

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
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: 118921
Issued This Date: 09/16/2025
This permit is hereby given to: GREGORY A. & TRUDY L. SCOTT

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

705 ROESSLER WAY
CITY OF BULVERDE, TX 78163

Subdivision: CENTENNIAL RIDGE
Unit: 4
Lot: 45
Block: 2
Acreage: 5.0100

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 April 8, 2025

Permit Number 118921

1. APPLICANT / AGENT INFORMATION

Owner Name GREGORY A. SCOTT & TRUDY L. SCOTT
Mailing Address 705 ROESSLER WAY
City, State, Zip BULVERDE TEXAS 78163
Phone # 830-377-1710
Email gregscott969@netscape.net

Agent Name GREG JOHNSON, P.E.
Agent Address 170 HOLLOW OAK
City, State, Zip NEW BRAUNFELS TEXAS 78132
Phone # 830-905-2778
Email gregjohnsonpe@yahoo.com

2. LOCATION

Subdivision Name CENTENNIAL RIDGE Unit 4 Lot 45 Block 2
Survey Name / Abstract Number _____ Acreage _____
Address 705 ROESSLER WAY City BULVERDE State TX Zip 78163

3. TYPE OF DEVELOPMENT

☒ Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) EXISTING HOUSE & DETACHED LIVING & SHOP W TOILET

Number of Bedrooms 4+1

Indicate Sq Ft of Living Area 3170+1176

☐ 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: \$ 150,000 (Structure Only)

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

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

Source of Water ☐ Public ☒ Private Well ☐ Rainwater Collection

4. SIGNATURE OF OWNER

By signing this application, I certify that:

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

Signature of Owner [Signature]

Date 4/17/2025



COMAL COUNTY
ENGINEER'S OFFICE

ON-SITE SEWAGE FACILITY APPLICATION

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) EXISTING AERIES D840 840 GPD (#116458) & LIBERTY LIFT PUMP P380 Absorption/Application Area (Sq Ft) 8482

Gallons Per Day (As Per TCEQ Table III) 380

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

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

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

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

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

Is this property within an incorporated city? ☒ Yes ☐ No

If yes, indicate the city: BULVERDE



FIRM #2585

By signing this application, I certify that:

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

[Signature]
Signature of Designer

April 15, 2025
Date



202306022920 07/19/2023 10:33:57 AM 1/1

1/10
THE COUNTY OF COMAL
STATE OF TEXAS

AFFIDAVIT

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities (OSSFs), 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 owners 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): 705 Roessler Way, Bolivar, TX 78163

Lot 45, Block 2, Centennial Rdy 4

The property is owned by (owner as per deed) Greg Scott

This OSSF shall be covered by a continuous service policy 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 may be obtained from (insert name of permitting authority).

WITNESS BY HAND(S) ON THIS 12 DAY OF July, 2023

[Signature]
Owner(s) signature(s)

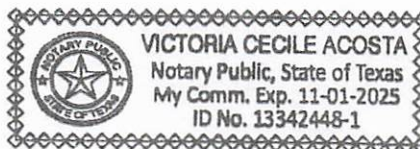
Greg Scott
Owner(s) Printed Name(s)

Owner(s) signature(s)

Owner(s) Printed Name(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 12th DAY OF July, 2023

[Signature]
Notary Public Signature



Filed and Recorded
Official Public Records
Bobbie Koepf, County Clerk
Comal County, Texas
07/19/2023 10:33:57 AM
LAURA 1 Page(s)
202306022920



Bobbie Koepf

Revised

Efrain Gallegos

09/16/2025 11:02:47 AM



MJ Central Texas Septic, LLC - DBA MJ SEPTIC

1328 W Borgfeld Drive
San Antonio, Texas 78260
(210) 875-3625

mjseptic@mjseptic.com (email)
www.mjseptic.com (website)

Residential Aerobic Maintenance Contract
Licensed by T.C.E.Q. Michael J. Long, MP 0001294

The Texas Commission on Environmental Quality (TCEQ) requires all ATU's to be checked and maintained every four months for the life of the unit (*some permitting authorities may stipulate this requirement, after the first two years after installation; call your county to inquire*). Upon expiration of this contract, MJ Septic will offer a continuation of your maintenance contract to cover labor and routine maintenance/reports. Lab testing, if required, for coliform, TSS, BOD etc. are NOT included in this policy and applicable fees are the owner's responsibility. MJ Septic will inspect and service your ATU once every 4 months for the duration of your contract. For new installations, the effective date of this maintenance contract shall be the date the LTO (license to operate) is issued, required by state guidelines dated June 13, 2001.

MJ Septic will address all major concerns/complaints (excluding weekends & holidays) within 72 hours from the initial point of contact with the homeowner(s). Please note our business hours are Monday - Friday 8am to 5pm

- **INSPECTIONS:** An inspection every four months (three times annually) which includes inspecting/servicing the mechanical, electrical, and other applicable components to ensure proper function. The annual fee does not include any parts, cleaning/pumping, chlorine/bleach (tablets or liquid), additional service calls or additional testing that may be required by any regulating authority. If for any reason, we are unable to obtain access to your property or system to perform a service check, you may be charged a **\$75 service call for re-scheduling**. It is very important that we always have full access to your system, including all gate codes, combination locks etc. to inspect your system.
- **SERVICE CALLS:** If a service call is required by the homeowner/renter between regular inspections, **a service call fee of \$75 (not including parts and/or cleaning/pumping) will be assessed**. We may waive this fee or credit it towards the cost of a repair approved onsite at our discretion. These calls include but are not limited to the following: red light alarms, high water alarms, chlorinator checks, disconnected airlines, timer adjustments, spray head adjustments and system power failure.
- **REPAIRS:** If repairs or replacement of parts are needed during routine inspection, we will attempt to contact the homeowner for approval to make onsite repairs. If we are unable to repair/replace parts onsite, the client will be notified via email and/or USPS that repairs/replacement of parts is needed. All MAJOR part replacements come with a 2-year warranty (see notes below). **There will be a \$75 warranty credit fee assessed on all parts. Warranted items will only be honored when a valid maintenance contract is in effect with MJ Septic. If the contract has a lapse in time, ALL WARRANTED items are VOIDED.**
For ATU's under initial installation warranty (2 years from initial installation date) if warranted items are required to be replaced within 30 days of installation, part will be replaced with no fees, **after 30 days there will be a \$75 warranty credit fee assessed on all parts. Warranted items will only be honored when a valid maintenance contract is in place with MJ Septic.**
- **CLEANING/PUMPING:** The cost for cleaning/pumping of your ATU is not included in your maintenance contract. We always recommend pumping between 10-12" of sludge in the pump tank. We determine this by gathering 3-4 different readings out of your pump tank with a sludge judge. A few other factors that *may* determine pumping is necessary, even if sludge in the pump tank is less than 10-12". **A typical/average household will need to have their system pumped every 2-5 years; this all depends on usage and will vary per household**

