

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)				

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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
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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
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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: 118751
Issued This Date: 07/14/2025
This permit is hereby given to: Randy and Tammy Reardon

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

241 FOSSIL HILLS LOOP
SPRING BRANCH, TX 78070

Subdivision: Overlook at River Crossing
Unit: 0
Lot: 12 R & 13
Block: 0
Acreage: 0.0000

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

Date _____

Permit Number _____

REVISED

9:04 am, Jul 14, 2025

1. APPLICANT / AGENT INFORMATION

Owner Name Randy and Tammy Reardon
Mailing Address 241 Fossil Hills Loop
City, State, Zip Spring Branch, TX 78070
Phone # 303) 669-4906
Email RLR@OUTLOOK.COM

Agent Name David Winters Septics LLC.
Agent Address P.O Box 195
City, State, Zip Spring Branch, TX 78070
Phone # 830-935-2477
Email Wintersseptics@gvtc.com

2. LOCATION

Subdivision Name Overlook at River Crossing Lot 12R & 13 Block _____
Survey Name / Abstract Number _____ Acreage _____
Address 241 Fossil Hills Loop City Spring Branch State TX Zip 78070

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) Casita with garage for RV for intermittent use

Number of Bedrooms 2

Indicate Sq Ft of Living Area 1200

☐ 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: \$ \$200,000 (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 Randy Reardon

Date 6/19/25



REVISED

9:06 am, Jul 14, 2025

Planning Materials & Site Evaluation as Required Completed By Garrett R. Winters R.S #5213

System Description Aerobic System W/ Spray

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

Tank Size(s) (Gallons) 600GPD Absorption/Application Area (Sq Ft) 3927

Gallons Per Day (As Per TCEQ Table III) 220

(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: SPRING BRANCH



Garrett R. Winters R.S.

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.

Garrett R. Winters

Signature of Designer

5/30/2025

Date

AFFIDAVIT OF A SINGLE FAMILY RESIDENCE

THE COUNTY OF _____
STATE OF TEXAS

Before me, the undersigned authority, on this day personally appeared _____

_____, who after being duly sworn, upon oath states that he/ she is the owner of record of those certain tracts or parcels of land lying and being situated in Comal County, Texas, and being more particularly described as follows:

The undersigned further states the following described structures _____

on the said residential property are for one family and are routinely used only by members of the household of that one family.

WITNESS BY HAND(S) ON THE _____ DAY OF _____, 20____

Owner(s) signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS
_____ DAY OF _____, 20____

Notary Signature

Notary's Printed Name: _____

My Commission Expires: _____

**COUNTY OF COMAL
STATE OF TEXAS**

AFFIDAVIT TO THE PUBLIC

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

I
The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, give 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 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 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):

Tract I Lot 12R and Tract II Lot 13, The Overlook at River Crossing,
Comal County, Texas

The property is owned by (insert owner's full name):

Randy L. Reardon Sr. and Tammy Reardon

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 OSSF may be obtained from Comal County Engineer's Office.

WITNESS BY HAND SIGN ON THIS 9th DAY OF June, 2025.

[Signature]
Owner(s) signature(s)

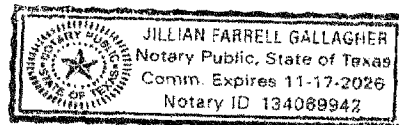
Tammy L. Reardon
(PRINTED NAME)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 9th DAY OF June, 2025

[Signature]
Notary Public, State of Texas

Notary's Printed Name: Jillian Farrell Gallagher

My Commission Expires: 11/17/26



Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
06/12/2025 04:18:30 PM
WESLEY 2 Pages(s)
202506017983



Bobbie Koepp

DAVID WINTERS SEPTICS, LLC
PO BOX 195
SPRING BRANCH, TX 78070
830-935-2477 OFFICE
830-935-2477 FAX
wintersseptics@gvvc.com

Routine Maintenance and Inspection Agreement

This Work-for-Hire Agreement (hereafter referred to as this "Agreement") is entered into, by, and between Randy and Tammy Reardon (referred to as "Client") and David Winters Septic's, LLC, Inc. (hereafter referred to as "Contractor") located at 241 Fossil Hills Loop Date beginning on Issue Date of and contract ending 2 years from Issue Date of License to Operate License to Operate 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 agreement will provide for all required inspections, testing, and service for your Aerobic Treatment System. The policy will include the following:

1. Three (3) inspections per year/service calls (at least one every four months), for a total of six (6) over the two-year period, including inspection, adjustment, and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, diffuser operation, and replacing or repairing any component not found to be functioning correctly. Any alarm situations affecting the proper function of the Aerobic process will be addressed within a 48-hour time frame. This contract does not include labor on warranty and non-warranty parts.
2. An effluent quality inspection consisting of a visual check of 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 on your inspection report.
4. The Client is responsible for the chlorine tablets and/or liquid chlorine; they must be filled before or during the service visit.
5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, and County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will not be covered by this policy.

At the conclusion of the initial service policy, our company will make available, for purchase on an annual basis, a continuing service policy cover NORMAL inspection, maintenance and repair.

The Homeowners Manual must be strictly followed or warranties are subject invalidation. Pumping of sludge build up is not covered by this policy and will result in additional charges.

This agreement does not cover any labor or parts for items which must be replaced due to acts of God, i.e., lightning strikes, high winds, flooding, freezing.

This agreement DOES NOT COVER materials or parts which must be replaced due to misuse or abuse of the system. These include but are not limited to: Sewage flows exceeding the recommended daily hydraulic design capabilities, Disposal of Non-Biodegradable materials, such as chemicals, grease or oil, sanitary napkins, tampons, baby wipes, disposable diapers, Clogs in the line between the house and the tank.

This agreement DOES NOT COVER LABOR OR PARTS for out- of- warranty items.

Service calls made outside of the regular maintenance schedule are subject to a **\$75.00 SERVICE CALL FEE** due at the time of service.

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 service described above.

PAYMENT AGREEMENT

The client will pay compensation to the contractor for the services in the amount of install. This compensation shall be payable in one lump sum payment upon acceptance of this agreement. Payments not received within 30 days of the above described due date will be subject to a \$25.00 late penalty.

First 2 years
included with new

TERMINATION OF THIS AGREEMENT

Either party may terminate this agreement within 10 days of written notice in the event of substantial failure to perform in accordance with its terms by other party without fault of the terminating party. If this agreement is terminated, the contractor will immediately notify the appropriate health authority.

LIMIT OF LIABILITY

The Contractor will not be liable for indirect, consequential, incidental or punitive damages, whether in contract 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.

Permit # _____

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

Client

Randy and Tammy Reardon

Name

241 Fossil Hills Loop

Address

Spring Branch TX 78070

City/State/Zip Code

Phone 803-669-4906

rlr@outlook.com

Email address



Signature of Client

Contractor

David Winters Septics LLC.

1550 Oak Meadows

Canyon Lake, Texas 78133

Office- 830-935-2477 Email-Wintersseptics@gvtc.com

By: 

Signature of Contractor

Maintenance Provider #-MP0001686

OSSF Soil & Site Evaluation

Page 1 (Soil & Site Evaluation)

Date Performed: ____/____/____

Property Owner: _____

Site Location: _____ Proposed Excavation Depth: _____

REQUIREMENTS:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil borings 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 disposal field excavation depth. For surface disposal, the surface horizon must be evaluated. Describe each soil horizon and identify any restrictive features on this form. Indicate depths where features appear.

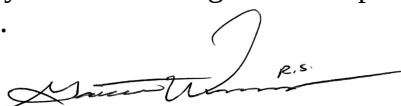
Soil Boring Number:					
Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
1 FT.					
2 FT.					
3 FT.					
4 FT.					
5 FT.					

Soil Boring Number:					
Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
1 FT.					
2 FT.					
3 FT.					
4 FT.					
5 FT.					

FEATURES OF SITE AREA

Presence of 100 year flood zone ☐ Yes ☐ No
Presence of upper water shed ☐ Yes ☐ No
Presence of adjacent ponds, streams, water impoundments ☐ Yes ☐ No
Existing or proposed water well in nearby area (within 150 feet) ☐ Yes ☐ No
Ground Slope _____ %

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


(Signature of person performing evaluation)

(Date)

Registration Number and Type

REVISED

9:06 am, Jul 14, 2025

GW Septic Designs



On-Site Sewage Facility Application and Design

Prepared By:

Garrett R. Winters

Registered Professional Sanitarian

R.S# 5213



Contact Information

Phone: (210) 854-2673

Email: Gwintersseptics@gmail.com

Owner/Site Location

Owner/Builder: REARDON RANDY L SR & TAMMY
Address: 241 FOSSIL HILLS LOOPSPRING BRANCH, TX 78070
Subdivision: OVERLOOK AT RIVER CROSSING (THE),
Lot: LOT 12R-13
DATE: 5/30/2025

LOT DESCRIPTION

The proposed method of wastewater treatment is aerobic treatment with spray irrigation. The sizing of the OSSF was determined as specified in the Texas Commission on Environmental Quality (TCEQ) CHAPTER 285.33 (C)(2). Water saving devices are assumed for the septic system design. This site is not within the 100-Year flood plain (see site plan). Water to the property will be serviced by Public Water Supply.

