

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)				

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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: 117309
Issued This Date: 04/09/2024
This permit is hereby given to: Michael & Cheryl Trexler

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

31149 WINDMILL LN
BULVERDE, TX 78163

Subdivision: Stonefield
Unit: 2
Lot: 3
Block: 0
Acreage: 0.0000

APPROVED MINIMUM SIZES AS PER ATTACHED DESIGN

Type of System: Aerobic
Surface Irrigation

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

Call (830) 608-2090 to schedule inspections.

REVISED

11:15 am, Apr 04, 2024



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

Date _____

Permit Number 117309

1. APPLICANT / AGENT INFORMATION

Owner Name Michael Trexler & Cheryl Trexler
Mailing Address 31149 Windmill Lane
City, State, Zip Bulverde, TX, 78163
Phone # 210-843-3011
Email sfchbuilders@yahoo.com

Agent Name Maria Oranday
Agent Address 15008 Canterbury Rd.
City, State, Zip Spring Branch TX, 78070
Phone # 210-823-3477
Email hillcountryseptics@gmail.com

2. LOCATION

Subdivision Name Stonefield Unit 2 Lot 3 Block _____

Survey Name / Abstract Number _____ Acreage _____

Address 31149 Windmill Lane City Bulverde State TX Zip 78163

3. TYPE OF DEVELOPMENT

Single Family Residential

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

Number of Bedrooms 2

Indicate Sq Ft of Living Area 1260

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: \$ 120,000 (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

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.

Michael Trexler & Cheryl Trexler
Signature of Owner

4/4/2024
Date



ON-SITE SEWAGE FACILITY APPLICATION

195 DAVID JONAS DR
NEW BRAUNFELS, TX 78132
(830) 608-2000
WWW.CCEO.ORG

Planning Materials & Site Evaluation as Required Completed By Frank Oranday

System Description Aerobic Treatment w/ surface application

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

Tank Size(s) (Gallons) 600 GPD Absorption/Application Area (Sq Ft) 3,216

Gallons Per Day (As Per TCEQ Table III) 180

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

Is the property located over the Edwards Recharge Zone? [] Yes [X] No

(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))

Is there an existing TCEQ approved WPAP for the property? [] Yes [X] No

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

Is there at least one acre per single family dwelling as per 285.40(c)(1)? [X] Yes [] No

If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP? [] Yes [X] No

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

Is the property located over the Edwards Contributing Zone? [X] Yes [] No

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

(If yes, the R.S. or P.E. 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 [X] No

If yes, indicate the city: _____

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 Frank Oranday

Date 03/18/2024

VCB
COUNTY OF COMAL
STATE OF TEXAS



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AFFIDAVIT TO THE PUBLIC

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to Texas Commission on Environmental Quality (TCEQ) Rules for On-Site Sewage Facilities (OSSFs), this document is filed in the Deed Records of Comal County, Texas.

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, give 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 owners 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.

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): **Lot 3, Stonefield subdivision, Unit 2**

Comal County, Texas

The property is owned by (Insert owner's full name): **Michael E. Trexler**

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 OSSF may be obtained from **Comal County Engineer's Office**.

WITNESS BY HAND(S) ON THIS 13 DAY OF Mar, 2024

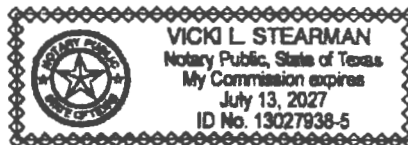
[Signature]
Owner(s) signature(s)

Michael E Trexler
(PRINTED NAME)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 13th DAY OF march 2024

[Signature]
Notary Public, State of Texas
Notary's Printed Name: Vicki L Stearman
My Commission Expires: July 13, 2027

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
03/20/2024 04:24:57 PM
LAURA 1 Page(s)
202406008386



Bobbie Koepf



Routine Maintenance and Inspection Agreement

General

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between Michael Trexler (referred to as "Client") and 311 Maintenance LLC (Frank Oranday MP0002506) (hereinafter referred to as "Contractor") (210) 823-3477. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein. This contract will provide for all required inspections, testing and service for your Aerobic Treatment System. The effective date of the initial maintenance contract shall be the date the License to Operate is issued. This contract will be in effect FROM: LTO TO: 2 years. The policy will include the following:

1. 3 inspections a year/services calls (at least one every 4 months), for a total of 6 over the two year period including inspection, adjustment and servicing of the mechanical, electrical and other applicable component parts to ensure proper function. This includes inspecting control panel, air pumps, air filters, and diffuser operation. Any alarm situation affecting the proper function of the Aerobic process will be addressed within a 48-hour time Frame. Repair work on non-warranty parts will include price for parts & labor. The prices will be quoted before work is performed.
2. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and examination for odors. A test for chlorine residual and pH will be taken and reported as necessary.
3. If any improper operation is observed, which cannot be corrected at the time of the service visit, you will be notified immediately in writing of the conditions and estimated date of correction.
4. The customer is responsible for the chlorine tablets; they must be filled before or during the service visit.
5. Any additional visits, inspections or sample collection required by specific Municipalities, Water/River Authorities, and County Agencies the TCEQ or any other authorized regulatory agency in your jurisdiction will be covered by this policy.

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

ACCESS BY CONTRACTOR

The Contractor or anyone authorized by the Contractor may enter the property at reasonable times without prior notice for the purpose of the above described Services. The contractor may access the System components including the tanks by means of excavation for the purpose of

evaluations if necessary. Soil is to be replaced with the excavated material as best as possible. If dogs or pets are not brought indoors during service, there will be a penalty fee for rescheduling.

Termination of Agreement

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

Limit of Liability

The Contractor shall not be held accountable for indirect, consequential, incidental, or punitive damages, regardless of whether the basis is contractual, tortious, or any other legal theory. Furthermore, under no circumstances shall the Contractor's responsibility for direct damages surpass the total price specified for the services outlined in this Agreement.

Severability

If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

Renewal

A renewal service contract should be activated before expiration (2 years) of existing contract. We will contact property owner prior to expiration of existing contract.

OWNER

Michael Trexler
Name
31149 Windmill Lane
Address
Bulverde TX, 78163
City, State
210-843-3011
Phone

SERVICE PROVIDER

311 Maintenance
Name
5355 FM 311
Address
New Braunfels, TX
City, State
(210) 823-3477
Phone

Michael Trexler
Signature of Home Owner

Frank Oranday MP0002506
Signature of Service Provider and License #

EFFECTIVE DATE:
EXPIRED DATE:
INSTALLED:
Model #:
Blower/Panel Serial #:

OSSF SOIL EVALUATION REPORT

Date: 03/18/2024

Applicant Information:

Name: Michael Trexler

Address: 31149 Windmill Lane

City, State, & Zip Code: Bulverde, TX 78163

Email: sfchbuilders@yahoo.com

Site Evaluator Information:

Name: Frank Oranday

Address: PO box 754

City, State, & Zip: Spring Branch TX, 78070

Phone: 210.510.8996

Email: frankoranday@gmail.com

Subdivision: Stonefield Unit 2 Lot 3

Additional Info: Comal County

Depth	Texture Class	Soil Texture	Structure (for Class III- blocky, platy or massive)	Drainage	Restrictive Horizon	Observation
Soil Boring #1 6"	III	0-6" Clay Loam 6"+ limestone	Blocky	<30% gravel		Bedrock
Soil Boring #2 6"	III	Same as above				

FEATURES OF SITE AREA

Presence of 100-year flood zone: NO

Existing or proposed water well in nearby area: YES

Presence of adjacent ponds, streams, water impoundments: YES

Presence of upper water shed: NO

Organized sewage service available to lot: NO

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability. The site evaluation and OSSF design are subject to approval by the TCEQ or the local authorized agent. The planning materials and the OSSF design should not be considered final until a permit to construct has been issued.


Site Evaluator:

NAME: Frank Oranday

License No.: OS-0035274 Exp: 3/31/2026

TDH:

Signature:



AEROBIC TREATMENT- spray SYSTEM
SITE ADDRESS: 31149 Windmill Lane

LANDSCAPING/ VEGETATION PLAN:

The site of installation consists of a suitable topography for the proposed system, and furthermore is comprised of cedar trees and low-level grass plants.

- Disturbance of natural landscape over spray application area during installation phase shall be re-established with the same vegetation prior to system start-up
- any exposed rock will be removed from the spray area

Frank Oranday R.S.

