

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: 117478
Issued This Date: 06/03/2024
This permit is hereby given to: DUSTIN POWERS

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

776 CAVAZOS TRL
CITY OF BULVERDE, TX 78163

Subdivision: CENTENNIAL RIDGE
Unit: 3
Lot: 48
Block: 1
Acreage: 5.0200

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

117478

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

05/09/2024

Date

___ COMPLETE APPLICATION
Check No. _____ Receipt No. _____

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



RECEIVED

By Brandon Olvera at 3:17 pm, Oct 01, 2024

ON-SITE SEWAGE FACILITY APPLICATION

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

Date 12/4/2023

Permit Number 117478

1. APPLICANT / AGENT INFORMATION

Owner Name	<u>DUSTIN POWERS</u>	Agent Name	<u>GREG W. JOHNSON, P.E.</u>
Mailing Address	<u>c/o 23011 FM 306</u>	Agent Address	<u>170 Hollow Oak</u>
City, State, Zip	<u>Canyon Lake, TX 78133</u>	City, State, Zip	<u>New Braunfels, TX 78132</u>
Phone #	<u>830-935-4936</u>	Phone #	<u>830-905-2778</u>
Email	<u>katelyn@psseptics.com</u>	Email	<u>gregjohnsonpe@yahoo.com</u>

2. LOCATION

Subdivision Name CENTENNIAL RIDGE Unit 3 Lot 48 Block 1

Survey Name / Abstract Number _____ Acreage _____

Address 776 CAVAZOS TRAIL City BULVERDE State TX Zip 78163

3. TYPE OF DEVELOPMENT

Single Family Residential

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

Number of Bedrooms 4+2

Indicate Sq Ft of Living Area 3623 + 138

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: \$ 100,000 (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

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.

Dustin Powers
Signature of Owner

12/4/2023
Date

RECEIVED

By Brandon Olvera at 3:19 pm, Oct 01, 2024

CENTENNIAL RIDGE, UNIT 3, BLOCK 1, LOT 48

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



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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) MAXX AIR M800 Absorption/Application Area (Sq Ft) 1135

Gallons Per Day (As Per TCEQ Table 111) 420

(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.)

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

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

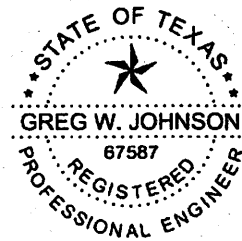
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP.)

If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP? Yes No

(if yes, the 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 UP has been approved by the appropriate reg

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

April 15, 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):

3 UNIT/PHASE/SECTION 1 BLOCK 48 LOT CENTENNIAL RIDGE SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY

The property is owned by (insert owner's full name): DUSTIN POWERS

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 4 DAY OF December, 2023

[Signature]
Owner(s) signature(s)

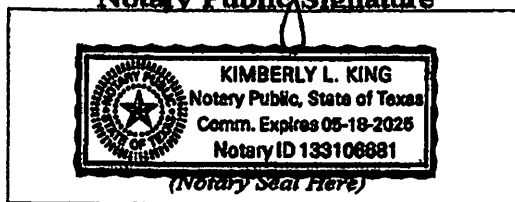
DUSTIN POWERS
Owner (s) Printed name (s)

DUSTIN POWERS
December, 2023

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 4 DAY OF

[Signature]
Notary Public Signature

THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY



Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
04/29/2024 08:22:13 AM
TRACY 1 Pages(s)
202406012598

[Signature]
Bobbie Koepf

**THE COUNTY OF COMAL
STATE OF TEXAS**

CERTIFICATION OF SINGLE FAMILY DWELLING

According to Texas Commission of Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of COMAL COUNTY, TEXAS.

I

Before me this day appeared DUSTIN POWERS, being the owners of the referenced property at 776 CAVAZOS TRAIL. They further state that the Residence and any additional living space on this property will be occupied only by a single family.

An OSSF requiring a Certification of Single Family Dwelling, will be installed on the property described as:

3 UNIT 1 BLOCK 48 LOT CENTENNIAL RIDGE SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY

The property is owned by DUSTIN POWERS

WITNESS MY HAND ON THIS _____ OF DAY OF _____, 20 23.

X [Signature]
OWNER (SIGNATURE)

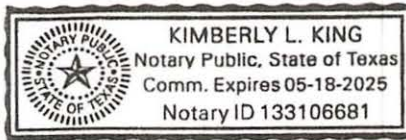
OWNER (SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, 20 23 BY

DUSTIN POWERS
OWNER NAME (PRINTED)

OWNER NAME (PRINTED)

[Signature]
Notary Public Signature



Luna Environmental Service Agreement

(Formerly AMS & PS Septic Supply)

CENTENNIAL RIDGE, UNIT 3, BLOCK 1, LOT 48
776 CAVAZOS TRAIL
BULVERDE, TX 78163

Agreement

I. General: This work for Hire Agreement (hereinafter referred to as "Agreement") is entered into by and between the Client and Luna Environmental, LLC (hereinafter referred to as Contractor), located at 4222 FM 482 New Braunfels, Texas 78132, (830-312-8776) or (830-850-0080). By this agreement, Contractor agrees to render services, as described herein, and Client agrees to fulfill his/her/ their responsibilities under the agreement as described herein.

II. Effective Dates: If this is an Initial Install Contract, the contract will be for three years and BEGINS when the License To Operate (LTO) has been issued. A 30-day written notice is required if there is a cancellation before the year of the agreement is up. The written notice will be sent to the local regulatory Agency and any of the agreement unused funds is non-refundable.

III. Contractor or Client, if choosing to terminate the contract, must give the other party and the local regulatory Agency written notice Thirty (30) Days prior to the ending of the Contract.

IV. Services by Contractor: Contractor will provide the following services (Referred to as the "Services").

- 1. In compliance with the Local Regulatory Agency and Manufacture's requirements, inspect and perform routine maintenance and upkeep on all parts within the On-Site Sewage Facility (hereafter referred to as the "OSSF") three times per year. The contractor does not provide chlorine. Client is solely responsible for maintaining the chlorine in the chlorinator at all times.**
- 2. Contractor will provide a weatherproof tag on the control panel containing company name, phone number and inspection dates.**
- 3. Contractor will do inspections 3 times a year, every 4 months.**
- 4. Contractor will report all findings to the appropriate regulatory and authority and to the Client, as required by both the State's On-Site rules and the local Agency's rules. All findings must be reported to local Agency's within 14 days, email is acceptable.**
- 5. The contractor's inspection will include the following: Effluent Quality (Color, Turbidity, overflow and Odor), Alarm Function Filters, Operation of Effluent Pump and Chlorine Availability in the**

Chlorinator, (BOD and TSS Annually on Commercial Accounts, Client is responsible for charges for test)

6. Contractor will respond to client calls and complaints, regarding visual or audible alarms, suspicious conditions and or problems that might confront the Client within 48 hours, excluding weekend and holidays. The Contractor will maintain a 24-hour answering service at 830-312-8776. The unscheduled responses may be billed to the client at a going rate.

