

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
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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
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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: 118845
Issued This Date: 08/13/2025
This permit is hereby given to: ASHTON SAN ANTONIO RESIDENTIAL LLC

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

10911 WALDSANGER
NEW BRAUNFELS, TX 78132

Subdivision: WALDSANGER
Unit: 1
Lot: 107RF
Block: NA
Acreage: 1.0200

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

ON-SITE SEWAGE FACILITY APPLICATION

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

Date 6/24/2025

Permit Number 118845

1. APPLICANT / AGENT INFORMATION

Owner Name ASHTON SAN ANTONIO RESIDENTIAL L
Mailing Address 17319 SAN PEDRO STE, 140
City, State, Zip SAN ANTONIO, TX 78232
Phone # 210-967-3883
Email DWAYNE.VADNAIS@ASHTONWOODS.C

Agent Name KYLE LENTS
Agent Address 9451 SELMA PARKWAY
City, State, Zip SELMA, TX 78154
Phone # 210-632-0753
Email KYLE@LSWASTEWATER.COM

2. LOCATION

Subdivision Name WALDSANGER SUBDIVISION Unit _____ Lot 107RF Block _____
Survey Name / Abstract Number _____ Acreage 1.02
Address 10911 WALDSANGER City NEW BRAUNFELS State TX Zip 78132

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 3125

☐ 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: \$ 300,000 (Structure Only)

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

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

Source of Water ☒ Public ☐ Private Well ☐ Rainwater

4. SIGNATURE OF OWNER

By signing this application, I certify that:

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

Signature of Owner

Date



COMAL COUNTY
ENGINEER'S OFFICE

REVISED

8:19 am, Aug 13, 2025

ON-SITE SEWAGE FACILITY APPLICATION

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

Planning Materials & Site Evaluation as Required Completed By KYLE LENTS, P.E.

System Description AEROBIC TREATMENT W/ SPRAY DISTRIBUTION

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

Tank Size(s) (Gallons) 600 GPD Absorption/Application Area (Sq Ft) 4688

Gallons Per Day (As Per TCEQ Table III) 300

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

Is the property located over the Edwards Recharge Zone? ☐ Yes ☒ No

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

Is there an existing TCEQ approved WPAP for the property? ☒ Yes ☐ No

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

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 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.

Kyle Lents
Signature of Designer

6/24/2025
Date

1/BC



202506020820 07/07/2025 02:20:40 PM 1/1

AFFIDAVIT TO THE PUBLIC

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.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (commission) 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 OSSF's 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 maintenance contract, according to 30 Texas Administrative Code §285.91 (12) will be installed on the property described as (insert legal description):

LOT 107RF WALDSANGER SUBDIVISION, COMAL COUNTY, TX

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
07/07/2025 02:20:40 PM
PRISCILLA 1 Page(s)
202506020820



Bobbie Koepp

The property is owned by (insert owner's full name): ASHTON SAN ANTONIO RESIDENTIAL, LLC

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 25th DAY OF June, 2025

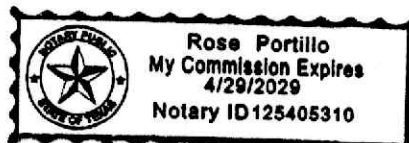
Dwayne Vadnais

Owner(s) signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 25th DAY OF June, 2025

Rose Portillo

Notary Public, State of Texas



Bulldog Septic Services

5361 Gin Rd, Marlon Tx 78124
Tel.: (830) 583-7867

Permit# _____

Regulatory Agency Comal

COMMERCIAL INSPECTION & MAINTENANCE AGREEMENT

Regular and continuing Maintenance is the single most important key to the long-term safe and successful operation of surface application systems utilizing aerobic treatment plants. The **OWNER** of an aerobic wastewater treatment system is a **VITAL KEY** to its success or failure and thereby they must accept their responsibilities of its upkeep and maintenance. Bulldog Septic Services hereby enters this maintenance contract to assist the Owner in keeping his/her aerobic system operating properly and safely; and, to keep the owner in compliance with the Texas Commission on Environmental Quality (TCEQ) regulations. (Title 30 Texas Administrative Code, Chapter 285)

INSPECTION OF ITEMS: Items to be inspected include aerators, alarms, chlorine supply and disinfection system, diffusers, distribution systems, drip emitters, sludge volume, chlorine residual, electrical circuitry, filters and pumps.

FREQUENCY OF MAINTENANCE INSPECTION: Bulldog Septic Services will perform maintenance inspections to the owner's aerobic wastewater treatment system three (3) times a year at approximately four (4) month intervals. On each report the owner receives, it will indicate when their next schedule maintenance inspection will occur.

REPORTS: A report will be generated during each visit with one (1) copy submitted to the required regulatory agency, one (1) copy sent to the owner of the system and the original maintained in our files. The report will indicate the date the inspection was performed, owners name and address, the items inspected, sampling test results for Chlorine Residual, comments, recommendations, and/or repairs performed.

SAMPLING: A Chlorine Residual sample will be conducted during each maintenance inspection visit. Results will be recorded on each report. For commercial systems only, each year, one (1) Biological Oxygen Demand (BOD) and one (1) Total Suspended Solids (TSS) sample will be taken for laboratory analysis. The owner is responsible for the laboratory cost for these tests. The test results will be submitted to the required regulatory agency.

REPAIRS: The owner of the aerobic wastewater treatment system is responsible for any cost associated with the repair or replacement of the system's components. Any repairs and/or replacement costs will be discussed with and accepted by the owner prior to any work performed by Bulldog Septic Services. Bulldog Septic Services will respond to non-scheduled services within 24 hours. There is additional fee for non-scheduled visits and/or service calls.

