

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: 117386
Issued This Date: 05/01/2024
This permit is hereby given to: ADELAIDE BACHLE & AUSTIN WILSON

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

31417 HIGH RIDGE DR
CITY OF BULVERDE, TX 78163

Subdivision: BULVERDE HILLS
Unit: 2
Lot: 21
Block: 7
Acreage: 0.6400

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

		117386
<i>Date Received</i>	<i>Initials</i>	<i>Permit Number</i>

Instructions:

Place a check mark next to all items that apply. For items that do not apply, place "N/A". This OSSF Development Application Checklist must accompany the completed application.

OSSF Permit

- Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate
- Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer
- Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285. Planning Materials shall consist of a scaled design and all system specifications.
- Required Permit Fee - See Attached Fee Schedule
- Copy of Recorded Deed
- Surface Application/Aerobic Treatment System
 - Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public
 - Signed Maintenance Contract with Effective Date as Issuance of License to Operate

I affirm that I have provided all information required for my OSSF Development Application and that this application constitutes a completed OSSF Development Application.

Signature of Applicant

04/15/2024

Date

<input type="checkbox"/> COMPLETE APPLICATION Check No. _____ Receipt No. _____
--

<input type="checkbox"/> INCOMPLETE APPLICATION (Missing Items Circled, Application Refused)

RECEIVED

By Brandon Olvera at 4:05 pm, May 01, 2024



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 January 12, 2024

Permit Number 117386

1. APPLICANT / AGENT INFORMATION

Owner Name ADELAIDE BACHLE & AUSTIN WILSON

Agent Name GREG JOHNSON, P.E.

Mailing Address c/o 31069 PANTHER DRIVE

Agent Address 170 HOLLOW OAK

City, State, Zip BULVERDE, TEXAS 78163

City, State, Zip NEW BRAUNFELS TEXAS 78132

Phone # 210-438-7274

Phone # 830-905-2778

Email jeremy@gacustombuilt homes.com

Email gregjohnsonpe@yahoo.com

2. LOCATION

Subdivision Name BULVERDE HILLS Unit 2 Lot 21 Block 7

Survey Name / Abstract Number _____ Acreage _____

Address 31417 HIGH RIDGE DRIVE 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 2045

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: \$ 400,000 (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

Adelaide Bolk

4-12-24
Date

*** 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) CLEARSTREAM 600NC3T Absorption/Application Area (Sq Ft) 4825

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

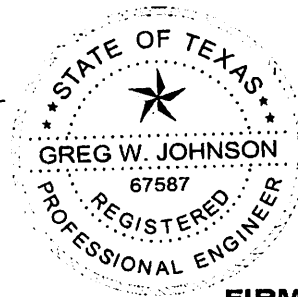
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP)

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

By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable

[Signature]
Signature of Designer

January 17, 2024
Date

AFFIDAVIT

**THE COUNTY OF COMAL
STATE OF TEXAS**

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

I

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under the authority of the TWC and the Texas Health and Safety code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

II

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code §285.91(12) will be installed on the property described as (insert legal description):

2 UNIT/PHASE/SECTION 7 BLOCK 21 LOT BULVERDE HILLS SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY _____

The property is owned by (insert owner's full name): ADELAIDE BACHLE & AUSTIN WILSON

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 12th DAY OF April, 20 24

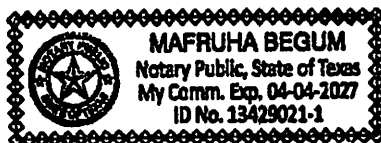
Adelaide Bachle
x [Signature]
Owner(s) signature(s)

Adelaide Bachle
Austin Wilson
Owner (s) Printed name (s)

ADELAIDE BACHLE & AUSTIN WILSON

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 14th DAY OF April, 20 24

MAFRUHA BEGUM
Notary Public Signature



Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
04/15/2024 08:21:39 AM
LAURA 1 Pages(s)
202406011068

