staller Name:	OSSF Installer #:	
1st Inspection Date:	2nd Inspection Date:	3rd Inspection Date:
Inspector Name:	Inspector Name:	Inspector Name:

Perm	it#:	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)(E) 285.32(b)(1)(E) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(ii)(II)					
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)					

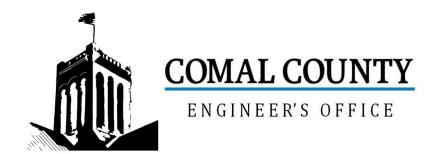
**Inspector Notes:** 

N-	December 41	A mar	Citotiana	Net	1 at 1	2 m d 1	7 mal 1
No.	Description SEPTIC TANK Tank(s) Clearly	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	Marked SEPTIC TANK IsingleTank, 2Compartments Provided withBaffle SEPTIC TANK Inlet Flowline Greater than3" and "T" Provided on Inlet and OutletSEPTIC TANK Septic Tank(s) MeetMinimum 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) (I)285.32(b)(1)(E) (i)285.32(b)(1)(E) (i)285.32(b)(1)(C) (ii)285.32(b)(1)(C) (ii)285.32(b)(1)(C) (ii)285.32(b)(1) (B)285.32(b)(1) (A)285.32(b)(1)(E)(iv)				
1	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
	SEPTIC TANK Secondary restraint system providedSEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
	SEPTIC TANK Tank Volume Installed						
12							
	PUMP TANK Volume Installed						
1	AEROBIC TREATMENT UNIT Size Installed						
14							
	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number						
15	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)				
18			203.33(a)(2)				

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
	DISPOSAL SYSTEM Drip Irrigation	Allowei	Citations	Notes	13t 1113p.	Ziiu iiisp.	Sid ilisp.
	DIST COAL STOTENT DITP ITTIGATION		20E 22(a)(2)(A) (E)				
			285.33(c)(3)(A)-(F)				
19	DISPOSAL SYSTEM Soil						
20	Substitution		285.33(d)(4)				
20	DISPOSAL SYSTEM Pumped						
	Effluent		285.33(a)(4) 285.33(a)(3)				
			285.33(a)(1)				
21			285.33(a)(2)				
	DISPOSAL SYSTEM Gravelless Pipe						
	·		285.33(a)(3)				
			285.33(a)(2)				
			285.33(a)(4)				
22			285.33(a)(1)				
22	DISPOSAL SYSTEM Mound		205 22/ 1/51				
			285.33(a)(3) 285.33(a)(1)				
			285.33(a)(1) 285.33(a)(2)				
23			285.33(a)(4)				
23	DISPOSAL SYSTEM Other						
	(describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)				
24			263.33(C)(4)				
	DRAINFIELD Absorptive Drainline 3" PVC						
	or 4" PVC						
25							
	DRAINFIELD Area Installed						
26	DRAINFIELD Level to within 1 inch						
	per 25 feet and within 3 inches						
	over entire excavation		285.33(b)(1)(A)(v)				
27							
	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth						
	DRAINFIELD Excavation Separation						
	DRAINFIELD Depth of Porous Media						
	DRAINFIELD Type of Porous Media						
28	DDAINEIEID E						
	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
29			(-/\-/\-/				
	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End						
	Plates w/Splash Plate, Inspection						
	Port & Closed End Plates in Place		285.33(c)(2)				
	(per manufacturers spec.)						
30							
	LOW PRESSURE DISPOSAL						
	SYSTEM Adequate Trench Length						
	& Width, and Adequate Separation Distance between		285.33(d)(1)(C)(i)				
	Trenches						
31							

	O331 Ilispection Sheet									
No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.			
	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)							
	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									
	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									
	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried									

	·									
No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.			
	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)(iii) 285.33(d)(2)(G)(iii)(I)							
	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)							
	APPLICATION AREA Area Installed									
	PUMP TANK Meets Minimum Reserve Capacity Requirements									
	PUMP TANK Material Type & Manufacturer									
	PUMP TANK Type/Size of Pump Installed									



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

Permit Number: 118905

Issued This Date: 08/25/2025

This permit is hereby given to: HAMON HOMES, INC.