FEES: The cost of a maintenance agreement for the system listed below is: \$ 500 and is valid for Two year(s). Payment is due at the time of contract signing. Failure to make payment within ten (10) days of date of the contract constitutes a breach of contract, and the appropriate regulatory agency will be notified of the cancellation of the contract. This maintenance agreement does not cover the cost of customer-requested service calls, materials or labor that are due to system or component failure. Non-scheduled visits and/or service calls requested by the owner will be at an additional charge. **Invoices are due upon completion of the work performed and/or receipt of invoices.**

OWNERS RESPONSIBILITIES:

- The owner of the Aerobic Treatment Unit must maintain sufficient chlorine (tablets or liquid) in the disinfection system at all times.
- The owner must maintain an area free of overgrowth or vegetation around the Aerobic Treatment Unit and sprinklers.
- Make your property accessible (gate unlocked or key/combination provided), and dogs restrained during each visit.
- The owner must follow the manufacturer's recommendations for the system's proper operation, including restricting the disposal of non-biodegradable material, chemicals, solvents, thinners, fuels, grease, oils, etc. that can effect the systems performance and/or pollute the environment.
- The owner must have their system repaired or components replaced immediately by a Certified Provider as needed.
- The owner must have their Aerobic Treatment Unit pumped out by a licensed waste hauler when their system exceeds 65% sludge volume.
- Bulldog Septic Services will advise you when this is necessary by conducting a free annual 30 minute settleometer test.
- The owner should keep fire ants away from the Aerobic Treatment unit and its components. Any damage caused by fire ants is not covered under any warranty. Bulldog Septic Services reserves the right to refuse service to systems infested by fire ants. A Travel charge shall be made for return visits, due to fire ant infestation or animals not restrained.

This contract is valid from: License to Operate through 2 years from License to Operate

Manufacturer: _____ Model: _____ Serial Number: _____

Owner's Name: Ashton Woods Site Address: 10911 Waldsanger

Mailing Address: 10911 Waldsanger, New Braunfels, TX 78132

Telephone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Call or Text Before Each Visit? ☐ Yes ☐ No Gate Code: _____



Signature of Owner

7/2/25

Date

STP
Scott Platt, MP

Scott Platt, MP

MP2739
TCEQ License

OWNERS NAME: ASHTON SAN ANTONIO RESIDENTIAL, LLC

PHYSICAL ADDRESS: 10911 WALDSANGER NEW BRAUNFELS, TX 78132

LEGAL DESCRIPTION: THE WALDSANGER SUBDIVISION, LOT 19RS

DATE PERFORMED: 6/24/2025

PROPOSED EXCAVATION DEPTH: 0-5'

REQUIREMENTS

- AT LEAST TWO SOIL EVALUATIONS MUST BE PERFORMED ON THE SITE, AT OPPOSITE ENDS OF THE PROPOSED DISPOSAL AREA. LOCATIONS OF SOIL EVALUATIONS MUST BE SHOWN ON THE APPLICATION SITE DRAWING OR DESIGNERS SITE DRAWING.
- FOR SUBSURFACE DISPOSAL, SOIL EVALUATIONS BUT BE PERFORMED TO A DEPTH OF AT LEAST 2 FEET BELOW THE PROPOSED EXCAVATION DEPTH. FOR SURFACE DISPOSAL, THE SURFACE HORIZON MUST BE EVALUTED.
- PLEASE DESCRIBE EACH SOIL HORIZON AND IDENTIFY ANY RESTRICTIVE FEATURES IN THE SPACE PROVIDED BELOW.

SOIL BORING 1 SOIL BORING/BACKHOE PIT _____ SURFACE EVALUATION X

DEPTH	TEXTURAL CLASS	GRAVEL ANALYSIS	DRAINAGE (MOTTLES/WATER TABLE)	RESTRICTIVE HORIZONS	OBSERVATIONS
1'	1A ROCK AT 4"	OVER 30%	WELL DRAINED	ROCK	AEROBIC SPRAY
2'					
3'					
4'					
5'					

SOIL BORING 2 SOIL BORING/BACKHOE PIT _____ SURFACE EVALUATION X

DEPTH	TEXTURAL CLASS	GRAVEL ANALYSIS	DRAINAGE (MOTTLES/WATER TABLE)	RESTRICTIVE HORIZONS	OBSERVATIONS
1'	1A ROCK AT 4"	OVER 30%	WELL DRAINED	ROCK	AEROBIC SPRAY
2'					
3'					
4'					
5'					

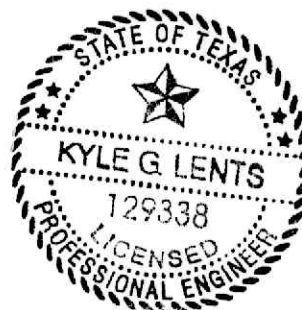
PRESENCE OF 100 YR FLOOD ZONE: NO

PRESENCE OF ADJACENT PONDS, STREAMS, WATER IMPOUNDMENTS: NO

EXISTING OR PROPOSED WATER WELL NEARBY: NO

RECHARGE FEATURE WITHIN 150': NO

I CERTIFY THAT THE FINDINGS OF THIS REPORT ARE BASED ON MY FIELD OBSERVATIONS AND ARE ACCURATE TO THE BEST OF MY ABILITY.



Kyle G. Lents
7/13/2025

REVISED

8:33 am, Aug 13, 2025

Kyle Lents, P.E. 129338

Mobile: (210) 632-0753

Email: Kyle@LSWastewater.com

OSSF DESIGN

Owner: ASHTON SAN ANTONIO RESIDENTIAL LLC
Location: 10911 WALDSANGER, NEW BRAUNFELS, TX 78132
Phone: 210-336-3414 Dwayne.Vadnais@ashtonwoods.com
Date: 6/24/2025

Development: 3 BEDROOM HOUSE W/ WATER SAVING DEVICES

Sq. Ft: 3,125

Q: 300 GPD (AVG)

Soil: Type IA

Ra: 0.064 GAL/FT²/DAY

System Type: AEROBIC/SURFACE APPLICATION

Atu Treatment Plant: AERIS 600 GPD

Minimum Application Area (SF):

(A=Q/Ri)

A = 300 GPD / 0.064

A = 4,688 sf

Supply Line: Sch 40, 1" Purple (~140') Check Valve Required: NO

Sprinklers: K-Rain Proplus Low Angle

Number	Nozzle	PSI	Pattern	Radius	Area/Head	GPM/Head	Ri
S1	#3	40	180	32 ft	1,607 sf	3.1	.064
S2	#3	40	360	32 ft	3,215 sf	3.1	.064

Overlap Area: 0

Actual Application Area: 4,822 sf

GPM: 6.2 GPM

Pump Requirements: 6.2 GPM @ 103.3 ft TDH

Pump Used Pump Tank: (Sta-Rite ST.E.P Pus D Series 20 GPM)

- Elevation Head = 5ft
- Pressure Head= 40 psi X 2.30 = 92 ft
- Friction Head of 1" Sch 40 = 140 ft X 0.0452 = 6.3 ft
- Total Dynamic Head (TDH) = 5 + 92 + 6.3 = 103.3 ft
- Timer Set to spray between 12:00 AM & 5:00 AM
- Liquid Chlorinator

SPRAY FIELD SHALL NOT HAVE ANY EXPOSED ROCK. EXPOSED ROCK SHALL BE REMOVED OR COVERED WITH NATIVE DIRT. THE SPRAY FIELD SHALL BE SEEDED WITH NATIVE SEED TO ESTABLISH VEGETATION.

