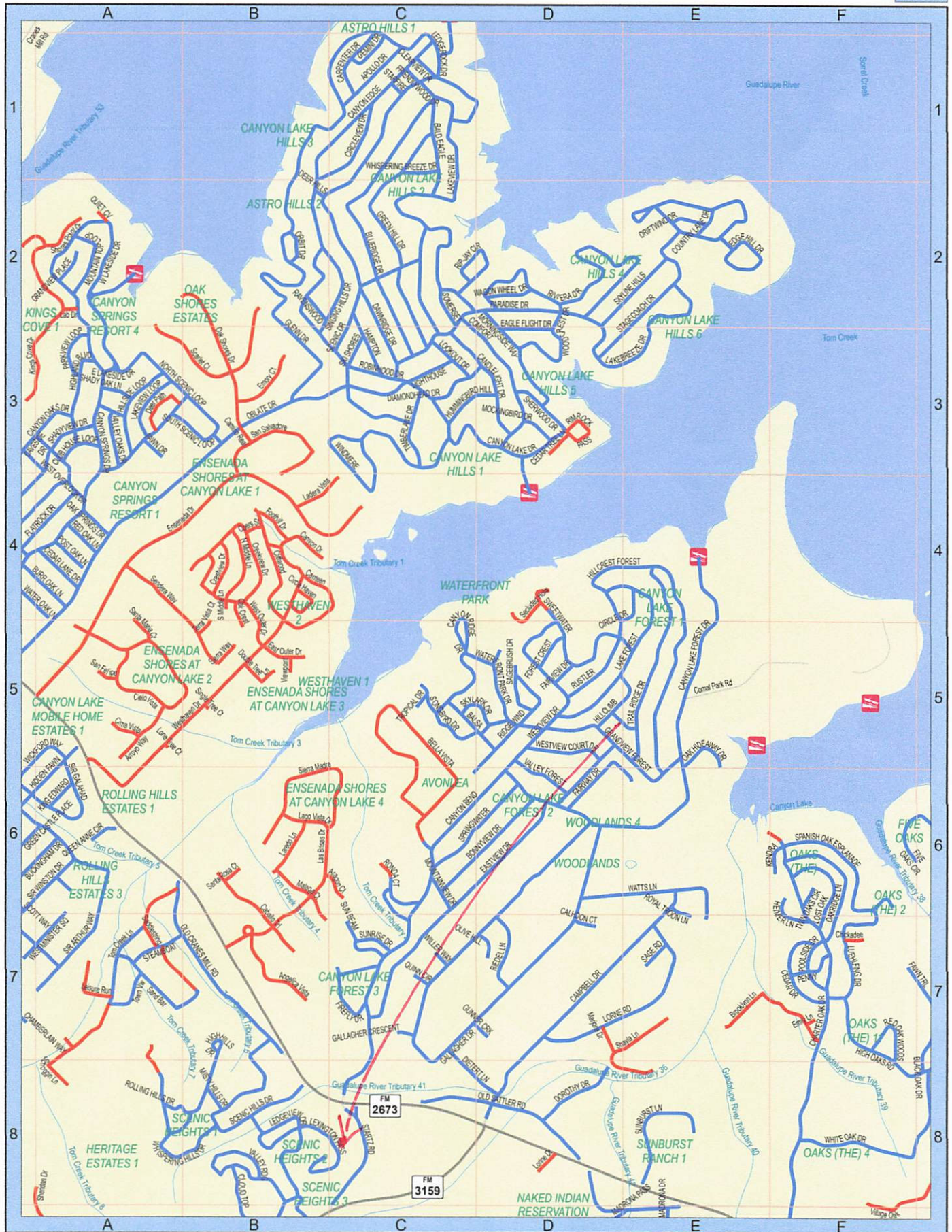

Notary Public, State of Texas

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
12/14/2016 04:21:46 PM
TERRI 2 Pages(s)
201606047601

