

From: [Ritzen, Brenda](#)
To: [Lauren Dowlearn](#)
Subject: Permit 117593
Date: Thursday, June 27, 2024 3:37:00 PM
Attachments: [image001.png](#)

**Re: William & Kathryn Alger
Canyon Lake Hills Unit 5 Lot 2199
Application for Permit for Authorization to Construct an On-Site
Sewage Facility (OSSF)**

Lauren :

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

- 1. Identify setback to easements on the design.**
- 2. The property owner must sign the 2 year initial maintenance contract.**
- 3. Is there any Corps of Engineers flowage easement located on the property?**
- 4. A preliminary inspection is scheduled for tomorrow. Additional comments may be necessary once complete.**
- 5. Revise as needed and resubmit.**

Thank you,



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



ON-SITE SEWAGE FACILITY APPLICATION

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

Date _____ Permit Number 117593

1. APPLICANT / AGENT INFORMATION

Owner Name	<u>William and Kathryn Alger</u>	Agent Name	<u>Doug Dowlearn R.S.</u>
Mailing Address	<u>201 Dewberry Cv</u>	Agent Address	<u>703 Oak Dr.</u>
City, State, Zip	<u>Buda, TX 78610</u>	City, State, Zip	<u>Blanco, TX 78606</u>
Phone #	_____	Phone #	<u>210-878-8100</u>
Email	_____	Email	<u>TXSEPTIC@GMAIL.COM</u>

2. LOCATION

Subdivision Name Canyon Lake Hills Unit 5 Lot 2199 Block -
 Survey Name / Abstract Number _____ Acreage .2745
 Address 730 Stagecoach Dr. City Canyon Lake State TX Zip 78133

3. TYPE OF DEVELOPMENT

Single Family Residential

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

Number of Bedrooms 3

Indicate Sq Ft of Living Area <2500

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: \$ 300K (Structure Only)

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

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

Source of Water Public Private Well Rainwater

4. SIGNATURE OF OWNER

By signing this application, I certify that:

- The completed application and all additional information submitted does not contain any false information and does not conceal any material facts. I certify that I am the property owner or I possess the appropriate land rights necessary to make the permitted improvements on said property.
- Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities.
- I understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.
- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.

Signature of Owner Kathy Alger

Date 6/17/2024

***** 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 _____

System Description _____

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

Tank Size(s) (Gallons) _____ Absorption/Application Area (Sq Ft) _____

Gallons Per Day (As Per TCEQ Table III) _____

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

Is this property within an incorporated city? Yes No

If yes, indicate the city: _____

By signing this application, I certify that:

- The information provided above is true and correct to the best of my knowledge.

- I affirmatively consent to the online posting/public release of my e-mail address associated with this permit application, as applicable.



Signature of Designer

Date

Page 2 of 2

1
CS



202206050237 12/01/2022 10:09:54 AM 1/

COUNTY OF COMAL
STATE OF TEXAS

AFFIDAVIT TO THE PUBLIC

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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

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

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

CANYON LAKE HILLS UNIT 5, LOT 2199

The property is owned by (Insert owner's full name):

William and Kathryn Alger

This OSSF must be covered by a continuous maintenance contract for the first two years. After the initial two-year service period, owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

Upon sale or transfer of the above described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for OSSF may be obtained from Comal County Engineer's Office.

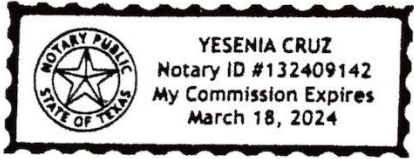
WITNESS BY HAND(S) ON THIS 9th DAY OF November

William Alger
Kathryn Alger
Owner(s) signature(s)

William Alger
Kathryn Alger
(PRINTED NAME)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 9th DAY OF November 2022

Yesenia Cruz
Notary Public, State of Texas
Notary's Printed Name: Yesenia Cruz
My Commission Expires: March 18 2024



Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
12/01/2022 10:09:54 AM
TERRI 1 Page(s)
202206050237

Bobbie Koepf

DAVID WINTERS SEPTICS, LLC
PO BOX 195
SPRING BRANCH, TX 78070
830-935-2477 OFFICE
830-935-2477 FAX
wintersseptics@gvtc.com

Routine Maintenance and Inspection Agreement

This Work-for-Hire Agreement (hereafter referred to as this "Agreement") is entered into, by, and between Bill Alger (referred to as "Client") and David Winters Septic's, LLC, Inc. (hereafter referred to as "Contractor") located at 730 Stagecoach Dr Date beginning on Issue Date of and contract ending 2 years from Issue Date of License to Operate License to Operate
By this agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein.