Revised

Efrain Gallegos

09/16/2025 11:02:52 AM



MJ Central Texas Septic, LLC - DBA MJ SEPTIC

1328 W Borgfeld Drive
San Antonio, Texas 78260
(210) 875-3625

mjseptic@mjseptic.com (email)
www.mjseptic.com (website)

Residential Aerobic Maintenance Contract
Licensed by T.C.E.Q. Michael J. Long, MP 0001294

- **CHLORINE SUPPLY:** *The property owner is responsible for maintaining their own chlorine supply.* TCEQ regulation requires proper chlorination. For liquid chlorinators, homeowners are to add 2-3 gallons of 6-10% Sodium Hypochlorite (Household Bleach) per month. Chlorine consumption will vary depending on water usage. For tablet chlorinators, homeowners can purchase Calcium Hypochlorite tablets at a local Home Depot or Lowe's. **DO NOT USE POOL TABLETS** (this can cause a dangerous volatile chemical reaction).
- **TRANSFER OF MAINTENANCE CONTRACT/PROPERTY OWNERSHIP:** The fee of this maintenance contract is non-refundable, however is fully transferable to the new owner(s). If this policy is sold within the contract period, the signing party is responsible for all repairs unless the new homeowner(s) information is provided before repairs are made and the transfer contract is signed (by the new homeowner) and returned to us. The new homeowner(s) will be emailed a copy of the powerpoint orientation, if it was an MJ Septic installation, once the signed contract is received on file with our office.
RENTAL HOMES: The PROPERTY OWNER is responsible for obtaining the necessary permits and approvals for any alterations or modifications to the system.
- **ALTERATIONS/MODIFICATIONS TO THE SYSTEM:** Do not allow alteration to any part of the system or sprinkler head locations. Alterations will put the system out of county/code compliance and may cause the property owner additional expense to bring the system back into compliance. Any use of another company to make repairs to the system will void any warranties and be considered as a breach of this maintenance contract. If a client chooses to purchase and use their own parts, MJ Septic will not install nor work on these parts. Adding pools, decks, sport courts, outdoor kitchens, sheds, landscaping features, etc. without proper septic design and county permitting is not acceptable. You must have a septic designer redesign your septic system and have permitting authority's approval prior to any additions being made. MJ Septic is not liable for any fines you may incur from illegal modifications.
- **WARRANTY VIOLATIONS:** Violations of the warranty include but are not limited to the following: turning off your system at any time; disconnecting the alarm; restricting airflow to the air compressor; overloading the system above its daily rated capacity; introducing excessive amounts of harmful matter (including harsh chemicals, cleaners, antibiotics, etc.) into the system, or any other harmful usage of your OSSF/ATU; refusing to clean/pump out septic when recommended and/or replacing necessary parts as needed; necessary treatment of ants. Homeowners must keep grass, weeds, and plants trimmed and clear of tank access points, control panel, air compressor, etc. Moving sprinkler lines without proper documentation, etc. Building over septic tanks, lids, etc. Adding pools, decks, sport courts, outdoor kitchens, sheds, etc. without proper septic design and county permitting is not acceptable. You must have a septic designer redesign your septic system and have permitting authority's approval prior to any additions being made. MJ Septic is not liable for any fines you may incur from illegal modifications.

Revised
Efrain Gallegos
 09/16/2025 11:02:56 AM

MJ Central Texas Septic, LLC - DBA MJ SEPTIC

1328 W Borgfeld Drive
 San Antonio, Texas 78260
 (210) 875-3625

mjseptic@mjseptic.com (email)
 www.mjseptic.com (website)



Residential Aerobic Maintenance Contract
 Licensed by T.C.E.Q. Michael J. Long, MP 0001294

TERMS OF PAYMENT: Payment is due in full for the maintenance contract at time of signing. A credit card will be required at time of booking any service for parts, repairs, cleaning/pumping, service calls, red lights, etc. unless otherwise specifically noted. MJ will not perform any repairs or pumping unless we have a credit card on file. MJ Septic no longer accepts payment onsite, whether it be a check or credit card and we no longer offer billing/invoicing for future payments; this is a strict office policy, no exceptions.

1 YEAR	2 YEAR	3 YEAR	2 YEAR INITIAL	Additional Information
\$285	\$530	\$675	Included ✓ with Installation	Homeowner(s) are NOT required to be present at inspections. Please note, clients will receive an emailed notice 5-7 business days prior to your scheduled inspection, this is your only notification we will send. A door hanger will be left if no one is home. Inspection reports are emailed/mailed within a few business days to the email/mailed address of record, please check your spam folder. If you have not received it after 72 hours please email or call our office.

- **MAINTENANCE TIPS/SEPTIC GUIDE:** Please retain the attached Maintenance Tips/Septic Guide for future reference. Please note our business hours are Monday - Friday 8am to 5pm, should you have an emergency during non-business hours, please look this over and follow the necessary steps until you can reach us during normal business hours!
- If you are unable to reach us during business hours, you can leave a voicemail or send an email (we attempt to respond to emails during weekends and holidays as best as we can!)

