Greg W. Johnson

SERVICE INVOICE

170 Hollow Oak New Braunfels, Texas 78132 830.905.2778 Fax.-830.905.2778

SERVICE FOR:

KRUG CONSTRUCTION, LLC 169 WESTERN OAKS RIVER CHASE, UNIT 5, LOT 560 NEW BRAUNFELS, TX 78132

BILL TO:

ROGER KRUG CONSTRUCTION 154 QUARRY PLACE NEW BRAUNFELS, TX 78132 **INVOICE NUMBER | B18793**

JOB DESCRIPTION DESIGN & PERMIT

DATE September 16, 2021

DATE	SERVICE DESCRIPTION	QUANTITY	RATE	AMOUNT
9/16/21 9/16/21	SEPTIC DESIGN PERMIT FEE & AFFIDAVIT	1 1	750.00 350.00	750.00 350.00
:				
				1,100.00
			[TOTAL DUE

MAKE CHECKS PAYABLE TO: GREG W. JOHNSON, P.E.

PAYMENT IS DUE UPON RECEIPT



ON-SITE SEWAGE FACILITY APPLICATION

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

WWW.CCEO.ORG

Date Sept	tember 10, 2021	Permit Number					
1. APPLICANT /	AGENT INFORMATION						
Owner Name KRUG CONSTRUCTION, LLC		Agent Name GREG JOHN			N, P.E.		
Mailing Address	g Address 154 QUARRY PLACE Agent Address		170 HOLLOW OAK				
City, State, Zip	NEW BRAUNFELS TEXAS 78132	City, State, Zip	NEW BRAUNFELS TEXAS 78132				
Phone #	830-237-2555	Phone #		830-905-2778 gregjohnsonpe@yahoo.com			
Email	rkrug@satx.rr.com	Email	gre				
2. LOCATION							
Subdivision Nam	e RIVER CHASE	Ur	nit5	Lot560	Block		
Survey Name / A	bstract Number			Acreage			
	169 WESTERN OAKS				Zip78132		
3. TYPE OF DEV							
Single Fam	nily Residential						
Type of Co	onstruction (House, Mobile, RV, Etc.)	HOUSE					
Number of	Bedrooms 4						
Indicate So	q Ft of Living Area 2454						
Non-Single	Family Residential						
(Planning m	aterials must show adequate land area for doublir	ng the required land need	ed for treatme	ent units and dis	posal area)		
Type of Fa	cility						
	actories, Churches, Schools, Parks, Etc Ind		pants				
Restauran	ts, Lounges, Theaters - Indicate Number of S	Seats			•••		
	el, Hospital, Nursing Home - Indicate Numbe						
	iler/RV Parks - Indicate Number of Spaces _						
Miscellane							
Estimated Cos	t of Construction: \$400,000	(Structure Only)					
Is any portion	of the proposed OSSF located in the United	States Army Corps of I	Engineers (l	JSACE) flowag	e easement?		
☐ Yes 🔀	No (If yes, owner must provide approval from USACE	for proposed OSSF improv	ements within	the USACE flowag	e easement)		
Source of Wate	er 🔀 Public 🦳 Private Well 🦳 Rainwat	er Collection					
4. SIGNATURE	OF OWNER						
 The completed ap facts. I certify that 	lication, I certify that: oplication and all additional information submitted at I am the property owner or I possess the approp						
site/soil evaluatio - I understand that by the Comal Co	nereby given to the permitting authority and design on and inspection of private sewage facilities a permit of authorization to construct will not be is unty Flood Damage Prevention Order. Insent to the online posting/public release of my e-r	ssued until the Floodplain	Administrato	r has performed	the reviews required		
. a.m.maavoiy ooi	Section 1. The section posting/public follower of the college	444,555 455554664 ¥	and porm	Spr. sation, do	-FF.		

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.

T

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.

TT

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/BHASE/SECTION BLOCK	560	_LOT	RIVER CHASE	SUBDIVISION
NOT IN SUBDIVISION: ACREAGE				SURVEY
The property is owned by (insert owner's f	full na	me):	KRUG CONSTRUCTION, LLC	.
This OSSF must be covered by a continuous the initial two-year service policy, the owneresidence shall either obtain a maintenance personally.	er of a	n aerobic tr	eatment system for a single family	
Upon sale or transfer of the above-describ transferred to the buyer or new owner. A cobtained from the Comal County Engineer'	copy of	f the planni	permit for the OSSF shall be ing materials for the OSSF can be	
WITNESS BY HAND(S) ON THIS	DAY O	F	,2021_	
SZ.		ROGEI	R KRUG - MANAGER	
Owner(s) signature(s)		Owner (s) Printed name (s)	
ROGER KRUG SW	ORN T	O AND SU	BSCRIBED BEFORE ME ON THIS	DAY OF
,2021	Γ		EA FOR COMAL COUNTY CLERK RECORDING PURI	
Notary Public Signature				
(Notary Seal Here)				