Frank Oranday 03/21/2024

DESIGN SPECIFICATIONS
31149 Windmill Lane Bulverde TX, 78163

Application Rate (Ra): .064

OSSF is designed for: 2 BR. 1260 SQ.FT HOME

Wastewater Usage: 180 gal./day

An aerobic treatment system/ with surface spray disposal is to be utilized based on the site evaluation

2813 sq. ft. absorptive area required

600 gal/day Aerobic treatment unit required

Calculations: Absorption Area: $Q/Ra = 240 \text{ gpd} / .064 = 2,813 \text{ sq. ft required}$

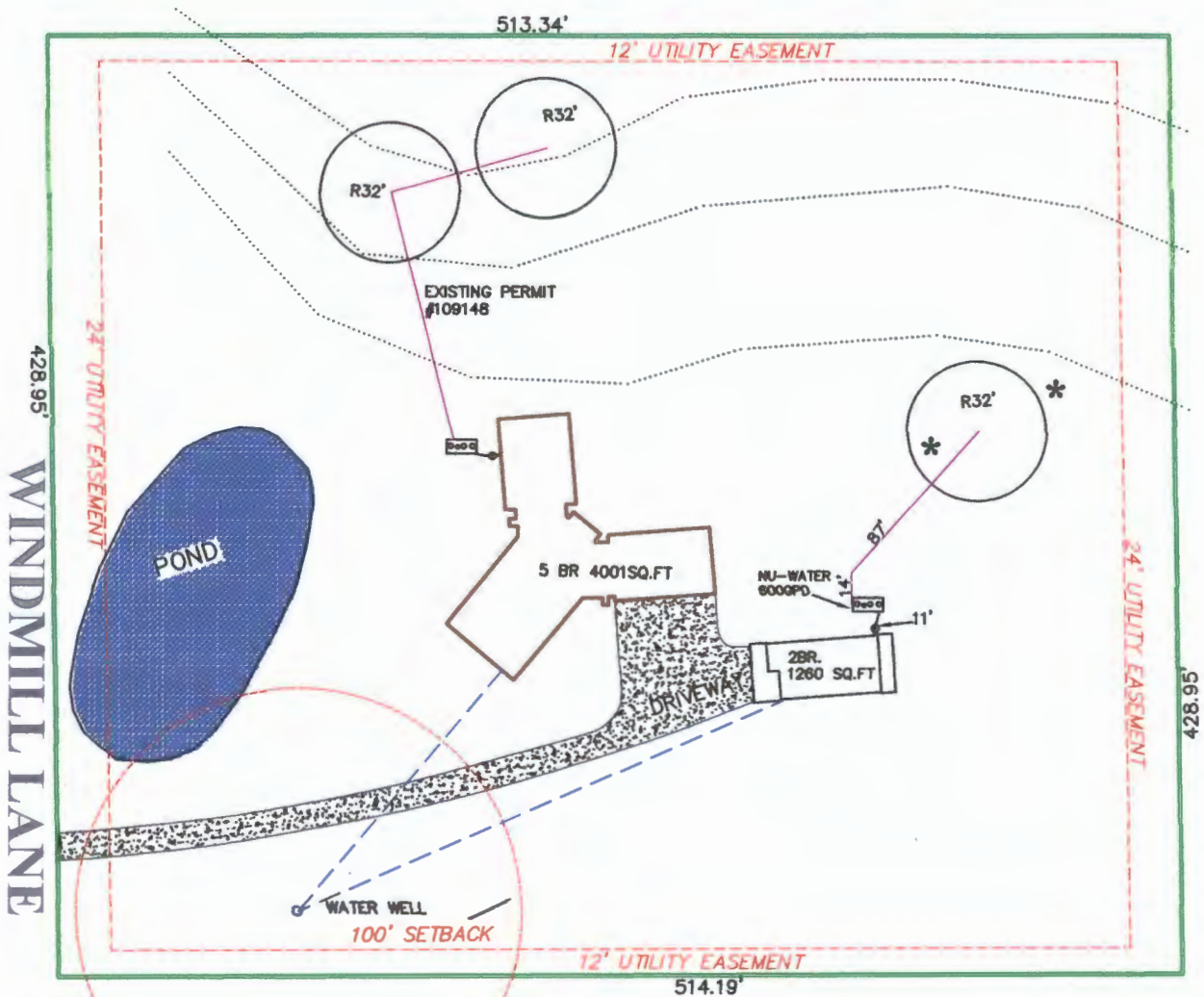
Frank Oranday, R.S.