V. Clients Responsibilities:

1. Maintain Chlorinator and Proper Chlorine supply, if OSSF is equipped with.
2. Provide all necessary lawn or yard maintenance and remove all obstacles, including dogs and other animals as needed to allow the OSSF to function properly and to allow the Contractor easy and safe access to all parts of the OSSF.
3. Immediately notify the Contractor of any alarms or problems with, including failure of the OSSF.
4. Provide for pumping of the tanks, generally every 3 years or as suggested by the Contractor at Clients own expense.
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.
6. Contractor will not be responsible for any warranty work; Client must contact the Installer for Warranty Problems.
7. Not allow the backwash from water treatment of water conditioning equipment to enter the OSSF.
8. Maintain site drainage to prevent adverse effects on OSSF.
9. Promptly and fully pay Contractor's Bills, Fees or invoices as described herein.

VI. Contractor will schedule with client, dates to perform the above-described Services of repairs. If Contractor is not able to access the site on the date of appointment, a charge of \$75.00 will be billed if the inspection for repairs is not able to be completed and are required to be scheduled on another date. The contractor requires access to the OSSF electrical and physical components, including tanks, by means of man ways or risers for the purpose of evaluation of system and equipment as required by the manufacturer and /or rules. If such man ways or risers are not in place, excavation together with other labor and materials will be required and be billed to the Client an additional service at a rate of \$75.00 per hour plus materials billed at list process. Excavated soil is to be replaced as best as reasonably possible.

VII. Payments: The fee for this agreement only covers the Services described herein. This fee does not cover equipment or labor supplied for non-warranty repairs or for charges for unscheduled Client request trips to the Client's site of pumping of the OSSF. Payments not received within 30 days from the date will be subject to a \$30.00 late penalty and or a 1.5% carrying charge, whichever is greater, in addition to reasonable attorney's fees. All cost of collection incurred by contractor in collection of any unpaid debt. 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. Invoice due when service is completed. The contract fee is \$ INCLUDED WITH SEPTIC.

VIII. Severability: If any provision of this agreement shall be considered to be invalid or unenforceable for any reason the remaining provisions shall continue to be held valid and enforceable. If a court finds that any provision of the agreement is invalid or unenforceable, 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.

Client

Print Name: DUSTIN POWERS

Signature: 

Client Address: 776 CAVAZOS TRAIL

Client Phone Number: 210-616-1627

Email Address: dpowers@vri.us

Contractor Luna Environmental LLC:

MP Signature: Ryan Seidensticker

MP NUMBER: 0001708

Contract Date: LTO to 3 YEARS FROM LTO County: COMAL

Permit #: _____

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

November 22, 2023

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


RE- SEPTIC DESIGN
776 CAVAZOS TRAIL
CENTENNIAL RIDGE, UNIT 3, BLOCK 1, LOT 48
BULVERDE, TX 78163
POWERS RESIDENCE

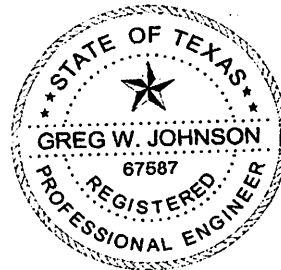
Brandon/Brenda,

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).

 Nov. 22, 2023
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: November 21, 2023

Site Location: CENTENNIAL RIDGE, UNIT 3, BLOCK 1, LOT 48

Proposed Excavation Depth: N/A

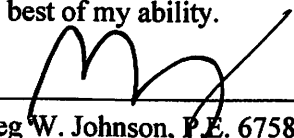
Requirements:

- At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area.
- Locations of soil boring or dug pits must be shown on the site drawing.
- For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.
- Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

SOIL BORING NUMBER <u> </u> SURFACE EVALUATION						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0; text-align: center;">8"</div> 1 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div> 2 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div> 3 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div> 4 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div> 5 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div>	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 8"	BROWN

SOIL BORING NUMBER <u> </u> SURFACE EVALUATION						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div> 1 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div> 2 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div> 3 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div> 4 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div> 5 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div>	SAME		AS		ABOVE	

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

Date 11/21/23

OSSF SOIL EVALUATION REPORT

RECEIVED

By Brandon Olvera at 3:23 pm, Oct 01, 2024

Date: November 22, 2023

Applicant Information:

Name: DUSTIN POWERS
Address: c/o 23011 F.M. 306
City: CANYON LAKE State: TEXAS
Zip Code: 78133 Phone: (830) 935-4936

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 48 Unit 3 Blk 1 Subd. CENTENNIAL RIDGE
Street Address: 776 CAVAZOS TRAIL
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+2 Total sq. ft. living area 3623+738

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

Q = (4+2 +1)*75-(20%)= 420

Trash Tank Size 431 Gal.

NOTE: 4 BDRM RES. + 2 BDRM DETACHED LIVING / PERSONAL SHOP @ 420 GPD

TCEQ Approved Aerobic Plant Size 800 G.P.D.

Req'd Application Area = Q/Ri = 420 / 0.064 = 6563 sq. ft.

Application Area Utilized = 7135 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 = 854 Gal. 16.1 Gal/inch.

Reserve Requirement = 140 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.

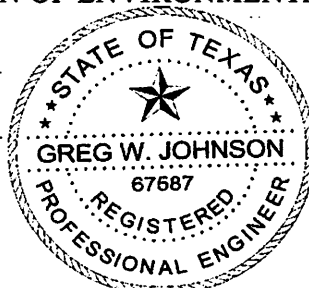
EXPOSED ROCK WILL BE COVERED WITH SOIL .