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

684 APPALOOSA DR

FISCHER, TX 78623

Subdivision: STALLION SPRINGS

Unit: 3

Lot: 195

Block: 0

Acreage: 0.7400

#### 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**

195 DAVID JONAS DR NEW BRAUNFELS, TX 78132 (830) 608-2090

WWW.CCEO.ORG

APPLICANT / AGENT INFORMATION	Date M	Iay 12, 2025		Permit Nu	ımber 11	8905
Mailing Address 312 MOUNTAIN ECHO Agent Address 170 HOLLOW OAK  City, State, Zip SAN ANTONIO TEXAS 78260 City, State, Zip NEW BRAUNFELS TEXAS 78132  Phone # 210-410-4548 Phone # 830-905-2778  Email pregiohnsonpe@yuhoo.com  Location  Location  Subdivision Name STALLION SPRINGS Unit 3 Lot 195 Block  Survey Name / Abstract Number Address 684 APPALOOSA P. City FISCHER State TX Zip 78623  LYPE OF DEVELOPMENT  Single Family Residential  Type of Construction (House, Mobile, RV, Etc.) HOUSE  Number of Bedrooms 3 Indicate Sq Ft of Living Area 1568  Mon-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: \$ 300,000 (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 carifly that:  The completed application and all additional information submitted does not contain any false information and does not conceal any materia facts. I carifly that I am the property owner or I possess the appropriate land rights necessary to make the premitted 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 site/soil evaluation and inspection of private sewage facilities.  - Inderstant before the property owner or I possess the appropriate land rights necessary to make the property for the purpose	1. APPLICANT /	AGENT INFORMATION			V	
Mailing Address 312 MOUNTAIN ECHO Agent Address 170 HOLLOW OAK  City, State, Zip SAN ANTONIO TEXAS 78260 City, State, Zip NEW BRAUNFELS TEXAS 78132  Phone # 210-410-4548 Phone # 830-905-2778  Email pregiohnsonpe@yuhoo.com  Location  Location  Subdivision Name STALLION SPRINGS Unit 3 Lot 195 Block  Survey Name / Abstract Number Address 684 APPALOOSA P. City FISCHER State TX Zip 78623  LYPE OF DEVELOPMENT  Single Family Residential  Type of Construction (House, Mobile, RV, Etc.) HOUSE  Number of Bedrooms 3 Indicate Sq Ft of Living Area 1568  Mon-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: \$ 300,000 (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 carifly that:  The completed application and all additional information submitted does not contain any false information and does not conceal any materia facts. I carifly that I am the property owner or I possess the appropriate land rights necessary to make the premitted 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 site/soil evaluation and inspection of private sewage facilities.  - Inderstant before the property owner or I possess the appropriate land rights necessary to make the property for the purpose	Owner Name	HAMON HOMES, INC.	Agent Name		GREG JOHNSO	ON. P.E.
City, State, Zip SAN ANTONIO TEXAS 78260   City, State, Zip   NEW BRAUNFELS TEXAS 78132   Phone # 210-410-4548   Phone # 830-905-2778   Email hamonhomes@gmail.com   Email   gregiohnsonpe@yahoo.com    2. LOCATION   Subdivision Name   STALLION SPRINGS   Unit   3   Lot   195   Block   Survey Name / Abstract Number   Acreage   Address   684 APPALOOSA   P.   City   FISCHER   State   TX   Zip   78623    3. TYPE OF DEVELOPMENT   Single Family Residential   Type of Construction (House, Mobile, RV, Etc.)   HOUSE   Number of Bedrooms   3   Indicate Sq Ft of Living Area   1568     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: \$ 300,000   (Structure Only)   Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement?	-		-			
Phone # 210-410-4548 Phone # 830-905-2778  Email hamonhomes@gmail.com Email gregiohnsonpe@yahoo.com  2. LOCATION  Subdivision Name STALLION SPRINGS Unit 3 Lot 195 Block  Survey Name / Abstract Number Acreage  Address 684 APPALOOSA DR City FISCHER State TX Zip 78623  3. TYPE OF DEVELOPMENT  Single Family Residential  Type of Construction (House, Mobile, RV, Etc.) HOUSE  Number of Bedrooms 3 Indicate Sq Ft of Living Area 1568  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: \$ 300,000 (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 materiatics. 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 state/soil evaluation and inspection of private sewage facilities I altimatively consent to the nonline postantifypublic release of my e-mail address associated with this permit application, as applicable.	_		····			
Email hamonhomes@gmail.com	- 12 Jan 1					
Survey Name / Abstract Number	- Email			gr	egjohnsonpe@y	ahoo.com
Survey Name / Abstract Number	2. LOCATION		-			
Survey Name / Abstract Number	Subdivision Name	STALLION SPRINGS	Un	it 3	Lot 195	Block
Address 684 APPALOOSA PR City FISCHER State TX Zip 78623  3. TYPE OF DEVELOPMENT  Single Family Residential  Type of Construction (House, Mobile, RV, Etc.) HOUSE  Number of Bedrooms 3 Indicate Sq Ft of Living Area 1568  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: \$ 300,000 (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 materiafacts. 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 side/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 requi by the Comal County Flood Damage Prevention Order.  - I affirmatively consent to the online possing/public release of my e-mail address associated with this permit application, as applicable.				V.	_	
3. TYPE OF DEVELOPMENT  Single Family Residential  Type of Construction (House, Mobile, RV, Etc.) HOUSE  Number of Bedrooms 3 Indicate Sq Ft of Living Area 1568  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: \$ 300,000 (Structure Only)  Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (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 materia 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 situ/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 requi by the Comal County Flood Damage Prevention Order.  - I affirmatively consent to the online possing/public release of my e-mail address associated with this permit application, as applicable.						
Single Family Residential					_	
Type of Construction (House, Mobile, RV, Etc.) HOUSE  Number of Bedrooms 3 Indicate Sq Ft of Living Area 1568  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: \$ 300,000 (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 materia 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 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 requipy to 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.	Year Value of the Section Committee					
Number of Bedrooms 3 Indicate Sq Ft of Living Area 1568  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	_		HOUSE			
Indicate Sq Ft of Living Area 1568 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: \$ 300,000 (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 materia 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 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 requi by the Comal County Flody Damage Prevention Order I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.			HOUSE			
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		Activities and the many of the second				
(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: \$ 300,000 (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 materia 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 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 requily 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.						
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: \$ 300,000 (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 materia 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 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 requi 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.			W		2 20 2 202	
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: \$ 300,000 (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, I certify that:  - The completed application and all additional information submitted does not contain any false information and does not conceal any materia 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 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 requi 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.				ed for treatm	ent units and dis	sposal area)
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: \$ 300,000 (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 materia 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 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 requi 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.						
Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds  Travel Trailer/RV Parks - Indicate Number of Spaces  Miscellaneous  Estimated Cost of Construction: \$ 300,000 (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 materia 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 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 requiby 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.				-		
Travel Trailer/RV Parks - Indicate Number of Spaces  Miscellaneous  Estimated Cost of Construction: \$ 300,000 (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 materia 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 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 requi 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.						
Estimated Cost of Construction: \$ 300,000 (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 materia 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 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 requi 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.						
Estimated Cost of Construction: \$ 300,000 (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 materia 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 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 requiby 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.						<del></del>
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 materia 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 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 requi 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.	Miscellaneo	ous				
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 materia 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 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 requi 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.						
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 materia 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 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.		Section 1 - Section 1 - Section 1 - Section 2 - Sectio				
A. 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 materia 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 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 requi 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.						
<ul> <li>4. SIGNATURE OF OWNER</li> <li>By signing this application, I certify that: <ul> <li>The completed application and all additional information submitted does not contain any false information and does not conceal any materia 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.</li> <li>Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose site/soil evaluation and inspection of private sewage facilities</li> <li>I understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews requi by the Comal County Flood Damage Prevention Order.</li> <li>I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.</li> </ul> </li> </ul>				ments within	the USACE flowage	ge easement)
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 materia 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 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 requi 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.	Source of Wate	r   Public   Private Well   Rainwater	Collection			
- The completed application and all additional information submitted does not contain any false information and does not conceal any materia 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 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 requi 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.  5   15   2025						
<ul> <li>- Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose site/soil evaluation and inspection of private sewage facilities</li> <li>- I understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews requi by the Comal County Flood Damage Prevention Order.</li> <li>- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.</li> </ul>	<ul> <li>The completed appropriate facts. I certify that</li> </ul>	plication and all additional information submitted do	oes not contain any false ate land rights necessar	e information y to make th	and does not co	onceal any material ovements on said
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 requiby 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.  5   15   2025	- Authorization is he	ereby given to the permitting authority and designate	ted agents to enter upor	the above o	lescribed proper	ty for the purpose o
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.  5   15   2025	site/soil evaluation	and inspection of private sewage facilities				
Dan Derra Pres 5/15/2025	by the Comal Cou	nty Flood Damage Prevention Order.				11. d. l
5/15/2025	- I affirmatively cons	sent to the online posting/public release of my e-ma			it application, as	applicable.
	- Chan	- When Plan		12025		



