

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

Permit Number: 118987

Issued This Date: 10/13/2025

This permit is hereby given to: JEFFERSON RALEY & JAN MIDDLETON

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

996 CASTLES DR

CANYON LAKE, TX 78133

Subdivision: EMERALD VALLEY

Unit: 0

Lot: 33F

Block: 0

Acreage: 0.9000

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic

Drip 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 County requirements.

Call (830) 608-2090 to schedule inspections.





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

	ENGINEER'S OFFICE	
:		

August 19, 2025

Date

09/29/2025 1:50:58 PM Permit Number

(830) 608-2090 <u>WWW.CCFO.ORG</u>

1. APPLICANT	AGENT INFORMATION					- Francisco de Caración de Car	
Owner Name	JEFFERSON RALEY & JANA MIDDLETON	Agent Name		GREG JO	OHNSO	N, P.E.	
Mailing Address	3707 MCNEIL DRIVE	Agent Address			LLOW	OAK	
City, State, Zip	AUSTIN, TEXAS 78727	City, State, Zip	NEW	BRAUN	FELS TI	EXAS 78132	,
Phone #	one # 512-694-0199			830-	805-277	18	
Email	jeffersonraley@gmail.com	Email	g	regjohnso	npe@ya	hoo.com	
2. LOCATION							,
Subdivision Nan	ne EMERALD VALLEY	Ùi	nit	Lot	33F	Block	
Survey Name /	Abstract Number			A	creage		-
Address	996 CASTLES DRIVE		N LAKE	State	TX	Zip 781	33
3. TYPE OF DE	VELOPMENT			:			
Single Far	nily Residential						
Type of C	onstruction (House, Mobile, RV, Etc.)	MOBILE					
Number o	of Bedrooms 2						
Indicate S	Sq Ft of Living Area1000						
Non-Single	e Family Residential				1.,		
(Planning n	naterials must show adequate land area for doubling	the required land need	ed for treatr	nent units	and disp	osal area)	
Type of Fa	acility					•	
Offices, F	actories, Churches, Schools, Parks, Etc Indic	ate Number Of Occu	pants				
	nts, Lounges, Theaters - Indicate Number of Se						
Hotel, Mo	tel, Hospital, Nursing Home - Indicate Number o	of Beds					
	ailer/RV Parks - Indicate Number of Spaces						_
Miscellane	eous					***************************************	
Is any portion Yes Source of Wat 4. SIGNATURE	of the proposed OSSF located in the United St No (If yes, owner must provide approval from USACE for Public Private Well Rainwater OF OWNER	ates Army Corps of I	Engineers (**************************************
by signing this app	olication, 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.





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 TREA	TMENT AND DRIP TUBING
Size of Septic System Required Based on Planning Materials & Soil Evaluati	on
Tank Size(s) (Gallons)NUWATER B-550-PCAbsorption/Appli	cation Area (Sq Ft)
Gallons Per Day (As Per TCEQ Table III)	ough 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.) of	r Professional Engineer (P.E.))
Is there an existing TCEQ approved WPAP for the property? Yes N	
(if yes, the R. S. or P. E. shall certify that the OSSF design complies with all provisions	s 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 requi	re a TCEQ approved WPAP? Tyes No
(If yes, the R.S. or P. E. shall certify that the OSSF design will comply with all provis not be issued for the proposed OSSF until the proposed WPAP has been approved	
Is the property located over the Edwards Contributing Zone? 🖾 Yes 🗌	No
Is there an existing TCEQ approval CZP for the property? Yes X No	
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provision	s of the existing CZP)
If there is no existing CZP, does the proposed development activity require (if yes, the P.E. or R.S. shall certify that the OSSF design will comply with all provision not be issued for the proposed OSSF until the CZP has been approved by the approved by	ns of the proposed CZP. A Permit to construct will
Is this property within an incorporated city? Yes No	3 KT X 6 70.
If yes, indicate the city:	GREG W. JOHNSON
	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 associ	ciated with this permit application, as applicable
	August 20, 2025
Signature of Degigner Date	

AFFIDAVIT

THE COUNTY OF COMAL STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

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/PHASE/SECTION	BLOCK _	33F	_LOT_	RMERAI	D VALLEY	SUBDIVISION
IP NOT IN SUBDIVISION:	ACREAG	B				SURVEY
The property is owned by	(insert ewner's	full na	ıme) <u>:</u>	JEFFERSON I	raley & Jana M	IDDLETON
This OSSF must be cover the initial two-year service residence shall either obta personally.	policy, the ow	ner of a	m acrobic	treatment system	for a single family	
Upon sale or transfer of ti transferred to the buyer or obtained from the Comal (new owner. A	copy o	f the plan			•
WITNESS BY HAND(S)	NTHIS 20	DAYO	F AUG	UST	,20_25	•
			JEFF	erson raley		
Henry	$\underline{\underline{\hspace{0.5cm}}}$		JAN	A MIDDLETON		
Owner(s) signature(s) JEFFERSON RALEY			Owne	(s) Printed same (s)		
JANA MIDDLETO		VORN 1	O AND S	UBSCRIBED BE	FORE ME ON TH	IS 20 DAY OF
Anust	,20 <u>25</u>					
Notary Public Sign	ature			File	d and Record	led
				Offi	cial Public R	ecords
NADIA FRANCO				Bob	bie Koepp, C	County Clerk
My Notary ID # 13521662					nal County, T	
Expires January 2, 2029				08/2	8/2025 01:02	2:08 PM



PRISCILLA 1 Pages(s)

Maintenance Service Provider 15188 FM 306 Canyon Lake, TX 78133 Office (830)964-2365



EMERALD VALLEY, LOT 33F

SERVICE ADDRESS
996 CASTLES DR, CANYON LAKE, TX 78133

INSTALLER TOM HAMPTON TERM 2 year

Routine Maintenance and Inspection Agreement

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between RALEY/MIDDLETON; (referred to as "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP349) (hereinafter referred to as "Contractor") located at 15188 FM 306 Canyon Lake, Texas 78133 (830) 964-2365. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein. This contract will provide for all required inspections, testing and service for your Aerobic Treatment System. The policy will include the following:

- 1. 3 inspections a year/services calls (at least one every 4 months), for a total of 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 the control panel, air pumps, air filters, diffuser operation. Any alarm situation affecting the proper function of the Aerobic process will be addressed within a 48-hour time frame. Repair work on non-warranty parts will include price for parts & labor. The prices will be quoted before work is performed.
- 2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and pH will be taken and reported as necessary.
- 3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
- 4. The Property Owner is responsible for the chlorine; it 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 be covered by this policy. BOD and TSS testing is covered by this contract.

