

Comal County Environmental Health OSSF Inspection Sheet

Installer Name: _____

OSSF Installer #: _____

1st Inspection Date: _____

2nd Inspection Date: _____

3rd Inspection Date: _____

Inspector Name: _____

Inspector Name: _____

Inspector Name: _____

Permit#:		Address:					
No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
1	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Site and Soil Conditions Consistent with Submitted Planning Materials		285.31(a) 285.30(b)(1)(A)(iv) 285.30(b)(1)(A)(v) 285.30(b)(1)(A)(iii) 285.30(b)(1)(A)(ii) 285.30(b)(1)(A)(i)				
2	SITE AND SOIL CONDITIONS & SETBACK DISTANCES Setback Distances Meet Minimum Standards		285.91(10) 285.30(b)(4) 285.31(d)				
3	SEWER PIPE Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)		285.32(a)(1)				
4	SEWER PIPE Slope from the Sewer to the Tank at least 1/8 Inch Per Foot		285.32(a)(3)				
5	SEWER PIPE Two Way Sanitary - Type Cleanout Properly Installed (Add. C/O Every 100' &/or 90 degree bends)		285.32(a)(5)				
6	PRETREATMENT Installed (if required) TCEQ Approved List PRETREATMENT Septic Tank(s) Meet Minimum Requirements		285.32(b)(1)(G) 285.32(b)(1)(E)(iii) 285.32(b)(1)(E)(iv) 285.32(b)(1)(F) 285.32(b)(1)(B) 285.32(b)(1)(C)(i) 285.32(b)(1)(C)(ii) 285.32(b)(1)(D) 285.32(b)(1)(E) 285.32(b)(1)(A) 285.32(b)(1)(E)(ii)(II) 285.32(b)(1)(E)(i) 285.32(b)(1)(E)(ii)(I)				
7	PRETREATMENT Grease Interceptors if required for commercial		285.34(d)				

Inspector Notes:

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
8	SEPTIC TANK Tank(s) Clearly Marked SEPTIC TANK If Single Tank, 2 Compartments Provided with Baffle SEPTIC TANK Inlet Flowline Greater than 3" and " T " Provided on Inlet and Outlet SEPTIC TANK Septic Tank(s) Meet Minimum Requirements		285.32(b)(1) (E)285.91(2)285.32(b)(1) (F)285.32(b)(1)(E) (iii)285.32(b)(1)(E)(ii) (II)285.32(b)(1)(E)(ii) (I)285.32(b)(1)(E) (i)285.32(b)(1) (D)285.32(b)(1)(C) (ii)285.32(b)(1)(C) (i)285.32(b)(1) (B)285.32(b)(1) (A)285.32(b)(1)(E)(iv)				
9	ALL TANKS Installed on 4" Sand Cushion/ Proper Backfill Used		285.32(b)(1)(F) 285.32(b)(1)(G) 285.34(b)				
10	SEPTIC TANK Inspection / Clean Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped		285.38(d)				
11	SEPTIC TANK Secondary restraint system provided SEPTIC TANK Riser permanently fastened to lid or cast into tank SEPTIC TANK Riser cap protected against unauthorized intrusions		285.38(d) 285.38(e)				
12	SEPTIC TANK Tank Volume Installed						
13	PUMP TANK Volume Installed						
14	AEROBIC TREATMENT UNIT Size Installed						
15	AEROBIC TREATMENT UNIT Manufacturer AEROBIC TREATMENT UNIT Model Number						
16	DISPOSAL SYSTEM Absorptive		285.33(a)(4) 285.33(a)(1) 285.33(a)(2) 285.33(a)(3)				
17	DISPOSAL SYSTEM Leaching Chamber		285.33(a)(1) 285.33(a)(3) 285.33(a)(4) 285.33(a)(2)				
18	DISPOSAL SYSTEM Evapo-transpirative		285.33(a)(3) 285.33(a)(4) 285.33(a)(1) 285.33(a)(2)				

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

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No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0% EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom) EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart		285.33(b)(3)(A) 285.33(b)(3)(A) 285.33(b)(3) (B)285.91(13) 285.33(b)(3)(D) 285.33(b)(3)(F)				
33	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.		285.32(c)(1)				
34	AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions						
35	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.						
36	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump						
37	PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions						
38	PUMP TANK Secondary restraint system provided						
39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?		285.33(d)(2)(G)(iii)(II) 285.33(d)(2)(G)(iii)(III) 285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)				
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed		285.33(d)(2)(G) (i)285.33(d)(2) (A)285.33(d)(2)(F)				
42	APPLICATION AREA Area Installed						
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						



COMAL COUNTY

ENGINEER'S OFFICE

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

Permit Number: 113936
Issued This Date: 02/28/2022
This permit is hereby given to: A&E CUSTOM HOMES

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

34813 THANKSGIVING TRL
CITY OF BULVERDE, TX 78163

Subdivision: BELLE OAKS RANCH
Unit: 2
Lot: 17
Block: 4
Acreage: 0.0000

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

RECEIVED

By KG at 9:49 am, Jan 24, 2022



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

--	--

Date Received

Initials

113936

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

Date

___ COMPLETE APPLICATION
Check No. _____ Receipt No. _____

INCOMPLETE APPLICATION ___ (Missing Items Circled, Application Refeused)

RECEIVED

By KG at 9:49 am, Jan 24, 2022



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

Date January 6, 2022

Permit Number 113936

1. APPLICANT / AGENT INFORMATION

Owner Name A&E CUSTOM HOMES
Mailing Address 28503 HOFFMAN SPRING LANE
City, State, Zip FULSHEAR TEXAS 77441
Phone # 210-875-0703 TAYLOR
Email taylorbartholomew@yahoo.com

Agent Name GREG JOHNSON, P.E.
Agent Address 170 HOLLOW OAK
City, State, Zip NEW BRAUNFELS TEXAS 78132
Phone # 830-905-2778
Email gregjohnsonpe@yahoo.com

2. LOCATION

Subdivision Name BELLE OAKS RANCH Unit PHASE 2 Lot 17 Block 4
Survey Name / Abstract Number _____ Acreage _____
Address 34813 THANKSGIVING TRAIL City BULVERDE State TX Zip 78163

3. TYPE OF DEVELOPMENT

Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) HOUSE

Number of Bedrooms 5

Indicate Sq Ft of Living Area 3586

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: \$ 600,000 (Structure Only)

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

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

Source of Water Public Private Well Rainwater Collection

4. SIGNATURE OF OWNER

By signing this application, I certify that:

- The completed application and all additional information submitted does not contain any false information and does not conceal any 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

1/14/2022
Date

113936

REVISED

12:51 pm, Jun 07, 2023

*** COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH * * ***

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) PROFLO 5060 Absorption/Application Area (Sq Ft) 6183

Gallons Per Day (As Per TCEQ Table III) 360

(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.)