This agreement will provide for all required inspections, testing, and service for your Aerobic Treatment System. The policy will include the following:

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

At the conclusion of the initial service policy, our company will make available, for purchase on an annual basis, a continuing service policy cover NORMAL inspection, maintenance and repair.

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

This agreement does not cover any labor or parts for items which must be replaced due to acts of God, i.e., lightning strikes, high winds, flooding, freezing.

This agreement DOES NOT COVER materials or parts which must be replaced due to misuse or abuse of the system. These include but are not limited to: Sewage flows exceeding the recommended daily hydraulic design capabilities, Disposal of Non-Biodegradable materials, such as chemicals, grease or oil, sanitary napkins, tampons, baby wipes, disposable diapers, Clogs in the line between the house and the tank.

This agreement DOES NOT COVER LABOR OR PARTS for out- of- warranty items.

ACCESS BY CONTRACTOR

The contractor or anyone authorized by the contractor may enter the property at reasonable times without prior notice for the purpose of service described above.

First 2 years
included with new

PAYMENT AGREEMENT

The client will pay compensation to the contractor for the services in the amount of install. This compensation shall be payable in one lump sum payment upon acceptance of this agreement. Payments not received within 30 days of the above described due date will be subject to a \$25.00 late penalty.

TERMINATION OF THIS AGREEMENT

Either party may terminate this agreement within 10 days of written notice in the event of substantial failure to perform in accordance with its terms by other party without fault of the terminating party. If this agreement is terminated, the contractor will immediately notify the appropriate health authority.

LIMIT OF LIABILITY

The Contractor will not be liable for indirect, consequential, incidental or punitive damages, whether in contract or any other theory. In no event shall the Contractor's liability for direct damages exceed the price for the services described in this agreement.

Permit # _____

The effective date of this initial maintenance agreement shall be the date the license to operate is issued.

Client

Bill Alger

Name

730 Stagecoach Dr

Address

Canyon Lake, TX 78133

City/State/Zip Code

512-784-7882

Phone Number

Bill Alger

Signature of Client

Contractor

David Winters Septic's, LLC, Inc.

P.O. Box 195

Spring Branch, Texas 780170

Office 830-935-2477 Fax 830-935-2477

By: *David Winters*

Signature of Contractor

Maintenance Provider LIC #MP0001686

Date: 6/17/2024

Applicant Information:

Name: William and Kathryn Alger
Address: 201 Dewberry Cv
City, State & Zip Code: Buda, TX 78610
Phone:
Email:

Site Evaluator Information:

Name: Douglas R. Dowlearn
Company: D.A.D. Services, Inc.
Address: 703 Oak Drive
City, State & Zip: Blanco, TX 78606
Phone: (210)240-2101 Fax: (866)260-7687
Email: txseptic@gmail.com

Property Location:

Subdivision: Canyon Lake Hills Unit: 5 Lot: 2199
Street/Road Address: 730 Stagecoach
City: Canyon Lake Zip: 78133
Additional Info: Comal County

Installer Information:

Name:
Company:
Address:
City, State & Zip:
Phone: Fax:

Depth	Texture Class	Soil Texture	Structure (For Class III – blocky, platy or massive)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observation
Soil Boring #1 60"	III	0-12" Clay Loam 12"+ Limestone	Blocky	<30% Gravel	12"+ Limestone	None
Soil Boring #2 60"		Same as above				

DESIGN SPECIFICATIONS

Application Rate (RA): 0.2
OSSF is designed for: 3 BR <2500 SQ. FT HOUSE
240 Gallons per day required
An aerobic treatment/drip disposal system is to be utilized based on the site evaluation.
1200 sq. ft. disposal area required
600 gallon/day aerobic tank required
Calculations: Absorption Area: $Q/RA = 240/0.2 = 1200$ Sq. Ft.

