



COMAL COUNTY

ENGINEER'S OFFICE

195 David Jonas Dr, New Braunfels, Texas 78132 (830)608-2090

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:

119012.pdf Markup Summary 10-15-2025

Brandon Mark Olvera (2)



Subject: Group
Page Label: 14
Checkmark: Unchecked
Author: Brandon Mark Olvera
Date: 10/15/2025 12:22:39 PM

There is a 5 ft utility easement on all lot lines. Maintain the 1 ft. separation distance or provide the release of easement form the utility companies.



Subject: Group
Page Label: 14
Checkmark: Unchecked
Author: Brandon Mark Olvera
Date: 10/15/2025 12:27:47 PM

285.91(10)
What are you purposing for the tight line beneath the sidewalk/driveway?

Preliminary Field Check For Drip Systems



COMAL COUNTY

ENGINEER'S OFFICE

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

		119012
Date Received	Initials	Permit Number

Instructions:

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

OSSF Permit

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

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

Signature of Applicant

09/10/2025

Date

___ COMPLETE APPLICATION

Check No. _____ Receipt No. _____

INCOMPLETE APPLICATION

(Missing Items Circled, Application Refused)

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

Permit Number 119012

Agent Name	GREG JOHNSON, P.E.
Agent Address	170 HOLLOW OAK
City, State, Zip	NEW BRAUNFELS TEXAS 78132
Phone #	830-805-2778
Email	gregjohnsonpe@yahoo.com

Subdivision Name

CANYON LAKE MOBILE HOME ESTATES

Unit

5

Lot

558 & 559

Block

Survey Name / Abstract Number

Acres

Address

1333 HIGHVIEW ST.

City

CANYON LAKE

State

TX

Zip

78133

EXISTING HOUSE AND DETACHED LIVING

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

Number of Bedrooms 2+1

Indicate Sq Ft of Living Area 1248+288

- ☐
- 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: \$	EXISTING	(Structure Only)

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

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

Source of Water ☒ Public ☐ Private Well ☐ Rainwater Collection

4. SIGNATURE OF OWNER

By signing this application, I certify that:

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

Signature of Owner _____

Date: _____



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

Planning Materials & Site Evaluation as Required Completed By GREG W. JOHNSON, P.E.

System Description PROPRIETARY; AEROBIC TREATMENT AND DRIP TUBING

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

Tank Size(s) (Gallons) FUJI CE5 & AK750 PUMP Absorption/Application Area (Sq Ft) 2000

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

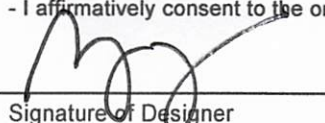
If yes, indicate the city: _____



FIRM #2585

By signing this application, I certify that:

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



Signature of Designer

August 4, 2025

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.

I

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

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):

5 UNIT/PHASE/SECTION _____ BLOCK 553 & 559 LOT CANYON LAKE MOBILE HOME ESTATES SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY

The property is owned by (insert owner's full name): ELAINE M. ROGERS

This OSSF must be covered by a continuous maintenance contract for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the Comal County Engineer's Office.

WITNESS BY HAND(S) ON THIS 2 DAY OF September, 2025

Elaine M. Rogers

Owner(s) signature(s)

ELAINE M. ROGERS

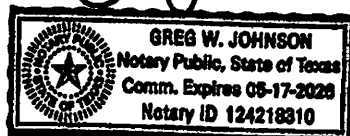
Owner (s) Printed name (s)

ELAINE M. ROGERS

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 2 DAY OF

September, 2025

[Signature]
Notary Public Signature



AFFIDAVIT TO THE PUBLIC

THE COUNTY OF COMAL §
STATE OF TEXAS §

Before me, the undersigned authority, on this day personally appeared ELAINE M. ROGERS, who after being by me duly sworn, upon oath state that they are the owner of record of that certain tract or parcel of land lying and being situated in Comal County, Texas, and being more particularly described as follows:

5 UNIT/PHASE/SECTION BLOCK 558 & 559 LOT CANYON LAKE MOBILE HOME ESTATES SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by (insert owner's full name): ELAINE M. ROGERS

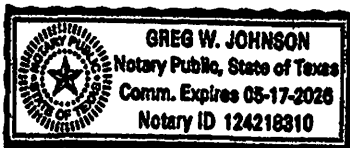
The undersigned further state that the on-site sewage facility for the referenced properties crosses the boundary between the properties. These properties cannot be sold separately and must be sold as one. Any buyer or transferee is hereby notified of this requirement.

WITNESS MY/OUR HAND(S) on this 2 day of September, 2025.

Elaine M. Rogers
ELAINE M. ROGERS

SWORN TO AND SUBSCRIBED BEFORE ME on this 2 day of September, 2025.

Greg W. Johnson
Notary Public Signature



Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
09/05/2025 01:11:13 PM
PRISCILLA 2 Pages(s)
202506028824



Bobbie Koepp

**THE COUNTY OF COMAL
STATE OF TEXAS**

CERTIFICATION OF SINGLE FAMILY DWELLING

According to Texas Commission of Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of COMAL COUNTY, TEXAS.

I

Before me this day appeared ELAINE M. ROGERS, being the owners of the referenced property at 1333 HIGHVIEW STREET. They further state that the Residence and any additional living space on this property will be occupied only by a single family.

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

5 UNIT CANYON LAKE MOBILE HOME
BLOCK 558 & 559 LOT ESTATES SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY

The property is owned by ELAINE M. ROGERS

WITNESS MY HAND ON THIS 8 OF DAY OF September, 20 25.