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

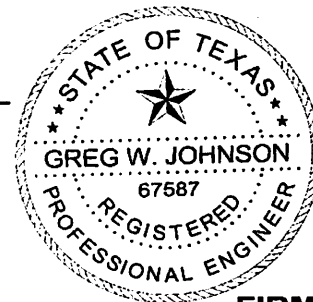
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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: Bulverde



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]
Signature of Designer

January 13, 2022
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 (OSSFs), this document is filed in the Deed Records of Comal County, Texas.

I

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

2 UNIT/PHASE/SECTION 4 BLOCK 17 LOT BELLE OAKS RANCH SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY

The property is owned by (insert owner's full name): A&E CUSTOM HOMES

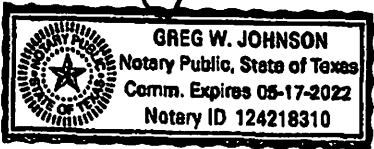
This OSSF must be covered by a continuous maintenance contract for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

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 14 DAY OF January, 2022
[Signature] Taylor Bartholomew 9/6
[Signature] A&E Custom Homes, LLC
Owner(s) signature(s) Owner (s) Printed name (s)

Taylor Bartholomew SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 14 DAY OF January, 2022

[Signature]
Notary Public Signature



Filed and Recorded
Official Public Records
Bobbie Koeppe, County Clerk
Comal County, Texas
01/21/2022 01:51:47 PM
CASHONE 1 Pages(s)
202206003372

Bobbie Koeppe

J.R.

G.J.

1/21/22

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 A&E CUSTOM HOMES (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: BELLE OAKS RANCH, PHASE 2, BLOCK 4, LOT 17

Property Address: 34813 THANKSGIVING TRAIL

HOME OWNER

A&E CUSTOM HOMES

Name

28503 HOFFMAN SPRING LANE

Address

FULSHEAR, TX 77441

City, State

210-875-0703

Phone


Signature of Home Owner

SERVICE PROVIDER

Aerobic Services of South Texas Inc.

Name

15188 FM 306

Address

Canyon Lake, Texas 78133

City, State

(830) 964 - 2365

Phone


OS0024597/MP349

Thomas Hampton
Signature of Service Provider and License #

EFFECTIVE DATE _____ EXPIRED DATE _____ INSTALLED _____

Model # _____

Blower/Panel Serial # _____

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

Greg W. Johnson, P.E.
170 Hollow Oak
New Braunfels, Texas 78132
830/905-2778

January 13, 2022

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


RE- SEPTIC DESIGN
34813 THANKSGIVING TRAIL
BELLE OAKS RANCH, PHASE 2, BLOCK 4, LOT 17
BULVERDE, TX 78163
A&E CUSTOM HOMES

Wes/Brenda,

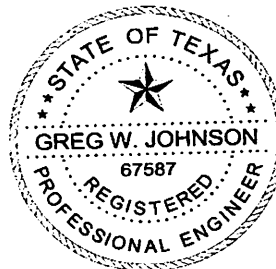
The referenced property is located within the Edwards Aquifer Contributing Zone. This OSSF design will comply with requirements in the CZP.

Temporary erosion and sedimentation controls should be utilized as necessary prior to construction. If any sensitive feature (caves, solution cavities, sink holes, etc.) is discovered during construction, activities must be suspended immediately and the applicant or his agent must immediately notify the TCEQ Regional Office. After that operations can only proceed after the Executive Director approves required additional engineered impact plans.

Designed in accordance with Chapter 285, Subchapter D, §285.40, 285.41, & 285.42, Texas Commission on Environmental Quality (Effective December 29, 2016).

 01/13/2022

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



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

Date Soil Survey Performed: January 12, 2022

Site Location: BELLE OAKS RANCH, PHASE 2, BLOCK 4, LOT 17

Proposed Excavation Depth: N/A

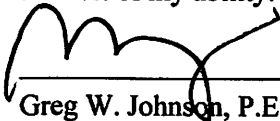
Requirements:

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

SOIL BORING NUMBER <u> </u> SURFACE EVALUATION						
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

01/12/2022
Date

OSSF SOIL EVALUATION REPORT INFORMATION

REVISED
12:52 pm, Jun 07, 2023

Date: January 13, 2022

Applicant Information:

Name: A&E CUSTOM HOMES
Address: 28503 HOFFMAN SPRING LANE
City: FULSHEAR State: TEXAS
Zip Code: 77441 Phone: (210) 875-0703

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:

Lot 17 Unit 2 Blk 4 Subd. BELLE OAKS RANCH
Street Address: 34813 THANKSGIVING TRAIL
City: BULVERDE Zip Code: 78163
Additional Info.: _____

Installer Information:

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

Topography: Slope within proposed disposal area: 3 %

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

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = _____ GPD _____

Residential Water conserving fixtures to be utilized? Yes X No _____

Number of Bedrooms the septic system is sized for: 5 Total sq. ft. living area 3586

Q gal/day = (Bedrooms +1) * 75 GPD - (20% reduction for water conserving fixtures)

Q = (5 +1)*75-(20%)= 360

Trash Tank Size 397 Gal.

TCEQ Approved Aerobic Plant Size 600 G.P.D.

Req'd Application Area = Q/Ri = 360 / 0.064 = 5625 sq. ft.

Application Area Utilized = 6283 sq. ft.

Pump Requirement 12 Gpm @ 41 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)

Dosing Cycle: _____ ON DEMAND or X TIMED TO DOSE IN PREDAWN HOURS

Pump Tank Size = 768 Gal. 13.33 Gal/inch.

Reserve Requirement = 120 Gal. 1/3 day flow.

Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction

With Chlorinator NSF/TCEQ APPROVED

SCH-40 or SDR-26 3" or 4" sewer line to tank

Two way cleanout

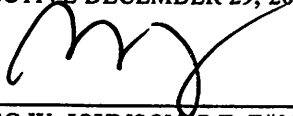
Pop-up rotary sprinkler heads w/ purple non-potable lids

1" Sch-40 PVC discharge manifold

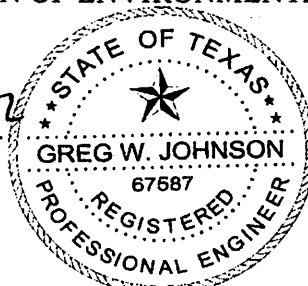
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

EXPOSED ROCK WILL BE COVERED WITH SOIL OR MULCH.

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. F#002585 - S.E. 11561

01/13/2022
DATE



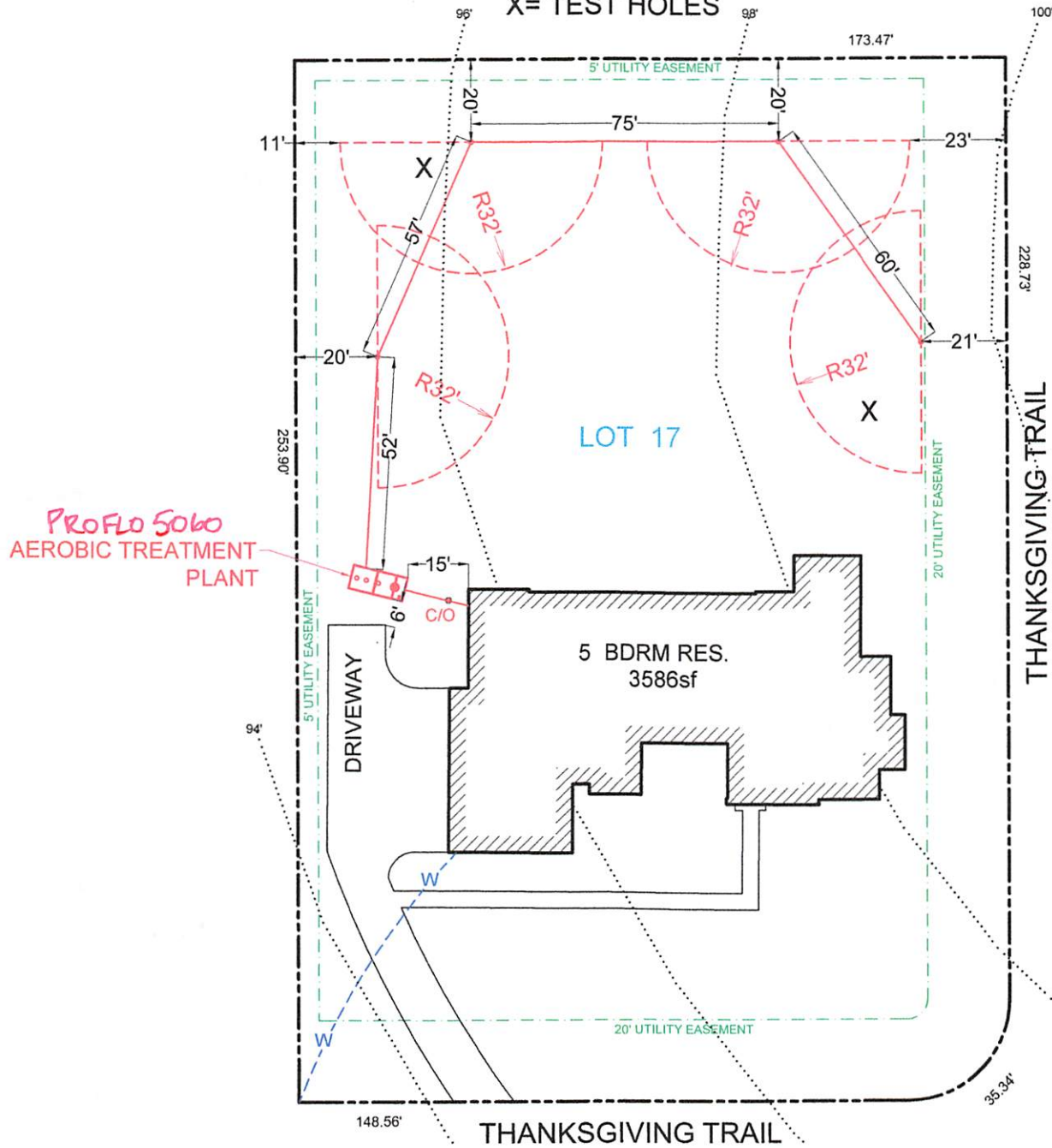
FIRM #2585

REVISED

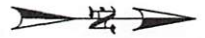
12:52 pm, Jun 07, 2023

SPRAY AREA = 6283sf

X= TEST HOLES



PROFLO 5060
AEROBIC TREATMENT
PLANT

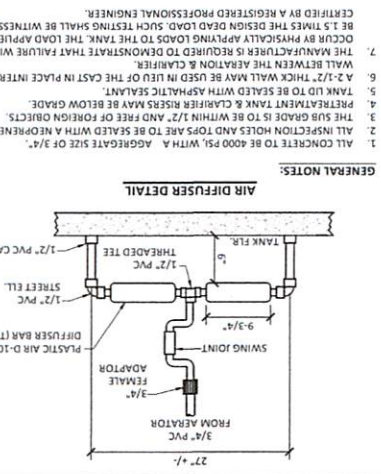
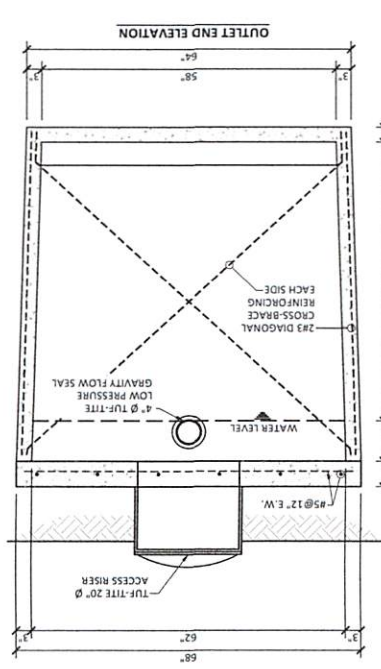
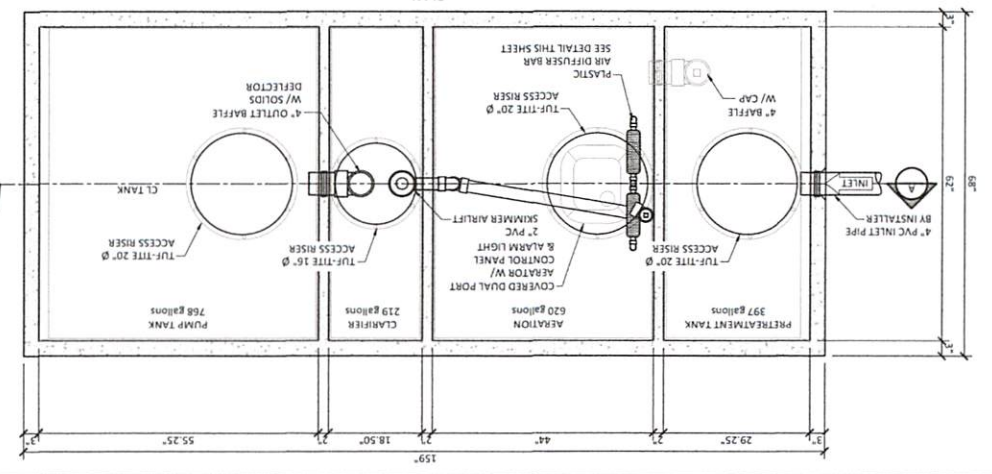
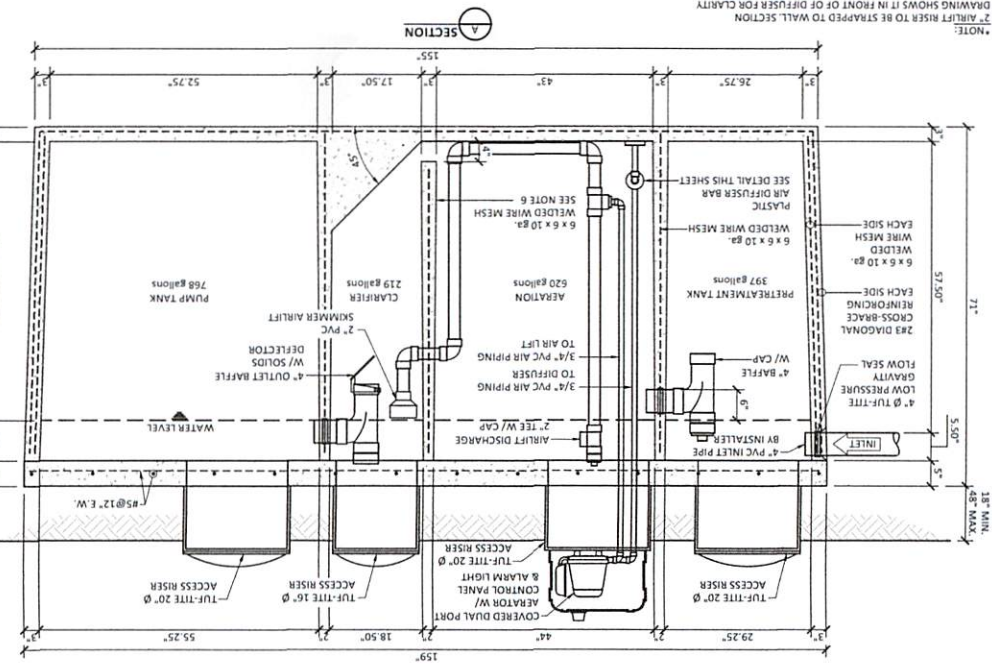


OWNER: A & E CUSTOM HOMES		DRAWN BY: EJS III	
STREET ADDRESS: 34813 THANKSGIVING TRAIL			
LEGAL DESC: BELLE OAKS RANCH	UNIT/SECTION/PHASE: 2	BLOCK: 4	LOT: 17