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

ACCESS BY CONTRACTOR

The Contractor or anyone authorized by the Contractor may enter the property at reasonable times without prior notice for the purpose of the above described Services. The contractor may access the System components including the tanks by means of excavation for the purpose of evaluations if necessary. Soil Is to be replaced with the excavated material as best as possible.

Termination of Agreement

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

Limit of Liability

In no event shall the Contractor be liable for indirect, consequential, incidental or punitive damages, whether in contract tort or any other theory. In no event shall the Contractor's liability for direct damages exceed the price for the services described in this Agreement.

Dispute Resolution

If a dispute between the Client and the Contractor arises that cannot be settled in good faith negotiations then the parties shall choose a mutually acceptable arbitrator and shall share the cost of the arbitration services equally.

Entire Agreement

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

Severability

If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

4732	er
	vn

Name

JERFFERSON RALEY & JANA MIDDLETON

Email

jeffersonraley@gmail.com

Service Address

996 CASTLES DRIVE CANYON LAKE, TX 78133

Phone

512-694-0199

SERVICE PROVIDER

Aerobic Services of South Texas LLC.

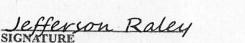
15188 FM 306 Canvon Lake, TX 786133

(830) 964-2365

Show 2. Hough

Signature of Service Provider and License # [Thomas Hampton, OS0024597 / MP0000349]

MEROBIC



EFFECTIVE DATE

EXPIRED DATE

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

ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed:	August 19, 2025
Site Location:	EMERALD VALLEY, LOT 33F
Proposed Excavation Depth:	N/A
	s must be performed on the site, at opposite ends of the proposed disposal area.

Locations of soil boring or dug pits must be shown on the site drawing.

For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the

proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0 1 10"	ш	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 10"	BROWN
2						
3						
4						
5						

SOIL BORING	NUMBER SUR	FACE EVALUAT	ION			
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
1	SAME		AS		ABOVE	
2	-					
3						
4						
5						

I certify that the findings	of this repo	rt are based	on my field	observations	and are accura	ate to
the best of my ability.	<i>y</i>					

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

Date

Preliminary Field Check For Drip Systems

OSSF SOIL EVALUATION REPORT INFORMATION

Date: August 20, 2025		
Applicant Information:		
JEFFERSON RALEY & JANA	Site Evaluator Information:	
Name: MIDDLETON	Name: Greg W. Johnson, P.E., R.S, S.E. 11561	
Address: 3707 McNEIL DRIVE	Address: 170 Hollow Oak	
City: AUSTIN State: TEXAS Zip Code: 78727 Phone: (512) 694-0199	City: New Braunfels State: Texas	
Zip Code: 78727 Phone: (512) 694-0199	Zip Code: 78132 Phone & Fax (830)905-2778	_
Property Location:	Installer Information:	
Lot 33F Unit Blk SubdEMERALD VA	ALLEY Name:	
Street Address: 996 CASTLES DRIVE	Company:	
City: CANYONS LAKE Zip Code: 7	78133 Address:	
Additional Info.:	City: State:	
	Zip Code:Phone	
Topography: Slope within proposed disposal area	a: 30 %	
Presence of 100 yr. Flood Zone:	YESNO_X	
Existing or proposed water well in nearby area.	YES NO X	
Presence of adjacent ponds, streams, water impoundmen		
Presence of upper water shed	YES NO X	

Organized sewage service available to lot	YES NO_X	

I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY (EFFECTIVE DECEMBER 29, 2016).

GREG W. JOHNSON, P.E. 67587 - S.E. 11561

08/20/25 DATE GREG W. JOHNSON

67587

67587

67587

67587

67587

67587

67587

67587

FIRM #2585

AEROBIC TREATMENT DRIP TUBING SYSTEM

DESIGNED FOR:
JEFFERSON RALEY & JANA MIDDLETON
3707 MCNEIL DR
AUSTIN, TX 78727

SITE DESCRIPTION:

Located in Emerald Valley, Lot 33F, at 996 Castles Drive, the proposed system will serve a two bedroom residence (1000sf.) situated in an area with shallow Type III soil as described in the Soil Evaluation Report. Native grasses and oak trees were found throughout this property. An aerobic treatment plant utilizing drip irrigation was chosen as the most appropriate system to serve the conditions on this lot.

PROPOSED SYSTEM:

A 3-inch SCH-40 pipe discharges from the residence into a NuWater B-550 600gpd aerobic plant containing a 353-gallon pretreatment tank, an aerobic treatment plant, and a 768gallon pump chamber containing a submersible (FPS Series 0.5HP) well pump. The well pump is activated by a time controller allowing the distribution ten times per day with an 8 minute run time with float setting at 180 gallons. A high level audible and visual alarm will activate should the pump fail. Distribution is through a self flushing 100 micron disc filter (Arkal) then through a 1" SCH-40 manifold to a 1500 sf. drip tubing field, with Netifim **Bioline** drip lines set approximately two feet apart with 0.61 gph emitters set every two feet. as per the attached schematic. A pressure regulator PMR-MF 40psi installed in the pump tank on the manifold to the field will maintain pressure at 40 psi. A 1" SCH-40 return line is installed to continuously flush the system by throttling a 1" ball valve. Solids caught in the disc filter are continuously flushed each cycle back to the pump tank. Vacuum breakers installed at the highest point on each manifold will prevent siphoning of effluent from higher to lower parts of the field. Field area will be scarified and surface rock removed and built up with 2" of Type II or Type III soil, then the drip tubing will be laid and capped with 6" of Type II or Type III soil (NOT SAND). (A minimum of twelve inches of soil required between drip tubing and rock/tank.) The field area will be covered with Curlex erosion control blankets and heavily seeded or just sodded with grass prior to system startup. Risers are required on tank inspection ports as per 30 TAC 285.38 (9/1/2023). This includes access limitation (<65lbs lid or hardware secured lid), inspection and cleanout ports shall have 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.

