

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
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No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
19	DISPOSAL SYSTEM Drip Irrigation		285.33(c)(3)(A)-(F)				
20	DISPOSAL SYSTEM Soil Substitution		285.33(d)(4)				
21	DISPOSAL SYSTEM Pumped Effluent		285.33(a)(4) 285.33(a)(3) 285.33(a)(1) 285.33(a)(2)				
22	DISPOSAL SYSTEM Gravelless Pipe		285.33(a)(3) 285.33(a)(2) 285.33(a)(4) 285.33(a)(1)				
23	DISPOSAL SYSTEM Mound		285.33(a)(3) 285.33(a)(1) 285.33(a)(2) 285.33(a)(4)				
24	DISPOSAL SYSTEM Other (describe) (Approved Design)		285.33(d)(6) 285.33(c)(4)				
25	DRAINFIELD Absorptive Drainline 3" PVC or 4" PVC						
26	DRAINFIELD Area Installed						
27	DRAINFIELD Level to within 1 inch per 25 feet and within 3 inches over entire excavation		285.33(b)(1)(A)(v)				
28	DRAINFIELD Excavation Width DRAINFIELD Excavation Depth DRAINFIELD Excavation Separation DRAINFIELD Depth of Porous Media DRAINFIELD Type of Porous Media						
29	DRAINFIELD Pipe and Gravel - Geotextile Fabric in Place		285.33(b)(1)(E)				
30	DRAINFIELD Leaching Chambers DRAINFIELD Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (per manufacturers spec.)		285.33(c)(2)				
31	LOW PRESSURE DISPOSAL SYSTEM Adequate Trench Length & Width, and Adequate Separation Distance between Trenches		285.33(d)(1)(C)(i)				

**Comal County Environmental Health
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No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
32	EFFLUENT DISPOSAL SYSTEM Utilized Only by Single Family Dwelling EFFLUENT DISPOSAL SYSTEM Topographic Slopes < 2.0% EFFLUENT DISPOSAL SYSTEM Adequate Length of Drain Field (1000 Linear ft. for 2 bedrooms or Less & an additional 400 ft. for each additional bedroom) EFFLUENT DISPOSAL SYSTEM Lateral Depth of 18 inches to 3 ft. & Vertical Separation of 1ft on bottom and 2 ft. to restrictive horizon and ground water respectfully EFFLUENT DISPOSAL SYSTEM Lateral Drain Pipe (1.25 - 1.5" dia.) & Pipe Holes (3/16 - 1/4" dia. Hole Size) 5 ft. Apart		285.33(b)(3)(A) 285.33(b)(3)(A) 285.33(b)(3)(B) 285.91(13) 285.33(b)(3)(D) 285.33(b)(3)(F)				
33	AEROBIC TREATMENT UNIT Is Aerobic Unit Installed According to Approved Guidelines.		285.32(c)(1)				
34	AEROBIC TREATMENT UNIT Inspection/Clean Out Port & Risers Provided AEROBIC TREATMENT UNIT Secondary restraint system provided AEROBIC TREATMENT UNIT Riser permanently fastened to lid or cast into tank AEROBIC TREATMENT UNIT Riser cap protected against unauthorized intrusions						
35	AEROBIC TREATMENT UNIT Chlorinator Properly Installed with Chlorine Tablets in Place.						
36	PUMP TANK Is the Pump Tank an approved concrete tank or other acceptable materials & construction PUMP TANK Sampling Port Provided in the Treated Effluent Line PUMP TANK Check Valve and/or Anti- Siphon Device Present When Required PUMP TANK Audible and Visual High Water Alarm Installed on Separate Circuit From Pump						
37	PUMP TANK Inspection/Clean Out Port & Risers Provided PUMP TANK Secondary restraint system provided PUMP TANK Riser permanently fastened to lid or cast into tank PUMP TANK Riser cap protected against unauthorized intrusions						
38	PUMP TANK Secondary restraint system provided						
39	PUMP TANK Electrical Connections in Approved Junction Boxes / Wiring Buried						

**Comal County Environmental Health
OSSF Inspection Sheet**

No.	Description	Answer	Citations	Notes	1st Insp.	2nd Insp.	3rd Insp.
40	APPLICATION AREA Distribution Pipe, Fitting, Sprinkler Heads & Valve Covers Color Coded Purple?		285.33(d)(2)(G)(iii)(II) 285.33(d)(2)(G)(iii)(III) 285.33(d)(2)(G)(v) 285.33(d)(2)(G)(iii) 285.33(d)(2)(G)(iv) 285.33(d)(2)(G)(i) 285.33(d)(2)(G)(ii) 285.33(d)(2)(G)(iii)(I)				
41	APPLICATION AREA Low Angle Nozzles Used / Pressure is as required APPLICATION AREA Acceptable Area, nothing within 10 ft of sprinkler heads? APPLICATION AREA The Landscape Plan is as Designed		285.33(d)(2)(G) (i)285.33(d)(2) (A)285.33(d)(2)(F)				
42	APPLICATION AREA Area Installed						
43	PUMP TANK Meets Minimum Reserve Capacity Requirements						
44	PUMP TANK Material Type & Manufacturer						
45	PUMP TANK Type/Size of Pump Installed						