This design was performed in conformance with Chapter 285 of the Texas Commission on Environmental Quality. I have performed a thorough site visit of the proposed lot as a Professional Registered Sanitarian and Site Evaluator in accordance with Chapter 285, Subchapter D, regarding Recharge Features, of the Texas Commission on Environmental Quality.

System Summary

- 600gpd Aerobic treatment unit
- Manual 24HR control timer
- 20gpm submersible effluent pump
- SCH40 PVC Sewer pipe
- 1" purple PVC SCH40 supply line
- Liquid Chlorinator (EZ Tank)
- 2 K-Rain Gear Driven Pop-up Sprinklers not to exceed 40PSI.
- Sprinklers: *See Site Plan Page*
- Visual and audio alarms monitoring high water and aerator failure placed in a noticeable location.

Wastewater Design Flow

Structure: 1200SF CASITA (180GPD) WITH GARAGE & RV (40GPD)
Bedrooms: 2
Wastewater Usage Rate: 220GPD
Application Rate: 0.064
Application Area Required: 3,438sf
Actual Application Area: 3,927sf

System Components

Pretreatment Tank: 500gal
Pump Tank: 800gal
Aeration Tank: 600gpd
Pump: C1 Series Mid suction Or equivalent
Pump tank reserve minimum: 73gal



Potable Water Lines

Potable water lines must be at a minimum distance of 10 feet from OSSF components. If a water line is within 10 feet, it must be sleeved with 2" SCH40 PVC Pipe in order to provide equivalent protection of a 10' separation in compliance with TAC chapter 290, Subchapter D, Rules for Public Drinking Water Systems.

Landscaping

The native vegetation in the distribution area should consist of low-level shrubs, plains grass, bluestem, or Bermuda. The entire application area must maintain a ground cover after construction. Exposed rock will be covered when in the application area with fine soil such as sandy loam.

If the slope in the drain field area is greater than 15% or is complex, the area is unsuitable for the disposal method, suitable fill shall be brought into the field area to meet this requirement. Surface application systems may apply treated and disinfected effluent upon areas with existing vegetation. If any ground within the proposed surface application area does not have vegetation, that bare area shall be seeded or covered with sod before system start-up. The vegetation shall be capable of growth before the system start-up.

Installation

A 3" or 4" solid-wall SCH40 or SDR 26 PVC pipe with a minimum downward slope of 1/8 inch per foot will be installed between the tank and house. A 2-way cleanout must be included in the line between the house and tank. All piping from house-to-tank and tank-to-drain field must be bedded with class Ib, II, or III soils containing less than 30% gravel. The bottom of the excavation for the tank shall be level and free of large rocks/debris, the tanks shall then be bedded with a 4" layer of sand, sandy loam, 3/4 dust or pea gravel. All openings in the tank are to be sealed to prevent the escape of wastewater. For all OSSF's permitted on OR after September 1, 2023, inspection and cleanout ports shall risers over the port openings which extend to a minimum of two inches above grade. A secondary plug, cap, or other suitable restraint system shall be provided below the riser cap to prevent tank entry if the cap is unknowingly damaged or removed. A secondary plug, cap, or other suitable restraint system shall be provided below the riser cap to prevent tank entry if the cap is unknowingly damaged or removed. Risers must be fitted with removable watertight caps and protected against unauthorized intrusions. Acceptable protective measures include: a padlock and a cover that can be removed with tools.

Electrical Components

All electrical wiring shall conform to the requirements of the National Electric Code (1999) or under any other standards approved by the executive director. Additionally, all external wiring shall be installed in approved, rigid, non-metallic gray code electrical conduit. The conduit shall be buried according to the requirements in the National Electric Code and terminated at a main circuit breaker panel or sub-panel. Connections shall be in approved junction boxes. All electrical components shall have an electrical disconnect within direct vision from the place where the electrical device is being serviced. Electrical disconnects must be weatherproof (approved for outdoor use) and have maintenance lockout provisions.



Maintenance Requirements

The homeowner is primarily responsible for maintaining a properly functioning aerobic treatment system. The installer is responsible for furnishing the homeowner with the installation manual and instructing the homeowner on proper use for this type of OSSF. The following provisions are required by the homeowner:

- A maintenance contract must be maintained for the first 2 years by a licensed maintenance contractor.
- A constant supply of chlorine must be provided to the OSSF system.
- The owner must prohibit the discharge of grease into the OSSF system.
- Keep the spray area mowed and tank area free of ants and weeds.
- Maintain all faucets and toilets inside the home free of leaks.
- Maintaining the pretreatment tanks by pumping them out every 3-5 years to avoid sludge buildup.

Maintenance Contract

For any OSSF with a pump, the installer shall provide the Designated Representative with proof of an executed two-year full-service maintenance contract as required by the TCEQ. The maintenance company will verify that the system is operating properly and that they will provide on-going maintenance of the installation. The initial contract will be for a minimum of 2 years. A maintenance contract will authorize the Maintenance Company to maintain and repair the system as needed. The owner must continuously maintain a signed written contract with a valid maintenance company and shall submit a copy of the contract to the permitting authority at least 30 days prior to the date service will cease.

Affidavit

Prior to issuance of a permit, a certified copy of an affidavit must be submitted to the County Clerk's office. The affidavit is a recorded file in reference to the real property deed on which the surface application is installed on the property. The permit issued to the previous owner of the property being transferred to the new owner in accordance with §285.20(5) of the TCEQ OSSF Rules. The permit will be issued in the name of the owner of the OSSF. Permits shall be transferred to the new owner automatically upon legal sale of the OSSF. The transfer of an OSSF permit under this section shall occur upon actual transfer of the property on which the OSSF is located unless the ownership of the OSSF has been severed from the property.



The following design is intended to follow and meet the TCEQ 30 TAC 285 OSSF Regulations. The performance of this system cannot be guaranteed even though all provisions of 30 TAC 285 have been met or exceeded

REVISED

9:08 am, Jul 14, 2025

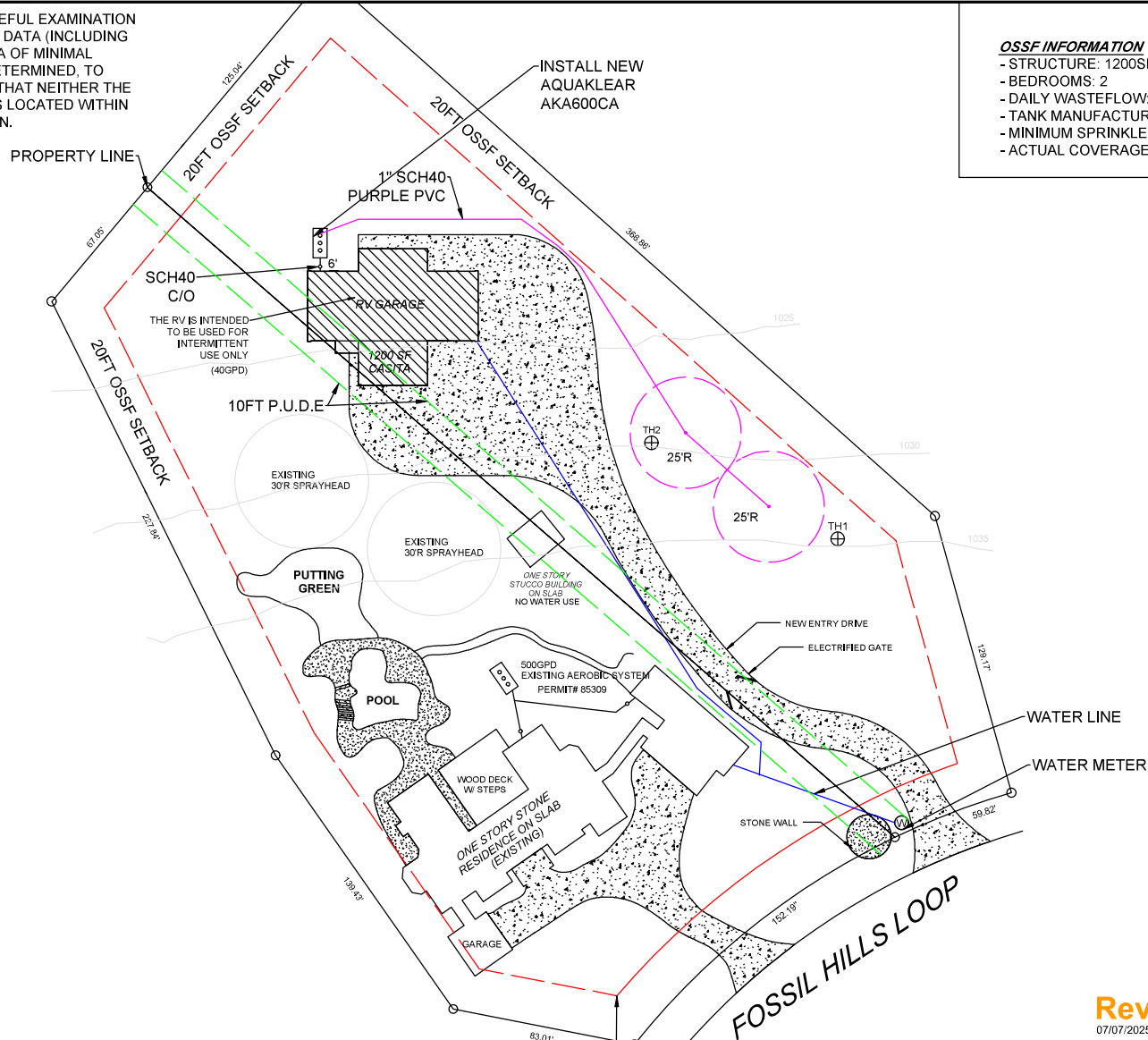
FLOOD PLAIN: AFTER CAREFUL EXAMINATION AND STUDY OF AVAILABLE DATA (INCLUDING FEMA PANEL ZONE X (AREA OF MINIMAL FLOOD HAZARD) I HAVE DETERMINED, TO THE BEST OF MY ABILITY, THAT NEITHER THE HOUSE NOR THE SEPTIC IS LOCATED WITHIN THE 100 YEAR FLOOD PLAIN.