### 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 Absorption/Application Area (Sq Ft) 4241
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 appropriate regional office.)
Is this property within an incorporated city? ☐ Yes ☒ No
If yes, indicate the city: GREG W. JOHNSON GREG W. JOHN
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  MAY 16, 2025  Date  Page 2 of 2

#### **AFFIDAVIT**

## THE COUNTY OF COMAL STATE OF TEXAS

#### CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

1

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific places 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):

UNIT HAS EASE CITION	BLOCK 195	LOT	STALLION SPRINGS	SUBDIVISION
NOT IN SUBDIVISION:	ACREAGE			SURVEY
The property is owned by (inse	ert owner's fall (	name):	HAMON HOMES,	DVC.
the initial two-year service pol	icy, the owner of	an acrobic t	contract for the first two years, restment system for a single far 30 days or maintain the system	mily
Upon sale or transfer of the al transferred to the buyer or ner obtained from the Counal Coun	w owner. A copy	of the plans	pemait for the OSSF skell be ing materials for the OSSF ca	n be
WITNESS BY HAND(8) ON T	HIR_5_DAY	OF AU	1gust ,20 25	
x Khan Himm		KHAN	HAMON - PRESIDENT	
Owner(s) signature(s)		Owner	(s) Printed same (s)	
KHAN HAMON		I TO AND SU	ibscribed before me on	THIS 5 DAY OF
August	20_25_		Filed and Record	ded
June			Official Public R	Records
Notary Public Signatu			Bobbie Koepp, C	County Clerk
GREG W. JOHNSON			Comal County, 7	•
	(CARRIE		Comai County, 1	CAMBO
Comm. Expires 05-17-2			08/05/2025 09:2	
			•	8:52 AM

Babbie Koepp



## RS Septic Service 444D Old No. 9 Hwy Comfort, TX 78013 (830)431-1601

MP#0001708 CHRISTOPHER RYAN SEIDENSTICKER

	AL DESCRIPTION:	HAMON HOMES, INC.	
PROPERTI LEG	a besonar non.	684 APPALOOSA D	R
STALLION SPRIN	GS, UNIT 3, LOT 195	Site Address	
		City/State: FISCHER, TX	Zip: 78623
	· · · · · · · · · · · · · · · · · · ·	County: COMAL Pennitif:	
		Phone Number: 210-410-4548	
		E-mail: hamonhomes@gmail.com	
HAMON (horeinato	HOMES, INC.	sement (horeinather referred to as "Agrosment") is entere (hareinather referred to as "Client") and if greement, Contractor agrees to render services, as describ ibilities under this agreement herein.	18 Septic Service LLC.
II. Effective Da	tes: This egreement commences on t	he date of License to Operate is issued for Two (2) years.	
Date of	Loanse to Operate:	Lest Date of Service:	
III. Services by	Contractor: Contractor will provide t	the following Services:	
(,	regulations, and/or rules of the Text	nance on the On-Site Sewage Facility ("OSSF") in comp as Commission on Environmental Quality ("TCEQ") and anufacturar's requirements, at a frequency of approximately	county in which the OSSF
2.		y authority and to Client, as required by the State of Ter findings must be reported to the appropriate regulatory aut	
3.		nents of the OSSF that are found to be in need of repair d will be responsible. Repairs will be made so brought up to	
4.		quest for unscheduled service within two business days to scheduled service visits are not included in the fee agreen his Agreemant.	
<b>6.</b>	Provide notification of arrival to site	to the Client or to site personnel. Additionally, Contractor	will leave written notification o
	the visit at the site or with site per regulatory authority within fourteen	recented upon completion of inspection, and forward such (14) days.	intice to the appropriate
IV. Payment(s):	Client shall pay to Contractor Inches	ted w/ senting for the Services describe herein (the "Inc	pection and Routine
or tabor so at the time greater of due. If for reduced to not paid in	applied for enything beyond routine in: e services are provided or rendered. F a \$20.00 late penalty or 1.5% carrying any reason such charges are found the maximum allowable by law. By s	a Section III (4), or Section DC, herein. The Fee does not in spection and routine maintenance. Payments for such add Payments not received within thirty (30) days from the due charge on the original balance for each month or portion to d to be usualous by a court of competent jurisdiction, signing this contract, Client suthorizes Contractor to remove . Client agrees to pay for any labor cost associated with	itional services are due date will be subject the nereof a belance in past such charges shall be any parts installed, but
	CK.	, and the second se	<b>~</b> '
C	lent:	Contractor:	<u>-                                    </u>

