



COMAL COUNTY

ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: 04/23/2024

Permit Number: 117294

Location Description: 819 LOVETT RIDGE RD
CITY OF BULVERDE, TX 78163

Subdivision: CENTENNIAL RIDGE
Unit: 1
Lot: 11
Block: 1
Acreage: 5.3300

Type of System: Aerobic
Surface Irrigation

Issued to: TREY BURBANK PAYNE & JILLIAN MICHELLE HEISLER

This license is authorization for the owner to operate and maintain a private facility at the location described in accordance to the rules and regulations for on-site sewerage facilities of Comal County, Texas, and the Texas Commission on Environmental Quality.

The license grants permission to operate the facility. It does not guarantee successful operation. It is the responsibility of the owner to maintain and operate the facility in a satisfactory manner.

Alterations to this permit including, but not limited to:

- Increase in the square feet of living area
- Increase in the number of bedrooms
- A change of use (i.e. residential to commercial)
- Relocation of system components (including the relocation of spray heads)
- Installation of landscaping
- Adding new structures to the system

may require a new permit. **It is the responsibility of the owner to apply for a new permit, if applicable.**

Inspection and licensing of a facility indicates only that the facility meets certain minimum requirements. It does not impede any governmental entity in taking the proper steps to prevent or control pollution, to abate nuisance, or to protect the public health.

This license to operate is valid for an indefinite period. The holder may transfer it to a succeeding owner, provided the facility has not been remodeled and is functioning properly.

Licensing Authority
Comal County Environmental Health

ENVIRONMENTAL HEALTH INSPECTOR

OS0038255

ENVIRONMENTAL HEALTH COORDINATOR

OS0007722

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)				

**Comal County Environmental Health
OSSF Inspection Sheet**

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
OSSF Inspection Sheet**

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: 117294
Issued This Date: 04/04/2024
This permit is hereby given to: TREY BURBANK PAYNE & JILLIAN MICHELLE HEISLER

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

819 LOVETT RIDGE RD
CITY OF BULVERDE, TX 78163

Subdivision: CENTENNIAL RIDGE
Unit: 1
Lot: 11
Block: 1
Acreage: 5.3300

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

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

--	--

Date Received

Initials

117294

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

3/18/2024

Date

___ COMPLETE APPLICATION

Check No. _____ Receipt No. _____

INCOMPLETE APPLICATION

___ (Missing Items Circled, Application Refused)



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

Date March 13, 2024

Permit Number 117294

1. APPLICANT / AGENT INFORMATION

Owner Name TREY BURBANK PAYNE & JILLIAN

MICHELLE HEISLER

Mailing Address 20303 STONE OAK PKWY # 1101

City, State, Zip SAN ANTONIO TEXAS 78258

Phone # 210-724-5420

Email treypayne@gmail.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 CENTENNIAL RIDGE Unit 1 Lot 11 Block 1

Survey Name / Abstract Number _____ Acreage _____

Address 819 LOVETT RIDGE ROAD City BULVERDE State TX Zip 78163

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 4

Indicate Sq Ft of Living Area 2865

☐ 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: \$ 550,000 (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

March 14, 2024

Date

117294

*** 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) CLEAR STREAM 600 NC 3T Absorption/Application Area (Sq Ft) 4926

Gallons Per Day (As Per TCEQ Table III) 300

(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

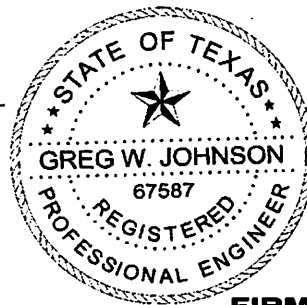
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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

RECEIVED

By Brandon Olvera at 1:08 pm, Apr 23, 2024

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

Date

March 14, 2024

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):

1 UNIT/PHASE/SECTION 1 BLOCK 11 LOT CENTENNIAL RIDGE SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY

The property is owned by (insert owner's full name): TREY BURBANK PAYNE & JILLIAN MICHELLE HEISLER

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 14th DAY OF March, 2024

Trey Burbank Payne
X Jillian Michelle Heisler
Owner(s) signature(s)

Trey Burbank Payne
Jillian Michelle Heisler
Owner (s) Printed name (s)

State of Nevada, County of Clark KC SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 14th DAY OF

March 2024 by Trey Burbank Payne and Jillian Michelle Heisler KC

THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY

Katherine A. Cortez
Notary Public Signature



(Notary Seal Here)

Notarial Act performed by Audio-Video Communication.

Filed and Recorded
Official Public Records
Bobbie Koeppe, County Clerk
Comal County, Texas
03/18/2024 08:09:16 AM
MARY 1 Pages(s)
202406007970



Bobbie Koeppe



420 Bear Creek Drive
New Braunfels, Texas 78132
210-844-1885

On-Site Sewage Facility (OSSF) Maintenance Agreement

- i. **General:** This work for Hire Agreement (hereinafter referred to as "**Agreement**") is entered into by and between Trey Payne (hereinafter referred to as "**Client**") and Eoff Septic Services (hereinafter referred to as "**Contractor**"). By this Agreement, **Contractor** agrees to render services, as described herein, and the **Client** agrees to fulfill his/their responsibilities under this agreement as described herein.
- ii. **Effective Dates:** Unless otherwise stated below, this agreement commences on the date the Licenses to Operate (LTO), date as noted below or upon receipt of full payment and runs for two (2) Year(s).

Agreement Starting Date: (LTO Date) and Ending Date: (Two Years Thereafter).


- iii. **Services by Contractor:** **Contractor** will provide the following services (hereinafter referred to as the "Services"):
- a. In compliance with **Agency** (TCEQ and/or County) and manufacturer's requirements, inspect and perform routine maintenance on the On-Site Sewage Facility (hereinafter referred to as the "OSSF") three (3) times per years (Every 4 Months).
 - b. Report to the appropriate regulatory authority and to the **Client**, as is required by both the State's on-site rules and local **Agency's** rules, if more stringent. All findings must be reported to the local agency within 14 days.
 - c. If any components of the OSSF are found to be in need of repair during the inspection, the **Contractor** will notify the **Client** of the repairs needed and provide any associated materials and labor costs.
 - d. Visit site in response to **Client's** request(s) for unscheduled service(s) within two business days from the date of **Contractor's** receipt of **Client's** request. All unscheduled responses are in addition to the fee covered by the **Agreement** and will be billed to the **Client**.
 - e. Provide notification of arrival to site to the homeowner or to site personnel. Additionally, written notification will be left at the site with site personnel or e-mailed to the **Client** upon completion of inspection, as well as, forwarded to **Agency** within 14 days.
- iv. **Site Location:** The Services are to be performed at the property located at:
- Site Address: 819 Lovette Ridge Road, Bulverde, TX 78163 OSSF Permit #: TBA
- v. **Payment(s):** The fee for this **Agreement** only covers the **Services** described herein. This fee does not cover equipment, parts or labor supplied for repairs or charges for unscheduled **Client** requested trips to the site. By signing this **Contract**, the **Client** is authorizing the **Contractor** to remove any parts which were installed but not paid for at the end of 30 days. The **Client** is still responsible for any labor costs associated with the installation and removal of said parts.
- vi. **Client's Responsibilities:** The **Client** is responsible for each and all of the following:
- a. Maintain chlorinator and provide proper chlorine supply, if OSSF is equipped with same.
 - b. Provide all necessary yard or lawn maintenance and removal of obstacles as needed to allow the OSSF to function properly, and to allow **Contractor** easy access to all parts of the OSSF.
 - c. Immediately notify **Contractor** and **Agency** of any and all problems with, including failure of the OSSF.
 - d. Upon receiving notification of services needed from the **Contractor**, it becomes the **Client's** responsibility to contact the **Contractor** to authorize the service. If the **Client** chooses to use a different contractor to perform the service, the **Client** is responsible for ensuring the **Contractor**