FEATURES OF SITE AREA

Presence of 100-year flood zone: NO
Existing or proposed water well in nearby area: NO
Presence of adjacent ponds, streams, water impoundments: NO
Presence of upper water shed: NO
Organized sewage service available to lot: NO

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

Site Evaluator:

NAME: Douglas R. Dowlearn, R.S.

Signature:



License No. OS9902 – Exp. 6/30/2023

TDH: #2432 – Exp. 2/28/2023

D.A.D SERVICES, INC.
DOUG DOWLEARN
PO BOX 212, BULVERDE, TX. 78163
Designed for:
Kathryn & William Alger

The installation site is at Unit 5, Lot 2199 of the Canyon Lake Hills Subdivision in Comal County, TX. The proposed OSSF will treat the wastewater from a 3-bedroom (<2500 sqft) residence. The proposed method of wastewater management is aerobic treatment with drip irrigation. This method was chosen because of unsuitable soil conditions.

PROPOSED SYSTEM:

A 3" or 4" PVC pipe will discharge from the structure to a 353-gallon pretreatment tank, which flows into a 600 GPD aerobic treatment unit, and then into a 768-gallon pump tank with a single 20 gpm submersible pump. The pump is activated by a time controller allowing the distribution 8 times per day with a 10-minute run time with float switches set to pump 240 gallons per day. A high level audible and visual alarm will activate should the pump fail. Distribution from the pump is through a self-flushing 100-micron spin filter and then through a 1" SCH-40 manifold to 600 L.F. drip tubing field, with drip lines set approximately two feet apart in parallel with 0.61 gph emitters set every two linear feet, as per the attached schematic. A threaded union will be installed in the pump tank on the supply manifold to the drip field, and a pressure regulator will be installed on the supply manifold to maintain a pressure of 30 psi. A 1" SCH-40 return line is installed to periodically flush the system. Solids caught in the spin filter are flushed each cycle back to the pre-treatment tank. Vacuum breakers installed at the highest point on each manifold will prevent siphoning of effluent from higher to lower parts of the field. The placement of the drip tubing will be on soil that has been scarified.

DESIGN SPECIFICATIONS:

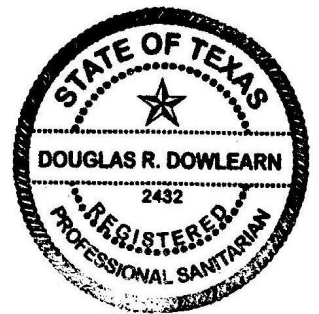
Daily Waste Flow: 240 gpd
Application rate: 0.2
Application area required: $240 / .2 = 1200$ ft. sq.
Application area utilized: 1200 sq. ft.
Pump tank reserve capacity: 80 gal minimum

SYSTEM COMPONENTS:

SCH 40 PVC sewer line
353-gallon Pretreatment tank
NuWater B-550 (600 GPD) Aerobic Treatment Unit with timed controls
768-gallon Pump tank
 with C-1 20X, Model no. 20XC1-05P4-2W115 (or equivalent) submersible pump
1" purple PVC supply line
30 PSI pressure regulator - Model PMR30MF

LANDSCAPING:

The native vegetation in the distribution area should consist of low-level shrubs, plains grass, bluestem, or bermuda. The entire area of the drip disposal must be covered with a ground cover such as grass seed or sod prior to the final inspection. The placement of the drip tubing will be on soil that has been scarified. The tubing will be placed atop of and also covered with 6" of Class II or Class III soil. In the event the natural cover is disturbed, a suitable ground cover must be installed on all excavated areas.