Acceptance of Maintenance Contract: The above prices, specifications, and conditions are satisfactory and are hereby accepted. MJ Septic is authorized to enter property to perform routine maintenance inspections as agreed. I have read and agreed to the maintenance contract guidelines stated above and have also read and agreed to comply with the Maintenance Tips/Septic Guide. MJ Septic reserves the right to make amendments to this document at any time and the homeowner will be responsible for signing an updated version for office and county records.

Please note, clients will receive an emailed notice 5-7 business days prior to your scheduled inspection, this is your only notification we will send. (MJ Septic will assess a \$75 re inspection/missed inspection fee if we are not granted access to complete your inspection on the date assigned, aggressive dogs, etc)

Property Address: 705 Roessler Way
 Client Name: Greg Scott Contract Start and End Date: LTO Date
 Total Fee Paid: Paid with installation Permitting Authority: _____ Subdivision Gate Code: # 9494
 Property Gate Code: N/A Special Access Instructions: N/A
 Subdivision: Centennial Ridge Number in Household: 4 Aggressive Dogs: none
 Email Address: gregscott49692@netscape.net Email Address: _____
 Cell Phone: (830) 377-1719 Cell Phone: _____ Home Phone: _____
 Client Approval Signature: [Signature] Date of Client Acceptance: 7/12/2023
 MJ Central Texas Septic, LLC Authorized Signature: Stephanie Perez Date of MJ Approval: _____

Doc ID: 5eb667d1603d16a7301ad3d69ec67919af04fb6d

**THE COUNTY OF COMAL
STATE OF TEXAS**

CERTIFICATION OF SINGLE FAMILY DWELLING

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

I

GREGORY A. SCOTT &

Before me this day appeared **TRUDY L. SCOTT**, being the owners of the referenced property at **705 ROESSLER WAY**. They further state that the Residence and any additional living space on this property will be occupied only by a single family.

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

4 UNIT 2 BLOCK 45 LOT CENTENNIAL RIDGE SUBDIVISION

IF NOT IN SUBDIVISION: _____ ACREAGE _____ SURVEY

The property is owned by GREGORY A. SCOTT & TRUDY L. SCOTT

WITNESS MY HAND ON THIS 17 OF DAY OF April, 20 25.

[Signature]
OWNER (SIGNATURE)

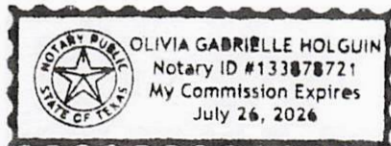
[Signature]
OWNER (SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 17 DAY OF April, 20 25 BY

GREGORY A. SCOTT
OWNER NAME (PRINTED)

TRUDY L. SCOTT
OWNER NAME (PRINTED)

[Signature]
Notary Public Signature



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

April 15, 2025

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

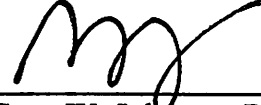
RE- SEPTIC DESIGN
705 ROESSLER WAY
CENTENNIAL RIDGE, UNIT 4, BLOCK 2, LOT 45
BULVERDE, TX 78163
SCOTT RESIDENCE

Brandon/Brenda,

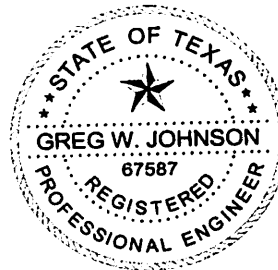
The referenced property is located within the Edwards Aquifer Contributing Zone. This OSSF design will comply with requirements in the CZP.

Temporary erosion and sedimentation controls should be utilized as necessary prior to construction. If any sensitive feature (caves, solution cavities, sink holes, etc.) is discovered during construction, activities must be suspended immediately and the applicant or his agent must immediately notify the TCEQ Regional Office. After that operations can only proceed after the Executive Director approves required additional engineered impact plans.

Designed in accordance with Chapter 285, Subchapter D, §285.40, 285.41, & 285.42, Texas Commission on Environmental Quality (Effective December 29, 2016).

 04/15/25

Greg W. Johnson, P.E. No. 67587 / F#2585
170 Hollow Oak
New Braunfels, Texas 78132 - 830/905-2778



PERMIT

PERMIT #: 2025-15

PROJECT ADDRESS: 705 Roessler Way Accessory Building

DESIGNATION: Residential

OWNER NAME: Greg & Trudy Scott

PERMIT TYPE: Remodels, Additions,
Accessory Buildings
(Residential)



ISSUED TO (CONTRACTOR): Versatile Steel Buildings - Kirk Kelly
7730 FM725 (210) 710-3832
versatilesteel@yahoo.com

Issued Date: April 16, 2025

Expiration Date: October 13, 2025

STIPULATIONS IF ANY:

THIS PERMIT MUST BE POSTED IN A CONSPICUOUS PLACE ON CONSTRUCTION SITE

PERMIT

INSPECTION INFORMATION

- TO SCHEDULE INSPECTIONS PLEASE REQUEST ONLINE VIA <https://mgoconnect.org/cp/portal>. Please schedule by 2pm for next day inspections.

- REQUIRED INSPECTIONS:

Required inspections are subject to change at the discretion of the Jurisdiction.

- o Electric Trench
- o Form Survey(Planner Review Required)
- o Gas Final
- o Gas Rough In
- o Insulation
- o Plumbing Rough
- o Sewer Yard Line
- o Shear Wall/Exterior Sheathing
- o Shower Pan
- o TML (Electrical - Temporary Meter Loop)
- o TOPS (Electrical - Temporary on Permanent Set
- o Water Service
- o PrePour
- o Electrical Rough
- o Framing
- o Mechanical Rough
- o Plumbing Top Out
- o Building Final
- o Electrical Final
- o Mechanical Final

PERMIT

- o Plumbing Final
- For all other questions regarding building & permitting please contact:
 - o Claudia Cardenas, ccardenas@bulverdetx.gov
 - o Bailey Dorn, bdorn@bulverdetx.gov
 - o Heath Edwards, hedwards@bulverdetx.gov