OSSF INFORMATION

- STRUCTURE: 1200SF CASITA (180GPD) WITH GARAGE & RV (40GPD)
- BEDROOMS: 2
- DAILY WASTEFLOW: 220GPD
- TANK MANUFACTURER: AQUAKLEAR AKA600CA
- MINIMUM SPRINKLER COVERAGE: 3,438SF
- ACTUAL COVERAGE AREA: 3,927SF

NOTES

- TANK IS TO BE PLACED AT LEAST 5' FROM STRUCTURES
- ALL POTABLE WATER LINES SHALL BE A MINIMUM OF 10' FROM ANY PART OF THE OSSF
- SEWER LINE WILL BE SCH 80 PVC OR SLEEVED WITH SCH 40 PIPE WHERE IT IS WITHIN 5' OF OR CROSSES UNDER DRIVEWAYS, STRUCTURES, AND SURFACE IMPROVEMENTS TO PROVIDE EQUIVALENT PROTECTION UNDER SETBACK REQUIREMENTS OF TAC 285.
- A MINIMUM OF 1/4" PER FOOT OF FALL IS REQUIRED FROM STRUCTURE TO ATU
- SPRINKLER HEADS MAY NOT SPRAY WITHIN 10' OF TREES. UNDER NO CIRCUMSTANCE SHALL FOOD CROPS BE PLANTED IN THE SPRAY AREA
- SPRAY RADIUS SHALL MAINTAIN AT LEAST 100' FROM PRIVATE WELLS, 150' FROM PUBLIC WELLS. (TANKS 50' MIN)
- SYSTEM SHALL INCLUDE BOTH AUDIBLE AND VISUAL ALARMS TO INDICATE HIGH WATER AND AIR FAILURE
- THE AMOUNT OF WASTEWATER FLOW OF THE STRUCTURE(S) ON THIS DESIGN SHALL NOT SURPASS THE PERMITTED FLOW RATE
- ANY SURFACE ROCKS SHALL BE COVERED WITH SOIL THAT IS CAPABLE OF GROWTH
- NO SURFACE IMPROVEMENTS ARE TO BE WITHIN THE SPRAY AREA
- THIS DESIGN MEETS ALL REQUIREMENTS OF THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY OSSF REGULATIONS
- THIS SITE PLAN IS EXPRESSLY INTENDED FOR ON-SITE SEWAGE FACILITY (OSSF) USE ONLY AND SHOULD NOT BE UTILIZED OR CONSTRUED FOR SURVEYING PURPOSES. ITS PURPOSE IS TO ACCURATELY REPRESENT THE LAYOUT AND DESIGN OF THE SEWAGE SYSTEM WITHIN THE SPECIFIED PROPERTY BOUNDARIES FOR REGULATORY AND OPERATIONAL COMPLIANCE.



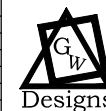
Revised
07/07/2025 2:15:43 PM

PREPARED BY: GARRETT R. WINTERS
R.S #5213

OWNER: REARDON RANDY L SR & TAMMY

ADDRESS: 241 FOSSIL HILLS LOOP
SPRING BRANCH, TX 78070
Subdivision: OVERLOOK AT RIVER CROSSING
(THE), LOT 12R-13

DATE	DESCRIPTION	REV#



SCALE: 1"= 50'

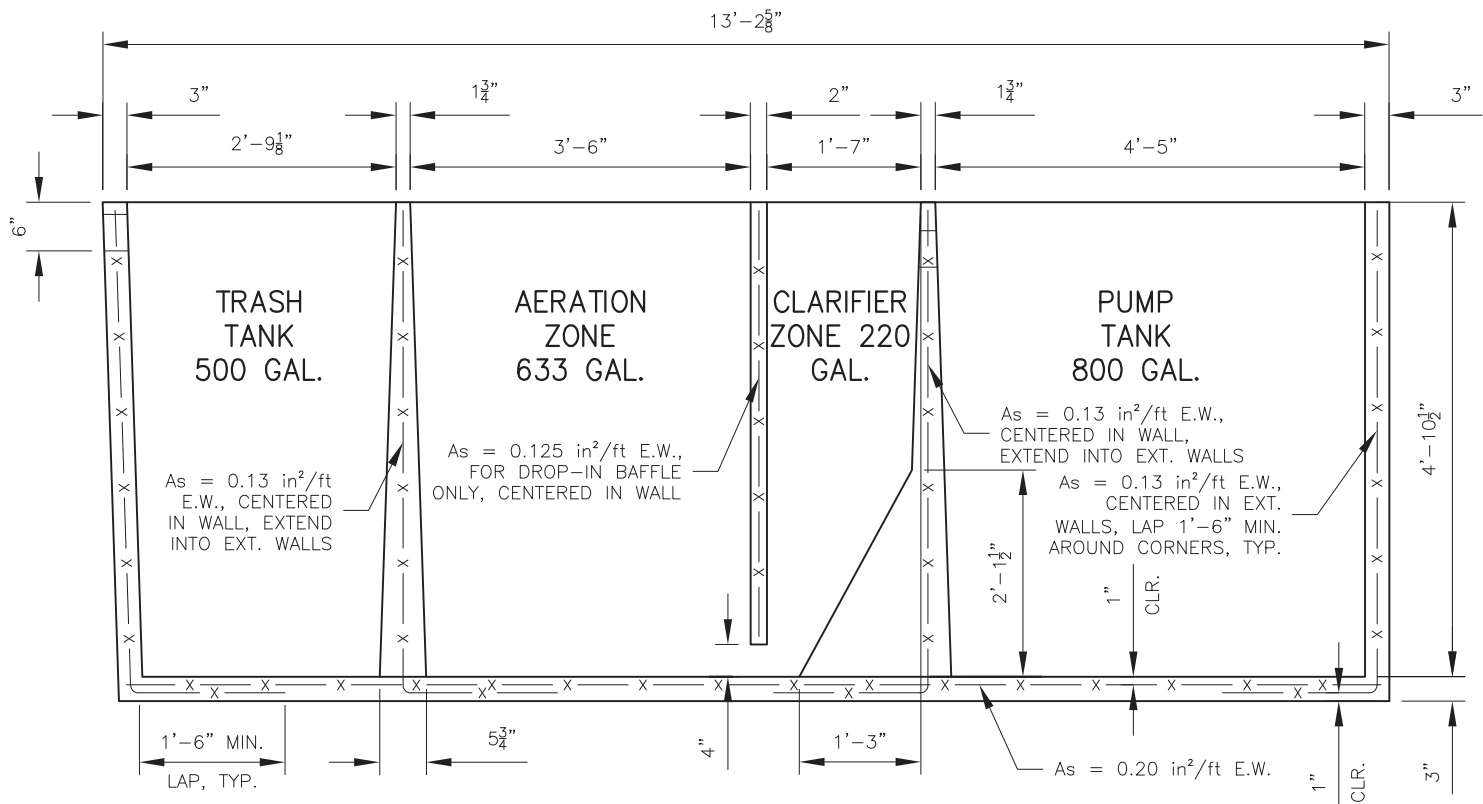
DATE: 7/7/2025



Garrett R. Winters

REVISED

9:08 am, Jul 14, 2025

**REINFORCING SECTION**

Volume	800.0	gallons		
Water Depth	50.5	inches		
Volume / Vertical Inch	15.84	gal/in		
Min. Reserve Volume	1/3	of Q	73.333	gal/day
Pump OFF	10	inches =	158.4	gallons
Pump ON	12	inches =	31.7	gallons
High Water ALARM	34	inches =	348.5	gallons
RESERVE	50.5	inches =	261.4	gallons



Garrett Winters R.S.

REV. NO.	DATE	REVISION

PREPARED BY:

DELTA
SPECIALTY PRECAST CONCRETE ENGINEERS
 860 HOOPER ROAD, ENDWELL, NY 13760-1564
 PHONE(607)231-6600 FAX(607)231-6650

PREPARED FOR:

DAVID WINTERS SEPTIC
 P.O. BOX 195
 SPRING BRANCH, TX 78070

DATE: 09/20/2021
 SCALE: N.T.S.