- V. Chent's Responsibilities: Client is responsible for each and all of the following:
  - I. To maintain chlorinator and provide proper chlorine supply, if OSSF is so equipped.
  - 2. To provide all necessary yard or lawn maintenance and removal of obstacles as needed to allow the OSSF to function properly, and to

To provide all necessary yard or lawn maintenance and removal of obstacles as needed to allow the OSSF to function properly, and to allow Contractor ready access to all parts of the OSSF.
 To maintain a current floarase to operate, and abide by the conditions and limitations of that license and all requirements for one site savage facilities from the State and local regulatory agency.
 To maintain the OSSF in occordance "th manufacturer's recommendations.
 To immediately notify Contractor and Agency of any and all problems with, the OSSF, including failure thereof.
 Upon receipt of any written notification of required services from Contractor, to contact Contractor and authorize the required service. If Cleant elects a different contractor to perform the required service, Cleant is responsible for ensuring the substitute contractor holds the proper floarase (Installar II) and is certified by the manufacturer. Additionally, Cleant shall be responsible for ensuring proper notification is given to the appropriate regulatory authority, as required by the State and/or local regulatory authority rules.
 To provide Contractor with water usage records, upon request, for evaluation by Contractor of the OSSF performance.
 To pay required sampling charges for samples collected for testing (e.g. Blological Oxygen Demand/Total Suspended Scidis (CODTSS\*) that may be required on the OSSF.
 To enswert hadowash from water treatment or water conditioning equipment to enter the OSSF.

9. To prevent backwash from water treatment or water conditioning equipment to enter the OSSF.
10. To provide, at Clerits expense, for pumping of tanks as needed.
11. To maintain site drainage sufficient to prevent edverse effects on the OSSF.
12. To promptly and fully pay Contractor's bills, fees, or invokes as described herein.

- VI. Access by Contractor: Client agrees to allow Contractor, or personnel authorized by the Contractor, to enter the property at
- reasonable times without prior notice for the purpose of performing the Services described herein. Such entry shall include access to the OSSF electrical and physical compensatio, including tanks, by means of manuracys or risers for the purpose of evaluations required by the manufacturer, and/or regulatory authority rules. If such manuacys or risers are not in place, Client chall allow and be responsible for payment of required excavation, including labor and materials, necessary to allow access to the OSSF or any required compensates. Such excavation shall be billed at the rate of \$75.00 per hour for tabor, plus materials billed at list price. Contractor shall make only those efforts reasonable under the circumstances to replace excavated soil.
- VII. Application or Transfer of Payment: The fees paid for this agreement may bransfer to any subsequent owner(s) of the property on which the OSSF is located. The subsequent owner(s) must stign a similar agreement authorizing Contractor to perform the above described Services, and accepting Clientle responsibilities. The replacement Agreement must be signed and received within 30 days of transfer of ownership. Contractor will apply all funds received from Client linst to any past due obligations arising from this Agreement including late charges, return check charges, and charges for repairs or services not paid within 30 days of invoicing. The consumption of the payment in this manner may lead to termination of the agreement by Contractor.
- Termination of Agreement: This agreement may be terminated by either party with 30 days written notice. If this agreement is so terminated by Client, Contractor shall be paid at the rate of \$75.00 per hour for any worked performed or required, but not yet paid. If terminated by Contractor, all amounts outstanding shall be due within thirty days of termination. The party terminating will immediately notify the other party, the equipment manufacturer, and the regulatory agency of the termination.
- IX. Limitations of Liability. In no event shall Contractor be liable for Indirect, consequential, incidental or punitive damages, whether in contract, tort, or any other theory of liability. In no event shall the Contractor's liability for direct damages exceed payments by the Client under this Admendent
- X. Severability and Reformation: If any provision in this Agreement shall be held to be invalid or unenforceable for any reason, it shall be reformed to the minimum extent necessary to effect the intent of the Parties. If any provision is such that it connot reasonably be reformed, it shall be struck from this Agreement and the remaining provisions shall continue to be valid and enforceable.
- Performance of Agreement: Commencement of performance by Contractor under this agreement is contingent on the following conditions: (1)

  Contractor receiving a fully executed orginal copy of this agreement, (2) Contractor receiving payment in full of the fee(s) described herein. If the above conditions are not met, then Contractor is from any obligation to perform any portion of this agreement.
- XII. Modifiation: This Agreement may not be changed or modified expect by an insurment in Tilling, signed by both Contractor and Client
- Expect as otherwise noted in this Agreement, the walver by other party of a breach of any provision of this Agreement shall not operate or be constructed as a continuing waiver or a consent to or waiver of any subsequent breach hereof.