Client Initial: TP
Contractor Initial: [Signature]



- holds the proper licenses (Installer II, Maintenance provider) and is certified by the manufacture. Also, the **Client** is responsible for ensuring proper notification is given to the **Agency**, as required by the State local Agency rules.
- e. **Clients** residing in Comal County should allow for samples at both the inlet and outlet to the OSSFF to be obtained by the **Contractor** for the purpose of evaluating, the OSSFs performance when requested by the **County**. If these samples are sent to a lab for testing, the **Client** will directly pay the lab for the cost of the testing plus pay the **Contractor** for all man-hours expending in providing this additional service at the current **Contractor's** labor rate.
 - f. Not allow backwash from water treatment or water conditioning equipment to enter the OSSF.
 - g. Maintain site drainage to prevent adverse effect on the OSSF.
 - h. Promptly and fully pay **Contractor's** bills, fee, or invoices are described herein.
- vii. **Access by Contractor:** **Contractor**, or personnel authorized by the **Contractor**, may enter the property at reasonable times without prior notice for the purpose of performing the above-described services. **Contractor** will require access to the OSSF electrical and physical components, including tanks, by means of manway or risers for the purpose of evaluations required by manufacture, and/or rules. If such manway or risers are not in place, excavation together with other labor and materials will be required, and will be billed to **Client** as an additional service. Any excavated soil is to be replaced as best as reasonable possible.
- viii. **Limits of Liability:** In no event shall the **Contractor** be liable for indirect, consequential, incidental or punitive damages, whether in contract tort of any other theory. In no event shall the **Contractor's** liability for damages exceed the price for the **Services** described in this **Agreement**.
- ix. **Entire Agreement:** this **Agreement** contains the entire **agreement** of the parties, and there are no other promises or conditions in any other **agreement**, oral or written.

Client and/or Authorized Client Agent:

Print Name: Trey Payne Signature: 

Date: March 14, 2024 Email Address: Treypayne@gmail.com

Phone Number: 2107245420

Site Address: 819 Lovette Ridge Road, Bulverde, TX 78163 OSSF Permit #: TBA

Billing Address: _____

=====Contractor=====

C Eoff Services Inc. dba Eoff Septic Services
420 Bear Creek Drive
New Braunfels, TX 78132
210-844-1885

Signature: 

Name/Title: Keith R. Eismann / CFO

Date: 3/14/24

OSSF Maintenance Provider Licenses # - MP0001745

OSSF Installer II Licenses # - OS00029546

Greg W. Johnson, P.E.

170 Hollow Oak
New Braunfels, Texas 78132
830/905-2778

March 14, 2024

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


RE- SEPTIC DESIGN
819 LOVETT RIDGE ROAD
CENTENNIAL RIDGE, UNIT 1, BLOCK 1, LOT 11
BULVERDE, TX 78163
PAYNE - HEISLER RESIDENCE

Brandon/Brenda,

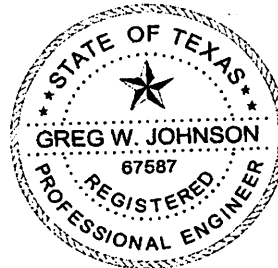
The referenced property is located within the Edwards Aquifer Contributing Zone. This OSSF design will comply with requirements in the CZP.

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).

 03/14/24

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: March 13, 2024

Site Location: CENTENNIAL RIDGE, UNIT 1, BLOCK 1, LOT 11

Proposed Excavation Depth: N/A

Requirements:

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

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

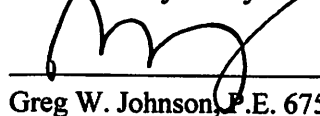
For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

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

SOIL BORING NUMBER <u> </u> SURFACE EVALUATION <u> </u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	IV	CLAY	N/A	NONE OBSERVED	LIMESTONE @ 6"	BROWN
1						
2						
3						
4						
5						

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

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


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

03/13/24
Date



COMAL COUNTY

ENGINEER'S OFFICE

RE: ***819 Lovett Ridge Road
Centennial Ridge Unit 1
Lot 11 - Block 1***

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:

- ✓ 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.
- ✓ Application Page 2:
 - a. The incorporated city for this property is Bulverde.
- 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 |

OSSE SOIL EVALUATION REPORT INFORMATION

RECEIVED

By Brandon Olvera at 1:10 pm, Apr 23, 2024

Date: March 14, 2024

Applicant Information:

TREY BURBANK PAYNE & JILLIAN
 Name: MICHELLE HEISLER
 Address: 20303 STONE OAK PARKWAY #1101
 City: SAN ANTONIO State: TEXAS
 Zip Code: 78258 Phone: (210) 724-5420

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 11 Unit 1 Blk 1 Subd. CENTENNIAL RIDGE
 Street Address: 819 LOVETT RIDGE ROAD
 City: BULVERDE Zip Code: 78163
 Additional Info.: _____

Installer Information:

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

Topography: Slope within proposed disposal area: 8 %

Presence of 100 yr. Flood Zone: YES _____ NO X
 Existing or proposed water well in nearby area: YES X NO _____ >100'
 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: 4 Total sq. ft. living area 2865

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

Q = (4 +1)*75-(20%)= 300

Trash Tank Size 400 Gal.

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

Req'd Application Area = Q/Ri = 300 / 0.064 = 4688 sq. ft.

Application Area Utilized = 4926 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 = 700 Gal. 12.3 Gal/inch.