SHEET TITLE:
REINFORCING SECTION

DRWN BY: CCFH
 CKD BY:

PROJECT:
 AQUAKLEAR
 WASTEWATER TREATMENT SYSTEM
 MODEL AKA600CA

CONTRACTOR: DELTA PROJ. NO.: 2021.750.001
 DWG. I.D. RS-02
 SHT. NO. 2 OF 2

Revised
 07/07/2025 2:15:38 PM

PROPLUS™



Packed with features that ensure reliability,
saving the installer time and money on every job.

- **Revolutionary Patented Easy Arc Set** – Simplified arc set allows for wet or dry adjustment in seconds.
- **5" Riser** – Perfect for grasses with thick thatch.
- **3/4" Inlet** – Replaces all standard rotors.
- **2N1 Adjustable or Continuous Rotation** – Provides a full range adjustment from 40° to a continuous full circle.
- **Patented Arc Set Degree Markings** – Clearly indicates the current watering pattern and simplifies arc set adjustment.
- **Arc Memory Clutch** – Prevents internal gear damage and returns rotor to its prior setting automatically if nozzle turret is forced past its stop.
- **Time Proven Patented Reversing Mechanism** – Assures continuous reverse and return...over a 20 year history.
- **Ratcheting Riser** – Allows for easy adjustment of your left starting position with a simple turn of the riser.
- **Rubber Cover** – Seals out dirt, increases product durability.
- **Wide Selection of Nozzles** – Including standard and low angle, provides flexibility in system design.
- **Optional Check Valve** – Prevents low head drainage.



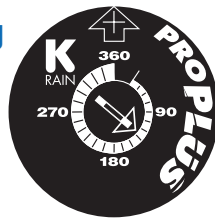
K-Rain Manufacturing Corp.

1640 Australian Avenue
Riviera Beach, FL 33404 USA
+1 561 844-1002
FAX: +1 561 842-9493

1.800.735.7246 | www.krain.com

Easy Arc Setting

Arc Selection 40°
to Continuous 360°
Adjust From Left Start



Models

11003	ProPlus
11003-HP	ProPlus 12" High Pop
11003-SH	ProPlus Shrub Head

OTHER OPTIONS: ADD TO PART NUMBER

-CV	Check Valve
-LA	Low Angle Nozzle
-NN	No Nozzle
-RCW	ProPlus for Reclaimed Water w/Low Angle Nozzle

How to Specify

Model Number	Description
11003	-RCW

Specifications

- Inlet: 3/4" Threaded NPT
- Arc Adjustment Range: 40° to Continuous 360°
- Flow Range: .5 - 10.0 GPM
- Pressure Rating: 20 - 70 PSI
- Precipitation Rate: .06 to .50 Inches Per Hour
(Depending on Spacing and Nozzle Used)
- Overall Height (Popped Down): 7 1/2"
(17" for High Pop Model)
- Recommended Spacing: 28' to 44'
- Radius: 22' to 50'
- Nozzle Trajectory: 26°
- Low Angle Nozzle Trajectory: 12°
- Standard and Low Angle Nozzle: Included
- Riser Height: 5"

Performance Data

NOZZLE	PRESSURE			RADIUS		FLOW RATE			PRECIP in/hr		PRECIP mm/hr	
	PSI	kPa	Bars	Ft.	M.	GPM	L/M	M ³ /H	■	▲	■	▲
#0.5	30	207	2.1	28	8.5	0.5	1.9	0.11	0.12	0.14	3	4
	40	276	2.8	29	8.8	0.6	2.3	0.14	0.14	0.16	3	4
	50	345	3.5	29	8.8	0.7	2.7	0.16	0.16	0.19	4	5
	60	414	4.1	30	9.1	0.8	3.0	0.18	0.17	0.20	4	5
#0.75	30	207	2.1	29	8.8	0.7	2.7	0.16	0.16	0.19	4	5
	40	275	2.8	30	9.1	0.8	3.0	0.18	0.17	0.20	4	5
	50	344	3.4	31	9.4	0.9	3.4	0.20	0.18	0.21	5	5
	60	413	4.1	32	9.8	1.0	3.8	0.23	0.19	0.22	5	6
#1.0	30	207	2.1	32	9.8	1.3	4.9	0.30	0.24	0.28	6	7
	40	275	2.8	33	10.1	1.5	5.7	0.34	0.27	0.31	7	8
	50	344	3.4	34	10.4	1.6	6.1	0.36	0.27	0.31	7	8
	60	413	4.1	35	10.7	1.8	6.8	0.41	0.28	0.33	7	8
#2.0	30	207	2.1	37	11.3	2.4	9.1	0.55	0.34	0.39	9	10
	40	275	2.8	40	12.2	2.5	9.5	0.57	0.30	0.35	8	9
	50	344	3.4	42	12.8	3.0	11.4	0.68	0.33	0.38	8	10
	60	413	4.1	43	13.1	3.3	11.4	0.68	0.34	0.36	8	9
2.5 Pre-installed	30	207	2.1	38	11.6	2.5	9.5	0.57	0.33	0.38	8	10
	40	275	2.8	39	11.9	2.8	10.6	0.64	0.35	0.41	9	10
	50	344	3.4	40	12.2	3.2	12.1	0.73	0.39	0.44	10	11
	60	413	4.1	41	12.5	3.5	13.3	0.80	0.40	0.46	10	12
#3.0	30	207	2.1	38	11.6	3.6	13.6	0.82	0.48	0.55	12	14
	40	275	2.8	39	11.9	4.2	15.9	0.96	0.53	0.61	14	16
	50	344	3.4	41	12.5	4.6	17.4	1.05	0.53	0.61	13	15
	60	413	4.1	42	12.8	5.0	19.0	1.14	0.55	0.63	14	16
#4.0	30	207	2.1	43	13.1	4.4	16.7	1.00	0.46	0.53	12	13
	40	275	2.8	44	13.4	5.1	19.3	1.16	0.51	0.59	13	15
	50	344	3.4	46	14.0	5.6	21.2	1.27	0.51	0.59	13	15
	60	413	4.1	49	14.9	5.9	22.4	1.34	0.47	0.55	12	14
#6.0	40	276	2.8	45	13.7	5.9	22.4	1.34	0.56	0.65	14	16
	50	344	3.4	46	14.0	6.0	22.7	1.36	0.55	0.63	14	16
	60	413	4.1	48	14.6	6.3	23.9	1.43	0.53	0.61	13	15
	70	482	4.8	49	14.9	6.7	25.4	1.52	0.54	0.62	14	16
#8.0	40	276	2.8	42	12.8	8.0	30.3	1.82	0.87	1.01	22	26
	50	344	3.4	45	13.7	8.5	32.2	1.93	0.81	0.93	21	24
	60	413	4.1	49	14.9	9.5	36.0	2.16	0.76	0.88	19	22
	70	482	4.8	50	15.2	10.0	37.9	2.27	0.77	0.89	20	23

Low Angle Performance Data

NOZZLE	PRESSURE			RADIUS		FLOW RATE			PRECIP in/hr		PRECIP mm/hr	
	PSI	kPa	Bars	Ft.	M.	GPM	L/M	M ³ /H	■	▲	■	▲
#1.0	30	207	2.1	22	6.7	1.2	4.5	.27	0.48	0.55	12	14
	40	276	2.8	24	7.3	1.7	6.4	.39	0.57	0.66	14	17
	50	345	3.4	26	7.9	1.8	6.8	.41	0.51	0.59	13	15
	60	414	4.1	28	8.5	2.0	7.6	.45	0.49	0.57	12	14
#3.0	30	207	2.1	29	8.8	3.0	11.4	.68	0.69	0.79	17	20
	40	276	2.8	32	9.8	3.1	11.7	.70	0.58	0.67	15	17
	50	345	3.4	35	10.7	3.5	13.2	.80	0.55	0.64	14	16
	60	414	4.1	37	11.3	3.8	14.4	.86	0.53	0.62	14	16
#4.0	30	207	2.1	31	9.4	3.4	12.9	.77	0.68	0.79	17	20
	40	276	2.8	34	10.4	3.9	14.8	.89	0.65	0.75	17	19
	50	345	3.4	37	11.3	4.4	16.7	1.00	0.62	0.71	16	18
	60	414	4.1	38	11.6	4.7	17.8	1.07	0.63	0.72	16	18
#6.0	40	275	2.8	38	11.6	6.5	24.6	1.48	0.87	1.00	22	25
	50	344	3.4	40	12.2	7.3	27.7	1.66	0.88	1.01	22	26
	60	413	4.1	42	12.8	8.0	30.3	1.82	0.87	1.01	22	26
	70	482	4.8	44	13.4	8.6	32.6	1.96	0.86	0.99	22	25

*All precipitation rates calculated for 180° operation. For the precipitation rate for a 360° sprinkler, divide by 2.