Bobbie Koepf

PERMIT#



SOTX SEPTIC SERVICES
15656 CRANES MILL RD.
CANYON LAKE, TX 78133
(830) 481-3249
SOTXSERVICES@GMAIL.COM

BULVERDE HILLS, UNIT 2, BLOCK 7, LOT 21
31417 HIGH RIDGE DRIVE
BULVERDE, TX 78163

On-Site Sewage Facility (OSSF) Service Agreement

- I. **General:** This Work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between ADELAIDE BACHLE & AUSTIN WILSON, (hereinafter referred to as "Client") and SOTX Septic Services (hereinafter as "Contractor"). By this agreement, Contractor agrees to render services, as described herein, and the Client agrees to fulfill his/her/their responsibilities under this agreement as described herein.
- II. **Effective Dates:** This agreement commences on receipt of full payment and runs for two (2) years. Agreement's... Starting Date: (Date License to Operate is Issued) Ending Date: (2yrs. From Date of LTO)
- III. **Services by Contractor:** Contractor will provide the following services (hereinafter referred to as the "Services"):
 - 1. 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 year (approximately once every four (4) months).
 - 2. Report to the appropriate regulatory authority and to the Client, as is required by both the State's on-site rules and the local Agency's rules, if more stringent. All findings must be reported to the local Agency within 14 days.
 - 3. If any components of the OSSF are found to need repair during the inspection, the Contractor will notify the Client of the repairs needed.
 - 4. Visit 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 this Agreement and will be billed to the Client.
 - 5. Provide notification of arrival to site to the homeowner or to site personnel. Additionally, written notification of the visit will be left at the site or with site personnel upon completion or inspection, as well as, forwarded to agency within 14 days.
- IV. **Site Location:** The Services are to be performed at the property located at:

31417 HIGH RIDGE DRIVE, BULVERDE, TX 78163
- V. **Payment(s):** The fee for this Agreement only covers the Services describes herein. This fee does not cover equipment, parts or labor supplied for the repairs or charges for unscheduled Client-request trips to the site. Payments for such additional services are due when service is provided or rendered. Payments not received within 30 days from due date will be subjected to a \$20.00 late penalty and / or a 1.5% carrying charge, whichever is greater, in addition the reasonable attorney's fees and all costs of collection incurred by Contractor in collection of any unpaid debt(s). 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 remove of said parts.

Initials...

Customer: AW

Contractor: CDH

Client's Responsibilities: The Client is responsible for each and all the following:

1. Maintain chlorinator and provide proper chlorine supply, if OSSF is equipped with same.
2. 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.
3. Maintain a current license to operate and abide by the conditions and limitations of that license and all requirements for on-site sewage facilities (OSSF's) from the State and local regulatory agency, as well as manufacturer's recommendations.
4. Immediately notify the Contractor and Agency of all problems with, including the failure of the OSSF.
5. Upon receiving a written 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's responsible for ensuring the contractor holds the proper license (installer II) and is certified by the manufacturer. Also, the Client is responsible for ensuring proper notification is given to the Agency, as required by the State and local Agency rules.
6. Provide the Contractor with water usage records, upon request, for evaluation by the Contractor of the OSSF performance.
7. Clients residing in Harris County should allow for samples at both the inlet and outlet to the OSSF to be obtained by the Contractor for the purpose of evaluating the OSSF's performance when requested by the Client. If these samples are sent to the lab for testing, the Client will directly pay the lab for the cost of the testing plus pay the Contractor for all man-hours expended in providing this additional service at the rate of \$75.00 per hour measured from office to site, site to lab, and lab to office, otherwise known as portal to portal.
8. Not allow the backwash from water treatment or water conditioning equipment to enter the OSSF.
9. Provide for pumping of tanks, when needed, at Clients expense.
10. Maintain site drainage to prevent adverse effects on OSSF.
11. Promptly and fully pay Contactor's bills, fees, or invoices as described herein.
- VI. **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 manways or risers for the purpose of evaluations required by manufacturer, and/ or rules. If such manways or risers are not in place, excavation together with other labor and materials will be required and will be billed to Client as additional service at the rate of \$75.00 per hour, plus materials billed at list price. Excavated soil is to be replaced as best as reasonably possible.
- VII. **Application or Transfer of Payments:** The fees paid for this agreement may transfer to subsequent owner(s); however, this agreement will not transfer. The subsequent owner(s) must sign a similar agreement authorizing Contractor to perform the above-described Services and accepting Client's responsibilities. This replacement Agreement must be signed and received within 30 days of transfer of ownership. Contractor will apply all funds received from Client first to any past due obligations arising from this Agreement including late charges, return check charges, and charges for repairs or services not paid within 30 days of invoicing. The consumption of the payment in this manner may lead to early termination of the agreement by Contractor.
- VIII. **Termination of Agreement:** This Agreement may be terminated by either party within 30 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, Contractor shall be paid at the rate of \$75.00 per hour for any work performed, but not yet paid. The party terminating will immediately notify the other party, the equipment manufacturer, and the regulatory agency of the termination.
- IX. **Limits of Liability:** In no event shall the Contractor be liable for indirect, consequential, incidental or punitive damages, whether in contract tort or any other theory. In no event the Contractor's liability for direct damages exceed the price for the Services described in this Agreement.
- X. **Severability:** If any provision in the Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If court finds that any provision of this

Initials...