Elaine M Rogers
OWNER (SIGNATURE)

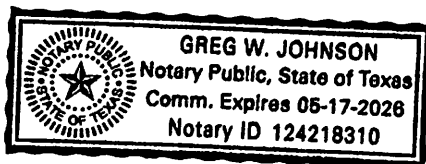
OWNER (SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 8 DAY OF September, 20 25 BY

ELAINE M. ROGERS
OWNER NAME (PRINTED)

Elaine m Rogers
OWNER NAME (PRINTED)

[Signature]
Notary Public Signature



(Notary Seal)



By Cody Young LLC

To: ELAINE M. ROGERS
CANYON LAKE MOBILE HOME ESTATES, UNIT 5, LOT 558, 559,

Site: 1333 HIGHVIEW STREET, CANYON LAKE, TX 78133
County: COMAL
Installer: PAUL SWOYER SEPTICS
Agency: COMAL (CCEO)
Mfg./Brand: FUJI CE5

Level 1 Contract

This service contract for the On-Site Sewage-facility, (OSSF), located at the site stated above. OSSF is to be inspected and serviced at regular intervals under a licensed provider. Special emergency service is to be provided within 48 hours of notification by the homeowner or the owner's agent. The initial contract is for (2) years from the date of final septic system inspection. Renewals shall be for a period of 2 years at the current rate and remain in effect for the specified dates listed. From LICENSE TO OPERATE until 2 YEARS FROM LTO

(LICENSE TO OPERATE)

Contract price \$700

Service Program Includes:

1. Regular site inspection at 4-month intervals for residential septic system.
2. OSSF maintenance: check aerator components for proper operation, control panel, effluent pump, spray head/drip nozzle. Check Proprietary specific components. Check pumps, check spray heads, check, and clean any Filters, check bull run valves and any other valves. Flush drain field if needed.
3. Visual inspection of control panel, (when accessible).
4. Labor expenses required at the home to maintain, repair, or remove any part of the control center or mechanical aerator to be returned for factory repair.
5. Labor expenses required at the home to service, repair, or install any part of the control panel or aerator returned from factory.
6. All maintenance reports will be emailed to the permitting authority & customer within 14 days of inspection.

Client Responsibilities:

1. Special service calls after the (at the 4-month intervals) stated in item #1.
2. BODs or TSS grab samples, (if needed).
3. Freight costs to and from factory, for component repair.
4. Costs for replacing damaged or missing parts and repairing any equipment not under any specified warranty.
5. Pumping out any or all the OSSF by a licensed waste hauler.
6. The Homeowner is responsible for maintaining the chlorinator and providing proper chlorine supply if required.
7. Securing pets so that maintenance functions can be performed safely for the technician, and the pet. If pets are present in the yard, and the owner is not on site to secure the animals, it is necessary to cancel the maintenance.
8. Securing pets so that maintenance functions can be performed safely for the technician, and the pet. If pets are present in the yard, and the owner is not on site to secure the animals, and it is necessary to cancel the maintenance, there will be a \$75 trip charge.
9. Insuring access to the property, always to the maintenance provider. (Gates, chains with locks, codes, etc.)

Miscellaneous Provisions

1. This contract can be terminated by either party in writing, within 30 days' notice. Contracts that are terminated will include notification in writing to the Authority having Jurisdiction, the Manufacturer of the system, and the other party.

Homeowner:

Elaine M Rogers


Date:

26 August 2025

Phone: 830-302-0380

Email: elnrgs@gmail.com

Maintenance Provider: Milo Young, License #MP0002338



Septic Pumping & Maintenance by Cody Young

911 RR3404

Kingsland, TX 78639

(325)248-8740

**ON-SITE SEWERAGE FACILITY
SOIL EVALUATION REPORT INFORMATION**

Date Soil Survey Performed: August 01, 2025

Site Location: CANYON LAKE MOBILE HOME ESTATES, UNIT 5, LOTS 558, 559

Proposed Excavation Depth: N/A

Requirements:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area.

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

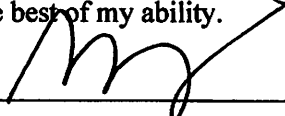
For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

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

SOIL BORING NUMBER <u> </u> SURFACE EVALUATION <u> </u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 8"	BROWN
1						
2						
3						
4						
5						

SOIL BORING NUMBER <u> </u> SURFACE EVALUATION <u> </u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	SAME		AS		ABOVE	
1						
2						
3						
4						
5						

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


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

08/01/25
Date

OSSF SOIL EVALUATION REPORT INFORMATION

Date: August 04, 2025

Applicant Information:

Name: ELAINE M. ROGERS
Address: 1333 HIGHVIEW STREET
City: CANYON LAKE State: TEXAS
Zip Code: 78133 Phone: (830) 302-0380

Site Evaluator Information:

Name: Greg W. Johnson, P.E., R.S. S.E. 11561
Address: 170 Hollow Oak
City: New Braunfels State: Texas
Zip Code: 78132 Phone & Fax (830)905-2778

Property Location:

CANYON LAKE MOBILE

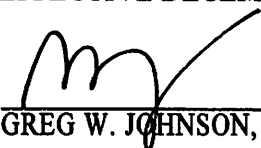
Installer Information:

Lot SEE BELOW Unit 5 Blk Subd. HOME ESTATES
Street Address: 1333 HIGHVIEW STREET
City: CANYON LAKE Zip Code:
Additional Info.: LOTS 558, 559

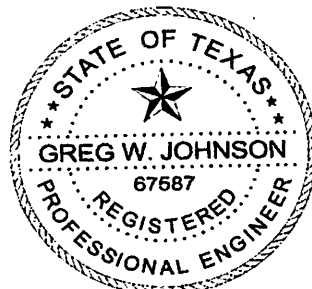
Name:
Company:
Address:
City: State:
Zip Code: Phone

Topography: Slope within proposed disposal area: 6 %
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 YES NO X
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