ON-SITE SEWERAGE FACILITY SOIL EVALUATION REPORT INFORMATION

Date Soil Survey Performed: April 10, 2025

Site Location: CENTENNIAL RIDGE, UNIT 4, BLOCK 2, LOT 45

Proposed Excavation Depth: N/A

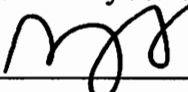
Requirements:

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	III	CLAY LOAM	N/A	NONE OBSERVED	LIMESTONE @ 12"	BROWN
1						
2						
3						
4						
5						

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

04/10/25

Date

OSSE SOIL EVALUATION REPORT INFORMATION

Date: April 11, 2025

Applicant Information:

Name: GREGORY A. & TRUDY L. SCOTT
Address: 705 ROESSLER WAY
City: BULVERDE State: TEXAS
Zip Code: 78163 Phone: (830) 377-1710

Site Evaluator Information:

Name: Greg W. Johnson, P.E., R.S., S.E. 11561
Address: 170 Hollow Oak
City: New Braunfels State: Texas
Zip Code: 78132 Phone & Fax (830) 905-2778

Property Location:

Lot 45 Unit 4 Blk 2 Subd. CENTENNIAL RIDGE
Street Address: 705 ROESSLER WAY
City: BULVERDE Zip Code: 78163
Additional Info.: _____

Installer Information:

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

Topography: Slope within proposed disposal area: 6 to 12 %

Presence of 100 yr. Flood Zone:	YES <u>X</u> NO _____	
Existing or proposed water well in nearby area.	YES <u>X</u> NO _____	>100' (EXISTING)
Presence of adjacent ponds, streams, water impoundments	YES _____ NO <u>X</u>	
Presence of upper water shed	YES _____ NO <u>X</u>	
Organized sewage service available to lot	YES _____ NO <u>X</u>	

Design Calculations for Aerobic Treatment with Spray Irrigation:

Commercial

Q = _____ GPD

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

Number of Bedrooms the septic system is sized for: 4+1 Total sq. ft. living area 3170+1176

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

Q = (4+1 +1) * 75 - (20%) = 380

NOTE: 4 BDRM RES. + 1 BDRM DETACHED LIVING @
360 GPD + PERSONAL SHOP WITH RESTROOM @ 20
GPD = 380 GPD

Trash Tank Size 552 Gal.

TCEQ Approved Aerobic Plant Size 840 G.P.D.

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

Application Area Utilized = 8482 sq. ft.

Pump Requirement 12 Gpm @ 41 Psi (Redjacket 0.5 HP 18 G.P.M. series or equivalent)

Dosing Cycle: _____ ON DEMAND or X TIMED TO DOSE IN PREDAWN HOURS

Pump Tank Size = 916 Gal. 17.3 Gal/inch.

Reserve Requirement = 127 Gal. 1/3 day flow.

Alarms: Audible & Visual High Water Alarm & Visual Air Pump malfunction

With Chlorinator NSF/TCEQ APPROVED

SCH-40 or SDR-26 3" or 4" sewer line to tank

Two way cleanout

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

1" Sch-40 PVC discharge manifold

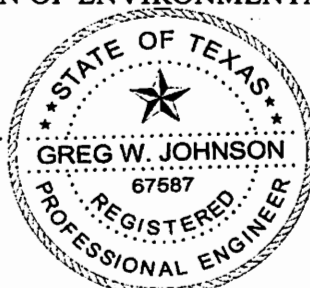
APPLICATION AREA SHOULD BE SEEDED AND MAINTAINED WITH VEGETATION.

EXPOSED ROCK WILL BE COVERED WITH SOIL.

