

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:

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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)				

**Comal County Environmental Health
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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: 117126
Issued This Date: 07/12/2024
This permit is hereby given to: CARMEN D. RODRIGUEZ

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

30715 DEERFIELD TERRACE
CITY OF BULVERDE, TX 78163

Subdivision: BULVERDE HILLS
Unit: 1
Lot: 29
Block: 4
Acreage: 0.9100

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.



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 December 15, 2023

Permit Number 117126

1. APPLICANT / AGENT INFORMATION

Owner Name CARMEN D. RODRIGUEZ
Mailing Address c/o PO BOX 827
City, State, Zip SPRING BRANCH, TEXAS 78070
Phone # 210-355-5220
Email debbie@gresham-homes.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 BULVERDE HILLS Unit 1 Lot 29 Block 4
Survey Name / Abstract Number _____ Acreage _____
Address 30715 DEERFIELD TERRACE City BULVERDE State TX Zip 78163

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area 1519

☐ Non-Single Family Residential

(Planning materials must show adequate land area for doubling the required land needed for treatment units and disposal area)

Type of Facility _____

Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants _____

Restaurants, Lounges, Theaters - Indicate Number of Seats _____

Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds _____

Travel Trailer/RV Parks - Indicate Number of Spaces _____

Miscellaneous _____

Estimated Cost of Construction: \$ 300,000 (Structure Only)

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

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

Source of Water ☒ Public ☐ Private Well ☐ Rainwater Collection

4. SIGNATURE OF OWNER

By signing this application, I certify that:

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

Carmen D Rodriguez
Signature of Owner

12/23/23
Date

RECEIVED

By Brandon Olvera at 9:53 am, Dec 16, 2024

117126

BULVERDE HILLS, UNIT 1, BLOCK 4, LOT 29

*** 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) PRO-FLO MODEL 5060 Absorption/Application Area (Sq Ft) 4235

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.)

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

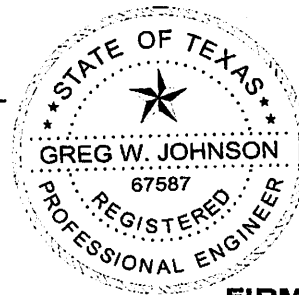
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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 of Designer

December 19, 2023
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):

1 UNIT/PHASE/SECTION 4 BLOCK 29 LOT BULVERDE HILLS SUBDIVISION

IF NOT IN SUBDIVISION: ACREAGE SURVEY

The property is owned by (insert owner's full name): CARMEN D. RODRIGUEZ

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 23 DAY OF December, 2023

Carmen D. Rodriguez
Owner(s) signature(s)

CARMEN D. RODRIGUEZ

Owner (s) Printed name (s)

CARMEN D. RODRIGUEZ

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 23rd DAY OF

December, 2023

Davin Hebert
Notary Public Signature



Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
01/08/2024 08:13:00 AM
TERRI 1 Pages(s)
202406000540



Bobbie Koepp



1328 W Borgfeld Dr.
San Antonio, TX 78260
(210) 875-3625
mjseptic@mjseptic.com

BULVERDE HILLS, UNIT 1, BLOCK 4, LOT 29

Michael J. Long
TCEQ Maintenance Provider #0001294
Expiration Aug 31 2025

Residential OSSF Maintenance Agreement, New Installation 3 Year Initial Membership

Customer Name: CARMEN D. RODRIGUEZ

Agreement Dates: _____

Service Address 30715 DEERFIELD TERRACE

City, State & Zip: BULVERDE, TX 78163

Permitting Authority: COMAL

Permit Number: _____

Contact Number: _____

Email Address: _____

The Texas Commission on Environmental Quality (TCEQ) requires all ATU's to be checked and maintained every four months for the life of the unit (some permitting authorities may stipulate this requirement, after the first two years after installation; call your county to inquire). Upon expiration of this agreement, MJ Septic will offer a continuation of your maintenance agreement to cover labor and routine maintenance/reports. Lab testing, if required, for coliform, TSS, BOD etc. are NOT included in this policy and applicable fees are the owner's responsibility. MJ Septic will inspect and service your ATU once every 4 months for the duration of your agreement. For new installations, the effective date of this maintenance agreement shall be the date the LTO (license to operate) is issued, required by state guidelines dated June 13, 2001.

MJ Septic will address all major concerns/complaints (excluding weekends & holidays) within 72 hours from the initial point of contact with the property owner(s). Office hours are Monday - Friday 8am to 5pm

Inspections: An inspection every four months (three times annually) which includes inspecting/servicing the mechanical, electrical, and other applicable components to ensure proper function. The annual fee does not include any parts, cleaning/pumping, chlorine/bleach (tablets or liquid), additional service calls or additional testing that may be required by any regulating authority. If for any reason, we are unable to obtain access to your property or system to perform a service check, you may be charged a \$75 service call for re-scheduling. It is very important that we always have full access to your system, including all gate codes, combination locks etc. to inspect your system.

Service Calls: If a service call is required by the property owner/renter between regular inspections, a service call fee of \$75 (not including parts and/or cleaning/pumping) will be assessed. We may waive this fee or credit it towards the cost of a repair approved onsite at our discretion. These calls include but are not limited to the following: red light alarms, high water alarms, chlorinator checks, disconnected airlines, timer adjustments, spray head adjustments and system power failure.

Repairs I: If repairs or replacement of parts are needed during routine inspection, we will attempt to contact the property owner for approval to make onsite repairs. If we are unable to repair/replace parts onsite, the customer will be notified via email that repairs/replacement of parts is needed. All major part replacements come with a 2-year warranty (see notes below). There will be a \$75 warranty credit fee assessed on all parts. Warranted items will only be honored when a valid maintenance agreement is in effect with MJ Septic. If the agreement has a lapse in time, All warranted items are voided.

Repairs II: For ATU's under Initial Installation warranty (2 years from Initial Installation date) if warranted items are required to be replaced within 30 days of installation, part will be replaced with no fees, after 30 days there will be a \$75 warranty credit fee assessed on all parts. Warranted items will only be honored when a valid maintenance agreement is in place with MJ Septic.