08/04/25
DATE



FIRM #2585

**AEROBIC TREATMENT
DRIP TUBING SYSTEM
DESIGNED FOR:
ELAINE M. ROGERS
1333 HIGHVIEW STREET
CANYON LAKE, TX 78133**

SITE DESCRIPTION:

Located in Canyon Lake Mobile Homes Estates, Unit 5, Lot 558 & 559, at 1333 Highview Street, the proposed system will serve an existing two bedroom residence (1248 sf.) and existing one bedroom detached living (288 sf), 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 and detached living into a Fuji CE5 500gpd aerobic plant containing a 198-gallon pretreatment tank, an aerobic treatment plant, and a 750-gallon pump tank containing a submersible (0.5 HP FPS E-series) 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 240 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 2000sf. 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 30psi installed in the pump tank on the manifold to the field will maintain pressure at 30 psi. A 1" SCH-40 return line is installed to continuously flush the system by throttling a 1" ball valve to the pump tank. 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 built up with 4" 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 12" 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: 240 GPD Table III

Pretreatment tank size: 198 Gal

Plant Size: Fuji CE5 500gpd (TCEQ Approved)

Pump tank size: 750 Gal

Reserve capacity after High Level: 80 Gal (1/3 day Req'd)

Application Rate: $R_a = 0.2$ gal/sf

Total absorption area: $Q/R_a = 240 \text{ GPD}/0.20 = 1200 \text{ sf}$. (Actual 2000 sf.)

Total linear feet drip tubing: 1000' *Netifim Bioline* drip tubing .61 GPH

Pump requirement: 500 emitters @ .61 gph @ 30 psi = 5.08 gpm

Pump Requirement (cont.): FPS - E Series 0.5 hp submersible well pump

MINIMUM SCOUR VELOCITY (MSV) > 2 FPS

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

$$\text{MSV} = 2 \text{ FPS } (\pi d^5/2)/4 * 7.48 \text{ gal/cf} * 60 \text{ sec/min}$$

$$\text{MSV} = 2(3.14159((.55/12)^5/4) * 7.48 * 60$$

$$\text{MSV} = 1.5 \text{ gpm PER LINE} * 3 \text{ LINES} = 4.5 \text{ GPM MIN FLOW RATE}$$

IN RETURN MANIFOLD W/ NOM. DIA 1.049" ID

$$\text{MSV} = 2 \text{ FPS } (\pi d^5/2)/4 * 7.48 \text{ gal/cf} * 60 \text{ sec/min}$$

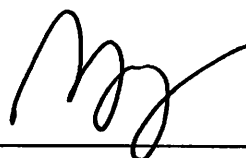
$$\text{MSV} = 2(3.14159((1.049/12)^5/4) * 7.48 * 60$$

$$\text{MSV} = 5.4 \text{ GPM}$$

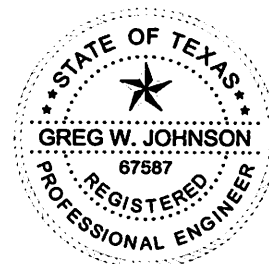
PIPE AND FITTINGS:

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)

 08/01/25

Greg W. Johnson, P.E. No. 67587 / F-2585
170 Hollow Oak
New Braunfels, Texas 78132
830/905-2778



SLEEVE WATER LINE
WITH 2"-SCH-40
PVC PIPE WHEN
ENTERING CLOSER
THAN 10' FROM
SEPTIC SYSTEM OR
SEPTIC FIELD

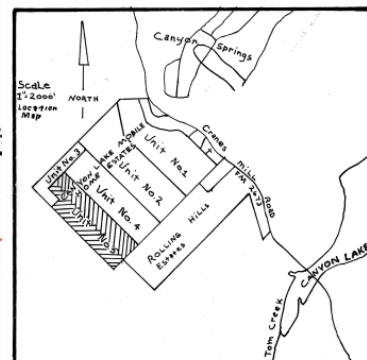
QUAIL RUN STREET

INSTALL 2000sf OF
FIELD USING 1000'
OF DRIP TUBING.
THERE SHALL BE NO
PARKING, DRIVING
OR STORAGE ON
THE SEPTIC FIELD
AT ANY TIME FOR
ANY REASON.