DESIGN SPECIFICATIONS:

Daily waste flow: 180 GPD Table III Pretreatment tank size: 353 Gal

Plant Size: NuWater B550 600gpd (TCEQ Approved)

Pump tank size: 768 Gal

Reserve capacity after High Level: 60 Gal (1/3 day Req'd)

Application Rate: Ra = 0.2 gal/sf

Total absorption area: Q/Ra = 180 GPD/0.20 = 900 sf. (Actual 1500 sf.) Total linear feet drip tubing: 750' *Netifim Bioline* drip tubing .61 GPH

Pump requirement: 375 emitters @ .61 gph @ 30 psi = 3.82gpm

Pump Requirement (cont.): FPS Series 20FE05P4-2W115 0.5HP submersible well pump

MINIMUM SCOUR VELOCITY (MSV) > 2 FPS

IN DRIP TUBING W/ NOM. DIA. 0.55" ID

 $MSV = 2 FPS (\Pi d \uparrow 2)/4*7.48 gal/cf*60 sec/min$

MSV = 2(3.14159((.55/12)†2)/4)*7.48*60

MSV = 1.5 gpm PER LINE * 2 LINES = 3 GPM MIN FLOW RATE

IN RETURN MANIFOLD W/ NOM. DIA 1.049" ID

 $MSV = 2 FPS (\Pi d \uparrow 2)/4*7.48 gal/cf*60 sec/min$

 $MSV = 2(3.14159((1.049/12)^{2})/4)*7.48*60$

MSV = 5.4 GPM

PIPE AND FITTINGS:

All pipes and fittings in this drip tubing system shall be 1" schedule 40 PVC. All joints shall be sealed with approved solvent-type PVC cement. Clipper type cutters are recommended to prevent PVC burrs during cutting of pipes causing possible plugging.

Designed in accordance with Chapter 285, Subchapter D, §285.30 and §285.40 Texas Commission On Environmental Quality. (Effective September 1, 2023)

Greg W. Johnson, P.E.