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=40'	DATE: 1/13/2022	REVISED: 5/24/2023

REVISED

12:52 pm, Jun 07, 2023

NOTE: 7" AIRLIFT RISER TO BE STRAPPED TO WALL SECTION FOR CLARITY. DRAWING SHOWS IT IN FRONT OF DIFFUSER FOR CLARITY.



- GENERAL NOTES:
1. ALL CONCRETE TO BE 4000 PSI WITH A AGGREGATE SIZE OF 3/4".
 2. ALL INSPECTION HOLES AND TOPS ARE TO BE SEALED WITH A OPGRENE SEALER.
 3. THE SUB GRADE IS TO BE WITHIN 1/2" AND FREE OF FOREIGN OBJECTS.
 4. PRETREATMENT TANK & CLARIFIER RISERS MAY BE BELOW GRADE.
 5. TANK LID TO BE SEALED WITH ASPHALTIC SEALANT.
 6. THE MANUFACTURER IS REQUIRED TO DEMONSTRATE THAT FAILURE WILL NOT OCCUR BY PHYSICALLY APPLYING LOADS TO THE TANK. THE LOAD APPLIED SHALL BE 1.5 TIMES THE DESIGN DEAD LOAD. SUCH TESTING SHALL BE WITNESSED & CERTIFIED BY A REGISTERED PROFESSIONAL ENGINEER.

SCALE: 1/4" = 1'-0" (VERTICAL)
1/2" = 1'-0" (HORIZONTAL)

12-14-2023
D. RAY YOUNG
PROFESSIONAL ENGINEER
STATE OF TEXAS
37068

Small fractions shall be rounded up. Actual field conditions may vary. Since uplift force is negative, tanks will not float when empty with indicated cover.