Violations of Warranty: Include but are not limited to the following, turning off your system at any time; disconnecting the alarm; restricting airflow to the air compressor; overloading the system above its daily rated capacity; introducing excessive amounts of harmful matter (including harsh chemicals, cleaners, antibiotics, etc.) into the system, or any other harmful usage of your OSSF/ATU; refusing to clean/pump out septic when recommended and/or replacing necessary parts as needed; necessary treatment of ants. property owners must keep grass, weeds, and plants trimmed and clear of tank access points, control panel, air compressor, etc. Moving sprinkler lines without proper documentation, etc. Building over septic tanks, lids, etc. Adding pools, decks, sport courts, outdoor kitchens, sheds, etc. without proper septic design and county permitting is not acceptable. You must have a septic designer redesign your septic system and have permitting authority's approval prior to any additions being made. MJ Septic is not liable for any fines you may incur from illegal modifications.

Septic Tank Pumping: The cost for cleaning/pumping of your ATU is not included in your maintenance agreement. Manufacturer recommends pumping between 10-12" of sludge in the pump tank. We determine this by gathering 2-3 different readings out of your pump tank with a sludge judge. A few other factors that may determine pumping is necessary, even if sludge in the pump tank is less than 10-12". *A typical/average household will need to have their system pumped every 1-3 years; this all depends on usage and will vary per household*

Chlorine Supply: The property owner is responsible for maintaining their own chlorine supply. TCEQ regulation requires proper chlorination. For liquid chlorinators, property owners are to add 2-3 gallons of 6-10% Sodium Hypochlorite (Household Bleach) per month. Chlorine consumption will vary depending on water usage. For tablet chlorinators, property owners can purchase Calcium Hypochlorite tablets at a local Home Depot or Lowe's. **DO NOT USE POOL TABLETS** (this can cause a dangerous volatile chemical reaction).

Transfer of Maintenance Agreement/Property Ownership: The fee of this maintenance agreement is non-refundable, however is fully transferable to the new property owner(s). If this policy is sold within the agreement period, the signing party is responsible for all repairs unless the new property owner(s) information is provided before repairs are made and the transfer agreement is signed (by the new property owner) and returned to us. The new property owner(s) will be emailed a copy of the electronic orientation, if it was an MJ Septic installation, once the signed agreement is received on file with our office.

Rental Homes: The property owner is responsible for all fees associated with this agreement. The property owner is responsible for ensuring all tenants are informed on proper usage of the system.

Alterations and Modifications to the OSSF: Do not allow alteration to any part of the system or sprinkler head locations. Alterations will put the system out of county/code compliance and may cause the property owner additional expense to bring the system back into compliance. Any use of another company to make repairs to the system will void any warranties and be considered as a breach of this maintenance agreement. If a customer chooses to purchase and use their own parts, MJ Septic will not install nor work on these parts. Adding pools, decks, sport courts, outdoor kitchens, sheds, landscaping features, etc. without proper septic design and county permitting is not acceptable. You must have a septic designer redesign your septic system and have permitting authority's approval prior to any additions being made. MJ Septic is not liable for any fines you may incur from unapproved alterations and modifications.

Payment Terms: This agreement must be paid in full before any services are rendered. A credit card will be required at time of booking any service for parts, repairs, cleaning/pumping, service calls, red lights, etc. unless otherwise specifically noted. MJ will not perform any repairs or pumping unless we have a credit card on file. MJ Septic no longer accepts payment onsite, whether it be a check or credit card, and we do not offer billing/invoicing for future payments; this is a strict office policy, no exceptions.

Property owner(s) are not required to be present at inspections. Please note, customers will receive a notice 1-15 business days prior to your scheduled inspection. An additional notice may be sent the day of scheduled inspection when the technician is headed to your property. A door hanger will be left if no one is onsite. Inspection reports are immediately emailed upon inspection completion to the email address(es) you provided to MJ Septic, please check your spam folder. If you have not received your report 3-5 business days after your scheduled inspection, please call our office.

Please note, customers will receive an emailed notice 1-15 business days prior to your scheduled inspection, this is your only notification we will send. MJ Septic will assess a \$75 re-inspection/missed inspection fee if we are not granted access to complete your inspection on the date assigned, aggressive dogs, overgrown vegetation, system inaccessible, etc. It is your responsibility to contact the office to update any information during the duration of your agreement.

Acceptance of Maintenance Agreement: Agreement price, terms and conditions are satisfactory and are hereby accepted. MJ Septic is authorized to enter property to perform routine maintenance inspections as agreed. I have read and agreed to the maintenance agreement guidelines stated above and have also read and agreed to comply with the Maintenance Tips/Septic Guide. MJ Septic reserves the right to make amendments to this document at any time and the property owner will be responsible for signing an updated version for office and county records.

Customer Name: CARMEN D. RODRIGUEZ

Service Address 30715 DEERFIELD TERRACE

Service City, State & Zip: BULVERDE, TX 78163

Agreement Dates: _____

I have fully read the terms of this agreement. I understand that upon issuance of OSSF LTO, I will contact MJ Septic to fully enroll, update all property information and/or transfer this agreement. Upon completion, I am aware that an electronic system orientation will be emailed to me.

MJ Septic will not sign until we have received a signed estimate for each.