Customer: AW

Contractor: CDH

Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be written, construed, and enforced as so limited.

XI. **Performance of Agreement:** Commencement of performance by Contractor under this agreement is contingent on the following conditions (1) Contractor receiving a fully execute original copy of this agreement. (2) Contractor receiving payment in full for the fee as described in Section V. If the above conditions are not met, then Contractor is not obligated to perform any portion of this agreement.

XII. **Entire Agreement:** This agreement contains the entire agreement parties, and there are no other promises or conditions in any other agreement, oral or written.

Client... (And/or authorized agent)

Printed Name: ADELAIDE BACHLE Signature: Adedele Bale Date: 9/12/2024

Printed Name: AUSTIN WILSON Signature: AW Date: 4-12-24

Physical Address: 31417 HIGH RIDGE DRIVE, BULVERDE Zip: 78163

Mailing Address: 20910 Encino Ash, SA TX Zip: 78259

Phone # 210-970-4730 Cell# _____ County: Bexar

Email: wilson8972@gmail.com Gate Code: 5175#

=====Contractor=====Contractor=====

SOTX Septic Services
15656 Cranes Mill Rd.
Canyon Lake, TX 78133
830-481-3249

sotxservices@gmail.com

Clarence D. Hinds Jr Clarence D Hinds Jr.

Lic #: OSSF Installer II #: OS0030965

Maintenance Provider #: MP0002439

Installer Name: BRAD PARKER

Phone #: 830-310-2344

Email: parker.construction@yahoo.com

Lic #: OS#0035249

Manufacturer: CLEARSTREAM 600NCST

GPD: 600 800 1000 Other: _____

Disposal: Spray Drip Other: _____

Initials...

Customer: AW

Contractor: CDH

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

Date Soil Survey Performed: January 16, 2024

Site Location: BULVERDE HILLS, UNIT 2, BLOCK 7, LOT 21

Proposed Excavation Depth: N/A

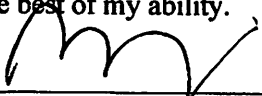
Requirements:

- 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 _____ SURFACE EVALUATION _____						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 10"	BROWN
10"						
1						
2						
3						
4						
5						

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

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



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

01/16/24

 Date

OSSF SOIL EVALUATION REPORT INFORMATION

Date: January 17, 2024

Applicant Information:

Name: ADELAIDE BACHLE & AUSTIN WILSON
Address: c/o 31069 PANTHER DRIVE
City: BULVERDE State: TEXAS
Zip Code: 78163 Phone: (210) 438-7274

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 21 Unit 2 Blk 7 Subd. BULVERDE HILLS
Street Address: 31417 HIGH RIDGE DRIVE
City: BULVERDE Zip Code: 78163
Additional Info.: _____

Installer Information:

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

Topography: Slope within proposed disposal area: 10 to 12 %

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

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = _____ GPD _____

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

Number of Bedrooms the septic system is sized for: 4 Total sq. ft. living area 2045

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 700 G.P.D.

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

Application Area Utilized = 4825 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

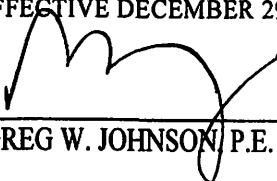
Pop-up rotary sprinkler heads w/ purple non-potable lids

1" Sch-40 PVC discharge manifold

APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

EXPOSED ROCK WILL BE COVERED WITH SOIL .