15188 FM 306 Canyon Lake, TX 78133 Phone (830)964-2365 Fax (830) 964-2659



Routine Maintenance and Inspection Agreement

General

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between KRUG CONSTRUCTION, LLC (referred to as "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP 349) (hereinafter referred to as "Contractor") located at 15188 FM 306, 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 control panel, air pumps, air filters, diffuser operation, Any alarm situation affecting the proper function of the Aerobic process will be address 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 customer is responsible for the chlorine tablets; they must be filled before or during the service visit.
- **5**. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, and County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

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

ACCESS BY CONTRACTOR

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

Termination of Agreement

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

Limit of Liability

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

Dispute Resolution

If a dispute between the Client and the Designer 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.

Legal Description: RIVER CHASE, UN	IT 5, LOT 560		
Property Address: 169 WESTERN OAK	(S		
HOME OWNER		SERVIC	CE PROVIDER
KRUG CONSTRUCTION, LLC		Aerobic Serv	ices of South Texas Inc.
Name		Name	
154 QUARRY PLACE		15188 FM 30	6
Address		Address	
NEW BRAUNFELS, TX 78132		Canyon Lake,	Texas 78133
City, State		City, State	
830-237-2555		(<u>830) 964 - 23</u>	<u> 365</u>
Phone		Phone	OS0024597/MP349
¥			Thomas Hampton
Signature of Home Owner		Signature of Serv	ice Provider and License #
EFFECTIVE DATE	EXPIRED DATE	INSTALLED_	
Model #	Blowe	er/Panel Serial #	

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: September 15, 2021	
Site Location:	RIVER CHASE, UNIT 5, LOT 560
Proposed Excavation Depth: N/A	
Requirements:	ed on the cite at annocite ands of the proposed disposed area

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.

Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
2"	IV	CLAY	N/A	NONE OBSERVED	LIMESTONE @ 2"	DRK. BROW
3						:
5						

Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	SAME		AS		ABOVE	
2						
3	_					
4	-			;		
5	1					

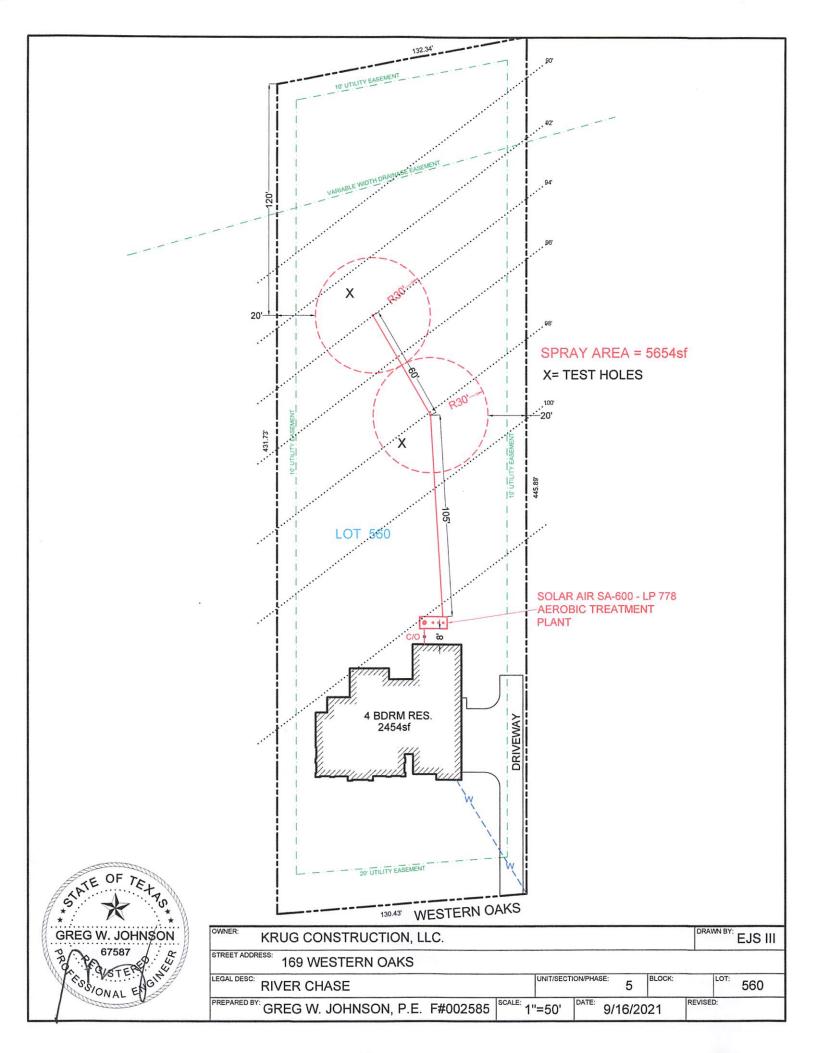
I certify that the findings of this report are based on my field observations ar	nd are a	ccurate to
the best of my ability.		1