Net Uplift Force =	-57.81	lbf	
Top Downward Force =	2778.37	lbf	
Weight of Soil Cover =	10516.37	lbf	
Compressed Weight of Soil Cover =	100	lbf/cu ft	
Soil Cover Volume =	105.2	cu ft	
Height of Soil Cover =	18.0	inches	
Net Area for Soil Cover =	70.1091	sq ft	
1	36	inches = 3.00	sq ft
2	20	inches = 1.67	sq ft
3	12	inches = 1.00	sq ft
NET AREA FOR SOIL COVER =	75.1	sq ft	

LESS ACCESS HATCH AREAS

X Section Area =	75.1	sq ft
Length =	13.3	ft
Width =	5.7	ft
Weight of Inverted Equipment & Hatches =	17262	lbf
Concrete Tank Deadweight (Empy) =	17132	lbf
Total Tank Weight =	150	lbf
Weight of Inverted Equipment & Hatches =	17262	lbf

WEIGHT OF SOIL OVER TANK

Total Tank Weight =	150	lbf
Weight of Inverted Equipment & Hatches =	17262	lbf
Concrete Tank Deadweight (Empy) =	17132	lbf

RESISTING FORCES

Uplift Force (@ 62.4 pcf) =	2770.8	lbf	
Tank Encasement Volume =	444.2	cu ft	
Height =	71	inches = 5.9	ft
Width =	68	inches = 5.7	ft
Length =	13.0	inches = 1.1	ft

TANK DIMENSIONS:

Length =	13.3	ft	
Width =	5.7	ft	
Height =	68	inches = 5.7	ft

TANK BUOYANCY CALCULATIONS

TOTAL TANK WEIGHT (EMPTY)	17132	lbf
LID WEIGHT	4196	lbf
TANK WEIGHT (EMPTY)	12937	lbf
TANK ID CONCRETE VOLUME	27.97	yd ³
TANK CONCRETE VOLUME	86.11	yd ³
WATER DENSITY	55	pcf
PUMP TANK CAPACITY	768	gal
CLARIFIER CAPACITY	219	gal
AERATION CAPACITY	620	gal
PRETREATMENT CAPACITY	397	gal

TANK VOLUMES

BOTTOM TO INLET	60.50	ft
FLOOR THICKNESS	5.00	ft
FLOOR THICKNESS	3.00	ft
WALL THICKNESS	3.00	ft
TANK HEIGHT	71.00	ft
TANK WIDTH (BOTTOM)	64.00	ft
TANK WIDTH (TOP)	68.00	ft
TANK LENGTH (BOTTOM)	133.00	ft
TANK LENGTH (TOP)	139.00	ft

04 of 04
SHEET NO.
JOB NO. 4804.12
DATE: 12/7/2013
DRAWN BY: JLV

MODEL NO. 5060 HCSP

PRO F.O. AEROBIC SYSTEMS, LP
WASTEWATER TREATMENT SYSTEMS
2022 FM 302
WALLER, TEXAS 77484

PRO F.O. AEROBIC SYSTEMS, LP
WASTEWATER TREATMENT SYSTEMS
2022 FM 302
WALLER, TEXAS 77484

WATER ENGINEERS, INC.
Water & Wastewater Treatment Consultants
17250 HUFMEISTER ROAD
CYPRESS, TEXAS 77429
TEL: 281.373.0500
FAX: 281.373.1111

REVISIONS / ISSUANCE

REV	DATE	DESC

TANK NOTES:

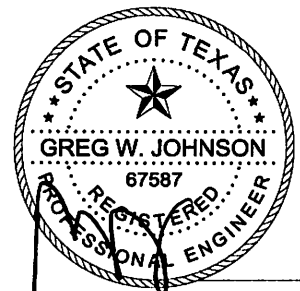
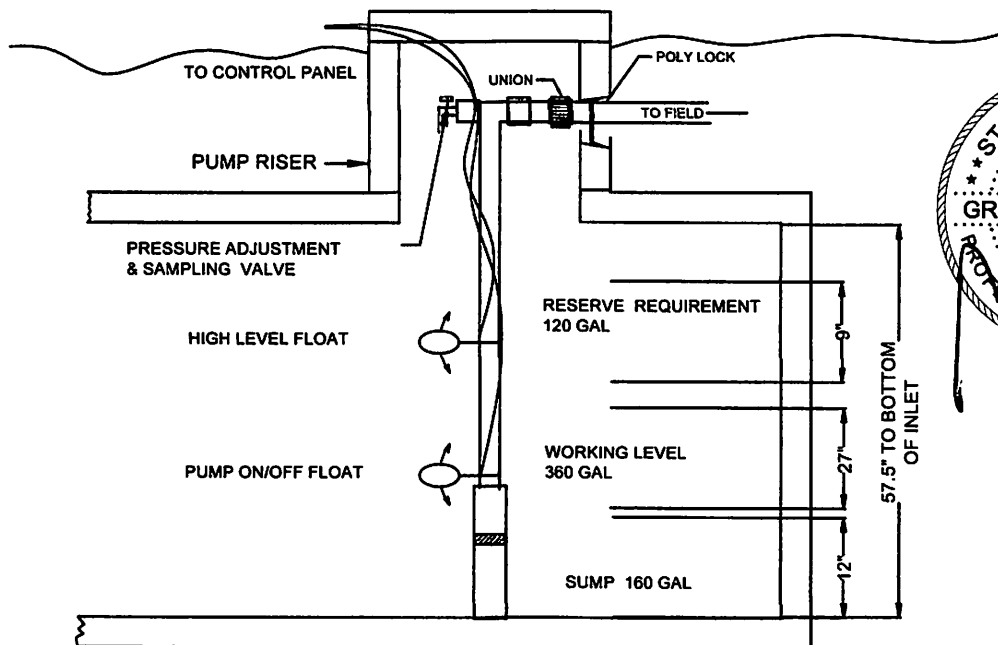
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

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



F-2585

05/25/2023

**TYPICAL PUMP TANK CONFIGURATION
PRO-FLO 768 GAL PUMP TANK**

Olvera,Brandon

From: Olvera,Brandon
Sent: Wednesday, January 26, 2022 1:48 PM
To: 'Greg Johnson'; 'taylorbartholomew@yahoo.com'
Subject: 113936

RE: 34813 Thanksgiving Trail Belle Oaks Ranch II Lot:17 Block: 4

Property Owner & Agent,

We received planning materials for the referenced permit application on 01-24-2022 and found those planning materials to be deficient. In order to continue processing this permit, we need the following:

- ✓ Submit a copy of the approved building permit or written verification from the City of Bulverde that a building permit is not needed for the improvements on the referenced property.
- ✓ On page 2 of the application Absorption Area states 5654, on planning materials and design states 5823

2.Revise accordingly and resubmit.