COMAL COUNTY

ENGINEER'S OFFICE

Permit of Authorization to Construct an On-Site Sewage Facility Permit Valid For One Year From Date Issued

Permit Number: 118591
Issued This Date: 05/22/2025
This permit is hereby given to: FRED B. WILLARD & COLLEEN P. WILLARD

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

1084 ORION DR
NEW BRAUNFELS, TX 78132

Subdivision: Orilla Russell League S#2, A-485
Unit: 0
Lot: 0
Block: 0
Acreage: 19.5000

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

ON-SITE SEWAGE FACILITY APPLICATION

REVISED

9:15 am, May 22, 2025

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

Date April 14, 2025

Permit Number 118591

1. APPLICANT / AGENT INFORMATION

Owner Name FRED B. & COLLEEN P. WILLARD
Mailing Address 1084 ORION DRIVE
City, State, Zip NEW BRAUNFELS, TX 78132
Phone # 830-743-7269
Email fbwillard@gmail.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 _____ Unit _____ Lot _____ Block _____

Survey Name / Abstract Number ORILLA RUSSELL LEAGUE SURVEY # 2, A-485, Subdivision #21(part of) Acreage 19.497

Address 1084 ORION DRIVE City NEW BRAUNFELS State TX Zip 78132

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 3 + 2

Indicate Sq Ft of Living Area 1926 + 819

☐ 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: \$ 60,000 (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 ☐ Public 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.

Fred B. Willard
Signature of Owner

4-14-2025
Date



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

ORILLA RUSSELL LEAGUE Survey #2, A-485, being 19.497 ac

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

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 800NC2 & 1000 gal Pump Tank Absorption/Application Area (Sq Ft) 6842

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

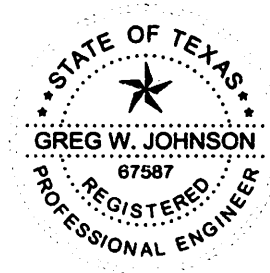
(if yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP.)

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: _____



FIRM #2585

By signing this application, I certify that:

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

Signature of Designer

April 14, 2025

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):

UNIT/PHASE/SECTION _____ BLOCK _____ LOT _____ SUBDIVISION _____

ORILLA RUSSELL LEAGUE SURVEY # 2, A-485,
IF NOT IN SUBDIVISION: 19.497 ACREAGE Subdivision #21 (part of) SURVEY

The property is owned by (insert owner's full name): FRED B. WILLARD & COLLEEN P. WILLARD

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 14 DAY OF APRIL, 2025

[Signature]
[Signature]
Owner(s) signature(s)

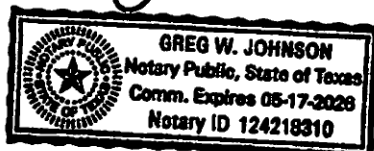
FRED B. WILLARD

COLLEEN P. WILLARD

Owner (s) Printed name (s)

FRED B. & COLLEEN P. WILLARD SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 14 DAY OF APRIL, 2025

[Signature]
Notary Public Signature



Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
04/23/2025 10:42:37 AM
TAMMY 1 Pages(s)
202506011651



Bobbie Koepp

AFFIDAVIT

THE COUNTY OF COMAL
STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

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WITNESS BY HAND(S) ON THIS 14 DAY OF APRIL, 20 25

Fred B. Willard
Colleen P. Willard
Owner(s) signature(s)

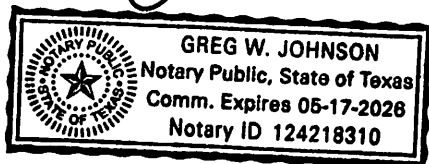
FRED B. WILLARD

COLLEEN P. WILLARD

Owner (s) Printed name (s)

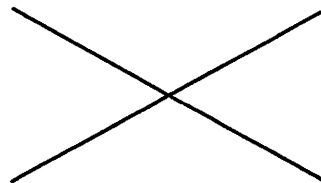
FRED B. & COLLEEN P. WILLARD SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 14 DAY OF APRIL, 20 25

Greg W. Johnson
Notary Public Signature



(Notary Seal Here)

THIS AREA FOR COMAL COUNTY CLERK RECORDING PURPOSES ONLY



Maintenance Service Provider
15188 FM 306
Canyon Lake, TX 78133
Office (830)964-2365



ORILLA RUSSELL LEAGUE SURVEY #2, A-485,
SUBDIVISION #21 (part of) being 19.497 acres

SERVICE ADDRESS

1084 ORION DRIVE, NEW BRAUNFELS, TX 78132

INSTALLER

STEVE KRAUSE

TERM

2 year

Routine Maintenance and Inspection Agreement

This Work for Hire Agreement (hereinafter referred to as this "Agreement") is entered into by and between FRED & COLLEEN WILLARD, (referred to as "Client") and Aerobic Services of South Texas (Thomas W. Hampton MP349) (hereinafter referred to as "Contractor") located at 15188 FM 306 Canyon Lake, Texas 78133 (830) 964-2365. By this Agreement the Contractor agrees to render professional service, as described herein, and the Client agrees to fulfill the terms of this Agreement as described herein. This contract will provide for all required inspections, testing and service for your Aerobic Treatment System. The policy will include the following:

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

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

ACCESS BY CONTRACTOR

The Contractor or anyone authorized by the Contractor may enter the property at reasonable times without prior notice for the purpose of the above described Services. The contractor may access the System components including the tanks by means of excavation for the purpose of evaluations if necessary. Soil Is to be replaced with the excavated material as best as possible.