Customer Signature: _____

Carm D Rodriguez

Customer Signature Date: _____

12/23/23

MJ Septic Signature: _____

Catherine Jefferson

MJ Septic Signature Date: _____

01 / 23 / 2024

ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: December 18, 2023

Site Location: BULVERDE HILLS, UNIT 1, BLOCK 4, LOT 29

Proposed Excavation Depth: N/A

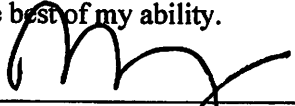
Requirements:

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 @ 6"	BROWN STONY
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

12/18/23

Date

OSSF SOIL EVALUATION REPORT

RECEIVED

By Brandon Olvera at 9:54 am, Dec 16, 2024

Date: December 19, 2023

Applicant Information:

Name: CARMEN D. RODRIGUEZ
 Address: c/o P.O. BOX 827
 City: SPRING BRANCH State: TEXAS
 Zip Code: 78070 Phone: (210) 385-3916

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 29 Unit 1 Blk 4 Subd. BULVERDE HILLS
 Street Address: 30715 DEERFIELD TERRACE
 City: BULVERDE Zip Code: 78163
 Additional Info.: _____

Installer Information:

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

Topography: Slope within proposed disposal area: 8 to 12 %

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: 3 Total sq. ft. living area 1519

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

Q = (3 +1)*75-(20%)= 240

Trash Tank Size 397 Gal.

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

Req'd Application Area = Q/Ri = 240 / 0.064 = 3750 sq. ft.

Application Area Utilized = 4235 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. 13.3 Gal/inch.

Reserve Requirement = 80 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 .

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

12/19/23
 DATE



FIRM #2585

RECEIVED

By Brandon Olvera at 8:25 am, Nov 12, 2024

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

November 2, 2024

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

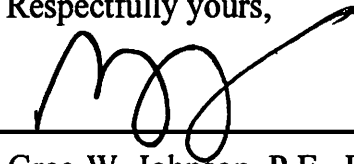
RE- Septic Design #117126
30715 DEERFIELD TERRACE
BULVERDE HILLS, UNIT 1, BLOCK 4, LOT 29
BULVERDE, TX 78163
RODRIGUEZ RESIDENCE

Brandon/Brenda,

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

If I can be of further assistance please contact me.

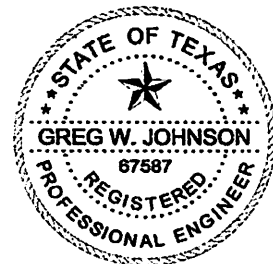
Respectfully yours,



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

November 2, 2024

Date

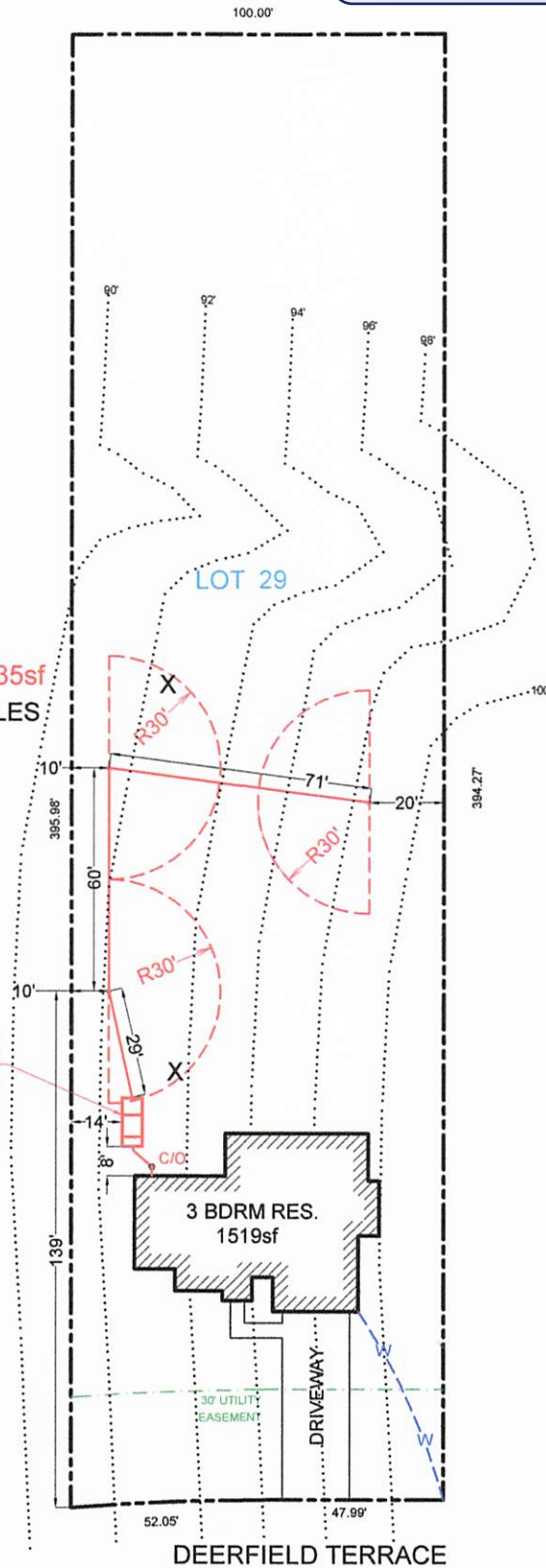


RECEIVED

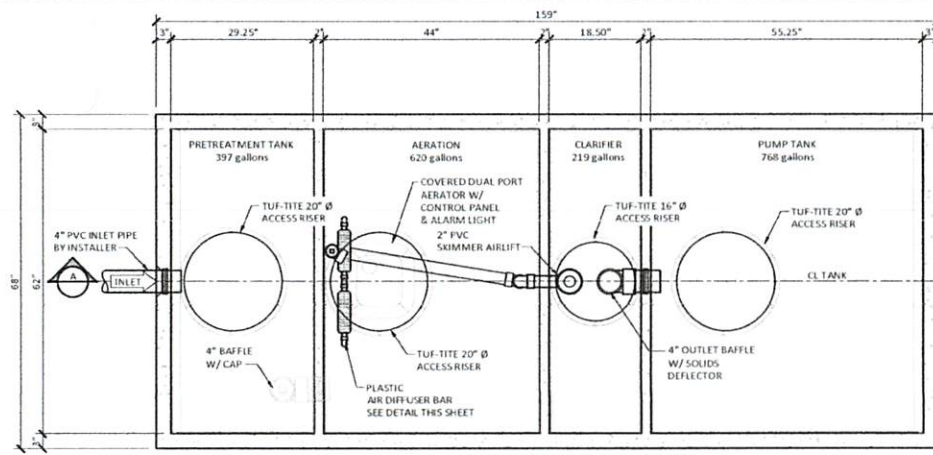
By Brandon Olvera at 9:54 am, Dec 16, 2024