If you have any questions, you can email me or call the office.

Thank you,



Brandon Olvera

Environmental Health Inspector
195 David Jonas Dr.
New Braunfels, TX 78132
DR:OS0034792

O: 830-608-2090 | C: 830-832-9442
olverb@co.comal.tx.us

*** COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH ***

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) NUWATER B-550-PC Absorption/Application Area (Sq Ft) 5654

Gallons Per Day (As Per TCEQ Table III) 360

(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 [X] 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 [X] No

(if yes, the R. S. or P. E. shall certify that the OSSF design complies with all provisions of the existing WPAP.)

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? [X] Yes [] No

Is there an existing TCEQ approval CZP for the property? [X] 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? [X] Yes [] No

If yes, indicate the city: Bulverde



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 (Handwritten signature)

Date January 13, 2022

#13936

REVISED

10:37 am, Jan 27, 2022

COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH * * *

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATE

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

System Description PROPRIETARY; AEROBIC TREATMENT AND SURFACE IRRIGATION

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

Tank Size(s) (Gallons) NUWATER B-550-PC Absorption/Application Area (Sq Ft) 5823

Gallons Per Day (As Per TCEQ Table III) 360
(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 Professional Engineer (R.S. or 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 proposed design complies with all provisions of the existing WPAP.)

If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP? Yes No
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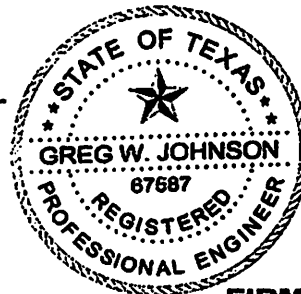
Is the property located over the Edwards Contributing Zone? Yes No

Is there an existing TCEQ approval CZP for the property? Yes No
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FIRM #2585

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- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable

[Signature]
Signature of Designer

January 13, 2022
Date

OSSF SOIL EVALUATION REPORT INFORMATION

Date: January 13, 2022

Applicant Information:

Name: A&E CUSTOM HOMES
Address: 28503 HOFFMAN SPRING LANE
City: FULSHEAR State: TEXAS
Zip Code: 77441 Phone: (210) 875-0703

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:

Lot 17 Unit 2 Blk 4 Subd. BELLE OAKS RANCH
Street Address: 34813 THANKSGIVING TRAIL
City: BULVERDE Zip Code: 78163
Additional Info.: _____

Installer Information:

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

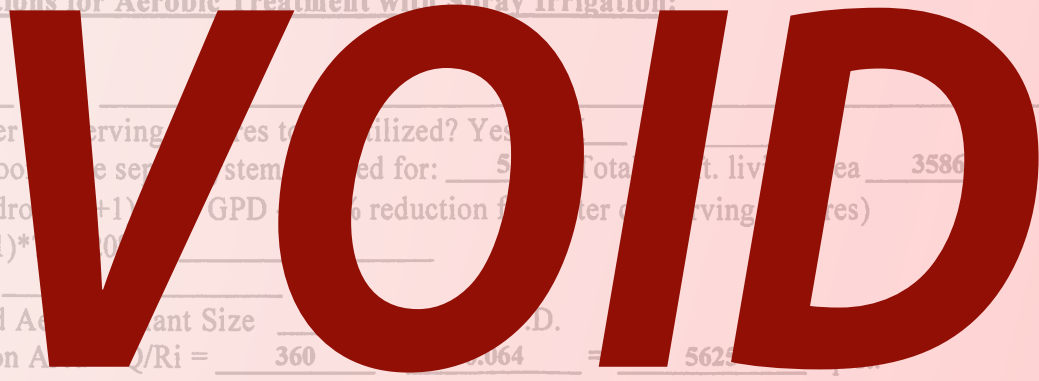
Topography: Slope within proposed disposal area: 3 %

Presence of 100' E1 17 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

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Residential Water Servicing: _____
Number of Bedrooms: 5 Total sq. ft. living area: 3586
GPD = (Bedrooms + 1) * 100 = 500 GPD
Application Area Utilized = 5823 sq. ft.
Pump Requirement: 12 Gpm @ 41 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)
Pumping Cycle: ON DEMAND or X TIMED TO DOSE IN PREDAWN HOURS
Pump Tank Size = 768 Gal. 14.5 Gal./inch.



Reserve _____
Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction

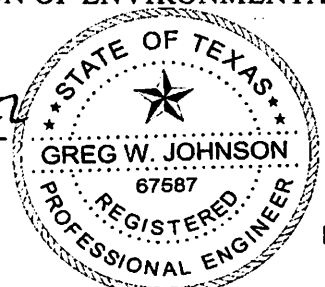
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SCH-40 or SDR-26 3" or 4" sewer line to tank
Two way cleanout
Pop-up rotary sprinkler heads w/ purple non-potable lids
1" Sch-40 PVC discharge manifold

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EXPOSED ROCK WILL BE COVERED WITH SOIL OR MULCH.

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
GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

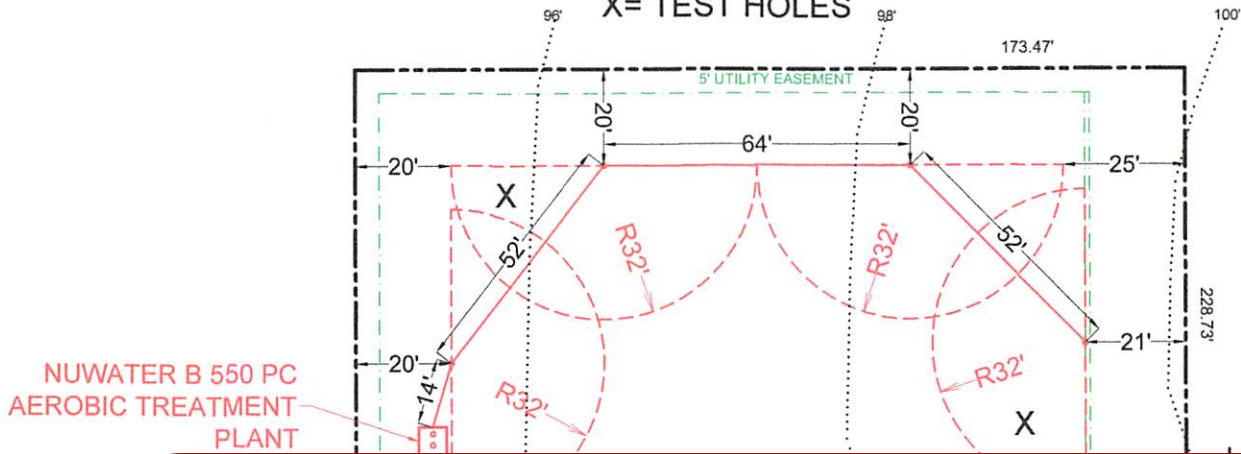
01/13/2022
DATE



FIRM #2585

SPRAY AREA = 5823sf

X= TEST HOLES



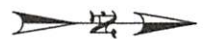
NUWATER B 550 PC AEROBIC TREATMENT PLANT