KATHRYN & WILLIAM ALGER
 730 STAGECOACH DR
 CANYON LAKE, TX 78133
 CANYON LAKE HILLS
 UNIT 5, LOT 2199
 COMAL COUNTY / 0.2745 ACRES

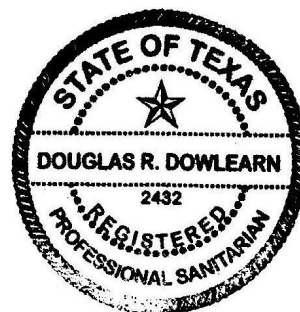
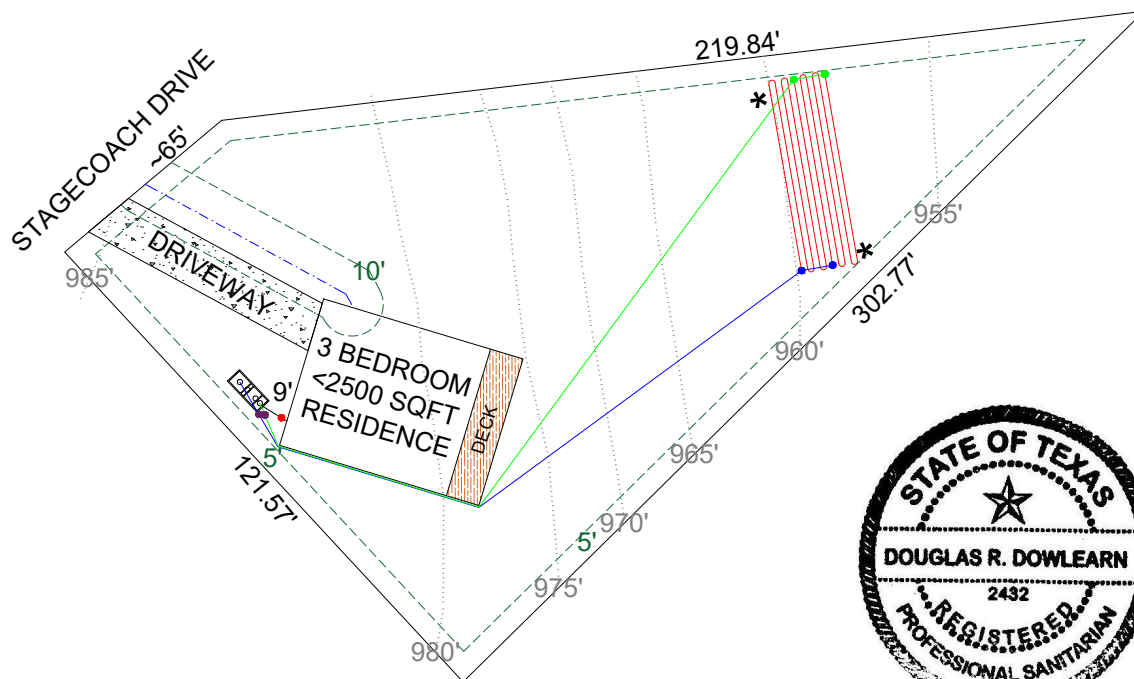


NOTES:

- WATER LINE WILL MAINTAIN GREATER THAN 10' SEPARATION FROM ANY PART OF THE OSSF. THIS WILL PROVIDE EQUIVALENT PROTECTION FOR THE SETBACK REQUIREMENTS OF TAC 290.
- CLEANOUT WITHIN 3' OF STRUCTURE.
- PVC CONNECTING THE STRUCTURE TO THE TANK MUST HAVE AT MINIMUM 1/8" FALL PER 1'.
- USE 3" OR 4" SCH 40 SEWER PIPE TO CONNECT STRUCTURE TO TANK.
- TANK TO BE > 5' FROM STRUCTURES. THIS WILL PROVIDE EQUIVALENT PROTECTION FOR THE SETBACK REQUIREMENTS OF TAC 285.
- TANK WILL BE WATER TIGHT AND MANUFACTURED ACCORDING TO ASTM DESIGNATION: C 1227.
- INSTALL 1" VACUUM BREAKERS AT HIGHEST POINTS ON SUPPLY AND FLUSH LINES.