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)

Handwritten signature of Greg W. Johnson

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

09/26/24 DATE

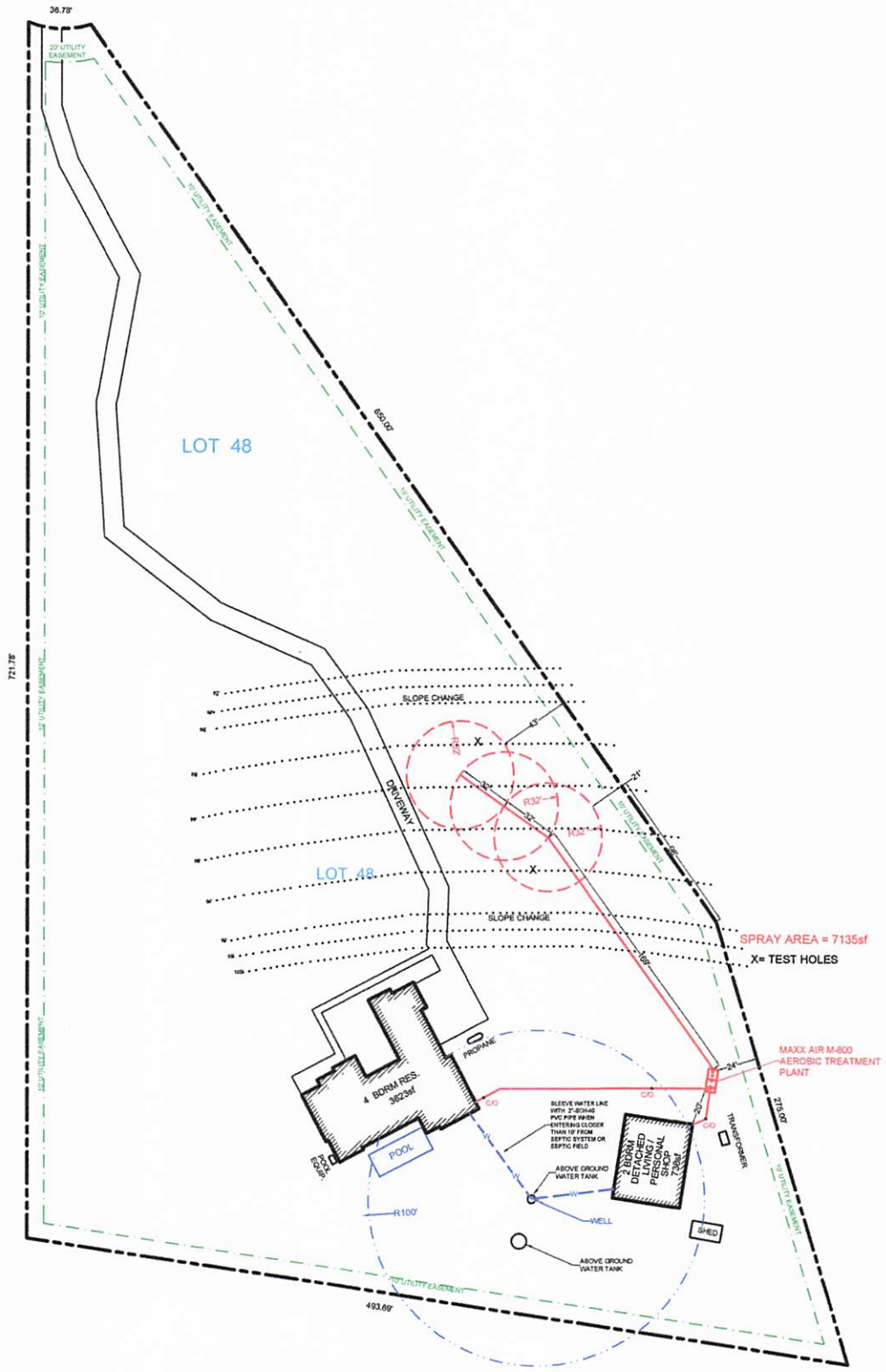


FIRM #2585

RECEIVED

By Brandon Olvera at 3:23 pm, Oct 01, 2024

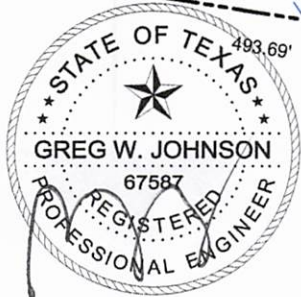
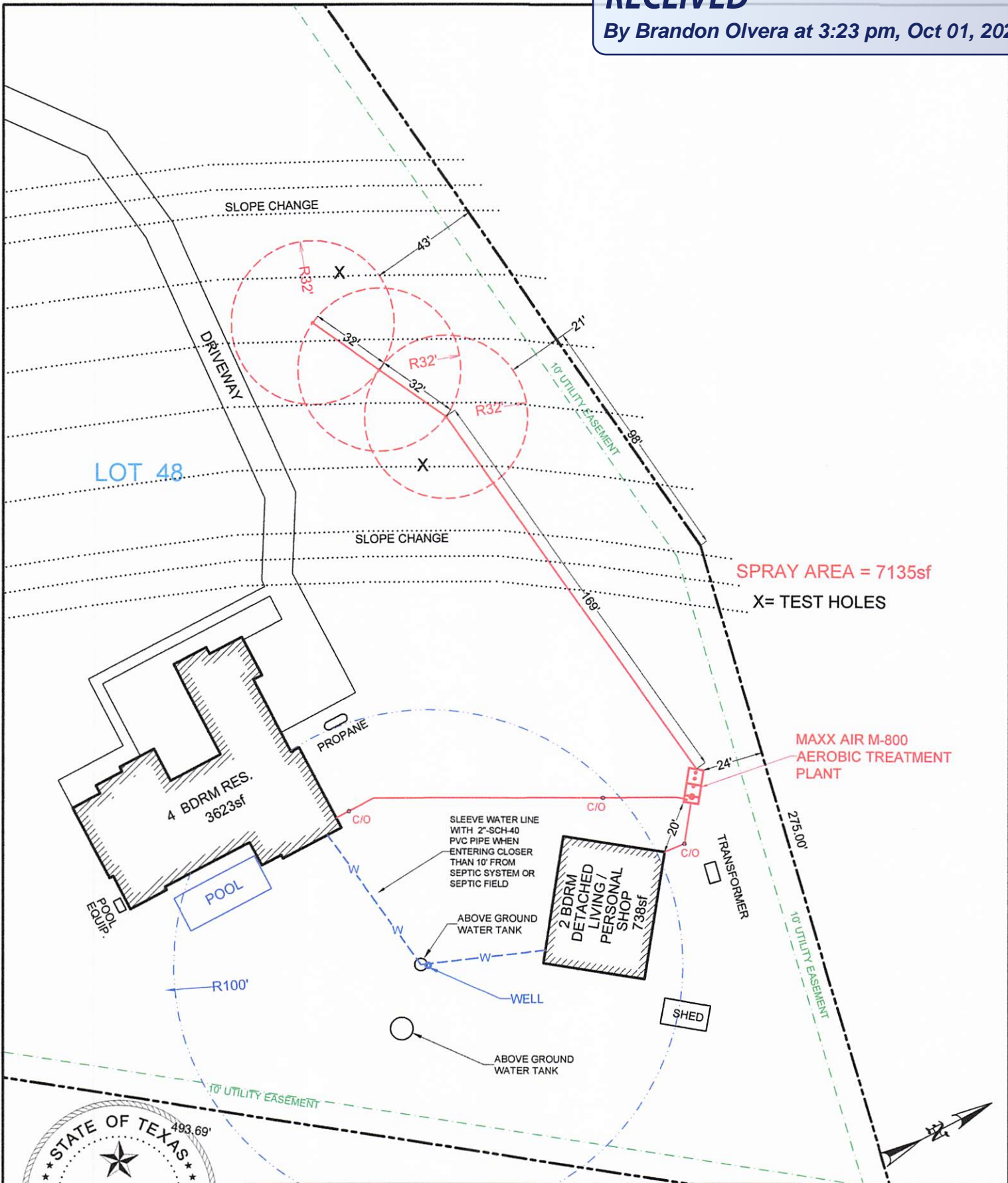
CAVAZOS TRAIL