Reserve Requirement = 100 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

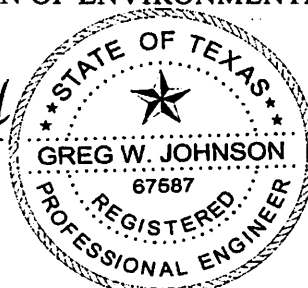
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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

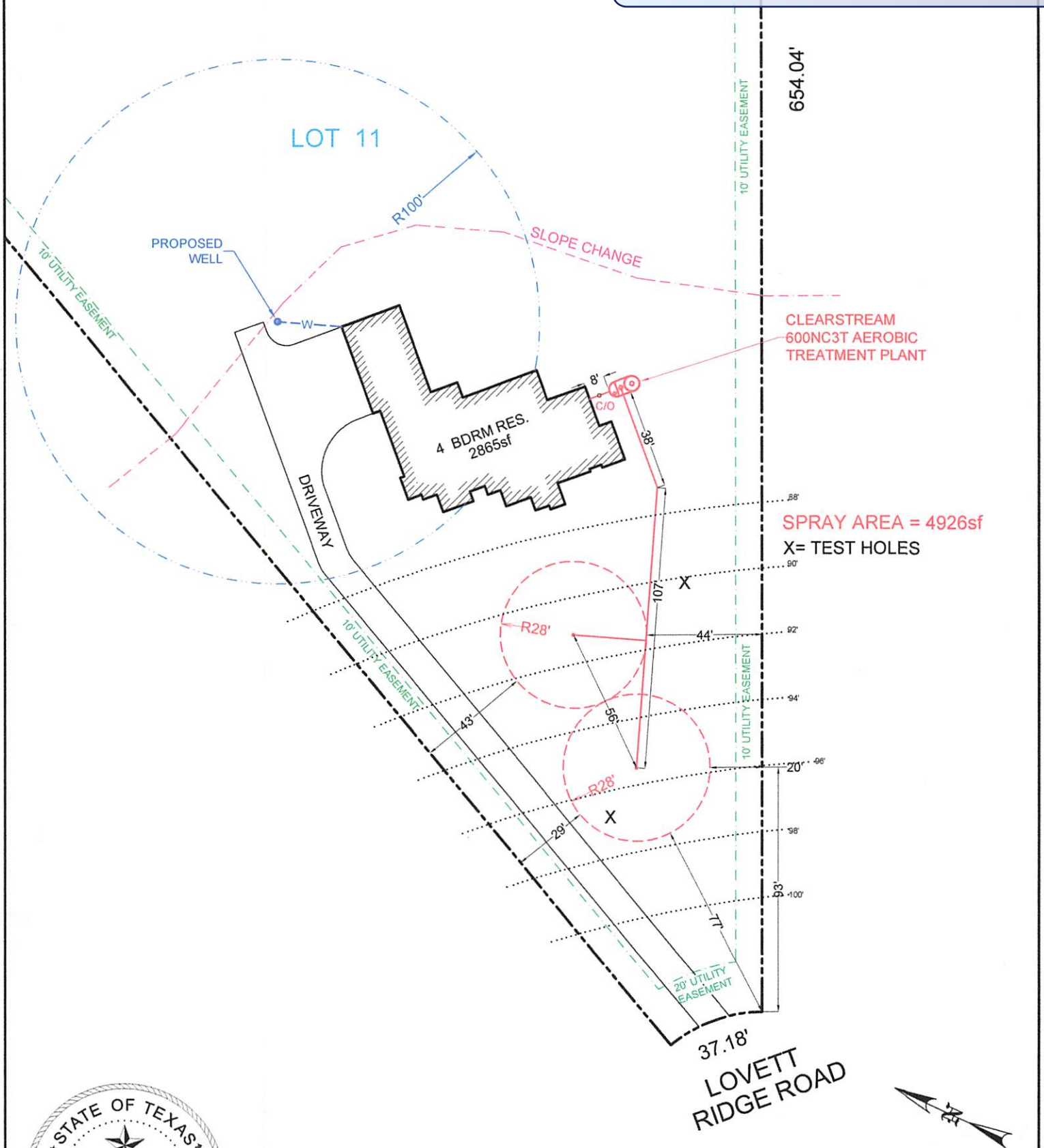
03/14/24
 DATE



FIRM #2585

RECEIVED

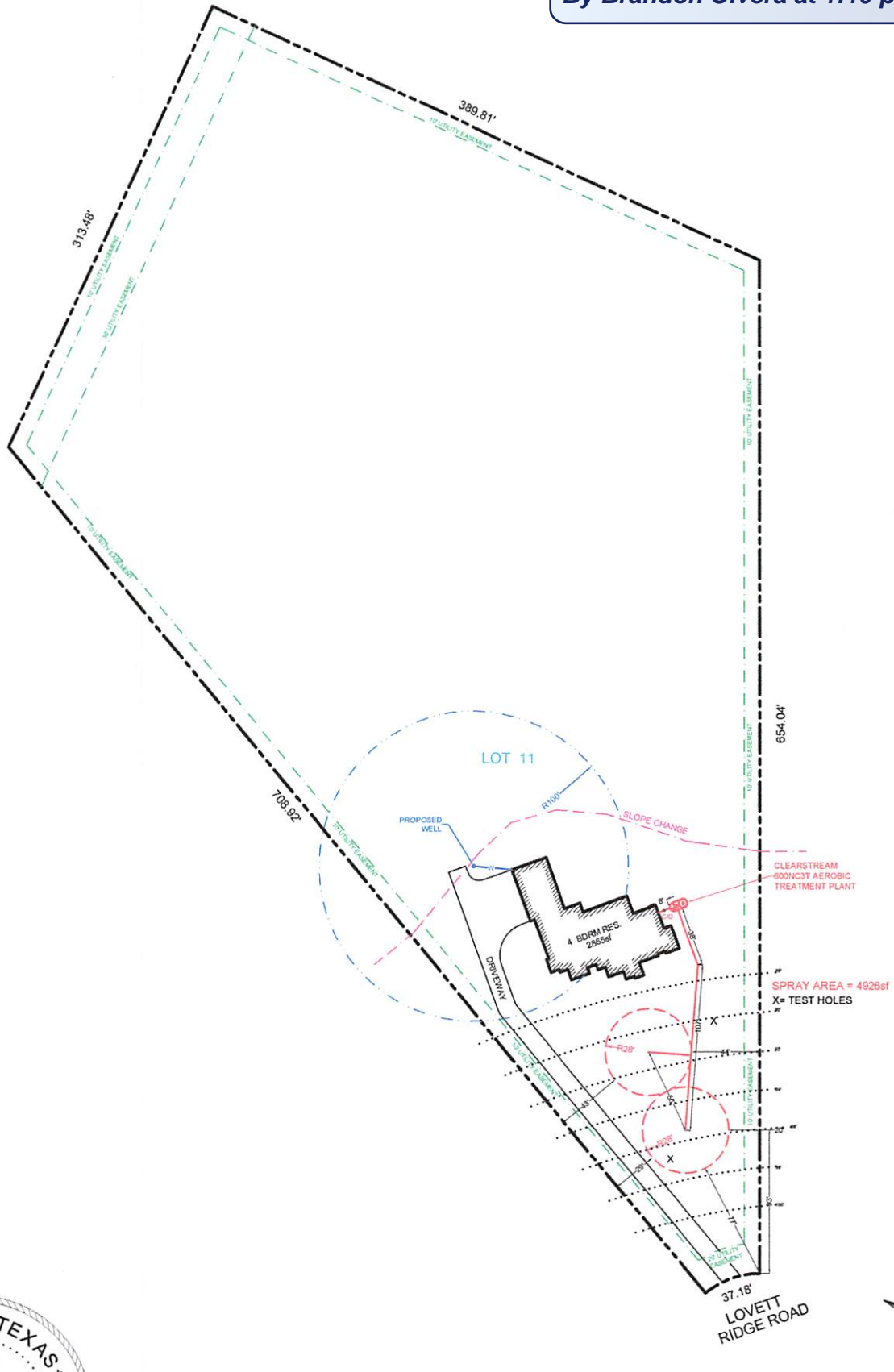
By Brandon Olvera at 1:10 pm, Apr 23, 2024