VOID

5 BDRM RES. 3586sf

LOT 17

THANKSGIVING TRAIL



OWNER: A & E CUSTOM HOMES		DRAWN BY: EJS III		
STREET ADDRESS: 34813 THANKSGIVING TRAIL				
LEGAL DESC: BELLE OAKS RANCH	UNIT/SECTION/PHASE: 2	BLOCK: 4	LOT: 17	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=40'	DATE: 1/13/2022	REVISED:	

TANK NOTES:

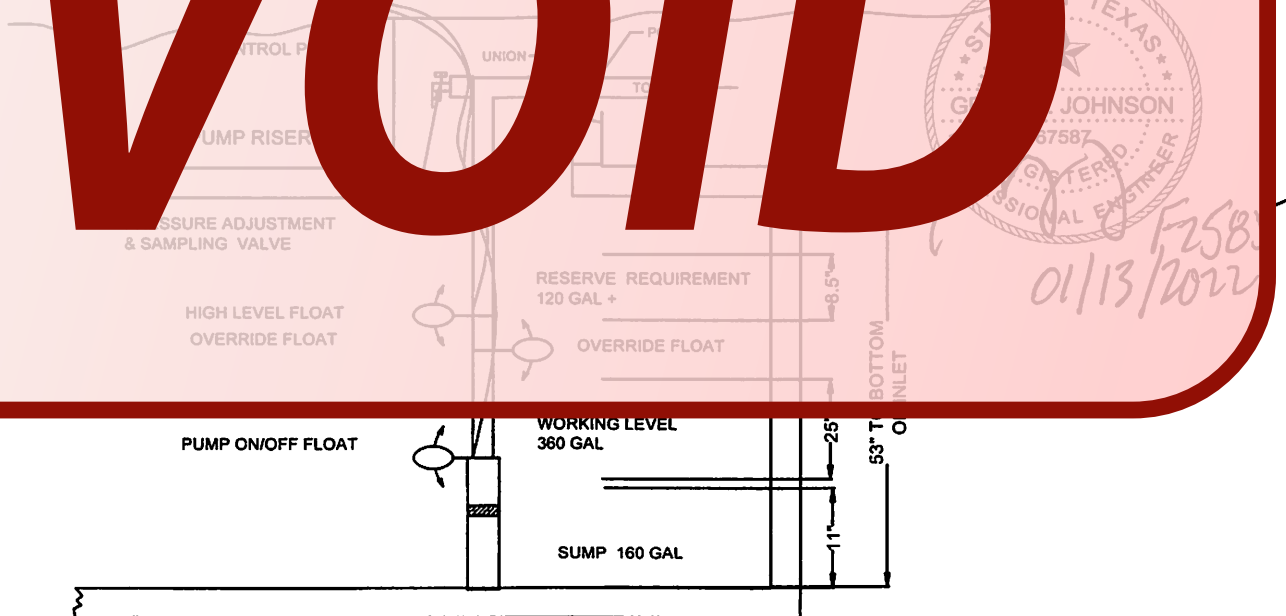
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Tightlines to the tank shall be SCH-40 PVC.

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

VOID



**TYPICAL PUMP TANK CONFIGURATION
NU-WATER 550PC -400PT 768 GAL PUMP TANK**



RECEIVED

By Brandon Olvera at 3:59 pm, Feb 28, 2022

**CITY OF BULVERDE
New Single Family (Residential) Permit**

PERMIT# 2022-91

DATE ISSUED 2/24/2022

PROJECT ADDRESS: 34813 Thanksgiving Trail Bulverde, TX 78163

LOCATION NAME: NSFR

SUBDIVISION: Belle Oaks

OWNER: A & E Custom Homes, LLC - Chuck Bartholomew

NOTES: Form survey required at plumb rough in inspection.

BB 3170

CONTRACTOR: A & E Custom Homes, LLC - Chuck Bartholomew

ADDRESS: 28503 Hoffman Spring Lane

CITY, STATE, ZIP: Fulshear, TX 77441

PHONE: (843) 494-8502

EMAIL ADDRESS: chuck_bartholomew@yahoo.com

CONTACT NAME: Taylor Bartholomew

ALT PHONE: (843) 494-8502

SQ FT: 0.00

PERMIT TYPE

AMOUNT DUE

PROJECT VALUATION: 0.00

New Single-Family
Residential

\$0.00

PLAN REVIEW BY:

TOTAL: \$3294.86

NOTES: Schedule by 2pm for next day inspections

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS STARTED. SEPARATE PERMITS FOR ELECTRICAL, PLUMBING, MECHANICAL, AND PAVING ARE REQUIRED. ALL PERMITS REQUIRE FINAL INSPECTION.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISION OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

(SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

CHUCK BARTHOLOMEW

PRINTED NAME

A & E Custom Homes, LLC

PRINTED COMPANY NAME

Claudia Cadenas 02/25/2022

ISSUED BY

CITY OF BULVERDE

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

CASH WARRANTY DEED

THE STATE OF TEXAS

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF COMAL

THAT BEENA CHORATH and KEVIN CHORATH, for and in consideration of the sum of TEN AND NO/100 Dollars (\$10.00) and other good and valuable consideration to the undersigned paid by the Grantee, A&E CUSTOM HOMES, herein named, the receipt of which is hereby acknowledged, has GRANTED, SOLD and CONVEYED, and by these presents do GRANT, SELL and CONVEY unto A&E CUSTOM HOMES, all of the following described real property in Comal County, Texas, to-wit:

Lot 17, Block 4, Belle Oaks Ranch, Phase II, a subdivision in Comal County, Texas, according to the map or plat thereof recorded in Document No. 201906029154, Map and Plat Records of Comal County, Texas.