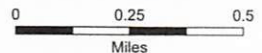
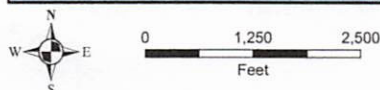
AFTER RECORDING, RETURN TO:
Mission Title, LP
114 W. Glenview
San Antonio, TX 78228







SEE PAGE 30



**CCEO
COPY**



COMAL COUNTY
ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: **08/01/2023**

Permit Number: **113746**

Location Description: **543 LEXINGTON PASS
CANYON LAKE, TX 78133**

Subdivision: **SCENIC HEIGHTS**
Unit: **2**
Lot: **284R**
Block: **0**
Acreage: **0.0000**

Type of System: **Aerobic
Surface Irrigation**

Issued to: **ROBERTO & VERONICA J. PEREZ**

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:

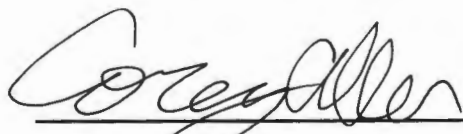
- Increase in the square feet of living area
- Increase in the number of bedrooms
- A change of use (i.e. residential to commercial)
- Relocation of system components (including the relocation of spray heads)
- Installation of landscaping
- Adding new structures to the system

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



ENVIRONMENTAL HEALTH INSPECTOR

OS0036769



ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

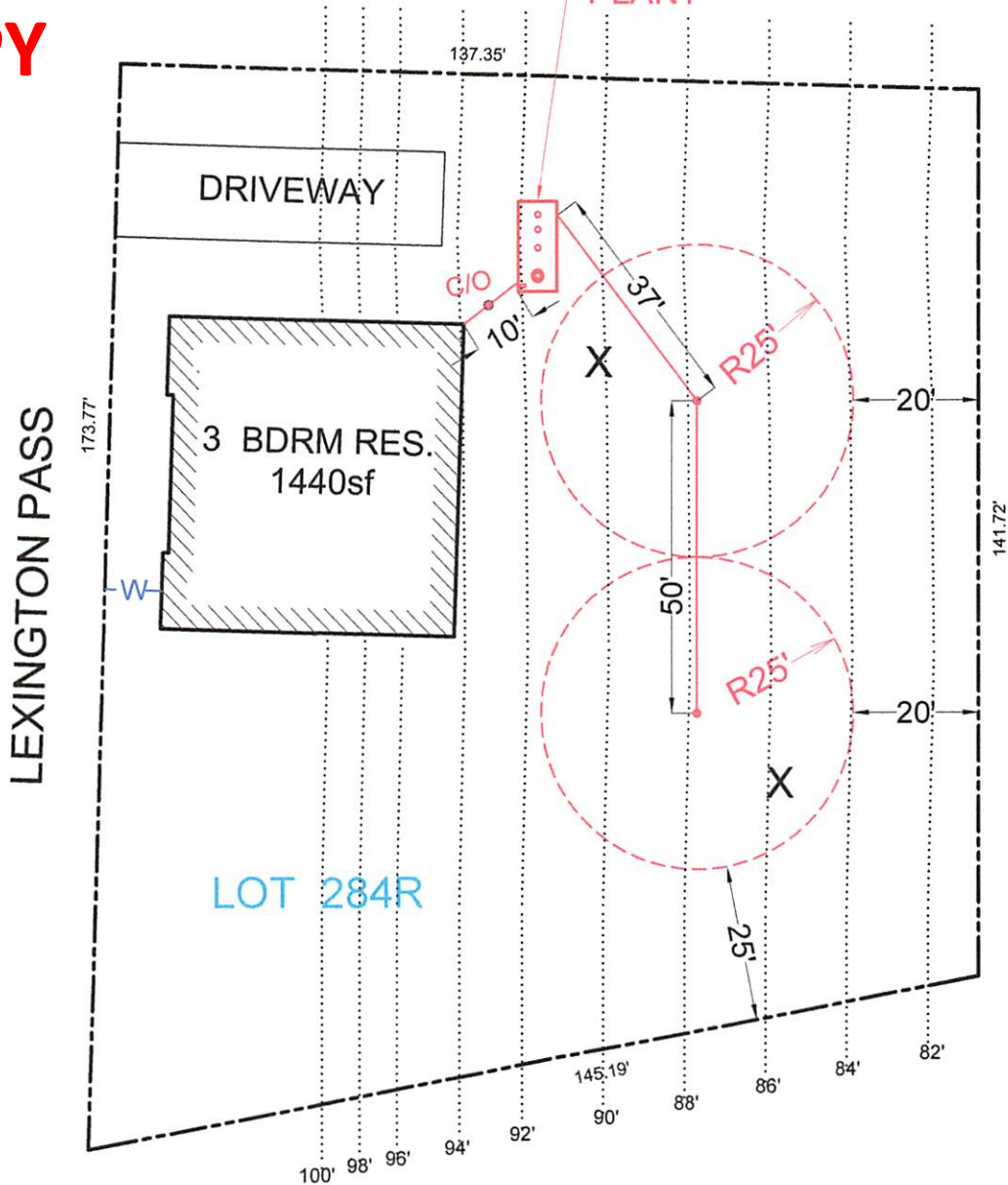
REVISED

8:27 am, Jun 17, 2022

CCEO
COPY

113746

SOLAR AIR SA-600 - LP 778
AEROBIC TREATMENT
PLANT



SPRAY AREA = 3926sf

X= TEST HOLES



OWNER: ROBERTO & VERONICA JANE PEREZ				DRAWN BY: EJS III	
STREET ADDRESS: 543 LEXINGTON PASS					
LEGAL DESC: SCENIC HEIGHTS			UNIT/SECTION/PHASE: 2	BLOCK:	LOT: 284R
PREPARED BY: GREG W. JOHNSON, P.E. F#002585		SCALE: 1"=30'	DATE: 12/7/2021		REVISED: 6/15/2022



From: [Ritzen,Brenda](#)
To: ["adrian@tcpmfs.org"; "\(gregjohnsonpe@yahoo.com\)"](#)
Subject: Permit 118681
Date: Thursday, July 3, 2025 3:32:00 PM
Attachments: [image001.png](#)

**Re: Roberto Perez & Veronica Jane Perez
Scenic Heights Unit 1 Lot 284R