OWNER:	DUSTIN POWERS	DRAWN BY:			EJS III
STREET ADDRESS:	776 CAVAZOS TRAIL				
LEGAL DESC:	CENTENNIAL RIDGE	UNIT/SECTION/PHASE:	3	BLOCK:	1
				LOT:	48
PREPARED BY:	GREG W. JOHNSON, P.E. F#002585	SCALE:	1"=100'	DATE:	11/21/2023
				REVISED:	9/26/2024

RECEIVED

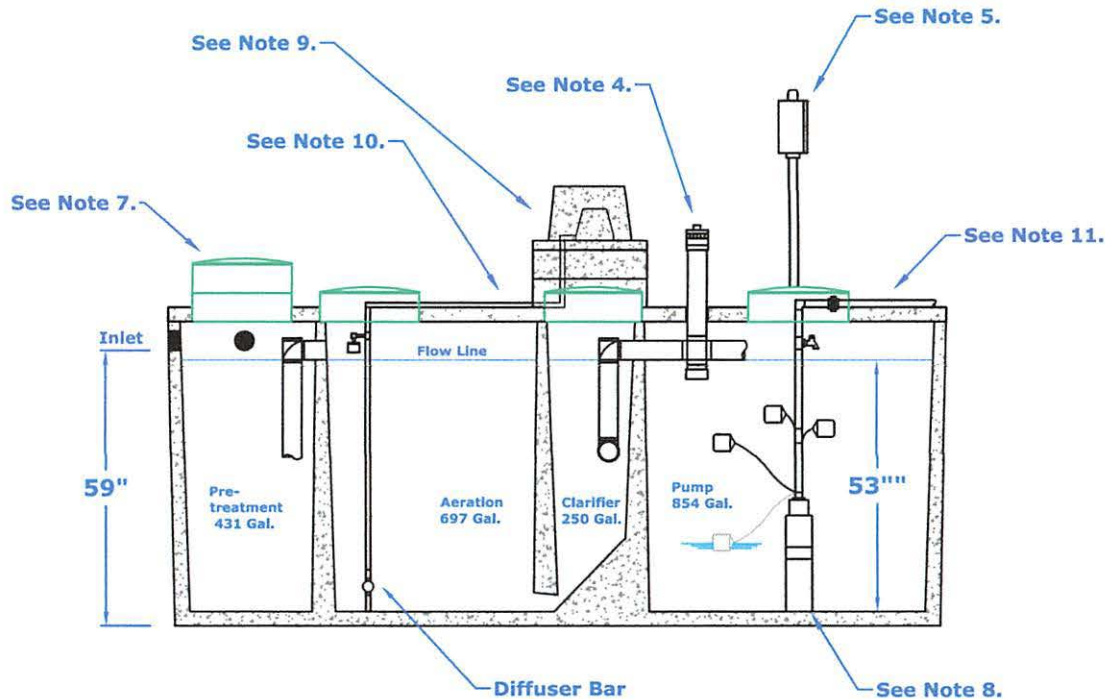
By Brandon Olvera at 3:23 pm, Oct 01, 2024



OWNER: DUSTIN POWERS		DRAWN BY: EJS III		
STREET ADDRESS: 776 CAVAZOS TRAIL				
LEGAL DESC: CENTENNIAL RIDGE	UNIT/SECTION/PHASE: 3	BLOCK: 1	LOT: 48	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 11/21/2023	REVISED: 9/26/2024	

GENERAL NOTES:

1. Plant structure material to be precast concrete and steel.
2. Weight = 16,700 lbs.
3. Treatment capacity is 600 GPD. BOD Loading = 2.60 lbs. per day.
4. Standard tablet chlorinator or Optional Liquid chlorinator. NSF approved chlorinators (tablet & liquid) available.
5. Control Center w/ Timer for night spray application.
7. 20" Ø access riser w/ lid (Typical 4). Optional extension risers available.
8. 20 GPM 1/2 HP, high head effluent pump.
9. Air Compressor w/ concrete housing.
10. 1/2" Sch. 40 PVC Air Line (Max. 50 Lft from Plant).
11. 1" Sch. 40 PVC pipe to distribution system provided by contractor.



F-2585

11/22/23

DIMENSIONS:

Outside Height: 67"
Outside Width: 75"
Outside Length: 164.5"

MINIMUM EXCAVATION DIMENSIONS:

Width: 87"
Length: 177"

**MAXX AIR M-800
Aerobic Treatment Plant (Assembled)**

March, 2010
By: A.S.

Scale:

* All Dimensions subject to allowable specification tolerances.