SPRAY AREA = 4235sf
X= TEST HOLES

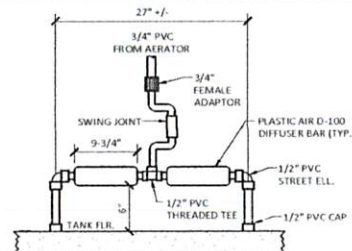
PRO FLO 5060 HCSP
AEROBIC TREATMENT
PLANT



OWNER: CARMEN D. RODRIGUEZ				DRAWN BY: EJS III	
STREET ADDRESS: 30715 DEERFIELD TERRACE					
LEGAL DESC: BULVERDE HILLS			UNIT/SECTION/PHASE: 1	BLOCK: 4	LOT: 29
PREPARED BY: GREG W. JOHNSON, P.E. F#002585		SCALE: 1"=50'	DATE: 12/19/2023	2nd REVISION: 12/1/2024	



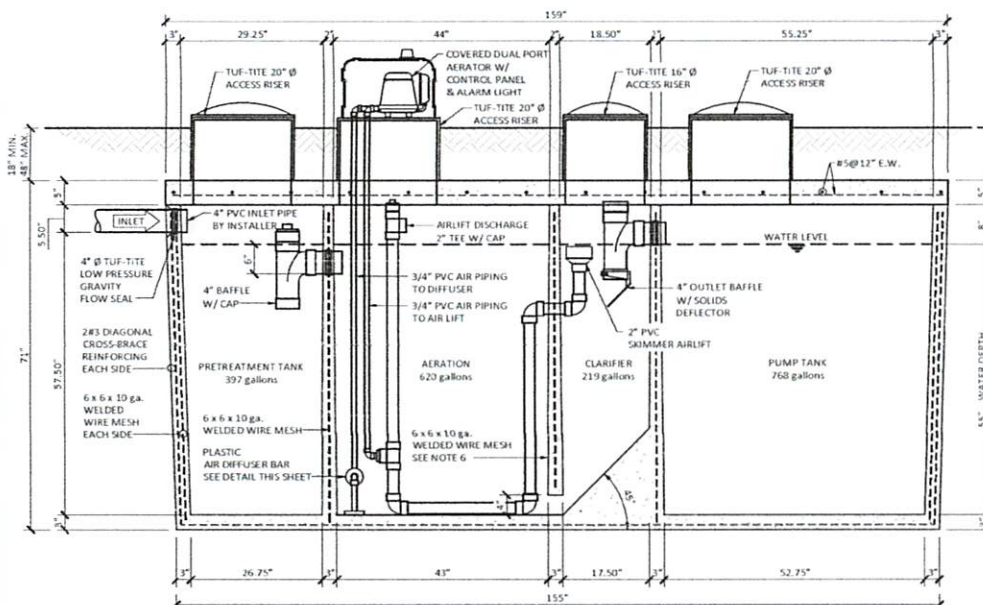
PLAN



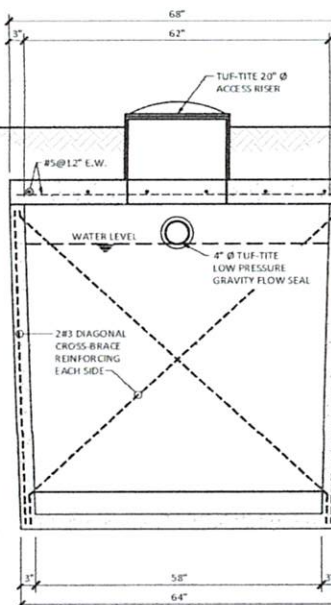
AIR DIFFUSER DETAIL

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 NEOPRENE 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. A 2-1/2" THICK WALL MAY BE USED IN LIEU OF THE CAST IN PLACE INTERNAL WALL BETWEEN THE AERATION & CLARIFIER.
7. 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.



SECTION



OUTLET END ELEVATION

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

TANK DIMENSIONS		
TANK LENGTH (TOP)	159.00	in.
TANK LENGTH (BOTTOM)	155.00	in.
TANK WIDTH (TOP)	68.00	in.
TANK WIDTH (BOTTOM)	64.00	in.
TANK HEIGHT	71.00	in.
WALL THICKNESS	3.00	in.
FLOOR THICKNESS	3.00	in.
LID THICKNESS	5.00	in.
BOTTOM TO INLET	60.50	in.

TANK VOLUMES		
PRETREATMENT CAPACITY	397	gal.
AERATION CAPACITY	620	gal.
CLARIFIER CAPACITY	219	gal.
PUMP TANK CAPACITY	768	gal.
WATER DEPTH	55	in.
TANK CONCRETE VOLUME	86.11	cu yd
TANK LID CONCRETE VOLUME	27.97	cu yd
TANK WEIGHT (EMPTY)	12917	lbs.
LID WEIGHT	4196	lbs.
TOTAL TANK WEIGHT (EMPTY)	17112	lbs.

TANK BUOYANCY CALCULATIONS				
TANK DIMENSIONS:				
Length =	159.0	Inches =	13.3	Ft
Width =	68	Inches =	5.7	Ft
Height =	71	Inches =	5.9	Ft
Tank Encasement Volume =		448.2	cu ft	
Uplift Force @ 62.4 lb/cu ft =		7770.8	Lbs	
RESISTING FORCES				
Concrete Tank Deadweight (Empty) =		17112	Lbs	
Weight of Inverted Equipment & Hatches =		150	Lbs	
Total Tank Weight =		17262	Lbs	
WEIGHT OF SOIL OVER TANK				
Length =		13.3	Ft	
Width =		5.7	Ft	
Section Area =		75.1	Sq Ft	
LESS ACCESS HATCH AREAS				
1	16	Inches =	1.05	Sq Ft
3	20	Inches =	3.93	Sq Ft
Net Area for Soil Cover =		70.1091	Sq Ft	
Weight of Soil Cover =		18.0	Lbs	
Soil Cover Volume =		105.2	cu ft	
Compacted Weight of Soil Cover =		100.00	Lbs/cu ft	
Weight of Soil Cover =		10516.37	Lbs	
Total Downward Force =		27778.32	Lbs	
Net Uplift Force =		-57.61	Lbs	
Since uplift force is negative, tank will not float when empty with indicated cover.				
Soil skin friction is not considered. Actual resistance will be greater.				