*USE TWO WAY
CLEAN OUTS
**USE SCH-40 OR
SDR-26 TO TANK

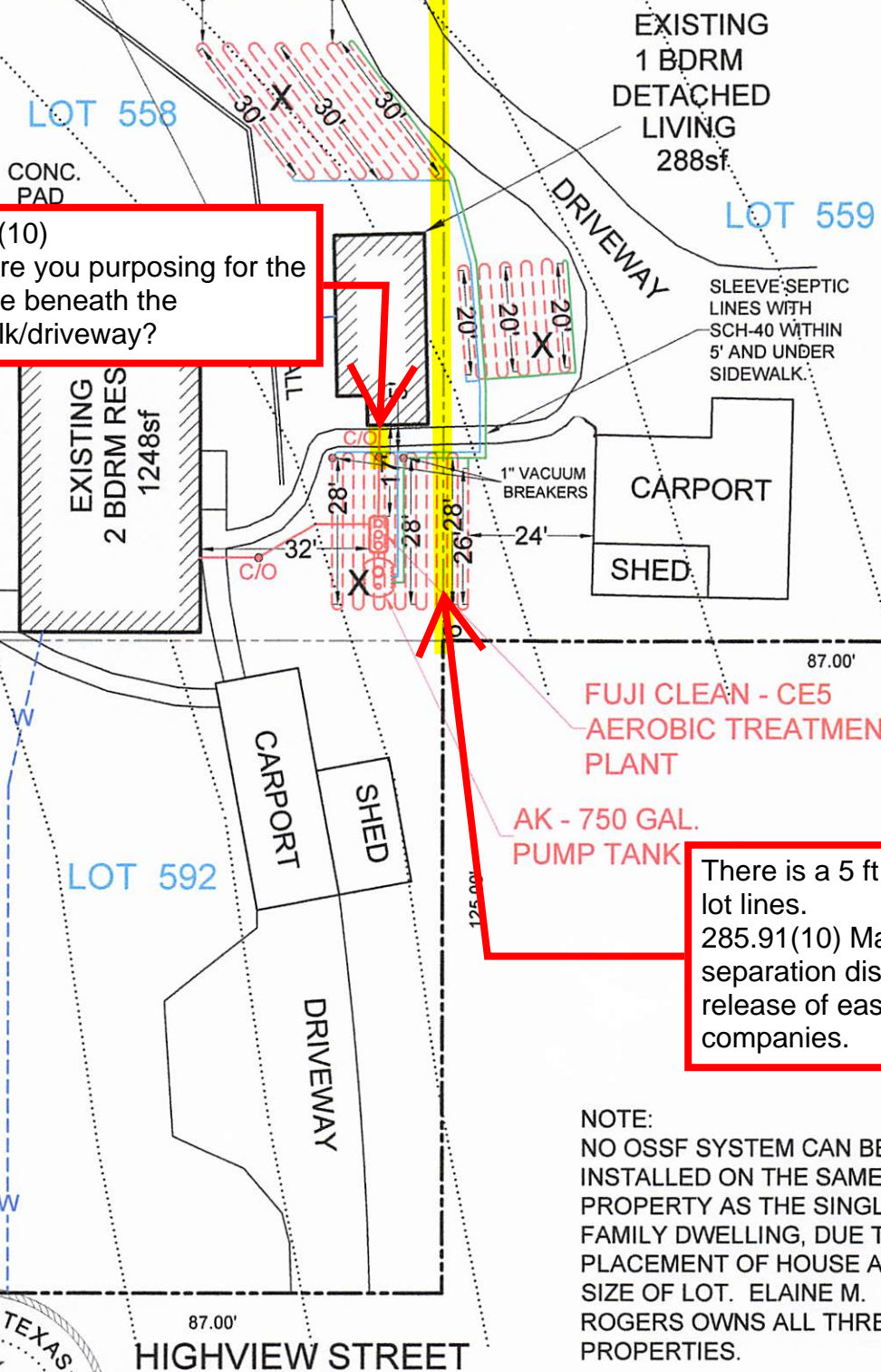
X= TEST HOLE

UTILITY EASEMENT GRANTED FIVE FEET
ON BOTH SIDES OF ALL LOT LINES.

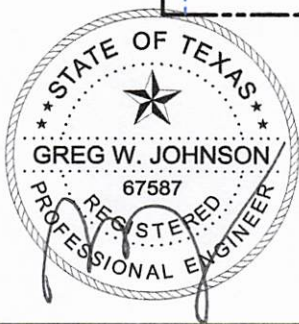


285.91(10)

What are you purposing for the
tight line beneath the
sidewalk/driveway?



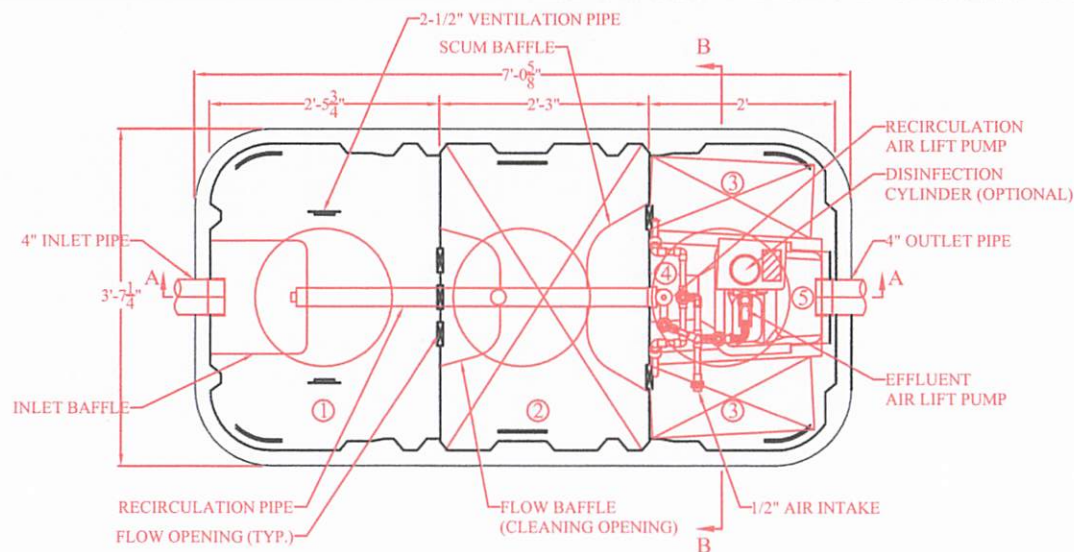
NOTE:
NO OSSF SYSTEM CAN BE
INSTALLED ON THE SAME
PROPERTY AS THE SINGLE
FAMILY DWELLING, DUE TO
PLACEMENT OF HOUSE AND
SIZE OF LOT. ELAINE M.
ROGERS OWNS ALL THREE
PROPERTIES.