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:

- ✓ There is a discrepancy between the sq. ft. of living area for the house indicated on the permit application and the planning materials.
- 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.CCFLO.ORG

VOID

Date May 19, 2025

Permit Number 118681

1. APPLICANT / AGENT INFORMATION

Owner Name ROBERTO PEREZ & VERONICA JANE

Owner Name PEREZ

Agent Name GREG JOHNSON, P.E.

Mailing Address 543 LEXINGTON PASS

Agent Address 170 HOLLOW OAK

City, State, Zip CANYON LAKE TEXAS 78133

City, State, Zip NEW BRAUNFELS TEXAS 78132

Phone # 210-834-5022

Phone # 830-905-2778

Email adrian@tcpmfs.org

Email gregjohnsonpe@yahoo.com

2. LOCATION

Subdivision Name SCENIC HEIGHTS Unit I Lot 284R Block

Survey Name / Abstract Number Acreage

Address 543 LEXINGTON PASS City CANYON LAKE State TX Zip 78133

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 2+1

Indicate Sq Ft of Living Area 1140+880

☐ 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: \$ 150,000 (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 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

5/23/2025

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: July 7, 2016

Grantor: Ruben J. Serna and Rosalinda P. Serna, husband and wife

Grantor's Mailing Address: 186 Richter Lane, New Braunfels, Comal County, Texas 78130

Grantee: Roberto Perez and Veronica Jane Perez

Grantee's Mailing Address: 208 Kneupper Street, Converse, Bexar County, Texas 78109

Consideration: Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged.

Property (including any improvements): Lots 284, 285 and 286, SCENIC HEIGHTS, UNIT 1, situated in Comal County, Texas, according to plat thereof, recorded in Volume 2, Page 35, Map and Plat Records of Comal County, Texas.