WATER ENGINEERS, INC.
 Water & Wastewater Treatment Consultants
 TEXAS BOARD OF PROFESSIONAL ENGINEERS FIRM No. 2008
 17330 HUFFMEISTER ROAD
 CYPRESS, TEXAS 77429
 TEL: 281-373-0500
 FAX: 281-373-1111
 E-MAIL: INFO@WATERENGINEERSINC.COM
 WWW.WATERENGINEERSINC.COM

PRO FLO AEROBIC SYSTEMS, LP
 WASTEWATER TREATMENT SYSTEMS
 20222 FM 362
 WALLER, TEXAS 77484

AEROBIC WASTEWATER TREATMENT UNIT
 FOR USE IN HARRIS COUNTY, TEXAS

MODEL No.
 5060 HCSP

DRAWN BY: E.W.
 DATE: 12/12/2013
 JOB No.: 4024.12
 SHEET No.: 04 of 04

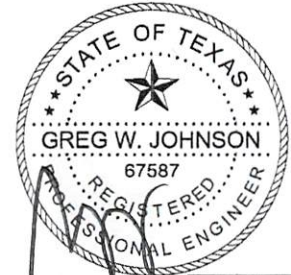
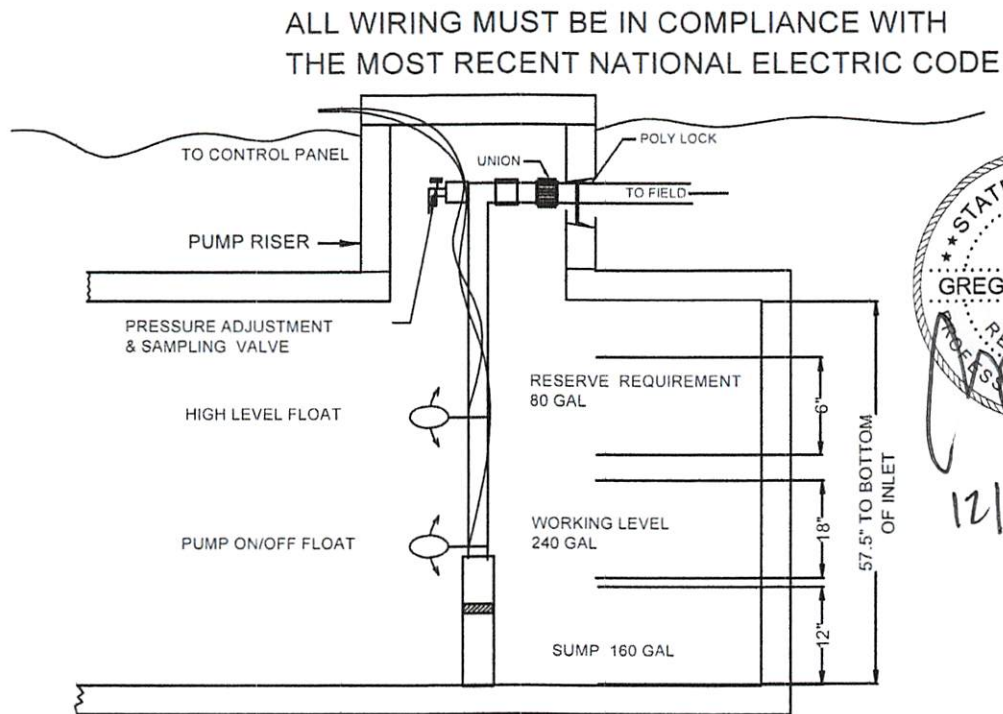
TANK NOTES:

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



F-2585

12/19/23

TYPICAL PUMP TANK CONFIGURATION
PRO-FLO 768 GAL PUMP TANK

Environmental Series Pumps

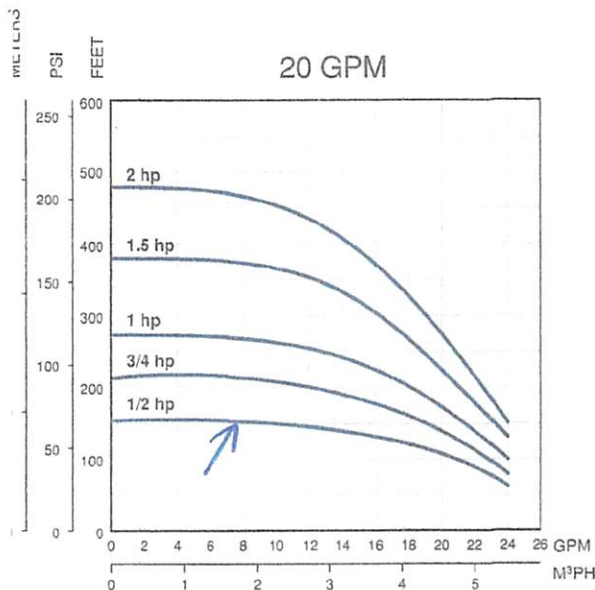
Thermoplastic Performance

LOW ANGLE NOZZLE PERFORMANCE CHART

Nozzle	PSI	Radius	GPM
#1	30	22'	1.5
	40	24'	1.7
	50	26'	1.8
	60	28'	2.0
#3	30	29'	3.0
	40	32'	3.1
	50	35'	3.5
	60	37'	3.8
#4	30	31'	3.4
	40	34'	3.9
	50	37'	4.4
	60	38'	4.7
#6	40	38'	6.5
	50	40'	7.3
	60	42'	8.0
	70	44'	8.6