03/18/2023

MICHAEL E. & CHERYL A. TREXLER
31149 WINDMILL LANE
BULVERDE, TX 78163
STONEFIELD UNIT 2 LOT 3
COMAL COUNTY

SCALE: 1"=80'



LEGEND

- = CLEANOUT
- * = TEST HOLES

TOTAL SPRAY AREA
 3,216 SQ.FT

- USE 1" SCH 40 PURPLE PIPE TO SPRAY HEADS
- USE 3" OR 4" SCH 40 PVC TO TANK



Assembly Details

OSSF

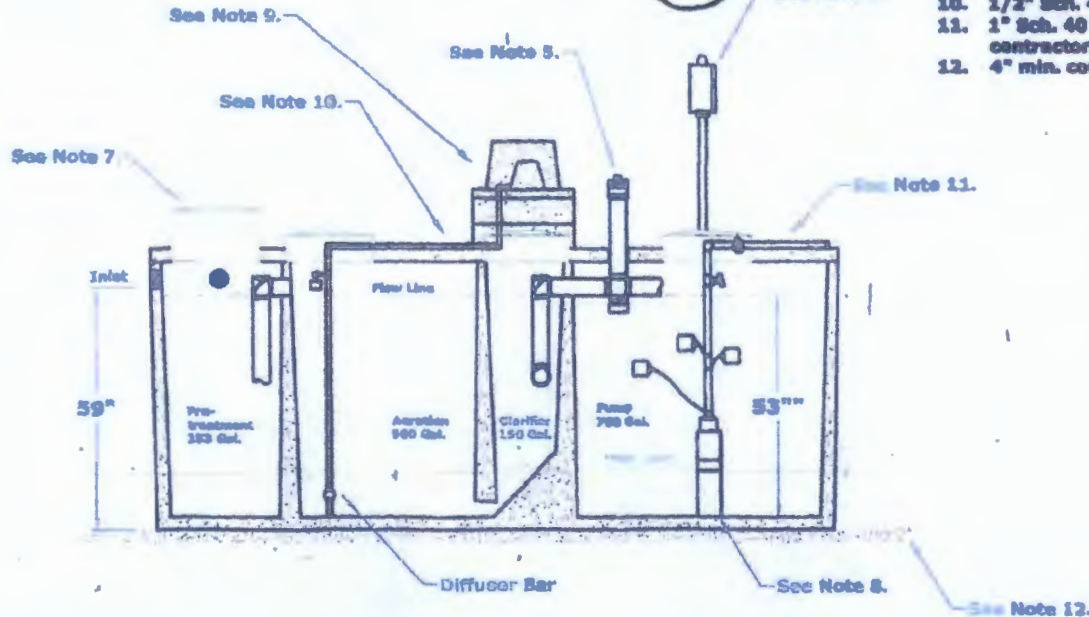
Pump float settings for 240 GPD design flow and min. 80 gal reserve:
 Pump OFF Position: 12 inches above tank bottom (166 gal)
 pump ON position: 29 inches above tank bottom (409.90 gal)
 Alarm ON position: 36 inches above tank bottom (512.22 gal)

PUMP DETAILS



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. Bio-Robix B-530 Control Center w/ Timer for night spray application. Optional Micro Dose (min/sec) timer available for drip applications. Electrical Requirement to be 115 Volts, 60 Hz, Single Phase, 30 AMP, Grounded Receptacle.
7. 28" Ø access riser w/ lid (Typical 4). Optional extension risers available.
8. 20 GPM 1/2 HP, high head effluent pump.
9. HILLOW Air Compressor w/ concrete housing.
10. 1/2" Sch. 40 PVC Air Line (Max. 30 Lft from Plant).
11. 1" Sch. 40 PVC pipe to distribution system provided by contractor.
12. 4" min. compacted sand or gravel pad by Contractor



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 standard specifications
 otherwise.