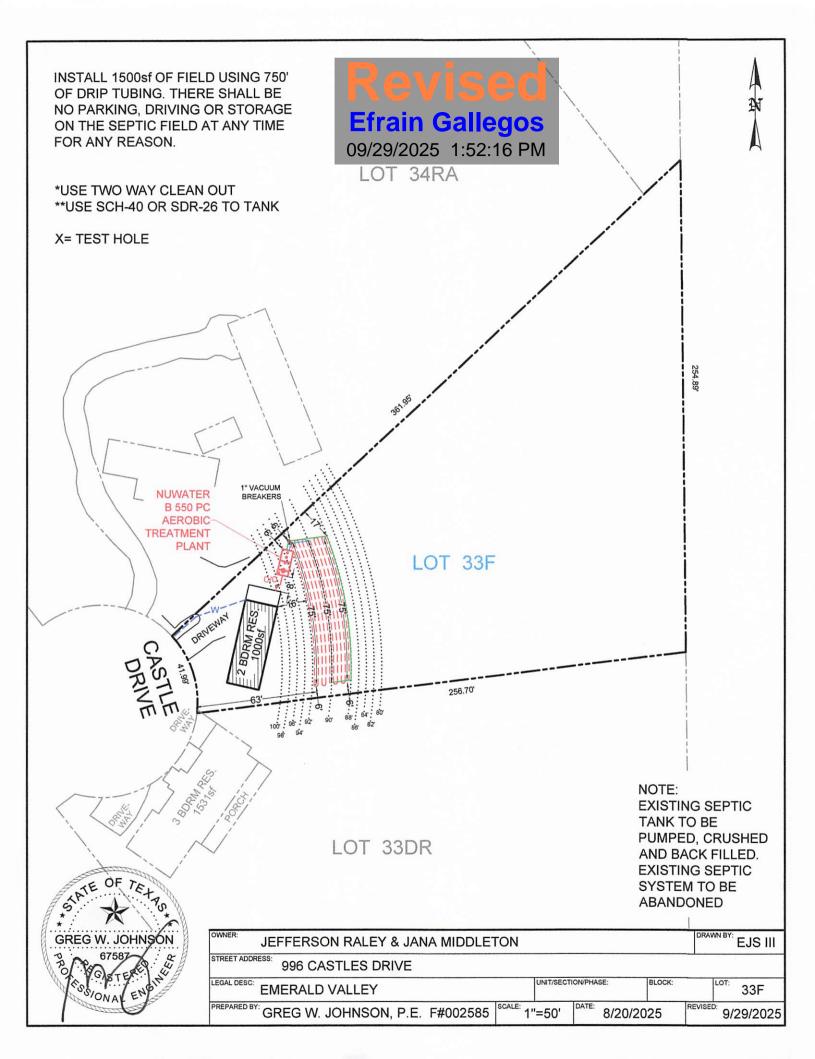
No. 67587 / F-2585

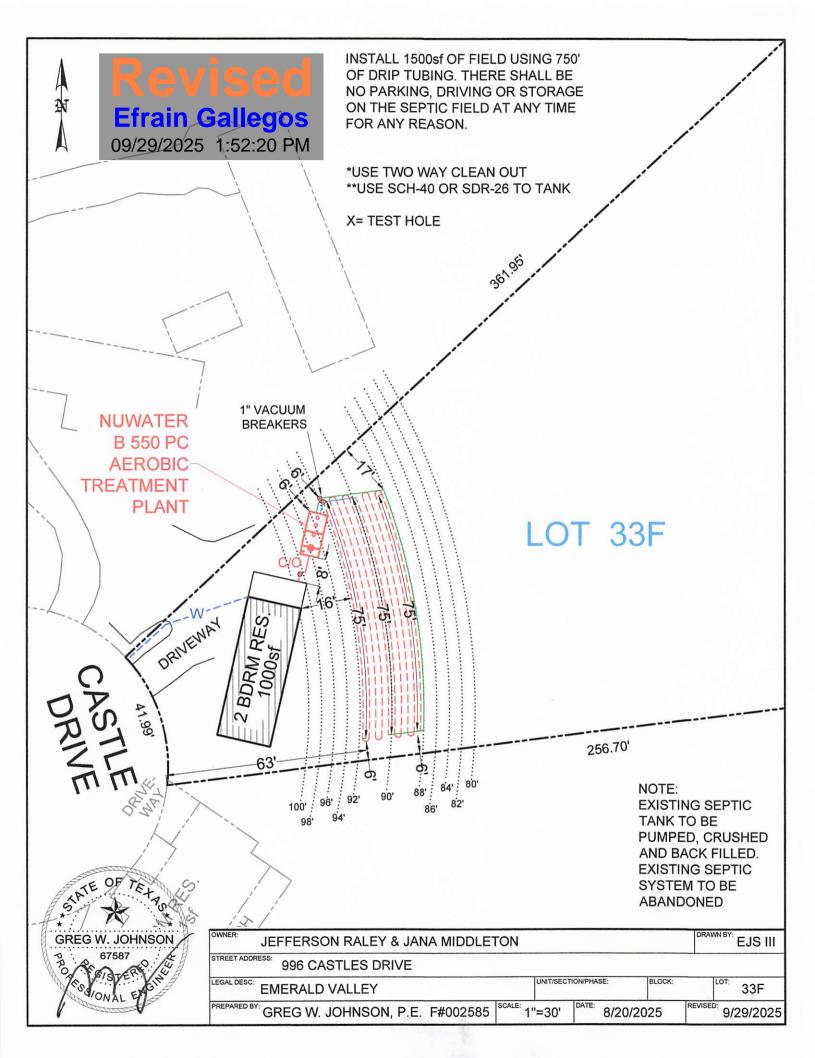
170 Hollow Oak

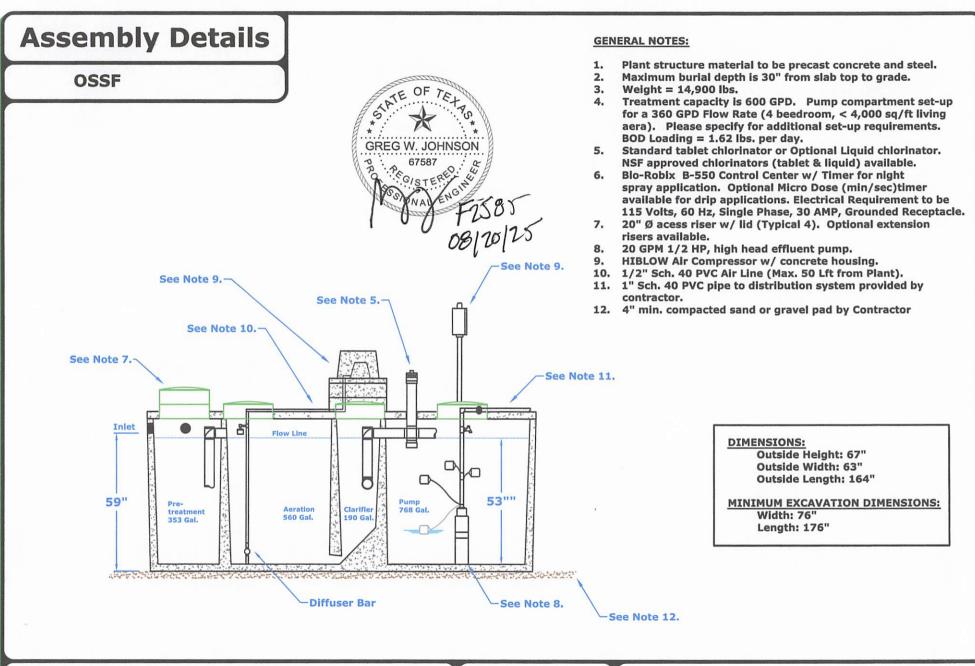
New Braunfels, Texas 78132

830/905-2778









NuWater B-550 (600 GPD)
Aerobic Treatment Plant (Assembled)

Model: B-550-PC-400PT

March, 2012 - Rev 1 By: A.S.

Бу. А.З.

All Dimensions subject to allowable specification

Dwg. #: ADV-B550-3



Advantage Wastewater Solutions IIc. 444 A Old Hwy No 9 Comfort, TX 78013 830-995-3189 fax 830-995-4051

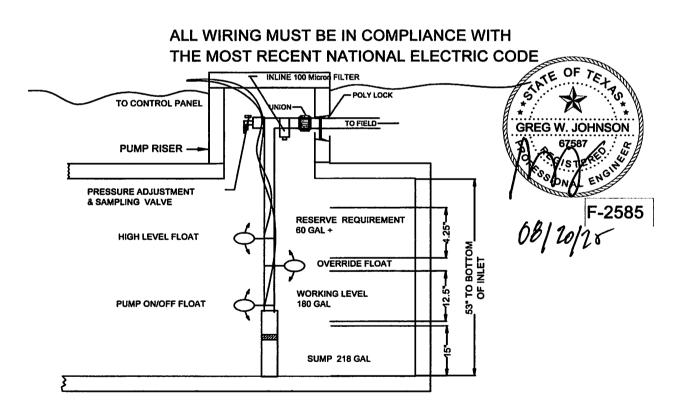
TANK NOTES:

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 NU-WATER 550PC -400PT 768 GAL PUMP TANK

Arkal 1" Super Filter

Catalog No. 1102 0___

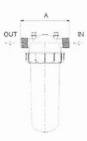
Features

- · A "T" shaped filter with two 1" male threads.
- A "T" volume filter for in-line installation on 1" pipelines.
- The filter prevents clogging due to its enlarged filtering area that collects sediments and particles.
- · Manufactured entirely from fiber reinforced plastic.
- · A cylindrical column of grooved discs constitutes the filter element.
- Spring keeps the discs compressed.
- Screw-on filter cover.
- · Filter discs are available in various filtration grades.



Technical Data

	1" BSPT (male)	1" NPT (male)
Inlet/outlet diameter	25.0 mm – nominal diameter	
	33.6 mm – pipe diameter (O. D.)	
Maximum pressure	10 atm	145 psi
Maximum flow rate	8 m ³ /h (1.7 l/sec)	35 gpm
General filtration area	500 cm ²	77.5 in ²
Filtration volume	600 cm ³	37 in ³
Filter length L	340 mm	13 13/32"
Filter width W	130 mm	5 3/32"
Distance between end connections A	158 mm	6 7/32"
Weight	1.420 kg	3.13 lbs.
Maximum temperature	70° C	158 °F
pH	5-11	5-11





Filtration Grades

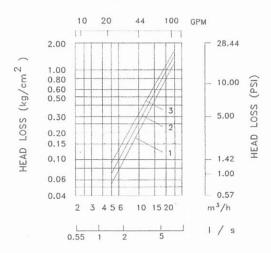
Blue (400 micron / 40 mesh)

Yellow (200 micron / 80 mesh) Red (130 micron / 120 mesh)

Black (100 micron /140 mesh)

Green (55 micron)

Head Loss Chart





PMR-MF

PRESSURE-MASTER REGULATOR - MEDIUM FLOW

Specifications

The pressure regulator shall be capable of operating at a constant, factory preset, non-adjustable outlet pressure of 6. 10, 12, 15, 20, 25, 30, 35, 40, 50, or 60 PSI (0.41, 0.69, 0.83, 1.03, 1.38, 1.72, 2.07, 2.41, 2.76, 3.45, or 4.14 bar) with a flow range between:

4 - 16 GPM (909 - 3634 L/hr) for 6 - 10 PSI models or

2 - 20 GPM (454 - 4542 L/hr) for 12 - 60 PSI models.