Dwg. #: ADV-B800-2



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

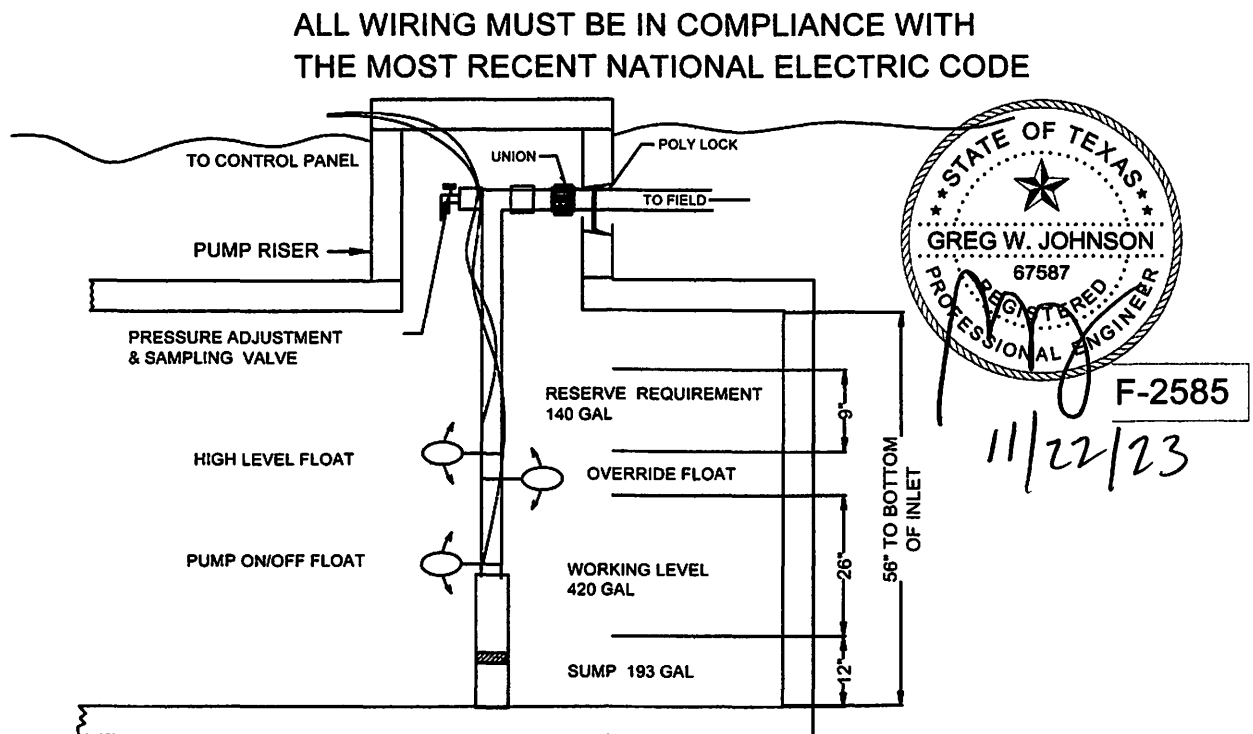
TANK NOTES:

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



**TYPICAL PUMP TANK CONFIGURATION
MAXX AIR M-800 PUMP TANK**

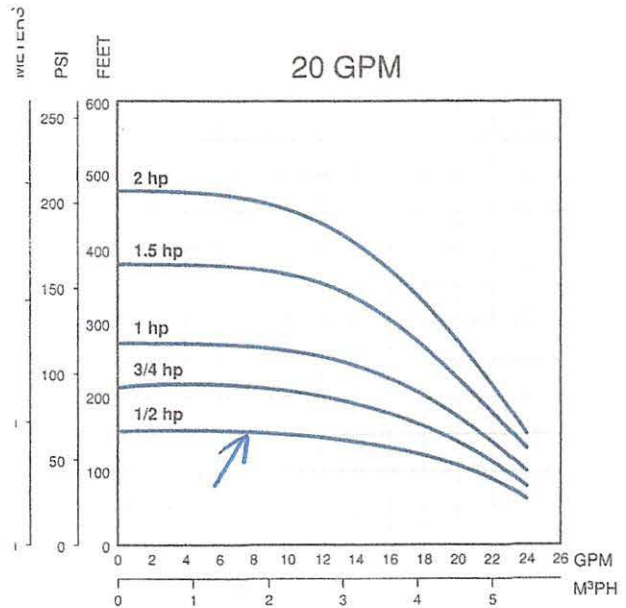
Thermoplastic Performance

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



COMAL COUNTY

ENGINEER'S OFFICE

RE: *776 Cavazos Trail*
Centennial Ridge 3
Lot 48 – 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.
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 |



ON-SITE SEWAGE FACILITY APPLICATION

Date 12/4/2023

Permit Number 117478

1. APPLICANT / AGENT INFORMATION

Owner Name DUSTIN POWERS
Mailing Address c/o 23011 FM 306
City, State, Zip Canyon Lake, TX 78133
Phone # 830-935-4936
Email dtpowers@presentia.com

Agent Name GREG W. JOHNSON, P.E.
Agent Address 170 Hollow Oak
City, State, Zip New Braunfels, TX 78132
Phone # 830-905-2778
Email gregjohnsonpe@yahoo.com

2. LOCATION

Subdivision Name CENTENNIAL RIDGE Unit 3 Lot 48 Block 1
Survey Name / Abstract Number _____ Acreage _____
Address 776 CAVAZOS TRAIL City BULVERDE State TX Zip 78163

3. TYPE OF DEVELOPMENT

Single Family Residential
Type of Construction House (Single, Mobile, Row, etc.) HOUS Personal
Number of Bedrooms 5
Indicate Sq Ft of 3623
 Non-Single Family
(Planning materials adequate land required needs 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: \$ 100,000 (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

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.

Dustin Powers
Signature of Owner

12/4/2023
Date



ON-SITE SEWAGE FACILITY APPLICATION

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) MAXX AIR M800 Absorption/Application Area (Sq Ft) 6433

Gallons Per Day (As Per TCEQ Table 111) 380

(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 proposed development complies with all provisions of the existing WPAP.)

Is there at least one acre per single-family dwelling as per 285.101(1)? Yes No

If there is no existing WPAP for the proposed development, does the property require a TCEQ approved WPAP? Yes No
(if yes, the R.S. or P.E. shall certify that the OSSF design complies 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 regulatory office.)

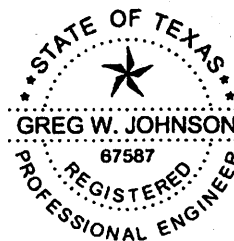
Is the property located over the Edwards Contributing Zone? Yes No

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 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 regulatory 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

April 15, 2024
Date

OSSF SOIL EVALUATION REPORT INFORMATION

Date: November 22, 2023

Applicant Information:

Name: DUSTIN POWERS
Address: c/o 23011 F.M. 306
City: CANYON LAKE State: TEXAS
Zip Code: 78133 Phone: (830) 935-4936

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 48 Unit 3 Blk 1 Subd. CENTENNIAL RIDGE
Street Address: 776 CAVAZOS TRAIL
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 table: YES _____ NO X

Organized sewage service available: YES _____ NO X

Design Calculations: Aerobic treatment with Sprinkler irrigation

Commercial

Q = _____ GPD

Residential Water conservation features to be utilized? Yes X No _____

Number of Bedrooms _____ system is _____ for: _____ Total _____ sq. ft. lot area

Q gal/day = (Bedrooms 5 * 75 GPD - (20%)) = 380

Q = 5 * 75 - (20%) = 380

Tras Tank Size 431 Gal.