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

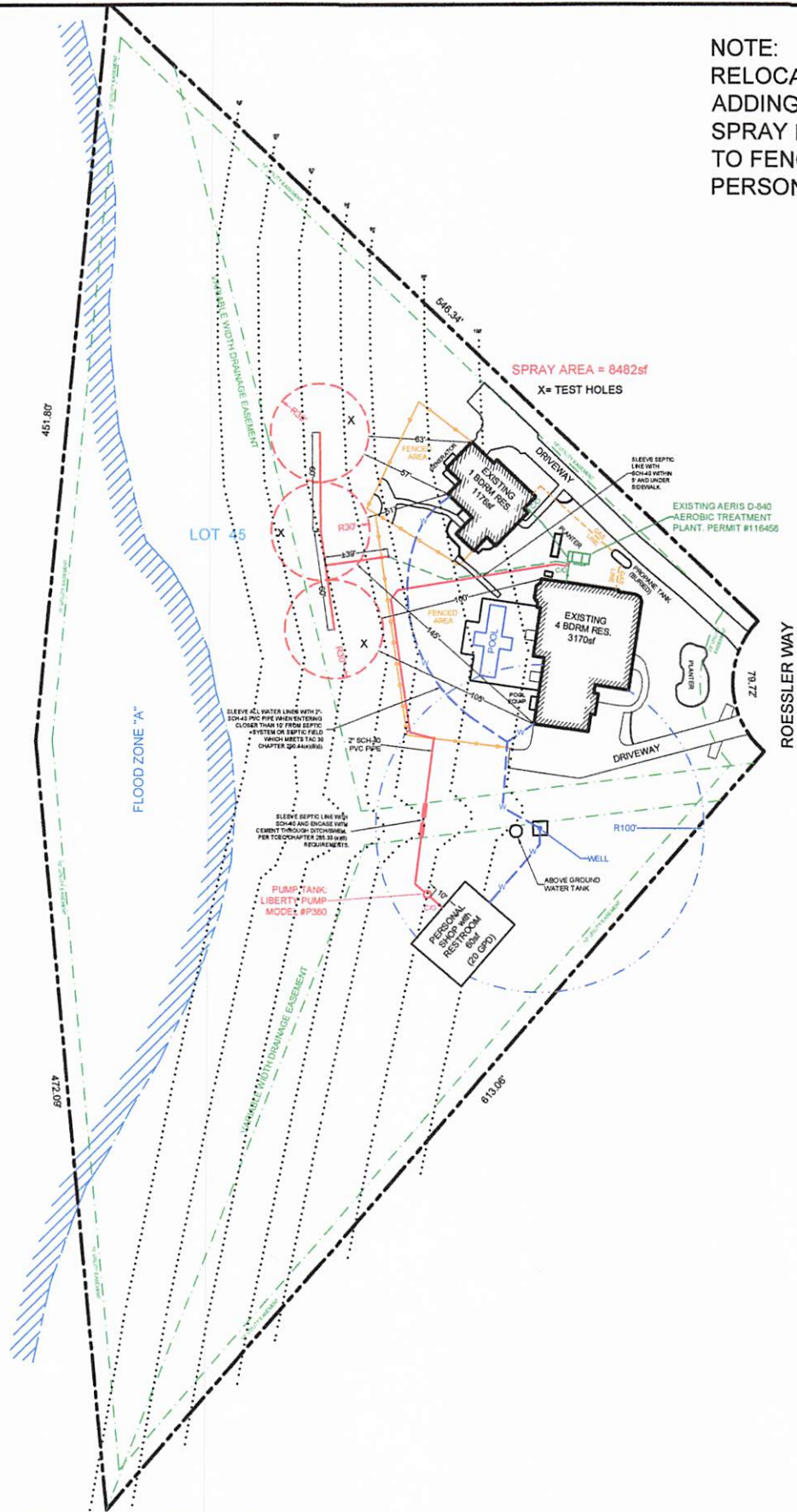

GREG W. JOHNSON, P.E. F#002585 - S.E. 11561

04/11/25
DATE



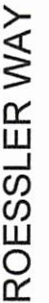
FIRM #2585

NOTE:
RELOCATING AND
ADDING SEPTIC
SPRAY HEADS DUE
TO FENCING AND
PERSONAL SHOP.

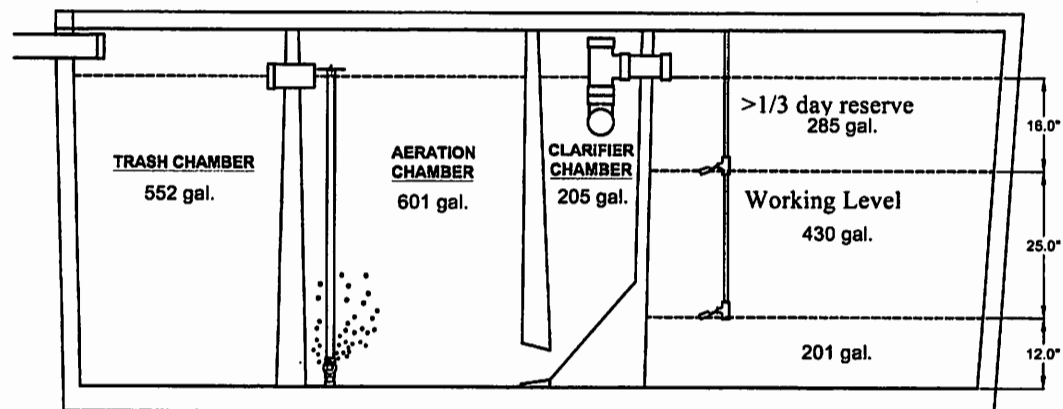
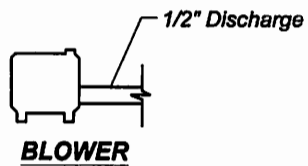


OWNER: GREGORY A. & TRUDY L. SCOTT		DRAWN BY: EJS III	
STREET ADDRESS: 705 ROESSLER WAY			
LEGAL DESC: CENTENNIAL RIDGE	UNIT/SECTION/PHASE: 4	BLOCK: 2	LOT: 45
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=100'	DATE: 4/11/2025	REVISED: 4/15/2025

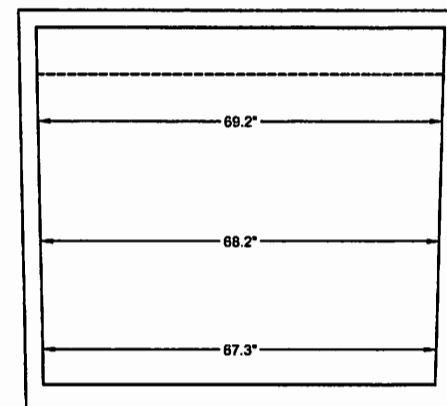
X= TEST HOLES



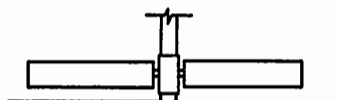
OWNER: GREGORY A. & TRUDY L. SCOTT		DRAWN BY: EJS III	
STREET ADDRESS: 705 ROESSLER WAY			
LEGAL DESC: CENTENNIAL RIDGE		UNIT/SECTION/PHASE: 4	BLOCK: 2
		LOT: 45	
PREPARED BY: GREG W. JOHNSON, P.E. F#002585	SCALE: 1"=50'	DATE: 4/11/2025	REVISED: 4/15/2025



SIDE SECTION VIEW
SCALE: 1' = 3/8"



END SECTION VIEW
SCALE: 1' = 3/8"



Diffuser Detail
2 - 250 mm
Max flow per diffuser
= 55 liters/minute



Title:

Model D-840
Night Time Pumping

Company Name:

Aeris Aerobics

Date:

5-8-2014

Environmental Series Pumps

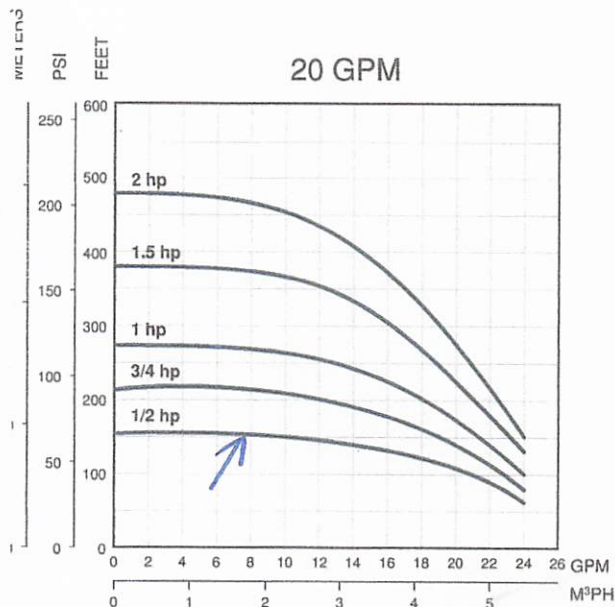
Thermoplastic Performance

LOW ANGLE NOZZLE PERFORMANCE CHART

Nozzle	PSI	Radius	GPM
#1	30	22'	1.5
	40	24'	1.7
	50	26'	1.8
	60	28'	2.0
#3	30	29'	3.0
	40	32'	3.1
	50	35'	3.5
	60	37'	3.8
#4	30	31'	3.4
	40	34'	3.9
	50	37'	4.4
	60	38'	4.7
#6	40	38'	6.5
	50	40'	7.3
	60	42'	8.0
	70	44'	8.6

KRAIN
Pro-Plus

X



Thermoplastic Units Ordering Information

1/2 - 1.5 HP Single-Phase Units

Order No.	Model	GPM	HP	Volt	Wire	Wt.
94741005	10FE05P4-2W115	10	1/2	115	2	24
94741010	10FE05P4-2W230	10	1/2	230	2	24
94741015	10FE07P4-2W230	10	3/4	230	2	28
94741020	10FE1P4-2W230	10	1	230	2	31
94741025	10FE15P4-2W230	10	1.5	230	2	46
94742005	20FE05P4-2W115	20	1/2	115	2	25
94742010	20FE05P4-2W230	20	1/2	230	2	25
94742015	20FE07P4-2W230	20	3/4	230	2	28
94742020	20FE1P4-2W230	20	1	230	2	31
94742025	20FE15P4-2W230	20	1.5	230	2	40

Thermoplastic 1/2 - 2 HP Pump Ends

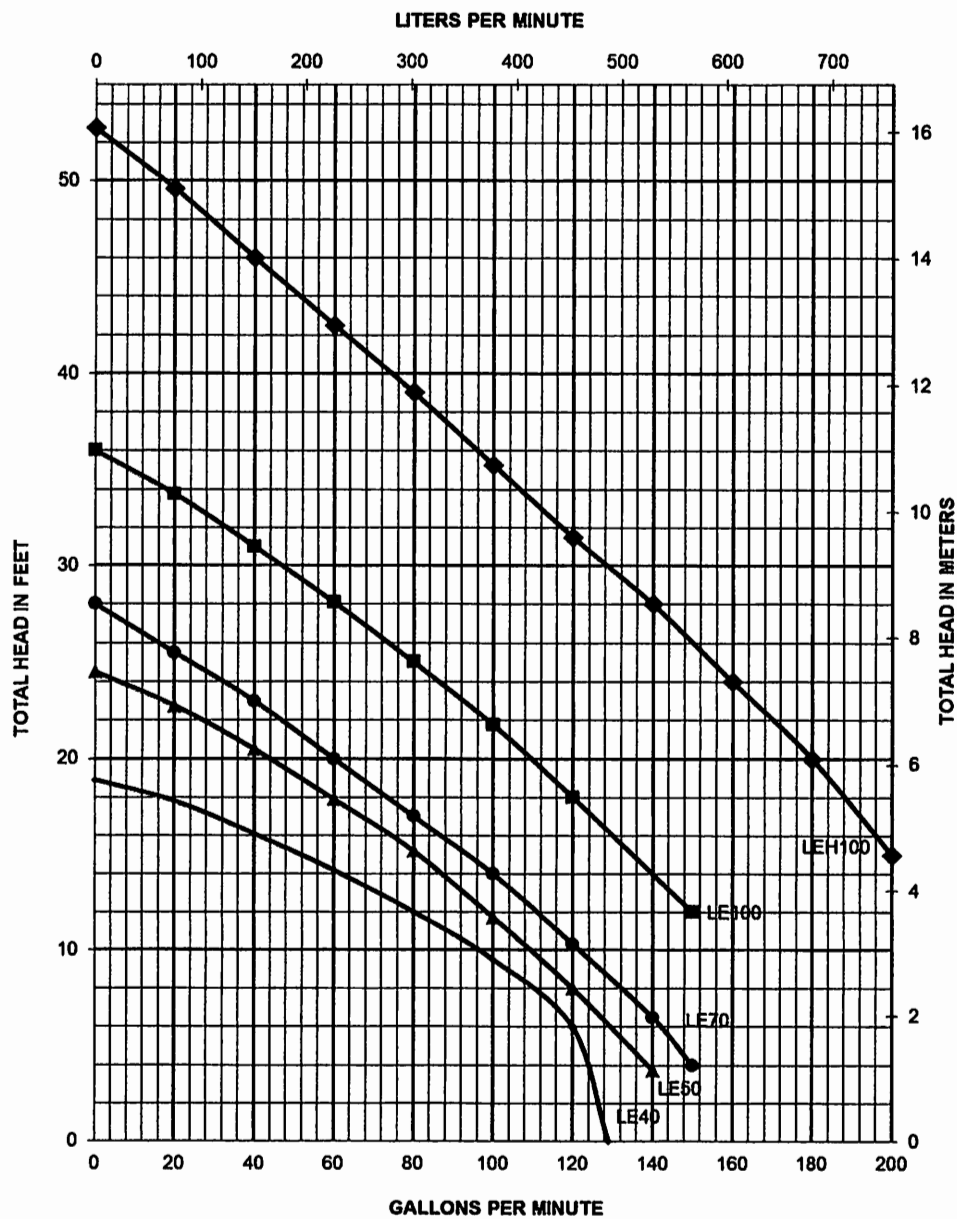
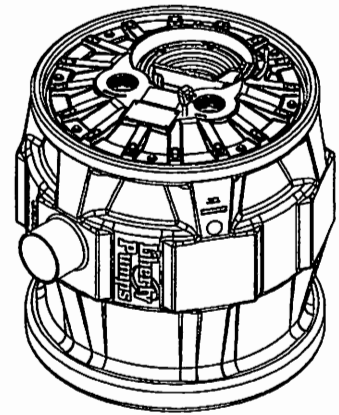
Order No.	Model	GPM	HP	Volt	Wire	Wt.
94751005	10FE05P4-PE	10	1/2	N/A	N/A	6
94751010	10FE07P4-PE	10	3/4	N/A	N/A	7
94751015	10FE1P4-PE	10	1	N/A	N/A	8
94751020	10FE15P4-PE	10	1.5	N/A	N/A	12
94752005	20FE05P4-PE	20	1/2	N/A	N/A	6
94752010	20FE07P4-PE	20	3/4	N/A	N/A	7
94752015	20FE1P4-PE	20	1	N/A	N/A	8
94752020	20FE15P4-PE	20	1.5	N/A	N/A	10
94752025	20FE2P4-PE	20	2	N/A	N/A	11