The pressure regulator shall maintain the nominal pressure at a minimum of 5 PSI (0.34 bar) above model inlet pressure and a maximum of 80 PSI (5.52 bar) above nominal model pressure*. Refer to the PRU performance curve to establish specific outlet pressures based on relative inlet pressure and flow rate. Always install downstream from all shut off valves. Recommended for outdoor use only. Not NSF certified.

All pressure regulator models shall be equipped with one of these inlet-x-outlet configurations:

Inlet

34-inch Female National Pipe Thread (FNPT) 1-inch Female National Pipe Thread (FNPT)

1-inch Female British Standard Pipe Thread (FBSPT) 1-inch Female British Standard Pipe Thread (FBSPT)

Outlet

3/4-inch Female National Pipe Thread (FNPT) 1-inch Female National Pipe Thread (FNPT)

The upper housing, lower housing, and internal molded parts shall be of engineering-grade thermoplastics with internal elastomeric seals and a reinforced elastomeric diaphragm. Regulation shall be accomplished by a fixed stainless steel compression spring, which shall be enclosed in a chamber isolated from the normal water passage.

Outlet pressure and flow shall be clearly marked on each regulator.

The pressure regulator shall carry a two-year manufacturer's warranty on materials, workmanship, and performance. Each pressure regulator shall be water tested for accuracy before departing the manufacturing facility.

The pressure regulator shall be manufactured by Senninger Irrigation in Clermont, Florida. Senninger is a Hunter Industries Company.

Physical

3/4" FNPT x 3/4" FNPT model (shown on right)

Overall Length

5.2 inches (13.1 cm)

Overall Width

2.5 inches (6.4 cm)

1" FNPT x 1" FNPT model

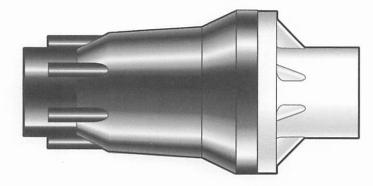
1" FBSPT x 1" FBSPT model

Overall Length

5.8 inches (14.6 cm)

Overall Width

2.5 inches (6.4 cm)



^{*} Please consult factory for applications outside of recommended guidelines.



PMR-MF

PRESSURE-MASTER REGULATOR - MEDIUM FLOW

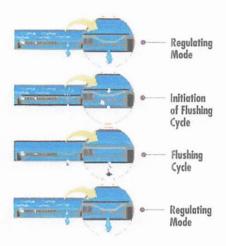
Model Numbers

Model #	Flow Range	Preset Operating Pressure	Maximum Inlet Pressure
PMR-6 MF	4 - 16 GPM	6 PSI	80 psi
	(909 - 3634 L/hr)	(0.41 bar)	(5.51 bar)
PMR-10 MF	4 - 16 GPM	10 PSI	90 psi
	(909 - 3634 L/hr)	(0.69 bar)	(6.20 bar)
PMR-12 MF	2 - 20 GPM	12 PSI	90 psi
	(454 - 4542 L/hr)	(0.83 bar)	(6.20 bar)
PMR-15 MF	2 - 20 GPM	15 PSI	95 psi
	(454 - 4542 L/hr)	(1.03 bar)	(6.55 bar)
PMR-20 MF	2 - 20 GPM	20 PSI	100 psi
	(454 - 4542 L/hr)	(1.38 bar)	(6.89 bar)
PMR-25 MF	2 - 20 GPM	25 PSI	105 psi
	(454 - 4542 L/hr)	(1.72 bar)	(7.24 bar)
PMR-30 MF	2 - 20 GPM	30 PSI	110 psi
	(454 - 4542 L/hr)	(2.07 bar)	(7.58 bar)
PMR-35 MF	2 - 20 GPM	35 PSI	115 psi
	(454 - 4542 L/hr)	(2.41 bar)	(7.93 bar)
PMR-40 MF	2 - 20 GPM	40 PSI	120 psi
	(454 - 4542 L/hr)	(2.76 bar)	(8.27 bar)
PMR-50 MF	2 - 20 GPM	50 PSI	130 psi
	(454 - 4542 L/hr)	(3.45 bar)	(8.96 bar)
PMR-60 MF	2 - 20 GPM	60 PSI	140 psi
	(454 - 4542 L/hr)	(4.14 bar)	(9.65 bar)

NETAFIM[®]

Bioline® Dripperline

Pressure Compensating Dripperline for Wastewater



BioLine's Self-Cleaning, Pressure Compensating Dripper is a fully selfcontained unit molded to the interior wall of the dripper tubing.

As shown at left, BioLine is continuously self-cleaning during operation, not just at the beginning and end of a cycle. The result is dependable, clog free operation, year after year.



Product Advantages

The Proven Performer

- · Tens of millions of feet used in wastewater today.
- Bioline is permitted in every state allowing drip disposal.
- · Backed by the largest, most quality-driven manufacturer of drip products in the U.S.
- · Preferred choice of major wastewater designers and regulators.
- · Proven track record of success for many years of hard use in wastewater applications.

Quality Manufacturing with Specifications Designed to Meet Your Needs

- Pressure compensating drippers assure the highest application uniformity even on sloped or rolling terrain.
- Excellent uniformity with runs of 400 feet or more reducing installation costs.
- · Highest quality-control standards in the industry: Cv of 0.25 (coefficient of manufacturer's variation).
- A selection of flows and spacings to satisfy the designer's demand for almost any application rate.

Long-Term Reliability

- · Protection against plugging:
 - Dripper inlet raised 0.27" above wall of tubing to prevent sediment from entering dripper.
 - Drippers impregnated with Vinyzene to prevent buildup of microbial slime.
 - Unique self-flushing mechanism passes small particles before they can build up.

Cross Section of Bloline Dripperline



ECHFILTED

Root Safe

- A physical barrier on each BioLine dripper helps prevent root intrusion.
- Protection never wears out never depletes releases nothing to the environment.
- Working reliably for up to 15 years in subsurface wastewater installations.
- Additional security of chemical root inhibition with Techfilter supplies
 Trifluralin to the entire system, effectively inhibiting root growth to the dripper outlets.