Reservations from and Exceptions to Conveyance and Warranty: This conveyance, however, is made and accepted subject to the following matters, to the extent same are in effect at this time: any and all restrictions, covenants, assessments, reservations, outstanding mineral interests held by third parties, conditions, and easements, if any, relating to the hereinabove described property, but only to the extent they are still in effect and shown of record in the hereinabove mentioned County and State or to the extent that they are apparent upon reasonable inspection of the property; and to all zoning laws, regulations and ordinances of municipal and/or other governmental authorities, if any, but only to the extent they are still in effect and relating to the hereinabove described property.

The Contract between Grantor as the Seller and Grantee as the Buyer, if any, may contain limitations as to warranty or other agreed matters; to the extent that the Contract provides for any such limitations or other agreed matters to survive closing and this conveyance, then such limitations or other agreed matters are hereby deemed incorporated by reference. The warranty of title contained in this Deed is hereby expressly excluded from the limitations or other agreed matters referenced in this paragraph.

Grantor, for the Consideration and subject to the Reservations from Conveyance and the 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 to 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.

\$ GF# 1602590-02
Texas Recording Services, LLC

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

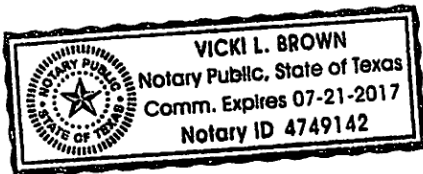

Ruben J. Serna

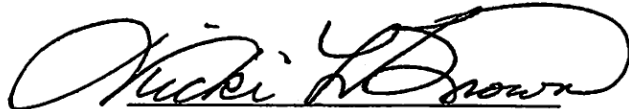

Rosalinda P. Serna

STATE OF TEXAS

COUNTY OF 

This instrument was acknowledged before me on this 27th day of July, 2016, by Ruben J. Serna and Rosalinda P. Serna.




Notary Public, State of Texas

AFTER RECORDING RETURN TO:
Roberto Perez and Veronica Jane Perez
208 Kneupper Street
Converse Texas 78109

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
07/08/2016 10:04:02 AM
TERRI 2 Pages(s)
201606027303







201606047841 12/16/2016 11:52:22 AM 1/5

AMENDMENT TO PLAT

OWNER(S) (as shown on deed(s)):

MAILING ADDRESS:

LEGAL DESCRIPTION OF PROPERTY:

NAME OF RECORDED SUBDIVISION PLAT (& UNIT NUMBER, if any):

COMAL COUNTY MAP & PLAT RECORDS VOLUME

PAGE

(or) DOC#

LOTS OR TRACTS TO BE COMBINED:

RESULTING LOT #

The signatures affixed below will certify that the owner of the described property hereby amends the plat of the property so as to combine the referenced lots or tracts into a single lot or tract. The property owner acknowledges that this Amendment to Plat may not dissolve or alter any existing easements or other property interests that may exist within the boundaries of this property, and that obtaining release or permission from any owner or beneficiary of easement(s) or other property interest(s) affected by this process shall be the responsibility of the property owner. The owner also certifies that any and all lienholders have acknowledged this Amendment to Plat as per the attached Lienholder Acknowledgment(s), if applicable.

OWNER SIGNATURE

NAME PRINTED (& title, if applicable)

OWNER SIGNATURE

NAME PRINTED (& title, if applicable)

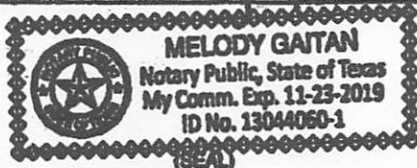
STATE OF

COUNTY OF

SWORN TO AND SUBSCRIBED before me by

Military ID

on the 5 day of December, 2016.



NOTARY PUBLIC

APPROVED BY COMMISSIONERS COURT on the 15th day

of December, 2016.