Dwg. #: ADV-0880-3

Advantage

Advantage Wastewater Solutions Inc.
 444 A Old Hwy No 9
 Comfort, TX 75013
 830-995-3180
 fax 830-995-4051

**CCEO
COPY**



COMAL COUNTY
ENGINEER'S OFFICE

License to Operate On-Site Sewage Treatment and Disposal Facility

Issued This Date: **10/22/2019** Permit Number: **109148**

Location Description: 31149 WINDMILL LN
BULVERDE, TX 78163

Subdivision: Stonefield
Unit: 2
Lot: 3
Block:
Acreage:

Type of System: Aerobic
Surface Irrigation

Issued to: Michael E. & Cheryl A. Trexler

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.**

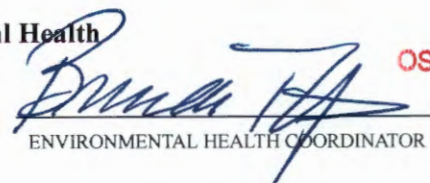
Inspection and licensing of a facility indicates only that the facility meets certain minimum requirements. It does not impede any governmental entity in taking the proper steps to prevent or control pollution, to abate nuisance, or to protect the public health.

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

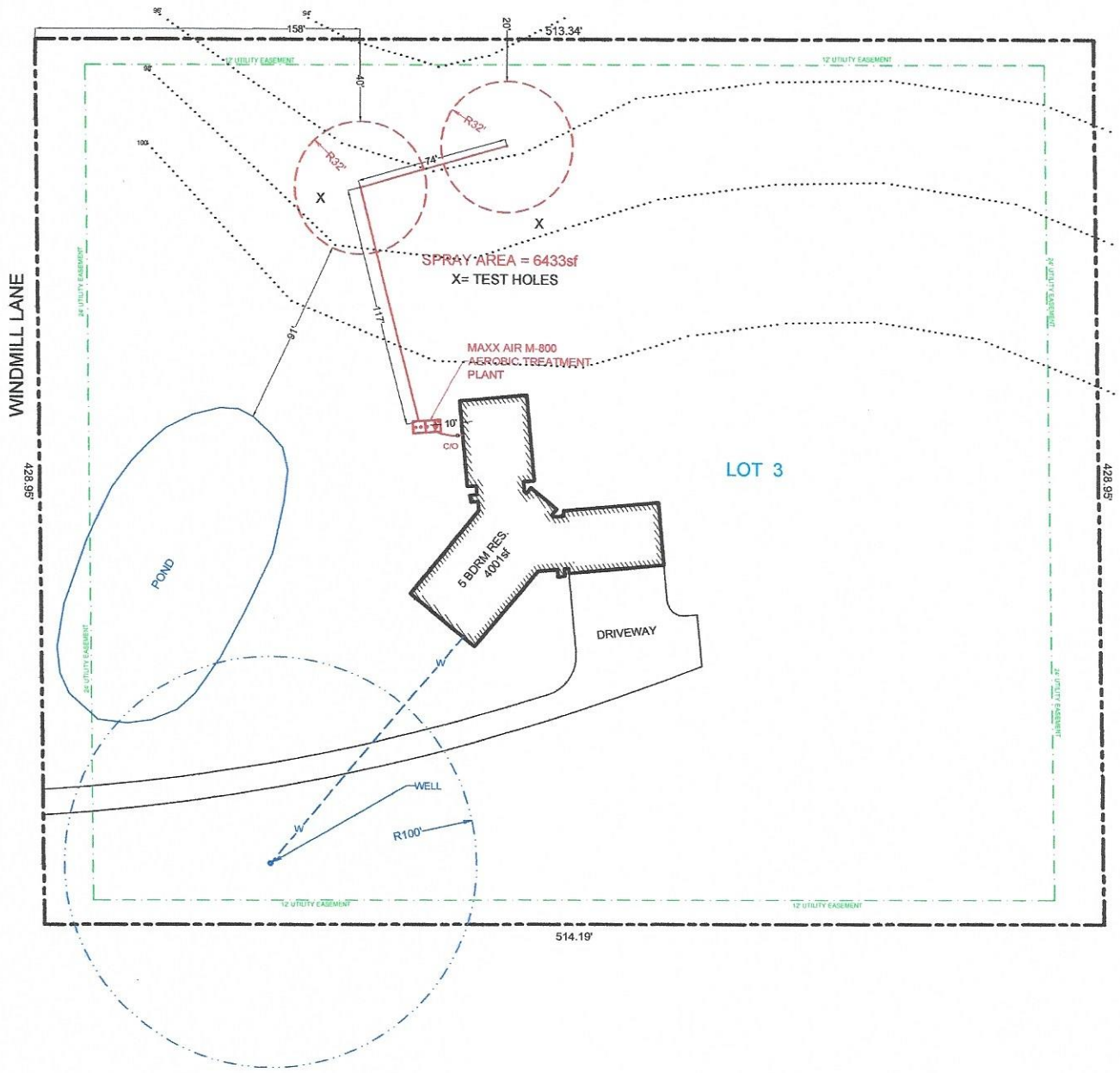

OS8497
ENVIRONMENTAL HEALTH INSPECTOR


OS0007722
ENVIRONMENTAL HEALTH COORDINATOR

REVISED
10/22/19
CCEO

#109148

COPY



OWNER:	MICHAEL E. & CHERYL A. TREXLER			DRAWN BY:	EJS III
STREET ADDRESS:	31149 WINDMILL LANE				
LEGAL DESC:	STONEFIELD	UNIT/SECTION/PHASE:	2	BLOCK:	LOT: 3
PREPARED BY:	GREG W. JOHNSON, P.E. F#002585	SCALE:	1"=80'	DATE:	4/18/2019
				3rd REVISION:	10/11/2019




From: [Ritzen, Brenda](#)
To: ["sfcbuilders@yahoo.com"](mailto:sfcbuilders@yahoo.com); [Maria Oranday](#)
Subject: Permit 117309
Date: Thursday, April 4, 2024 9:41:00 AM
Attachments: [image001.png](#)

**Re: Michael Trexler
Stonefield Unit 2 Lot 3
Application for Permit for Authorization to Construct an On-Site
Sewage Facility (OSSF)**