OWNER: ELAINE M. ROGERS			DRAWN BY: EJS III	
STREET ADDRESS: 1333 HIGHVIEW STREET				
LEGAL DESC: CANYON LAKE MOBILE HOME ESTATES		UNIT/SECTION/PHASE: 5		LOT: 558, 559 & 592
PREPARED BY: GREG W. JOHNSON, P.E. F#002585		SCALE: N.T.S.	DATE: 8/4/2025	
REVISED:				



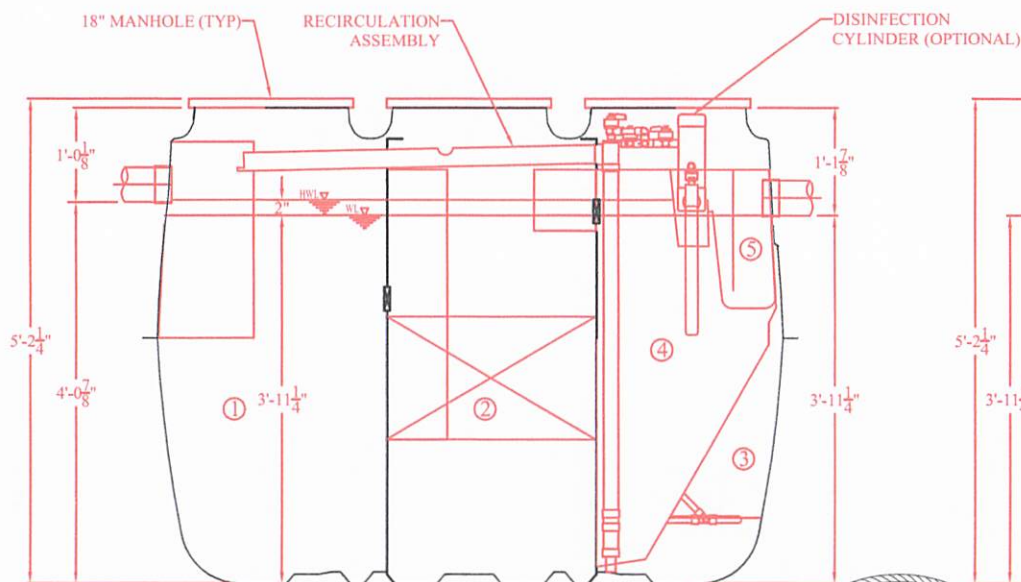
OWNER: ELAINE M. ROGERS		DRAWN BY: EJS III	
STREET ADDRESS: 1333 HIGHVIEW STREET			
LEGAL DESC: CANYON LAKE MOBILE HOME ESTATES		UNIT/SECTION/PHASE: 5	LOT: 558, 559 & 592
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=40'	DATE: 8/4/2025	REVISED:



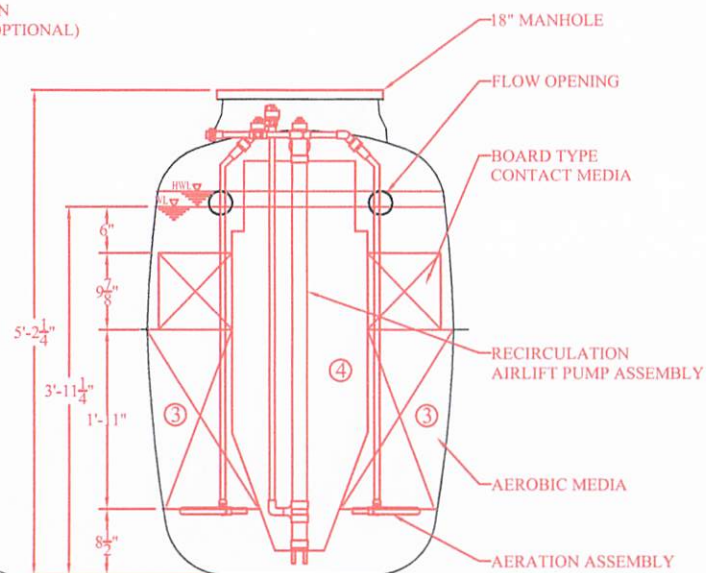
PLAN VIEW

	CHAMBER	Volume (gal)
①	Sedimentation Chamber	198
②	Anaerobic Filtration Chamber	198
③	Aerobic Contact Filtration Chamber	95
④	Storage Chamber	44
⑤	Disinfection Chamber	4
Total Volume		540

SPECIFICATIONS			
Anaerobic Media	PP / PE	Filling Rate	31%
Board Type Aerobic Media	PVC / PP / PE	Filling Rate	16%
Aerobic Media	PP / PE	Filling Rate	55%
Blower	2.8 cfm		
Tank	FRP		
Piping	PVC / PP / PE		
Access Covers	Plastic / Cast Iron		
Disinfectant (Optional)	Chlorine Tablets		



SECTION A-A VIEW



SECTION B-B VIEW



CE-5 Structural Drawing

DATE: 03/21/2014 SCALE: 1/2" = 1"

Handwritten: F2585 08/04/25

TANK NOTES:

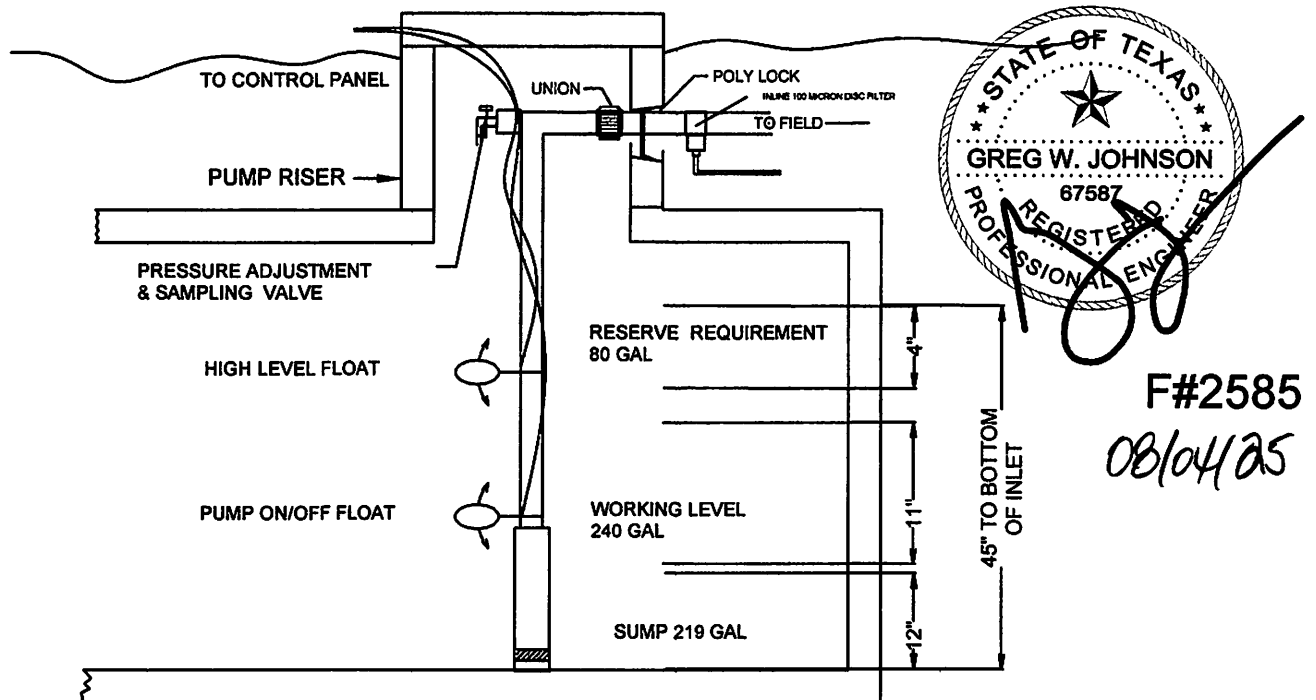
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

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

**ALL WIRING MUST BE IN COMPLIANCE WITH
THE MOST RECENT NATIONAL ELECTRIC CODE**



TYPICAL PUMP TANK CONFIGURATION

AK750 GAL PUMP TANK

Arkal 1" Super Filter

Catalog No. 1102 0 _ _ _

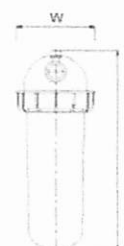
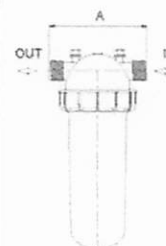
Features

- ♦ 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

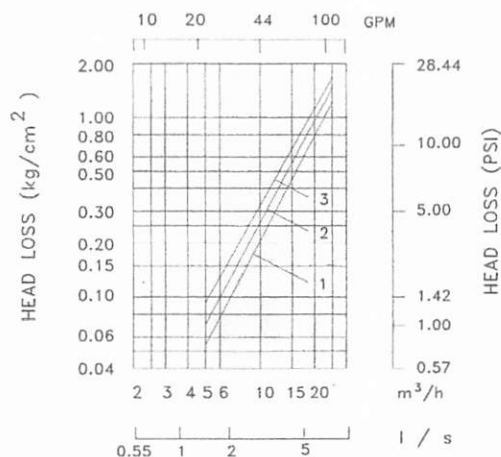
Inlet/outlet diameter	1" BSPT (male)	1" NPT (male)
	25.0 mm – nominal diameter	
	33.6 mm – pipe diameter (O. D.)	
Maximum pressure	10 atm	145 psi
Maximum flow rate	8 m ³ /h (1.7 l/sec)	35 gpm
General filtration area	500 cm ²	77.5 in ²
Filtration volume	600 cm ³	37 in ³
Filter length L	340 mm	13 13/32"
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	Outlet
¾-inch Female National Pipe Thread (FNPT)	¾-inch Female National Pipe Thread (FNPT)
1-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)

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

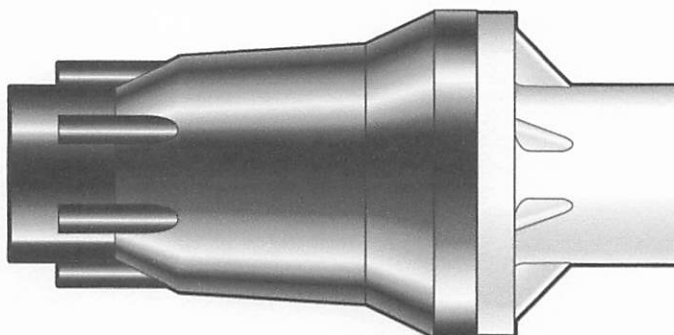
¾" FNPT x ¾" FNPT model (shown on right)

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

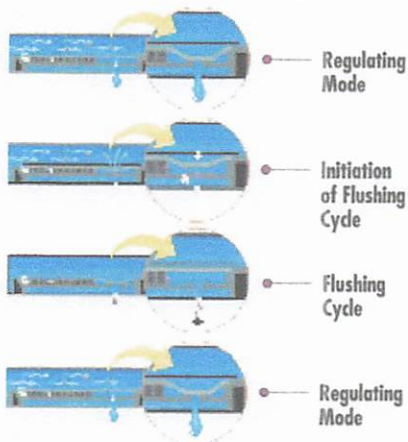
Model Numbers

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



Bioline® Dripperline

Pressure Compensating Dripperline for Wastewater



Bioline's Self-Cleaning, Pressure Compensating Dripper is a fully self-contained 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

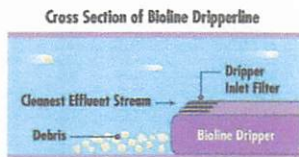
- Tens of millions of feet used in wastewater today.
- Bioline is permitted in every state allowing drip disposal.
- Backed by the largest, most quality-driven manufacturer of drip products in the U.S.
- Preferred choice of major wastewater designers and regulators.
- Proven track record of success for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