OWNER: TREY BURBANK PAYNE & JILLIAN MICHELLE HEISLER				DRAWN BY: EJS III	
STREET ADDRESS: 819 LOVETT RIDGE ROAD					
LEGAL DESC: CENTENNIAL RIDGE			UNIT/SECTION/PHASE: 1	BLOCK: 1	LOT: 11
PREPARED BY: GREG W. JOHNSON, P.E. F#002585		SCALE: 1"=50'	DATE: 3/14/2024	REVISED: 4/17/2024	

RECEIVED

By Brandon Olvera at 1:10 pm, Apr 23, 2024

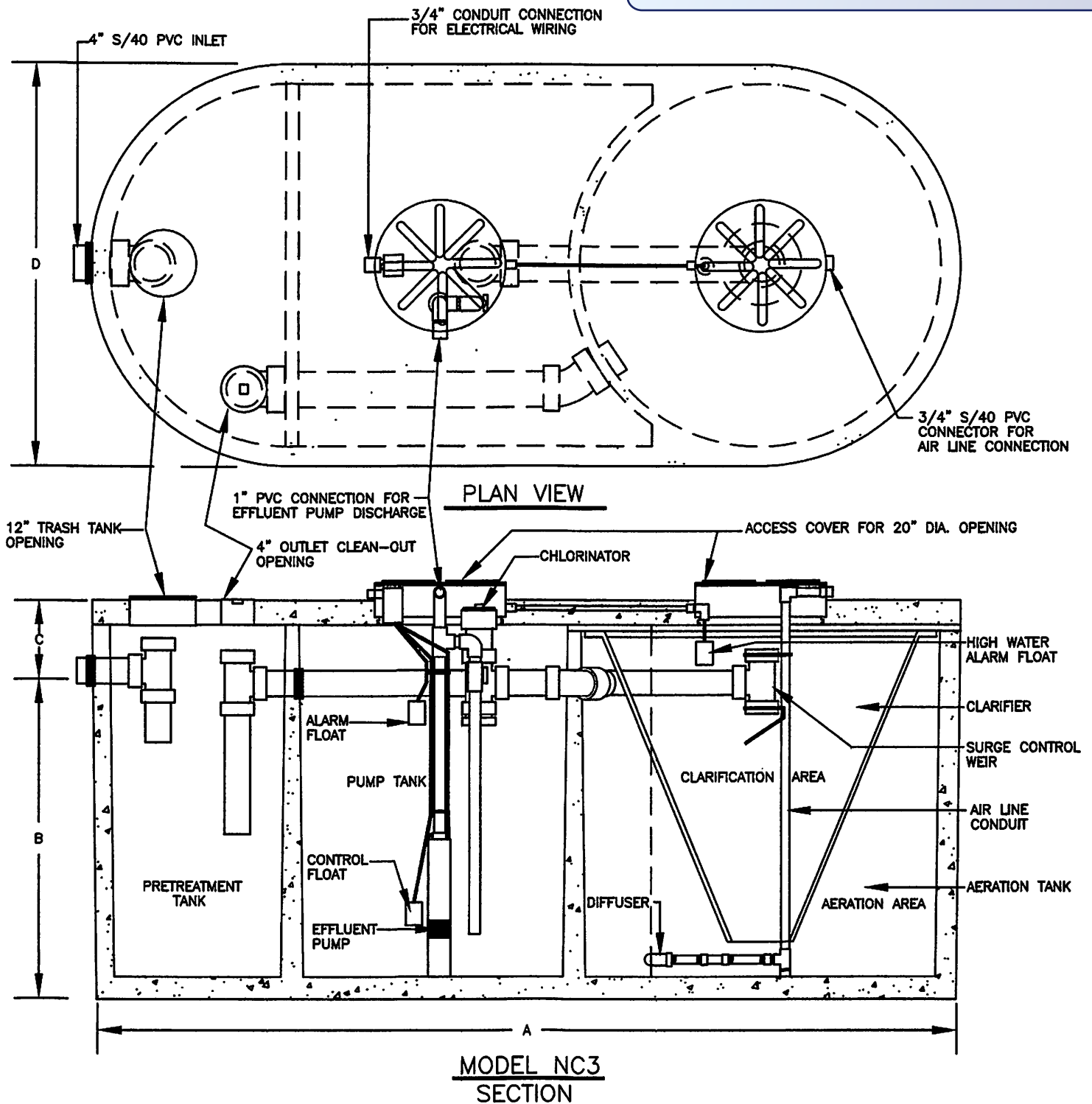


OWNER: TREY BURBANK PAYNE & JILLIAN MICHELLE HEISLER				DRAWN BY: EJS III	
STREET ADDRESS: 819 LOVETT RIDGE ROAD					
LEGAL DESC: CENTENNIAL RIDGE			UNIT/SECTION/PHASE: 1	BLOCK: 1	LOT: 11
PREPARED BY: GREG W. JOHNSON, P.E. F#002585		SCALE: 1"=100'	DATE: 3/14/2024		REVISED: 4/17/2024

RECEIVED

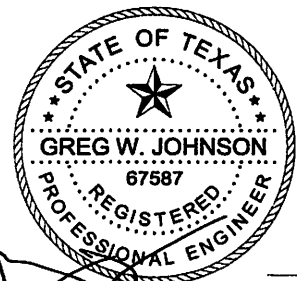
DESIGN DRAWING

By Brandon Olvera at 1:10 pm, Apr 23, 2024



DIMENSIONAL DATA

MODEL	A	B	C	D
500NC3-500	12'-2"	60"	10"	75"
500NC3-750	13'-5"	60"	10"	75"
600NC3	12'-7"	60"	10"	82"