Termination of Agreement

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

Limit of Liability

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 shall the Contractor's liability for direct damages exceed the price for the services described in this Agreement.

Dispute Resolution

If a dispute between the Client and the Contractor arises that cannot be settled in good faith negotiations then the parties shall choose a mutually acceptable arbitrator and shall share the cost of the arbitration services equally.

Entire Agreement

This Agreement contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement either oral or written.

Severability

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

Property Owner

Name

FRED & COLLEEN WILLARD

Email

fbwillard@gmail.com

Service Address

1085 ORION DRIVE
NEW BRAUNFELS, TX 78132

Phone

830-743-7269


SIGNATURE

EFFECTIVE DATE _____

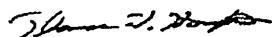
EXPIRED DATE _____

SERVICE PROVIDER

Aerobic Services of South Texas L.L.C.

15188 FM 306 Canyon Lake, TX 786133

(830) 964-2365



Signature of Service Provider and License #
[Thomas Hampton, OS0024597 / MP0000349]



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

ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: April 11, 2025

Site Location: 19.497 ACRES OUT OF THE ORILLA RUSSELL LEAGUE SURVEY No. 2, A-485

Proposed Excavation Depth: N/A

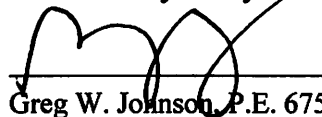
Requirements:

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

SOIL BORING NUMBER <u> </u> SURFACE EVALUATION <u> </u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	IV	CLAY	N/A	NONE OBSERVED	NONE OBSERVED	BROWN
1						
2						
3						
4						
5						
60"						

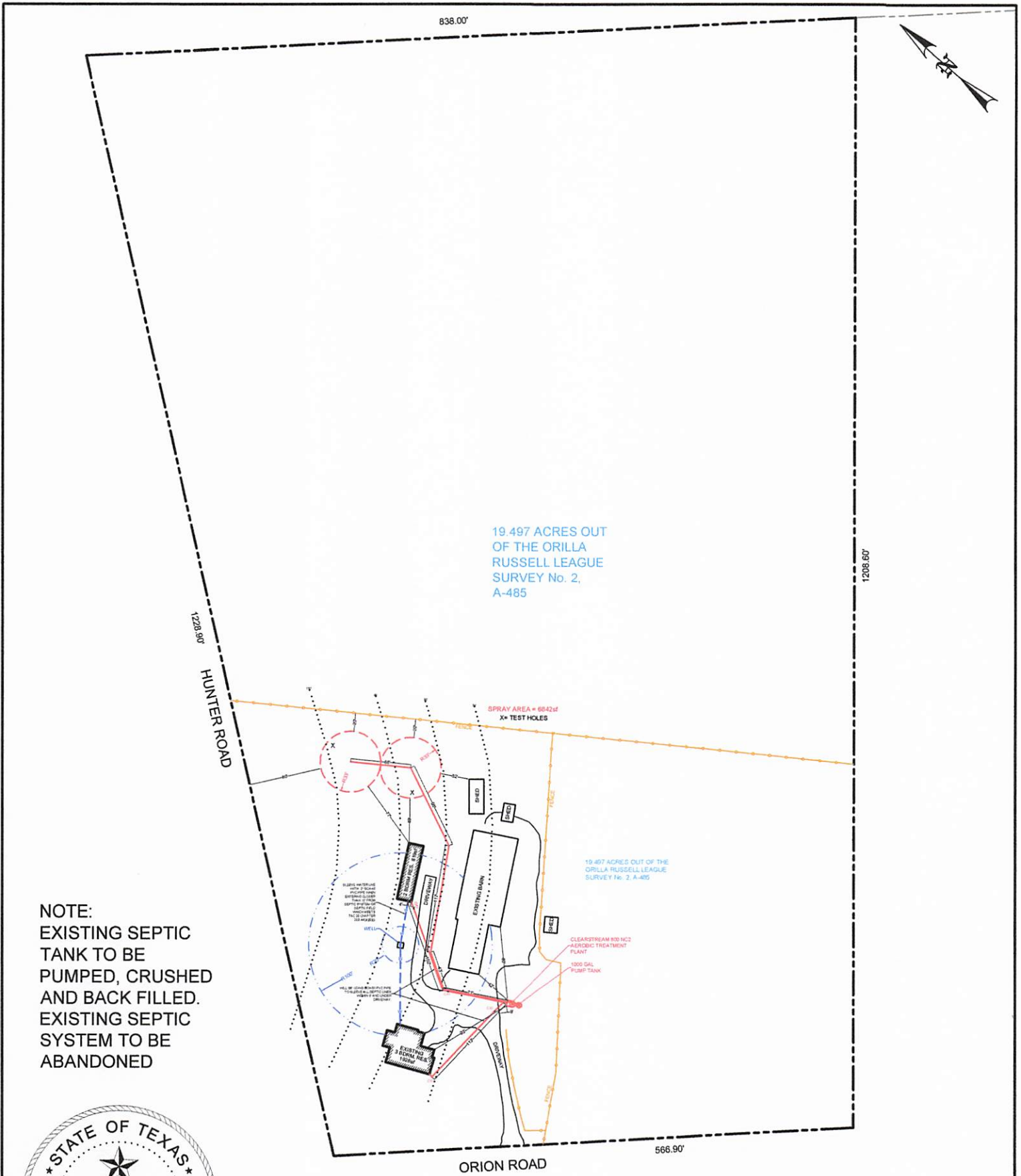
SOIL BORING NUMBER <u> </u> SURFACE EVALUATION <u> </u>						
Depth (Feet)	Texture Class	Soil Texture	Gravel Analysis	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0	SAME		AS		ABOVE	
1						
2						
3						
4						
5						