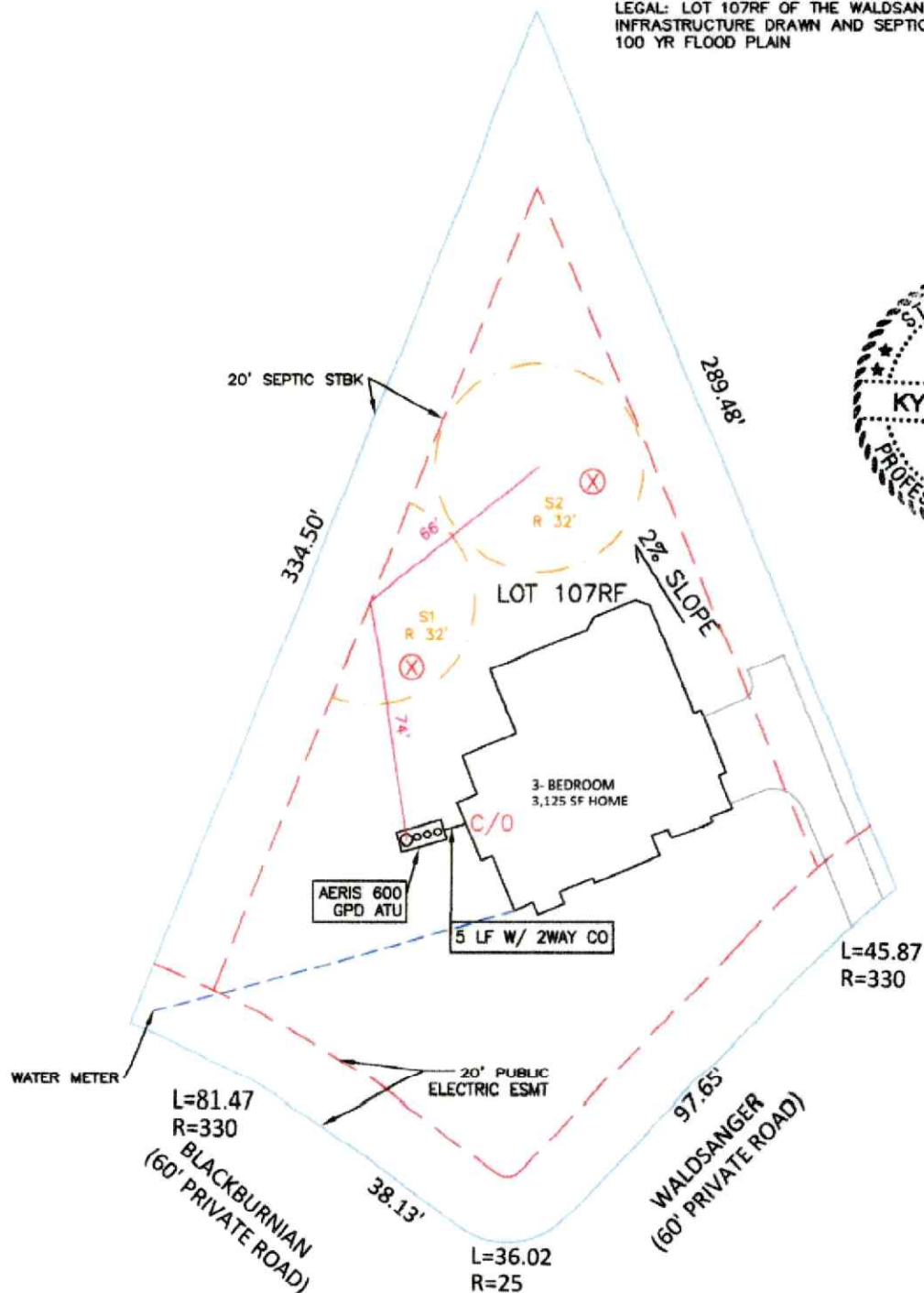
All design criteria are in accordance with TCEQ, Title 30, TAC Chapter 285, Subchapter D, On-Site Sewage Facilities (Effective December 27, 2012). The above design was based on the best available information and should function properly under normal operating conditions. All changes or modifications made to design must be approved by the below signed designer.



Kyle Lents
7/13/2025

LEGEND: (X) = TEST HOLE
C/O = CLEAN OUT

LEGAL: LOT 107RF OF THE WALDSANGER SUBDIVISION
INFRASTRUCTURE DRAWN AND SEPTIC ARE NOT LOCATED WITHIN THE
100 YR FLOOD PLAIN



Phil Carter
6/20/2025

NOTES:

1. SYSTEM IS DESIGNED TO ACCOMMODATE A MAXIMUM FLOW OF 300 GPD.
2. INSTALL A 2-WAY CLEANOUT ON TIGHT LINE FROM HOUSE TO SEPTIC TANK.
3. ATU IS A AERIS 600GPD
4. SUPPLY LINE TO SPRINKLERS SHALL BE 1" SCH. 40 PURPLE PIPE.
5. S1-S2 ARE K-RAIN PROPLUS LOW ANGLE SPRINKLERS WITH #3 NOZZLES OPERATING @ 40 P.S.I. WITH A 180° - 360° PATTERN AT A 32' RADIUS. THERE SHALL BE NO OBSTRUCTIONS WITHIN 10' OF THE SPRINKLER HEADS.
6. AUDIBLE AND VISUAL ALARMS, EXTERNAL DISCONNECT WITHIN SITE OF THE PUMP TANK, PUMP AND ALARMS ON SEPARATE BREAKERS AND EXTERNAL WIRING IN CONDUIT ARE REQUIRED.
7. TIMER SET TO SPRAY BETWEEN 12:00 AM AND 5:00 AM.
8. THE RESERVE CAPACITY 1/3 OF THE DAILY FLOW FOR THIS SYSTEM IS 100 GALLONS.
9. WATERLINE TO BE SLEEVED IN SCH 40 WHERE IT IS LOCATED <10' FROM ANY OSSF ELEMENT OR SPRAY AREA IN ORDER TO PROVIDE THE EQUIVALENT PROTECTION OF A 10' SEPERATION PER TAC CHAPTER 290, SUBCHAPTER D, RULES FOR PUBLIC DRINKING WATER SYSTEMS.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