LEGEND	
•	- 2-WAY CLEANOUT
•	- 1" VACUUM BREAKER
•	- SUPPLY LINE CONNECTION
•	- FLUSH LINE CONNECTION
—	- DRIP TUBING
—	- SUPPLY LINE
—	- FLUSH LINE
---	- WATER LINE
---	- OSSF SETBACK
---	- EASEMENT/FEATURE
*	- TEST HOLE
☒	- 600 GPD ATU

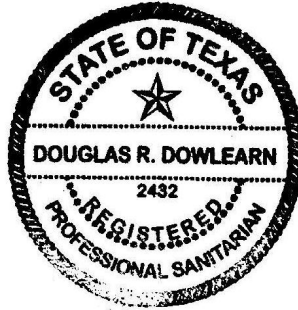
600 L.F. OF DRIP TUBING
 SPACED 2' APART.
 LINEAR FEET OF ROWS
 FROM HIGHEST TO LOWEST
 ELEVATION, RESPECTIVELY:
 2 LATERALS @ 300 L.F., EACH:
 5 ROWS @ 60 L.F.



Douglas R. Dowlearn

Assembly Details

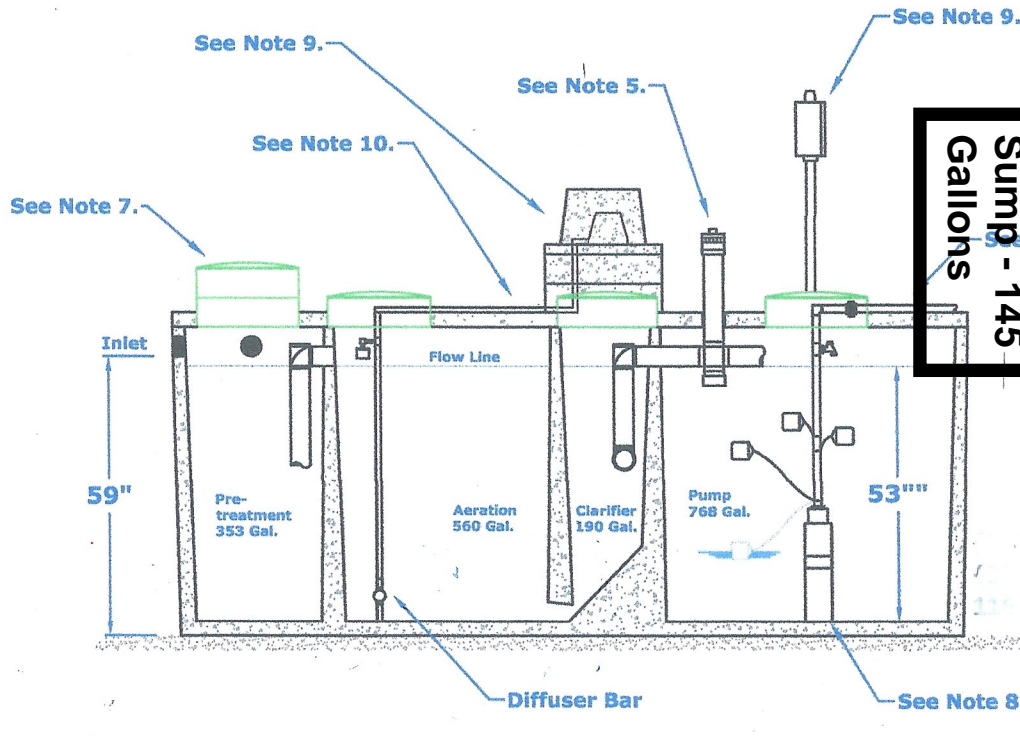
OSSF



Douglas R. Dowlearn

GENERAL NOTES:

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



33' - 53" - Reserve - 290 Gallons
33" - Alarm On
13" - 33" - Working Level - 290 Gallons
10" - 13" - On/Off Tether - 43 Gallons
0-10" - Sump - 145 Gallons

MINIMUM EXCAVATION DIMENSIONS:

Outside Height: 67"
Outside Width: 63"
Outside Length: 164"
Width: 76"
Length: 176"

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

Model: B-550-PC-400PT

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

Scale:
* All Dimensions subject to allowable specification tolerances.