F-2585

04/17/24

RECEIVED

By Brandon Olvera at 1:10 pm, Apr 23, 2024

TANK NOTES:

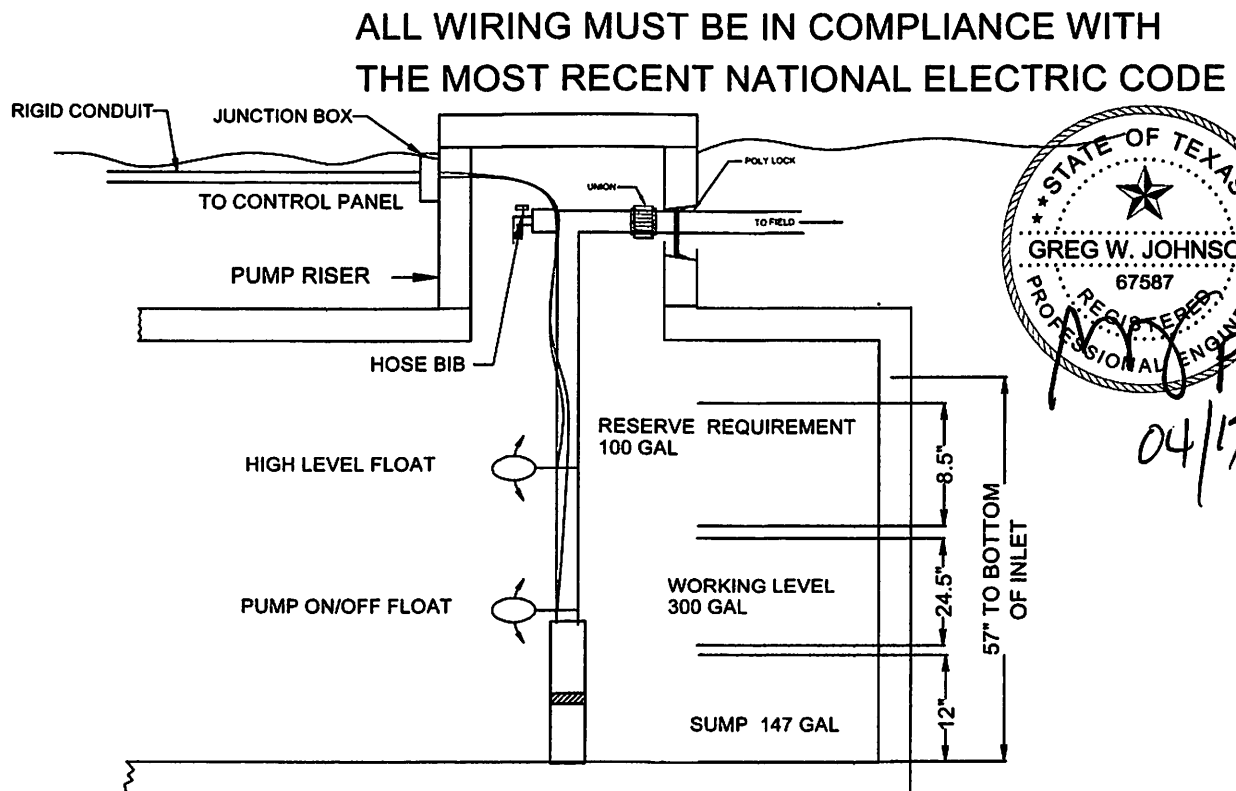
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

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

Tanks must be left uncovered and full of water for inspection by the permitting authority.



TYPICAL PUMP TANK CONFIGURATION
CLEARSTREAM 600NC3T W/ 700 GAL PUMP TANK

RECEIVED

By Brandon Olvera at 1:10 pm, Apr 23, 2024

OPERATION

1. The pump must be submerged at all times during normal operation. Do not run pump dry.
2. Make sure that the float switches are set so that the pump stops before the pump runs dry or breaks suction. If necessary, adjust float switches to achieve this.
3. The motor bearings are lubricated internally. No maintenance is required or possible on the pump.

Table 1: Recommended Fusing Data
60 Hz/1 Phase 2-Wire Cable

Model	HP	Volt/Hz/Phase	Max Load Amps	Locked Rotor Amps	Fuse Size Standard/Dual Element
P10D	1/2	115/60/1	11.0	30.0	15
P20D	1/2	115/60/1	9.5	30.0	15
P30D	1/2	115/60/1	9.5	30.0	15

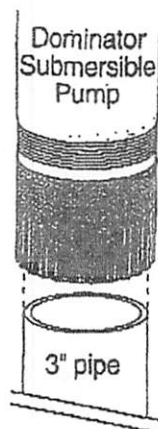


Figure 1: Insert a piece of 3" PVC pipe in the bottom of the motor to raise the pump in the tank.

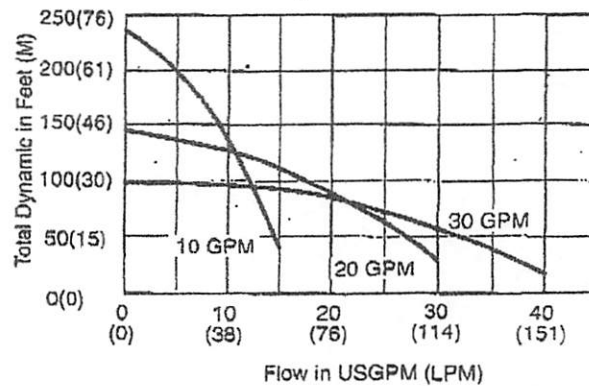


Figure 2: Performance in Feet of Head at Gallons Per Minute (G@LPM).

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
K-2 Plus

*

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

APPLICATION FOR PERMIT FOR AUTHORIZATION TO CONSTRUCT AN
ON-SITE SEWAGE FACILITY AND LICENSE TO OPERATEPlanning 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) 4926Gallons Per Day (As Per TCEQ Table III) 300

(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

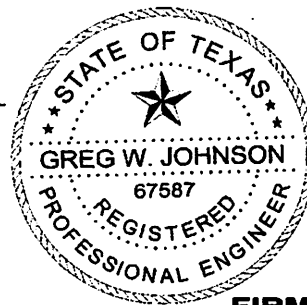
(If yes, the R.S. or P. E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A Permit to Construct will not be issued for the proposed OSSF until the WPAP has been approved by the appropriate regional office.)