Client: \_K

Contractor:

- XIV. Headings: The: Article: and Section headings in this Agreement are for the convenience of reference only and do not constitute a pan of this Agreement and shall not be deemed to limit or affect any of the provisions hereof.
- GOVERNING LAW AND CHOICE OF VENUE. EACH OF THE PARTIES HERETO HEREBY CONSENTS TO THE EXCLUSIVE JURISDICTION OF THE COURTS OF IBE STATE OF TEXAS, COUNTY OF COMAL, AND TO THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF TEXAS-SAN ANTONIO DIVISION, AS WELL AS TO THE JURISDICTION OF ALL COURTS TO WHICH AN APPEAL MAY BE TAKEN FROM SUCH COURTS, FOR THE PURPOSE OF ANY SUIT, ACTION, OR OTHER PROCEEDING ARISING OUT OF, OR IN CONNECTION WITH, THIS AGREEMENT OR ANY OF THE TRANSACTIONS CONTEMPLATED HEREBY, INCLUDING, WITHOUT LIMITATION, ANY PROCEEDING RELATING TO ANCILLARY MEASURES IN AID OF ARBITRATION, PROVISIONAL REMEDIES AND INTERIM RELIEF, OR ANY PROCEEDING TO ENFORCE ANY ARBITRAL DECISION OR AWARD, EACH PARTY HERETO EXPRESSLY WANDES ANY AND ALL RIGHTS TO BRING ANY SUIT, ACTION, OR OTHER PROCEEDING IN OR BEFORE ANY COURT OR TRIBUNAL OTHER THAN COURTS OF THE STATE OF TEXAS, COUNTY OF COMAL, AND COVENANTS THAT IT SHALL NOT SEEK IN ANY MANNER TO PROSECUTE OR DEFEND ANY DISPUTE OTHER THAN AS SET FORTH IN THIS ARTICLE XVI OR TO CHALLENGE OR SET ASIDE ANY DECISION, AWARD, OR JUDGMENT OBTAINED IN ACCORDANCE WITH THE PROVISIONS HEREOF. EACH OF THE PARTIES HERETO HEREBY EXPRESSLY WANDES ANY AND ALL OBJECTIONS IT MAY HAVE TO VENUE, INCLUDING, WITHOUT LIMITATION, THE INCONVENIENCE OF SUCH FORUM, IN ANY OF SUCH COURTS.
- XVI. JURY TRIAL WAIVER. THE PARTIES HERERY UNCONDITIONALLY WAIVE THEIR RIGHT TO A JURY TRIAL OF ANY AND ALL CLAIMS OR CAUSES OF ACTION ARISING FROM OR RELATING TO THEIR RELATIONSHIP. THE PARTIES ACKNOWLEDGE THAT A RIGHT TO A JURY IS A CONSTITUTIONAL RIGHT. THAT THEY HAVE HAD AN OPPORTUNITY TO CONSULT WITH INDEPENDENT COUNSEL, AND THAT THIS JURY WAIVER HAS ENTERED INTO KNOWINGLY AND VOLUNTARILY BY ALL THE PARTIES TO THE AGREEMENT. IN THE EVENT OF LITIGATION. THIS AGREEMENT MAY BE FILED AS A WRITTEN CONSENT TO A TRAIL BY THE COURT.

Approved by Client:

Approved by Client:

Approved by Client:

Approved by Client:

- XVII. Reservations of Rights: Contractor reserves all rights not specifically granted herein.
- XVIII. Counterparts: This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original but all of which together will constitute one and the same instrument.
- XIX.

  Counsel: Contractor has previously recommended that Client engage counsel to assist him/her/it in reviewing this Agreement and all other matters relating to it. Contractor and Client shall each bear his/her/its own costs and expenses in connection with the negotiation and documentation offitie Agreement.
- XX. Entire Agreement: This agreement contains the entire agreement of the parties, and there are no promises or conditions in any other agreement, oral or written. The Parties expressly disclaim reliance on any prior statements, oral or written, by either party not expressly provided for herein.

Cilent:

Contractor:

## Greg W. Johnson, P.E.

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

May 16, 2025

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

RE- Septic Design
684 APPALOOSA DR
STALLION SPRINGS, UNIT 3, LOT 195
FISCHER, TX 78623
HAMON HOMES, INC.

### Brandon/Brenda,

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

If I can be of further assistance please contact me.

Respectfully yours,

May 16, 2025

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

Date

GREG W. JOHNSON

OF TEXT OF TE

## ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed:	Miay 15, 2025	
Site Location:	STALLION SPRINGS, UNIT 3, LOT 195	
Proposed Excavation Depth: _	N/A	
Locations of soil bor For subsurface dispos	vations must be performed on the site, at opposite ends of the proposed disposal area.  al, soil evaluations must be performed to a depth of at least two feet below the epth. 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.

SO	SOIL BORING NUMBER SURFACE EVALUATION										
	Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations				
0	10"	Ш	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 10"	BROWN				
2											
4											
5											

so	IL BORING	NUMBER SURI	FACE EVALUATI	ION_			
	Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0		SAME		AS		ABOVE	
2							
3							
5							

I certify that the findings of this report are based on my field observe	ations and are accurate to
the best of my ability.	
	. 1