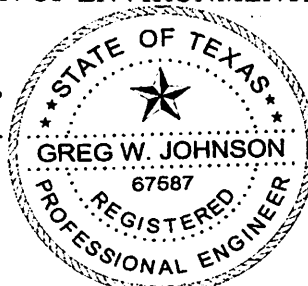
I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY (EFFECTIVE DECEMBER 29, 2016)



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

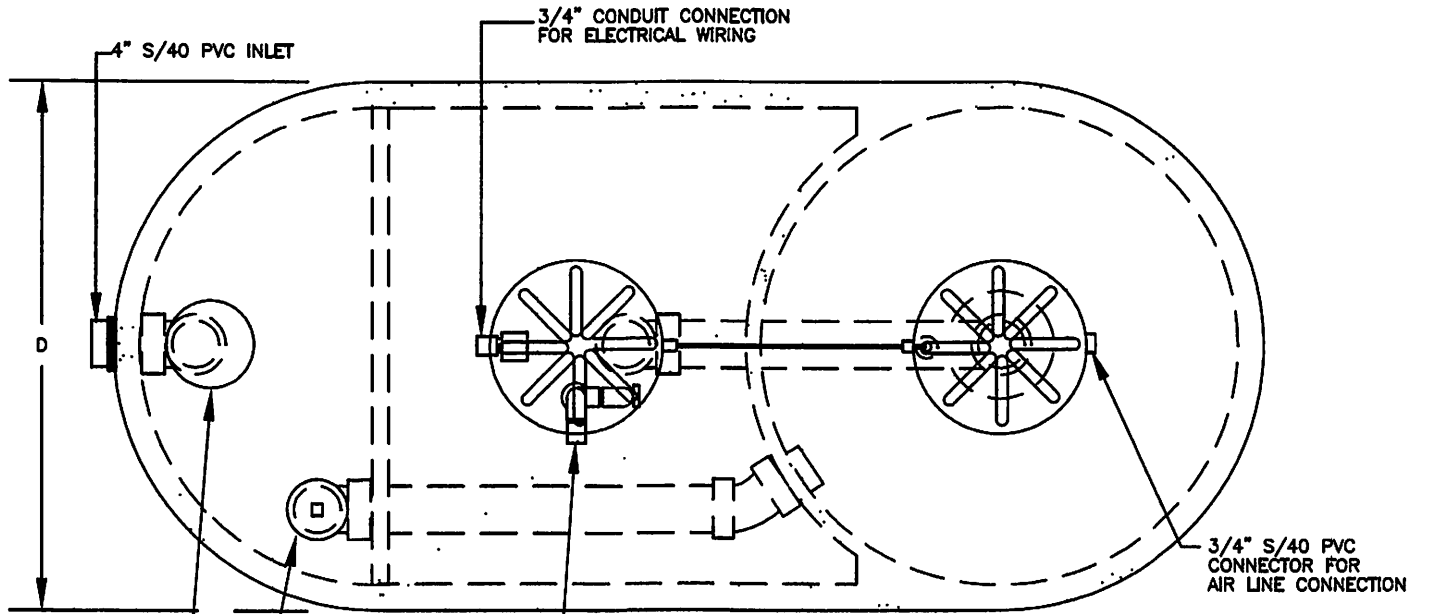
01/17/24

DATE

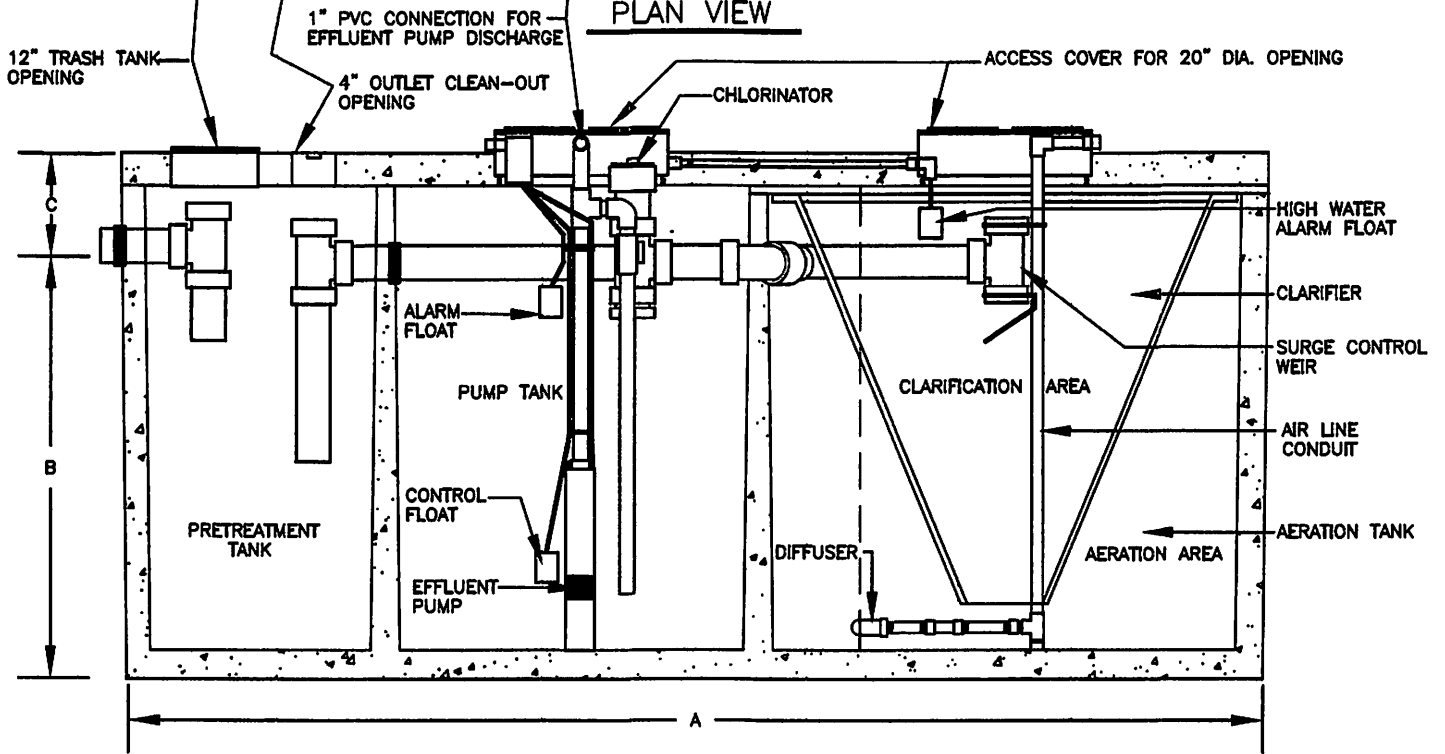


FIRM #2585