COUNTY JUDGE

ATTEST:

COUNTY CLERK

FOR RECORDING PURPOSES ONLY

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
12/16/2016 11:52:22 AM
CHRISTY 5 Page(s)
201606047841



Bobbie Koepf



**CORRECTION INSTRUMENT AS TO A RECORDED ORIGINAL INSTRUMENT –
WARRANTY DEED**

[Non-material correction pursuant to §5.028, Texas Property Code, where the parties to the recorded original instrument have not signed the correction affidavit (instrument)]

Date: December 12, 2016

GF No: 1602590-02

Title Company: Mission Title, LP

Affiant: Gregory M. Lyssy

Description of Original Instrument:

Warranty Deed dated July 7, 2016, from Ruben J. Serna and Rosalinda P. Serna to Roberto Perez and Veronica Jane Perez, recorded in Document No. 201608027303, Official Records of Comal County, Texas, conveying title to the following described property:

"Lots 284, 285 and 286, SCENIC HEIGHTS, UNIT 1, situated in Comal County, Texas, according to plat thereof, recorded in Volume 2, Page 35, Map and Plat Records of Comal County, Texas".

Affiant on oath swears that the following statements are true and within the personal knowledge of Affiant:

1. My name is Gregory M. Lyssy. My address is 114 W. Glenview Dr., Suite 200, San Antonio, Texas 78228. I am over the age of eighteen (18) years and am otherwise competent to make this Correction Affidavit.

2. I have personal knowledge of the facts relevant to the correction of the above referenced Original Instrument as evidenced by the following facts:

I am the President of Mission Title, LP and I have reviewed the title company's file records on the transaction.

3. I am making this Affidavit as a correction instrument pursuant to §5.028 of the Texas Property Code, with regard to the following clerical errors in the Original Instrument:

The subdivision unit number, as well as the plat recording information shown in the legal description were incorrect.

4. The Original Instrument should correctly read as follows with respect to the clerical errors described above, these being non-material changes to the Original Instrument:

Lots 284, 285 and 286, SCENIC HEIGHTS, UNIT 2, situated in Comal County, Texas, according to plat thereof, recorded in Volume 2, Page 36, Map and Plat Records of Comal County, Texas.