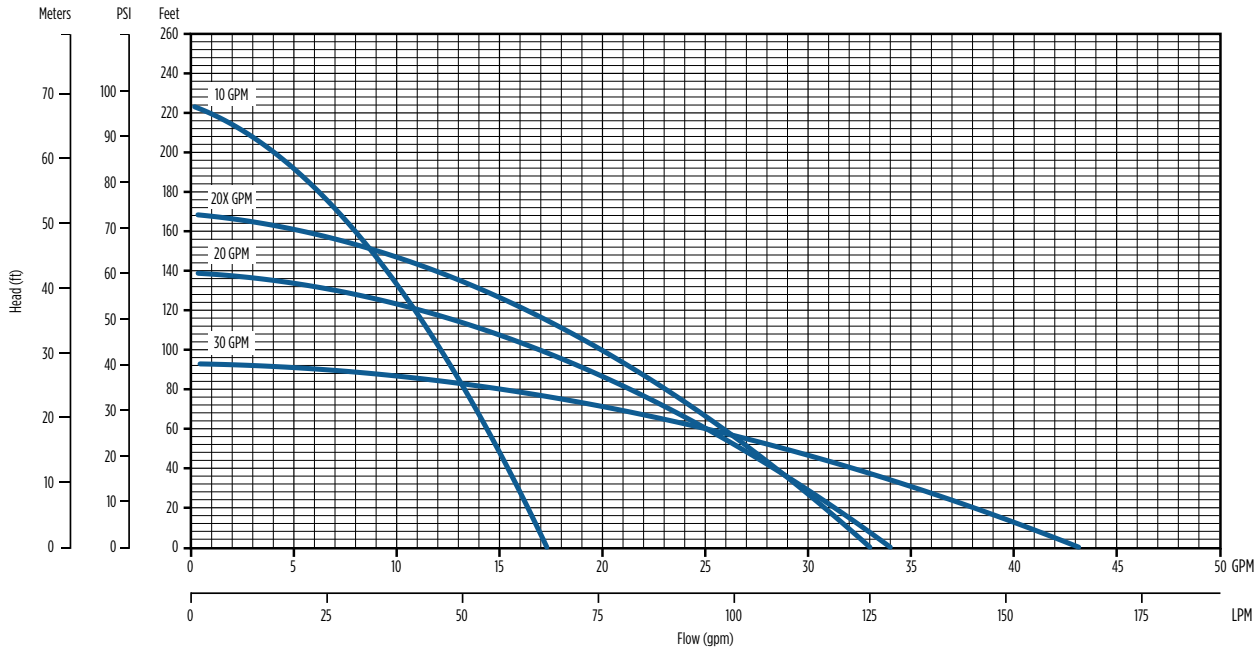
C1 SERIES

CISTERN PUMPS

Designed for use in gray water and filtered effluent service applications, the C1 Series cistern pump provides high performance and long life in less than ideal water conditions. Able to pass solids up to 1/8" without having a negative effect on the internal hydraulic components, the pump features a unique bottom suction design allowing for maximum fluid drawdown without compromising durability or overall life, and it does not require the use of a flow induction sleeve. Intended specifically for use in a cistern or tank, C1 Series pumps are suitable for use in agricultural, residential, and commercial installations.



C1 SERIES FAMILY CURVE



FEATURES

- Supplied with a removable 5" base for secure and reliable mounting
- Bottom suction design
- Robust thermoplastic discharge head design resists breakage during installation and operation
- Standard backflow prevention through a built-in, but removable, check valve.
- Single shell housing design provides a compact unit while ensuring cool and quiet operation
- Hydraulic components molded from high quality engineered thermoplastics
- Optimized hydraulic design allows for increased performance and decreased power usage
- All metal components are made of high grade stainless steel for corrosion resistance
- Available with a high quality 115 V or 230 V, 1/2 hp motor
- Fluid flows of 10, 20, and 30 gpm, with a max shut-off pressure of over 100 psi
- Heavy-duty 300 V 10 foot SJ00W jacketed lead

APPLICATIONS

- Gray water pumping
- Filtered effluent service water pumping
- Water reclamation projects such as pumping from rain catchment basins
- Aeration and other foundation or pond applications
- Agriculture and livestock water pumping

ORDERING INFORMATION

GPM	HP	Volts	Stage	Model No.	Order No.	Length (in)	Weight (lbs)
10	1/2	115	6	10C1-05P4-2W115	90301005	26	17
		230	6	10C1-05P4-2W230	90301010	26	17
20		115	4	20C1-05P4-2W115	90302005	25	16
		230	4	20C1-05P4-2W230	90302010	25	16
20X		115	5	20XC1-05P4-2W115	90302015	26	17
		230	5	20XC1-05P4-2W230	90302020	26	17
30		115	3	30C1-05P4-2W115	90303005	25	16
		230	3	30C1-05P4-2W230	90303010	25	16

NOTE: All units have 10 foot long SJ00W leads

LBC Manufacturing ***“EZ-Tank”***

GRAVITY FLOW Liquid **Bleach Chlorinator**

US Patent Pending

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LBC Manufacturing
P.O. Box 454
Fayetteville, TEXAS 78940
(979) 826-0139 off.

www.liquidchlorinator.com

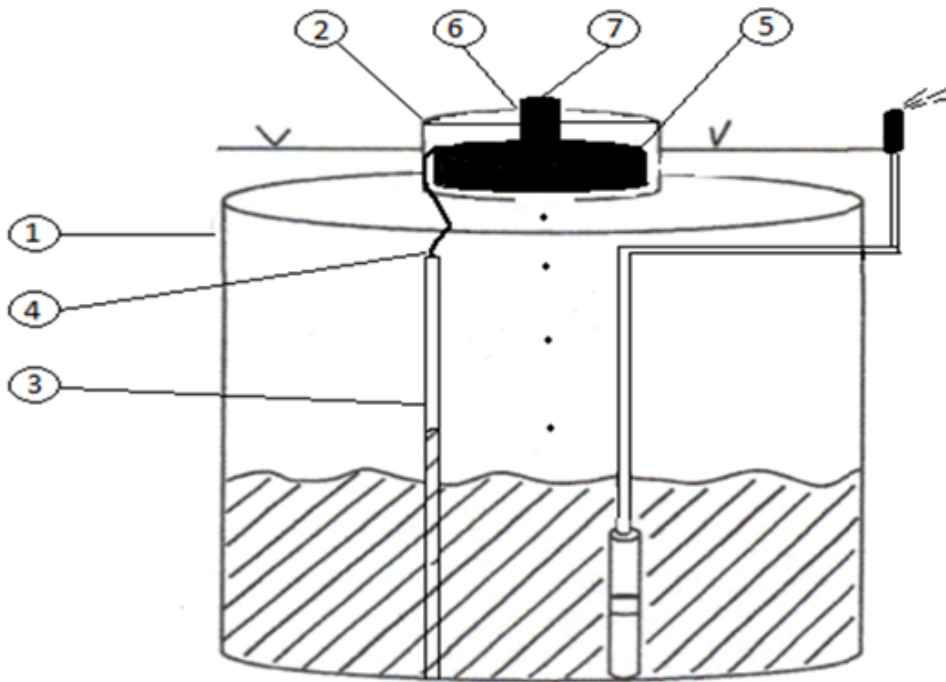


THIS PRODUCT WAS EVALUATED AS A
CHLORINE DISINFECTION DEVICE AND MEETS OR
EXCEEDS THE APPLICABLE REQUIREMENTS OF
STANDARD 46

RECOMMENDED INSTALLATION INSTRUCTIONS

**** LBC Manufacturing recommends installation by TCEQ licensed and trained installers. ****

1. Locate the Aerobic System Holding/Pump tank
2. Remove the green access lid mounting screws and remove green access lid.
3. Install vertical sensing pipe into Holding/Pump tank. Ensure sensing pipe is resting on the bottom of the Holding/Pump tank. Cut the sensing pipe off below the top of the Holding/Pump tank lid, and secure the sensing pipe to remain vertical in the Holding/Pump tank
4. Using PVC Cleaner and PVC glue, attach the barb fitting adapter (supplied on the end of EZ-Tanks vinyl tubing) to the sensing pipe.
5. Place the EZ-Tank reservoir inside the holding tank access riser. (EZ-Tank reservoir rests on the secondary safety lid inside the holding tank access riser. If the holding tank access riser does not have a secondary safety lid, replace with new access riser that accommodates the secondary safety lid to code.)
6. Next, drill 4.25 inch hole in center of holding tank access lid. (this allows the fill lid to be accessed without having to reopen the holding tank lid) Next, Re-Install holding tank access lid and replace mounting and safety screws.
7. Open EZ-Tank gasketed fill lid. Fill with 6% -10% sodium hypochlorite. Once filled, Replace the gasketed fill lid ensuring a firm secure seal. (If the fill lid is not tightened securely, a vacuum will not form and reservoir will empty sodium hypochlorite contents into Holding/Pump tank prematurely.)



CHLORINE DISINFECTION DEVICE PERFORMANCE

The LBC MFG “EZ-Tank” is a proven disinfection device that meets the applicable requirements of NSF standard 46 for Chlorine disinfection devices. The EZ-Tank is listed as a certified chlorine disinfection device for secondary treated effluent. Certification requires the device to be used with 6-10% sodium hypochlorite (household bleach) The EZ-Tank Disinfection device is a gravity flow product that applies disinfectant to a holding tank as the water level rises thus giving the ultimate amount of contact time for the disinfectant to work.