KRAIN
Pro-Plus

X



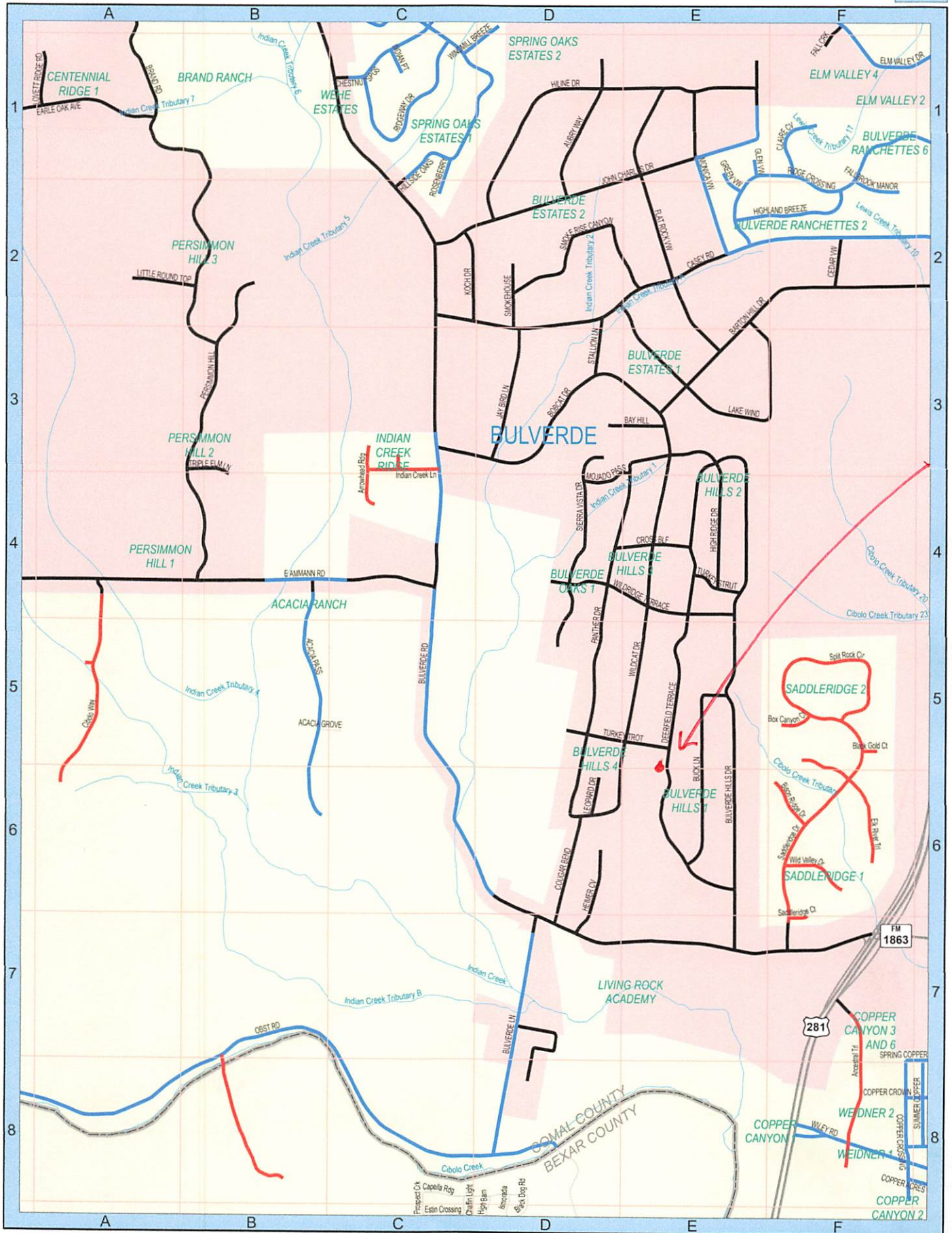
Thermoplastic Units Ordering Information

1/2 - 1.5 HP Single-Phase Units

Order No.	Model	GPM	HP	Volt	Wire	Wt.
94741005	10FE05P4-2W115	10	1/2	115	2	24
94741010	10FE05P4-2W230	10	1/2	230	2	24
94741015	10FE07P4-2W230	10	3/4	230	2	28
94741020	10FE1P4-2W230	10	1	230	2	31
94741025	10FE15P4-2W230	10	1.5	230	2	46
94742005	20FE05P4-2W115	20	1/2	115	2	25
94742010	20FE05P4-2W230	20	1/2	230	2	25
94742015	20FE07P4-2W230	20	3/4	230	2	28
94742020	20FE1P4-2W230	20	1	230	2	31
94742025	20FE15P4-2W230	20	1.5	230	2	40

Thermoplastic 1/2 - 2 HP Pump Ends

Order No.	Model	GPM	HP	Volt	Wire	Wt.
94751005	10FE05P4-PE	10	1/2	N/A	N/A	6
94751010	10FE07P4-PE	10	3/4	N/A	N/A	7
94751015	10FE1P4-PE	10	1	N/A	N/A	8
94751020	10FE15P4-PE	10	1.5	N/A	N/A	12
94752005	20FE05P4-PE	20	1/2	N/A	N/A	6
94752010	20FE07P4-PE	20	3/4	N/A	N/A	7
94752015	20FE1P4-PE	20	1	N/A	N/A	8
94752020	20FE15P4-PE	20	1.5	N/A	N/A	10
94752025	20FE2P4-PE	20	2	N/A	N/A	11



0 1,250 2,500
Feet

0 0.25 0.5
Miles

**RECEIVED**

By Brenda Ritzen at 1:31 pm, Jul 12, 2024

CITY OF BULVERDE
New Single Family (Residential) Permit

PERMIT# 2024-49

DATE ISSUED 7/1/2024

PROJECT ADDRESS: 30715 Deerfield Terrace Bulverde, TX 78163

LOCATION NAME: NSFR

SUBDIVISION: Bulverde Hills

OWNER: Carmen Rodriguez

CONTRACTOR: Gresham Homes - Alan Gresham

ADDRESS: PO Box 827

CITY, STATE, ZIP: Spring Branch, TX 78070

PHONE: (830) 980-2200

EMAIL ADDRESS: alan@gresham-homes.com

CONTACT NAME: Debbie Black

ALT PHONE: (210) 385-3916

SQ FT: 0.00

PROJECT VALUATION: 0.00

PLAN REVIEW BY:

PERMIT TYPE
New Single-Family
Residential

AMOUNT DUE

TOTAL: \$1426.68

NOTES:

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.