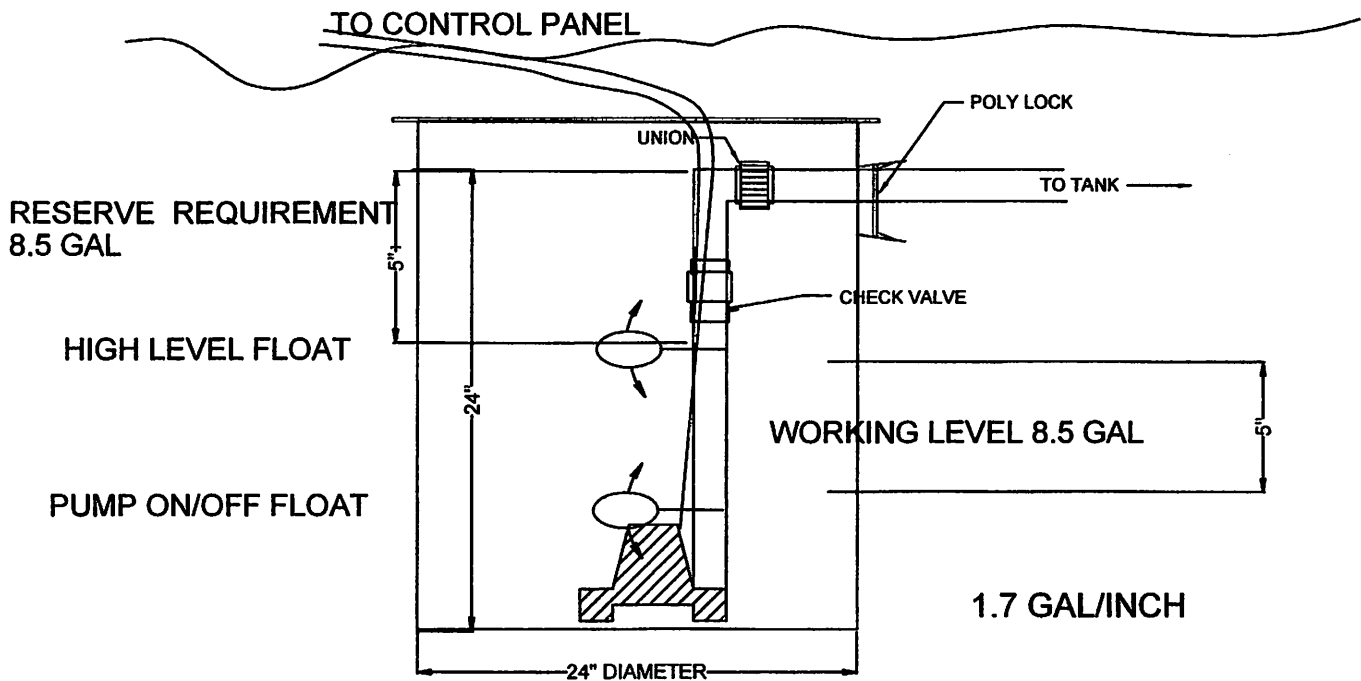
Product Specifications

P380-Series

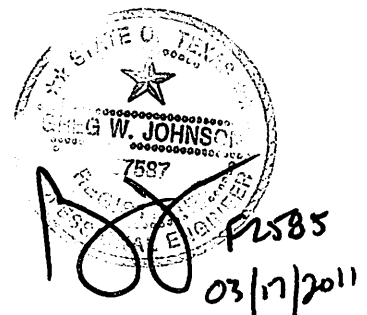
Submersible Sewage Simplex Package



ALL WIRING MUST BE IN COMPLIANCE WITH
THE MOST RECENT NATIONAL ELECTRIC CODE



TYPICAL PUMP TANK CONFIGURATION LIBERTY PUMPS PRO380 Series



Special Warranty Deed with Vendor's Lien

202

202

Exceptions to Conveyance and Warranty: All restrictions, covenants, conditions, easements, reservations and other instruments that affect the property and to all zoning laws, regulations and

ordinances of municipal and/or other governmental authorities that affect the property, and taxes for the current year, which Grantee assumes and agrees to pay.

Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof when the claim is by, through, or under Grantor but not otherwise, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

The vendor's lien against and superior title to the Property are retained until each note described is fully paid according to its terms, at which time this deed will become absolute.

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

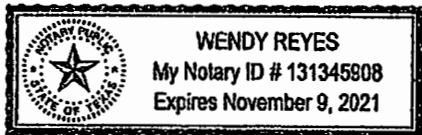
[SIGNATURE AND ACKNOWLEDGEMENT TO FOLLOW]

CENTENNIAL RIDGE, LLC
A Delaware limited liability company
By: American Land Partners, Inc.,
A Delaware corporation, Manager

By: _____
Printed Name: _____
Authorized Agent

STATE OF TEXAS §
COUNTY OF Comal §

This instrument was acknowledged before me on the 29th day of January, 2021, by Jay Patterson, Authorized Agent of American Land Partners, Inc., Manager of CENTENNIAL RIDGE, LLC, a Delaware limited liability company, in the capacity therein stated.