THE LIQUID CHLORINATION PROCESS

LBC Manufacturing designed and built the “EZ-Tank” to provide years of trouble-free service. It is constructed from durable Polyethylene material which can withstand the corrosive nature of Sodium Hypochlorite (Household Bleach). It has been tested to NSF/ANSI Std 46 and has proven to function more consistently, at a lower operating cost, than any other disinfection method.

The basic function of the Liquid Bleach Chlorinator is to introduce disinfectant to the effluent water in the Holding/Pump tank as the effluent enters. The longer the contact time the disinfectant has to interact with pathogens, the better it disinfects. The ideal method is maximum contact time for minimal pathogen survival.

LIQUID CHLORINATOR OPERATION AND MAINTENANCE

It is the Owner's *Responsibility* to operate and maintain the Liquid Chlorinator to the best of their ability.

If Service is required, refer to the Data/Service Plate located on the Fill Lid of the Liquid Chlorinator.

The Liquid Chlorinator uses 6-10% Sodium Hypochlorite (Household Bleach). Do not use any other products and or chemicals other than specified. Always maintain a constant supply of disinfectant / Bleach in the Chlorinator Housing at all times. The rate of disinfectant/Bleach usage will vary with individual homeowner water usage. If disinfectant usage increases or decreases, call the service provider.

If flood waters, ants, chemicals etc.. other than Sodium Hypochlorite, enters the Chlorinator Housing, call for service.

****** Always use Personal Protective Equipment when Filling or Servicing the Chlorinator******

MONTHLY : Open the Chlorinator Fill Lid and Visually Inspect the liquid level the chlorine reservoir. Maintain a constant supply of Sodium Hypochlorite (Household Bleach) in the Chlorinator Housing and reservoir at all times. Check Sprinkler discharge for Chlorine residual. If Service is required, refer to the Data/Service Plate located on the Fill Lid of the chlorinator reservoir

PERIODICALLY: Open the Chlorinator Fill Lid and Visually Inspect the Chlorinator for debris such as dirt, grass clippings etc. Check Sprinkler discharge for Chlorine residual. If Service is required, refer to the Data/Service Plate located on the Fill Lid of the Chlorinator reservoir.

YEARLY: Visually inspect the Chlorinator Housing for any damage from lawnmowers, etc.
Remove dirt/ant build up , grass, etc. from Chlorinator Housing Fill Lid. Check Sprinkler discharge for Chlorine residual.
If Service is required, refer to the Data/Service Plate located on the Fill Lid of the Chlorinator reservoir

FOR INTERMITTENT PERIODS OR EXTENDED PERIODS OF NON-USE

The EZ Tank is designed to function under normal use or Intermittent periods of use. If periods of non use exceed 6 months , drain Chlorinator Housing and refill with 6-10% Sodium Hypochlorite. If Service is required, refer to the Data/Service Plate located on the Fill Lid of the Chlorinator reservoir.

Comal County Web Map



5/30/2025, 1:58:09 PM

Contour 5ft

Contour Line, Major

Contour Line, Intermediate

Contour Line, Minor

Addresses

Streets

City ETJs

Bulverde ETJ



Spring Branch ETJ



Parcels



Scaled County Boundary

Permits



Septic

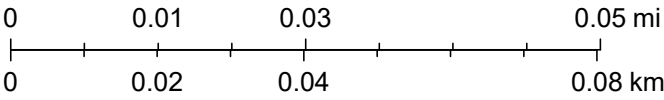


Piprow/Driveway



Floodplain

1:1,188



From: [Ritzen,Brenda](#)
To: ["wintersseptics@gvtc.com"](mailto:wintersseptics@gvtc.com)
Subject: RE: Permit 118751
Date: Wednesday, July 2, 2025 4:01:00 PM
Attachments: [image001.png](#)

Owner / Agent :

In addition to the items below, show on the design the boundaries of each lot.

Thank you,



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

From: Ritzen,Brenda
Sent: Wednesday, July 2, 2025 3:57 PM
To: wintersseptics@gvtc.com
Subject: Permit 118751

Re: Randy & Tammy Reardon
Overlook at River Crossing Lot 12R & 13
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:

- ✓. Both property owners must sign the septic permit application.
2. Will the RV be for intermittent use only? If so, mark as intermittent use only and revise the planning materials adding the 40 gpd and

resubmit. If the RV is for daily use, this submittal may be subject to the requirements for high strength wastewater unless the RV is designed at a rate of at least 114 gallons per day.

3. Revise as needed and resubmit.

Thank you,



Brenda Ritzen

Environmental Health Coordinator

195 David Jonas Dr.

New Braunfels, TX 78132

DR:OS00007722

830-608-2090

www.cceo.org



ON-SITE SEWAGE FACILITY APPLICATION

RECEIVED

Date By Kathy Griffin at 10:04 am, Jun 13, 2025

Permit Number 118751

1. APPLICANT / AGENT INFORMATION

Owner Name Randy and Tammy Reardon
Mailing Address 241 Fossil Hills Loop
City, State, Zip Spring Branch, TX 78070

Agent Name David Winters Septics LLC.
Agent Address P.O Box 195
City, State, Zip Spring Branch, TX 78070

Phone # _____

Phone # 830-935-2177

Email _____

Email Winterssepts@gvtc.com

2. LOCATION

Subdivision Name Overlook at River Crossing
Survey Name / Abstract Number _____
Address 241 Fossil Hills Loop
City Spring Branch

Lot 12R & 13 Block _____
Acreage _____
State TX Zip 78070

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) Casita with garage for RV

Number of Bedrooms 2

Indicate Sq Ft of Living Area 1200

☐ 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: \$ 22,000 (Structure Only)

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

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

Source of Water ☒ Public ☐ Private Well ☐ Rainwater

4. SIGNATURE OF OWNER

By signing this application, I certify that:

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

Signature of Owner _____

Date 6/9/25



ON-SITE SEWAGE FACILITY APPLICATION

Planning Materials & Site Evaluation as Required Completed By _____

System Description _____

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

Tank Size(s) (Gallons) _____ Absorption/Application Area (Sq Ft) _____

Gallons Per Day (As Per TCEQ Table III)

(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: _____



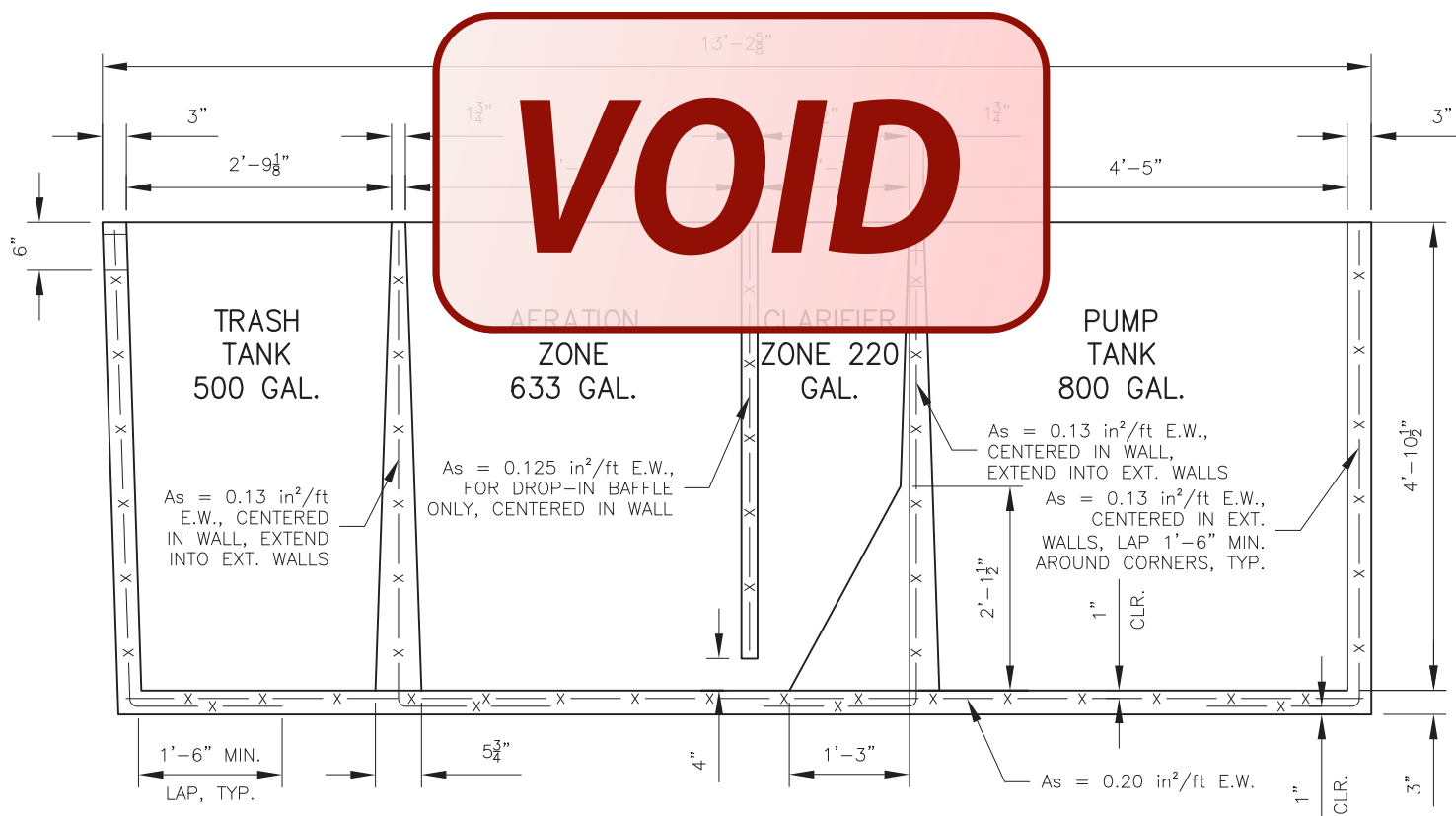
Garrett R. Winters R.S.