OSSF SOIL EVALUATION REPORT INFORMATION

Date: September 16, 2021
Applicant Information:

Applicant into matton.	
N VDIIC CONCEDICTION LLC	Site Evaluator Information:
Name: KRUG CONSTRUCTION, LLC. Address: 154 QUARRY PLACE	Name: Greg W. Johnson, P.E., R.S., S.E. 11561
City: NEW BRAUNFELS State: TEXAS	Address: 170 Hollow Oak City: New Braunfels State: Texas
Zip Code: 78132 Phone: (830) 237-255	Zip Code: 78132 Phone & Fax (830)905-2778
Zip code I none	21p Code. 16132 1 Hone & 1 ak (650)303 2770
Property Location:	Installer Information:
Lot 560 Unit 5 Blk Subd. RIVER C	CHASE Name:
Street Address: 169 WESTERN OAKS	Company:
City: NEW BRAUNFELS Zip Code:	
Additional Info.:	City: State:
	Zip Code:Phone
Topography: Slope within proposed disposal a	
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 impound	
Presence of upper water shed	YESNO_X
Organized sewage service available to lot	YESNOX
<i>g</i>	
Design Calculations for Aerobic Treatment w	vith Spray Irrigation:
<u>Commercial</u>	
Q = GPD	
Residential Water conserving fixtures to be util	ized? Yes X No
Number of Bedrooms the septic system is sized	for: 4 Total sq. ft. living area 2454
Q gal/day = (Bedrooms + 1) * 75 GPD - (20% re)	
Q = (4 +1)*75-(20%)= 300	,
Trash Tank Size 376 Gal.	
TCEQ Approved Aerobic Plant Size 600	G.P.D.
Req'd Application Area = $Q/Ri = 300$	0.064 = 4688 sq. ft.
Application Area Utilized = 5654 so	g. ft.
Pump Requirement 12 Gpm @ 41	Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)
Pump Tank Size = 778 Gal. 18.75	
Reserve Requirement = 100 Gal. 1/3 da	ay flow.
Alarms: Audible & Visual High Water Alarm &	
With Chlorinator NSF/TCEQ APPROVED	•
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	
	D AND MAINTAINED WITH VEGETATION.
EXPOSED ROCK WILL BE COVERED WIT	
	GATION BEING A REGISTERED PROFESSIONAL ENGINEER
	TH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40
•	XAS COMMISSION OF ENVIRONMENTAL QUALITY
(EFFECTIVE DECEMBER 29, 2016)	TE OF TEL
M_{\sim}	STATE OF THE PROPERTY OF THE P
('	09/16/201/2/
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561	DATE GREG W. JOHNSON
	67587

FIRM #2585



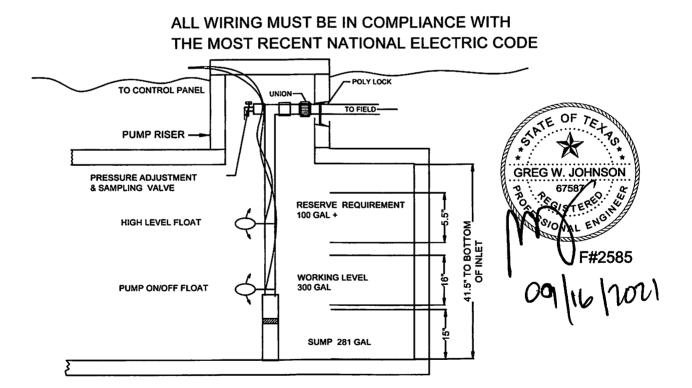
TANK NOTES:

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