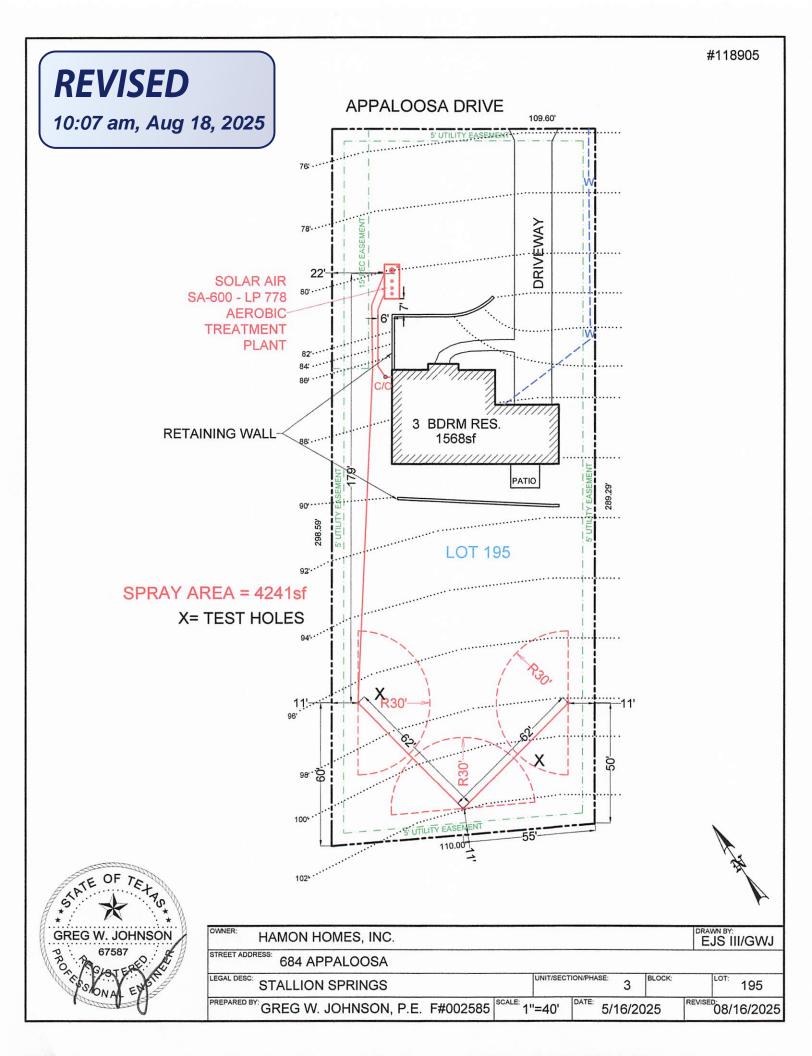
Greg W Johnson P F 67587-F2585 S F 11561

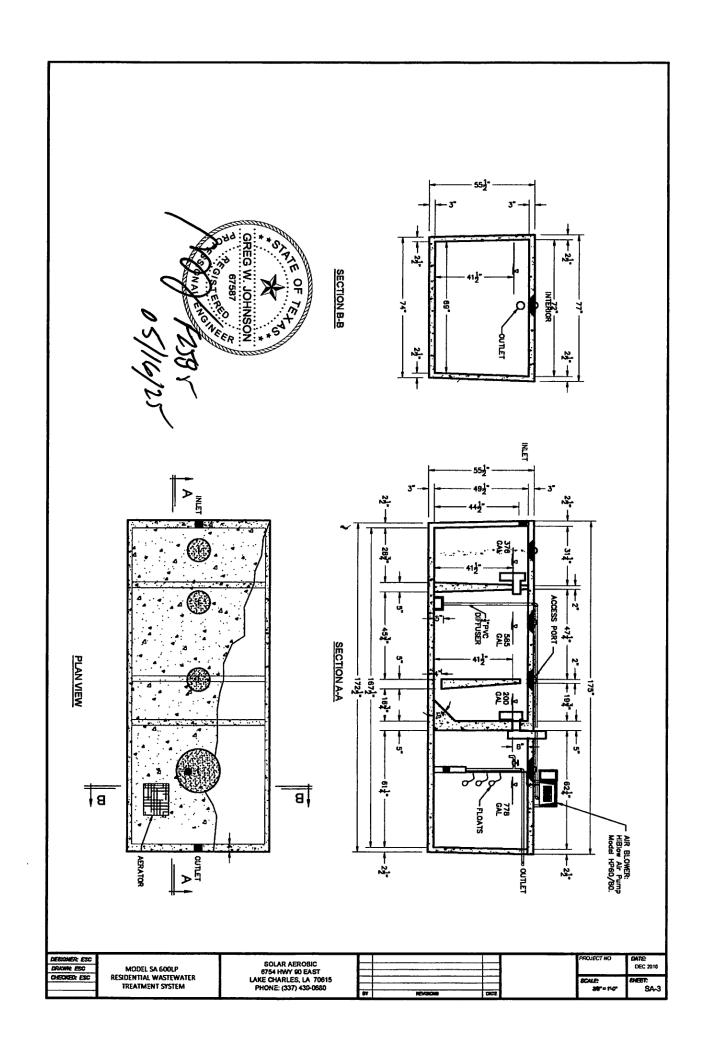
Deta .