DESIGN DRAWINGS



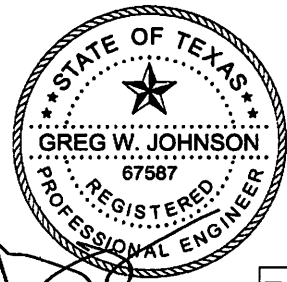
PLAN VIEW



MODEL NC3 SECTION

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"



100
1/17/24

F-2585

TANK NOTES:

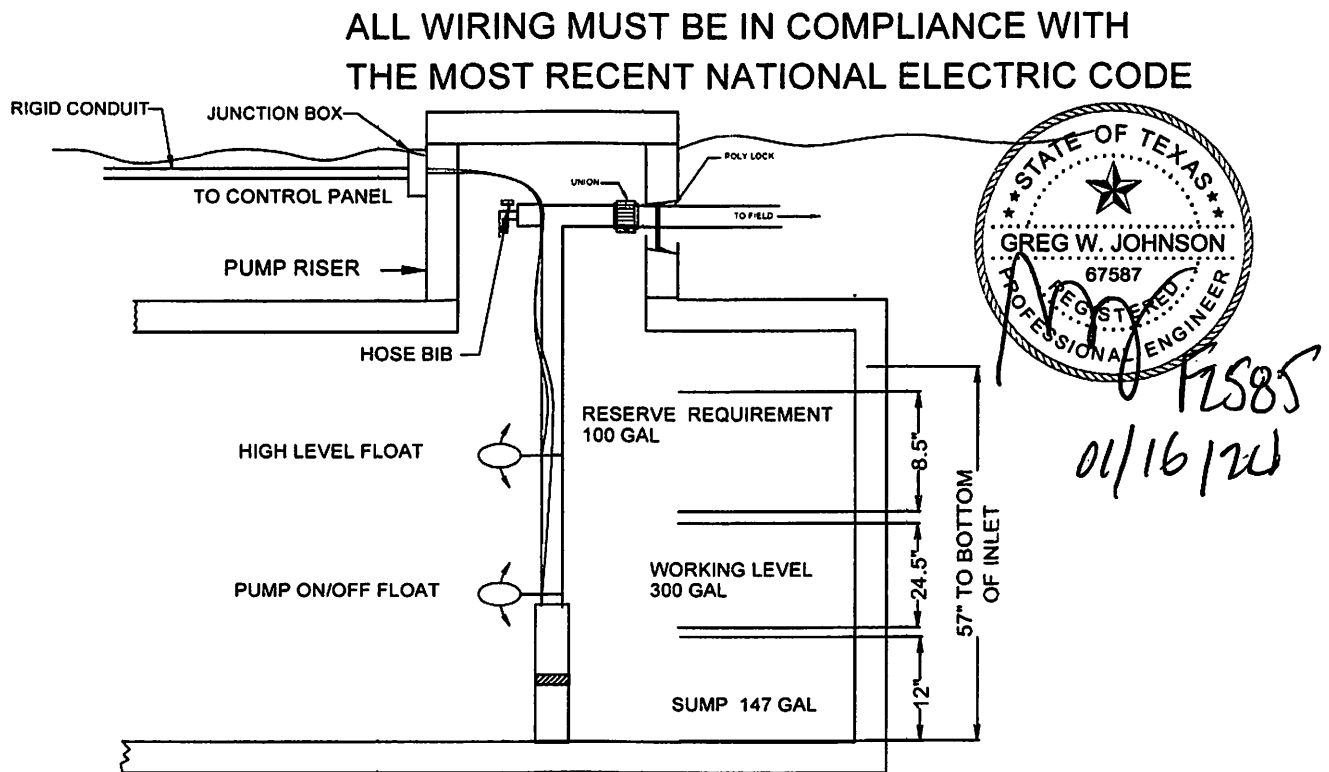
Tanks must be set to allow a minimum of 1/8" per foot fall from the residence.