Is the property located in the Edwards Contributing Zone? ☐ Yes ☒ NoIs there an existing TCEQ approved 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 ☐ NoIf yes, indicate the city: GARDEN RIDGE**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

Date

March 14, 2024

RECEIVED

By Brandon Olvera at 11:30 am, Apr 04, 2024

CENTENNIAL RIDGE, UNIT 1, BLOCK 1, LOT 11

COUNTY OF COMAL 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) 4926

Gallons Per Day (As Per TCEQ Table III) 300

(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 WPAP has been approved by the appropriate regional office.)

Is the property located over the Edwards Contributing Area? ☐ 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

Date

March 14, 2024

OSSE SOIL EVALUATION REPORT INFORMATION

Date: March 14, 2024

Applicant Information:

TREY BURBANK PAYNE & JILLIAN
Name: MICHELLE HEISLER
Address: 20303 STONE OAK PARKWAY #1101
City: SAN ANTONIO State: TEXAS
Zip Code: 78258 Phone: (210) 724-5420

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 11 Unit 1 Blk 1 Subd. CENTENNIAL RIDGE
Street Address: 819 LOVETT RIDGE ROAD
City: BULVERDE Zip Code: 78163
Additional Info.: _____

Installer Information:

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

Topography: Slope within proposed disposal area: 8 %

Presence of 100 yr. Flood Zone: YES _____ NO X
Existing or proposed water well in nearby area: YES X NO _____ >100'
Presence of adjacent ponds, streams, water impoundments: YES _____ NO X
Presence of upper water shed: YES _____ NO X
Organized sewage service available to _____ YES _____ NO X

Design: Calculations: Aerobic, Atmospheric, and Sprinkler Investigation

Commercial

Q = _____ GPD
Residential Water consumption: _____ gal/day
Number of Bedrooms: _____ Total sq. ft. living area: _____
Q gal/day = (Bedrooms x 120 GPD) + (Total sq. ft. living area x 0.5 GPD/sq. ft.)
Q = (4 x 120) + (1426 x 0.5) = 4826 GPD

Trash Tank Size: 353 Gal.
TCEQ Approved Aerobic Plant Size: 600 G.P.D.
Req'd Application Area = $Q/R_i = 4826 / 0.064 = 75406$ sq. ft.

Application Area Utilized = 4826 sq. ft.

Pump Requirement: _____ GPM @ _____ PSI (Total head = 10' to 15' + 2' to 3' + 1' to 2' = 15' to 20')

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

Pump Tank Size = 768 Gal. 14.5 Gal/inch.

Reserve Requirement = 100 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

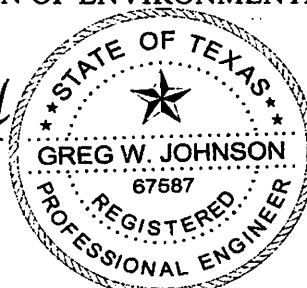
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

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

03/14/24
DATE



FIRM #2585

VOID

LOT 11

654.04'

PROPOSED WELL

SLOPE CHANGE

BDRM RES
2865sf

WATER B 550 PC
TREATMENT

RAY AREA = 4926

X= TEST HOLES

37.18'
LOVETT RIDGE ROAD



OWNER: TREY BURBANK PAYNE & JILLIAN MICHELLE HEISLER		DRAWN BY: EJS III	
STREET ADDRESS: 819 LOVETT RIDGE ROAD			
LEGAL DESC: CENTENNIAL RIDGE	UNIT/SECTION/PHASE: 1	BLOCK: 1	LOT: 11
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 3/14/2024	REVISED:

VOID



OWNER:		TREY BURBANK PAYNE & JILLIAN MICHELLE HEISLER			DRAWN BY:		EJS III					
STREET ADDRESS:		819 LOVETT RIDGE ROAD										
LEGAL DESC:		CENTENNIAL RIDGE		UNIT/SECTION/PHASE:		1	BLOCK:	1	LOT:	11		
PREPARED BY:		GREG W. JOHNSON, P.E. F#002585		SCALE:		1"=100'		DATE:		3/14/2024	REVISED:	

Assembly Details

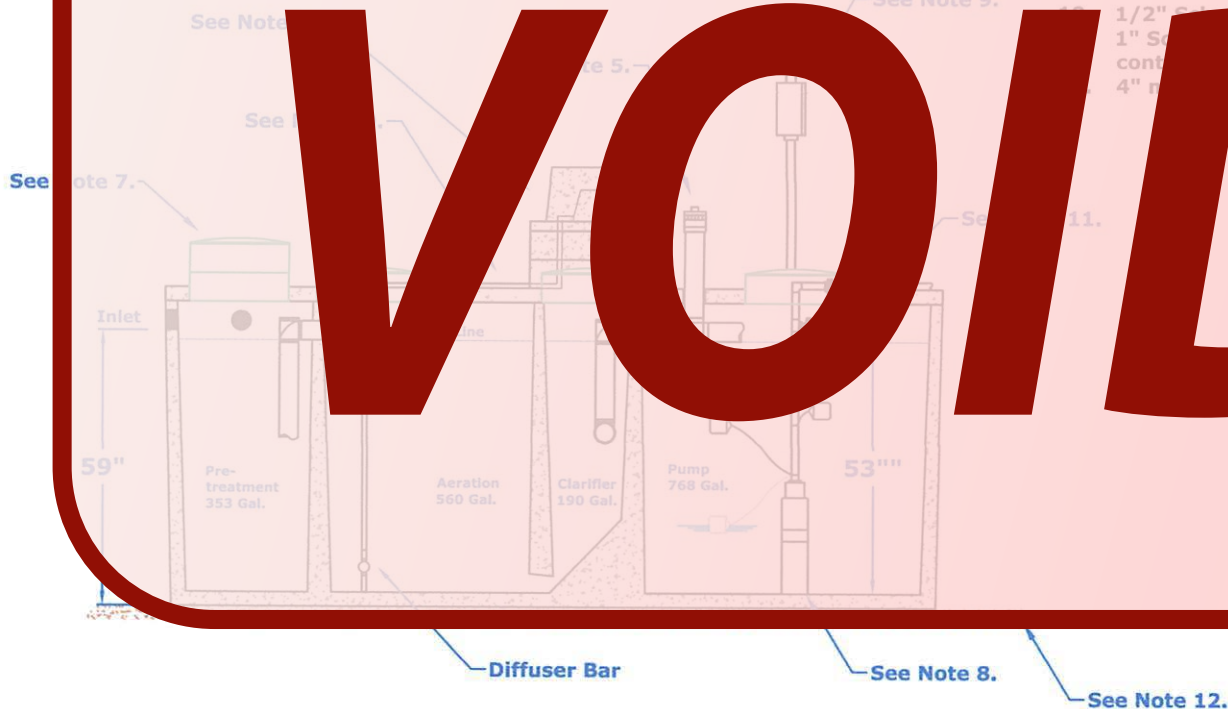
OSSF



GENERAL NOTES:

1. Plant structure material to be precast concrete and steel.
2. Maximum burial depth is 30" from slab top to grade.
3. Weight = 14,900 lbs.
4. Treatment capacity is 600 GPD. Pump compartment set-up for a 360 GPD Flow Rate (4 bedroom, < 4,000 sq/ft living area). Please specify for additional set-up requirements. BOD Loading = 1.62 lbs. per day.
5. Standard tablet chlorinator or Optional Liquid chlorinator. NSF approved chlorinators (tablet & liquid) available.
6. Bio-Robix B-550 Control Center w/ Timer for night spray application. Optional Micro Dose (min/sec) timer available for drip applications. Electrical Requirements to be 115 Volts, 60 Hz, Single Phase, 30 AMP, Grounded Receptacle.
7. 20" Ø access riser w/ lid (Typical 4). Optional extension risers available.
8. 20 GPM 1/2 HP, high head effluent pump.
9. HIBLOW Air Compressor w/ concrete housing.
10. 1/2" Schedule 40 Line (Max. 50 Lft from Plant).
11. 1" Schedule 40 Distribution system provided by contractor.
12. 4" compacted gravel pad by Contractor.

VOID



DIMENSIONS:

Outside Height: 67"
Outside Width: 63"
Outside Length: 164"

MINIMUM EXCAVATION DIMENSIONS:

Width: 76"
Length: 176"

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

Model: B-550-PC-400PT

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

Scale:

* All Dimensions subject to allowable specification tolerances.

Dwg. #: ADV-B550-3



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

TANK NOTES:

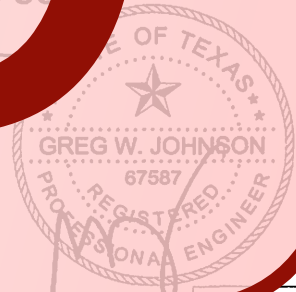
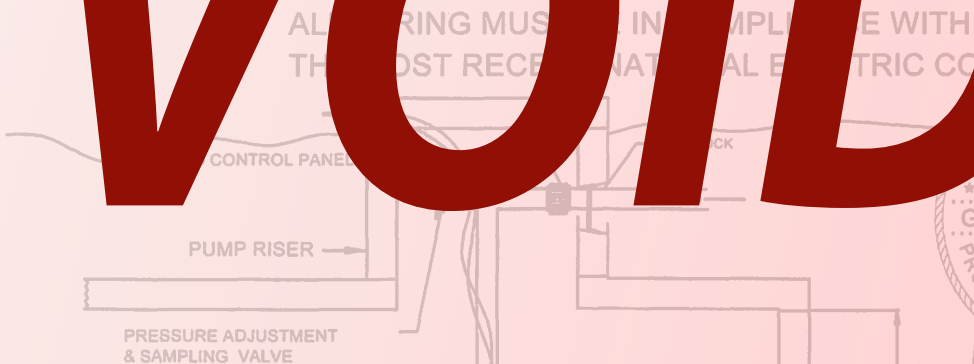
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

A two way sanitary tee is required between residence and tank.

A minimum of 4" of sand, sandy loam, clay loam free of rock shall be placed under and around tanks

VOID



P-2585

03/14/24

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

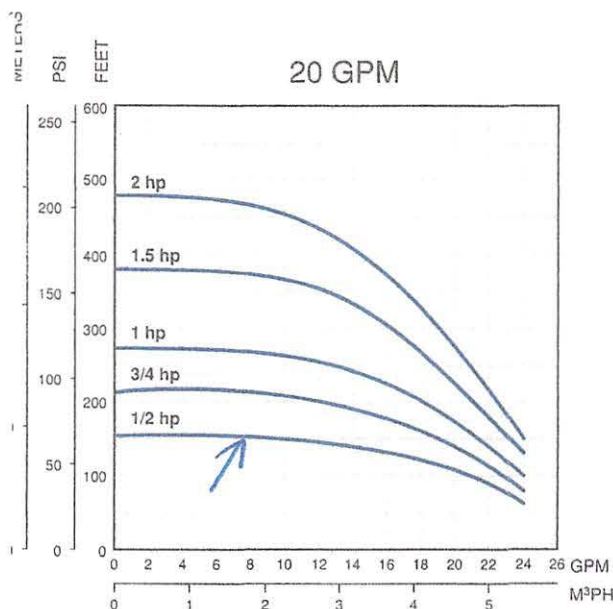
Thermoplastic Performance

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

*



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

RECEIVED

By Brandon Olvera at 11:26 am, Apr 04, 2024

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

PERMIT# 2023-157

DATE ISSUED 4/26/2023

PROJECT ADDRESS: 819 Lovett Ridge Road Bulverde, TX 78163

LOCATION NAME: NSFR

SUBDIVISION: Centennial Ridge

OWNER: Platinum Classic Homes - Jesse Pigott

CONTRACTOR: Platinum Classic Custom Homes - Jesse Pigott

ADDRESS: 719 Landa Street

CITY, STATE, ZIP: New Braunfels, TX 78130

PHONE: (210) 389-1888

EMAIL ADDRESS: jesse@platinumhomestx.com

CONTACT NAME: Jesse Pigott

ALT PHONE: (210) 389-1888

SQ FT: 0.00

PROJECT VALUATION: 0.00

PLAN REVIEW BY:

NOTES: Form survey required at
plumb rough in inspection.

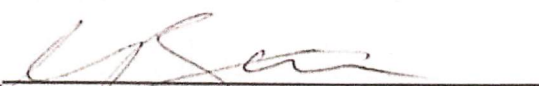
BB 3170

PERMIT TYPE	AMOUNT DUE
New Single-Family Residential	\$0.00
TOTAL:	\$2541.44

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)

JESSE PIGOTT

PRINTED NAME

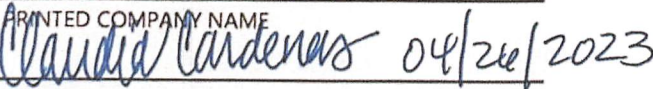
Platinum Classic Custom Homes

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

 04/26/2023

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

WARRANTY DEED WITH VENDOR'S LIEN

Date: August 17, 2022

Grantor: KERI MOORE and spouse, BRYAN MOORE

FILED BY
TRESIDIO TITLE
GF# 2-22060630A

Grantor's Mailing Address: 32156 Morels Ave
(including county) Bulverde, TX County, TX 78163

Grantee: TREY BURBANK PAYNE and spouse, JILLIAN MICHELLE HEISLER

Grantee's Mailing Address: 3409 STERLING GARDEN LN
(including county) PEARLAND, Brazoria County, TX 77584

Consideration: TEN AND NO/100 DOLLARS (\$10.00) and other valuable consideration and a note of even date in the principal amount of Two Hundred Ninety-Seven Thousand and no/100 DOLLARS (\$297,000.00) executed by Grantee payable to the order of RANDOLPH-BROOKS FEDERAL CREDIT UNION. The note is secured by a vendor's lien retained in favor of RANDOLPH-BROOKS FEDERAL CREDIT UNION in this deed and by a deed of trust of even date from Grantee to Morton W. Baird II, Trustee.