Date

### **OSSF SOIL EVALUATION REPORT INFORMATION**

Date: May 16, 2025	
Applicant Information:	
	Site Evaluator Information:
Name: HAMON HOMES, INC.	Name: Greg W. Johnson, P.E., R.S., S.E. 11561
Address:312 MIOUNTAIN ECHO	Address: 170 Hollow Oak
City: SAN ANTONIO State: TEXAS	City: New Braunfels State: Texas
Zip Code: Phone: (210) 410-4548	Zip Code: 78132 Phone & Fax (830)905-2778
Property Location:	Installer Information:
Lot 195 Unit 3 Blk Subd. STALLION SPRING	
Street Address: 684 APPALOOSA	GS Name: Company:
Street Address: 684 APPALOOSA City: FISCHER Zip Code: 7862:	3 Address:
Additional Info.:	City: State:
	Zip Code:Phone
Topography: Slope within proposed disposal area:	
Presence of 100 yr. Flood Zone:	YES NO X
Existing or proposed water well in nearby area.	YES NO X
Presence of adjacent ponds, streams, water impoundments	
Presence of upper water shed	YESNO_X
Organized sewage service available to lot	YESNO_X
Design Calculations for Aerobic Treatment with Sp.	ray Irrigation:
Commercial	
Q = GPD GPD	7 X/
Residential Water conserving fixtures to be utilized? Y	
Number of Bedrooms the septic system is sized for:	•
Q gal/day = $(Bedrooms + 1) * 75 GPD - (20\% reduction)$	for water conserving fixtures)
Q = (3 + 1)*75-(20%) = 240 The sharp Sing 376	
Trash Tank Size Gal.	CDD
TCEQ Approved Aerobic Plant Size 600 (Req'd Application Area = Q/Ri = 240 / 0.	
	<u>.064</u> = <u></u>
Application Area Utilized = 4241 sq. ft.	disaltat 0.5 LID 19.C. D.M. sarias ar aquivalent)
Pump Requirement Gpm @ 41 Psi (Re Dosing Cycle: ON DEMAND or X	FIMED TO DOSE IN PREDAWN HOURS
	al/inch.
Reserve Requirement = 80 Gal. 1/3 day fl	
Alarms: Audible & Visual High Water Alarm & Visual	
With Chlorinator NSF/TCEQ APPROVED	And I ump manufaction
SCH-40 or SDR-26 3" or 4" sewer line to tank	
Two way cleanout	
Pop-up rotary sprinkler heads w/ purple non-potable lids	
1" Sch-40 PVC discharge manifold	
APPLICATION AREA SHOULD BE SEEDED AND	
EXPOSED ROCK WILL BE COVERED WITH SOIL	
I HAVE PERFORMED A THOROUGH INVESTIGATION	
AND SITE EVALUATOR IN ACCORDANCE WITH CHA (REGARDING RECHARGE FEATURES), TEXAS CO	
(EFFECTIVE DECEMBER 29, 2016)	MINISSION OF ENVIRONMENTAL QUALITY
^	ATE OF TEX
	11 12 ( 5)
	116 L) *
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561	DATE GREG W. JOHNSON
	B. Property
	FIRM #2585
	ONAL





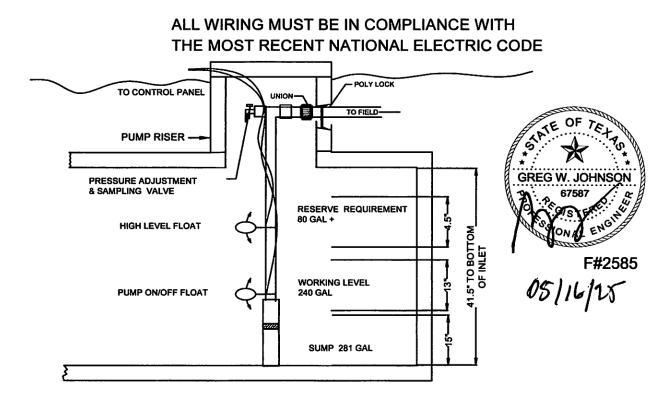
### **TANK NOTES:**

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.

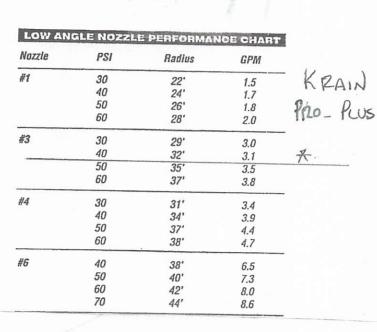
A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

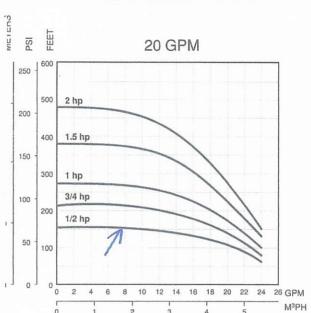


TYPICAL PUMP TANK CONFIGURATION SOLAR-AIR SA-600 LP 778 GAL PUMP TANK

## Environmental Series Pumps

### **Thermoplastic Performance**





### **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

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.

#### General Warranty Deed

THE STATE OF TEXAS §

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF COMAL §

Executed on date of acknowledgement to be Effective on: April 12, 2019

Grantor: Donald J. Stiffler

Grantor's Mailing Address: 523 Clovis Pl, San Antonio, Bexar County, Texas 78221

Grantee: Hamon Homes, Inc.,

Grantee's Mailing Address: 312 Mountain Echo, San Antonio, Bexar County, Texas 78260

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

Property (including any improvements): Lot 195, Stallion Springs, Unit 3, Comal County, Texas, according to plat thereof recorded in Volume 7, Pages 66-67, Map and Plat Records of Comal County, Texas.

Reservations from Conveyance: None.

Exceptions to Conveyance and Warranty: All presently recorded restrictions, reservations, easements, covenants and conditions that affect the property and taxes for the current year, the payment of 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.

THE STATE OF TEXAS
COUNTY OF \_\_\_\_\_\_\_\*

This instrument was acknowledged before me on this the 15th da compiled on the 15th da single of the single of the