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"*

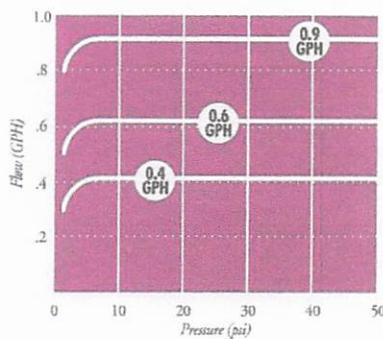
Recommended filtration: 120 mesh

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

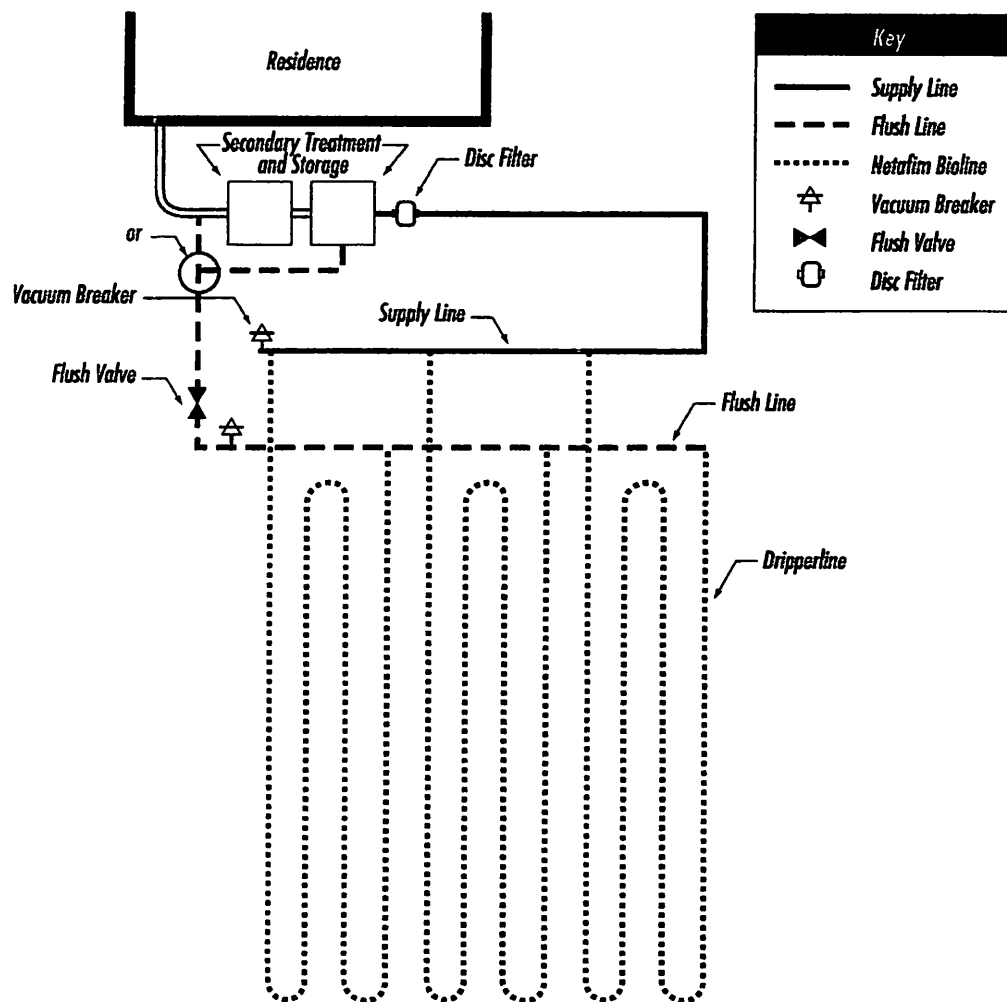
NETAFIM WASTEWATER DISPERSAL SYSTEM DESIGN GUIDE

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



3/05



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**AFFIDAVIT OF DEATH
FOR TRANSFERING TITLE ON PROPERTY LISTED IN A TRANSFER ON DEATH DEED**

THE STATE OF TEXAS
COUNTY OF Comal

I swear that the following statements are true:

1. Information of Person Signing Affidavit (Affiant). *Print your first, middle (if any), and last name here.*

My name is Elaine M. Rogers. I am at least eighteen (18) years old or older and am competent to make this affidavit. I am familiar with the past ownership and occupancy of the real property described below in this affidavit.

2. Legal Description of the Property. *The legal description is not the mailing or physical address of the property. The legal description is listed on the deed to the property, which can be found on the Transfer on Death Deed as well as at the county clerk's office in the county where the property is located.*

Lots 558 & 559 & Lot 592 Canyon Lake Mobile Home Estates Unit 5, Comal County, Texas, according to Plat thereof, Recorded in Volume 4, pages 58 & 59 of the map and Plat records of Comal County, Texas

Print legal description of the property.

3. Transfer on Death Deed Filed by Decedent.

- *Print the first, middle and last name of the deceased person who signed the transfer on death deed for the property exactly as it appeared on the Transfer on Death Deed. This person is now called the "Decedent."*
- *Print the date the transfer on death deed was filed and the county where the transfer on death deed was filed. Print the volume and page number where the Transfer on Death Deed was filed, or if not available, print the transfer on death deed's document or instrument number.*

Gregory James Somerville (Decedent) signed a transfer on death
First Middle Last

deed regarding this property on June 6, 2024. The transfer on death deed was
Date

filed with the county clerk in Comal County, Texas, on June 7, 2024
Date

and can be found in Volume _____, Page _____ of the county clerk's records, or if not available

under document or instrument number 2024-060-17276

**AFFIDAVIT OF DEATH
FOR TRANSFERING TITLE ON PROPERTY LISTED IN A TRANSFER ON DEATH DEED**

4. Information of Deceased Person Who Signed the Transfer on Death Deed (Decedent).

- Print the date the person died, and the county and state where they died.