Applications

- · For domestic strength wastewater disposal.
- Installed following a treatment process.
- Can be successfully used on straight septic effluent with proper design, filtration and operation.
- Suitable for reuse applications using municipally treated effluent designated for irrigation water.

Specifications

Wall thickness (mil): 45*

Nominal flow rates (GPH): .4, .6, .9*

Common spacings: 12", 18", 24"*

Recommended filtration: 120 mesh

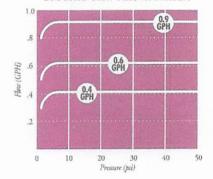
Inside diameter: .570*

Color: Purple tubing indicates non-potable

source

*Additional flows, spacings, and pipe sizes available by request. Please contact Netafim USA Customer Service for details.

BIOLINE Flow Rate vs. Pressure





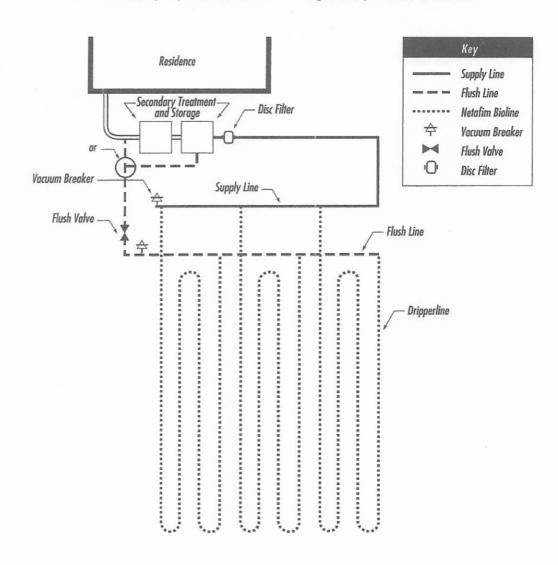
NETAFIM USA 5470 E. Home Ave. • Fresno, CA 93727 888.638.2346 • 559.453.6800 FAX 800.695.4753 www.netafimusa.com

SAMPLE DESIGNS

SINGLE TRENCH LAYOUT

Rectangular field with supply and flush manifold on same side and in same trench;

- · Locate supply and flush manifold in same trench
- · Dripperlines are looped at the end opposite the supply and flush manifolds
- The longest Bioline length should not exceed 400 ft. Drip fields 200 ft. in length might loop the Bioline once; drip dispersal fields under 100 ft. might be looped twice, as illustrated



STC GF# 2506986 MW

General Warranty Deed

Notice of confidentiality rights: If you are a natural person, you may remove or strike any or all of the following information from any instrument that transfers an interest in real property before it is filed for record in the public records: your Social Security number or your driver's license number.

Date: January 0, 2025

Grantor: Scott Klinzmann and spouse, Stephenie Klinzmann

Grantee: Jefferson Raley and Jana Middleton

3707 McNeil Dr Austra, Tx 78727

Consideration: Ten and No/100ths (\$10.00) Dollars, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged and confessed.

Property (including any improvements): Lot 33F, of EMERALD VALLEY SUBDIVISION, an addition in Comal County, Texas, according to the map or plat thereof recorded in/under Volume 8, Page 325 of the Map/Plat Records of Comal County, Texas.

Reservations from Conveyance: None.

Exceptions to Conveyance and Warranty: Validly existing easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded and validly existing restrictions, reservations, covenants, conditions, oil and gas leases, mineral interests, and water interests outstanding in persons other than Grantor, and other instruments, other than conveyances of the surface fee estate, that affect the Property; validly existing rights of adjoining owners in any walls and fences situated on a common boundary; any discrepancies, conflicts, or shortages in area or boundary lines; any encroachments or overlapping of improvements; and taxes for the current year, which Grantee assumes and agrees to pay, and subsequent assessments for that and prior years due to change in land usage, ownership, or both, 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. Additionally, this instrument may be executed in multiple counterparts and by different parties in separate counterparts, which, when taken together, shall constitute one original instrument.

Scott Klinzmann

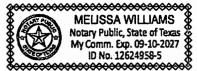
Stephenie Klinzmann

THE STATE OF TEXAS

COUNTY OF Camal

9

This instrument was acknowledged before me on this $\underline{\mathsf{V}}$ day of January, 2025, by Scott Klinzmann.



William
Notary Public, State of Texas

THE STATE OF TEXAS

COUNTY OF Comal

8

This instrument was acknowledged before me on this 10 day of January, 2025, by Stephenie Klinzmann.



Mildliam.
Notary Public, State of Texas

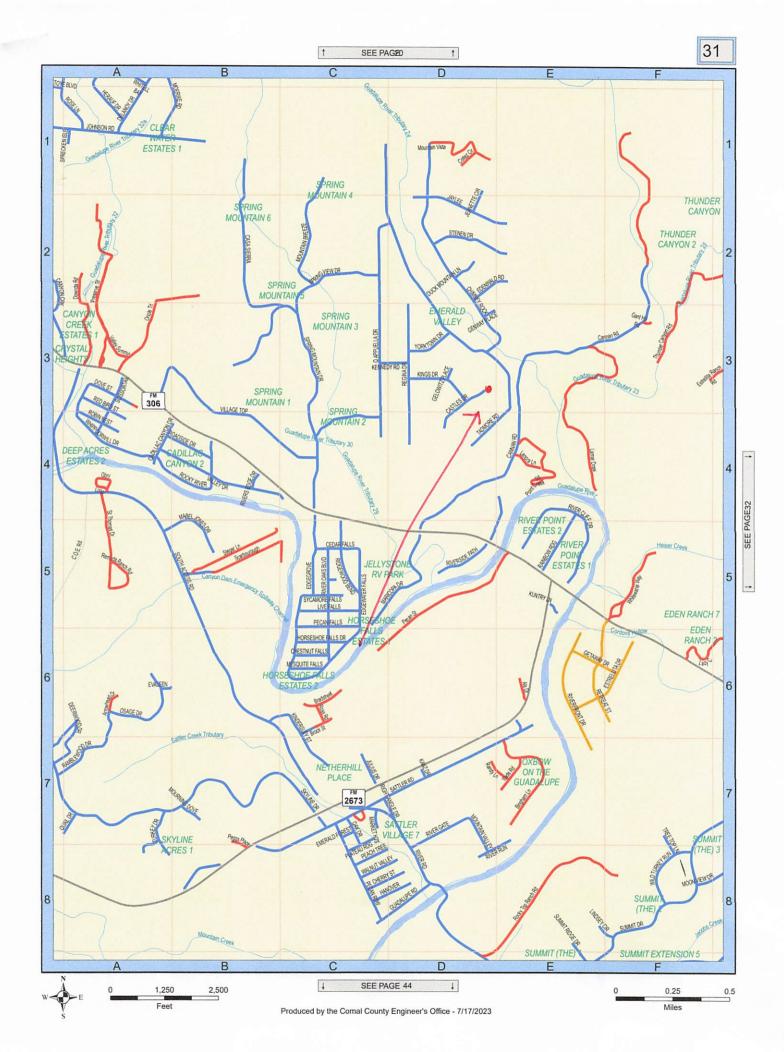
After Recording Return To: Jefferson Raley and Jana Middleton