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


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

04/11/25
Date

FIRM #2585

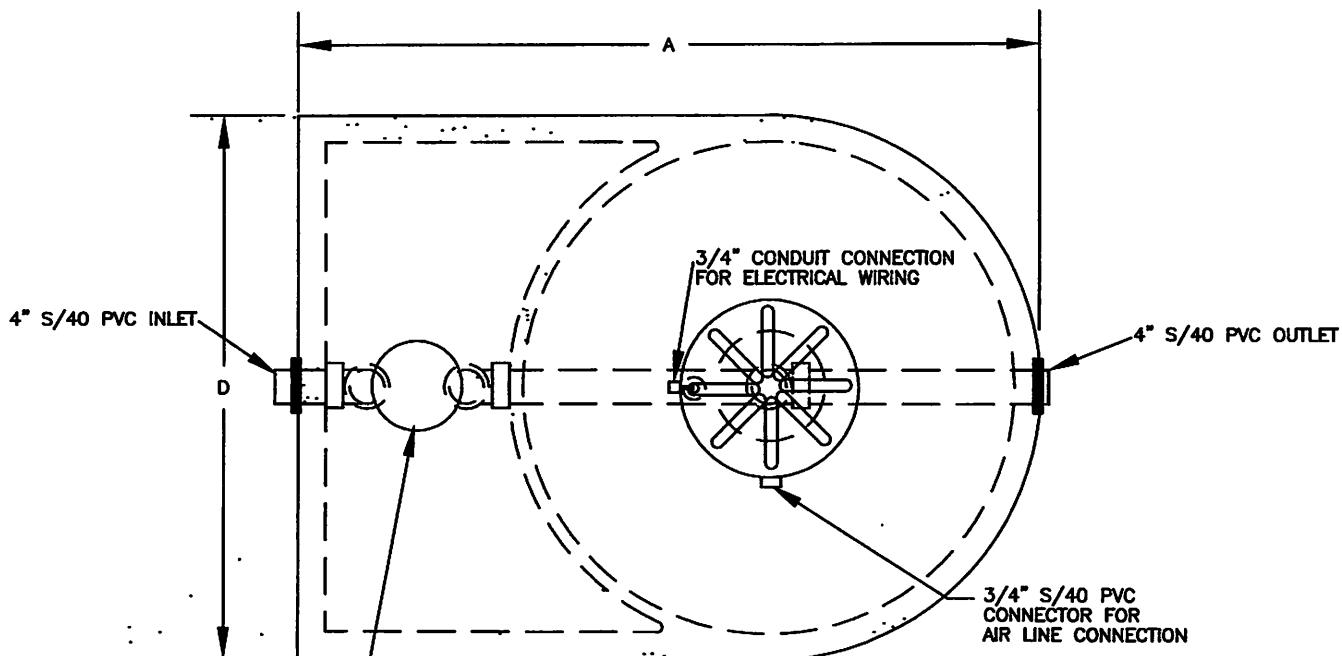


NOTE:
EXISTING SEPTIC
TANK TO BE
PUMPED, CRUSHED
AND BACK FILLED.
EXISTING SEPTIC
SYSTEM TO BE
ABANDONED

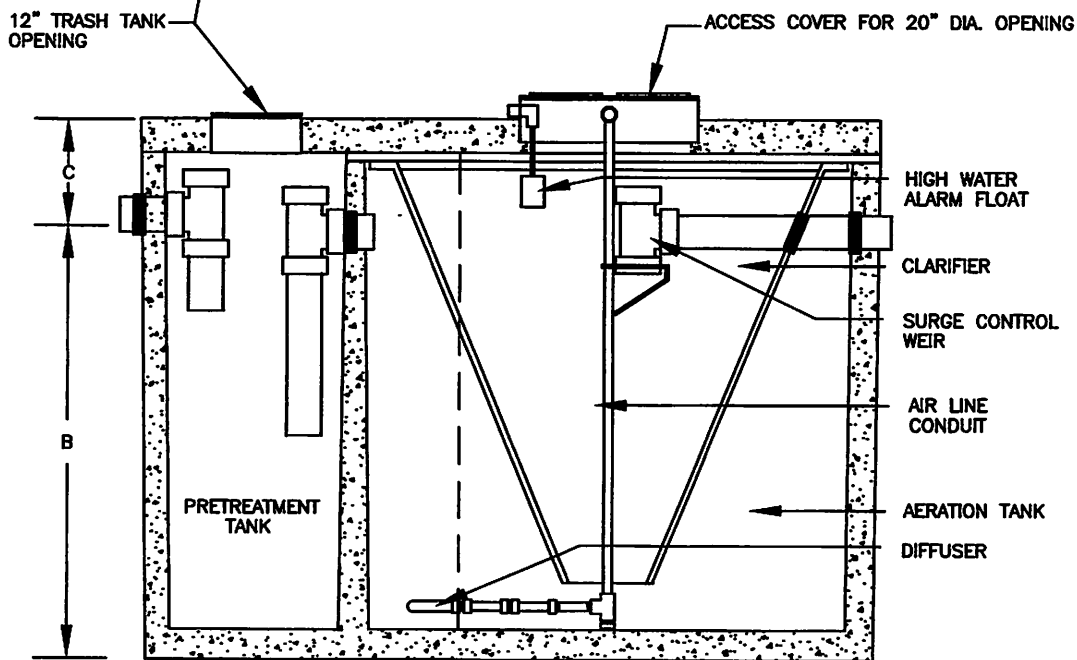


OWNER: FRED B. & COLLEEN P. WILLARD			DRAWN BY: EJS III	
STREET ADDRESS: 1084 ORION DRIVE				