June 19, 2015

Messrs. Tommy, Matt and Clint Dulworth
Aeris Aerobics
5021 SE McKinney
Rice, TX 75155

RE: Approval of Aeris Aerobics Models D-500-M, D-600-M, D-500-N-500PT, D-500-N-750PT

Gentlemen,

We have completed our review of the above referenced aerobic treatment units. The above referenced models are approved for use in Texas.

The treatment capacity (in gallons per day) of each unit is shown as the first three digits in the model number listed above. All of the listed units are provided with a pretreatment chamber and a pump chamber.

The D-500-M and D-600-M are provided with a 750 gallon pump chamber. The D-500-N-500PT is provided with a 500 gallon pump chamber and the D-500-N-750PT is provided with a 750 gallon pump chamber. Please note that while the pump chambers are not considered in the ANSI Standard 40 review, pump chambers are subject to the requirements shown in 30 TAC 285.34(b).

This letter will serve as proof of approval until your aerobic treatment units are listed on our web site. We request that you review the website listings of your products and advise us of any errors in the listings or company contact information.

If you have any questions concerning our review, please contact me by telephone at (512) 239-2150, by e-mail at mike.price@tceq.texas.gov or by facsimile at (512) 239-6390. When responding by mail please use mail code MC-235.

Sincerely,

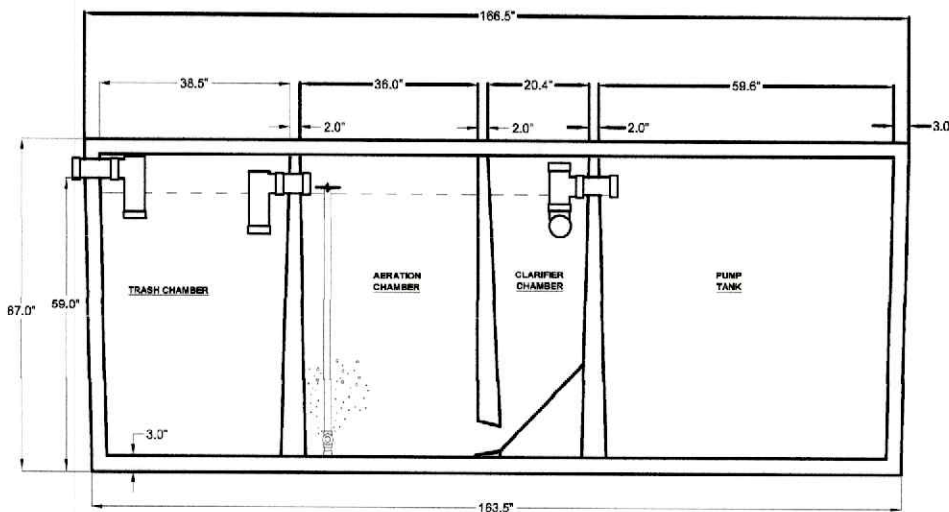
A handwritten signature in blue ink, appearing to read "Michael Price".

Michael Price
On-Site Wastewater Program

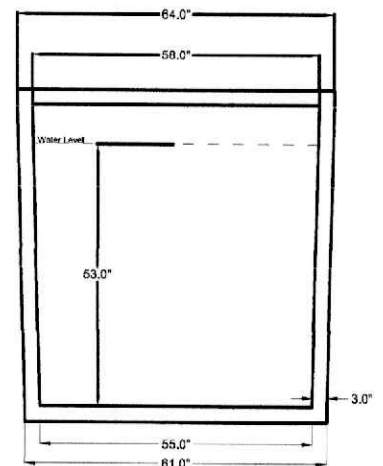
300 GPD FLOAT SETTINGS
 LIQUID DEPTH = 53" (14.16 GAL/IN)
 PUMP OFF: 8" (113.28 GAL)
 PUMP ON: 12" (56.64 GAL)
 HIGH WATER ALARM: 34" (311.52 GAL)
 RESERVE VOLUME: 53" (269.04 GAL)



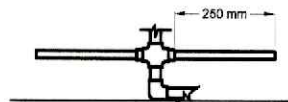
Kyle Lents
7/12/2025



SIDE SECTION VIEW

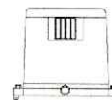


END SECTION VIEW



DIFFUSER DETAIL

2 diffusers per downpipe



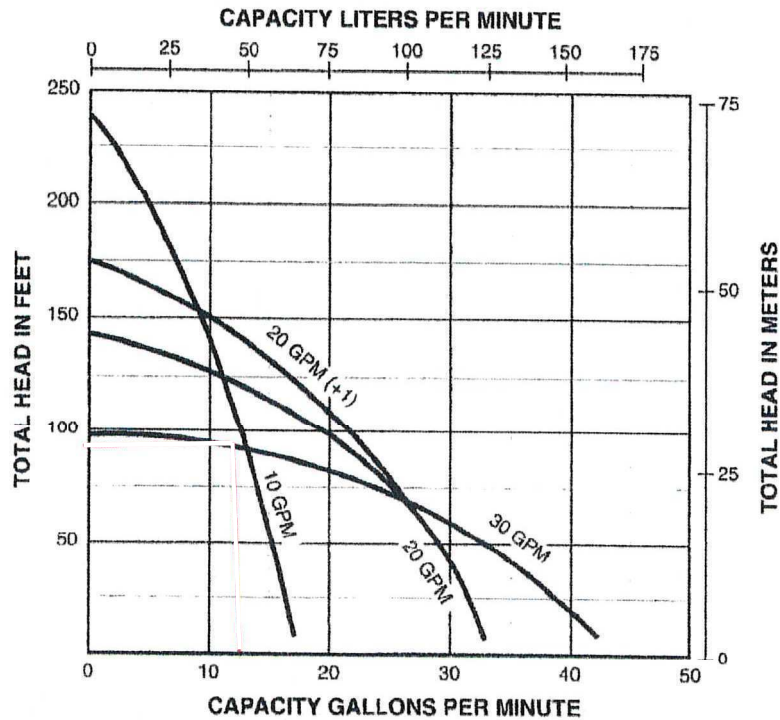
Single-Port Aerator

Title: Model D-600-M 600 gallon per day Aerobic Treatment Unit	Company Name: Aeris Aerobics, Inc.	Date: 05-18-21
--	---------------------------------------	-------------------