TO HAVE AND TO HOLD the above-described premises, together with all and singular the rights and appurtenances thereto in anywise belonging unto the said Grantee, its heirs and assigns forever; and we do hereby bind ourselves, our heirs, executors and administrators to **WARRANT AND FOREVER DEFEND** all and singular the said premises unto the said Grantee, its heirs and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof.

This conveyance is made and accepted subject to the following matters, to the extent same are in effect at this time: Any and all restrictions, covenants, conditions, easements, set back lines, agreements, and outstanding royalty and mineral reservations, if any, relating to the hereinabove described property, but only to the extent they are still in effect, shown of record in the hereinabove mentioned County and State; and to all zoning laws, regulations and ordinances of municipal and/or other governmental authorities, if any, but only to the extent that they are still in effect, relating to the hereinabove described property.

Grantee herein assumes the payment of all taxes for the year of 2021 and subsequent years.

Executed this 17 day of November, 2021.

GRANTORS:

1. Beena Chorath

1. Kevin Chorath by Beena Chorath

GRANTEE'S MAILING ADDRESS:

A&E CUSTOM HOMES

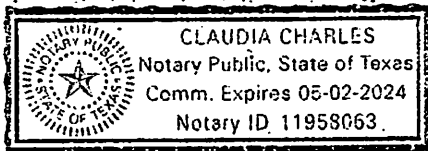
38503 Hoffman Springs Ln
Fulshear TX 77441

ACKNOWLEDGMENT

STATE OF TEXAS

COUNTY OF BEXAR

This instrument was acknowledged before me on the 17 day of November, 2021, by
BEENA CHORATH and KEVIN CHORATH.



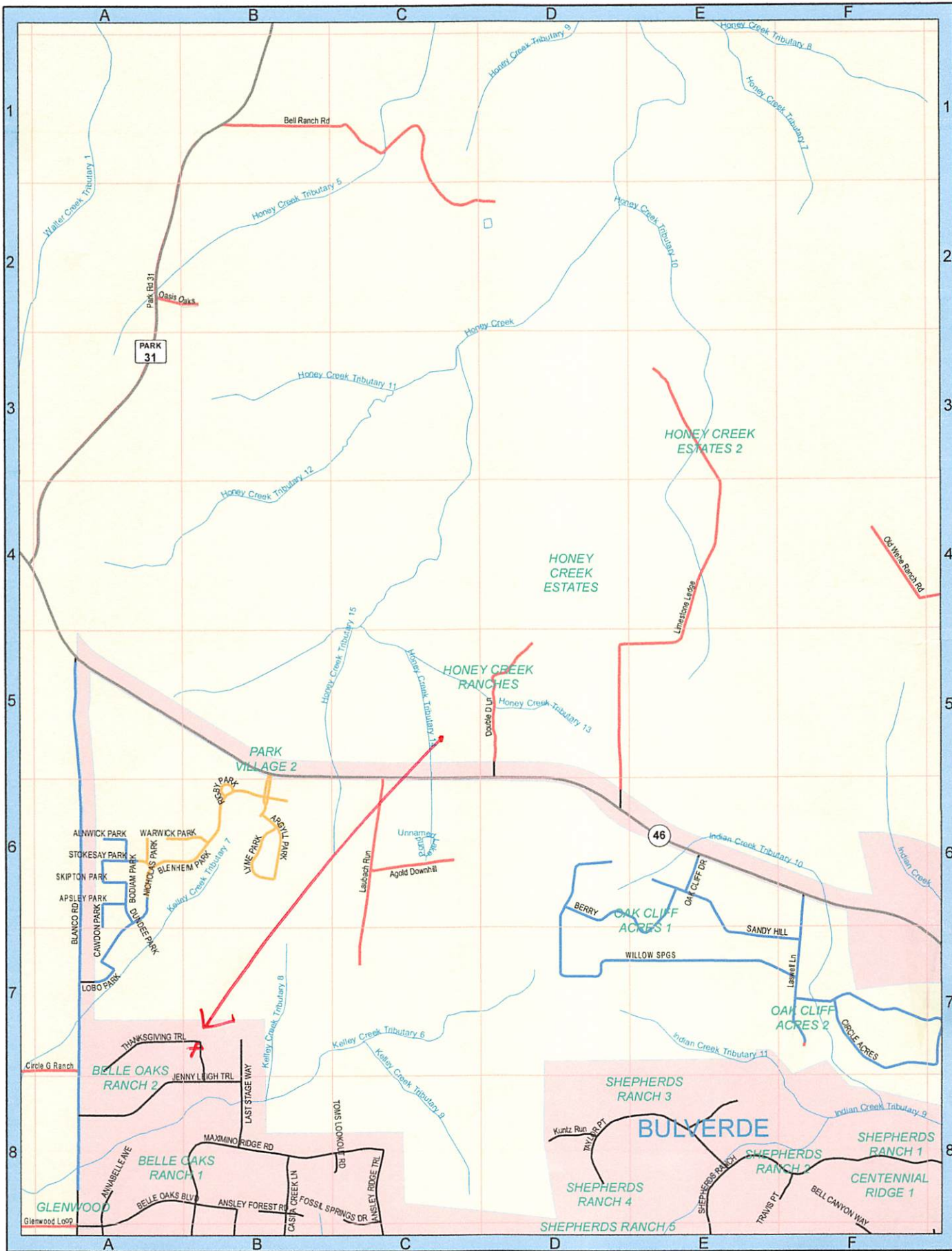
Claudia Charles
Notary Public In and for the State of Texas

PLEASE RETURN TO:

PREPARED IN THE LAW OFFICE OF:
Jackie Lynn Ward, Attorney at Law
3714 Newrock Drive
San Antonio, Texas 78230

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
11/23/2021 11:14:44 AM
CHRISTY 2 Pages(s)
202106060444

Bobbie Koepf



SEE PAGE 36



0 1,250 2,500
Feet

0 0.25 0.5
Miles