LEGAL DESC: ORILLA RUSSELL LEAGUE SURVEY No. 2, A-485			ACREAGE: 19.497	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585		SCALE: N.T.S.	DATE: 3/26/2025	REVISED: 4/16/2025

DESIGN DRAWINGS



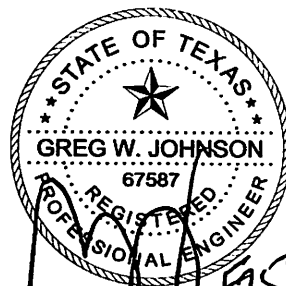
PLAN VIEW



MODEL NC2
SECTION

DIMENSIONAL DATA

MODEL	A	B	C	D
500 NC2	104"	60"	10-1/2"	75"
600 NC2	107"	60"	10-1/2"	82"
750 NC2	107"	70"	10-1/2"	82"
800 NC2	107"	72"	8-1/2"	82"



Handwritten signature and date:
F2585
04/14/25

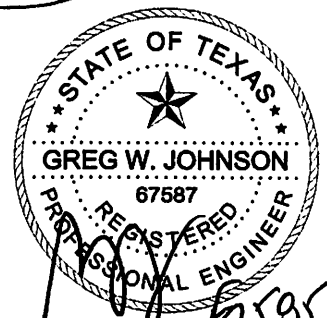
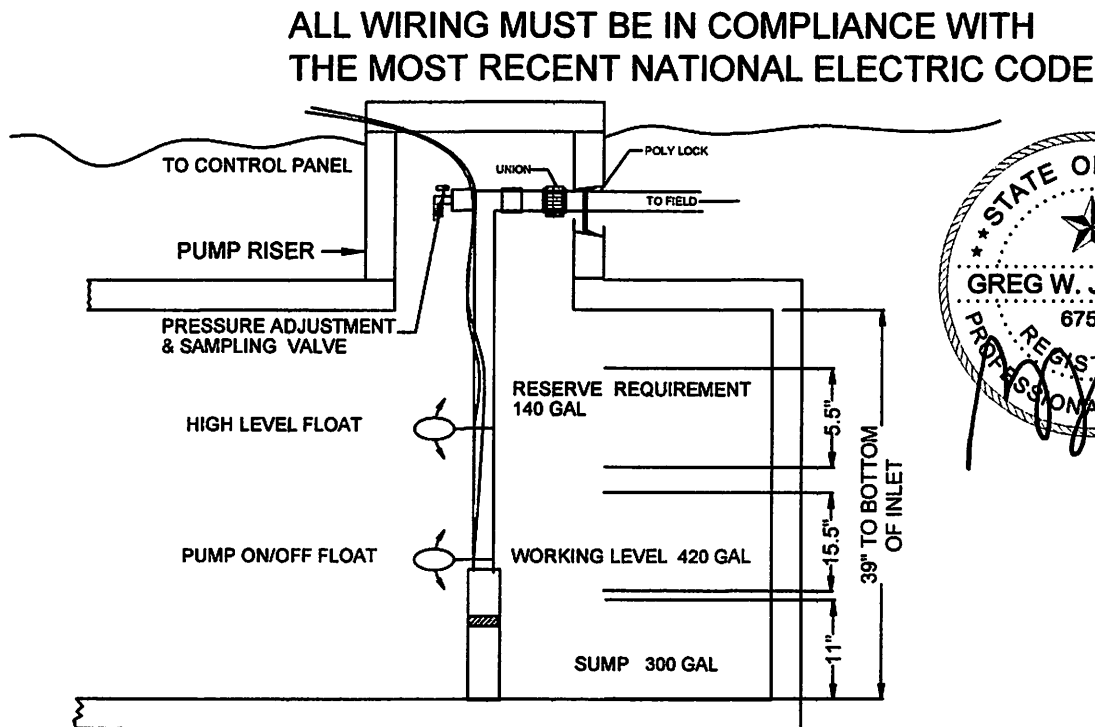
TANK NOTES:

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
1000 GAL KRAUSE CONCRETE 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.

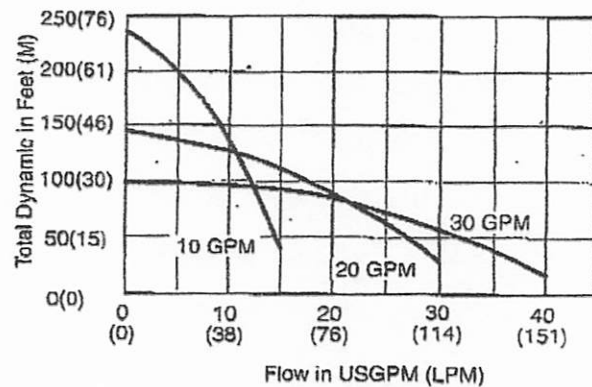


Figure 2: Performance in Feet of Head at Gallons Per Minute (M@LPM).

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

✱




From: [Ritzen,Brenda](#)
To: ["fbwillard@gmail.com"](mailto:fbwillard@gmail.com); ["\(gregjohnsonpe@yahoo.com\)"](mailto:gregjohnsonpe@yahoo.com)
Subject: Permit 118591
Date: Wednesday, May 21, 2025 4:11:00 PM
Attachments: [image001.png](#)
[Page from 118591.pdf](#)

Re: Fred B. & Colleen P. Willard
19.497 acres, 1084 Orion Drive
Application for Permit for Authorization to Construct an On-Site
Sewage Facility (OSSF)

Owner / Agent :

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

-  **Both property owners must sign the permit application.**
- 2. Revise as needed and resubmit.**

Thank you,



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



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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

VOID

Date April 14, 2025

Permit Number 118591

1. APPLICANT / AGENT INFORMATION

Owner Name FRED B. & COLLEEN P. WILLARD
Mailing Address 1084 ORION DRIVE
City, State, Zip NEW BRAUNFELS, TX 78132
Phone # 830-743-7269
Email fbwillard@gmail.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 _____ Unit _____ Lot _____ Block _____

Survey Name / Abstract Number ORILLA RUSSELL LEAGUE SURVEY # 2, A-485, Subdivision #21(part of) Acreage 19.497

Address 1084 ORION DRIVE City NEW BRAUNFELS State TX Zip 78132

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

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

Number of Bedrooms 3+2

Indicate Sq Ft of Living Area 1926 + 819

☐ 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: \$ 60,000 (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 ☐ Public 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.

Fred B. Willard
Signature of Owner

4-14-2025
Date

From: [Hernandez,Sandra](#)
To: [Greg Johnson](#); [Ritzen,Brenda](#); [Fred Willard](#)
Subject: RE: Septic Follow up - 1084 Orion Dr 118591
Date: Tuesday, May 6, 2025 3:50:43 PM
Attachments: [image001.png](#)
[image002.png](#)

Brenda,

The subdivision compliance review is now approved in Cityworks.

Thanks,



Sandra Ann Hernandez
Subdivision Coordinator
Comal County Engineer's Office
195 David Jonas Drive | 830-608-2090 | www.cceo.org

From: Greg Johnson <gregjohnsonpe@yahoo.com>
Sent: Tuesday, May 6, 2025 3:38 PM
To: Hernandez,Sandra <rabsah@co.comal.tx.us>; Ritzen,Brenda <rabbjr@co.comal.tx.us>; Fred Willard <fbwillard@gmail.com>
Subject: Septic Follow up - 1084 Orion Dr 118591

This email originated from outside of the organization.
Do not click links or open attachments unless you recognize the sender and know the content is safe.