TCE Approved Aerobic Plant Size 800 G.P.D.

Req'd Application Area = Q/Ri = 380 / 0.064 = 5938 sq. ft.

Application Area Utilized = 6433 sq. ft.

NOTE: 5 BDRM RES. @ 360 GPD + PERSONAL SHOP W/RESTROOM @ 20 GPD = 380 GPD


VOID

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 = 854 Gal. 16.1 Gal/inch.
Reserve Requirement = 127 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 .

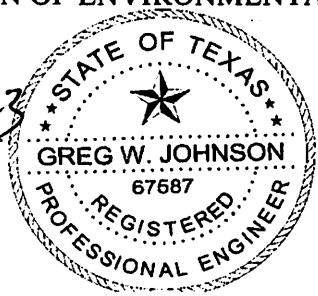
I HAVE PERFORMED A THOROUGH INVESTIGATION BEING A REGISTERED PROFESSIONAL ENGINEER AND SITE EVALUATOR IN ACCORDANCE WITH CHAPTER 285, SUBCHAPTER D, §285.30, & §285.40 (REGARDING RECHARGE FEATURES), TEXAS COMMISSION OF ENVIRONMENTAL QUALITY (EFFECTIVE DECEMBER 29, 2016)



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

11/22/23

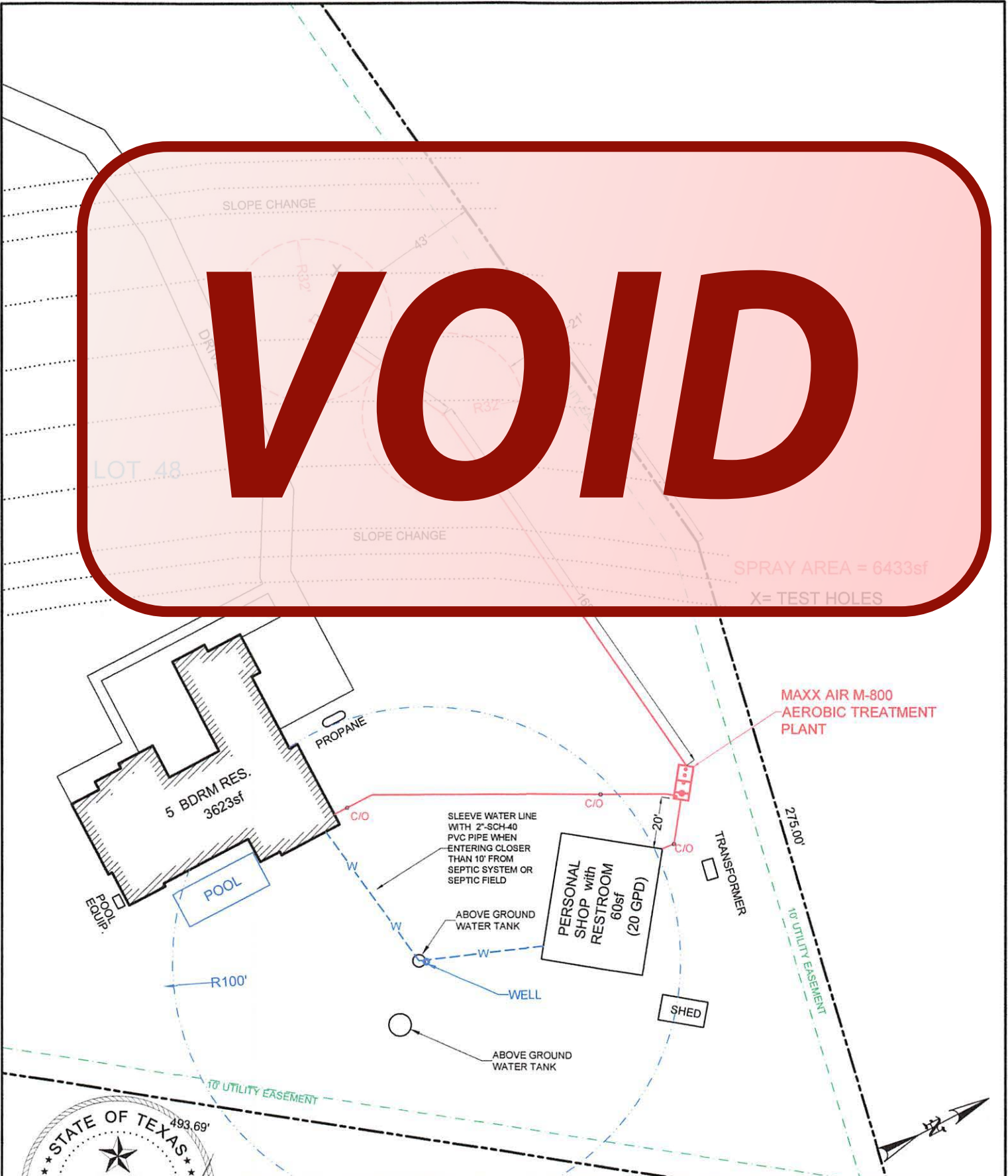
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FIRM #2585