STA-RITE® ST.E.P Plus D Series

4" multi-stage submersible effluent pumps

PUMP PERFORMANCE



PUMP PERFORMANCE (CAPACITY IN GALLONS PER MINUTE)

PUMP MODEL	FLOW RATE (GPM)	PSI											
		0	10	20	30	40	50	60	70	80	90	100	110
10DOM05221	10			15.0	13.7	12.7	11.5	10.2	8.4	6.5	4.3	1.0	
10DOM05121	10			15.0	13.7	12.7	11.5	10.2	8.4	6.5	4.3	1.0	
20DOM05221	20			30.0	26.0	21.5	14.2	4.4					
20DOM05121	20			30.0	26.0	21.5	14.2	4.4					
30DOM05221	30		38.5	33.3	25.8	16							
30DOM05121	30		38.5	33.3	25.8	16							
20DOM05221+1	20 + 1			30	27.5	24	20	13.5	6				
20DOM05121+1	20 + 1			30	27.5	24	20	13.5	6				

PUMP PERFORMANCE (CAPACITY IN LITERS PER MINUTE)

PUMP MODEL	FLOW RATE (LPM)	BAR											
		.69	1.38	2.07	2.76	3.45	4.13	4.82	5.51	6.20	6.89	7.58	110
10DOM05221	37.85			56.8	51.9	48.1	43.5	38.6	31.8	24.6	16.3	3.8	
10DOM05121	37.85			56.8	51.9	48.1	43.5	38.6	31.8	24.6	16.3	3.8	
20DOM05221	75.7			113.6	98.4	81.4	53.7	16.7					
20DOM05121	75.7			113.6	98.4	81.4	53.7	16.7					
30DOM05221	113.55		145.7	126.0	97.7	60.6							
30DOM05121	113.55		145.7	126.0	97.7	60.6							
20DOM05221+1	75.7 + 1			113.4	103.9	90.7	75.6	51.0	22.6				
20DOM05121+1	75.7 + 1			113.4	103.9	90.7	75.6	51.0	22.6				

ProPlus™ Gear Driven Sprinkler Setting Instructions

NOTE: The *ProPlus* is factory preset with a 90° arc setting, and includes a pre-installed #2.5 nozzle.

CHANGING A NOZZLE

1 ► REMOVING THE NOZZLE RETENTION SCREW

Use your K-Key or a small flat blade screwdriver to remove the nozzle retention screw by turning counter-clockwise to remove and clockwise to re-install.

2 ► PULL UP THE RISER

Insert the k-Key in the keyhole on the top of the nozzle turret and turn the key 1/4 turn to insure that the key does not slip out of the keyhole when you pull it up. Firmly pull up the entire spring-loaded riser to access the nozzle socket. Hold the riser assembly with one hand.

3 ► REMOVING THE NOZZLE

With the nozzle retention screw removed, insert the K-Key into the slot directly under the nozzle “prongs” at the top of the nozzle. Now, turn the key 1/4 turn to “hook” the nozzle and pull the nozzle out.

4 ► INSTALLING A NOZZLE

Press the desired nozzle into the nozzle socket. Make sure the nozzle number is visible and the nozzle “prongs” are up. Then, re-install the nozzle retention screw. **NOTE:** The nozzle retention screw is also a break-up screw and used to adjust the distance of the spray.

SETTING THE ARC ADJUSTMENT

1 ► FINDING THE LEFT START POSITION

Place your finger on the top center of the nozzle turret. Rotate the turret to the right until it stops and then back to the left until it stops. Notice the position of the nozzle arrow. This is the “Left Start” position. The sprinkler will begin spraying from this position and rotate clockwise until it reaches the right Adjustable Stop-Return Point.

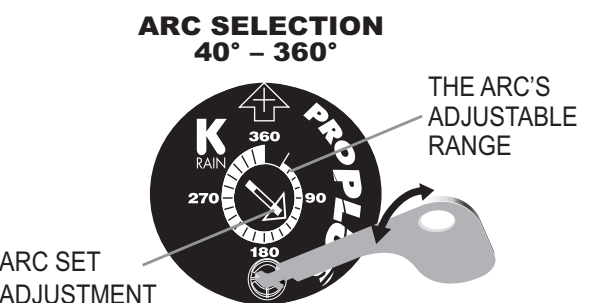
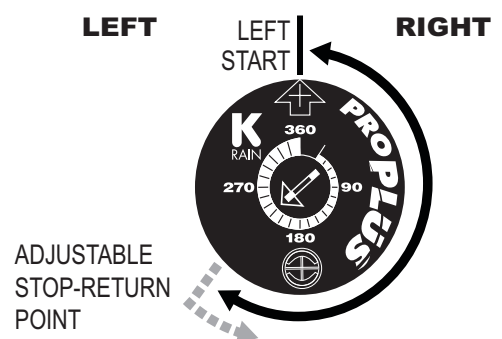
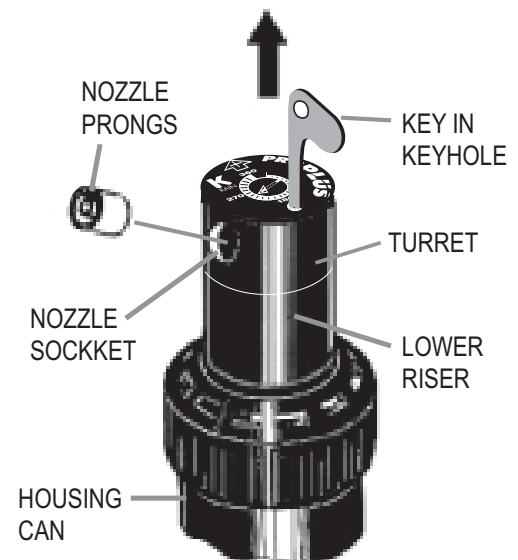
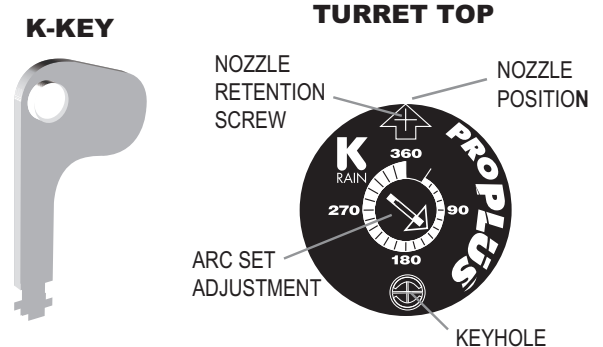
2 ► ORIENTING THE LEFT START POSITION