Property (including any improvements):

LOT 11, BLOCK 1, CENTENNIAL RIDGE, UNIT 1, AN ADDITION IN COMAL COUNTY, TEXAS, ACCORDING TO THE MAP OR PLAT THEREOF RECORDED IN DOCUMENT NO. 202006002296, MAP AND/OR PLAT RECORDS, COMAL COUNTY, TEXAS.

Reservations from and Exceptions to Conveyance and Warranty:

This conveyance is made subject to any easements, conditions, mandatory homeowners assessments and/or restrictions of record affecting the title to the hereinbefore described property .

Grantor, for the consideration and subject to the reservations from and 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 wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor hereby binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to conveyance and warranty.

The vendor's lien against and superior title to the property are retained until each note described is fully paid according to its terms, at which time this deed shall become absolute.

RANDOLPH-BROOKS FEDERAL CREDIT UNION, at Grantee's request, has paid in cash to Grantor that portion of the purchase price of the property that is evidenced by the note described above. The vendor's lien and superior title to the property are retained for the benefit of RANDOLPH-BROOKS FEDERAL CREDIT UNION and are transferred to that party without recourse on Grantor.

by his Agent and Attorney In fact,
Keri Moore

Bryan Moore, Keri Moore
BRYAN MOORE, by his Agent and Attorney In Fact, Keri Moore

(Acknowledgment)

17th day of Aug, 2022

Notary Public: check the appropriate box - and only one box - as applicable to this notarial act:

- ☒ This notarial act is a traditional notarization. The person(s) acknowledging is/are physically appearing before me.
- ☐ This notarial act is an online notarization. The person(s) acknowledging is/are appearing before me by an interactive two-way audio and video communication that meets the online notarization requirements under Subchapter C, Chapter 406, TX Government Code, and rules adopted under that subchapter.

Notary's Name (printed)

Mayor's Commission expires

Notary Public, State of Texas
My Comm. Exp. 08-11-2025
ID No. 878954-5

(Acknowledgment)

This instrument was acknowledged before me on the _____ day of _____, 20____

Notary Public: check the appropriate box - and only one box -- as applicable to this notarial act:

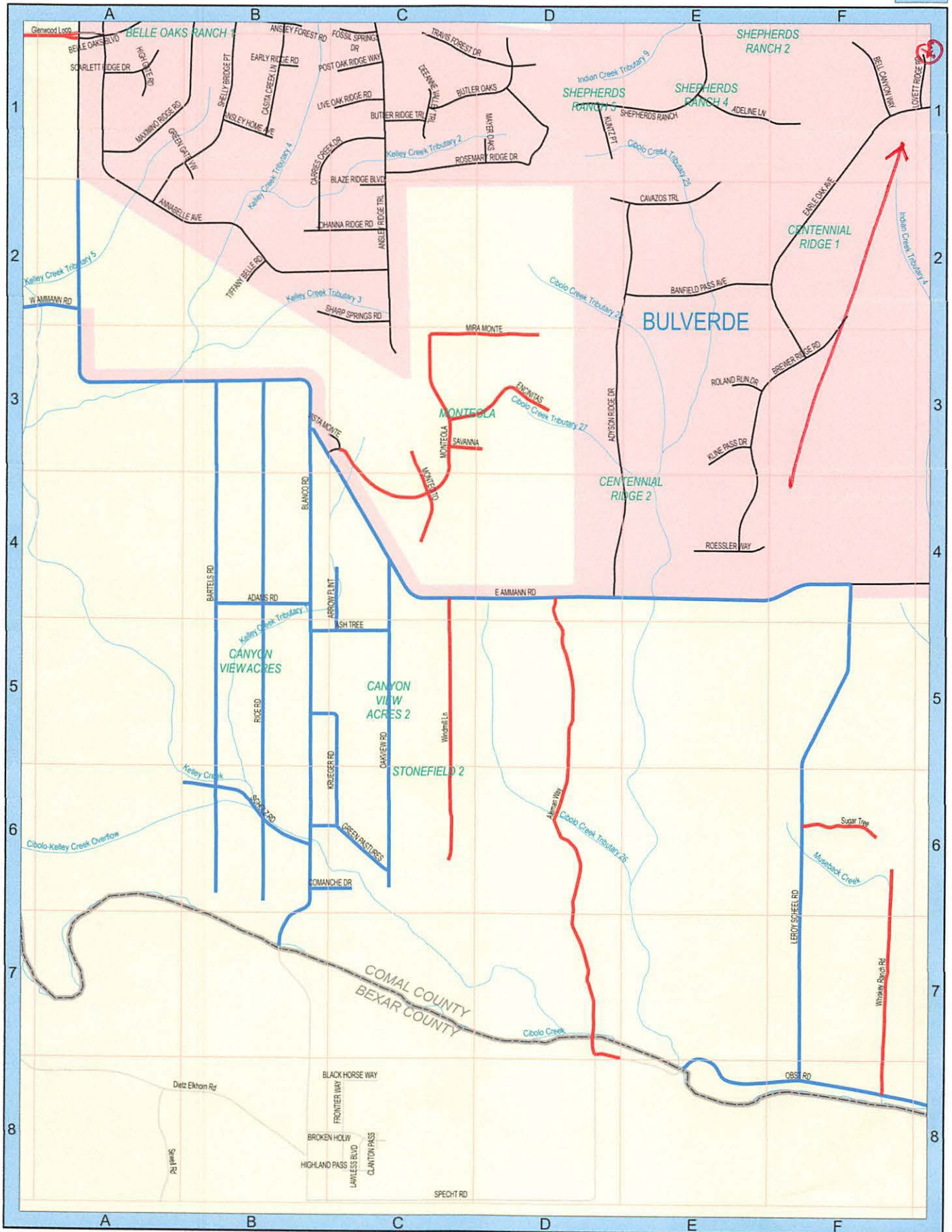
- ☐ This notarial act is a traditional notarization. The person(s) acknowledging is/are physically appearing before me.
- ☐ This notarial act is an online notarization. The person(s) acknowledging is/are appearing before me by an interactive two-way audio and video communication that meets the online notarization requirements under Subchapter C, Chapter 406, TX Government Code, and rules adopted under that subchapter.

Notary's commission expires

**Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
08/18/2022 03:32:44 PM
TERRI 2 Pages(s)
202206037459**



Bobbie Koepf



SEE PAGE 52