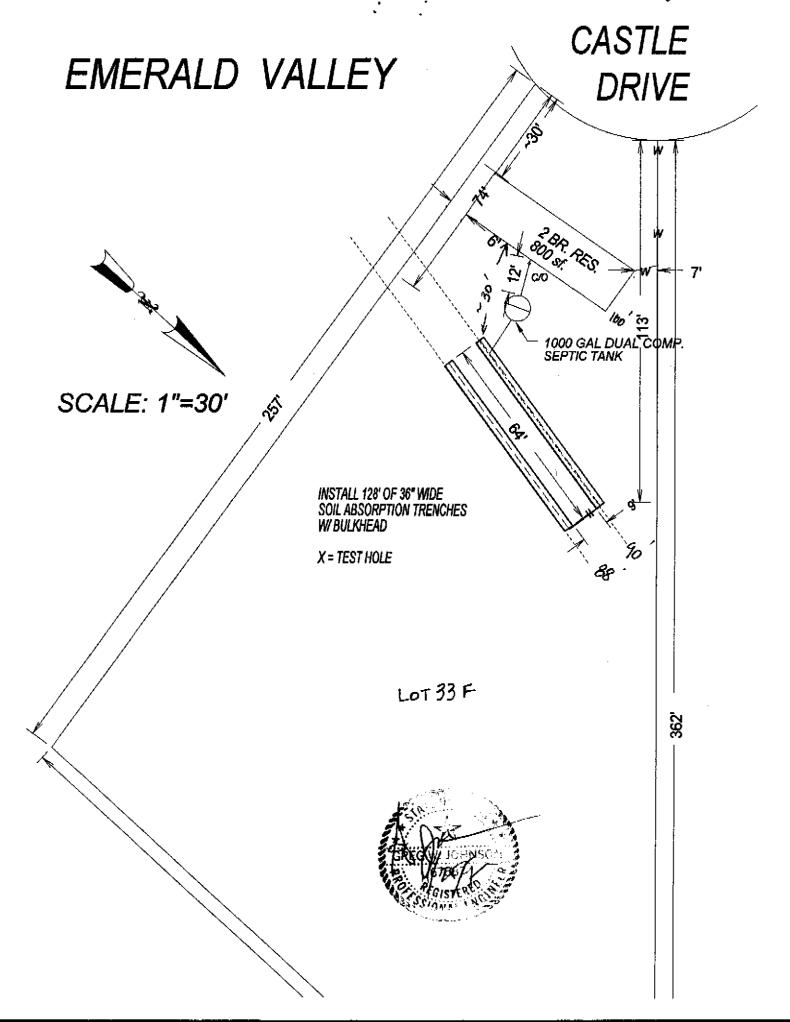
3707 McNeil Dr

Austin Tx 78727

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
01/08/2025 09:42:27 AM
MARY 2 Pages(s)
202506000627









ATION

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

WWW.CCEO.ORG

		7	
10			
_ \ '			
	7		

118987

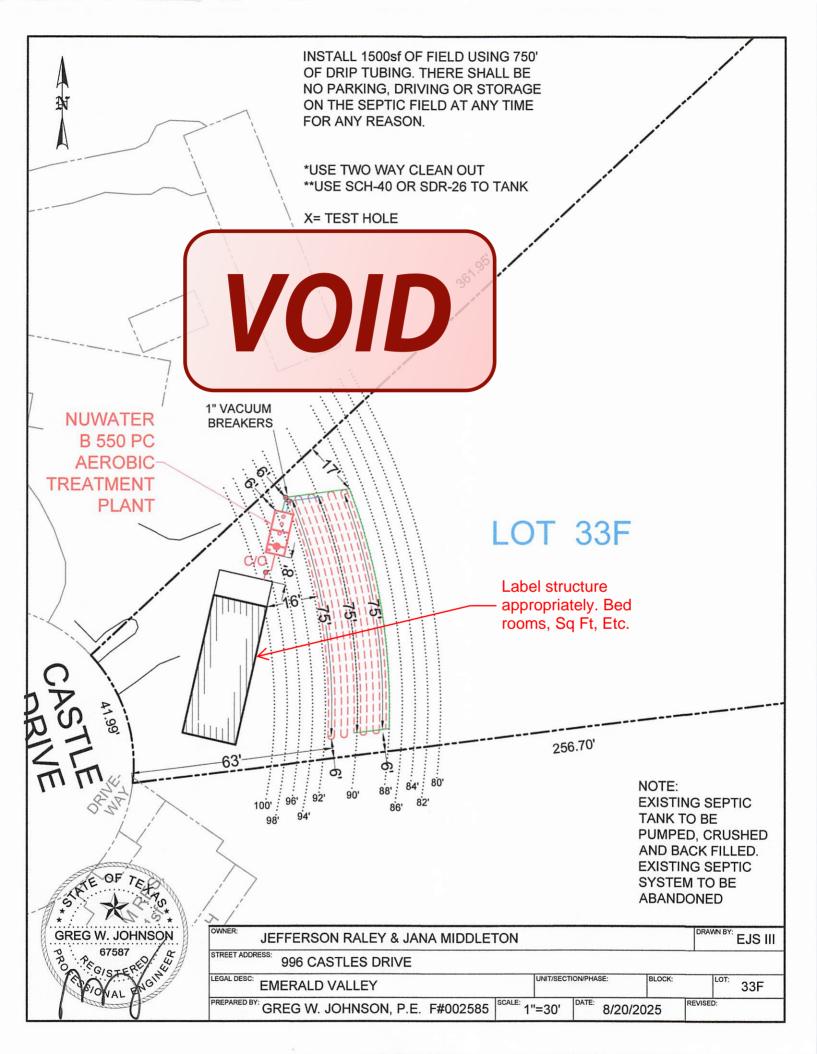
Date A	ugust 19, 2025		Permit Number	110707		
	JEFFERSON LALEY & JANA MIDDLETON	Agent Name	GREG IO	HNSON PE		
•	370 MCNEIL DRIVE	Agent Address	GREG JOHNSON, P.E. 170 HOLLOW OAK			
	AUSTIN, TEXAS 78727	City, State, Zip	NEW BRAUNFELS TEXAS 78132			
Phone # 512-694-0199		Phone #	830-805-2778			
Email	jeffersonraley@gmail.com	Email	gregjohnsonpe@yahoo.com			
2. LOCATION						
Subdivision Nan	ne EMERALD VALLEY	Un	it Lot	33F Blo	ock	
	Abstract Number					
Address	996 CASTLES DRIVE		LAKE State	TX Zip	78133	
3. TYPE OF DE	VELOPMENT	-	-		:	
Single Fan	nily Residential					
Type of Co	onstruction (House, Mobile, RV, Etc.)	MOBILE			,	
Number o	f Bedrooms 2					
Indicate S	q Ft of Living Area1000	ı			:	
Non-Single	e Family Residential		•	٠,		
(Planning m	naterials must show adequate land area for doubling	the required land needs	ed for treatment units	and disposal a	rea)	
Type of Fa	acility					
Offices, F	actories, Churches, Schools, Parks, Etc Indic	ate Number Of Occup	oants			
Restauran	nts, Lounges, Theaters - Indicate Number of Sea	ats			·	
Hotel, Mo	tel, Hospital, Nursing Home - Indicate Number o	of Beds				
Travel Tra	ailer/RV Parks - Indicate Number of Spaces					
Miscellane	eous	ŕ	militaria varia	****		
	The state of the s					
Estimated Cos	st of Construction: \$ 100,000	(Structure Only)				
Is any portion	of the proposed OSSF located in the United St	ates Army Corps of E	ingineers (USACE)	flowage ease	ment?	
Yes 🛛	No (If yes, owner must provide approval from USACE for	r proposed OSSF improve	ments within the USAC	E flowage easer	nent)	
Source of Wat	er Public Private Well Rainwater	Collection		• • •		
4. SIGNATURE	OF OWNER			. :		