Tightlines to the tank shall be SCH-40 PVC.

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

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

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**

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	Voltz/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

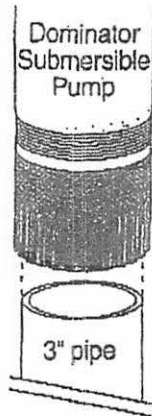


Figure 1: Insert a piece of 3" PVC pipe in the bottom of the motor to raise the pump in the tank.

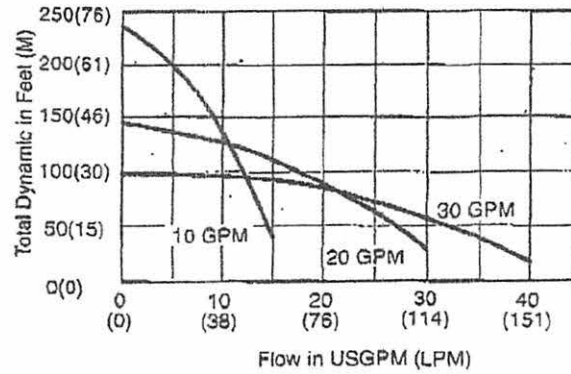


Figure 2: Performance in Feet of Head at Gallons Per Minute (G@LPM).

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

ENGINEER'S OFFICE

RE: ***31417 High Ridge Drive
Bulverde Hills Unit 2
Lot 21 – Block 7***

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:

- ✓. Both applicants need to sign the application.
2. Revise accordingly and resubmit.

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

Thank You,

| **Brandon Olvera** | **Designated Representative OS0034792** |

| Comal County | www.cceo.org | f: 830-608-2078 | e: olverb@co.comal.tx.us |



COMAL COUNTY ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

Date January 12, 2024

Permit Number 117386

1. APPLICANT / AGENT INFORMATION

Owner Name ADELAIDE BACHLE & AUSTIN WILSON
Mailing Address c/o 31069 PANTHER DRIVE
City, State, Zip BULVERDE, TEXAS 78163
Phone # 210-438-7274
Email jeremy@gacustombuiilthomes.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 ...
Survey Name / Abstract Number ... Acreage ...
Address 31417 HIGH RIDGE DRIVE City BULVERDE State TX Zip 78163

3. TYPE OF DEVELOPMENT

[X] Single Family Residential
Type of Construction (House, RV, HO)
Number of Bedrooms 4
Indicate Sq Ft Living Area 204
[] Non-Single Family Residential
(Planning materials for adequate area for doubling require need treatment and disposal area)
Type of Facility
Offices, Factories, Mines, Schools, ...
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: \$ 400,000 (Structure Only)

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

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

Source of Water [X] 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.
- 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

Date 4-12-24



CITY OF BULVERDE
New Single Family (Residential) Permit

PERMIT# 2024-136

DATE ISSUED 4/3/2024

PROJECT ADDRESS: 31417 High Ridge Drive Bulverde, TX 78163

LOCATION NAME: NSFR

SUBDIVISION: Bulverde Hills

OWNER: Austin Wilson

CONTRACTOR: G.A. Custom Homes LLC - Jeremy Wehde

ADDRESS: 31069 Panther Drive

CITY, STATE, ZIP: Bulverde, TX 78163

PHONE: (210) 438-7274

EMAIL ADDRESS: jeremy@gacustombuilt homes.com

CONTACT NAME: Jeremy Wehde

ALT PHONE: (210) 438-7274

SQ FT: 0.00

PROJECT VALUATION: 0.00

PLAN REVIEW BY:

NOTES: Approved by COB. -BD

Ok to permit. Form survey required.
-BB 3170

Table with 2 columns: PERMIT TYPE, AMOUNT DUE. Row 1: New Single-Family Residential, \$0.00

TOTAL PAID: \$3,457.58

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.