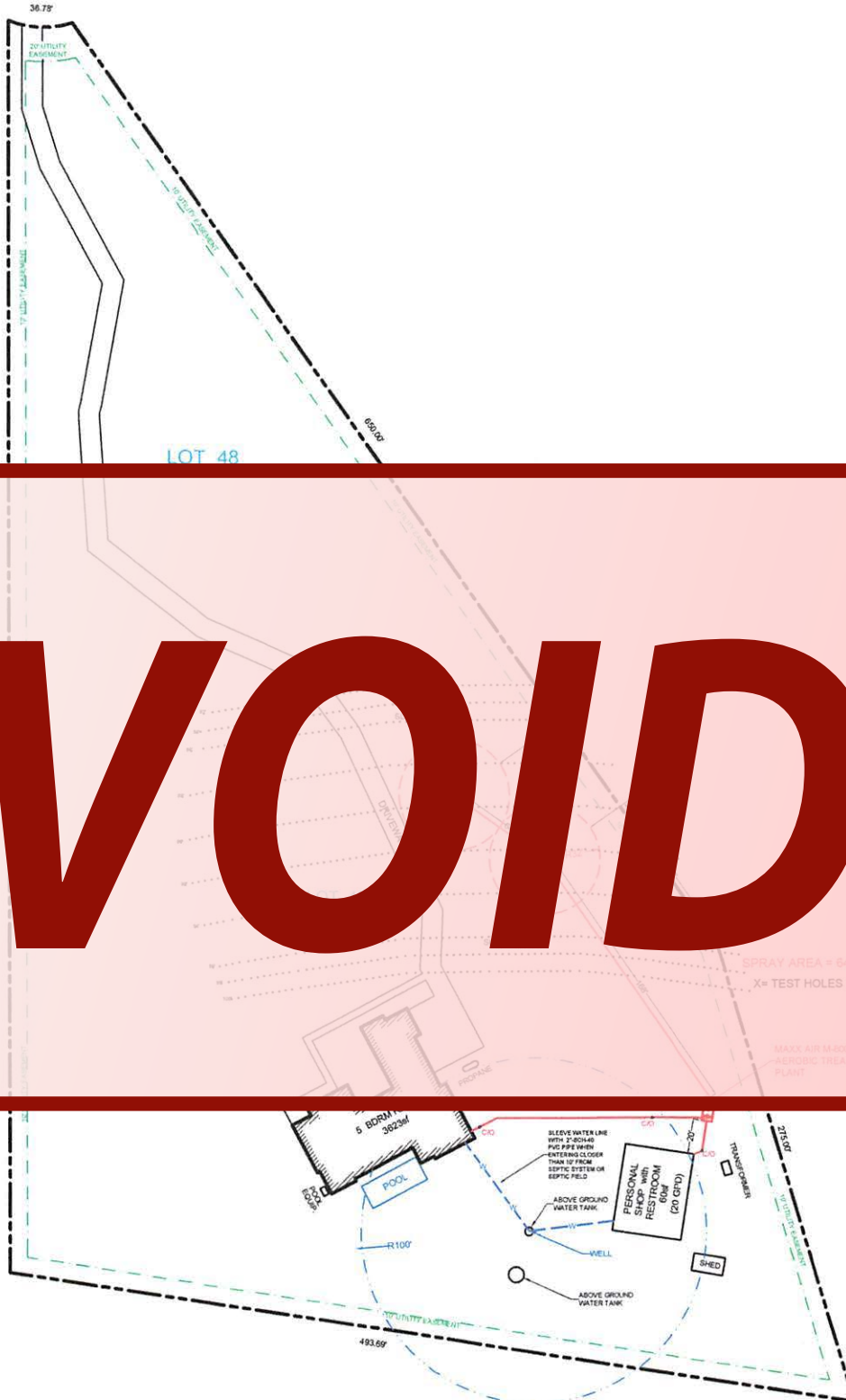
VOID

SPRAY AREA = 6433sf
X= TEST HOLES



OWNER:	DUSTIN POWERS	DRAWN BY: EJS III					
STREET ADDRESS:	776 CAVAZOS TRAIL						
LEGAL DESC:	CENTENNIAL RIDGE	UNIT/SECTION/PHASE:	3	BLOCK: 1	LOT: 48		
PREPARED BY:	GREG W. JOHNSON, P.E. F#002585	SCALE:	1"=50'	DATE:	11/21/2023	REVISED:	

CAVAZOS TRAIL



VOID



OWNER: DUSTIN POWERS		DRAWN BY: EJS III		
STREET ADDRESS: 776 CAVAZOS TRAIL				
LEGAL DESC: CENTENNIAL RIDGE	UNIT/SECTION/PHASE: 3	BLOCK: 1	LOT: 48	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=100'	DATE: 11/21/2023	REVISED:	



Olvera,Brandon

From: Olvera,Brandon
Sent: Tuesday, October 1, 2024 3:29 PM
To: Greg Johnson
Cc: Traci Field
Subject: RE: 776 CAVAZOS TRAIL - POWERS #117478

Good Afternoon,

 The file has been updated. Does the submitted building permit from the City of Bulverde cover the changes being made to the personal shop?

Thank You,

| **Brandon Olvera** | **Designated Representative OS0034792** | Comal County | www.cceo.org |
| 195 David Jonas Dr, New Braunfels, TX-78132 | **t:** 830-608-2090 | **f:** 830-608-2078 | **e:**
olverb@co.comal.tx.us |



CITY OF BULVERDE
New Single Family (Residential) Permit

PERMIT# 2023-726

DATE ISSUED 1/19/2024

PROJECT ADDRESS: 776 Cavazos Trail Bulverde, TX 78163

NOTES: Lights cannot exceed 2700K.

LOCATION NAME: NSFR

No work may be covered without an approved inspection report.

SUBDIVISION: Centennial Ridge

Provide a hard copy of the plans on site when calling for an inspection.

OWNER: Dustin Powers

Builder responsible for verifying windows meet emergency egress requirement where required (casements).

CONTRACTOR: K&M Construction - marcus miller

Engineered truss layouts to be on site for inspection.

ADDRESS: 1257 Adyson Ridge

CITY, STATE, ZIP: Bulverde, TX 78163

PHONE: (210) 667-7118

Note only - field verify:

Electrical layout to be per NEC 210.52/IRC 3901

EMAIL ADDRESS: victoria@kandmco.com

Smoke/CO detectors to be installed per IRC 314/315.

CONTACT NAME: marcus miller

-BB 2708

ALT PHONE: (210) 667-7118

SQ FT: 0.00

Table with 2 columns: PERMIT TYPE, AMOUNT DUE. Rows include New Single-Family Residential and a TOTAL row.

PROJECT VALUATION: 0.00

PLAN REVIEW BY:

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 Marcus Miller

(SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

MARCUS MILLER Victoria Myers

PRINTED NAME

K&M Construction

PRINTED COMPANY NAME

Handwritten signature: Claudia Cordero 01/22/2024

ISSUED BY

CITY OF BULVERDE



RECEIVED

CITY OF BULVERDE By Brandon Olvera at 12:51 pm, Jan 23, 2025

**Remodels, Additions, Accessory Buildings (Residential)
Permit**

PERMIT# 2024-101

DATE ISSUED 3/5/2024

PROJECT ADDRESS: 776 Cavazos Trail Bulverde, TX 78163

LOCATION NAME: Accessory Building

SUBDIVISION: Centennial Ridge

OWNER: Dustin Powers

CONTRACTOR: K&M Construction - Marc Miller

ADDRESS: 1257 Adyson Ridge Dr

CITY, STATE, ZIP: Bulverde, TX 78163

PHONE: (830) 438-3415

EMAIL ADDRESS: marc@kandmco.com

CONTACT NAME: Kris Lopez

ALT PHONE: (830) 438-3415

SQ FT: 0.00

PROJECT VALUATION: 0.00

PLAN REVIEW BY:

NOTES: Approved by COB: Please be sure that kelvins do not exceed 2700K in the fixture requiring light bulbs.