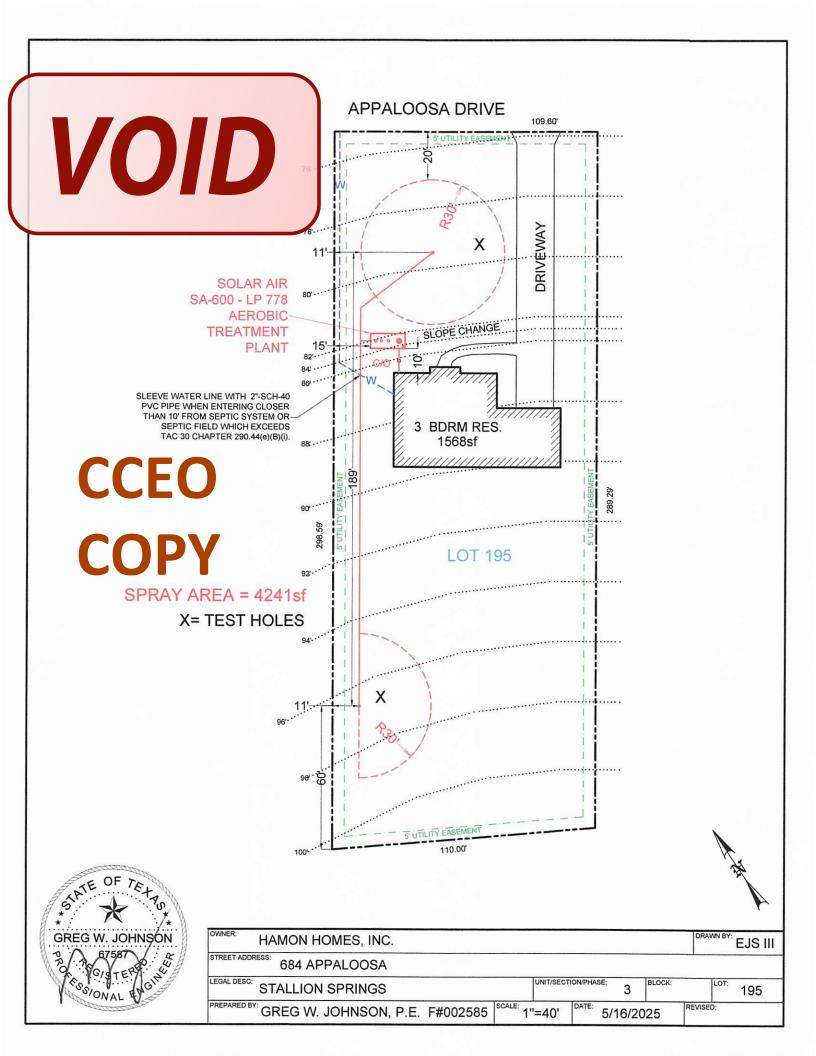
VELDA J BROWN My Notary ID # 8790534 Expires April 14, 2020

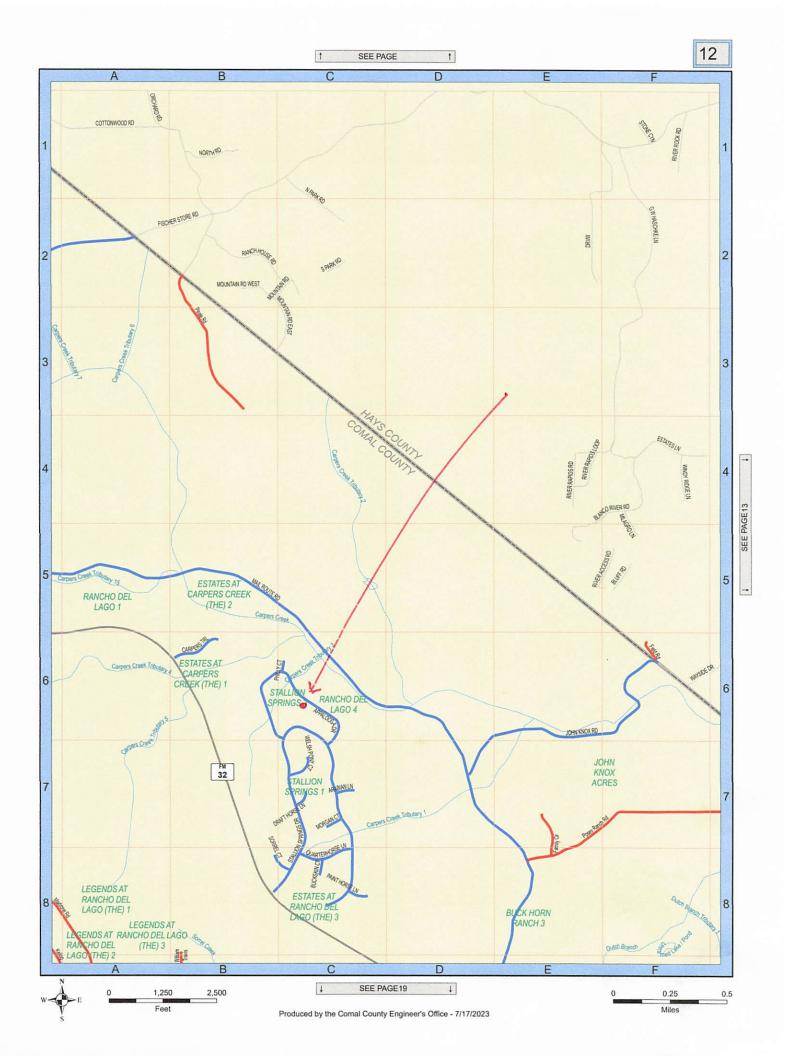
Notary Public, State of Texas

AFTER RECORDING RETURN TO: Alamo Title Company GF No. 4000131900202 PREPARED IN THE LAW OFFICE OF: Kristen Quinney Porter, LLC P.O. Box 312643 New Braunfels, Texas 78131-2643

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
04/17/2019 09:27:55 AM
LAURA 2 Pages(s)
201906012925









Instructions:

**OSSF Permit** 



of a scaled design and all system specifications.

Surface Application/Aerobic Treatment System

Copy of Recorded Deed

## OSSF DEVELOPMENT APPLICATION

CHECKLIST Staff will complete shaded items 118905 Date Received Initials Permit Number 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. 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 Required Permit Fee - See Attached Fee Schedule 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. 00/05/0005

08/03/2023			
Date			
INCOMPLETE APPLICATION			
(Missing Items Circled, Application Refeused)			