Handwritten signature of Jeremy Wehde over a horizontal line.

(SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

JEREMY WEHDE

PRINTED NAME

G.A. Custom Homes LLC

PRINTED COMPANY NAME

Handwritten signature: Claudia Cadenas 04/03/2024

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

Independence Title/GFF# 232836-SBSA Ky

Warranty Deed

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.

Date: July 5th, 2023 to be effective July 12, 2023

Grantor: Alan R. Templeman aka Alan Robert Templeman, a married man, owning, occupying, and claiming other property as homestead, and Crystal Hoenscheldt-Hitt, as her sole and separate property

Grantor's Mailing Address: 205 Muirfield Street, Meadowlakes, Burney County, Texas 78654 and 1053 Smith Lane, New Home, Lynn County, Texas 79383

Grantee: Adelaide Bachle and Austin Wilson

Grantee's Mailing Address: 31417 High Ridge Drive, Bulverde, Comal County, Texas 78136

Consideration: Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged.

Property (including any improvements): Lot 21, Block 7, BULVERDE HILLS, UNIT 2, situated in Comal County, Texas, according to the map or plat thereof, recorded in Volume 2, Page 74, Map and Plat Records, Comal County, Texas.

Reservations from and Exceptions to Conveyance and Warranty: This conveyance, however, is made and accepted subject to the following matters, to the extent same are in effect at this time: any and all restrictions, covenants, assessments, reservations, outstanding mineral interests held by third parties, conditions, and easements, if any, relating to the hereinabove described property, but only to the extent they are still in effect and shown of record in the hereinabove mentioned County and State or to the extent that they are apparent upon reasonable inspection of the property; and to all zoning laws, regulations and ordinances of municipal and/or other governmental authorities, if any, but only to the extent they are still in effect and relating to the hereinabove described property.

The Contract between Grantor as the Seller and Grantee as the Buyer, if any, may contain limitations as to warranty or other agreed matters; to the extent that the Contract provides for any such limitations or other agreed matters to survive closing and this conveyance, then such limitations or other agreed matters are hereby deemed incorporated by reference. The warranty of title contained in this Deed is hereby expressly excluded from the limitations or other agreed matters referenced in this paragraph.

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

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

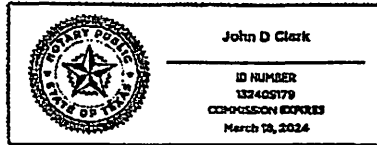
Alan R. Templeman
Alan R. Templeman
aka Alan Robert Templeman

Crystal Hoenscheidt-Hitt

STATE OF TEXAS

COUNTY OF Tarrant

This instrument was acknowledged before me on this 5th day of July 2023, by
Alan R. Templeman aka Alan Robert Templeman.



[Signature]
Notary Public, State of Texas
Notary Public, State of Texas

Notarized online using audio-video communication

STATE OF TEXAS

COUNTY OF _____

This instrument was acknowledged before me on this _____ day of _____ 2023, by
Crystal Hoenscheidt-Hitt.

Notary Public, State of Texas

AFTER RECORDING RETURN TO:
Adelaide Bachle and Austin Wilson
31417 High Ridge Drive
Bulverde, Texas 78136

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

Alan R. Templeman
aka Alan Robert Templeman

Crystal Hoenscheidt-Hitt aka Crystal Ann Hitt

Crystal Hoenscheidt-Hitt AKA Crystal
Ann Hitt

STATE OF TEXAS

COUNTY OF _____

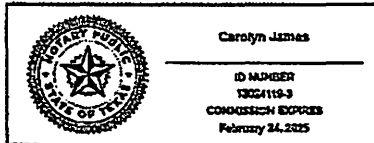
This instrument was acknowledged before me on this _____ day of _____ 2023, by
Alan R. Templeman aka Alan Robert Templeman.