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.

Garrett R. Winters
Signature of Designer

Date



REINFORCING SECTION

PUMP FLOAT SETTINGS FOR: 180GPD

Volume	800.0	gallons		
Water Depth	52.5	inches		
Volume / Vertical Inch	15.24	gal/in		
Min. Reserve Volume	1/3	of Q	60	gal/day
Pump OFF	12	inches =	182.9	gallons
Pump ON	14	inches =	30.5	gallons
High Water ALARM	32	inches =	274.3	gallons
RESERVE	52.5	inches =	312.4	gallons



Garrett R. Winters

REV. NO.	DATE	REVISION

PREPARED BY:

DELTA
SPECIALTY PRECAST CONCRETE ENGINEERS
860 HOOPER ROAD, ENDWELL, NY 13760-1564
PHONE (607) 231-6600 FAX (607) 231-6650

PREPARED FOR:

DAVID WINTERS SEPTIC
P.O. BOX 195
SPRING BRANCH, TX 78070

DATE: 09/20/2021
SCALE: N.T.S.

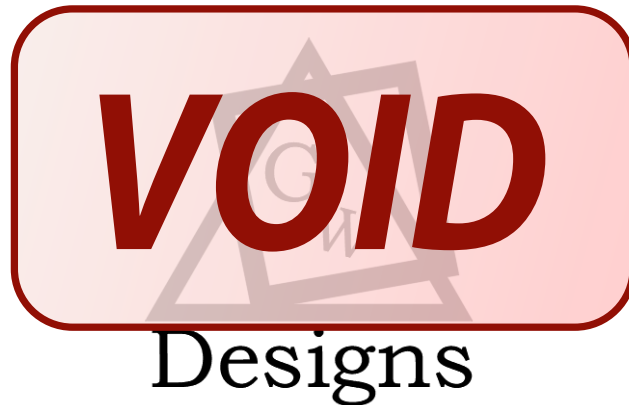
SHEET TITLE: REINFORCING SECTION

DRWN BY: CCFH
CKD BY:

PROJECT: AQUAKLEAR
WASTEWATER TREATMENT SYSTEM
MODEL AKA600CA

CONTRACTOR: DELTA PROJ. NO.: 2021.750.001 DWG. I.D. RS-02 SHT. NO. 2 OF 2

GW Septic Designs



On-Site Sewage Facility Application and Design

Prepared By:
Garrett R. Winters
Registered Professional Sanitarian
R.S# 5213



Contact Information
Phone: (210) 854-2673
Email: Gwintersseptics@gmail.com

Owner/Site Location

Owner/Builder: REARDON RANDY L SR & TAMMY
Address: 241 FOSSIL HILLS LOOP SPRING BRANCH, TX 78070
Subdivision: OVERLOOK AT RIVER CROSSING (THE),
Lot: LOT 12R-13
DATE: 5/30/2025

LOT DESCRIPTION

The proposed method of wastewater treatment is aerobic treatment with spray irrigation. The sizing of the OSSF was determined as specified in the Texas Commission on Environmental Quality (TCEQ) CHAPTER 285.33 (C)(2). Water saving devices are assumed for the septic system design. This site is not within the 100-Year flood plain (see site plan). Water to the property will be serviced by Public Water Supply.

This design was performed in conformance with Chapter 285 of the Texas Commission on Environmental Quality. I have performed a thorough site visit of the proposed lot as a Professional Registered Sanitarian and Site Evaluator in accordance with Chapter 285, Subchapter D, regarding Recharge Features, of the Texas Commission on Environmental Quality.

System Summary

- 600gpd Aerobic treatment unit
- Manual 24HR control timer
- 20gpm submersible effluent pump
- SCH40 PVC Sewer pipe
- 1" purple PVC SCH40 supply line
- Liquid Chlorinator (EZ Tank)
- 2 K-Rain Gear Driven Pop-up Sprinklers not to exceed 40PSI.
- Sprinklers: *See Site Plan Page*
- Visual and audio alarms monitoring high water and aerator failure placed in a noticeable location.

Wastewater Design Flow

Structure: 1200SF CASITA WITH GARAGE FOR RV
Bedrooms: 2
Wastewater Usage Rate: 180GPD
Application Rate: 0.064
Application Area Required: 2,813sf
Actual Application Area: 3,927sf

System Components

Pretreatment Tank: 500gal
Pump Tank: 800gal
Aeration Tank: 600gpd
Pump: C1 Series Mid suction Or equivalent
Pump tank reserve minimum: 60gal



FLOOD PLAIN: AFTER CAREFUL EXAMINATION AND STUDY OF AVAILABLE DATA (INCLUDING FEMA PANEL ZONE X (AREA OF MINIMAL FLOOD HAZARD) I HAVE DETERMINED, TO THE BEST OF MY ABILITY, THAT NEITHER THE HOUSE NOR THE SEPTIC IS LOCATED WITHIN THE 100 YEAR FLOOD PLAIN.

OSSF INFORMATION

- STRUCTURE: 1200SF CASITA WITH GARAGE FOR RV
- BEDROOMS: 2
- DAILY WASTEFLOW: 180GPD
- TANK MANUFACTURER: AQUAKLEAR AKA600CA
- MINIMUM SPRINKLER COVERAGE: 2,813SF
- ACTUAL COVERAGE AREA: 3,927SF

NOTES

- TANK IS TO PLACED AT LEAST 5' FROM STRUCTURES
- ALL POTABLE WATER LINES SHALL BE A MINIMUM OF 10' FROM ANY PART OF THE OSSF
- SEWER LINE WILL BE SCH 80 PVC OR SLEEVED WITH SCH 40 PIPE WHERE IT IS WITHIN 5' OF OR CROSSES UNDER DRIVEWAYS, STRUCTURES, AND SURFACE IMPROVEMENTS TO PROVIDE EQUIVALENT PROTECTION UNDER SETBACK REQUIREMENTS OF TAC 285. A MINIMUM OF 1/4" PER FOOT OF FALL IS REQUIRED FROM STRUCTURE TO ATU
- SPRINKLER HEADS MAY NOT SPRAY WITHIN 10' OF TREES. UNDER NO CIRCUMSTANCE SHALL FOOD CROPS BE PLANTED IN THE SPRAY AREA
- SPRAY RADIUS SHALL MAINTAIN AT LEAST 100' FROM PRIVATE WELLS, 150' FROM PUBLIC WELLS. (TANKS 50' MIN)
- SYSTEM SHALL INCLUDE BOTH AUDIBLE AND VISUAL ALARMS TO INDICATE HIGH WATER AND AIR FAILURE
- THE AMOUNT OF WASTEWATER FLOW OF THE STRUCTURE(S) ON THIS DESIGN SHALL NOT SURPASS THE PERMITTED FLOW RATE
- ANY SURFACE ROCKS SHALL BE COVERED WITH SOIL THAT IS CAPABLE OF GROWTH
- NO SURFACE IMPROVEMENTS ARE TO BE WITHIN THE SPRAY AREA
- THIS DESIGN MEETS ALL REQUIREMENTS OF THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY OSSF REGULATIONS
- THIS SITE PLAN IS EXPRESSLY INTENDED FOR ON-SITE SEWAGE FACILITY (OSSF) USE ONLY AND SHOULD NOT BE UTILIZED OR CONSTRUED FOR SURVEYING PURPOSES. ITS PURPOSE IS TO ACCURATELY REPRESENT THE LAYOUT AND DESIGN OF THE SEWAGE SYSTEM WITHIN THE SPECIFIED PROPERTY BOUNDARIES FOR REGULATORY AND OPERATIONAL COMPLIANCE.

VOID

PREPARED BY: GARRETT R. WINTERS
R.S #5213

OWNER: REARDON RANDY L SR & TAMMY

ADDRESS: 241 FOSSIL HILLS LOOP
SPRING BRANCH, TX 78070
Subdivision: OVERLOOK AT RIVER CROSSING
(THE), LOT 12R-13

DATE	DESCRIPTION	REV#



SCALE:1"- 50'

DATE: 5/30/2025



Garrett R. Winters R.S.

CHICAGO TITLE GF# 4300292485827 SN

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OF THE FOLLOWING INFORMATION FROM THIS INSTRUMENT BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVERS LICENSE NUMBER.