Notary Public, State of Texas

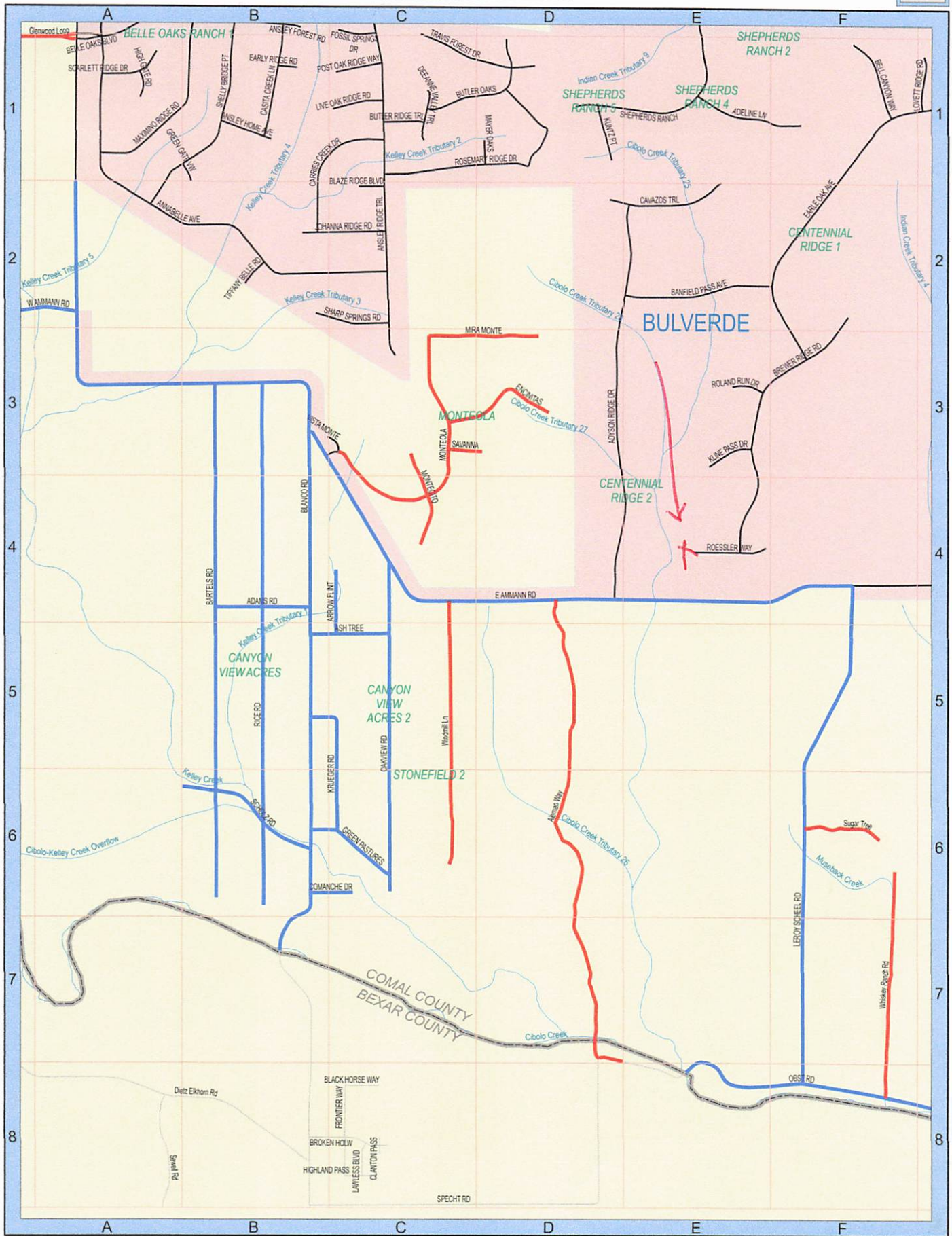
AFTER RECORDING RETURN TO:
Corridor Title Company
GF No. 21-0090-NB

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

Filed and Recorded
Official Public Records
Bobbie Koepp, County Clerk
Comal County, Texas
02/03/2021 10:08:46 AM
LAURA 3 Pages(s)
202106006141



Bobbie Koepp



SEE PAGE 52



0 1,250 2,500
Feet

0 0.25 0.5
Miles



COMAL COUNTY

ENGINEER'S OFFICE

Address: _____

Legal Description: _____

Dear Property Owner & Agent,

Thank you for your submission. We have reviewed the planning materials for the referenced permit application, and unfortunately, they are insufficient. To proceed with processing this permit, we require the following:

118921.pdf Markup Summary

Highlight (2)

until the CZP has been approved by the

incorporated city? ☒ Yes ☐ No



Subject: Highlight

Page Label: 2

Author: Efrain Gallegos

Date: 9/16/2025 9:44:31 AM

Status:

Color:

Layer:

Space:



Subject: Highlight

Page Label: 4

Author: Efrain Gallegos

Date: 9/16/2025 10:11:43 AM

Status:

Color:

Layer:

Space:



COMAL COUNTY

ENGINEER'S OFFICE

Address: _____

Legal Description: _____

Dear Property Owner & Agent,
Thank you for your submission. We have reviewed the planning materials for the referenced permit application, and unfortunately, they are insufficient. To proceed with processing this permit, we require the following:

Text Box (2)



Subject: Text Box
Page Label: 2
Author: Efrain Gallegos
Date: 9/16/2025 9:46:32 AM
Status:
Color: ■
Layer:
Space:

-Submit a copy of the approved building permit or written verification from the City of Bulverde stating that the improvements on the referenced property do not require a building permit.



Subject: Text Box
Page Label: 4
Author: Efrain Gallegos
Date: 9/16/2025 10:11:36 AM
Status:
Color: ■
Layer:
Space:

Submit a valid Maintenance Contract for property.



COMAL COUNTY
ENGINEER'S OFFICE

**OSSF DEVELOPMENT APPLICATION
CHECKLIST**

Staff will complete shaded items

		118921
<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

08/10/2025

Date

___ COMPLETE APPLICATION	
Check No. _____	Receipt No. _____

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