Insert the K-Key in the keyhole on the top of the nozzle turret and turn the key 1/4 turn to insure that the key does not slip out of the keyhole when you pull it up. Being careful not to allow the nozzle turret to turn, firmly pull up the entire spring-loaded riser. Hold the lower riser assembly up with one hand. Now turn only the lower riser clockwise or counter-clockwise until the nozzle arrow is pointing where you want the sprinkler to begin spraying.

3 ► CHANGING THE ARC

Insert the K-Key or a small flat blade screwdriver into the Arc Set Adjustment slot. Turn clockwise to increase the arc or counter-clockwise to decrease the arc.

WHEN SET AT 360°, THE PROPLUS WILL ROTATE CONTINUOUSLY IN A CLOCKWISE DIRECTION.



ProPlus™ Gear Driven Sprinkler Setting Instructions

SPRINKLER INSTALLATION

1► INSTALL AND BURY

Do not use pipe dope. Thread the sprinkler on the pipe. Bury the sprinkler flush to grade. **NOTE:** Gear driven sprinklers and pop-up sprays should not be installed on the same watering zone.

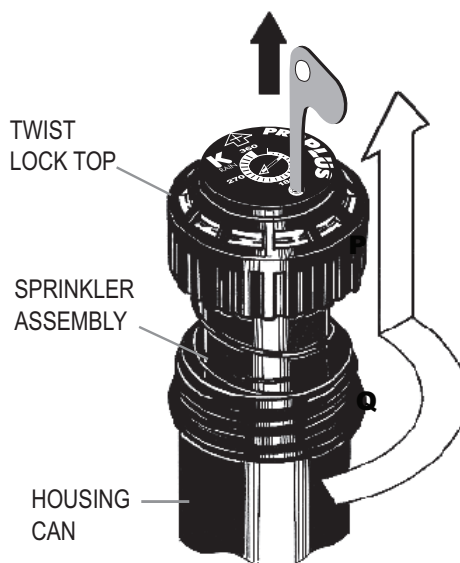
2► INSPECTING THE FILTER

Unscrew the top and lift the complete sprinkler assembly out of the housing can. The filter is located on the bottom of the sprinkler assembly and can be easily pulled out, cleaned and re-installed.

3► WINTERIZATION TIPS

When using an air compressor to remove water from the system please note the following:

- Do not exceed 30 PSI.
- Always introduce air into the system gradually to avoid air pressure surges. Sudden release of compressed air into the sprinkler can cause damage.
- Each zone should run no longer than 1 minute on air. Sprinklers turn 10 to 12 time faster on air than on water. Over spinning rotors on air can cause damage to the internal components.



PERFORMANCE DATA

NOZZLE	PRESSURE			RADIUS		FLOW RATE			PRECIP in/hr / mm/hr			
	PSI	kPa	Bars	Ft.	M.	GPM	L/M	M ³ /H	■	▲	■	▲
#0.5	30	207	2.1	28	8.5	0.5	1.9	0.11	0.12	0.14	3	4
	40	276	2.8	29	8.8	0.6	2.3	0.14	0.14	0.16	3	4
	50	345	3.5	29	8.8	0.7	2.7	0.16	0.16	0.19	4	5
	60	414	4.1	30	9.1	0.8	3.0	0.18	0.17	0.20	4	5
#0.75	30	207	2.1	29	8.8	0.7	2.7	0.16	0.16	0.19	4	5
	40	275	2.8	30	9.1	0.8	3.0	0.18	0.17	0.20	4	5
	50	344	3.4	31	9.4	0.9	3.4	0.20	0.18	0.21	5	5
	60	413	4.1	32	9.8	1.0	3.8	0.23	0.19	0.22	5	6
#1.0	30	207	2.1	32	9.8	1.3	4.9	0.30	0.24	0.28	6	7
	40	275	2.8	33	10.1	1.5	5.7	0.34	0.27	0.31	7	8
	50	344	3.4	34	10.4	1.6	6.1	0.36	0.27	0.31	7	8
	60	413	4.1	35	10.7	1.8	6.8	0.41	0.28	0.33	7	8
#2.0	30	207	2.1	37	11.3	2.4	9.1	0.55	0.34	0.39	9	10
	40	275	2.8	40	12.2	2.5	9.5	0.57	0.30	0.35	8	9
	50	344	3.4	42	12.8	3.0	11.4	0.68	0.33	0.38	8	10
	60	413	4.1	43	13.1	3.3	11.4	0.68	0.34	0.36	8	9
2.5 Pre- installed	30	207	2.1	38	11.6	2.5	9.5	0.57	0.33	0.38	8	10
	40	275	2.8	39	11.9	2.8	10.6	0.64	0.35	0.41	9	10
	50	344	3.4	40	12.2	3.2	12.1	0.73	0.39	0.44	10	11
	60	413	4.1	41	12.5	3.5	13.3	0.80	0.40	0.46	10	12
#3.0	30	207	2.1	38	11.6	3.6	13.6	0.82	0.48	0.55	12	14
	40	275	2.8	39	11.9	4.2	15.9	0.96	0.53	0.61	14	16
	50	344	3.4	41	12.5	4.6	17.4	1.05	0.53	0.61	13	15
	60	413	4.1	42	12.8	5.0	19.0	1.14	0.55	0.63	14	16
#4.0	30	207	2.1	43	13.1	4.4	16.7	1.00	0.46	0.53	12	13
	40	275	2.8	44	13.4	5.1	19.3	1.16	0.51	0.59	13	15
	50	344	3.4	46	14.0	5.6	21.2	1.27	0.51	0.59	13	15
	60	413	4.1	49	14.9	5.9	22.4	1.34	0.47	0.55	12	14
#6.0	40	276	2.8	45	13.7	5.9	22.4	1.34	0.56	0.65	14	16
	50	344	3.4	46	14.0	6.0	22.7	1.36	0.55	0.63	14	16
	60	413	4.1	48	14.6	6.3	23.9	1.43	0.53	0.61	13	15
	70	482	4.8	49	14.9	6.7	25.4	1.52	0.54	0.62	14	16
#8.0	40	276	2.8	42	12.8	8.0	30.3	1.82	0.87	1.01	22	26
	50	344	3.4	45	13.7	8.5	32.2	1.93	0.81	0.93	21	24
	60	413	4.1	49	14.9	9.5	36.0	2.16	0.76	0.88	19	22
	70	482	4.8	50	15.2	10.0	37.9	2.27	0.77	0.89	20	23