- Comal IT

See below from City of New Braunfels

Steve

Send for Greg W. Johnson, P.E.,R.S.)
170 Hollow Oak
New Braunfels, TX 78132

Office/Fax (830) 905-2778

Email: gregjohnsonpe@yahoo.com

----- Forwarded Message -----

From: Fred Willard <fbwillard@gmail.com>
To: Greg Johnson <gregjohnsonpe@yahoo.com>
Sent: Tuesday, May 6, 2025 at 02:43:39 PM CDT
Subject: Fw: 1084 Orion Dr

From: Amanda Mushinski <AMushinski@newbraunfels.gov>
Sent: Tuesday, May 6, 2025 2:37 PM
To: fbwillard@gmail.com <fbwillard@gmail.com>
Subject: 1084 Orion Dr

From: [Greg Johnson](#)
To: [Hernandez,Sandra](#); [Ritzen,Brenda](#); [Fred Willard](#)
Subject: Septic Follow up - 1084 Orion Dr 118591
Date: Tuesday, May 6, 2025 3:38:33 PM
Attachments: [EmailLogo-Small_c6d86cff-0062-47bb-89b0-351933562e2d.png](#)

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See below from City of New Braunfels

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Send for Greg W. Johnson, P.E.,R.S.)

170 Hollow Oak

New Braunfels, TX 78132

Office/Fax (830) 905-2778

Email: gregjohnsonpe@yahoo.com

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To: Greg Johnson <gregjohnsonpe@yahoo.com>
Sent: Tuesday, May 6, 2025 at 02:43:39 PM CDT
Subject: Fw: 1084 Orion Dr

From: Amanda Mushinski <AMushinski@newbraunfels.gov>

Sent: Tuesday, May 6, 2025 2:37 PM

To: fbwillard@gmail.com <fbwillard@gmail.com>

Subject: 1084 Orion Dr

Good afternoon,

This email is to confirm that the property located at 1084 Orion Dr, New Braunfels, TX 78132, is not required to plat under Section 118-10 of the City of New Braunfels Code of Ordinances.

According to this section, platting is not required for a division of land in the ETJ when *"all lots or tracts in the subdivision or development are at least ten acres in size and have at least 60 feet of frontage on a public street."* Based on the information provided, this property meets those criteria.

Please feel free to contact me if you have any questions or need additional information.

Best regards,

Amanda Mushinski, CNU-A, She/Her
Planner | Planning and Development Services



550 Landa St | New Braunfels, TX 78130
One City, One Team 830-221-4056 | AMushinski@newbraunfels.gov

Do you have a question about a permit? Check out the [Citizen Portal](#).

We would like to hear from you! [Click here](#) to provide your input on the land development ordinance update.

This email, plus any attachments, may constitute a public record of the City of New Braunfels and may be subject to public disclosure under the [Texas Public Information Act](#).

Please take a moment to complete the City of New Braunfels [Customer Satisfaction Survey](#).

From: [Hernandez, Sandra](#)
To: fbwillard@gmail.com
Cc: [Planning Division](#); [Dana Moses](#); [Amanda Mushinski](#); [Matthew W. Simmont](#); [Ritzen, Brenda](#); [Olvera, Brandon](#); [Greg Johnson](#); [Vollbrecht, David](#); [Molina, Ashley](#)
Subject: 1084 Orion Drive - Permit 118591
Date: Monday, May 5, 2025 1:50:00 PM
Attachments: [image001.png](#)
[Pages from 118591.pdf](#)

RE: 1084 Orion Drive – Permit 118591

Dear property owner,

We received a septic permit application in our office for the referenced property on April 23, 2025. This property shows to be in the jurisdiction of the City of New Braunfels, so we are including the city in this email. Please be advised that you will need to contact the City of New Braunfels Development Planning office at 830-221-4041 option 2 to verify this tract is compliant with their subdivision regulations and provide confirmation to our office that indicates this tract is compliant. This may involve submitting a request for a Legal Lot Determination Letter which can be done at the following link:

<https://www.newbraunfels.gov/3450/Forms-and-Applications>

Thank you,



Sandra Ann Hernandez

Subdivision Coordinator

Comal County Engineer's Office

195 David Jonas Drive | 830-608-2090 | www.cceo.org

430168

RECORDED IN 346

SPECIAL WARRANTY DEED

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

COMAL COUNTY
Quintanilla
13⁰⁰
10637
0575

That THE FROST NATIONAL BANK, TRUSTEE OF THE CLAUDIA ABBEY BALL TRUST AND THE AMY CAMPBELL ABBEY TRUST ("Grantor") whose mailing address is P. O. Box 1600, San Antonio, Bexar County, Texas 78296, for and in consideration of the sum of TEN DOLLARS (\$10.00) and other valuable consideration to the undersigned paid by the Grantees herein named, the receipt of which is hereby acknowledged, has GRANTED, SOLD, AND CONVEYED, and by these presents does GRANT, SELL, AND CONVEY unto FRED B. WILLARD and wife, COLLEEN P. WILLARD ("Grantees") whose mailing address is stated below, all of the following described real property in Comal County, Texas, to-wit:

Being 19.497 acres of land, more or less, in Comal County, Texas, out of a 50.466 acres of land, more or less, out of a 100 acre tract conveyed by Albert Kloepper, et al to Alvin Kraft, et ux, by deed dated November 2, 1929, and recorded in Volume 58, Pages 336-339, of the Comal County Deed Records, and being part of Subdivision No. 21 of the Orilla Russell League Survey No. 2, in Comal County, Texas, and more particularly described by metes and bounds as follows, to-wit:

BEGINNING at a 2" iron pipe at the intersection of the Northwest line of the M.K. & T. Railway right-of-way with the Northeast line of Subdivision No. 21, set N. 44° 02' W. 1189.42 feet from its East corner, for the East corner of this tract;

THENCE, with the Northwest line of said railway right-of-way, S. 48° 50' W. 1208.6 feet to a stake in the Northeast line of a lane;

THENCE, with the Northeast line of said lane, N. 44° 24' W. 566.9 feet to a stake in the Southeast line of the Old Austin Road;

THENCE, with the Southeast line of said Old Austin Road, N. 36° 02' E. 1228.9 feet to a stake in the Northeast line of said Subdivision No. 21 and Northeast line of said Alvin Kraft 100 acre tract;

THENCE, with the Northeast line of said Subdivision No. 21 and the Northeast line of said Alvin Kraft 100 acre tract, S. 44° 02' E. 838 feet to the PLACE OF BEGINNING, containing 19.497 acres.

This conveyance is made and accepted subject to the following matters, to the extent same are in effect at this time:

1. Easement in favor of Comal Power Company recorded in Volume 51, Pages 464-465, Deed Records of Comal County, Texas;

0937 0576

2. All zoning laws, regulations and ordinances of governmental authorities, if any, relating to the hereinabove described property; and
3. Taxes for the current year and all subsequent years, payment of which Grantees assume.

TO HAVE AND TO HOLD the above described premises, together with all and singular the rights and appurtenances thereto in anywise belonging, unto the said Grantees, Grantees' heirs and assigns forever. Grantor herein is acting solely in Grantor's capacity as Trustee of the Claudia Abbey Ball Trust and the Amy Campbell Abbey Trust and not in Grantor's individual capacity and warrants title to Grantees, by, through and under said Trusts, but not otherwise and as Trustee of said Trusts and not individually.

Grantor hereby conveys the Property in its present "AS IS" condition as of the date hereof and any improvements, fixtures, and equipment, if any, "AS IS" and with all faults, and Grantor expressly disclaims, and Grantees acknowledge and accept that Grantor has disclaimed any and all representations, warranties, or guarantees, of any kind, past, present, or future, oral or written, express or implied, or arising by operation of law (except as to title as herein provided), of or concerning the Property, including, without limitation, the following:

- (i) the nature, quality, or condition of the Property, including, without limitation, the water, soil, and geology,
- (ii) the income to be derived from the Property,
- (iii) the compliance of or by the Property or its operation with any laws, rules, ordinances, or regulations of any applicable governmental authority,
- (iv) the suitability of the Property for any and all activities and uses which Grantees may plan, propose, or elect to conduct thereon or therefrom,
- (v) the manner, construction, condition, and state of repair or lack of repair of any improvements located thereon or the surface or subsurface thereof, whether or not obvious, visible, or apparent, and there is expressly negated any warranty as to condition, habitability, fitness for any specific or particular purpose, merchantability, or otherwise, and
- (vi) any representation regarding the environmental condition of the Property and the presence of hazardous materials or hazardous materials contamination, including, without limitation, any representations regarding solid waste, as defined by the U.S. Environmental Protection Agency Regulations at 40 C.F.R., Part 261, or the disposal or existence, in or on the Property of any hazardous substance, as defined by the Comprehensive Environmental Response Compensation and Liability Act of 1980, as amended, and regulations promulgated thereunder.

1937 0577

Grantees further acknowledge and agree that having been given the opportunity to inspect the Property, Grantees are relying solely on Grantees own investigation of the Property and not on any information provided, or to be provided, by Grantor. Grantees further acknowledge and agree that any information provided or to be provided with respect to the Property was obtained from a variety of sources and that Grantor has not made any independent investigation or verification of such information, is not making any representation or verification of such information and makes no representations as to the accuracy or completeness of such information.

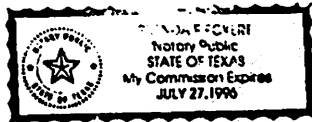
Executed this 14 day of January, 1994.

THE FROST NATIONAL BANK, TRUSTEE OF THE
CLAUDIA ABBEY BALL TRUST AND THE AMY
CAMPBELL ABBEY TRUST

By Joseph B. Harber
Printed Name Joseph B. Harber
Title Trust Officer

STATE OF TEXAS §
COUNTY OF BEXAR §

This instrument was acknowledged before me on the 14th day of January, 1994 by
Joseph B. Harber, Trust Officer of THE FROST NATIONAL
BANK, TRUSTEE OF THE CLAUDIA ABBEY BALL TRUST AND THE AMY CAMPBELL ABBEY TRUST.



Priscilla J. Eckert
Notary Public, State of Texas

AFTER RECORDING RETURN TO:

Fred B. Villard and
Colleen P. Villard

610 Laurel Lane

New Braunfels, Texas 78130

08345

Land-Tax



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

		118591
<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

04/23/2025

Date

___ COMPLETE APPLICATION

Check No. _____ Receipt No. _____

INCOMPLETE APPLICATION

___ (Missing Items Circled, Application Refused)