The information regarding the death of the above named Decedent is as follows:

State file number 142-24-114185

Date of Death			Date and Place of Death		
Month	Day	Year	City	County	State
July	3	2024	New Braunfels	Comal	TX

5. Affiant's Signature. Do not sign or date until you are standing in front of a notary. Once the Affidavit of Death is signed and notarized, you must file it with the county clerk in the county where the property is located.

Elaine M. Rogers
Affiant's Signature

ELAINE M. ROGERS
Affiant's Printed Name

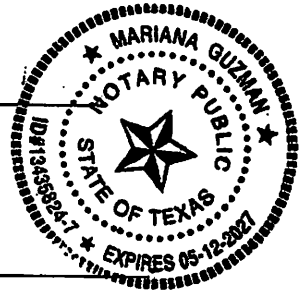
18 July 2024
Date

**FOR NOTARY TO COMPLETE
Acknowledgement and Affidavit**

STATE OF TEXAS
COUNTY OF COMAL

This instrument was acknowledged and sworn to before me on the 18th day of JULY
2024, by Elaine M. Rogers

By Mariana Guzman
Notary Public, State of TX



After recording, please return to:

Beneficiary's Name:

Elaine M. Rogers

Beneficiary's Mailing Address:

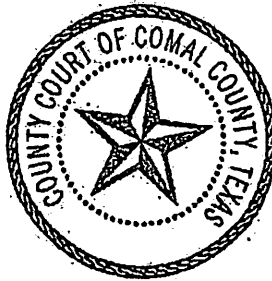
Address 1

Address 2

City

State

Zip



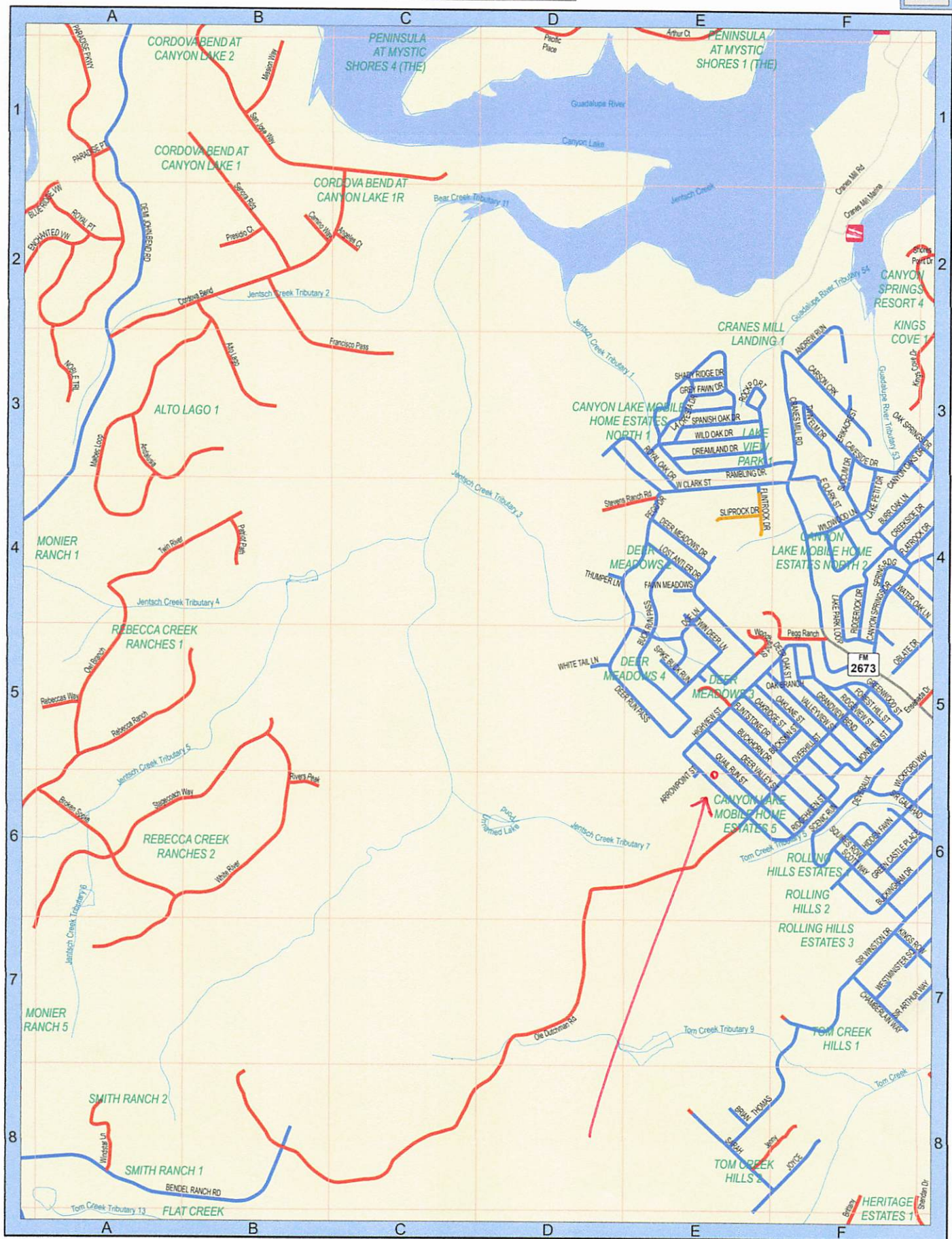
This page has been added to comply with the statutory requirement that the clerk shall stamp the recording information at the bottom of the last page.

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

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
07/18/2024 04:21:40 PM
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202406021550



Bobbie Koepp



SEE PAGE 29