LOW ANGLE PERFORMANCE DATA

NOZZLE	PRESSURE			RADIUS		FLOW RATE			PRECIP in/hr / mm/hr			
	PSI	kPa	Bars	Ft.	M.	GPM	L/M	M ³ /H	■	▲	■	▲
#1.0	30	207	2.1	22	6.7	1.2	4.5	.27	0.48	0.55	12	14
	40	276	2.8	24	7.3	1.7	6.4	.39	0.57	0.66	14	17
	50	345	3.4	26	7.9	1.8	6.8	.41	0.51	0.59	13	15
	60	414	4.1	28	8.5	2.0	7.6	.45	0.49	0.57	12	14
#3.0	30	207	2.1	29	8.8	3.0	11.4	.68	0.69	0.79	17	20
	40	276	2.8	32	9.8	3.1	11.7	.70	0.58	0.67	15	17
	50	345	3.4	35	10.7	3.5	13.2	.80	0.55	0.64	14	16
	60	414	4.1	37	11.3	3.8	14.4	.86	0.53	0.62	14	16
#4.0	30	207	2.1	31	9.4	3.4	12.9	.77	0.68	0.79	17	20
	40	276	2.8	34	10.4	3.9	14.8	.89	0.65	0.75	17	19
	50	345	3.4	37	11.3	4.4	16.7	1.00	0.62	0.71	16	18
	60	414	4.1	38	11.6	4.7	17.8	1.07	0.63	0.72	16	18
#6.0	40	275	2.8	38	11.6	6.5	24.6	1.48	0.87	1.00	22	25
	50	344	3.4	40	12.2	7.3	27.7	1.66	0.88	1.01	22	26
	60	413	4.1	42	12.8	8.0	30.3	1.82	0.87	1.01	22	26
	70	482	4.8	44	13.4	8.6	32.6	1.96	0.86	0.99	22	25

*All precipitation rates calculated for 180° operation.
For the precipitation rate for a 360° sprinkler, divide by 2.



K-RAIN MANUFACTURING CORP.
1640 Australian Avenue
Riviera Beach, FL 33404 USA
PH: 561.844.1002 / 1.800.735.7246
FAX: 561.842.9493
www.krain.com

© K-RAIN Manufacturing Corp.
Part Number: 1100519 Rev. 01

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

§

§

Filed By:
Texas Investors Title
116 W Blanco Rd., Ste 101
Boerne, TX 78006

GF# 20210338

CW-BIGBEE, LLC, a Texas limited liability company ("**Grantor**"), for and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration to Grantor, in hand paid by **ASHTON SAN ANTONIO RESIDENTIAL, L.L.C.**, a Texas limited liability company ("**Grantee**"), whose mailing address is 17319 San Pedro, Ste. 140, San Antonio, Texas 78232, the receipt and sufficiency of which are hereby acknowledged by Grantor, has GRANTED, SOLD, AND CONVEYED and, by these presents, does GRANT, SELL, AND CONVEY unto Grantee, subject to all of the reservations, exceptions, and other matters set forth or referred to herein, the following described real property, together with all improvements thereon, if any, and all appurtenances pertaining thereto, including but not limited to, all right, title, and interest of Grantor in and to adjacent streets, easements, and rights-of-way; strips and gores; rights of ingress and egress thereto; all permits, approvals, privileges, and entitlements appurtenant thereto; and utility capacities, including prepaid impact fees, associated therewith (collectively, the "**Property**"), to-wit:

The real property described on **Exhibit "A"** attached hereto and incorporated herein for all purposes.

TO HAVE AND TO HOLD the Property, together with all and singular the rights and appurtenances thereto in anywise belonging unto Grantee, and Grantee's successors or assigns, forever; and, subject to all of the matters set forth or referred to herein, Grantor does hereby bind itself and its successors to WARRANT AND FOREVER DEFEND all and singular the Property unto Grantee, Grantee's successors and assigns, against every person whomsoever lawfully claiming or to claim the same, or any part thereof, by, through, or under Grantor, but not otherwise; provided, however, that this conveyance is made by Grantor and accepted by Grantee subject to (a) the validly existing and enforceable rights, interests, and estates of third parties in connection with the items described in **Exhibit "B"** attached hereto and made part hereof for all purposes; and (b) all liens securing the payment of taxes or assessments for the current and all subsequent years, except for any taxes or other assessments based on change in use or ownership, including, without limitation, rollback taxes, which remain the obligation of Grantor.

Ad valorem taxes with respect to the Property for the current year have been prorated as of the date hereof.

EXECUTED AND DELIVERED to be effective June 16, 2025.

GRANTOR:

CW-BIGBEE, LLC,
a Texas limited liability company

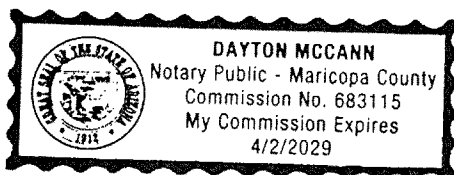
By: CW-Trophy, LLC,
a Texas limited liability company,
its Manager

By: 
John Cork, President

STATE OF Arizona §
COUNTY OF Maricopa §
§

This instrument was acknowledged before me on the 12th day of June, 2025, by John Cork, President of CW-TROPHY, LLC, a Texas limited liability company and the Manager of CW-BIGBEE, LLC, a Texas limited liability company, on behalf of said entities.