ALAN GRESHAM

(SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

Alan Gresham

PRINTED NAME

PRINTED COMPANY NAME

ISSUED BY

CITY OF BULVERDE

30360 Cougar Bend, Bulverde Texas 78163
830.438.3612 / 830.980.8832 metro / 830.438.4339 fax
www.bulverdetx.gov



COMAL COUNTY

ENGINEER'S OFFICE

RE: 30715 Deerfield Terrace

Bulverde Hills 1

Lot 29

Block 4

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:

1. ✓ Application Page 2:
 - a. This property is in the incorporated city of Bulverde.
2. ✓ Submit a copy of the approved building permit or written verification from the City of Bulverde stating that the improvements on the referenced property do not require a building permit.
3. Revise accordingly and resubmit.

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

Thank You,

| **Brandon Olvera** | **Designated Representative OS0034792** |
| Comal County | www.cceo.org | f: 830-608-2078 | e: 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**VOID**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) PRO-FLO MODEL 5060 Absorption/Application Area (Sq Ft) 4241Gallons 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.)

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 ☐ NoIs there an existing TCEQ approval CZP for the property? ☐ Yes ☒ No

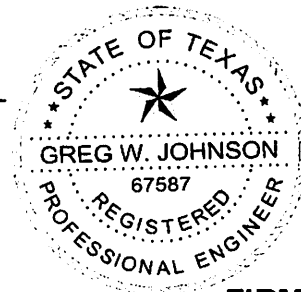
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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 #2586**

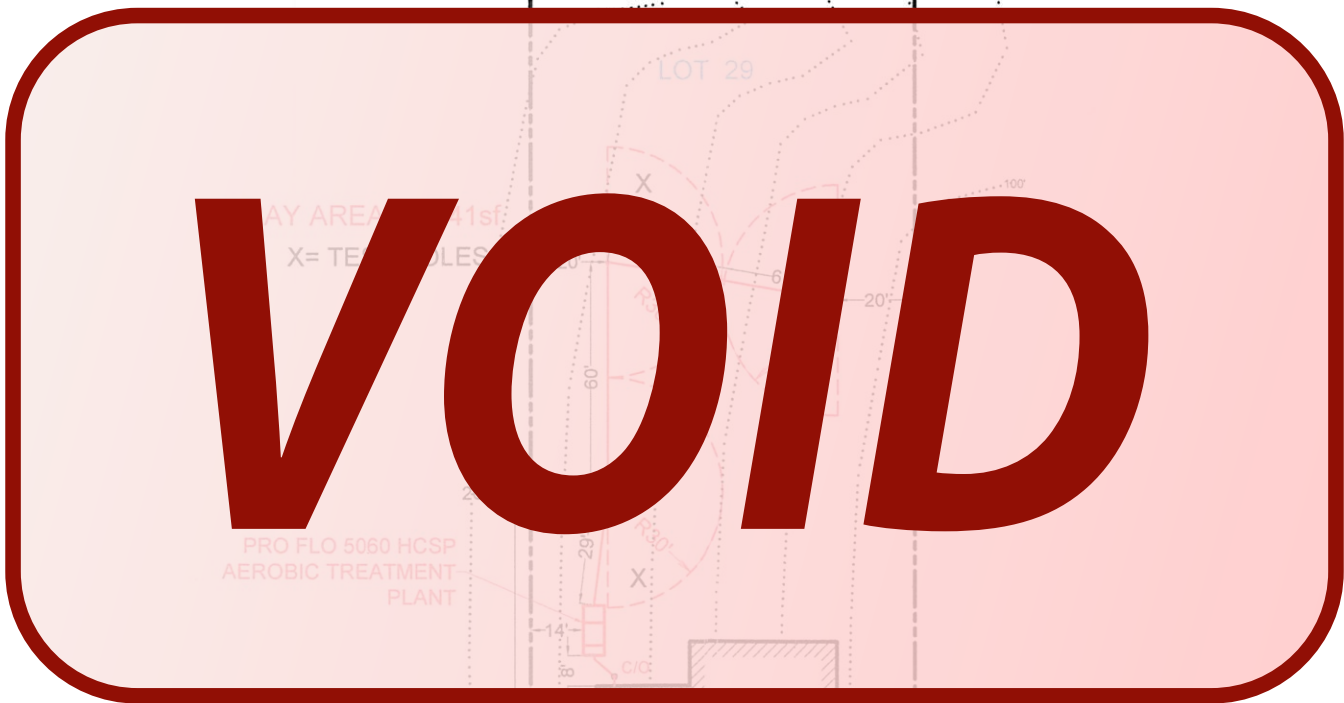
By signing this application, I certify that:

- 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 [Signature]

December 19, 2023

Date



OWNER:	CARMEN D. RODRIGUEZ			DRAWN BY:	EJS III
STREET ADDRESS:	30715 DEERFIELD TERRACE				
LEGAL DESC:	BULVERDE HILLS	UNIT/SECTION/PHASE:	1	BLOCK:	4
				LOT:	29
PREPARED BY:	GREG W. JOHNSON, P.E. F#002585	SCALE:	1"=50'	DATE:	12/19/2023
				REVISED:	