Owner / Agent :

The following information is needed before I can continue processing the referenced permit submittal:

1.  **The property owner name on the permit application must reflect the property owners as identified on the deed. Please add Cheryl Trexler to the permit application. Her signature is also required on the permit application.**
2. **Revise as needed and resubmit.**

Thank you,



Brenda Ritzen
Environmental Health Coordinator
195 David Jonas Dr.
New Braunfels, TX 78132
DR:OS00007722
830-608-2090
www.cceo.org

RECEIVED

By Kathy Griffin at 2:57 pm, Mar 22, 2024



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE TREATMENT FACILITY APPLICATION

VOID

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

Date _____

Permit Number 117309

1. APPLICANT / AGENT INFORMATION

Owner Name Michael Trexler
Mailing Address 31149 Windmill Lane
City, State, Zip Bulverde, TX, 78163
Phone # 210-843-3011
Email sfchbuilders@yahoo.com

Agent Name Maria Oranday
Agent Address 15008 Canterbury Rd.
City, State, Zip Spring Branch TX, 78070
Phone # 210-823-3477
Email hillcountryseptics@gmail.com

2. LOCATION

Subdivision Name Stonefield Unit 2 Lot 3 Block _____

Survey Name / Abstract Number _____ Acreage _____

Address 31149 Windmill Lane City Bulverde State TX Zip 78163

3. TYPE OF DEVELOPMENT

Single Family Residential

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

Number of Bedrooms 2

Indicate Sq Ft of Living Area 1260

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 _____

VOID

Estimated Cost of Construction: \$ 120,000 (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

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.