Dwg. #: ADV-B550-3



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

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

GENERAL WARRANTY DEED

Date: March 11, 2021

Grantor: PATRICIA GUARIN ROPER, INDIVIDUALLY AND AS INDEPENDENT EXECUTOR OF THE ESTATE OF WILLIAM A. ROPER, DECEASED

Grantee: WILLIAM ALGER and KATHRYN ALGER, a married couple

Grantee's Mailing Address:

201 Dewberry Cove
Buda, Texas 78610
Hays County

Consideration:

TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable consideration.

Property (including any improvements):

Lot 2199, CANYON LAKE HILLS UNIT NO. 5, situated in Comal County, Texas, according to the map or plat thereof recorded in Volume 2, Page 38, Map and Plat Records of Comal County, Texas.

Reservations from and Exceptions to Conveyance and Warranty:

Validly existing easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded and validly existing instruments, other than conveyances of the surface fee estate, that affect the Property; and taxes for 2021, which Grantee assumes and agrees to pay, and subsequent assessments for that and prior years due to change in land usage, ownership, or both, the payment of which Grantee assumes.

Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and

Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

GRANTEE IS TAKING THE PROPERTY IN AN ARM'S-LENGTH AGREEMENT BETWEEN THE PARTIES. THE CONSIDERATION WAS BARGAINED ON THE BASIS OF AN "AS IS" TRANSACTION AND REFLECTS THE AGREEMENT OF THE PARTIES THAT THERE ARE NO REPRESENTATIONS OR EXPRESS OR IMPLIED WARRANTIES.

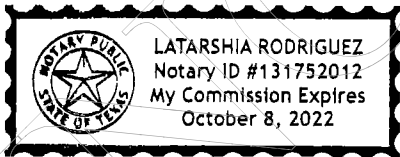
When the context requires, singular nouns and pronouns include the plural.

GRANTOR:

Patricia Guarin Roper
PATRICIA GUARIN ROPER, INDIVIDUALLY
AND AS INDEPENDENT EXECUTOR OF THE
ESTATE OF WILLIAM A. ROPER, DECEASED

STATE OF TEXAS)
COUNTY OF Harris)

This instrument was acknowledged before me on 3/11/21, 2021, by PATRICIA GUARIN ROPER, INDIVIDUALLY AND AS INDEPENDENT EXECUTOR OF THE ESTATE OF WILLIAM A. ROPER, DECEASED.



[Signature]

Notary Public, State of Texas

AFTER RECORDING RETURN TO:
WILLIAM ALGER and KATHRYN ALGER
201 Dewberry Cove
Buda, Texas 78610
GF: 896341

Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
03/12/2021 01:59:59 PM
TERRI 2 Pages(s)
202106013061

 *Bobbie Koepf*

RECEIVED

By Kathy Griffin at 2:34 pm, Jun 17, 2024



COMAL COUNTY
ENGINEER'S OFFICE

OSSF DEVELOPMENT APPLICATION CHECKLIST

Staff will complete shaded items

		117593
<i>Date Received</i>	<i>Initials</i>	<i>Permit Number</i>

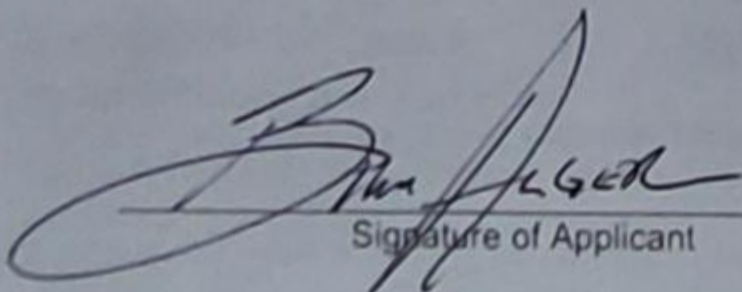
Instructions:

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

2/7/2023

 Date

___ COMPLETE APPLICATION

Check No. _____ Receipt No. _____

INCOMPLETE APPLICATION
 (Missing Items Circled, Application Refeused)