GENERAL WARRANTY DEED

Date: March 27, 2024 (the "Effective Date")

Grantor: JEFFREY ALAN SEMINARO and MEGAN S. SEMINARO, a married couple

Grantee: RANDY L REARDON, SR. AND TAMMY REARDON

Mailing Address: 241 Fossil Hills Loop
Spring Branch, TX 78070

Consideration: Cash and other good and valuable consideration, the receipt of which is acknowledged.

Property (including any improvements):

TRACT I: LOT 12R, THE OVERLOOK AT RIVER CROSSING, COMAL COUNTY, TEXAS, ACCORDING TO THE MAP OR PLAT THEREOF, RECORDED IN VOLUME 14, PAGE 174 AMENDED IN VOLUME 14, PAGE 324, MAP AND PLAT RECORDS, COMAL COUNTY, TEXAS.

TRACT II: LOT 13, THE OVERLOOK AT RIVER CROSSING, COMAL COUNTY, TEXAS, ACCORDING TO THE MAP OR PLAT THEREOF, RECORDED IN VOLUME 14, PAGE 174, MAP AND PLAT RECORDS, COMAL COUNTY, TEXAS.

Reservations from Conveyance: None.

Exceptions to Conveyance and Warranty:

Any and all validly existing and recorded easements, rights-of-way, and prescriptive rights; all presently recorded and validly existing instruments, or matters apparent from those instruments, including reservations outstanding in parties other than Grantor, other than conveyances of the surface fee estate, that affect the Property; any discrepancies or conflicts in boundary lines; any encroachments or overlapping of improvements; and taxes for the current year and subsequent years, which Grantee assumes and agrees to

pay and subsequent assessments for the current year and prior years, if any, due to change in land usage, ownership, or both, the payment which Grantee assumes.

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.

When the context requires, singular nouns and pronouns include the plural. This instrument may be executed in any number of multiple counterparts.

EXECUTED on the date(s) indicated in the below notary acknowledgment(s) and effective on the Effective Date.

GRANTOR:



JEFFREY ALAN SEMINARO



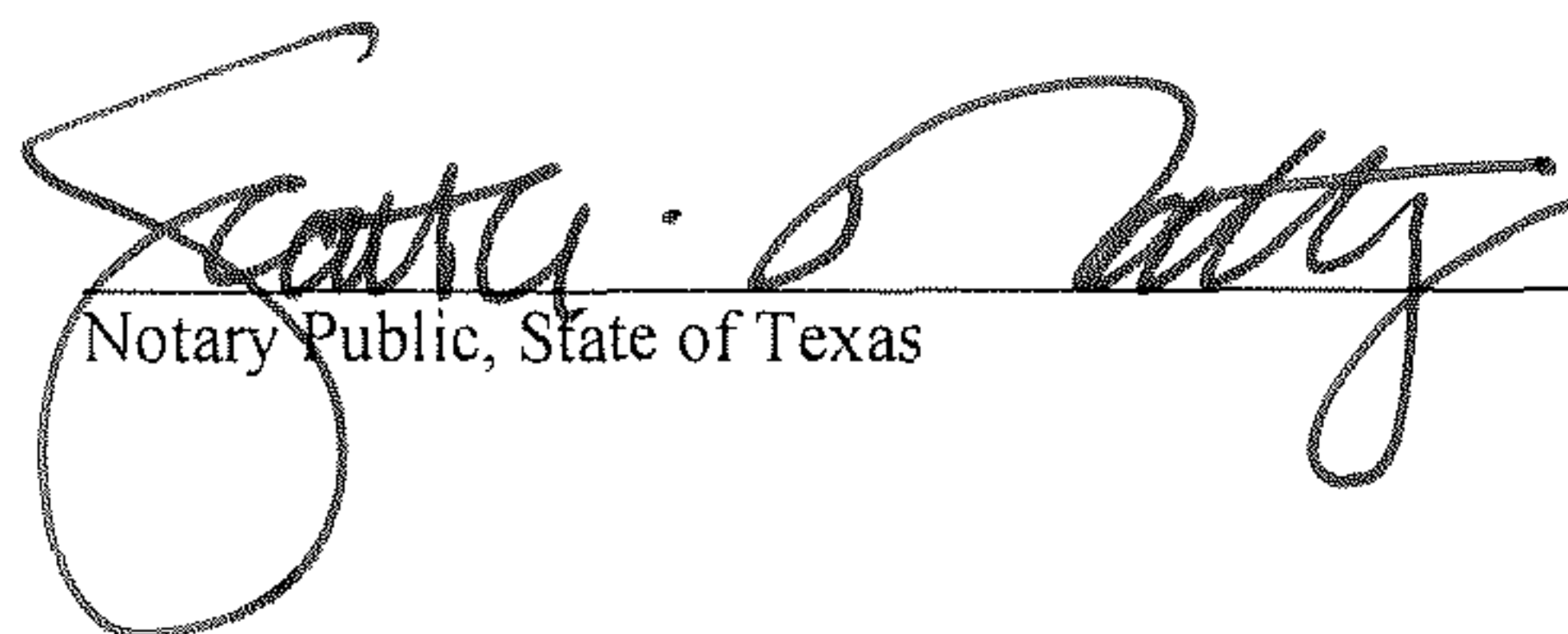
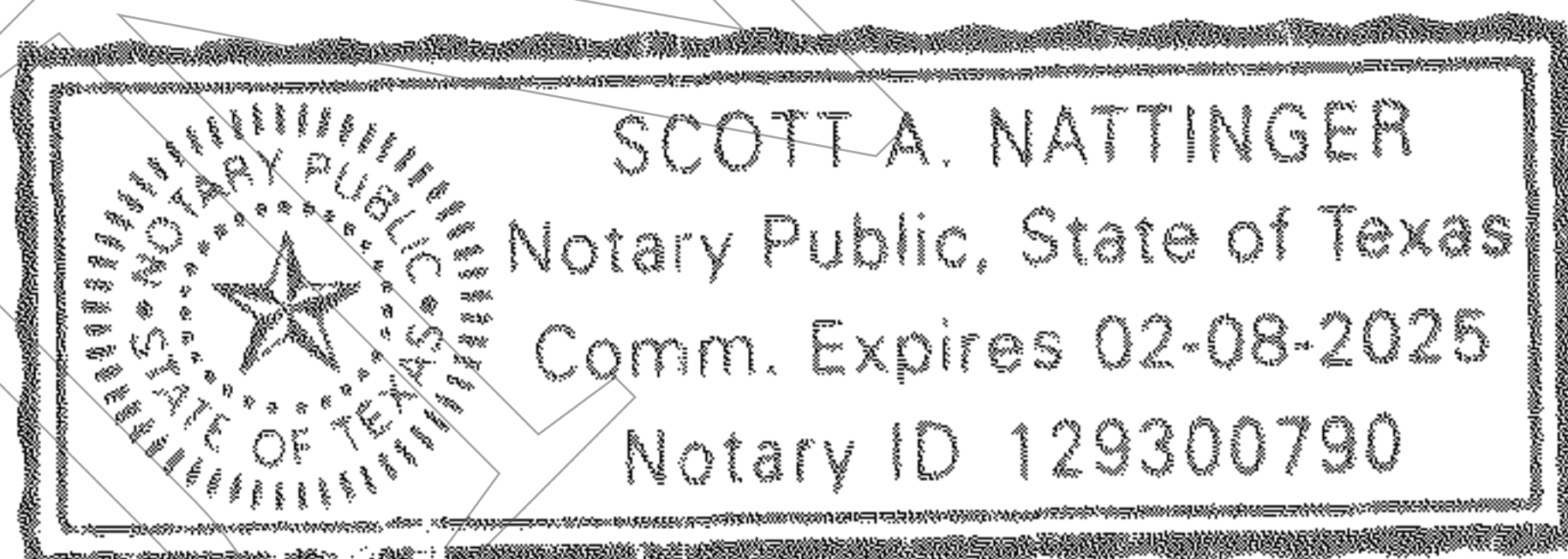
MEGAN S. SEMINARO

STATE OF TEXAS

COUNTY OF BEXAR

§
§
§

This instrument was acknowledged before me this 21 day of March 2024, by: JEFFREY ALAN SEMINARO and MEGAN S. SEMINARO.


Notary Public, State of Texas

AFTER RECORDING RETURN TO:

RANDY L REARDON, SR. AND TAMMY REARDON
241 Fossil Hills Loop
Spring Branch, TX 78070

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
03/28/2024 07:59:16 AM
MARY 2 Pages(s)
202406009193





COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

--

Date Received

--

Initials

118751

Permit Number

RECEIVED

By Kathy Griffin at 10:04 am, Jun 13, 2025

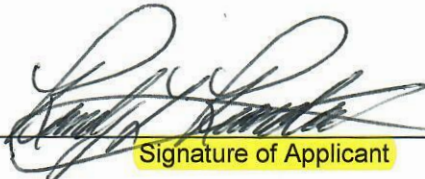
Instructions:

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



Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

INCOMPLETE APPLICATION	
___ (Missing Items Circled, Application Refeused)	