Ok to permit pending Planning comments. -BB 3170

PERMIT TYPE	AMOUNT DUE
Structural System Remodel/Repair Fee (Foundations, walls & roofs)	\$0.00
TOTAL PAID:	\$500.00

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.

Kris Lopez

(SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

MARC MILLER

Kris Lopez

PRINTED NAME

K&M Construction

PRINTED COMPANY NAME

Claudia Cardenas 03/05/2024

ISSUED BY

CITY OF BULVERDE

Corridor Title Co. CR# 20-3770-013

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.

Special Warranty Deed

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

Executed on date of acknowledgement to be Effective: November 24, 2020

Grantor: SOUTHERLAND BULVERDE LAND, LLC, a Delaware limited liability company acting herein through AMERICAN LAND PARTNERS, INC., its Manager

Grantor's Mailing Address: 110 River Crossing Blvd., Suite 100, Spring Branch, Comal County, Texas 78070

Grantee: DUSTIN POWERS

Grantee's Mailing Address: 32122 Mirasol Bend, Bulverde, Comal County, Texas 78163

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 48, Block 1, of CENTENNIAL RIDGE UNIT 3, a subdivision in Comal County, Texas, according to the map or plat thereof recorded in Document No. 202006046126, Map and Plat Records of Comal County, Texas.

Reservations from Conveyance: None.

Exceptions to Conveyance and Warranty: All restrictions, covenants, conditions, easements, reservations and other instruments that affect the property and to all zoning laws, regulations and ordinances of municipal and/or other governmental authorities that affect the property, and taxes for the current year, which Grantee assumes and agrees to pay.

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 when the claim is by, through, or under Grantor but not otherwise, 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.

SOUTHERLAND BULVERDE LAND, LLC
A Delaware limited liability company

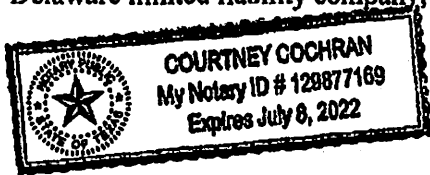
By: American Land Partners, Inc.,
A Delaware corporation, Manager

By: _____

Printed Name: Jay Patterson
Authorized Agent

STATE OF TEXAS §
COUNTY OF Comal §

This instrument was acknowledged before me on the 24 day of
November, 2020, by Jay Patterson, Authorized Agent of
American Land Partners, Inc., Manager of SOUTHERLAND BULVERDE LAND, LLC, a
Delaware limited liability company, in the capacity therein stated.



C. Cochran

Notary Public, State of Texas

AFTER RECORDING RETURN TO:
Corridor Title Company
GF No. 20-3770-NB

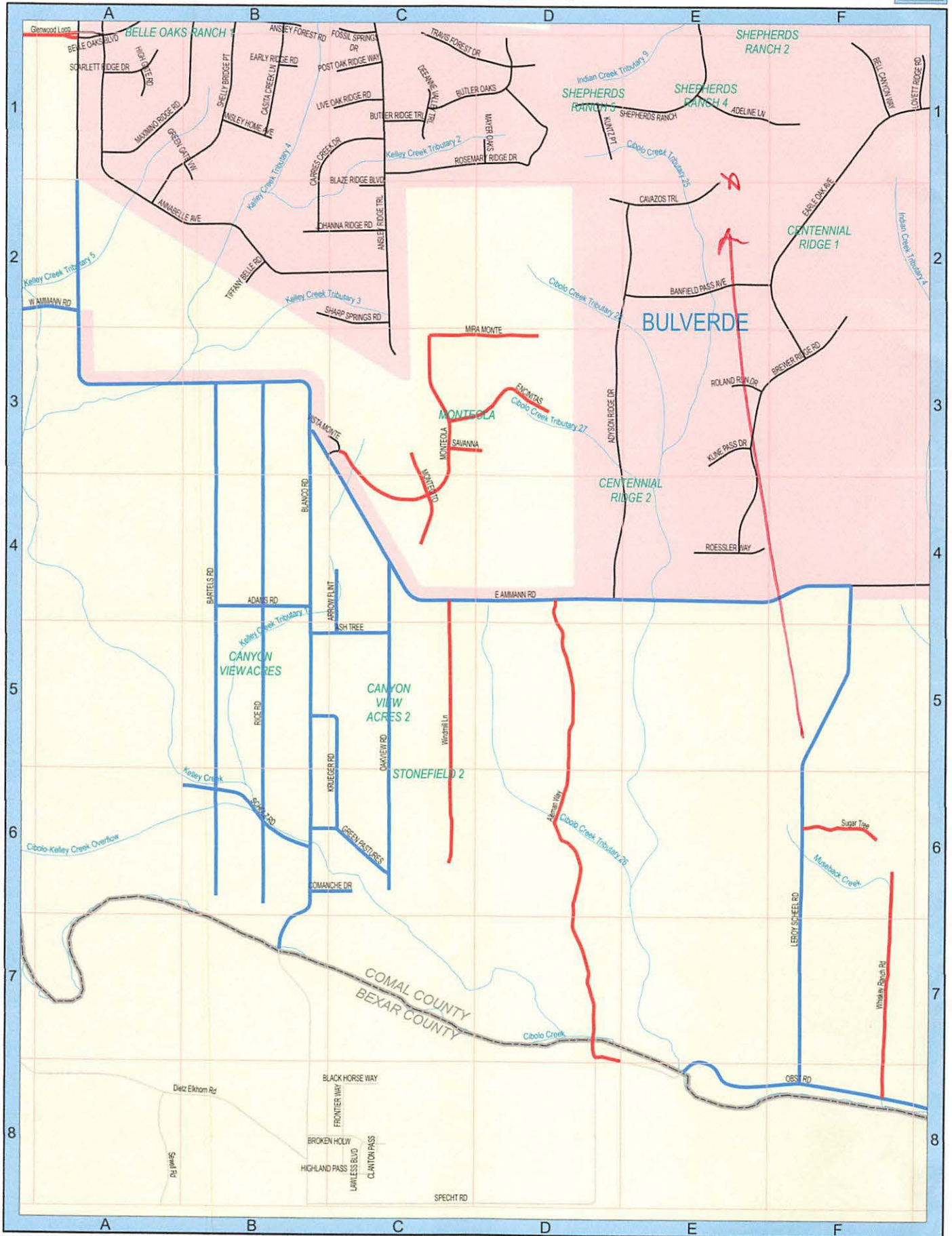
PREPARED IN THE LAW OFFICE OF:
Kristen Quinney Porter
P.O. Box 312643
New Braunfels, Texas 78131-2643

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
11/30/2020 03:50:24 PM
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Bobbie Koepp

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