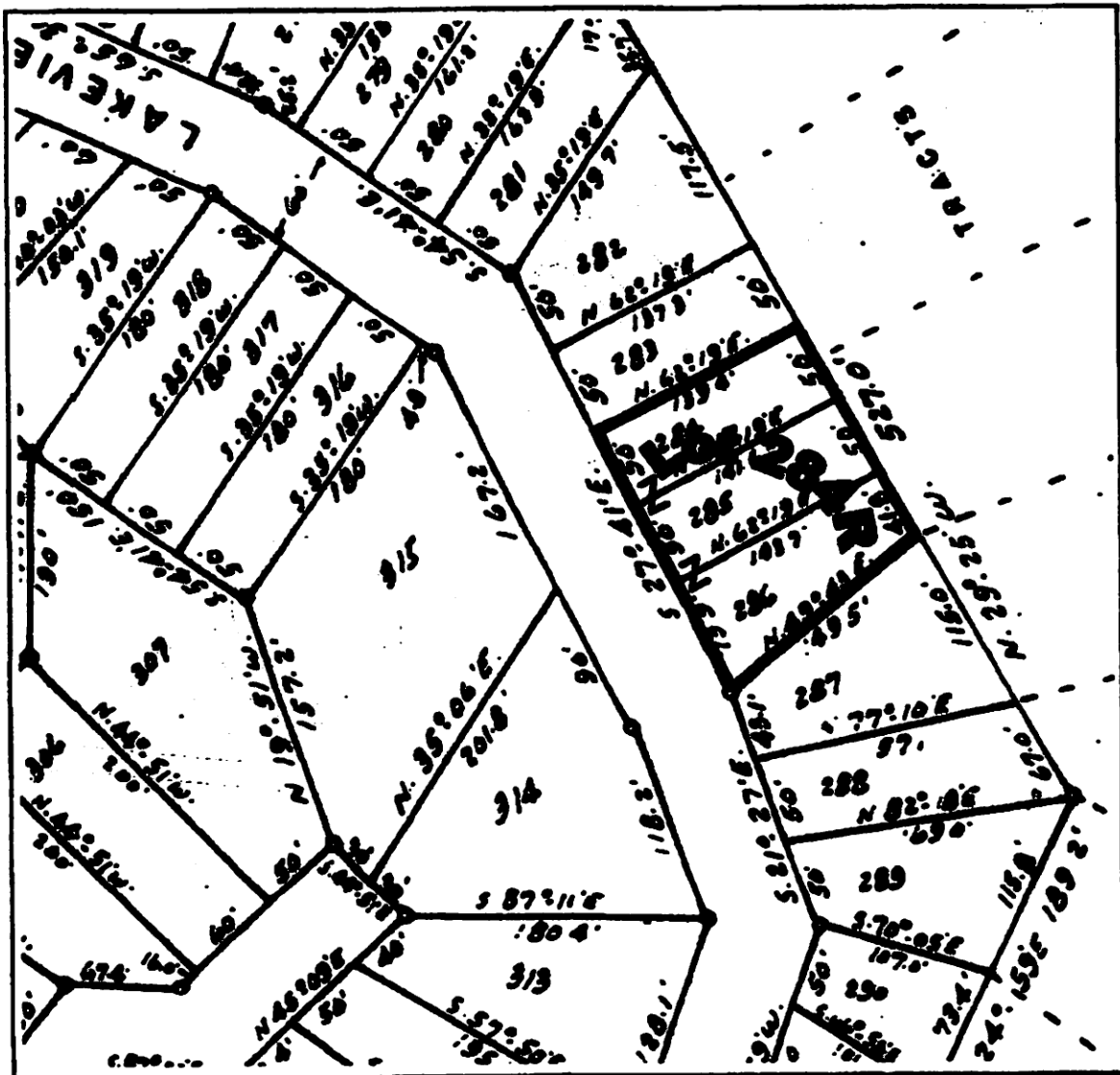
I have given notice of this correction of the Original instrument by sending a copy of this Correction Affidavit by mail to each party to the Original Instrument, in accordance with §5.028 (d) (2) of the Texas Property Code. The evidence of said notice is attached to this affidavit as required by §5.028 (d) (1) of the Texas Property Code.

Amendment to Plat

SCENIC HEIGHTS, UNIT NO. 2

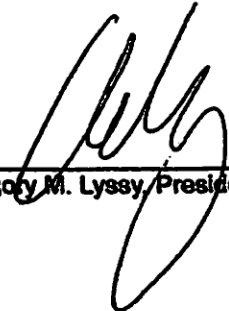
(Volume 2, Page 36, Map and Plat Records, Comal County, Texas)

Combining Lots 284, 285, and 286 Establishing Lot 284R



Please refer to the recorded subdivision plat, *Scenic Heights, Unit No. 2* (Volume 2, Page 36, Map and Plat Records, Comal County, Texas), for original lot dimensions and further information.

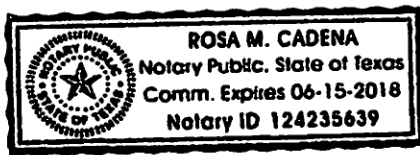
Mission Title, LP

By: 
Gregory M. Lyssy, President

STATE OF TEXAS

COUNTY OF BEXAR

SWORN TO AND SUBSCRIBED before me on this 12th day of December, 2016, by Gregory M. Lyssy, as President of Mission Title, L.P., on behalf of said limited partnership, to certify which witness my hand and seal of office.




Notary Public, State of Texas

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
12/14/2016 04:21:46 PM
TERRI 2 Pages(s)
201606047601

AFTER RECORDING, RETURN TO:
Mission Title, LP
114 W. Glenview
San Antonio, TX 78228







COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

		118681
<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

05/26/2025

Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

INCOMPLETE APPLICATION
___ (Missing Items Circled, Application Refused)