Michael Trexler
Signature of Owner

3/18/2024
Date

FILED BY
PRESIDIO TITLE *4b*

GF# 2-162124

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

STATE OF TEXAS §
 § KNOW ALL MEN BY THESE PRESENTS:
COUNTY OF COMAL §

That DEEP BLUE CAPITAL, LLC, hereinafter called Grantor (whether one or more), acting herein by and through its officer thereunto duly authorized, in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations, to said Grantor in hand paid by MICHAEL E. TREXLER and CHERYL A. TREXLER, hereinafter called Grantee (whether one or more), whose mailing address is: 1331 Durbin Way, San Antonio, TX. 78256, the receipt of which is hereby acknowledged, and for the further consideration of the sum of \$130,410.00, to Grantor in hand paid by SECURITY SERVICE FEDERAL CREDIT UNION, which amount is advanced at the special instance and request of the Grantee herein, and as evidence thereof, the Grantee has executed and delivered one certain promissory note of even date herewith for the sum of ONE HUNDRED THIRTY THOUSAND FOUR HUNDRED TEN AND NO/100 DOLLARS (\$130,410.00), payable to the order of SECURITY SERVICE FEDERAL CREDIT UNION, whose mailing address is as set forth in the hereinafter mentioned Deed of Trust, bearing interest and payable as in said note provided; said note containing the usual provisions for attorney's fees and acceleration of maturity in case of default, and being secured by Vendor's Lien herein and hereby expressly retained in favor of the Grantor, on the property hereinafter described, and as further security for the payment of said note, the SUPERIOR TITLE and VENDOR'S LIEN to said property are hereby transferred and conveyed to SECURITY SERVICE FEDERAL CREDIT UNION without recourse against Grantor, said note being also secured by Deed of Trust of even date herewith to RUTH W. GARNER, Trustee; has GRANTED, SOLD and CONVEYED, and by these presents Grantor does GRANT, SELL and CONVEY unto the Grantee above named, all that certain property situated in Comal County, Texas, described as follows, to-wit:

Lot 3, of Stonefield Subdivision, Unit 2, a subdivision in Comal County, Texas, recorded in Document No. 201306017609, Map and Plat Records of Comal County, Texas.

TO HAVE AND TO HOLD the said premises, together with the rights, hereditaments and appurtenances thereto belonging, unto the said Grantee above named, Grantee's heirs and assigns forever. And Grantor does hereby bind Grantor, Grantor's heirs, successors and assigns to WARRANT AND FOREVER DEFEND the title to said property unto the said Grantee above named, Grantee's heirs and assigns, against every person whomsoever lawfully claiming or to claim the same, or any part thereof.

Grantee assumes taxes for the current year on the property hereby conveyed.

This conveyance and the warranties of title given herein are made subject to any and all restrictions, easements, setback lines, covenants, conditions and reservations, of record affecting the property herein conveyed.

EXECUTED ON THE FOLLOWING DATE: 6/2/16

DEEP BLUE CAPITAL, LLC

✓ By: [Signature]
ALBERT J. DIMOUSH
Managing Member

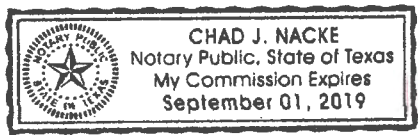
DEEP BLUE CAPITAL, LLC

✓ By: [Signature]
KARA L. DIMOUSH
Managing Member

(ACKNOWLEDGMENT)

STATE OF TEXAS §
COUNTY OF Denton §

This instrument was acknowledged before me on the 02 day of June, 2016, by ALBERT J. DIMOUSH Managing Member of DEEP BLUE CAPITAL, LLC, on behalf of said entity.

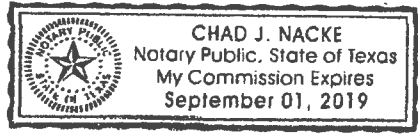


[Signature]
Notary Public, State of Texas

(ACKNOWLEDGMENT)

STATE OF TEXAS §
COUNTY OF BEXAR §

This instrument was acknowledged before me on the 02 day of June, 2016, by KARA L. DIMOUSH Managing Member of DEEP BLUE CAPITAL, LLC, on behalf of said entity.



[Signature]
Notary Public, State of Texas

AFTER RECORDING RETURN TO:

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
06/03/2016 01:50:51 PM
TERRI 2 Pages(s)
201606022491

PREPARED IN THE OFFICE OF:
WEST & WEST ATTORNEYS, P.C.
2929 Mossrock, Suite 204
San Antonio, Texas 78230



Bobbie Koepf

RECEIVED

By Kathy Griffin at 2:57 pm, Mar 22, 2024



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

		117309
<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.

Michael Trexler
Signature of Applicant

3/18/2024
Date

___ COMPLETE APPLICATION
Check No. _____ Receipt No. _____

INCOMPLETE APPLICATION (Missing Items Circled, Application Refused)
--