Notary Public, State of Texas

STATE OF TEXAS

COUNTY OF Harris

This instrument was acknowledged before me on this 12th day of July 2023, by
Crystal Hoenscheidt-Hitt AKA Crystal Ann Hitt.



Notarized online using audio-video communication

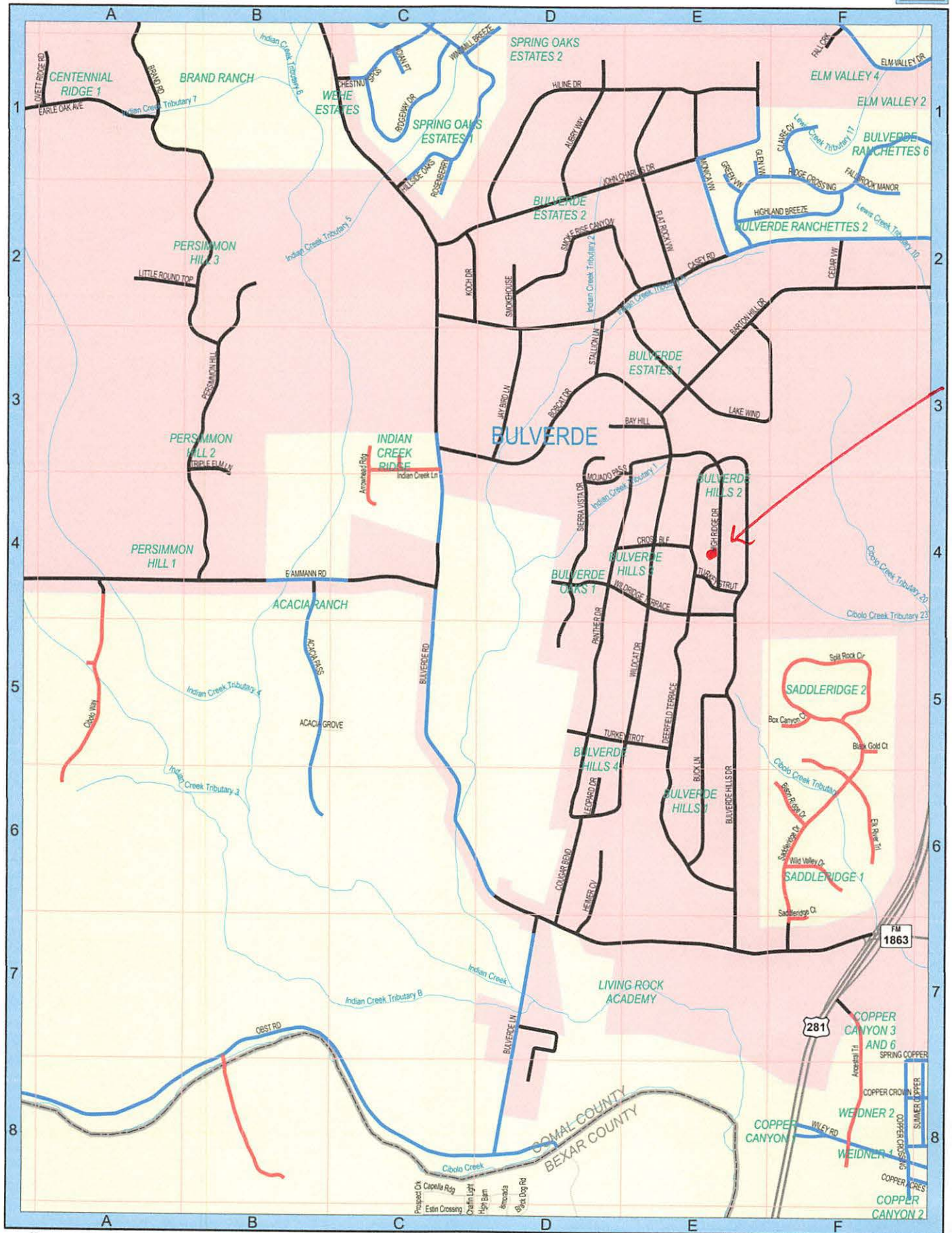
[Signature]

Notary Public, State of Texas

AFTER RECORDING RETURN TO:
Adelaide Bachle and Austin Wilson
31417 High Ridge Drive
Bulverde, Texas 78136

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
07/12/2023 10:28:50 AM
LAURA 3 Pages(s)
202306021990

 *Bobbie Koepf*



SEE PAGE 53