117126

BULVERDE HILLS, UNIT 1, BLOCK 4, LOT 29

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

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

REVISED

1:32 pm, Jul 12, 2024

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) PRO-FLO MODEL 5060 Absorption/Application Area (Sq Ft) 4241

Gallons Per Day (As Per TCEQ Table III) 240

(Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ)

Is the property located over the Edwards Recharge Zone? ☐ Yes ☒ No

(If yes, the planning materials must be reviewed 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 within the Edwards Contingency 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

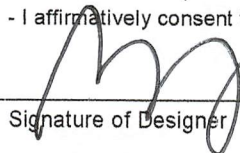
If yes, indicate the city: Bulverde



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 of Designer

December 19, 2023

Date

OSSF SOIL EVALUATION REPORT INFORMATION

Date: December 19, 2023

Applicant Information:

Name: CARMEN D. RODRIGUEZ
Address: c/o P.O. BOX 827
City: SPRING BRANCH State: TEXAS
Zip Code: 78070 Phone: (210) 385-3916

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 29 Unit 1 Blk 4 Subd. BULVERDE HILLS
Street Address: 30715 DEERFIELD TERRACE
City: BULVERDE Zip Code: 78163
Additional Info.: _____

Installer Information:

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

Topography: Slope within proposed disposal area: 8 to 12 %

Presence of _____
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 _____
Residential Water conserving fixtures to be utilized? Yes _____ No _____
Number of Bedrooms _____ septic system _____ d for: 3 total _____ living area 1519
Q gal/day = (Bedroom _____) _____ GPD - _____ reduction for _____ conserving fixtures)
Q _____ (3 +1)*7 _____
Trash Tank Size _____
TCEQ Approved Aerobic Treatment Unit Size _____
Required Application Area = $Q/R_i = \frac{240}{0.064} = 3750$ sq. ft.
Application Area Utilized = 4241 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. 13.3 Gal/inch.

Reserve Requirement = 80 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

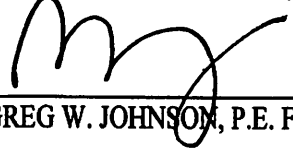
Pop-up rotary sprinkler heads w/ purple non-potable lids

1" Sch-40 PVC discharge manifold

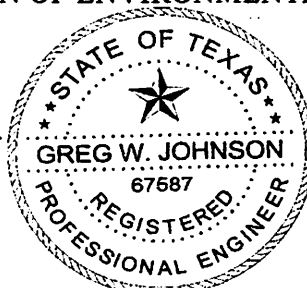
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

EXPOSED ROCK WILL BE COVERED WITH SOIL .

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

12/19/23
DATE



FIRM #2585

RECEIVED

By Brandon Olvera at 8:25 am, Nov 12, 2024

#117126

VOID

SPRAY AREA = 4241sf
X= TEMPLATES

FLO 5060 HCSP
AEROBIC TREATMENT
PLANT

1519sf

30' UTILITY
EASEMENT

DRIVEWAY

DEERFIELD TERRACE



OWNER: CARMEN D. RODRIGUEZ		DRAWN BY: EJS III	
STREET ADDRESS: 30715 DEERFIELD TERRACE			
LEGAL DESC: BULVERDE HILLS	UNIT/SECTION/PHASE: 1	BLOCK: 4	LOT: 29
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 12/19/2023	REVISED: 11/2/2024

ORT 53311 NC SK

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OR ALL OF THE FOLLOWING INFORMATION FROM ANY INSTRUMENT THAT TRANSFERS AN INTEREST IN REAL PROPERTY BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

**GENERAL WARRANTY DEED
(Gift)**

Date: October 9, 2023

Grantor: HECTOR VILLARREAL

Grantor's Mailing Address: 1303 TANAGER CT SAN ANTONIO TX 78260

Grantee: CARMEN D. RODRIGUEZ

Grantee's Mailing Address, and after Recording, Return to: 1303 TANAGER CT. SAN ANTONIO TX 78260

Consideration: Love of, and affection for, Grantee and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged.

Property (including any improvements):

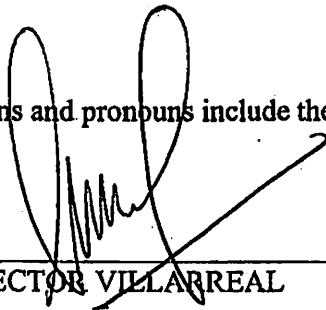
Lot 29, Block 4 of BULVERDE HILLS SUBDIVISION, UNIT 1, a subdivision in the City of Bulverde, Comal County, Texas according to the plat recorded in Volume 2, Pages 44-45, of the Map and Plat Records of Comal County, Texas

Reservations from Conveyance: None

Exceptions to Conveyance and Warranty: Validly existing easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded and validly existing instruments, other than conveyances of the surface fee estate, that affect the Property; and taxes for 2022, which Grantee assumes and agrees to pay, but not subsequent assessments for that and prior years due to change in land usage, ownership, or both, the payment of which Grantor assumes.

Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

When the context requires, singular nouns and pronouns include the plural.

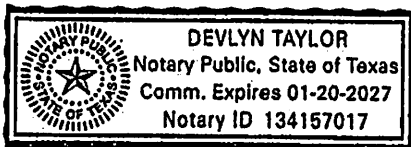



HECTOR VILLARREAL

STATE OF TEXAS)

COUNTY OF BEXAR)

This instrument was acknowledged before me on October 9, 2023 by HECTOR VILLARREAL.





Notary Public, State of Texas

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
10/10/2023 01:40:14 PM
MARY 2 Pages(s)
202306032350

 *Bobbie Koepp*

RECEIVED

By Kathy Griffin at 9:56 am, Jan 30, 2024



COMAL COUNTY

ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

		117126
<i>Date Received</i>	<i>Initials</i>	<i>Permit Number</i>

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

1/28/2024

Date

___ COMPLETE APPLICATION

Check No. _____ Receipt No. _____

INCOMPLETE APPLICATION
___ (Missing Items Circled, Application Refeused)