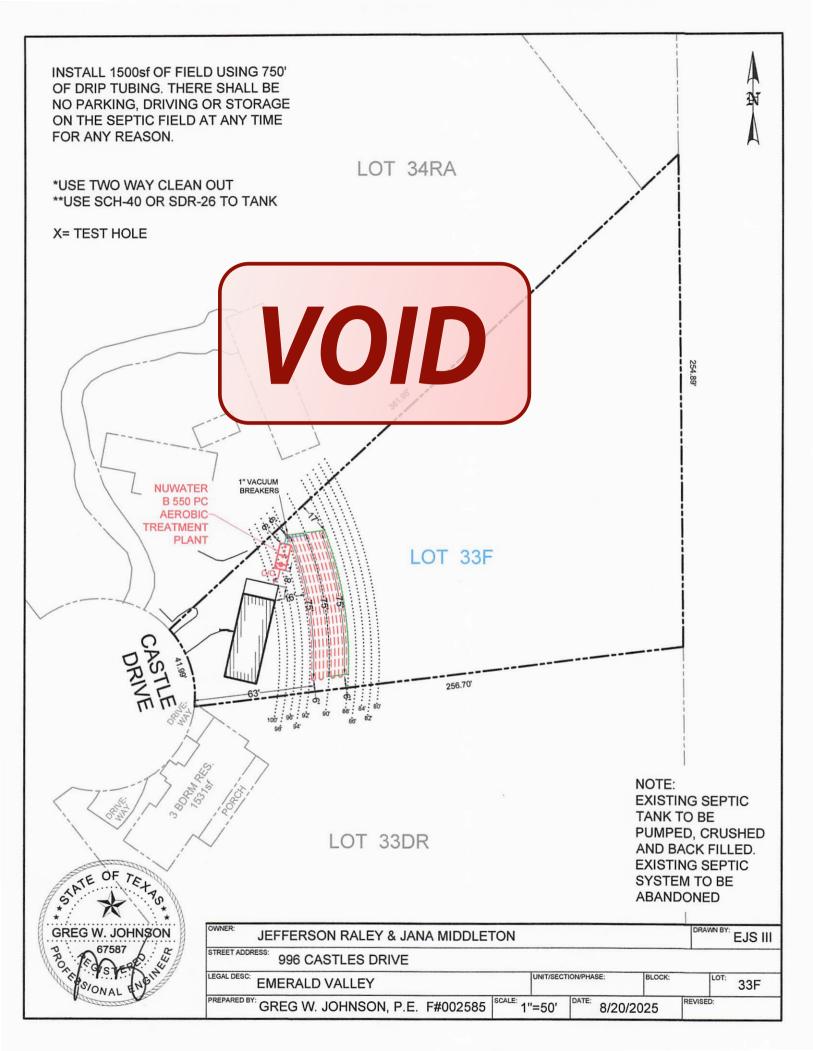
By signing this application, I certify that:

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



08/20/2025 Date







Address:	
Legal Description:	

Dear Property Owner & Agent,

Thank you for your submission. We have reviewed the planning materials for the referenced permit application, and unfortunately, they are insufficient. To proceed with processing this permit, we require the following:

118987.pdf Markup Summary

Efrain Gallegos (3)



Subject: Callout Page Label: 1

Author: Efrain Gallegos Date: 9/25/2025 4:11:01 PM

Status: Color: Layer: Space: Both owners signatures required.



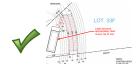


Subject: Text Box Page Label: 7

Author: Efrain Gallegos Date: 9/29/2025 8:46:03 AM

Status: Color: Layer: Space: An Inspector will be on property to conduct an on-site visit 9/30/25. Additional comments may

follow.

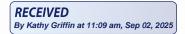


Subject: Callout Page Label: 10

Author: Efrain Gallegos Date: 9/29/2025 9:44:14 AM

Status: Color: Layer: Space: Label structure appropriately. Bed rooms,

Sq Ft, Etc.



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 118987 Initials Permit Number Date Received 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. 08/29/2025 Date

Signature of Applicant COMPLETE APPLICATION Check No. Receipt No.

INCOMPLETE APPLICATION (Missing Items Circled, Application Refeused)

Revised: September 2019