(seal)





Notary Public, State of Arizona

EXHIBIT "A"

LEGAL DESCRIPTION OF REAL PROPERTY

Lots 90RJ, 90RB, 19RX, 107RF, 19RT, 19RS, 19RN, 19RM, 19RL, 19RC, 19RD and 19RE, WALDSANGER, a subdivision in Comal County, Texas, according to the plat thereof recorded under Document No. 202506009040, Official Public Records of Comal County, Texas.

EXHIBIT "B"

LIST OF PERMITTED EXCEPTIONS

1. The following restrictive covenants of record: Document Nos 202306035765, 202306035766, 202306035767, 202406001603, 202406012335, 202406016829, 202406017497, 202406021784 and 202506009040 Official Public Records of Comal County, Texas.
2. Electric Line Right-of-Way Agreement granted by Ron Bigbee and wife, Elaine Bigbee, to New Braunfels Utilities Board of Trustees, dated February 12, 1996, recorded March 11, 1996, under Document No. 9606005224, Official Public Records of Comal County, Texas. (As to Lots 19RC, 19RD and 19RE)
3. Building setback lines, easements and other matters as set out and/or created as shown on the Plat recorded under Document No. 202306035765, Official Public Records of Comal County.
4. Terms, conditions, stipulations, easements and assessments contained in Declaration of Covenants, Conditions and Restrictions for Waldsanger, recorded under Document No. 202306035766, as amended and restated under Document No. 202406001603, and as amended under Document No. 202406012335, all of the Official Public Records of Comal County, Texas.
5. Terms, conditions, stipulations and provisions contained in Maintenance Agreement dated November 9, 2023, recorded on November 9, 2023, under Document No. 202306035768, Official Public Records of Comal County, Texas.
6. Deed Recordation Affidavits recorded on July 31, 2023, under Document Nos. 202306024210 and 202306024211, Official Public Records of Comal County, Texas.

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
06/16/2025 02:26:49 PM
PRISCILLA 4 Pages(s)
202506018260



Bobbie Koepp



ON-SITE SEWAGE FACILITY APPLICATION

Planning Materials & Site Evaluation as Required Completed By KYLE LENTS, P.E.

System Description AEROBIC TREATMENT W/ SPRAY DISTRIBUTION

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

Tank Size(s) (Gallons) 600 GPD

Absorption/Application Area (Sq Ft) 4687

Gallons Per Day (As Per TCEQ Table III) 300

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

Is the property located over the Edwards Recharge Zone? ☐ Yes ☐ No
(If yes, the planning materials must be completed by a Registered Sanitary Engineer, 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 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.

Kyle Lents
Signature of Designer

6/24/2025
Date

Kyle Lents, P.E. 129338

Mobile: (210) 632-0753

Email: Kyle@LSWastewater.com

OSSF DESIGN

Owner: ASHTON SAN ANTONIO RESIDENTIAL LLC
Location: 10911 WALDSANGER, NEW BRAUNFELS, TX 78132
Phone: 210-336-3414 Dwayne.Vadnais@ashtonwoods.com
Date: 6/24/2025

Development: 3 BEDROOM HOUSE W/ WATER SAVING DEVICES

Sq. Ft: 3,125

Q: 300 GPD (AVG)

Soil: Type IA

Ra: 0.064 GAL/FT²/DAY

System Type: AEROBIC/SURFACE APPLICATION

Atu Treatment Plant: AERIS 600 GPD

Minimum Application Area (SF):

($A=Q/R_i$)

$A = 300 \text{ GPD} / 0.064$

A = 4,687 SF

VOID

Supply Line: Sch 40, 1" Purple (~140') Check Valve Required: NO

Sprinklers: K-Rain Proplus Low Angle

Number	Nozzle	PSI	Pattern	Radius	Area/Head	GPM/Head	R _i
S1	#3	40	180	32 ft	1,607 sf	3.1	.064
S2	#3	40	360	32 ft	3,215 sf	3.1	.064

Overlap Area: 0

Actual Application Area: 4,822 sf

GPM: 6.2 GPM

Pump Requirements: 6.2 GPM @ 103.3 ft TDH

Pump Used Pump Tank: (Sta-Rite ST.E.P Pus D Series 20 GPM)

- Elevation Head = 5ft
- Pressure Head= 40 psi X 2.30 = 92 ft
- Friction Head of 1" Sch 40 = 140 ft X 0.0452 = 6.3 ft
- Total Dynamic Head (TDH) = 5 + 92 + 6.3 = 103.3 ft
- Timer Set to spray between 12:00 AM & 5:00 AM
- Liquid Chlorinator

SPRAY FIELD SHALL NOT HAVE ANY EXPOSED ROCK. EXPOSED ROCK SHALL BE REMOVED OR COVERED WITH NATIVE DIRT. THE SPRAY FIELD SHALL BE SEEDED WITH NATIVE SEED TO ESTABLISH VEGETATION.

All design criteria are in accordance with TCEQ, Title 30, TAC Chapter 285, Subchapter D, On-Site Sewage Facilities (Effective December 27, 2012). The above design was based on the best available information and should function properly under normal operating conditions. All changes or modifications made to design must be approved by the below signed designer.



Kyle Lents
7/13/2025

Permit # 118845

From Gallegos,Efrain <gallee@co.comal.tx.us>

Date Tue 8/12/2025 11:34 AM

To DWAYNE.VADNAIS@ashtonwoods.com <dwayne.vadnais@ashtonwoods.com>; kyle@lswastewater.com <kyle@lswastewater.com>

RE: Ashton San Antonio Residential LLC

10911 Waldsanger

Application for Permit for Authorization to Construct an On-Site Sewage Facility (OSSF).

Applicant / Agent,

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

- 1.Absorption / Application Area (sq ft) of 4687 cannot be recognized, as the exact number or rounded up number needs to be used .
- 2.Revise as needed and resubmit.



Efrain Z Gallegos

Environmental Health Inspector

DR: OS0039964

O: 830-608-2090 Ext 3167

C: 830-708-4304

E: gallee@co.comal.tx.us



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

		118845
Date Received	Initials	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

Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

INCOMPLETE APPLICATION (Missing Items Circled, Application Refeused)
